



THE CORPORATION OF THE CITY OF COURTENAY
COUNCIL AGENDA

Meeting #: R17/2023
Date: September 27, 2023
Time: 4:00 p.m.
Location: CVRD Civic Room, 770 Harmston Ave, Courtenay

We respectfully acknowledge that the land we gather on is Unceded territory of the K'ómoks First Nation, the traditional keepers of this land.

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7. COUNCIL RESOLUTIONS

- 7.1 K'ómoks First Nation Flag - Councillor Cole-Hamilton
- WHEREAS the flying of flags is a way of showing acknowledgment and respect in many cultures; and
- WHEREAS the City of Courtenay has committed to building a strong and respectful relationship with K'ómoks First Nation;
- THEREFORE BE IT RESOLVED THAT staff engage with K'ómoks First Nation and report back to Council on options for displaying the K'ómoks First Nation flag at Courtenay City Hall.

8. NOTICE OF MOTION

- 8.1 Refurbishment of Historic Clocks - Councillor Hillian 399
- WHEREAS the City of Courtenay Heritage Commission has requested clarity regarding the refurbishment of historic clocks;
- THEREFORE BE IT RESOLVED THAT a staff report be prepared to address this request.
- 8.2 Toxic Drug Deaths - Councillor Morin
- WHEREAS the lives of at least 12,264 British Columbians have been lost to unregulated drugs since the public health emergency was first declared on April 14, 2016, with 154 lives lost in the Comox Valley;
- WHEREAS unregulated drug toxicity is now the leading cause of death for those

aged 10 to 59 in BC, numbering more than homicides, suicides, deaths from accident and natural disease combined;

WHEREAS these lives matter and are valued, and we all must do more to reduce stigma and save lives;

WHEREAS Council would like to acknowledge and honour the lives lost in the Comox Valley to the unregulated toxic drug supply crisis;

THEREFORE BE IT RESOLVED THAT Council read this statement following triannual updates from the BC Coroner’s Service: Courtenay Council would like to acknowledge the deaths of [number] Comox Valley community members in the period of [dates] due to the unregulated toxic drug supply crisis, for a total of [number] deaths of Comox Valley Community members since the public health emergency was first declared. Our hearts go out to their loved ones. We want you to know their lives matter, and Council will continue to push for action and effective policy to stop these preventable and unnecessary deaths.

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10.7	Mayor Wells	

11. IN CAMERA RESOLUTION

THAT Council close the meeting to the public pursuant to the following subsections of the *Community Charter*:

90 (1) (a) personal information about an identifiable individual who holds or is being considered for a position as an officer, employee or agent of the municipality or another position appointed by the municipality; and

(c) labour relations or other employee relations.

12. ADJOURNMENT



THE CORPORATION OF THE CITY OF COURTENAY
COUNCIL MINUTES

Meeting #: R16/2023
Date: September 13, 2023
Time: 4:00 pm
Location: CVRD Civic Room, 770 Harmston Ave, Courtenay

Council Present: B. Wells
W. Cole-Hamilton
D. Frisch
D. Hillian
E. Jolicoeur (electronic)
M. McCollum
W. Morin

Staff Present: G. Garbutt, City Manager (CAO)
A. Langenmaier, Director of Financial Services
K. Macdonald, Fire Chief
K. O'Connell, Director of Corporate Services
S. Saunders, Director of Recreation, Culture & Community Services
M. Wade, Director of Development Services
J. Chan, Manager of Business Administration
N. Gothard, Manager of Community and Sustainability Planning
A. Proton, Manager of Legislative Services
R. Matthews, Deputy Corporate Officer

1. CALL TO ORDER

Mayor Wells called the meeting to order at 4:01 pm and respectfully acknowledged that the land on which the meeting was conducted is the Unceded territory of the K'ómoks First Nation, the traditional keepers of this land.

Councillor Cole-Hamilton acknowledged that September 17th to September 23rd is the first official National Legion Week. The Courtenay Legion will be hosting numerous public events in honour of National Legion Week designed to educate communities on the work their local Branch does and reinforce the role the Legion plays in supporting Veterans.

Councillor McCollum advised that September 26th is United Way BC Day, celebrating the community work, initiatives, and programs focused on child and youth mental health, the Better at Home program to support the independence of seniors, and various School's Out programs in the City of Courtenay.

2. INTRODUCTION OF LATE ITEMS

With no late items or objections, Council proceeded with the agenda as presented.

3. ADOPTION OF MINUTES

3.1 Regular Council Minutes - August 30, 2023

Moved By McCollum

Seconded By Morin

THAT Council adopt the August 30, 2023 Regular Council minutes.

CARRIED

4. DELEGATIONS

4.1 Welcoming Communities Coalition

Julie Keumbehdjian, Coordinator, Welcoming Communities Coalition, presented information regarding what a welcoming community is, the Coalition's vision and purpose, its membership requirements, and requested that the City of Courtenay become a member.

4.2 Immigrant Welcome Centre

Shams Alibhai, Executive Director and Thuy Sin, Regional Settlement Manager, Immigrant Welcome Centre, presented information regarding the Immigrant Welcome Centre's services.

5. STAFF REPORTS

5.1 Development Services

5.1.1 Application for a Non-Farm Use in the Agricultural Land Reserve - 4795, 4825, 4835, 4839, and 4875 Headquarters Road and unaddressed property Lot 3, Section 45, Comox District, Plan 13392 Except Part on Plan EPP81392

Moved By Hillian

Seconded By Frisch

THAT Council direct staff to forward to the Agricultural Land Commission, with a recommendation of support, the application for a non-farm use and associated fill placement application for the Comox Valley Exhibition Grounds properties located at 4795, 4825, 4835, 4839, and 4875 Headquarters Road and Lot 3, Section 45, Comox District, Plan 13392 Except Part on Plan EPP81392;

AND THAT Council request that the ALC consider the following items be addressed:

- a. Traffic Impact Assessment
- b. Capacity modelling for infrastructure
- c. Coordination of parks plans, cycling network plan, and infrastructure plans into the proposed master plan
- d. City land use and zoning items be addressed for 4875 Headquarters Road and consolidation of the parcels into one to address impacts of multiple property lines.

CARRIED

5.2 Recreation, Culture and Community Services

5.2.1 Strategic Cultural Plan Update – What We Heard Report

Moved By Hillian

Seconded By Frisch

THAT the Courtenay Strategic Cultural Plan What We Heard Report be received for information.

CARRIED

5.3 Financial Services

5.3.1 Downtown Courtenay Business Improvement Area Bylaw Update

Moved By Frisch

Seconded By Cole-Hamilton

THAT Council direct staff to proceed with an update to the Downtown Courtenay Business Improvement Area Bylaw to increase the maximum levy, as requested by the DCBIA;

THAT Council consider first, second and third readings of the “Downtown Courtenay Business Improvement Area Bylaw No. 3105, 2023” at the September 27, 2023 Council meeting;

AND THAT Council direct staff to undertake property owner approval for the proposed bylaw using the “Council initiative – subject to petition against” method under s. 213 of the Community Charter.

CARRIED

5.3.2 Courtenay Fire Protection District Agreement

Councillor Cole-Hamilton left the meeting at 6:04 pm.

Moved By Morin

Seconded By Hillian

THAT Council direct staff to enter into an agreement with the Courtenay Fire Protection District to provide rural fire protection for a term of up to 5 years.

CARRIED

Councillor Cole-Hamilton returned to the meeting at 6:06 pm.

6. INTERNAL REPORTS AND CORRESPONDENCE

6.1 Strengthening Communities' Grant Extension

Moved By Frisch

Seconded By Morin

THAT Council receive the "Strengthening Communities' Grant Extension" briefing note.

CARRIED

7. NOTICE OF MOTION

7.1 K'ómoks First Nation Flag - Councillor Will Cole-Hamilton

WHEREAS the flying of flags is a way of showing acknowledgment and respect in many cultures; and

WHEREAS the City of Courtenay has committed to building a strong and respectful relationship with K'ómoks First Nation;

THEREFORE BE IT RESOLVED THAT staff engage with K'ómoks First Nation and report back to Council on options for displaying the K'ómoks First Nation flag at Courtenay City Hall.

8. BYLAWS

8.1 For Adoption

8.1.1 Temporary Borrowing Bylaw No. 3104

Moved By Frisch

Seconded By McCollum

THAT Council adopt "Temporary Borrowing Bylaw No. 3104, 2023".

CARRIED

9. COUNCIL REPORTS

9.1 Councillor Cole-Hamilton

Councillor Cole-Hamilton reviewed his attendance at the following event:

- September 13 - FCM Committee of the Whole meeting

9.2 Councillor Frisch

Councillor Frisch reviewed his attendance at the following event and submitted a report of activities:

- September 1 - Eureka Support Society Open House

9.3 Councillor Hillian

Councillor Hillian advised that the Kus-kus-sum project is currently facing an issue regarding recent changes to regulations which led to the discovery of contaminated soil on site. Handling and potential transportation of the contaminated soil is causing significant extra costs and will likely cause a delay to the completion of the project. Representatives of the Kus-kus-sum project met with the Minister of Environment and Climate Change Strategy last week and were provided with assistance from a Ministry staff person to work with the Kus-kus-sum representatives to help keep the project moving forward, including the potential for some exemptions and additional funding.

9.4 Councillor Jolicoeur

Councillor Jolicoeur reviewed his attendance at the following events:

- August 31 - International Day of Awareness event at Simms Park
- Comox Valley Substance Use Collaborative meeting

9.5 Councillor McCollum

Councillor McCollum submitted a report of activities, see agenda.

9.6 Councillor Morin

Councillor Morin submitted a report of activities, see agenda.

9.7 Mayor Wells

Mayor Wells reviewed his attendance at the following events:

- September 5 - Comox Valley Search & Rescue Fundraiser (\$30,000 raised)
- September 6 - Meeting with MLA Kevin Falcon

- September 6 - Comox Valley Hero Awards
- September 8 - Comox Valley Mayor's Golf Tournament

10. ADJOURNMENT

Mayor Wells terminated the meeting at 6:26 pm.

CERTIFIED CORRECT

Adopted by Council September 27, 2023

Mayor Bob Wells

Adriana Proton, Corporate Officer



**WALK
WITH
ME!**



WALKING TOGETHER

TOWARDS A STRONGER, MORE
INTEGRATED SUBSTANCE USE SUPPORT
NETWORK IN THE COMOX VALLEY

Gaps and Strengths Analysis

MARCH 2023

Mar – May, 2022: 50+ Peers / Cultural Mapping Sessions

Sept, 2022: 50+ Peers / Substance Use Survey

Sept – Nov, 2022: 20+ Service Providers /Cultural Mapping Sessions

RECOMMENDATIONS:

- 1. Create / Implement Medical Detox Service in the Comox Valley**
- 2. Create / Implement Recovery-Based Supportive Housing Service**
- 3. Expand Managed Alcohol Service**
- 4. Expand Safer Supply Service**

RECOMMENDATIONS:

5. Relocate and expand overdose prevention site (OPS) and services
6. Pursue Improvements in opioid agonist therapy (OAT) delivery
- 7 . Pursue a series of networking improvements
8. Create a services hub

RECOMMENDATIONS:

9. Pursue Service and Transportation Improvements

10. Address the Need for Culturally Safe Services

11. Work to Reduce/Eliminate Stigma in the System



**WALK
WITH
ME!**



WALKING TOGETHER

TOWARDS A STRONGER, MORE
INTEGRATED SUBSTANCE USE SUPPORT
NETWORK IN THE COMOX VALLEY

Gaps and Strengths Analysis

MARCH 2023

With Gratitude to our Partners:



And Funders:



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Barb Whyte—Elder / Traditional Knowledge Keeper

Nadine Bariteau—Creative Director

Sophia Katsanikakis—Communications Coordinator

Christopher Hauschildt—Peer Researcher and Administration Coordinator

Andrew Mark, PhD—Community Engaged Researcher / MITACS Post-Doc

Zarya Chelsea Thomas—Community Engaged Researcher / MITACS Post-Doc

Galen Rigter—Outreach Worker

Holly Taylor—Outreach Worker

Website: www.walkwithme.ca

ETHICS STATEMENT

For the research described in this work, human research ethics approval was obtained from Thompson Rivers University's Office of Research Ethics.

ABSTRACT

The Comox Valley, as with many communities in BC, is being hit with a series of compounding crises including (but not limited to): a global pandemic that has produced new levels of social isolation; a toxic drug supply that is causing fatalities at unprecedented rates; and a housing affordability/ income disparity crisis that leaves many in our community underhoused and living in poverty. In the midst of these crises substance use-related harms are increasing. This research investigates the state of the Comox Valley's Substance Use Support Network through a Gaps and Strengths analysis. It calls upon stakeholders in the community (Service Providers, Peers, Local Government, Community Members) to come together to build on strengths, fill gaps, and create a comprehensive care continuum in support of people who use substances.

LAND ACKNOWLEDGEMENT

We recognize and humbly acknowledge our place on the unceded, traditional territory of the K'ómoks Peoples. We give respect to this land and to those who have been its caretakers since time immemorial.

DEDICATION

This piece is dedicated to those who shared their stories and insights with courage, and to those whose lives have been lost. We honour all whose names have been spoken in memory—whose stories continue to compel us forward in pursuit of transformation. We honour you, and think about you often—especially when we walk.

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LIST OF KEY TERMS

<p>Benzodiazepines</p>	<p>A class of depressant drugs sometimes used for treatment of anxiety; when combined with other drugs, can increase toxicity and propensity for fatality.</p>
<p>Fentanyl</p>	<p>A synthetic opiate, approximately 100 times more potent than morphine and 50 times more potent than heroin.</p>
<p>MAP</p>	<p>Managed Alcohol Program: a program providing a regular dose of alcohol to individuals with alcohol addiction.</p>
<p>Naloxone</p>	<p>A medication that rapidly reverses the effects of a drug poisoning by opioids.</p>
<p>OAT</p>	<p>Opioid Agonist Therapy: treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone, fentanyl, and Percocet. The therapy involves, often, taking opioid agonists methadone (Methadose) or buprenorphine (Suboxone). These medications work to prevent withdrawal and reduce cravings for opioid drugs.</p>
<p>OPS</p>	<p>Overdose Prevention Site: designated sites where drug consumption is witnessed, leading to immediate response in the event of a toxic drug poisoning.</p>
<p>Peer</p>	<p>In this report, people located in the Comox Valley who currently use, or have used, substances, and who have attempted to access substance use support services over the past two years.</p>
<p>Safer Supply</p>	<p>A practice that allows prescribers to give access to maintenance doses of pharmaceutical alternatives to unregulated toxic substances, within a Harm Reduction paradigm.</p>

1

INTRODUCTION: ABOUT THIS REPORT

“Walking Together” is a research and community engagement initiative several years in the making, that investigates the network of services and supports available to People Who Use Substances (Peers) in the Comox Valley. The report aims to:

- Investigate the state of the Substance Use Support Network in the Comox Valley, shining light on strengths and gaps within this system;
- Produce recommendations leading to the strengthening of this network and to improvements in local service delivery for Peers;
- Raise awareness of endogenous assets that can mobilize towards developing stronger support networks;
- Create opportunities for long-term network-strengthening activities that enable sustained learning and growth.

This report is authored by Walk With Me—a Community-engaged research initiative housed by Comox Valley Art Gallery in partnership with Thompson Rivers University, Vancouver Island University, and North Island College.¹ The Walk With Me team (which includes researchers, Peers, Elders/ Knowledge Keepers, and Outreach Workers)

has collaborated with the Comox Valley Community Health Network’s Substance Use Strategy Comitee and AVI Health and Community Services to release this report.

Our work consolidates insights gathered from research sessions and presents resulting recommendations. Adhering to the practice of “nothing about us without us,” our team’s Peer researchers and Elder were involved in every stage of data collection and analysis. This work builds on two recent reports: *Walk With Me Policy Report—Comox Valley (2021)*¹ and the Comox Valley Community Substance Use Strategy Committee’s *Phase One Report (2021)*.² Together these reports present a comprehensive set of considerations and insights related to substance use in the Comox Valley.

Our analysis begins in Chapter 2 with a discussion of the term “substance use” and with an exploration of the ways in which Substance Use Disorder is—in Western and Canadian culture and political frameworks—socially conceived, understood, and discussed. In Chapter 3 we speak to the relevance of this exploration: illuminating key societal, national, provincial, and local trends related to different types of substance use and their impacts. In Chapter 4 we speak to the methodologies we used for this report, setting the stage for Chapter 5, Findings, in

¹ The original title for CVAG’s work with Thompson Rivers University was: Cultural Mapping the Opioid Crisis in Kamloops and Comox Valley, BC. The title “Walk With Me” serves as a branch of this larger project. The scope of this Comox Valley-specific project has been altered to examine the Valley’s substance use network at-large, including (but not limited to) opioid-based support networks.

which we explore the gaps and strengths evident within the Comox Valley's Substance Use Support Network. In Chapter 6 we present recommendations for strengthening these frameworks. Chapter 7 concludes with a summary of our work and findings.

This report is of relevance to anyone who uses substances in the Comox Valley, participates in these networks, and/or makes decisions related to policy, procedure and funding related to these networks. It is also of relevance to anyone wishing to learn more about the ways in which the Comox Valley Substance Use Support Network functions in this community. By exploring the state of our existing Substance Use Support Network, and by making a series of recommendations, we pursue a vision for community wellness in which people who use substances are supported, included, and valued as members of our community.

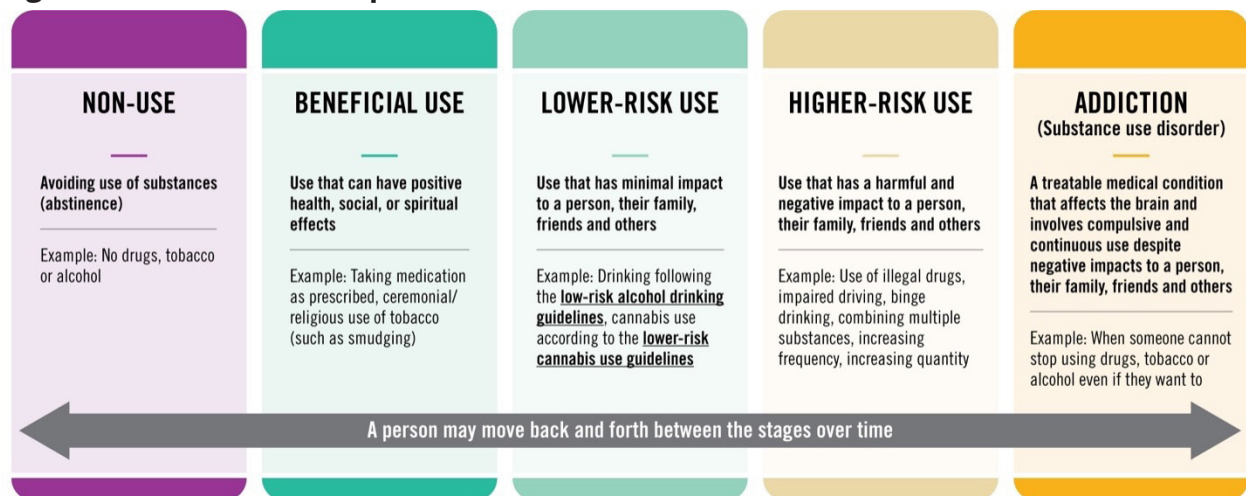
2 CONTEXT

In this chapter, we explore the questions: “What is substance use?” and “How do we think about the role of Substance Use Support Networks?” Here we discuss various ways of understanding Substance Use Disorder through criminal justice, health, and ecological perspectives. We explore the terms “Harm Reduction” and “Recovery,” and argue for a support network model in which both types of services are valued as part of a wider care continuum. Our work address notions of “Stigma” and “Cultural Safety” as they exist within this continuum and points to methods for stigma reduction and Cultural Safety enhancement. As a whole, this chapter brings attention to the dominant perspectives, debate, and available data that inform our current Substance Use Support Network, and suggests ways in which this knowledge can inform systems change.

2.1. What is Substance Use?

“Substance use” refers in this report to the use of drugs and/or alcohol and includes substances such as “cigarettes, illegal drugs, prescription drugs, inhalants and solvents.”³ Substance use changes the way we feel; it is deeply embedded in our culturally-constructed habits and has served many different purposes throughout history: “to celebrate successes, help deal with grief and sadness, to mark rites of passage such as graduations and weddings and seek spiritual insight.”⁴ Substance use can be beneficial and can have positive health, social or spiritual impacts (see Figure 1). Substance use can also entail a level of risk and potential harm. Potential risks and harms vary with substances and their use-context. For instance, much of tobacco’s chronic

Figure 1: Substance Use Spectrum



⁶Figure produced by Government of Canada:

<https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html>

harms stem from inhalation of smoke rather than from the drug itself.⁵ Harm related to consumption of alcohol can be associated with the place and patterns associated with its use: for example, increased harms associated with drinking and driving. In many instances, harms stem from the composition of substances and their physiological impact. The rise in potency and toxicity within the unregulated drug market in recent years is producing extreme risk for people who use these substances.

A subset of those who use substances are unable to control their use and can be said to have a Substance Use Disorder (SUD). According to the Canadian Government, this term refers to a “treatable medical condition that affects the brain and involves compulsive and continuous use [of substances] despite negative impacts to a person, their family, friends and others.”⁷ Approximately 21 percent of the Canadian population is projected to struggle with SUD at some point in their lifetime.⁸ Substance Use Disorders can range in severity from mild to severe.

While not all people who access Substance Use Support Networks identify as having SUD, many do. When substance use is uncontrolled and damaging to a person’s life and relationships, support networks are needed. These networks help those who suffer from SUD to regain balance and control. This can look like stabilization of use (i.e. Managed Alcohol Programs, vaping, Opioid Agonist Therapies, Safer Supply), reduction or removal of reliance on substances (i.e. medical detox, social detox, Alcoholics Anonymous, group therapy, and others), and/or the fulfillment of core human needs which when left unaddressed can lead to a loss of other supports that can feed back into SUD (i.e. housing, family stability, cultural inclusion, mental health supports, and others). A complex array of factors, including social, biological, and systemic feed into SUD.^{9, 10}

While SUD impacts people on all levels of the socioeconomic spectrum, a robust literature documents higher rates of SUD amongst people with low socioeconomic status.^{11, 12, 13} Stressors associated with poverty impact an individual’s capacity to control and manage substance use. Further, certain demographics—including Indigenous people, and men aged 19–59, with strong representation from those working in trades^{14, 15, 16}—are disproportionately represented in SUD-related mortality statistics. These statistics draw attention to the ways in which SUD is a product of complex realities involving colonization and racism. They also point to the role that workplace/societal cultures and parameters play in exacerbating SUD. For many, SUD is shrouded in stigma and shame, leading to a reluctance to seek help.

Given these multiple and complex contributing factors and demographics, we advocate for a nuanced spectrum of support—one that holds capacity to address the unique and varied needs and situations of individuals suffering from SUD. The supports that are needed within this spectrum include Harm Reduction and Recovery-based approaches,¹⁷ and also cultural approaches, in addition to supports that address fundamental human needs. Each of these approaches exists within a spectrum of care.¹⁸ When this spectrum of care functions properly, this Substance Use Support Network should meet people where they are at: addressing an individual’s unique needs as evident in a particular moment in time.¹⁹

2.2. How do We Think About Substance Use Support Networks?

Through histories of cultural bias, colonization, and government-lead and funded campaigns of shame and stigma, SUD and associated frameworks of support

occupy a place of deviance and criminality in popular imagination and culture. Canada's history during the first two decades of the twentieth century is shaped, in part, by the attempts of provinces, one after another, to criminalize production and consumption of alcohol. In the end, total prohibition proved unenforceable and contributed to new, lucrative, and dangerous forms of organized crime.²⁰ The influence of this temperance movement continues today in the persistence of "provincial liquor control boards, restrictions on advertising, and strict rules governing places where alcohol is served."²¹ Similar restrictions are in-place in relation to cannabis since being legislated by the *Cannabis Act* in 2018.²²

The legal framework for Canada's drug control policy was established in the early 1900's—the *Opium Act* and its amendments, which came into force in the early 1900's, listed a range of opiate and stimulant substances as prohibited.²³ In 1969, the Pierre Trudeau Government's Commission of Inquiry into the Non-Medical Use of Drugs recommended a medical, rather than criminal, approach to drug legislation. Unfortunately and in response to the findings of the commission, the government's desire to favour production of criminality over evidence-based solutions became zealous.²⁴ The War on Drugs rhetoric and legislation championed by the Reagan administration in the United States in the 1980's was taken up in turn by the Mulroney administration in Canada—in the 1987 *Action on Drug Abuse: Canada's Drug Strategy*, which provided significant funding for drug enforcement.²⁵ In 2007 The Harper Government released the *National Anti-Drug Strategy*, a report that provisioned heavy-handed reliance on law enforcement which exacerbated rather than remediated Canada's drug use issues.²⁷

Drug enforcement policy in Canada has also been used to control immigrant and racialized communities. Federal drug-based legislation throughout the 20th century was

"often based on moral judgments about specific groups of people and the drugs they were using," rather than on "scientific assessments of their potential for harm."²⁸ These laws enforced government sanctioned systemic forms of anti-Black, anti-Indigenous and anti-immigrant racism. They increased police and government capacity to criminalize racialized individuals which aided in stripping away their human rights.

In recent years, various levels of government have moved to position SUD as a health, rather than criminal justice, issue. Calls for decriminalization of small amounts of personal possession of unregulated substances have come from the Canada's Chiefs of Police, from BC's Premiers, BC's Medical Health Officer, and from Mayors and Councils. On January 31, 2023, legislation came into force in BC that decriminalized personal possession of small amounts of certain formerly unregulated drugs.²⁹ BC has also introduced limited Safer Supply programs, which although slow to roll out, are important mechanisms in combatting the toxicity of the drug market.³⁰

Substance use-related societal issues involve a history of complex relationships including substance use legislation and enforcement on one hand, and structural/ societal forms of racism, stigmatization, and discrimination on another. Moves to both legalize and decriminalize substances today represent progressive responses rooted in evidence-based public health models of legislation. These moves facilitate a balance and management of substance use, and they recognize SUD as a disease rather than a moral, cultural, or criminal failing.

2.3. SUD from an Ecological Lens

Substance use is increasingly understood as an ecological phenomenon—a part of a large system and network of interrelated factors.

Here, SUD is considered not only as a disease but as a symptom of a diseased society—one in which communities are losing capacity to create meaning and belonging for their members. Substance use fills a gap created by the absence of inclusion, belonging, and hope for a better future.

Social determinants of health comprise important considerations within an ecological model. This model recognizes factors related to race, income, education, access to healthy food, and many other variables (and risk factors) that can contribute to SUD.³¹ An ecological framework views strengthening support networks as essential to reduce substance use related harms: to mitigate the imbalances in systems that discriminate against people who face significant health determinant injustice. From an ecological perspective, communities grappling with SUD need to strengthen their support networks. To make this change, the spaces and services that present as opportunities for change and improvement must position themselves as spaces and services that promote inclusion, belonging, and hope for the future.

This report, which examines the Comox Valley's Substance Use Support Network, springs from an ecological grounding. We ask how the entities supporting People Who Use Substances in the Valley are working together and within a wider support and community ecology. We look at strengths at-play within this network and at ways in which it can be strengthened.

2.4. Harm Reduction

Health and ecological paradigms alike see Harm Reduction as a key component of a restorative framework designed to counter and reverse rising mortality rates and improve quality of life for Peers. Harm Reduction is defined in this report as an “evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and

substance use, without necessarily requiring Peers from abstaining or stopping.”³² This approach includes a series of practices that give Peers options for minimizing harms through non-coercive and non-judgmental strategies. Countering the myth that Harm Reduction “enables” substance use, a growing body of research links Harm Reduction activities with a higher uptake in treatment with no observable growth in usage.³³ Harm Reduction strategies have also been proven to reduce crime and produce stronger health outcomes for Peers.³⁴ While Canada's history of punitive substance use policy magnifies the harms associated with substance use, Harm Reduction seeks to restore dignity and respect to Peers, and to create supportive frameworks through which individual and communal healing can occur.

Health agencies play an important role in advancing or undermining Harm Reduction principles. Research identifies cultures of stigma prevalent throughout British Columbia's health system which contribute to “poorer quality of care and health outcomes”: *In Plain Sight*, a report released by Métis Nation British Columbia,³⁵ demonstrates that anti-Indigenous racism is systemically embedded within BC's health system and is linked with stereotyping behaviour, in which for instance, Indigenous clients are frequently labelled as drug-seeking, “less worthy of care,” “bad parents,” “frequent flyers” (presumed to be misusing or over-using the health system), and “less capable.” Additional research accomplished by Walk With Me³⁶ provides vivid examples in which Peers, Indigenous and non-Indigenous, persistently receive sub-standard care and are stigmatized while engaged in the health care system—especially within acute care settings. Work is needed to counter these realities by embedding Harm Reduction principles into our care systems and into the philosophies that underpin how our care systems operate.

2.5. Recovery

The term “Recovery” has at times been juxtaposed against the term “Harm Reduction”—particularly in North America where (unlike in Europe) abstinence has historically played a more central role in substance use treatment practices.³⁷ Recovery, in our use of the term, refers to a way of addressing SUD through abstinence from (rather than stabilization of) substance use.³⁸ While for many years Harm Reduction and Recovery have been framed as polar opposites, in which debates were waged arguing the value of either Harm Reduction or Recovery, many now see this juxtaposition as a false dichotomy. Evidence has shown both approaches as important facets within a comprehensive care continuum.^{39, 40, 41, 42} Many with SUD move between Recovery and Harm Reduction services at various points in their wellness journey—an important reality to consider when seeking to strengthen the substance use network at-large.

2.6. Stigma

Within health systems, stigmatization occurs on multiple levels simultaneously, including “intrapersonal (i.e. self-stigma), interpersonal (i.e. relations with others), and structural (i.e. discriminatory and/or exclusionary policies, laws, and systems).”⁴³ If a health system fails to adopt Harm Reduction principles, it can reinforce realities of self-stigma, reduce client willingness to access or pursue help, and perpetuate systemic forms of discrimination, such as through poor quality care standards and a lack of appropriate resource provision.^{44, 45} Alternatively, health systems that adopt a Harm Reduction philosophy and practice signal the intent to counter stigmatizing realities and enable those at the heart of the crisis to access inclusive care. BC’s Provincial Health Officer, in a widely celebrated report, *Stopping the Harm: Decriminalization of people who use drugs in BC*, calls for a systemic Harm Reduction push within the province’s health systems

using a “public health Harm Reduction and human-rights-oriented approach.”⁴⁶ This call has been taken up, to various degrees, by provincial health agencies,⁴⁷ and also by the Walk With Me research team which sees the pursuit of Harm Reduction as an important step forward in reversing the rapid rise in substance use mortality.

Island Health, one of BC’s five regional health authorities, released its first Harm Reduction Policy in the summer of 2022. This policy is the second (after Vancouver Coastal Health) to be released among BC’s health authorities, and it marks a progressive step forward as it formally commits Island Health and its staff to a stance that minimizes “negative health, social and legal impacts associated with...unregulated and regulated substance use, substance use policies, and laws that criminalize People Who Use Drugs.”⁴⁸ The policy’s release is one step of many in the development of systems change.

2.7. Cultural Safety

The practice of Cultural Safety is promoted within health and care systems to combat realities rooted in stigma, racism and colonization. First Nations Health Authority defines Cultural Safety as “an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.” Cultural Safety pursues “an environment free of racism and discrimination, where people feel safe when receiving health care.”⁴⁹ Cultural Safety recognizes the colonizing histories embedded within established health systems and the ways in which these systems have historically excluded, marginalized, and abused Indigenous peoples. In recent years, numerous health institutions, including the BC Ministry of Health, BC Regional Health Authorities, BC Coroner’s Service, and BC Regulators, have formally committed to the development of Cultural Safety principles.⁵⁰ These principles can support health systems in better-serving First Nations clients and

challenge the systemic judgements held by systems against People Who Use Substances while recognizing and honouring the humanity of those seeking care.

2.8. Summary

In this chapter, we described the complexity of the terrain in which the Substance Use Support Network is positioned. In what follows, we delve further into existing research which shows how Substance Use Disorders associated with particular substance use consumption trends, related to alcohol, tobacco and cannabis and unregulated drugs, have been addressed on a socio-political level in Canada, BC, and in North Vancouver Island communities.

3

RELEVANCE

We are living in a moment of crisis and change. Social, political, legal, and cultural attitudes towards how our society understands substance use are shifting—though many feel the rate of change is incommensurate with the urgency demanded by the crisis. As our state of crisis worsens, and as people increasingly experience loss and trauma associated with SUD first-hand, the gaps and strengths in our communities' capacities for response become increasingly apparent. These gaps present opportunities for change.

In what follows, we present current data and research related to each of the following four substances use categories—alcohol, tobacco, cannabis, and unregulated drugs (categories for which there exists a level of publicly available local data). Here we show how change is occurring through legislative and community reform—speaking to national, provincial, and local trends.

3.1. Alcohol

Data tells a clear story of escalating alcohol consumption and harm in BC. The University of Victoria's Canadian Institute for Substance Use Research (CISUR) offers two powerful tools for tracking and analyzing change, including a Per-Capita Alcohol Consumption (PCA) trend analyzer tool covering 2002 to 2021,⁵¹ and an Alcohol and Other Drug (AOD) trend analyzer tool that describes premature death and hospitalization in the Province from 2007 to 2019.⁵² Between 2002

to 2021, per-capita alcohol consumption in BC increased from approximately 8.2L of pure alcohol to 9.2L per-year. Across the province, alcohol consumption spiked with the COVID 19 Pandemic.^{53, 54, 55} Vancouver Island Health Authority (Island Health) has moved from 8.9L to 11.7L, the second highest Provincial Health Authority average for alcohol consumption in the province, a rate consistently above Northern Health (10.7L in 2021) and beneath Interior Health (13.6L in 2021).

We know consumption of alcohol has associated harms. The Comox Valley Local Health Area (CV), where our work in this report is situated, experienced some of the highest reported rates of alcohol related hospitalization in all of BC in 2019 (412.7/100,000, up from 271.9/100,000 in 2015)—a rate that has spiked in tandem with the rest of Vancouver Island. Notably in Northern Vancouver Island, in communities adjacent to the Comox Valley, alcohol-related hospitalization is occurring at absolutely alarming rates: almost double the rate of the Comox Valley—well above Northern and Interior BC which hold much higher average alcohol related harm rates than the rest of the Province's Health Authorities.⁵⁶ In neighbouring communities towards Tofino and above Campbell River, there is an extreme and escalating alcohol consumption and associated harm crisis underway.

While increasing alcohol consumption and accompanying negative consequences are unfolding in BC, the Federal Canadian Centre

on Substance Use and Addictions (CCSUA) released new guidelines in January 2023 that promote the health benefits of abstinence from alcohol. This represents a radical shift from their previous guidelines. Researchers from CCSUA now suggest there are elevated health risks for people consuming more than two standard glasses a week—an unprecedented claim.⁵⁷ Prior guidelines, only a decade old, recommended less than 10 and 15 drinks per week for women and men respectively to avoid long-term negative health outcomes. Authorities now stand behind substantial studies that refute all ideas that drinking can or should be linked to health benefits.⁵⁸ There is also a growing push to attach the kind of cancer-risk labels to alcoholic beverages that are now seen on cigarette packages, and a Bill is currently before Canadian Parliament to affect this change.^{59, 60}

3.2. Tobacco

A different situation is playing out with tobacco consumption—tobacco-related morbidity rates in BC, Canada, and North America have declined marginally or held steady over the past decade,⁶¹ and the pandemic does not appear to have significantly altered associated death and hospitalization trends in BC.⁶² However, in the Comox Valley, rates of death and hospitalization remain higher than BC's average⁶³ and, as in the rest of the nation, tobacco-related illnesses remain the leading preventable cause of illness and premature death by a considerably wide margin.⁶⁴

3.3 Cannabis

In contrast to tobacco, much has changed regarding the use of cannabis. There has been a dramatic reduction in the harms caused by criminalization of cannabis use. The national legalization of cannabis in Canada in 2018 correlates to a reduction in harm caused by the criminal justice system

for this substance.^{65, 66}

When mandatory penalties for possession were still being enforced in 2014, Canadian police were dealing with a cannabis-related and “criminal” incident every 9 minutes.⁶⁷ The cost of prohibition was in the billions.⁶⁸ The legalization of cannabis has allowed for significant refocus of resources away from criminalization and towards other social concerns. Legalization started with an election promise from the federal Liberal party which took office in 2015 and moved quickly to implement this change. While cannabis associated crime has seen “drastic reduction,”⁶⁹ preliminary findings suggest that there are weak if any links between legalization and observable changes with respect to hospitalization, mortality, and illness related to cannabis consumption.⁷⁰

Though a great deal of new studies are forthcoming detailing how cannabis influences health,⁷¹ data regarding mortality is difficult to untangle. We can however observe that in BC, the number of cannabis offences dropped from 17,723 in 2012 to only 8 in 2021 (a drop attributable, perhaps, to legalization through the *Cannabis Act* where illegal non-sanctioned cannabis activities were targeted as a result).⁷² Further, the total number of drug offences in the Comox Valley fell by over 50% from 371 in 2012 to 159 in 2020.⁷³ When considering cannabis use and all observable social harm data, we see that the act of removing cannabis from the criminal justice system correlates to a reduction in crime and with few if any observable changes in health-outcomes so far.⁷⁴

3.4. Illicit Drugs

In contrast to the situation with cannabis, the unregulated and criminalized toxic drug trade has produced a dramatically increased number of hospitalizations, premature deaths, and deaths since 2014, and its impact is not declining in BC.^{75, 76, 77} In April

2016 BC's Health Officer declared a public health emergency due in part to the high toxicity of fentanyl in the illicit drug supply. Over 11,390 lives have been lost in BC to the crisis between 2016 and 2022, including over 141 in the Comox Valley.⁷⁸ Toxic drug related deaths in the Comox Valley have risen dramatically in recent years—from 11 in 2016 to 37 in 2022.⁷⁹

Decriminalization of illicit street drugs has begun but with far less urgency and speed than the move to regulate cannabis. On January 31st, 2023, Health Canada provided BC with an exemption to the federal *Controlled Drugs and Substances Act* for three years that allows adults to possess very small amounts of opioids, crack and powder cocaine, methamphetamine, and MDMA without criminal charges or seizure.⁸⁰ If possession is discovered, individuals are to be supported in reaching out for health and social services for addictions, mental health, and recovery when requested.⁸¹ Even as this small change represents a “too little” and “too late” allowance, and looks nothing like the legalization process accomplished through the *Cannabis Act*,⁸² it does mark significant change and an opportunity to expand the measure through continued advocacy and social pressure.

Since 2016, the Province has responded to the toxic drug poisoning crisis by advancing public education, implementing targeted information campaigns, increasing access to trauma and mental health counseling, increasing access to opioid agonist therapies, distributing naloxone kits, increasing toxicological testing of drugs, expanding Harm Reduction services (i.e. establishing toxic drug death prevention services and expanding supervised consumption sites), developing a ministry focused on mental health and addictions, and recently, taking a first small step towards decriminalization. Some of these efforts are substantive, and before the pandemic arose, the data suggests these efforts may have been

working to reduce harm; however, while harm has increased through the COVID-19 pandemic, the pandemic has also shown us what real health emergency mobilization looks like. Reflecting on the government's deployment of public health resources in response to the pandemic, which has claimed far fewer lives than the toxic drug poisoning crisis in BC (less than half),^{83,84} it is difficult to locate—apart from prejudice, stigma, red-tape, and complaints of complexity—what exactly is preventing more rapid and better supported systemic change. Opportunities exist to build consensus and effect evidence-based decisions: federally, provincially, regionally, and locally in the Comox Valley. We can lead the way.

3.5. Summary

Above-average (within the province) and generally increasing morbidity with respect to all substance use in the Comox Valley speaks to our community's need to strengthen local networks of care and belonging in relation to People Who Use Substances. Evidence points to the need for radical action to support people seeking balance in their relationship with substances. The pursuit of a strong network of care and support services for People Who Use Substances is not only a local impulse locally, but a growing and deep field of social concern and exploration for society within the context of multiple evolving crises (i.e. housing, public health, and environmental loss).

Harm Reduction, as a movement unfolding within our current economic and environmental climate, and as a response to compounding layers of crisis, is allowing communities like ours to take stock of the ways in which we provide substance use supports and mobilize rapid change.

4 METHODOLOGY

In this chapter, we outline the techniques and strategies we've used to gather data and speak to the research processes and practices we used to develop our recommendations. This chapter sets the stage for Chapter 5, Findings, where we take readers through a series of insights provided by research participants, and Chapter 6, Recommendations, where we consolidate our understanding into actionable goals.

4.1. Definition of "Substance Use Support Network"

In this report, we define the "Comox Valley Substance Use Support Network" broadly as the network of organizations and projects/initiatives working to support People Who Use Substances in the Comox Valley. This definition includes organizations whose work is rooted in Harm Reduction, Recovery, health and mental health services, as well as in the "upstream" areas that have impact on the substance use ecology, including housing, policing, education, and others. When recruiting research participants, we asked community groups to self-identify whether (or not) their services/organizational activities exist as part of this network.

4.2. Definition of "Peers"

The use and intended meaning of the term "Peers" is highly contextualized. In this report, we use "Peers" to signify people located in the Comox Valley who currently use, or have used, substances, and who

have attempted to access substance use support services over the past two years. In literature and generally in Harm Reduction discourse, "Peers" can describe People With Lived and Living Experience (PWLLE) of crisis (homelessness, poverty, SUD and more). Calls for and inclusion of "Peers" in power structures, in the context of "nothing about us without us," are about the value, humanity, skills, professionalism, ethics, lived insight, knowledge, and capacities that Peers can uniquely supply for fostering change. The term "Peer" is not mutually exclusive: a Peer may also be a front-line worker, for example, or an Indigenous Traditional Knowledge Keeper.

4.3. Definition of "Cultural Mapping"

Our research practice uses "cultural mapping" as its core methodology. This methodology was developed and brought into research contexts by Indigenous communities and community development proponents in the 1990's and early 2000's.^{85,86} Cultural mapping involves deep storytelling and insight-sharing with the aim to produce group-based insights and recommendations. To produce our report, we hosted 16 cultural mapping sessions with small groups. In total, 59 Peers and 25 Service Providers from the Comox Valley participated. Within these sessions, the Walk With Me team, consisting of Community-Engaged Researchers, Elders/Knowledge Keepers, Peers, and Outreach Workers, supported groups of participants

to share their insights through cultural mapping during Peer/Service Provider sessions. To elicit engagement and response to our questions, in each session we brought groups through the following steps:

1. Groups were recruited through public calls for participation, through existing community relationships held by the Walk With Me team and collaborating organizations, and through snowball sampling (referral of participants by other participants).
2. Participants were informed about the nature of the project and engaged in a comprehensive ethics and consent process approved through Thompson Rivers University's Research Ethics Board following Tri-Council research oversight. Groups were supported through Cultural Safety practices and inclusion of Elders/Knowledge Keepers, Peers, and Outreach Workers in session. Participants were offered food and were provided honoraria for their time.
3. Groups were then taken through a draw-talk protocol where they were invited to draw/map particular aspects of the Substance Use Support Network and their experience of it and to speak on-record if they desired to the insights they shared on paper. Peers were asked to share their insights related to the strengths and gaps in the system as they had experienced these over the past two years. Service Providers were asked to share insights related to the "strong" relationships between Service Provider entities and relationships they felt could be strengthened. Both Service Providers and Peers were invited to speak to their insights related to "strengths," "gaps," and "potential solutions."
4. After the mapping exercises, groups were led through semi-structured focus-group interviews where the research team

asked participants to speak more deeply to the maps and visual concepts they had shared.

5. To produce the report, we synthesized and cross-referenced the pool of data we gathered using NVivo qualitative software, which was used to code participant insights and locate aggregate nodes of consensus. We also moved through second-stage consent checking (member checking) to ensure participants were comfortable with how their voices appear in this report.
6. Finally, we invited research participants and partners to review and provide feedback and critique a preliminary draft of the report before integrating their suggestions, proofing, and releasing the public copy.

4.4. Public Survey

Complementing the cultural mapping process, our team issued a public survey and recruited Peers in the Comox Valley to participate. The survey contained a range of questions related to the Substance Use Support Network in the Comox Valley (see Appendix A). The Survey received 51 responses. This data presents yet another snapshot of substance use networks in the Comox Valley.

4.5. Participant Demographics

The following participants were involved in this work:

Peers

Peers were involved with both the cultural mapping focus group research sessions and also the public survey dimensions of this research. 59 Comox Valley Peers participated in cultural mapping sessions in the Spring of 2022. Of these, 31 elected to fill out

our optional demographics form. Of these individuals, 16% were under 30, 55% were between 30 and 60, 6% were over 60, and 22% did not supply their age. 39% identified as female, 58% as male, and 3% did not provide identification. 26% were housed, 58% were living outside, 19% were in a tent or outdoor shelter, and 3% were unlisted. 26% of individuals were employed, 61% were unemployed, and 13% did not respond. 6% described their heritage as Indigenous. For the public survey, 51 Comox Valley Peers participated in the Fall of 2022. The majority of respondents fell between the ages of 30–60 representing 75% of those who answered. 11% of the respondents were young people under the age of 30, and 4% were over 60 years of age. There was a near equal division between those who identified as male and those who identified as female. Of the 51 respondents, slightly more than half (57%) described themselves as unhoused or precariously housed at the time of completing the survey. Approximately 50% of those who responded identified as being BIPOC (Black, Indigenous, People of Colour), with 27% self-identifying as Indigenous, 10% identifying as Black, and 12% identifying as a Person of Colour.

Substance Use Service Providers

24 representatives of Service Providers participated in cultural mapping group sessions hosted in the Fall of 2022. 33% participants were from Island Health, 13% municipal representatives, 50% were from community support organizations, and 4% were physicians.

4.6. Analysis

The Walk With Me team analyzed the qualitative results from the above methods by transcribing audio-recorded conversations, analyzing these using NVivo coding software, and by integrating map drawn insights from Peer sessions. Additional quantitative tools were used to consider

the public survey results and the ranked priorities for systems change that Service Providers offered. We utilized the survey and visual outputs to test and confirm our findings. These tools helped us consider areas of alignment and misalignment across a variety of sessions.

5 FINDINGS

The following section reviews key findings emerging from our research—grounded in our team’s understanding of the insights shared by participants and in available current data. We support our findings with select first-person insights from our dialogues with Peers and Service Providers. We ask the reader to hold these insights and those who gave their voices to this process with respect. We acknowledge that the act of speaking to these issues can be difficult. We honour the voices of those who contributed to this process with the intent to make change.

5.1. Systems Gaps

The following section speaks to gaps identified by Peers and Service Providers in relation to our local Substance Use Support Network in the Comox Valley. Here, we underscore the areas that are in need of significant attention to strengthen our local care network. Following our analysis of gaps, we move into a second analysis of strengths—areas of the system that are working and could be developed further.

5.1.1. Enormity of Loss

We begin by sharing a sense of the enormity of the loss that Peers in this community shared with our team. Peers spoke to the high death toll they are experiencing in particular as a result of alcohol and drug-related harms:

I’ve lost probably 100 friends in the last three years.

(Rick Berdaru)

I’ve seen people die. Right, my good friend died because of fucking ignorance. I’m sorry for swearing. But that’s what I gotta say.

(De-identified participant #1)

We’ve lost what 20...20 friends in the last two, three years? Yeah, a lot. Yeah, I quit counting.

(Jo Moore)

Six months ago, I lost my brother who’s 39 to a fentanyl overdose. And I’ve been struggling with it myself for 5 years now. Since I lost my father, my uncle, my kids, my land.

(Chris Bowie)

The reality of this loss impacts Service Providers and Peers alike:

I became just completely overwhelmed by the amount of loss and deaths, and it was just so frustrating to witness this every day and people that you work with every single day watching their lives spiraling due to the toxicity in the supply...it just seemed to amplify year by year and get worse...

(Galen Rigter—AVI, Outreach)

Peers brought home the magnitude and immediacy of loss they were experiencing to our research team. As we sat and listened to what Peers had to share, many were actively remembering and honouring loved ones who had recently passed:

Lost my sister last week at the age of 35. She had 2 children who are teenagers now.

(Julia)

Just can't seem to stop praying for a friend of mine that just passed away a couple of days ago. I think most of us knew him. Died in the hospital in his sleep. So that was a blessing for him I guess because he was really sick. Anyway, I would like to just have everybody say a prayer for him in your minds, you know.

(Mike)

Witnessing the grief and trauma many Peers experience on a near daily basis was a stark reminder of the need for concentrated efforts towards meaningful change. In one

session, participants collectively dedicated their voices and what they shared with us to the memory of someone they had lost that week, recognizing that systems change was needed to prevent deaths such as his and that this report would work towards that end.

5.1.2 Stigma in the System

Alongside issues related to loss, Peers and Service Providers both spoke to the prevalence of substance use stigma within our local healthcare systems. Both Peers and Service Providers felt stigma takes many forms in our network. Some spoke to the ways in which stigma made them feel unacknowledged and unseen: **“ambulance, cops...the way people treat us—we’re not invisible.”** (*De-identified Participant #1*) Others spoke to the ways in which Service Providers prejudice, pigeonhole, and essentialize Peers:

You could be clean for 20 years, and when you go into the hospital, they treat you just like, you know, [you] crawled out of an alley somewhere, and you haven’t touched anything for decades. Anything judgmental is ridiculous.

(De-identified participant #2)

This stigma-based judgement can, according to many, be long-standing and pervasive. A number of Peers reported that once a label of substance use has been applied in the health system, it is difficult to remove.

Peers identified the propensity of some workers within the Comox Valley Substance Use Support Network to identify SUD as an individual failing rather than a structural issue and social responsibility. When health care workers gloss over the role that social

determinants (as reviewed in Chapter 2) and life circumstances (such as trauma) play in generating substance use related harm, health care workers in turn cause harm:

I don't think [health care workers] should see it as "we're doing it to ourselves." I just I hate that. The way that they treat us, especially in hospitals.

(Jenna Johnson)

In one Peer's story, stigma took the form of a lack of urgency on the part of Service Providers to afford lifesaving care within a moment of intense personal crisis:

My friend decided to do a shot in the passenger seat, and I pulled out of the liquor store and headed back towards home...I drove up to the hospital; there was a couple cops in the emergency room. I kind of parked off to the side, and ran in and I said, "you have to come, like, my friend's overdosed. He's blue at this point. He's dead"...They said, "Oh yeah? Bring him in." Yeah. I said, "He's fucking dead in the car." Like, come on. They walk out there with a wheelchair. And they say, "Okay, put him in." And then they...they want me to get him out of the car and put him in the wheelchair. There was no fucking rush. There was no—it didn't even matter [to them]. It was like, "Just let him fucking die, he's just another junkie, whatever."

(De-identified participant #3)

This harrowing story relays a fundamental lack of regard, on the part of a Service Provider, for the life and humanity of someone who needed emergency help after substance use.

Some identified yet another form of stigma in the practice of Service Providers requiring or seeking "war stories"—stories filled with details of traumatic and extreme suffering and loss—to provide Peers with access to the services they request or in fact require:

It's like this contest of suffering. Like, if you're not completely at rock bottom and in your worst possible place in your life...you won't get the help that you deserve. And I don't think that's fair...in that you're forced to relive that deficit story over and over. And just to get heard, you need to end up in a psych ward or...[to] have just terrible, terrible things happen to you. And to me, that's super unjust. Yeah.

(Galen Rigter—AVI, Outreach)

The requirement that Peers tell and re-tell their war stories to gain access to services was seen by several service providers as a structural embodiment of stigma:

People will come here and tell their story. And then we're supposed to say, "You need to go next door, make an appointment with their intake nurse." And then they have [to tell] the story [all over] again. So that's another barrier.

(De-identified participant #11)

Others spoke to the system's propensity to deny services based on religious bias:

[The treatment facility I attended] was based on...it was Catholic or Christian, a Christian place. And I don't know why [there was no follow up]...it's only in my opinion [that there was no follow up] because I didn't get baptized: when my 90 days was up, they dropped me off in an alley with my bags. No nothing. No. And the whole time I was there, it wasn't: "Have you looked for housing? Have you checked a newspaper? Can I give you a ride anywhere? Can I do anything?" It was completely the program, and no bridge to anything positive after—no housing, no. But the second girl in there got baptized, and they gave her the house that they lived in. They bought a new house and gave her that house. And the third girl in there, she got baptized, and she got help. So that was just another form of stigma, but in a religious aspect.

(De-identified participant #4)

One Service Provider positioned religious bias as having deep and historic roots within the Comox Valley's systems of care, specifically within the Hospital:

I've...noticed a huge difference between Campbell River and Courteney [hospitals]. And...the deciding factor is [that the Comox Valley Hospital] was [formerly] St. Joseph's. So

it was, you know, a Catholic based hospital for a long time. And I think that held them back...they should be on the same page, Comox Valley and Campbell River; [they've] both [been] open for five years; they should be at the same place. But I think the...past experiences of that administration, and the beliefs of that hospital...have held back the learnings and the opportunities that should be there, especially for the community that needs it so desperately.

(De-identified participant #12)

While the religious affiliation of programs and care systems do not influence stigmatization by default, and while there exists a wide degree of variance in the approaches taken to substance use within faith-based care systems, these insights above show how deep-seated values cultivated through religious affiliation can play a role in dissuading or preventing Peers from accessing services. This is particularly true for Peers that do not subscribe to program beliefs that are integrated into and promoted within service delivery. These insights also underscore how systems of care can be deeply entwined within the "spirit" of institutions and the values and assumptions they espouse.

Peers flagged the need for Peer-based education of Service Provides and systems change leaders as one of many necessary ingredients for destigmatizing care. By improving comprehension of the needs and humanity of people struggling with Substance Use Disorder, Peers are able to promote a more a humanistic understanding of, and enlightened approach to, the crisis:

Education [is needed], not with the focus on changing someone's mind, but enlightening them.

(De-identified participant #10)

Let's hope that something good comes from awareness. More people aware.

(De-identified participant #4)

We're not invisible. And that's the biggest thing...our voice and our concerns, right...they have to be heard.

(De-identified participant #1)

My solution? Put us in charge. Give us a say. Believe in [us]. Listen...we aren't going away. I'm not, anyway...

(De-identified participant #4)

Here we see, then, a profound need for systems change leading to a reduction/elimination of stigma on intrapersonal, interpersonal, and structural levels. The same call (and identification of stigma and service gaps) is reflected in the personal maps made by Peers, as in Figures 2 and 3. We also see a call for Peers in enabling this change by providing the education necessary to humanize care, and by increasing awareness of the different contexts and life circumstances that are entwined with the emergent crises we face as a community.

Figure 2: Peer Map

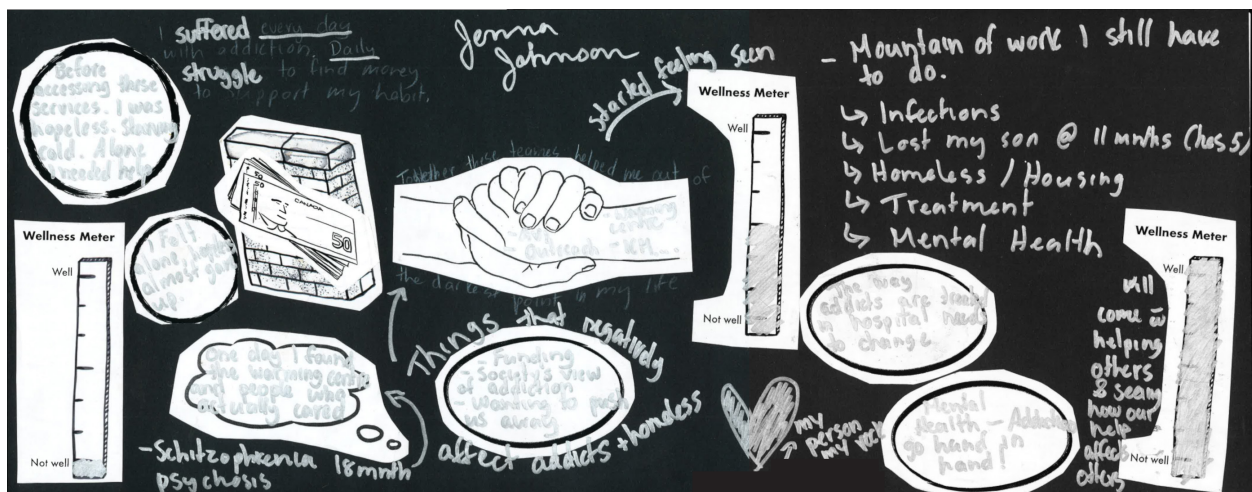
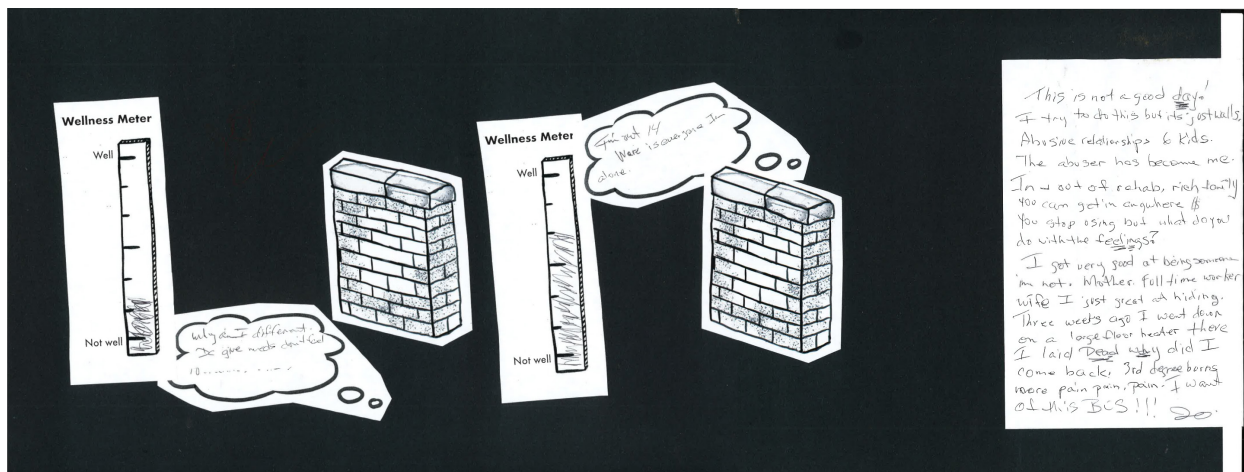


Figure 3: Peer Map



5.1.3 Gaps in Recovery Services

Both Service Providers and Peers spoke to gaps in Recovery and Harm Reduction care systems in the Comox Valley. We define a “Recovery” system as one focusing on reducing and/or eliminating reliance on substances (i.e. moving towards abstinence). We define a Harm Reduction system as one designed to support safe use of substances (i.e. Managed Alcohol Programs, Opioid Agonist Therapy, Overdose Prevention Sites, Safe Supply). In what follows, we illustrate the gaps identified by Peers and Service Providers in our local Harm Reduction and Recovery systems.

Recovery models often include a three-phased approach. The phases are often tailored to individual need and often include the following elements:

- a. reducing reliance on substances, often through medical intervention, often over a period of one or two weeks (Medical Detox).
- b. stabilizing use or absence of use over a period of weeks or months (often up to 90 days) (Social Detox).

- c. maintaining this new level of substance use or sobriety over a long period of time, often years (through Supportive Housing, or other forms of long-term care).⁸⁷

Unique and individualized tactics often enhance and/or compliment these phases. Community and Recovery support networks (i.e. Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous, cultural learning and engagement, community integration and more) play critical roles. While each person’s recovery method is unique, many established and evidence-based methods use these critical building blocks within the Recovery process. For some substances (such as alcohol) medical and managed detox can be essential, as rapid unmanaged withdrawal presents significant physical risks. Individuals often struggle to make progress on their recovery goals when these pieces are not in place and working together.

Within the Comox Valley’s Substance Use Support Network, research participants identified two key gaps in our local Recovery continuum:

Recovery Gap 1: Lack of local medical detox services

Peers and Service Providers identified a significant (and fundamental) gap in the lack of available medical detox services in the Comox Valley. Although social detox services are available, including at Comox Valley Recovery Centre (CVRC) and Amethyst House, in many cases these services are inaccessible unless an individual has first undertaken medical detox. While research participants acknowledge that the Comox Valley Hospital provides some level of medical detox, those who have accessed this service (or have referred clients) report that the detoxification was often a secondary outcome of patients having been admitted for other primary health concerns. One Outreach Worker observes:

[Clients] have [had] to invent something that's wrong with them other than the need to detox just to get...detox for a couple of days. People go to the hospital, feigning injury, you know, complaining about various ailments that may or may not exist in their body, just so that they can remain in hospital while they test them for whatever it is that they've identified.

(Galen Rigter—AVI, Outreach)

Aside from the hospital, Peers seeking medical detox are often referred to facilities in neighbouring cities, notably to Island Health's Clearview Community Medical Detox Centre in Nanaimo. But according to one Service Provider, Peers may need to be referred by a Mental Health and Substance Use Counsellor—a process that is **"difficult because [clients] have to drop in with Mental Health [and Substance Use], or**

phone, and then they have to call back and get an intake appointment" (*Eva Hemmerich—Comox Valley Addictions Clinic, Doctor*), a process which can according to a number of participants, can take up to six weeks.

Given this scenario, it is no wonder that wait times for entry to medical detox represent a prohibitive barrier to service for Peers. Wait times can range from two to three months and even more, taking into account the time between MHSU referral and intake to the detox facility. This prolonged wait time dissuades Peers from accessing the service in many instances. We heard from both Peers and Service Providers that the window in which someone becomes and remains open to medical detox is small—a matter of days, hours, and sometimes minutes. In what follows, Peers speak to the overwhelming challenge of accessing non-local medical detox options under these conditions:

I tried [accessing detox]. I talked to one of the workers about it, but it's quite a process; you're put on the list. It takes weeks.

(De-identified participant #5)

[Detox] just doesn't happen fast enough. It's very dragged out, and it's like, by the time you get it, you don't want it, or, you know, you're not ready. And it's like, that desire to get better can change really quick, so it should be...quicker to get help.

(De-identified participant #6)

I can't access treatment fast enough. It's always a three or four month wait. And if I still have my phone, it's a different number by [the time they try to reach me].

(De-identified participant #7)

Further, Peers can be dissuaded by additional barriers to accessing medical detox or starting treatment, including the requirement that clients cease smoking while detoxing from alcohol and/or drugs:

I tried that detox center down in Nanaimo...Yeah, I lasted four days there. They won't let you smoke. Which, you know... I'm not here to quit smoking. I'm here to quit drinking.

(Rick Berdaru)

According to several Peers and Service Providers, the transportation needed to access medical detox presents a yet another barrier:

We're asking [clients] to somehow get to Nanaimo safely...intake on their own. There's nobody going down there with them. Maybe they're using Wheels for Wellness, maybe they're taking the InterLink bus...[They] do a week...they're still pretty shaky when they leave at one week. Now [they] need to get back to the community...to intake into CVRC or Amethyst...That's huge, right? That's a big big ask.

(De-identified participant #14).

The travel can be a huge barrier. You know, especially for someone who's maybe using opiates, and they sort of have transportation down if it's Wheels for Wellness, but that becomes a bit of a scenario for a volunteer to potentially have to reverse an overdose.

(De-identified participant #18)

For some, the transition from medical detox in Nanaimo to social detox/treatment in the Comox Valley involves significant risks, especially when services do not align. Outreach Workers expressed frustration to us at having no way of "holding" people in the gap that can appear when they know the potentially challenging conditions in which clients are currently living while they are actively seeking detox away from that environment:

I can say..."hold that thought... stay here for three days"... [because] this person is reaching out right now. And [I can also say]..."too bad, wait a week or two weeks or three weeks, go back and live with all your friends" [in the environment in which substance use is supported].

*(Danny O'leary—
Island Health, OPS)*

Other Service Providers did identify that concerted efforts are made by staff at Clearview and local social detox facilities (CVRC/Amethyst House) to link medical and social detox services:

“ Oftentimes Clearview can be quite...good. If we tell them that someone has a bed CVRC on this date, they will do what we call, “bed Tetris.” You know, shuffle people around to make a bed available one week prior so that people will have that medical detox piece in time for their social detox... They’ve been quite accommodating in my experience. But again...the transportation, even sometimes getting down there for people and the fact that Clearview does not allow cigarette smoking on site..., these are a lot of the folks who are going into medical detox for alcohol use disorder, right? And cigarette smoking just goes so closely hand in hand, especially I find with the older population. It’s such a deterrent for people; they just won’t go because they can’t smoke. ”

(De-identified participant #13)

Here we begin to see a picture of the stress points involved in connecting people with what is often the very first step in a person’s recovery journey. For people who smoke, there are additional barriers to recovery.

Interestingly, several Service Providers report that “back door channels” permit some clients to access medical detox more directly by bypassing the required MHSU referral (those who spoke about these channels did not want to be identified). How these back-door channels work, and how they are sustained, remains a mystery. Facing significant systemic barriers, some working within the system are, apparently, finding ways to manufacture unique pathways to recovery for the benefit of their clients. It is distressing to observe that people in need of help require such channels in the first place, and to also recognize that they are not open to everyone.

One final incidental finding demonstrated a contrast in understanding of “detox” between Peers and Service Providers. Our team conducted a word cloud query in NVIVO, where the coded “detox” section was searched to identify secondary 3+ character words connected to this term. This query displays up to 100 words in varying font sizes, where frequently occurring words

are in larger fonts (the more frequent, the larger the word). The same query was run separately in Peer and Service Provider data files. Our team discovered a different set of concepts to be associated with each category’s use of this term. As shown in Figure 4, Peers tended to use this term in association with emotive words like “alone,” “depressed,” “demoralizing,” “trying,” “barrier,” and “ghost.” Service Providers tended to use this term in a more clinical context, associated with words like “management,” “appointment,” “admitted,” “allowing,” “diagnosis,” and “decision.” These differences highlight ways in which the experience of detox can be understood in radically different ways. It points to an opportunity, perhaps, to bridge a gap in service provider understanding, so that the human impact and experience of detox are understood on a deeper level.

Impact

Beyond an understanding of the importance of a streamlined and rapidly accessible local medical detox service, it is important to understand the impact that the absence of such a service can have within lives of Peers seeking support. The following story, told by a Peer trying to help a friend access medical detox, demonstrates how frustrating the process of seeking help can be for those for whom “back doors” are unavailable:

“ A friend of mine had gotten kicked out of CVRC [Comox Valley Recovery Centre]. He had relapsed...He was in Nanaimo...I drove down there to pick him up and bring him back up here. And on the drive up, so within the span of, I guess, two hours, he first called the hospital here in the Comox Valley, to see about being able to detox there because he needed to detox. And the nurse there actually said...“I don’t know, you have to call Mental Health Substance Use.” And so he called Mental Health Substance Use...and they said to “call the hospital,” and there was kind of this back and forth...We call back the hospital, got somebody else. And they said, “No, there’s no detox here. You have to call Clearview in Nanaimo.” He did call Clearview. The lady there again said, “I don’t really know; it’s about two weeks, approximately two weeks, before we can take you,” and so that was kind of that. He called CVRC to ask if he could get back in because he’d only been out for a couple of days. And they said, “No...you’re gonna have to get back on the list to...re-apply, but there’s people ahead of you now.” So they wouldn’t take him. And at that point, I think he felt like he had exhausted those options. So he phoned the shelter just to try and get a place to stay for the night because that was the most immediate thing that needed to happen. And so we call the shelter, and they said, “if you get here by...” I think it was, “four o’clock.” And it was 3:30. And we weren’t going to make it. So he had nowhere to stay for that night. We got into town; it was maybe 5:30. We went to the Travelodge, which was the place to maybe get a place to stay for that night. And, I actually can’t remember why...I guess they didn’t have space. They didn’t have a room available. And that was it. ”

(Sophia Katsanikakis)

In this account, we see described a series of barriers that prevent an individual from engaging with medical detox, which in turn prevents them from entering other stages of treatment. A significant number of these barriers would be removed or reduced through the provision of a local medical detox centre in the Comox Valley—one large enough to accommodate Peers in the moment they express need for help. Comprehensive integration of medical and social detox would remove further barriers, reducing gaps that prevent people from immediately entering social detox after medical detox.

Recovery Gap 2: Lack of Supportive Housing/Long-Term Care

The transition from social detox/treatment to Recovery-based housing represents another key gap in our local provision of support. Peers and Service Providers both spoke to the profound absence of Supportive Housing in the Comox Valley which is currently restricted to the options available through social detox (often limited to 90 days) and to the limited 6-bed, 6 month, Supportive Housing option available through CVRC for those who have finished their social detox programs. The absence of Supportive Housing feeds a cycle in which Peers regularly engage with detox and treatment but are released without better provision for next steps to recovery, leading to relapse and often re-engagement with detox and treatment:

You get the revolving door, right? Or just they relapse, then they come back, and then they relapse, and they come back because there's nowhere... there's nowhere for them to go once they complete their, you know, maximum 90 days. Yeah.

(De-identified participant #13)

It's always been known that [when] you need to get somebody into a program they're there for 90 days if they're lucky. And then they just get turned loose. And they go back to what they know because they don't have the support system.

(De-identified participant #10)

I think one of the biggest challenges is that we have people who have come [in], whether it's been through supportive Recovery, a residential program or even, you know, at the Travelodge, who have said [to us], "I don't want to use anymore." And our only option coming out of Amethyst House sometimes is the Junction, which is really not helpful for somebody who's made that decision... There's just no dry place or a place where you can continue Recovery on limited income.

(Heather Ney—Transition Society, Director)

Other than second stage through CVRC...We have nothing. There's nothing in the Valley that's Recovery-based housing.

(De-identified participant #13)

The larger housing crisis also exacerbates the cycle of relapse and recovery. Many research participants spoke to problems obtaining long-term stable housing:

I'm homeless due to addiction; I managed to stay clean for a year there, and then finding housing has been a real, real issue...seems damn near impossible to find any kind of housing. That makes it especially hard. A bit of a struggle right now.

(De-identified participant #5)

I'm amazed [at rent prices]. Like \$1,000 and over [a month], half the people can't afford that.

(De-identified participant #8)

Especially the clients that...are on such a minimal fiscal string that they've got basically the bare minimum and how they're meant to afford places that are \$1500-\$1600, just at the bottom end, yeah. When what they get is like \$1,400 for the PWD or whatever...it is not that much.

(De-identified participant #11)

For people who are living unhoused, processes of detox and recovery can be especially trying.

We're talking about gaps, what a huge gap for our folks when they're in the hospital [or coming out of Recovery program]...like we all know, right? Where are they going to go? What are they going to do?

(De-identified participant #22)

It's incredibly disheartening to see somebody work so hard...for their Recovery for three months with us...put their all into it, and then [be] discharged to the shelter. Not like the shelter isn't great...But when somebody's worked so hard for their Recovery to have nowhere to go afterwards...it is heartbreaking.

(De-identified participant #15)

Apparently, past initiatives have considered a Supportive Housing facility within the Comox Valley:

About 8 years ago, a past coordinator for the CVRC was working on starting 2nd stage housing...They wanted to build a house right across from CVRC...The clients could go there and work or school or volunteer. This fell through, and nothing was started. There's money somewhere; we can do this.

*(Danny O'leary—
Island Health, OPS)*

While people in active substance use have some housing options available, including Travelodge and the Junction, people pursuing abstinence see a need for "dry" housing where they are supported in this aim.

Ideas for Supportive Housing

Service Providers expressed no shortage of ideas for what such a facility could look like. Some spoke to the importance of a "group/family" environment—underscoring this environment as an important component of

Recovery:

I would like to see us going back to providing more Supportive Housing in the form of smaller group homes that provide a sense of community and family as well as being mindful that those sharing these homes have similar goals, for example having group homes for people whose goal is abstinence and others for people who are wanting Harm Reduction... more interested in Harm Reduction.

*(Jennifer Coulombe—
Island Health, MHSU Researcher)*

We see ourselves as family... We think of ourselves as family. And on reserves, the families are very tight-knit. Big families live in small houses... That's part of it, the housing piece. Grandparents, mothers, fathers and children all live in one house. So everyone is impacted [by an individual's Substance Use Disorder], and everyone in the family has a role to play in Recovery. How do you break a destructive routine if that routine is still going on with family members when you return from treatment?

*(Barb Whyte—Elder/
Traditional Knowledge Keeper)*

Beyond cultivating group housing, some participants spoke to the importance of involving family members throughout treatment and Supportive Housing in the Recovery journey.

I think that the family model is really important because it's about changing habits. [When family members are involved], individuals have a support system when they return home after Recovery.

*(Barb Whyte—Elder/
Traditional Knowledge Keeper)*

One Participant cited the Kackaamin Family Development Centre in Port Alberni⁸⁸ as a notable example of family-based care centre—a non-profit that self-identifies as one of three Indigenous family treatment programs in Canada. The centre was seen by this participant as innovative in its understanding of addiction as a family and community construct and in its foundational reliance on Nuuchah-nulth values to direct and hold its work.

Several Service Providers also spoke to the potentials that farm models afford Supportive Housing:

Family models were seen as especially relevant within Indigenous treatment contexts:

My dream would be to have a farm where people requiring housing could live and contribute while learning new skills in a supportive environment. It is important that future decisions are made with a climate change lens while strengthening local food security.

*(Jennifer Coulombe —
Island Health, MHSU Researcher)*

The farm model, which often includes social enterprise and work experience components (i.e. through the cultivation and selling of farm produce and artisan goods at markets), is growing in BC. Examples include the Port Alberni Shelter Society's Shelter Farm,⁸⁹ and the Mustard Seed's Hope Farm Healing Centre.⁹⁰ The implementation of Port Alberni's Shelter Farm was inspired in-part by an internationally renowned Recovery farm in Italy called SanPadrignano—a treatment centre involving a 3–4 year live-in experience in which residents “learn to overcome hardships through honesty, commitment, respect for themselves and for others, and by developing solidarity and interpersonal skills.”⁹¹ The centre professes a 72% Recovery rate; residents do not pay for their stay on the farm—they are afforded room and board, work full-time and donate their labour to the upkeep of the program and facility. A 2019 article written by Port Alberni's former Mayor, John Douglas titled *Addiction and Therapeutic Recovery Models “Working Towards a Solution,”* considers this model and its implications in detail.⁹²

A number of Comox Valley Service Providers feel that a Recovery facility (whether based on a Farm model or otherwise) should be located at a distance from the city centre, in a place where the substance use scene is less accessible. To help break cycles of SUD, many thought it important to offer an environment

in which new behaviours and cycles could develop and new forms of resilience could grow.

It is worth noting, as well, an emerging trend in BC (and beyond) to establish tiny home villages in BC (and beyond) for transitional housing. Though research participants did not explicitly identify this concept in our study, some BC municipalities are advancing these solutions. Duncan, Port Alberni (in process),⁹³ and Victoria⁹⁴ already have examples of these villages. Some villages are developed explicitly to support Recovery,⁹⁵ while in other cases they are developed to provide housing and services for unhoused populations at-large. Tiny home villages are one of many potential strategies that can help address the need for Supportive Housing.

Clearly there exists an urgent need to bolster both the “front-end” of the continuum (medical detox services) and the “back-end” (Supportive Housing). Without initiatives to improve and create these life-saving services, the Comox Valley Substance Use Support Network will continue to cycle people through potentially endless and expensive processes that involve minimal prospects for success. By failing to provide local medical detox and adequate quantities of Supportive Housing, we are setting people up to fail.

Alternative Recovery Pathway— Privatized Services

Alternatives exist to the public system of Recovery-based care we have just described. Several Peers spoke to their experiences accessing privatized Recovery services such as Edgewood Treatment Centre (Nanaimo) or Cedars (Cobble Hill). Privatized systems often offer a broad spectrum of Recovery-related supports that bring medical detox, social detox, treatment, and Supportive Housing together (a model that could be considered within the Comox Valley's public services sector). However, access to privatized

services often come at an enormous cost. As one Peer notes: **“you have to have like \$40,000 sitting around”** (*De-identified participant #21*). Some feel the privatization of treatment and Recovery facilities creates problems in its own right:

[Privatized Facilities] just run like a business. They don't care about the people who are in rehab...Counselors are constantly leaving because they're like, "I'm not actually here to help people anymore. I'm here to just make people feel like they're being helped. So we can get them in and out of the door so we can get more money." And that's fucked up.

(De-identified participant #21)

This focus on financial gain can wreak havoc with the lives of those accessing these systems:

[While in a privatized Recovery centre], I was encouraged to sell my house...“Was my life worth saving? You need to sell your house, you need to sell your cars. You need...” It was all about money all the time... “Looks like you're coming up to the end; we really think you need another three months. Well...can't afford three months? Do you have a house? Do you have a car?” We were encouraged constantly, all the time, to sell our shit in order to stay longer...And it was all about, like, “You're worth saving. You're worth it.”

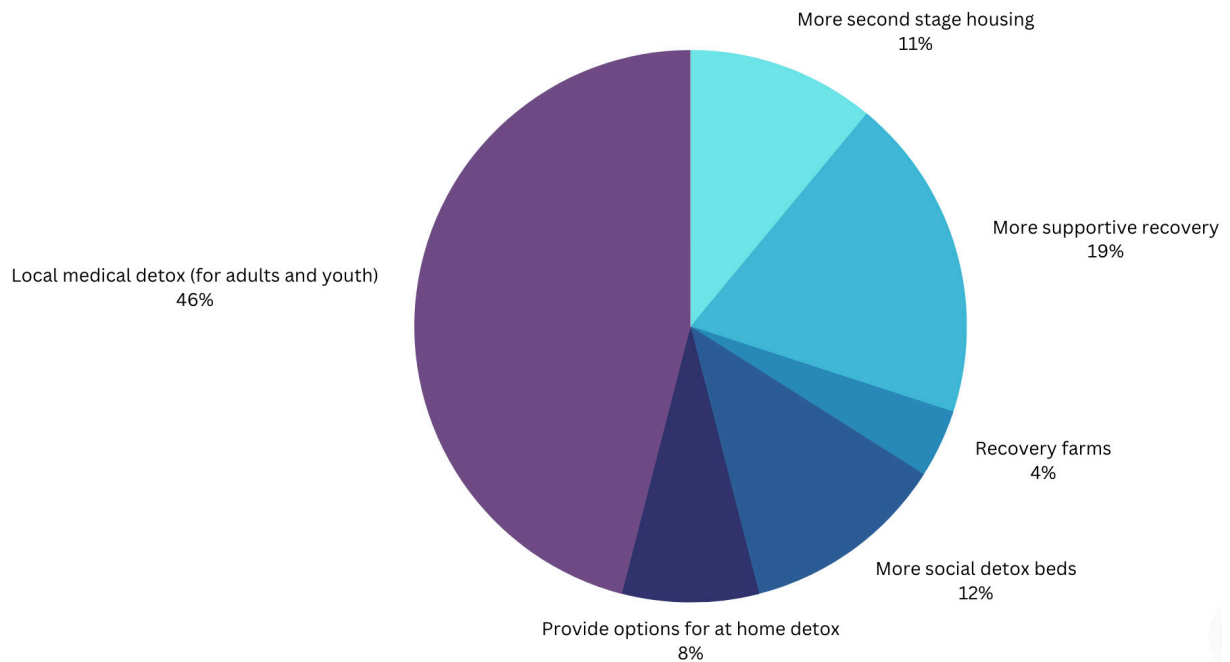
(De-identified participant #22)

Not only can privatized services be prohibitively expensive, but their commercial mandates can potentially dehumanize those who access them. While commercial treatment centres may in some cases offer a more cohesive Recovery experience, they clearly come with significant drawbacks and are financially out-of-reach for many.

Summary

In this section we examined a consistent and sustained call made by Peers and Service Providers to fill key gaps in the provision of medical detox and Supportive Housing. Additionally, both groups reported that more work is required to reduce and/or eliminate stigma in the care system at-large—a move that will allow Peers to access services without being shamed or dehumanized. Figure 5, which shows the most urgently-needed solutions selected by service providers across sessions, identifies many of these same gaps and associated solutions, and provides additional support to our gaps analysis. Overall we see significant gaps in the Recovery services system that require urgent attention.

Figure 5: Most Urgently Needed Recovery-Based Solutions Selected by Service Providers Across Sessions



5.1.4 Gaps in Harm Reduction Services

Thus far, we have considered key gaps in Recovery services in the Comox Valley. Again, Recovery and Harm Reduction can occupy points on a spectrum and operate within a wide continuum of potential care. In what follows, we consider gaps in Harm Reduction provision in the Comox Valley.

Our work begins by exploring key gaps that our research participants reported in relation to Managed Alcohol Programs and Safer Supply programs within the Comox Valley. We then look at additional gaps that they flagged in relation to Overdose Prevention Sites and Opioid Agonist Therapy provision. This Harm Reduction analysis, as well as the analysis we've just presented related to Recovery care, will feed into Section 5.1.5, where we zoom out further to explore key gaps in the continuum of care at-large.

Harm Reduction Gap 1: Managed Alcohol Programs

An emerging Harm Reduction tool utilized by health agencies throughout the province involves stabilizing alcohol-based substance use through the prescription of alcohol (in the case of alcohol use disorder). In Island Health, this program is called iMAP (individualized managed alcohol plan). Through this program, Peers are prescribed a maintenance dose of alcohol that attempts to both avoid intoxication and manage cravings. Island Health has, through the COVID-19 pandemic, moved to develop this program across multiple sites, and is working to refine the scope of the program and services. The program, intended to eventually be offered in multiple settings within and outside of Island Health (i.e. acute care, long-term care, Supportive Housing, outpatient, community, NGOs, and others), is in its early days. Work is

needed, according to Island Health, to roll iMAP out within multiple communities and within multiple facets of community.⁹⁶

Several Service Providers spoke to their desire for a more significant and rapidly implemented Managed Alcohol Program in the Comox Valley. These providers (who have asked not to be quoted) spoke to the limited reach and impact of this program and to the need to ensure an adequate dosage level is achieved in prescribing in order to meet client needs.

Harm Reduction Gap 2: Safer Supply and Opioid Agonist Therapy

Peers and Service Providers also expressed additional need for Safer Supply programs. In a landmark move in 2021, the Province of BC released a prescribed Safer Supply policy, the first province in Canada to introduce this public health measure.⁹⁷ This policy allows prescribers to give access to maintenance doses of certain unregulated drugs. The policy is designed to reduce client reliance on the toxic drug supply and to be of benefit to individuals using unregulated substances throughout BC. According to the Province:

Once fully implemented, People Who Use Drugs and who are at high risk of dying from the toxic illicit drug supply will be able to access alternatives covered by Pharmacare, including a range of opioids and stimulants as determined by programs and prescribers.⁹⁸

Despite this landmark move, the roll-out of Safer Supply programs has been slow, especially in small communities that lack prescribers with capacity to do this work.

In 2022 the Comox Valley and Campbell River offices of AVI Health and Community Services—a Harm Reduction-based NGO—

began working on a Safer Supply program entitled Regulated Access to Drugs (RAD) to provide Safer Supply options to a designated group of clients. This program is a **“federally funded, flexible, community-based Safer Supply project...the goal of which is to save and affirm the lives of People Who Use Drugs by providing safer pharmaceutical alternatives to the currently toxic supply created by criminalization”** (*Galen Rigter—AVI, Outreach*). The program is staffed by registered nurses, physicians and Outreach Workers, and involves **“observed dosing of transdermal fentanyl patches and sublingual tablets at the program site”** (*Galen Rigter—AVI, Outreach*). While the program is in its infancy, and while it is client-centred and enables participants to create their own wellness goals, initial results are promising:

“ Participants have shared stories of how the program has impacted how they feel about themselves. The freedom of having the option to access Safe Supply instead of doing actions that put people at risk in order to feel well, is in itself, a massive shift in a person’s physical and mental well being. The obsessive pursuit of having enough money or credit on the street to stave off the feelings of withdrawal and/or pain to simply function day to day can be overwhelming. Participants have said that they no longer have to sneak around, constantly putting themselves at risk to maintain a minimum level of pain relief/withdrawal symptoms. [Some participants have reported] improvements in physical ailments such as sleep disorders, stomach/digestion issues, vein care, respiratory problems, abscesses, and mobility. [Other participants have] been positively impacted by the reduction of Benzodiazepine use by accessing Safe Supply versus illicit supply. For many, the presence of Benzo’s in the street supply has negatively impacted people in many ways; physical dependence, periods of blackouts/lost time with loss of personal belongings related to these episodes...The program has given a new sense of hope for some and is helping people set goals to better themselves. ”

(Galen Rigter—AVI, Outreach)

In spite of the seemingly positive role the RAD program is playing in the lives of Peers, it is important to note that the program falls short of meeting demand within the Comox Valley.

“ From a capacity standpoint, the RAD program falls short of meeting the overall need in the North Island. We have lengthy waitlists to onboard participants, and as the information of the program reaches a larger population we can expect even more demand for access. The only solution for this is to be generously re-funded [as current funding is provided only until July, 2023] and staffed for expansion. While we are grateful to now be able to provide this service to the public, it’s safe to say that we are late to the starting gate. We have lost many people from preventable deaths while we have waited for these services to be funded. Other, larger communities have seen the benefits of Safe Supply for years, and it falls on both the provincial and federal governments to provide funding to further expand and support Safe Supply programs especially in smaller communities, Indigenous communities, anywhere where people are at risk from a toxic drug supply or who are impacted by chronic pain and opioid use disorder. ”

(Galen Rigter—AVI, Outreach)

Work is urgently needed to expand services in prescription services for both Managed Alcohol and Safer Supply programs and to educate and support prescribers in understanding and working with clients to administer correct dosage, and to make these services widely available. The failure to move quickly to establish and strengthen these services will perpetuate service gaps that keep people engaged in dangerous high levels of substance use harms.

Harm Reduction Gap 3: Continuum of Care

Additional Harm Reduction improvements were recommended by Peers and Service Providers alike—notably, related to OPS (Overdose Prevention Site) location, hours and services; also to the regulations surrounding Opioid Agonist Therapy provision. These improvements are as follows:

Re-constitution of Overdose Prevention Sites (OPS):

Currently, the Comox Valley has one OPS site in downtown Courtenay—located on the outskirts of the downtown core (several blocks away from 5th Street, and run out of an Island Health clinical facility). Several Service Providers view the location as problematic. They feel the clinical setting and lack of visibility sees the service underutilized. A more central site in the downtown core, in a space offering a community support component, is needed:

When the OPS was first set up here...I noticed and seen firsthand that the location wasn't the greatest. Why this location and not at the junction or at the Travelodge?

*(Danny O'leary—
Island Health, OPS)*

If we would [position the OPS] near Connect, you know, just a bit more downtown...in that area. It'd be, yeah, it'd be so much busier and just easier for people to access.

(De-identified participant #11)

Several Service Providers recommend the development of an OPS site at the Comox Valley hospital which would allow people to continue using services in hospital without having to leave for maintenance doses of drugs. This would also provide an access point for Peers wanting support in daily witnessing (someone close by to monitor for overdose events).

This suggestion is not without precedent. In 2018, St. Paul's Hospital in Vancouver opened an OPS on site (first Peer-run, and later nurse-run). This move was groundbreaking in allowing patients with opioid use disorder to remain in care for the duration of their treatment while also providing OPS services to the community surrounding the Hospital.⁹⁹

One Service Provider recommended developing a Peer-run OPS:

What would ultimately be fantastic is a Peer-run OPS that is actually funded and supported by Island health. So it doesn't have to be that very formal clinical setting like we have.

*(Shari Dunnet—
Comox Valley CAT)*

Expansion of OPS Hours

Peers and Service Providers told us that after-hour OPS Services are needed. The current OPS site operates during the day with service from 9:30 to 3:30pm on weekdays or from 10am to 2pm on weekends.¹⁰⁰ This leaves Peers with less safe options for substance use when the OPS is closed (between 18 and 20 hours a day depending).

Addition of Inhalation to OPS Services

Numerous Service Providers spoke to the need for safe inhalation OPS services in the Valley. Given that inhalation is frequently used for intake of drugs, the absence of this service represents a major gap in service provision:

If we can get inhalation that would be key. Because obviously, I keep hearing from our users that people aren't injecting as much. Now it's all inhalation.

(De-identified participant #11)

Several Service Providers note that Island Health does appear to be moving towards adding these services to the existing slate in the Comox Valley. However, it is unclear when this move will occur.

Review of OAT Witnessing Guidelines

Several Service Providers spoke to the hurdles they encounter in facilitating Opioid Agonist Therapy (OAT)—in particular, at the Travelodge—a hotel used, in part, for transitional housing. Staff working at the Travelodge spoke to the ways in which changes to OAT delivery requirements, developed by the College of Pharmacists of BC, impact their practice:

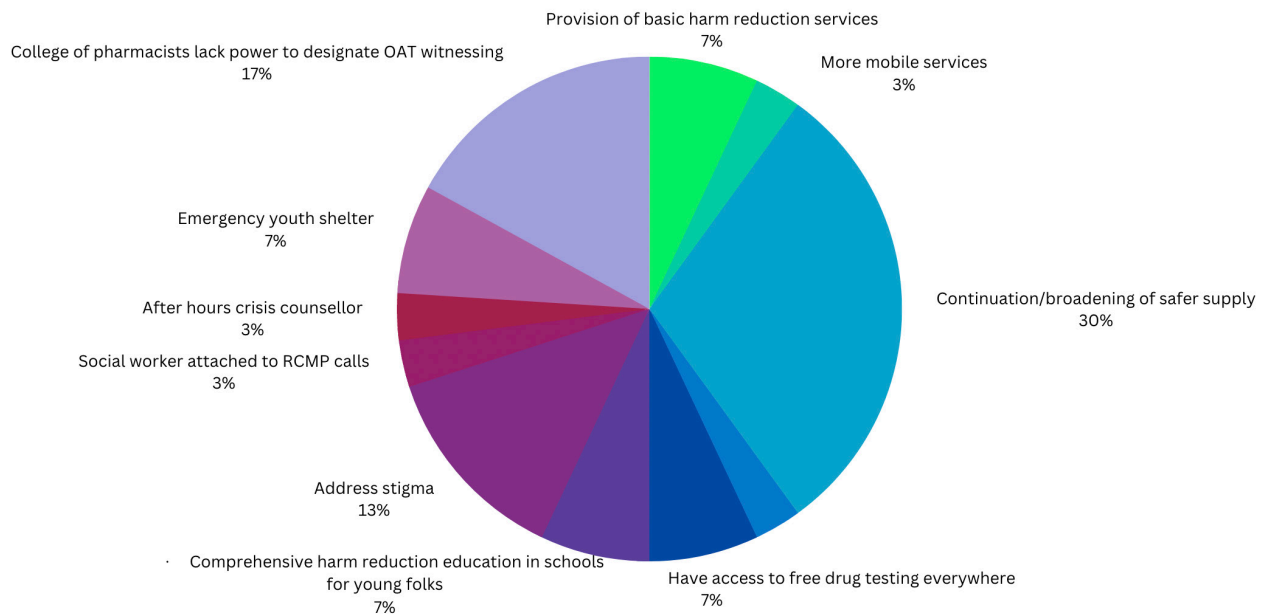
At the Travelodge, we were giving people their OAT, and then the pharmacies were given a note that we could no longer witness OAT. And [the role of witnessing] was... given to a new pharmacy in town. And so that was such a stressful time. Because prescriptions were everywhere. [Previously] we had it totally under control. We knew what we were doing. We had the night staff anyway...When we were witnessing, we were able to provide that [service] anytime of the day...Now if [clients are] not there at 9am, or whatever it is, they lose it for the day... So if that person misses their OAT, they don't get their OAT for the day...So now these folks are falling off their OAT.

(De-identified participant #16)

This comment shows how changes in regulation, such as those made by the College of Pharmacists of BC regarding OAT provision, can have significant impact on the capacity of clients to adhere to a care plan. This story also underscores the importance of empowering community Service Providers, those most directly connected to the lives of clients, with responsibilities that they can reasonably undertake in relation to the provision of OAT and other related services. The absence of such empowerment produces increased barriers to stabilize substance use for Peers. Work is needed to lobby the College of Pharmacists for changes to this procedure.

Figure 6, which shows the most urgently needed solutions selected by service providers across sessions, identifies many of these same gaps and associated solutions.

Figure 6: Most Urgently Needed Harm Reduction-Based Solutions Selected by Service Providers Across Sessions



5.1.5 Gaps in the System at-Large

Beyond gaps in Recovery and Harm Reduction services, Service Providers identify the following fragmentation within the Comox Valley's care system at-large, and they describe the need to develop and coordinate full-spectrum wrap-around services designed to increase accessibility and ease of engagement for clients:

There is a huge, huge need for more comprehensive mental health and substance use services. And I don't mean [just within] Island Health, but a broad spectrum from like, super, super Harm Reduction (broad range of Safer Supply and [an anti-stigma environment where it is] totally okay to get high because it feels good) to abstinence...[to]...detox and treatment and all of those things in between. And [services] accessible in various points in the community, whether that's at a hybrid model, like inside or through hospital or at-home detox.

(De-identified participant #17)

Systems Gap 1: Need for Culturally Safe Services

Several Service Providers flagged a need to develop a stronger and more culturally rooted Harm Reduction and Recovery support system within the Comox Valley's systems of care. This includes facilitation of meaningful land-based practices and connections:

I'm thinking specifically of...an Indigenous person and really [someone] you know [who] connects with their culture as a healing modality. What's available to the person unfortunately [are] institutional modalities of treatment. So in an ideal world...we live in such a beautiful landscape. And we have this, there's this amazing resource of nature around us as a healing modality. And so connecting to the land as a solution. Breaking outside. Go outside because that's, I think [that's] where the human spirit...really becomes one.

(De-identified participant #18)

Systems Gap 2: Need for Better Coordination of Services

Some participants spoke to the need for the development of a "map" that would provide access to the range of services available **"not just within Island Health, but [within] all the other different services."** Apparently, this gap is now in the process of being filled:

[Eureka Place is] actually working on a resource guide... maybe it's not a hub where people can go physically, but it's a hub where if somebody is looking for some kind of support, they have it laid out simply to be like, "Okay, this is the kind of support I'm looking for, here are the places that I can go to," without getting confused.

(Jason Lee John Kirsch—Eureka, Member Support Worker)

Systems Gap 3: Need for Peer Navigators

In connection with this "map" of Substance Use Support Network Service Providers, research participants identified a strong need for Outreach Workers, preferably Peers, to help connect and guide clients through the local system of care services:

We talk about like, you know, having like a patient advocate or somebody who has a kind of a holder of all that information of how the system works with the Peer.

(De-identified participant #13)

I think in a dream world, there'd be like a Peer in Emerge [Emergency Department] that could support people.

(De-identified participant #18)

Not just the Emerg but rotating through the hospital. For the in-patients. Yeah, that's huge...To be able to support people admitted.

(Eva Hemmerich—Comox Valley Addictions Clinic, Doctor)

I think it would be great if there was more understanding of the value of [Peer advocates] ... it's so valuable to have somebody who's walked in your shoes... it means something ... you feel them there, they get things, you don't have to explain everything, and it has so much value.

(Shari Dunnet—Comox Valley CAT)

Many participants felt that Peers were well-placed to be in front-line “navigation” and “connection” roles. Our team also identified the need for Peers to be integrated and on-boarded into leadership and administrative roles as these bodies often set the conditions under which front-line services operate.

Systems Gap 4: Need for a Hub

Building on the theme of “coordination,” a number of Service Providers envisioned developing a physical “hub” site that would provide a broad range of coordinated substance use-related services under a single roof:

It would be great if we provided a lower barrier Rapid Access Clinic for those interested in OAT, so they can walk in and obtain treatment right away and you can support people where they are at in that moment.

(Jennifer Coulombe—Island Health, MHSU Researcher)

One provider spoke to the “hub” model in-place at Insite (a supervised injection site in Vancouver) that could be taken up in the Comox Valley:

You walk in, and it's like, you know, a Peer-run kind of entry. There's a supervised injection site/consumption site. So some folks come in with whatever they get off like the street, some people can access their Safer Supply there. And then they can use supervised; they consume on site. And then there's a chill space, Peer-run. And then if they are wanting to connect with detox, it's upstairs. So it's really...meeting people in the moment. Because...really, when those moments happen...(and we've seen historically at AVI many, many times, you know, that's that moment, but... getting somebody connected? It's such a small window). And there's often not something available...I don't know how it plays out in reality at Insite, maybe there is a bit of a wait, but the theory is that people can access right away.

(De-identified participant #17)

Such a vision already exists, apparently, in the historic efforts of Service Providers in the Valley:

There was very serious intensive work done in this community around developing like a coordinated, access point for all of the various services in the Valley. And ultimately, what came of that was nothing—because people realize there’s no funding for it, and nobody can add that on to what they’re already trying to do.

(De-identified participant #17)

Based on this evidence, more capacity, resources, and coordination are needed within the Service Provider network to create a hub and physical centre.

The above suggestions point to ways forward to achieve “in the moment” provision of services. They show a need for greater coordination amongst providers, and for developing a comprehensive wrap-around system of care that is less bureaucratic and overwhelming than the one currently in place. Work is needed to connect and make our community’s fragmented system of care more “whole” and “comprehensive.”

Systems Gap 5: Need for Shared Data and Communication Systems

On a practical front, some Service Providers indicated a desire for secure data systems that enable client health information to be shared across the spectrum of care.

It’d be great if we had like some kind of easy, breezy communication...information sharing...like a streamline information sharing so that you can talk to people more easily, without needing to be so meta about it.

(Participant #19)

We have an internal Island Health charting program that we use, and a lot of our... mental health and substance use teams use it...but pharmacists don’t have access to it, and the hospital doesn’t use it. [And] community partners...don’t use it either.

(De-identified participant #13)

The Comox Valley Hospital does...most of their charting on paper, which makes it really difficult for other Island Health agencies or teams to access any information once our people go into hospital we have no... it’s like they fall into a black hole. So it’s can be quite difficult to get information.

(De-identified participant #14)

While such a system may indeed improve efficiencies (and help mitigate having to tell war stories again and again as described in 5.2.1 in this report), any move towards this goal should, in our view, be balanced against the responsibility each Service Provider has to hold client data and confidentiality “in a good way.” Our experience tells us that not all Peers will want their information to be

accessible to all agencies. Should this agenda move forward, we advise the inclusion of Peers in conversations about how such a system would work, and how it could best serve People Who Use Substances.

Systems Gap 6: Need to Address Remote Access

According to Service Providers located on Hornby Island, Denman Island, and in Cumberland, work is needed to address barriers to service access for these more remote communities. These locations suffer from inadequate Harm Reduction and/or Recovery services in different ways; it is worth noting that Hornby and Denman Island have the highest rates of childhood and adult poverty in the Comox Valley¹⁰¹:

[Other than Comox Valley Street Outreach, and Caravan which] come up [to Cumberland] once in a while but [have] no connection [to the] Village office or other service providers in town that I know of...we really have zero services...in the Village itself, and zero Service Providers... including dedicated police. We have Island Health operating out of, I think it's called the Health Center. It's the Cumberland Lodge. And there is a pharmacy, there used to be a lab, but it's been closed. But...there's nothing for mental health or addictions at all...So essentially, those people get pushed out of our community.

(Vickey Brown—Councilor now Mayor, Cumberland)

I would say Harm Reduction is...just not taught enough [on Denman and Hornby]. Like, it's just not...the young people aren't getting educated. I'm usually...the first one to talk about it. So there's no Harm Reduction outreach for kids in school...It doesn't need to be in schools, but everything happens in schools.

(De-identified participant #19)

Service Providers working in Cumberland and on Hornby and Denman Islands spoke to difficulties they have in transporting Peers to and from services in-town:

Because we have a number of [Cumberland] youth who come and access services and groups and whatnot, where we're running into huge challenges for them is the busses trying to get home after [going] to Cumberland. So we're using staff or just transporting them back and forth. But I was really, really shocked at how much of a barrier the transit system to Cumberland is for young people to access services.

(Angie Prescott—John Howard)

Normally, I don't work on Fridays, because there's no school that day, but there's been two of the last four Fridays, where our adult MHSU worker has done incredible work locally to get a person ready to go somewhere... and there's no driver and the person...can't just have a volunteer with them. They need someone with more experience. And so I drove to town those two Fridays; that's normally my day off with my kids.

(Meredith McEvoy—Program Manager, Adult Mental Health and Substance Use, Hornby & Denman Community Health Care Society)

Here, then, we see flagged a need for more mental health and addiction services in these remote communities, and for transportation solutions to be developed that enable Peers from these remote communities to access in-town services.

Systems Gap 7: Need to Address Tensions in our Ecology of Care

During our sessions with Peers and Service Providers, it became clear that tensions and power imbalances exist within our local Service Provider ecology. We identified a need to disrupt these dynamics and to create space for coordination and collaboration amongst diverse entities. In particular, tension was seen to exist between Island Health and Community providers (a discrepancy flagged by a number of Community Providers across multiple sessions). This tension was tied, according to some, to wage differentials—to the fact that Island Health staff are perceived to be better-paid than staff in community service organizations (though in many cases, workers

in Island Health were seen to be trained in community). It was tied as well to a type of elitism associated with Island Health staff seen to negatively impact the capacity of the service network at large to function (participants providing these insights opted not to be quoted). When asked to elaborate, one community worker described this elitism as involving, in part, a sense of protectionism:

There is like this, almost like protectionism that happens around, you know, these are our clients and our people, and they sort of do this little bit. So it doesn't feel as collaborative as sometimes I might like it to be.

(De-identified participant #18)

Another community provider noted that the tension **"impacts clients more than it impacts us."** *(De-identified participant #15)* When asked to elaborate, this Service Provider observed that these tensions have very real impacts on clients' lives:

When we're spending time fighting with each other around who's supposed to do what, and who's the leader of what, and what we're supposed to do, and who's the boss of who, clients are waiting to be served. And that's frustrating. Because in the end of the day...I don't care what somebody else thinks of me, or [who thinks they are] better than me or not; I'm quite happy in what I do and where I'm at...What bothers me is the people waiting for service while we're going back and forth on who is supposed to do what...let's just do it. Let's just work together. We're serving the same population of people, literally the same people. So let's just serve them.

(De-identified participant #15)

Further, community providers spoke to Island Health's limited capacity, due to its operation as a large institution, to tailor services to meet individual needs: **"I think a strength for community services is that we have more flexibility than [Island Health]...I recognize the constraints that Island Health has put upon themselves."** *(De-identified participant #10)* This attribute of flexibility represents a contrast to the rigidity of Island Health's processes—and can be an additional cause for stress.

Peers also spoke to these tensions, referencing them in relation to the care system as a whole:

One of the biggest problems I see today is that when you got multiple groups and multiple people and multiple, you got Island Health working...with the ICMT team...and then the ACT team and all these different teams that start up because they don't like the way that the other team works or the other team has guidelines that the other team doesn't believe, you know, it's not right. Like, it's essentially there, it's essentially just a battle for money in that way, because now you guys are just battling for the funding to do the helping. You know, it's like..."Pick Me Pick Me"..."I/we can help the best"...and it's gross.

(De-identified participant #9)

These observations are eye-opening. They call for a leveling of hierarchies of power in substance use support work, and for an elevation of cultures of collaboration and collective innovation. In particular, work is needed to bring Island Health and Community providers together in respectful conversation to carve out more streamlined pathways for the benefit of clients—outside the urgency of client service provision.

You know, I feel like we need to come together more and support each other...in a positive way.

*(Diana Merten—
Transition Society, Outreach)*

If we could just work a little bit closely together to serve the population of people that we serve, we could do a lot better.

(De-identified participant #15)

Given histories of power dynamics and discrepancies, it may be valuable to bring in third-party entities to facilitate dialogue and planning—with the aim of creating new collaborations and pathways forward.

Systems Gap 8: Need / Opportunity to Boost Cross-Sector Collaboration

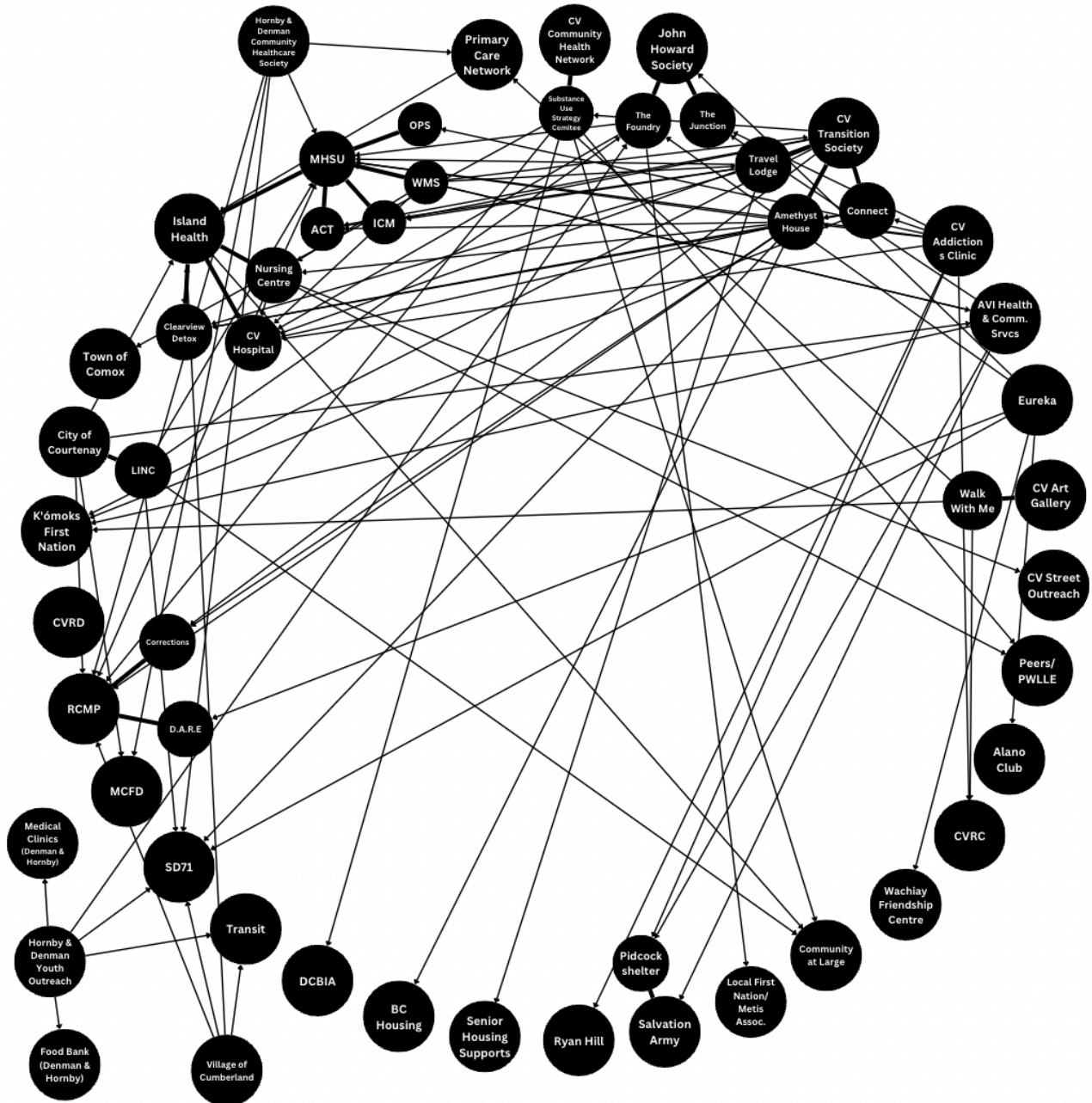
In seeking to better-understand the web of connections at-play within the local Substance Use Support Network, we asked Service Providers, as part of the cultural mapping process, to identify up to five “strong connections” at-play between a particular organization, project or initiative with which each individual participant was affiliated, and up to five “connections that could be strengthened”. Figure 7 draws attention to “connections that could be strengthened” (strong connections” are identified in Section 5.2). It is worth noting that participants could, if desired, identify a particular connection as both “strong” and “could be strengthened” (i.e. could express the desire for strong connections to be further strengthened).

In analyzing this figure, we note, first, the flurry of “could be strengthened” lines running between Island Health services and non-profit entities such as John Howard Society, CV Transition Society and AVI Health and Community Services. This flurry, it seems, speaks to a desire from both sides for greater connection between Island Health and key community-based service infrastructures. We note, as well, the desire expressed by a number of participants for stronger connections to be developed with SD71, RCMP, K’ómoks First Nation,

Clearview, North Island Hospital and Island Health Mental Health and Substance Use (the top-six identified connections). We find interesting the range of identities and mandates represented within this group.

From these observations, we see a need and opportunity to both develop stronger Island Health / Community Service Agency connections, and to develop connections with entities not always seen as “dominant players” within the substance use ecology. This second point speaks, it seems, to a need to recognize change-potential as stemming from multiple, and often unexpected, places.

