

Received DC Office July 17, 2020

From: Isaac Hernandez <director@northwindwc.ca>
Sent: Friday, July 17, 2020 1:13 AM
To: Undisclosed Recipients <director@northwindwc.ca>
Subject: Advisory Committee Meeting

Good evening prospect committee participants,

Our hope is that you continue to be safe and well along with your loved ones.

The NWWC thanks those of you who responded as well as those who were not able to respond to our previous e-mail. We understand that the slow re-opening of our province for business has created extremely busy scheduling for most of us. Given those circumstances our leading team decided to postpone our building committee's initial meeting until late August, allocating enough time for us to canvass volunteers for vacancies within the advisory committee. For those of you who graciously agreed to participate in the initial meeting, we would be e-mailing another invite once we are ready to proceed and we have filled the vacancies. For those of you who have not yet responded and are still interested feel free to let us know so we will keep you informed of the progress.

Thank you kindly for considering this opportunity. Please feel free to contact me by tel. 250-719-7995 or by e-mail at director@northwindwc.ca even if you are unable to be part of the committee, I will be glad to discuss additional details or answer questions about the project.

In the spirit of wellness,

Isaac Hernandez, CIAS III; MSc, Couns. Psych.; BRE, Psych.;
Exec. Director, North Wind Wellness Centre
T. 250-843-6977, Ext. 1000
F. 250-843-6978
E. director@northwindwc.ca
LI. www.linkedin.com/in/isaachernandezc
www.northwindwellnesscentre.ca

"How we treat the vulnerable is how we define ourselves as a species." Russel Brand

Received DC Office July 7, 2020

From: C. Elizabeth Flores, North Wind Wellness Centre <admin@northwindwc.ca>
Sent: Tuesday, July 7, 2020 9:08 AM
To: Crystal Brown <Crystal.Brown@prrd.bc.ca>
Cc: admin@northwindwc.ca
Subject: Invitation -Building Advisory Committee

Good morning Ms. Brown,

Our hope is that this e-mail finds you well within these unprecedented times.

North Wind Wellness Centre (NWWC) is expanding their current 10 bed treatment program to develop 40 units of Addiction Recovery Community Housing that will better support the communities in Northeast BC. The aim is to build an structure for 120 units to provide all the continuum of services for addiction recovery. It would be built in three phases, #1 is a 40-unit-residents, plus all common areas such as industrial kitchen, medical and counselling offices, classroom, recreation area, etc. Which we would like to power with solar energy and a geothermal heating system or a net-zero construction. Phases 2 & 3 would follow within a few years of operations.

For that purpose, we are seeking volunteer support for NWWC construction/building advisory committee to help guide the process of the development of the new facility. We would appreciate your consideration in joining our Advisory Committee. Attached is more information about the project and the committee.

Kindly review the attachments (NWWC project information and the Advisory Committee's Terms of Reference) and confirm your interest in participating on the committee.

We would like to set-up the first meeting for Thursday, July 23rd. Here is the doodle poll link with meeting time options <https://doodle.com/poll/9cyai38h7k5kre98> . Please indicate what times will work best for the meeting.

Thank you for considering this opportunity. Should you have additional questions, please contact Isaac Hernandez directly at director@northwindwc.ca.

Respectfully,

*Liz Flores, Executive Assistant
North Wind Wellness Centre
PO Box 2480 Stn. A
Dawson Creek BC V1G 4T9
T. (250) 843-6977 ext. 1000
F. (250) 843-6978
E. admin@northwindwc.ca
W. www.northwindwellnesscentre.ca*



NORTH WIND WELLNESS CENTRE

Assisting to achieve balance in life

Addiction Recovery Community Housing in Northeast BC

The North Wind Wellness Centre (NWWC) is a not-for-profit, registered BC Society (1996) and CRA Charity (2006). NWWC is located on 150 acres near Farmington, BC (15 & 30 miles from Dawson Creek and Fort St John respectively). They employ a staff of 12 who live locally in Dawson Creek and Fort St John. For nearly 25 years, they have provided quality needed addiction recovery housing services. NWWC's services are unique in the region. It is committed to addressing and preventing addictions and homelessness by offering a 45-day, Indigenous based, culturally sensitive addiction treatment housing pathway for adults (maximum of 10 per intake). Their outpatient programs have over 5,000 annual visits. NWWC's primary client group is Indigenous and because of this, a partnership with the First Nations Health Authority (FNHA), the primary funder, was established.

Northeast BC has a large transient, camp-based population, a greater proportion of indigenous residents than BC overall and an unemployment rate about double the provincial average. This has resulted in an increased need for NWWC Indigenous based addiction recovery housing services. Between 2017 to 2018, the region saw a 30 percent increase in treatment housing clients due to the oil patch downturn. With many needing services, some had to be referred to the Lower Mainland because of the insufficient capacity at NWWC. A further increase is likely in 2020 as a major forestry processing plant has closed recently with the loss of hundreds of jobs.