Figure 7: Connections That Could be Strengthened—Service Providers



Primary Care Network (2)
 Substance Use Strategy Committee (1)
 John Howard (1)
 Foundry (3)
 Junction (2)
 CVTS (1)
 Travel Lodge (1)
 Amethyst House (2)
 Connect (1)
 AVI (2)
 CVSO (1)
 Peers/PWLL (2)
 Community at Large (3)

Local First Nation/ Metis Assoc. (1)
 Wachiy (1)
 Alano Club (1)
 CVRC (2)
 Salvation Army (1)
 Pidcock Shelter (2)
 Ryan Hill (1)
 Dawn to Dawn (1)
 BC Housing (1)
 BIA (1)
 Transit (2)
SD71 (6)
 MCFD (2)

RCMP (6)
 D.A.R.E (1)
 Corrections (2)
K'ómoks First Nation (4)
 Comox (1)
 Island Health (2)
Clearview Detox (4)
North Island Hospital (7)
 Nursing Centre (2)
MHSU (8)
 ICM (1)
 ACT (3)
 OPS (1)

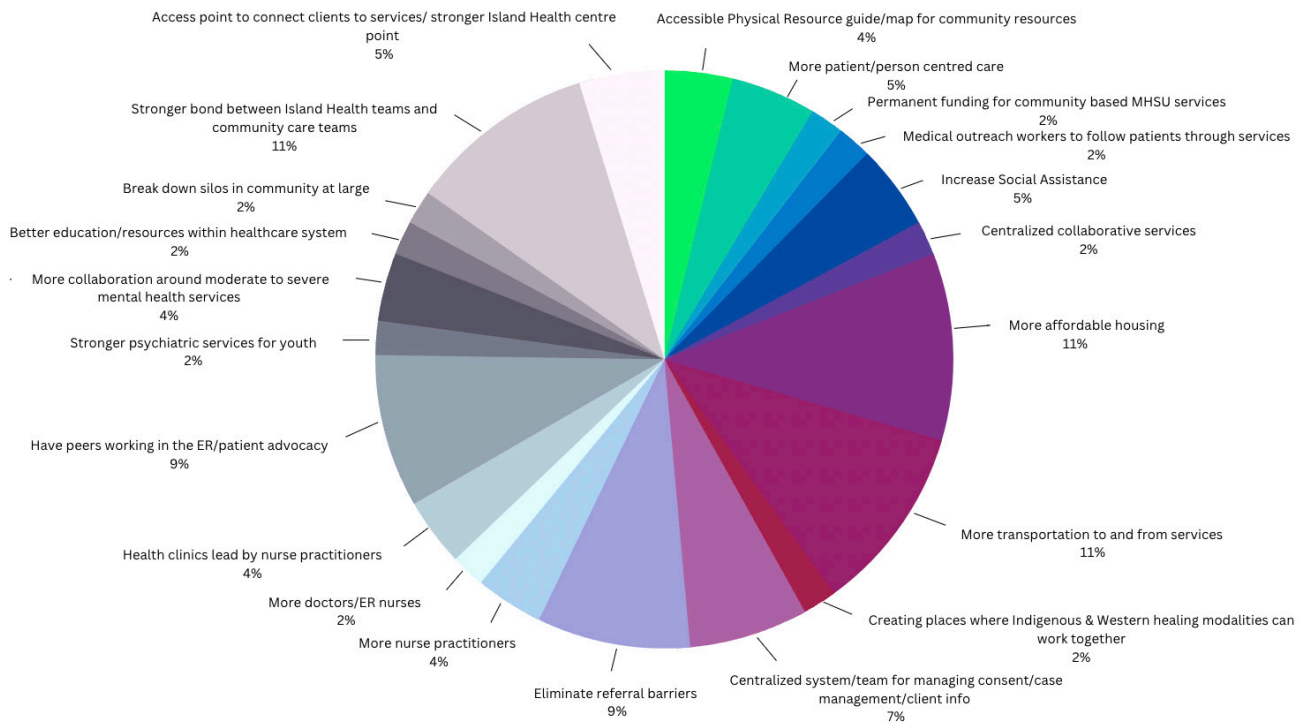
Summary

This section illuminates key service gaps in the Comox Valley Substance Use Support Network as identified by Peers and Service Providers. Included here is a need to create a local medical detox centre, develop Supportive Housing options, bolster Managed Alcohol Programs and Safer Supply programs, create a services hub, expand and re-position OPS services, expand delivery options for OAT services, ensure the existence of Culturally Safe services, strengthen services and transportation for remote communities, and enhance connectivity and collaboration between

Service Providers—especially between Island Health and Community groups. Figure 8 which identifies the highest-rated urgently needed “systems-based” solutions selected by service providers across sessions, identifies many of these same gaps and associated solutions.

Closing these gaps will require concerted effort and investment. This said, the urgency of this moment, and the alternative posed by a broken system, which involves a tremendous human and fiscal cost, demands of us that we do this work now. We must come together to repair our fragmented systems and create new and collaborative ways forward.

Figure 8: Most Urgently Needed Systems-Based Solutions Selected by Service Providers Across Sessions



5.2. Systems Strengths

In what follows, we switch our focus from “systems gaps” to look at “systems strengths.” These we present to encourage continued support and development of “things that are working well.” This section is significantly shorter than the “gaps analysis,” which is an anticipated outcome given the pressure our community is under to find new ways forward amid multiple crises. It often feels as if we are trying to mend the holes in our figurative boat instead of acknowledging the wind in the sails that moves us forward. We sometimes forget to recognize that some of our boat remains intact. We need to honour and investigate the parts of the support system that are functioning.

We wish to acknowledge the mapping work of the Comox Valley Community Action Team (CAT), which recently undertook a community conversation that looked at gaps and strengths in the community of services. In this entity’s work, a long list of organizations and initiatives were identified as representing strengths within our network (see Appendix B). This list, as well as the list of service organizations identified in the Comox Valley Community Health Network’s Substance Use Strategy’s *Phase One Report*,¹⁰² speak to a breadth and diversity of support services that are working together in the Comox Valley as part of the Substance Use Support Network.

Many research participants spoke to a potential for innovation through collaboration in our network despite the tensions identified in this report between some Service Provider groups. For some, innovation potential stems from a supportive political and community climate:

I do feel like we actually could have some shifts happen here. We do have some great people and all kinds of positions. And as I said, I think having the elected officials that are understanding this at a quite a solid level is huge as well. So, yeah, I actually have a fair amount of hope that things can improve here.

*(Shari Dunnet—
Comox Valley, CAT)*

Many of the people and organizations in this network are working from a heart-based commitment and perspective, which is a strength:

At the community-based services level, just...there’s so many amazing people. And we develop personal relationships. These are people with big hearts, you know.

(Meredith McEvoy—Program Manager, Adult Mental Health and Substance Use, Hornby & Denman Community Health Care Society)

I think in smaller communities...people get more creative to try and do as much as they can with...smaller resources...but in a way, it’s a good thing.

(De-identified participant #10)

We are willing to...think outside the box. Yeah, just doing what needs to get done.

(De-identified participant #18)

One Service Provider spoke to the energetic advocacy and visioning power at-play within this community:

This community, at least I can say...has shown incredible capacity to come together to vision together. And to like, get loud and noisy and make things happen. You have some really, really, like strong spicy advocates out there who will like take on if they hear politicians are in town, like they show up and they make sure they're heard. And yeah, we put some really amazing champions in our community that know how to make things happen, and they're not the people you would think they are.

(Angie Prescott—John Howard)

These words convey an opening, unique to this moment, in which there exists a significant amount of both political and community will to find solutions and pathways forward. We understand the Comox Valley as well positioned within our region to make change.

Peer engagement in system

A number of examples were given of the empathy, compassion and solidarity through Peer engagement that are being fostered within our existing network:

Social detox and CVRC...yeah, like every guy that's in there, and maybe they're there for a week, three weeks a month, six months in or whatever, right? This mixture of guys. They're all so empathetic and compassionate to that person coming in. They'll say, "We felt just like you did, you know, a few months ago, it'll get better." And the person says "Yeah, you're right." They know. And they hang in there, because they're not alone.

*(Danny O'leary—
Island Health, OPS)*

So we've got another team. It's called the IHOST, which is our outreach support team. And they're just so they're new team, but they're just employing four Peers. Yeah, huge because how are we supposed to fix the problem without you know, the insight of the people that are living it.

(De-identified participant #11)

Again, Peers [are working] on the front lines [through] Comox Valley Street Outreach, Community Cares [Peer Outreach]. Definitely the new IHOST team.

*(Shari Dunnet—
Comox Valley CAT)*

Peer involvement in the Comox Valley care network has increased in recent years—a trend many Peers recognize as significant.

Indigenous-led Harm Reduction

Several providers pointed to the significant number of Indigenous organizations and Elders involved in the Substance Use Support Network as a core strength:

Like IWSS, and their program Unbroken Chain, and Sassaman Society....Wachiay. Yeah, of course. So there's many more organizations that were mentioned, as well as Elders, I think Elders actually are a huge strength. We've had more Elders involved in our events we've put on and some very important learnings, and I just think Elders have a really great, great place for helping in this on a really deep level.

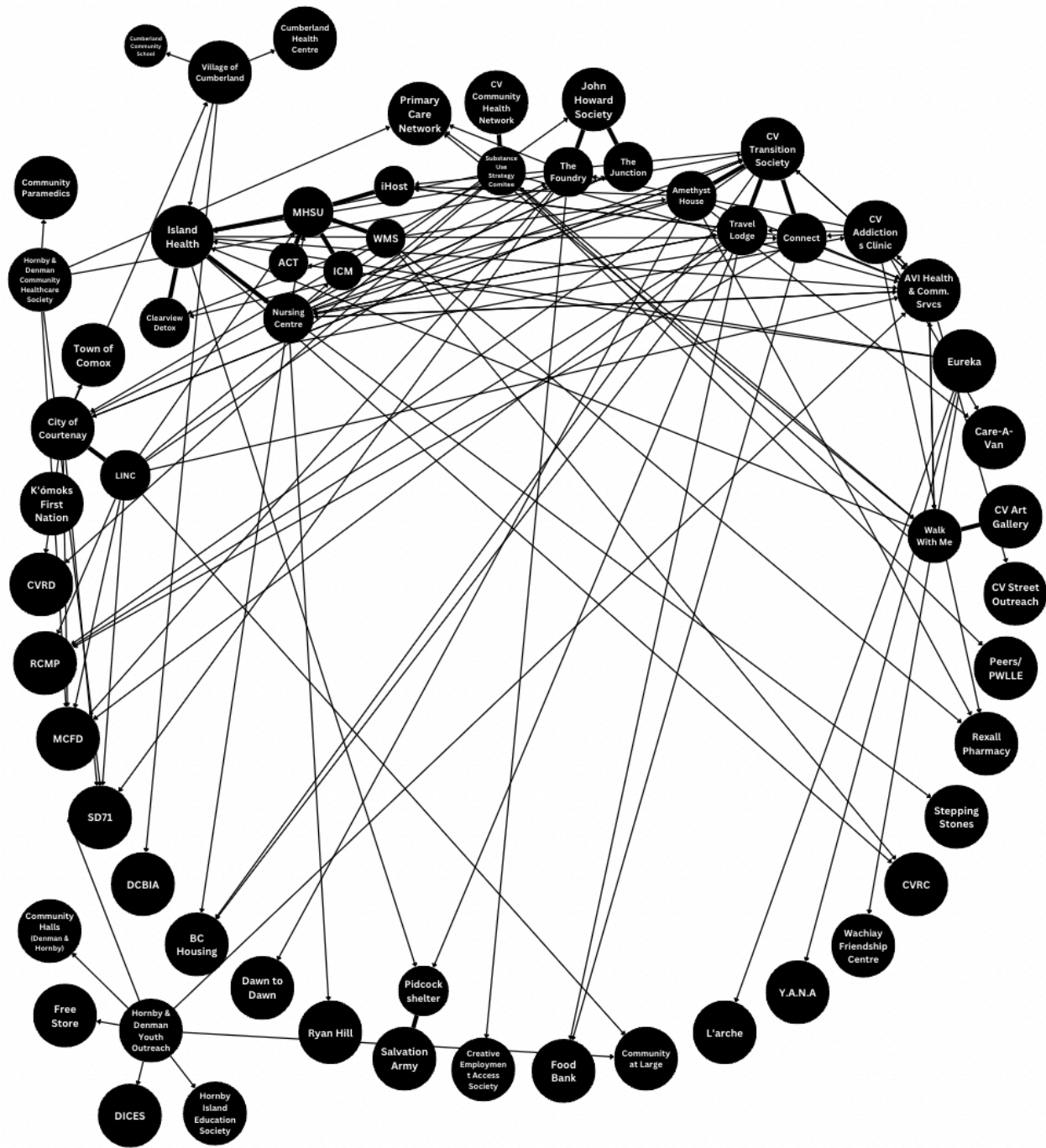
*(Shari Dunnet—
Comox Valley CAT)*

many of these connections are seen both as strong, and as needing to be strengthened). Also interesting are the organizations/entities identified in this process for whom a high number of strong relationships was identified, including: AVI, Island Health, Nursing Centre, CVTS, MCFD and Primary Care Network. Within this group, in comparison to the most-identified group outlined in Figure 7, we see, perhaps, a more obvious connectivity between entities working in traditionally-acknowledged substance use fields. We see fewer "unconventional" connections identified (as in the highly tagged organizations/identified in Figure 7). This juxtaposition recognizes, perhaps, a need to both honour and build on existing Island Health/ Community partnerships (through organizations that have been working in substance use frameworks for many years), while at the same time leaving room for unconventional players to have agency. Sometimes, it seems, powerful change potentials can come from the periphery.

Strength in Island Health/ Community Connections

Another set of strengths can be found in the "strong connections" identified by service providers as part of our cultural mapping process. As a sequel to the "connections that could be strengthened" (see Figure 7), we present Figure 9, which shows the connections Service Providers identified as strong (again, by identifying a particular organization, project or initiative with which an individual participant was affiliated, and up to five "connections considered strong" between this entity and other organizations/projects or initiatives). Interesting to note, again, was the flurry of "strong connection" lines indicated between Island Health and community service agencies, including John Howard Society, CV Transition Society and AVI (as a similar level of activity between these exists in Figure 7, it appears that

Figure 9: Strong Connections—Service Providers



Primary Care Network

- (4)
- SUSC (2)
- John Howard (1)
- Foundry (3)
- Junction (1)
- CVTS (4)**
- Travel Lodge (2)
- Amethyst House (1)
- Connect (2)
- L'Arche (1)

- Y.A.N.A (1)
- Care-A-Van (2)
- Walk With Me (2)
- CVSO (1)
- Peers/PWLE (1)
- Community at Large (2)
- Wachiay (1)
- Creative Employment Access Society (1)
- Food Bank (2)
- Rexall (3)
- Stepping Stones (1)

- CVRC (2)
- Pidcock Shelter (2)
- Ryan Hill (1)
- Dawn to Dawn (1)
- BC Housing (3)
- BIA (1)
- SD71 (5)**
- MCFD (5)**
- RCMP (4)**
- CVRD (2)
- Comox (1)

- Courtenay (2)
- CV Addictions Clinic (2)
- AVI (7)**
- Island Health (4)**
- VIHA (2)
- Clearview Detox (2)
- Nursing Centre (4)**
- MHSU (3)
- iHost (4)
- ICM (1)
- ACT (1)

The Foundry Centre as a Collaborative Model

Our team observed that the Foundry Centre represents an excellent model and collaborative success story for the Comox Valley. New to our community, beginning in 2022, the Foundry established a youth-based service centre offering “young people 12–24 access to mental health and substance use support, primary care, Peer support and social services.”¹⁰³ Foundry spaces exist in a number of BC communities—the Comox Valley space, hosted by the John Howard Society of North Island, “unites multiple

partner organizations to address the health and wellness needs of young people...” and serves as an innovative collaborative model.¹⁰⁴

As a model, we were struck by the Foundry’s capacity to bring together and leverage partnerships. The story of the Foundry’s development is useful for envisioning the type of multi-agency, multi-sectoral collaboration that holds relevance for our community as we work to create new pathways forward towards collaborative models for adults, as well as youth, in the Comox Valley:

“ [The Foundry] came out of a Comox Valley table, identifying that this community needed a...response to the mental health and substance use and general health needs of young people. And so John Howard North Island, which also operates Foundry in Campbell River, stepped forward to be the lead agency. We competed with 45 other communities around the province. And we’re one of six communities selected...This community successfully opened a foundry back in June. So we’re fairly new. Having said that, I mean, I think part of the reason our community was selected was because of some of the strong relationships that we have...I’ve spent the last 19 years working in Youth Justice, Youth Mental Health, Youth Substance Use. And so in order for us to make Foundry work...we have really strong partnership with the Ministry for Children and Family Development, both with our partners in Child Youth Mental Health, as well as our partners in guardianship and protection and adoption and your services. We have a really strong relationship with the School District. The School District has welcomed our programs into the schools in what I feel as a somewhat progressive way...The schools have also been extremely generous in finding space for us to be able to have some of our substance use counselors be on site, a regular morning, afternoon or full day, a week so that we can reduce barriers for people accessing services...The Primary Care Network and Division of Family Practice...we now have nine physicians...providing primary care at Foundry...[including] addictions medicine specialists...we have psychiatry...that super low barrier, high access supported wraparound programming is great.

”

(Angie Prescott—John Howard)

“ We’ve started a relationship with Island Health and public health. So the sexual health clinic is running out of Foundry Tuesdays and Thursday afternoons, which has just been lovely to have them in there...because their public health nurses are also in our schools. It’s a really awesome bridging...they’re seeing young people in the schools; they can also speak to them about like, hey, “like have you been to Foundry and I’m there Tuesday, why don’t you pop in and see me?”...And then Creative Employment Access Society actually have guest staff. They have staff who are youth employment specialists who are working full time at a foundry, helping offer our Foundry Works programs so that young people can come in and have access to support and implementation. So those are just some of the great relationships and partnerships, we’re trying to put our...energy towards.”

(Angie Prescott—John Howard)

Apart from the Foundry, John Howard Society also operates a “second stage supported Recovery housing program for youth in the Comox Valley” called Level Up:

So we have a 10 bed facility. So five of the beds are funded through ministry of family development, those are for young people who are transitioning out of ministry care into youth agreements. The other five beds are funded by Island Health, and there are second stage supported Recovery...So we went to Island Health...And just kind of put it on their radar... kept saying: “Hey, I’ve got these five beds that could be used, like, here we go.” And so then as soon as the money was available through the province, [Island Health] was able to say, “Okay, we know what we want it for in the Valley. We’ve got this opportunity to have these five beds.”

(Angie Prescott—John Howard)

Several insights emerge by recognizing the gains that Foundry and Level Up have accomplished. First, we see the power of deep and long-standing inter-sectoral relationships—between community service entities (i.e. John Howard Society), government (i.e. Ministers), Island Health, school districts, physicians, mental health workers, employment agencies, and others in creating a model that works for youth in this community. This story details significant “social capital” and the “coming together” of diverse entities to accomplish a shared vision. We also see value in the way a hub provides many services to youth in a single place. As a model, the Foundry may not translate easily into the world of adult substance use services. John Howard staff working to develop the Foundry observe that developing collaborative services and transition environments for older youth (those closer to adulthood) is more difficult:

[We’re] not finding that those relationships, those invitations, those opportunities are happening as seamlessly as they did with some of our youth serving partners.

(Angie Prescott—John Howard)

This comment may suggest increased levels of stigma at-play in adult service provision and populations than in youth. Further, the model described above has notable limits:

We are not intended to be providing services for moderate to severe presentation with mental health...So we're going to be resourcing, we're going to be supporting with basic in-the-moment needs...We don't have capacity to do that sort of treatment and intervention at that moderate to severe level—that that still belongs with our folks at the hospital...at the Wellness Center...at adult mental health.

(Angie Prescott—John Howard)

Recognizing these limits, we were inspired by many components of this model. We believe models of deep-rooted connection and relationship-building are key to building capacity and bringing multi-sectoral collaborative projects of this nature together.

Endogenous Wisdom

Our team observed substantial endogenous wisdom and innovative ideas that are held in our community of care. We already have a plethora of very experienced experts, ideas, models, and change-initiatives that, combined with creative dialogue and collaborative good will, could rapidly inform a stronger system of support. Our next key task, it seems, is to collectively activate these ideas and engage in processes of radical collaboration.

5.3. Summary

As a whole, the full picture of strengths and gaps documented here describe a significantly broken system—one that is perpetually failing Peers that seek help. Our Recovery systems lack sufficient medical detox and Supportive Housing. Our Harm Reduction systems lack appropriate and sufficient Managed Alcohol, Safer Supply, OPS, and OAT services. Stigma is prevalent within our system, and Cultural Safety supports need improvement. Evidence shows that our system is providing much less than the “bare minimum”, and as a result, Peers are falling through the cracks.

This said, numerous strengths are evident within the Substance Use Support Network—endogenous assets that grow to usher in a new and stronger network. We recognize the links identified between this network and our forward-thinking local political landscape. The Comox Valley is developing strong Peer engagement practices, enhancing Indigenous representation within the network, and has demonstrable innovative collaborative change models and ideas. If we chose, we can leverage these assets to “move the dial forward” in filling gaps.

6

RECOMMENDATIONS/ WALKING TOGETHER

We've titled our recommendations section to echo our report's call to action: "Walking Together." If there were one recommendation we heard that encompasses and transcends all others, it would be this: the need to walk together. We must step out of our silos. We must mend our broken system. This work can and will only happen when we start working creatively, imaginatively, and compassionately, together.

In each of the following recommendations, we draw on our research findings to point to areas where coordinated efforts can help achieve tangible goals. A coordinating entity and role (or multiple coordinating entities/roles) are needed to do this work. Whether this role is accomplished by a consultant, research group, community circle / collaborative, or some combination thereof, those coordinating must favour collective action and have:

1. A deep commitment to working relationally across community and service lines;
2. A strong and deep knowledge of the local substance use continuum and support network;
3. The capacity to facilitate conversations that leads to direct and immanent change-modelling in a strategic and action-oriented way.

This role also requires a commitment to eliminating stigma and adhering to Cultural

Safety principals. Peers must be included as leaders in this work (including as coordinating entities). It is important that this entity (or entities) continue with this work until the identified gaps have been filled.

The following questions are central to this work:

- How can we reduce gaps in services as a community?
- How can we reduce deaths and stigma and improve quality of life for People Who Use Substances?
- How can we bring our collective knowledge together to create systems innovations and change?

We also ask: **who is responsible to make this change?** At the local community level, evidence shows that the harms associated with substance use are worsening. This reality involves a complex set of variables which necessitate a multi-faceted response. Given this reality, any meaningful solution will require leaders, organizations, community groups, and individuals to work together towards common ends.

Change agents include: leaders of local community service organizations, managers and front-line workers at Island Health; Peer groups working in the Comox Valley area; Indigenous leaders; politicians and staff from Courtenay, Comox, Cumberland, Comox Valley Regional District and K'ómoks

First Nation; community downstream and upstream Service Providers (i.e. housing, mental health supports, education); local RCMP; and Peers—including their family members and allies. We believe that many more actors exist who will self-identify as having change agency after reading this report.

In the following section, we outline the primary recommendations stemming from our research. While we identify actors who are responsible for making change, we also acknowledge the limits of our understanding related to the jurisdiction and potential involvement of local, provincial, and federal systems and agencies. We ask those with power within these systems to engage as creative, willing, and collaborative partners—imagining ways in which their agency can be applied towards the development of solutions.

1

Create and Implement Medical Detox Service in the Comox Valley

Key to this table: Island Health, Comox Valley Transition Society, Comox Valley Recovery Centre, Community Recovery and Harm Reduction Service Providers, Addictions Medicine Physicians, Medical Health Officer, Local Government, Peers, Indigenous Voices.

Acknowledging: The damage enacted by the lack of an established local medical detox service, including the damage suffered by Peers in transitioning to and from an out-of-town service, and the harms produced through the extensive wait-times in place for Peers to access this service, we recommend a coordinating entity to bring together key players to chart a direction forward. Key questions include:

How many medical detox beds are needed?

How will these be funded?

How can immediate, low barrier, on-demand medical detox be made available to people seeking this service (including options for people who smoke)?

How can the barrier of long referral wait-times be reduced?

How can the gap in transition from medical detox to social detox be closed?

Is there potential to implement a stronger medical detox program at the Comox Valley Hospital?

How can a wider “hub” of community services integrate medical detox options?

Stakeholders should aim to produce concrete results (i.e: detox beds with low-barrier entry) within as short a time frame as possible.

2 Create and Implement a Recovery-Based Supportive Housing Service

Key to this table: Island Health, Comox Valley Transition Society, Comox Valley Recovery Centre, Community Recovery and Harm Reduction Service Providers, Dawn to Dawn Action on Homelessness Society, Addictions Medicine Physicians, Medical Health Officer, Local Government, Peers, Indigenous Voices, Funders (i.e. BC Housing and others).

Acknowledging: The lack of Supportive Housing in the Comox Valley, and the damage suffered by Peers who are cycling through patterns of medical and social detox without a sufficient transitional housing option to stabilize their progress, we recommend a coordinating entity bring together key players to chart a direction forward. Key questions include:

How many Supportive Housing units are needed (now and in projecting into the future)?

How will these units be funded?

How long should Supportive Housing be provided to those needing it?

Should Recovery-based Supportive Housing be developed as a stand-alone entity with links to medical and social detox programs?

Should Supportive Housing include social detox programs? And/or, should Supportive Housing be developed as part of a multi-staged subsidized treatment program or centre (i.e. a program that includes medical/social detox and Supportive Housing as 3-stage components of a live-in residential program)?

How will people be transitioned into and out of Supportive Housing towards long-term housing?

What services and support infrastructures should be integrated into a Supportive Housing initiative?

What models should be used for Supportive Housing (i.e. Group-Based? Family-Centred? Farm-Based? Culturally Driven? Tiny Home Village?)

How might Supportive Housing options integrate within a wider “hub” of community services?

Stakeholders should aim to produce Supportive Housing units that address the service needs of people in Recovery.

3

Expand Managed Alcohol Program Services

Key to this table: Island Health, Comox Valley Hospital, AVI Health and Community Services, Community Harm Reduction Service Providers, Addictions Medicine Physicians, Medical Health Officer, Local Government, Peers, Indigenous Voices, Funders.

Acknowledging: The important role Managed Alcohol Programs play both in enabling inpatient care, and in helping to stabilize alcohol use in community, we recommend a coordinating entity to bring together key players to chart a direction forward. Key questions include:

How can patients help inform their dosing norms?

How can Managed Alcohol Programs be developed in accordance with a Patient-led approach?

How can Managed Alcohol Programs be developed in-hospital and in-community?

How can acute care, long-term care, Supportive Housing, outpatient, community, NGOs, and others collaborate to develop a Managed Alcohol Program that serves the entire Comox Valley?

What services and support infrastructures should be integrated into a Managed Alcohol Program initiative?

How can this model be funded?

Stakeholders should aim to produce tangible results (i.e. an expanded Managed Alcohol Program) in short order.

4 Expand Safer Supply Services

Key to this table: AVI Health and Community Services, Island Health, Community Harm Reduction Service Providers, Addictions Medicine Physicians, Local Government, Medical Health Officer, Peers, Indigenous Voices, Funders.

Acknowledging: The important role Safer Supply programs play in reducing reliance on toxic drugs, and in helping to stabilize use, we recommend a coordinating entity to bring together key players to chart a direction forward. Key questions include:

How can our community support the Safer Supply work that AVI Health and Community Services is providing in the Comox Valley?

How can this program, under AVI's direction, be expanded to meet community need?

What services and support infrastructures should be integrated into an expanded Safer Supply program?

How can this expansion be funded?

This work should aim to produce tangible results (i.e. an expanded Safer Supply program) that honours and builds on the pioneering work being done by AVI Health and Community Services.

5

Relocate and Expand Overdose Prevention Site (OPS) and Services

Key to this table: Island Health, AVI Health and Community Services, Local Government, Community Harm Reduction Service Providers, Medical Health Officer, Peers, Indigenous Voices, Funders.

Acknowledging: The important role OPS Services play in reducing reliance on toxic drugs, and helping to stabilize use, we recommend a coordinating entity to bring together key players to chart a direction forward. Key questions include:

Where should OPS services be located? (i.e. closer to services like Connect and Travelodge? In community? At the Comox Valley Hospital?)

How might the hours of OPS be expanded?

How might inhalation services be included?

What additional services and support infrastructures should be integrated into an OPS program?

How might this expansion be funded?

This work should aim to produce tangible results (i.e. an expanded/ relocated OPS Service).

6

Pursue Improvements in Opioid Agonist Therapy (OAT) Delivery

Key to this table: Comox Valley Transition Society / Travelodge, College of Pharmacists of BC, Local OAT providing pharmacists, Community Harm Reduction Service Providers, Medical Health Officer, Peers, Indigenous Voices, Funders.

Acknowledging: The important role OAT programs play in stabilizing substance use, and the need to ensure availability of OAT services and support staff who can witness OAT consumption, we recommend a coordinating entity to bring together key players to chart a direction forward. Key questions include:

How can barriers to OAT witnessing be reduced?

How can the responsibility for OAT supervision be addressed in such a way as to honour and utilize the strong links at-play between Community Service Providers and Peers while still maintaining safety in providing OAT supervision responsibly?

How might we attract more OAT providers to the Comox Valley?

Should the College of Pharmacists of BC be approached for changes to OAT witnessing protocols?

This work should aim to produce changes, leading to more comprehensive and accessible OAT delivery practices in the Valley.

7

Pursue a Series of Network Improvements

Key to this table: Entire Service Network, Peers, Indigenous Voices.

Acknowledging: A series of improvements has been identified as necessary to make our care network run more effectively, we recommend that a coordinating entity bring together network stakeholders throughout the system to chart a direction forward. Key questions include:

How can agencies work together efficiently and collaboratively leading to better coordination of services?

How can an inter-agency communication and client data-sharing system be developed in such a way as to give Peers power over their information? Who will be responsible for the consent process, and how will it work? Is such a system worth recommending? (i.e. do the benefits to Peers of having a system that shares their data with multiple providers thereby allowing for a streamlining of services outweigh the potential risks associated with a loss of privacy in relation to personal data)?

How can Island Health and community providers work together respectfully, and with clarity around roles and responsibilities?

How can Peers become involved on front-line navigation and leadership levels in shaping the development of the Network?

This work should aim to produce tangible changes in the communication channels, effectiveness and efficiency of our system, and should work to address the power imbalances expressed between Island Health and community Service Providers—creating a stronger network of collaboration.

8

Create a Services Hub

Key to this table: Entire Service Network, Peers, Indigenous Voices, Funders, Local Government.

Acknowledging: The value of a single point of access centre that provides primary care, addictions medicine care, mental health care, access to a wide range of community services including medical and social detox, Peer Navigators, employment opportunities, and others, we recommend a coordinating entity to bring together network stakeholders throughout the system to chart a direction forward. Key questions include:

How can such a centre be designed, developed and built?

How can a strategically beneficial group of services be brought together in the centre?

What partnerships are needed to make such a centre happen?

What funding sources can be utilized to make such a centre happen?

This work should aim to produce a brick and mortar services centre designed to provide an amalgamation of services in one place, and access to navigators who can link clients to a wide range of services both inside and outside of the building.

9 Pursue Service and Transportation Improvements for Remote Places, and Places Without Strong Transit Systems (Hornby and Denman Islands, Cumberland, and Others)

Key to this table: Hornby and Denman Community Health Care Society, City of Cumberland, BC Transit/Comox Valley, Wheels for Wellness, Island Health, Medical Health Officer, Peers, Indigenous Voices, Funders.

Acknowledging: The difficulties involved in the transportation of Peers from the more remote regions of the Comox Valley to in-town services, we recommend that a coordinating entity bring together key players to chart a direction forward. A key question is as follows:

What do improvements in both service delivery and transportation look like for Peers in these regions?

This work should aim to produce results that include stronger Harm Reduction and Recovery program delivery in remote places within the Comox Valley, and stronger transportation systems that support the linkages between Peers and in town services.

10 Address the Need for Culturally Safe Services

Key to this table: Elders/Knowledge Keepers, Indigenous Organizations, Indigenous Peers and Leaders, Service Providers, K'ómoks First Nation, Island Health.

Acknowledging: The need expressed for culturally safe services, we recommend a coordinating entity bring together key players to chart a direction forward. Key questions include:

How can Cultural Safety principles be brought into existing services?

What new services are needed that honour the teachings of Cultural Leaders and show respect for Indigenous ways of knowing and healing?

This work should be guided by local Elders/Knowledge Keepers and should honour territory and teachings.

11 Work to Reduce/Eliminate Stigma in the System

Key to this table: Entire Service Provider Network, Peers, Local Government.

Acknowledging: The expressed need to develop services that are safe for Peers, and that are premised upon an atmosphere of respect, we recommend a coordinating entity to bring together key players to chart a direction forward. Key questions include:

How can anti-stigma training be included in the work of our Service Provider Network and its constituent organizations?

What education, information and/or staff development programs are needed within the Service Provider Network to reduce/eliminate stigma?

How can Service Providers work together across the network to advance this work?

This work should be guided by local Peer leaders.

Summary:

These recommendations provide pathways forward, and together create a framework for further dialogue leading to action. The dialogues called for in this slate are urgent and necessary to advance the effectiveness of our Substance Use Support Network. By working through these conversations, and by pursuing the necessary collaborations, relationships, funding, and actions to make the recommendations a reality, we believe a significant systems shift can happen.

7 CONCLUSION

We live in a time of crisis, wherein multiple and compounding forces are contributing to the fragmentation of our communities. In the midst of these crises, substance use-related harms are growing. Work is urgently needed to shore up our Substance Use Support Network—to strengthen our continuum of care and by extension, our community's capacity for wellness.

There are many reasons why we must take action now. From a human rights standpoint, the act of strengthening our Substance Use Support Network is important to our shared humanity and in our ability to function as a community. This act is also important from an efficiency standpoint, as countless dollars are expended within a system that is not functioning well. By spending money to create strong health and wellness outcomes, we can repair the leaks in our boat, and can begin to chart our way forward.

The time to act is now. Our existing Substance Use Support Network, broken as it is, has strong political allies, strong Peer engagement, and a pool of creative thinkers with a wealth of experience that could be innovatively applied. In moving forward, we need to work together, dream big, and make transformative change happen. We must stop working in silos and begin to think of each of our organizations as parts of a whole. Walking together we are stronger.

APPENDIXES

Appendix A: Survey

Objectives

To enhance our comprehension of substance use in the Comox Valley, we offered an anonymous survey for data collection in addition to other methods. We recognize the sensitivity and need for confidentiality that surrounds this largely stigmatized dimension of life for PWLLE of substance use, and through our survey, we invited participants to anonymously respond to a questionnaire using an online platform. The data presented within this section represents the experiences of 51 people actively using substances in the Comox Valley who responded to a range of questions focusing on types of substances used and access to addictions and social services within the Comox Valley in terms of specific services accessed, frequency of access, and quality of services received.

Findings

Respondent Demographics

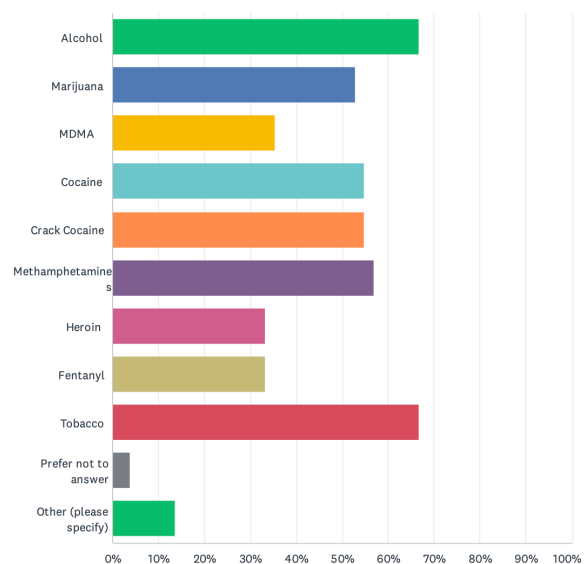
The majority of respondents fell between the ages of 30–60 representing 74.5% of those who answered. Approximately 11% of the respondents were youth under the age of 30, and approximately 4% were over 60 years of age. There was a near equal division between those who identified as male and those who identified as female. Of the 51 respondents more than half (56.87%) described themselves as unhoused or precariously

housed at the time of completing the survey. Approximately 50% of those who responded identified as being BIPOC (Black, Indigenous, People of Colour), with 27.45% of that self-identifying as Indigenous, 9.8% identifying as Black, and 11.76% identifying as a Person of Colour.

Substance Usage Responses

In terms of the specific substances used as reported by survey respondents as being used in the past two years, there were 9 substances primarily identified.

Chart 1. Substance Use Over Past Two Years

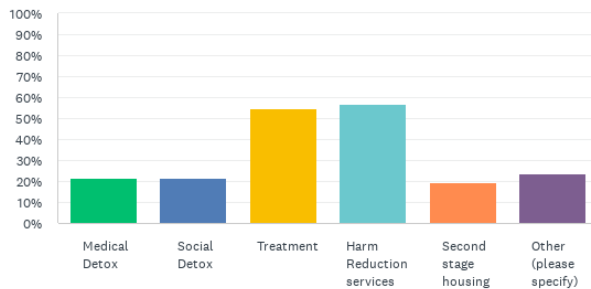


As the chart indicates, the substances with the highest reported use are alcohol and tobacco which are both government regulated. This reporting is supported by available data on hospitalization rates and deaths in Comox Valley. The first and highest reported illicit substances being used are methamphetamines, at nearly 57% of all respondents reporting use. Our findings also support the claim that our sample uses many different substances in a simultaneous or overlapping manner. Both cocaine and crack cocaine showed frequent use with approximately 55% people reporting. Heroin, Fentanyl and MDMA have slightly lower percentages of reported use, each at approximately 35% of respondents reporting use. It is notable that aggregate Province wide data from the BC Coroner's Service suggests that fentanyl deaths are far outpacing other substances—even if reported use fentanyl may be lower than the use of other drugs in our survey results.

service they attempted, there were varied reasons for why this was the case. One respondent noted "no room for me," where others mentioned housing precarity or a lack of desire to quit using substances.

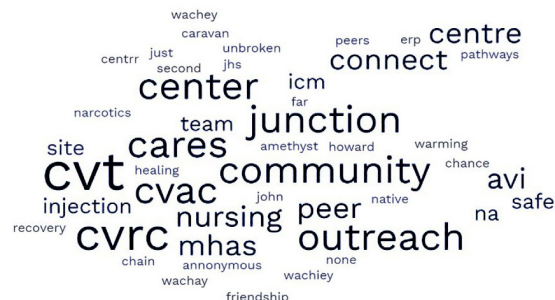
In terms of specific services accessed in the Comox Valley in the past two years, respondents reported a wide range of services. Question 13 asked the question "What service provider have you approached for help?" and invited respondents to focus on one service provider at a time. In terms of frequency of services approached, Comox Valley Transition Society (CVTS), AVI Health and Community Services, Mental Health and Addiction Services (MHAS), Comox Valley Addiction Centre (CVAC), Comox Valley Recovery Centre, and Narcotics/Alcoholics Anonymous (NA/AA) were among the top reported services approached with more than 5 respondents naming one of these service providers. The CVTS, has several services housed under its umbrella which explains why it received the highest reported frequency of approaches at 19 respondents in total. As a model for frequency of access and use, we note that the CVTS operates like a hub—with the kind of centralized substance use service provision we suggest the Comox Valley should pursue whenever possible. Following closely behind CVTS with 12 respondents having reporting are MHAS and NA/AA, with 7 respondents and AVI with 6 respondents reporting.

Chart 2. Substance Use Services Accessed in the last two years



More than half of the respondents have attempted to access treatment and Harm Reduction services over the past two years. When asked to consider one service at a time, the majority of respondents (81.63%) indicated that they were able to access the service on their first attempt to do so. Of the approximately 16.33% of respondents who indicated that they were unable to access the

Chart 3. Word Cloud of Service Organizations Approached in the Comox Valley Over the Past Two Years



In Question 14, we asked respondents to answer, “Which service did you try to access?” As illustrated in the word cloud above the most repeated answers include treatment, housing and Harm Reduction as the primary services that were accessed through the above-mentioned service providers. There is strong correlation between these findings from our survey participants, people who are using substances in the Comox Valley, and the top priorities for action that our service providers identified in our focus groups with them. Many services fall under the category of treatment and are offered by multiple service providers in the Valley. CVTS houses many programs under its service provision umbrella which includes Amethyst House, a withdrawal and recovery house that was reported as being accessed by 6 respondents in total. Additionally, the CVRC was reported as being accessed by 11 respondents over the past two years. In terms of housing, CVTS provides services through the Connect Warming Centre, reported by 11 respondents, and Lilli House, a women’s transitional house reported by 1 respondent. In terms of Harm Reduction services, AVI was reported by 7 respondents and Unbroken Chain was mentioned by 5 respondents.

Chart 4. Word Cloud of Specific Services Accessed Through Substance use Service Providers



Respondent Evaluations of Services Accessed

In terms of overall ratings of helpfulness of each service identified within the survey, 41.67% of respondents felt that they found

their services super helpful, 33.33% said the services were very helpful, 16.67% said the services were somewhat helpful, and approximately 13% said that the services were not helpful. Of those who stated that the services were not helpful, we invited an explanation. One participant offered:

It would have been, but there was an issue where the first counselling I was I assigned to, we connected well and I felt comfortable so when she said I could call in again and request her I trusted that. The office then sabotaged that from happening and I withdrew service requests.

Another spoke of being disqualified from accessing group therapies because they received individual counselling services through First Nations Health Authority:

I was unable to use their services which would have been beneficial to me and my recovery. I could not join because I had counseling through FNHA so I did not need an individual counselor through mental health which excluded me from these group therapies.

Furthermore, the durational range of time between expressed need for the service and actual delivery of service was between: immediate service access, to weeks, months, over a year, and finally to never gaining access after trying. Of the 48 respondents, 21 said that they received access to services almost immediately or within week. 15 said within weeks to under 3 months. 5 said between 3 months and 1 year. 3 reported over a 1 year, and 3 reported that they still had not received access since expressing a need for services.

Strengths of Services Provided

When asked in Question 19 about what parts of the service worked, respondents shared a range of responses, with many stating that the services were optimal in their totality. While others spoke about more specific aspects of the services—mentioning the general ability to connect and gain support from staff through counselling and group therapy—others spoke about receiving housing as a result of the services accessed as being the best part of the service, unsurprisingly. Those satisfied cited safe supplies, knowledgeable staff, and overall improvement of health, such as described by one respondent, **“My health has improved—stability—nutrition. I can start my life.”**

Weaknesses of Services Provided

In Question 20, we asked the respondents to tell us about the parts of the services that were not working for them. Of the 49 respondents to answer this question, almost half stated that there was nothing to report and that the services worked as well and as they expected. Of those who did respond that parts of the service that did not work, some common themes included: time/hours and availability of services and program rules as in the example provided by one respondent:

We are not allowed guests at night. We have to apply to have guests pre-approved each time. No guests after 7pm–8am Staff only check on people if requested.

Recommendations for Changes to Services

In Question 21, we asked respondents to expand upon the weaknesses in service delivery they identified to make suggestions

about what they would change about how the services they accessed could work. It was our hope to gain some understanding about the potential gaps that exist within the substance use service provision in the Comox Valley. Of the 48 people who answered, 18 responded with no recommended changes needed. However, there were several notable suggestions. Approximately 10 respondents requested an increase the hours and availability for services offered. Other recommendations included increasing staffing and funding for services, improvements to client care and relationship building with staff, housing access and services pertaining to securing safe and affordable housing, and coordination between service providers to create better wraparound services and connections, as identified by this respondent who said:

It would help if the nursing centre worked or coordinated to other agencies in order to find support for the prescriptions they provide.

In Question 22 we asked if service users felt sufficiently connected to the next relevant service following their experience, to which the majority of respondents indicated that they did, indeed, feel their needs were met. However, several respondents also indicated that the services were not adequately connected. One person mentioned not having appointments scheduled close enough together and another indicated a lack of support to connect with adequate financial assistance. Furthermore, one respondent said they had to do their own research to connect with other services as they were not supported to do this.

Limitations

It is important to consider the limitations of this survey questionnaire as a data collection method and to view its findings within the context of all the research methods we

have used to make recommendations in this report. As respondents were invited to participate and offered an honoraria, it is possible that some responded with the simplest possible answers, and their evaluations of the services described in our survey should be understood in this light. Respondents were invited to reflect on each service individually and only 5 of 48 respondents took the opportunity to reflect upon more than one substance use service. It is difficult to capture the full context of each respondents' answer through this questionnaire, and this is why we conducted in-person cultural mapping groups with People Who Use Drugs in the Comox Valley to understand the larger picture of the substance use services gaps and strengths.

Conclusions

This questionnaire offers a glimpse into the ongoing substance use strategies within the Comox Valley, and in examining this data set in exclusion from our other methods, we were left with questions that are considered in the body of the report:

1. What barriers do service providers face if and when they attempt to work and collaborate together to provide a more seamless experience for substance use services users?
2. Why is it so difficult to access housing for PWLLE in the Comox Valley?
3. How can we improve program hours and availability for substance use services in the Comox Valley?

APPENDIX B

This Asset Map was produced by the Comox Valley Community Action Team (CAT) in November 2021. The CAT brings together a diverse range of community stakeholders as a team focused on developing and implementing local action-oriented strategies to respond to the needs of those most at risk, prevent further toxic drug poisoning deaths, reduce stigma, and better coordinate access to supports, treatment, Harm Reduction and recovery services for people in our community who use substances and their families. Through the course of three CAT meetings, 40 individuals involved in the CAT (including Peers, Service providers, Indigenous organizations, local Health Authorities, local elected officials, family members and others), participated in small group conversations to identify the strengths and weakness in our local community support systems. This list shares the strengths identified in these conversations. It has been amended to exclude personal names.

Note: Several of the items identified as strengths were also identified as weaknesses and vice versa.

November 2021 Comox Valley Community Action Team (CAT) Strong Local Organizations and Initiatives Asset List

Public and Government Institutions

- Government
 - Supportive Elected Government Representatives—Local, Provincial, and Federal
 - Mayor and Council, CVRD, MLA, MP
 - K'ómoks First Nation
- Island Health
 - Mental Health and Substance Use (MHSU)
 - Public Health
 - Nursing Centre
 - Hospital, Addictions Medicine Department
 - Intensive Case Management Team (ICM)
 - Assertive Community Treatment Team (ACT)
 - Overdose Prevention Site (currently located at Island Health, previously at AVI Health & Community Services)
- Resources/Initiatives
 - Ambulance
 - Drug Alerts (multiple agencies: Island Health/AVI)
 - Naloxone Kits (MHSU and other local distributors)
 - Income Assistance Outreach
 - Physicians who participate in Outreach (Travelodge and Connect)
 - Mail-in drug testing
 - Nasal Naloxone access (free for Indigenous, First Nations)
 - Take-home testing strips (through Island Health, FNHA and peer project/outreach)
 - Local advocates for decriminalization

- Shared Services
 - Withdrawal Management
 - Primary Care Network
 - Peer Experts (within agencies, within CAT, and on frontlines)
- Education
 - North Island College
 - Nursing Programs
 - Overdose Response Training
 - Comox Valley Lifelong Learning Centre (computer access, literacy support)
 - School District Nurses

Community Organizations and Initiatives

- Community Action Team (CAT)
- Comox Valley Street Outreach (with support from the CAT and AVI)
- Substance Use Strategy Committee
- Walk With Me
- Connect Warming Centre
- AVI Health and Community Services
 - AVI Outreach Team (*note: federal funding contract ended March 2022, this team not currently funded)
- Moms Stop the Harm
- Comox Valley Transition Society
- Comox Valley Additions Clinic
- Comox Valley Family Services Association
- Homelessness Response Team meetings and Frontline Check-ins
- John Howard
 - The Junction
 - The Foundry (at time of asset mapping, The Foundry was soon to open)
- Care-a-Van
- Hornby & Denman Community Health Care Society
- Comox Valley Helping Hands
- Food Bank
- Sunday Station
- Soup Kitchen/St. George's
- St John the Divine
- Travelodge Team

Indigenous/First Nations Institutions and Supports

- Kómoks First Nation (KFN)
- Unbroken Chain, Youth Outreach
- Wachiay Friendship Centre
- Kwakiutl District Council (KDC Health)
- Indigenous Women's Sharing Society (IWSS)
- Upper Island Women of Native Ancestry (UIWONA)

- Sassaman Society
- First Nations Health Authority (FNHA)
- Indigenous Wellness Advocates (PCN)
- KUU-US Crisis Line Society
- MIKI'SWI Métis Association
- Cultural Ceremonies, Knowledge, Teaching, Elders
- Cultural Safety

Communication Technologies

- Brave & Lifeguard apps
- 1-888# (virtual safe consumption) 24/7 LOVE
- Testing strips (*only semi-reliable)
- Zoom meetings/networking
- Social media campaigns (CV Street Outreach, Unbroken Chain, etc.)

Businesses

- Comox Valley Dodge Dealership

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STAFF REPORT

To: Council

File No.: 4940-20

From: Director of Recreation, Culture, and Community Services

Date: September 27, 2023

Subject: Comox Valley Community Substance Use Strategy – Phase Two Report Back

PURPOSE:

The purpose of this report is for Council to receive for information the draft Community Substance Use Strategy Phase Two Report prepared by the Comox Valley Substance Use Committee.

BACKGROUND:

The work of the Comox Valley Community Health Network and the development of a Community Substance Use Strategy is critical to the health and well-being of all members of the community. Phase One of the Community Substance Use Strategy was presented to Council in October 2021 and included the following recommendations:

- Request from all local governments for funding to collaborate on phase two
- Act on lived experiences of people who use substances
- System gap and strength analysis of substance use support network
- Ongoing involvement and leadership from peers and elders / traditional knowledge keepers
- Form a CV Substance Use Collaborative to coordinate recommendation implementation
- Collaborative to become a part of the Community Health Network
- Align work of the Collaborative with intersecting work in the Regional Poverty Assessment and Reduction Plan
- Ongoing data collection and review

At the October 18, 2021 council meeting, Council resolved the following:

1. *THAT based on the October 18th, 2021 staff report "Report back on Phase One of the Community Substance Use Strategy and request from Comox Valley Community Health Network for Continued Support", Council approve OPTION 1 and receive for information the Community Substance Use Strategy Phase One Report; and,*

2. *THAT Council direct staff to continue to work in partnership with the Comox Valley Community Health Network (CVCHN) to support Phase Two and subsequent phases of the Community Substance Use Strategy; and,*

3. *THAT annual operating budget funds of up to \$30,000 be included in the 2022 operating budget, and \$15,000 annually in the long-term financial plan to support Phase Two and subsequent phases of the strategy; and,*

4. *THAT staff work with the CVCHN to update the memorandum of understanding with Phase Two deliverables; and,*

5. *THAT the Chief Administrative Officer and the Director of Recreation, Culture and Community Services be authorized to execute the memorandum of understanding*

Phase Two of the Community Substance Use Strategy is now complete and attached to this report for Council's information. Please see Attachment 1: Draft CVSUS Community Substance Use Strategy – Phase Two Report. The strategy identifies recommendations and actions to support a fair and equitable plan to reduce substance-related harms in the Comox Valley. The City continues to work with the Comox Valley Community Health Network and recently established Substance Use Collaborative in support of the coordination of various local agencies in the development and implementation of the strategy.

DISCUSSION:

As directed by Council, staff updated the Memorandum of Understanding (MOU) between the City and Comox Valley Community Health Network (CVCHN) on February 25, 2022 (Attachment 2). The MOU:

1. Identifies the respective roles and responsibilities between CVCHN and the City;
2. Requires a detailed work plan be submitted by CVCHN as the facilitator of this project, which identifies deliverables, project schedule with key project milestones, project community interest holders, public engagement, and performance measures along with annual reporting requirements.

A summary of how the Phase Two report meets the deliverables established by the MOU agreement between the City and CVCHN can be found in Attachment 4.

In addition, staff revised and signed an MOU with the Comox Valley Regional District (CVRD) (Attachment 3) to confirm the terms and conditions of the CVRD acting as fiscal host of the City's annual operating funds dedicated to the development of the strategy. The CVRD acts as a fiscal host for the CVCHN as it is not a non-profit organization and does not have the resources to administer the funds.

CVCHN assembled the Comox Valley Community Substance Use Strategy Committee (the Committee) comprised of a multi-sectoral group of people and community organization stakeholders. The Committee led the phase two strategy development with the involvement of community members with living and lived experience of substance use, including through a partnership with Walk With Me.¹ [*Walking Together: Towards a Stronger, More Integrated Substance Use Support Network in the Comox Valley*](#) written by Walk with Me, is complementary to the Substance Use Strategy Phase Two Report and together both reports form the full picture of the Comox Valley Substance Use Strategy Phase Two learning and recommendations. It is recommended that the Walking Together report be read alongside the Phase Two Strategy Report.

Comox Valley Substance Use Strategy – Phase Two Report

The Substance Use Committee completed significant work during phase two including securing \$140,000 in funding towards Phase two and three, establishing the partnership with Walk With Me, community engagement and research, shared leadership with peers and an elder Strategy committee, establishment of the Substance Use Collaborative, initial engagement in the Collective Impact process and ongoing data collection and review.

The Committee has submitted the draft Substance Use Strategy Phase Two report to be received by Council, following which it will be released as a final report to other local governments and the public. The report identifies twenty-one new recommendations: one to eleven were developed by Walk With Me are outlined

¹ Walk With Me utilizes an arts based platform to create awareness of the ongoing toxic drug poisoning crisis by bringing forth and sharing the stories of people with lived and living experience of the opioid crisis.

in the Walking Together report and twelve to twenty-one were developed by the Substance Use Committee during the phase two process. The recommendations are summarized below with further details supporting each recommendation in the appendix of the Phase Two Report.

Walking Together Report Recommendations (Walk With Me)

1. Create and implement medical detox service in the Comox Valley
2. Create and implement a recovery-based supportive housing service
3. Expand managed alcohol program services
4. Expand safer supply services
5. Relocate and expand overdose prevention site (OPS) and services
6. Pursue Improvements in opioid agonist therapy (OAT) delivery
7. Pursue a series of networking improvements
8. Create a services hub
9. Pursue service and transportation improvements for remote places, and places without strong transit systems (Hornby and Denman Islands, Cumberland, and others)
10. Address the need for culturally safe services
11. Work to reduce/eliminate stigma in the system

Community Substance Use Strategy Recommendations – Phase Two

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

12. Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.
13. Actively practice cultural safety and humility, anti-racism; anti-queer-phobia; anti-ableism, anti-classism and anti-ageism and ensure that Cultural Safety principles are enacted in implementation of all Strategy Actions.
14. Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.
15. Update and increase substance use awareness programs for youth and their families.
16. Increase awareness about substance use and access to substance use services specifically for seniors
17. Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction.
18. Develop or review existing municipal bylaws and policies related to alcohol and cannabis selling establishments to reduce negative impacts to community health, safety, and liveability. Work with municipalities to obtain the necessary data.
19. Actively advocate to Federal and Provincial governments for an easily accessible safer supply of drugs
20. Implement a Peer Assisted Care Team (PACT) in the Comox Valley
21. Advocate for more non-market affordable housing for all ages and circumstances.

The following are carry-forward recommendations from Phase 1:

22. Act on lived experience of people who use substances, their families and the people who support them in the design and implementation of policies, services, changes to existing services, and as qualitative evidence that supports action in our community response to substance use.
23. Engage more intensively with members and organizations from key priority groups such as youth, Indigenous, spiritual and religious, community organizations (e.g., Rotary, Indigenous, and SLGBTQIA).

24. Leverage existing political will in the community to advocate for organizational commitment (e.g., coordination, funding and staffing) from service providers (e.g., VIHA, AVI, John Howard Society, etc.) and stakeholders (e.g., RCMP, SD71) for ongoing implementation of the strategy actions.
25. Advocate for peer delivered services and paid positions within all organizations for people with lived/living experience.
26. Secure commitment of key partners & regional stakeholders to apply for provincial and national funding when available. Seek endorsement letters from key partners.
27. Establish ongoing data sharing agreements between the Comox Valley Substance Use Collaborative and local data collectors, including agency program and service evaluation data (e.g., number of individuals who access service, number of naloxone kits distributed, demographic data).
28. Advocate for ongoing provincial and regional collection of data on social determinants about substance use (e.g., why people use substances, social determinants and how they contributed to death or drug poisoning, etc.).
29. Increase collection and reporting of data around access to services & service impact and data on the benefits of substance use.
30. Innovate ways to collaborate across government, academia, and community agencies on the collection of data.

While the Phase Two Strategy was in development, progress and action on some of the recommendations began with work on these initiatives to be furthered in the next phase. Emerging initiatives include:

- March 9, 2023 - the Comox Strathcona Regional Hospital District Board approved a memorandum of understanding with Island Health that supports the development of a Community Health Services Hub located in the Comox Valley.
- July 7, 2023 - the Province of BC announced funding for a Peer Assisted Care Team in the Comox Valley
- The Community Action Team (CAT) is supporting the initiation of a peer- run Overdose Prevention Site
- The Community Action Team (CAT) is part of a multi-CAT Safer Supply Working Group through Health Quality BC that has recently published the CAT Safer Supply Project Tool Kit that will assist with local, provincial and federal advocacy for safer supply

Additionally, during phase two CVCHN helped facilitate the formation of the Comox Valley Substance Use Collaborative. The Collaborative is a multi-sector group of local government representatives, peers, community members and community organizations from across the region who will oversee the implementation, monitoring, and updating of the strategy to meet the community's needs.

POLICY ANALYSIS:

8 (2) A municipality may provide any service that the council considers necessary or desirable, and may do this directly or through another public authority or another person or organization.

FINANCIAL IMPLICATIONS:

The grant budget of \$15,000 to support the development of the Community Substance Use Strategy is in the 2023 Operating Budget and the five-year operating plan.

After phase three is completed and a lead agency is identified, the annual budget to support the ongoing implementation of the strategy will be assigned subject to a Memorandum of Understanding between the City and the lead agency, subject to the approval of Council.

ADMINISTRATIVE IMPLICATIONS:

The ongoing development of the Community Substance Use Strategy is part of this department’s core services and has been identified in the staff member's annual work plan. The City’s role including the involvement of other departments will be identified in Phase Three.

STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priorities:

- Social Infrastructure - Identify roles for the City in the delivery of social infrastructure outlined in the OCP; Implementation plan for delivery of social infrastructure
- Social Infrastructure - Continue working with community agencies to deliver day services. Explore role in the provision of social support services, including future of Connect Centre.

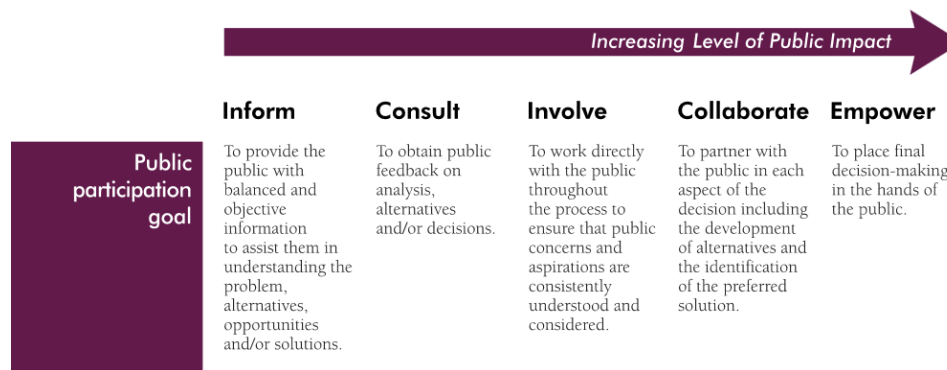
The direction of these strategic priorities are guided by the objectives established in the Social Infrastructure chapter of the Official Community Plan, 2022:

1. All Courtenay residents experience equitable access to services
2. Coordinated, inclusionary, and systems-based responses are in place to address evolving complex social issues

OCP Policy SI 12 states: Work regionally to further recommendations of the Comox Valley Substance Use Strategy Phase 1 Report (2021) including identifying an appropriate role for the City.

PUBLIC ENGAGEMENT:

Staff will inform the public based on the IAP2 Spectrum of Public Participation:



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OPTIONS:

1. THAT the Comox Valley Substance Use Strategy – Phase Two Report (Attachment 1) be received for information.

2. THAT Council provide alternative direction to staff.

NEXT STEPS:

With completion of phase two, the Comox Valley Substance Use Committee will shift into Phase Three with a focus on initiating collective action for implementing the recommendations in the Phase 2 Report. Ongoing implementation and strategy review will continue to be overseen by the Collaborative supported by a local substance use support agency.

The Comox Valley Community Health Network's role as facilitator of the Community Substance Use Strategy will end at the end of phase three after which it is expected that a lead substance use agency will take on the facilitation role and ensure the Strategy is implemented. The Collaborative will continue to inform the Strategy as a living document to ensure it responds to the evolving needs of this community. The strategy will also support the removal of the existing siloed system through the formation of the Comox Valley Substance Use Support Network. Specifics for how this will be done will be developed over the coming year by the Collaborative and the substance use support agency.

The City will continue to provide financial support to the Comox Valley Substance Use Committee, as well as staff participation, in the development of Phase Three of the strategy.

CONCLUSION:

The Comox Valley Community Health Network has completed phase two of the Community Substance Use Strategy and has begun phase three of the strategy which includes the implementation of the recommendations identified in the report. After phase three is completed, staff and CVCHN will return to provide a final report on this phase to Council and discuss next steps to ensure the strategy will continue to support a fair and equitable plan to reduce substance-related harms in the Comox Valley.

ATTACHMENTS:

1. Draft Community Substance Use Strategy Phase Two Report
2. Memorandum of Understanding between the City and Comox Valley Community Health Network dated January 1, 2022
3. Memorandum of Understanding between the City and CVRD dated January 1, 2022.
4. CVCHN Phase Two MOU Deliverables Summary

Prepared by: Joy Chan, Manager of Business Administration,
Recreation, Culture and Community Services

Reviewed by: Susie Saunders, Director of Recreation, Culture and Community Services

Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)



CONNECT
EDUCATE
GROW
RESPOND

COMMUNITY SUBSTANCE USE STRATEGY

PHASE TWO

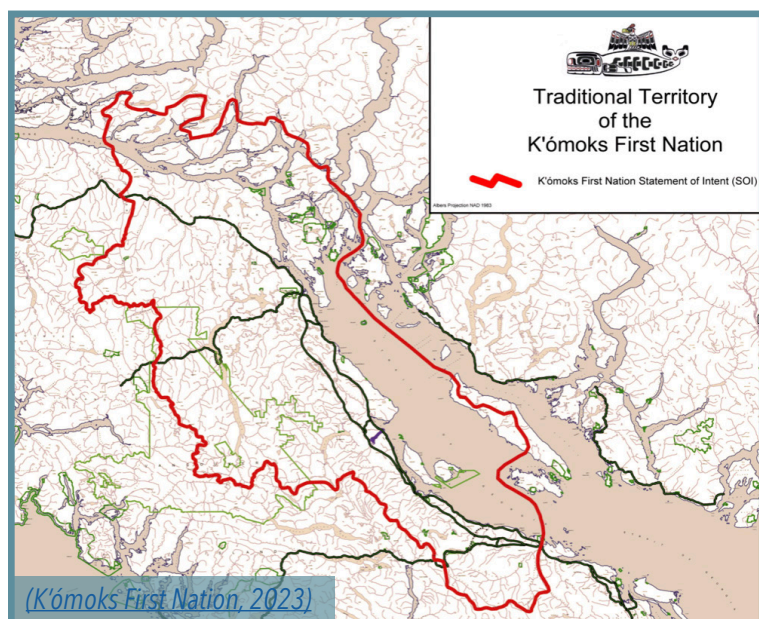
REPORT

DRAFT

TERRITORIAL ACKNOWLEDGEMENT

This report encompasses an area that is on the unceded traditional territory of the K'ómoks First Nation. The area is now colonially known as the Comox Valley and includes the municipalities of the City of Courtenay, Town of Comox, and Village of Cumberland as well as three Electoral Areas (A, B and C), the K'ómoks First Nation and Islands Trust. All those involved in this work acknowledge the truth about ongoing harms caused by colonization to the health and wellness of First Nation, Métis and Inuit people. We are grateful to be living on the unceded traditional territory of the K'ómoks First Nation, the traditional keepers of this land, and commit to continuing the journey towards reconciliation.

“For thousands of years Indigenous people occupied the shoreline of eastern Vancouver Island in a place referred to as “the land of plenty”. The people called K'ómoks today referred to themselves as Sahtloot, Sasitla, leeksun and Puntledge. They lived in Salmon River, Quinsam and Campbell Rivers, Quadra Island, Kye Bay, Comox Harbour and estuary, Baynes Sound, and many other locations throughout the territory.



“Oral histories and archaeology describe a rich and bountiful relationship between the K'ómoks and the Land of Plenty. Salmon, shellfish, herring, deer, elk, seal, cod, rockfish, geese, duck, and a plethora of berries and plant foods filled the tummies of young and old alike. The harvest, preparation and cultivation of local resources were appropriate to the environment, resource, and spiritual beliefs. Fish weirs, duck nets, berry picking techniques and clothing design met the needs of the K'ómoks, and for generations provided variety, utility, and a sense of cultural uniqueness. Mask dances and rhythmic songs filled the winter nights and throughout the seasons. Property was distributed to guests in potlatches and elaborate naming ceremonies honoured the youth, leaders, and elders of the communities.

Following contact with Europeans, northern groups started a southerly move into K'ómoks territory. A period of conflict displaced the K'ómoks southward to their relatives, the Puntledge. Followed by a period of colonial policy and practices, the K'ómoks families endured hardship and loss of land, resources, and cultural connection. Modern leaders are striving to reclaim cultural expression and relationship with the “land of plenty”. (retrieved [K'ómoks First Nation website](#), 2023).

PEER ACKNOWLEDGEMENT

This work would not be possible without the selfless sharing of peer voices. We walk alongside, honour and appreciate those with lived and living experience. They are the experts who must be involved in decisions that impact them.

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NOTE TO READER: [Walking Together: Towards a Stronger, More Integrated Substance Use Support Network in the Comox Valley \(Walk With Me, 2023\)](#) is complementary to this report and together both reports form the full picture of the Comox Valley Substance Use Strategy Phase Two learning and recommendations. Please read the Walking Together report along with this Strategy report.

CONTRIBUTOR ACKNOWLEDGEMENT

This report is the result of the collective effort of the organizations and individuals on the Comox Valley Community Substance Use Strategy Committee, its working group members and peers, the Walk With Me (WWM) Research Team, the Comox Valley Community Health Network and its funders City of Courtenay, Village of Cumberland, Comox Valley Regional District, SPARC BC, Island Health, Walk With Me and Comox Valley Community Foundation.



PHASE TWO REPORT SUMMARY

The term substance in this report refers to all mood altering substances such as, but not limited to, alcohol, tobacco/vaping, nicotine, cannabis, illicit drugs, prescription drugs, medicinal substances, inhalants, and solvents.



The Comox Valley Substance Use Strategy Committee (Committee) that was formed in Phase One led the development of Phase Two Strategy development. The Committee is made up of a multi-sectoral group of local government representatives, peers, community members and community organizations from across the region. A commitment to centering peers in the Strategy development was continued by partnering with the Walk With Me team who did a gaps and strengths analysis of the Substance Use Support Network in the Comox Valley.

Comox Valley Substance Use Support Network is the network of organizations and projects/initiatives working to support People Who Use Substances in the Comox Valley. This definition includes organizations whose work is rooted in harm reduction, recovery, health, and mental health services, as well as in the “upstream” areas that have impact on the substance use ecology, including housing, policing, education, and others” (Walk With Me, 2023, pg.12)

The Committee has worked to examine power imbalances, uncover systemic biases and create culturally safe spaces as members travel on this learning journey. This examination and continued learning is part of the ongoing work to create and implement a regional substance use strategy. Learning about the culture of individuals and communities allows us to respect their unique care needs and connect them to cultural supports. Culture is healing and can be considered prevention, harm reduction and treatment at different points in a person’s substance use journey.

Poverty, lack of affordable housing, history of trauma, stigma and discrimination, classism, racism, gender/sexual diversity discrimination, and colonization are root causes that can contribute to substance use and create additional barriers to health for individuals and ultimately impact community health. Historically, substance use policies and practices have had a disproportionately negative impact on racialized people and First Nations, Métis and Inuit peoples, as well as people facing poverty and/or lack of housing. Additionally, there are social inequities and gender differences that affect people’s experience with substance use services and supports.

These truths inform the continuing development of the Strategy that aims to use an equity lens in policy development and practice to create a more equitable system of substance use support within our community.

PHASE ONE RECOMMENDATION	PHASE TWO ACTION
Present Phase 1 Report to all local government councils	Delegations to local government councils twice
Request all local governments collaborate to fund Phase 2	\$140,000 in funding secured for Phase 2 and 3
Act on lived experience of people who use substances	Partnered with Walk With Me (WWM) to hear the lived experience of Peers
System gap and strength analysis of substance use support network	WWM community engagement and research to produce Walking Together Towards a Stronger, More Integrated Substance Use Support Network in the Comox Valley: Gaps and Strengths Analysis
Ongoing involvement and leadership from peers and elders/traditional knowledge keepers.	WWM research was co-led by peers and an elder Strategy committee included peers and Indigenous leaders of organizations
Form a CV Substance Use Collaborative to coordinate recommendation implementation	Relationships have been developed, Collaborative first met in June 2023 and meetings are being held monthly
Collaborative become partner of the Community Health Network	Collaborative has just begun to meet so this partnership has not evolved yet
Align work of the Collaborative with intersecting work in the Regional Poverty Assessment and Reduction Plan	Some engagement in the Collective Impact process to align substance use strategy with poverty reduction
Ongoing Data Collection and review	Ongoing

PHASE TWO RECOMMENDATIONS

WALKING TOGETHER REPORT RECOMMENDATIONS (WALK WITH ME)

Note: Please read Chapter 6 in the [Walking Together Report](#)

- 1 Create and implement medical detox service in the Comox Valley
- 2 Create and implement a recovery-based supportive housing service
- 3 Expand managed alcohol program services
- 4 Expand safer supply services
- 5 Relocate and expand overdose prevention site (OPS) and services
- 6 Pursue Improvements in opioid agonist therapy (OAT) delivery
- 7 Pursue asSeries of networking improvements
- 8 Create a services hub
- 9 Pursue service and transportation improvements for remote places, and places without strong transit systems (Hornby and Denman Islands, Cumberland, and others)
- 10 Address the need for culturally safe services
- 11 Work to reduce/eliminate stigma in the system

SUBSTANCE USE STRATEGY RECOMMENDATIONS (COMMITTEE)

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

- 12** Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.
- 13** Actively practice cultural safety and humility, anti-racism; anti-queer-phobia; anti-ableism, anti-classism and anti-agism and ensure that Cultural Safety principles are enacted in implementation of all Strategy Actions.
- 14** Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.
- 15** Update and increase substance use awareness programs for youth and their families.
- 16** Increase awareness about substance use and access to substance use services specifically for seniors
- 17** Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction.
- 18** Develop or review existing municipal bylaws and policies related to alcohol and cannabis selling establishments to reduce negative impacts to community health, safety, and livability. Work with municipalities to obtain the necessary data.
- 19** Actively advocate to Federal and Provincial governments for an easily accessible safer supply of drugs
- 20** Implement a Peer Assisted Care Team (PACT) in the Comox Valley
- 21** Advocate for more non-market affordable housing for all ages and circumstances.

ONGOING RECOMMENDATIONS FROM COMMUNITY SUBSTANCE USE STRATEGY PHASE ONE REPORT

- 22** Act on lived experience of people who use substances, their families and the people who support them in the design and implementation of policies, services, changes to existing services, and as qualitative evidence that supports action in our community response to substance use.
- 23** Engage more intensively with members and organizations from key priority groups such as youth, Indigenous, spiritual and religious, community organizations (e.g., Rotary, Indigenous, and 2SLGBTQIA).
- 24** Leverage existing political will in the community to advocate for organizational commitment (e.g., coordination, funding and staffing) from service providers (e.g., VIHA, AVI, John Howard Society, etc.) and stakeholders (e.g., RCMP, SD71) for ongoing implementation of the strategy actions.
- 25** Advocate for peer delivered services and paid positions within all organizations for people with lived/living experience.
- 26** Secure commitment of key partners & regional stakeholders to apply for provincial and national funding when available. Seek endorsement letters from key partners.

- 27 Establish ongoing data sharing agreements between the Comox Valley Substance Use Collaborative and local data collectors, including agency program and service evaluation data (e.g., number of individuals who access service, number of naloxone kits distributed, demographic data).
- 28 Advocate for ongoing provincial and regional collection of data on social determinants about substance use (e.g., why people use substances, social determinants and how they contributed to death or drug poisoning, etc.).
- 29 Increase collection and reporting of data around access to services & service impact and data on the benefits of substance use.
- 30 Innovate ways to collaborate across government, academia and community agencies on collection of data.

While the Phase Two Strategy work was being done there were people and organizations continuing to work on responses to substance use and health in the community. As a result many of the recommendations have some emerging work being done and this work will need to be built upon in action planning. For example:

- March 9, 2023 - the Comox Strathcona Regional Hospital District Board approved a memorandum of understanding with Island Health that supports the development of a Community Health Services Hub located in the Comox Valley.
- July 7, 2023 - the Province of BC announced funding for a Peer Assisted Care Team in the Comox Valley
- The Community Action Team (CAT) is supporting the initiation of a peer- run Overdose Prevention Site
- The Community Action Team (CAT) is part of a multi-CAT Safer Supply Working Group through Health Quality BC that has recently published the [CAT Safer Supply Project Tool Kit](#) that will assist with local, provincial and federal advocacy for safer supply

TOWARDS A STRONG COMOX VALLEY SUBSTANCE USE SUPPORT NETWORK

The most consistent message heard in the Committee community engagement and the WWM conversations was that the system is siloed and in all areas there is a need to listen to each other, work together, try new things and be bold. The intent of the Strategy is that good work already being done in many areas in the community will be brought together to form a highly functioning Substance Use Support Network and where there are gaps new supports will be developed.

All of the thirty recommendations listed in this report require a coordinated effort that puts people who use substances at the centre and organizational differences aside. Putting people who are disproportionately affected by substance use due to social inequities, gender differences, racism, anti-queer-phobia, classism, ageism and ableism along with people who use and need substance use supports at the centre of planning for system change is critical. Through engaging in conversations, listening to all perspectives, developing strong relationships, creating actions and pursuing funding significant system change can and will happen.

VISION, MISSION, BELIEF STATEMENTS AND GUIDING PRINCIPLES

The vision, mission, belief statements and guiding principles guide the work and actions being undertaken on the Strategy, are ever evolving and can be updated as necessary.

VISION

Comox Valley is a safer, healthier place that improves the lives, abilities, and health of all community members, including all diversities and generations.

MISSION

Work together as a community to develop and implement a fair and equitable plan to reduce substance-related harms, including deaths, in the Comox Valley.



BELIEF STATEMENTS (ALL EQUALLY IMPORTANT!)

- 1** We believe people have a great capacity to change and transform with support and information.
- 2** We believe people have a right to know and understand both the harms and benefits of substance use.
- 3** We believe that substance use is part of our lives and our communities, and we are all responsible personally and collectively to minimize harm.
- 4** We believe that most people use substances. Those who use substances come from all economic backgrounds and include people of all genders, abilities, disabilities, cultures, and races.
- 5** We believe that people use substances in a variety of ways including therapeutic, safe, and problematic. Substance use can be recurring and cyclical.
- 6** We believe that people have a right to use substances and we do not discriminate against anyone for current or past substance use.
- 7** We believe that Indigenous ways of being and knowing are valuable and lead to different ways of viewing substance use that we can learn from.
- 8** We believe community members are not all equal in terms of power and privilege so do not have the same access to health and support.
- 9** We believe people should have access to housing, culturally appropriate treatment, and recovery options when they are ready for them.
- 10** We believe it is necessary to acknowledge that Canada's colonial history has led to substance use policies and laws (e.g prohibition) founded on system-based racism.

11 We believe stigma and racism are deeply embedded in institutions, agencies, and cultural norms, and impact distribution of wealth, poverty, access to resources and services, experiences of inclusion/exclusion and ultimately impact health outcomes.

12 We believe that we live in systems (schools, families, communities, etc.) where many people face restrictions, oppression, and discrimination. These systemic pressures influence our ability to thrive.

13 We believe that substance use has historically been understood as a legal (criminal) and/or moral (bad decisions) issue. This has led to stigmatization, overdose epidemics and disproportionate incarceration rates.

14 We believe that substance use can be a result of intersecting and overlapping social determinants of health (housing, poverty, social inclusion, education, etc.). Understanding the intersections and improving social determinants of health will have a positive impact on substance use and will create healthier communities.

15 We believe that substance use can be an adaptive survival tool to cope with trauma and can also expose people to trauma.

16 We believe a history of trauma and ongoing exposure to trauma is closely linked to harmful substance use.

17 We believe substance use is a health and social issue that requires social support and public policy responses to focus on meeting people's basic human needs.

18 We believe substance use must be approached from systems and person-centred perspectives. We acknowledge that people are often harmed because of systemic constraints - examples include the criminalization of individual use, lack of safe supply, prescribing practices, etc., and not just individual decisions.



GUIDING PRINCIPLES

COMPASSION AND RESPECT

We have compassion for all people with whom we interact including people affected by substances and are mindful and respectful of differing perspectives.

INCLUSION

We welcome the participation of everyone in the Comox Valley and we actively seek out participation of people with lived/living experience of substances.

DIVERSITY

We embrace diversity and listen to the unique needs of the varied people, cultures, and communities in our region.

CONNECTION, COLLABORATION AND SHARING

We nurture relationships, connect people to each other, promote a culture of participation and collaborate across organizations and sectors. Together we are better.

LEARNING

We share knowledge, listen to each other, explore new ideas and generate new understanding and solutions to create a regional substance use strategy to strengthen our community.

INNOVATION

We strive to find new and better ways to support health and wellness in our community.

CULTURAL SAFETY & CULTURAL HUMILITY

We promote emotionally, spiritually, physically, and culturally safe environments and are open to everyone's individual identity.

ACCOUNTABILITY

We are responsible for the resources entrusted to us and strive for effective and efficient solutions and initiatives.

EQUITY

We recognize inequity affects health and strive to reduce social, political, and financial inequities.

ANTI-RACISM

We recognize that substance use and health are deeply affected by racism and that addressing racism directly, with strength, knowledge, resources and education is the only way to ensure that the multiple barriers to racial equality in Canada are removed.

ANTI-STIGMATIZING LANGUAGE

We are committed to the use of language that does not stigmatize people who experience substances.

PLAIN LANGUAGE

We are committed to the use of plain language so that our communication is as accessible and meaningful as possible to everyone.

CONSENSUS DECISION- MAKING

We make decisions based on consensus. The model of consensus decision-making we use can be found [here](#).

INTRODUCTION

In 2002, under the guidance and leadership of the City of Courtenay, various stakeholders came together to develop a drug strategy committee. The committee contributed significantly to educating people in the Comox Valley about substance use and the need to make health-focused choices. In October 2019, the City of Courtenay asked the Comox Valley Community Health Network (Network) to broaden the scope and membership of the existing drug strategy committee to develop a regional substance use strategy for the Comox Valley.

The Comox Valley Substance Use Strategy Committee (Committee) formed in Phase One led the development of Phase Two Strategy development. The Committee is made up of a multi-sectoral group of local government representatives, peers, community members and community organizations from across the region. A commitment to centering peers in the Strategy development was continued by partnering with the Walk With Me team who did a gaps and strengths analysis of the substance use support network in the Comox Valley. In June 2023, the Committee transitioned to a Collaborative to provide ongoing oversight of the implementation of the Strategy.

The Committee uses inclusive and non-stigmatizing language. To use inclusive language, an understanding of stigma and the negative connotation of language that comes with it is necessary. To shift language, it is helpful to focus on person-first language - language that acknowledges someone as a person before describing their personal attributes or health conditions (Canadian Centre on Substance Use and Addiction, 2019). This means saying "person who uses substances" rather than "druggie" or "addict" which reflects a judgement. In addition to people-first language, inclusive language acknowledges substance use as a health issue and promotes the person's capacity for recovery (BC Centre for Disease Control, 2017).

The Comox Valley is home to many diverse cultures including First Nation, Métis and Inuit peoples as well as European, Asian, South and South East Asian, Middle Eastern and many more settlers. Cultural safety work needs to be centered with an anti-colonial & anti-racist lens that invites a conversation and challenges power structures.

Colonialism in the healthcare system can lead to First Nations, Métis and Inuit people being stigmatized and discriminated against resulting in negative impacts on their health and wellness outcomes. In order to consider cultural safety in a strategy supporting those who use substances, an understanding of the Truth and Reconciliation Commission's Calls to Action # 18-24 (Truth and Reconciliation Commission, 2015) related to mental health and substance use is needed.

Cultural safety and humility learning journeys help to break the cycle and can ensure that health is a human right for all. The First Nations Health Authority defines cultural safety as "an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care." Cultural humility as "a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience" ([First Nations Health Authority, 2016 pg.4 and 6](#)).

PHASE TWO WORK

During Phase Two of the Strategy development the Immediately/As Soon As Possible Recommendations from the Community Substance Use Strategy Phase One report were implemented. The Ongoing Actions in that report are longer term and will continue to be implemented in subsequent work. A summary of the Phase Two actions include:

PHASE ONE RECOMMENDATION	PHASE TWO ACTION
Present Phase 1 Report to all local government councils	Delegations to local government councils twice
Request all local governments collaborate to fund Phase 2	\$140,000 in funding secured for Phase 2 and 3
Act on lived experience of people who use substances	Partnered with Walk With Me (WWM) to hear the lived experience of Peers
System gap and strength analysis of substance use support network	WWM community engagement and research to produce Walking Together Towards a Stronger, More Integrated Substance Use Support Network in the Comox Valley: Gaps and Strengths Analysis
Ongoing involvement and leadership from peers and elders/traditional knowledge keepers.	WWM research was co-led by peers and an elder Strategy committee included peers and Indigenous leaders of organizations
Form a CV Substance Use Collaborative to coordinate recommendation implementation	Relationships have been developed, Collaborative first met in June 2023 and meetings are being held monthly
Collaborative become partner of the Community Health Network	Collaborative has just begun to meet so this partnership has not evolved yet
Align work of the Collaborative with intersecting work in the Regional Poverty Assessment and Reduction Plan	Some engagement in the Collective Impact process to align substance use strategy with poverty reduction
Ongoing Data Collection and review	Ongoing

SYSTEMS GAP ANALYSIS

The Committee partnered with the Walk With Me (WWM) team to do a gaps and strengths analysis of the Comox Valley substance use supports and services or the Substance Use Support Network.

Comox Valley Substance Use Support Network is the network of organizations and projects/ initiatives working to support People Who Use Substances in the Comox Valley. This definition includes organizations whose work is rooted in harm reduction, recovery, health, and mental health services, as well as in the “upstream” areas that have impact on the substance use ecology, including housing, policing, education, and others” (Walk With Me, 2023, pg.12)

The Walk with Me team hosted a series of facilitated conversations with peers and service providers to gather information about gaps and strengths in the current system. Peer participants were invited to draw/map/speak about their experiences in the past two years with substance use services and support in the community. A survey was circulated for people who had tried to access or used services or supports in the last two years. The survey results complemented the conversation data and provided another snapshot of people's experiences. Fifty-nine peers participated in eight facilitated conversations and fifty-one surveys were returned.

In the service provider conversations participants were asked to identify strong relationships between services as well as relationships they thought could be strengthened. Twenty-five service providers participated in eight facilitated conversations. All the conversation participants were asked to identify substance use services and support gaps, strengths and potential solutions. See Chapter 4 in the [Walking Together Report](#) for a full description of the conversation methodology.

The Walk With Me team analysed the data and developed the WWM Recommendations in this report. See Chapter 5 in the [Walking Together Report](#) for a full description of the analysis which includes the voices of the participants in the research that are very powerful.

The Committee also developed recommendations based on the community engagement that occurred in Phase One and learning in Phase Two.

FORMATION OF COMOX VALLEY SUBSTANCE USE COLLABORATIVE

The Network is facilitating the development of the Strategy and this facilitation will come to an end after Phase Three. There is a need for an ongoing structure to oversee the implementation, monitoring and updating of the Strategy to meet the community's needs going forward. This necessitates the formation of the Collaborative with a local substance use agency taking on the leadership of the Collaborative by the end of Phase Three.

The first meeting of the Collaborative, a multi-sectoral structure including funders and decision-makers, occurred in June 2023. Twenty one people, including peers, service providers from organizations working with Indigenous people, people who use substances, youth, seniors, municipal staff and elected officials, school district staff, First Nation Health Authority and Island Health attended the meeting.

The meeting focused on an orientation to the intent of the Collaborative, discussion about frameworks for collaboration, initial orientation and relationship building ideas and continuing to create a safe space for peers to participate. Many members of the original Strategy Committee are continuing on the Collaborative and new members have been engaged. The Collaborative will operate with slightly revised belief statements and guiding principles and continue to centre peers and anti-racism, cultural safety and humility, and equity in its ongoing Strategy work.

Once fully established, the Collaborative will become one of the community partners of the Network to further collaborate across health and social priorities in the community. As a partner of the Comox Valley Community Health Network, the Substance Use Collaborative will become engaged with other Network partners in the Collective Impact work on intersecting community issues related to Poverty Reduction in the Comox Valley. The Comox Valley [Regional Housing Needs Assessment](#) was completed in 2020 and the Comox Valley [Regional Poverty Reduction Strategy](#) was released in the fall of 2021. Both reports overlap and intersect with the root causes of substance use and many of the barriers that face people who use substances. Participating in implementing them to address housing and poverty will also inform the Strategy.

ONGOING DATA COLLECTION AND REVIEW

A table of ongoing data to be collected with potential data sources is in progress for future use. Data sharing agreements are being drafted and conversations with some of the local data collectors (Island Health, RCMP, North Island College, municipalities) have begun regarding data they collect and how to approach sharing data.

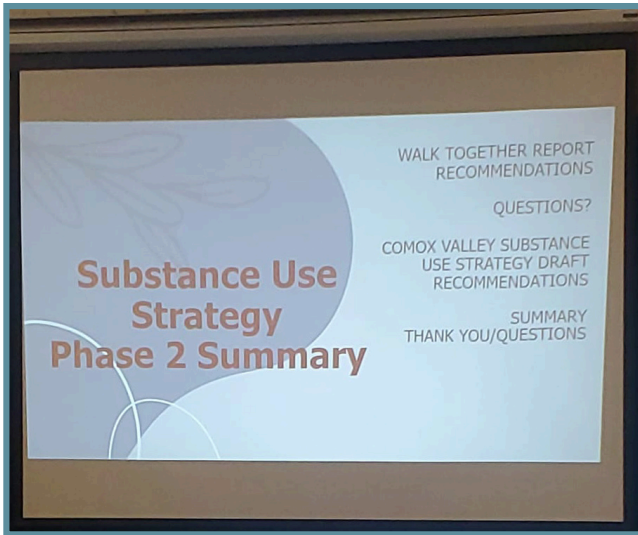
On May 15, 2023, the Comox Valley Community Foundation launched the Comox Valley's [Vital Signs Data Hub](#), a newly created website that will centralize over 70 regional data indicators related to the Comox Valley and its people. It is a platform that can be updated regularly so it has the potential to provide access to data more quickly. It will be useful as a source of data for the Strategy going forward as some of the data indicators are relevant to substance use.

The [McCreary Centre Society Foundation](#) completed the BC Adolescent Health Survey (BCAHS) in the spring of 2023 in the Comox Valley and the results will be published in late 2023. The BCAHS is a province-wide survey administered every five years to youth in Grade 7 to 12. It provides an evidence base of youth health trends, emerging issues, and risk and protective factors for healthy development. The survey includes questions related to youth drug and alcohol use.

These sources will be useful to continuously update data in Phase Three.

PHASE THREE LAUNCH EVENT

Over 40 people attended the launch event hosted by the Committee and Walk With Me team. The attendees were service providers, local elected officials, community members, peers, and Indigenous persons/organizations. The event included a presentation from Len Pierre, Coast Salish from Katzie (kate-zee) First Nation, Traditional Knowledge Keeper, educator, consultant, and social activist. After the presentation two local community members told their stories and then the Walk With Me team and the Coordinator reviewed the Phase Two recommendations and introduced Phase Three.



FRAMEWORKS TO ADDRESS SUBSTANCE USE

In keeping with the commitment to honour Indigenous ways of knowing and being, and creating cultural safe practices to address substance use, both Indigenous and colonial substance use frameworks may be used to guide this work. As actions are developed, the intent is that all perspectives are considered and honoured.

INDIGENOUS HARM REDUCTION PRINCIPLES AND PRACTICE MODEL

“The Indigenous Wellness Program at First Nations Health Authority developed Indigenous Harm reduction principles and practices to host conversations regarding addictions and harm reduction. Indigenous harm reduction is a process of integrating cultural knowledge and values into the strategies and services associated with the work of harm reduction. Indigenous knowledge systems are strongly connected to spirituality, holism and the natural environment. Therefore, a learning model reflecting animal teachings and values was struck to support sensitive conversations around addictions and harm reduction through an Indigenous lens.” ([First Nations Health Authority](#))

THE PRINCIPLES AND PRACTICES USE CULTURAL REPRESENTATION FROM FOUR PROMINENT ANIMALS HERE IN BC. EACH ANIMAL IS REPRESENTED BY SYMBOLISM, A HEALING PRINCIPLE, AND COMPARATIVE HARM REDUCTION STRATEGIES:



THE WOLF

- A symbol of relationships and care.
- Healing requires working together as one heart and one mind.
- This representation is associated with harm reduction principles that emphasize the importance of building relationships with people who use substances. An example of carrying out this work might look like providing outreach services.



THE EAGLE

- A symbol of knowledge and wisdom.
- Healing requires time, patience, and reflection.
- This means acknowledging that wellness is a journey instead of a destination. It aligns with the harm reduction principle that support may take many ongoing opportunities. It also means that in our professional work practice we take the time to reflect on our own emotions and allow room for patience in our engagements with people who are using substances.



THE BEAR

- A symbol of strength and protection.
- Healing is embedded in culture and tradition.
- This principle celebrates a strength-based approach in working with harm reduction. This also recognizes culture and tradition as intergenerational strengths that are methods of harm reduction on their own.



THE RAVEN

- A symbol of identity and transformation.
- Healing requires knowing who you are and accepting who you were.
- This healing principle acknowledges that the path to wellness is a journey that encompasses the exploration of identity and that mistakes will be made along the way. We do not need to carry the burdens of past, as they transform us when we learn from them.

WORKING WITH INDIGENOUS HARM REDUCTION: LEARNING COMPONENTS

THE WOLF: RELATIONSHIPS AND CARE

- Outreach services for people who do not access site based services: food, safer smoking/injecting kits, condoms, etc.
- Services are human-centred - inclusive, caring, and trauma-informed.
- Strategies and services are based on a foundation of cultural safety and humility.
- Acknowledging family relationships, community, Nation, and land.
- Understanding the impact of cultural oppression, intergenerational trauma, land-loss, and current social, environmental, and economic realities.

THE EAGLE: KNOWLEDGE AND WISDOM

- Strategies and services are trauma-informed.
- Support individuals and communities wherever they are at in their wellness journey.
- Recognize that stigma and shame are factors that need to be taken into consideration and addressed.
- Supporting strategies and services that are evidence-based.

THE BEAR: STRENGTH AND PROTECTION

- Strategies and services are wellness focused and holistic in nature.
- Incorporate Indigenous beliefs, values, and practices: medicinal plants, ceremony, Elder consultation etc.
- Incorporate Elders and cultural people to guide and participate in the initiatives.

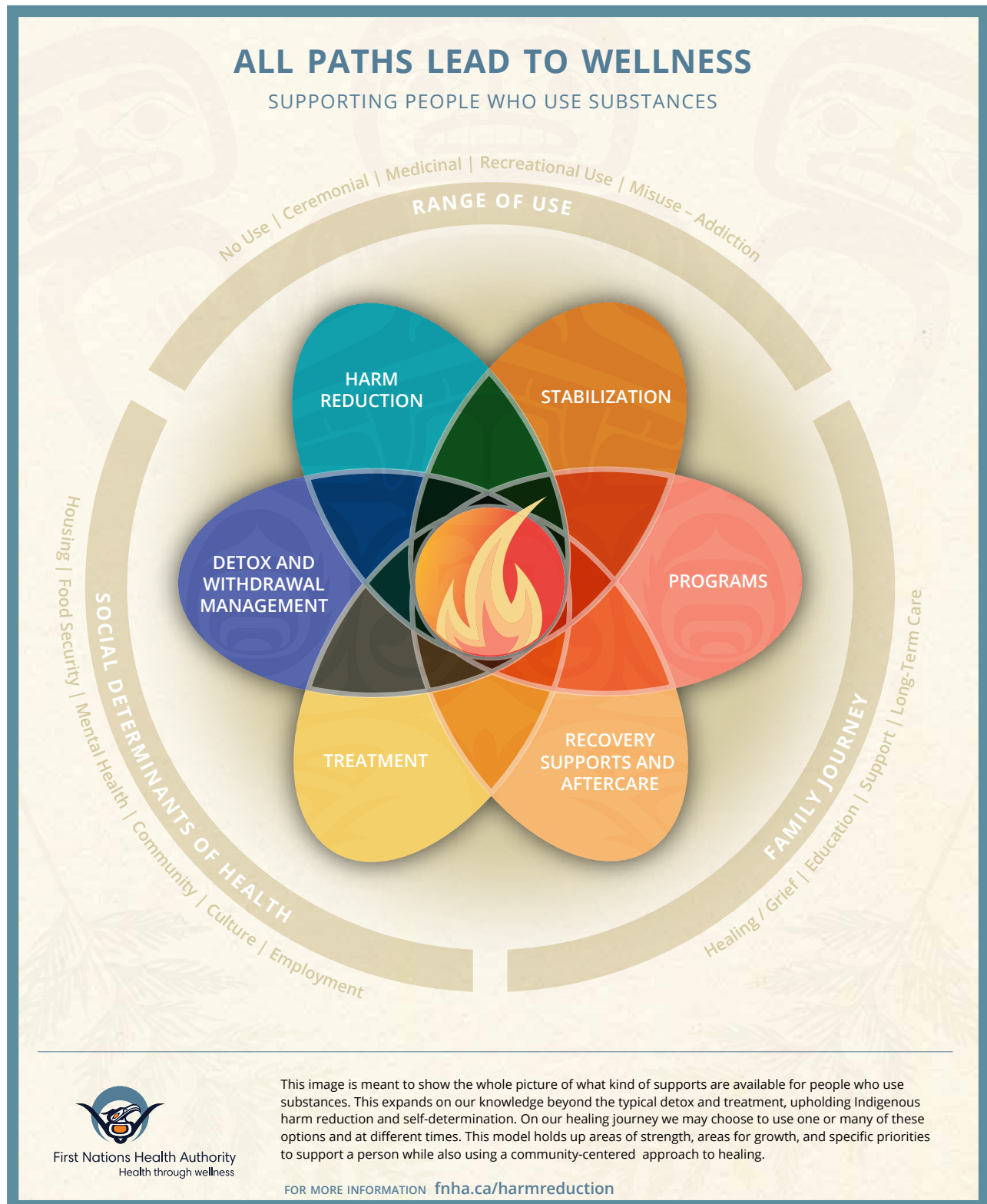
THE RAVEN: IDENTITY AND TRANSFORMATION

- View addiction as a health and social issue, not a moral or criminal issue that can result in complex personal health and social consequence, involvement with the law and premature death.

Source (with Permission): [First Nations Health Authority](#)

ALL PATHS LEAD TO WELLNESS MODEL

The First Nations Health Authority has developed a model to support people who use alcohol and other substances wherever they are on their healing journey. Support is offered in a variety of ways including learning new skills and tools to promote growth and connection. People can access services that meet their needs from any of the spokes at any time. The All Paths Lead to Wellness approach is fluid and interactive, while holding up areas of strength and areas for growth.



First Nations Health Authority
Health through wellness

This image is meant to show the whole picture of what kind of supports are available for people who use substances. This expands on our knowledge beyond the typical detox and treatment, upholding Indigenous harm reduction and self-determination. On our healing journey we may choose to use one or many of these options and at different times. This model holds up areas of strength, areas for growth, and specific priorities to support a person while also using a community-centered approach to healing.

Source (with Permission): [First Nations Health Authority](https://fnha.ca)

FRAMEWORK FOR ACTION: RESPONDING TO THE TOXIC DRUG CRISIS

The Toxic Drug Crisis has disproportionately affected Indigenous people and the First Nations Health Authority has developed a Framework For Action: Responding to the Toxic Drug Crisis for First Nations that everyone can learn from.

A FRAMEWORK FOR ACTION: RESPONDING TO THE TOXIC DRUG CRISIS FOR FIRST NATIONS

A Framework for Action: Responding to the toxic drug crisis for First Nations captures a system-wide response to slow and stop toxic drug death. The Framework for Action is focused on the most urgent goal of preventing deaths while also supporting First Nations broader mental health and wellness goals. Slowing and stopping toxic drug death is a shared responsibility, this Framework for Action is guided by Reciprocal Accountability and underpinned by our teachings of cultural safety.

Implementation will be supported by continuous efforts to improve real-time data from communities and health data sources. The four goals are:

- 1) Prevent people who experience drug poisoning from dying
- 2) Keep people safer when using
- 3) Create an accessible range of treatment options
- 4) Support people on their healing journey

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

- Focus on aftercare by: increasing consistency of services that support healing from trauma; proactively removing impediments to access; and supporting consistent pathways and linkages across service providers. Examine gaps in treatment centres in Fraser and Vancouver Coastal regions.
- Develop and resource comprehensive pain management approaches which include non-pharmacological options.
- Long-term: Build and enhance social and emotional resilience and connection with culture (i.e. access to counseling, Elders and cultural activities, health promotion activities).

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

- Access to injectable opioid agonist therapy (hydromorphone).
- Indigenous specific treatment beds.
- Ensure wrap-around support (cultural, counselling, other) for all treatment options.
- Expand mobile treatment/detox options.
- Improve follow-up after drug poisoning and discharge.
- Expand telehealth options.
- Increase OAT services in community and rural settings.
- Expand substance use and pain management supports in primary care settings.
- Expand cultural based (including on-the-land) treatment options.

KEEP PEOPLE SAFER WHEN USING

- Prevent diversion from prescribed opioids to tainted street drugs.
- Increase number of and usage of Safe Consumption Sites.
- Implement drug checking opportunities.
- Public Education about risk.

PREVENT PEOPLE WHO EXPERIENCE DRUG POISONING FROM DYING

- Access to naloxone & knowledge of how to administer.
- Reduce stigma and mitigate risk for people using alone.
- Improve community-911 linkage.
- Increase awareness of Good Samaritan Drug Overdose Act.
- Ensure services are culturally safe and trauma-informed.



First Nations Health Authority
Health through wellness

fnha.ca/harmreduction

Source (with Permission): [First Nations Health Authority](#)

FOUR PILLARS MODEL

In the Four Pillars Model, the following are included: Health Promotion and Prevention, Harm Reduction, Treatment, and Community Safety (moving away from the criminal and negative connotation associated with “enforcement”).

Health Promotion and Prevention

Health Promotion practices include addressing the social determinants of health or root causes of substance use and encouraging healthy behaviours, supportive environments, and healthy public policies. Health promotion and prevention education focuses on people’s innate resilience and strengths so they can be the primary drivers of their health. Doing this within a social justice and health equity lens encourages healthy public policy. Prevention supports upstream approaches to help prevent people from starting or engaging in potentially harmful substance use. It also includes educating people to be aware of the potential harms associated with substance use.

Harm Reduction

Harm reduction is an all-encompassing supportive approach that provides support no matter where a person is on the continuum and does not judge the individual(s) who use substances. The aim is to keep people safe and minimize death, disease and injury from the potential harms of substance use behaviour. Taking a harm reduction approach does not increase substance use and people are more likely to start treatment when a harm reduction approach is used. The evidence shows it works and has many benefits for people who use substances, their families and our communities (BC Centre for Disease Control, 2021).

Treatment

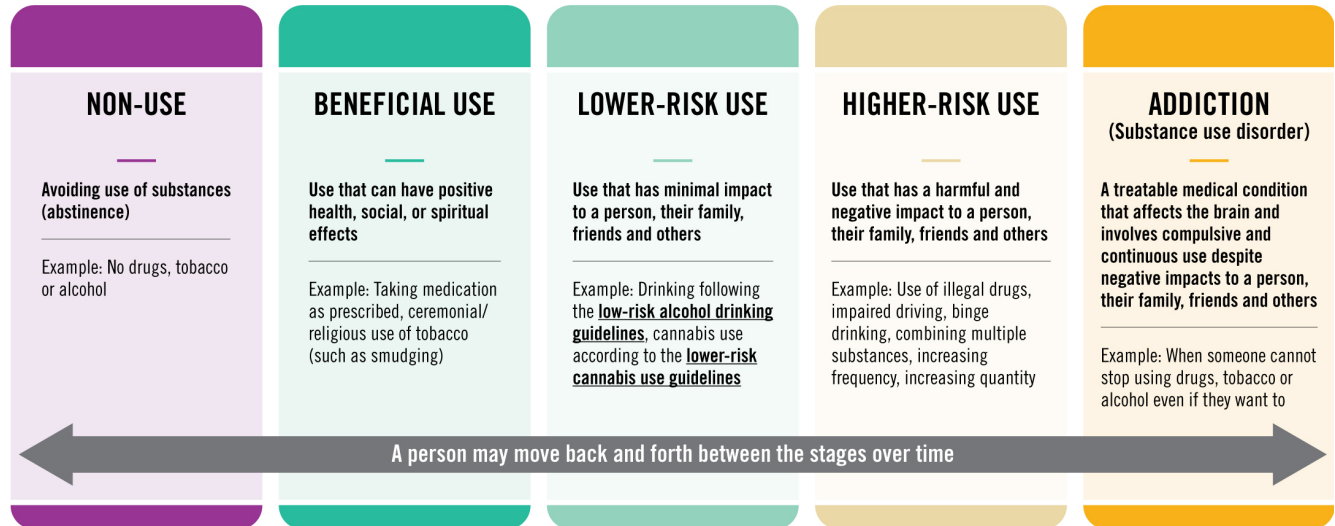
Treatment may include outpatient or inpatient services and includes shifting to an integrated wrap-around approach that prevents gaps in services while supporting people who use substances. Treatment options are recommended to be organized to support unique needs like youth and Indigenous people who need age-appropriate and culturally safe options. A foundation of successful treatment that always needs to be considered is supportive housing (Macpherson, 2001). Housing helps people who use substances to find stability first, so they can then choose and access treatment services that work for them.

Community Safety

The community safety pillar recognizes the need for peace, public order, and safety. It works to ensure everyone in the community is safe, including people who use substances and those with lived/living experience. This creates a shift from punishing and criminalizing to working together towards safer and more inclusive practices for all.

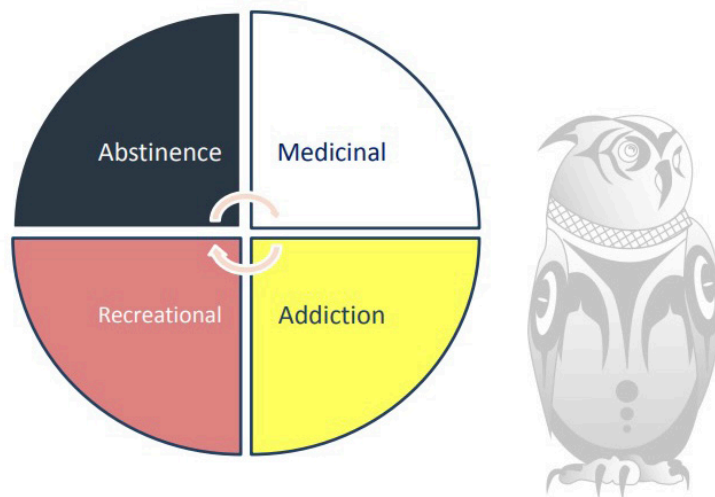
TRAUMA, SUBSTANCE USE AND MENTAL HEALTH

The term substance in this report refers to all substances such as but not limited to alcohol, tobacco/vaping, cannabis, illicit drugs, prescription drugs, medicinal substances, inhalants, and solvents. Substance use exists on a spectrum from beneficial use to chronic dependence or substance use harms. See Chapter 2 and 3 of the [Walking Together Report](#) for an in depth discussion of substance use and different substances used.



Source: <https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html#s1>

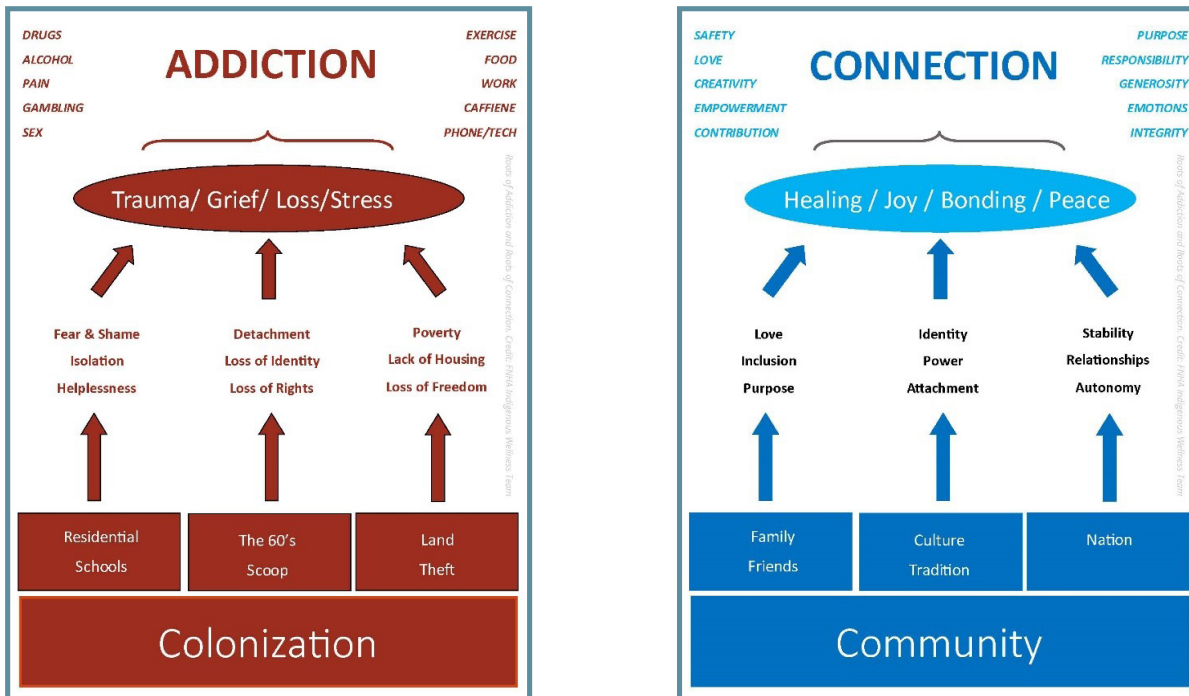
Many Indigenous people view substance use through a different lens. One example is the graphic below that describes four relationships that people have with substances: Abstinence, Medicinal, Recreational and Addiction and that they exist in a circle.



Source with permission:
[Len Pierre consulting](#), 2023

Harms from substance use are not a moral failing of the individual. One may develop harmful substance use due to a history of substance use in their family, negative events that happen in their childhood (Adverse Childhood Experiences/ACES), trauma, stress, isolation, changes to the brain or using substances early in life.

Johann Hari (Chasing the Scream, 2015) argues that “the opposite of addiction is not sobriety, the opposite of addiction is connection” and Dr.Gabor Maté, renowned expert on substance use and addictions, calls for a compassionate approach toward substance use, whether in ourselves or in others. Dr. Maté believes that the source of “problematic substance use is not to be found in genes but in the early childhood environment” (<https://drgabormate.com/addiction/>). Similarly, the First Nations Health Authority Indigenous Wellness Team created the Roots of Addiction and Roots of Connection graphics. All of this work leads us to looking for ways to connect with compassion to people who use substances and not shame or stigmatize.



Roots of Addiction and Roots of Connection. Credit: First Nation Health Authority Indigenous Wellness Team
 Source with permission: [First Nations Health Authority](https://www.fnha.ca/)

Concurrent mental health challenges and harmful substance use occur when someone experiences mental health challenges and uses substances like alcohol, nicotine or other drugs in ways that cause harm (Canadian Mental Health Association, 2018). When this occurs, mental health challenges can increase substance use harms (e.g. increased substance use might occur to help people cope with anxiety) or conversely, alcohol and other drugs can increase the symptoms of a mental health challenge. People who experience both mental health and substance use challenges at the same time often must go to one service for mental health treatment and another service for substance use treatment (CMHA, 2018) and sometimes services are not connected at all. Best practices on supporting people with intersecting mental health and substance use challenges can be found in the [Trauma Informed Practice Guide](#) (2013).

Trauma-informed practice means integrating an understanding of trauma into all levels of care and avoiding re-traumatization or minimizing the individual’s experiences of trauma. Trauma-informed practice is an overall way of working, rather than a specific set of techniques or strategies. There is no formula. Providing trauma-informed care means recognizing that some people will need more support and different types of support than others. Practitioners also adopt a strength-based approach and recognize that human beings are resilient and resourceful, and much of their healing happens outside of formal treatment services ([Trauma Informed Practice Guide](#), 2013). Trauma-informed care and practice also recognizes each person’s unique need to feel emotionally and physically safe.

Some promising practices for intersecting mental health and substance use challenges are emerging in British Columbia. One example is the [Red Fish Healing Centre for Mental Health and Addiction](#) located on [səmiqʷəʔelə](#) land in Coquitlam. The centre treats people across the province who live with the most severe, complex substance use and mental health challenges. As most of the clients have experienced trauma that plays a role in their illness and experiences with the mental health care system, the facility has been designed to help people feel comfortable and safe. For example there are quiet indoor and outdoor spaces, including therapeutic and medicinal gardens; shared spaces for art, music and recreation therapy and a therapeutic kitchen that helps people learn life skills, such as preparing meals. Staff at the centre practice within a person-centred, strengths-based approach with a strong belief of hope in the face of complex mental health and substance use challenges. They focus on peoples' strengths rather than solely on their symptoms and problems and treat people using a whole-person approach, addressing substance use, mental illness, chronic health conditions, triggers, histories of trauma and more within one integrated care plan. Care is evidence-based, which means it is informed by research, and trauma-informed, meaning they work to ensure that people feel safe, secure and supported throughout their time in treatment.

The [Abbotsford Community Hub Centre \(abbotsfordhub.org\)](#) is another promising practice in British Columbia that provides multiple services in the community under one roof for easier access to support for people. Established in 2018, the Hub Centre delivers integrated services through inter-agency partners providing people-centred, accessible, quality health, housing, social supports and community services in a welcoming environment.

CURRENT LANDSCAPE IN CANADA AND BRITISH COLUMBIA

Internationally and nationally there has been a growing consensus on the importance of addressing mental health and substance use challenges. There is an increasing body of literature around the impacts of social and health inequities on population and individual mental health and substance use. As a result, all levels of government have begun to acknowledge social and health inequities and prioritize, support and fund issues related to substance use and mental health.

In Canada, significant work has been led by The Mental Health Commission of Canada, the Canadian Centre on Substance Use and Addiction, and the Canadian Mental Health Association in collaboration with Health Canada and the Public Health Agency of Canada. This collaboration has led to the establishment of the Mental Health Strategy for Canada (Mental Health Commission of Canada, 2012) and a Canadian Drugs and Substances Strategy (Health Canada, 2018). These two strategies provide a framework and guidance for action and funding for regional and provincial mental health and substance use interventions and policies.

Many leaders in drug policy in Canada have been successful in advocating for substance use and mental health policy change in British Columbia. As a result, over the last few years, the Province of British Columbia has dedicated significant resources towards mental health and substance use. The BC government established a stand-alone Ministry responsible for Mental Health and Addictions along with developing a renewed 10-year strategy for mental health and substance use. The tragic experience of the toxic drug supply and ensuing drug poisoning deaths in BC has led to many legal, social and economic initiatives around substances. Most notably, the province has advocated for cannabis reform, safe injection sites, safe supply and an expanded scope of practice for medical professionals including [prescribing rights for registered nurses](#).

In 2019, BC's Provincial Health Officer released [Stopping the Harm; Decriminalization of People Who Use Drugs in BC](#) that calls for systemic harm reduction action within the province's health system using a public health harm reduction and human-rights-orientated approach. In 2020, the BC government supported the call to the Federal government from the Canadian Association of Police Chiefs to decriminalize the possession of small amounts of controlled substances in order to address substance use and the stigma attached to it through a health lens rather than a criminal lens.



First Nations Health Authority
Health through wellness

Decriminalization: The Facts

What you need to know



Beginning on Jan. 31, 2023, **possession of small amounts of certain illegal drugs will be decriminalized** in British Columbia. There is a lot of misinformation about what drug decriminalization is and what it isn't. Here are some facts.

What is Decriminalization?

Applies to adults 18+	Includes opioids (heroin and fentanyl), cocaine (powder or crack), methamphetamine (meth) and MDMA (ecstasy)	NO arrests or seizures for personal possession under the threshold
Police will provide resource cards with information on supports and will make voluntary referrals	2.5g cumulative threshold with police discretion above	NO fines, tickets or other administrative sanctions
Culturally safe approaches for Indigenous Peoples, including First Nations living in rural/remote areas	Robust police training and monitoring and evaluation framework	NO mandatory treatment or diversion

What WILL decriminalization do?

- ✓ Reduce stigma, shame and fear. People who are using drugs need support and not judgment.
- ✓ Decriminalization will allow people to be more open about their use and help to ensure they are connected and cared for. This care and connection can support open conversations on options for healing.
- ✓ Reduce the risk of toxic drug poisoning and save lives and relationships.
- ✓ There will be continued engagement with communities about how decriminalization will be implemented at home.
- ✓ Make substance use and the toxic drug crisis a public health issue and not a criminal one. This means there will be no criminal record with the associated stigma and legal issues it creates when trying to establish a future life.



What WON'T decriminalization do?

- ✗ Enable substance use – without decriminalization people will still use but in an unsafe and unsupported way.
- ✗ Legalize substances – trafficking and producing stays illegal.
- ✗ Override First Nations self-determination – Nations will still be able to decide what works for them on their own land.

Visit our Decriminalization Q&A to learn more

www.fnha.ca/harmreduction

Decriminalization, under the controlled drugs and substances act, came into effect in BC on January 31, 2023 as a three year pilot project. Decriminalization allows for personal possession of a small amount of substances while selling or trafficking drugs remains illegal. As part of this pilot project, police in British Columbia are mandated to provide information and voluntary referral to health care, harm reduction and treatment support. Where supports are in place and accessible, decriminalization is intended to be a humane and valuable approach to decrease harms due to substance use. There is no evidence from other countries around the world that decriminalization increases drug use. What it does do is help reduce arrests, criminal charges, convictions and stigma related to a health issue.

However, there remain concerns that while decriminalizing drug use is a good first step the Act has limitations. The daily threshold of cumulative possession of drugs that is approved for the pilot project is significantly lower than what the BC government requested and what drug user groups identify as appropriate considering current drug use trends. Therefore, the daily threshold is not enough to stop toxic drug deaths. The Act is also limited in terms of the substances that are included for decriminalization; for example, it does not include Benzodiazepines which are commonly found in street drugs and are resistant to Narcan. Decriminalization will be positive for many people who are harmed daily by criminalizing a health issue. However, in order to save lives this step forward must be accompanied by greater accessibility to safer pharmaceutical alternatives to what is available through the toxic unregulated drug market.

Political will, in conjunction with ongoing efforts at the provincial, national and international levels, provides an opportune time for system-wide policy, service and practice reform.

CURRENT LANDSCAPE IN COMOX VALLEY

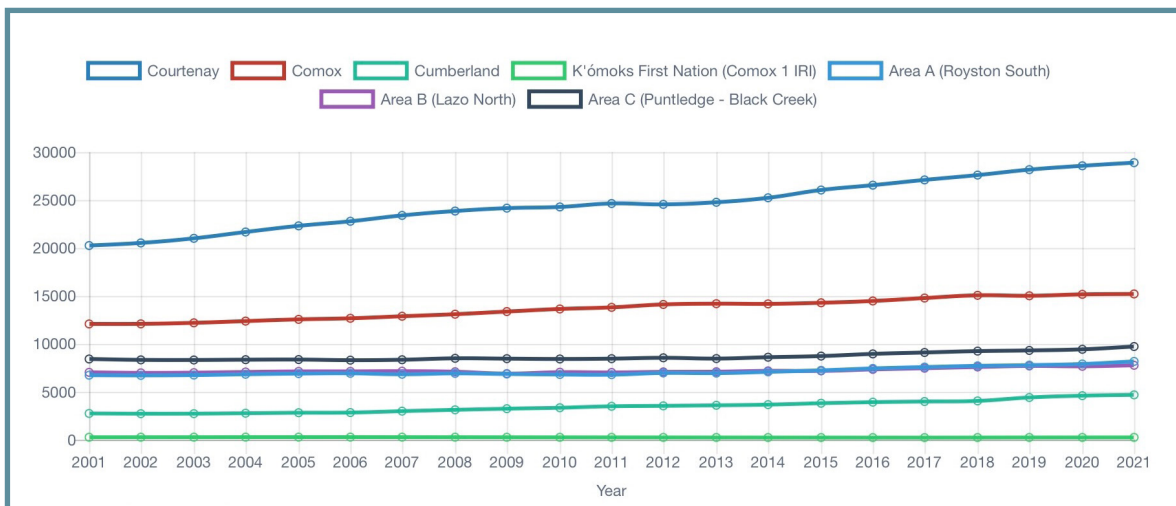
A significant amount of data was reviewed and collated in the first phase of the Strategy work. The data report that accompanied the Community Substance Use Strategy Phase One Appendices and Data Report can be reviewed [here](#).

The last Island Health Local Health Area Profiles contain data up to 2019 so are no more recent than what is in the Phase One data report. Another Local Area Profile may be published soon and that data could be used to implement recommendations and will be reported on in Phase Three Report. As the Strategy evolves and community data changes, data collection and review will need to be an ongoing activity in the community.

Updated data on Comox Valley population growth, median age, toxic drug supply crisis including effects on Indigenous people, alcohol consumption, daily smoking, perceived stress, and liquor and Cannabis establishments have been included below as part of Phase Two.

Population Growth

The Comox Valley Region is undergoing significant growth as the population of the region increased 8.9% from 66,527 in 2016 to 72,445 in 2021 and is projected to increase to a population of 80,000 by 2035.



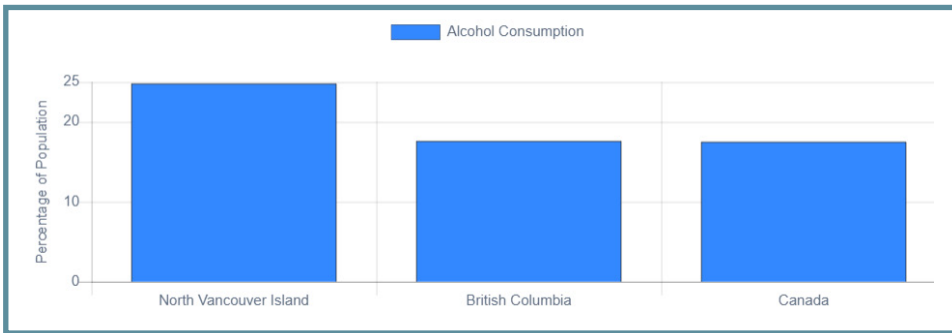
Source: ([Vital Signs Data Hub, 2023](#))

Median Age

The median age in the Comox Valley increased from 41.2 years in the 2001 census to 51.7 years in the 2021 census. This is an increase to the median age of over 10 years in a span of 20 years and has implications for change in the community. ([Vital Signs Data Hub, 2023](#)) This aging of the population in the Comox Valley aligns with the need for more substance use services for seniors.

Alcohol Consumption

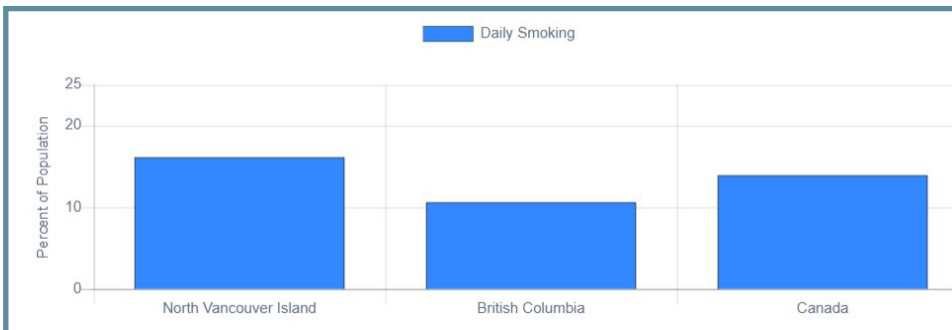
Heavy drinking refers to men aged 12 or older, who reported having 5 or more drinks, or women aged 12 or over, who reported having 4 or more drinks, on one occasion, at least once a month in the past year. In 2019/20, in North Vancouver Island 24.8% of the population aged 12 years and older report heavy regular alcohol consumption. This is higher than the alcohol consumption in British Columbia (17.6%) or Canada (17.5%).



Source: ([Vital Signs Data Hub, 2023](#))

Daily Smoking

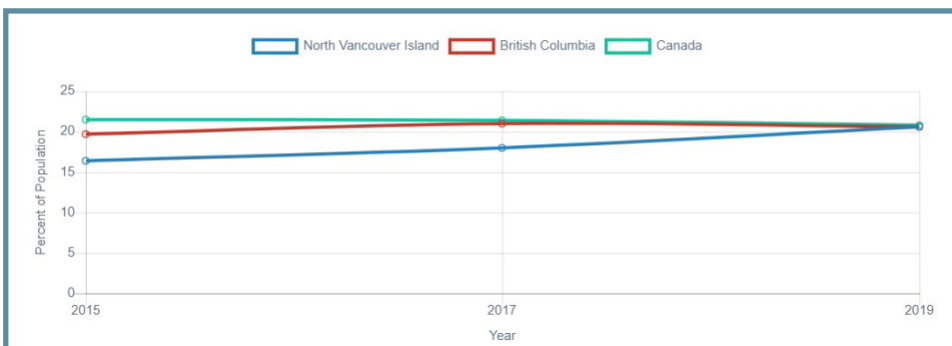
Daily smoker refers to men and females, age 12 or older, who reported smoking cigarettes every day. In 2019/20 in North Vancouver Island 16.1% of the population 12 and older were daily smokers, higher than in British Columbia (10.6%) or Canada (13.9%). This does not include vaping.



Source: ([Vital Signs Data Hub, 2023](#))

Perceived Life Stress

Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding. From 2015 to 2019 the rate of people, aged 12 and over, who perceived stress on most days in North Vancouver Island increased from 16.4% to 20.6%, a larger increase than in British Columbia (19.7%-20.6%). In Canada the rate went down from 21.5% in 2015 to 20.8% in 2019.



Source: ([Vital Signs Data Hub, 2023](#))

Liquor Licensed Establishments

The British Columbia Government issues 3 types of liquor licences for establishments:

- 1 FOOD PRIMARY LICENCE**
for selling liquor by the glass at businesses (restaurants) where the primary purpose is to serve food.
- 2 LIQUOR PRIMARY LICENCE**
for selling liquor by the glass at businesses where the primary purpose is to sell liquor (bars, as well as stadiums, theatres, etc.) as well as other businesses that wish to serve liquor as an additional service to their primary business (spas, salons, art galleries, etc).
- 3 MANUFACTURER LICENCE**
for making liquor at a winery, brewery or distillery. Manufacturers can also apply to add a lounge endorsement to their licence.

In the Comox Valley there are:

62 Food Primary licences: (1 Black Creek, 17 Comox, 39 Courtenay, 4 Cumberland)

29 Liquor primary licences: (2 Black Creek, 8 Comox, 17 Courtenay, 2 Cumberland)

11 Manufacturing Licences: (4 Comox, 6 Courtenay, 1 Cumberland)

In addition there are:

16 licensed retail stores (3 Comox, 7 Courtenay, 2 Cumberland, 1 Denman Island, 2 Hornby Island, 1 Black Creek)

4 licensed UBrew/UVin establishments (1 Comox and 3 Courtenay)

Source: [BC Government](#)

While all these establishments are licensed by the provincial government, municipalities have a role to play in the sale and consumption of alcohol that is set out in the Liquor Control and Licensing Act. Municipalities can set local by-laws and policies to guide the community impacts and operations of liquor-related businesses. For example municipalities can establish hours of operation, noise restrictions, good neighbour agreements, size of establishments and proximity to other liquor-related businesses, taking into consideration the impact the establishment may have on the community health, safety and livability.

Cannabis Retail Outlets

In the Comox Valley there are a total of 11 Cannabis licensed outlets (3 in Comox, 1 in Cumberland and 7 in Courtenay). Again while these outlets are licensed by the provincial government, municipalities have a role to play in the sale and consumption of Cannabis. Source: [BC Government](#)

Toxic Drug Poisoning Crisis

In March 2020, the World Health Organization declared the COVID-19 global pandemic. The restrictions imposed in response to the pandemic heightened the oppression many people in the Comox Valley were already experiencing. People who already faced racism, discrimination, marginalization, violence, exclusion and abuse were disproportionately affected at the height of the pandemic. Oppression continues to be heightened and the toxic drug poisoning deaths continue to climb as the COVID-19 restrictions lessen.

In April 2023, BC's Chief Coroner reported that the drug toxicity is a "crisis of incomprehensible scale" as she announced that the lives lost between January and March of 2023 represented the second-highest total ever recorded in the first three months of a year since B.C. declared a public health emergency in 2016 (BCTV news 2023).

Some of the findings provincially in the BC Coroners Provincial Summary of Unintentional Illicit Drug Toxicity Deaths (2023) are:

- 197 suspected unregulated drug deaths in March 2023 and 177 in February 2023. The March numbers represent a 9% increase over March 2022 (181) and an 11% increase over Feb 2023
- Number of unregulated drug deaths in March 2023 equates to about 6.4 deaths per day in BC
- Between January 1 and March 21 2023, Northern Vancouver Island (includes Comox Valley) was one of the highest Health Service Delivery Areas with the highest rates of unregulated drug deaths in the province
- Between January 1 and March 31 2023 71% of those dying were 30 to 59 years of age and 77% of those dying were male
- Between January 1 and Mar 31 2023 84% of deaths occurred inside (47% in private residences, 36% in other inside residences) and 15% occurred outside in vehicles, sidewalks, streets, parks. 2 deaths occurred at Overdose Prevention Sites.
- There is no indication that prescribed safe supply is contributing to unregulated drug deaths.

The common misconception that most people losing their lives are unhoused is not substantiated in the data nor is there evidence that access to safe places to use or access to safer supply of prescribed drugs is contributing to toxic drug deaths.

In the Comox Valley:

13 people died due to toxic drug poisoning in 2020.

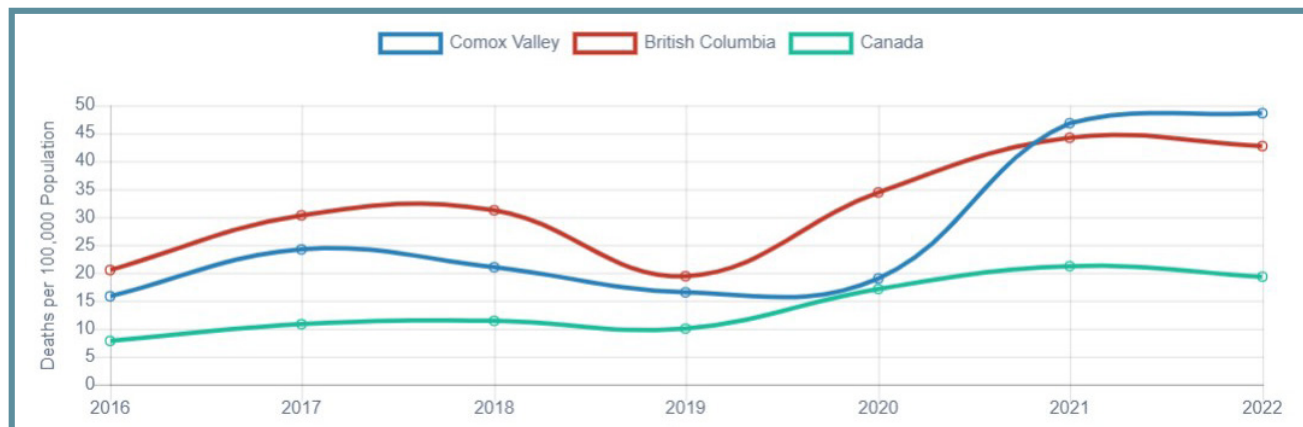
35 people lost their lives to toxic drug poisoning in 2021, an alarming and very sad increase over 2020

37 lives were lost to toxic drugs in 2022

This is a total of **85** preventable deaths in our community in 3 years.

Source: BC Coroners Service (2023)

Between 2016 and 2022 the deaths per 100,000 people in the Comox Valley rose from 15 to 46.1, a larger increase than in either British Columbia or in Canada.



Source: (Vital Signs Data Hub, 2023)

The incidence of toxic drug poisonings amongst Indigenous people and in particular Indigenous women in 2022 is very disturbing. Available data for British Columbia for 2022 indicate that:

FIRST NATIONS AND THE TOXIC DRUG POISONING CRISIS IN BC

JANUARY - DECEMBER 2022

Harm reduction efforts are saving lives but drug toxicity continues at record high levels affecting First Nation families and communities across BC



TOXIC DRUG POISONING DEATHS

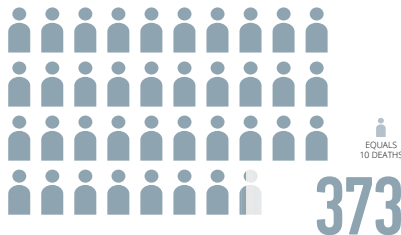
NUMBER OF PEOPLE WHO DIED OF TOXIC DRUG POISONING

6.3%

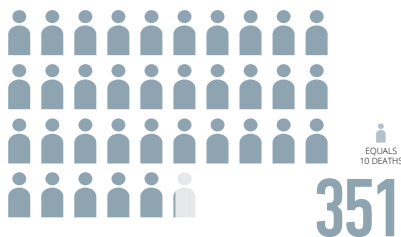


Increase in toxic drug poisoning deaths, compared to the same period in 2021.

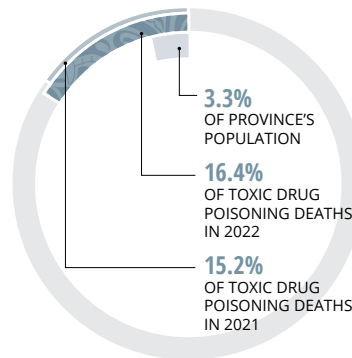
2022



2021



FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS



RATE OF TOXIC DRUG POISONING DEATH

5.9 x

First Nations people died at 5.9 times the rate of other BC residents in 2022. This number was 5.4 in 2021

11.2 x

First Nations women died at 11.2 times the rate of other female BC residents in 2022

4.7 x

First Nations men died at 4.7 times the rate of other male BC residents in 2022

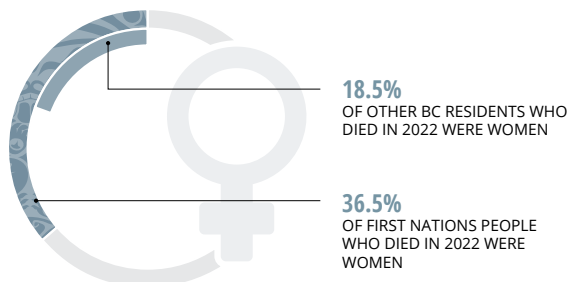
2022

DEATHS OF FIRST NATIONS PEOPLE BY GENDER



Indigenous people who are not recognized as having First Nations status under the Indian Act are not represented in our toxic drug data. Additionally, two-spirit, transgender, non-binary, intersex, and gender diverse people may be identified by the biological sex assigned at birth, and therefore misidentified in the toxic drug data. The FNHA is committed to working with provincial partners towards meaningful, systemic change that will make more inclusive data collection possible. Data are collected as of March 2023 and are subject to change.

FIRST NATIONS WOMEN EXPERIENCE VERY HIGH RATES OF TOXIC DRUG POISONING DEATH



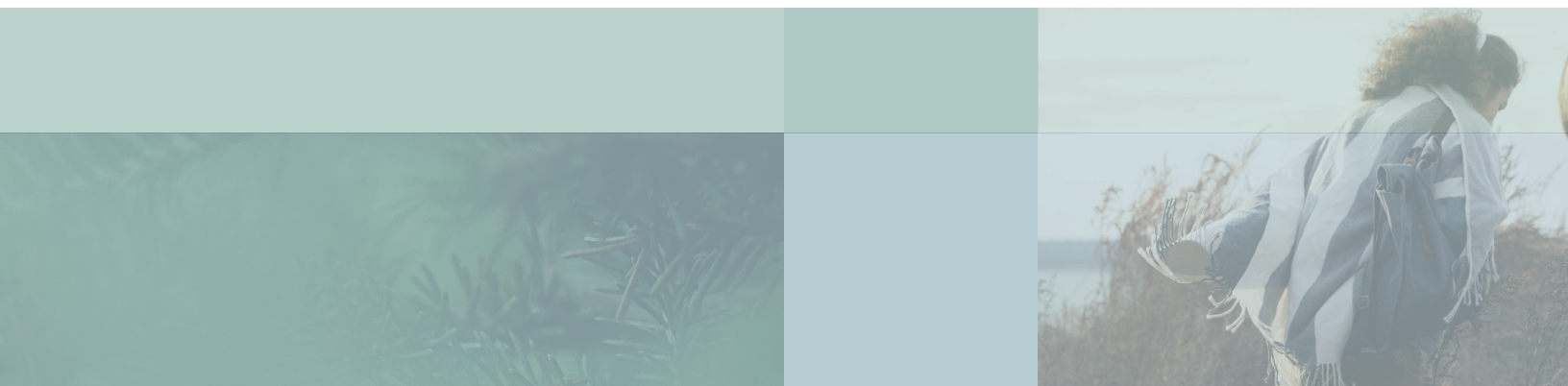
The FNHA gratefully acknowledges the health partners that make this data available: BC Centre for Disease Control, BC Coroners Service, BC Emergency Health Services, and the BC Ministry of Health. You may find this information distressing. Cultural support is available at Tsow Tun Le Lum Society. Call 1-888-403-3123 (toll-free) or visit www.tsowtunlelum.org

Source (with Permission): [First Nations Health Authority](https://www.fnha.ca/)

This data clearly shows why this Strategy needs to be developed within a framework of cultural safety and cultural humility while addressing social inequities across all social determinants of health.

The disparity in responses between the COVID-19 pandemic and the toxic drug poisoning crisis, by all levels of government, dramatically illustrates the stigma and discrimination that shapes policy responses to people who use illicit drugs. The common misconception that a person's substance use is a direct result of their own behaviour, and decisions influences attitudes about the value and appropriateness of publicly funded solutions to the illicit drug toxicity crisis contribute to this disparity (Committee on the Science of Changing Behavioral Health Social Norms, 2016).

Continued high rates of alcohol consumption and daily smoking along with the numbers, locations and hours of liquor and cannabis establishments, the toxic drug crisis and increased perceived life stress all indicate the need for increased substance use and mental health support. These indicators are likely related to intersecting factors such as the ongoing effects of the pandemic and inflation with accompanying higher costs of food and housing. The effect of these ongoing social and economic changes require a coordinated community response to improve individual and community health.



COLLECTIVE ACTION FOR SYSTEMS CHANGE: RECOMMENDATIONS

Together, the recommendations from the research conversations facilitated by the Walk With Me team and recommendations developed by the Committee form the actions to be taken up in Phase Three of the Strategy. Also brought forward here are the ongoing recommendations from Phase One that continue to be relevant.

The recommendations are extensive and broad. The work of Phase Three is to decide what recommendations to start with and then decide who needs to be involved to plan and implement actions to achieve the recommendation. The complete recommendations include a role for coordinating entity or entities to facilitate bringing key people together, suggestions for who could be at a planning table for each recommendation and some key questions to start the discussion about each recommendation. These suggestions are intended as a starting point and can be expanded on. The Collaborative will oversee this work and review the makeup of table membership and the key questions to make sure they are inclusive. Listed here are the broad recommendations. The complete recommendations with supporting suggestions are in Appendix A.

WALKING TOGETHER REPORT RECOMMENDATIONS (WALK WITH ME)

Note: Please read Chapter 6 in the [Walking Together Report](#)

1. Create and implement medical detox service in the Comox Valley
2. Create and implement a recovery-based supportive housing service
3. Expand managed alcohol program services
4. Expand safer supply services
5. Relocate and expand overdose prevention site (OPS) and services
6. Pursue Improvements in opioid agonist therapy (OAT) delivery
7. Pursue a series of networking improvements
8. Create a services hub
9. Pursue service and transportation improvements for remote places, and places without strong transit systems (Hornby and Denman Islands, Cumberland, and others)
10. Address the need for culturally safe services
11. Work to reduce/eliminate stigma in the system

SUBSTANCE USE STRATEGY RECOMMENDATIONS (COMMITTEE)

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

12. Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.
13. Actively practice cultural safety and humility, anti-racism; anti-queer-phobia; anti-ableism, anti-classism and anti-agism and ensure that Cultural Safety principles are enacted in implementation of all Strategy Actions.
14. Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.
15. Update and increase substance use awareness programs for youth and their families.
16. Increase awareness about substance use and access to substance use services specifically for seniors
17. Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction.
18. Develop or review existing municipal bylaws and policies related to alcohol and cannabis selling establishments to reduce negative impacts to community health, safety, and livability. Work with municipalities to obtain the necessary data.
19. Actively advocate to Federal and Provincial governments for an easily accessible safer supply of drugs
20. Implement a Peer Assisted Care Team (PACT) in the Comox Valley
21. Advocate for more non-market affordable housing for all ages and circumstances.

ONGOING RECOMMENDATIONS FROM COMMUNITY SUBSTANCE USE STRATEGY PHASE ONE REPORT

22. Act on lived experience of people who use substances, their families and the people who support them in the design and implementation of policies, services, changes to existing services, and as qualitative evidence that supports action in our community response to substance use.
23. Engage more intensively with members and organizations from key priority groups such as youth, Indigenous, spiritual and religious, community organizations (e.g., Rotary, Indigenous, and 2SLGBTQIA).
24. Leverage existing political will in the community to advocate for organizational commitment (e.g., coordination, funding and staffing) from service providers (e.g., VIHA, AVI, John Howard Society, etc.) and stakeholders (e.g., RCMP, SD71) for ongoing implementation of the strategy actions.
25. Advocate for peer delivered services and paid positions within all organizations for people with lived/living experience.
26. Secure commitment of key partners & regional stakeholders to apply for provincial and national funding when available. Seek endorsement letters from key partners.
27. Establish ongoing data sharing agreements between the Comox Valley Substance Use Collaborative and local data collectors, including agency program and service evaluation data (e.g., number of individuals who access service, number of naloxone kits distributed, demographic data).
28. Advocate for ongoing provincial and regional collection of data on social determinants about substance use (e.g., why people use substances, social determinants and how they contributed to death or drug poisoning, etc.).
29. Increase collection and reporting of data around access to services & service impact and data on the benefits of substance use.
30. Innovate ways to collaborate across government, academia and community agencies on collection of data.

While the Phase Two Strategy work was being done there were people and organizations continuing to work on responses to substance use and health in the community. As a result many of the recommendations have some emerging work being done and this work will need to be built upon in action planning. For example:

- March 9, 2023 - the Comox Strathcona Regional Hospital District Board approved a memorandum of understanding with Island Health that supports the development of a Community Health Services Hub located in the Comox Valley.
- July 7, 2023 - the Province of BC announced funding for a Peer Assisted Care Team in the Comox Valley
- The Community Action Team (CAT) is supporting the initiation of a peer- run Overdose Prevention Site
- The Community Action Team (CAT) is part of a multi-CAT Safer Supply Working Group through Health Quality BC that has recently published the [CAT Safer Supply Project Tool Kit](#) that will assist with local, provincial and federal advocacy for safer supply

TOWARDS A STRONG COMOX VALLEY SUBSTANCE USE SUPPORT NETWORK

The most consistent message heard in the Committee community engagement and the WWM conversations was that the system is siloed and in all areas there is a need to listen to each other, work together, try new things and be bold. The intent of the Strategy is that good work already being done in many areas in the community will be brought together to form a highly functioning Substance Use Support Network and where there are gaps new supports will be developed.

All of the thirty recommendations listed in this report require a coordinated effort that puts people who use substances at the centre and organizational differences aside. Putting people who are disproportionately affected by substance use due to social inequities, gender differences, racism, anti-queer-phobia, classism, ageism and ableism along with people who use and need substance use supports at the centre of planning for system change is critical. Through engaging in conversations, listening to all perspectives, developing strong relationships, creating actions and pursuing funding significant system change can and will happen.

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APPENDIX

DETAILED RECOMMENDATIONS FOR COLLABORATIVE AND ACTION TABLES

WALKING TOGETHER REPORT RECOMMENDATIONS:

1. Create and implement Medical Detox Service in the Comox Valley

Key to this table: Island Health, Comox Valley Transition Society, Comox Valley Recovery Centre, community recovery and harm reduction service providers, addictions medicine physicians, Medical Health Officer, local governments, peers, Indigenous voices.

Acknowledging: The damage enacted by the lack of an established local medical detox service, including the damage suffered by Peers in transitioning to and from an out-of-town service, and the harms produced through the extensive wait-times in place for Peers to access this service, we recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- How many medical detox beds are needed?
- How will these be funded?
- How can immediate, low barrier, on-demand medical detox be made available to people seeking this service (including options for people who smoke)?
- How can the barrier of long referral wait-times be reduced?
- How can the gap in transition from medical detox to social detox be closed?
- Is there potential to implement a stronger medical detox program at the Comox Valley Hospital?
- How might a wider “hub” of community services integrate medical detox options?
- Stakeholders should aim to produce concrete results (i.e.: detox beds with low-barrier entry) within as short a time frame as possible.

2. Create and implement a Recovery-based Supportive Housing Service

Key to this table: Island Health, Comox Valley Transition Society, Comox Valley Recovery Centre, community recovery and harm reduction service providers, Dawn to Dawn Action on Homelessness Society, addictions medicine Physicians, Medical Health Officer, local government, peers, Indigenous voices, funders (i.e.: BC Housing and others)

Acknowledging: The lack of Supportive Housing in the Comox Valley, and the damage suffered by Peers who are cycling through patterns of medical and social detox without a sufficient transitional housing option to stabilize their progress, we recommend a coordinating entity bring together key players to chart a direction forward.

Key questions include:

- How many supportive housing units are needed (now and projecting into the future)?
- Who will these units be funded?
- How long should supportive housing be provided to those needing it?
- Should Recovery-based supportive housing be developed as a stand-alone entity with links to medical and social detox programs?
- Should supportive housing include social detox programs? And/or, should supportive housing be developed as part of a multi-staged subsidized treatment program or centre (i.e.: a program that includes medical/social detox and supportive housing as 3-stage components of a live-in residential program)?
- How will people be transitioned into and out of supportive housing towards long-term housing?
- What services and support infrastructures should be integrated into a supportive housing initiative?
- What models should be used for supportive housing (i.e.: Group- Based? Family-Centred? Farm-Based? Culturally Driven? Tiny Home Village?)
- How might supportive housing options integrate within a wider “hub” of community services?
- Stakeholders should aim to produce a series of supportive housing units that address the service needs of people in Recovery.

3. Expand Managed Alcohol Program Services

Key to this table: Island Health, Comox Valley Hospital, AVI Health and Community Services, community harm reduction service providers, addictions medicine physicians, Medical Health Officer, local governments, peers, Indigenous voices, funders.

Acknowledging: The important role Managed Alcohol Programs play both in enabling inpatient care, and in helping to stabilize alcohol use in the community, we recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- How can patients help lead in establishing their dosing norms?
- How can Managed Alcohol Programs be developed in accordance with a Patient-led approach?
- How can Managed Alcohol Programs be developed in-hospital and in-community?
- How can acute care, long-term care, supportive housing, outpatient, community, NGOs, and others collaborate to develop a Managed Alcohol Program that serves the entire Comox Valley?
- What services and support infrastructures should be integrated into a Managed Alcohol Program initiative?
- How can this model be funded?
- Stakeholders should aim to produce tangible results (i.e.: an expanded Managed Alcohol Program) in short order.

4. Expand Safer Supply Services

Key to this table: AVI Health and Community Services, Island Health, community harm reduction service providers, addictions medicine physicians, local governments, Medical Health Officer, peers, Indigenous voices, funders.

Acknowledging: The important role Safer Supply programs play in reducing reliance on toxic drugs, and in helping to stabilize use, we recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- How can our community support the Safer Supply work that AVI Health and Community Services is providing in the Comox Valley?
- How can this program, under AVI's direction, be expanded to meet community needs?
- What services and support infrastructures should be integrated into an expanded Safer Supply program?
- How can this expansion be funded?
- This work should aim to produce tangible results (i.e.: an expanded Safer Supply program) that honours and builds on the pioneering work being done by AVI Health and Community Services.

5. Relocate and Expand Overdose Prevention Site (OPS) and Services

Key to this table: Island Health, AVI Health and Community Services, local governments, community harm reduction service providers, Medical Health Officer, peers, Indigenous voices, funders.

Acknowledging: The important role OPS Services play in reducing reliance on toxic drugs, and helping to stabilize use, we recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- Where should OPS services be located? (i.e.: closer to services like Connect and Travelodge? In community? At the Comox Valley Hospital?)
- How might the hours of OPS be expanded?
- How might inhalation services be included?
- What additional services and support infrastructures should be integrated into an OPS program?
- How might this expansion be funded?
- This work should aim to produce tangible results (i.e.: an expanded/ relocated OPS Service).

6. Pursue Improvements in Opioid Agonist Therapy (OAT) Delivery

Key to this table: Comox Valley Transition Society / The Lodge / College of Pharmacists of BC, local OAT providing pharmacists, community harm reduction service providers, Medical Health Officer, peers, Indigenous voices, funders.

Acknowledging: The important role OAT programs play in stabilizing substance use, and the need to ensure availability of OAT services and support staff who can witness OAT consumption, we recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- How can barriers to OAT witnessing be reduced?
- How can the responsibility for OAT supervision be addressed in such a way as to honour, and utilize the strong links at-play between Community Service Providers and Peers while still maintaining safety in providing OAT supervision responsibly?
- How might we attract more OAT providers to the Comox Valley?
- Should the College of Pharmacists of BC be approached for changes to OAT witnessing protocols?
- This work should aim to produce changes in regulations, leading to stronger OAT delivery practices in the Valley.

7. Pursue a Series of Network Improvements

Key to this table: entire service network, peers, Indigenous voices.

Acknowledging: A series of improvements has been identified as necessary to make our care network run more effectively, we recommend that a coordinating entity bring together network stakeholders throughout the system to chart a direction forward.

Key questions include:

- How can agencies work together efficiently and collaboratively?
- How can an inter-agency communication and client data-sharing system be developed in such a way as to give Peers power over their information? Who will be responsible for the consent process, and how will it work? Is such a system worth recommending? (i.e. do the benefits to Peers of having a system that shares their data with multiple providers thereby allowing for a streamlining of services outweigh the potential risks associated with a loss of privacy in relation to personal data)?
- How can Island Health and community providers work together respectfully, and with clarity around roles and responsibilities?
- How can Peers become involved on front-line navigation and leadership levels in shaping the development of the Network?
- This work should aim to produce tangible changes in the communication channels, effectiveness, and efficiency of our system, and should work to address the power imbalances expressed between Island Health and community Service Providers—creating a stronger network of collaboration.

8. Create a Services Hub

Key to this table: entire service network, peers, Indigenous voices, funders, local governments

Acknowledging: The value of a single point of access centre that provides: primary care, addictions medicine care, mental health care, access to a wide range of community services including medical and social detox, Peer navigators, employment opportunities, and others, we recommend a coordinating entity to bring together network stakeholders throughout the system to chart a direction forward.

Key questions include:

- How can such a centre be designed, developed, and built?
- How can a strategically beneficial group of services be brought together in the centre?
- What partnerships are needed to make such a centre happen?
- What funding sources can be utilized to make such a centre happen?
- This work should aim to produce a brick and mortar services centre designed to provide an amalgamation of services in one place, and access to navigators who can link clients to a wide range of services both inside and outside of the building.

9. Pursue Service and Transportation improvements for Remote Places, and Places Without Strong Transit Systems (Hornby and Denman Islands, Cumberland, and others)

Key to this table: Hornby and Denman Community Health Care Society, City of Cumberland, BC Transit/Comox Valley, Wheels for Wellness, Island Health, Medical Health Officer, peers, Indigenous voices, funders.

Acknowledging: The difficulties involved in the transportation of Peers from the more remote regions of the Comox Valley to in-town services, we recommend that a coordinating entity bring together key players to chart a direction forward.

A key question is:

- What do improvements in both service delivery and transportation to services look like for Peers in these regions?
- This work should aim to produce results that include stronger Harm Reduction and Recovery program delivery in remote places within the Comox Valley, and stronger transportation systems that support the linkages between Peers and in town services.

10. Address the Need for Culturally Safe Services

Key to this table: Elders/Knowledge Keepers, Indigenous organizations, Indigenous peers and leaders, service providers, K'ómoks First Nation, Island Health

Acknowledging: The need expressed for culturally safe services, we recommend a coordinating entity bring together key players to chart a direction forward.

Key questions include:

- How can Cultural Safety principles be brought into existing services?
- What new services are needed that honour the teachings of Cultural Leaders, and show respect for Indigenous ways of knowing and healing?
- This work should be guided by local Elders/Knowledge Keepers and should honour territory and teachings.

11. Work to Reduce/Eliminate Stigma in the System

Key to this table: entire service provider network, peers, local governments

Acknowledging: The expressed need to develop services that are safe for Peers, and that are premised upon an atmosphere of respect, we recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- How can anti-stigma training be included in the work of our network and its constituent organizations?
- What education, information and/or staff development programs are needed within the Service Provider Network to reduce/eliminate stigma?
- How can service providers work together across the network to advance this work
- This work should be guided by local Peer leaders

SUBSTANCE USE COMMITTEE RECOMMENDATIONS:

Note: Recommendations #12 and 13 are overarching recommendations and apply to all other recommendations and work of the Collaborative.

12. Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendations in the Strategy.

Key players at this table: First Nations, Métis and Inuit voices, peers, Substance Use Strategy Collaborative members and Collaborative action planning table members.

Acknowledging: Peers are the experts about the realities of substance use and the inequities that arise when accessing services due to the stigma of substance use. We recommend peers be involved in all planning and actions related to the Strategy and that their involvement include decision-making, leadership and access to paid employment where possible.

Key questions include:

- How will the Collaborative honour the previous Strategy Committee's commitment to peer, First Nations, Métis and Inuit voices and the voices of people traditionally not heard in substance use planning initiatives?
- What actions are being taken to create safe spaces so peers to feel comfortable and safe?
- How are peers supported to be involved in decision making and leadership roles?
- Would considering a [Lived Experience Circle on Substance Use](#) and a Peer Navigator Program be an option to ensure peers are fully involved in solutions for substance use system change?

13. Actively practice cultural safety and humility, anti-racism, anti-queer phobia, anti-ableism, anti-classism and anti-agism in the implementation of Strategy actions.

Key players at this table: First Nations, Métis and Inuit voices, people of colour, black people, gender/sexuality diverse people, people with disabilities, peers, newcomers/immigrants, entire service network, Island Health, First Nations Health Authority, K'òmoks First Nation Health Services, Immigrant Welcome Centre, PRIDE Comox Valley, Division of Family Practice/Primary Care Network, Community Action Team.

Acknowledging: There are social inequities and gender differences that result in discrimination of people who use substances as well as a lack of equitable substance use services, we recommend equity priority groups are brought together with other key players to plan a future direction.

Key questions include:

- How will practices of cultural safety and cultural humility, anti-racism, anti-queer phobia, anti-ableism, anti-classism and anti-agism be included in the work of planning and implementing actions?
- How are cultural safety principles enacted throughout all Strategy actions as they are developed?
- How are people who experience inequity in our community heard and included in the development of actions and implementation of the Strategy?
- Is an equity lens or equitable approach being used when creating policy or new practices to address substance use?
- How are the social determinants of health being addressed in the development of actions and implementation of the strategy?

14. Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.

Key players at this table: entire service network including First Nations and Métis specific services, peers, First Nations, Métis and Inuit voices, equity priority groups, funders, local government, Island Health, First Nation Health Authority, K'òmoks First Nation Health Services, Division of Family Practice/Primary Care Network.

Acknowledging: That creating action and breaking down silos in response to recommendations requires an ongoing coordinated effort across the Comox Valley. We recommend that the CV Substance Use Collaborative act as the coordinating entity to begin this work in Phase Three.

Key questions include:

- How will the Collaborative review, discuss, understand, and match their actions to the foundational Vision, Mission, Belief Statement and Guiding Principles of the Strategy?
- What initial and ongoing education and workshops will the Collaborative do together so everyone is grounded in the foundations of the Strategy?
- Has the Collaborative developed a peer support plan that is being enacted?
- Has the Collaborative developed a resiliency and well-being plan for its members and the substance use network so people are “held up” and supported in a good way as they do this work that is, at times, stressful and difficult?
- How will the Collaborative be structured to be inclusive and function with action tables?
- How can the recommendations be prioritized? What recommendations need to be worked on first?
- How will action tables of the key players for the recommendations be formed and utilized?
- How will decision-makers and funders work with peers, equity priority groups, Indigenous people and substance use services to plan and fund actions?
- How will Collaborative ensure that data agreements are in place and are collected ongoing as data is made available so action tables have “real-time” data to work with while planning and implementing recommendations?
- Where will the Collaborative be housed and supported after Phase Three and how will funding be procured to ensure the sustainability of the Collaborative?

15. Update and increase substance use awareness programs for youth and their families

Key players at this table: Youth, First Nations, Métis and Inuit voices, Comox Valley School District, LINC (City of Courtenay Recreation), John Howard Society (The Station and The Foundry), Island Health, First Nation Health Authority, Island Health Child and Youth Mental Health Services, Pride Comox Valley, K'òmoks First Nation Health Services, Sasamans Society, Indigenous Women's Sharing Society/Unbroken Chain, Division of Family Practice/Primary Care Network

Acknowledging: That youth often go to peers to learn about substances and substance use as they find many adults supporting them “out of touch”, we recommend a coordinating entity to bring together key players to plan a direction forward.

Key questions include:

- How are ideas from First Nations, Métis and Inuit youth, Immigrant youth, gender/sexuality diverse youth, youth with disabilities being included at the planning table for this recommendation and actions?
- How could a school-based youth council to talk about substance use be formed?
- How can an educated peer-based model of substance use education with more real-life examples be implemented to build on the informal process of peer information already happening?
- How can evidence-based education for parents on topics such as trauma, resiliency, emotional connection to youth, and how to support youth to prevent or delay substance use be implemented?
- How can integrated education on harm reduction (drugs, alcohol, smoking, vaping), life skills, safer sex, youth mental health be implemented?
- Can more harm reduction services be implemented within schools in partnership with community agencies providing harm reduction?
- How can youth be engaged in prevention initiatives related to the effects of tobacco, e-cigarettes, cannabis and vaping?

16. Increase Awareness about substance use and access to substance use services specifically for seniors

Key players at this table: Seniors (including immigrants/newcomer seniors, gender/sexuality diverse seniors, First Nations, Métis and Inuit Elders and seniors of colour; seniors serving organizations, Island Health, Community Resource Networks (CV), First Nation Health Authority, K'òmoks First Nation Health Services, Pride Comox Valley, Indigenous Women's Sharing Society/ Unbroken Chain, Upper Island Women of Native Ancestry Society, Division of Family Practice/Primary Care Network

Acknowledging: That the number of seniors living in the Comox valley is increasing and it is difficult for seniors to move beyond the stigma associated with substance use to seek support. When they do seek support, access to substance use services for seniors are limited. We recommend a coordinating entity to bring together key players to plan a direction forward.

Key questions include:

- How are seniors from equity priority groups (see recommendation #13) included at the planning table for this recommendation and action?
- What are the current best practices to provide substance use public awareness, education and services for seniors?
- How can an anti-stigma public awareness campaign about substance use directed at seniors be developed?
- What are key messages to be included in a public awareness campaign directed at seniors that helps them understand using substances is not a personal failing and gives them permission to seek support?
- What are gaps and strengths in current substance use service for seniors?
- How can services to seniors be coordinated with existing community services for seniors?
- What education is needed for service providers and community agencies to approach seniors about substance use?

17. Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction

Key players at this table: Peers, First Nations, Métis and Inuit voices, Chamber of Commerce, municipal business associations, entire service provider network, including First Nation and Métis service organizations, local governments including school district, Comox Valley Community Justice Centre, Island Health, First Nations Health Authority

Acknowledging: The business community and employers are affected by substance use in the community and that they need to be involved in conversations, education sessions and creating solutions, we recommend that a coordinating entity bring together key players to plan a direction forward.

Key questions include:

- How are people from equity-priority groups (see recommendation #13) being included at the planning table for this recommendation and action?
- How are businesses and employers affected by substance use in our community?
- How can the business community and employers be engaged to address substance use in the community?
- What are some solutions so businesses and people who use substances are both heard and accommodated?
- What kind of educational/awareness programs are businesses and employers interested in?
- How can the business community and employers be engaged in addressing stigma towards people who use substances in our community. A source of ideas might be [EACH+EVERY \(eachandevery.org\)](http://eachandevery.org)
- How could this work aim to produce accurate information and more respect, understanding and relationships between businesses and people who use substances

18. Develop or review existing municipal bylaws and policies related to alcohol and cannabis sales and selling establishments to reduce negative impacts to community health, safety and livability

Key players at this table: Local governments, peers, Chamber of Commerce, cannabis outlet operators; liquor store operators, liquor serving establishment operators, citizens, youth, Indigenous and Metis voices, Island Health, First Nations Health Authority, K'òmoks First Nation Health Services

Acknowledging: That municipalities can set local by-laws and policies to guide such things as hours of operation, size of establishments and proximity to other liquor-related businesses in consideration of the impacts on community health, safety and livability, we recommend that a coordinating entity bring together key players to plan a direction forward.

Key questions include:

- What impact or potential impacts do liquor and cannabis establishments have on the health, safety and livability of a community?
- What current municipal by-laws and policies guide liquor and cannabis establishments?
- How can the Collaborative work with local municipalities to get data about sales and locations of liquor and cannabis establishments by municipality so there is good local data to support review and development of municipal by-laws?
- How many liquor selling or serving establishments need to be in any area?
- How close should liquor and cannabis establishments be to each other?
- What are consistent, reasonable hours for selling and serving liquor?
- Are there areas of the region that should not have liquor or cannabis establishments nearby?
- What are local government processes for liquor or cannabis establishments to apply for permits or variances - are they clear and fair?

19. Actively Advocate to Federal and Provincial governments for an easily accessible safer supply of drugs

Key players at this table: Peers, Community Action Team, local governments including school district, Comox Valley MLA and MP, local advocates (eg Moms Stop the Harm), AVI Health and Community Services, First Nations, Métis and Inuit voices, Indigenous Women's Sharing Society/Unbroken Chain, Division of Family Practice/Primary Care Network; local Opiate Antagonist Treatment (OAT) providing pharmacists.

Acknowledging: The decriminalization pilot project in BC has the potential to reinforce that substance use is a health issue and reduce stigma and marginalization towards people who use substances. As it will not decrease the make-up of an increasingly more toxic unregulated drug supply, sustained advocacy is needed. We recommend that a coordinating entity bring together key players to plan a direction going forward.

Key questions include:

- How are people from equity priority groups (see recommendation #13) who use the toxic unregulated drug supply included at the planning table for this recommendation and action?
- Who needs to be included in a sustained advocacy campaign?
- What needs to be included in a sustained advocacy campaign?
- What are the important messages to include in a campaign?
- What changes in legislation are needed to increase a safer supply of drugs?
- What services/supports need to be in place to support an accessible safe supply of drugs?
- What do peers consider an accessible safer supply of drugs?
- What are a variety of options to provide a safer supply of drugs so people using substances have a choice depending on their health and social needs?

20. Implement a Peer Assisted Care Team (PACT) in the Comox Valley

Key players at this table: Peers, First Nations, Métis and Inuit voices, local governments, MLA, Medical Health Officer, Island Health, First Nations Health Authority, Division of Family Practice/Primary Care Network, Community Action Team (CAT), Homeless Response Team, harm reduction service providers, peer support providers; AVI Health and Community Services, Indigenous Women's Sharing Society/Unbroken Chain, Upper Island Women of Native Ancestry Society, K'òmoks First Nation Health Services

Acknowledging: People having a mental health crisis in the community are best supported by a Peer Assisted Care Team (PACT) of a trained peer and a mental health professional that shifts care during a crisis to a community-based, client-centered, trauma-informed response. We recommend that a coordinating entity bring together key players to chart a direction forward.

Key questions include:

- How are people from equity-priority groups (see recommendation #13) being included at the planning table for this recommendation and action?
- Is there an Agency that could oversee the operation of a PACT?
- How could a PACT operate in the Comox Valley?
- How will a PACT be integrated with other outreach services?
- How will a PACT be funded?
- How will the community know how to reach the PACT when needed?
- How will Peers and Indigenous and Metis people be integrated into the PACT?
- How will the impact of a PACT be measured?

21. Advocate more non-market affordable housing for all ages and circumstances

Key players at this table: Peers, Indigenous and Metis voices, local governments, housing providers, Coalition to End Homelessness, MLA, MP, BC Housing, developers, modular home developers; housing support service providers.

Acknowledging: A supply of available, non-market affordable housing is an important first step to address substance use, as stable housing facilitates access to prevention, harm reduction and treatment. We recommend a coordinating entity to bring together key players to chart a direction forward.

Key questions include:

- How are people from equity-priority groups (see recommendation #13) being included at the planning table for this recommendation and action?
- How can local governments create and adopt a definition of housing affordability for the region similar to what has recently been done in the Municipality of Saanich?
- What needs to be included in a comprehensive plan to increase low income and low barrier housing and support quickly?
- How can land be found for affordable housing?
- How can local governments support low income affordable housing through by-law and policy changes?
- What non-traditional forms of housing can be considered (e.g. Tiny home communities built to support specific needs including for people who use substance, people in recovery, youth, LGBTQ2S+, and female)
- What can be done to address community concerns about some housing projects?
- How can awareness be promoted about all forms of housing and address discrimination in communities?

Memorandum of Understanding
Community Substance Use Strategy

Between

City of Courtenay
830 Cliffe Avenue,
Courtenay, BC
V9N 2J7
("City")

And

Comox Valley Community Health Network
C/O Betty Tate, CVCHN Leadership Team Member
("CVCHN")

(Collectively the "Partners")

RE: For the continued development of the Community Substance Use Strategy (CSUS).

Date: January 1, 2022

The City and the CVCHN entered into a Memorandum of Understanding dated April 1, 2020 and the First Amendment of the Memorandum of Understanding dated June 29, 2021, herein collectively referred as the original agreement.

The purpose of this Memorandum of Understanding ("MOU") is to confirm the City's desire for the continued development of phase two and phase three of the Community Substance Use Strategy through the Comox Valley Community Health Network (CVCHN). This MOU supersedes and replaces the MOU signed March 30, 2020 and amended on June 29, 2021.

A. The Comox Valley Community Health Network will:

- 1) Continue to engage community partners to develop and execute phase two and three of the Community Substance Use Strategy immediately/as soon as possible. The CVCHN will execute the following Comox Valley Substance Use Strategy Phase One actions immediate/as soon as possible and ongoing actions:
 - a. Phase Two: mapping the substance use system and responses in the Comox Valley, engaging with decision makers and government, and convening community engaged research dialogues to inform findings and clear next steps. For clarity, it is the mutually understanding by both Partners that the 2022 fiscal year budget allocation will be used to support the Phase Two work and the deliverables reported on at the end of 2022 will be as outlined in the Phase 2 work plan.

- b. Phase Three: collective action for implementing the strategy based on the findings of Phase One and Two to round out a comprehensive Community Substance Use Strategy.
- 2) Before initiating phase two, submit to City staff a detailed work plan for the implementation of the phase two which will include the following deliverables:
- a. The work plan will at minimum include: deliverables, project schedule with key project milestones, confirmed resources and budget detailed by key project milestones, project community stakeholders, public engagement, and performance measures.
- 3) Report to the City on a bi-annual basis for phase two and phase three of the strategy:
- a. A midpoint report to City staff on how CVCHN is meeting the deliverables of this agreement including status of project milestones, peer stakeholder feedback and how funding was spent including a financial summary of detailed revenue and expenses.
 - b. A final report to Council on how CVCHN met the deliverables of this agreement, peer stakeholder feedback on performance measures, how funding was spent including a financial summary of detailed revenue and expenses. The final report will include a completed submission of the attached MOU Deliverables Summary Report (Attachment 1) and approved to the satisfaction of the Director of Recreation, Culture and Community Services.
- 4) Where appropriate, acknowledge the City as a supporter of the CVCHN in its development of the Community Substance Use Strategy.
- 5) Leverage the City's funding to pursue other funding sources to fund this project including but not limited to federal, provincial and other local government or charitable sources. Confirm regional local government support (in-kind and financial).
- B. The City of Courtenay will:
- 1) Contribute a portion of the funds required for the development, implementation and execution of the CSUS to the Comox Valley Regional District, as the acting financial host agency, in amounts subject to Council's approval in the annual general operating budget:

Fiscal Year	Budget Amount*
2022	\$30,000
2023	\$15,000
2024	\$15,000
2025	\$15,000
2026	\$15,000

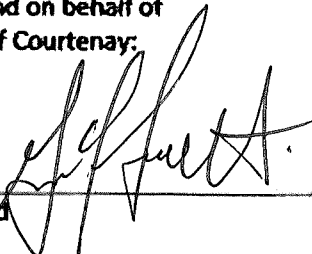
*Subject to Council Approval in the City's annual operating budget.

2) Provide in-kind City staff support.

This non-binding MOU shall be for a period of 12 months starting January 1, 2022 and ending December 31, 2022 and may be terminated by the City by providing four (4) month's advance notice to the CVCHN with copy to the CVRD. At the end of the term, the MOU shall hold over month-to-month with the written consent of the City. This MOU may be mutually extended or amended by the agreement of both Partners in writing.

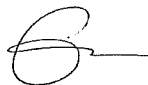
AGREED by the Parties through their authorised signatories:

For and on behalf of
City of Courtenay:


Signed

Geoff Garbutt
Print name

Chief Administrative Officer
Title

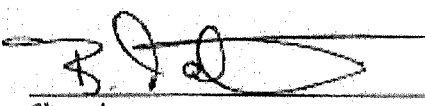

Signed

Craig Rushton
Print name

Interim Director of Recreation, Culture
and Community Services
Title


2022-02-25
Date

For and on behalf of
Comox Valley Community Health Network:


Signed

Betty Tate
Print name

CVCHN Leadership Team Member
Title


Signed

Christopher Bate
Print name

CVCHN Leadership Team Member
Title

2022.02.25
Date

Attachment 1

Phase Two MOU Deliverables Summary

<u>MOU Deliverables</u>	<u>How the report met the deliverables</u>
Approach	
Vision, Mission and Goals	
Expected Outcomes	
Community Stakeholder Consultation	
Obstacles and Barriers	

Strategies	
Initiatives	
Performance Measures	
Peer Stakeholder Feedback on Performance Measures	

Memorandum of Understanding
Community Substance Use Strategy
Financial Hosting Agreement

Between

City of Courtenay (City)
830 Cliffe Avenue,
Courtenay, BC
V9N 2J7

And

Comox Valley Regional District (CVRD)
600 Comox Road,
Courtenay, BC
V9N 3P6

(Collectively the “Partners”)

For the Community Drug Strategy Initiative

Date: January 1, 2022

The purpose of this Memorandum of Understanding (“MOU”) is to provide a mechanism to flow program funding to support the establishment and delivery of a Community Substance Use Strategy by the Comox Valley Community Health Network (CVCHN).

This MOU provides an opportunity to attest to the Partners’ commitment in principle to engage actively in supporting the continued development of a Community Substance Use Strategy (CSUS).

The City of Courtenay will:

- a. Provide program funding (Funds) as approved by the City of Courtenay’s Council in the City’s annual operating budget.

The Comox Valley Regional District will:

- a. Host the Funds for the sole purpose of establishing and delivering a Community Substance Use Strategy through the CVCHN as outlined in the executed MOU with CVCHN herein included as Attachment A;
- b. Issue payment(s) of the Funds for invoices submitted by CVCHN for the CSUS consultant engaged to carry out phase two of the facilitation of the development of Comox Valley Substance Use Strategy subsequent to said invoices being approved by the Director of Recreation, Culture and Community Services;

- c. Maintain full and proper accounting financial records to support all expenditures covered by the Funds; and.
- d. Support the CVCHN to utilize and pursue other funding sources to support the Community Substance Use Strategy.

This non-binding MOU shall be for a period of 12 months starting January 1, 2022 and ending December 31, 2022 and may be terminated by the City by providing four (4) month's advance notice to the CVCHN with copy to the CVRD. At the end of the term, the MOU shall hold over month-to-month with the written consent of the City. This MOU may be mutually extended or amended by the agreement of both Partners in writing.

AGREED by the Parties through their authorised signatories:

For and on behalf of
City of Courtenay

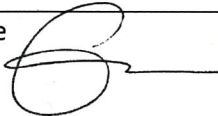


Signed

Geoff Garbutt
Print name

Chief Administrative Officer

Title



Signed

Craig Rushton
Print name

Interim Director of Recreation, Culture and
Community Services

Title

March 28, 2022

Date

For and on behalf of
Comox Valley Regional District



Signed

Alana Mullaly
Print name

General Manager, Planning and Development
Services

Title

April 21, 2022

Date

ATTACHMENT A
CVCHN MOU

Page 1 of 5

Memorandum of Understanding
Community Substance Use Strategy

Between

City of Courtenay
830 Cliffe Avenue,
Courtenay, BC
V9N 2J7
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And

Comox Valley Community Health Network
C/O Betty Tate, CVCHN Leadership Team Member
("CVCHN")

(Collectively the "Partners")

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A. The Comox Valley Community Health Network will:

- 1) Continue to engage community partners to develop and execute phase two and three of the Community Substance Use Strategy immediately/as soon as possible. The CVCHN will execute the following Comox Valley Substance Use Strategy Phase One actions immediate/as soon as possible and ongoing actions:
 - a. Phase Two: mapping the substance use system and responses in the Comox Valley, engaging with decision makers and government, and convening community engaged research dialogues to inform findings and clear next steps. For clarity, it is the mutually understanding by both Partners that the 2022 fiscal year budget allocation will be used to support the Phase Two work and the deliverables reported on at the end of 2022 will be as outlined in the Phase 2 work plan.

- b. Phase Three: collective action for implementing the strategy based on the findings of Phase One and Two to round out a comprehensive Community Substance Use Strategy.
 - 2) Before initiating phase two, submit to City staff a detailed work plan for the implementation of the phase two which will include the following deliverables:
 - a. The work plan will at minimum include: deliverables, project schedule with key project milestones, confirmed resources and budget detailed by key project milestones, project community stakeholders, public engagement, and performance measures.
 - 3) Report to the City on a bi-annual basis for phase two and phase three of the strategy:
 - a. A midpoint report to City staff on how CVCHN is meeting the deliverables of this agreement including status of project milestones, peer stakeholder feedback and how funding was spent including a financial summary of detailed revenue and expenses.
 - b. A final report to Council on how CVCHN met the deliverables of this agreement, peer stakeholder feedback on performance measures, how funding was spent including a financial summary of detailed revenue and expenses. The final report will include a completed submission of the attached MOU Deliverables Summary Report (Attachment 1) and approved to the satisfaction of the Director of Recreation, Culture and Community Services.
 - 4) Where appropriate, acknowledge the City as a supporter of the CVCHN in its development of the Community Substance Use Strategy.
 - 5) Leverage the City's funding to pursue other funding sources to fund this project including but not limited to federal, provincial and other local government or charitable sources. Confirm regional local government support (in-kind and financial).
- B. The City of Courtenay will:
- 1) Contribute a portion of the funds required for the development, implementation and execution of the CSUS to the Comox Valley Regional District, as the acting financial host agency, in amounts subject to Council's approval in the annual general operating budget:

Fiscal Year	Budget Amount*
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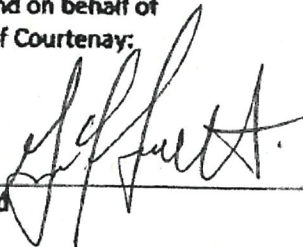
*Subject to Council Approval in the City's annual operating budget.

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AGREED by the Parties through their authorised signatories:

For and on behalf of
City of Courtenay;




Signed

Geoff Garbutt

Print name

Chief Administrative Officer

Title



Signed

Craig Rushton

Print name

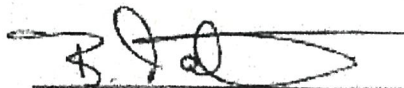
**Interim Director of Recreation, Culture
and Community Services**

Title

2022-02-25

Date

For and on behalf of
Comox Valley Community Health Network:



Signed

Betty Tate

Print name

CVCHN Leadership Team Member

Title



Signed

Christopher Bate

Print name

CVCHN Leadership Team Member

Title

2022.02.25

Date

Attachment 1

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Performance Measures	
Peer Stakeholder Feedback on Performance Measures	

Phase Two MOU Deliverables Summary

<u>MOU Deliverables</u>	<u>How the report met the deliverables</u>
Approach	<ul style="list-style-type: none"> • Ongoing in-depth examination of power imbalances to uncover systemic biases and create culturally safe spaces. • Ongoing research, consultation and attention to root causes that contribute to substance use (e.g., poverty, lack of affordable housing, history of trauma, stigma and discrimination, classism, racism, gender/sexual diversity discrimination, and colonization) • Ongoing active involvement, including decision-making, of peers, First Nation Elders/traditional knowledge keepers in Strategy development. • Ongoing active involvement of local governments and community organizations in Strategy development
Vision, Mission and Goals	<ul style="list-style-type: none"> • Ongoing adherence to Vision, Mission, Belief Statements and Guiding Principles developed in Phase One • Modified Belief Statements to strengthen Indigenous perspective, effects of colonization and the intersections between substance use and determinants of health. See new statements #7, #10 and #14. • Modified Guiding Principles by separating Anti-Stigma and Plain Language into two separate guiding principles.
Expected Outcomes	<ul style="list-style-type: none"> • Increase collaboration on funding Strategy amongst local governments. • Gaps and Strength Analysis of CV Substance Use System • Meaningful engagement with peers, Indigenous elders/traditional knowledge keepers, service providers and community members • Specific Recommendations to be implemented to improve current CV Substance Use System
Community Stakeholder Consultation	<ul style="list-style-type: none"> • In keeping with approach this deliverable surpassed consultation and included active involvement of stakeholders in both the Gaps and Strengths analysis and the Substance Use Committee work. • Community Stakeholder Consultation Feedback from the Phase One Report was used to inform some of the recommendations in Phase 2 and will guide the Phase 3 work to a large extent.
Obstacles and Barriers	<ul style="list-style-type: none"> • Time it took to get a Coordinator in place affected timelines. • Time it took to complete the Gaps and Strengths Analysis affected timelines. This was due to adding a survey option to include peers who might be uncomfortable participating in person. • Completing data-sharing agreements has been slower than anticipated so data-sharing agreements are not in place yet, but draft data agreements have been developed. Data to be collected has been identified and relationships are being built with organizations who hold data relevant to the strategy. Data sharing will be a focus of the action tables in Phase 3. • Relationship and engaging with K'òmoks First Nations is slow and the Collaborative continues to work to develop relationships.

<p>Strategies</p>	<ul style="list-style-type: none"> • Hire a Substance Use Strategy Coordinator • Partner with Walk With Me • Develop enhanced supports for peers and Elders/ knowledge keepers to participate. • Ongoing support to Substance Use Committee • Ongoing relationship building and recruitment to Substance Use Committee • Receive permission to use First Nations Health Authority resources to enhance Indigenous voice in Report and Recommendations • Increase relationships and broaden participation in Strategy development
<p>Initiatives</p>	<ul style="list-style-type: none"> • Delegations to all local governments twice per year to report on progress and to encourage funding of Strategy. • Wrote grant applications to fund Strength and Gaps Analysis • Gap and Strength Analysis of CV Substance Use System • Substance Use Strategy Committee transitioned to ongoing Collaborative to oversee implementation of Strategy in Phase 3 and beyond. • Phase 2 Launch Event with Len Pierre to introduce Draft Phase 3 Recommendations
<p>Performance Measures</p>	<ul style="list-style-type: none"> • Finance - \$140,000 in funding secured for Phase 2 and 3 (\$100,000 from local governments and \$40,000 from grants). • Personnel - Hired Substance Use Strategy Coordinator (Aug 2022) • Community - Substance use system gap and strength analysis completed (Walking Together Report) • Compilation of 21 Recommendations to be worked on in Phase 3 to create a strong Substance Use Support Network in the CV • Community - Substance Use Collaborative formed. • Reporting - Phase 2 Report Completed • Community Stakeholders - Phase 3 Launch event May 2023
<p>Peer Stakeholder Feedback on Performance Measures</p>	<ul style="list-style-type: none"> • People with lived/living experience were actively engaged throughout the process of developing report recommendations and performance measures. Feedback was gained informally during the process. • Stakeholder feedback – check in and out at committee/collaborative meetings and working groups. Adequate time for anyone with feedback to voice their opinions which are recorded and acted upon. Feedback is also solicited and encouraged by contacting the coordinator at any time. • Reviews of all documents produced – feedback recorded and acted upon. • People with lived/living experience continue to be actively engaged in the Collaborative and implementing Substance Use Strategy recommendations



COMOX VALLEY SUBSTANCE USE STRATEGY PHASE 2 FINAL REPORT

Presentation to Courtenay City Council

September 27, 2023



“We respectfully acknowledge that the land on which we work, play and live is the Unceded (stolen) traditional territory of the K'òmoks First Nation, traditional keepers of this land. We thank them and their ancestors for the stewardship of the land, animals and waterways.”

Acknowledgements

- Our collective voices make up the Substance Use Strategy Collaborative.
- We thank everyone who has given of their time, expertise and passion to this project. We acknowledge the voices of Indigenous peoples helping to guide our way.
- We acknowledge the input from those with lived/living experience, we thank them for their knowledge and sharing.
- We thank Walk With Me for being a valued partner in this Phase 2 work.

Background – How We Started

- 2002 – Drug Strategy Committee formed under the guidance and leadership of the City of Courtenay
- 2019 - City of Courtenay asked Network to broaden scope and membership of existing drug strategy committee to develop a regional substance use strategy (Strategy) for the Comox Valley.
- November 2021 – Phase One Report released
- Today reporting on Phase Two
- City of Courtenay provided \$30,000 in funding for Phase One and another 30,000 for Phase Two

Our Approach

- Ongoing in-depth examination of power imbalances to uncover systemic biases and create culturally safe spaces.
- Continued research, consultation and attention to root causes that contribute to substance use (e.g., poverty, lack of affordable housing, history of trauma, stigma and discrimination, classism, racism, gender/sexual diversity discrimination, and colonization)
- Active involvement, (including decision-making), of peers, First Nation Elders/traditional knowledge keepers
- Ongoing active involvement of local governments and community organizations

Definitions:

Substance:

- Refers to "*all mood- altering substances such as, but not limited to, alcohol, tobacco/vaping, nicotine, cannabis, illicit drugs, prescription drugs, medicinal substances, inhalants and solvents.*" (Phase Two Substance Use Strategy Report, 2023)

Definitions:

Comox Valley Substance Use Network:

- Refers to *"the network of organizations and projects/initiatives working to support people who use substances in the Comox Valley. This definition includes organizations whose work is rooted in harm reduction, recovery, health, and mental health services, as well as the "Upstream" areas that have Impact on the substance use ecology including housing, policing, education and others"*. (Walking Together Report, 2023)

Phase 2 Milestone Summary

- **Finance** - \$140,000 in funding secured for Phase 2 and 3 (\$100,000 from local governments and \$40,000 from grants).
- **Personnel** – Hired Strategy Coordinator for Phase 2 and contract renewed for phase 3
- **Community** - Substance use system gap and strength analysis completed (Walking Together Report)
- **Twenty-one recommendations** to be worked on in in Phase 3 to create a strong Substance Use Support Network in the Comox Valley
- **Community** - Substance Use Collaborative formed - First meeting June 2023
- **Reporting** - Phase 2 Report Completed
- **Community Stakeholders** - Phase 3 Launch event May 2023

Walking Together Report Recommendations

- 1. Create and implement medical detox service in the Comox Valley
- 2. Create and implement a recovery-based supportive housing service.
- 3. Expand managed alcohol program services.
- 4. Expand safer supply services.
- 5. Relocate and expand overdose prevention site (OPS) and services.
- 6. Pursue Improvements in opioid agonist therapy (OAT) delivery.

Walking Together Report Recommendations

- 7 . Pursue a series of networking improvements.
- 8. Create a services hub.
- 9. Pursue service and transportation improvements for remote places, and places without strong transit systems (Hornby and Denman Islands, Cumberland, and others)
- 10. Address the need for culturally safe services
- 11. Work to reduce/eliminate stigma in the system.

Substance Use Strategy Recommendations

- 12. Actively engage and support peers to be involved in every aspect of planning and implementation of the recommendation in the Strategy.
- 13. Actively practice cultural safety and humility, anti-racism; anti-queer phobia; anti-ableism, anti-classism and anti-ageism and ensure that Cultural Safety principles are enacted in implementation of all Strategy Actions.
- 14. Comox Valley Substance Use Collaborative will provide oversight and leadership to Implement Phase Three and ongoing recommendations.
- 15. Update and increase substance use awareness programs for youth and their parents.
- 16. Increase awareness about substance use and access to substance use services specifically for seniors

Substance Use Strategy Recommendations

- 17. Launch a project that focuses on including business owners and employers as part of the conversation on substance use and harm reduction.
- 18. Develop or review existing municipal bylaws and policies related to alcohol and cannabis selling establishments to reduce negative impacts to community health, safety, and livability. Work with municipalities to obtain the necessary data.
- 19. Actively advocate to Federal and Provincial governments for an easily accessible safer supply of drugs.
- 20. Implement a Peer Assisted Care Team (PACT) in the Comox Valley
- 21. Advocate to more non-market affordable housing for all ages and circumstances

Action Tables DRAFT– Substance Use Strategy 2023



Our Funders

SPARC BC

Walk With Me

Comox Valley Regional District

Village of Cumberland

City of Courtenay

Comox Valley Community Foundation

Comox Valley Community Health Network

Thank you for your support!

The Ask:

- \$15.000 in funding for next year (it is our understanding the Council committed to this in the last budget year)
- Participate in/support recommendation implementation
- Participate in Collaborative and relevant Action Tables



COMOX VALLEY
**COMMUNITY
HEALTH
NETWORK**

Thank you, we would be happy to take your questions...

cvsus22@gmail.com

www.cvchn.ca

**FIND US ON FACEBOOK:
@CVCHEALTHNETWORK**



THE CORPORATION OF THE CITY OF COURTENAY

STAFF REPORT

To: Council

File No.: 4000-20

From: Director of Corporate Services

Date: September 27, 2023

Subject: Parks Control Bylaw Modernization Project – Parks and Open Spaces Bylaw Guiding Document

PURPOSE: To seek Council approval of the Parks and Open Spaces Bylaw Guiding Document.

EXECUTIVE SUMMARY:

The City of Courtenay initiated the Parks Control Bylaw Modernization Project in February 2023 to better reflect and address the needs of its population, changing park usage trends, and emerging challenges related to climate change and urbanization.

Upon analyzing the existing Parks Control Bylaw, City Staff identified significant barriers to parks service delivery in a modern context, such as a lack of explicit authority and clarity for both City staff and the public. Furthermore, legal compliance was found to be lacking, particularly in relation to court rulings on sheltering in parks.

To modernize the Parks Control Bylaw, a systematic approach to develop the Parks and Open Spaces Bylaw was employed, advancing through three phases. Staff first formulated regulations that aligned with Courtenay's priorities and integrated best practices through municipal comparisons. Next, Staff conducted a comprehensive impact assessment that carefully considered the implications of proposed regulatory actions and policy perspectives. The impact assessment underscored the achievement of a balanced approach, allowing for a variety of activities while safeguarding ecological zones and the community's natural assets. Lastly, regulations were refined through engagement with various contributors, including city staff from various departments, Vancouver Island Health Authority's medical health officer, the Comox Valley Coalition to End Homelessness, the Homelessness Response Team, and unhoused individuals.

The outcome of this approach is the development of a pragmatic and purpose-driven regulatory framework that shapes the management and utilization of Courtenay's green spaces. The bylaw features a clear and adaptable structure that offers guidance for various park usages, accommodates recreational transportation trends, addresses substance use aligning with provincial acts, and includes provisions for temporary sheltering in alignment with legal precedents.

Should Council decide to proceed with the draft bylaw, staff will work with a Legal consultant to craft the Parks and Open Spaces Bylaw and present the bylaw to Council for three readings and adoption, accompanied by a request to repeal the existing Parks Control Bylaw. Concurrently, an extensive implementation and communications plan will be developed, outlining crucial milestones and action deadlines.

BACKGROUND:

In June 2019, Council instructed staff to create a bylaw that would ban smoking of tobacco, cannabis, and vaping devices in the City's parks and properties. However, the Covid-19 pandemic and staff changes

prevented the adoption of the bylaw. Upon resuming work in this area, staff realized that the existing Parks Control Bylaw no longer met the needs of the expanding population, changing park usage patterns, and emerging challenges linked to climate change, reconciliation, and urbanization. Therefore, the City recognized the imperative need for a comprehensive review of the bylaw.

To address these issues and prioritize necessary amendments, the Parks Control Bylaw Modernization Project was initiated in February 2023. City staff completed four phases of the project over several months.



Project phases completed between February 2023 and September 2023

Significant risks were identified upon analyzing the outdated Parks Control Bylaw, such as a lack of explicit authority and clarity for both City Staff and the public. Furthermore, legal compliance was found to be lacking, particularly in relation to court rulings on sheltering in parks.

In addition to the authority and clarity issues, ensuring legal compliance with a human-centric approach emerged as a critical risk associated with the outdated bylaw. The analysis revealed that the current bylaw did not align with the principles outlined in key court rulings, especially concerning the right to housing and the importance of sheltering in parks when individuals have nowhere else to go.

Having recognized the shortcomings of the existing bylaw, staff have worked to craft a comprehensive Parks and Open Spaces Bylaw that addresses the confirmed City priorities and emphasizes social responsibility and environmental protection. The new bylaw aims to balance the community's needs, the preservation of natural resources, and the sustainable use of parks and open spaces.

DISCUSSION:

City Staff developed the Parks and Open Spaces Bylaw¹ Guiding Document through a strategic three-stage process. Staff incorporated best practices from similar jurisdictions and aligned them with the community's specific priorities. Each provision was thoroughly evaluated, with particular attention given to environmentally and culturally sensitive areas and park sheltering. Finally, the regulations were tailored to suit Courtenay's unique needs informed by contributor feedback and staff impact assessments. The Bylaw is expected to effectively manage the parks and open spaces for the benefit of all residents. The following section outlines Staff's step-by-step approach to draft and refining the Parks and Open Spaces Bylaw.

¹ Parks are identified in the Parks and Recreation Master Plan and Open Spaces are defined as non-park-like spaces that are used for recreation and or cultural purposes (e.g. Randy Wiwchar Plaza).

Three stage development process

Step 1	Draft regulation using key priorities and best practices.
Step 2	Assess the impacts.
Step 3	Refine and tailor regulations to meet the City’s needs.

Step 1 Drafting regulations by using key priorities and leveraging best practices

During the drafting of the Parks and Open Spaces Bylaw, Staff placed high importance on aligning the regulations with the City's identified priorities: clarity and guidance, protection of natural and cultural areas, sheltering in parks, authority and accountability, enforcement and penalties, smoking and vaping, future proofing and legal compliance. These priorities served as guideposts to ensure that the bylaw would effectively address the specific needs and challenges of the City of Courtenay, while establishing an effective framework or foundation from which continuous improvement can be implemented.

After completing a best practices review, valuable guidance was found by the staff in the examples of Port Coquitlam and Victoria's bylaws. In addition, insights drawn from the approaches of Vancouver and Victoria in managing sheltering in parks played a pivotal role in shaping the provisions concerning temporary sheltering. Notably, these communities have responded adeptly to the increased volume of individuals sheltering in parks, adjusting their bylaws to facilitate temporary sheltering as to mitigate associated risks.

By closely aligning the regulations with the City's identified priorities, the Parks and Open Spaces Bylaw effectively addresses the specific needs and challenges of the City of Courtenay, as demonstrated in the following table:




Key Priority	How the priority is achieved
 Clarity & Guidance	<ul style="list-style-type: none"> • Intent statements that articulate the City’s position on the topic • Easily Understandable Regulations aligned with best practices
 Protection of Natural & Cultural Areas	<ul style="list-style-type: none"> • Robust measures safeguarding environmentally sensitive areas as defined by the Official Community Plan
 Sheltering in Parks	<ul style="list-style-type: none"> • Clear regulations that specify when and where individuals can seek temporary shelter in Parks and Open Spaces that comply with case law
 Authority & Accountability	<ul style="list-style-type: none"> • Easily understandable regulations that provide clarity to the public & authority to City Staff
 Enforcement & Penalties	<ul style="list-style-type: none"> • Regulations that equip staff with tools to ensure compliance • Clear consequences • Regulations focused on safety and mitigating risks
 Addressing Smoking & Vaping	<ul style="list-style-type: none"> • Consistent regulations for substance use endorsed by the Medical Health Officer
 Future Proofing	<ul style="list-style-type: none"> • Provisions allow for flexibility in the present and adaption in the future
 Legal Compliance	<ul style="list-style-type: none"> • All regulations comply with relevant case law and will go through a final legal review prior to adoption

Having aligned the regulations with City priorities and incorporating best practices, the drafting process moved into Step 2, where staff assessed the real-world impacts of the draft provisions.

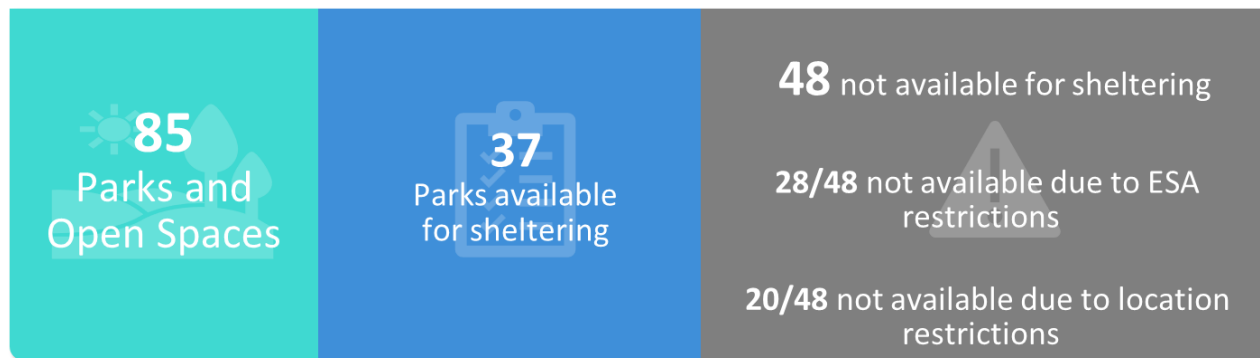
Step 2 Assess the Impacts

Staff initiated a comprehensive impact assessment of the new regulations, focusing on the intricate interplay between rules governing the preservation of environmentally sensitive areas and the guidelines for sheltering in parks. This focus was chosen because of the anticipated impact on park users, distinguishing it from other regulations that primarily aimed to clarify existing rules and operational authority delegation.

The assessment encompassed the following actions:

Impact Assessment	
 <p>Action 1: Assess the Current State</p>	Staff developed a thorough inventory of parks and open spaces, documenting existing characteristics, amenities, and natural features to establish a clear baseline for the areas affected.
 <p>Action 2: Map the Restrictions</p>	Utilizing GIS technology, staff precisely mapped designated restrictions to identify areas where temporary sheltering would be prohibited or restricted, ensuring clarity and accuracy.
 <p>Action 3: Evaluate the Impacts</p>	Staff evaluated the impact of the regulations on each park and open space, considering both East and West Courtenay and the overall city geography.

The chart presented below provides an overview of the outcomes of the impact assessment.



The impact assessment results show that the City has taken a balanced approach, safeguarding 28 parks with significant ESAs while allowing sheltering in 37 parks and open spaces to ensure accessibility for those in need. Additionally, 20 parks are excluded from sheltering due to various factors, such as protecting recreational infrastructure, legal agreements, or unsuitability for shelter. Sheltering availability is evenly

distributed across the city, with West Courtenay having 17 out of 37 spaces available and East Courtenay having 20 out of 37².

It is important to note, that based on BC Supreme Court rulings, prior to the adoption of the proposed bylaw, unhoused individuals are currently permitted to shelter in all City Parks, and the proposed amendment to the Parks Control Bylaw would result in a 57% reduction in sheltering locations.

Recognizing the potential impact on unhoused community members, staff then focused on engagement activities that would ensure the bylaw regulations aligned precisely with the specific needs of the City and its residents.

Step 3 Refine and Tailor Regulations to the City's Specific Needs

Upon completion of the impact assessment, Staff actively sought feedback from internal and external contributors. This engagement aimed to gain a comprehensive understanding of the potential impacts of the proposed regulations.

Engaging with the City's senior leadership early was essential. This proactive approach allowed staff to effectively identify and address potential challenges and make way for opportunities, by tailoring the regulations to align with and support operational needs.

In partnership with the Comox Valley Coalition to End Homelessness, the City held a workshop with unhoused community members, where they received positive feedback, garnered endorsement, and gained operational insights critical for implementation. Participants agreed with the rationale for protecting natural areas and park assets and were pleased with the number of parks and areas still available for overnight sheltering. This engagement allowed staff to bridge the gap between policymakers and those directly affected, enabling a deeper understanding of the implications and a shared commitment to the changes.

Next, staff engaged the Comox Valley Coalition to End Homelessness Leadership Team, and the Homelessness Response Team to foster alignment and collaboration. By sharing the considerations and resulting rationale behind the proposed changes, and discussing impacts and communication strategies, staff and the contributors built a sense of partnership and common understanding. Contributors provided invaluable feedback that played a pivotal role in refining regulations, ensuring that they were finely tuned to meet the needs and concerns of both the community and City staff. This inclusive approach saw concern transform into shared support and laid the foundation for ongoing cooperation and potential partnerships.

Throughout the engagement process, the staff received a wide range of feedback beyond the scope of the Parks Control Bylaw project. Recognizing the importance of contributor insights and recommendations regarding City service provision, staff are sharing information gathered with other City project and initiative

² Appendix C of the Parks and Open Spaces Bylaw Guiding Document (Appendix A) contains detailed information about which parks permit and prohibit sheltering.

leads such as the Bylaw Policy and Compliance Strategy Project and the future planned Community and Social Development Framework. The City’s comprehensive approach to tackling diverse urban issues served as a valuable resource, enabling the staff to facilitate sessions effectively.

The Parks and Open Spaces Bylaw – Highlights and Insights

The proposed Parks and Open Spaces Bylaw is a pragmatic and purpose-driven regulatory framework shaping the management and utilization of Courtenay's green spaces. Grounded in City priorities and informed by proven practices, the proposed bylaw guiding document represents a strategic stride toward aligning park usage with community values. Appendix A, titled “Parks and Opens Spaces Bylaw Guiding Document,” provides a comprehensive look at the content of the proposed bylaw.

The following section highlights key insights and provisions within the Parks and Open Spaces Bylaw, showcasing its comprehensive approach to park management, accessibility, and user experience.

Highlight 1: Clear and Adaptable Structure

A key feature of the Parks and Open Spaces Bylaw is its easily comprehensible structure. Its provisions were intentionally developed with a forward-thinking perspective, allowing for adaptability over time. This ensures that the bylaw remains responsive to evolving legal requirements, community needs, and emerging challenges. By establishing a clear and adaptable framework, the bylaw creates a solid foundation for effective park governance that can withstand unknown future challenges.

Priorities Addressed	Clarity & Guidance	Futureproofing
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Highlight 2: City Intent Statements for Each Section

Ensuring the objectives of the City are clearly communicated, the bylaw includes intent statements for each key section, which provide clear guidance on the goals of the regulations. By explicitly stating the purpose behind each provision, enhanced transparency enables better comprehension of the regulations and their rationale. This approach helps individuals to understand the rules and reasons for their inclusion.

Priorities Addressed	Clarity & Guidance	Futureproofing
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Highlight 3: Guidance for Park Usage

The bylaw introduces an inclusive framework designed to accommodate a spectrum of park usage scenarios, recognizing the varied requirements of park visitors. Its provisions establish transparent and pragmatic guidance, from exclusive activities (e.g. rentals and organized sports) to general use, empowering park users to fully utilize the available amenities and spaces while facilitating positive interactions with fellow visitors. Additionally, the Director of Recreation, Culture and Community Services is empowered to facilitate adaptable regulations, ensuring that activities and events align effectively with the City's evolving needs.

Priorities Addressed	Clarity & Guidance	Futureproofing	Authority & Accountability
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Highlight 4: Protecting the Environment and Culturally Sensitive Areas

The proposed bylaw demonstrates Courtenay's dedication to environmental and cultural preservation by incorporating robust regulations for safeguarding sensitive ecological areas and protecting green and cultural assets. These provisions, supported by explicit intent statements, serve as a foundation for responsible park management that prioritizes the protection of natural habitats and culturally significant artifacts/locations, ensuring their protection and preservation for the benefit of current and future generations.

Priorities Addressed	Clarity & Guidance	Futureproofing	Protecting Natural & Cultural Areas
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Highlight 5: Addressing Recreational Transportation

In alignment with contemporary transportation trends, the bylaw proactively addresses the integration of various modes of transportation within park areas. Notably, it includes pragmatic regulations governing vehicle use, including the growing trend of e-bikes. The City's commitment to promoting safe and responsible mobility practices within park premises is evident through this integration, further enhancing visitor experiences and promoting sustainable transportation options.

Priorities Addressed	Clarity & Guidance	Futureproofing	Authority & Accountability
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Highlight 6: Substance Use in Parks and Open Spaces

The bylaw aligns with Provincial and Federal Acts governing the use of substances such as cannabis, tobacco, alcohol, and Illicit drugs.

Notably, on May 31, 2022, Health Canada granted an exemption under the Controlled Drugs and Substances Act to the Province of B.C. As a result, from January 31, 2023, until January 31, 2026, adults in B.C. are not subject to criminal charges for the personal possession of small amounts of certain illegal drugs. On September 14, 2023, the Province of British Columbia announced an amendment to the decriminalization policy, which prohibits the possession of illicit drugs within 15 meters of any play structure in a playground, a spray or wading pool, or skate park.

The proposed safety focused provisions within the bylaw enable the City to promptly adjust to policy changes made by the provincial and federal governments concerning the use of substances like cannabis, tobacco, alcohol, and illicit drugs. To effectively address potential safety concerns within parks, the bylaw incorporates provisions enabling staff to respond to unsafe conditions that may jeopardize public safety. Furthermore, an operational plan (Implementation Plan: Item 4) will be developed to guide the City's responses to safety issues occurring within parks and the intent of the amendment to the decriminalization policy will inform the operational response plan. This approach strikes a balance between creating a safe atmosphere and upholding the legal rights of individuals.

Priorities Addressed	Clarity & Guidance	Futureproofing	Smoking & Vaping	Legal Compliance
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Highlight 7: Legal Compliance for the Provision for Temporary Sheltering

On October 21, 2015, the Honourable Chief Justice Hinkson of the BC Supreme Court rendered his decision on the Abbotsford (City) v Shantz trial. The ruling allows people to erect shelters and sleep in municipal parks between the hours of 7:00 p.m. and 9:00 a.m. The court found that Abbotsford’s bylaws interfered with the fundamentally important personal decision to shelter oneself in circumstances where there is no practicable alternative shelter.

In alignment with the ruling, staff are introducing essential additions to the bylaw. These provisions explicitly permit temporary sheltering within designated park areas between 7:00 p.m. and 9:00 a.m., provided no other accessible shelter space is available. Individuals must adhere to specific conditions, including constructing shelters according to regulations, dismantling them daily, and following location restrictions to protect natural and cultural assets and ensure access to recreational facilities for all.

These adjustments underscore the City's commitment to compassionately address homelessness, aligning the bylaw with established legal precedents and human rights considerations. The goal is to provide meaningful support and assistance to those in need while upholding legal and ethical standards.

Priorities Addressed	Clarity & Guidance	Futureproofing	Sheltering in Parks	Legal Compliance
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Highlight 8: Enhancing Operational Authority for City Staff within the Proposed Bylaw

City staff will have clear management authority within the proposed bylaw, which represents a notable shift from the existing bylaw. This transition legally empowers staff to make decisions and facilitates clear and transparent communication of park guidelines to the public. The bylaw ensures the adaptability and responsiveness of park management by providing staff with the necessary tools and authority in support of modern park usage, reducing the need for extensive amendments by allowing staff to address varying situations effectively.

The delegation of operational authority to staff does not delegate the policy decision-making authorities of Council.

Priorities Addressed	Clarity & Guidance	Futureproofing	Authority & Accountability
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Putting the Bylaw Into Action: Implementation Plan

A comprehensive approach involving various key actions and considerations is necessary to successfully implement the Parks and Open Spaces Bylaw. An implementation committee will oversee the prioritization of activities, ensuring coordination among departments and alignment with the communication strategy and change management principles. Key implementation activities will include but not be limited to:

1. Developing a Communication Strategy

Staff will develop and implement a robust communication plan to ensure that the public, user groups, social service providers, and the unhoused are well-informed about the changes introduced by the bylaw. The communication strategy will emphasize transparency, engagement, and the rationale behind the regulations, with the aim of fostering understanding, cooperation, and a shared sense of responsibility toward our community's parks and open spaces. Funding for the development of regulatory parks signage and education materials will be presented to Council as part of the 2024 budget process.

2. Permit Updates for Exclusive Use

The Recreation, Culture and Community Services Department will need to update and establish permits that will facilitate the exclusive use of parks for various activities, including research, parks special events, and commercial use. Staff will align these permits with the regulations and objectives outlined in the bylaw to ensure that park activities are conducted within the specified parameters.

3. Identification and Communication of Environmentally Sensitive Areas (ESAs) and Cultural Heritage

To preserve the city's natural and cultural heritage, and demonstrate the City's commitment to safeguarding precious ecosystems, interpretive park signing will be considered as part of the Bylaw communication and implementation plan. Further opportunities regarding interpretive signage may also be identified through the future development of the City's Reconciliation Action Plan.

4. Development of an Operational Plan

The Corporate Services Department will collaborate with Bylaw Services, Public Works, and Recreation, Culture, and Community Services to develop an operational plan to address urban challenges related to park safety and overall community well-being. By identifying and prioritizing potential risks and fostering cross-departmental collaboration, it aims to create safe, vibrant park spaces.

This integrated approach ensures a cohesive response to emerging issues and facilitates efficient coordination among various City departments. By aligning efforts and resources, the operational plan enhances cross-collaboration and provides a proactive approach to mitigating risks.

5. Assess and Report

To ensure that resources are allocated in alignment with the bylaw's objectives, Staff will incorporate updates into Management Reports and Annual Budget processes. Once the City has completed the first year of implementation, staff will present an Implementation Update Report to the Council. This report will offer a comprehensive overview of achievements, ongoing initiatives, and any necessary adjustments.

NEXT STEPS

If Council wishes to proceed with the bylaw, staff will work with external legal counsel to draft the Parks and Open Spaces Bylaw and conduct a final legal review of its regulations. Staff will then present the bylaw to Council for three readings and subsequent adoption, along with a request for repeal of the existing Parks

Control Bylaw. Beginning in early 2024, staff will create a comprehensive implementation and communications plan, highlighting key milestones and various action deadlines. This plan will prioritize clear and transparent communication, facilitating a seamless transition and fostering mutual understanding among all parties involved.

POLICY ANALYSIS:

The **Bylaw Enforcement Policy** provides consistent enforcement and management of complaints related to City of Courtenay Bylaws. The 2017 Policy is current being updated and is expected to be amended before the end of 2023. The Bylaw Enforcement Policy will be supported by the Bylaw Compliance Strategy (under development) and awareness of the policy, strategy and other City bylaw regulations will be presented in the Bylaw Good Neighbour Guide (under development).

Bylaws

City of Courtenay Parks Control Bylaw No.1664, 1992

Municipal Ticket Information Bylaw No. 2435, 2006

Official Community Plan Bylaw No. 3070, 2022

Fire Protective Services Bylaw No. 2556, 2008

Special Events Regulations Bylaw No. 2396, 2005

Business Licence Bylaw No. 2523, 2008

Legislation

Controlled Drugs and Substances Act, Province of B.C. Exemption from January 31, 2023 to January 31, 2026

Case Law

Victoria v. Adams (2009), 280 B.C.A.C 237 (CA); 474 W.A.C. 237

Vancouver Board of Parks and Recreation V. Williams (2014) BCSC 1926

Abbotsford (City) v. Shantz, (2015) BCSC 1909

British Columbia v. Adamson, (2016) BCSC 1245

Nanaimo (City) v. Courtoreille, (2018) BCSC 1629

Vancouver Fraser Port Authority v. Brett, (2020) BCSC 576

Prince George (City) v. Steward, (2021) BCSC 2089

Bamberger v. Vancouver Board of Parks and Recreation, (2022) BCSC 49

FINANCIAL IMPLICATIONS:

Many City departments will have a role to play in the implementation and ongoing management of the Parks and Open Spaces Bylaw. Through the process of the bylaw review, operational capacity gaps were identified and additional resources will be required over time to fully implement the regulations and processes outlined in the bylaw. Resource priorities will be a topic of discussion with the implementation committee and activities will either be undertaken in priority order under existing operational budgets or future budget requests put forward by the responsible departments. Priority and workplan reporting will be included in the

reports to Council providing Council with the opportunity to inform priorities throughout the implementation process.

ADMINISTRATIVE IMPLICATIONS:

Due to the complexity of the bylaw, significant time will be required to develop the bylaw draft. Corporate Services will lead the development of the bylaw as part of their annual operations.

Setting up and administering the implementation committee will require resources from a variety of City departments, and participation in the committee is an increased administrative requirement for those involved. Each department will be responsible for identifying the approach to ensure their capacity to participate in the committee.

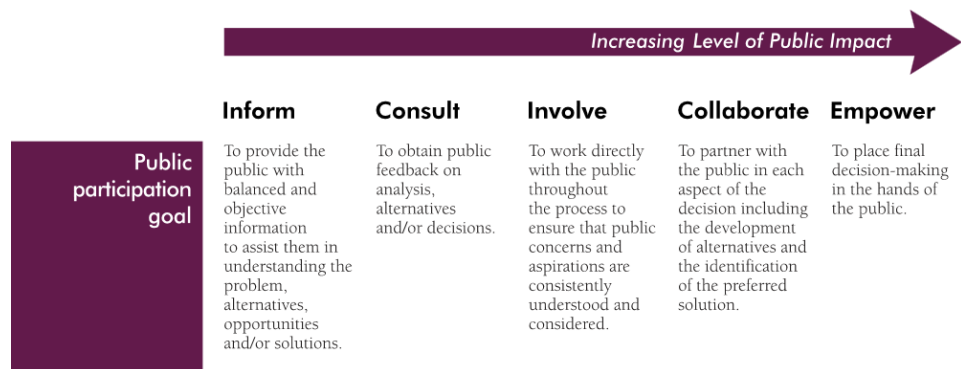
STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priorities:

- Social Infrastructure - Review City operations with a social equity, reconciliation and anti-racism lens and develop corporate policy
- Local Economy - Review City processes that may be barriers to economic development

PUBLIC ENGAGEMENT:

Staff have informed, consulted and involved community contributors in the development of Parks and Open Spaces Bylaw Guiding Document and will inform the public based on the IAP2 Spectrum of Public Participation:



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OPTIONS:

1. THAT Council approve the Parks and Open Spaces Bylaw Guiding Document and direct staff work with external legal counsel to draft a new Parks and Open Spaces Control Bylaw; and,

THAT staff be directed to report back to Council on any further amendments to B.C.'s current decriminalization policy and or at such time further guidance for local governments is provided by

the Province.

2. THAT Council refer the Parks and Open Spaces Bylaw Guiding Document back to staff and provide further direction.

ATTACHMENTS:

1. Parks and Open Spaces Bylaw Guiding Document

Prepared by: Kate O'Connell, Director of Corporate Services

Reviewed by: Susie Saunders, Director of Recreation, Culture and Community Services
Kyle Shaw, Director of Public Works Services

Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)

Purpose

To provide Council with a comprehensive overview of the guiding principles for the new Parks and Open Spaces bylaw and seek Council approval of the Parks and Open Spaces Bylaw Guiding Document.



Process

The City Staff developed the Parks and Open Spaces Bylaw through a strategic three-stage process.

Step 1

Draft regulation using key priorities and best practices

Step 2

Assess the impacts

Step 3

Refine and tailor regulations to meet the City's needs



Step 1

Key Priorities & Leveraging Best Practices

Staff placed high importance on aligning the draft regulations with the City's identified priorities.

These priorities served as guideposts to ensure that the bylaw would effectively address the specific needs and challenges of the City of Courtenay:

- ✓ Clarity & Guidance 
- ✓ Authority & Accountability 
- ✓ Future Proofing 
- ✓ Protection of Natural & Cultural Spaces 
- ✓ Enforcement & Penalties 
- ✓ Legal Compliance 
- ✓ Sheltering in Parks 
- ✓ Addressing Smoking & Vaping 



Step 2

Assess the Impacts

Staff initiated an impact assessment of the regulations, focusing on the rules governing the preservation of environmentally sensitive areas and guidelines for sheltering in parks.

Action 1

Assess the Current State

Created a comprehensive inventory of parks and open spaces, cataloging current attributes, amenities, and natural elements.

Action 2

Map the Restrictions

Utilized GIS technology to map restrictions and identify areas where temporary sheltering would be prohibited or restricted.

Action 3

Evaluate the Impacts

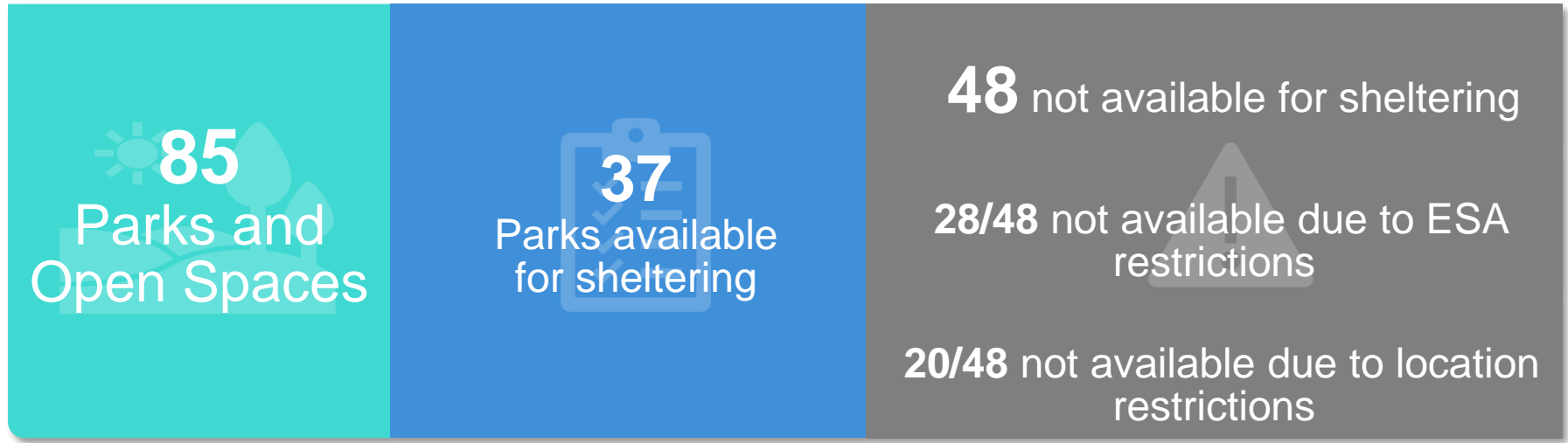
Evaluated the impact of regulations on each park & open space, considering East & West Courtenay and overall city geography.



Step 2

Assess the Impacts

The impact assessment results show that the City has taken a balanced approach, safeguarding parks with significant ESAs while allowing sheltering in parks & open spaces.

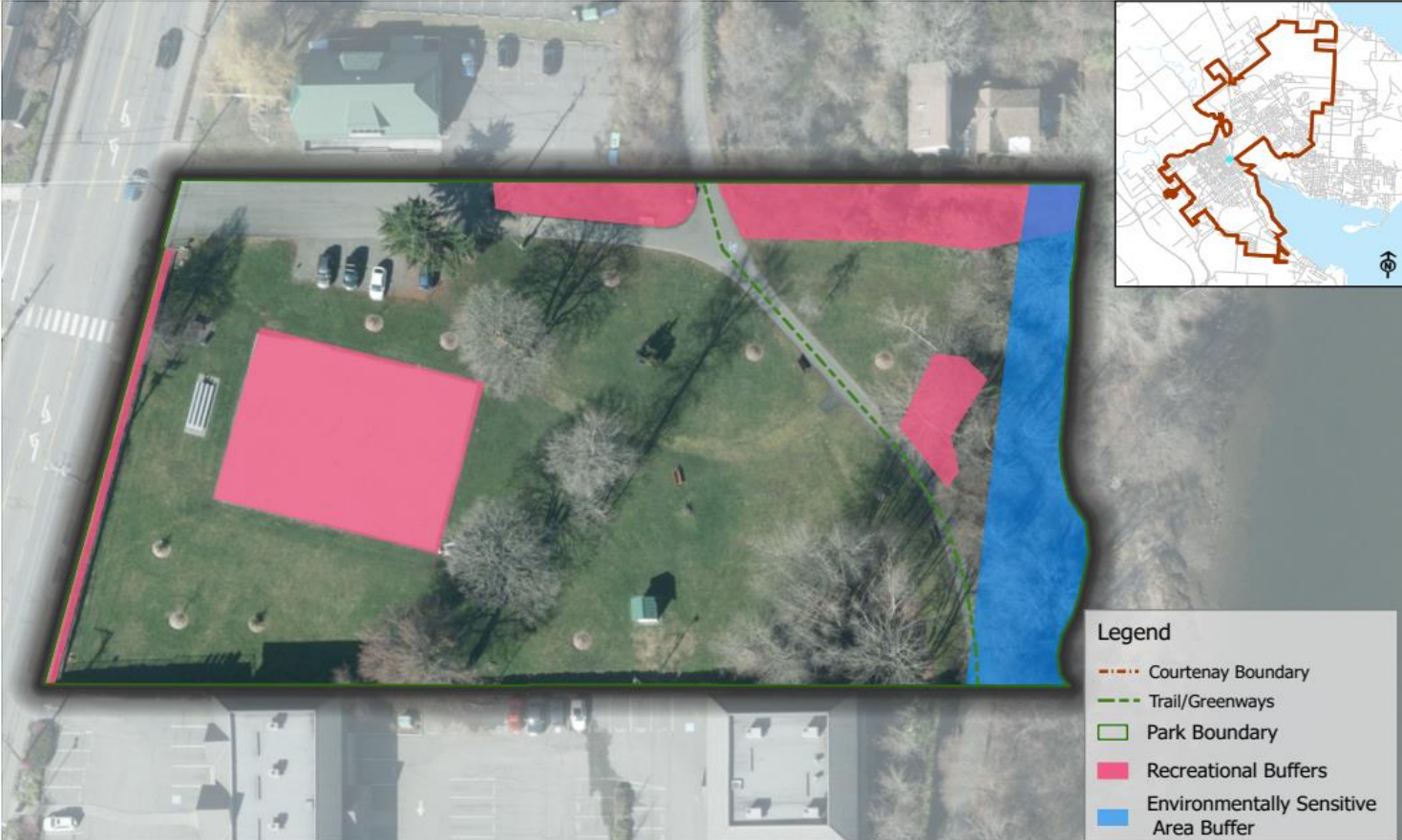




Simms Millenium Park provides sufficient space for sheltering purposes while also ensuring the protection of environmentally sensitive areas.

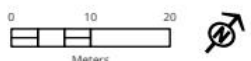
SIMMS MILLENIUM PARK





Standard Park has buffer zones around private property and recreational amenities, while also safeguarding environmentally sensitive areas.

STANDARD PARK



Step 3

Refine and Tailor Regulations

Upon completion of the impact assessment, Staff actively sought feedback from internal and external contributors to ensure the proposed regulations met the City's needs.



The Parks and Open Spaces Bylaw Highlights and Insights



Highlight 1:

Clear & Adaptable Structure

- 1 The Parks and Open Spaces Bylaw has a clear and user-friendly structure.
- 2 It was designed with a forward-thinking approach for adaptability.
- 3 Able to remain responsive to legal changes, community needs, and emerging challenges.
- 4 The adaptable framework establishes a strong foundation for effective park governance.