Even though current recovery programs are of high quality, they are fragmented and disjointed, with long wait lists and nonexistent after care supports. NWWC recognized the need for a program that guided clients from early recovery/detox all the way to recovery supportive housing and community reintegration support. Unfortunately, there is no facility in BC that integrates an early recovery housing program/medical detoxification, treatment program, recovery supportive housing, and recovery community centre, all under one roof. Having all these supports in one facility provides a continuum of care that is needed for a smooth transition through the different stages of the journey. This prevents individuals from falling out of care and relapsing because of gaps or disjointed services – a common outcome at conventional non-linked service transition stages.

As a result, NWWC proposes to build a 40-bed demonstration facility that is “health care lite”, addresses fragmentation, is recovery oriented, and is led by people in recovery to meet the growing regional need and to save residents the need to travel to the Lower Mainland, away from family and supports, for treatment. The proposed Addiction Recovery Community Housing (ARCH) model integrates four key components in a successful recovery journey. These include a Recovery Community Centre (RCC) – a safe place that provides healthy recovery alternative pathways to obstacles that put individuals at risk of restarting an addiction journey; an Early Recovery Housing (ERH) pathway – a place for people waitlisted for addiction treatment housing; Addiction Treatment Housing (ATH) – guides participants towards a balanced life; and Recovery Supportive Housing (RSH) – housing for people who have completed treatment or are committed to their recovery. The individual components are insufficient in isolation. However, when integrated together, they form a system that provides continuity to affectively address all four pillars of BC’s Mental Health and Substance Use Strategy: wellness, integrated care, equitable access, and Indigenous health (<https://www2.gov.bc.ca/gov/content/governments/about-the-bc-government/mental-health-and-addictions-strategy>). ARCH will offer a housing and recovery pathway for up to 30 months and continued support for life or as needed. NWWC’s client group, compared to the general population, has twice the proportion in core housing need. Therefore, ARCH should result in dramatically improved housing, recovery and self-sufficiency outcomes.

In the ARCH model, NWWC programing will expand beyond treatment and housing to include skills development and training. Participants will be able to partake in a variety of training opportunities both in the local communities as well as those provided on site. NWWC proposes (subject of another application) to develop a residential agriculture skills program: opportunities range from horticulture through business management to information technologies. Agriculture, back to the land, and Indigenous healing traditions work synergistically to facilitate the participant’s recovery journey. One of the program’s goals is to evolve learnings into social enterprises as participants’ skills develop. This benefits the participant and NWWC. Those completing the 30-month program will leave with self-worth and skills required to be functional, productive, contributing members of society.

The 40-bed facility is step one of the NWWC journey. The facility includes 24 flex housing beds that can be converted between Early Recovery Housing and Addiction Treatment Housing to meet the changing needs, and 16 self-contained units of Recovery Supportive Housing. A Northeast BC community addiction recovery needs assessment has been completed and it supports the ARCH concept and the probability of future expansion. Planning and building the facility in stages will ensure it is the best fit for the community now and in the future.



The NWWC expansion will result in 12 new staff positions plus several volunteer opportunities as well as the construction phase jobs. An additional 24 staff positions will be created when the full ARCH vision is realized plus the construction jobs associated with this phase. The cost of the pilot facility is estimated to be in the region of \$11m-\$14m. A challenge which is being addressed is obtaining permission from the Agriculture Land Commission and the Peace River Regional District to rezone part of the land from Large Agricultural to Institutional designation.

The proposed ARCH facility would be among the first in BC and Canada. It will be scrutinized closely by other addiction and mental health service providers. There is a general agreement presently, the ARCH model could become the future standard of practice for addiction treatment.



For additional information, please contact:

Isaac Hernandez, CIAS III; MSc., Couns. Psych.; BRE, Psych.,
Executive Director, North Wind Wellness Centre
T. 250-843-6977, Ext. 1000 E. director@northwindwc.ca



North Wind Wellness Centre

ADDICTION RECOVERY COMMUNITY HOUSING NEEDS ASSESSMENT

Developed by:

urban
matters

March 17, 2020

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INTRODUCTION

The North Wind Wellness Centre (NWWC) Society is a not-for-profit organization in Northeast British Columbia, with charity status within Canada, that provides residential treatment programs for adults experiencing issues with multiple addictions. The primary mandate of NWWC is to serve First Nations, Métis, and Inuit persons, but their programs are open to anyone permitted to legally reside in Canada. The First Nations Health Authority (FNHA) is NWWC's primary funder.