Priorities Addressed

Clarity & Guidance

Futureproofing



Highlight 2: Clear Intent Statements for Each Section

- 1 Intent statements in the bylaw clarify the regulations' intended goals.
- 2 They improve transparency, understanding, and alignment among stakeholders and park users.
- 3 By explicitly stating the purpose of each provision, the bylaw facilitates better comprehension of the rules and their rationale.

Priorities Addressed

Clarity & Guidance

Futureproofing



Highlight 3:

Guidance for Park Usage

- 1 The bylaw provides an inclusive framework for various park usage scenarios.
- 2 It caters to the diverse needs of park visitors by offering clear guidance from exclusive activities to general use.
- 3 The Director of RCCS has the authority to adapt regulations to align with the city's evolving needs, ensuring flexibility.

Priorities Addressed

Clarity & Guidance

Futureproofing

Authority & Accountability



Highlight 4:

Protect the Environment & Culturally Sensitive Areas

① Regulations protect sensitive ecological areas and cultural assets.

② Environmentally Sensitive Area's are parcels of land that contribute to the retention and/or creation of wildlife habitat, soil stability, water retention or recharge, vegetative cover and similar ecological functions as defined in the OCP.

③ Emphasis on safeguarding natural habitats and cultural significance.

Priorities Addressed

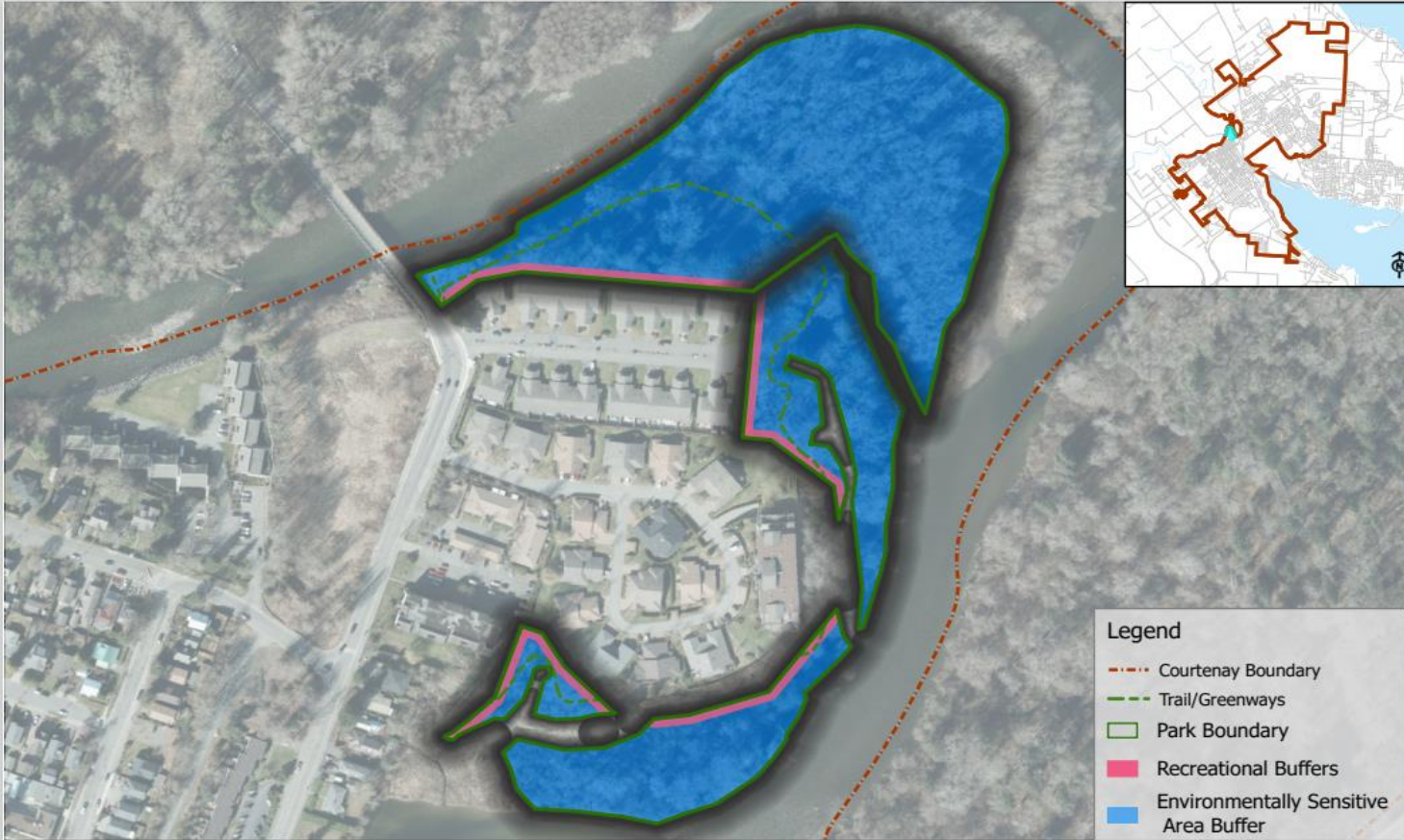
Clarity & Guidance

Futureproofing

Protecting Natural & Cultural
Areas



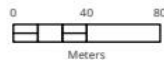
CITY OF
COURTENAY



Condensory Park represents a significant Environmentally Sensitive area located within the city.



CONDENSORY PARK



Highlight 5: Addressing Recreational Transportation

- 1 Bylaw aligns with modern transportation trends.
- 2 Addresses integration of various transportation modes in park areas.
- 3 Includes pragmatic regulations for vehicle use, including e-bikes.

Priorities Addressed

Clarity & Guidance

Futureproofing

Authority & Accountability



Highlight 6:

Substance Use in Parks & Open Spaces

- 1 Bylaw aligns with Provincial and Federal Acts on substances
- 2 Prohibition of smoking is supported by the Medical Health Officer (MHO).
- 3 Bylaw provisions enable rapid adjustment to changing substance use policies by governments.

Priorities Addressed

Clarity &
Guidance

Futureproofing

Smoking & Vaping

Legal Compliance



CITY OF
COURTENAY

Highlight 7:

Legal Provisions for Temporary Sheltering

- 1 Aligns with Supreme Court Ruling (Abbotsford (City) v Shantz 2015).
- 2 Allows sheltering in parks and open spaces 7:00 p.m. - 9:00 a.m. when no housing alternatives exist.
- 3 Ensures support, legal alignment, and human rights considerations for unhoused.

Priorities Addressed

Clarity &
Guidance

Futureproofing

Sheltering in Parks

Legal Compliance



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Highlight 8:

Enhancing Operational Authority for City Staff

- 1 New bylaw grants City staff clear management authority.
- 2 Enhances adaptability and responsiveness in park management.
- 3 Policy decision-making remains with the Council.

Priorities Addressed

Clarity & Guidance

Futureproofing

Authority & Accountability



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Next Steps



Next Steps

The next steps for the project include preparing for adoption of the new bylaw and comprehensive planning for implementation.

Step 1: Drafting the Parks and Open Spaces Bylaw

Upon Council's decision to proceed with the draft bylaw, Staff will collaborate with external legal counsel to draft the Parks and Open Spaces Bylaw and undergo a final legal review of its regulations.

Step 2: Bylaw Presentation and Adoption

Staff will present the bylaw to Council for three readings and subsequent adoption and request the repeal of the existing Parks Control Bylaw.

Step 3: Implementation and Communications Planning

In early 2024, staff will develop a comprehensive implementation and communications plan. This plan will prioritize transparent communication to facilitate a smooth transition among stakeholders



Putting the Bylaw Into Action: Implementation Plan

A comprehensive approach involving various key actions and considerations is necessary to successfully implement the Parks and Open Spaces Bylaw.

Implementation Committee

Communication
Strategy

Permit
Updates

ESA Public
Awareness

Operational
Improvements

Assess &
Report



Recommendation

THAT Council approve the Parks and Open Spaces Bylaw Guiding Document and direct staff work with external legal counsel to draft a new Parks and Public Spaces Control Bylaw; and,

THAT staff be directed to report back to Council on any further amendments to B.C.'s current decriminalization policy and or at such time further guidance for local governments is provided by the Province.



Parks and Open Spaces Bylaw Guiding Document

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Parks and Open Spaces Bylaw

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The City of Courtenay respectfully acknowledges that the lands to which this Bylaw apply are on the Unceded territory of the K'ómoks First Nation, the traditional keepers of this land.

Part I – General Provisions

The City of Courtenay's Parks and Open Spaces Bylaw is essential to ensure that these public areas are accessible, safe, and enjoyable for everyone while protecting the environment and areas of cultural significance, and promoting healthy, active lifestyles.

Objectives and Principles

- Ensure that parks and open spaces are accessible, safe, and enjoyable for all members of the public.
- Encourage the use of parks and open spaces for healthy and active lifestyles.
- Regulate and manage commercial activities and events in parks and open spaces to minimize their impact on the environment and other park users.
- Protect and preserve natural areas and wildlife in parks and open spaces for future generations.
- Promote responsible and sustainable use of parks and open spaces to minimize environmental and natural resources damage.
- Foster a sense of community responsibility and pride in parks and open spaces among local residents and businesses.
- Permit diverse activities that promote vibrant and engaging spaces, including recreational, cultural, and community-building events.
- Ensure compliance with applicable laws and regulations related to parks and open spaces.

Delegation of Powers

Staff members, including the City Manager (Chief Administrative Officer), Director of Recreation, Culture, and Community Services, Director of Engineering, Director of Public Works Services, Director of Corporate Services, or Fire Chief, and other designated personnel, have defined responsibilities and authorities corresponding to their roles and functions in implementing and enforcing the bylaw. These include issuing permits, conducting inspections, enforcing regulations, ordering closures, and ensuring compliance, safety, and efficient management of parks and open spaces. Specific responsibilities and roles of staff members are outlined in relevant sections of the bylaw, aligning with their expertise and jurisdiction.

Part II - Definitions

Animal At Large – means an animal which is unrestrained or not contained.

Camping - The act of setting up tents, campers, or recreational vehicles, within a park or open space for recreational purposes. Camping typically involves activities associated with outdoor recreation, including sleeping, cooking, and leisure activities.

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Casual use of a park or open space - refers to non-exclusive use of the area for recreational activities or relaxation, where the space is available for use by all park users on a first-come, first-served basis. Examples of casual use of a park may include picnics, playing catch or Frisbee, jogging, or walking dogs.

City - means the City of Courtenay

Council – means the council of the City

Environmentally Sensitive Area (ESA) - Parcels of land that already have, or with restoration or enhancement could become, natural features. These features contribute to the retention and/or creation of wildlife habitat, soil stability, water retention or recharge, vegetative cover and similar vital ecological functions

Exclusive use of a park or open space - refers to the reservation or booking of a specific area for a specific time and purpose. This may include private events, games, organized sports impacting other park users, or commercial activities. A permit is required to ensure that the exclusive use of the area does not conflict with other park activities and is safely conducted.

Open Space – Open spaces may encompass natural landscapes, wetlands, wildlife habitats, greenbelts, civic plazas, picnic areas, footpaths, public parking lots that service recreational facilities and parks, squares, and similar areas that contribute to the city's biodiversity, ecological sustainability, and the well-being of its residents.

Parks – Defined areas of land designated and maintained by the City for the purpose of providing recreational, cultural, and leisure opportunities to the public. Parks may include facilities such as playgrounds, sports courts and fields, trails, picnic areas, and green spaces, and are intended for the use and enjoyment of individuals and community groups.

Park Closures: The temporary restriction or prohibition of access by the public to all or specific areas of a park or open space, either in their entirety or during certain times, due to maintenance, renovation, safety concerns, hazardous conditions, special events, or other authorized reasons.

Person who is unhoused – means a person who has neither a fixed address nor a predictable residence to return to on a daily basis.

Sheltering: Seeking temporary protection or refuge in a park or open space, often due to being unhoused or adverse weather conditions.

Temporary Shelter – means a tent, lean to or other form of shelter that is temporary and portable in nature that is constructed from nylon, plastic, cardboard or other similar non-rigid material.

Part III – Use of Parks and Open Spaces

The City's vision for its parks and open spaces network is to foster a healthy, engaged, and inclusive community with a high quality of life by offering diverse parks, interconnected trails, natural areas, and multi-use outdoor recreation and cultural spaces. These spaces aim to accommodate individuals of all ages and abilities and address emerging parks, recreation, and cultural needs and

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trends. The City's goal is for parks and open spaces to be utilized safely and respectfully, promoting health, well-being, and social interaction for all park users.

Facility Use

The City aims to provide recreational, cultural and leisure opportunities that promote physical and mental well-being, community engagement, and appreciation of the natural environment while also recognizing the value commercial activities can have in enhancing the public realm and supporting local businesses. The goal of the bylaw is to balance these benefits with the need to preserve the natural, cultural, and social integrity of parks and open spaces.

Casual Use of Facilities in Parks and Open Spaces

1. A person may have casual use of a park and open space only in accordance with the following:
 - a) If the activity is using a park or a portion of a park that is designated for that purpose.
 - b) If the activity is played according to the rules of the activity, and in accordance with the times posted in the park or at the relevant sport facility, if applicable; and
 - c) If playing at a sports facility in a park, participants must wear appropriate equipment for the activity they are engaged in, such as helmets for skateboarding, shin guards for soccer, and appropriate footwear for basketball.

Permits for Exclusive Use

To ensure the safety and enjoyment of all park users, the City requires permits for specific activities in parks, including exclusive use of park spaces for recreational activities, games and organized play, special events, cultural activities, and commercial use. Permits issued by the City are required for the exclusive use of the following activities:

1. Exclusive use of a park or open space for cultural, recreational & social activities, games, or organized sports require a Park Facility Permit.
2. Special Events conducted in a park require a Park Facility Permit and must comply with the Special Events Regulation Bylaw No. 2396.
3. Commercial use of a park or open space requires a Commercial Use Permit, and all commercial activities conducted in a park must comply with the Business Licence Bylaw No. 2523 requirements.

Applicants for permits under this section must pay the applicable fee specified in the relevant Fees and Charges Bylaw . Permits must be obtained prior to engaging in any games or organized play or conducting a special event or commercial activity in a park or open space.

Parks and Open Spaces Bylaw

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Permit Applications and Refusals

1. The Director of the Recreation, Culture, and Community Services Department may modify or impose additional requirements on the permits outlined in this bylaw based on the needs and characteristics of the event, location, and potential impact on the community.
2. The Director of Recreation, Culture, and Community Services may refer an application for a permit under this Bylaw to Council for consideration and determination.
3. If the Director of Recreation, Culture, and Community Services refuses a permit application under this Bylaw, the applicant may request that Council reconsider the decision by submitting a written request to the Corporate Officer within seven (7) business days of the Director's refusal.

Animals at Large

The City aims to promote the safety, well-being, and harmonious coexistence of park users, wildlife, and domestic animals. By setting clear guidelines and expectations for animal owners, this section seeks to prevent incidents, protect natural habitats, and maintain an enjoyable environment for all individuals accessing the park facilities.

1. It is prohibited to allow an animal to run at large in a park or open space unless in compliance with the Animal Control Bylaw No. 1897.
2. Despite subsection 1, the Director of Recreation, Culture and Community Services has the authority to post areas where dogs are allowed off-leash, including limitations in time.
3. Any individual who owns, has care, custody, or control of an animal in any public park or Open Space must promptly remove any defecated matter deposited by the animal. The obligation to remove defecated matter does not apply to individuals certified as legally blind.
4. No person shall ride or walk a horse on any part of a park or open space except on trails and other areas specifically designated for horse riding by signs or a Posted Notice.

Research

For individuals wishing to conduct research or collect specimens within a park, the following requirements must be met:

1. Prior to conducting research or collecting specimens, an applicant must obtain a Research Permit from the City. The Research Permit serves as official authorization for the proposed activities and ensures compliance with applicable regulations.
2. While there is no fixed fee for a Research Permit, the applicant is responsible for reimbursing the City for any costs incurred during the surveying, examination, and inspection of the area affected by the application.
3. All research activities and specimen collection must comply with relevant municipal bylaws, and provincial and federal environmental regulations. This includes adhering to guidelines and protocols pertaining to the protection of flora, fauna, and ecological systems.
4. The Director of Recreation, Culture, and Community Services and/or the Director of Public Works Services reserves the right to deny or revoke a Research Permit based on the nature

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Guiding Document

of the proposed research, noncompliance with this bylaw or provincial regulations, or any other concerns deemed inappropriate or unfit. Such decisions will be made in the interest of preserving the integrity of the park and its environmental resources.

5. If the Director of Recreation, Culture, and Community Services and/or the Director of Public Works Services refuses a permit application under this Bylaw, the applicant may request that Council reconsider the decision by submitting a written request to the Corporate Officer within seven (7) business days of the Director's refusal.

Vehicle Usage

The intent of this section is to regulate the use of vehicles within parks and open spaces, including but not limited to motor vehicles, e-bikes, and cycles, to ensure that they are used safely and responsibly. This includes, but is not limited to:

1. Prohibitions for Motor Vehicle and Motorcycle Usage:
 - a. Operating any motor vehicle, motorcycle, dirt bike, all-terrain vehicle, or other motorized vehicle on a trail, except for wheelchairs or mobility devices, is strictly prohibited.
 - b. Usage of motor vehicles and motorcycles is prohibited in closed parks or closed parking areas.
 - c. Motor vehicle operation below the natural boundary or high tide mark is strictly prohibited.
 - d. Damaging natural features, park facilities, or improvements through motor vehicle operation is strictly prohibited.
 - e. Operating motor vehicles in a manner that obstructs the intended use of the park is prohibited.
 - f. No vehicle may be parked in any Park at any time between an hour after sunset on one day and one hour before sunrise the following day without the prior written consent of the City, or unless otherwise posted.
2. Regulations for E-bikes and Bicycles:
 - a. Riding e-bikes and cycles is prohibited in closed parks or closed parking areas.
 - b. E-bike and cycle usage below the natural boundary or high tide mark is prohibited.
 - c. Usage of E-Bikes on trails within parks is strictly prohibited.
 - d. Damaging natural features, park facilities, or improvements through e-bike or cycle usage is strictly prohibited.
3. Age Restriction for E-bike Usage: No person under the age of 16 years is allowed to operate an e-bike in a park.
4. Impoundment of Violating Motor Vehicles: Any motor vehicle parked in violation of this bylaw may be removed and impounded. The motor vehicle owner is responsible for the cost of removal and impoundment before the vehicle will be returned.
5. Exceptions for Authorized Personnel and Access Permit Holders: Motor vehicles, e-bikes, and cycles used by authorized personnel for park maintenance, park patrols, security, or with written permission from the City are exempt from the above regulations.

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Park and Open Space Closures

The City Manager, Director of Recreation, Culture, and Community Services, Director of Engineering, Director of Public Works Services, or Fire Chief hold the authority to order park closures as necessary to ensure public safety and facilitate essential park operations.

1. A park or open space may be subject to closure, either in their entirety or specific areas, for various reasons, including but not limited to:
 - (a) Maintenance, Renovation, or Other Work: Temporary closures may be required to conduct maintenance, renovation, or other work within the park, ensuring the upkeep and improvement of facilities.
 - (b) Safety of Park Users or Staff: Closures may be implemented to safeguard the well-being of park users and staff in situations involving ongoing construction activities or the presence of hazardous conditions.
 - (c) Any other reason as deemed appropriate by the City Manager, Director of Recreation, Culture and Community Services or the Director of Public Works Services.
2. Authorized personnel mentioned above are responsible for prominently displaying closure notices at park entrances or specific areas within the park. These notices communicate the closure and its implications to the public, ensuring compliance with the closure measures for the safety and security of all park users.

Part IV - Protection of Parks and Open Spaces

Damage to the environment and structures

The natural and built environments in parks and open spaces are valuable resources that enhance the community's well-being by providing recreation, relaxation, cultural and education opportunities. These areas also provide habitat for wildlife and play an essential role in the local ecosystem and as such require regulations for their protection. The following provisions have been established to preserve the natural and built environments in parks and open spaces.

1. No person shall cut down, prune, or alter any vegetation in a park without first obtaining prior authorization from the Director of Public Works Services, and then only strictly following such authorization.
2. No person shall remove, destroy, damage, deface, break, or tamper with any tree, shrub, plant material or any building, structure, fence, float, wharf, piling, buoy, lifesaving device, bench, sign, road, trail, or any facility, equipment, material, or thing within a park or open space without first obtaining the express prior authorization from the Director of Public Works. This includes fallen or cut trees, whether they are naturally fallen or intentionally cut, and their removal without authorization is strictly prohibited.
3. No person shall foul or pollute or otherwise introduce any Contaminant on the land or into any natural stream, creek, ditch, pond, or any human-made water feature, fountain, or pond within a park or open space.

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Substance Use

The City recognizes that substance use can negatively impact individuals and communities and aims to support harm reduction, prevention, and treatment services in partnership with other agencies and stakeholders. This bylaw is intended to be implemented in alignment with health orders and recommendations, in the interest of safety and well-being of all individuals and communities.

A person must not do any of the following activities in a park or open space:

1. Consume liquor, as defined in the Liquor Control and Licensing Act, except in compliance with a licence issued under the Liquor Control and Licensing Act.
2. Consume cannabis, as defined in the Cannabis Control and Licensing Act
3. Consume nicotine / smoke (include e-cigarettes) in accordance with recommendations from the Comox Valley, Strathcona, North Island medical health officer found in (SCHEDULE A)
4. Consume illicit drugs, as defined by the Controlled Drugs and Substances Act.

Waste Disposal and Littering

The City is committed to maintaining clean and litter-free parks and open spaces for the enjoyment of all users., the City has established regulations to ensure proper waste management.

1. It is prohibited to deposit any waste, other than on-site refuse, within a park or community facility, and waste must only be placed in designated waste receptacles provided by the City.
2. No individual is permitted to transport or dispose of any kind of refuse, except on-site refuse, within a park or open space.
3. Disposing of any household or commercial waste within a park or open space is strictly prohibited, including prohibited within designated waste receptacles
4. It is strictly prohibited to dispose of any yard waste within a park or open space or receptacle. Yard waste includes, but is not limited to, grass clippings, leaves, branches, tree trunks, and other organic materials originating from gardening, landscaping, or tree maintenance activities.

Behaviour and Conduct

The City is dedicated to creating safe and accessible parks and open spaces for all community members to enjoy. To achieve this goal, the City aims to minimize nuisances and obstructions that may impact the use and enjoyment of these spaces by all community members.

The following provisions aim to ensure that individuals using the City's parks and community facilities do so in a safe and respectful manner.

1. All individuals in a park or open space must abide by all Federal and Provincial laws, City bylaws, policies, and any posted notices or signs.
2. Disorderly, dangerous, or offensive behavior is not allowed in parks and open space.

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Guiding Document

3. High-speed activities that involve projectiles, such as golf, archery, war games, radio-controlled aircraft, drones, or cars, require authorization through a facility use permit.
4. Camping in a park or open space, with or without shelter, is only permitted with a valid permit that complies with all terms and conditions of the permit.
5. Entering or using any frozen or apparently frozen body of water in a park is prohibited unless posted authorization indicates otherwise.
6. Constructing any permanent structure in a park or open space is only allowed if it complies with all City bylaws, permits, requirements, and regulations and has been authorized through a resolution of Council.
7. Preventing or obstructing other individuals' free use and enjoyment of parks or open Spaces is not permitted unless authorized through a valid permit.
8. Using or operating any device in a way that interferes with other individuals' enjoyment of the park is not allowed. This includes but is not limited to the use of amplified or projected sound equipment without a valid permit and in accordance the Prevention of Public Nuisance Bylaw No.2084.

Interaction with City Employees

The City is committed to providing excellent service to the public and creating positive experiences for all individuals while promoting a culture of respect and professionalism. To ensure that this commitment is met, the City has established provisions outlining expectations for the interaction between City employees and members of the public.

1. City employees engaged in park maintenance, cleanup, or renovation may ask individuals within the park to relocate or leave in order to carry out their duties.
2. Individuals who are asked to move by City employees must comply with the request and remove all of their property as directed.
3. It is prohibited to obstruct or interfere with the duties of City employees in a park or open space.
4. Interfering with a bylaw officer in performing their duties, including issuing tickets or notices, is prohibited under this Bylaw.

Fire and Firearms

The following fire and firearms provisions aim to prevent fire risk and ensure public safety in parks and open spaces.

1. No individual may undertake the following activities in a park:
 - (a) Discharge a firearm, air gun, air rifle, air pistol, or spring gun;
 - (b) Discharge a bow, as defined in the Wildlife Act;
 - (c) Fire or explode any combustible or explosive material, except for fireworks, as allowed by the Fire Protective Services Bylaw No. 2556;
 - (d) Discard or place any burning substance in park or open space.
2. No person may keep, store, or use in a park:
 - (a) An open flame appliance such as a barbecue, stove, heater, or any other appliance with an open flame; or

Parks and Open Spaces Bylaw Guiding Document

- (b) A flammable gas or liquid container such as a propane tank, gasoline container, or any other flammable gas or liquid.
- 3. Subsection (2) does not apply to a barbecue or a propane camping stove used for cooking food, provided that it:
 - (a) Is used according to the manufacturer's instructions;
 - (b) Is certified for outdoor use by the Canadian Standards Association (CSA);
 - (c) Is located at least 2 meters away from any building or structure, including temporary shelters, erected or maintained in accordance with subsection (X), or is located within a designated area for use by the City.
 - (d) Is not used in any park or location where open flames are explicitly prohibited.
- 4. A bylaw officer or firefighter may impound an appliance in cases where the appliance is found to be non-compliant based on Canadian Standards Association (CSA) standards, used contrary to the manufacturer's instructions, or deemed an unacceptable fire risk by a Fire Fighter.

Part V – Temporary Sheltering

The City recognizes that some individuals may need to shelter temporarily in public spaces due to being unhoused, emergencies, or other reasons, and aims to balance the rights and needs of all park users while addressing the root causes of homelessness and poverty through collaborative and inclusive strategies. The intent of this section is to regulate the use of temporary sheltering within parks and open spaces and to ensure that it is done in a safe and healthy manner for all park users.

- 1. Where there is no accessible shelter accommodation available in the City, individuals who are unhoused or unsheltered may temporarily shelter in a park if the following conditions are met:
 - a) They are in a designated park in a designated area where temporary shelters are allowed by this by-law.
 - b) They construct a temporary shelter in compliance with this by-law.
- 2. Erecting temporary shelters is permissible only during the hours from 7:00 p.m. one day until 9:00 a.m. the following day.
- 3. All temporary shelters must be taken down and moved before 9:00 a.m. each day, except for those situated in a location authorized by the City Manager for daytime use.
- 4. Temporary shelters must adhere to the following regulations:
 - a) must not be erected:
 - i. within 25 metres of a playground or school or community centre;
 - ii. within 5 meters of a private residential property
 - ii. in, on or within a:
 - A. beach, pond, slough or dock;
 - B. trail, bridge, seawall, roadway or park entrance;
 - C. environmentally protected natural area;
 - D. culturally significant area;
 - E. garden, community garden or horticultural display area;
 - F. pool or water park;

Parks and Open Spaces Bylaw Guiding Document

- G. sports field, sports court, skate park, or fitness amenity;
 - H. fieldhouse;
 - I. bleacher, stage, gazebo, plaza, public monument, pavilion, designated picnic site, picnic shelter or washroom;
 - J. designated off-leash dog area; or
 - K. area identified by signs prohibiting or restricting sheltering in that location; or
 - L. designated areas of Park or Open Space that have otherwise been issued a permit pursuant to this Bylaw;
- b) must not impede public use of, or access to, a park or facility;
 - c) must not hinder or interrupt the ability of staff or contractors to perform their work, as set out in section X of this by-law;
 - d) must not contain any campfire, lighted candles, or propane lanterns or stoves, or other similar devices;
 - e) must not be used to sell goods or conduct business without the permission of the City Manager, as set out in sections X and X of this by-law; and the Business License Bylaw No 2523;
 - f) must not be left unattended.

PART VI – Environmentally Sensitive Areas

The intent of this section is to protect areas within parks and open spaces that are environmentally sensitive or culturally significant. By preserving these areas, the City aims to maintain biodiversity, ecological resilience, cultural diversity, and public appreciation of nature.

1. To ensure the protection of environmentally sensitive areas within parks as outlined in Schedule B of this bylaw, all forms of sheltering and recreational activities are strictly prohibited in these areas, unless designated zones within these areas have been specifically designed and approved for such purposes.
2. The City may establish additional measures, such as signs or fencing, to clearly identify and protect environmentally sensitive areas.

PART VII – Unsafe Conditions

In the event of unsafe conditions within a park or open space that pose a risk to public safety, the following measures may be implemented:

1. If an unsafe condition is identified, the City, through its designated representatives, has the authority to take immediate corrective action to eliminate or mitigate the unsafe condition. This may include but is not limited to, securing, or removing hazardous objects, repairing damaged infrastructure, or closing off areas posing significant risks.
2. The City may issue a notice to the responsible party, informing them of the unsafe condition and outlining the necessary remedial actions to be taken within a specified timeframe. The responsible party is required to promptly address the identified safety concerns and take appropriate measures to rectify the situation.

Parks and Open Spaces Bylaw Guiding Document

3. Failure to address unsafe conditions or non-compliance with the required remedial actions may result in penalties, fines, or legal consequences, as determined by the City.

PART VIII – Enforcement & Penalties

This section intends to provide the means to enforce the provisions of this bylaw, using various enforcement measures as deemed appropriate by the City. Enforcement of this bylaw shall be the responsibility of designated bylaw enforcement officers, and any other persons authorized by the City to enforce the bylaw.

Enforcement Measures:

Any person who contravenes any provision of this bylaw is guilty of an offence and may be subject to one or more of the following enforcement measures:

- (a) Fines or penalties as provided for by law.
- (b) Orders to vacate or other appropriate directives.
- (c) Prosecution of offenders in accordance with applicable laws.

Failure to comply with the provisions of this bylaw or the conditions of relevant permits may result in the imposition of fines, penalties, or the revocation of the permit, as determined by the Recreation, Culture, and Community Services Department or Bylaw Services.

Non-compliance with applicable provincial regulations in conjunction with this bylaw may lead to penalties or legal consequences as stipulated by the relevant provincial authorities.

PART VIII - Severability:

If any provision of this bylaw is found to be invalid or unenforceable, the remainder of the bylaw shall remain in full force and effect.

Part VIII - Amendments:

The City may, from time to time, amend this bylaw as it deems necessary. Any such amendments must be passed by City Council and shall be effective upon the date specified in the amending bylaw.

Parks and Open Spaces Bylaw
Guiding Document

Schedule A – Letter of Support from the Medical Health Officer

Parks and Open Spaces Bylaw Guiding Document

Schedule B – Parks where sheltering is prohibited.

1. 13th Street Park
2. 26th Buffer Park
3. Air Park
4. Anderton & 1st
5. Arden Road
6. Bear James Park
7. Blue Jay Park
8. Buckstone Greenway
9. Capes Park
10. Cliffe & 5th Park
11. Condensory Park
12. CottonWood Community Garden
13. Courtenay Riverway
14. Crown Isle 150-yr Grove
15. Crown Isle Greenway
16. Crown Isle the Rise
17. Dogwood Park
18. Elderberry Park
19. Green Belt Park
20. Hawk Greenway
21. Hobson Park
22. Hurford Hill Nature Park
23. Idiens Greenway
24. Idiens Way and Suffolk Crescent
25. Lerwick Nature Park
26. Lewis Park
27. Marina Park
28. Martin Park
29. McPhee Meadows
30. Millard Creek Greenway
31. Millard Creek Park
32. Morrison Creek Park
33. Piercy Creek Greenway
34. Puntledge Park
35. Ridge Greenway
36. Ronson Road
37. Rosewall Buffer Park
38. Rotary Sky Park
39. Rotary Trail
40. Roy Morrison Park
41. Ryan Road and Cowichan Avenue
42. Ryan Road and Crown Isle Blvd
43. Sandwich Park
44. Second Street Park
45. South of City Park
46. Tarling Park
47. Valley View Greenway
48. Vanier Nature Park



STAFF REPORT

To: Council

File No.: 1680-01

From: City Manager (CAO)

Date: September 27, 2023

Subject: Audit Service Plan for Year Ending December 31, 2023

PURPOSE:

The purpose of this report is to obtain Council appointment of an auditor for the 2023 year and the approval of the Audit Service Plan for the year ending December 31, 2023.

BACKGROUND:

The auditors, MNP LLP have prepared and submitted the Audit Service plan for the year ending December 31, 2023. Communicating this plan to Council is a requirement under Canadian Auditing Standards 260.

DISCUSSION:

The Audit Service plan documents the overall approach and the general arrangements for the conduct of the 2023 audit. Its intent is to assist Council in understanding both the scope of, and the approach to, the audit work, and to have MNP LLP report to Council on the results of their 2023 audit in April 2024.

POLICY ANALYSIS:

Section 169 of the *Community Charter*, requires Council to appoint an auditor to conduct the annual municipal audit. To-date, MNP LLP is providing this service for the City. Canadian Auditing Standards 260 (CAS 260) 'communication with those charged with governance' is the current standard for auditing in Canada and requires the Auditors to communicate the following with Council:

- a) The audit and non-audit services the auditor is providing to the City and its related entities;
- b) The level of responsibility assumed by the auditor under generally accepted auditing standards; and,
- c) A summary of the audit approach.

FINANCIAL IMPLICATIONS:

For 2023, the estimated audit fees are \$42,950; the 2023 fees are \$2,000 higher than those of 2022 due to the new Asset Retirement Obligations accounting standard (PS 3280). Details of the audit fees are on page 4 of the attached Audit Service Plan.

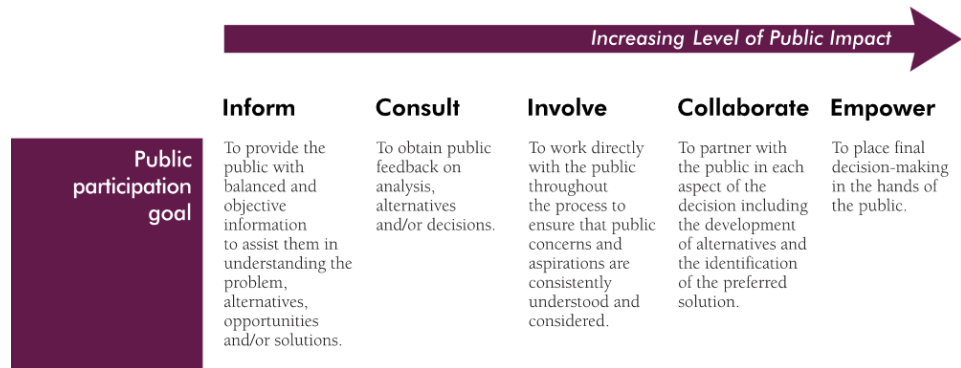
ADMINISTRATIVE IMPLICATIONS:

Preparation of the City's year-end documents, drafting of the 2023 financial statements and coordinating the annual municipal audit are significant statutory tasks for the Finance Department. The auditors will be commencing preliminary on-site audit work in late October 2023 with the goal of finalizing audit work in mid-April 2024.

Audit Service Plan for Year Ending December 31, 2023

PUBLIC ENGAGEMENT:

Staff would inform the public based on the IAP2 Spectrum of Public Participation:



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OPTIONS:

1. THAT Council appoint MNP LLP as the City’s auditors for 2023;
AND THAT Council approve the 2023 Audit Service Plan as presented for the year ending December 31, 2023
2. THAT Council provide alternative direction to staff.

ATTACHMENTS:

1. MNP LLP – the Corporation of the City of Courtenay, Audit Service Plan, for the year ending December 31, 2023

Prepared by: Krista McClintock, CPA, CGA, Manager of Finance

Reviewed by: Adam Langenmaier, BBA, CPA, CA, Director of Financial Services

Concurrence: Geoff Garbutt, M.PI., MCIP, RPP, City Manager (CAO)



City of Courtenay

2023 Audit Service Plan

Report to Mayor and Council

December 31, 2023

Cory Vanderhorst, CPA, CA

T: 250.734.4319

E: cory.vanderhorst@mnt.ca



Wherever business takes you

[MNP.ca](https://www.mnt.ca)

September 8, 2023

To the Mayor and Council of City of Courtenay

Dear Mayor and Council:

We are pleased to present our Audit Service Plan for City of Courtenay (the "City"). In this plan we describe MNP's audit approach, our engagement team, the scope of our audit and a timeline of anticipated deliverables. We are providing this Audit Service Plan to Mayor and Council on a confidential basis. It is intended solely for the use of Mayor and Council and is not intended for any other purpose. Accordingly, we disclaim any responsibility to any other party who may rely on this report.

Our audit will include an audit of the City's consolidated financial statements for the year ended December 31, 2023, prepared in accordance with Canadian public sector accounting standards. Our audit will be conducted in accordance with Canadian generally accepted auditing standards.

At MNP, our objective is to perform an efficient, high quality audit which focuses on those areas that are considered higher risk. We adhere to the highest level of integrity and professionalism. We are dedicated to maintaining open channels of communication throughout this engagement and will work with management to coordinate the effective performance of the engagement. Our goal is to exceed Mayor and Council's expectations and ensure you receive outstanding service.

Additional materials provided along with this report include our Engagement Letter. Our Engagement Letter is the formal written agreement of the terms of our audit engagement as negotiated with management and outlines our responsibilities under Canadian generally accepted auditing standards.

We look forward to discussing our Audit Service Plan with you and look forward to responding to any questions you may have.

Sincerely,



MNP LLP
Chartered Professional Accountants

MNP's Client Service Commitment

To make strategic business decisions with confidence, your stakeholders and Mayor and Council of the City need relevant, reliable and independently audited financial information. But that's not all. You need an audit team that can deliver insight beyond the numbers and enhance the City's strategic planning and implementation processes so you can embrace new opportunities while effectively managing risk. Our senior team members have extensive knowledge of municipalities from many years of experience. Our audit strategy is risk based, and considers the limitations and opportunities you encounter each day, allowing our recommendations to be implemented with greater ease. Committed to your success, MNP delivers meaningful, reliable financial information to not only help you fulfill your compliance obligations, but also to achieve your key strategic goals.

Our Audit Service Plan outlines the strategy we will follow to provide the City's Mayor and Council with our Independent Auditor's Report on the December 31, 2023 consolidated financial statements.


Topics for Discussion

We are committed to providing superior client service by maintaining effective two-way communication. Topics for discussion include, but are not limited to:

- Changes to your business operations and developments in the financial reporting and regulatory environment
- Business plans and strategies
- Any other issues and/or concerns
- Documents comprising the annual report, and their timing of issuance
- Fraud, including how fraud could occur, the risk of fraud and misstatement, and any actual, suspected or alleged fraud
- The management oversight process
- Your specific needs and expectations

Key Changes and Developments

Based on our knowledge of the City and our discussions with management, we have noted the recent developments set out below. Our audit strategy has been developed considering these factors.

Key Issues and Developments		Summary
	New Reporting Developments	<ul style="list-style-type: none">• PS 3280 Asset Retirement Obligations (New)• PS 3400 Revenue (New)• PS 1201 Financial Statement Presentation (Amendments)• PS 3450 Financial Instruments (Amendment)

Detailed information on Key Changes and Developments are included as Appendix A.

Key Milestones

Based on the audit planning performed and areas of audit risks identified, the following timelines for key deliverables have been discussed and agreed upon with management:

Key Deliverable	Expected Date
Delivery of December 31, 2023 Audit Service Plan to Mayor and Council	September 2023
Interim procedures	October 23, 2023 to October 27, 2023
Year-end field work procedures	March 18, 2024 to March 22, 2024
Draft year-end consolidated financial statements to be discussed with management	March 2024
Presentation of December 31, 2023 Audit Findings Report to Mayor and Council	April 2024
Presentation of Management Letter to Mayor and Council	April 2024
Issuance of Independent Auditor's Report	April 2024

Audit Materiality

Materiality is an important audit concept. It is used to assess the significance of misstatements or omissions that are identified during the audit and is used to determine the level of audit testing that is carried out. Specifically, a misstatement or the aggregate of all misstatements in consolidated financial statements as a whole (and, if applicable, for particular classes of transactions, account balances or disclosures) is considered to be material if it is probable that the decision of the party relying on the consolidated financial statements, who has reasonable understanding of business and economic activities, will be changed or influenced by such a misstatement or the aggregate of all misstatements.

The scope of our audit work is tailored to reflect the relative size of operations of the City and our assessment of the potential for material misstatements in the City's consolidated financial statements as a whole (and, if applicable, for particular classes of transactions, account balances or disclosures). In determining the scope, we emphasize relative audit risk and materiality, and consider a number of factors, including:

- The size, complexity, and growth of the City;
- Changes within the organization, management or accounting systems; and
- Concerns expressed by management.

The scope of our audit work is tailored to reflect the relative size of operations of the City and our assessment of the potential for material misstatements in the City's consolidated financial statements as a whole.

Judgment is applied separately to the determination of materiality in the audit of each set of consolidated financial statements (and, if applicable, for particular classes of transactions, account balances or disclosures) and is affected by our perception of the financial information needs of users of the consolidated financial statements. In this context, it is reasonable to assume that users understand that consolidated financial statements are prepared, presented and audited to levels of materiality; recognize uncertainties inherent in the measurement of amounts based on the use of estimates, judgment and consideration of future events; and make reasonable economic decisions based on the consolidated financial statements. The foregoing factors are taken into account in establishing the materiality level.

We propose to use \$2,500,000 as overall materiality for audit planning purposes.

Audit Team

In order to ensure effective communication between Mayor and Council and MNP, we outline below the key members of our audit team that will be responsible for the audit of the City and the role they will play:

Team Members	Contact Information
Cory Vanderhorst, CPA, CA, Engagement Partner	E: Cory.Vanderhorst@mnp.ca
Louise Blomer, CPA, Engagement Manager	E: Louise.Blomer@mnp.ca

In order to serve you better and meet our professional responsibilities, we may find it necessary to expand our audit team to include other professionals whose consultation will assist us to evaluate and resolve complex, difficult and/or contentious matters identified during the course of our audit.



Any changes to the audit team will be discussed with you to ensure a seamless process and that all concerned parties' needs are met.

Fees and Assumptions

DESCRIPTION	2023 ESTIMATE
Base audit fee	\$ 39,000
Audit of new Asset Retirement Obligations	\$ 2,000
Disbursements	\$ 1,950
Total	\$ 42,950

If any significant issues arise during the course of our audit work which indicate a possibility of increased procedures or a change in the audit timetable, these will be discussed with management by the engagement partner, so a mutually agreeable solution can be reached.

Invoices will be rendered as work progresses in accordance with the following schedule:

DESCRIPTION	AMOUNT
On delivery of the audit service plan, 50% of the estimated fee	\$ 20,000
At the start of year-end field work, 25% of the estimated fee	\$ 10,500
Upon the delivery of the Independent Auditor's Report, 25% of the estimated fee	\$ 10,500
Total	\$ 41,000

Appendix A – Key Changes and Developments

We would like to bring to your attention the following accounting and auditing developments, which may have some impact on your financial reporting.

Issues and Developments Summary

New Reporting Developments

PS 3280 Asset Retirement Obligations (New)

In August 2018, new PS 3280 *Asset Retirement Obligations* was included in the CPA Canada Public Sector Accounting Handbook (PSA HB). The new PS 3280 establishes standards on how to account for and report a liability for asset retirement obligations (ARO). As asset retirement obligations associated with landfills are included in the scope of new PS 3280, PS 3270 *Solid Waste Landfill Closure and Post-Closure Liability* will be withdrawn.

The main features of this standard are as follows:

- An ARO represents a legal obligation associated with the retirement of a tangible capital asset.
- Asset retirement costs increase the carrying amount of the related tangible capital asset and are expensed in a rational and systematic manner.
- When an asset is no longer in productive use, the associated asset retirement costs are expensed.
- Measurement of the ARO liability should result in the best estimate of the amount required to retire a tangible capital asset at the financial statement date.
- Subsequent measurement of the ARO liability results in either a change in the carrying amount of the related tangible capital asset or an expense. The accounting treatment depends on the nature of the remeasurement and whether the asset remains in productive use.
- The best method to estimate the liability is often a present value technique.

This standard was to be effective for fiscal years beginning on or after April 1, 2021. On June 25, 2020, the PSAB made the decision to defer the effective date by one year due to the impact of the COVID-19 pandemic. The new Section is now effective for annual financial statements relating to fiscal years beginning on or after April 1, 2022. Early application continues to be permitted.

PS 3400 Revenue (New)

In November 2018, new PS 3400 *Revenue* was included in the CPA Canada Public Sector Accounting Handbook (PSA HB). The new PS 3400 establishes standards on how to account for and report on revenue by distinguishing between revenue arising from transactions that include performance obligations and transactions that do not have performance obligations. The main features of this Section are as follows:

- Performance obligations are enforceable promises to provide specific goods or services to a specific payor.
- Performance obligations can be satisfied at a point in time or over a period of time.
- The new standard outlines five indicators to determine if the revenue would be recognized over a period of time.

- Revenue from a transaction with a performance obligation(s) is recognized when, or as, the entity has satisfied the performance obligation(s).
- Revenue from transactions with no performance obligation is recognized when a public sector entity has the authority to claim or retain an inflow of economic resources and a past event that gives rise to a claim of economic resources has occurred.

Further editorial changes have also been made to other standards as a result of the issuance of PS 3400.

This Section was to be effective for fiscal years beginning on or after April 1, 2022. On June 25, 2020, the PSAB made the decision to defer the effective date by one year due to the impact of the COVID-19 pandemic. The new Section is now effective for annual financial statements relating to fiscal years beginning on or after April 1, 2023. Early application continues to be permitted.

PS 1201 Financial Statement Presentation (Amendments)

In April 2021, the Public Sector Accounting Board (PSAB) issued amendments to PS 1201 *Financial Statement Presentation*.

The narrow-scope amendments clarify the presentation of derivatives, specifically allowing public sector entities to present the remeasurement impact of derivatives separately on the statement of change in net debt. Other minor presentation clarifications have also been included such as allowing a new subtotal for the change in net debt excluding the impact of remeasurement gains and losses on the statement of change in net debt and allowing the inclusion of a footnote on the net debt indicator in the statement of financial position to refer to additional detail provided on the statement of change in net debt.

The amendments are effective in the same period PS 2601 *Foreign Currency Translation* and PS 3450 *Financial Instruments* are adopted. PS 2601 and PS 3450 are to be adopted together and are effective for annual financial statements relating to fiscal years beginning on or after April 1, 2022. Early application continues to be permitted.

PS 3450 Financial Instruments (Amendment)

In April 2020, the Public Sector Accounting Board (PSAB) issued amendments to PS 3450 *Financial Instruments*. The main features of the amendments include:

Bond Repurchase Transactions

- Bond repurchase transactions are only to be treated as extinguishments when they are either:
 - Legally discharged;
 - An exchange of debt instruments with substantially different terms; or
 - A substantial modification of the terms of an existing financial liability or part of it.

Section Application

- Clarification that PS 3450 does not apply unless a contractual right or a contractual obligation underlies a receivable or payable. By definition, there must be a contract for there to be a financial instrument.
- Clarification for how to account for a transfer of collateral pursuant to a credit risk management mechanism in a derivative contract.
- Addition of application guidance explaining that derecognition of a financial asset does not occur if the transferor of a financial asset retains substantially all the risks and benefits of ownership.

Transitional Provisions

- Clarification that a controlling government should use carrying values of the financial assets and liabilities in the records of its government organizations when consolidating a government organization.
- For financial assets or financial liabilities in the cost or amortized cost category which have an associated unamortized discount, premium or transaction costs, the unamortized discount, premium or transaction costs should be included in the item's opening carrying value.

- For derivatives which may not have been recognized or may not have been measured at fair value prior to the adoption of PS 3450, any difference between the previous carrying value and fair value should be recognized in the opening balance of accumulated remeasurement gains and losses.

The amendments were to be effective for fiscal years beginning on or after April 1, 2021. On June 25, 2020, the PSAB made the decision to defer the effective date by one year due to the impact of the COVID-19 pandemic. The new Section and amendments are now effective for annual financial statements relating to fiscal years beginning on or after April 1, 2022. Early application continues to be permitted.

Appendix B – The Audit Process

Our Plan

Our audit process focuses on significant risks identified during the pre-planning and planning and risk assessment stage, ensuring that audit procedures are tailored to your specific circumstances and appropriately address those risks.

Mayor and Council is responsible for approval of the consolidated financial statements and City policies, and for monitoring management's performance. Mayor and Council should consider the potential for management override of controls or other inappropriate influences, such as earnings management, over the financial reporting process. Mayor and Council, together with management, is also responsible for the integrity of the accounting and financial reporting systems, including controls to prevent and detect fraud and misstatement, and to monitor compliance with relevant laws and regulations.

Effective discharge of these respective responsibilities is directed toward a common duty to provide appropriate and adequate financial accountability, and quality financial disclosure.

Key responsibilities of MNP and management are outlined in the Engagement Letter (see attached).

Our overall audit strategy is risk-based and controls-oriented. Assessment and identification of risk is performed continuously throughout the audit process. We focus on the risks that have a potential impact on the financial accounting systems and subsequent financial reporting.

Our overall audit strategy does not, and is not intended to involve the authentication of documents, nor are our team members trained or expected to be experts in such authentication. Unless we have reason to believe otherwise, we accept records and documents as genuine. The subsequent discovery of a material misstatement resulting from fraud does not, in and of itself, indicate a failure to comply with Canadian generally accepted auditing standards.

Audit Procedures

To meet our responsibilities in accordance with Canadian generally accepted auditing standards, our audit examination includes:

- Obtaining an understanding of the entity and its environment, the applicable financial reporting framework and the entity's system of internal controls, in order to identify and assess the risk that the consolidated financial statements contain material misstatements due to fraud or misstatement;
- Assessing the design and implementation of and examining, on a test basis, the key controls over significant transaction streams and over the general organizational and computer environments;
- Assessing the systems used to ensure compliance with applicable legislative and related authorities pertaining to financial reporting, revenue raising, borrowing, and investing activities;
- Examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements;
- Assessing the appropriateness and consistency of accounting principles used and their application;


Appendix B – The Audit Process

(continued from previous page)

- Assessing the significant estimates used by management; and,
- Assessing the entity’s use of the going concern basis of accounting in the preparation of the consolidated financial statements.

As part of our planning process, we will also undertake to inform Mayor and Council of concerns relating to management’s implementation and maintenance of controls, and the effects of any such concerns on the overall strategy and scope of the audit. These concerns might arise from the nature, extent and frequency of management’s assessments of controls in place to detect fraud and misstatement, and of the risk that the consolidated financial statements may be misstated; from a failure by management to appropriately address significant deficiencies in controls identified in prior audits; and, from our evaluation of the City’s control environment, and management’s competence and integrity.

Overall Reliance

Control Reliance Level	Low/None	Moderate	High
Description	Where we cannot rely on controls because they are weak or absent, or where it is deemed to be more efficient to carry out a high level of direct substantive tests of details. Audit evidence is primarily obtained through detailed verification procedures and sufficient substantive tests of details.	Where there are some deficiencies in systems application or procedural controls, or where it is deemed to be inefficient to test systems application controls, but where we can test and rely on the management monitoring systems in place to detect and correct material misstatements in the financial reporting systems. Testing of controls is supplemented with a moderate level of substantive tests of details.	Where a high degree of control is in place in the areas of management monitoring controls AND systems application and procedural controls. Our audit work focuses on testing both management monitoring and systems application and procedural controls, and is supplemented with a low level of substantive tests of details.
Planned Reliance		—	—

Appendix B – The Audit Process

(continued from previous page)

For the December 31, 2023 audit, we are planning to place low reliance on the City's controls. This level of reliance is consistent with the prior year, and will involve mainly substantive tests of details.

The amount of substantive work will be reduced for cycles where there are controls in place that MNP can test and rely on.

As part of our audit work we will update our understanding of the entity and its environment, the applicable financial reporting framework and the entity's system of internal controls relevant to our audit of the principal transaction cycles, sufficient to identify and assess the risks of material misstatement of the consolidated financial statements resulting from fraud or misstatement. This will be accomplished through inquiries with management and others within the entity, analytical procedures and observation and inspection. Furthermore, we will consider whether effective controls have been established to adequately respond to the risks arising from the use of IT or manual systems and test the operation of those controls to an extent sufficient to enable us to reduce our substantive work. Our review of the City's controls will not be sufficient to express an opinion as to their effectiveness or efficiency.



Although we will provide Mayor and Council with any information about significant deficiencies in internal control that have come to our attention, we may not be aware of all the significant deficiencies in internal control that do, in fact, exist.

Use of Specialists

To obtain sufficient appropriate audit evidence to support our opinion, we intend to solicit the assistance of the City's Actuary. By communicating with the actuary and confirming the level of work performed by the actuary, the specialist will form part of our audit strategy in relation to employee future benefits.

We have sole responsibility for the audit opinion being expressed, and that responsibility is not reduced by our use of a specialist. We will, in accordance with Canadian generally accepted auditing standards, evaluate the competence, capabilities and objectivity of any specialists we employ to ensure their work is adequate for our purposes.

Inherent Limitations in the Auditing Process

An auditor cannot obtain absolute assurance that material misstatements in the consolidated financial statements will be detected due to factors such as the use of significant judgment regarding the gathering of evidence and the drawing of conclusions based on the audit evidence acquired; the use of testing of the data underlying the consolidated financial statements; inherent limitations of controls; and, the fact that much of the audit evidence available to the auditor is persuasive, rather than conclusive in nature.

Appendix B – The Audit Process

(continued from previous page)

Because of the nature of fraud, including attempts at concealment through collusion and forgery, an audit designed and executed in accordance with Canadian generally accepted auditing standards may not detect a material fraud. While effective controls reduce the likelihood that misstatements will occur and remain undetected, they do not eliminate that possibility. Therefore, the auditor cannot guarantee that fraud, misstatements and non-compliance with laws and regulations, if present, will be detected when conducting an audit in accordance with Canadian generally accepted auditing standards.

The likelihood of not detecting material misstatements resulting from management fraud is greater than for employee fraud, because management is in a position to manipulate records, present fraudulent information or override controls.

We will inform the appropriate level of management or Mayor and Council with respect to identified:

- Misstatements resulting from errors, other than clearly trivial misstatements;
- Fraud, or any information obtained that indicates that fraud may exist;
- Evidence obtained that indicates non-compliance or possible non-compliance with laws and regulations, other than that considered inconsequential;
- Significant deficiencies in the design or implementation of controls to prevent and detect fraud or misstatement; and
- Related party transactions that are not in the normal course of operations and that involve significant judgments made by management concerning measurement or disclosure.

Our concern as auditors is with material misstatements, and thus, we are not responsible for the detection of misstatements that are not material to the consolidated financial statements taken as a whole.

MADE ^{IN} CANADA

And proud of it!

At MNP we're proud to be the national accounting, consulting and tax firm that is 100% Made in Canada.

Our history defines who we are and our approach to business. Being a Canadian firm has helped shape our values, our collaborative approach, and the way we work with our clients, engaging them every step of the way.

We have a unique perspective. Our decisions are made here – decisions that drive Canadian business and help us all achieve success — and we know the impact that our choices have on the cities and towns we call home.

Throughout our six decades of work, we've seen our communities are more than just a place we do business in. They're a place where our families live, play, and thrive, and we work to make them the best places they can be.

Being 100% Canadian is something we wear proudly. This country provides us with great opportunities, and we're here to help our clients seize the opportunities so we can create a brighter future for the generations to come.



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BRIEFING NOTE

To: Council

File No.: 1390-01

From: Director of Corporate Services

Date: September 27, 2023

Subject: Resident Survey – Your Courtenay, Your Voice – Results Presentation

PURPOSE: To review the results of the Resident Survey, Your Courtenay, Your Voice.

BACKGROUND:

Based on the June 14 and July 12, 2023 Council reports, the 2023 Resident Survey – Your Courtenay, Your Voice was launched at the end of July of the same year. The survey was conducted via two methodologies 1) statistically valid phone-based survey, and 2) online survey (participant are self-selected). The target number of respondents for the phone-based survey was 300.

In addition to standardized questions, unique questions were included in the survey to determine or identify the following:

- public alignment with the current City crest and community identity,
- improvements or changes, if any, residents would like to see in the City's image,
- how residents become aware of City initiatives, decisions and services,
- specific initiatives or programs residents would like to see that would enhance the quality of life in our community,
- perspective on the City's current efforts in promoting diversity, equity, and inclusion within the community.

DISCUSSION:

The presented results include statistical findings and observations identified by the City's survey contractor, Forum Research. Further analysis of the implications and potential service impacts of the findings will be considered by the respective departments during the City's annual budget process.

Survey findings, based municipal comparisons are overall unsurprising. As anticipated in the June 14, 2023 report to Council entitled "2023 Resident Survey – Your Courtenay, Your Voice", homelessness is the most important issue for Courtenay residents, followed by lack of affordable housing.

The following is a summary of quality of life, sense of belonging and tax dollar value survey findings:

- Majority of residents surveyed (TOP2 90%) rate the quality of life in the City of Courtenay as either good or very good, and about 4 in 5 (TOP2 78%) think that the overall value that they receive for their tax dollars is either very good or good also.
- Nearly 4 in 5 (TOP2 77%) say the City of Courtenay is a welcoming city, and around 7 in 19 (TOP2 70%) believe that they have a strong sense of belongingness in the City of Courtenay.

The following is a summary of issues, priorities and satisfaction with City services:

- The City has a negative Net Promoter Score (-16), indicating that residents are more likely not to recommend the City to their friends or colleagues as opposed to recommending it.
- Homelessness (34%) emerged as the most important issue facing the City, followed by lack of affordable housing (11%), and water issues (5%).
- Two-thirds (TOP2 66%) are satisfied with the overall level and quality of services provided by the City of Courtenay.
 - Fire services (TOP2 93%), recreation services (TOP2 87%), and parks, green spaces and multi-use trails (TOP 2 83%) are the services residents are most satisfied with. Traffic management (TOP2 46%) has the lowest satisfaction among residents.
- Results from the Gap Analysis indicate that the three primary areas of improvement for the City are:
 - Land use and community planning
 - Traffic management, and
 - Online services.

FINANCIAL IMPLICATIONS:

The 2023 Resident Survey, Your Courtenay, Your Voice, is covered under the 2023 Corporate Services operating budget.

ADMINISTRATIVE IMPLICATIONS:

Staff time is required to review the online survey results. Should the online survey be significantly different from the phone-based survey results staff will report back to Council with some analysis.

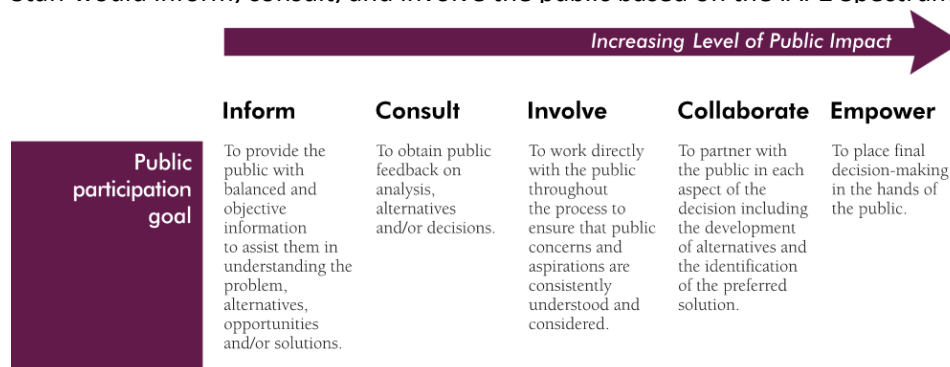
STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priority:

- Good Governance - Increase community engagement for all segments of the community: complete communication strategy, community survey, and community engagement strategy

PUBLIC ENGAGEMENT:

Staff would inform, consult, and involve the public based on the IAP2 Spectrum of Public Participation:



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RECOMMENDATION: THAT Council receive the “Resident Survey, Your Courtenay, Your Voice – Results” briefing note.

ATTACHMENTS:

1. 2023 Resident Survey Results – Presented by Forum Research

Prepared by: Kate O’Connell, Director of Corporate Services







Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)

2023 Resident Survey

City of Courtenay
Draft Report - August 2023



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Executive Summary



Executive Summary

Quality of Life, Sense of Belonging, and Value for Tax Dollar

- Majority of residents surveyed (TOP2: 90%) rate the quality of life in the City of Courtenay as either good or very good, and about 4 in 5 (TOP2: 78%) think that the overall value that they receive for their tax dollars is either very good or good also. [\[Slide 12 & 36\]](#)
- Nearly 4 in 5 (TOP2: 77%) say the City of Courtenay is a welcoming city, and around 7 in 10 (TOP2: 70%) believe that they have a strong sense of belongingness in the City of Courtenay. [\[Slide 44 & 45\]](#)

Issues, Priorities, and Satisfaction with City Services

- The City has a negative Net Promoter Score (-16), indicating that residents are more likely to not recommend the City to their friends or colleagues as opposed to recommending it. [\[Slide 16\]](#)
- Homelessness (34%) emerged as the most important issue facing the city, followed by lack of affordable housing (11%), and water issues (5%). [\[Slide 11\]](#)
- However, two-thirds of residents (TOP2: 66%) are satisfied with the overall level and quality of services provided by the City of Courtenay. [\[Slide 19\]](#)
 - Fire services (TOP2: 93%), recreation services (TOP2: 87%), and parks, green spaces and multi-use trails (TOP2: 83%) are the services residents are most satisfied with. Traffic management (TOP2: 46%) has the lowest satisfaction among residents. [\[Slide 21\]](#)
- Results from the Gap Analysis indicate that the three primary areas of improvement for the city are as follows: land use and community planning; traffic management; and availability of online services. Although traffic management has the lowest satisfaction among the residents (TOP2: 46%), it ranks second in the list of primary areas for improvement, just behind land use and community planning. In terms of primary areas for maintenance, the service that tops the list is garbage, recycling, organics, and yard waste collection. [\[Slide 25\]](#)

Executive Summary

City Interaction and Staff Experience

- Around 4 in 10 residents (42%) have personally contacted or dealt with the City of Courtenay in the last 12 months. [\[Slide 31\]](#)
- 3 in 4 (TOP2: 76%) reported being satisfied with the overall service they received from the City of Courtenay the last time they contacted them, and about 4 in 5 (TOP2: 78%) received full or partial service and/or support. [\[Slide 32-33\]](#)

City Communication

- Almost half (45%) reported learning about or receiving updates about city-related news from the local newspaper, making it the most popular communication channel in the city. This is followed by social media (31%) and city website (18%). [\[Slide 40\]](#)
- When asked about their preferred method of being informed about city-related news and updates, local newspaper (38%) emerged as the most popular option. [\[Slide 41\]](#)
- In terms of residents' preferred method of contacting the city regarding inquiries and concerns, telephone emerged as the popular option, with nearly half (48%) of the respondents mentioning it. [\[Slide 42\]](#)

Methodology



Methodology

Method: CATI (Computer Aided Telephone Interview)

Criteria for Participation: Residents of the City of Courtenay who are 18 years of age or older

Sample Size: n=304

**Average Length of Interview
(LOI):** 18.1 minutes

Margin of Error: $\pm 5.62\%$

Fieldwork Dates: July 24th – August 8th, 2023

- Additional Notes:**
- CATI sample was drawn using random digit dialing (RDD) among the City of Courtenay residents. A mix of landline and cell phone sample was used to reach cell phone-only households.
 - Results throughout this report have been statistically weighted by age and gender, to ensure that the sample reflects the target population according to 2021 Census data.
 - Comparisons to other Canadian municipalities have been included where possible.
 - Significant differences across sub-groups are noted where they exist.

Reporting Considerations

TOP2 / BTM2

Top 2 (TOP2) and Bottom 2 (BTM2) reference the collected TOP2 positive and BTM2 negative responses, respectively where applicable. For example, a TOP2 grouping referred to as “satisfied” may be the combined result of “very satisfied” and “somewhat satisfied,” where a grouping of “not satisfied” (BTM2) may be the combined result of “very dissatisfied” and “somewhat dissatisfied”.

Rounding

Due to rounding, numbers presented throughout this document may not add up to the totals provided. For example, in some cases, the sum of all question values may add up to 101% instead of 100%. Similar logic applies to TOP2 and BTM2 groupings.

Multi-mentions

In some cases, more than one answer option is applicable to a respondent. Multiple mention questions allow respondents to select more than one answer category for a question. For questions that ask for multiple mentions (e.g., How do you usually learn about or receive updates from the City of Courtenay?), it is important to note that the percentages typically add to over 100%. This is because the total number of answer categories selected for a question can be greater than the number of respondents who answered the question. For example, respondents were able to select “telephone” and “email” as their answer.

Significance Testing

Throughout the report, statistically significant differences (at the 95% confidence level) between demographic segments have been stated under the related finding in the right text boxes. It is important to point out that, statistical differences exist only between the segments mentioned in the notes.

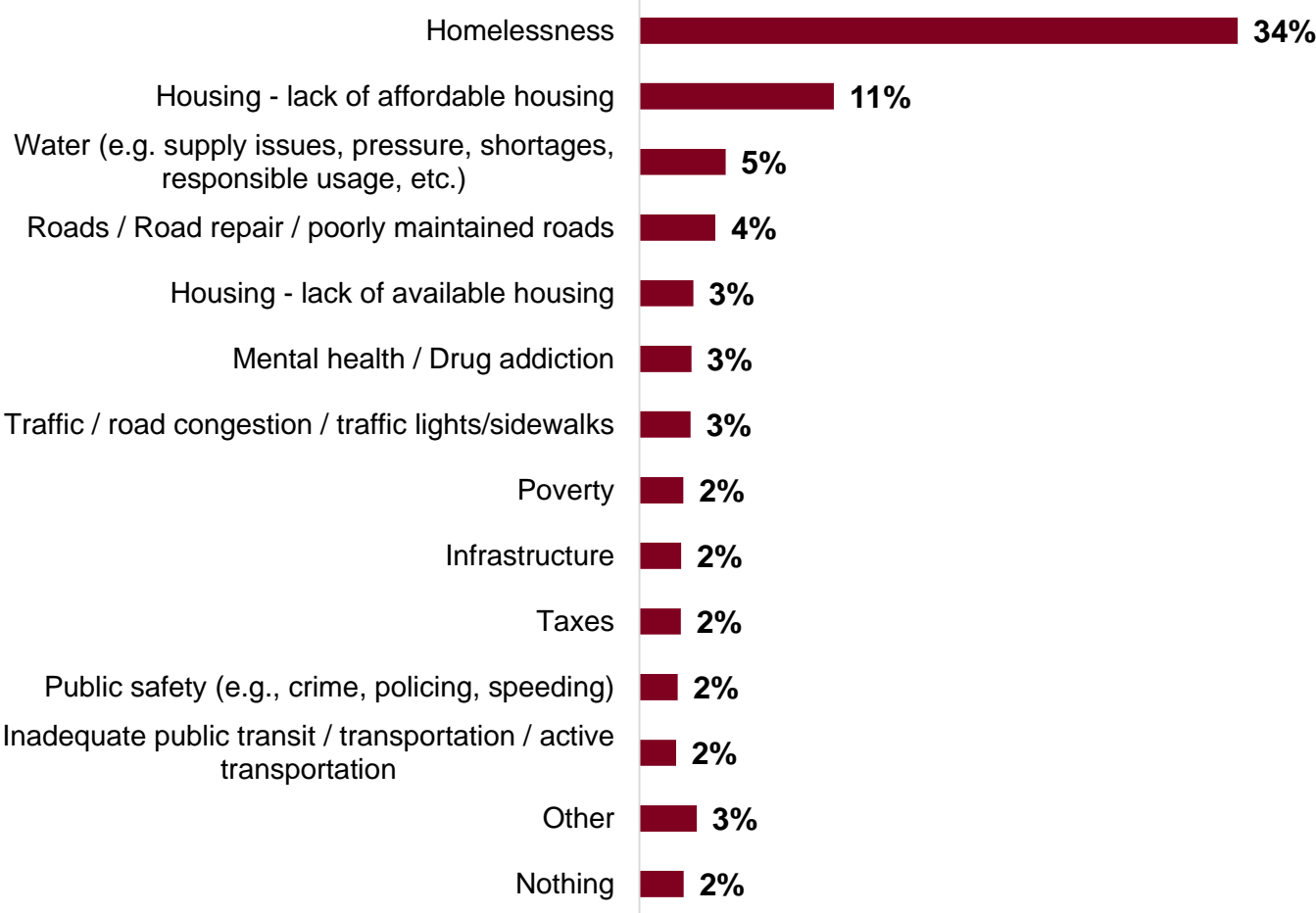
Detailed Findings



Quality of Life



Top of Mind Issues



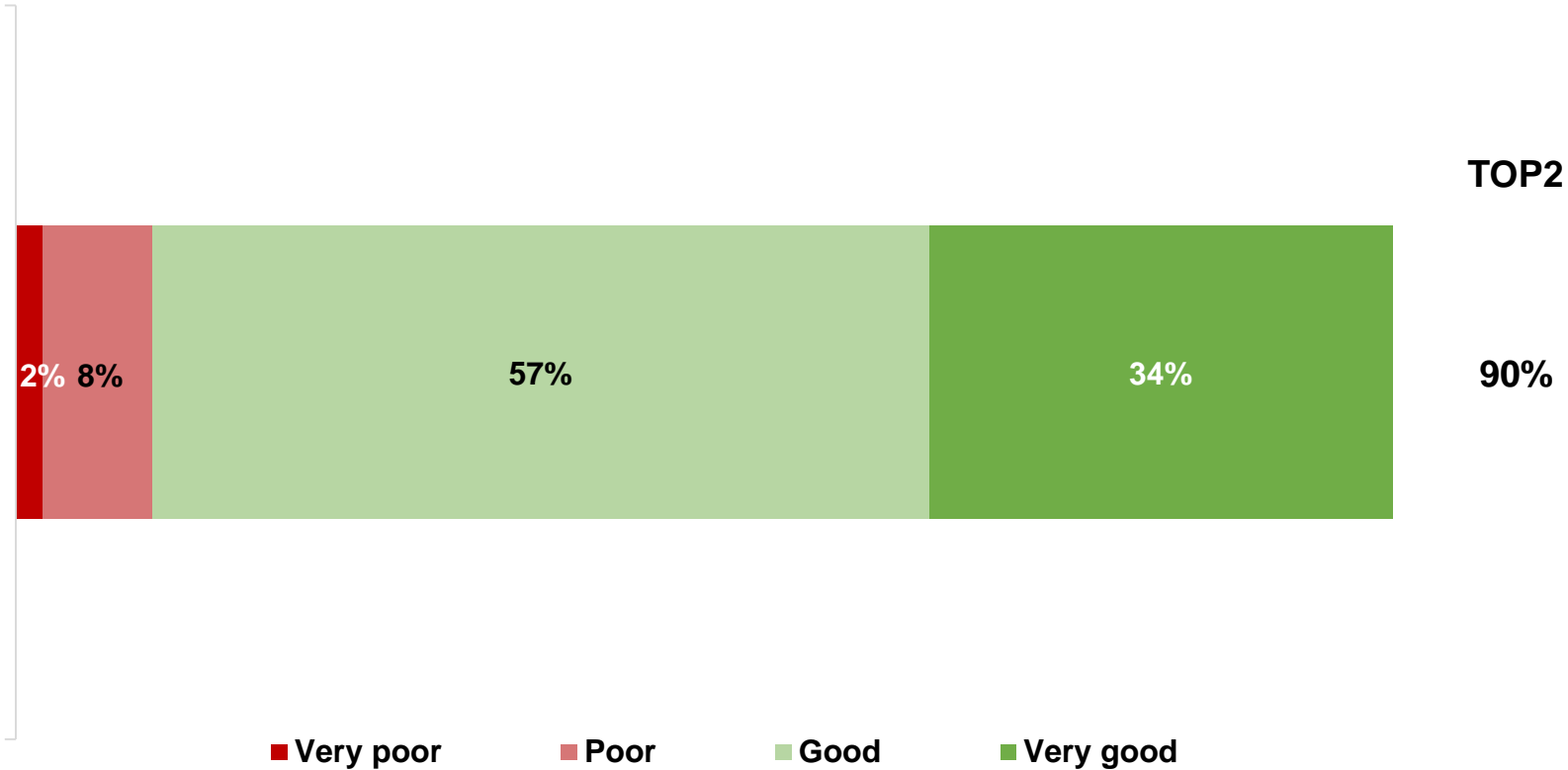
- Homelessness emerged as the most important issue facing the city, with around 1 in 3 (34%) respondents mentioning it.
 - Respondents earning \$60k to <\$80k (51%) are more likely to cite homelessness as the most important issue facing the city compared to those who earn under \$40k (22%).
- Other top of mind issues mentioned by the residents are lack of affordable housing (11%), water issues (5%), and concerns about roads (4%).

*note: not shown if <2%



Q1. In your view, as a resident of The City of Courtenay, what is the most important issue facing your community, that is the **one** issue you feel should receive the greatest attention from your local leaders?
 Sample size: n=304
 Framework: All respondents

Quality of Life



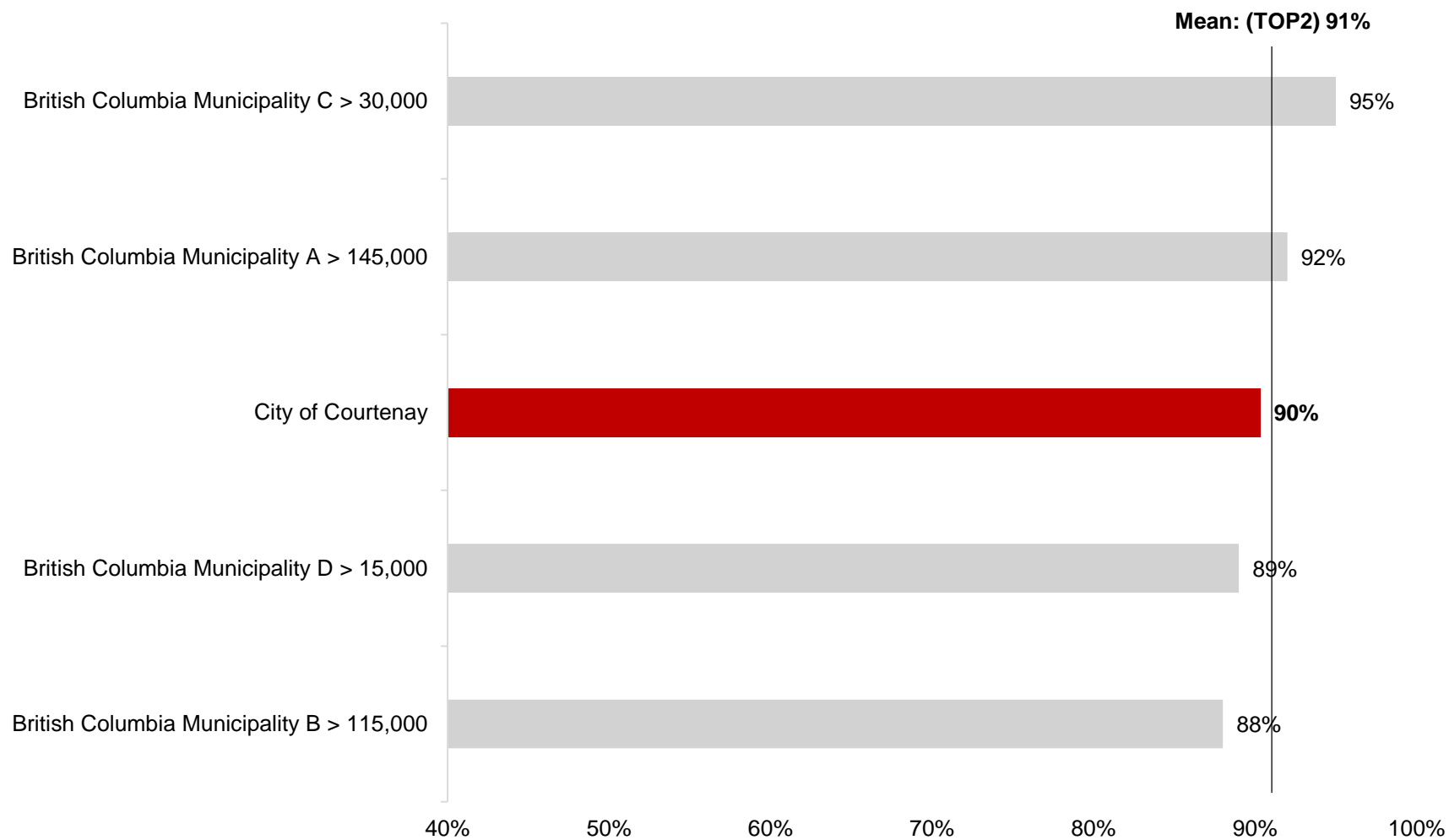
- Majority of respondents are positive towards the overall quality of life in the City of Courtenay, with around 9 in 10 residents (TOP2: 90%) rating the quality of life as good or very good.

Q2. How would you rate the overall quality of life in the City of Courtenay today?

Sample size: n=299

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Quality of Life – Benchmark



- When compared against other municipalities* in British Columbia, the City of Courtenay is barely below the average rating in terms of the overall quality of life.

*This benchmark analysis is based on the results of surveys that asked this same question and were conducted between 2020-2023. Comparisons for this question include 4 municipalities across British Columbia, with populations ranging from ~15,000 to ~145,000. Populations shown are rounded to the nearest 5,000 based on 2021 Census data.

Q2. How would you rate the overall quality of life in the City of Courtenay today?

Sample size: n=299

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Quality of Life – Past 3 years



- More than half (57%) of the respondents think that the quality of life in the City of Courtenay has worsened over the past three years. The following demographic groups are significantly more likely to say the same thing:
 - Residents aged 35 to 44 (72%) compared to those aged 65+ (49%).
 - Those who are employed part-time* (90%) compared to those employed full-time (47%) and those who have retired (49%).

*Sample size n<30, Interpret with caution.

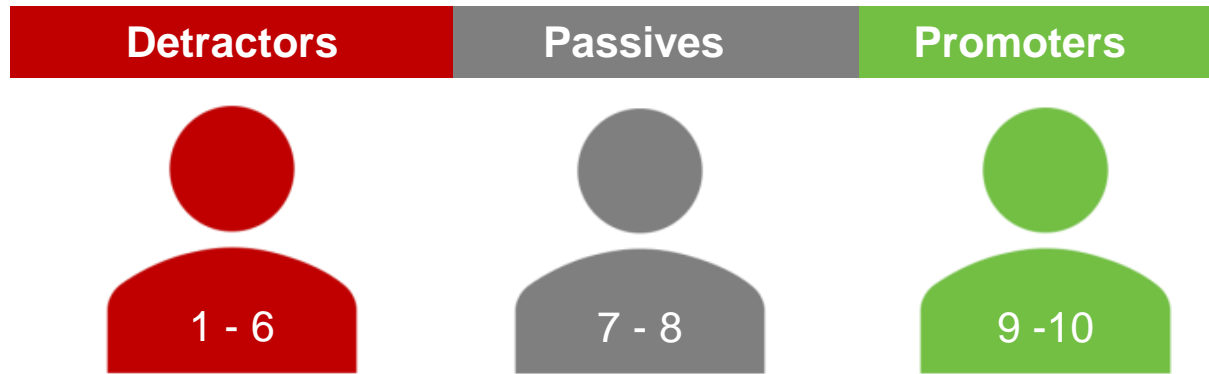
Q3. In your opinion, over the past three years, has the quality of life in the City of Courtenay...

Sample size: n=304

Framework: All respondents, excluding Don't Know / Refused responses

Net Promoter Score (NPS) - Methodology

Net Promoter Score = Promoters – Detractors



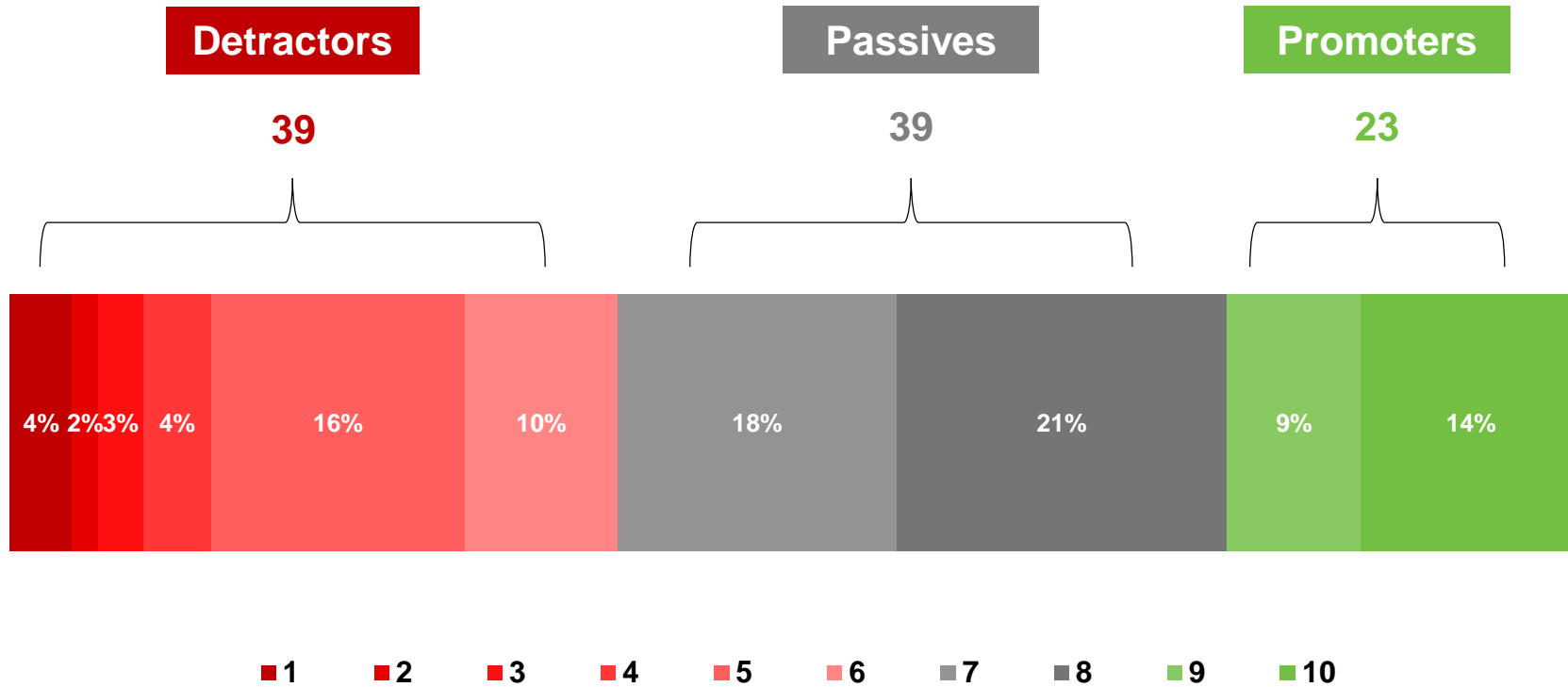
- The Net Promoter Score (NPS) assesses the willingness of residents to promote the City of Courtenay. The NPS was measured by asking residents to rate their likelihood of recommending the City of Courtenay as a place to live, on a scale from 1 to 10, with 1 being not at all likely and 10 being very likely.
- Based on the score provided, residents were classified as Promoters, Passives, or Detractors of the City of Courtenay.
- A Net Promoter Score (NPS) is calculated by subtracting the detractors from the promoters, which provides a net score for the proportion of residents promoting the City of Courtenay.

NPS. How likely would you be to recommend the City of Courtenay as a place to live to a friend or colleague? Please use a number from 1 to 10, where 1 is not likely at all, and 10 is extremely likely.

Sample size: n=303

Framework: All respondents, excluding Don't Know responses

NPS Analysis

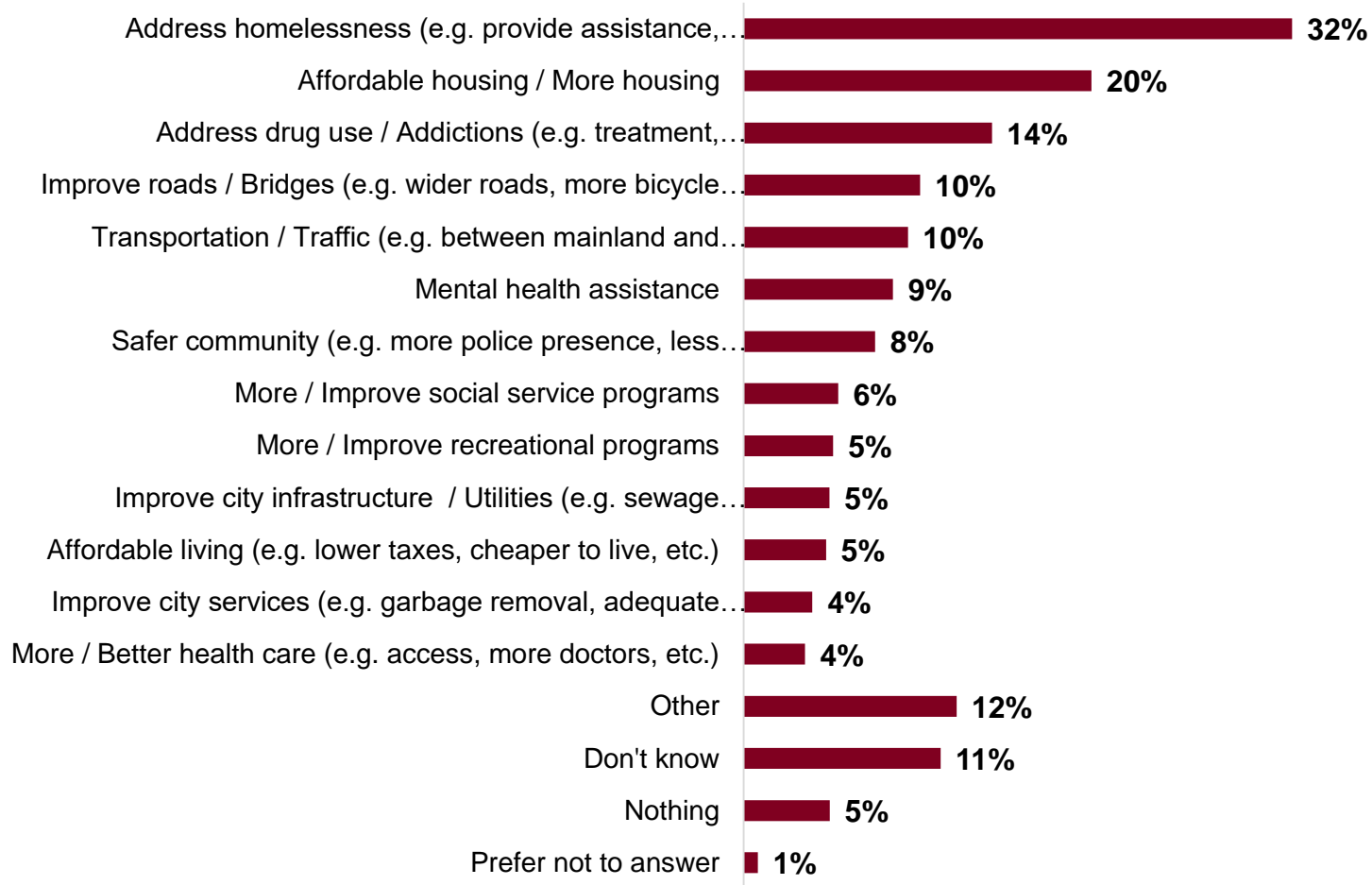


$$\text{Net Promoter Score} = 23 - 39 = -16$$

- An NPS score of -16 suggests that City of Courtenay residents are less likely to recommend the City as a place to live to a friend or colleague.
- Residents who earn \$60k to <\$80k (52%) are more likely to **not** recommend the City than those who earn under \$40k (23%).

Enhancing Quality of Life

Suggested Programs/Initiatives



- With homelessness emerging as the most important issue facing the city, addressing homelessness has risen as the most popular suggestion to improve the quality of life in the city, with around 1 in 3 residents (32%) suggesting it.
- Other notable suggestions mentioned by the residents are more affordable housing (20%), address drug use (14%), and improve roads (10%).

*note: not shown if <3%

Q4. What specific initiative or program would you like to see that would enhance the quality of life in our community?

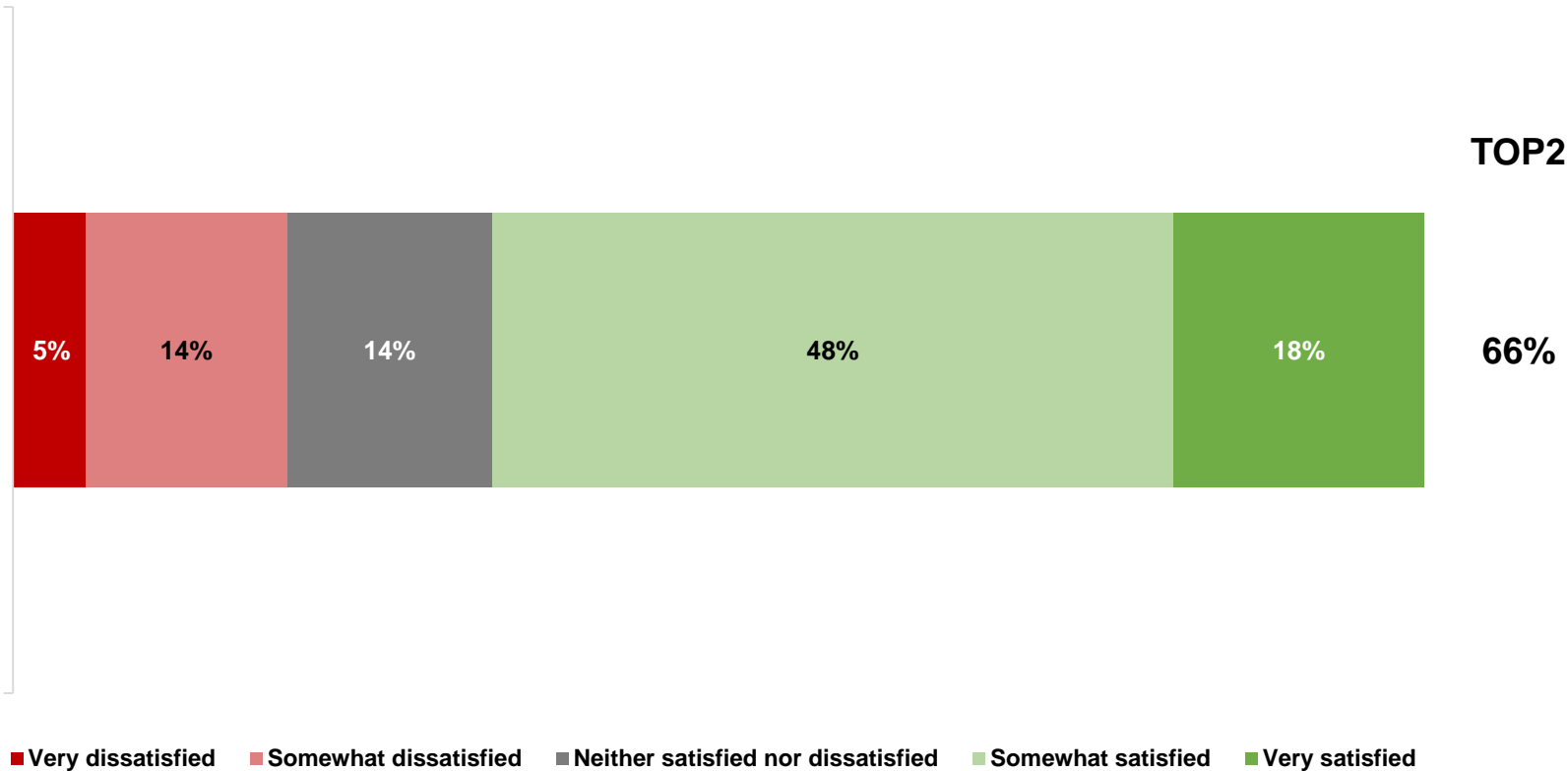
Sample size: n=304

Framework: All respondents

City Service Assessment



Satisfaction with Services Provided by the City



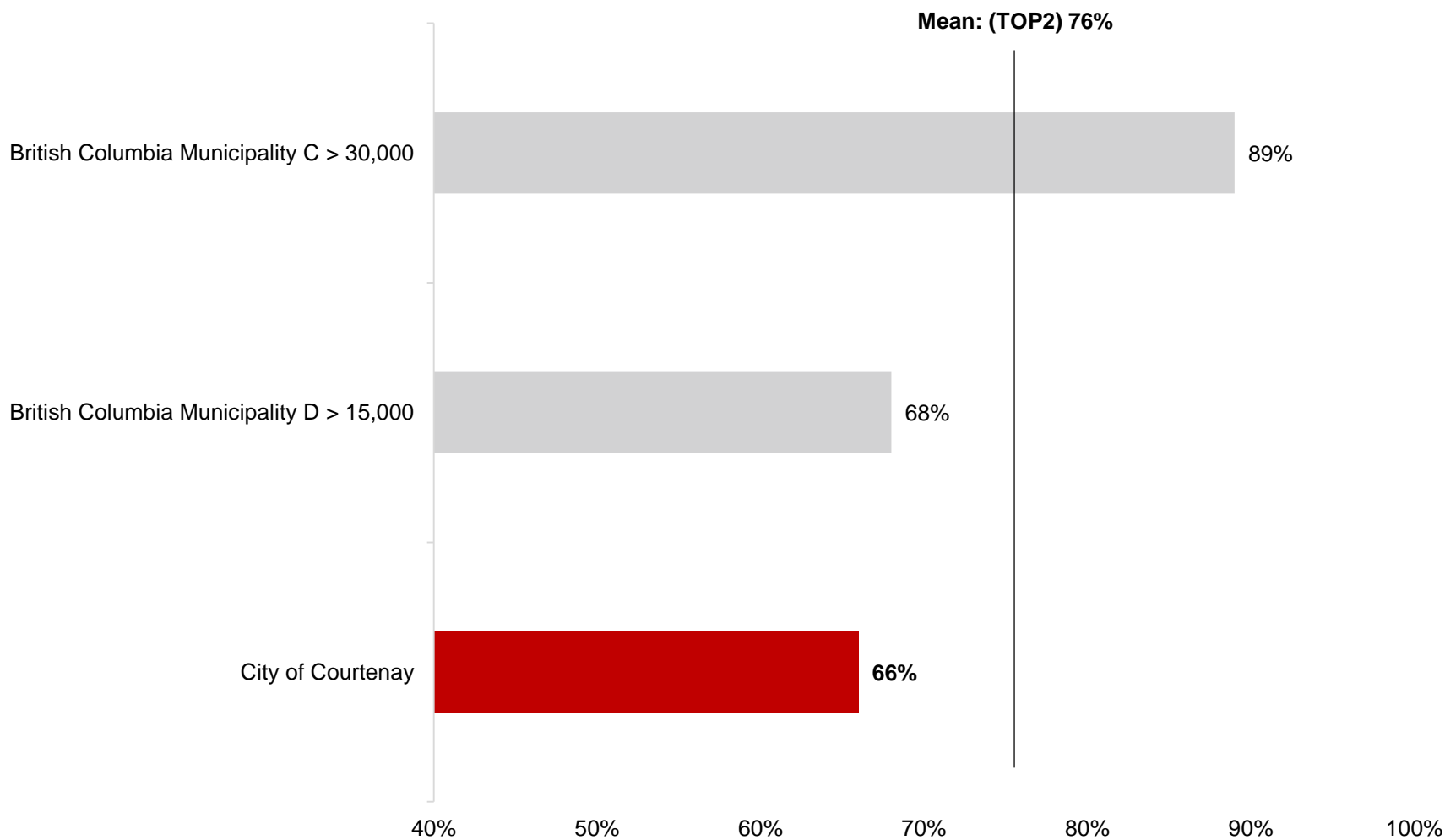
- Approximately 2 in 3 (TOP2: 66%) residents are satisfied with the overall level and quality of services provided by the City of Courtenay. The following demographic groups are significantly more likely to be satisfied with such services:
 - Residents aged 65+ (TOP2: 80%) compared to those aged 25-44 (TOP2: 48%-53%)
 - Residents without children in their household (TOP2: 71%) compared to those with children in their homes (TOP2: 46%)
 - Retired individuals (TOP2: 80%) compared to those who are working full-time (TOP2: 56%).

Q5. Please tell me how satisfied or dissatisfied you are with the overall level and quality of services provided by the City of Courtenay, on a scale of very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, and very dissatisfied.

Sample size: n=302

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City – Benchmark



- When it comes to satisfaction with services provided, City of Courtenay ranks lower compared against other municipalities* in British Columbia. Additionally, its average satisfaction level is lower than the municipal benchmark average by 10%.

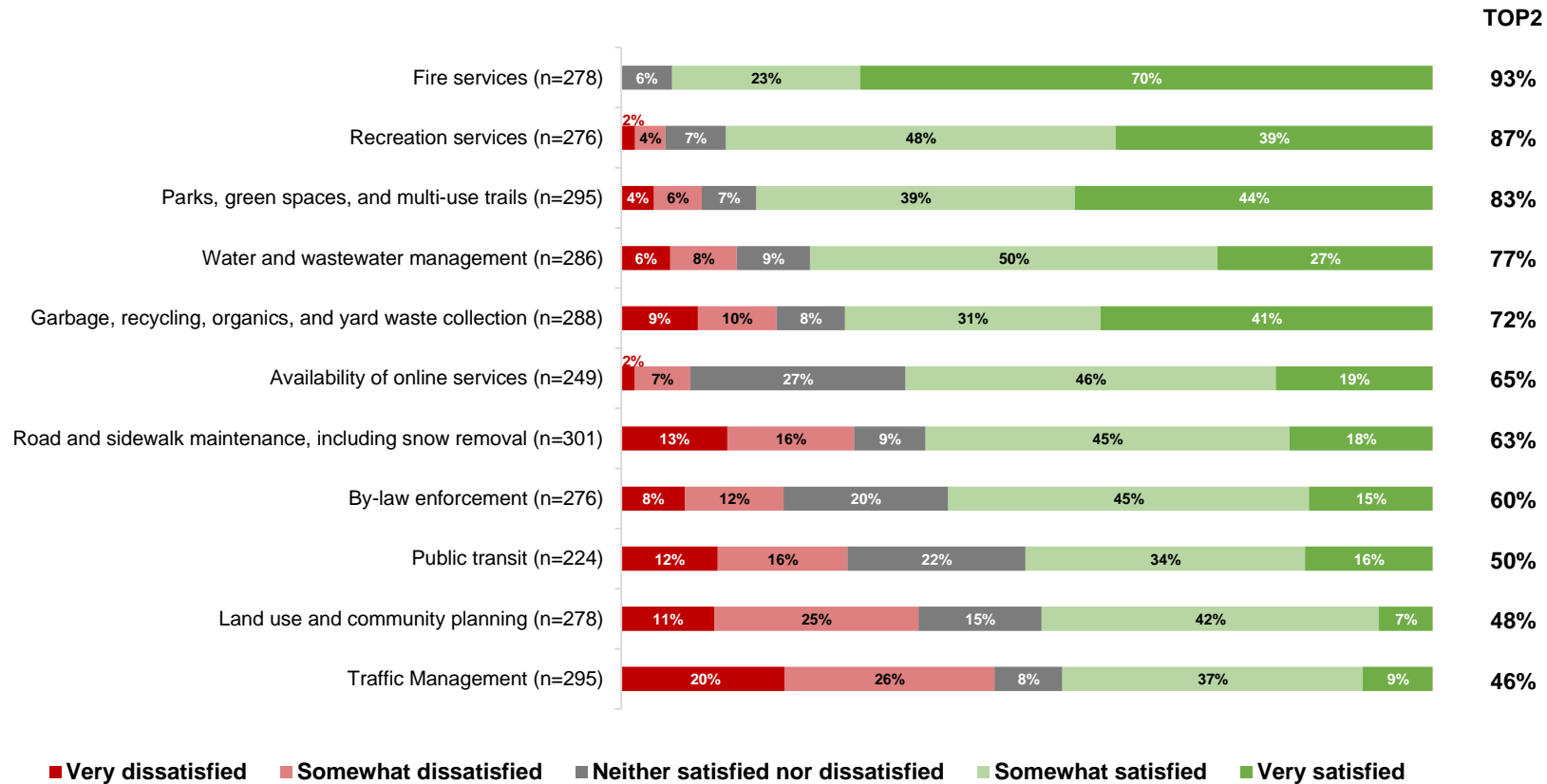
*This benchmark analysis is based on the results of surveys that asked this same question and were conducted between 2020-2023. Comparisons for this question include 2 municipalities across British Columbia, with populations ranging from ~15,000 to ~30,000. Populations shown are rounded to the nearest 5,000 based on 2021 Census data.

Q5. Please tell me how satisfied or dissatisfied you are with the overall level and quality of services provided by the City of Courtenay, on a scale of very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, and very dissatisfied.

Sample size: n=302

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City



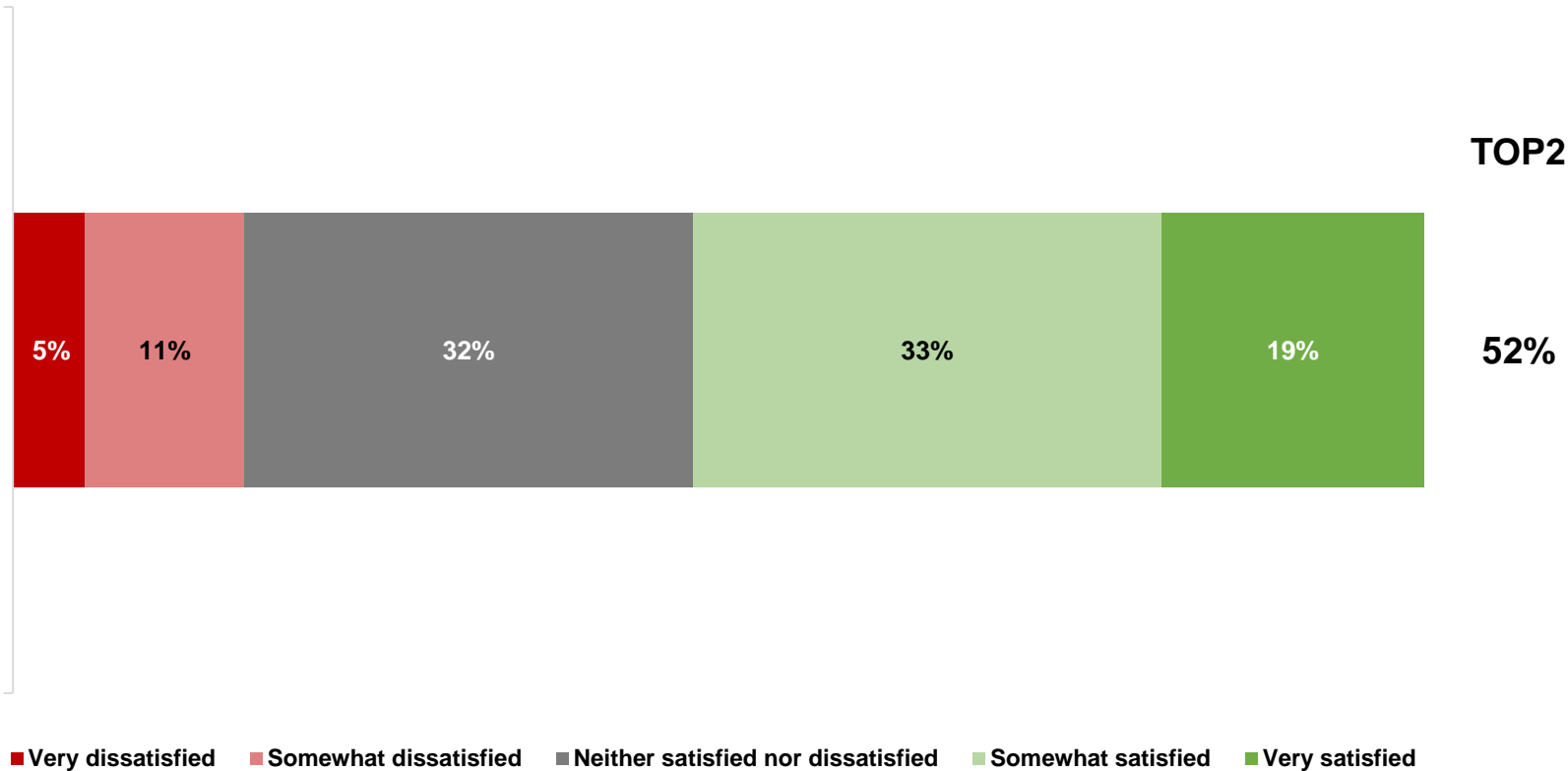
- Fire services (TOP2: 93%), recreation services (TOP2: 87%), and parks, green spaces and multi-use trails (TOP2: 83%), are the services residents are most satisfied with. Traffic management (TOP2: 46%) has the lowest satisfaction among the residents.

Q5a-k. I am going to read a list of services provided by the City of Courtenay. For each one using the same scale as before, please tell me how satisfied or dissatisfied you are with the performance of the City of Courtenay.

Sample size: Varies, shown in chart above

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Diversity, Equity, and Inclusion in the City



- Around half of the respondents (TOP2: 52%) are satisfied with the city's current efforts in promoting diversity, equity, and inclusion within the community.
- On the other hand, nearly 1 in 5 respondents (BTM2: 16%) expressed their dissatisfaction on diversity, equity, and inclusion in the City. Furthermore, people with disabilities (BTM2: 39%) are significantly more likely to be dissatisfied with the city's current efforts in this area compared to individuals without disabilities (BTM2: 12%).

Q6. Please tell me how satisfied or dissatisfied you are with the city's current efforts in promoting diversity, equity, and inclusion within the community.

Sample size: n=271

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Gap Analysis



Interpreting the Gap Analysis

The gap analysis shows the difference between how satisfied respondents are with each city service and the impact of the services to respondents' overall service satisfaction.

- **Satisfaction scores** are plotted vertically (along the Y-axis). They represent overall stated satisfaction (TOP2%) with each of the individual city services.
- **Impact on overall satisfaction scores** are plotted horizontally (along the X-axis). They are based on a statistical method called regression analysis that determines how a specific service (independent variable) contributes to respondents' overall satisfaction with the services (dependent variable). Impact on overall satisfaction can also be referred to as perceived importance.

As a result of the analysis, city services have distributed among four areas:

1. Primary Areas for Improvement:

- Services that have the highest impact on overall satisfaction, but with lower individual satisfaction scores. The regression analysis identifies that these services are the strongest drivers of satisfaction. If the city can increase satisfaction in these areas, this will have the largest impact on overall satisfaction with city services.

2. Secondary Areas for Improvement:

- Services that have relatively low impact on overall satisfaction and have lower individual satisfaction scores. This should be the secondary area of focus to improve the satisfaction scores.

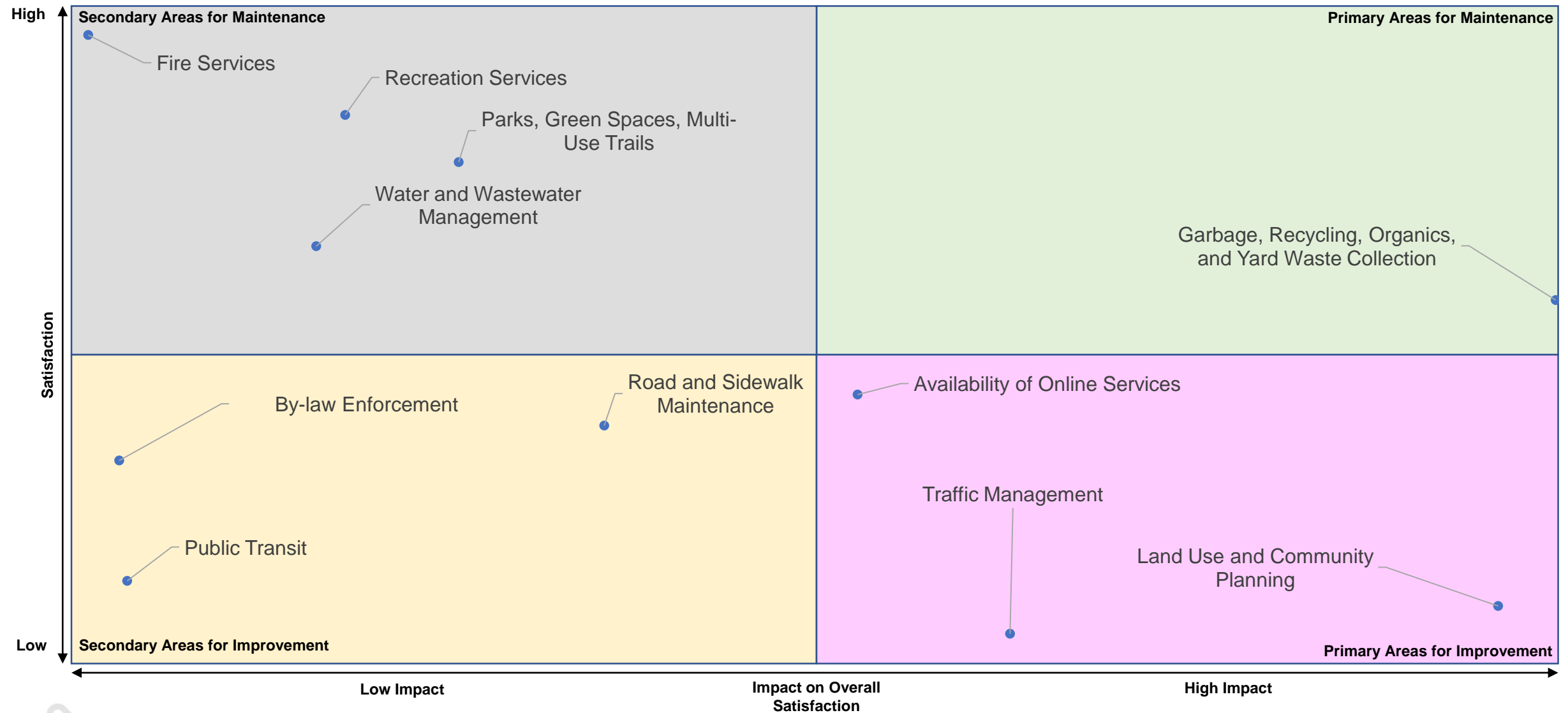
3. Primary Areas for Maintenance:

- Services that have relatively high impact on overall satisfaction and high individual satisfaction scores. The focus here is on maintaining the current level of service and satisfaction.

4. Secondary Areas for Maintenance:

- Services with lower impact on overall satisfaction but high individual satisfaction scores. The focus here should also be to maintain current satisfaction levels.

Gap Analysis



Gap Analysis (con't)

The services that the city should consider as **primary areas for improvement** include:

- Availability of Online Services
- Traffic Management
- Land Use and Community Planning

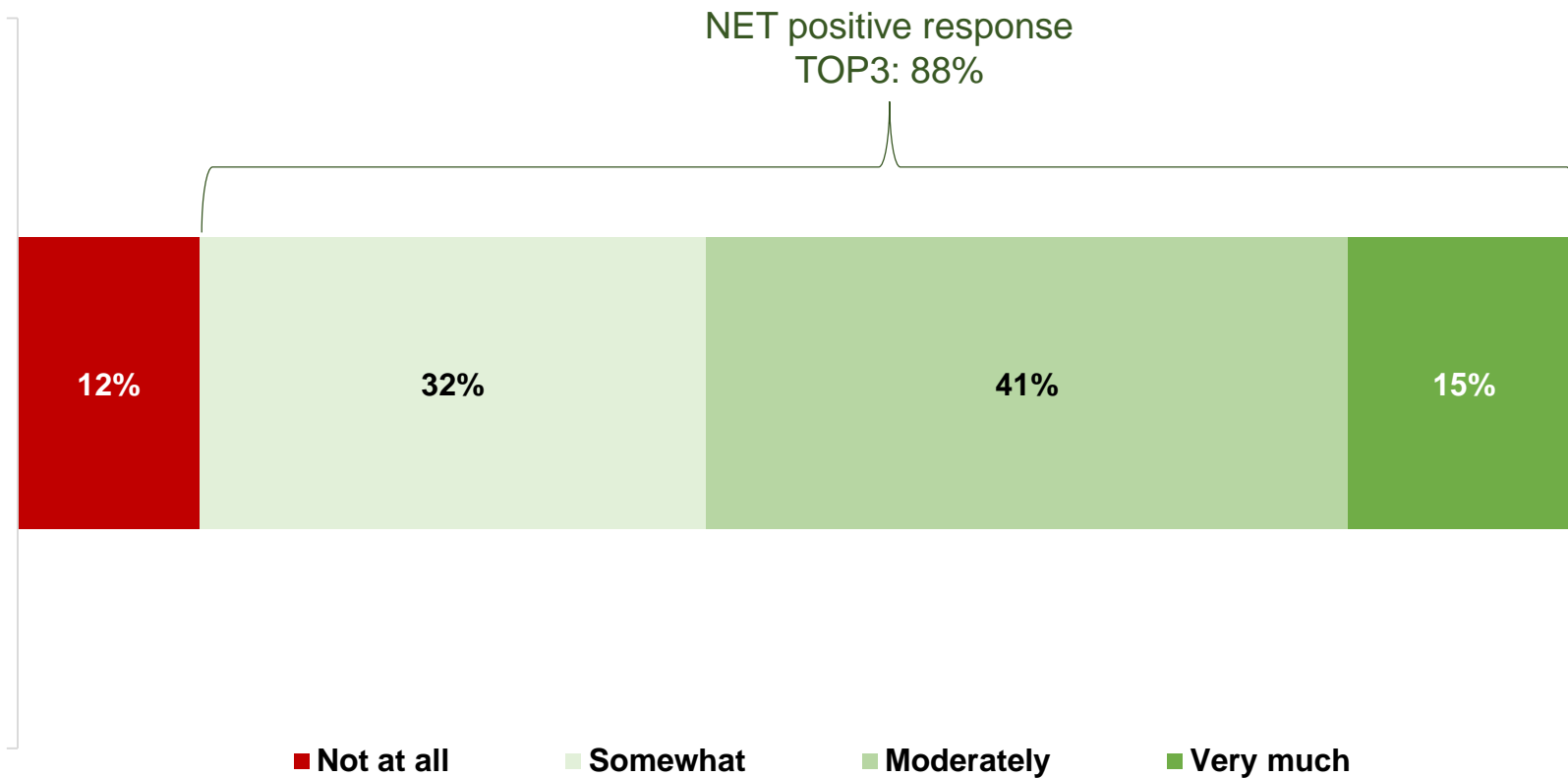
The services that the city should consider as **secondary areas for improvement** include:

- By-law Enforcement
- Public Transit
- Road and Sidewalk Maintenance

City Crest and Image



City Crest Representation



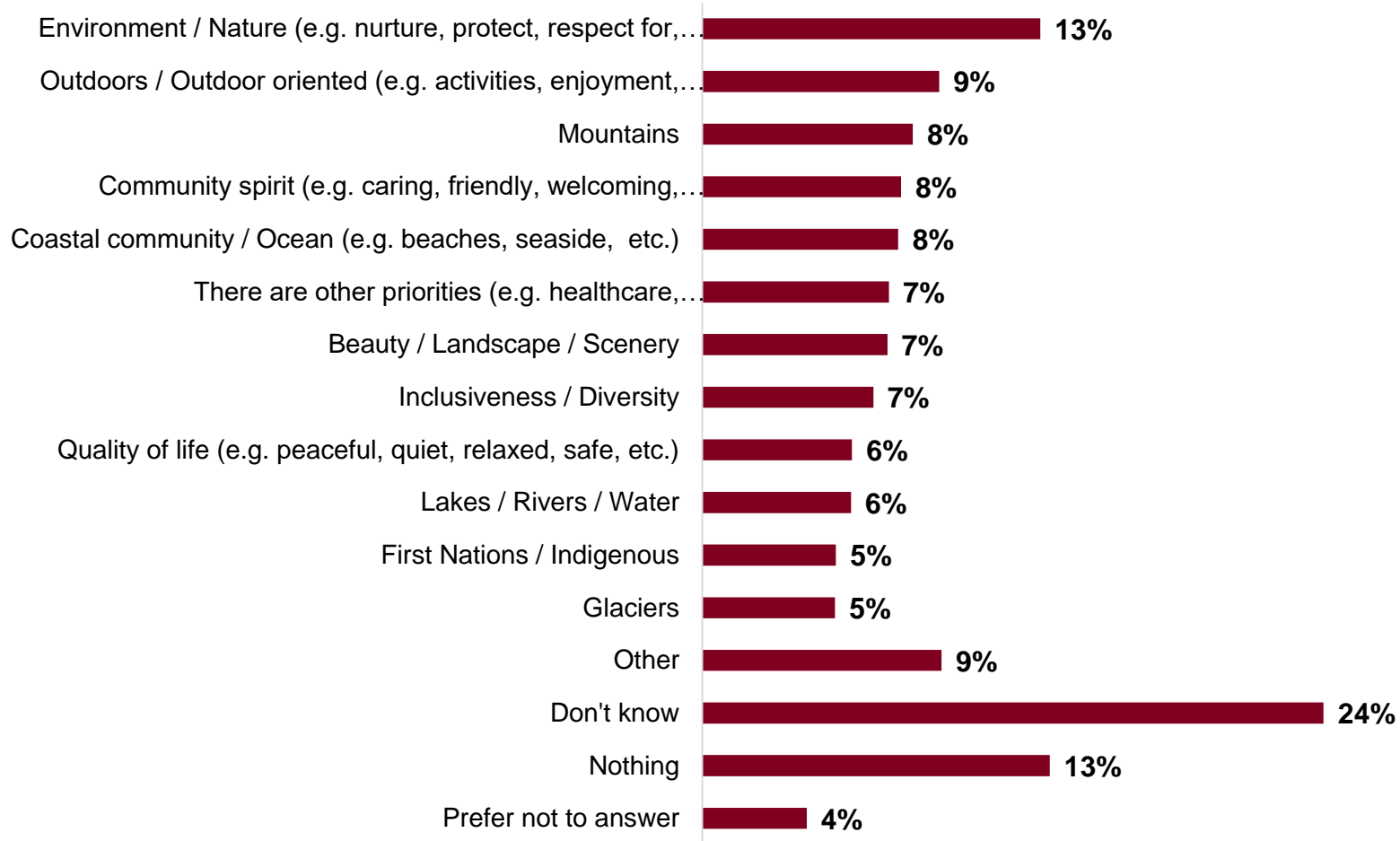
- Nearly 9 in 10 (TOP3: 88%) of the respondents feel that the current City of Courtenay Crest represents the identity and values of the community to some extent, while a small proportion (12%) feel that the current City of Courtenay Crest does not represent the identity and values of the community at all.

Q7. To what extent do you feel the current City of Courtenay Crest represents the identity and values of all of the community members?

Sample size: n=223

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

City Crest Representation (con't)



- Environment/Nature appeared to be the most popular brand/imaging (13%) associated with the City of Courtenay Crest and its underlying values, as perceived by the residents.
- Other notable suggestions mentioned by the residents are outdoors/outdoor oriented (9%), mountains (8%), community spirit (8%), and coastal communities/oceans (8%).

*note: not shown if <5%

Q8. What values should the brand/imaging share about the City of Courtenay? Please list any images or feelings that come to mind.

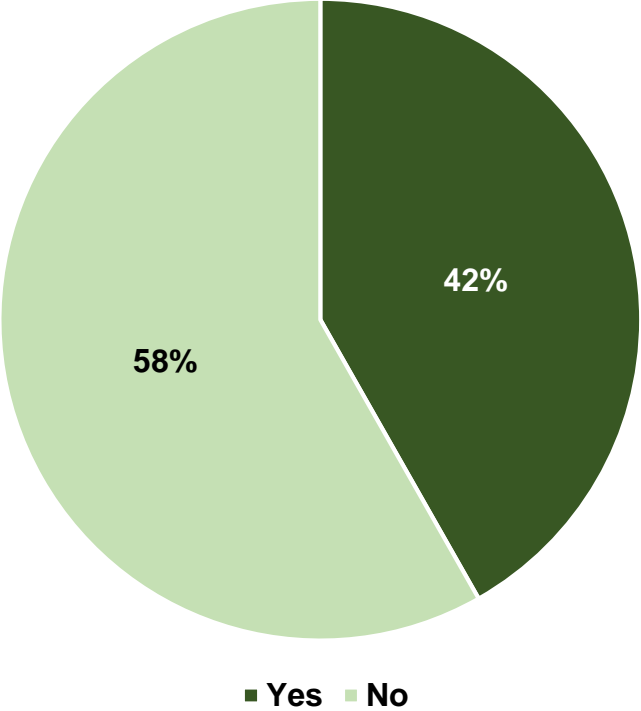
Sample size: n=304

Framework: All respondents

City Staff Satisfaction



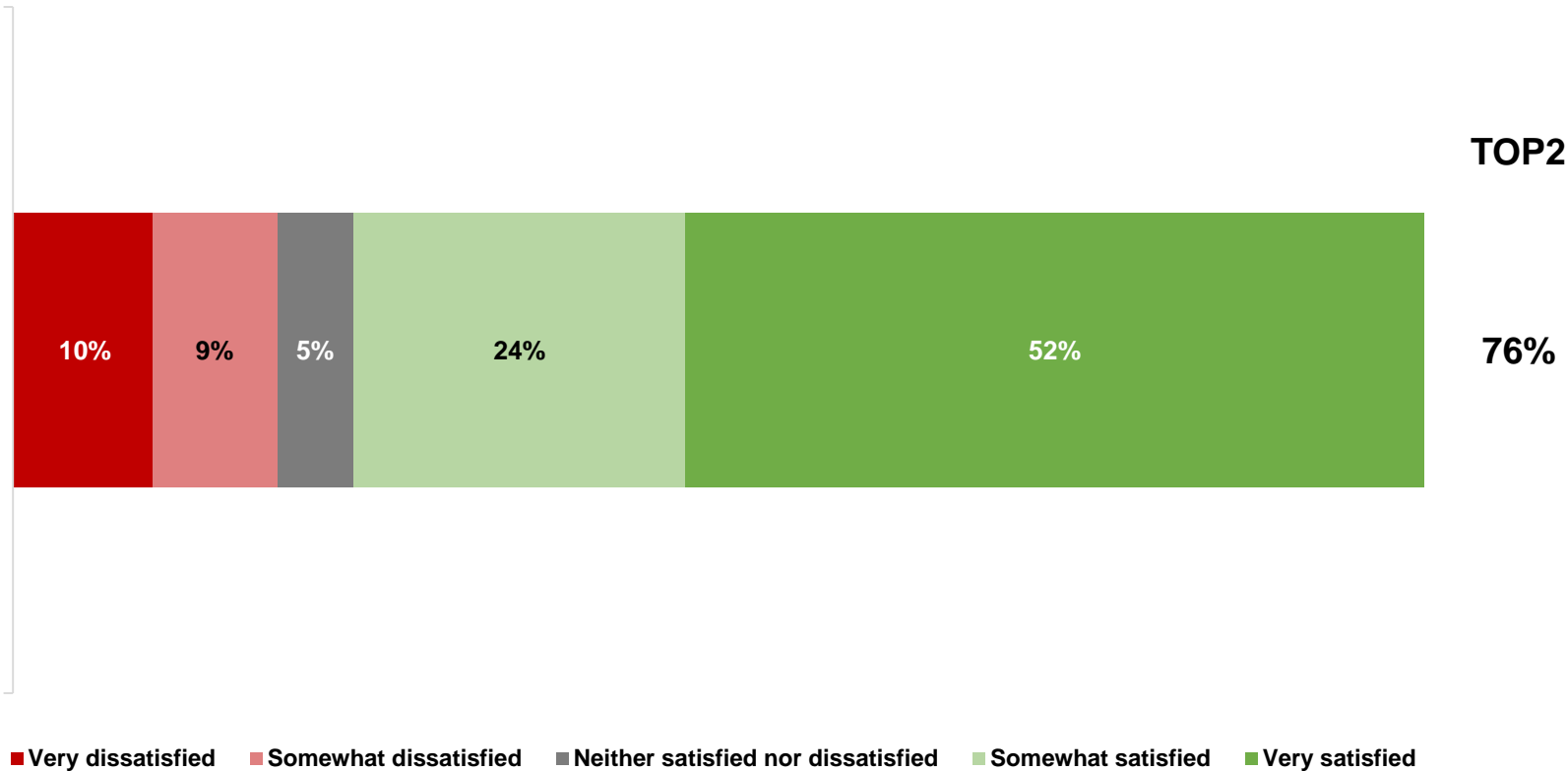
Interaction with City of Courtenay – Last 12 months



- In the last 12 months, 2 in 5 respondents (42%) have personally contacted or dealt with the City of Courtenay and/or its staff.

Q9. In the last 12 months, have you personally contacted or dealt with the City of Courtenay or one of its employees?
Sample size: n=304
Framework: All respondents

Satisfaction with City Staff Experience



- Around 3 in 4 respondents (TOP2: 76%) reported being satisfied with the overall service they received from the City of Courtenay the last time that they contacted them.
- Retired individuals (TOP2: 84%) are significantly more likely to be satisfied with their city staff experience compared to those who are self-employed* (TOP2: 46%).

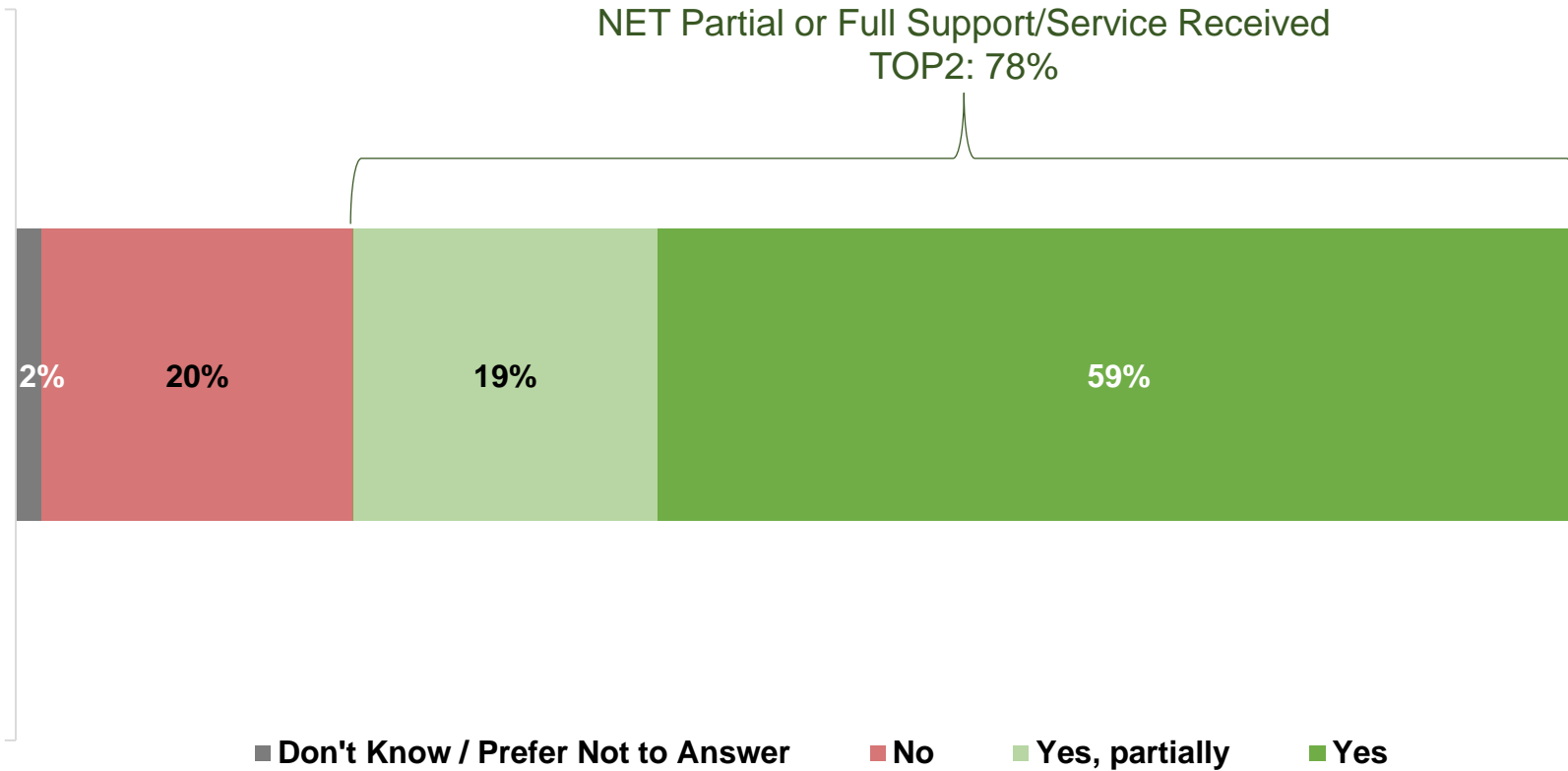
*Sample size n<30, Interpret with caution.

Q10. And thinking of the last time you contacted the City of Courtenay, how satisfied were you with the overall service you received? Would you say you were...?

Sample size: n=126

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months, excluding Don't Know responses

Outcome of Interaction with City Staff



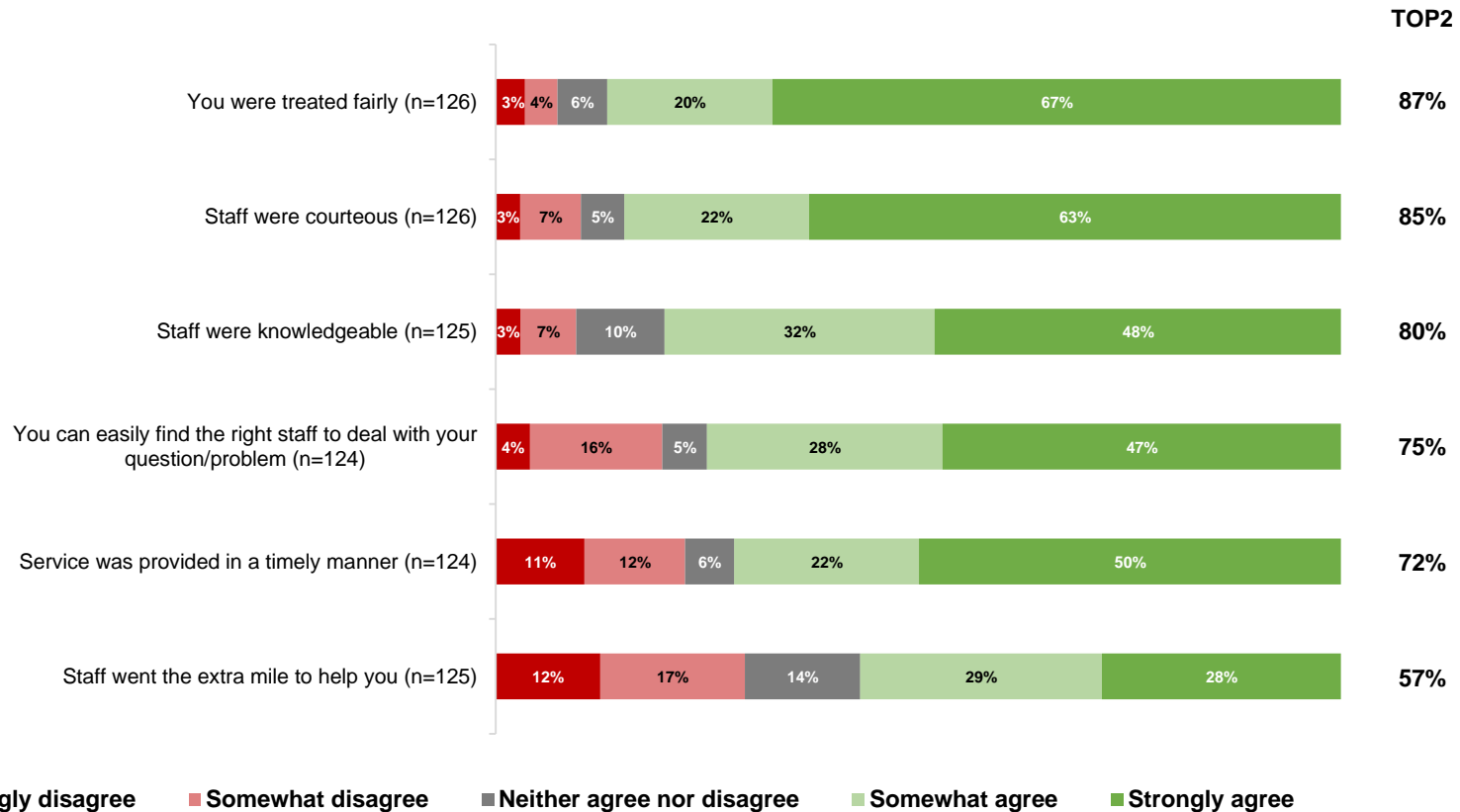
- Nearly 4 in 5 respondents (TOP2: 78%) have received support and/or service they needed from the city staff, to some extent. Meanwhile, 20% mentioned not receiving any support and/or service.

Q11. Did you receive the service or support you needed?

Sample size: n=126

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience



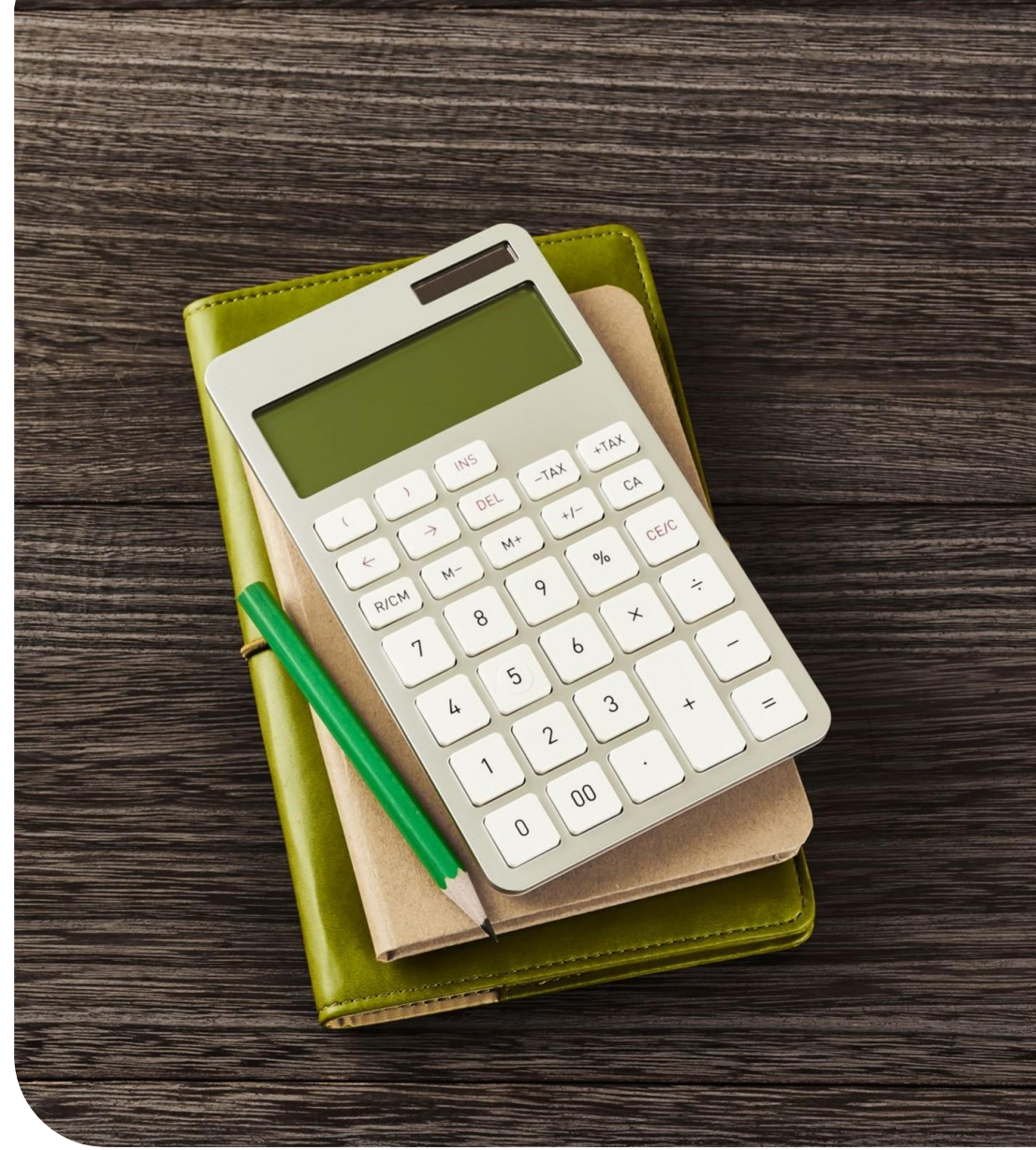
- Overall, majority of the respondents (TOP2: 57%-87%) reported a positive experience with the city staff across all the statements that were asked.

Q12a-f. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...?

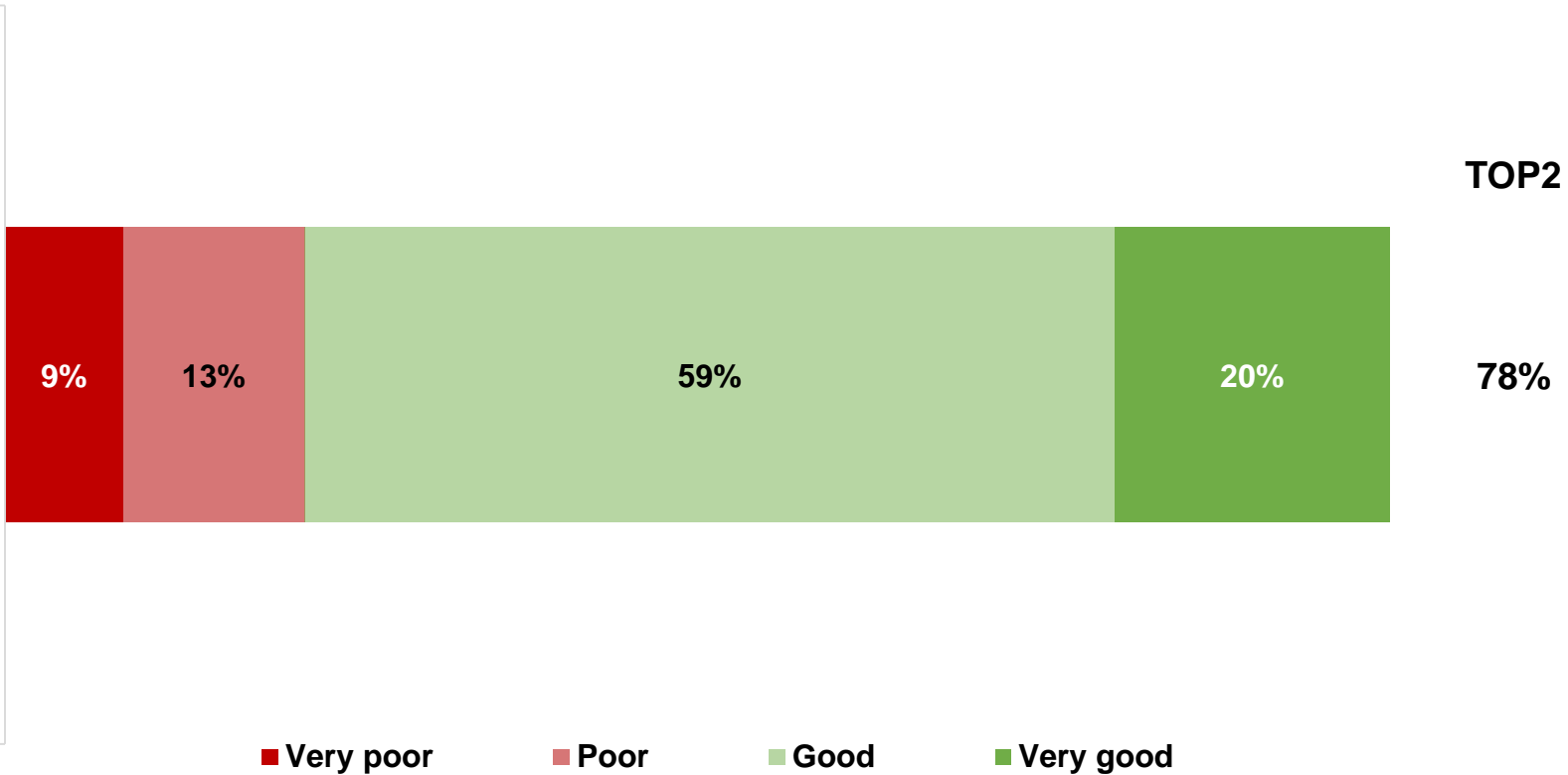
Sample size: Varies, shown in chart above

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Taxation and Priorities



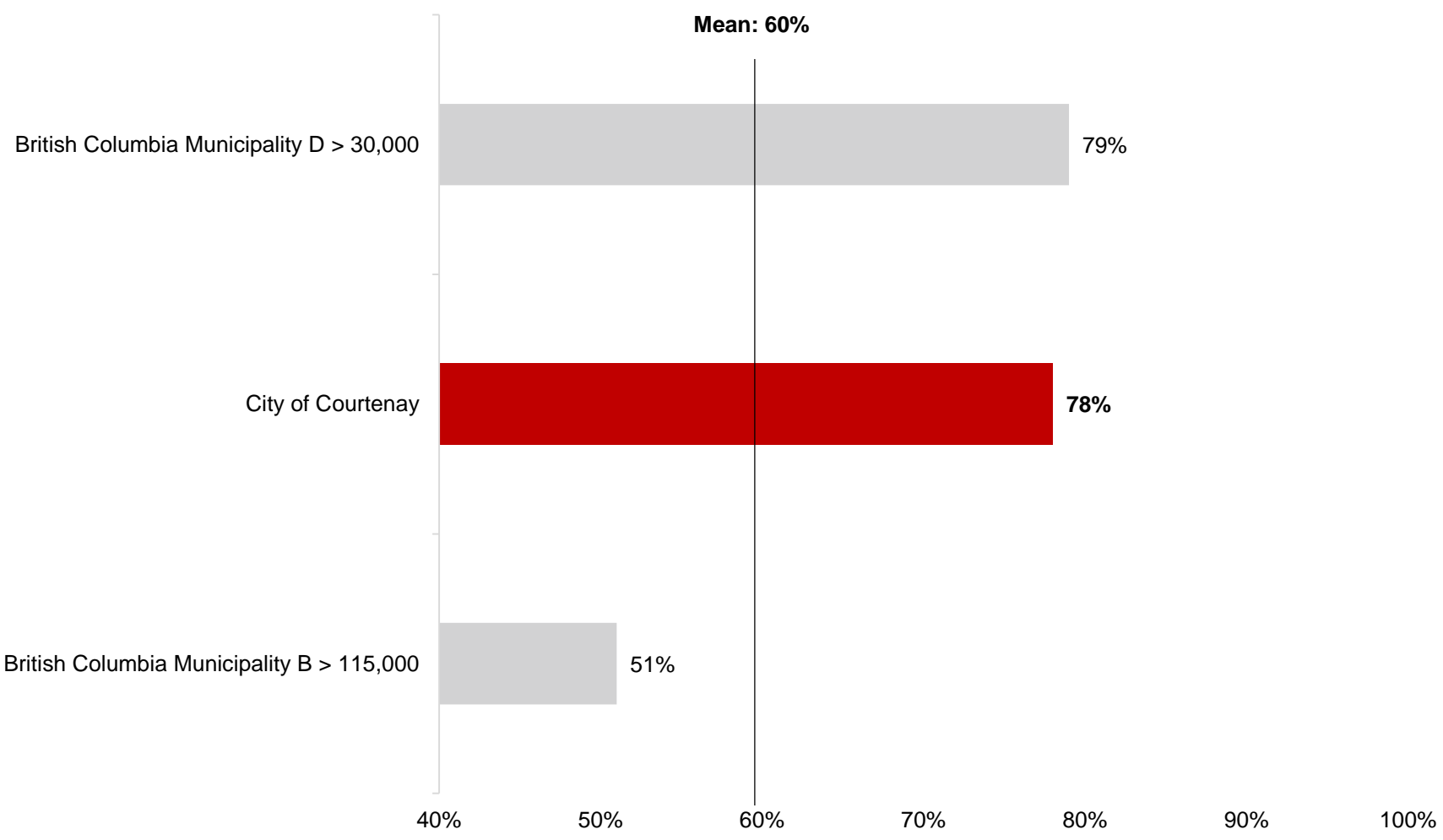
Value for Tax Dollars



- Nearly 4 in 5 respondents (TOP2: 78%) think that they receive an overall good value for their tax dollars. The following groups are significantly more likely to have the same sentiment:
 - Residents aged 35-44 (TOP2: 83%) and residents aged 55+ (TOP2: 83%-86%) compared to those aged 45-54 (TOP2: 53%).
 - Individuals who completed some community/technical/university (TOP2: 96%) compared to those who completed community/technical school and those who completed university (TOP2: 70%-77%).

Q13. Thinking about all the programs and services you receive from the City of Courtenay, would you say that overall, you receive a very good, good, poor, or very poor value for your tax dollars?
Sample size: n=291
Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Value for Tax Dollars – Benchmark

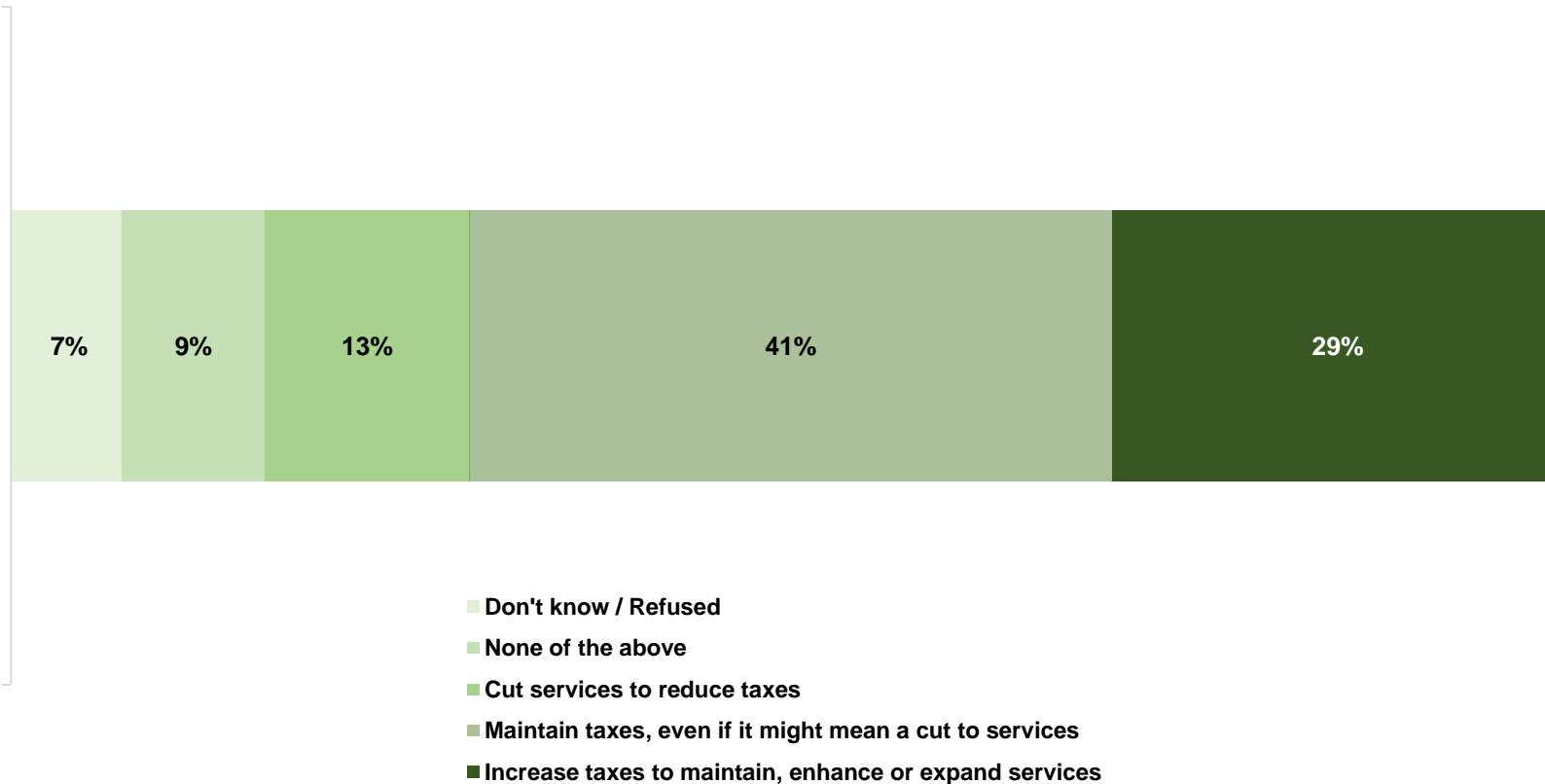


- When benchmarked against other municipalities* in British Columbia, the City of Courtenay is above the average level in terms of residents' assessments of the value they receive for tax dollars.

*This benchmark analysis is based on the results of surveys that asked this same question and were conducted between 2020-2023. Comparisons for this question include 2 municipalities across British Columbia, with populations ranging from ~30,000 to ~115,000. Populations shown are rounded to the nearest 5,000 based on 2021 Census data.

Q13. Thinking about all the programs and services you receive from the City of Courtenay, would you say that overall, you receive a very good, good, poor, or very poor value for your tax dollars?
Sample size: n=291
Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Balancing Taxations and Service Delivery Levels



- When asked about balancing property taxations and service delivery levels, nearly 3 in 10 respondents (29%) agree to increase taxes to maintain, enhance, or expand the services provided by the city.
- On the other hand, 41% of the residents would want to maintain taxes as it is, even though it might mean a cut to services that they receive. The following demographic groups are significantly more likely to share the same response:
 - Residents aged 55-64 (57%) compared to those aged 18-24* (18%).
 - Individuals earning \$40k to <\$80k (56%-59%), in comparison to those earning under \$40k (29%).

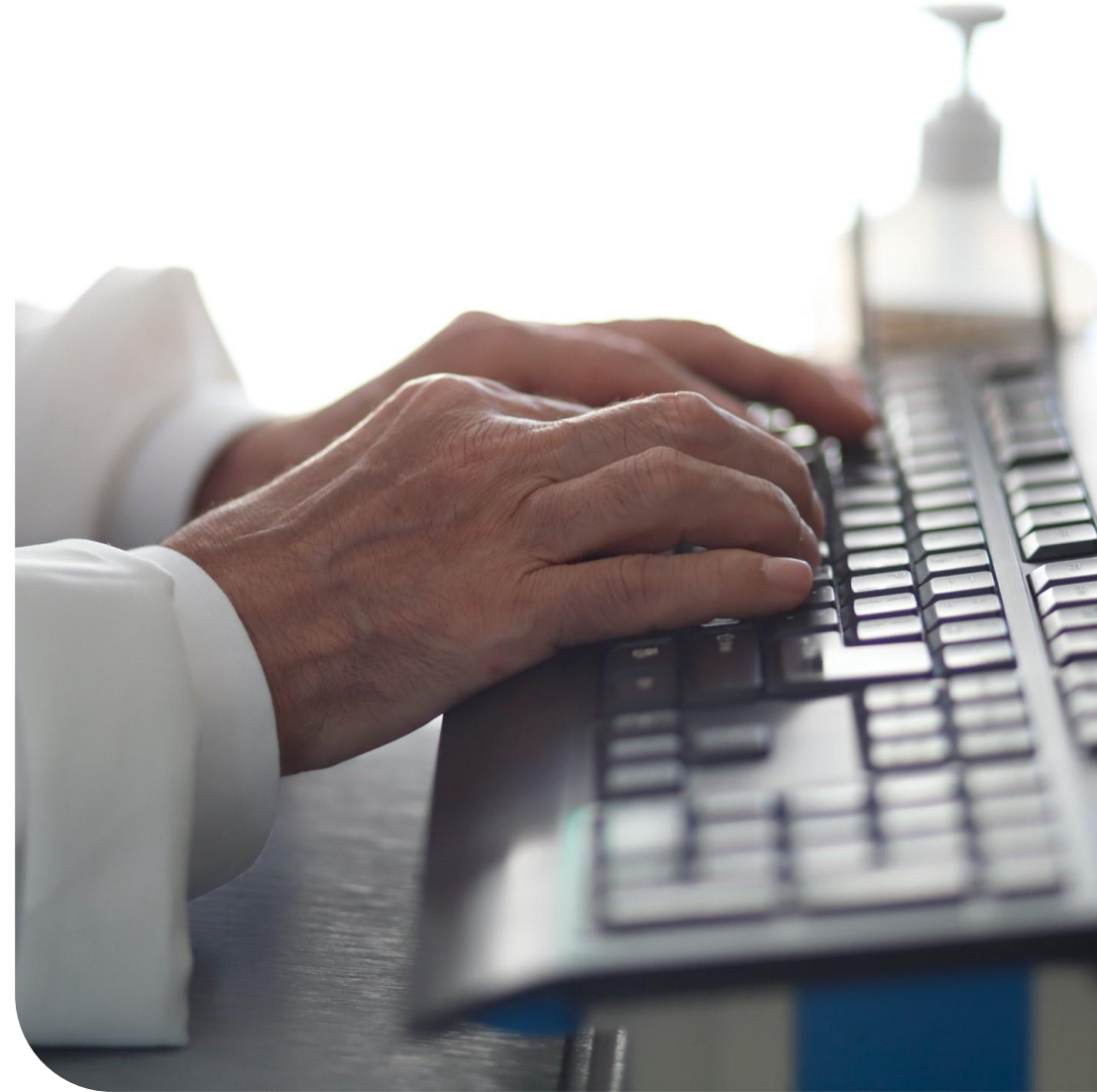
*Sample size n<30, Interpret with caution.

Q14. Municipal property taxes are the primary way to pay for services provided by the City of Courtenay. To help the City of Courtenay balance taxation and service delivery levels, which of the following options comes closest to your view?

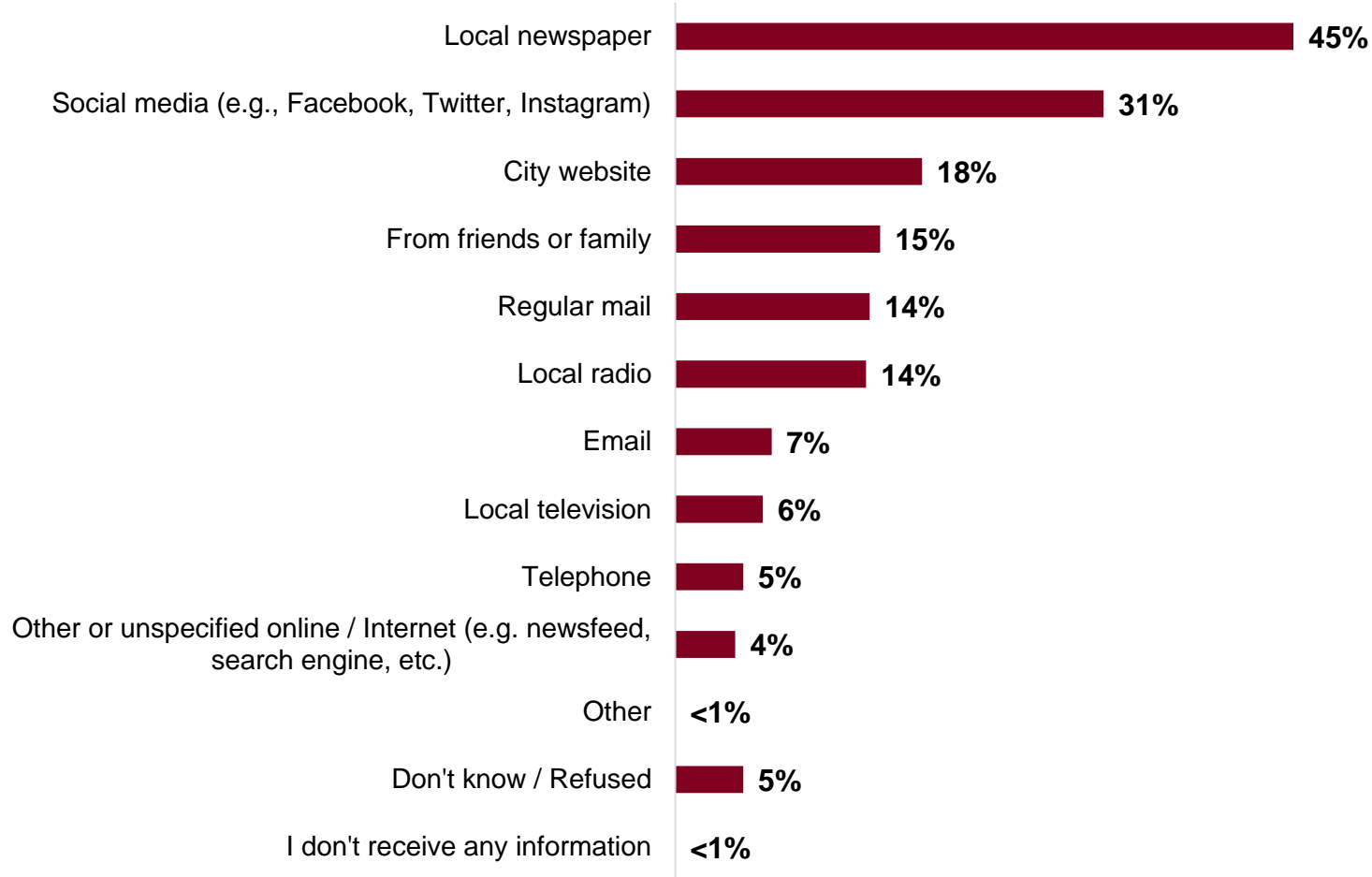
Sample size: n=304

Framework: All respondents

City Communication



City of Courtenay Communication Channels

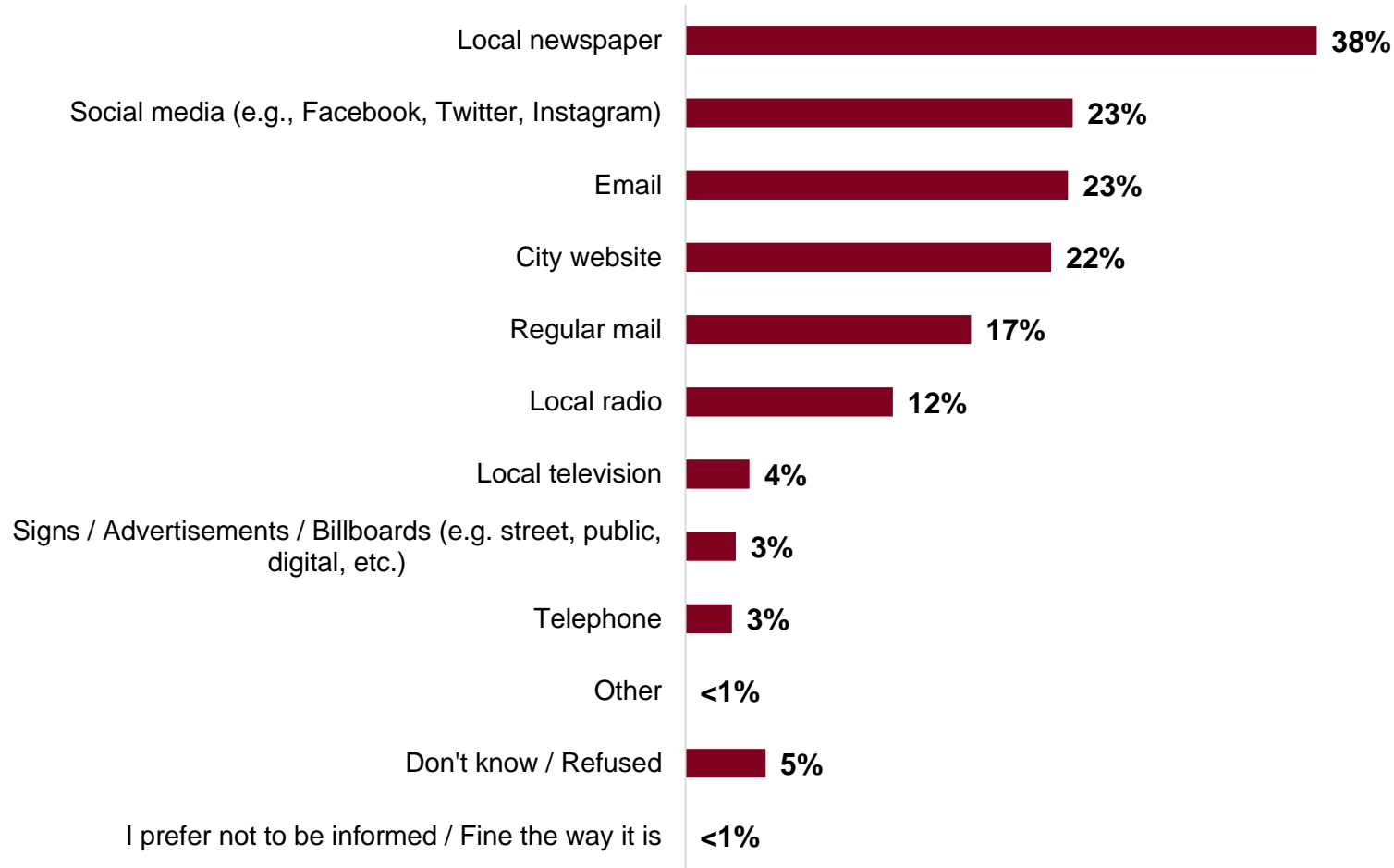


- Almost half of the respondents (45%) reported learning about or receiving updates about city-related news from the local newspaper, making it the most popular communication channel in the city. This is followed by social media (31%) and city website (18%).
- Residents aged 65+ (67%) are significantly more likely to get updated with city-related news via the local newspaper compared residents aged 25-44 (22%-34%).
- On the other hand, those aged 35-64 (32%-51%) are more likely to receive city updates from social media, in comparison to those aged 65+ (17%).

*note: not shown if <2%

Q15. How do you usually learn about or receive updates (city initiatives, decisions, and services) from the City of Courtenay?
Sample size: n=304
Framework: All respondents

Preferred Method of Being Informed about City Updates

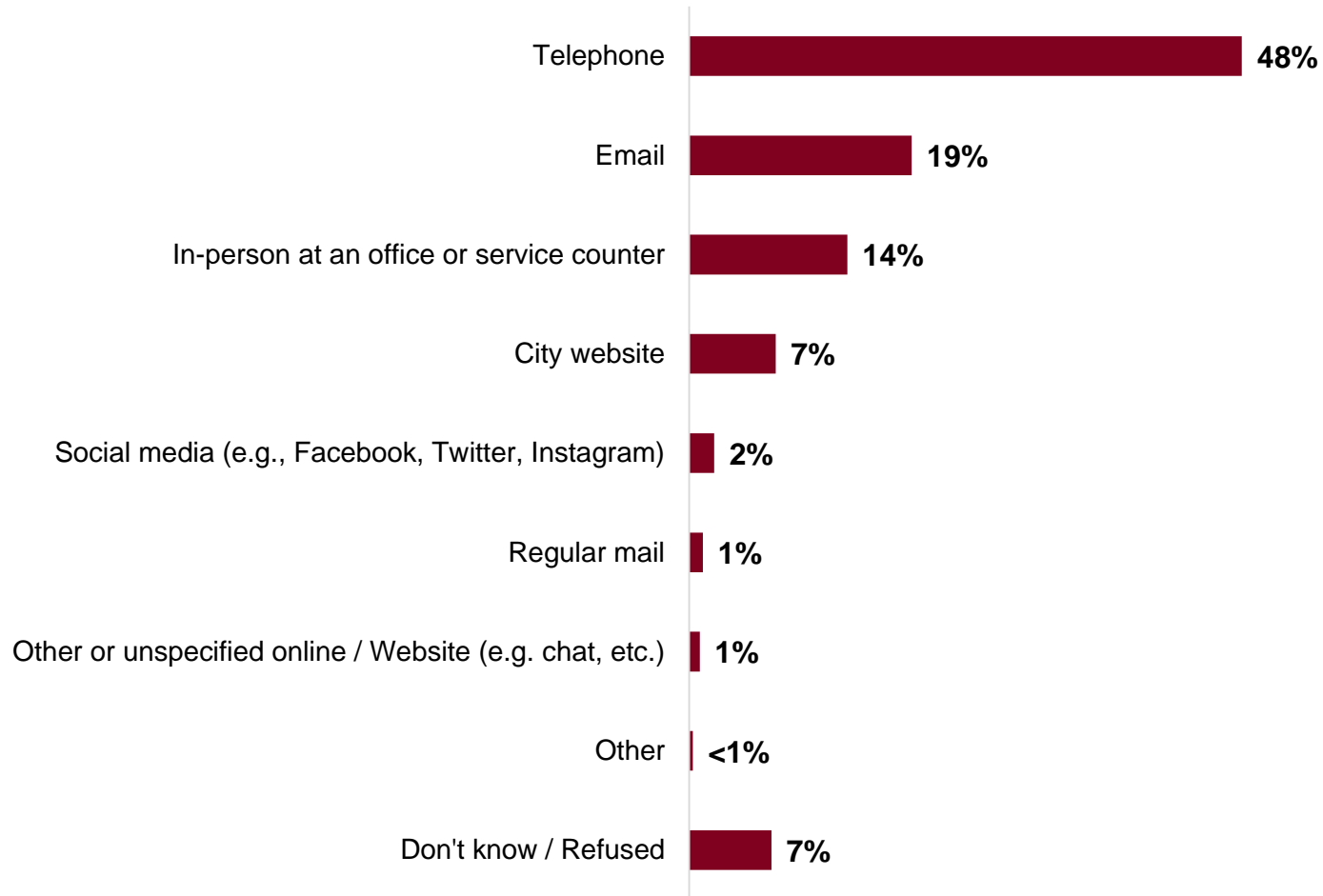


- When asked about their preferred method of being informed about city-related news and updates, local newspaper (38%) emerged as the most popular option. This is followed by social media (23%), email (23%), city website (22%), and regular mail (17%).

*note: not shown if <2%

Q16. How would you prefer to be informed about City of Courtenay projects, initiatives, and community information?
Sample size: n=304
Framework: All respondents

Preferred Method of Contacting the City about Concerns



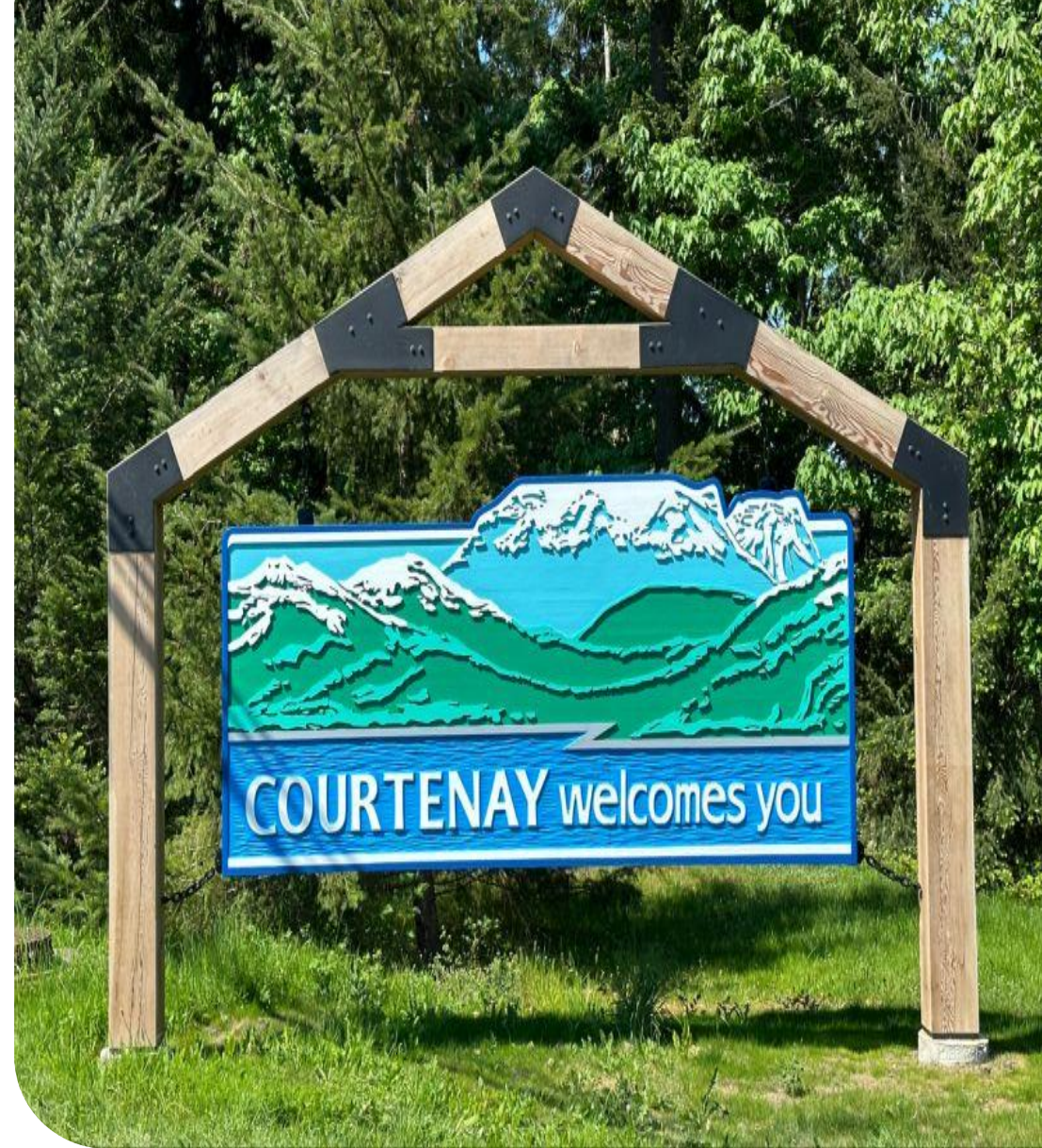
- In terms of residents' preferred method of contacting the city regarding inquiries and concerns, telephone emerged as the popular option, with nearly half (48%) of the respondents mentioning it. This is followed by email (19%), in-person (14%), and city website (7%).

Q17. What is your most preferred method of contacting the City of Courtenay with an inquiry or concern?

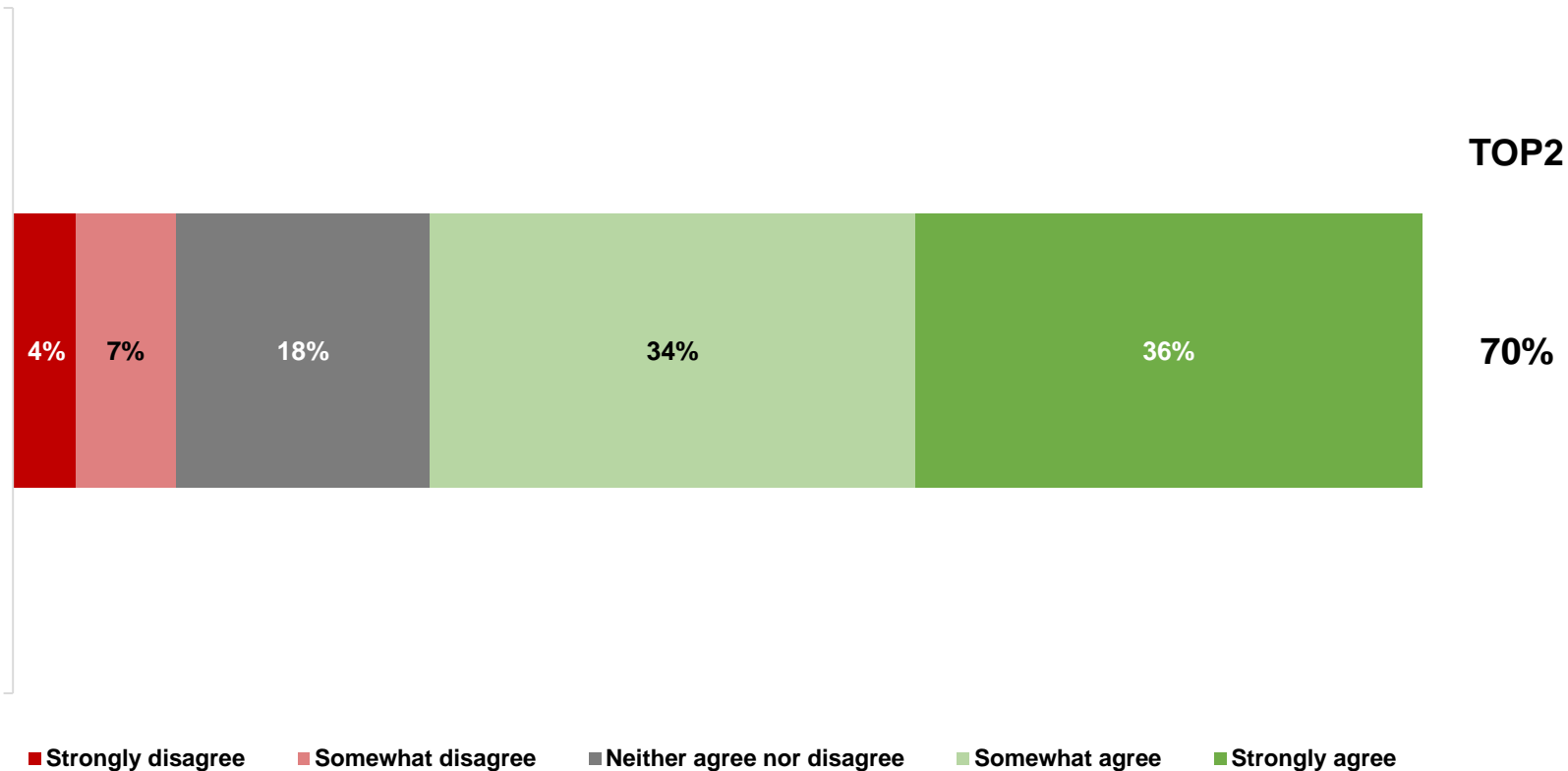
Sample size: n=304

Framework: All respondents

Sense of Belonging



Sense of Belonging



- Around 7 in 10 respondents (TOP2: 70%) believe that they have a strong sense of belongingness in the City of Courtenay. The following demographic groups are significantly more likely to agree to such statement:
 - Individuals who have completed university (TOP2: 77%) compared to those who have completed high school so far (TOP2: 55%).
 - Retired individuals (TOP2: 80%) compared to those who are employed part-time* (TOP2: 48%).

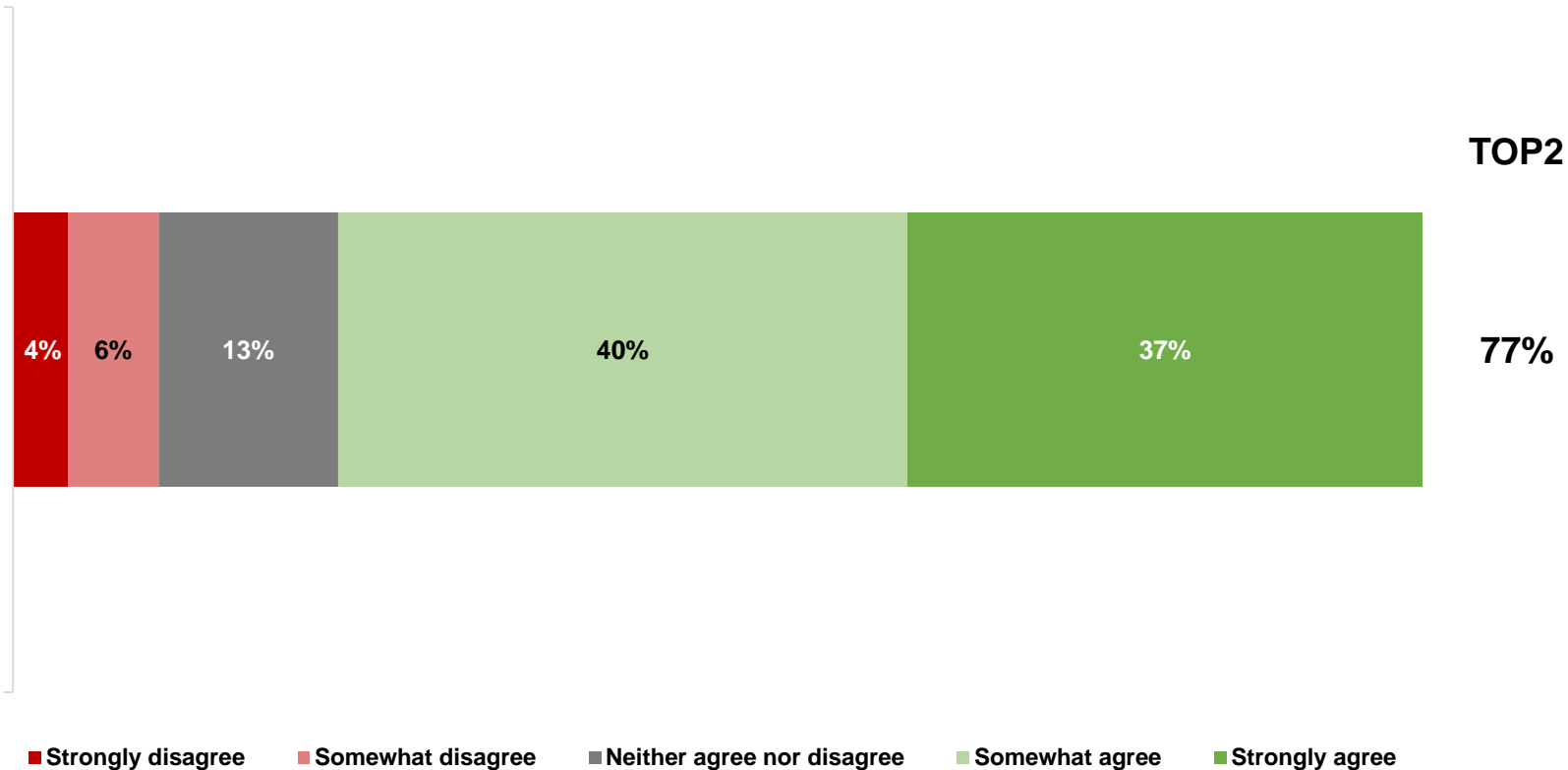
*Sample size n<30, Interpret with caution.

W1a. Please rate the extent to which you agree or disagree with the following statements: I have a strong sense of belonging in the City of Courtenay.

Sample size: n=299

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Sense of Belonging (con't)



- Nearly 4 in 5 (TOP2: 77%) of the respondents that the City of Courtenay is a welcoming city.
- Respondents who have completed community/technical school (44%) and those who have completed university (42%) are significantly more likely to mention that they **strongly agree** with this sentiment compared to individuals who have completed high school so far (21%).

W1b. Please rate the extent to which you agree or disagree with the following statements: The City of Courtenay is a welcoming community.

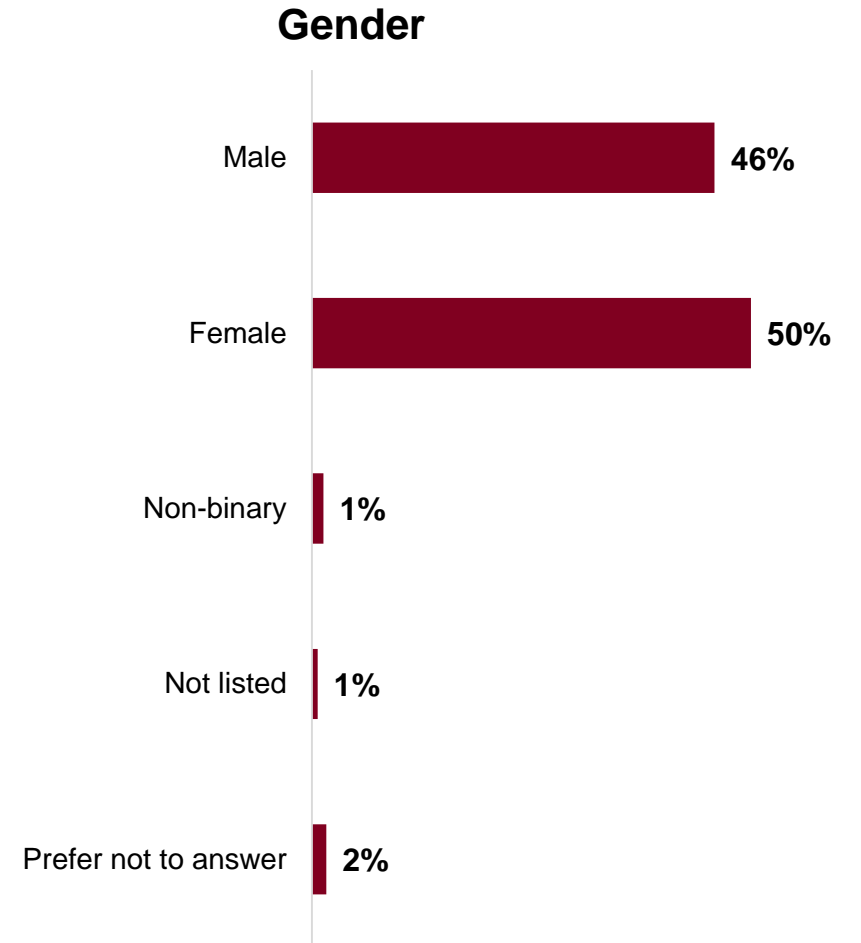
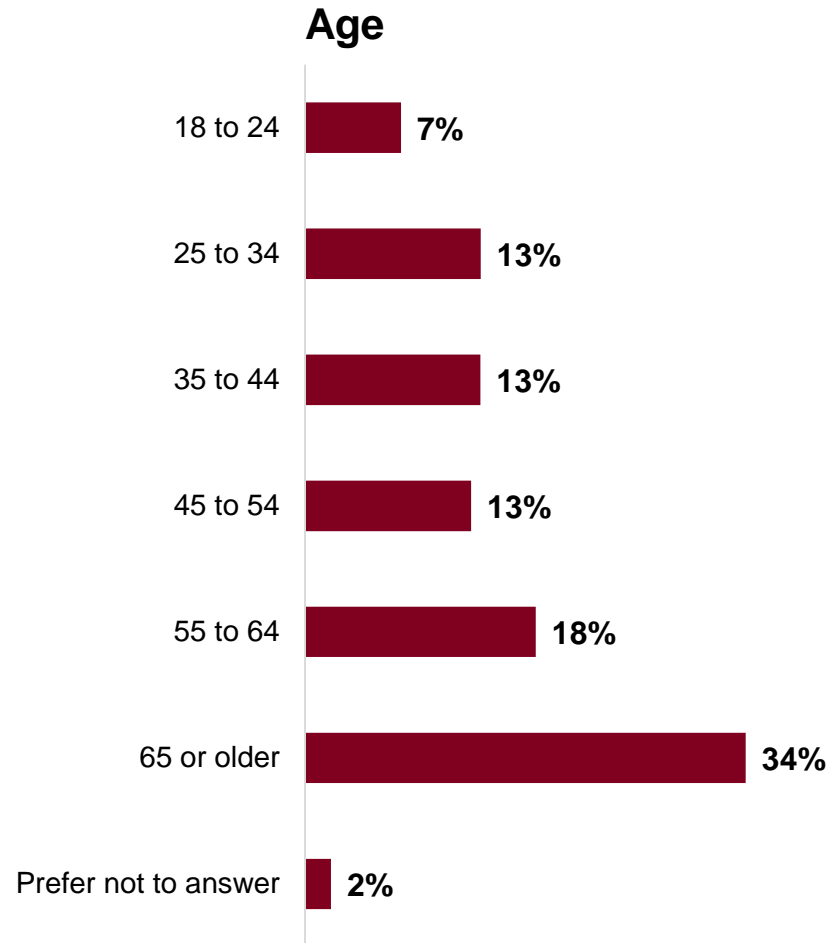
Sample size: n=295

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Demographics



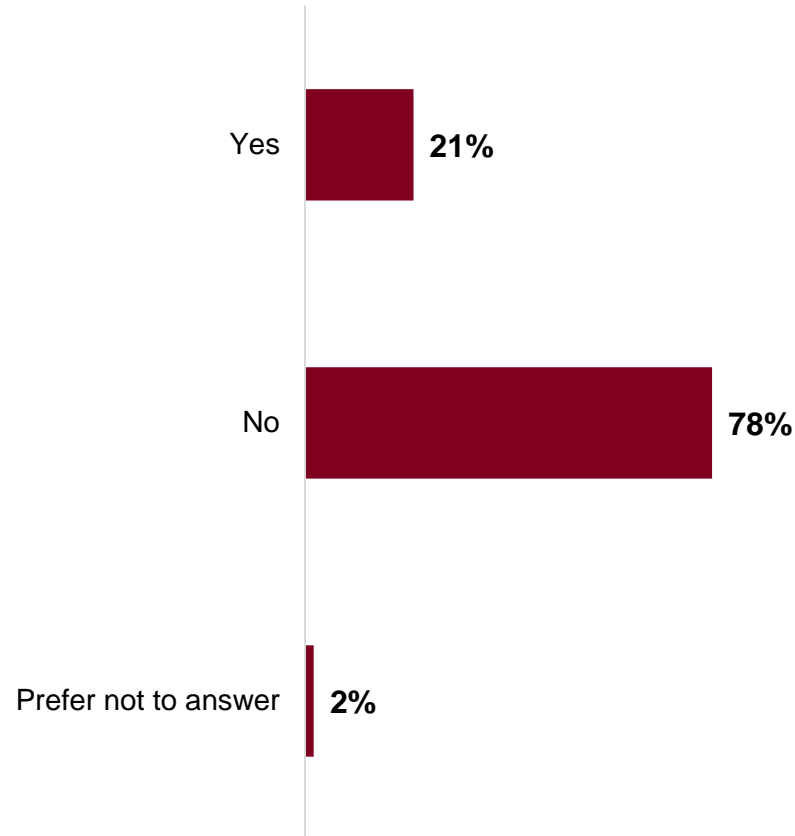
Demographics



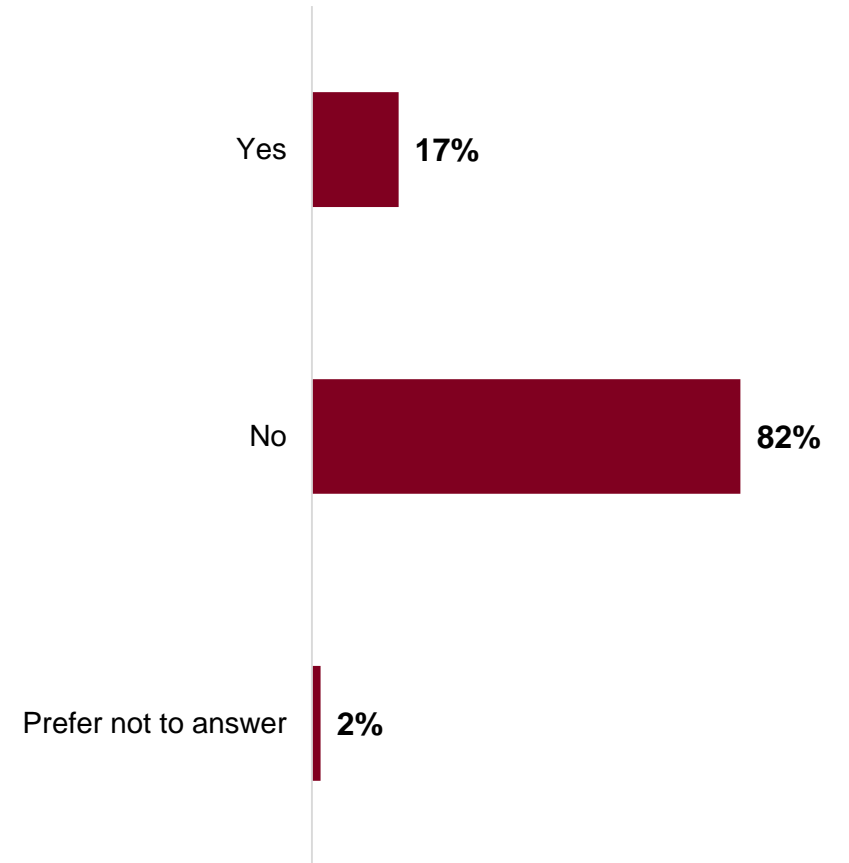
D1. Which of the following age categories do you belong to? | D2. What is your gender identity?
Sample size: n=304
Framework: All respondents

Demographics

Do you have any children under the age of 18 living in your household?

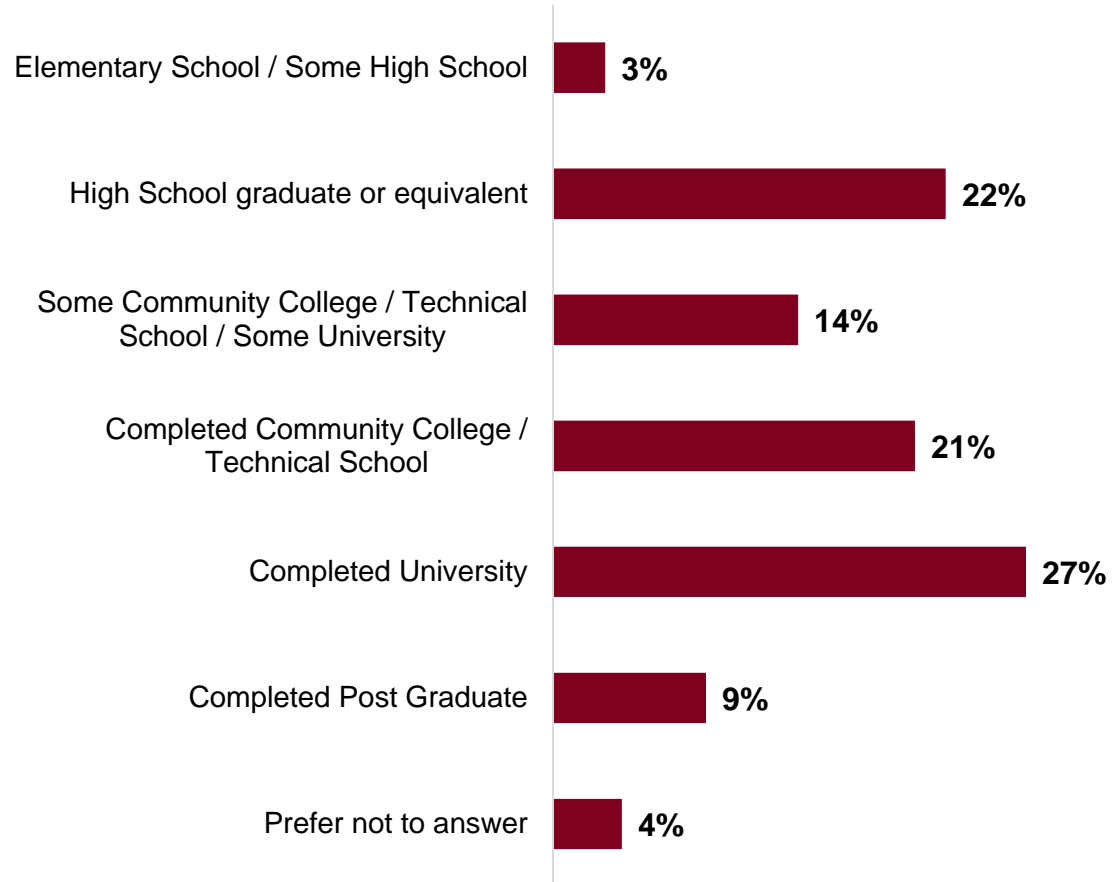


Do you identify as a person with a disability?

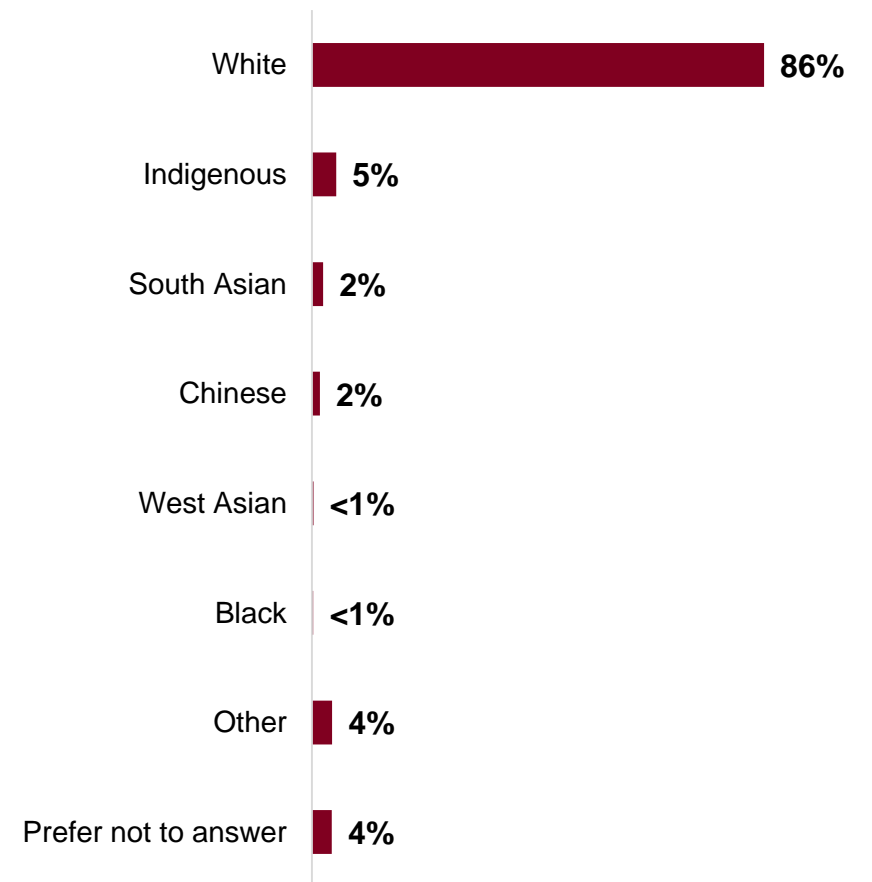


Demographics

Educational Attainment



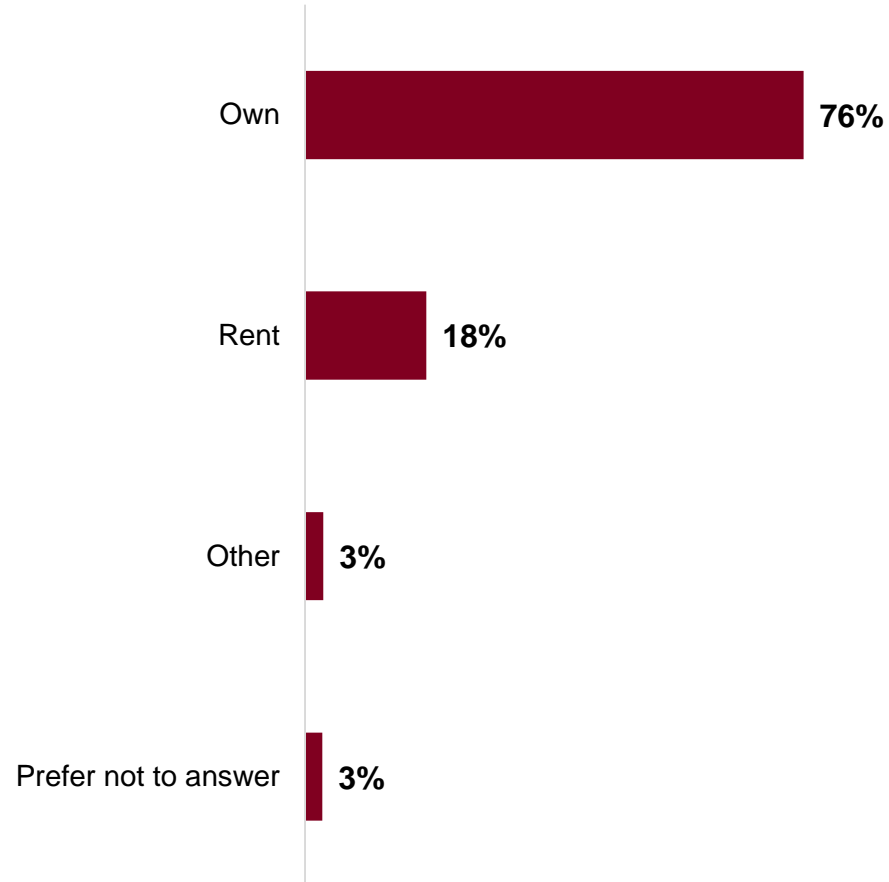
Race



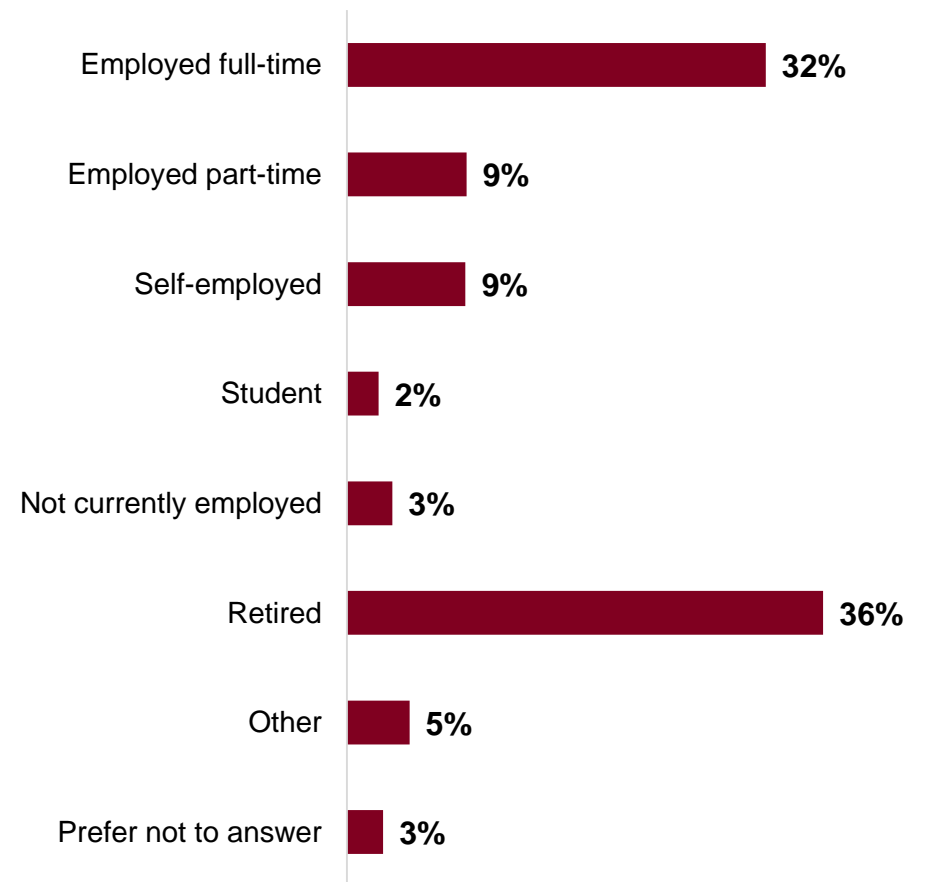
D3. What is the highest level of formal education that you have completed? | D4. Which race category would you say best describes you?
Sample size: n=304
Framework: All respondents

Demographics

Living Arrangement / Home Ownership



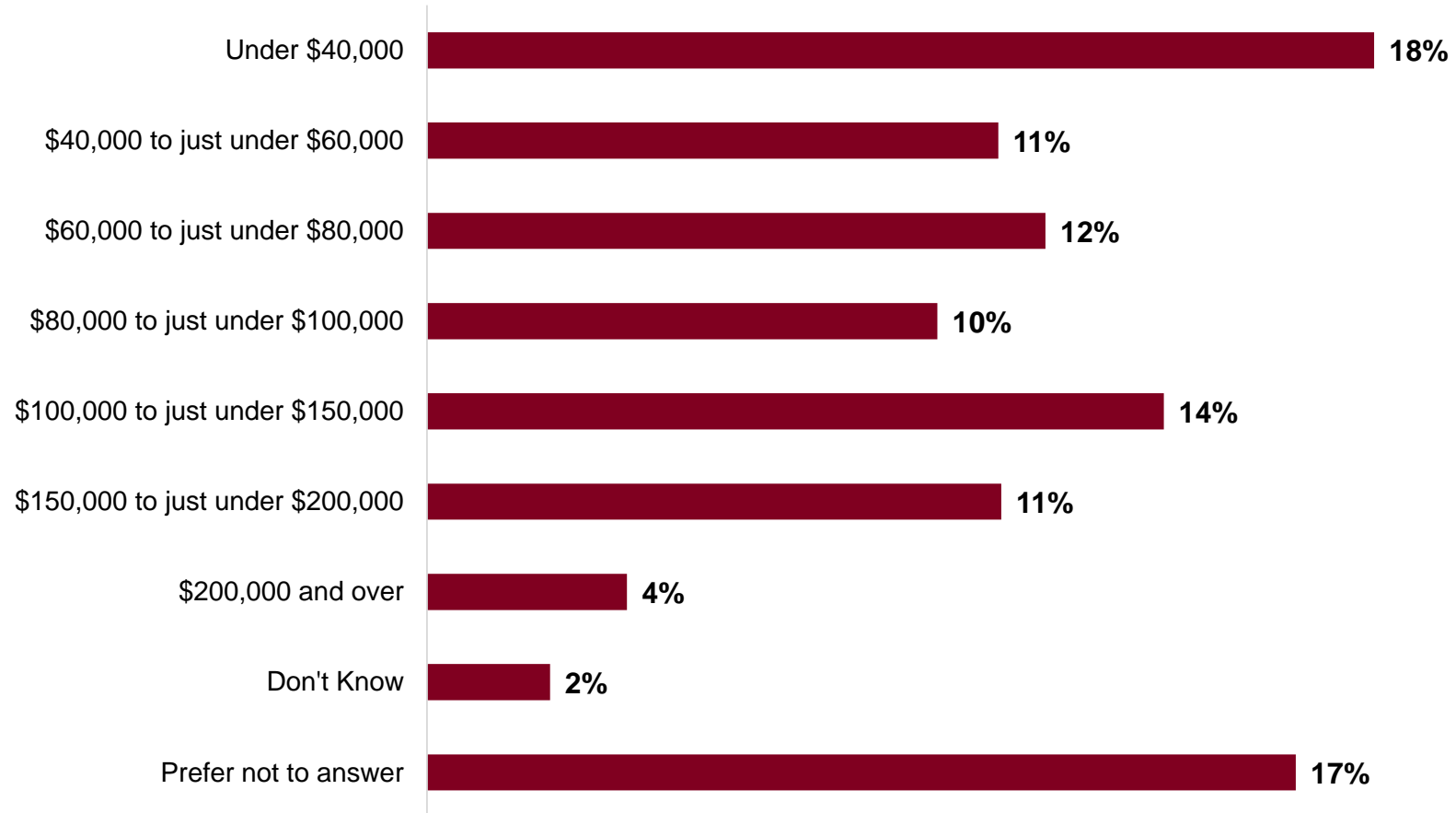
Employment Status



D5. Do you (or does a member of your household) own or rent your home? | D6. What is your current primary employment status?
Sample size: n=304
Framework: All respondents

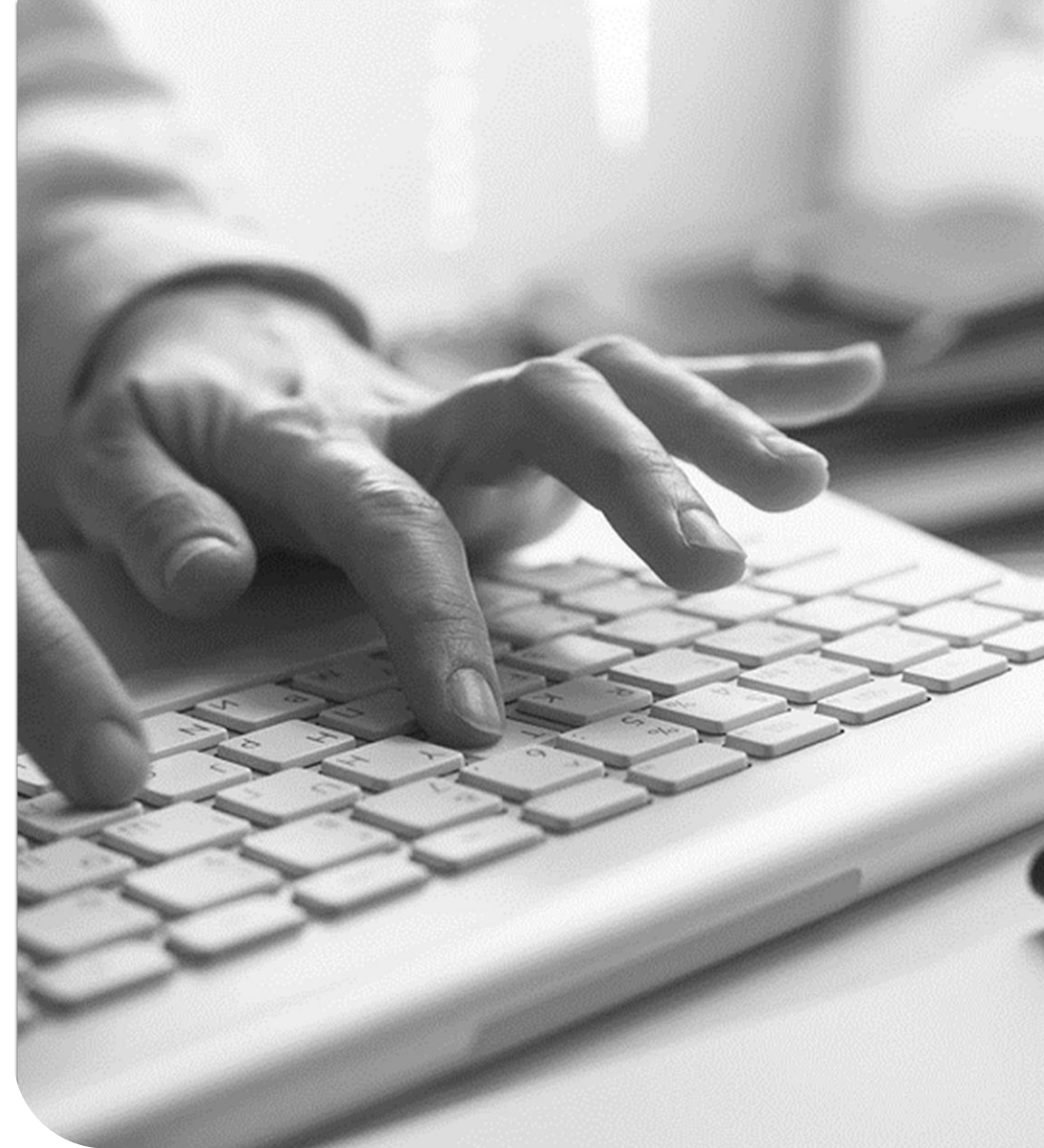
Demographics

Household Income



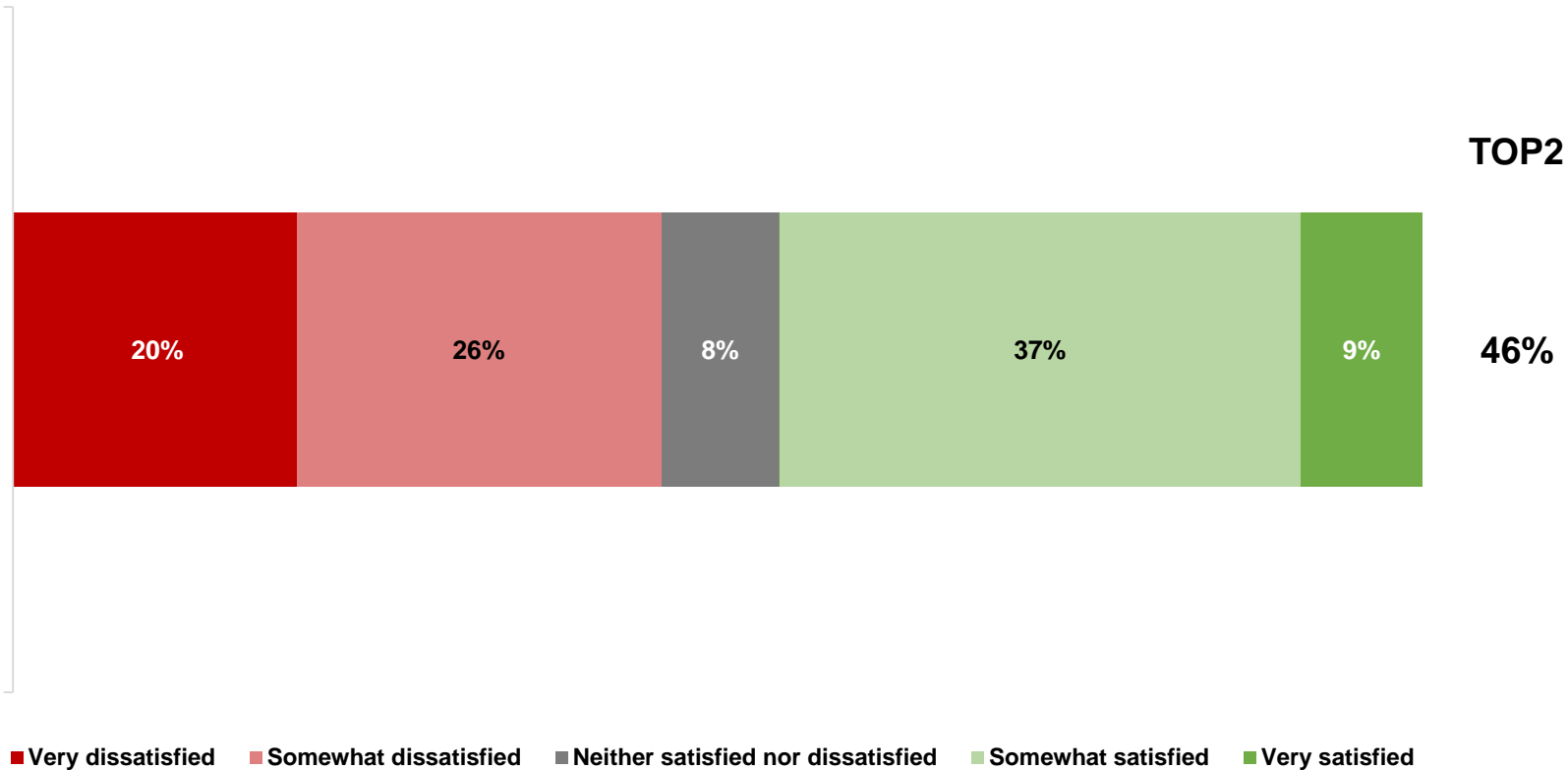
D9. And lastly, which of the following categories was your total household income before taxes in 2022?
Sample size: n=304
Framework: All respondents

Appendix: Satisfaction with City Services and Staff



Satisfaction with Services Provided by the City

Traffic Management



- Nearly half (TOP2: 46%) of the respondents are satisfied with traffic management in the city.
- Residents who have completed post graduate (TOP2: 65%) are significantly more likely to be satisfied with traffic management in the city compared to those who have completed high school (TOP2: 36%) and completed community and/or technical school (TOP2: 40%).

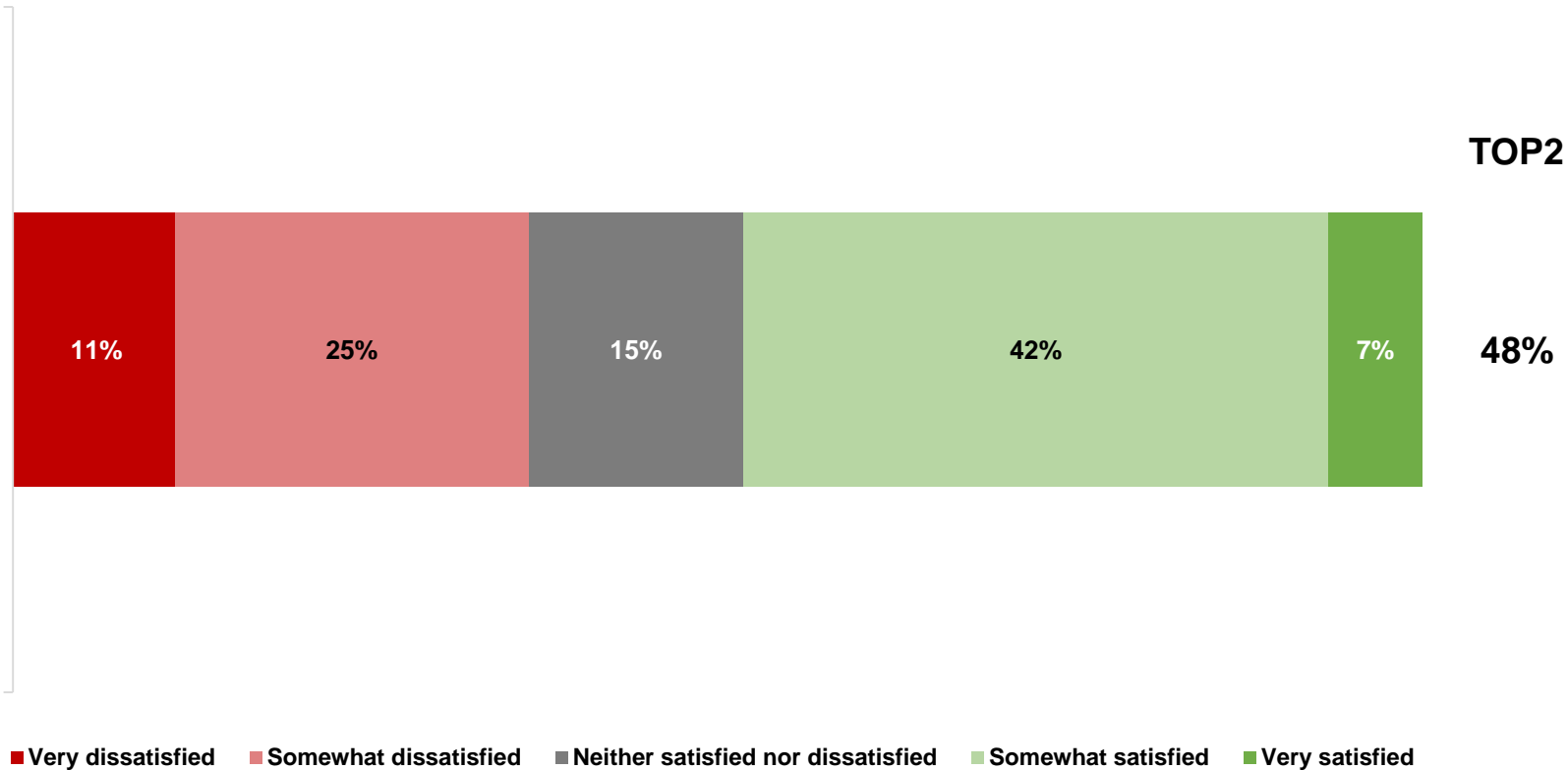
Q5a. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on traffic management.

Sample size: n=295

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Land Use and Community Planning



- Similar to traffic management, almost half (TOP2: 48%) of the respondents are satisfied with land use and community planning in the city.
- Residents with a household income of \$100k to <\$150k (TOP2: 65%) are more likely to be satisfied with such services compared to those who earn \$200k+* (TOP2: 26%).

*Sample size n<30, Interpret with caution.

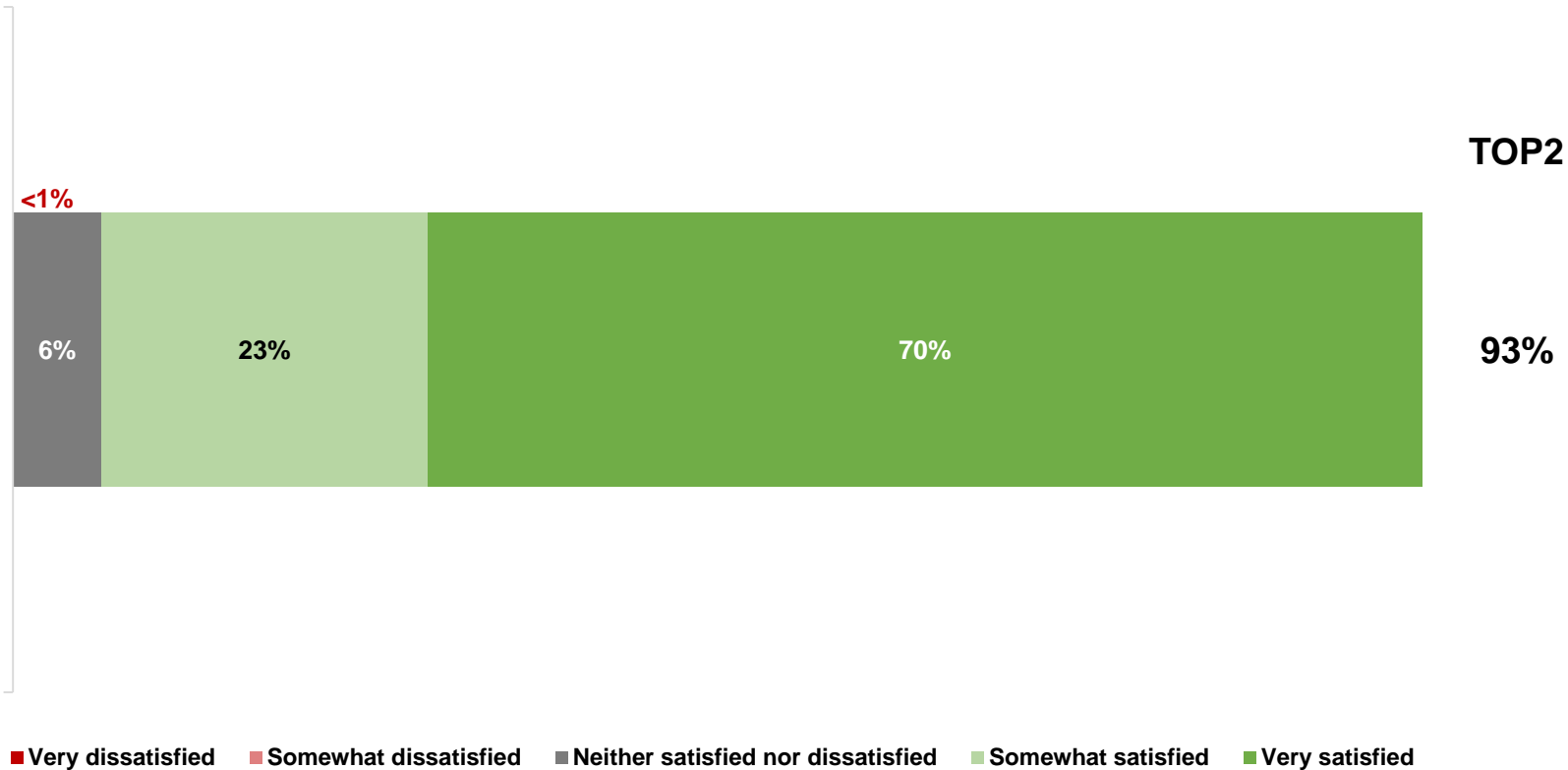
Q5b. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on land use and community planning.