Currently, the 10-bed residential Indigenous-based treatment facility run by NWWC is the only one of its kind in Northeast BC, with a focus on trauma-based support and addictions treatment. The residential facilities available through the Health Authorities are mostly in the Lower Mainland. There is a high demand for substance use support in the Northeast, as this area has one of the three highest hospitalization rates attributed to illicit drugs and alcohol in BC. Due to these rates, NWWC has identified a need to develop a new supportive housing facility based on an Addictions Recovery Community Housing (ARCH) model. The dream is to allocate 1/3 of the Centre's beds to First Nations residents of BC, while the remaining beds would be open to both Northern Health Authority referrals and private industry.

The purpose of this assessment is to explore the current population characteristics, housing stock, valuation and vacancy rates in the Peace River Regional District and identify any gaps and key populations in need of addiction recovery community housing support. It is also intended to identify positive outcomes in the existing supportive housing system as well as gaps in supply, demand, or services associated with recovery support.

BACKGROUND

The NWWC Society runs a 10-bed facility that provides a six-week residential addiction recovery program in Northeast BC. However, NWWC recognized that a longer program that guided participants from early recovery/detox all the way to recovery supportive housing and peer-led community support was needed. Currently, there is nothing in BC offering an early recovery housing program/medical detoxification, treatment housing program, recovery supportive housing, and recovery community centre all in one facility. In addition, clients from Northeast BC seeking this range of treatment types are required to go south to separate facilities in Burnaby, Vancouver, Keremeos, and Vancouver Island. Having a full range of programs contained in one facility helps guide individuals towards recovery ensuring that individuals do not become

disconnected from housing and supports and at-risk for relapsing (common at program transitions) on their journey to sobriety.

There is a growing need for residential mental wellness and substance use treatment services in Northeast BC. In 2018, individuals seeking treatment were placed on a waitlist for an average of 33 days between referral and admission to a residential program. Waitlists are a detriment to individuals seeking treatment, and the prospect of being waitlisted is one of the most significant reasons for not enrolling in a treatment facility.

In 2017, 47 residents of Northern BC were admitted to residential treatment programs for substance use or mental wellness and substance use, many of whom have had to travel south to access these programs. In 2018, 61 people were admitted to residential treatment programs. That equates to a 30% increase in usage in one year.¹

Addiction Recovery can be enhanced with: (a) coordinated entry into withdrawal management; supported transition to (b) treatment and subsequently, (c) recovery housing; and supported integration back into the community via (d) a recovery community centre. Each of these four nodes is insufficient in isolation. Waitlists contribute to restarting substance use. Waiting for withdrawal management, treatment, recovery housing and/or continuing care often result in individuals dropping out of the system of support and having to start the process of recovery again. Operating together, the four nodes can: create a recovery housing continuum; better support individuals in moving along their preferred life path; lead to both system efficiencies and cost avoidance; and improve outcomes for individuals, families and communities. The present assessment documents supporting information for the development of one such Addiction Recovery Community Housing model in Northeast BC.

¹ These statistics refers to residents of Northeastern BC who were referred to the Regional Tertiary Utilization Committee by Northern Health. Some of these individuals were required to seek treatment elsewhere in BC.

ADDITIONAL FINDINGS

This section explores a few key data points that show potential issues or vulnerabilities in the Peace River Regional District (PRRD) that support the need for both stronger substance use support housing services, and the integration of Indigenous worldviews and approaches into the treatment program. Some key findings include:

- The shadow population in PRRD is untracked, but research shows unemployment in PRRD is nearly double that of BC as a whole and is associated with potential risk for higher substance use rates.
- With nearly 16% of residents in the PRRD identifying as Indigenous,² any supports and services should integrate an Indigenous worldview, and develop culturally responsive components; moreover, historical trauma linked with colonialism and residential schools means that Indigenous individuals may be at higher risk for addictions.³
- While the overall household indicators (affordability, suitability, etc.) for the PRRD show less housing pressures than the province as a whole; core housing need information for Fort St. John shows that Aboriginal households are about twice as likely as non-Indigenous households to be experiencing core housing need, meaning one in every six Indigenous households is in core housing need.
- Housing options for low income individuals, especially those that experience one or more barriers (e.g. mental health challenges, addiction challenges, physical or mental disabilities, etc.) are very limited, or non-existent in most communities in the PRRD. Social and health agencies in the region agree that this gap needs to be addressed immediately.

² This report uses Indigenous wherever possible to describe the First Peoples of Canada. However, in some cases the term Aboriginal is used when referring specifically to Statistics Canada's Census, which uses the term Aboriginal.

³ <https://www.ccsa-nccah.ca/docs/context/RPT-HistoricTrauma-IntergenTransmission-Aguilar-Halseth-EN.pdf>

POPULATION AND DEMOGRAPHICS

POPULATION AND GROWTH

Between 2011 and 2016, the Peace River Regional District (PRRD) grew from a population of 60,082 residents to 62,942 residents. This represents an increase of approximately 4.8%, which is less than British Columbia as a whole. The population of BC grew approximately 5.6% to a population of 4,648,055 million residents.