Sample size: n=278

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Fire Services



- Around 9 in 10 respondents (TOP2: 93%) are satisfied with the fire services in the city. Below are the following groups that stand out in their satisfaction levels:
 - Residents aged 25-34 (TOP2: 100%)
 - Individuals with disabilities (TOP2: 100%)
 - Residents who rent their homes (TOP2: 100%)
 - Individuals without children in their households (TOP2: 97%)

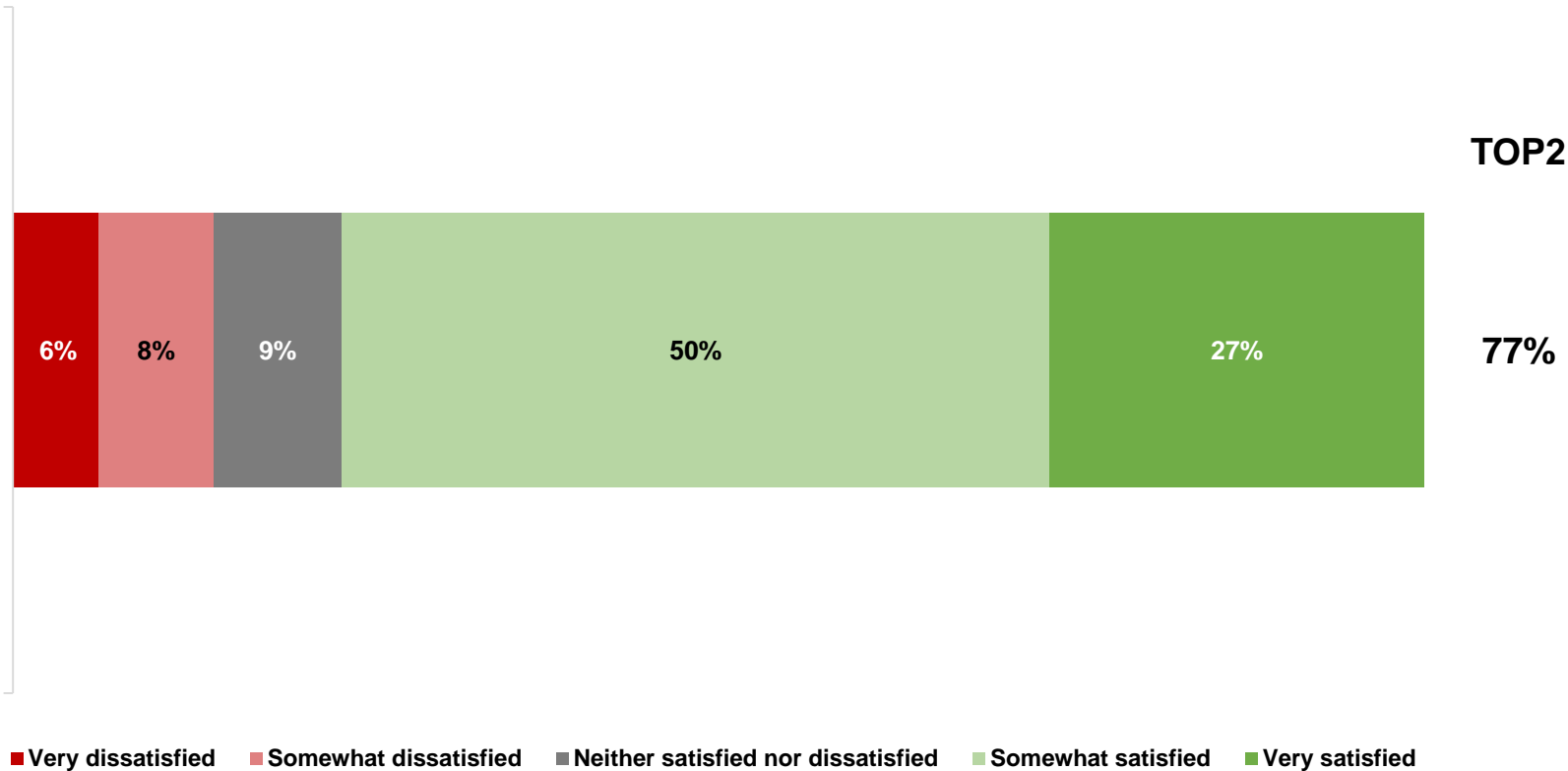
Q5c. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on fire services.

Sample size: n=278

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Water and Wastewater Management



- Around 3 in 4 respondents (TOP2: 77%) are satisfied with the water and wastewater management in the city.
- Men (TOP2: 83%) are significantly more likely to be satisfied with such services compared to women (TOP2: 70%).
- Moreover, people with disabilities (TOP2: 93%) are more likely to express satisfaction with water and wastewater management, in comparison to individuals without disabilities (TOP2: 74%).

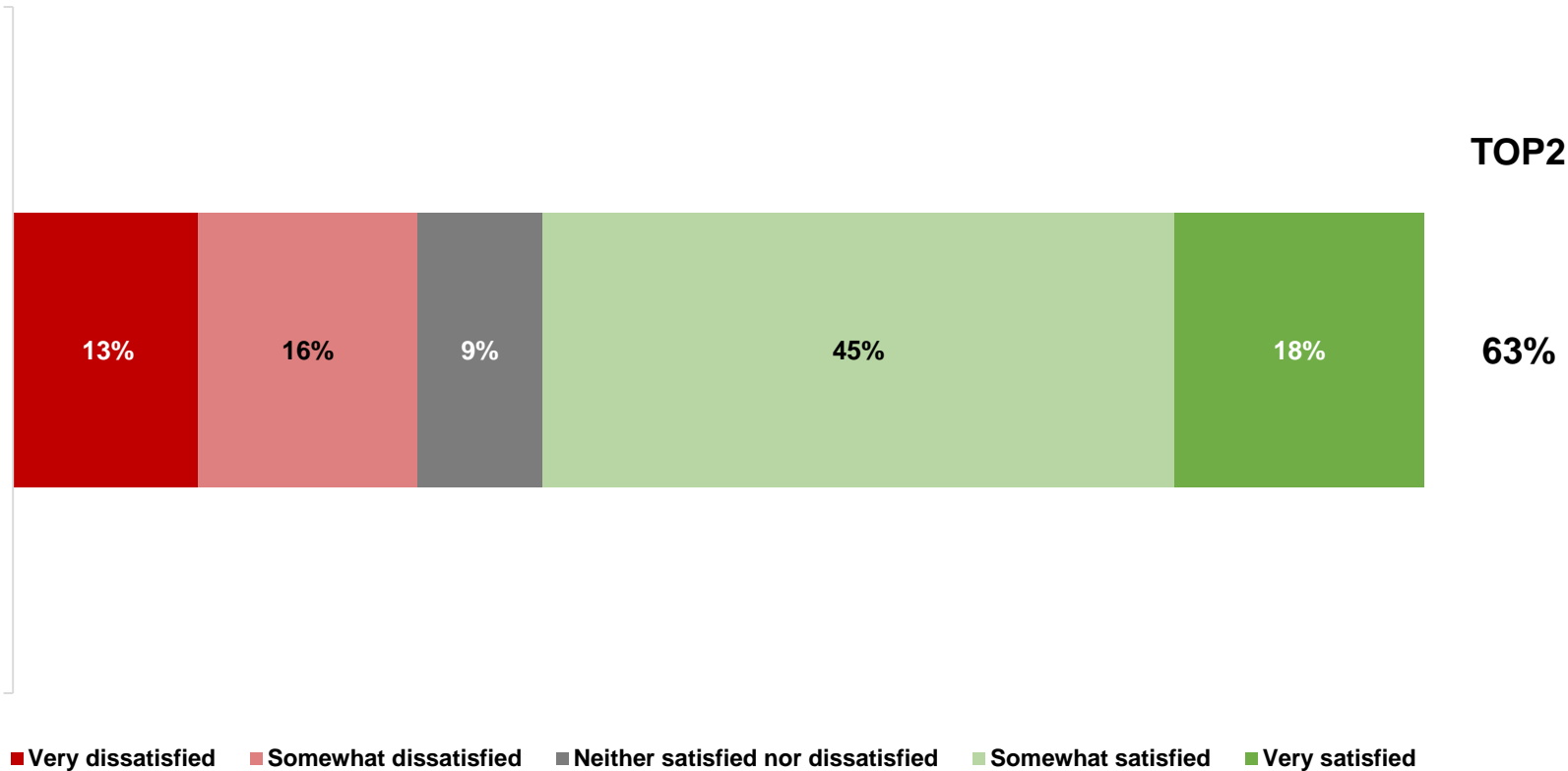
Q5d. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on water and wastewater management.

Sample size: n=286

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Road and sidewalk maintenance (including snow removal)



- In terms of road and sidewalk maintenance, nearly two-thirds of the respondents (TOP2: 63%) expressed their satisfaction with its services.
- Individuals who completed community/technical school (TOP2: 75%) are significantly more likely to be satisfied with such services, in comparison to those who have completed university (TOP2: 55%).

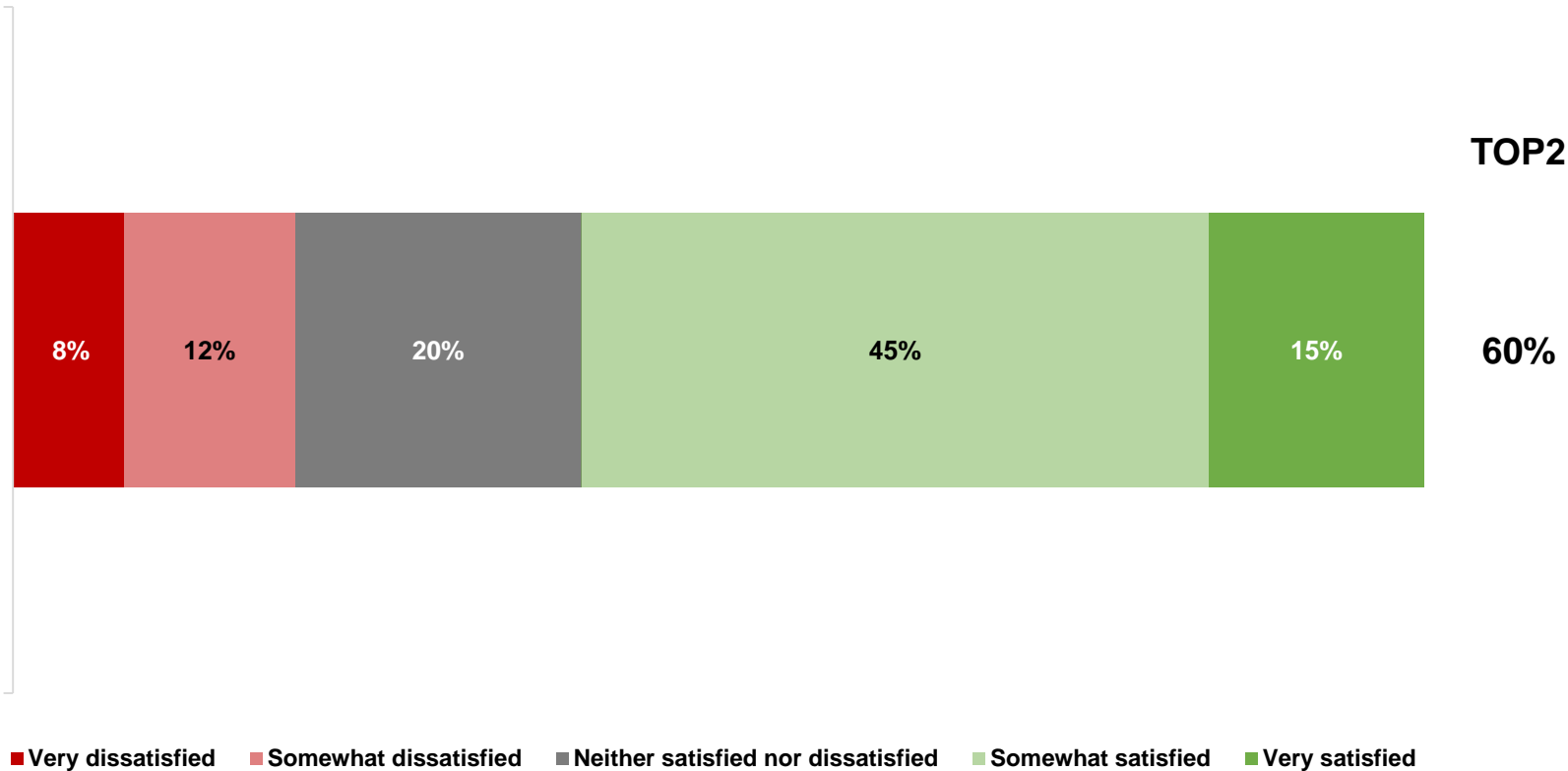
Q5e. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on road and sidewalk maintenance.

Sample size: n=301

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

By-law enforcement (e.g., noise, parking, property standards)



- Regarding enforcement of by-laws, which includes noise regulations, parking policies, and property standards, majority of the respondents (TOP2: 60%) are satisfied with the city's performance in this area. The following demographic groups are significantly more likely to express satisfaction in this area:
 - Residents aged 25-44 (TOP2: 68%-71%) compared to those aged 45-54 (TOP2: 37%).
 - Individuals with household income of \$150k to <\$200k (TOP2: 76%) compared to those with household income of \$60k to <\$80k (TOP2: 44%).
 - Residents without kids at home (TOP2: 65%) compared to residents with kids at home (TOP2: 40%).

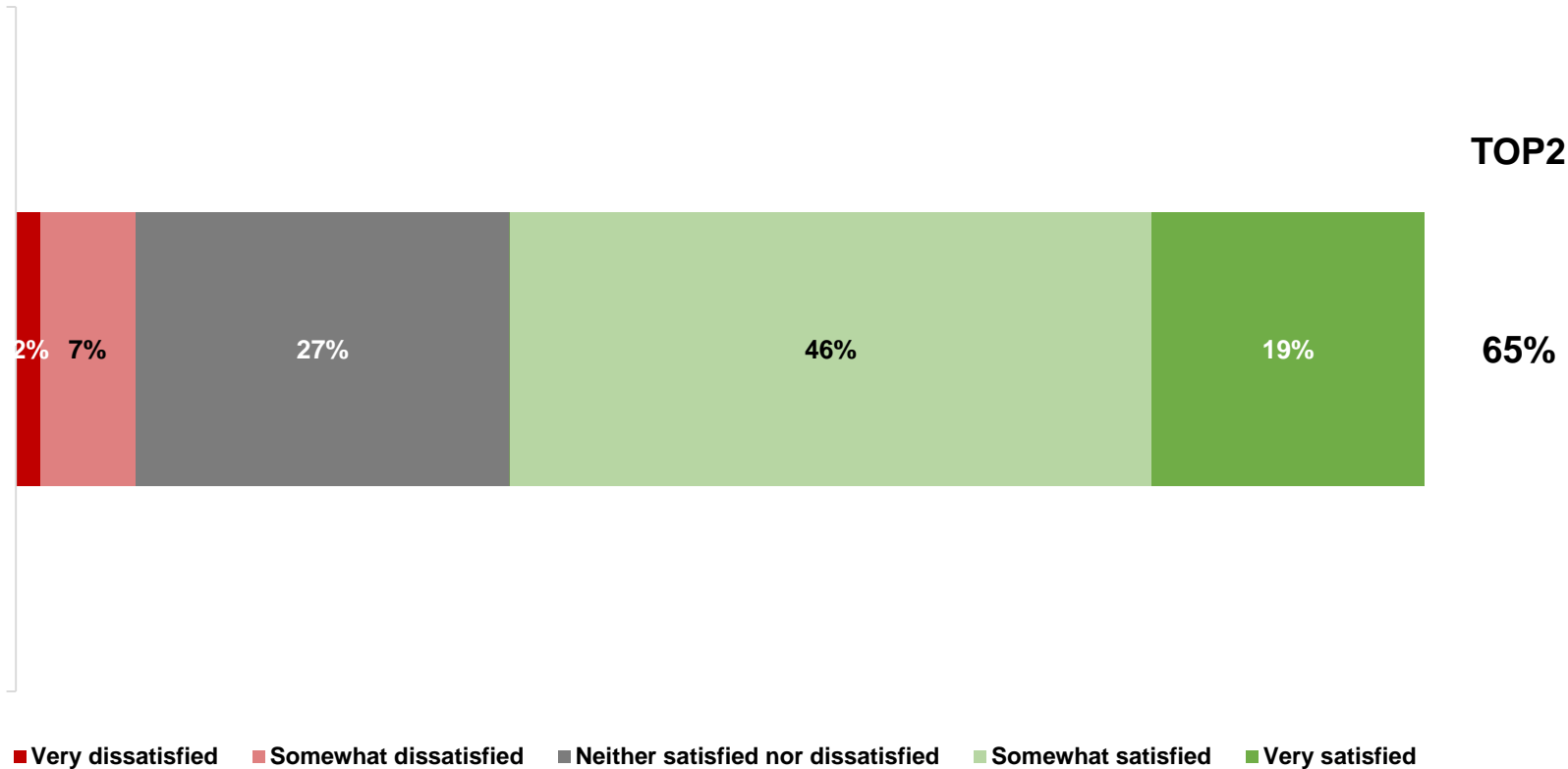
Q5f. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on by-law enforcement.

Sample size: n=276

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Availability of Online Services



- Around two-thirds of the respondents (TOP2: 65%) expressed satisfaction on the performance of the City on availability of online services to its residents.
- Moreover, residents aged 65+ (TOP2: 77%) are significantly more likely to expressed satisfaction in this area compared to those aged 55-64 (TOP2: 57%).

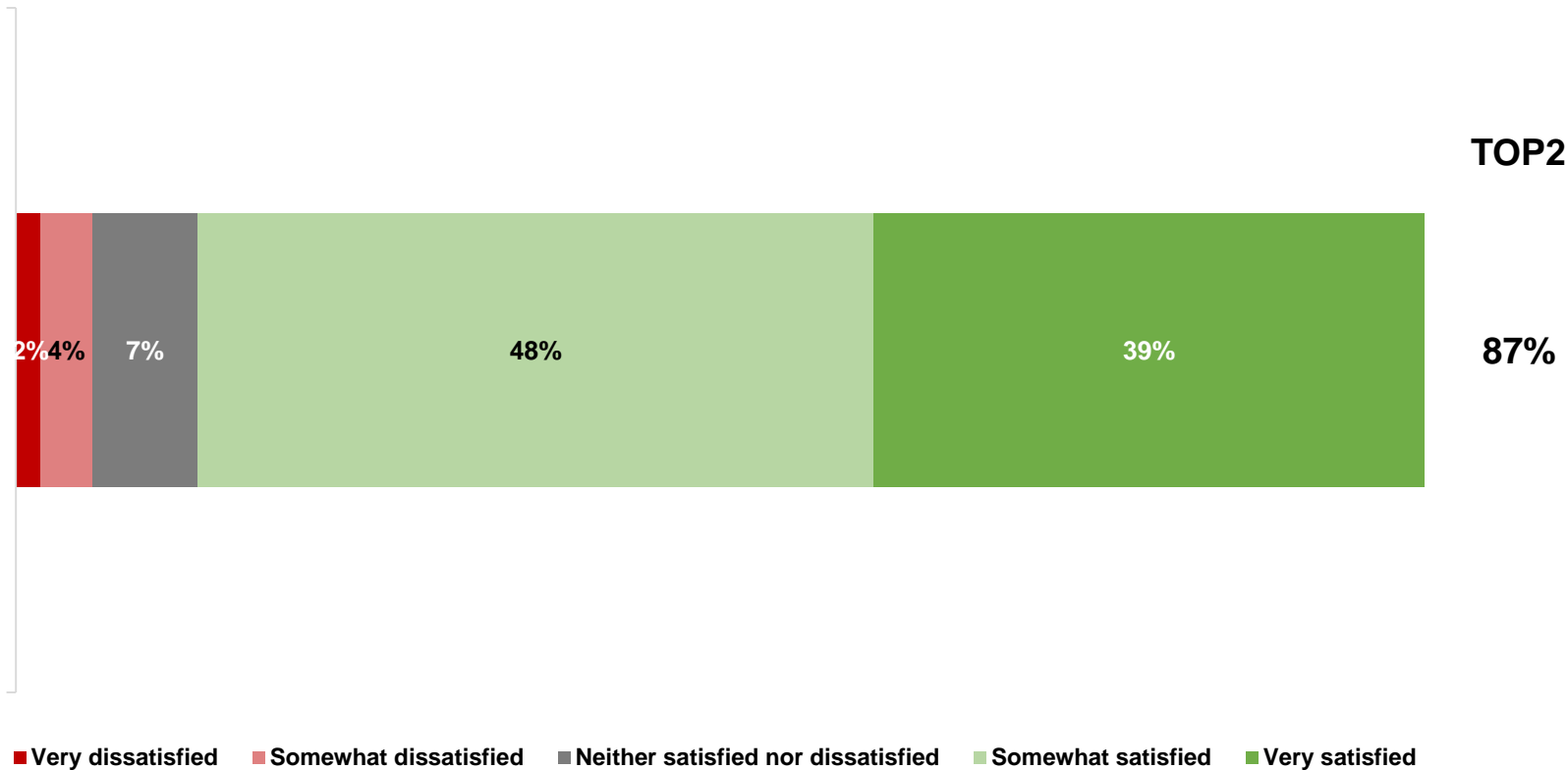
Q5g. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on availability of online services.

Sample size: n=249

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Recreation Services



- Nearly 9 in 10 respondents (TOP2: 87%) are satisfied with the recreation services provided by the City. The following demographic groups are significantly more likely to be satisfied with such services:
 - Residents aged 25-34 (TOP2: 100%) compared to those aged 35-44 (TOP2: 83%) and those aged 55+ (TOP2: 84%-86%).
 - Those who are employed part-time* or self-employed* (TOP2: 97%-98%) compared to retired individuals (TOP2: 83%).

*Sample size n<30, Interpret with caution.

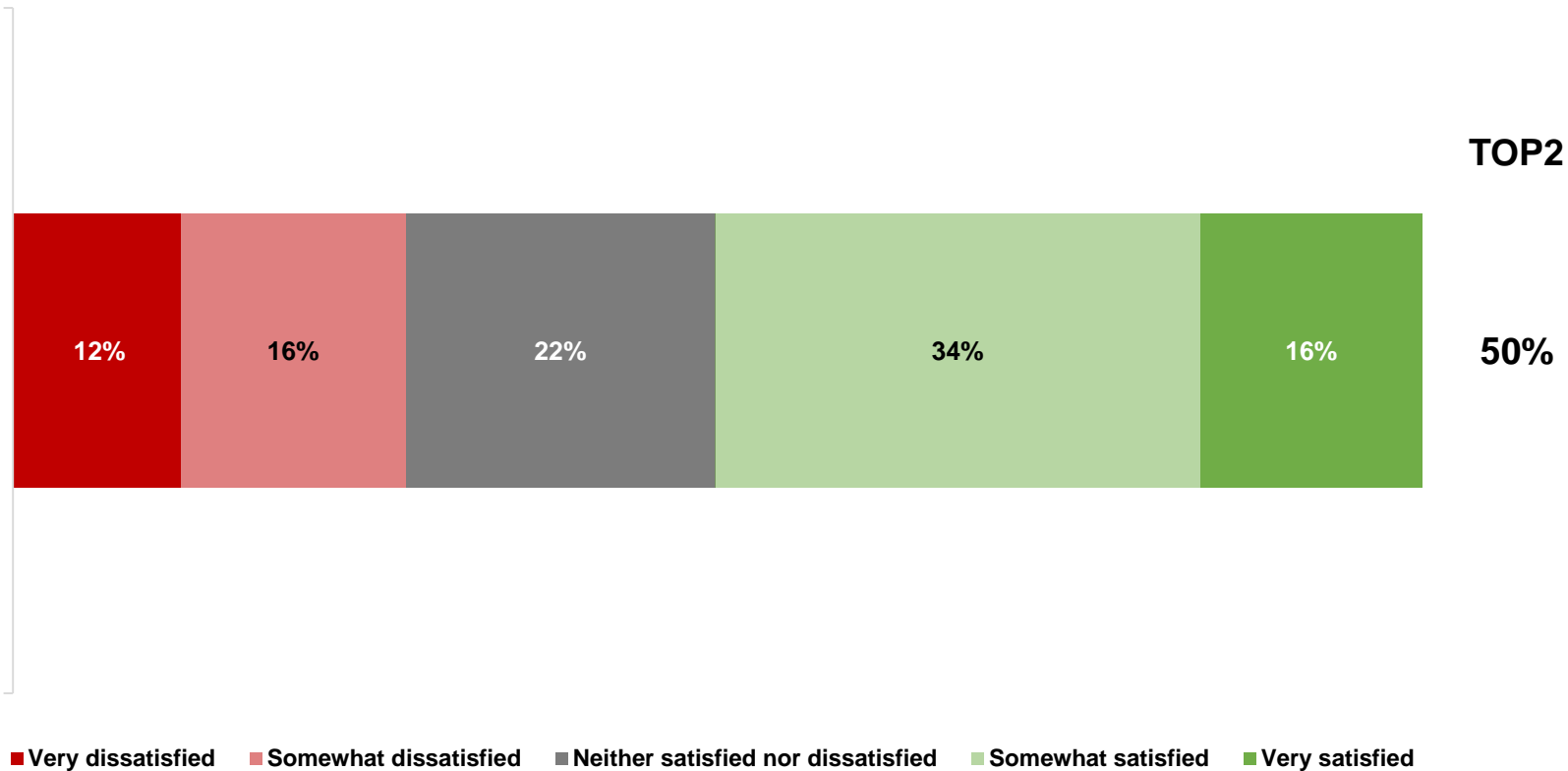
Q5h. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on recreation services.

Sample size: n=276

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Public Transit



- Half of the respondents (TOP2: 50%) expressed satisfaction regarding the performance of public transit in the City.
- Furthermore, people with disabilities (38%) are significantly more likely to be **very satisfied** with the public transit services in the City compared to those individuals without disabilities (11%).

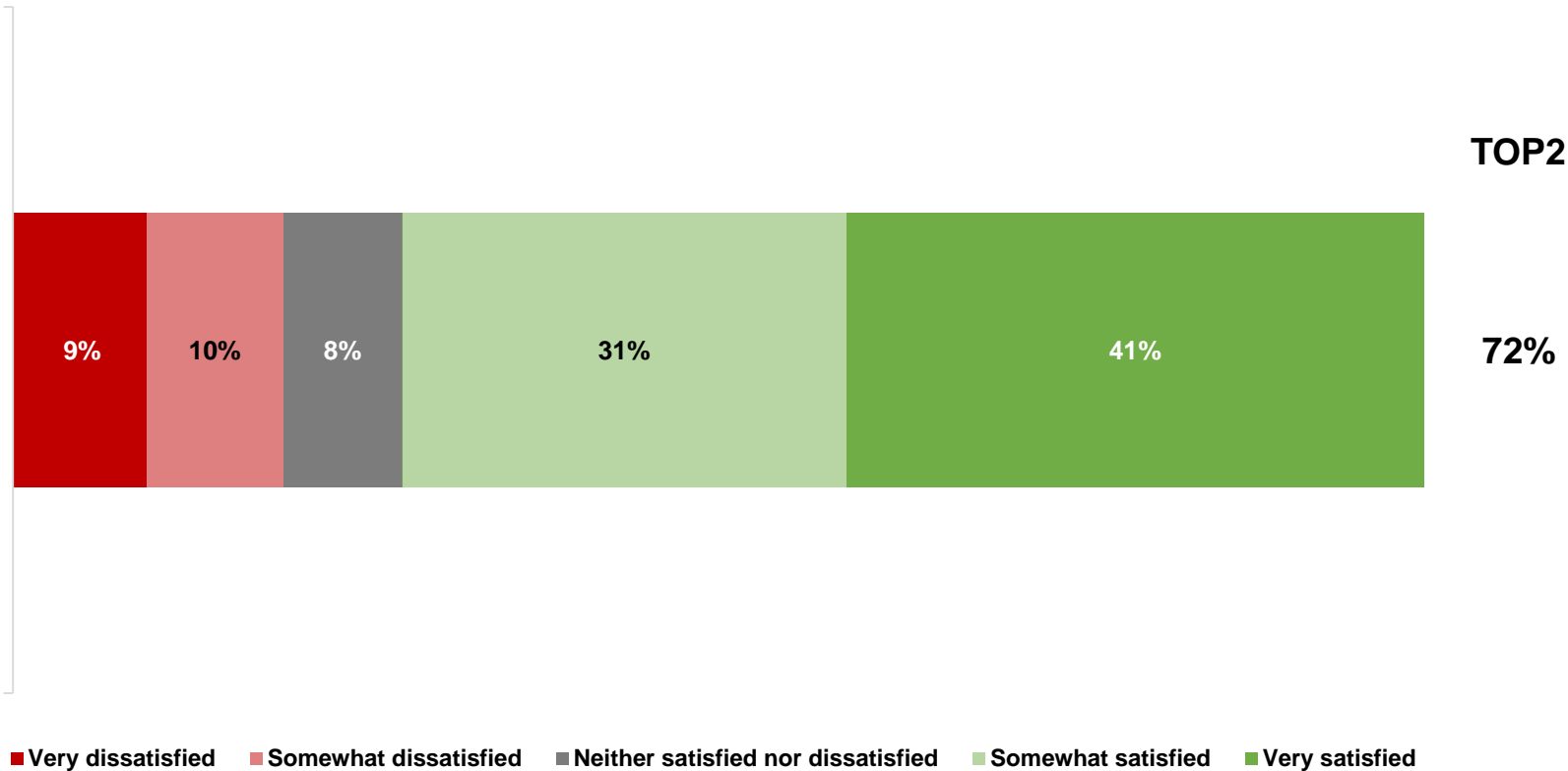
Q5i. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on public transit.

Sample size: n=224

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Garbage, Recycling, Organics, and Yard Waste Collection



- Majority of the respondents reported high satisfaction levels on waste collection services provided by the City, with 7 in 10 respondents (TOP2: 72%) mentioned being satisfied with such services.
- Moreover, residents with disabilities (TOP2: 87%) are significantly more likely to express their satisfaction on waste collection services compared to residents without disabilities (TOP2: 70%).

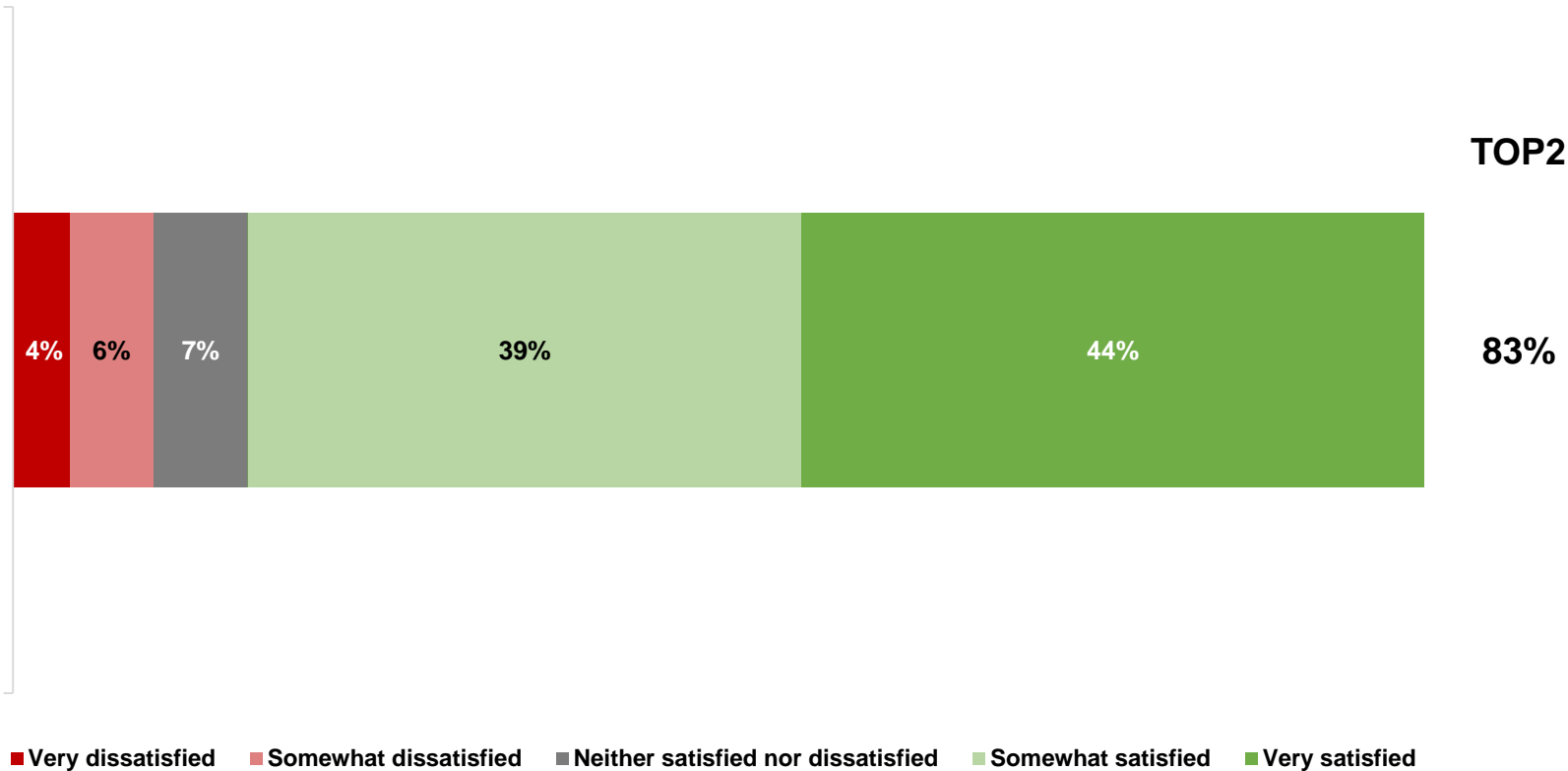
Q5j. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on garbage, recycling, organics, and yard waste collection.

Sample size: n=288

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City (con't)

Parks, Green Spaces, and Multi-use Trails



- In terms of parks, green spaces, and multi-use trails in the City, more than 4 in 5 respondents (TOP2: 83%) are satisfied with the services that they received in this area.
- Furthermore, residents with a household income of \$100k to <\$150k (TOP2: 97%) are significantly more likely to be satisfied with such services, in comparison to residents earning \$60k to <\$80k (TOP2: 77%).

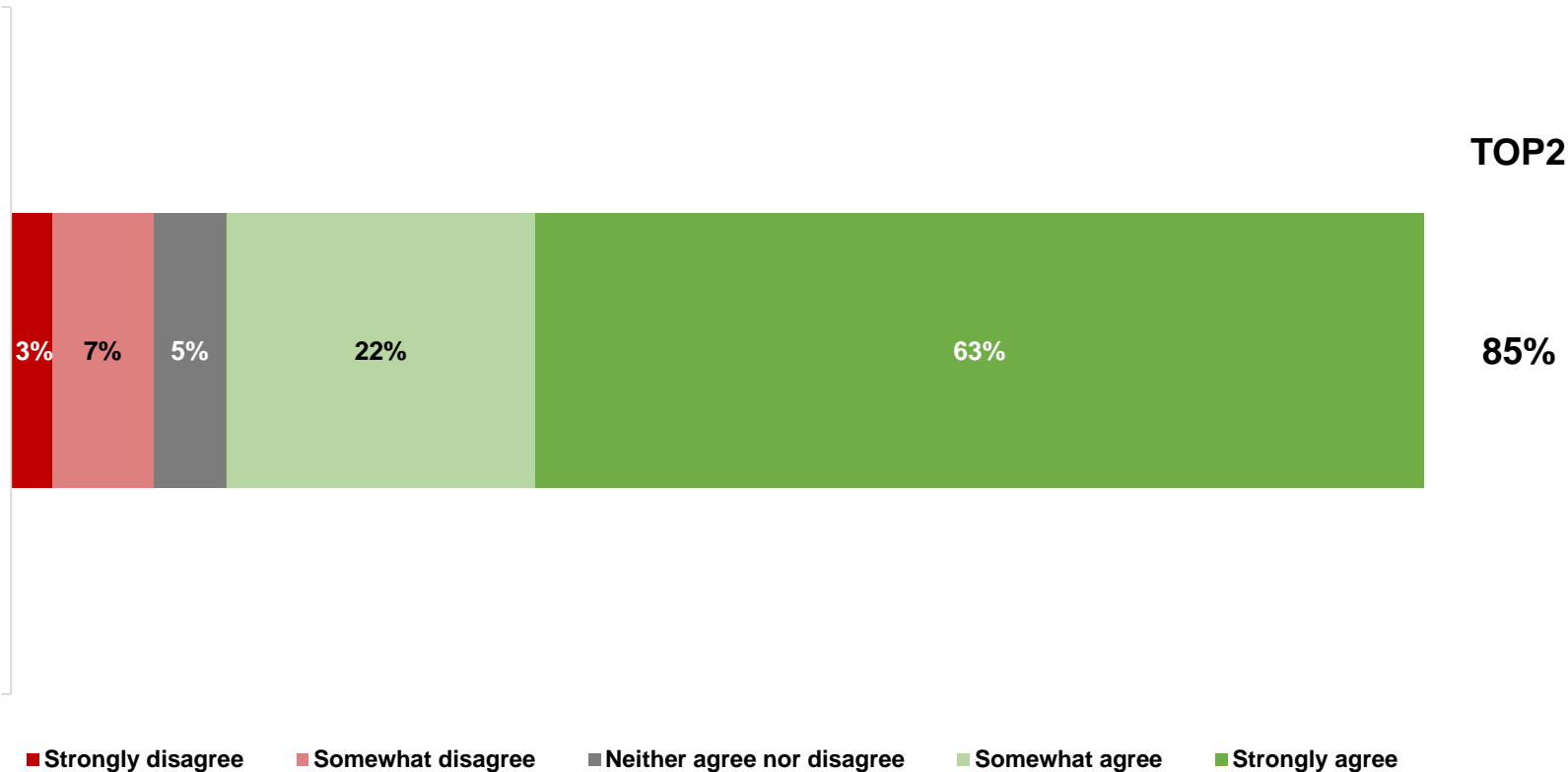
Q5k. Please tell me how satisfied or dissatisfied you are with performance of the City of Courtenay on parks, green spaces, and multi-use.

Sample size: n=295

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with City Staff Experience

Staff were courteous



- More than 4 in 5 respondents (TOP2: 85%) agreed to the statement that City of Courtenay staff were courteous during their interaction with them in the last 12 months. The following demographic groups are significantly more likely to agree with this statement:
 - Residents aged 65+ (TOP2: 92%) compared to those aged 25-34* (TOP2: 43%).
 - Retired individuals (TOP2: 92%) compared to those who are self-employed* (TOP2: 58%).

*Sample size n<30, Interpret with caution.

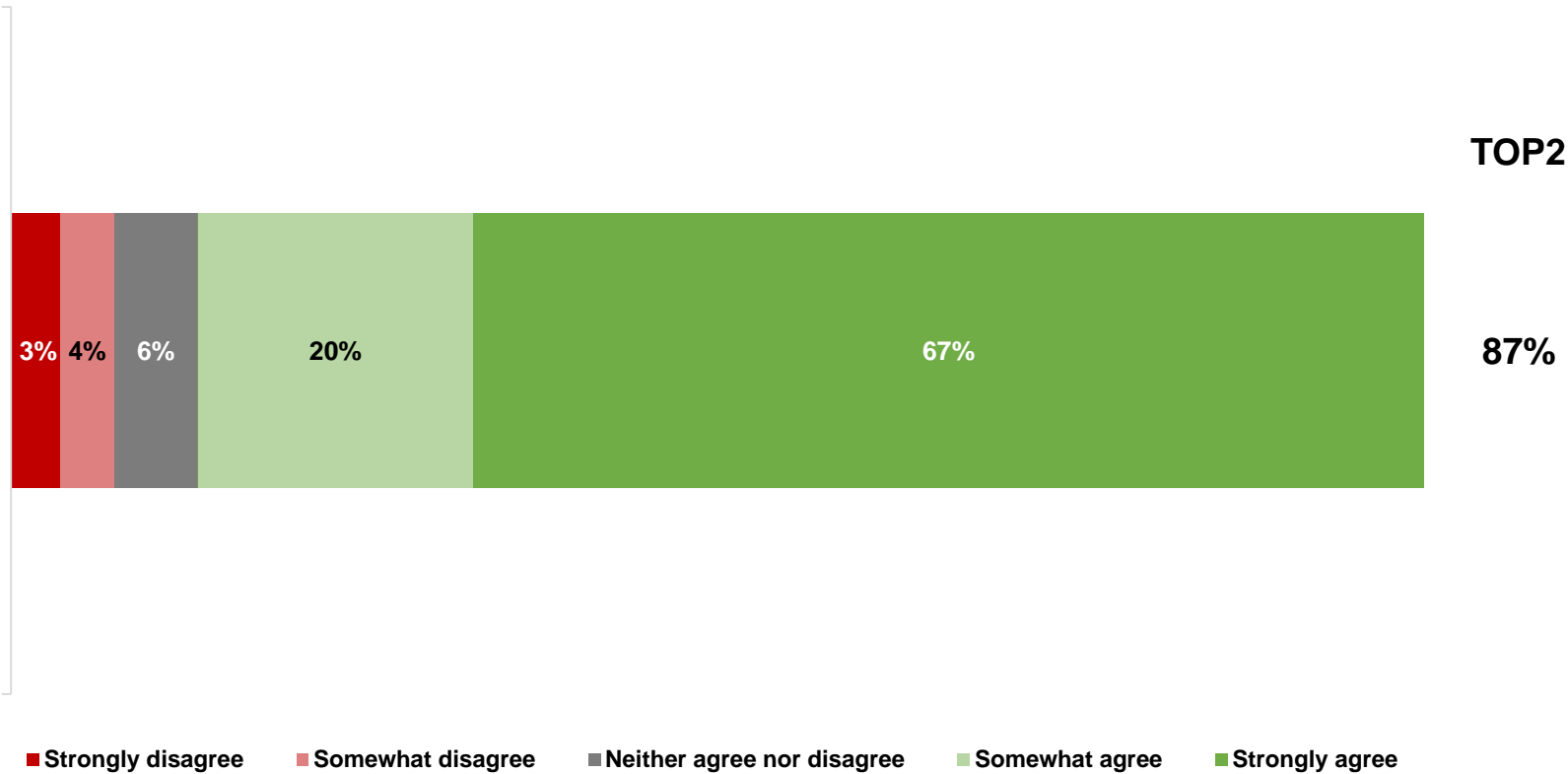
Q12a. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...staff were courteous?

Sample size: n=126

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience (con't)

You were treated fairly



- Most respondents (TOP2: 87%) agreed that the City of Courtenay staff treated them fairly during their most recent interaction.
- Furthermore, residents who have completed university (TOP2: 95%) are significantly more like to agree with this statement compared to those who have completed community/technical school (TOP2: 76%).

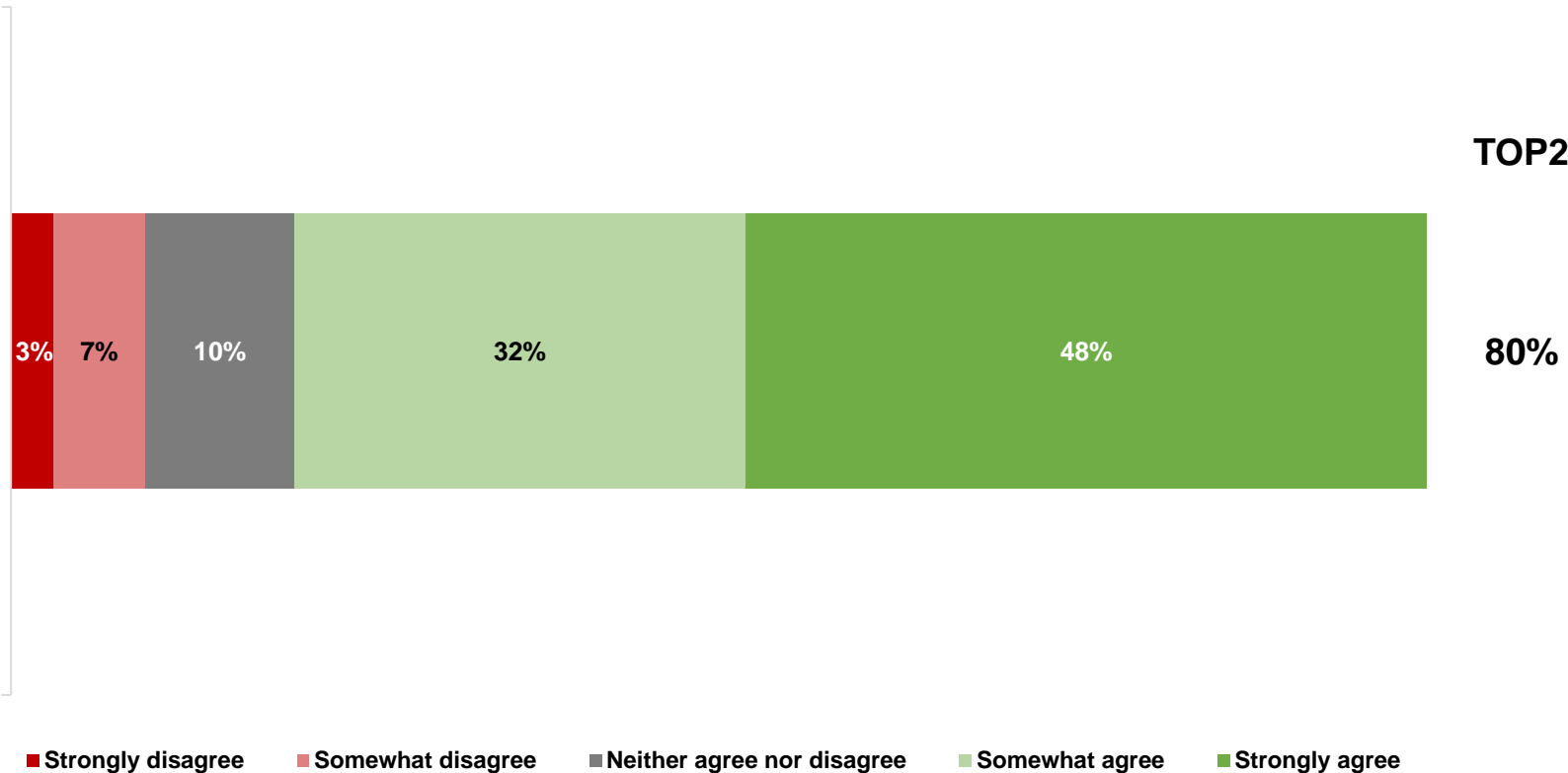
Q12b. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...you were treated fairly?

Sample size: n=126

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience (con't)

Staff were knowledgeable



- Around 4 in 5 respondents (TOP2: 80%) have expressed agreement with the statement that staff were knowledgeable during their most recent interaction with the city.
- Residents aged 65+ (TOP2: 88%) are significantly more likely to agree with such statement compared to those aged 25-34* (TOP2: 43%).

*Sample size n<30, Interpret with caution.

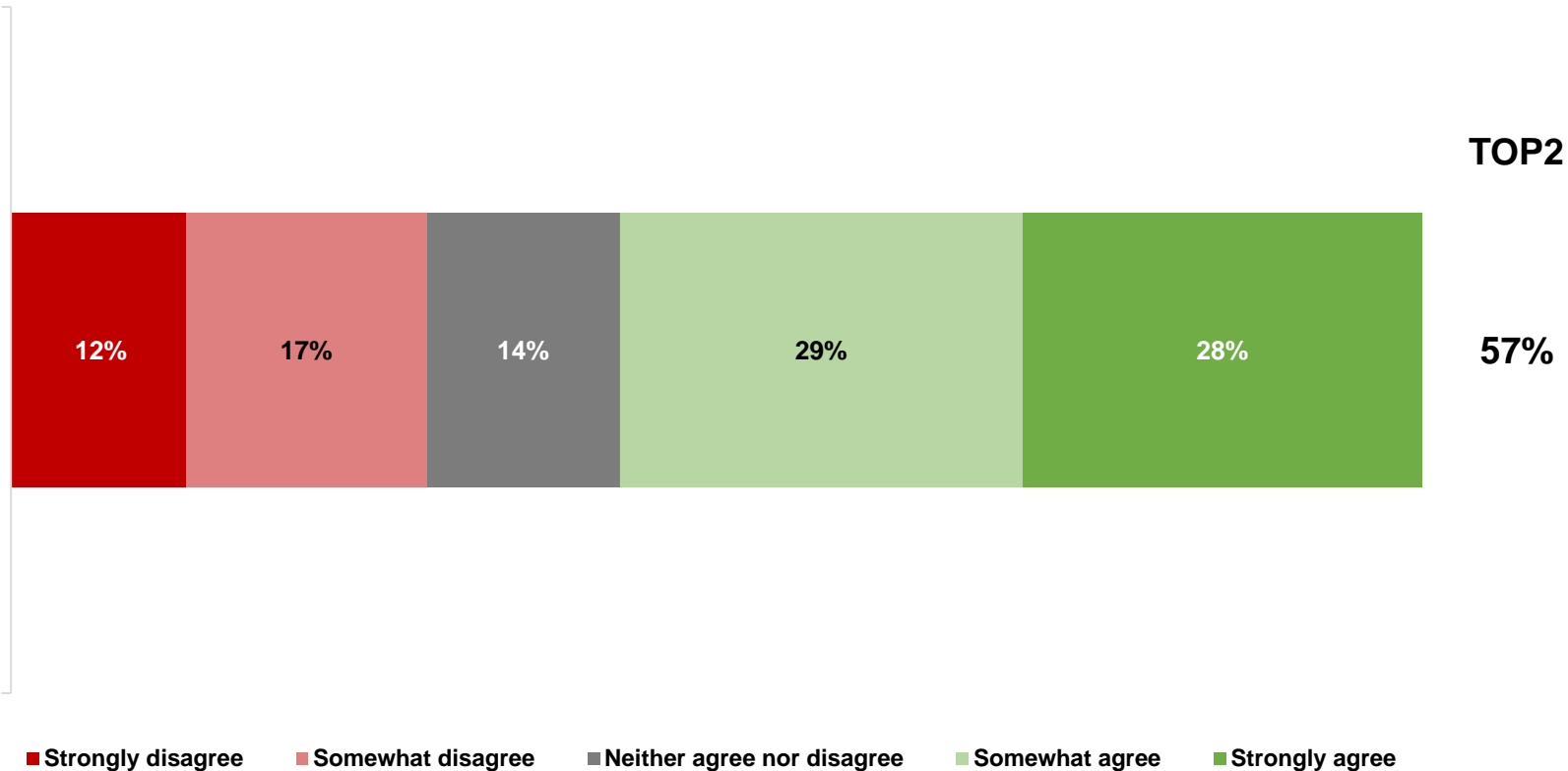
Q12c. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...staff were knowledgeable?

Sample size: n=125

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience (con't)

Staff went the extra mile to help you



- More than half of the respondents (TOP2: 57%) agreed that the City of Courtenay staff went the extra mile to help them. The following demographic groups are significantly more likely to agree with this statement:
 - Residents aged 55+ (TOP2: 65%-68%) compared to those aged 25-34* (TOP2: 21%).
 - Retired individuals (TOP2: 68%) and those who are employed full-time (TOP2: 63%) compared to those who are self-employed* (TOP2: 20%).

*Sample size n<30, Interpret with caution.

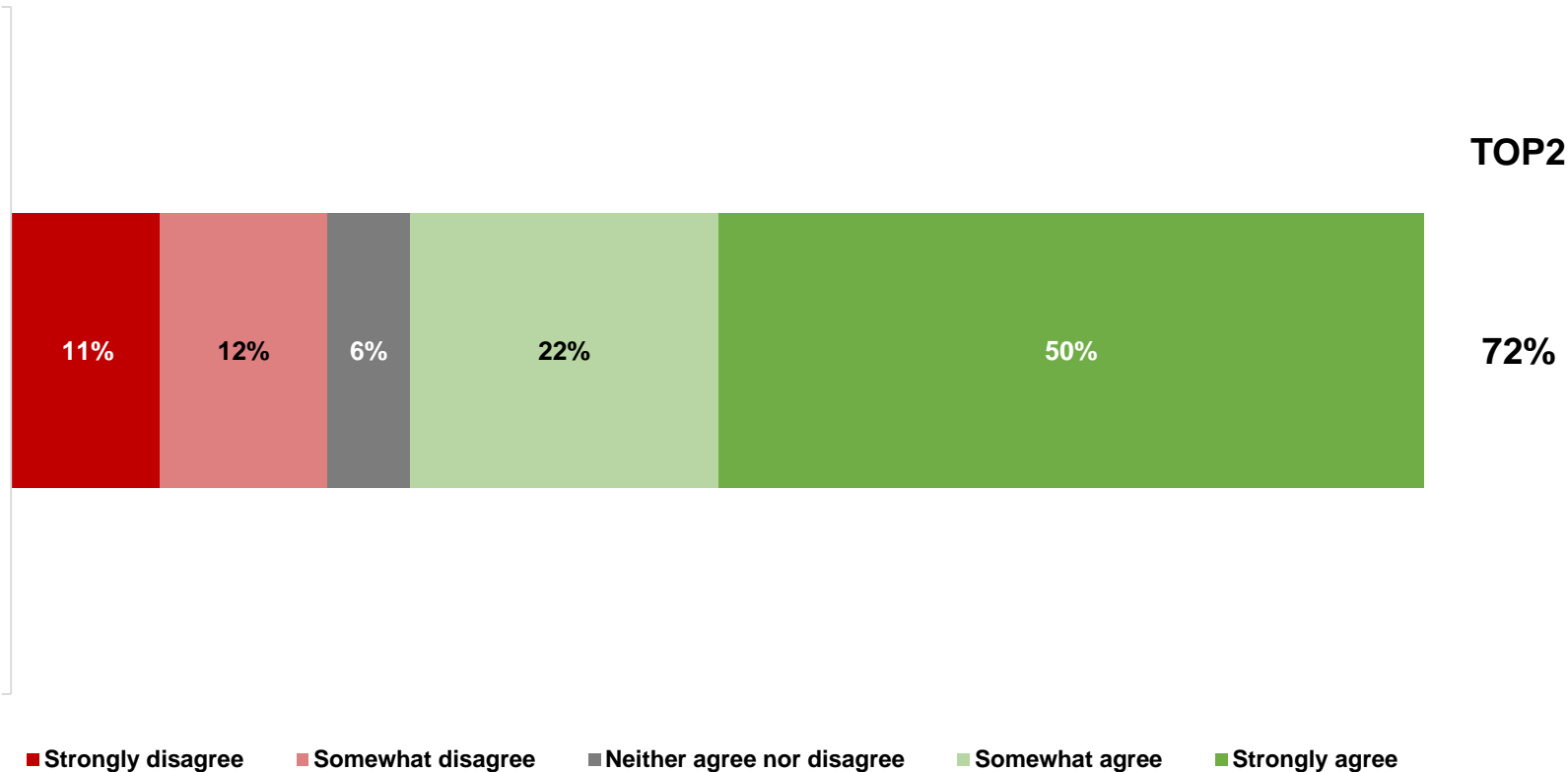
Q12d. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...staff went the extra mile to help you?

Sample size: n=125

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience (con't)

Service was provided in a timely manner



- Around 7 in 10 respondents (TOP2: 72%) agreed that the City has provided them with the service that they needed in a timely manner during their last interaction with the City. The following demographic groups are significantly more likely to agree with this statement:
 - Residents aged 35+ (TOP2: 74%-88%) compared to those aged 25-34* (TOP2: 21%).
 - Individuals earning under \$40k* (TOP2: 82%) compared to those earning between \$150k and <\$200k* (TOP2: 37%).
 - People with disabilities* (TOP2: 87%) compared to individuals without disabilities (TOP2: 67%).

*Sample size n<30, Interpret with caution.

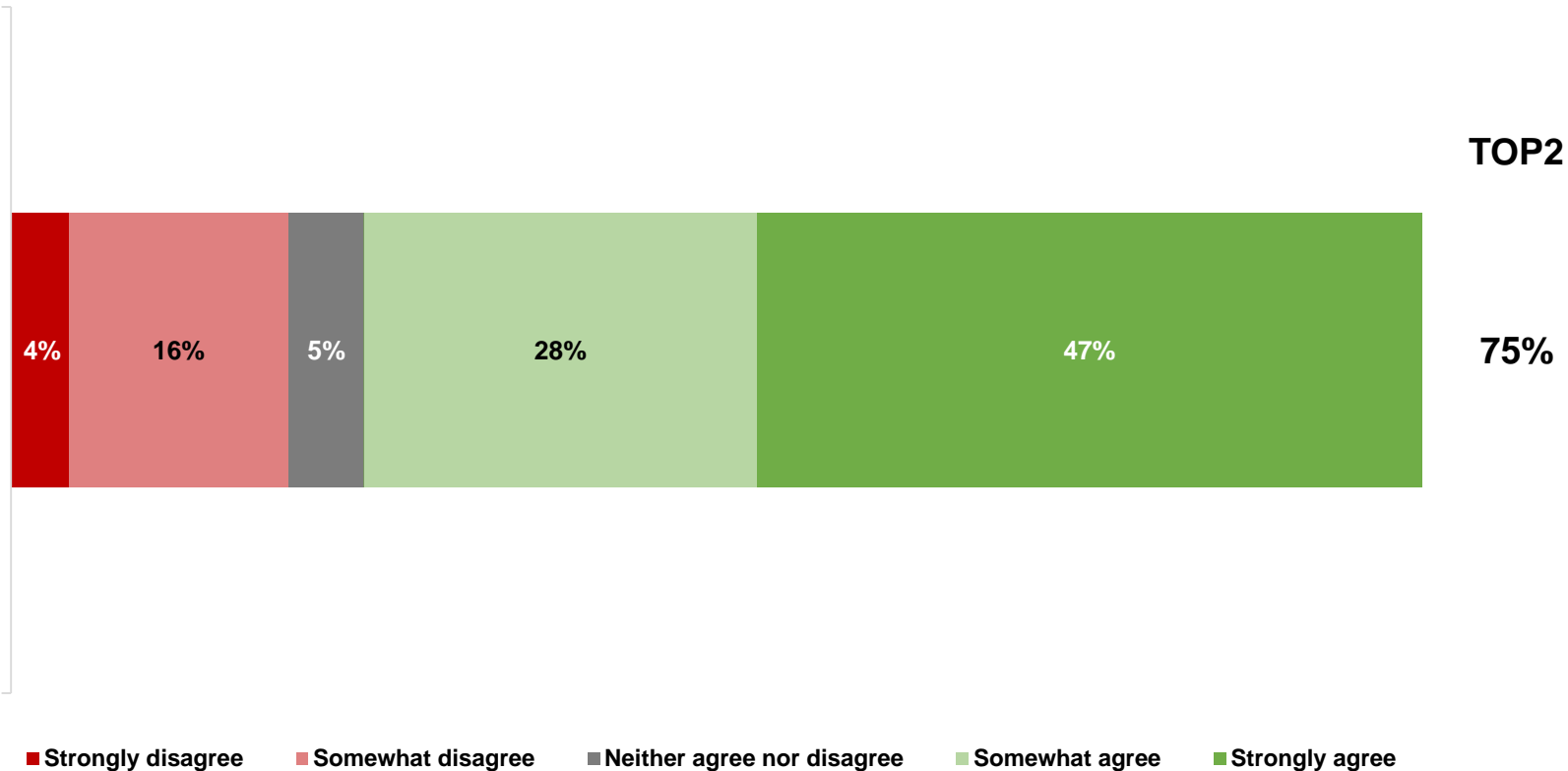
Q12e. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...service was provided in a timely manner?

Sample size: n=124

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience (con't)

The right staff to deal with your inquiry is easy to find



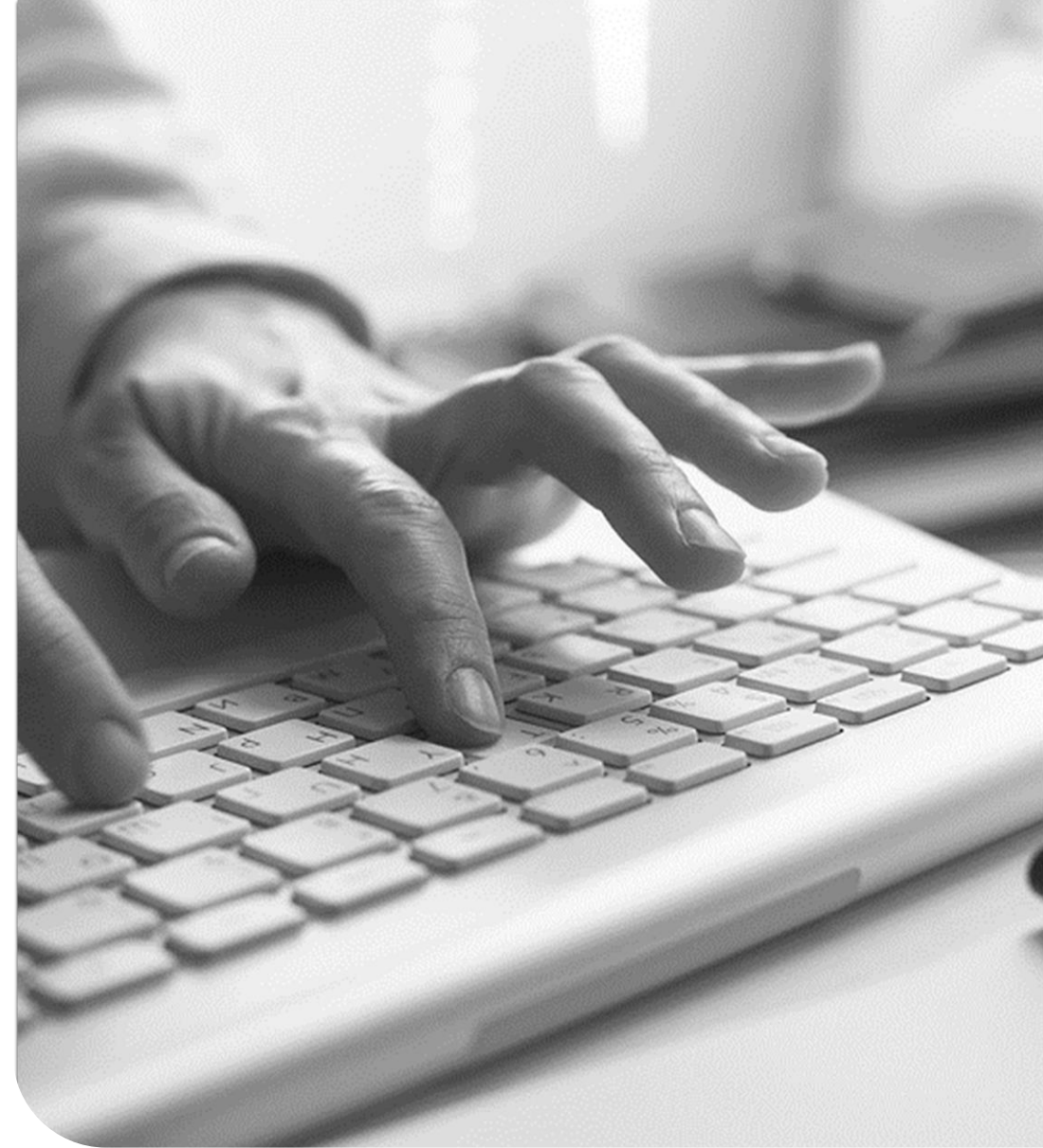
- Most respondents (TOP2: 75%) agreed that they can easily find the appropriate staff to help them with their issues and concerns.
- Furthermore, residents who have completed university (TOP2: 87%) are significantly more likely to agree with this statement compared to those who have completed community/technical school (TOP2: 64%).
- Additionally, retired individuals (TOP2: 91%) are also more likely to agree to such statement, in comparison to those who are employed full-time (TOP2: 67%).

Q12f. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that... you can easily find the right staff to deal with your question/problem?

Sample size: n=124

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Appendix: Online Results



Methodology

Method: CAWI (Computer Aided Web Interview)

Criteria for Participation: Residents of the City of Courtenay who are 18 years of age or older

Sample Size: n=299

**Average Length of Interview
(LOI):** 11.7 minutes

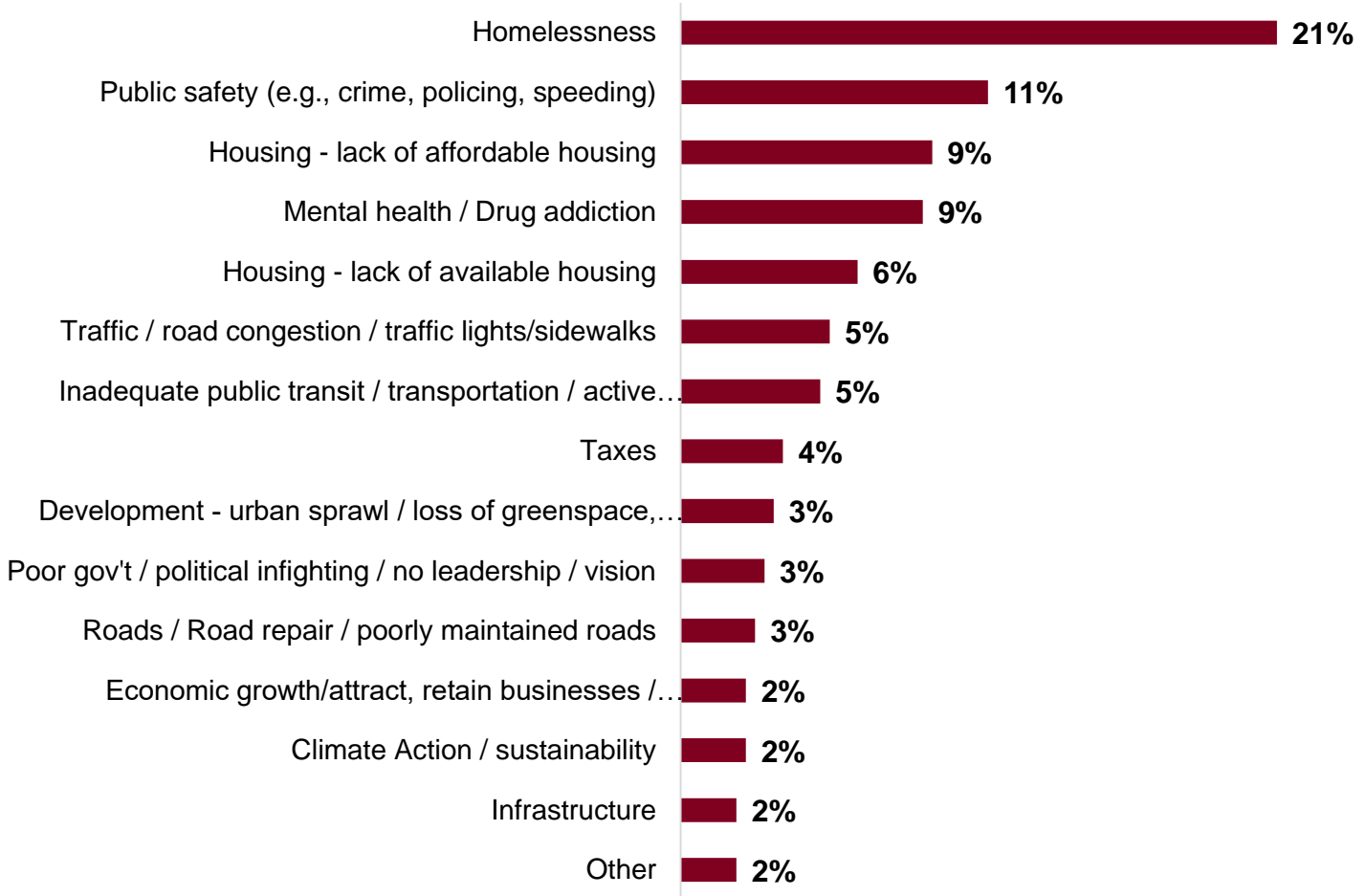
Fieldwork Dates: July 24th – August 13th, 2023

- Additional Notes:**
- CAWI data was collected through an open link distributed by the City of Courtenay. The sample from CAWI consists of only self-selected respondents, who have chosen to take part in the survey on their own accord, and all have computer access and an internet connection. Due to this fact, CAWI data is not weighted and is reported separately as it is affected by self-selection bias and cannot be representative of City of Courtenay demographics.

Quality of Life



Top of Mind Issues



- Homelessness emerged as the most important issue facing the city, with around 1 in 5 (21%) respondents mentioning it.
- Other notable top of mind issues mentioned by the residents are public safety (11%), lack of affordable housing (9%), and mental health/drug addiction (9%).

*note: not shown if <2%

Q1. In your view, as a resident of The City of Courtenay, what is the most important issue facing your community, that is the **one** issue you feel should receive the greatest attention from your local leaders?

Sample size: n=299
 Framework: All respondents



Quality of Life



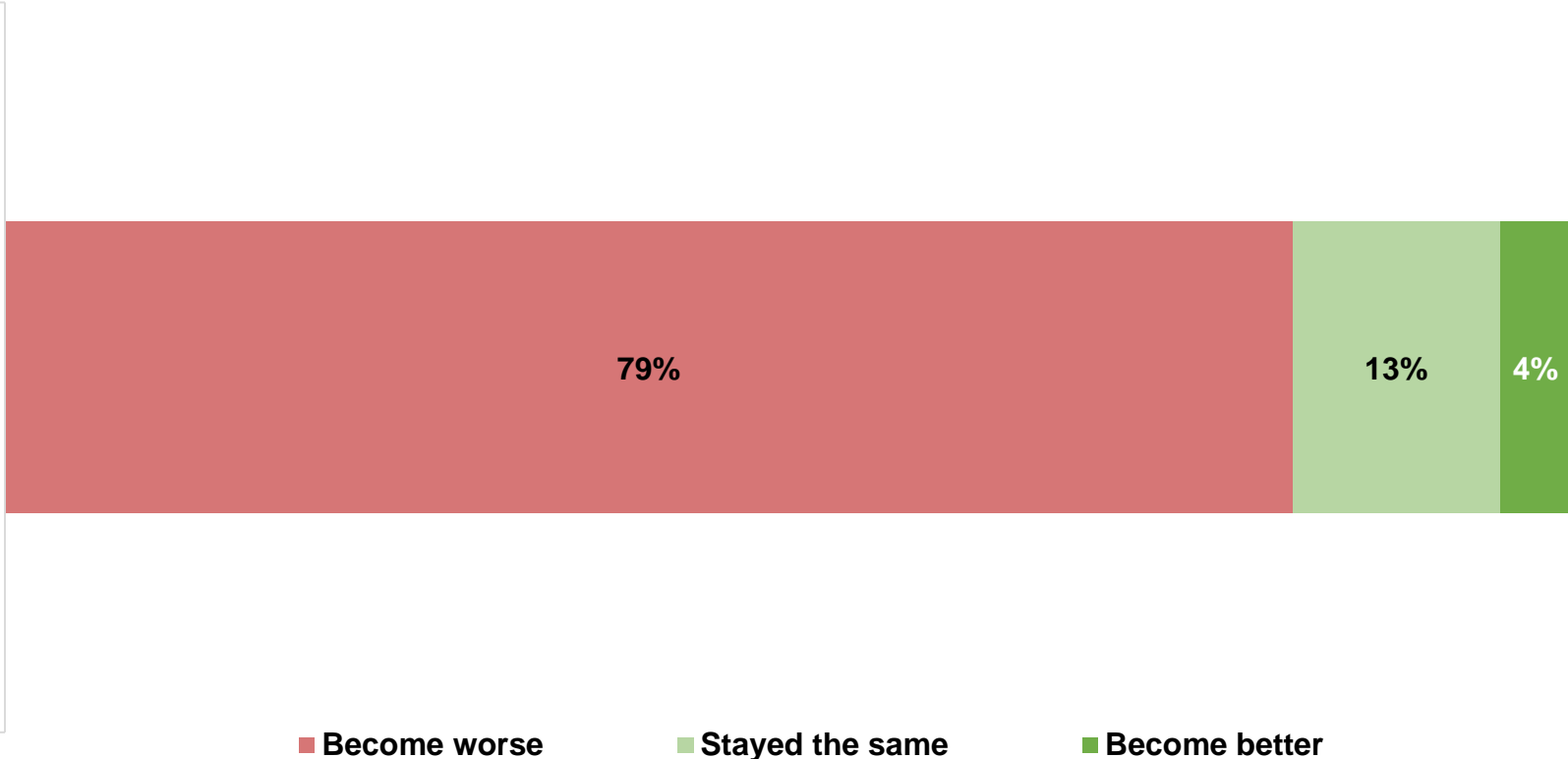
- 7 in 10 respondents (TOP2: 70%) rate the overall quality of life in the City of Courtenay as good or very good..

Q2. How would you rate the overall quality of life in the City of Courtenay today?

Sample size: n=299

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

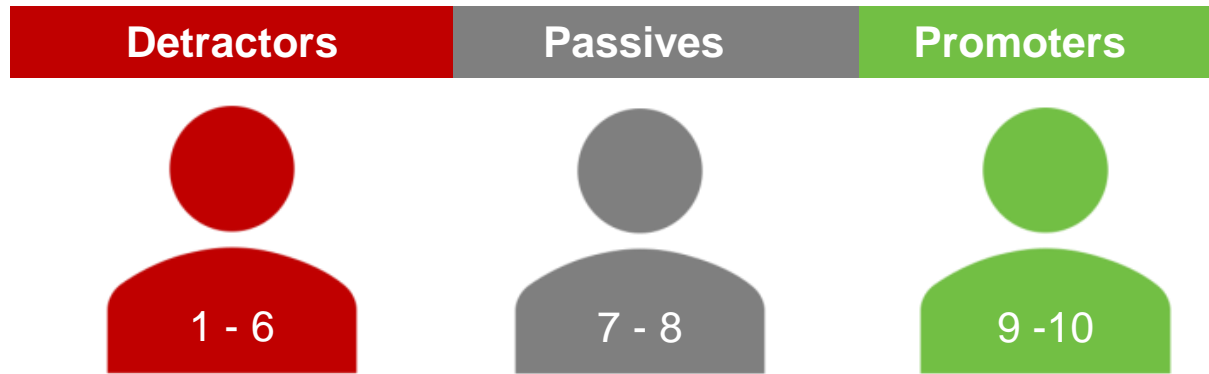
Quality of Life – Past 3 years



- Approximately 4 in 5 respondents (79%) think that the quality of life in the City of Courtenay has worsened over the past three years.

Net Promoter Score (NPS) - Methodology

Net Promoter Score = Promoters – Detractors



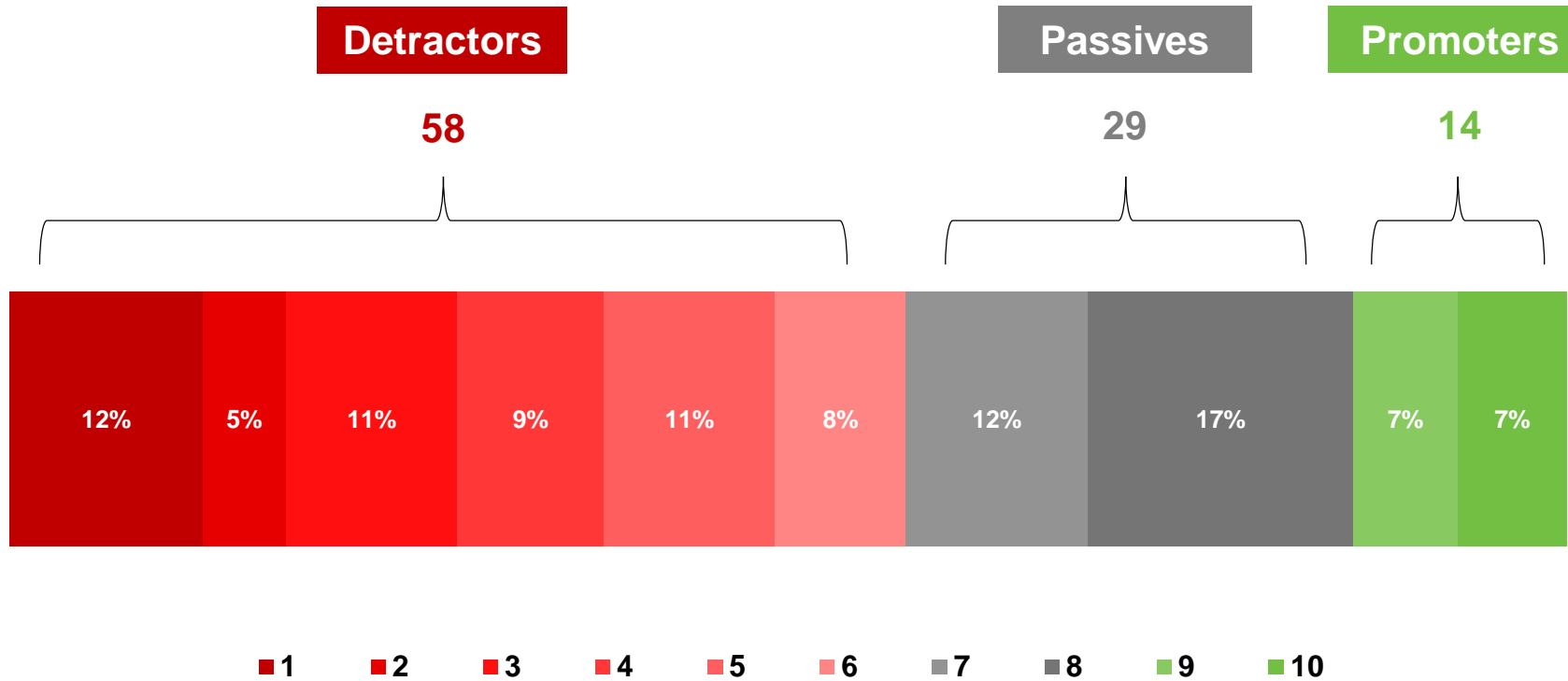
- The Net Promoter Score (NPS) assesses the willingness of residents to promote the City of Courtenay. The NPS was measured by asking residents to rate their likelihood of recommending the City of Courtenay as a place to live, on a scale from 1 to 10, with 1 being not at all likely and 10 being very likely.
- Based on the score provided, residents were classified as Promoters, Passives, or Detractors of the City of Courtenay.
- A Net Promoter Score (NPS) is calculated by subtracting the detractors from the promoters, which provides a net score for the proportion of residents promoting the City of Courtenay.

NPS. How likely would you be to recommend the City of Courtenay as a place to live to a friend or colleague? Please use a number from 1 to 10, where 1 is not likely at all, and 10 is extremely likely.

Sample size: n=299

Framework: All respondents, excluding Don't Know responses

NPS Analysis

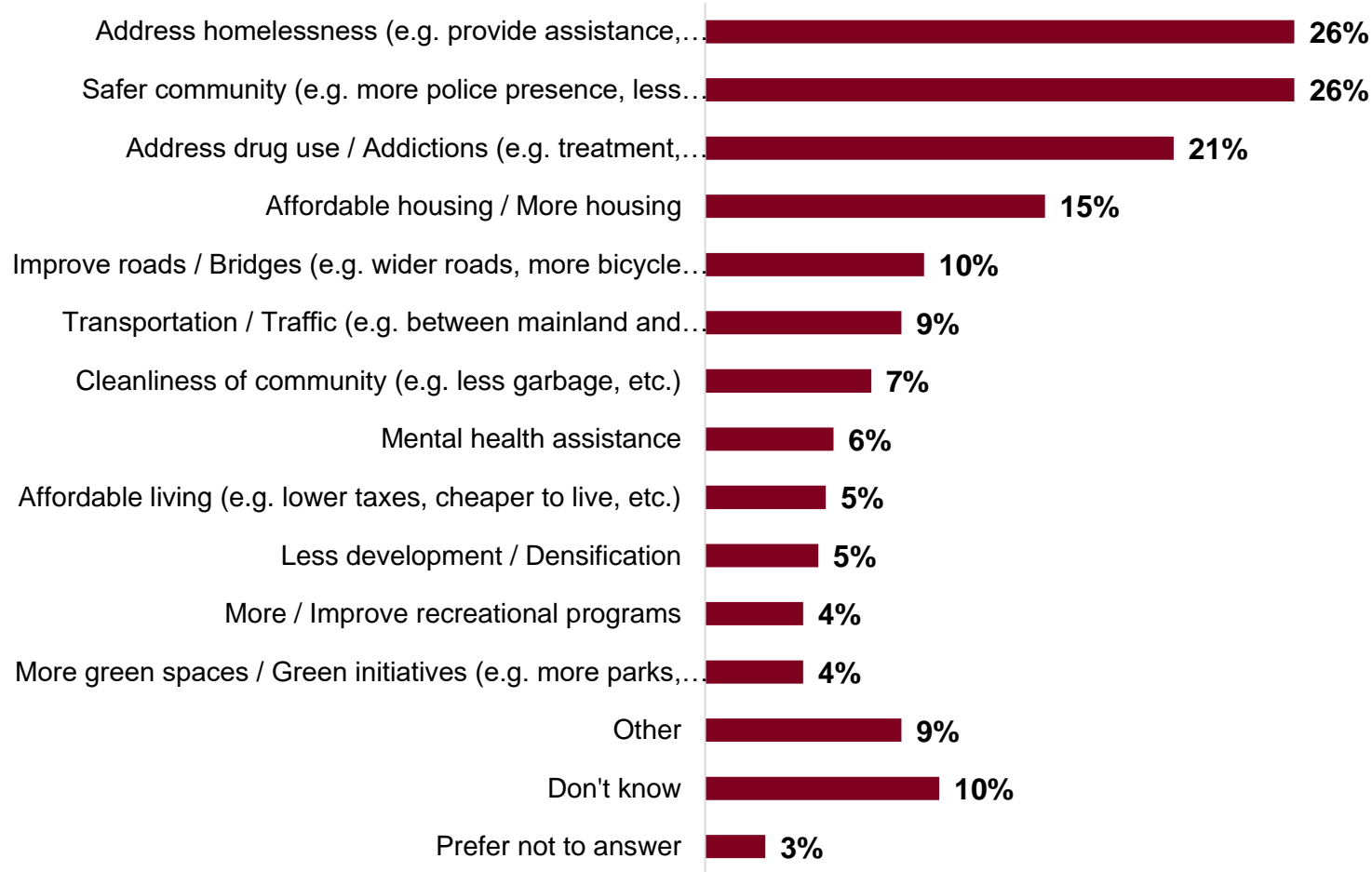


Net Promoter Score = 14 - 58 = -44

- An NPS score of -44 suggests that City of Courtenay residents are less likely to recommend the City as a place to live to a friend or colleague.

Enhancing Quality of Life

Suggested Programs/Initiatives



- Addressing homelessness (26%) and safer community (26%) emerged as the most popular suggested programs by the residents to improve the quality of life in the city.
- Other notable suggestions mentioned by the residents are to address drug use (21%), to have more affordable housing (15%), and to improve roads (10%).

*note: not shown if <4%

Q4. What specific initiative or program would you like to see that would enhance the quality of life in our community?

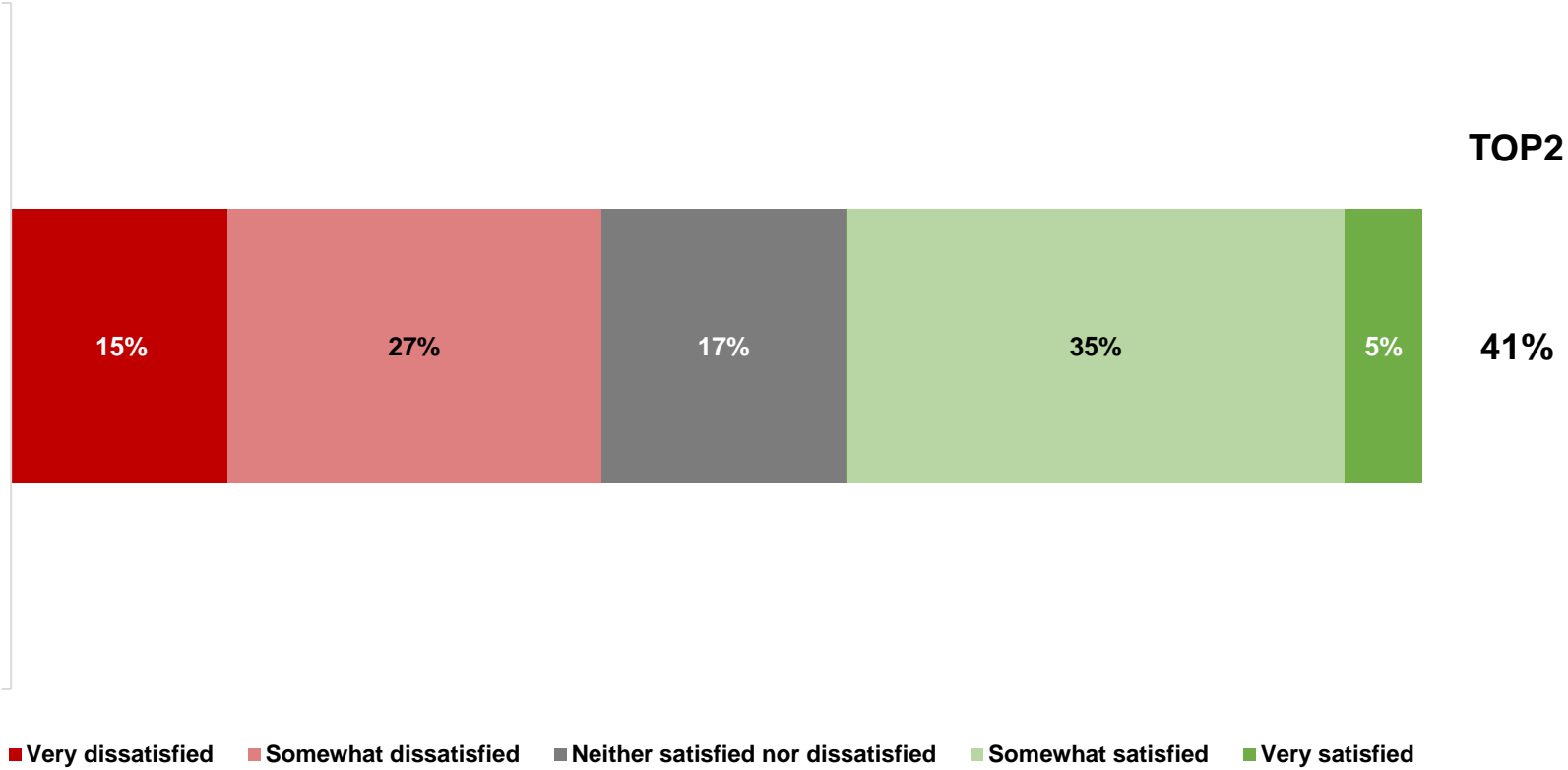
Sample size: n=299

Framework: All respondents

City Service Assessment



Satisfaction with Services Provided by the City



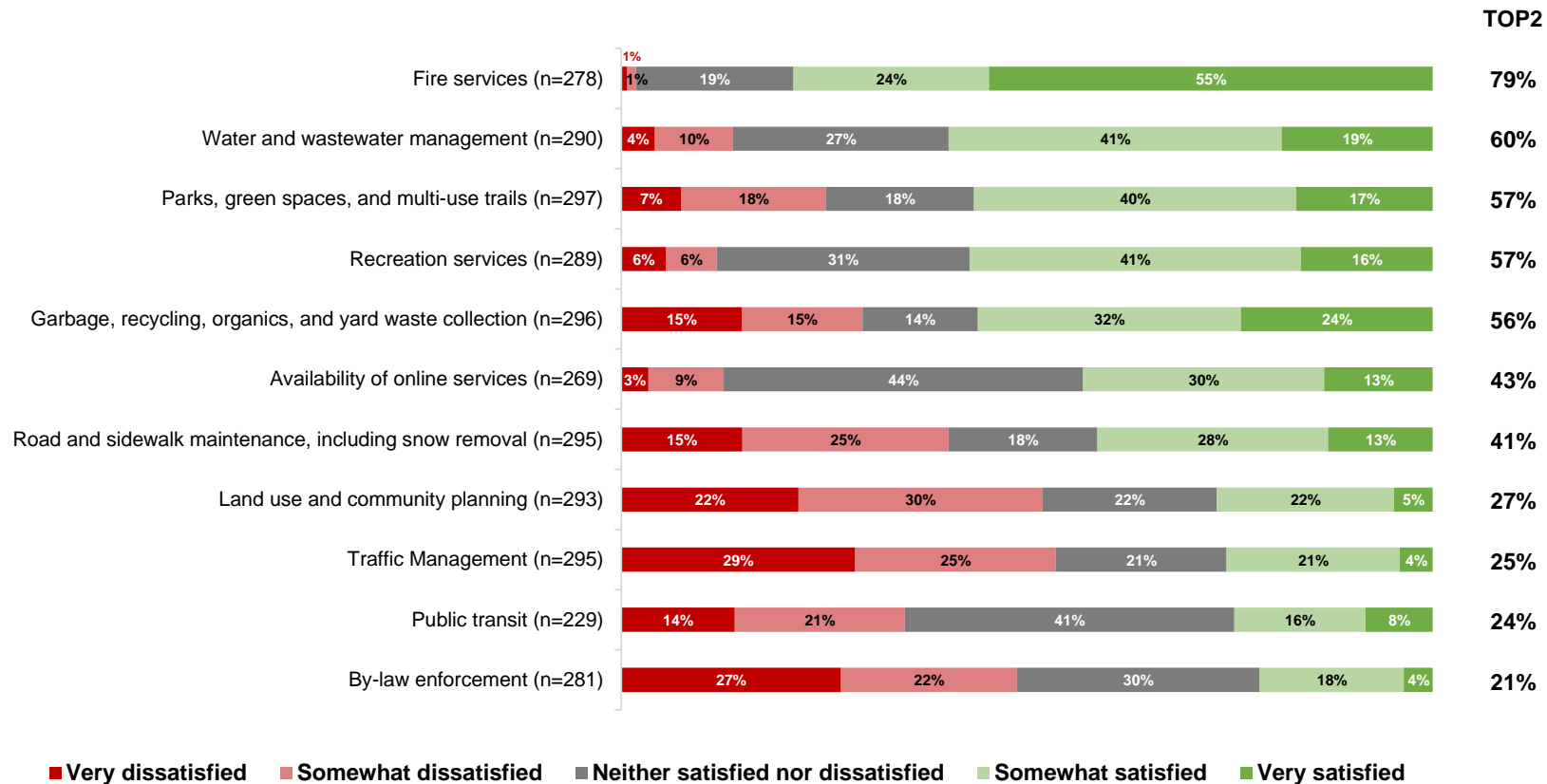
- Approximately 2 in 5 (TOP2: 41%) residents are satisfied with the overall level and quality of services provided by the City of Courtenay.

Q5. Please tell me how satisfied or dissatisfied you are with the overall level and quality of services provided by the City of Courtenay, on a scale of very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, and very dissatisfied.

Sample size: n=294

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Satisfaction with Services Provided by the City



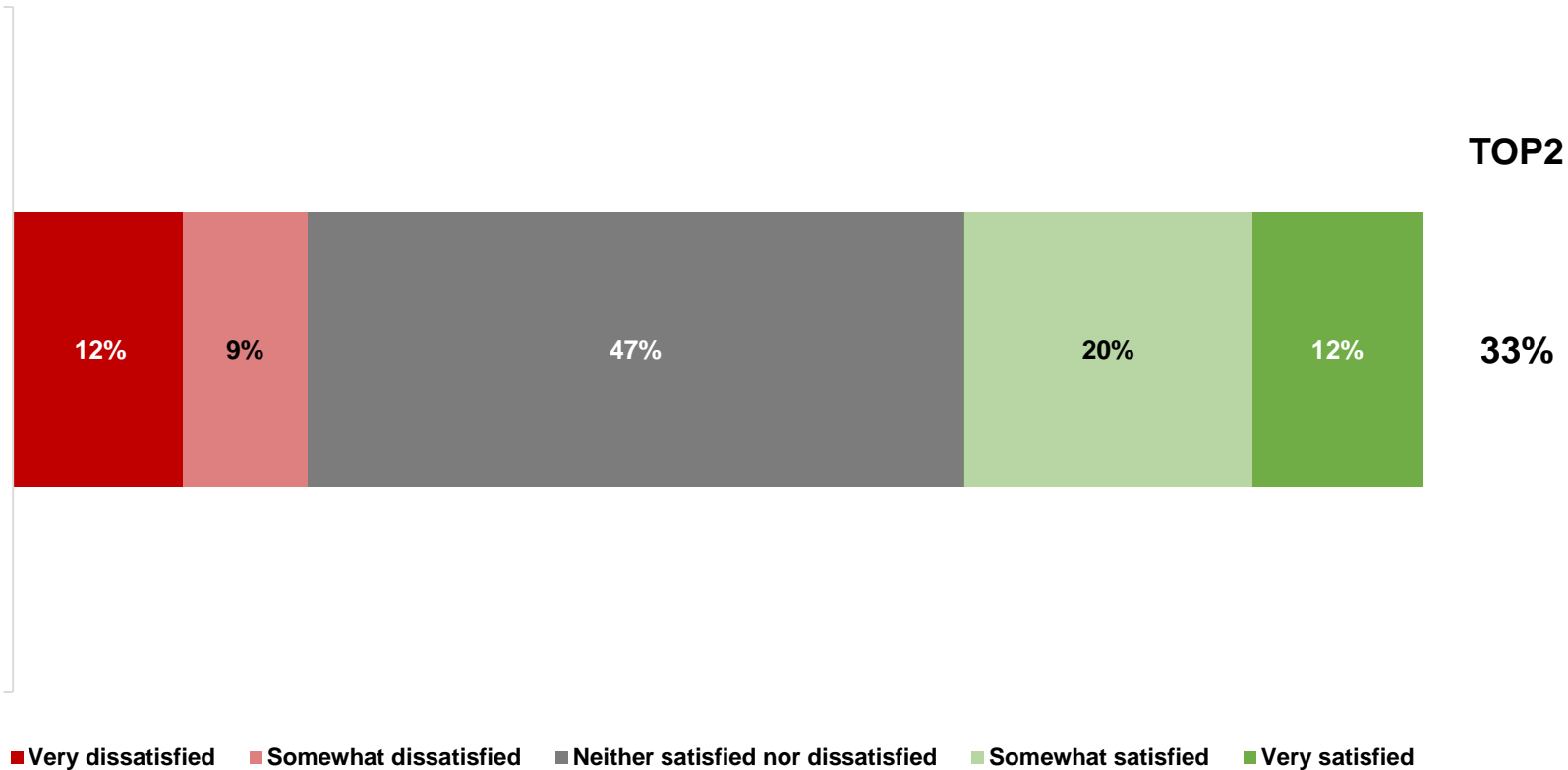
- Fire services (TOP2: 79%), water and wastewater management (TOP2: 60%), parks, green spaces and multi-use trails (TOP2: 57%), and recreation services (TOP2: 57%) are the services residents are most satisfied with.
- By-law enforcement (TOP2: 21%) has the lowest satisfaction among the residents. Moreover, traffic management (BTM2: 54%) appears to have the highest level of dissatisfaction among the residents.

Q5a-k. I am going to read a list of services provided by the City of Courtenay. For each one using the same scale as before, please tell me how satisfied or dissatisfied you are with the performance of the City of Courtenay.

Sample size: Varies, shown in chart above

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Diversity, Equity, and Inclusion in the City



- One-third of the respondents (TOP2: 33%) are satisfied with the city's current efforts in promoting diversity, equity, and inclusion within the community.

Q6. Please tell me how satisfied or dissatisfied you are with the city's current efforts in promoting diversity, equity, and inclusion within the community.

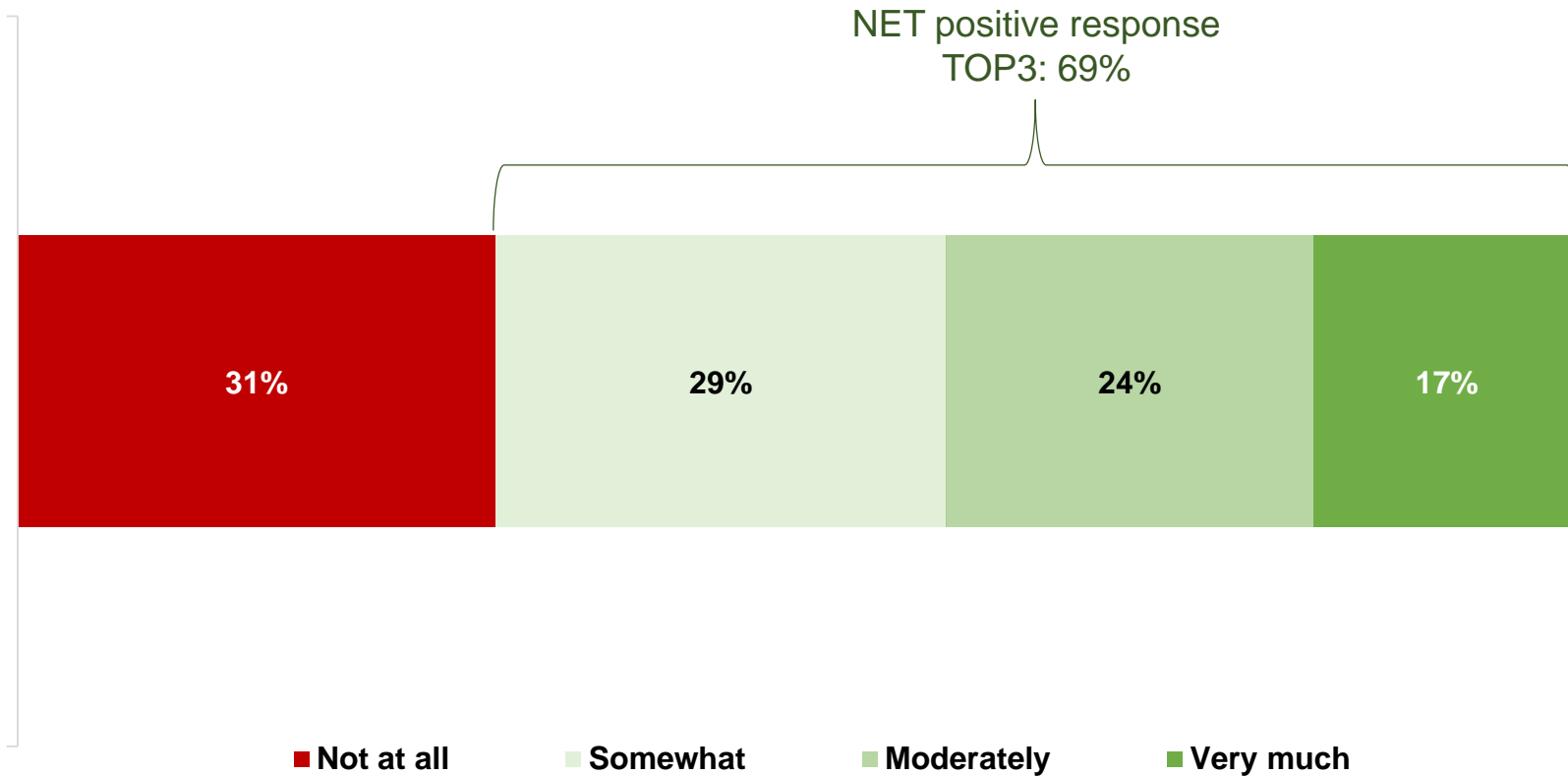
Sample size: n=249

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

City Crest and Image



City Crest Representation



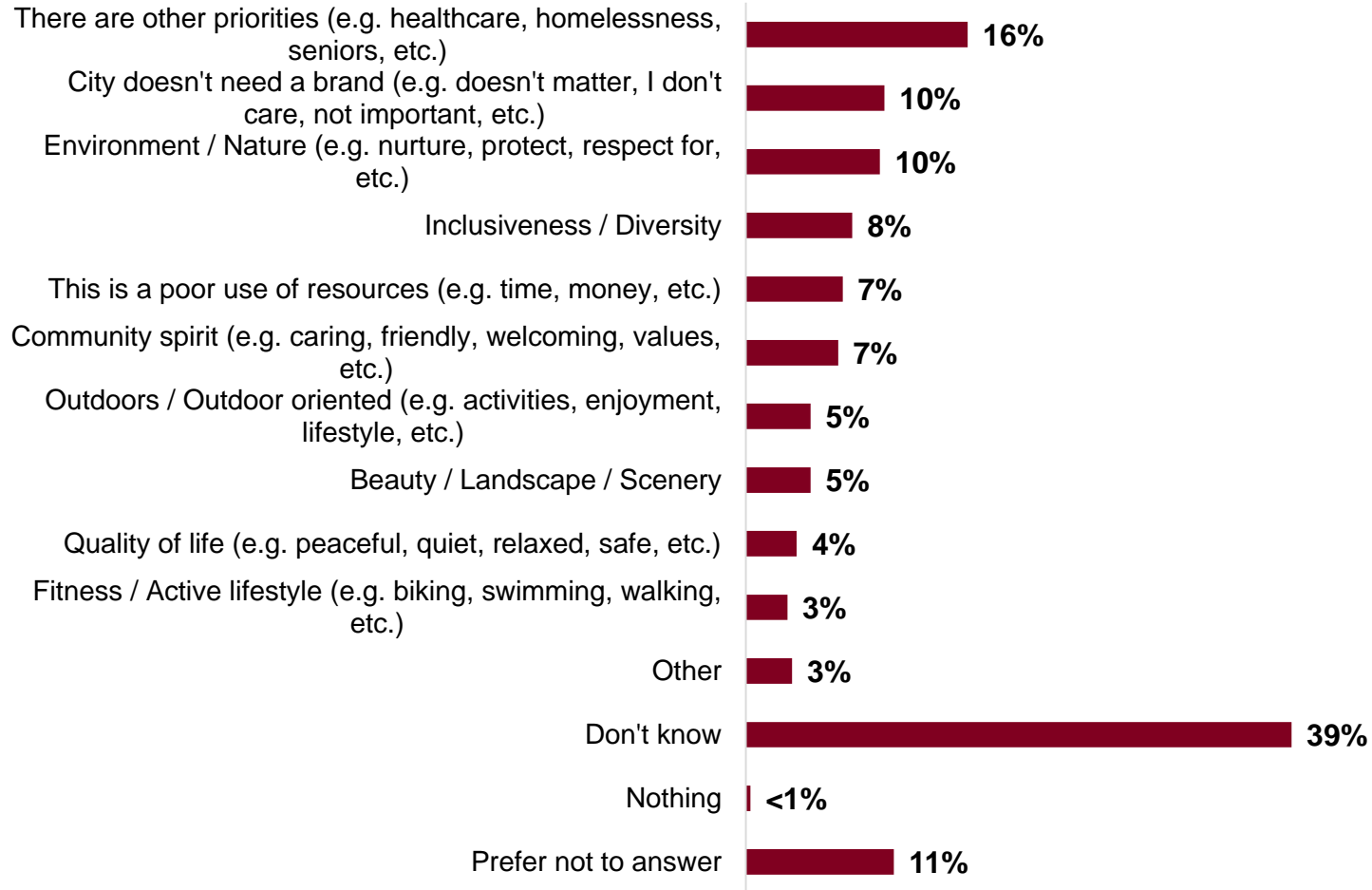
- Nearly 7 in 10 (TOP3: 69%) of respondents feel that the current City of Courtenay Crest represents the identity and values of the community to some extent. Meanwhile, nearly one-third of the respondents (31%) feel that the current City of Courtenay Crest does not represent the identity and values of the community at all.

Q7. To what extent do you feel the current City of Courtenay Crest represents the identity and values of all of the community members?

Sample size: n=170

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

City Crest Representation (con't)



- When asked about what values should the brand/image share about the city, nearly 1 in 5 respondents (16%) voiced that there are other priorities that need to be addressed before thinking about city crest representation. Moreover, 1 in 10 respondents (10%) believe that the city doesn't need a brand.

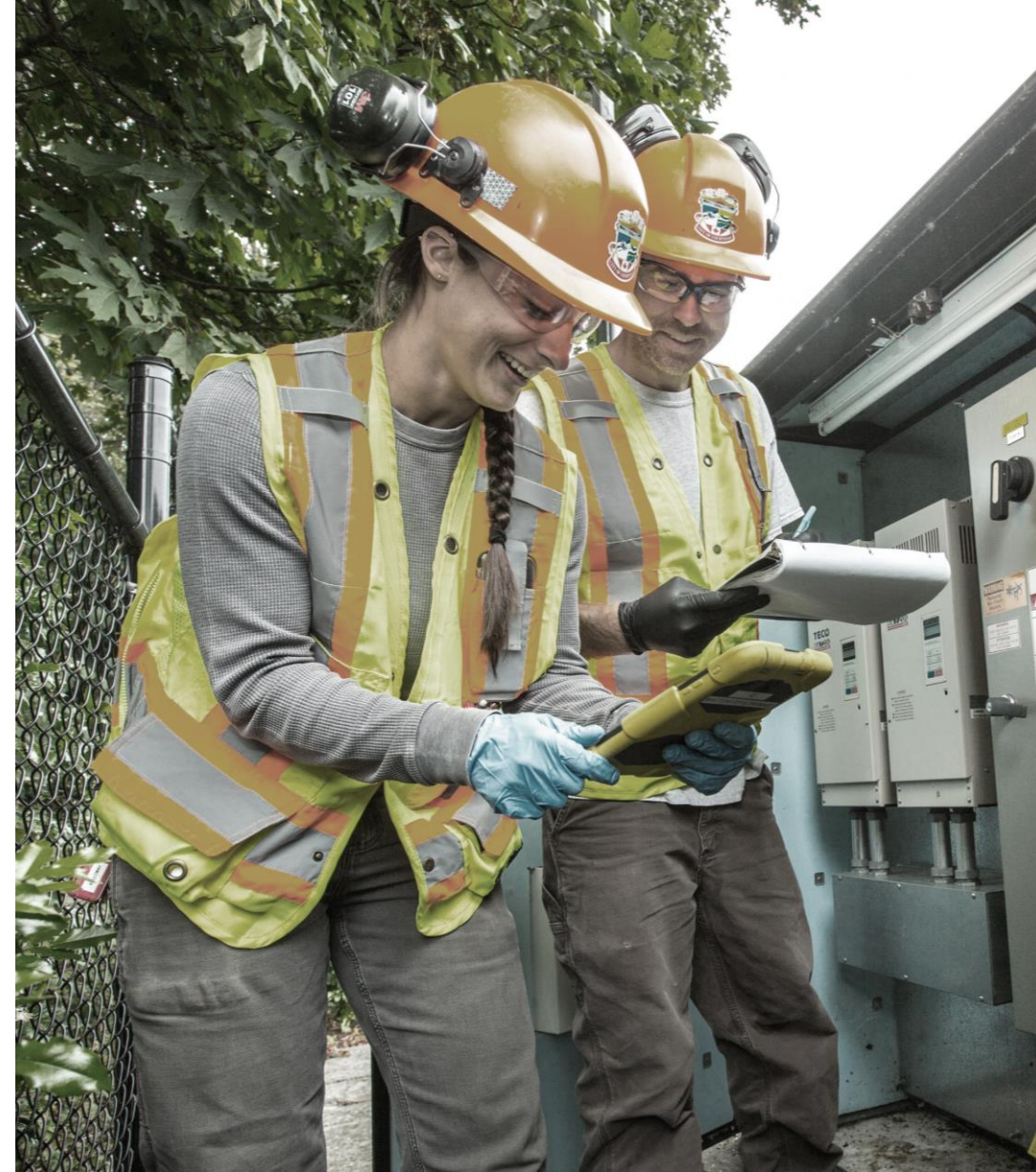
*note: not shown if <3%

Q8. What values should the brand/imaging share about the City of Courtenay? Please list any images or feelings that come to mind.

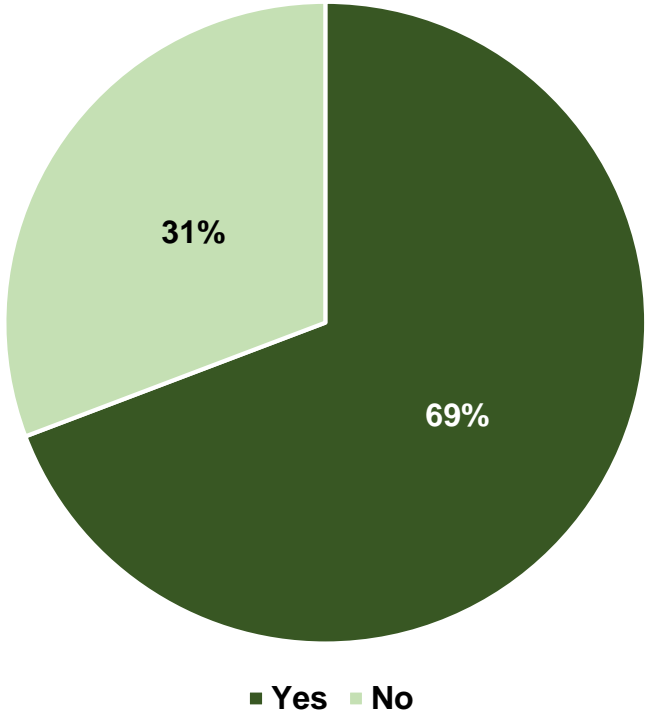
Sample size: n=299

Framework: All respondents

City Staff Satisfaction



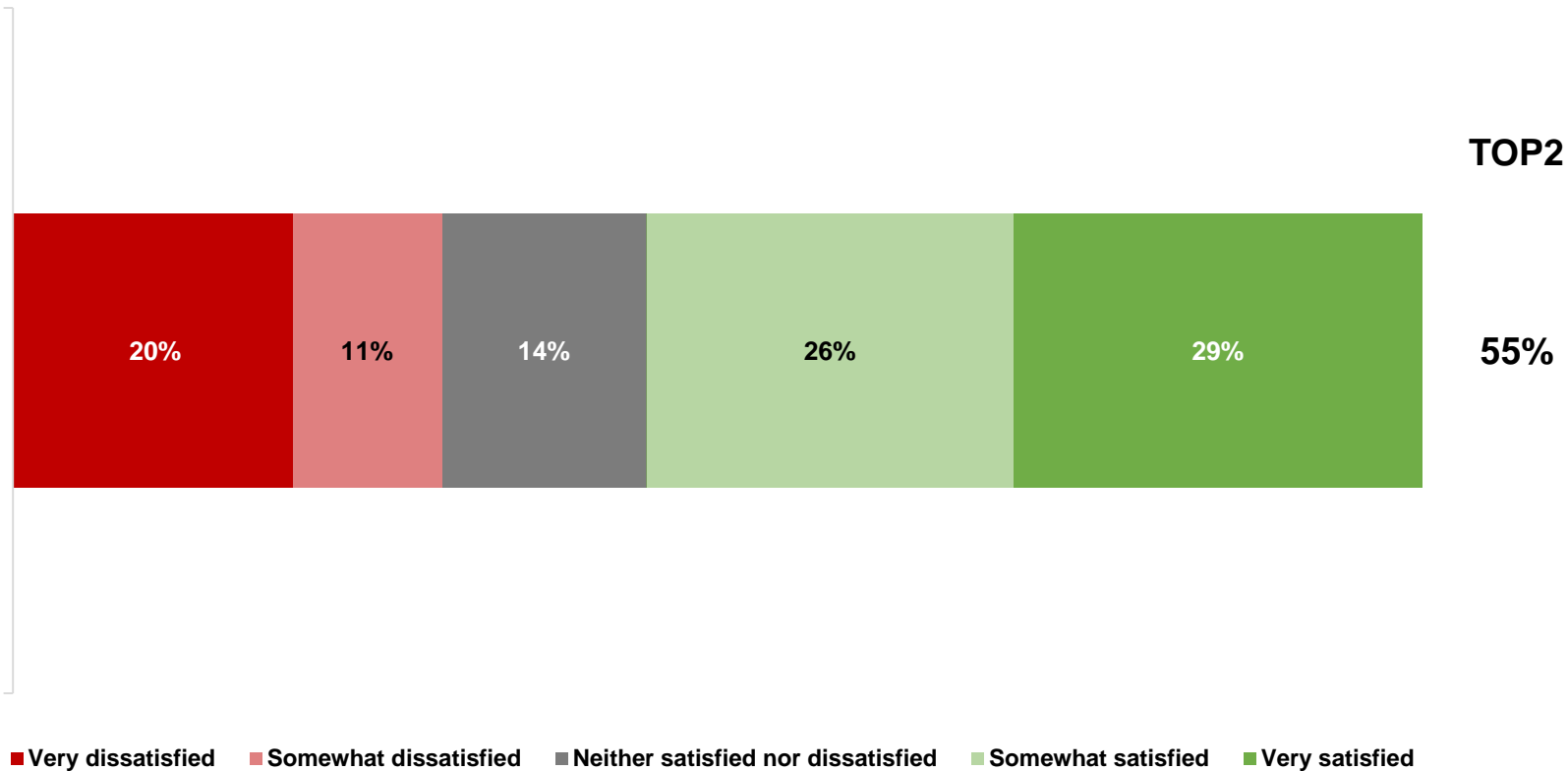
Interaction with City of Courtenay – Last 12 months



- In the last 12 months, 7 in 10 respondents (69%) have personally contacted or dealt with the City of Courtenay and/or one of its employees.

Q9. In the last 12 months, have you personally contacted or dealt with the City of Courtenay or one of its employees?
Sample size: n=299
Framework: All respondents

Satisfaction with City Staff Experience



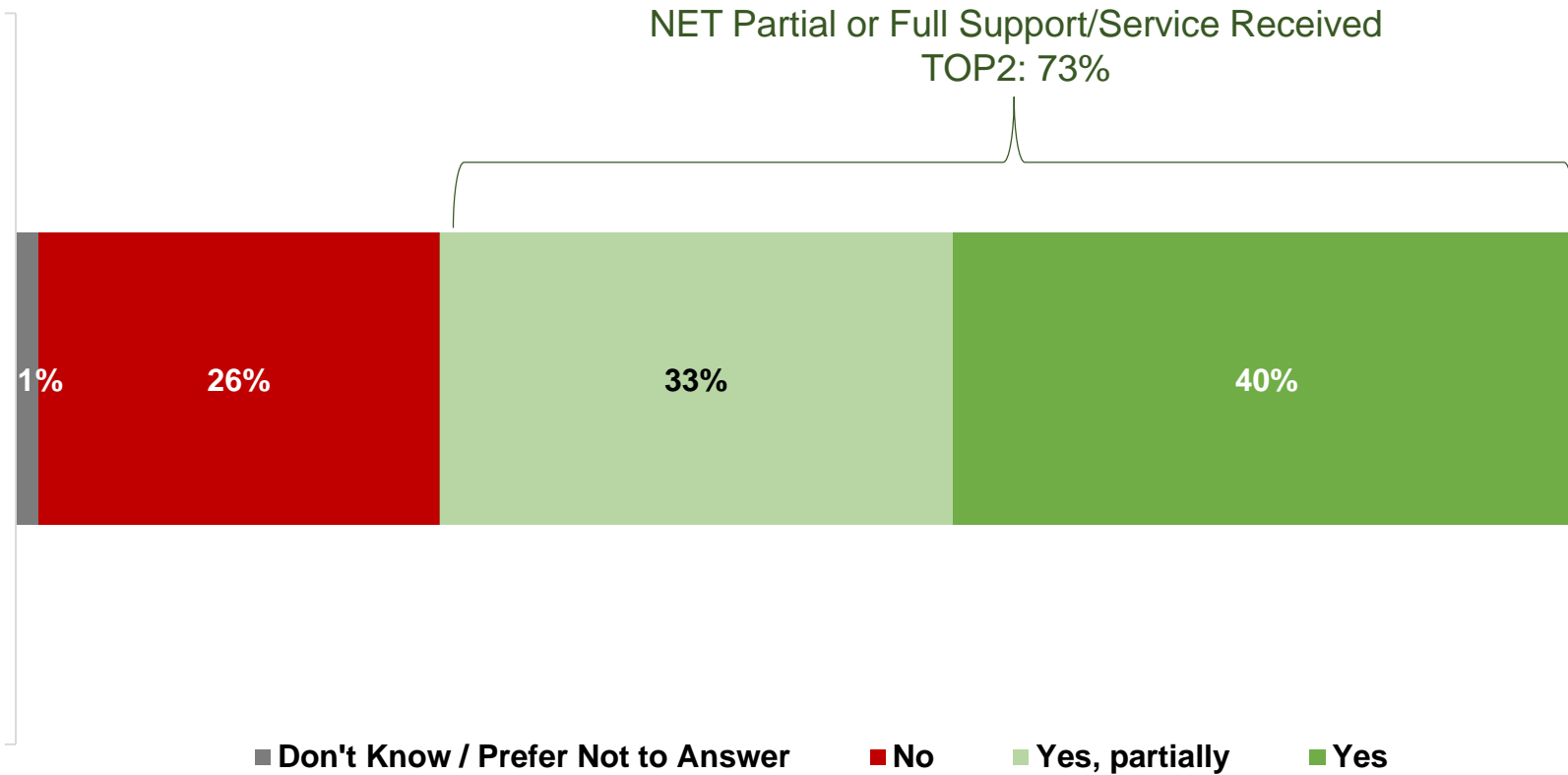
- More than half of the respondents (TOP2: 55%) reported being satisfied with the overall service they received from the City of Courtenay the last time that they contacted them.

Q10. And thinking of the last time you contacted the City of Courtenay, how satisfied were you with the overall service you received? Would you say you were...?

Sample size: n=207

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months, excluding Don't Know responses

Outcome of Interaction with City Staff



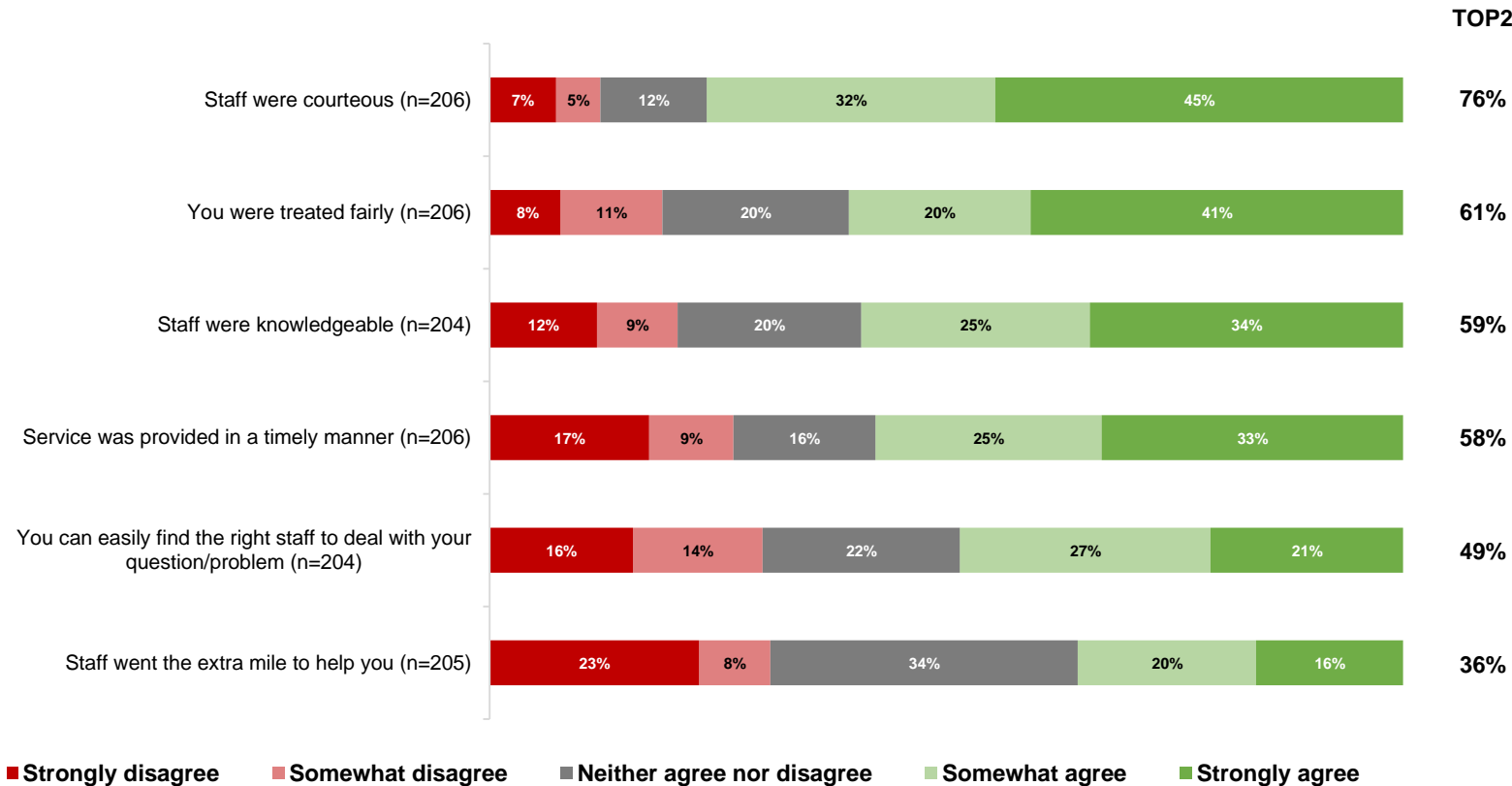
- Nearly 3 in 4 respondents (TOP2: 73%) have received support and/or service that they needed from the city staff, to some extent. Meanwhile, 26% mentioned not receiving any support and/or service.

Q11. Did you receive the service or support you needed?

Sample size: n=207

Framework: Those who've personally contacted or dealt with the City of Courtenay or one of its employees in the last 12 months

Satisfaction with City Staff Experience (con't)

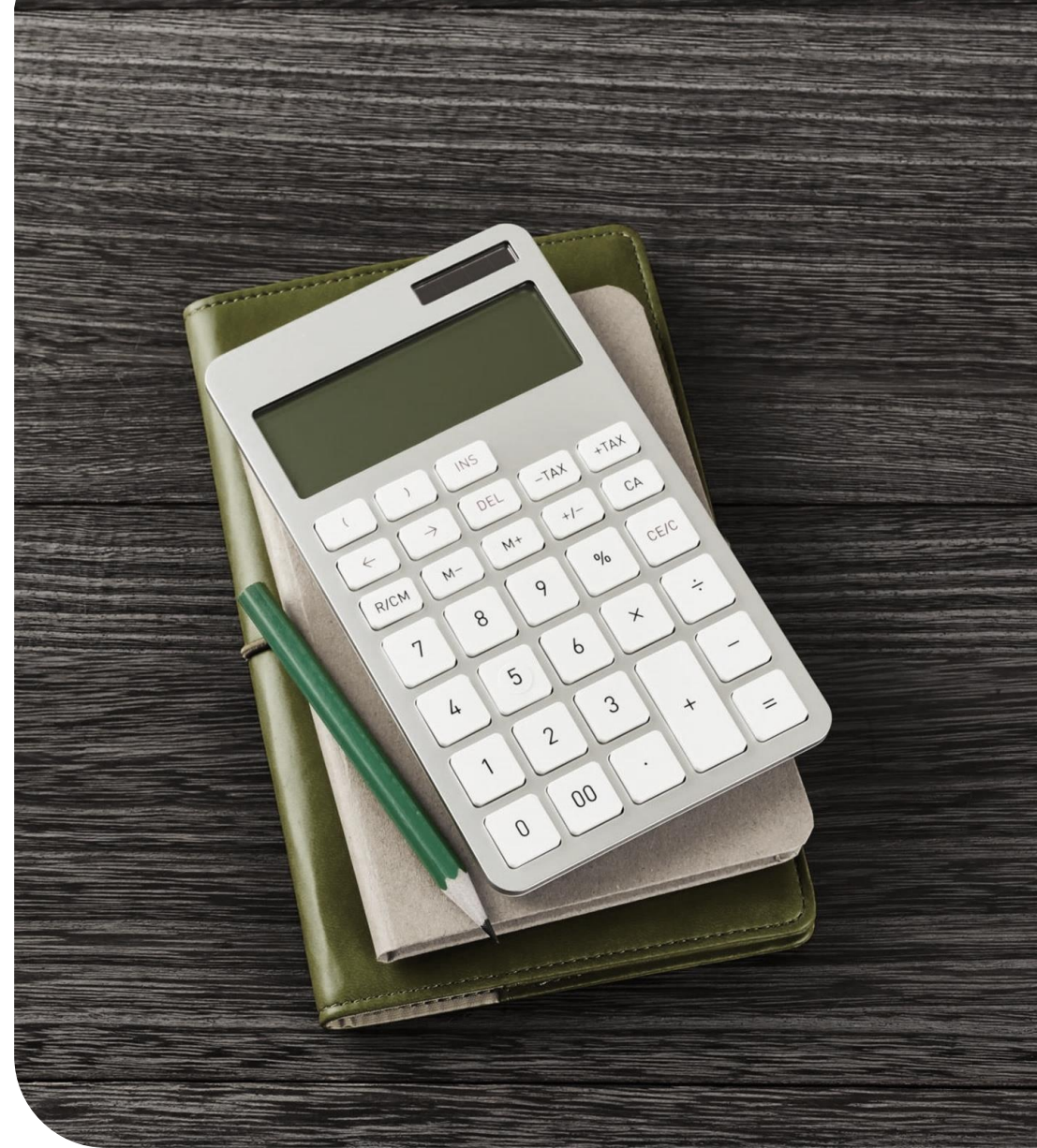


- Overall, a large proportion of respondents reported a positive experience in the following areas: staff courtesy (TOP2: 76%), fair treatment (TOP2: 61%), knowledgeable staff (TOP2: 59%), and timeliness of services (TOP2: 58%).

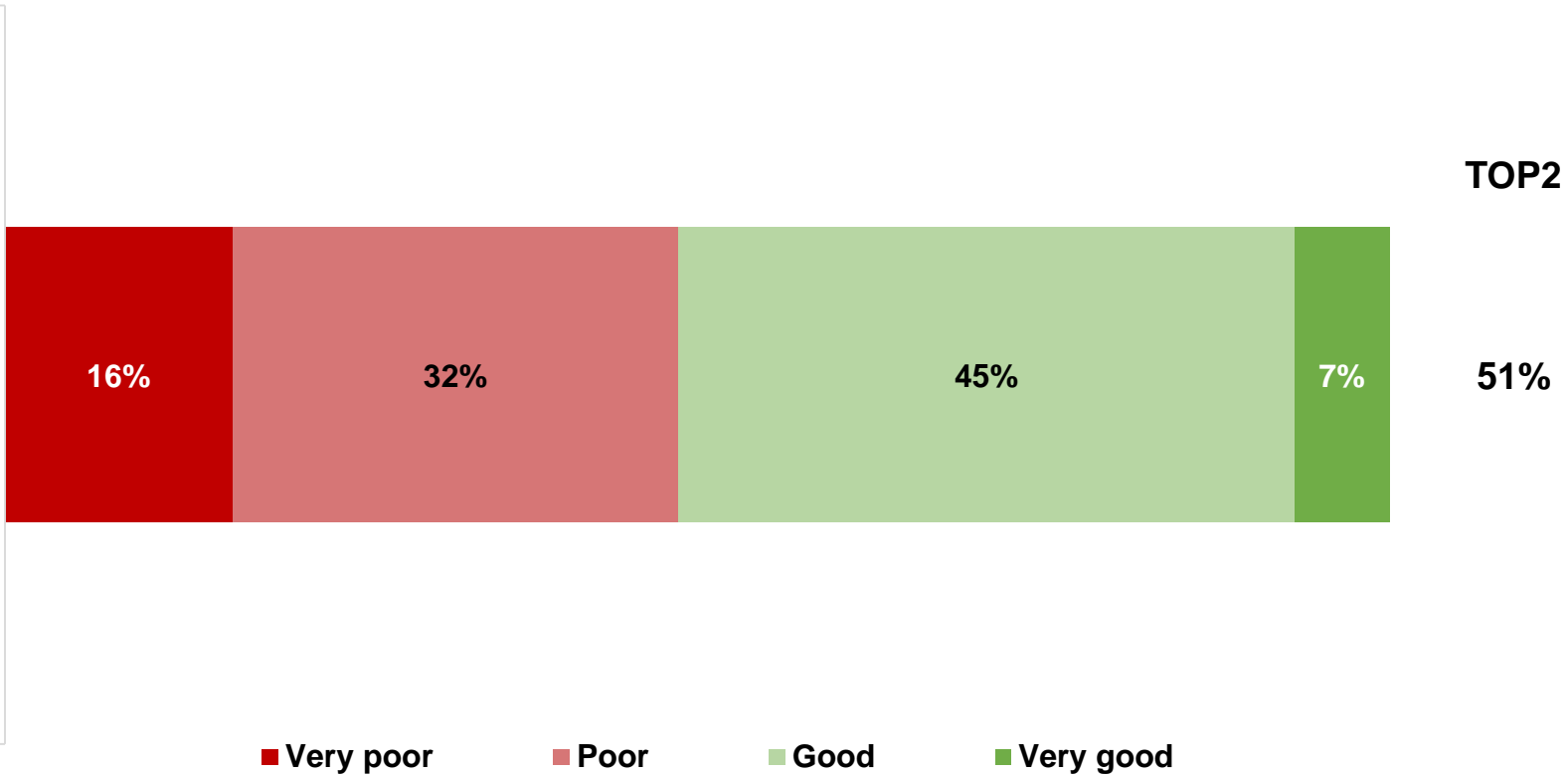
Q12a-f. Continuing to think about your most recent interaction with the City of Courtenay, would you say that you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree that...? Page 349 of 451

Sample size: Varies, shown in chart above
 Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Taxation and Priorities

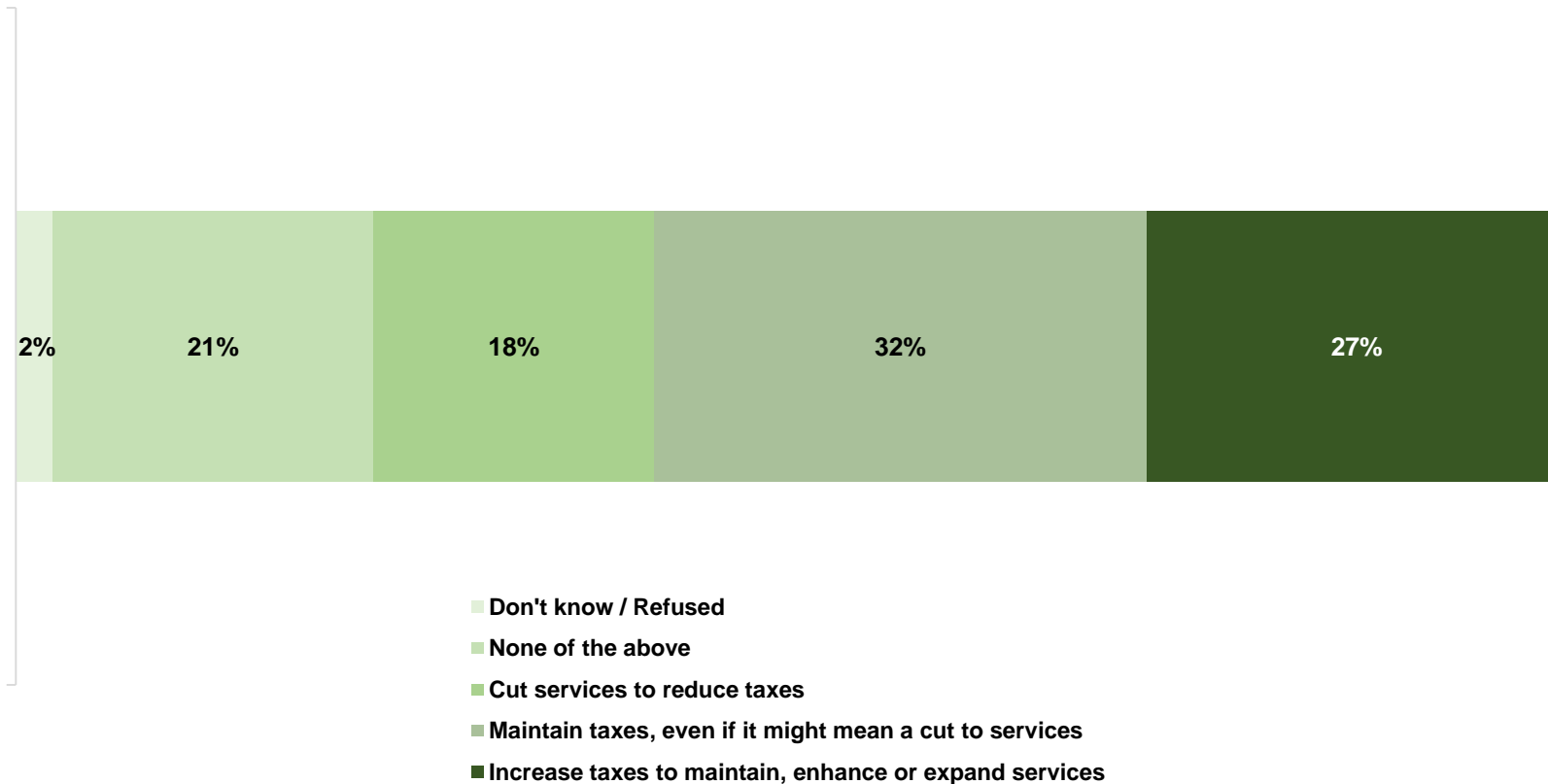


Value for Tax Dollars



- Overall, half of the respondents (TOP2: 51%) think that they receive good value for their tax dollars.

Balancing Taxations and Service Delivery Levels



- When asked about balancing property taxations and service delivery levels, around 1 in 4 respondents (27%) agree to increase taxes to maintain, enhance, or expand the services provided by the city.
- On the other hand, 1 in 3 residents (32%) would want to maintain taxes as it is, even though it might mean a cut to services that they receive.

Q14. Municipal property taxes are the primary way to pay for services provided by the City of Courtenay. To help the City of Courtenay balance taxation and service delivery levels, which of the following options comes closest to your view?

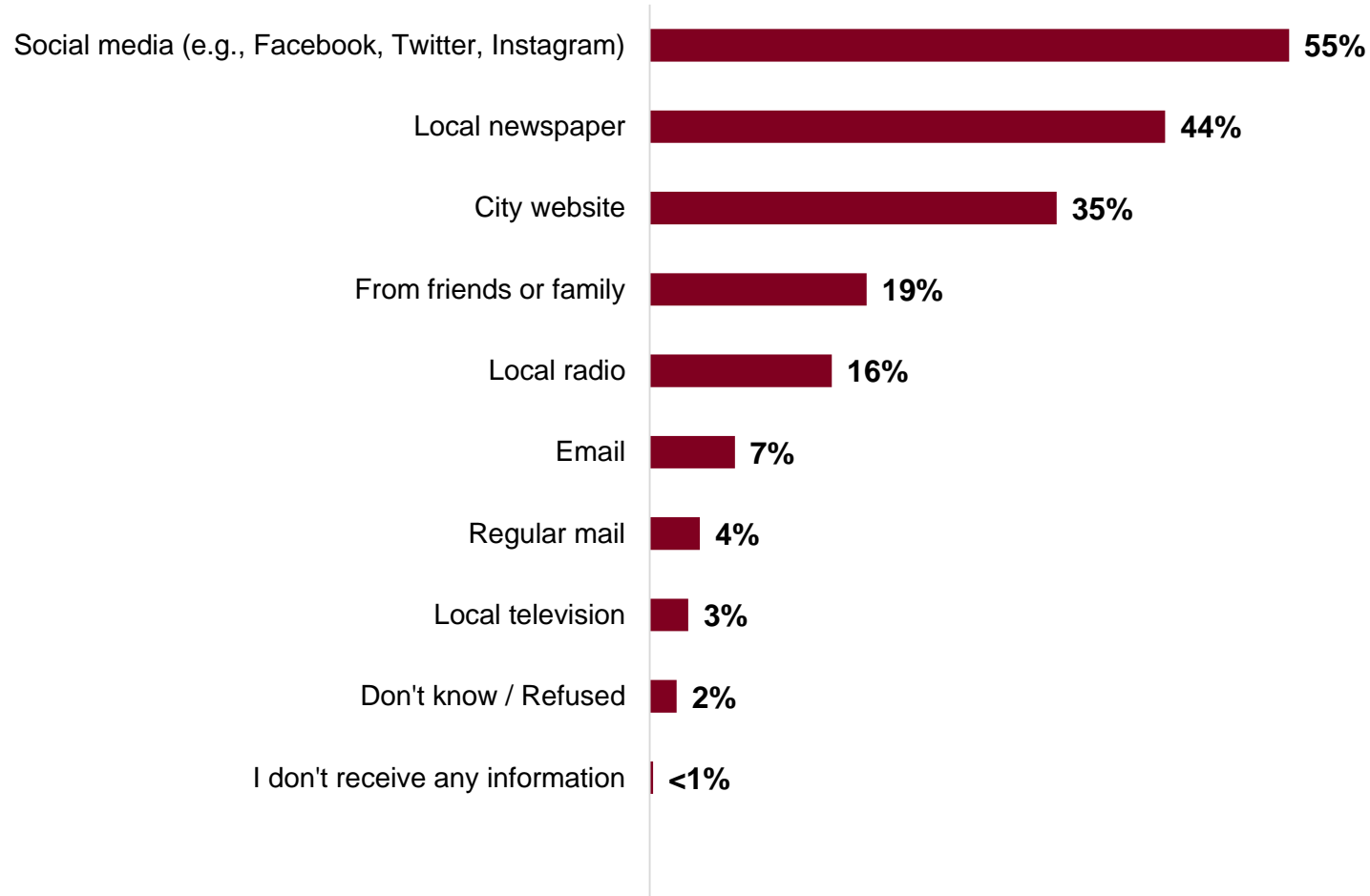
Sample size: n=299

Framework: All respondents

City Communication



City of Courtenay Communication Channels



- More than half of the respondents (55%) reported learning about or receiving updates about city-related news from social media, making it the most popular communication channel in the city. This is followed by local newspaper (44%) and city website (35%).

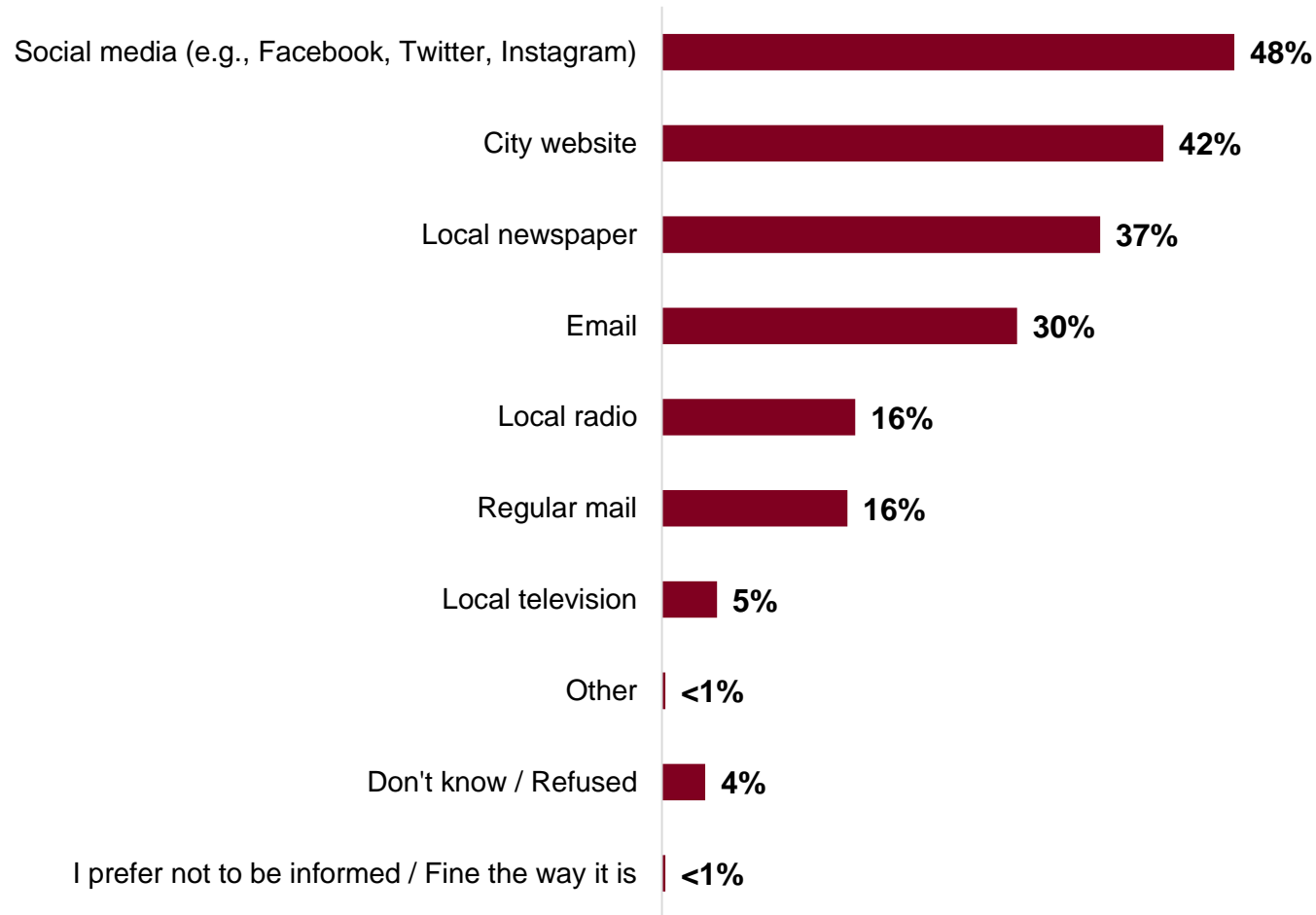
*note: not shown if <3%

Q15. How do you usually learn about or receive updates (city initiatives, decisions, and services) from the City of Courtenay?

Sample size: n=299

Framework: All respondents

Preferred Method of Being Informed about City Updates

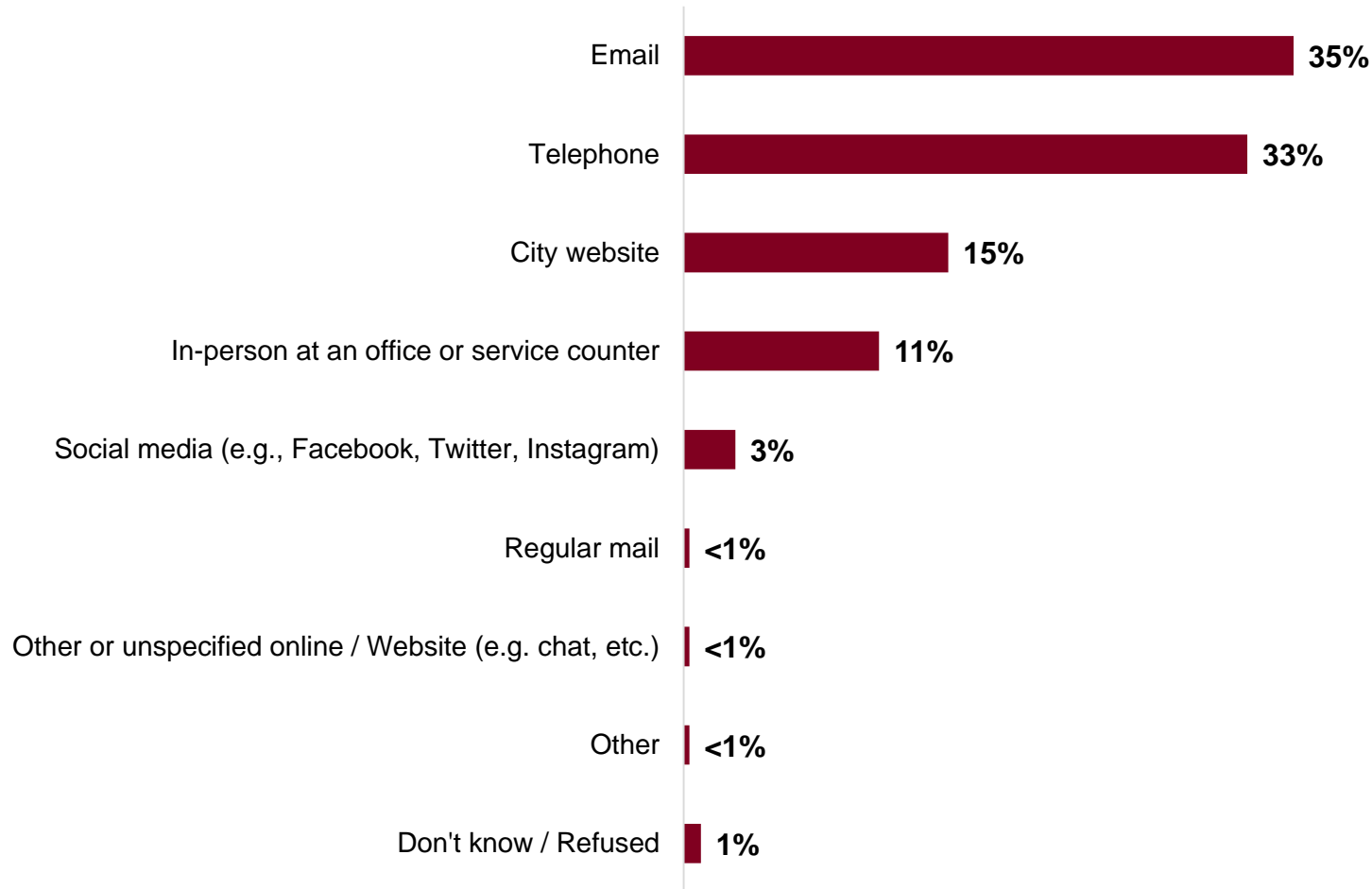


- When asked about their preferred method of being informed about city-related news and updates, social media (48%) emerged as the most popular option. This is followed by city website (42%), local newspaper (37%), and email (30%).

*note: not shown if <2%

Q16. How would you prefer to be informed about City of Courtenay projects, initiatives, and community information?
Sample size: n=299
Framework: All respondents

Preferred Method of Contacting the City about Concerns



- In terms of residents' preferred method of contacting the city regarding inquiries and concerns, email emerged as the most popular option, with around one-third (35%) of the respondents mentioning it. This is followed by telephone (33%), city website (15%), and in-person (11%).

Q17. What is your most preferred method of contacting the City of Courtenay with an inquiry or concern?

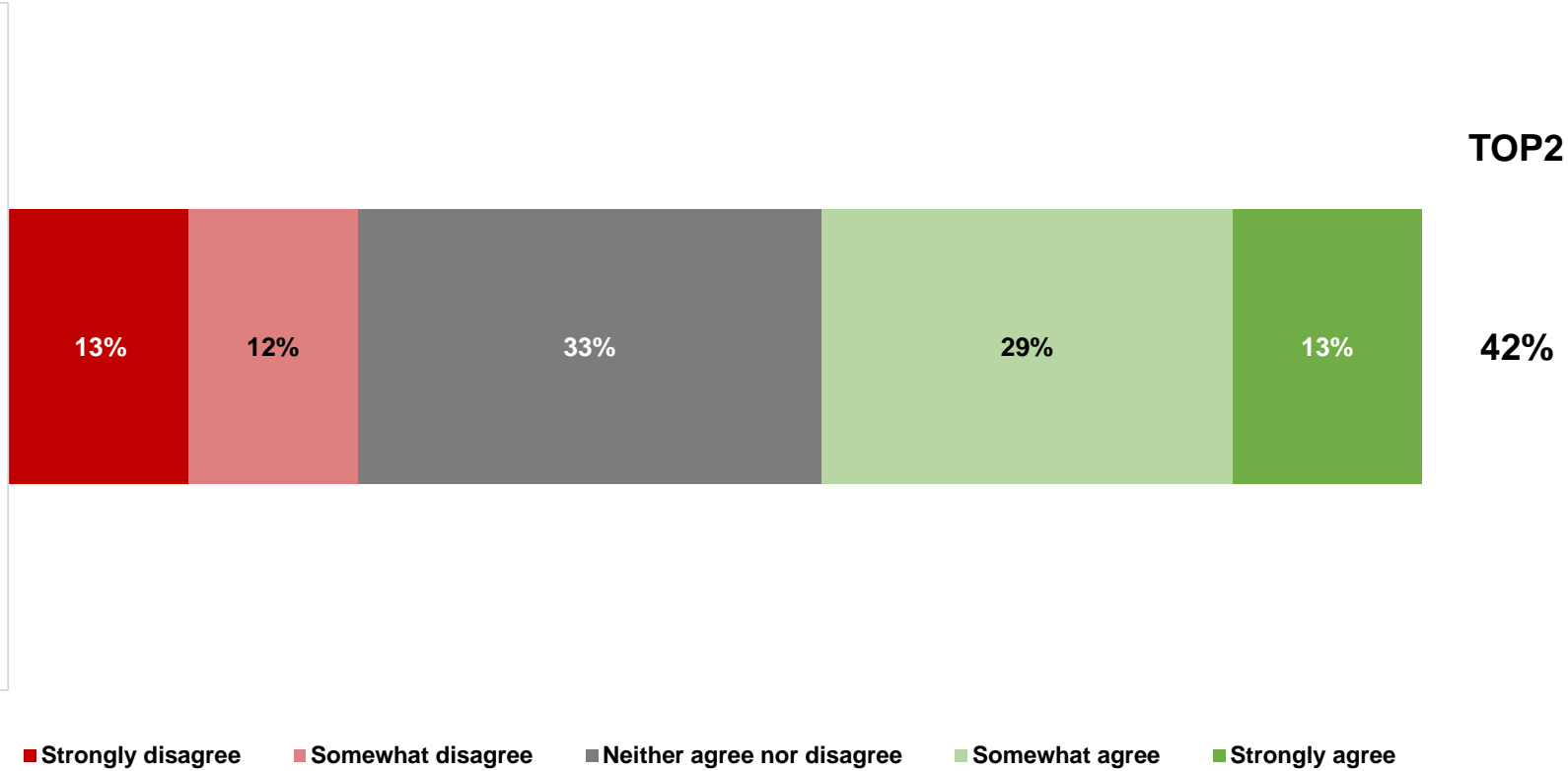
Sample size: n=299

Framework: All respondents

Sense of Belonging



Sense of Belonging



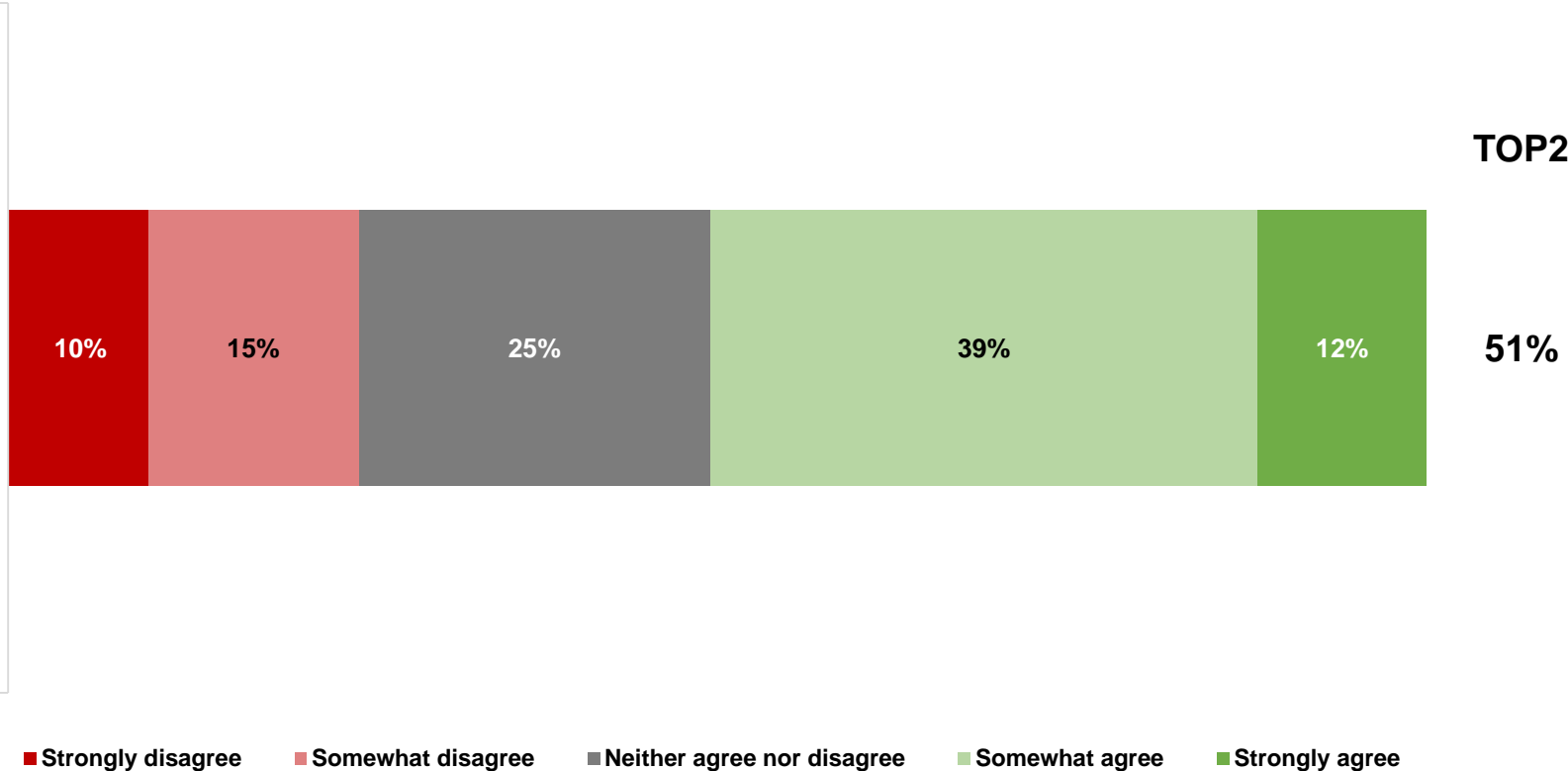
- Around 2 in 5 respondents (TOP2: 42%) believe that they have a strong sense of belonging in the City of Courtenay.

W1a. Please rate the extent to which you agree or disagree with the following statements: I have a strong sense of belonging in the City of Courtenay.

Sample size: n=299

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Sense of Belonging (con't)



- Around half (TOP2: 51%) of the respondents believe that the City of Courtenay is a welcoming city.

W1b. Please rate the extent to which you agree or disagree with the following statements: The City of Courtenay is a welcoming community.

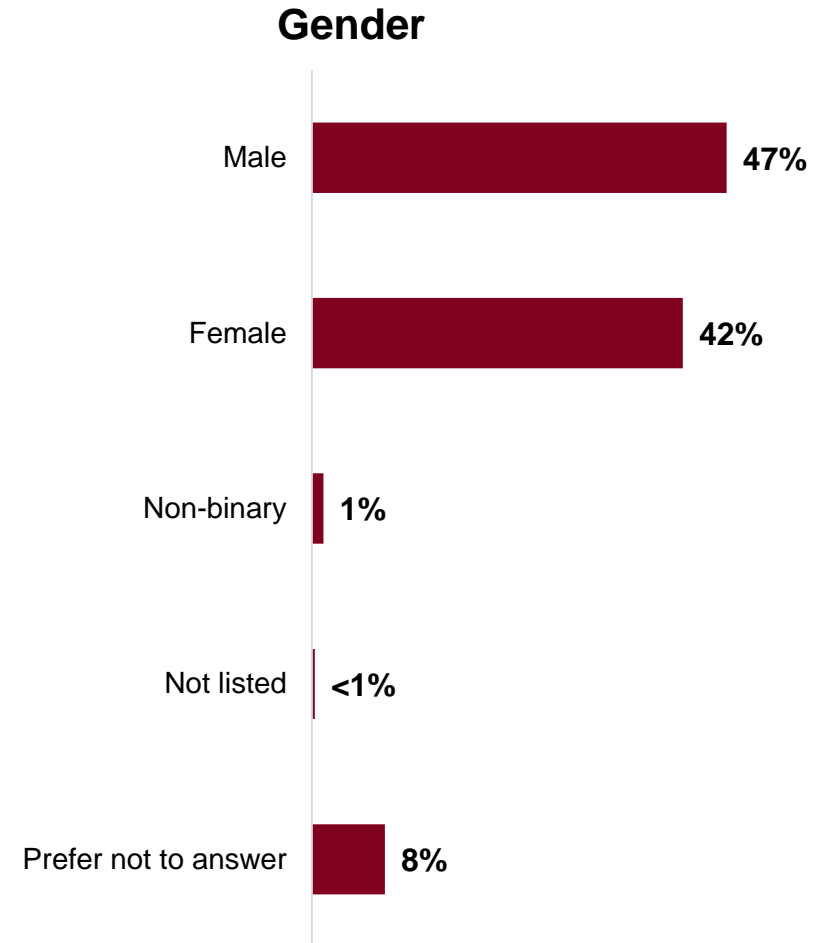
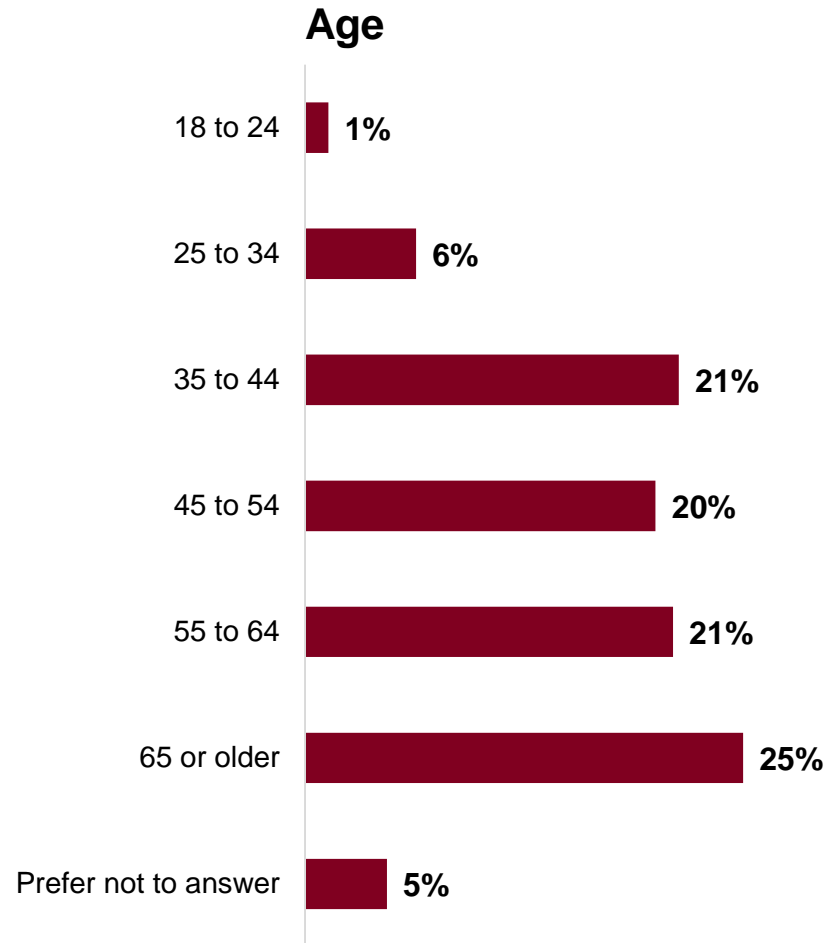
Sample size: n=295

Framework: All respondents, excluding Don't Know / Prefer Not to Answer responses

Demographics



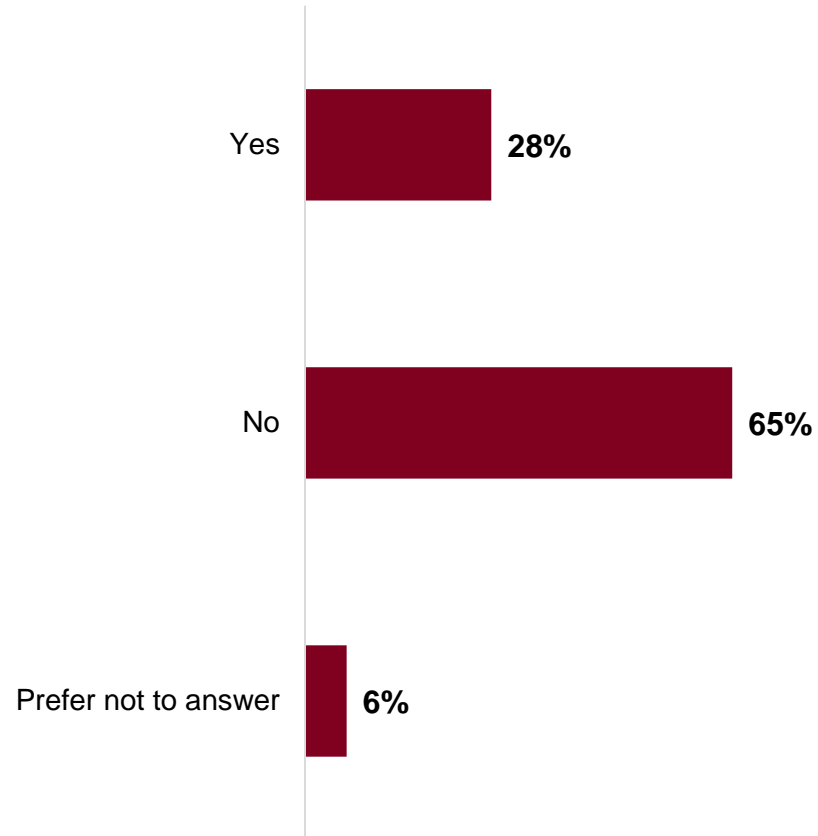
Demographics



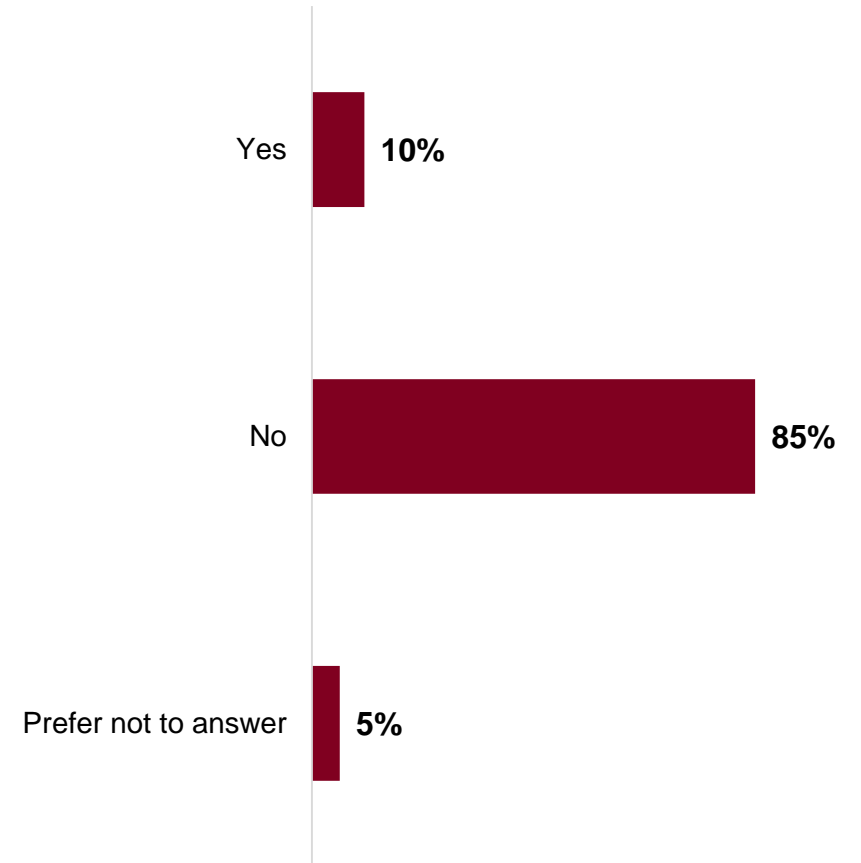
D1. Which of the following age categories do you belong to? | D2. What is your gender identity?
Sample size: n=299
Framework: All respondents

Demographics

Do you have any children under the age of 18 living in your household?

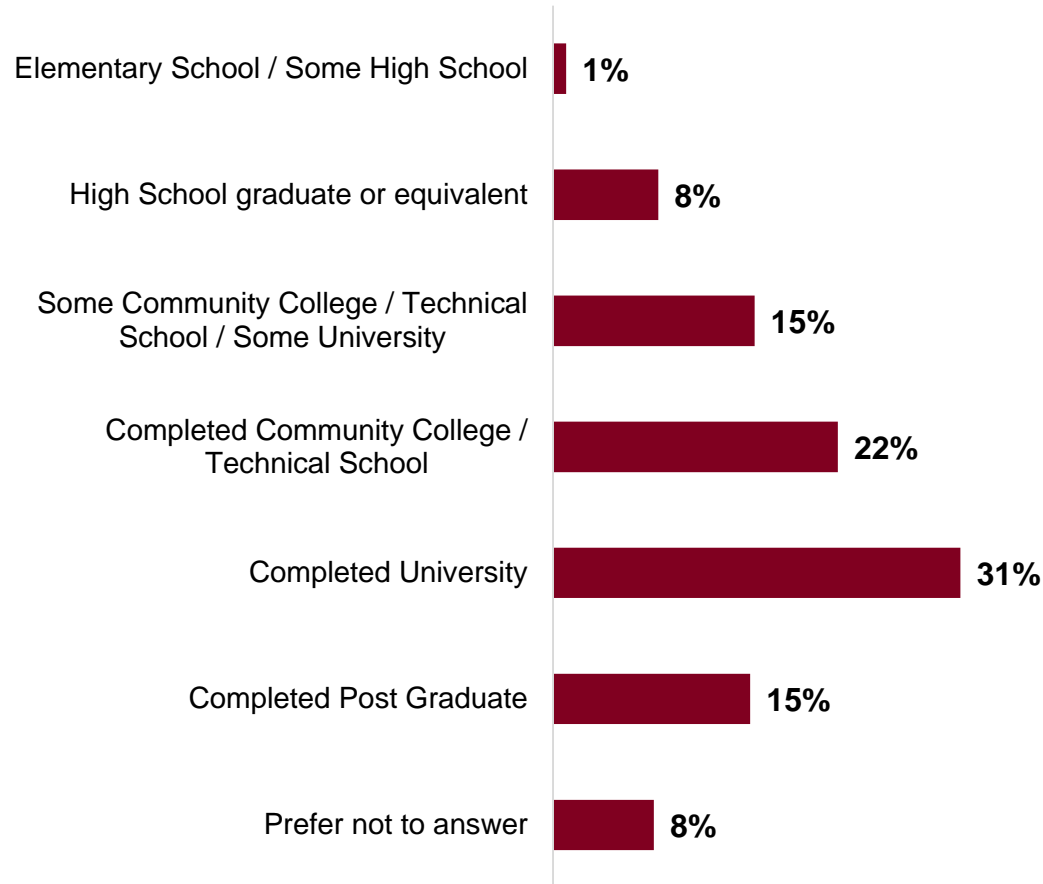


Do you identify as a person with a disability?

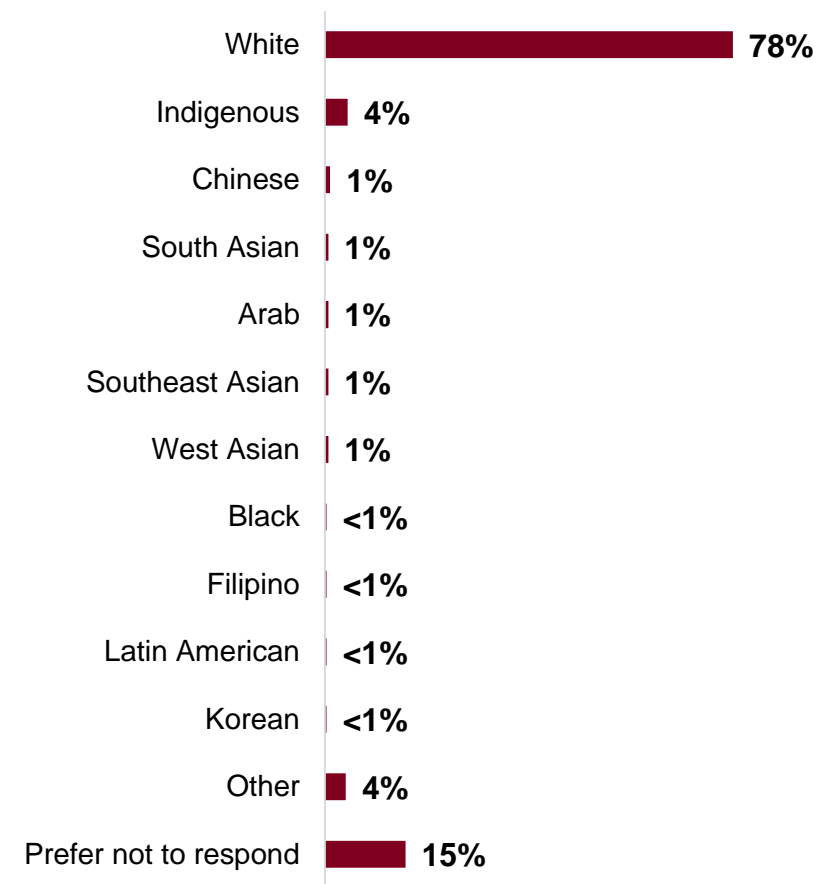


Demographics

Educational Attainment



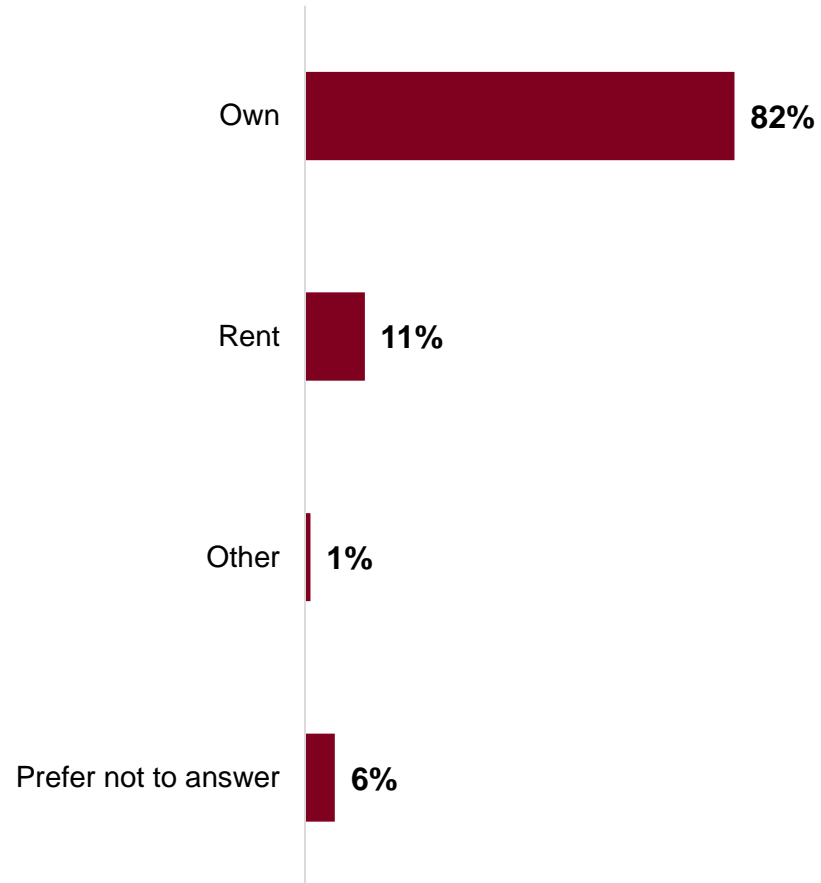
Race



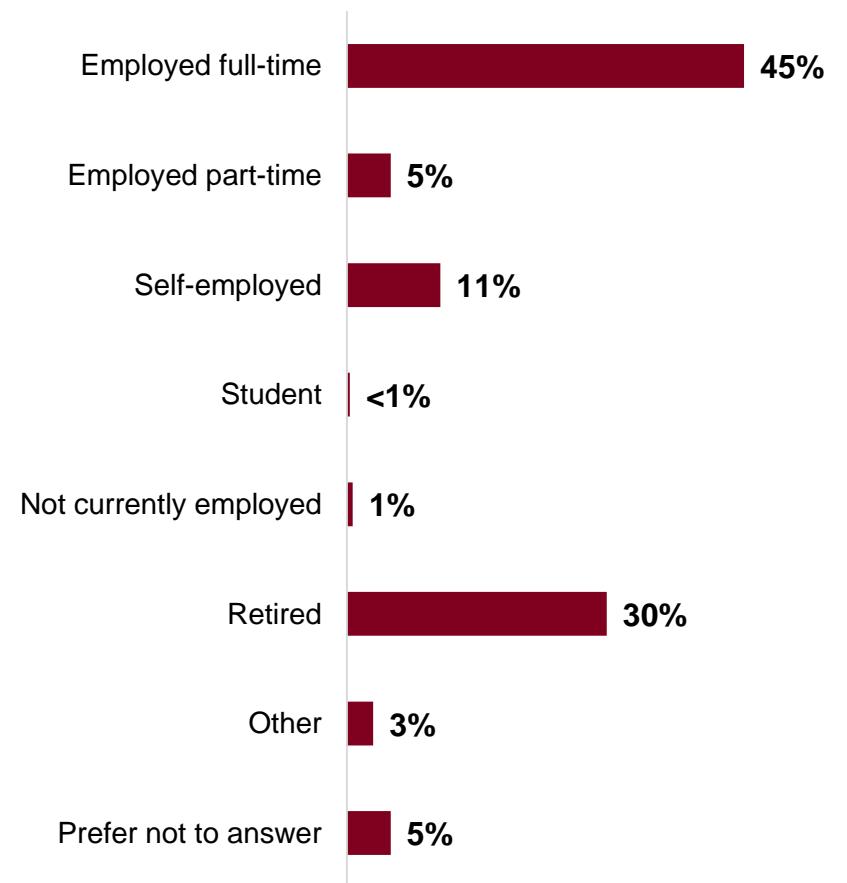
D3. What is the highest level of formal education that you have completed? | D4. Which race category would you say best describes you?
Sample size: n=299
Framework: All respondents

Demographics

Living Arrangement / Home Ownership



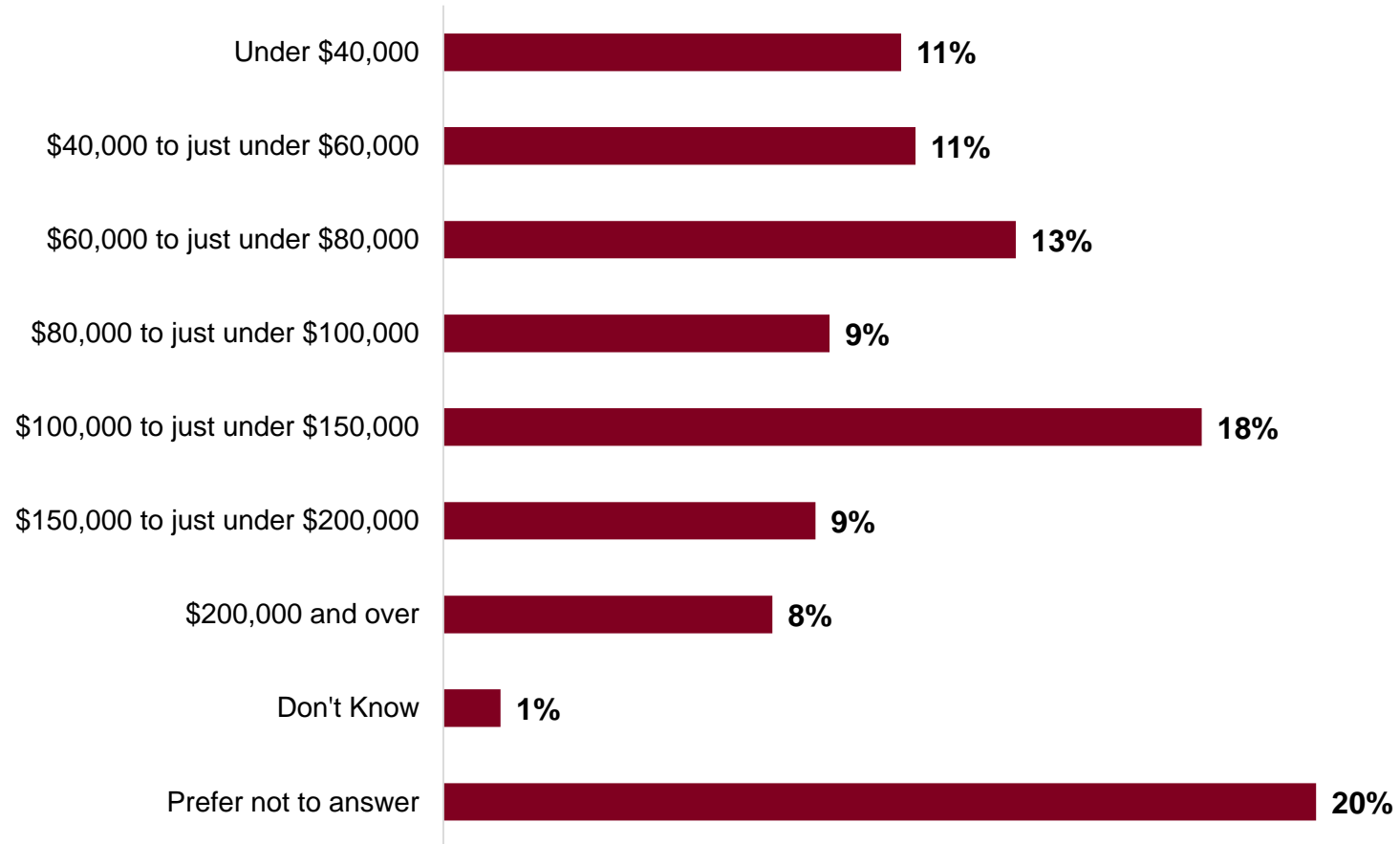
Employment Status



D5. Do you (or does a member of your household) own or rent your home? | D6. What is your current primary employment status?
Sample size: n=299
Framework: All respondents

Demographics

Household Income



D9. And lastly, which of the following categories was your total household income before taxes in 2022?
Sample size: n=299
Framework: All respondents



THE CORPORATION OF THE CITY OF COURTENAY

BRIEFING NOTE

To: Council

File No.:

From: Director of Corporate Services

Date: September 27, 2023

Subject: Communication Strategy Report – Research Strategy Update

PURPOSE: To provide Council with the City of Courtenay Communications Strategy project research summary.

BACKGROUND:

Under the Good Governance banner of the 2023-2026 Council Strategic Priorities, Council directed staff to undertake the following activities to increase community engagement for all segments of the community:

- Complete Communication Strategy (underway)
- Complete a Community Survey (complete)
- Complete a Community Engagement Strategy (2024)

To facilitate the development of a Communications Strategy, the City engaged Spur Communication, a strategic communication consultancy with significant experience in enhancing local government communications. The project scope includes:

1. Developing a communication strategy that outlines a clear, consistent and effective approach for City communication across departments and projects.
2. Include a style guide, including a guide to equitable language.
3. Create templates and checklists to enable efficient execution of the strategy objectives in the future.
4. Make recommendations about future activities and platforms, e.g. an engagement framework and operational considerations.

To inform the development of the Communications Strategy and other deliverables, Spur is holding workshops with staff and external contributors, undertaking a communication audit, and conducting interviews with internal and external contributors including all members of Council. Project activities undertaken to date, early themes and indicators, and next steps are identified in the attached Research Summary Report (see Appendix A).

FINANCIAL IMPLICATIONS:

The Communication Strategy Project is funded as part of the 2023 annual budget.

ADMINISTRATIVE IMPLICATIONS:

Support for and involvement in the development of the Communication Strategy is within the 2023/2024 Corporate Services annual work plan. The Communication Strategy is further informed by a variety of City departments.

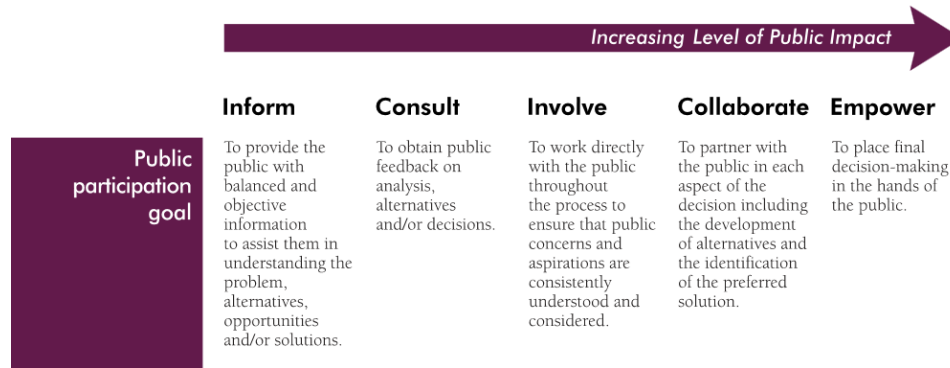
STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priorities:

- Good Governance - Increase community engagement for all segments of the community: complete communication strategy, community survey, and community engagement strategy

PUBLIC ENGAGEMENT:

Staff would inform, consult, involve and collaborate with the public based on the IAP2 Spectrum of Public Participation:



© International Association for Public Participation www.iap2.org

RECOMMENDATION: THAT Council receive the “Communication Strategy Report – Research Strategy Update” briefing note.

ATTACHMENTS:

1. Communication Strategy Project – Research Strategy Update

Prepared by: Kate O’Connell, Director of Corporate Services
Anne Guillo, Manager of Communications

Concurrence: Geoff Garbutt, M.PI., MCIP, RPP, City Manager (CAO)

research summary

City of Courtenay -

Presentation to Mayor &

Council



The background of the slide is a photograph of a night sky. The Milky Way galaxy is visible as a bright, hazy band of light stretching across the center of the frame. The sky is filled with numerous stars of varying brightness. In the foreground, the dark silhouette of a mountain range or hills is visible against the horizon. The overall color palette is dominated by deep blues and purples.

territorial acknowledgement

agenda

- 01 context
- 02 approach
- 03 goals & objectives
- 04 style & tone
- 05 opportunities
- 06 discussion & next steps



scope

1. Develop a **communication strategy** that outlines a clear, consistent and effective approach for City communication across departments and projects
2. Include a style guide, including a guide to equitable language
3. Create templates and checklists to enable efficient execution in the future
4. Make recommendations about future activities and platforms, e.g. an engagement framework and operational considerations

approach



01

Staff workshop



02

Communication audit



03

Interviews

goals

We wanted to garner alignment about high-level goals for this project. The goals will serve as a lighthouse for the remainder of the strategy.



staff insights

Earn trust with both community & interest holders



council insights

Meet communities 'where they're at' through modernized communication



audit insights

Increase capacity and modernize communication systems & tools



objectives

drawn from research insights



staff insights

1. Develop a consistent approach to communication
2. Ensure clear roles, responsibilities & processes



council insights

1. Emphasize diverse communication options
2. Modernize the City's communication approach through introducing new tools



audit insights

1. Find opportunities to facilitate relationships with community partners
2. Reflect Courtenay's diversity

tone & language

Developing a consistent tone for communication is an integral piece of a communication strategy.



staff insights

Define and use a consistent and engaging tone in external communication.



council insights

Use clear and accessible language, ensuring that communication is easy to understand.



audit insights

Outline where different channels require shifts in communication approach.

messaging

Although not the focus of our questions, a number of individuals brought up a desire for a clear process to develop and use key messages (KMs).



01

Desire for a **consistent approach to KM development** - an outline what all key messages should include.

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02

Requests for project KMs and FAQs that are distributed to staff and councillors **before projects launch**.

01

Mayor, Council and staff identified an opportunity to **improve community awareness about key issues**. There is a desire to increase awareness about projects and services.

02

Another theme that arose was an interest to identify and address **barriers to information** for community - through language, writing style and user experience (UX) design.

03

Finally, there was a strong desire to **move from a reactive space to a proactive space** - to build a strategy that forecasts projects, capacity, tactics and timelines.

04

The research indicates a big opportunity to **develop and leverage meaningful relationships** with community organizations.

05

Interviews also identified a desire to **leverage new and emerging technologies** to increase communication capacity and bench strength.

06

Finally, there is an opportunity to **grow interest and engagement across City channels by using different media** (i.e. video).

next steps



september

october

november

december



questions



THE CORPORATION OF THE CITY OF COURTENAY

STAFF REPORT

To: Council
From: City Manager (CAO)
Subject: Management Reports

File No.: 0570-01
Date: September 27, 2023

PURPOSE:

To update Council on 2023 projects and strategic priorities, by providing the attached Management Reports.

OPTIONS:

1. THAT Council receive management reports as presented for information
2. THAT Council provide alternative direction to staff.

ATTACHMENTS:

1. Fire Department
2. Finance Management Report
3. Public Works Services Management Report
4. Development Services Report

Prepared by: Marianne Wade, Director of Development Services
Kurt Macdonald, Fire Chief
Kyle Shaw, Director of Public Works
Adam Langenmaier BBA, CPA, CA Director of Finance
Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)

DEPARTMENT	PUBLIC WORKS SERVICES
DIRECTOR	KYLE SHAW



INITIATIVE	DETAILS	ANTICIPATED COMPLETION DATE	% OF TASK COMPLETE	UPDATE & COMMENTS
CAPITAL PROJECTS:				
Civic - Centre for Arts - Accessibility	Install accessible door openers	11/30/23	90%	Awaiting installation of Door opening buttons
Civic - Centre for Arts - HVAC	Needs assessment for 2024 design/replacement	11/30/23	10%	Design phase - construction 2024
Civic - City Hall - Renovation	New meeting room and staff offices	Complete	100%	Complete
Civic - Filberg Centre - Stairs	Exterior Stair Repair	10/21/23	80%	Stairs complete; concrete surfacing on upper patio by PWS.
Civic - Filberg Centre - Accessibility	Install 4 accessible door openers & accessible ramp	09/30/23	40%	Installation under way.
Civic - Lewis Outdoor Washroom	EOL roof replacement	12/31/23	10%	Tender Closes September 15th
Civic - LINC	EOL roof replacement	12/30/23	10%	Tender Closes September 15th
Civic - Museum - Façade	Repair of deteriorating masonry	11/30/23	10%	Awarded to sole source contractor; coordinating project timing with Museum
Civic - Museum - Lift Upgrade	Assessment/design for EOL replacemnt of freight elevator	09/30/23	90%	Consultant report received; upgrade of current unit not recommended
Civic - PWS - Telus Bld. Renovation	Renovate former Telus building for staff use	12/21/23	0%	On Hold - Pending Roof Replacement
Civic - PWS - Charging Stations	Procurement & installation of PW fleet EV charge stations	10/15/23	60%	In Progress
Civic - PWS - Training Bld.	EOL roof replacement	11/31/23	10%	Tender Closes September 15th
Civic - Park Café	Roof Replacement	Complete	100%	Complete
Civic - Lagoon Walkway Lookout	Roof Replacement	Complete	100%	Complete
Fleet - PWS - Heavy Vehicles	UTL - Backhoe	TBD	75%	Ordered, awaiting delivery
Fleet - Heavy Vehicle	Single Axle Dump Truck w/ Sander & Plow	TBD	90%	RFP Complete/ Contract Awarded - ETA 2023
Fleet - Light Vehicle - 3/4 Tonne Ex Cab 4wd	Vendor - Metro Motors 2023 F-F250	TBD	90%	RFP Complete/ Contract Awarded - ETA 2024
Fleet - Light Vehicle - Hybrid SUV	Vendor - Metro Motors Ford 2023 Ford Escape Hybrid	Complete	100%	Complete
Fleet - Equipment - Tow Behind Mower	Vendor - Oakcreek Golf & Turf - Progressive TD65-B Model	Complete	100%	Complete
Parks - Playground Equip. Renewal	Riverside Fitness Park	10/31/23	30%	Equipment ordered, October 2023 install
Parks - Pedestrian Bridge Renewal	Riverway Trail - 31st Street	Complete	100%	Complete
Parks - Marina Storage Compound Relocation	Construction	Complete	100%	Complete
Parks - Cemetery - Lawn Crypts	Construction	09/30/23	75%	Installation in progress
Trans - PCPRP - Pine Pl.	Road surface treatment	Complete	100%	Complete
Trans - PCPRP - Cedar Cres. - Hemlock Pl.	Road surface treatment	Complete	100%	Complete
Trans - PCPRP - Lewis Ave. - 17-19th	Road surface treatment	Complete	100%	Complete
Trans - PCPRP - 22nd, 23rd, 25th, Harmston & Grant	Road surface treatment	Complete	100%	Complete
Trans - PCPRP - VMP Final Pavement Lift	Road surface treatment / bike lanes	Complete	100%	Complete
Trans - CNP Implementation	SDS Bylaw Update, 1st Street, Puntledge, Piercy Ave	10/01/23	55%	Neighbourhood bikeway implementation projects underway, painted bike lanes layouts under development
UTL - Water - Water Smart Action Plan - DMZ	District Meter Zone - Zone 1	10/01/23	99%	DMZ PRV Installation @ Cowichan Ave - 120/138 Zone, Minor Contractor deficiencies
Water - Secondary Transmission - South Courtenay	Design Consultation w/ CVRD	12/31/25	25%	CVRD Lead Project / Detailed Design Underway / Construction 2025
OPERATIONAL PROJECTS:				
Civic - Pool	2023 Start-up	Complete	100%	Complete
Parks - Morrison Sr. Park	Environmental Mitigation Works	06/31/23	10%	Scheduled for September Start - Tree Mitigation/Site Remediation
Parks - Conservation	Smart Water Action Plan - Irrigation Controller Upgrade	Complete	100%	complete
Parks - Mile of Flowers	2023 Planning	Complete	100%	complete
Trans - Pattison Bus Shelters	Renewal of Pattison Bus Shelters	03/15/22	91%	Confirmed with Pattison that Raylec will receive work order for electrical (final item for completion)
Trans - Crown Isle	Speed Reduction Trial/Study (40km)	10/25/23	95%	Speed reduction signage in place - report to Council in Oct.
Trans - Snow & Ice Control	Policy Update	12/15/23	33%	In Progress
Trans - Road Condition Assessment	Condition assesment	11/01/23	75%	Awaiting Data from contractor
FLEET - EV Review	Policy Development	HOLD	55%	Draft Provincial Regulations/Guidelines Under Review by Municipalities
FLEET - EV Review	Fleet Review - EV Conversion / Options	HOLD	55%	Framework defined, emissions calculated
UTL - Cart Procurement and Delivery	On track with Emterra / Rehrig/ Production to begin Aug 15th	11/30/23	50%	Carts in production, delivery begins Sept 8 in Courtenay (Recycling carts first)
UTL - RecycleBC Transition Plan	Submission and Approval of RBC Transition Plan for Automated	Complete	100%	Complete and approved. Change order signed.
UTL - Solid Waste Rate development	New model for rates based on automated cart options	09/18/23	95%	Rate development to be reviewed with Finance - Sept 6, 2023
UTL - Bylaw Rewrite	Full rewrite of Solid Waste Bylaw and Repeal	10/31/23	25%	Legal has returned first draft to the City for review
UTL - Solid Waste Service	Interim Organics Implementation	Complete	100%	Interim program rollout w/ communication plan
UTL - Solid Waste Service	Yard Waste in Excess of 360 L (2023)	12/31/23	95%	Monitoring tonnages with Finance.
UTL - Water & Sewer - Rate Review	Revamp Rate Structures; include future capital funds/reserve	10/31/23	95%	Final Report in DRAFT
Strategic Initiatives				
Civic - EV Charging Stations	Procurement & installation of 3 EV charge stations	11/01/23	85%	In Progress
Civic - Accesability Improvments	Grant Application - Vertical Asset Review	HOLD	10%	Grant Unsuccessful
Trans - CNP Update / 5yr Implementation Plan	Complete Review, Update & Develop 5yr Imp Plan	Complete	100%	Complete
Trans - CNP BCAT 2023 Grant	5th Street, LakeTrail MUP	10/01/23	90%	Submission Under Development
DCBIA - Street Lights - Laneway	BC HYDRO Lighting Review - Lanes	TBD	90%	BC Hydro confirmed 6 of 8 - installation subject to crew availability
Trans - SD71	Safe Active School Program	TBD	10%	Anticipated RFP for the fall
Trans - Traffic Calming Policy	Policy Development	TBD	15%	Policy principles and general framework scoped, awaiting quotation for draft development
UTL - Water - Water Smart Action Plan	Green Field Development - Irrigation Requirements	10/30/23	40%	New Development Irrigation Requirements / Bylaw Update



DEPARTMENT	FINANCIAL SERVICES
DIRECTOR	ADAM LANGENMAIER

INITIATIVE	DETAILS	ANTICIPATED COMPLETION DATE	% OF TASK COMPLETE	UPDATE & COMMENTS
Other Department Support - Projects				
Water and Sewer Rates Review	Public Works Project	December 31, 2023	80%	Provide Finance Support
AMTS - Asset Management Plan (20yr)	Public Works Project	December 31, 2023	80%	Provide Finance Support
Operational Projects				
2023 Parcel Tax Review Panel	Annual - Statutory	April 30, 2023	100%	Annual Statutory Process, meeting date sent to be February 22, 2024, notification letters sent, public notification to be published.
2023-2027 Consolidated Financial Plan Bylaw	Annual - Statutory	May 14, 2023	100%	Staff working through annual budget process internally prior to bringing draft to Council early 2023
2023 Tax Rate Bylaw	Annual - Statutory	May 14, 2023	100%	Requires approved taxation levels and Revised BC Assessment roll. Must be adopted after Financial Plan Bylaw.
2022 Year End Audit and Financial Statements	Annual - Statutory	May 14, 2023	100%	Interim Audit Fall. Auditors to arrive late March with Financial Statements due by the end of April. Statutory Requirement to complete by May 15, 2023.
Local Government Data Entry (LGDE & LGDE TAX)	Annual - Statutory	May 14, 2023	100%	Annual Provincial Reporting
2022 Statement of Financial Information (SOFI)	Annual - Statutory	June 30, 2023	100%	Annual Provincial Reporting
2024/2025 Approval in Principal RCMP Contract	Annual - Statutory	January 30, 2024	50%	2024/25 approval in principal completed
2023 Tax Levy and Collection	Annual - Statutory	July 3, 2023	100%	Involves entire Finance Department. May-July.
2023 Tax Sale Auction	Annual - Statutory	September 25, 2023	80%	As of mid September 1 property is remaining on the tax sale listing.
2024 Permissive Tax Exemption Bylaws	Annual - Statutory	October 31, 2023	40%	Annual process must be adopted by October 31st.
Solid Waste, Water, Sewer 2024 User Fees	Annual - Statutory	March 31, 2024	50%	To be presented to Council in early 2024
2024-2028 Financial Planning	Annual - Statutory	May 14, 2024	35%	Financial Planning process starts in summer. Council budget workshops schedule for late November.
Strategic Initiatives				
MRDT Re-Implementation Support after CVEDES contract cancellation with CVRD	Support re-establishing MRDT for City of Courtenay designated accommodation area with City as designated recipient	October 3, 2022	100%	Completed
Grant in Aid Agreement with Comox Valley Community Foundation	Move administration of Grant in Aid Program to 3rd Party	June 30, 2023	100%	Draft agreement started, however put on hold as this program is funded by gaming and revenues have ceased during COVID-19. Process will be address during 2023 budget deliberations
Asset Retirement Obligations	Public Sector Accounting Standard Change (PSAB)	December 31, 2023	65%	Project Plan underway. PSAB has delayed this by 1 year due to COVID-19 and impacts to Financial Professionals. Effective December 31, 2023 Financial Statements. Will involve all Departments
Budget software and Financial statement automation.	Implementation of budget software. Operating module 2023, Capital and Fund modules for 2024. Financial statement module for 2023 Yearend	December 31, 2023	80%	Budget information has historically been held in excel. Increases in complexity, size and sophistication of budgeting software have lead to the decision to switch from Excel to a specific budget software to improve the budgeting process and gain efficiencies.
Financial Policies	Establish and update Financial Policies: - Investments - 2022 - ARO/TCA - 2023 - Procurement (include Social) - 2022 - Reserves/Surplus (Asset Management plans required) - Future 2024	December 31, 2024	50%	Investment policy adopted 2022, Procurement (including social and indigenous) policy adopted 2023, TCA and Reserve to be brought forward in 2024

DEPARTMENT	DEVELOPMENT SERVICES
DIRECTOR	Marianne Wade



INITIATIVE	DETAILS	ANTICIPATED COMPLETION DATE	% OF TASK COMPLETE	UPDATE & COMMENTS
Modernization of Subdivision and development servicing bylaw	The Bylaw 2919 to be repealed and replaced to align with a professional reliance model, best practices, and new supplemental design guidelines.	Q4 2023 Phase 1 Bylaw Q2 2024 Phase 2 Supplemental Designs	Phase 1 50% Phase 2 10%	Drafting of the bylaw has been initiated , once a draft is completed Staff will consult with development community before finalizing this work. Integration of master plans : cycling network, IRMP, parks, transportation. This integration has changed the original scope of the update that was initiated in 2019. To truly reflect the current status of this project staff have adjusted the February 2023 percentage from 50% to the actual . This will establish clear process for the public and transfer of assets from construction completion to the City.
DCC Update	Bylaw 2840 to be repealed and replaced with a new bylaw and approved by the superintendent	Q2 2024	25%	Population growth projections need to be updated to include 2021 census which may impact the current infrastructure master plans and the associated DCC projects. The Province is indicating there may be new changes to DCC legislation which may impact this update. Once drafted a report to council will be made and consultation with the development industry will occur. Consultants have reviewed all the master plans and are in the process of developing the project list. The increase rates are in the process of being established
Internal development servicing process updates	Evaluating requirement for development servicing information in the context of full cycle of development approvals process (from rezoning, development permit, subdivision (where applicable), to building permit) for overall efficiency in development application processes.	complete	100%	Established type of servicing drawings required for each stage of land approval application based upon Industry standards. The outcome is concurrence of land use applications to inform servicing capacity and off site requirements. Met with civil consulting on several occasions and discussed at the Development Industry meeting held in July. Staff finalizing materials for webpage and applications.
Pre-Application Meetings	Opportunity for applicants to meet with staff prior to applying for a planning application and receive a comprehensive interdepartmental preliminary review .	complete	100%	Staff have implemented and encouraged pre-application meetings.

Modernization of Zoning Bylaw	To align the Zoning Bylaw with the updated OCP and provincial legislation	Q2 -Q4 2024	15%	Phased adoption process is proposed to amend the Zoning Bylaw. Staff started to identify the phasing plan, incorporating housing action plan identified in HAF, provincial directions, identification of zoning and land use patterns that are not aligned, simplifying land use zones, and alignment with current legislation.
Building Bylaw update	Comprehensive review of Bylaw including incorporating BC Building Code and OCP policy energy step code requirements.	Q4 2023	75%	Draft Bylaw has one step beyond current provincial requirements, A statement on bylaw effect included to address in stream applications. Regarding Zero Carbon Step Code Staff is proposing to follow the provincial roll out of the CleanBC program and will present this to Council with the Building Bylaw.
Short Term Rental Regulations	Currently unregulated. Need to develop regulations for inclusion in the Zoning Bylaw and Business licencing.	Q4 2024	25%	Staff presented a report to Council in XXXX and are re-evaluating the direction for short term regulations based upon provincial legislation and best practices. Short term rental regulations will span other bylaws which staff will need to consider amendments to.
New early engineering approval process	Collecting a fee to review plans prior to zoning and DP approval	Q1 2023	90%	Redundant line item - is included in Internal development servicing process updates
Developers meetings	Developer meetings have been re-established	Ongoing		Meetings commenced in July 2023 and regular schedule been established.
Kus Kus Sum development and rehabilitation	Plan and partnership agreement to rehabilitate old mill site along Courtenay River	Q4 2024	60%	Committee formed to raise funds and guide the rehabilitation process. Date provided is estimated completion of restoration activities.
Harmston Precinct Local Area Plan	Comprehensive plan for City owned Harmston Park and adjacent block land as a strategic downtown development precinct.	Q4 2024	0%	This project was intended to be initiated following adoption of OCP. Project on hold following comprehensive Zoning Bylaw update.
Downtown Playbook Update	Key capital projects envisioned for the downtown	Q2 2025	0%	This is an interdepartmental initiative to be lead by Development Services. Next step is to identify priority projects and their feasibility in accordance with strategic priorities.
Greenway Connectivity Study RCCS/CVRD	Construction of the continued segment of the Riverway Greenway to connect to the CVRD trail system into Royston	On Hold	0%	This project to be referred to RCCS to lead. Work with neighbouring jurisdiction to extend the water front trail.
Tree Protection Bylaw update	Review of the bylaw for alignment with the new OCP	Q4 2024	0%	Consider how the bylaw supports Urban Forest Strategy

Development Procedure Bylaw	Development Applications Bylaw 2740 to be repealed and replaced with a new bylaw that incorporates Bill 26 (Municipal Affairs Statutes Amendment Act) policies on public hearings and delegation of variances along with other LGA updates and best practices.	Q4 2023	85%	Bylaw has been drafted and key processes have been shared with development industry in July 2023.
Age-friendly public spaces and mobility networks audit	BC Healthy Communities \$15,000 funding received to conduct audit of key infrastructure.	Q1 2024	75%	The Social Planning Society has been retained to implement the work and reports to staff. An extension has been granted by BC Healthy Communities to complete the work in Q2024.
Fees and Charges Bylaw amendment for Development Application Fees	Fees to align with Development Procedures Bylaw	Q4 2023	75%	Staff have conducted comparative analysis of other municipalities of similar size land use application fees to inform recommended increases and identified new fees that are required to support process.

DEPARTMENT	FIRE DEPARTMENT
FIRE CHIEF	Kurt MacDonald



INITIATIVE	DETAILS	ANTICIPATED COMPLETION DATE	% OF TASK COMPLETE	UPDATE & COMMENTS
Capital Projects				
Bullex Digital Firefighting Screen Replacement	Digital screens used for live fire training in an environmentally safe manner	2/15/2023	100%	February 15 2023 -Screens have been received and are now in service.
Chevy Tahoe Replacement	Vehicle used by Fire Chief for both emergency and non emergency calls, and for daytime work duties	12/31/2023	50%	July 25 2023 - Contract awarded to Jenner Chevrolet, 52 week delivery time.
Chevy Silverado Replacement	Vehicle used by Duty Officer for both emergency and non emergency calls, and by our fire inspectors for daytime work duties	12/31/2023	100%	July 5 2023 - Vehicle is now in service. Selling old C16 to Cumberland for \$5,000.
Operational Projects				
Mental Health Resiliency Program	Continue delivery of mental health resiliency training to the members of the fire department	12/31/2023	67%	September 6 2023 - Completed 4 of 6 sessions. Positive feedback from members has been received.
Summer Weekend Coverage Pilot	Establishing a daytime response on weekends between June 1st and September 30th. Response would be provided by 4 volunteer firefighters between 0800 - 1630.	5/31/2023	100%	June 1 2023 - Program has started, information being gathered for evaluation at the end of September.
2022-2023 Recruit class	Recruit Training Program	9/30/2023	90%	June 8 2023 - Training program is almost complete. Recruits should be "response ready" two weeks ahead of schedule.
Strategic Initiatives				



BRIEFING NOTE

To: Council

File No.: 4000-20

From: Director of Corporate Services & Director of Public Works Services

Date: September 13, 2023

Subject: **Bylaw and Public Works Services, Service Initiative**

PURPOSE: To inform Council of a service initiative supported by the Corporate Services and Public Works Services Departments in response to increasing service requirements due to community growth and in acknowledgement of public input collected through the Bylaw Services Policy Review project and the “Your Courtenay, Your Voice Resident Survey”.

BACKGROUND:

At the August 30, 2023 regular Council Meeting, Council was presented with the outcomes of the Bylaw Services Policy Review project. To inform the development and update of the City of Courtenay Bylaw Policy the City engaged residents through a survey (online and in person) and conducted interviews with key community contributors. Similar engagement activity through the *Your Courtenay, Your Voice Resident Survey* sought input on priority and service areas in the City. In addition to the input solicited through engagement activities, as the City continues to grow, additional bylaw and maintenance resources are required both to sustain existing service levels and to meet the service expectations of Courtenay residents.

According to the Bylaw Services Policy engagement survey results, respondents shared the following perspectives:

- Bylaw enforcement contributes to a safer and more harmonious community (82%)
- That all bylaws should be actively enforced in our community (73%)
- It is reasonable to expect immediate action from Bylaw Services for all reported violations (68%)
- That it is important to allocate resources (human and technology) to bylaw enforcement (88%)
- Have experienced delays in receiving a response from the Bylaw Services division (28%)

According to the *Your Courtenay, Your Voice Resident Survey* results, 60% of respondents were somewhat or very satisfied with Bylaw Services, but 20% were not, with 22% responding as neutral to the question.

DISCUSSION:

To address service growth and resident expectations regarding bylaw services and urban issues across the City, staff will be augmenting operations by temporarily increasing bylaw services and public works response measures as outlined below.

Bylaw Services – 7 Day and Evening Service

Change: Beginning October 2023, the City will increase its bylaw officer compliment from three full-time officers to four. This increase will allow the City to provide bylaw services seven days a week and some evening shifts.

The growth in bylaw service demands are due to an increase in complaints most notably those related to parking, animal control, tree protection, sheltering, unsightly properties, boulevard maintenance and nuisance. In addition to complaint volume, new bylaws have been adopted by Council such as the amendment to the Nuisance Abatement Bylaw which resulted in new wood burning smoke regulation and enforcement requirements. Looking to the near future, Bylaw Services is also leading an update of the Parks Control Bylaw that will address a variety of issues including but not limited to permitting commercial park activities, sheltering, and smoking/vaping. Weekend and evening bylaw service will allow officers to raise awareness of new bylaw regulations and where needed, enforcement. Weekend and evening service is anticipated to improve officer response times. This temporary change in service is consistent with resident feedback which has indicated strong support for bylaw compliance activities.

Public Works Services

Change: Beginning October 2023, the City will shift from the planned reactive use of contracted services and will extend its retention of seasonal employees to effectively maintain the current or proactive service response level. This increase will allow the City to provide bylaw services with continued support and further maintain our collective community clean-up efforts all year round.

With the introduction of the Council supported Urban Issues service level in 2022, Public Works Services Department has been able to successfully deploy two dedicated seasonal employees to support of Bylaw Services Officers through the effective delivery of community clean-up efforts. This service level has enabled activities such as; daily cleanup of City Hall, City Parks and Greenspaces, site restoration, Crime Prevention through Environmental Design (CPTED) and security improvements in our Downtown core.

These temporary employees are tasked annually to this work for approximately 20 hrs each per week (May – Oct). Following this seasonal work term, contracted services (JOMA Environmental) are typically retained and utilized to continue to support clean-up efforts, based on a reactive response or on an as and when needed basis, across the community between November and April. However, large scale site restorations continue to be provided by JOMA Environmental and in support for encampment site restoration works. That said, the fall/winter services level being reduced to purely reactive in nature means a reduction in restoration services and community clean-up efforts. This reduction results in an overall reduction in service delivery, thus reducing resident satisfaction.

FINANCIAL IMPLICATIONS:

The 2023 financial implications to add a fourth bylaw officer from October 1st to December 21st is \$18,951.96. The 2024 financial implications to maintain a fourth bylaw officer from January 2023 to June 2023 is \$33,713.17. With a compliment of four bylaw officers, vacation and other vacancy coverage will be provided by regular full time staff through shift adjustments and when required, overtime.

Service impacts of the increase in officers and the provision of weekend and evening service will be reported to Council prior to Council's consideration of the 2024 budget. The Corporate Services Department can cover the cost of the 2023 financial impacts within the current budget. Budget implications for 2024 will be included in the 2024 budget for Council's consideration.

There are no 2023 financial implications within the Public Works Services Urban Issues budget as the current funding allocation for contracted services will be reallocated to support the extension of temporary staff, therefore this reallocation will result in a net zero budget impact. The 2024 financial implications to maintain

year round staffing will result in a net budget increase of ~\$53,400. Budget implications for 2024 will be included in the 2024 budget for Council’s consideration.

ADMINISTRATIVE IMPLICATIONS:

There are no administrative implications of the addition of a fourth bylaw officer, oversight and scheduling would be within the current operational workplan of the Bylaw Division.

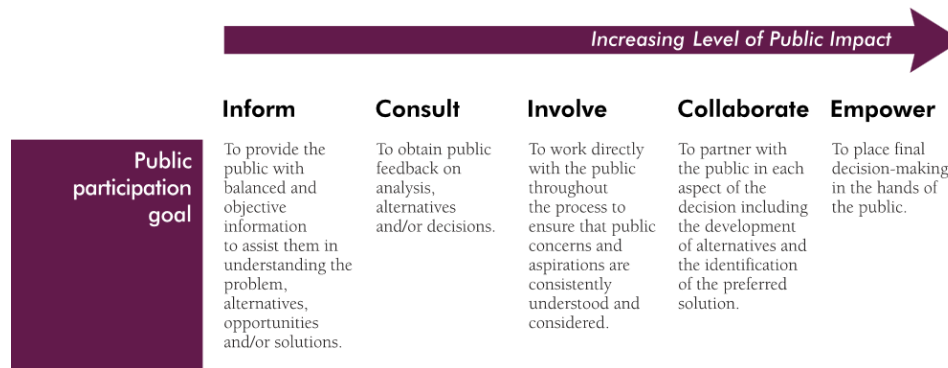
STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priority:

- Organizational Well-Being and Sustainability - Ensure capacity to accommodate big change resulting from direct and indirect impacts to our community

PUBLIC ENGAGEMENT:

Staff have consulted, involved and will inform the public on service changes based on the IAP2 Spectrum of Public Participation:



© International Association for Public Participation www.iap2.org

RECOMMENDATION: THAT Council receive the “Bylaw and Public Works Services, Service Initiative” briefing note.

Prepared by: Kate O’Connell, Director of Corporate Services
Kyle Shaw, Director of Public Works Services

Concurrence: Geoff Garbutt, M.PI., MCIP, RPP, City Manager (CAO)



BRIEFING NOTE

To: Council

File No.:

From: Director of Development Services

Date: September 27 2023

Subject: SRDDs BC Housing Update

PURPOSE:

The purpose of this memorandum is to provide Council with an update on current activities and collaboration with BC Housing and City of Courtenay staff in relation to a) permanent shelter, b) permanent supportive housing, and c) proposed rental housing development properties for the Building BC Community Housing Fund within Courtenay.

BACKGROUND:

At the May 31, 2023 Regular Council meeting, Council received the rise and report from the special council meeting held May 28, 2023 to BC Housing which requested an update by October 27, 2023 to Council on the status of the development of a permanent purpose-built shelter and additional purpose-built supportive housing.

Staff have met with BC Housing staff on numerous occasions since May 31, 2023. Meetings with BC Housing staff have focused on establishing agreed upon priorities and strategies for meeting the shelter, supportive, and affordable housing needs in Courtenay. Additionally, substantial relationship development has occurred resulting in increased collaboration and communication between BC Housing and City staff. City and BC Housing staff have also established a regular meeting schedule to facilitate discussion on priorities and opportunities. The briefing note provides an overview of the current state of these discussions and respective priorities.

BC Housing is intending to attend the October 25, 2023 regular Council meeting to provide an update on the development of permanent shelter and supportive housing.

DISCUSSION:

Permanent Shelter

BC Housing is actively working on identifying a location for a new, purpose-built permanent shelter in Courtenay. Staff are providing support in identifying suitable locations through review of zoning and OCP guidelines. It is staff's understanding that the new shelter, once built, will provide similar services to those currently provided at Connect but in a purpose-built building. Once a new shelter is complete, the Connect Centre would close at its current location on Cliffe Avenue.

BC Housing and Comox Valley Transition Society (CVTS) staff have also reached out to City staff to discuss the potential installation of temporary washrooms outside the Connect Centre to address the current safety and operational concerns of CVTS due to the lack of sufficient washrooms inside, as well as the concerns of neighbouring businesses who are experiencing the impacts of insufficient public washroom access for those

who are unhoused. Staff will review options and bring forward recommendations to Council if BC Housing and CVTS pursue this course of action.

Supportive Housing

1) The Lodge (TUP)

Staff have been requesting information from BC Housing on the outstanding conditions required to be met prior to issuance of the TUP. As of the date of this memo staff have been informed that the documents required will be submitted shortly. Regarding the Community Advisory Committee (CAC) BC Housing has reached out to the City and two staff members names have been put forward to sit on the committee, Susie Saunders and Marianne Wade as alternate.

2) Permanent Supportive Housing

BC Housing is actively working to identify a location for an additional, purpose-built permanent supportive housing development in Courtenay. Staff are providing support to BC Housing in identifying suitable locations through review of zoning and OCP guidelines. It is staff's understanding that BC Housing is also in conversation with local developers about potential collaborative opportunities and will update Council when more information is received. As per our previous communication to Council, staff have reiterated that Courtenay needs at least 100 units of supportive housing and that the next supportive housing development should not occur within the downtown core. With approximately 60 units at The Lodge, an additional supportive housing development would likely result in Courtenay achieving the target of 100 units.

Building BC Community Housing Fund and associated programs to increase rental supply

BC Housing and City staff are working collaboratively to identify strategies for increasing the supply of housing for those struggling to find suitable, adequate, and reasonably priced accommodation for the residents of Courtenay. These programs target middle to low income families, independent seniors and individuals. They do not include supportive services or residential care components.

The concept of this program is to provide a range of rental opportunities for residents; from those who require rents geared to income (30% of income) to those who can pay rents that are below market rents. The idea is to provide a range of rents that will cover operational costs of the development. BC Housing sets rents by unit type and household income.

As shared previously, BC Housing has confirmed that potential development proposals require municipalities or non-profits to access the Community Housing Fund Program through BC Housing call for proposals. The CHF proposal call was announced on August 28, 2023 and closes mid November 2023. Staff are aware that some local property owners may submit a proposal and will update Council as they receive information. The City's land portfolio offers some opportunity for sites that may meet the program criteria and staff are vetting them for viability. Staff have also connected key community agencies in Courtenay with BC Housing, who may have strategic land development opportunities that could be eligible for Community Housing Fund grants.

Memorandum of Understanding (MOU)

BC Housing and City staff have briefly discussed the possibility of entering into a Memorandum of Understanding (MOU) that would outline our shared commitment, roles, and responsibilities in relation to

shelter, supportive, and affordable housing development in Courtenay. Due to the recent changeover in leadership at BC Housing, engaging in MOUs with municipalities is temporarily on hold while new processes are developed, however staff continue to work together to pursue ways in which we can document our shared shelter and housing goals in Courtenay. Staff is continuing this discussion with BC Housing.

POLICY ANALYSIS:

The work with BC Housing aligns with Affordable Housing Objectives in the OCP, use of Housing Needs Assessment Report, and provincial legislation.

FINANCIAL IMPLICATIONS:

As staff works through the various projects it will identify financial impacts that may impact the Affordable Housing Reserve Fund.

ADMINISTRATIVE IMPLICATIONS:

This is an interdepartmental initiative and may impact other department workloads.

STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priorities and Housing for All:

- Affordable Housing - Explore approaches to develop affordable housing: Review potential of city property for housing partnerships with BC Housing

PUBLIC ENGAGEMENT:

Public engagement may occur with each project.

RECOMMENDATION: THAT Council receive the BC Housing Update Briefing Note for information.

Prepared by: Marianne Wade, Director of Development Services

Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)

**Minutes of a Parks & Recreation Advisory Commission Meeting
Held at Lewis Centre – Craft Room B, July 6th, 2023 at 6:30 p.m.**

Attending: Mary Crowley
Allan Douglas
Erik Eriksson
Iris Churchill
Bill Green
Michael Lynch
Carolyn Janes
Melanie McCollum (Council Representative)
Susie Saunders (Ex Officio)

Regrets: Tom Demeo

Call to Order

The meeting was called to order at 6:30 p.m.