Table 1: Population Growth in the PRRD, 2011-2016

	PRRD		BC	
	#	%	#	%
2016	62,942	4.8%	4,648,055	5.6%
2011	60,082	-	4,400,057	-

Source: Statistics Canada, 2016 Census

AGE

The PRRD has a larger population of individuals under the age of 65 (90%) than the BC average (82%). Approximately 23% of PRRD residents are between the ages of 25 and 39, compared to 19% in BC.

Table 2: Age Groups in PRRD and BC, 2016

	PRRD		BC	
	#	%	#	%
0 to 14 years	13,440	21%	691,390	15%
15 to 64 years	43,025	69%	3,107,680	67%
65 and over	6,475	10%	848,985	18%

Source: Statistics Canada, 2016 Census

SHADOW POPULATION IN PEACE RIVER

The statistics in this section do not provide any context or indication of the impact of shadow populations in the Peace River. Popular sources have estimated the number of camps in Northeastern BC to be between 1,500 and 1,800.^{4,5} Some estimates suggest that the shadow populations can increase the population of a resource hub town by 50%. Some residents and local leaders have indicated that this increase can be as much as double.⁶

⁴<https://www.ctvnews.ca/canada/northeastern-b-c-resource-boom-harms-indigenous-women-girls-amnesty-1.3145097>

⁵<https://thediscourse.ca/data/canadas-shadow-population>

⁶<https://www.macleans.ca/how-we-treat-women/>

Shadow populations can place significant burdens on services and infrastructure in communities, while also being associated with social issues such as substance use and crime.⁷ These issues are not captured in this analysis; nevertheless, they impact the overall need for additional services and substance use recovery supports in Northeastern BC.

ABORIGINAL IDENTITY⁸

The PRRD has a higher population of individuals who identify as Indigenous (15.3%) than the BC average (5.9%). Understanding the ethnic and cultural makeup of community is a key component of social planning. Historical trauma linked with colonialism and residential schools means that they are at higher risk for addictions.⁹ A high proportion of Aboriginal or Indigenous peoples in the area also points to the need for culturally responsive services, including culturally sensitive addiction treatment centres.

Table 5: Aboriginal Identity, 2016

	AI		NAI	
	#	%	#	%
PRRD	9,420	15.3%	52,105	84.7%
BC	270,585	5.9%	4,289,655	94.1%

AI = Aboriginal Identity

NAI = Non-Aboriginal Identity

Source: Statistics Canada, Census 2016– Custom Information for BC Ministry of Municipal Affairs and Housing

HOUSEHOLD INCOME

Between 2006 and 2016, the median income of households in the PRRD increased to \$94,046. Much of this growth can be attributed to the prevalence of the oil and gas industry, where the average household income is \$109,046.

Compared to BC, the PRRD has higher average and median household incomes and more rapid income growth.

Table 3: Household Income before tax, 2016

	2006	2011	2016
PRRD			
Average	\$88,377	\$95,969	\$109,330
Median	\$73,309	\$83,638	\$94,046
BC			
Average	\$80,072	\$84,086	\$90,354
Median	\$62,372	\$65,555	\$69,979

⁷ <https://www.nadc.gov.ab.ca/Docs/Shadow-Populations.pdf>

⁸ The sum of the ethnic groups is greater than 100% because Statistics Canada allows for reporting for more than one ethnic origin in the census.

⁹ <https://www.ccnsa-nccah.ca/docs/context/RPT-HistoricTrauma-IntergenTransmission-Aguilar-Halseth-EN.pdf>

LABOUR FORCE STATISTICS

In 2016, PRRD saw a significant increase in unemployment rates over 2011 rates. At 12.5%, the rate in the region is twice the unemployment rate of British Columbia as a whole.¹⁰

Unemployment has been found to be a significant factor in substance use and substance use disorders.¹¹ This indicates that residents of PRRD may be more likely to need additional substance use supports.

Table 4: Labour Force Participation, 2016

Labour Force	PRRD	BC
2006	34,035	2,217,080
2011	34,745	2,354,245
2016	35,170	2,471,665
Participation Rate	PRRD	BC
2006	76%	66%
2011	75%	65%
2016	73%	64%
Unemployment Rate	PRRD	BC
2006	5.5%	6.0%
2011	6.4%	7.8%
2016	12.5%	6.7%

Source: Statistics Canada, Census 2016– Custom Information for BC Ministry of Municipal Affairs and Housing

¹⁰ This does not take into account the large number of workers who come to the Northeast for work but live in other parts of BC and Canada.

¹¹ Henkel, D. "Unemployment and substance use: a review of the literature (1990-2010)." [Curr Drug Abuse Rev.](#) 2011 Mar;4(1):4-27.