Acknowledgements

The group acknowledged that the land on which the meeting is conducted is the Unceded Traditional Territory of the K'ómoks First Nation, the traditional keepers of this land.

Adoption of Previous Meeting Minutes

MINUTES Moved by Carolyn and seconded by Mary that the minutes of the Parks & Recreation Advisory Commission meeting on Thursday, July 6th, 2023, to be adopted as read. **Carried**

New Business

AQUATIC STRATEGY: PUBLIC ENGAGEMENT RE: OUTDOOR POOL Draft Aquatic Services Strategy went to Council earlier this year then posted online for public input, received 70 responses in total. Additional input is required on recommendations specific to outdoor pool. Plan is to get input from public in August and take input to Council mid-fall. Pool requires substantial investment in maintenance and repair.

BUDGET 2023 OUTCOMES: MASTER PLAN IMPLEMENTATION & PLAYGROUND INVESTMENTS: Portion of funding received from Province's Growing Communities Fund has been allocated to playground renewal and Parks and Recreation Master Plan implementation. Riverside Fit Park is funded in 2023 capital budget for renewal.

Playground Standards Guideline – consultant will be hired to develop guidelines to support playground planning (accessibility issues, adventure playgrounds, shade etc.). **Note:** this does not include sports playing fields but does include amenities that would be found at playgrounds.

PUBLIC WASHROOMS IN PARKS General discussion on operations of public washrooms in parks. Currently operated in two different ways (open daily dawn to dusk or open during

permitted bookings). Discussion regarding operating models and managing access and vandalism.

CANADA DAY

Was an amazing success! There is a volunteer committee that organizes the event. We need to consider how to keep this event running well in coming years.

Old Business

STAN HAGEN NATURE PARK

Renaming event will be held at end of August.

CULTURAL STRATEGIC PLAN

Entertainment at Courtenay Downtown Summer Market 2- 5:30 pm
Wednesday, July 12, 2023

Next Meeting

Thursday, September 14th at 6:30 PM, location to be determined.

Adjournment

The meeting was adjourned at 8:00 p.m.

Minutes from Heritage Advisory Commission Meeting - May 24, 2023

Attendance: Judy, Lawrence, Julie, Ross, Glen, Linda, Dana

Regrets: Cliff, Mayor Wells

Introduction and Opening remarks	Chair
Addition to Agenda	Chair
Review and Adoption of Minutes of April 27, 2023	Chair
Old Business	Chair

Introduction and Opening Remarks **Chair**

The Recreation, Culture, and Community Services Department at the City is in the process of developing the City's Strategic Cultural Plan and is working with Nordicity, a firm specializing in planning for the arts, culture, and heritage sector. The consultant will be interviewing the HAC during the second portion of the meeting by zoom.

Additions to Agenda **Chair**

- The new Director of Development Services at the City, Marianne Wade, will be stopping into the meeting to introduce herself to the HAC.
- Appreciation Cards from the HAC.
- Advertising for new HAC Members.

City Clocks **Chair**

No further update was provided from the Chair or City Staff. City Staff will keep the HAC apprised of any new updates on the Clock Project. The HAC expressed an interest in pursuing the City Clock project and wanted this to be reflected in the meeting minutes.

Sandwich Manor (aka Duncan House) **Dana B.**

City Staff has no official update for the HAC. The applicant has not yet submitted a formal application to the City for redevelopment. City Staff will keep the HAC updated as to when a formal application is submitted to the City.

Signage for River and Bridge **Chair**

The HAC would like to hold a workshop next week to discuss the type of signage for the River and Bridge. The HAC will meet on May 31, 2023 at 10am in the parking lot of Simm's Park for a discussion on the type of signage that would be appropriate for this. Dana will send out a reminder email to all HAC members to remind them of the meeting next week.

Old Business

List of Memorial Trees

Chair

Glen has prepared a list of Memorial Trees. City Staff will ensure it is saved in the HAC electronic internal records located at City Hall.

Recreation Boards at the Lewis Centre

Ross D.

Ross D noted he would check on the panels and report back to the HAC at the next meeting in June 2023.

Dingwall Stairs

Ross D. updated the HAC on the Dingwall Stairs Project and noted that a storyboard sign (to recognize the family name) may be appropriate for the stairs opposed to a plaque. Ross D noted that he will be waiting for the project to be completed before a decision is made on what kind of signage is best for the stairs project.

Cards for Heritage Commission

Dana B.

Dana reviewed the quotes obtained from ABC Printing and Sure Copy for costs related to the HAC thank you cards that are on electronic file at City Hall.

The HAC passed the following motion:

“City Staff to order fifty (50) cards (a combination of the different cards on file at City Hall) and envelopes from ABC Printing” moved by Linda, Seconded by Lawrence

City Staff to Advertise for Members

Dana B.

A few HAC members are wishing to retire so the HAC would like to recruit new members.

The HAC passed the following motion:

“That the City advertise for new members for the HAC” moved by Linda, Seconded by Ross

Query to Commission from Planning Department

Chair

The HAC was referred an inquiry the E and N railway and the Chair noted the member of the public was a model train expert.

In-Kind Hours

- * Judy 10 hours
- * Glen 10 Hours
- * Lawrence 1 hour

Adjournment

Next Meeting 28 June, 2023

Chair

Minutes from Heritage Advisory Commission Meeting - May 24, 2023

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Regrets: Cliff, Mayor Wells

Introduction and Opening remarks	Chair
Addition to Agenda	Chair
Review and Adoption of Minutes of April 27, 2023	Chair
Old Business	Chair

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- Advertising for new HAC Members.

City Clocks **Chair**

No further update was provided from the Chair or City Staff. City Staff will keep the HAC apprised of any new updates on the Clock Project. The HAC expressed an interest in pursuing the City Clock project and wanted this to be reflected in the meeting minutes.

Sandwich Manor (aka Duncan House) **Dana B.**

City Staff has no official update for the HAC. The applicant has not yet submitted a formal application to the City for redevelopment. City Staff will keep the HAC updated as to when a formal application is submitted to the City.

Signage for River and Bridge **Chair**

The HAC would like to hold a workshop next week to discuss the type of signage for the River and Bridge. The HAC will meet on May 31, 2023 at 10am in the parking lot of Simm's Park for a discussion on the type of signage that would be appropriate for this. Dana will send out a reminder email to all HAC members to remind them of the meeting next week.

Old Business

List of Memorial Trees

Chair

Glen has prepared a list of Memorial Trees. City Staff will ensure it is saved in the HAC electronic internal records located at City Hall.

Recreation Boards at the Lewis Centre

Ross D.

Ross D noted he would check on the panels and report back to the HAC at the next meeting in June 2023.

Dingwall Stairs

Ross D. updated the HAC on the Dingwall Stairs Project and noted that a storyboard sign (to recognize the family name) may be appropriate for the stairs opposed to a plaque. Ross D noted that he will be waiting for the project to be completed before a decision is made on what kind of signage is best for the stairs project.

Cards for Heritage Commission

Dana B.

Dana reviewed the quotes obtained from ABC Printing and Sure Copy for costs related to the HAC thank you cards that are on electronic file at City Hall.

The HAC passed the following motion:

“City Staff to order fifty (50) cards (a combination of the different cards on file at City Hall) and envelopes from ABC Printing” moved by Linda, Seconded by Lawrence

City Staff to Advertise for Members

Dana B.

A few HAC members are wishing to retire so the HAC would like to recruit new members.

The HAC passed the following motion:

“That the City advertise for new members for the HAC” moved by Linda, Seconded by Ross

Query to Commission from Planning Department

Chair

The HAC was referred an inquiry the E and N railway and the Chair noted the member of the public was a model train expert.

In-Kind Hours

- * Judy 10 hours
- * Glen 10 Hours
- * Lawrence 1 hour

Adjournment

Next Meeting 28 June, 2023

Chair



THE CORPORATION OF THE CITY OF COURTENAY

STAFF REPORT

To: Council

File No.: 1960-20 [2023]

From: City Manager (CAO)

Date: September 27, 2023

Subject: Consideration of 2024 Permissive Property Tax Exemptions

PURPOSE:

To seek Council adoption of the 2024 permissive property tax exemption bylaws.

EXECUTIVE SUMMARY:

The permissive property tax exemption bylaws are considered by Council on an annual basis and must be adopted before October 31st each year in order to take effect for the following taxation year. Staff have compiled and reviewed all applications received for the 2024 taxation year and have prepared a summary report and bylaws Tax Exemption 2024, Bylaw No. 3091, 2023 and Tax Exemption Churches 2024, Bylaw No. 3092, 2023 for Council's consideration.

BACKGROUND:

Section 224 of the *Community Charter* provides Council with the authority to grant permissive exemption to land and improvements owned, or held by, certain other organizations that meet legislatively prescribed conditions.

Permissive Property Tax Exemption Policy 1960.01 (Rev #2) (Attachment #1) contains the following provisions to note when considering new applications going forward:

1. The total value of all permissive exemptions must not exceed 2% of the total municipal portion of the property tax levy. (\$621,174)
2. When the activities of an organization are not confined to the City of Courtenay, a maximum exemption of 40% applies.
3. Prescribed grandfathered permissive exemption percentages will not change in the event an organization re-locates within the municipality. However, a reduction of the exemption shall apply if the nature of the services provided by the organization changes at its new location.
4. An applicant already receiving grant-in-aid from the municipality and/or other sources might not be considered eligible for exemption by Council.

During the 2023 -2026 strategic planning session Council enquired about permissive tax exemptions, however this enquiry did not make its way to the strategic plan therefor staff is seeking specific direction to examine and update Permissive Property Tax Exemption Policy 1960.01. Preliminary timeline for policy update would be research and engagement in 2024 with policy adoption in 2025 to take effect for 2026. The permissive tax exemption process follows strict timelines therefor the time between policy update direction and policy impact is expected to be 2 years.

DISCUSSION:

A permissive property tax exemption is a means for Council to support not-for-profit organizations within the community which furthers Council’s objectives of enhancing quality of life for the citizens of the City while being responsible with municipal funding. Approval of an exemption or partial exemption is entirely within Council’s discretion.

Each year there are requests from local organizations for funding assistance, either by way of requests for grants, or by way of requests for exemption from property taxation. While it is noted that the applicants all provide worthy services, provision of an exemption from taxation results in either a reduction of revenue available for City operations or in an increase of the tax burden for the remaining taxable property owners in the City and can become cost prohibitive.

The following schedules and information are provided for Council consideration.

Permissive Exemptions – Schedule Summary:

In accordance with Policy 1960.01, the exemption value limit for 2024 has been calculated as 2% of the value of the 2023 municipal property tax levy. The cumulative exemption value limit for 2024 is \$621,174 (\$561,100 – 2023). The proposed total exemptions for 2024 is \$427,120 (\$381,585 – 2023).

Schedule A: New Applications

The City received four new applications for exemption from taxation for 2024. These are as follows:

Tax Roll #1376.000 – Comox Valley Children’s Day Care Society – 1000 Cumberland Road

The Comox Valley Children’s Day Care Society submitted application for exemption again for 2024. This year, their application mentioned that during the pandemic, it has become clear that child care is an essential service, and had to face a very tight budget. Their application also refers to the City of Courtenay supporting another non-for-profit child care (Cozy Corner Preschool - run by the City of Courtenay out of the Lewis Centre) and also some private senior care facilities (Glacier View Lodge has been grandfathered a 100% exemption for over two decades).

Prior to 1999, the Comox Valley Children’s Day Care Society, as well as J. Puddleduck Parent’s Preschool Society received permissive tax exemptions. After an extensive review of the permissive exemption recipients, Council chose to phase out these exemptions since it was determined that day care service was also provided by for-profit organizations.

Section 224 (2) (a) of the *Community Charter* states that:

“permissive tax exemptions may be provided to charitable, philanthropic or other not-for-profit corporations.”

It does not allow for an exemption to day cares operating for-profit. The City’s Permissive Property Tax Exemption Policy 1960.01 (Rev #2) requires confirmation that an organization’s activities do not compete with any other duly licensed business in the municipality. In order to avoid creating an unfair commercial advantage between for-profit and not-for-profit day cares, Council decided to eliminate any tax exemptions for the Children’s Day Care Society.

Staff recommend no exemption for this specific day care on the basis that authorizing this exemption would contradict the existing policy as it competes with licensed for-profit day care businesses in Courtenay.

On May 10, 2023, Council made the following motion:

Permissive Tax Exemptions for Non-Profit Child Care - Councillor Cole-Hamilton

Moved By Cole-Hamilton

Seconded By Frisch

WHEREAS quality childcare is a vital part of any community, supporting families, underpinning economic development and providing a safe and nurturing environment for children; and

WHEREAS the 2019 Comox Valley Child Care Action Plan, developed by the Comox Valley Regional District in partnership with the City of Courtenay recommended that "all communities consider permissive exemptions for childcare services", something the Town of Comox has been doing for decades;

THEREFORE BE IT RESOLVED THAT staff prepare a report for Council outlining the options for, and impact of, providing permissive tax exemptions for community owned non-profit childcare organizations.

CARRIED

Motion was made less than a week before the 2024 Permissive Tax Exemption submission deadline of May 15, 2023. Staff has not had the capacity to determine the financial implications of providing permissive tax exemptions to community owned non-profit childcare organizations.

Tax Roll # 338.000 – Dawn to Dawn Action for Homelessness Society – 520 5th Street

As per February 8, 2023 Council Resolution # 2023-20:

Moved By: Doug Hillian

Seconded by: Will Cole-Hamilton

THAT Council direct staff to write a letter to Dawn to Dawn asking that they make an application for a municipal tax exemption once the Gukw̓as sa Wagalus – Rainbow House home has been purchased, and identify any additional requests for City support;

AND THAT staff notify Dawn to Dawn once more information is available about the 2023 Community Grant program.

Result: CARRIED

Staff has accepted a late application for the permissive tax exemption for the Gukw̓as sa Wagalus – Rainbow House.

A new and innovative project to house indigenous and non-indigenous 2SLGBTQIA+ young people who are homeless or at risk of becoming homeless in the Comox Valley.

Dawn to Dawn Action for Homelessness Society purchased this property on June 30, 2023.

Staff recommend approval of a 40% exemption in keeping with the Permissive Property Tax Exemption policy.

Tax Roll # 2091.108 – Comox Valley Project Watershed Society – 2356 A Rosewall Cres

Comox Valley Project Watershed Society is a non-profit environmental society focused on sensitive habitat stewardship. The organization offers professional conservation mapping and related technical services, maintains a stewardship information library, and manages research, restoration, education and awareness raising projects in the Comox Valley.

Comox Valley Project Watershed Society is requesting an exemption on the office space leased at 2356 A Rosewall Cres.

Staff recommend approval of a 40% exemption in keeping with the Permissive Property Tax Exemption policy.

Tax Roll # 2091.176 – Y.A.N.A. Fund Society – 102, 2456 Rosewall Cres

You Are Not Alone (Y.A.N.A.) is a local charity that provides financial support and accommodation to Comox Valley families who need to travel outside the community to access medical care for a child under 19 or for a pregnant mother. Typically, funding is used to help cover the costs of gasoline, food, ferry fares, parking, accommodation, etc. About 69% of their services are provided to Courtenay residents.

Y.A.N.A is requesting an exemption on the office space leased at 102, 2456 Rosewall Cres.

Staff recommend approval of a 40% exemption for the leased space in keeping with the Permissive Property Tax Exemption policy.

Schedule B: Annual Bylaw – Not-for-Profit Organizations

Schedule B exemption recipients are those who have been previously approved in the annual permissive exemption bylaw. Updated applications, financial statements and other relevant documentation have been reviewed and verified by staff.

Schedule B provides a detailed list of the 2023 exemption recipients along with the estimated 2024 value of the approved exemptions.

Schedule C: Annual Bylaw – Churches

While church buildings and the footprint of the buildings receive a statutory exemption from taxation, all of the area surrounding the buildings would be taxable unless it is provided with a permissive exemption from taxation by Council. The portion of church property used in commercial activities or as a manse/residence is not eligible for exemption from taxes.

Schedule C details the church properties within the City, and the estimated value of the permissive exemption for 2024 on the lands surrounding the building.

Schedule D: Five Year Bylaw – City owned properties managed by Societies

This schedule details the value of taxation exemption for the City owned properties managed by Societies and is authorized by a five-year exemption bylaw *Tax Exemption 2020-2024 Bylaw No. 2976, 2019*, which expires in 2024.

Schedule E: Ten Year Bylaw

This schedule details the value of taxation exemption for the following properties: Island Corridor Foundation, Kus-Kus-sum, M’akola Housing Society and Nature Trust of British Columbia and is authorized by a ten-year exemption bylaw *Tax Exemption 2022-2031 Bylaw No. 3049, 2021*, which expires in 2031.

POLICY ANALYSIS:

Section 224 of the *Community Charter* provides Council with the authority to exempt certain properties from property taxation. Policy 1960.01 (Rev #2) – Permissive Property Tax Exemption (Attachment #1) was prepared in accordance with Section 224 of the *Community Charter* and approved by Council in August 2017.

FINANCIAL IMPLICATIONS:

The estimated cumulative value of the municipal portion of the new and grandfathered exemptions for the 2024 taxation year totals \$427,120, as detailed in the table below. This is within the calculated 2024 limit of \$621,174 as prescribed in Policy 1960.01 – Permissive Exemption from Property Taxation. As a reference, the amount of permissive property tax exemption approved last year by Council for 2023 represents \$381,585.

Estimated value of exemptions for consideration for 2024 Grandfathered and Recommended			Value of Permissive Tax Exemption		
Schedule	Categories	Bylaw Expires	City only	Other Authorities	Total
(A)	New applications - as per recommendation		\$ 2,993	\$ 2,154	\$ 5,147
(B)	Annual bylaw - Not for profit organizations	2023	\$ 166,501	\$ 125,479	\$ 291,979
(C)	Annual bylaw - Churches, land surrounding the building	2023	\$ 23,226	\$ 23,063	\$ 46,289
(D)	Five year bylaw - City owned properties managed by societies	2024	\$ 128,090	\$ 81,957	\$ 210,047
(E)	Ten year bylaw	2031	\$ 106,312	\$ 84,086	\$ 190,398
	Total estimated value of exemptions for 2024		\$ 427,120	\$ 316,738	\$ 743,859

It is important to note that any organizations added to the list or any additional exemption provided to applicants results in a reduction of revenue available for City operations or an increase of the tax burden for the remaining taxable property owners in the City and can become cost prohibitive.

ADMINISTRATIVE IMPLICATIONS:

Preparation of the annual tax exemption bylaws for consideration by Council is an annual task undertaken by staff in the Financial Services Department.

Subsequent to Council approval of the above recommended property tax exemptions and proposed bylaws, the next steps include:

- a) Arranging for the statutory advertising of the proposed bylaws
- b) Returning the bylaws to Council for final adoption
- c) Preparation of letters of notification to the applicants
- d) Forwarding the bylaws to the BC Assessment Authority no later than October 31, 2023

As communicated in the September 7, 2021 Permissive Tax Exemption Staff Report to Council, the application deadline for 2024 has been effectively advanced from June 15 to May 15, 2023, in an effort to balance the annual workload.

STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following fundamental directions:

WE PROTECT THE NATURAL SPACES we love and upon which our lives depend.

WE ARE A CITY FOR ALL PEOPLE, created for and by residents with diverse identities, experiences, and aspirations. We are a city for being together in community.

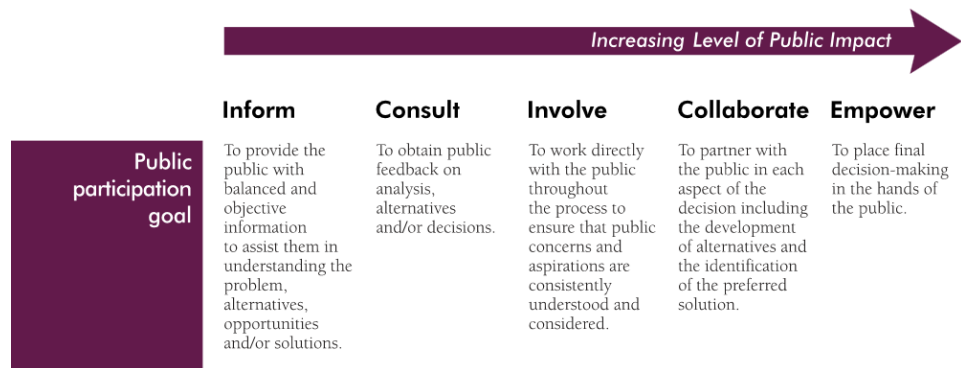
WE ARE ALSO A CITY OF CHOICE, in which residents have options across the city for homes, amenities, destinations, jobs and business, transportation, and spaces for gathering with friends, families, neighbours, and people not yet known to us.

COURTENAY WILL BE RESPONSIBLE FOR THE FUTURE by being more thoughtful, strategic, and efficient in all resources that we use whether it be land, energy, or public infrastructure, to ensure that actions deliver on multiple goals of fiscal responsibility, economic resilience, social equity, and ecological health.

PUBLIC ENGAGEMENT:

Pursuant to Section 227 of the Community Charter, statutory notice of the proposed permissive exemption bylaws must be published for two consecutive weeks prior to final adoption.

Staff would inform the public based on the IAP2 Spectrum of Public Participation:



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OPTIONS:

To be made as separate resolutions:

1. THAT Council give three readings to Tax Exemption 2024, Bylaw No. 3091, 2023.

THAT Council give three readings to Tax Exemption Churches 2024, Bylaw No. 3092, 2023.

THAT Council direct staff to update the Permissive Tax Exemption Policy #1960.00.01 to align with current strategic priorities.

2. THAT Council provide alternative direction to staff.

(While Option 2 provides time for further discussion, it also impacts the schedule for the 2024 permissive tax exemption process. There is a statutory requirement to have the bylaws adopted by October 31st each year in order to take effect for the following taxation year.)

ATTACHMENTS:

1. Policy #1960.00.01
2. Schedule A – New Applicants
3. Schedule B – Annual Bylaw – Not for Profit Organizations
4. Schedule C – Church Properties
5. Schedule D – Five Year Bylaw – City owned properties managed by Societies
6. Schedule E – Ten Year Bylaw
7. Proposed Tax Exemption 2024, Bylaw No. 3091, 2023
8. Proposed Tax Exemption Churches 2024, Bylaw No. 3092, 2023

Prepared by: Renata Wyka, CPA, CGA, Manager of Financial Planning, Payroll & Business Performance

Reviewed by: Adam Langenmaier, BBA, CPA, CA, Director of Financial Services

Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)

Section 5 - Finance	Policy #	1960.00.01
Subject: Permissive Property Tax Exemption	Revision #	2

SCOPE:

A permissive tax exemption is a means for Council to support not-for-profit organizations within the community which further Council’s objectives of enhancing quality of life (economic, social, cultural) and delivering services economically. A permissive tax exemption is strictly at the discretion of the City of Courtenay Council. After careful consideration of all applications Council may approve a full, a partial, or no tax exemption. The tax exemption may vary for the different applicants. This policy guides identification of organizations meeting Council’s objectives.

POLICY

1. Overall Amount

A projected amount of revenue to be foregone by Permissive Tax Exemptions will be set by Council annually during the development of the Financial Plan. This amount will be used to calculate the following year’s tax exemption for approved organizations based on the current year’s assessment and tax rates. The actual amount of the exemption may vary according to the following year’s assessment and tax rates.

The cumulative estimated value of the exemptions may not exceed 2% of the total tax levy in the previous year. The bylaw for exemptions for any given year must be adopted and submitted before any assessment or tax rate information is available for that year. The 2% amount will therefore be calculated based on the previous year’s assessment and tax rate information.

2. Process

Council will consider applications for permissive tax exemptions annually. Reminder letters to re-apply will be mailed annually or as the term of the exemption expires to current tax exemption recipients. In addition, application packages will be available at any time from the Municipal Office or on our website at www.courtenay.ca.

Applications must be submitted to the Director of Financial Services, using the prescribed application form. The Director will review the applications for completeness, and arrange contact with applicants for additional information as necessary.

Application submissions must include:

- Copies of audited financial statements for last three (3) years for first time applicants, and for the last year for current tax exemption recipients.

AUTHORIZATION: Council R16.06/2017	DATE: August 21,2017
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Section 5 - Finance	Policy #	1960.00.01
Subject: Permissive Property Tax Exemption	Revision #	2

- Copy of state of title certificate or lease agreement, as applicable.
- In the case of a lease agreement for premises rather than ownership, documents are required which indicate that the applicant will benefit by the exemption. Documents should demonstrate that the lease is currently, or will, on approval of the exemption, be reduced by the amount of the exemption, or that other considerations will be provided by the landlord equivalent to the value of the exemption.
- Description of programs/services/benefits delivered from the subject lands/improvements including participant numbers, volunteer hours, benefiting groups/individuals/special needs populations, fees charged for participation
- Description of any 3rd party use of the subject land/improvements including user group names, fees charged conditions of use.
- Information as to the extent to which the activities of the applicant are regional or local (within the City of Courtenay) in nature.
- Financial information on how the tax exemption amount is put back into the community through charitable means or reduced fees paid by the general population of the City of Courtenay.
- Confirmation that the organization’s activities do not compete with any other duly licensed business in the Municipality.

The Director of Financial Services will present a summary report of the applications, relative to the eligibility criteria, to Council and arrange for delegations to Council by applicants as necessary.

3. Criteria

- a) Subject Property must be one of:
 - Land and/or improvements owned by the applicant
 - Land and/or improvements leased under an agreement
 - Land and/or improvements ancillary to a statutory exemption under section 220 of the *Community Charter (Statutory Exemptions)*

- b) Nature of Organization must meet the requirements of *Division 7* of the *Community Charter (Permissive Exemptions)* which includes:
 - Non-profit organization
 - Charitable/philanthropic organization
 - Athletic or Service Club/Association
 - Care facility/licensed private hospital

AUTHORIZATION: Council R16.06/2017	DATE: August 21,2017
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Section 5 - Finance	Policy #	1960.00.01
Subject: Permissive Property Tax Exemption	Revision #	2

- Partner of the municipality by agreement under s. 225 (Partnering, heritage, riparian and other special exemption authority) of the *Community Charter*
- Other local authority
- Organization eligible under *Section 220 of the Community Charter* statutory exemption (e.g. place of public worship, cemetery, library, Indian land, senior’s homes, hospital, etc.)

c) The applicant organization’s use of the land/improvements must benefit the community in one or more of the following ways:

- provides recreational facilities for public use
- provides recreation programs to the public
- provides programs to and/or facilities used by youth, seniors or other special needs groups
- preserves heritage important to the community character
- preserves an environmentally, ecologically significant area of the community
- offers cultural or educational programs to the public which promote community spirit, cohesiveness and/or tolerance
- offers services to the public in formal partnership with the municipality
- [other]

d) All accounts for fees and charges levied by the City of Courtenay to the applicant must be current.

4. Duration of Exemption

Eligible organizations may be considered for tax exemptions exceeding one year (to a maximum of 10 years) where it is demonstrated that the services/benefits they offer to the community are of a duration exceeding one year (i.e. for the period of the tax exemption).

5. Extent, Conditions, and Penalties

a) The following activities and circumstances will be not be considered as eligible for exemption by Council. Exemptions will exclude the portion of land/improvements where the following circumstances exist:

- land/improvements used by the private sector and/or organizations not meeting Council’s exemption criteria
- land/improvements used for commercial or for-profit activities by the not-for-profit organization

AUTHORIZATION: Council R16.06/2017	DATE: August 21,2017
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Section 5 - Finance	Policy #	1960.00.01
Subject: Permissive Property Tax Exemption	Revision #	2

- the activities of the organization are not confined to the City of Courtenay. Council has designated a maximum exemption of 40% for regional service organizations. This policy will not be applied retroactively, and regional service organizations that have previously been approved by bylaw will be grandfathered into the exemption bylaw at those prescribed percentages.
 - **prescribed grandfathered permissive exemption percentages will not change in the event an organization re-locates within the municipality. However, a reduction of the exemption shall apply if the nature of the services provided by the organization changes at its new location.**
 - The applicant already receives grant-in-aid from the municipality and/or other sources

- b) Council may impose conditions on the exempted land/improvements with the applicant organization, including but not limited to:
 - registration of a covenant restricting use of the property
 - an agreement committing the organization to continue a specific service/program
 - an agreement committing the organization to have field/facilities open for public use for certain times or a total amount of time
 - an agreement committing the organization to offer use of the field/facility to certain groups free of charge or at reduced rates
 - an agreement committing the organization to immediately disclose any substantial increase in the organization’s revenue or anticipated revenue or any change in the status of the property
 - [other]

- c) Council may impose **penalties** on an exempted organization for knowing breach of conditions of exemption, including but not limited to:
 - revoking exemption with notice
 - disqualifying any future application for exemption for specific time period
 - requiring repayment of monies equal to the foregone tax revenue
 - [other]

AUTHORIZATION: Council R16.06/2017	DATE: August 21,2017
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City of Courtenay

New Applications for 2024 consideration

Calculation based on 2023 Assessment and 2023 Tax Rates

2023 Tax Rates			
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
2	18.9780	18.1996	37.1776
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner	Leasee/Society Applying for Exemption	Civic Address	Use of Property	Requested Exemption	% of services to Courtenay residents	Community Charter	Class	2023 Assessed Value	% Occupied Space	2024 Property Tax with 100 % Exemption (estimated)			Recommended 2024 Exemption (estimated)			
											City	Other Authorities	Total	%	City	Other Authorities	Total
1376.000	Comox Valley Children's Day Care Society	Comox Valley Children's Day Care Society	1000 Cumberland Rd	Licensed group day care for children 2.5 years to school age Has been denied exemption in prior years as this is one of several for-profit and not-for-profit daycares within Courtenay	100%		224(2)(a)	1	424,100	100%	989	936	1,926	0%	-	-	-
000338.000	Dawn to Dawn Action on Homelessness Society	Dawn to Dawn Action on Homelessness Society	520 5th Street	Gukwas sa Wagalus / Rainbow House used to house 4 queer youth at risk of homelessness in the Valley. The society will house indigenous and non-indigenous young people in a safe, secure and culturally appropriate setting with an in-house peer support worker.	100%	100%	224(2)(a)	1	918,000	100%	2,142	2,027	4,168	40%	857	811	1,667
002091.176	Agar, L. Gray, M. Gray, A.	Y.A.N.A Fund Society	102, 2456 Rosewall Cres	You Are Not Alone (YANA) provides financial support & accomodation to Comox Valley families who need to travel outside of our community to access medical care for a child under 19 or for a pregnant mother.	100%	69%	224(2)(a)	6	234,100	100%	2,446	1,538	3,984	40%	978	615	1,594
2091.108	Agar, L. Gray, A.	Comox Valley Project Watershed Society	2356 A Rosewall Cres	Environmental Society focused on sensitive habitat stewardship.	100%	100%	224(2)(a)	6	554,000	50%	2,894	1,820	4,714	40%	1,158	728	1,886
Total											8,471	6,321	14,792		2,993	2,154	5,147

City of Courtenay

2024 Annual Bylaw, based on 2023 exemptions approved

Calculation based on 2023 Assessment and 2023 Tax Rates

	2023 Tax Rates		
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner / Leasee	Civic Address	Use of Property	% of services to Courtenay residents	Community Charter	Class	Net Assessment before Exemption	% exemption	Grandfathered	Exemption Assessment	2024 Estimated Property Tax Exemption		
											City	Other Authorities	Tax Levy
100% Exemption													
000049.000	Eureka Support Society	280-4th St	Community facility for adults with mental illness	95%	224(2)(a)	6	352,000	100%	Grandfathered	352,000	3,678	2,313	5,991
000122.000	Royal Canadian Legion, Courtenay Branch (Pacific) No. 17	367 Cliffe Ave	Facility to support veterans, promote remembrance, act in service of the community	90%	224(2)(a)	6	658,000	100%	Grandfathered	658,000	6,875	4,323	11,198
000122.000	Royal Canadian Legion, Courtenay Branch (Pacific) No. 17	367 Cliffe Ave	Facility to support veterans, promote remembrance, act in service of the community	90%	224(2)(a)	8	940,000	100%	Grandfathered	940,000	2,727	2,890	5,617
001650.000	Royal Canadian Legion, Courtenay Branch (Pacific) No. 17	101 Island Highway	Cenotaph		224(2)(a)	8	56,200	100%	Grandfathered	56,200	163	173	336
000169.000	Comox Valley Child Development Association	237 - 3rd St	Office to serve children with special needs	62%	224(2)(a)	6	1,557,000	100%	Grandfathered	1,557,000	16,268	10,230	26,498
000170.002	Comox Valley Transition Society (Four Paws Investments LTD)		Amethyst House, Residential stabilization and supportive recovery program for women.	75%	224(2)(a)	1	560,300	100%	Council Resolution Jun 26.17	560,300	1,307	1,237	2,544
000348.000	Alano Club of Courtenay	543 - 6th St	Community facility assisting those recovering from addictions	90%	224(2)(a)	6	392,000	100%	Grandfathered	392,000	4,096	2,576	6,671
000400.000	West Island Capital Corp	A1-310 8th Street	Leased to City of Courtenay for IT office space	100%	224(2)(b)	6	322,000	100%		322,000	3,364	2,116	5,480
000513.000	Old Church Theatre Society	755 Harmston Ave	Community theatre	majority	224(2)(a)	6	895,000	100%	Grandfathered	895,000	9,351	5,881	15,232
000580.000	Goldfinch Small Home Design Ltd. Boys and Girls Club of Central Vancouver Island (leasee)	877 5th Street	Services to youth, children, and families with diverse needs. Leasing 27% of property	75%	224(2)(i)	6	85,200	100%	Grandfathered	85,200	890	560	1,450
000750.020	Comox Valley Recovery Centre Society (City of Courtenay)	641 Menzies Ave	Residential addiction recovery facility	75%	224(2)(a)	1	1,106,000	100%	Grandfathered	1,106,000	2,580	2,442	5,022
001037.000	Comox Valley Family Services Association	1415 Cliffe Ave	Child, youth & family community and victim services	90%	224(2)(a)	6	756,000	100%	Grandfathered	756,000	7,899	4,967	12,866
001200.002	City of Courtenay. Comox Valley Canoe Racing Club (licensee) new roll number 2022	2040 Cliffe Avenue	Club boat & equipment storage. New tax roll for 2022 - previously 100% exempt with the Courtenay Marina (City of Courtenay properties - 5 year bylaw)	90%	224(2)(a)	6	56,100	100%	Grandfathered	56,100	586	369	955

City of Courtenay

2024 Annual Bylaw, based on 2023 exemptions approved

Calculation based on 2023 Assessment and 2023 Tax Rates

2023 Tax Rates			
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner / Leasee	Civic Address	Use of Property	% of services to Courtenay residents	Community Charter	Class	Net Assessment before Exemption	% exemption	Grandfathered	Exemption Assessment	2024 Estimated Property Tax Exemption		
											City	Other Authorities	Tax Levy
001200.003	City of Courtenay Comox Valley Rowing Club (licensee) new roll number 2022	2040 Cliffe Avenue	Club boat & equipment storage. New tax roll for 2022 - previously 100% exempt with the Courtenay Marina (City of Courtenay properties - 5 year bylaw)	50%	224(2)(a)	6	57,100	100%	Grandfathered	57,100	597	375	972
001200.004	City of Courtenay. Courtenay Marina Society (leasee) new roll number 2022	2040 Cliffe Avenue	Operation of a public marina including moorage docks and boat ramp (included with 5 year bylaw under roll 1200.000)		224(2)(a)	6	166,200	100%	Grandfathered	166,200	1,736	1,092	2,829
001200.004	City of Courtenay. Courtenay Marina Society (leasee) new roll number 2022	2040 Cliffe Avenue	Operation of a public marina including moorage docks and boat ramp (included with 5 year bylaw under roll 1200.000)		224(2)(a)	8	170,000	100%	Grandfathered	170,000	493	523	1,016
001494.000	Glacier View Lodge Society	2470 Back Road	Seniors long-term care	100%	224(2)(j)	1	1,925,000	100%	Grandfathered	1,925,000	4,491	4,250	8,740
001494.010	Glacier View Lodge Society	2470 Back Road	Seniors long-term care	100%	224(2)(j)	1	1,921,000	100%	Grandfathered	1,921,000	4,482	4,241	8,722
001494.050	Glacier View Lodge Society	2450 Back Road	Seniors long-term care	100%	224(2)(j)	1	9,557,000	100%	Grandfathered	9,557,000	22,296	21,098	43,394
001577.018	Nesting Place Society (formerly Comox Valley Pregnancy Care Centre)	#4 - 204 Island Hwy N	Community resource and peer support centre	97%	224(2)(a)	6	188,500	100%	Grandfathered	188,500	1,969	1,239	3,208
002200.044	Courtenay & District Historical Society In Trust	2564 Cumberland Rd	Heritage Property	50%	224(2)(a)	1	1,145,000	100%	Grandfathered	1,145,000	2,671	2,528	5,199
003200.072	Comox Valley Curling Club (CVRD)	4835 Headquarters Rd	Curling Club Recreation facility	60%	224(2)(i)	6	1,005,000	100%	Grandfathered	1,005,000	10,500	6,603	17,104
75% Exemption													
000757.000	Comox Valley Kiwanis Village Society	1061 8th Street	Housing for low-income seniors	70%	224(2)(a)	1	1,500,000	75%	Grandfathered	1,126,000	2,627	2,486	5,113
000757.001	Comox Valley Kiwanis Village Society	1051 8th Street	Housing for low-income seniors	70%	224(2)(a)	1	4,102,000	75%	Grandfathered	3,077,000	7,178	6,793	13,971
000758.000	Comox Valley Kiwanis Village Society	635 Pidcock Ave	Housing for low-income seniors	70%	224(2)(a)	1	2,750,000	75%	Grandfathered	2,058,000	4,801	4,543	9,344
001286.045	L'Arche Comox Valley	534 - 19th Street	Supported group home for adults with developmental disabilities	100%	224(2)(a)	1	716,100	75%	Grandfathered	537,000	1,253	1,185	2,438
40% Exemption													
000034.000	Courtenay Elks' Lodge No. 60 of the Benevolent and Protective Order of Elks Canada Inc.	231 6th Street	Facility to promote and support community. Raises funds for several children and community charities	95%	224(2)(e)	6	593,800	40%		237,800	2,485	1,562	4,047
000034.000	Courtenay Elks' Lodge No. 60 of the Benevolent and Protective Order of Elks Canada Inc.	231 6th Street	Facility to promote and support community. Raises funds for several children and community charities	95%	224(2)(e)	8	264,000	40%		105,800	307	325	632
000088.000	Delia Von Schilling AVI Health & Community Services (formerly AIDS Vancouver Island) (leasee)	355 6th Street	Office space for AIDS Vancouver Island, a non-profit providing harm reduction services, services for people living with HIV and/or Hepatitis C, and education for populations with greater exposure to HIV and HVC, social service organizations and other community organizations	85%	224(2)(a)	6	271,300	40%		108,800	1,137	715	1,852
000131.002	Comox Valley Transition Society		Fourplex - rental housing at rental rates geared to income (property bought with assistance of BC Housing, Town of Comox and mortgage). Target client group is single women and women with children.	75%	224(2)(a)	1	1,364,200	40%		548,200	1,279	1,210	2,489

City of Courtenay

2024 Annual Bylaw, based on 2023 exemptions approved

Calculation based on 2023 Assessment and 2023 Tax Rates

	2023 Tax Rates		
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner / Leasee	Civic Address	Use of Property	% of services to Courtenay residents	Community Charter	Class	Net Assessment before Exemption	% exemption	Grandfathered	Exemption Assessment	2024 Estimated Property Tax Exemption		
											City	Other Authorities	Tax Levy
000166.000	Comox Valley Child Development Association	267 - 3rd Street	1/3 child play area, 2/3 accessible parking space for families	62%	224(2)(a)	1	357,000	40%		143,000	334	316	649
000409.000	Comox Valley Transition Society	625 England Ave	Community offices. Secret Venture Holdings Ltd owned by CVTS	75%	224(2)(a)	6	740,300	40%		296,300	3,096	1,947	5,043
000432.000	Community Justice Centre of the Comox Valley (leased from 1124430 BC LTD)	A & C 450 - 8th St	Resolution services & restorative justice. Referrals from RCMP, CFB Comox, SD 71, VIHA, MCFD, businesses, etc. Leasing 21.68% of the space	62%	224(2)(a)	6	323,682	40%		135,000	1,410	887	2,298
000459.000	Upper Island Women of Native Ancestry	956 Grieve Ave	Office; support worker; early childhood development and cultural awareness programs	90%	224(2)(a)	1	904,000	40%		361,000	842	797	1,639
000461.050	John Howard Society of North Island	575 10th Street	Services to youth, children, and families with diverse needs	66%	224(2)(a)	6	973,883	40%		389,000	4,064	2,556	6,620
000750.100	John Howard Society of North Island	994 - 8th Street	Property gifted to John Howard Society from St. John the Divine Abbeyfield House Society. Now supportive transitional youth housing. Property received 75% exemption up to 2018 for seniors supported living.	66%	224(2)(a)	1	1,373,000	40%		549,000	1,281	1,212	2,493
0969.001	Comox Valley Food Bank Society new roll number in 2023	1255 McPhee Ave	A food bank that warehouses and distributes food & necessities to people of low income. Also a food rescue program from local vendors. And food delivery to low income, low mobility people.	75%	224(2)(a)	6	532,500	40%		222,800	2,328	1,464	3,792
001113.000	L'Arche Comox Valley	1465 Grieve Avenue	'I Belong Centre' holding L'Arche Office, the Outreach Centre (day programs for adults with disabilities) and 6 semi-independent community living residential suites. Used 100% by the L'Arche community, however day programs are offered to the public.	95%	224(2)(a)	1	956,100	40%		386,100	901	852	1,753
001113.000	L'Arche Comox Valley	1465 Grieve Avenue	'I Belong Centre' holding L'Arche Office, the Outreach Centre (day programs for adults with disabilities) and 6 semi-independent community living residential suites. Used 100% by the L'Arche community, however day programs are offered to the public.	95%	224(2)(a)	6	908,900	40%		363,900	3,802	2,391	6,193
001171.005	Wachiyai Friendship Centre Society	1625 McPhee Avenue	Provides free social programs to urban Aboriginal individuals, such as legal aid, homeless outreach, literacy programs, food bank, senior and elder programs, children support and daycare. 10% of space is utilized for Wachiyai Studio which run as a revenue generating business with the surplus funds invested into the Society and	70%	224(2)(a)	6	1,072,500	40%		429,000	4,482	2,819	7,301
001171.006	Wachiyai Friendship Centre Society	1679 McPhee Avenue	Parking lot used by Wachiyai Friendship Centre Society members and staff	70%	224(2)(a)	6	331,520	40%		134,000	1,400	880	2,281

City of Courtenay

2024 Annual Bylaw, based on 2023 exemptions approved

Calculation based on 2023 Assessment and 2023 Tax Rates

	2023 Tax Rates		
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner / Leasee	Civic Address	Use of Property	% of services to Courtenay residents	Community Charter	Class	Net Assessment before Exemption	% exemption	Grandfathered	Exemption Assessment	2024 Estimated Property Tax Exemption		
											City	Other Authorities	Tax Levy
001175.034	Dawn to Dawn Action on Homelessness Society	13-1520 Piercy	Affordable/Supportive Housing	100%	224(2)(a)	1	331,800	40%		132,300	309	292	601
001288.004	Dawn to Dawn Action on Homelessness Society	#102 1015 Cumberland Road	Affordable/Supportive Housing	100%	224(2)(a)	1	203,100	40%		81,300	190	179	369
001288.060	Dawn to Dawn Action on Homelessness Society	#311 1015 Cumberland Road	Affordable/Supportive Housing	100%	224(2)(a)	1	238,800	40%		95,800	223	211	435
001700.332	The Canadian Red Cross Society (leased from 670431 BC LTD)	2683 Moray Avenue, Units 10-12	Health Equipment Loan Program (HELP): short term loans of basic and advanced medical equipment. Office of the Red Cross Comox Valley Emergency Management Team. Leasing 25% of the space	56%	224(2)(a)	6	486,000	40%		192,000	2,006	1,262	3,268
001960.004	Salvation Army Cornerstone Community and Family Services (leased from Lenco/Norco and Fernco Development LTD)	Unit 8, 468 29th Street	Emergency services to community members - about 9% of space (excludes thrift store operations)	80%	224(2)(a)	6	671,500	40%		268,600	2,806	1,765	4,571
001960.006	Aaron House Ministries (leased from Fernco Development Ltd)	2966 Kilpatrick Ave	Christian Worship / Teaching Centre - occupy 12.7% of property	75%	224(2)(a)	6	742,500	40%		297,000	3,103	1,951	5,055
002016.006	Stepping Stones Recovery House for Women Society (leased from Joshua Hope)	1535 Burgess Rd	Women's residential recovery program	75%	224(2)(a)	1	623,000	40%		249,000	581	550	1,131
002024.009	Habitat for Humanity Vancouver Island North Society	1755 - 13th Street	Restore (5,000 sf) and Administration (2,000 sf) for both Restore (60%) and H4H (40%). 29% of space for Admin office used at 40% for H4H = 12% net exemption	100%	224(2)(a)	6	105,750	40%		42,300	442	278	720
002091.116	LUSH Valley Food Action Society	B 2342 Rosewall Cres	Provides food hampers & Hot Meal program to low income households, student meal programs, local fruit picking & distribution, urban agriculture programs, teaching food skills.	81%	224(2)(a)	6	482,250	40%		192,900	2,015	1,267	3,283
003200.032	Youth for Christ Comox Valley	4729 Headquarters Rd	Youth recreation programs, summer camps, retreats, local ministerial meetings Occupy 97.5% of property	95%	224(2)(a)	1	857,500	40%		343,000	800	757	1,557
	Total						\$ 48,647,585			\$ 36,972,500	\$ 166,501	\$ 125,479	\$ 291,979

SCHEDULE C

City of Courtenay
Annual Bylaw - Church Properties

Calculation based on 2023 Assessment and 2023 Tax Rates

2023 Tax Rates			
City	Other Auth.	Total	
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner	Civic Address	Use of Property	Class	2023 Assessed Value	Sec 220 Statutory Exemption	Taxable Residence	Net Remain Assess	% Exemption	2024 Estimated Property Tax Exemption		
										City	Other Auth.	Tax Levy
000143.000	GRACE BAPTIST CHURCH	467 - 4th Street		8	277,900	(189,100)		88,800	100%	258	273	531
000313.100	ANGLICAN SYNOD DIOCESE OF B.C.	579 - 5th Street		8	860,000	(452,000)		408,000	100%	1,184	1,254	2,438
000341.000	ELIM GOSPEL HALL	566 - 5th Street		8	435,200	(184,200)		251,000	100%	728	772	1,500
000342.000	ELIM GOSPEL HALL	576 - 5th Street	used for parking	8	325,000			325,000	100%	943	999	1,942
000346.000	ST. GEORGE'S CHURCH	505 - 6th Street		8	1,255,000	(959,000)		296,000	100%	859	910	1,769
000568.000	CENTRAL EVANGELICAL FREE CHURCH	765 McPhee Ave	Rezoned in 2018 from industrial to church and assembly hall. Moved from 505 Fitzgerald	6	1,041,000	(696,000)		345,000	100%	3,605	2,267	5,871
000618.220	RIVER HEIGHTS CHURCH SOCIETY	2201 Robert Lang Drive		8	930,000	(292,000)	(132,000)	506,000	100%	1,468	1,556	3,024
001074.050	SALVATION ARMY CANADA WEST	1580,1590 Fitzgerald Ave		8	826,000	(432,000)		394,000	100%	1,143	1,211	2,354
001166.000	LUTHERAN CHURCH	771 - 17th Street		8	552,100	(210,100)		342,000	100%	992	1,052	2,044
001211.004	NEW LIFE APOSTOLIC CHURCH	1814 Fitzgerald Avenue		8	443,400	(193,400)		250,000	100%	725	769	1,494
001524.102	BISHOP OF VICTORIA - CATHOLIC CHURCH	1599 Tunner Drive		8	3,903,200	(3,460,200)		443,000	100%	1,285	1,362	2,647
001594.000	KINGDOM HALL OF JEHOVAH WITNESSES	1581 Dingwall Road	church only/residence not exempt	8	669,600	(360,600)	(62,000)	247,000	100%	717	759	1,476
001691.030	SEVENTH DAY ADVENTIST CHURCH	4660 Headquarters		8	448,900	(179,900)		269,000	100%	780	827	1,607
001691.044	ANGLICAN SYNOD DIOCESE OF B.C.	4634 Island Hwy		8	204,600	(45,600)		159,000	100%	461	489	950
001691.046	ANGLICAN SYNOD DIOCESE OF B.C.	1514 Dingwall Road	Cemetery	8	233,000			233,000	100%	676	716	1,392
002005.000	LDS CHURCH	1901 - 20th Street		8	991,200	(188,200)		803,000	100%	2,329	2,469	4,798
002005.000	LDS CHURCH-PRIVATE SCHOOL	1901 - 20th Street	private school (statutory exemption)	6	1,262,000	(1,262,000)		0	100%	-	-	-
002017.034	FOUR SQUARE GOSPEL CHURCH OF CANADA	1640 Burgess Road		8	2,062,000	(792,000)		1,270,000	100%	3,684	3,905	7,589
002200.088	COURTENAY FELLOWSHIP BAPTIST CHURCH	2963 Lake Trail Rd		8	1,737,600	(1,258,600)		479,000	100%	1,390	1,473	2,862
	Total				\$ 18,457,700	\$ (11,154,900)	\$ (194,000)	\$ 7,108,800		\$ 23,226	\$ 23,063	\$ 46,289

SCHEDULE D

City of Courtenay

5 Year Bylaw - City Owned Properties

Calculation based on 2023 Assessment and 2023 Tax Rates

Bylaw No. 2976, 2019 in effect 2020-2024

2023 Tax Rates			
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner	Civic Address	Use of Property	Community Charter	Class	Net 2023 Assessed Value	% Exemption	Permissive Exemption Assessed Value	2024 Estimated Property Tax Exemption		
									City	Other Authorities	Tax Levy
000029.002	City of Courtenay	580 Duncan Ave	Arts Centre/Gallery	224(2)(b)	6	2,657,000	100%	2,657,000	27,761	17,458	45,219
000063.000	City of Courtenay	442 Cliffe Avenue	Sid Williams Theatre	224(2)(b)	6	2,405,000	100%	2,405,000	25,128	15,802	40,930
000113.000	City of Courtenay	207 - 4th St	Courtenay & District Museum	224(2)(b)	6	1,306,000	100%	1,306,000	13,645	8,581	22,226
000113.000	City of Courtenay	207 - 4th St	Courtenay & District Museum	224(2)(b)	8	544,000	100%	544,000	1,578	1,673	3,251
000261.006	City of Courtenay/ Nature Trust of BC	559 3rd Street	McPhee Meadows	224(2)(b)	1	931,000	100%	931,000	2,172	2,055	4,227
001200.000	City of Courtenay	2040 Cliffe Ave	Courtenay Marina Society	224(2)(b)	6	1,304,000	100%	1,304,000	13,624	8,568	22,192
001200.000	City of Courtenay	2040 Cliffe Ave	Courtenay Marina Society	224(2)(b)	8	27,700	100%	27,700	80	85	166
001941.000	City of Courtenay	100 - 20th St	Courtenay Airpark Society	224(2)(b)	6	4,221,000	100%	4,221,000	44,101	27,735	71,836
	Total					\$ 13,395,700		\$ 13,395,700	\$ 128,090	\$ 81,957	\$ 210,047

**City of Courtenay
10 Year Bylaw**

Calculation based on 2023 Assessment and 2023 Tax Rates

Current Bylaw in effect 2022-2031. Bylaw No. 3049, 2021

	2023 Tax Rates		
	City	Other Auth.	Total
1	2.3329	2.2076	4.5405
2	18.9780	18.1996	37.1776
6	10.4481	6.5706	17.0187
8	2.9009	3.0746	5.9755

Roll #	Registered Owner	Civic Address	Use of Property	Community Charter	Class	Net 2023 Assessment	% Exemption	Assessed Value of Exemption	2024 PROPERTY TAXES (estimated)		
									City	Other Authorities	Tax Levy
000467.000	Island Corridor Foundation		Railway corridor	224(2)(a)	2	58,000	100%	58,000	1,101	1,056	2,156
000467.100	Island Corridor Foundation		Railway corridor	224(2)(a)	2	12,400	100%	12,400	235	226	461
000613.100	Island Corridor Foundation		Railway corridor	224(2)(a)	2	10,200	100%	10,200	194	186	379
001012.205	Island Corridor Foundation	South Courtenay Boundary Extension 2013	Railway corridor	224(2)(a)	2	403,600	100%	403,600	7,660	7,345	15,005
002154.000	Island Corridor Foundation	Cumberland Road	Railway corridor	224(2)(a)	2	477,100	100%	477,100	9,054	8,683	17,737
002154.001	Island Corridor Foundation	Cumberland Road	Railway corridor	224(2)(a)	6	13,700	100%	13,700	143	90	233
002154.003	Island Corridor Foundation	Menzies Avenue	Railway corridor	224(2)(a)	6	428,000	100%	428,000	4,472	2,812	7,284
002154.013	Island Corridor Foundation	Cumberland Road	Railway corridor / Train Station	224(2)(a)	2	4,800	100%	4,800	91	87	178
002154.013	Island Corridor Foundation	Cumberland Road	Railway corridor / Train Station	224(2)(a)	6	595,000	100%	595,000	6,217	3,910	10,126
001493.003	Project Watershed Society	1901 Comox Road	Kus-kus-sum Property	224(2)(a)	6	1,219,000	100%	1,219,000	12,736	8,010	20,746
001493.005	Project Watershed Society	1901 Comox Road	Kus-kus-sum Property	224(2)(a)	6	830,000	100%	830,000	8,672	5,454	14,126
001493.007	Project Watershed Society	1901 Comox Road	Kus-kus-sum Property	224(2)(a)	6	1,083,000	100%	1,083,000	11,315	7,116	18,431
001493.009	Project Watershed Society	1901 Comox Road	Kus-kus-sum Property	224(2)(a)	6	1,266,000	100%	1,266,000	13,227	8,318	21,546
001566.000	M'akola Housing Society	810 Braidwood Road	Affordable / Supportive Housing	224(2)(a)	1	8,562,000	100%	8,562,000	19,974	18,901	38,876
001960.300	The Nature Trust of British Columbia	Sandpiper Drive	Parkland - was exempt in past years as ownership was incorrectly coded as provincial lands by BCAA, corrected and re categorized by BCAA for 2013 and no longer receives "statutory exemption"	224(2)(a)	8	2,559,000	100%	2,559,000	7,423	7,868	15,291
002023.014	The Nature Trust of British Columbia	656 Arden Road	Morrison Nature Park	224(2)(a)	8	1,309,000	100%	1,309,000	3,797	4,025	7,822
	Total					\$ 18,830,800		\$ 18,830,800	\$ 106,312	\$ 84,086	\$ 190,398

THE CORPORATION OF THE CITY OF COURTENAY

BYLAW NO. 3091

A bylaw to exempt certain lands and improvements from taxation for the year 2024

WHEREAS the Council of the Corporation of the City of Courtenay deems that land and improvements described herein meet the qualifications of Section 224 of the *Community Charter*;

NOW THEREFORE the Council of the Corporation of the City of Courtenay in open meeting assembled, enacts as follows:

1. This bylaw may be cited for all purposes as "**Tax Exemption 2024 Bylaw No. 3091, 2023**".
2. The following properties are hereby exempt from taxation for land and improvements to the extent indicated for the year 2024:

FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER/LESSEE	PERCENTAGE EXEMPTION
49.000	LOT 41, SECTION 61, CD, PLAN 311	280 – 4 TH STREET	EUREKA SUPPORT SOCIETY	100%
122.000	LOT 1, PLAN 40587	367 CLIFFE AVENUE	ROYAL CANADIAN LEGION	100%
1650.000	PARCEL A, DD59610N OF LOT B, SECTION 16, PL 5618	101 ISLAND HIGHWAY		
169.000	PARCEL B (BEING A CONSOLIDATION OF LOTS 14, 17, 18, 21, 22 SEE CA6169477) SECTION 61, CD, PLAN VIP1517	237 – 3 RD STREET	COMOX VALLEY CHILD DEVELOPMENT ASSOCIATION	100%
348.000	LOT 15, SECTION 61, CD, PLAN 4906	543 – 6 TH STREET	ALANO CLUB OF COURTENAY	100%
400.000	LOT A, SECTION 61, CD, PLAN 18979	A1-310 8 TH STREET	CITY OF COURTENAY (LEASED FROM WEST ISLAND CAPITAL CORP)	100% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
513.000	LOT A, DL 127, CD, PLAN 7719	755 HARMSTON AVENUE	OLD CHURCH THEATRE SOCIETY	100%

FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER/LESSEE	PERCENTAGE EXEMPTION
580.000	LOT A, SECTION 127, DL 15, PLAN VIP 63529 PID 023-459-832	877 5 TH STREET	BOYS AND GIRLS CLUB OF CENTRAL VANCOUVER ISLAND (LEASED FROM GOLDFINCH SMALL HOME DESIGN LTD)	100% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
750.020	LOT 1, DL 127, CD, PLAN VIP62285	641 MENZIES AVENUE	COMOX VALLEY RECOVERY CENTRE SOCIETY (LEASED FROM CITY OF COURTENAY)	100%
1037.000	LOTS 1 AND 2, SECTION 41, CD, PLAN 3930	1415 CLIFFE AVENUE	COMOX VALLEY FAMILY SERVICES ASSOCIATION	100%
1200.002	LOT 1, DL 15, PLAN 15512, PID 004-154-665	2040 CLIFFE AVENUE	COMOX VALLEY CANOE RACING CLUB (LEASED FROM CITY OF COURTENAY)	100% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
1200.003	LOT 1, DL 15, PLAN 15512, PID 004-154-665	2040 CLIFFE AVENUE	COMOX VALLEY ROWING CLUB (LEASED FROM CITY OF COURTENAY)	100% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
1200.004	LOT 1, DL 15, PLAN 15512, PID 004-154-665	2040 CLIFFE AVENUE	COURTENAY MARINA (LEASED FROM CITY OF COURTENAY)	100% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
1494.000 1494.010	LOT 1 AND 2, SECTION 6 AND 8, CD, PLAN 2849, EXCEPT PLAN 35008	2470 BACK ROAD	GLACIER VIEW LODGE SOCIETY	100%
1494.050	LOT A, SECTION 6 AND 8, CD, PLAN 35008	2450 BACK ROAD		

FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER/LESSEE	PERCENTAGE EXEMPTION
1577.018	LOT 4, SECTION 16, PLAN VIS2269, PID 017-693-071	#4 - 204 ISLAND HWY N	NESTING PLACE SOCIETY	100%
2200.044	LOT 3, DL 138, CD, PLAN 20288	2564 CUMBERLAND ROAD	COURTENAY & DISTRICT HISTORICAL SOCIETY IN TRUST	100%
3200.072	LOT A, SECTION 18, CD, PLAN 12735	4835 HEADQUARTERS RD	COMOX VALLEY CURLING CLUB	100%
757.000	LOT A, BLOCK 2, PLAN 1951	1061 – 8 TH STREET	COMOX VALLEY KIWANIS VILLAGE SOCIETY	75%
757.001	LOT A, BLOCK 2, PLAN 1951 EXCEPT PLAN 4288 & 4941	1051 – 8 TH STREET		
758.000	LOT A&B, PLAN 16907	635 PIDCOCK AVE		
1286.045	LOT 8, BLOCK 3, PLAN 16252	534 – 19 TH STREET	L'ARCHE COMOX VALLEY	75%
34.000	LOT 2, SECTION 61, CD, PLAN 20159 PID 003-698-254	231 6 TH STREET	COURTENAY ELKS' LODGE #60 OF THE BENEVOLENT AND PROTECTIVE ORDER OF THE ELKS' OF CANADA	40%
88.000	LOT 85, PLAN VIP 311 SECTION 61, LD 15 EXCEPT PLAN 66BL PID 000-337-366	355 6 TH STREET	AVI HEALTH AND COMMUNITY SERVICES (LEASED FROM ERNST VON SCHILLING)	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
166.000	LOT 8 PLAN 2834 PID 003-451-941	267 3 RD STREET	COMOX VALLEY CHILD DEVELOPMENT ASSOCIATION	40%

FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER/LESSEE	PERCENTAGE EXEMPTION
432.000	LOT 14, SECTION 61, LD 15, PLAN VIP3939 PID 004-154-894	A & C 450 – 8 TH STREET	COMMUNITY JUSTICE CENTRE OF THE COMOX VALLEY (LEASED FROM 1124430 BC LTD)	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
459.000	LOT B, PLAN 20211 PID 003-519-376	956 GRIEVE AVENUE	UPPER ISLAND WOMEN OF NATIVE ANCESTRY	40%
969.001	LOT 1, SECTION 69, BLOCK 15, PLAN EPP123274 PID 031-766-030	1255 MCPHEE AVENUE	COMOX VALLEY FOOD BANK SOCIETY	40%
1113.000	LOT 19, SECTION 41, DL 15, PLAN 9230, PID 005-583-314	1465 GRIEVE AVENUE	L'ARCHE COMOX VALLEY	40%
1171.005	LOT C, PLAN 13660, SECTION 41, DL 15 PID 004-619-048	1625 MCPHEE AVENUE	WACHIAY FRIENDSHIP CENTRE SOCIETY	40% OF THE ASSESSMENT – EXCLUDING 26% OF FACILITY USED FOR REVENUE GENERATING BUSINESS (WACHIAY STUDIO AND MULTIMEDIA AND DAYCARE)
1171.006	LOT 5, PLAN 13075, SECTION 41, DL 15 EXCEPT PLAN VIP68431 PID 004-711-823	1679 MCPHEE AVENUE		
1700.332	STRATA LOT 2, SECTION 67, LD 15, PLAN VIS3934 PID 023-378-158	#10-12, 2683 MORAY AVENUE	THE CANADIAN RED CROSS SOCIETY (LEASED FROM 670431 BC LTD)	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
1960.004	LOT B, SECTION 67, CD, PLAN 33851 PID 000-262-170	#8, 468 - 29 TH STREET	THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA (LEASED FROM LENCO/NORCO AND FERNCO DEVELOPMENT LTD)	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
1960.006	LOT C, SECTION 67, CD, PLAN 33851 PID 000-217-158	2966 KILPATRICK AVE	AARON HOUSE MINISTRIES (LEASED FROM LENCO/NORCO AND FERNCO DEVELOPMENT LTD)	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE

FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER/LESSEE	PERCENTAGE EXEMPTION
2091.108	LOT 4, PLAN VIP53637, DISTRICT LOT 230 PID 017-632-391	2356 A ROSEWALL CRES	COMOX VALLEY PROJECT WATERSHED SOCIETY	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
2091.116	LOT 1, SECTION 230, PLAN VIS5565, PID 025-974-211	2342 B ROSEWALL CRES	LUSH VALLEY FOOD ACTION SOCIETY	40%
2091.176	STRATA LOT 2, PLAN VIS6017, DISTRICT LOT 230 PID 026-715-171	102, 2456 ROSEWALL CRES	Y.A.N.A FUND SOCIETY	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE LEASED BY THE LEASEE
2016.006	LOT 6, PLAN 27200 PID 002-344-408	1535 BURGESS ROAD	STEPPING STONES RECOVERY HOUSE FOR WOMEN (LEASE)	40%
2024.009	LOT 2 PLAN VIP53672 PID 017-650-097	1755 13 TH STREET	HABITAT FOR HUMANITY VANCOUVER ISLAND NORTH SOCIETY	40% OF THE ASSESSMENT ALLOCATED TO THE SPACE USED FOR ADMINISTRATION OFFICES
3200.032	LOT A, SECTION 18, CD, PLAN VIP 75369 PID 025-673-017	4729 HEADQUARTERS RD	YOUTH FOR CHRIST COMOX VALLEY	40% OF THE ASSESSMENT – EXCLUDING CARETAKER RESIDENTIAL SPACE

Read a first time this day of September, 2023

Read a second time this day of September, 2023

Read a third time this day of September, 2023

Finally passed and adopted this day of October, 2023

Mayor

Deputy Corporate Officer

THE CORPORATION OF THE CITY OF COURTENAY

BYLAW NO. 3110

A bylaw to exempt certain lands and improvements from taxation for the year 2024

WHEREAS the Council of the Corporation of the City of Courtenay deems that land and improvements described herein meet the qualifications of Section 224 of the *Community Charter*;

NOW THEREFORE the Council of the Corporation of the City of Courtenay in open meeting assembled, enacts as follows:

1. This bylaw may be cited for all purposes as "**Tax Exemption 2024 Bylaw No. 3110, 2023**".
2. The following properties are hereby exempt from taxation for land and improvements to the extent indicated for the year 2024:

FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER/LESSEE	PERCENTAGE EXEMPTION
461.050	LOT A, SECTION 61, DL15, PLAN 31213, PID 001-170-074	575 10 TH STREET	JOHN HOWARD SOCIETY OF NORTH ISLAND	40%
750.100	LOT 1, PLAN VIP 62247 PID 023-241-667	994 – 8 TH ST		

Read a first time this day of September, 2023

Read a second time this day of September, 2023

Read a third time this day of September, 2023

Finally passed and adopted this day of October, 2023

Mayor

Deputy Corporate Officer

THE CORPORATION OF THE CITY OF COURTENAY

BYLAW NO. 3111

A bylaw to exempt certain lands and improvements from taxation for the year 2024

WHEREAS the Council of the Corporation of the City of Courtenay deems that land and improvements described herein meet the qualifications of Section 224 of the Community Charter;

NOW THEREFORE the Council of the Corporation of the City of Courtenay in open meeting assembled, enacts as follows:

- 1. This bylaw may be cited for all purposes as "Tax Exemption 2024 Bylaw No. 3111, 2023".
2. The following properties are hereby exempt from taxation for land and improvements to the extent indicated for the year 2024:

Table with 5 columns: FOLIO, LEGAL DESCRIPTION, CIVIC ADDRESS, REGISTERED OWNER/LESSEE, PERCENTAGE EXEMPTION. It lists three properties with their respective details and exemption percentages.

Read a first time this day of September, 2023
Read a second time this day of September, 2023
Read a third time this day of September, 2023
Finally passed and adopted this day of October, 2023

Mayor

Deputy Corporate Officer

THE CORPORATION OF THE CITY OF COURTENAY

BYLAW NO. 3112

A bylaw to exempt certain lands and improvements from taxation for the year 2024

WHEREAS the Council of the Corporation of the City of Courtenay deems that land and improvements described herein meet the qualifications of Section 224 of the Community Charter;

NOW THEREFORE the Council of the Corporation of the City of Courtenay in open meeting assembled, enacts as follows:

- 1. This bylaw may be cited for all purposes as "Tax Exemption 2024 Bylaw No. 3112, 2023".
2. The following properties are hereby exempt from taxation for land and improvements to the extent indicated for the year 2024:

Table with 5 columns: FOLIO, LEGAL DESCRIPTION, CIVIC ADDRESS, REGISTERED OWNER/LESSEE, PERCENTAGE EXEMPTION. It lists four properties with their respective details and a 40% exemption rate.

Read a first time this day of September, 2023
Read a second time this day of September, 2023
Read a third time this day of September, 2023
Finally passed and adopted this day of October, 2023

Mayor

Deputy Corporate Officer

THE CORPORATION OF THE CITY OF COURTENAY

BYLAW NO. 3092

A bylaw to exempt certain lands and improvements, set apart for public worship, from taxation for the year 2024

WHEREAS the Council of the Corporation of the City of Courtenay deems that land and improvements described herein meet the qualifications of Section 220 of the *Community Charter*;

NOW THEREFORE the Council of the Corporation of the City of Courtenay in open meeting assembled enacts as follows:

1. This bylaw may be cited for all purposes as "**Tax Exemption Churches 2024 Bylaw No. 3092, 2023**".

2. Pursuant to Section 224(2)(a)(f)(g) of the *Community Charter*, the following properties on which a church hall or facility is situated, the land on which such a hall stands, the remaining area of land surrounding the building set apart for public worship, and the remaining area of land surrounding the exempted building, exempted hall, or both, are hereby exempted from taxation for land and improvements to the extent indicated for the year 2024 *except for that portion of the property used for residential or commercial purposes*:

	FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER	PERCENTAGE EXEMPTION
1.	143.000	LOT AM 11, SECTION 61, CD, PLAN 33854N	467 – 4 TH STREET	GRACE BAPTIST CHURCH OF THE COMOX VALLEY	100%
2.	313.100	LOT 1, SECTION 62, CD, PLAN VIP 74608	579 – 5 TH STREET	ANGLICAN SYNOD DIOCESE OF B.C.	100%
3.	341.000	AMENDED LOT 1, PLAN 55886N, SECTION 61 CD, PLAN 4906	566 – 5 TH STREET	ELIM GOSPEL CHAPEL TRUSTEES	100%
4.	342.000	LOTS 3 & 4, BLOCK 6, CD, PLAN 472B	576 – 5 TH STREET	ELIM GOSPEL CHAPEL TRUSTEES	100%
5.	346.000	LOTS 10,11,12, AND 13, SECTION 61, CD, PLAN 4906	505 – 6 TH STREET	ST. GEORGES CHURCH	100%
6.	568.000	LOT A (DD EL132291), DL 127, PLAN 1464 EXCEPT PLAN VIP67475	765 MCPHEE AVENUE	CENTRAL EVANGELICAL FREE CHURCH	100%
7.	618.220	LOT 1, DL 118, CD, PLAN VIP 73074	2201 ROBERT LANG DRIVE	RIVER HEIGHTS CHURCH SOCIETY	100%

	FOLIO	LEGAL DESCRIPTION	CIVIC ADDRESS	REGISTERED OWNER	PERCENTAGE EXEMPTION
8.	1074.050	LOT A, PLAN 54316P, SECTION 41, CD, PLAN 7449	1580 FITZGERALD AVENUE 1590 FITZGERALD AVENUE	GOVERNING COUNCIL SALVATION ARMY CANADA WEST	100%
9.	1166.000	LOT A, PLAN 121193EF, SECTION 41, CD, FORMERLY LOTS 32 & 33, CD, PLAN 10725	771 – 17 TH STREET	TRUSTEES LUTHERAN CHURCH	100%
10.	1211.004	LOT 4, SECTION 68, CD, PLAN 14176	1814 FITZGERALD AVE	NEW LIFE APOSTOLIC CHURCH	100%
11.	1524.102	LOT B, SECTION 15, CD, PLAN 54793 EXCEPT PLANS 14713, 36414, 51121	1599 TUNNER DRIVE	BISHOP OF VICTORIA, CHRIST THE KING CATHOLIC CHURCH	100%
12.	1594.000	LOT 16, SECTION 16, CD, PLAN 7037 EXCEPT PLAN 44368	1581 DINGWALL RD	TRUSTEES OF THE KINGDOM HALL OF JEHOVAH WITNESS	100%
13.	1691.030	LOT 1, SECTION 17, CD, PLAN VIP 79479	4660 HEADQUARTERS ROAD	SEVENTH DAY ADVENTIST CHURCH	100%
14.	1691.044	LOT 2, SECTION 17, CD, PLAN VIP 61425	4634 ISLAND HWY	ANGLICAN SYNOD DIOCESE OF BC	100%
15.	1691.046	LOT 3, SECTION 17, CD, PLAN VIP 61425	1514 DINGWALL ROAD	ANGLICAN SYNOD DIOCESE OF BC	100%
16.	2005.000	LOT 12, DL 96 & 230, CD, PLAN 1406	1901 – 20 TH STREET	LDS CHURCH	100% EXCEPT THE PART ASSESSED FOR SCHOOL USE
17.	2017.034	LOT 1, DL 96, CD, PLAN VIP 59504	1640 BURGESS RD	FOURSQUARE GOSPEL CHURCH OF CANADA	100%
18.	2200.088	LOT A, PLAN 27596	2963 LAKE TRAIL ROAD	COURTENAY BAPTIST CHURCH	100%

Read a first time this day of September, 2023

Read a second time this day of September, 2023

Read a third time this day of September, 2023

Finally passed and adopted this day of October, 2023

Mayor

Deputy Corporate Officer



STAFF REPORT

To: Council

File No.: 3360-20-2303

From: Director of Development Services

Date: September 27, 2023

Subject: Zoning Amendment Bylaw No. 3101 – 1410 Glen Urquhart Drive

PURPOSE:

For Council to consider an application for a zoning bylaw amendment to Zoning Bylaw No.2500, 2007 to permit a detached secondary residence at the property legal described as LOT 3, SECTION 47, COMOX DISTRICT, PLAN 20073 (1410 Glen Urquhart Drive).

BACKGROUND:

The subject property is approximately 2,104 m² (0.52 acres) in size and is zoned Rural Residential 1 (RR-1). There is currently a single residential dwelling unit and three (3) non-residential accessory structures on the property as illustrated in Figure No. 1 below.



Figure No. 1: Context Map

The applicant is proposing a detached secondary residence at the rear of the property. Detached Secondary Residences are not a permitted use in the RR-1 zone. The OCP land use designation is Urban Residential which permits intensification of land use and infill development.

If Zoning Amendment Bylaw No.3101 is approved, then the applicant will be permitted to construct a detached secondary residence on the property which is proposed to be 56.0 m² (602.8 ft²) in size.

DISCUSSION:

The applicant is seeking to create a detached secondary residence for a family member, and recognizes the value the additional housing unit could provide to the general housing stock.

The OCP supports infill development within existing Urban Residential areas provided it is in keeping with the character and scale of the surrounding neighbourhood. Infill housing provides more rental housing stock and diversity of housing types, and promotes more efficient use of land that is already serviced.

Should Council approve Zoning Amendment Bylaw 3101, the proposed development will be subject to the guidelines of the DPA-2: Detached Secondary Residences form and character Development Permit.

Zoning Review

The property is zoned RR-1 and the proposed development meets the RR-1 zoning requirements, including minimum lot size, minimum lot frontage, building setbacks and parking (which the property will remain zoned). As well, the proposal meets the general requirements for secondary residences as stipulated in *Zoning Bylaw No. 2500, 2007*. The requirements and proposal are summarized in **Table No. 1**.

Proposal's Achievement of Relevant Zoning Requirements		
<u>Rural Residential Two Regulations</u>	<u>Required</u>	<u>Proposed</u>
Minimum Lot Size	1,250 m ²	2,104 m ²
Minimum Lot Frontage	<10% of the Perimeter of the Lot	<10% of the Perimeter of the Lot
Total Floor Area of Secondary Residence	90.0 m ²	56.0 m ²
Yard Setbacks (Minimum)	Front: 7.5 m Side Interior A: 3.0 m Side Interior B: 3.0 m Rear: 6.0 m	Front: >7.5 m Side Interior A: 3.0 m Side Interior B: >3.0 Rear: 9.0 m
Height of Secondary Residence	5.5 m	3.9 m
Lot Coverage (Maximum)	30.0%	13.0%
Parking Spaces (Minimum)	Three (3) (Two for the principle dwelling unit and one for the secondary residence)	Three (3) Spaces

Table No. 1: Zoning Analysis

FINANCIAL IMPLICATIONS:

There are no direct financial implications related to the processing of this Zoning Amendment.

ADMINISTRATIVE IMPLICATIONS:

Processing Zoning Amendments is included in the current work plan as a statutory component.

Should Council not grant the Zoning Amendment, the applicant's Development Permit would be unable to be approved and the applicant would not be able to construct the proposed detached secondary residence dwelling.

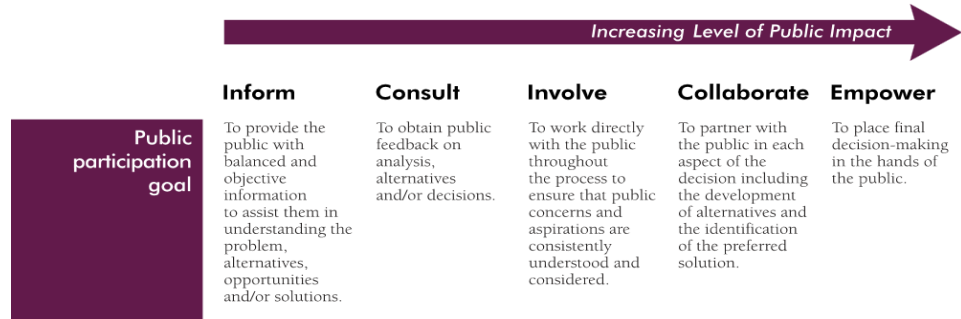
STRATEGIC PRIORITIES REFERENCE:

This initiative addresses the following strategic priorities:

- Buildings and Landscape - Review and update land use regulations and bylaws for consistency with OCP

PUBLIC ENGAGEMENT:

Staff would inform the public based on the IAP2 Spectrum of Public Participation:



© International Association for Public Participation www.iap2.org

The Public Information Meeting requirements for this development have been waived at the discretion of the Director of Development Services, as per *Section 8.4 of Development Application Procedures Bylaw No. 2699, 2012*.

As per Section 467 of the *Local Government Act*, notices of a public input opportunity for the regular meeting of Council on September 27 were mailed on September 13, 2023 by the City to the 43 owners and/or occupants of properties within a 100 m radius of the subject property. Two consecutive newspaper advertisements were published in the Comox Valley Record on September 13th and 20th 2023 publications (**Attachment 3**). As of the date of writing this report no comments have been received. Any written received by 1:00 pm September 27, 2023 will be sent to Council and Staff will update Council at the meeting.

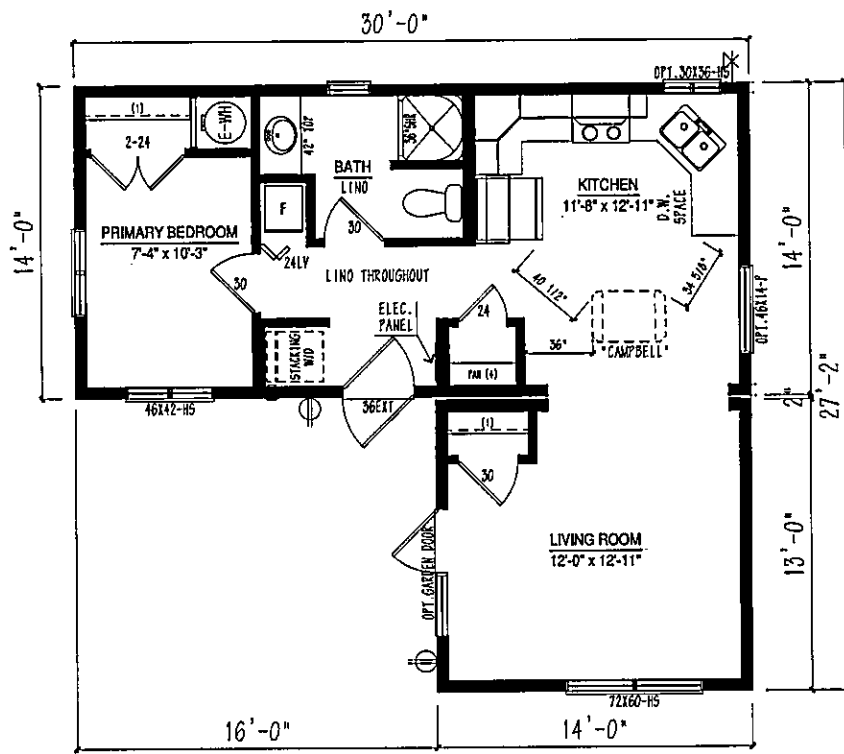
OPTIONS:

1. THAT Council give First, Second and Third readings of Zoning Amendment Bylaw No. 3101.
2. THAT Council provide alternative direction to staff.
3. THAT Council not move forward with Zoning Amendment Bylaw No. 3101.

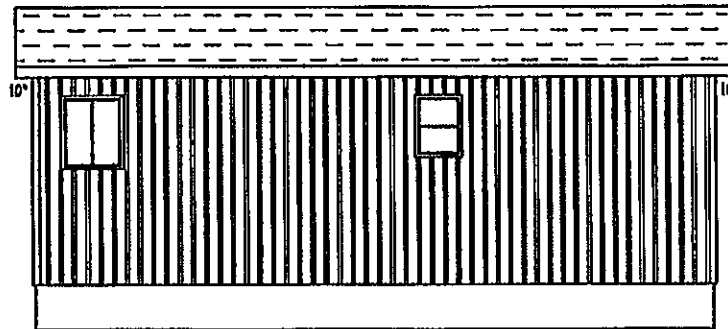
ATTACHMENTS:

- Attachment No. 1: Plans and Elevations
- Attachment No. 2: Applicant’s Rationale
- Attachment No. 3: Public Notification
- Attachment No. 4: Zoning Amendment Bylaw No. 3101

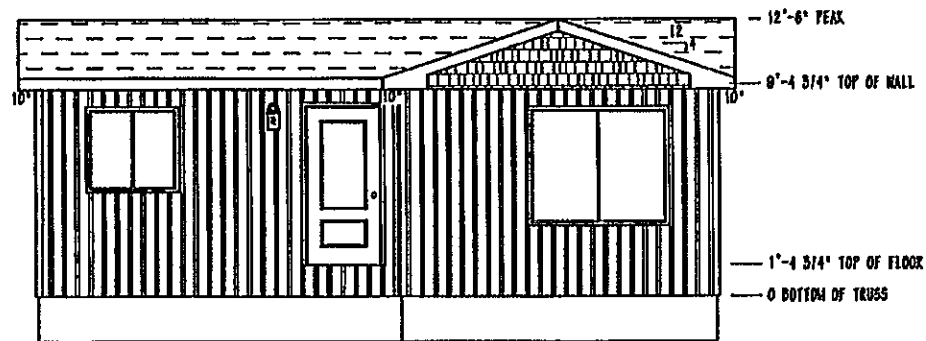
Prepared by: Devin Croin, Planner 1 – Development Planning
Reviewed by: Marianne Wade, RPP, MCIP, Director of Development Services
Concurrence: Geoff Garbutt, M.Pl., MCIP, RPP, City Manager (CAO)



REVISIONS: _____ _____ _____ _____ _____	www.t3pmhousing.com  Triple M Housing	LETHBRIDGE AB, CANADA BUS. (403) 320-8588 REF# DR#23537
	TITLE: FLOOR PLAN (STD)	
	DATE: 2022-10-17 SCALE: 3/16" = 1'-0"	
	DWG. NO. QV-1620-22	
	DWG. BY: S.A.J. CKD. _____ SHEET: P1	

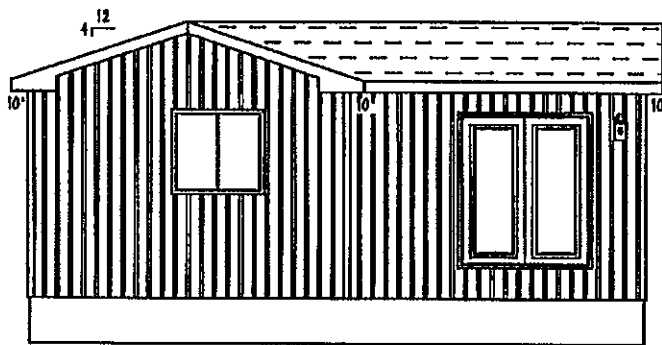


REAR ELEVATION
SCALE: 5/16"=1'-0"

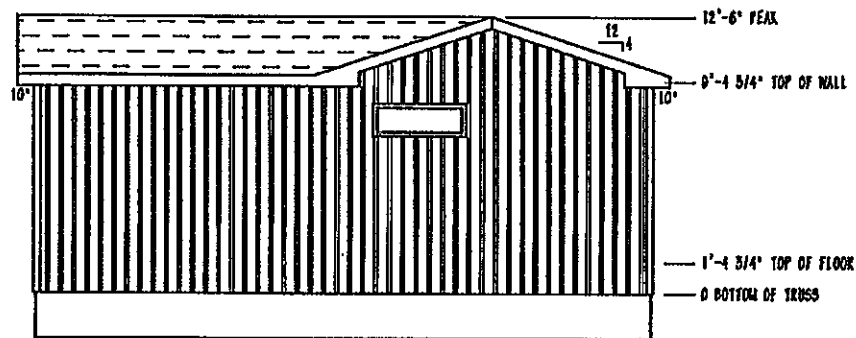


FRONT ELEVATION
SCALE: 5/16"=1'-0"

REVISIONS:						
www.triplem.com			LETHBRIDGE, AB CANADA MOB. (416) 269-8348		DR#23537	
 Triple M Housing			TITLE: ELEVATIONS (STD)		DATE: 2022-10-17 DWG. BY: EAJ CHECK:	
SCALE: AS NOTED			EKV.		PROJ. NO. QV-1620-22	
P2			P2		P2	

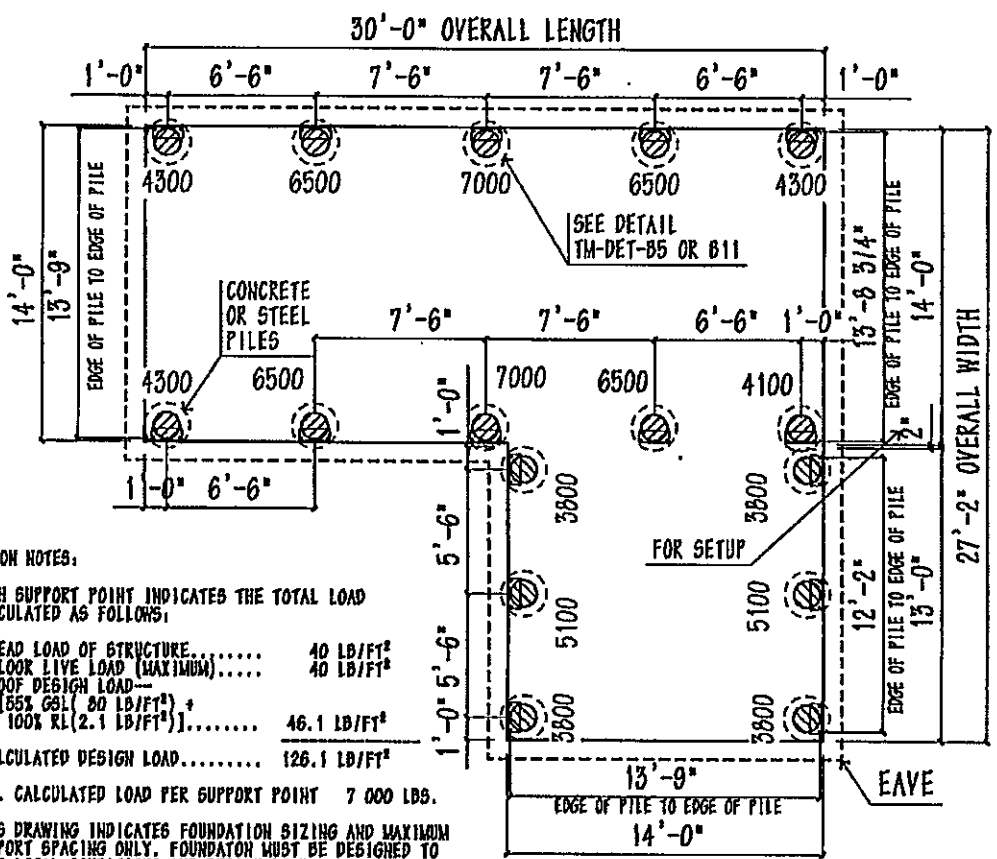


LEFT ELEVATION
SCALE: 3/16"=1'-0"



RIGHT ELEVATION
SCALE: 3/16"=1'-0"

REVISIONS:				
www.triplemhousing.com		LETHBRIDGE, AL CANADA EQB (403) 940-8558	REF#	DR#23537
 Triple M Housing		TITLE: ELEVATIONS (STD)		DWG. NO. QV-1620-22
		DATE: 2023-10-17	DWG. B.A.J.	
		SCALE: AS NOTED		ECD.



FOUNDATION NOTES:

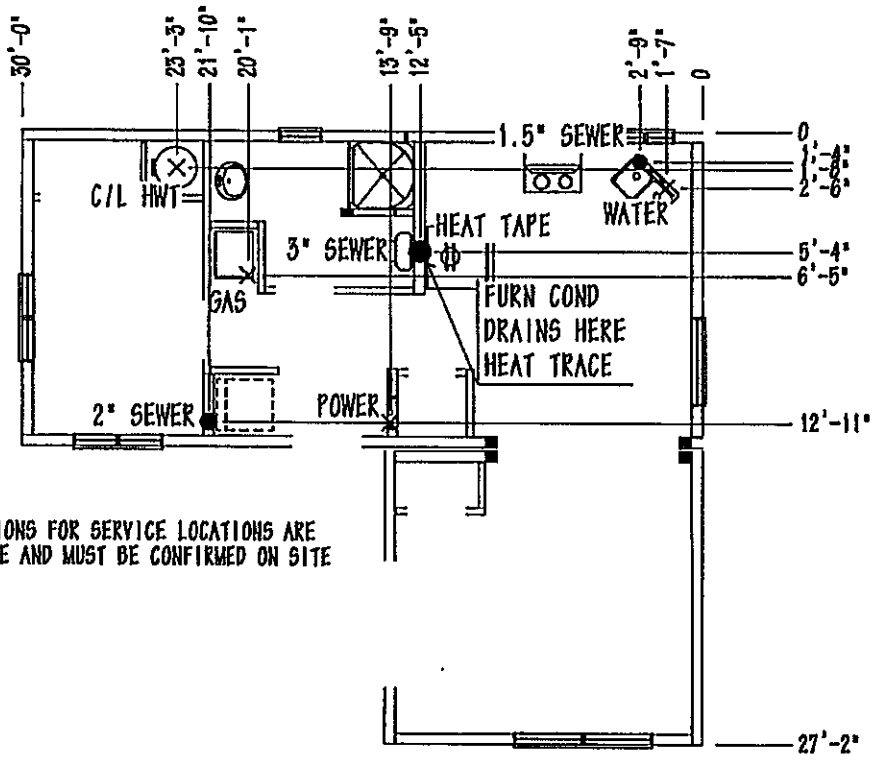
- [1]. EACH SUPPORT POINT INDICATES THE TOTAL LOAD CALCULATED AS FOLLOWS:

DEAD LOAD OF STRUCTURE.....	40 LB/FT ²
FLOOR LIVE LOAD (MAXIMUM).....	40 LB/FT ²
ROOF DESIGN LOAD—	
[85% GSI (80 LB/FT ²) +	
100% RL (2.1 LB/FT ²)]......	46.1 LB/FT ²
CALCULATED DESIGN LOAD.....	126.1 LB/FT²
- [2]. MAX. CALCULATED LOAD PER SUPPORT POINT 7 000 LBS.

- [3]. THIS DRAWING INDICATES FOUNDATION SIZING AND MAXIMUM SUPPORT SPACING ONLY. FOUNDATION MUST BE DESIGNED TO SUIT LOCAL CONDITIONS AND DESIGN LOADS SHOWN.
- [4]. BLOCKING AND TIE-DOWNS MUST CONFORM TO THE REQUIREMENTS OF CSA-2240.10.1-16 SITE PREPARATION, FOUNDATION, AND ANCHORAGE OF MOBILE AND MODULAR HOMES.

- [5]. PROVIDE COMPACT GRAVEL BASE IF WOOD SUPPORT BLOCKING IS USED.
- [6]. ALL MATERIALS AND DESIGN CRITERIA MUST CONFORM WITH PART 9 OF THE APPLICABLE BUILDING CODE.
- [7]. ALL LOADS ARE UNFACTORED.

REVISIONS:		www.tymtech.com LEHRIDGE, AB, CANADA (403) 243-4558	R770	DR#23537		
			 Triple M Housing	TITLE: FOUNDATION LAYOUT (STD)		
				DATE: 2022-10-17	DWN: BAJ	SHEET:
				SCALE: 5/16"=1'-0"	CD.	P7
			DWS: NO.	QV-1620-22		



*DIMENSIONS FOR SERVICE LOCATIONS ARE APPROXIMATE AND MUST BE CONFIRMED ON SITE

- NOTE:
- *EXTEND HOT WATER TANK FRESH AIR VENT AT OPENING IN FLOOR AT THE HOT WATER TANK CAVITY (GAS HWT ONLY)
 - *TERMINATE HOT WATER TANK DRAIN LINE - CONNECTION WILL BE ABOVE BELLY BAG

REVISIONS								
www.triplemhousing.com			LETHBRIDGE, AL CANADA PH: (403) 563-8300		DR#23537			
 Triple M Housing			TITLE: SERVICE DWG (STD)		DATE: 2022-10-17		DWN: D.A.J	
			SCALE: 8/10"=1'-0"		CKD:		SHEET:	
			DWO. NO. QV-1620-22				P 10	

Project description – 1410 Glen Urquhart Dr.

Text amendment to the RR1 zone to allow secondary residence as a permitted use at 1410 Glen Urquhart Dr.

As a homeowner on Glen Urquhart (RR-1), we believe in a text amendment to further expand the zoning to include secondary residence as a permitted use. The primary purpose of this is to expand our residence to include a secondary residence for my mother. This is to create a multi- generational home.

Given the current permitting, lot size, and location of the laneway, there would be little risk of detrimental impacts on the character of the neighbourhood. This change to a text amendment zoning bylaw would not allow for subdivision, addition of multiple dwellings, duplex, home businesses or agriculture. It will not carry visual impacts for neighbours or alter street parking and traffic. Parking will be accessible through the lane. The addition of 1 people in the neighbourhood would not significantly increase pressure on utilities such as water and sewer in this currently low-density neighbourhood. The development will meet all existing setback recommendations in then current zone.

Secondary house design and placement will meet all Development Permit Guidelines (BL2645 Duplex Carriage House and Secondary Residential Development Permit Area). This includes a footprint of less than 90m², only one other residential dwelling and a property greater than 1250m².

NOTICE OF WAIVER OF PUBLIC HEARING

Zoning Amendment Bylaw No. 3101

**1410 GLEN URQUHART DRIVE
Courtenay, BC**

**LOT 3, PLAN VIP20073, SECTION 47,
COMOX LAND DISTRICT**

File No. RZ000076

In accordance with s.464(2) of the Local Government Act, a public hearing on Zoning Amendment Bylaw No. 3101 is not required. Under s.467 of the Local Government Act notice is hereby given that Council will consider 1st reading of Zoning Amendment Bylaw No. 3101 at the September 27 2023, regular Council meeting.

The purpose of the bylaw is to amend the Zoning Bylaw, permitted uses, to allow a secondary residence in the Rural Residential One (RR-1) zone.

The subject property is on the adjacent map.

Get more information:

View a copy of the proposed bylaw and relevant documents on our website www.courtenay.ca/devappracker (search by address or file number).

Written submissions must be received by the City no later than **1:00 pm**,

Wednesday, September 27, 2023 to

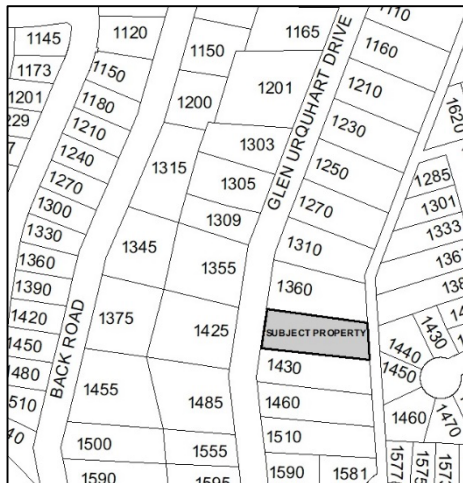
ensure their availability to Council at the meeting.

Council Meeting

Wednesday, September 27 2023, 4:00 pm

Watch meeting live online:

www.courtenay.ca/councilmeetings



**HAVE
YOUR
SAY:**


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CITY OF
COURTENAY

Development Services

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THE CORPORATION OF THE CITY OF COURTENAY

BYLAW NO. 3101

A bylaw to amend Zoning Bylaw No. 2500, 2007

The Council of the Corporation of the City of Courtenay in open meeting assembled enacts as follows:

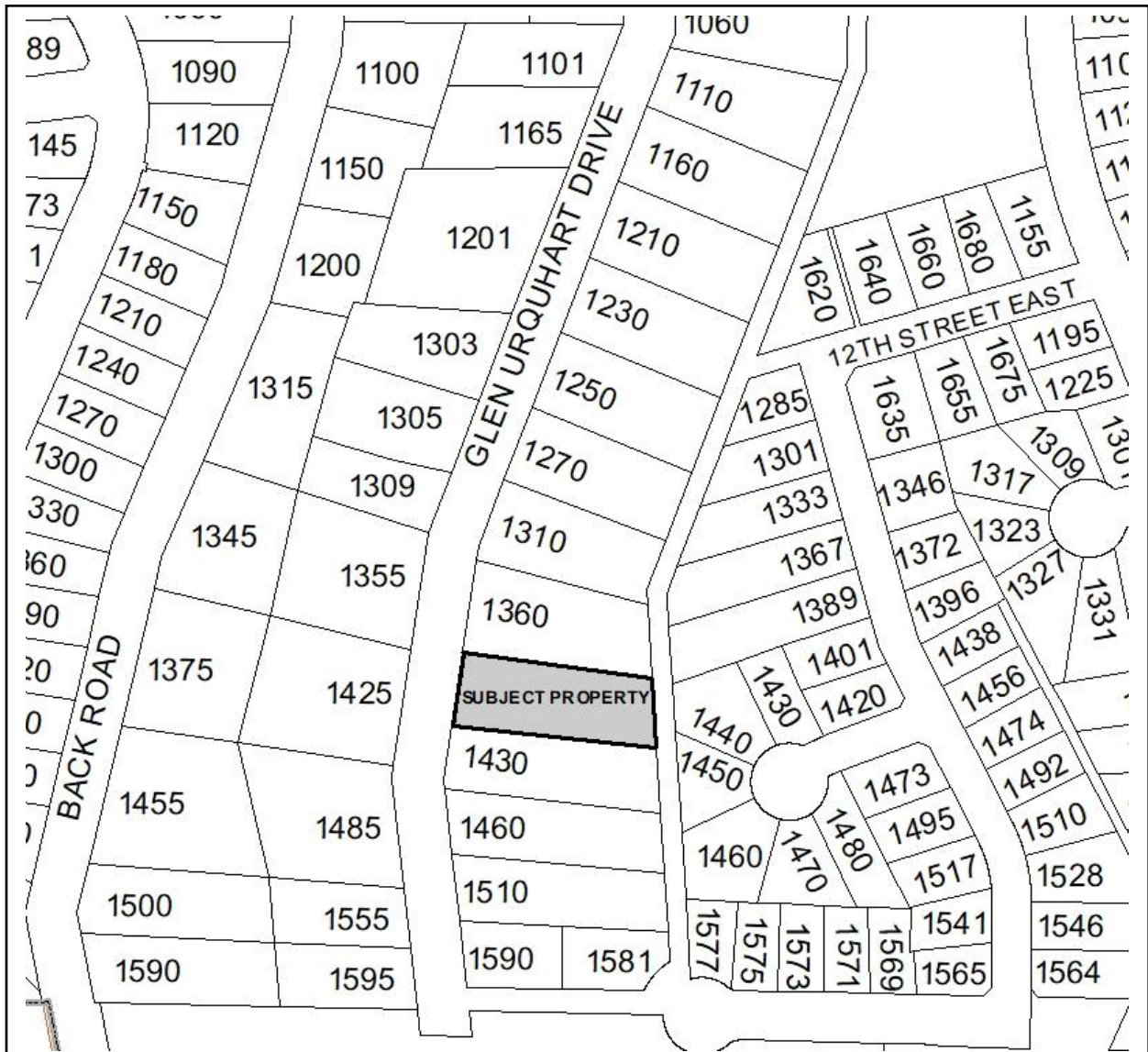
1. This bylaw may be cited for all purposes as “**Zoning Amendment Bylaw No. 3101, 2023**”.
2. That “Zoning Bylaw No. 2500, 2007” be hereby amended as follows:
 - (a) Amending section 8.6.1 by adding “(7) Notwithstanding any provisions of this bylaw, a detached secondary residence is a permitted use on Lot 3, Section 47, Comox District, Plan 20073 (1410 Glen Urquhart Drive), as shown in bold outline on **Attachment A**.”
3. This bylaw shall come into effect upon final adoption hereof.

Public Hearing notice waiver published in two editions of the Comox Valley Record on the 13 day of September, 2023 and the 20 day of September, 2023 (pursuant to Section 467 of the *Local Government Act*)

Read a first time this	day of	, 2023
Read a second time this	day of	, 2023
Read a third time this	day of	, 2023
Finally passed and adopted this	day of	, 2023

Bob Wells
Mayor

Adriana Proton, MPA, CRM
Corporate Officer



THE CITY OF COURTENAY
ATTACHMENT "A"
 Part of Bylaw No. 3058, 2022
 Amendment to the
 Zoning Bylaw No. 2500, 2007

THE CITY OF COURTENAY BYLAW NO. 3105, 2023

A bylaw to establish the Downtown Courtenay Business Improvement Area

WHEREAS a municipal council may under the *Community Charter* grant money to an organization that has as one of its aims, functions and purposes, the planning and implementation of Business Promotion Scheme;

AND WHEREAS Council of the City of Courtenay has previously adopted Downtown Courtenay Business Improvement Area Bylaw No. 2264, 2002;

AND WHEREAS Council, at the request of the Downtown Courtenay Business Improvement Association, wishes to amend the Downtown Courtenay Business Improvement Area;

THEREFORE, BE IT RESOLVED that the Council of the City of Courtenay in open meeting assembled enacts as follows:

1. DEFINITIONS

In this Bylaw, unless the context otherwise requires:

"Applicant" means the Downtown Courtenay Business Improvement Association.

"Business Improvement Area" means the area of the City designated in Schedule "A" of this Bylaw.

"Business Promotion Scheme" means:

- (a) carrying out studies and making reports respecting the Downtown Courtenay Business Improvement Area;
- (b) the improvement, beautification or maintenance of streets and sidewalks in the Downtown Courtenay Business Improvement Areas; and
- (c) the encouragement and promotion of commercial business development within the Downtown Courtenay Business Improvement Area both directly, and indirectly through the encouragement of entertainment, sports and cultural activities.

"Taxable Property" means land and improvements that fall within Class 5 and 6 under the Assessment Act – Prescribed Class of Property Regulation, B.C. Reg. 438/81.

2. DESIGNATION OF AREA

2.1 Council designates the Downtown Courtenay Business Improvement Area boundary to include the lands within the outlined area as identified in Schedule "A".

3. GRANT

3.1 The Council may, in the calendar years 2024 through 2033, grant to the Applicant, in the aggregate, funds not to exceed \$1,755,000 over the ten-year term and not to exceed in any calendar year the amount collected by property value tax imposed under this Bylaw for that year. These monies shall be paid to the Applicant on or before the 1st day of September in each year. Funds will be broken down into annual amounts as follows:

- 2024 - \$120,000
- 2025 - \$130,000
- 2026 - \$145,000
- 2027 - \$160,000
- 2028 - \$175,000
- 2029 - \$185,000
- 2030 - \$195,000
- 2031 - \$205,000
- 2032 - \$215,000
- 2033 - \$225,000

3.2 The Applicant shall submit, annually on or before March 1st, a budget for the purpose of the Business Promotion Scheme as in section 1.

(a) The budget for the Business Promotion Scheme which is based on a fiscal year commencing January 1st, must contain sufficient information to describe all anticipated expenses and revenues, and has been approved by a majority of the members present at the Annual General Meeting of the Downtown Courtenay Business Improvement Area.

3.3 Monies granted to the Applicant under this Bylaw must be expended only by the Applicant and in accordance with the conditions and limitations set out in this Bylaw.

3.4 Monies granted pursuant to Section 4.1 of this Bylaw shall be expended only for projects provided for in the annual budget submitted and approved by the Financial Officer pursuant to Section 4.2.

4. RECOVERY OF FUNDS

4.1 All of the money granted to the Applicant pursuant to this Bylaw shall be recovered within the Downtown Courtenay Business Improvement Area from the owners of Taxable Property. Page 445 of 451

- 4.2 For the purpose of recovering the monies granted to the Applicant, an annual property value tax shall be imposed on Taxable Property within the Downtown Courtenay Business Improvement Area, and such tax shall be based on the assessed value of the land and improvements.

5. CONDITIONS AND LIMITATIONS

- 5.1 The Applicant shall not carry out any borrowing, which results in an indebtedness or other obligation as to money granted to it by the Council pursuant to this Bylaw, which extends beyond the fiscal year in which that money was granted.
- 5.2 Any money granted to the Applicant by the Council pursuant to this Bylaw shall, if not required for immediate use, be invested only in securities in which trustees are authorized by law to invest.
- 5.3 The Applicant shall not alter or approve amendments to its Constitution or Bylaws without providing the Corporate Officer of the City with two months' notice of its intention to make such alteration or amendment, and if any alteration or amendment is made without such notice the City may withhold any payments under this Bylaw.
- 5.4 The Applicant shall account for the money granted by the Council for the previous year by submitting to the City on or before March 1 in each year a compiled financial statement for the previous calendar year which shall be prepared in accordance with generally accepted accounting principles and shall include a balance sheet and an income statement.

6. INSURANCE

- 6.1 The Applicant shall at all times carry a policy of comprehensive general liability insurance in the amount of \$2,000,000.00 with the City as an additional named insured.

7. EXPIRATION DATE

- 7.1 This bylaw shall be in effect until December 31, 2033 but the lapsing of the term over which money may be granted under this Bylaw shall not affect the obligations of the Applicant as to the expenditure of and accounting for monies granted under the Bylaw.

8. REPEAL

- 8.1 "Downtown Courtenay Business Improvement Area Bylaw No. 2264, 2002" is hereby repealed.

9. CITATION

9.1 This bylaw may be cited as “Downtown Courtenay Business Improvement Area Bylaw No. 3105”.

Read a first time this ____ day of _____, 2023.

Read a second time this ____ day of _____, 2023.

Read a third time this ____ day of _____, 2023.



Finally passed and adopted this ____ day of _____, 2023.

Mayor Bob Wells

Adriana Proton, Corporate Officer

Schedule A – Downtown Courtenay Business Improvement Area Boundary



-  EXTENT OF BUSINESS IMPROVEMENT AREA
-  PUNTLEDGE RIVER

THE CITY OF COURTENAY

Schedule A

Bylaw No. 3105



Date: 18th of August, 2023



THE CORPORATION OF THE CITY OF COURTENAY
COUNCIL MEMBER REPORT

To: **COUNCIL**

File No.: 0540

From: Councillor Frisch



Date (MMM-YYYY): Sep-2023

Subject: **REPORT OF ACTIVITIES AND EVENTS**

	DATE (MMM-DD)	EVENT/LOCATION	COMMENTS
1.	Sep-11	CVRD Agenda Review	
2.	Sep-12	Tour of the Rainbow House	
3.	Sep-12	Meeting with MP Johns and Ms. McMahon re: Transcanada Trail opportunities on the Island	
4.			
5.			
6.			
7.			
8.			



THE CORPORATION OF THE CITY OF COURTENAY

COUNCIL MEMBER REPORT

To: **COUNCIL**

File No.: 0540

From: Councillor Hillian



Date (MMM-YYYY): SEPT-2023

Subject: **REPORT OF ACTIVITIES AND EVENTS**

	DATE (MMM-DD)	EVENT/LOCATION	COMMENTS
1.	SEPT-05	Meeting with Environment/Climate Change Minister Heyman re Kus-kus-sum; fundraising event for Search & Rescue	
2.	Sept-07	Sewage Commission Agenda meeting; monthly meeting with City Manager	
3.	Sept-09	Project Watershed fundraising event	
4.	Sept-11	Kus-kus-sum Partner meeting; John Howard Society Annual general meeting	
5.	Sept-12	Rainbow House tour; Trans Canada Trail meeting; CVRD Sewage Commission; CVRD Board meeting	Rainbow House is a new Dawn to Dawn housing project for LGBTQ2S+ youth
6.	Sept-15	Community Justice Centre committee meeting	
7.	Sept-18	Union of BC Municipalities Conference (UBCM): Decriminalization wkshp; Meeting with Island Health; Housing wkshp.	Also attended session on breaking barriers to support women in local government leadership.
8.	Sept-19	UBCM: Meetings with Min of Emergency Mgmt & Municipal Affairs; Wildfires plenary; Min of Indigenous Relations	Seeking provincial grant funding for municipal projects.

DATE (MMM-DD)	EVENT/LOCATION	COMMENTS
9. Sept-20	UBCM: Meeting with Ministry of Mental Health & Addictions; Workshop sessions	
10. Sept-21	UBCM meetings	
11. Sept-22	UBCM meetings	
12. Sept-25	Accessibility meeting	
13. Sept-26	North Island College Housing event; CVRD Recreation Commission; CVRD Board meeting	
14. Sept-27	John Higginbotham Memorial Service	
15. Sept-28	Hospital Board meeting with Citizens for Quality Health Care	
16. Sept-29	Day of Engagement with 19 Wing Comox	
17.		
18.		