HOUSING SUPPLY AND INDICATORS

HOUSING INDICATORS

The table below shows that there is a high percentage of households below affordability standards in BC, the PRRD, and Fort St. John. This high cost of housing increases the possibility of homelessness for vulnerable individuals, particularly those who are experiencing substance use disorders.

Table 7: Households below Housing Standards, 2016

	FSJ			PRRD			BC		
	2006	2011	2016	2006	2011	2016	2006	2011	2016
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
Below the suitability standard (not suitable)	5.4%	5.6%	4.1%	4.9%	5.4%	4.3%	7.1%	6.6%	5.3%
Below the adequacy standard (major repairs needed)	7.3%	7.9%	6.7%	9.2%	10.7%	8.5%	7.0%	6.9%	6.1%
Below the affordability standard	18.4%	21.1%	15.7%	15.8%	17.4%	15.3%	24.6%	25.6%	24.2%

Source: Statistics Canada, Census 2016— Custom Information for BC Ministry of Municipal Affairs and Housing

CORE HOUSING NEED

Indigenous households are twice as likely to be experiencing core housing need than non-Indigenous households. About one in six Indigenous households are in core housing need (16.0%) compared to one in every twelve non-Indigenous households (8.7%). Indigenous households are two times more likely to be in core housing need in the PRRD.

Table 9: Aboriginal Households in Core Housing Need, 2011¹²

	FSJ	
	#	%
Aboriginal households in core housing need	235	16.0%
Non-Aboriginal households in core housing need	710	8.7%

Source: CMHC (census-based and NHS-based housing indicators and data)

The table below shows the percentage and number of households in BC, PRRD, and Fort St. John who are in core housing need and extreme core housing need. Extreme Core Housing Need includes households that are living precariously and are susceptible to homelessness. Housing is considered affordable when a household spends less than 30% of its pre-tax income on

¹² More recent data on Aboriginal core housing need is not available through CMHC or the Census.

adequate shelter. Households that spend more than 30% of their income on shelter are deemed to be in core housing need. Those who spend 50% or more on shelter are in extreme housing need. In 2016, approximately 10.8% of households in the PRRD were in core housing need, and 4.2% in were in extreme core housing need.

Table 8: Core Housing Need and Extreme Core Housing Need, 2016

	FSJ			PRRD			BC		
	2006	2011	2016	2006	2011	2016	2006	2011	2016
In core housing need	660	760	745	2,075	2,270	2,395	221,470	247,280	260,225
In extreme core housing need	295	305	345	805	870	940	94,505	107,530	112,590
In core housing need	9.9%	10.8%	9.6%	10.0%	10.9%	10.8%	14.6%	15.4%	14.9%
In extreme core housing need	4.4%	4.3%	4.4%	3.9%	4.2%	4.2%	6.2%	6.7%	6.5%

Source: Statistics Canada, Census 2016— Custom Information for BC Ministry of Municipal Affairs and Housing

EXISTING RECOVERY BEDS

The 10-bed facility offered by NWWC is the only residential treatment facility in the PRRD. There is a 24-bed second stage low barrier housing program offered by the Salvation Army's Northern Center of Hope in Fort St. John, but this facility does not provide the same level of programming as NWWC.

Demand for residential treatment facilities is growing and far outpacing existing resources. In 2018, the average wait time between initial referral and treatment was about five weeks. The statistics below are drawn from the Canadian Centre for Substance Use and Addiction (CCSUA), Homeless Counts in BC, and the Centre for Addictions Research of BC, and highlight the impacts of homelessness and substance use in Northeast BC.

- 60.6% of respondents to the 2017 CCSUA survey *Life in Recovery from Addiction* had used residential addiction recovery treatment programs, and 30.3% of respondents had used supportive recovery housing¹³.
- 25% of survey respondents indicated that **long wait times** were a significant barrier to starting recovery¹⁴.
- Of the 61 people in Fort St. John identified as experiencing homelessness, 31 of them were identified as struggling with addiction issues¹⁵.
- Of the people experiencing homelessness in Fort St. John, 59% self-identified as Indigenous (compared to 15% of the general population)¹⁶.

¹³ Canadian Centre for Substance Abuse and Addiction, 2017

¹⁴ Ibid.

¹⁵ Report on Homeless Counts in BC, 2018

¹⁶ Ibid.

- The mortality rate attributable to illicit drugs in Northeast BC is 10.60/100,000 residents. This is in the top one-third for British Columbia¹⁷.
- The mortality rate attributable to alcohol is 38.92/100,000 people. This is also in the top 31% in BC¹⁸.
- The hospitalization rates attributable to illicit drugs and alcohol in Northeast BC are respectively, 126.56/100,000 residents (top 44% in BC) and 575.61/100,000 residents (top 63% in BC)¹⁹.

NWWC also offers a number of programs beyond their residential treatment program. Tables 9 and 10 outline the types of substance use being treated at NWWC and the number of admissions to all of NWWC's programs between 2018 and 2019.

Table 9: Reported Substance Use, 2018-2019

Substance Type	Number of People
Alcohol	80
Hallucinogens	0
Narcotics	27
Other	4
Prescription Drugs	30
Solvents/Inhalants	0
Tobacco	41

Source: NWCC Opioid Agonistic Therapy Report 2018-2019

¹⁷ Centre for Addictions Research, 2014.

¹⁸ Ibid.

¹⁹ Ibid.

Table 10: NWWC Admissions, 2018 - 2019

Service Type ²⁰	Number of People
Total Number of Applicants	150
Number Admitted to In-Patient program	112
Number of Assessment/Screening Processed in program	95
Number of Visits to Out - Patient programs	3471
Number of Visits to Day Patient program	863
Number of Contacts through the Continuum of Care program	695
Number of applicants with Special Needs	0
Number of No Shows	49
Number of Status Clients	84
Number of Non-Status Clients	41
Number of applicants in Opioid Agonistic Therapy	28

Source: NWCC Opioid Agonistic Therapy Report 2018-2019

²⁰ Aftercare and youth programs were historically offered by NWWC, but not currently available. Family interventions, and back to the land programs offered by initiative of the First Nations Communities of Treaty 8 and supported by NWWC.

INTERVIEWS WITH KEY STAKEHOLDERS

Qualitative data is important to fill in gaps from quantitative data presented earlier in this report, and paint a fulsome picture of the current assets, opportunities and challenges when it comes to availability of housing and other support services in the Peace River Regional District. In Northeast BC, detailed data can be limited; therefore, key informant stakeholders were engaged to help fill in some of the information gaps.

A wide range of stakeholders were approached to gain a full spectrum of insight into the current housing situation – the goal was to have diverse backgrounds and perspectives of stakeholders providing insight. Medical staff, social service staff, politicians, and individuals with lived experience were all engaged. It was also important to interview people in Fort St. John, Dawson Creek, from the rural areas of the PRRD, and those that live or work in some of the First Nations communities surrounding the major city centres.

INTERVIEWEES

The following is a general list of interviewees who were engaged:

- A Peace River Regional District area director (elected official)
- Dawson Creek & District Hospital Emergency Room (Northern Health)
- Dawson Creek Intensive Case Management Team staff (Northern Health)
- Addictions Doctor, Opioid Clinic Dawson Creek
- Dawson Creek Aspen Court Men's Shelter
- Community Opioid Action Team (COAT) Dawson Creek Peer Support Advocate (also a person with lived experience)
- Aboriginal Addictions Services, Fort St. John Friendship Society
- Fort St. John Salvation Army and Northern Centre of Hope
- Fort St. John Women's Resource Society
- Housing Services, Fort St. John Friendship Society
- Housing Services, Fort St. John Community Bridge
- Nenan Dane zaa Deh Zona Family Services Society (Fort St. John)

These informants were selected to represent a range of mental wellness, addictions and housing support perspectives in the region.

FINDINGS

In general, all respondents who were interviewed were genuinely concerned with the immense lack of affordable and/or supportive housing options in Dawson Creek, Fort St. John and the rest

of the PRRD. Most respondents saw the North Wind's ARCH development as a clear opportunity and a real asset for the communities of the Peace River Region. It was expressed in several interview responses that North Wind's focus on using a First Nations perspective and lens in its work will contribute to the overall success of the programming. Respondents also indicated that they felt Farmington to be an ideal location for such a treatment, recovery and housing facility, since it could be successfully accessed by many surrounding communities.

More specific results from the interviews are summarized thematically below.

THEMES AND TRENDS

Lack of Affordability and Lack of Housing Options

When asked about positive outcomes in the current housing system, every interviewed stakeholder stated there was a scarcity of positive outcomes locally. Affordability challenges dominate the housing situation for most people in Fort St. John, Dawson Creek and the overall PRRD. A contributing factor is the historical instability in the oil and gas industries in the region. Those who are low income or who have multiple barriers (i.e. have addictions challenges, mental health challenges, and/or other barriers) have an even harder time accessing housing that is affordable to them. Rental housing companies are said to 'blacklist' those they see as 'challenging' or 'risky' tenants whom they don't believe will be reliable to pay rent. These include Indigenous peoples, people on social assistance, or those who use substances.

This Resource is Needed

All respondents indicated that they are very supportive and in favour of a facility like North Wind's proposed ARCH project to fill a much-needed gap for housing and related supports for those wanting to deal with their addiction challenges. Several of the respondents commented on how important it is for the facility to have a full spectrum of services – medical detoxification, residential treatment, second stage housing for post-treatment/recovery, and skills for re-integration back into society. Lastly, many of the respondents indicated that the current options for folks who require supportive housing are insufficient; the only men's shelter in Dawson Creek is high barrier so if someone is still using substances, they are not allowed to use the facility. The shelter in Fort St. John is low barrier, but this creates a situation where people who are trying to stay off substances are surrounded by others who are using. Having something that is supportive and is mindful of individuals' needs and will meet people where they are at is crucial.

Integrating Back into Community – Relapse Rate is High

Many of the respondents identified that one of the most challenging parts for those trying to move past their addiction is after-care and re-integration into the community after successfully getting help for their addiction. The respondents explained that successfully re-integrating back into the community is crucial, yet can often be very difficult. Since most of the environment and people present in a person's life will remain the same, it can lead to familiar triggers and relapse in their addiction. There are not a lot of safe options for people to keep them away from

negative influences once they are out of treatment. Overall, respondents said that what is needed is low cost, second stage housing for people to reside in once they have completed treatment, as well as supports for the transition from residential treatment back to the community.

People Using Services

The most common scenario for clients needing access to housing supports are males who have come to the PRRD for employment, but either had their job fall through, are waiting for their contract to start, or don't have the right combination of training and certification for the job. In the meantime, they run out of money, become homeless and can't afford basic necessities. In some demographics, this pattern of events has also been shown to lead to addiction.

Respondents also indicated that those most likely to require their services are Indigenous populations, individuals with multiple barriers (as described above) and other minority or at-risk populations such as women, elderly, youth, and new immigrants.

Homelessness in the Region

Virtually every respondent indicated that the most frequent type of homelessness they are seeing is couch surfing and congregating in homes; people cycling through homes that are overpopulated (sometimes up to ten people living in one house). It's also not uncommon to find people living in their vehicles. The respondents indicated this is mostly the case for youth and those that are using substances. Respondents also indicated that they find more visible homelessness, such as people living in parks and alleyways, in the summer months when the temperature is more tolerable, but in the winter, it is often hidden.

While some respondents have said that homelessness has gotten worse, others have indicated they feel it has stayed the same over recent years. Ultimately, many respondents agree that homelessness fluctuates with the success of local industry; if industry is thriving there are less homeless individuals, but if industry is in a downturn, some people cannot manage their debt load and end up on the street. Some respondents talked about the fact that the discontinuation of Dawson Creek's cold shelter in 2013 may be a contributing factor in the increase of couch surfing and over-crowding in houses in that area.

REFLECTIONS AND OPPORTUNITIES

A near universal theme amongst respondents is that NWWC provides a much-needed, well-supported, effective program. One respondent enthused "If North Wind gets the go-ahead, it will be fantastic for the community. They are great people; they are very involved in the community and are so welcoming." Another added that "North Wind is a much-needed facility, especially in the North. We need to close the loop on this. I personally know that all neighbours in the area are supportive of the facility and any letter that is received from surrounding

residents is positive and supportive.” This level of enthusiasm about North Wind’s programming, and contributions to the community was commonly heard.

While respondents speak supportively about the current program, it’s agreed that treatment of longer duration would likely be more successful. One respondent identified that, “North Wind is doing great things, but the program is quite short. It also needs more support from the Health Authority.” Another agreed, adding, “We need levels of transition, detox, treatment and longer-term residential. And the Farmington area is the perfect place for longer-term residential treatment.” The proposed ARCH program that introduces a two-year time frame and leads clients through detox to recovery supportive housing would, ultimately, fill a significant community need.

SUMMARY OF CRITICAL NEED

Unemployment has long been understood as a contributing factor to substance abuse. The Peace River Regional District has an unemployment rate that is twice the provincial average. The Indigenous population in the PRRD region is two and one-half times greater than the Provincial average, and tragically linked to the historical trauma that resulted from colonialism and the residential school system, another cause of high-impact addiction. Critically, in Northeastern BC, the mortality rate attributable to illicit drugs and alcohol use is in the top one-third for British Columbia.²¹

For those that decide to seek access to appropriate treatment, a majority are forced to relocate to one of only four southern communities, away from family and friend supports, job commitments and care responsibilities which are key factors in patients not completing treatment. New programs that follow the proposed ARCH model provide a continuum of services that begin with low barrier withdrawal management housing and then provide a coordinated pathway to abstinence-based treatment housing and subsequently, addiction recovery housing and eventually, connecting to a recovery community centre that will support individuals in reintegrating into the community and continuing their recovery journey. Lack of affordable housing during their recovery journey, dropping out of the addiction recovery care system due to long waitlists, and removal from support networks are leading factors for relapse. In the PRRD, Indigenous core housing need is two times greater than the non-Indigenous need with nearly one in six households in a vulnerable housing situation. In North Wind’s experience, a wrap-around services model is a demonstrated better fit with Indigenous populations. North Wind Wellness Centre are leaders in culturally sensitive First Nations support strategies (e.g., smudging ceremonies, sweat lodge, back to the land initiative, etc.).

²¹ Centre for Addictions Research, 2014.

The lack of ready access to a coordinated treatment and recovery pathway is considered a critical factor that prevents people from entering and successfully completing treatment programs that can contribute to their recovery capital. One-quarter of respondents identified wait times as the critical barrier to seeking treatment; yet wait times to access services continues to increase (33 days). There is one 10-bed treatment facility intended to service Northeast BC. There is a critical need for a facility offering early recovery housing programs, medical detoxification, treatment programs, recovery supportive housing, and a recovery community centre all in one place – considered a best-practice for meaningful substance use recovery.

GLOSSARY OF IMPORTANT TERMINOLOGY²²

Abstinence-Based or Dry Housing: Housing where tenants are not allowed to drink alcohol or use illegal substances. Tenants are expected to be "clean" before moving in and actively working on their recovery while living there. Tenants may be discharged from the program if they refuse treatment for a relapse. They are often referred to other resources.

Low Barrier Housing: Housing where a minimum number of expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. In housing, this often means that tenants are not expected to abstain from using alcohol or other drugs, or from carrying on with street activities while living on-site, so long as they do not engage in these activities in common areas of the house and are respectful of other tenants and staff. Low-barrier facilities follow a harm reduction philosophy.

Wet Housing: Housing where tenants are not expected to abstain from using alcohol and other drugs, and where entering a rehabilitation program is not a requirement. Tenants have access to recovery services and decide if and when they use these services. Wet housing programs follow a harm reduction philosophy.

Damp Housing: Housing where tenants do not need to be "clean" when entering the program but are expected to be actively working on recovery from substance use problems.

Core Housing Need: A household is said to be in 'core housing need' if its housing falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).

Recovery Capital: the internal and external resources an individual can draw on to initiate and sustain recovery from substance use problems

²² <https://www.heretohelp.bc.ca/visions/housing-and-homelessness-vol4/housing-glossary>:



NORTH WIND WELLNESS CENTRE

Assisting to achieve balance in life

Addiction Recovery Community Housing Building Committee (ARCH - BC)

TERMS OF REFERENCE

Revised March 13, 2020

1. Background

The NWWC Board has authorized in principle the formation of an Addiction Recovery Community Housing Building Committee (ARCH-BC). An inaugural ARCH-BC meeting will be held on July 23rd, 2020. The ARCH-BC is an advisory committee. It is a collection of individuals who bring unique knowledge and skills to augment the knowledge and skills of the North Wind Wellness Centre (NWWC) Board of Directors and staff. The advisory committee serves to provide key information with recommendations to the NWWC Board and staff so they can make informed decisions and effectively guide the planning, construction and sustainable funding of the ARCH building development and associated programs.

2. Mandate

The NWWC Board will consider charging the Committee with the following review of issues and making recommendations based on summarized information that they present that supports their rationale(s):

- a) Resolving Pouce Coupe property challenges, since the recent fire, including site clean-up and alternative use of the site or sale of the property,
- b) Stewarding legal options to secure an equitable insurance payout for the Pouce Coupe property building asset destroyed by the fire,
- c) Exploring a revision to the Provincial Agricultural Land Commission application to permit development of a building at a new location on the Farmington property,
- d) Considering alternative sites for development if the ALC does not approve the proposed building structure on the Farmington property,
- e) Establishing a preferred option for an adequate water supply to the new development on the Farmington property or an alternative site,
- f) Determining ideal building construction methodology for the new development (e.g., modular, wood frame or concrete),
- g) Ascertaining sufficient capital sources of funding for the new development,
- h) Figuring out a sustainable operating funding model and navigating potential public and private operating funding sources,
- i) Monitoring the planning, design, scope, schedule, cost and quality of the building construction, and

- j) Investigating ARCH program-based vocational training opportunities such as organic farming, land-based programming, domestic animal husbandry, work camp housing & hospitality operations, water hauling and all-terrain vehicle mechanics.

The NWWC Board will consider dissolving the Committee when the Committee has fulfilled its obligations and the new building and program are operational.

3. Membership

Co-Chairs: TBD

Committee Members: Expertise and prospective membership,

- 1) Legal – Wayne Plennert, Dawson Creek
- 2) Accounting - Larry Da Ros, Da Ros Accounting, Dawson Creek.
- 3) Commercial Insurance – Terry Coe, Financial Advisor and Religious Minister, DC
- 4) Construction - ??
- 5) Costing - Mukhtar Latif, CEO and Chief Housing Officer, Pomegranate Housing Consultancy, Vancouver.
- 6) Solar Energy –Donald Pettit, Peace energy Coop www.peaceenergy.ca
- 7) Geothermal Engineering -Jeff Quibell, Falcon Engineering Ltd. www.falcon.ca
- 8) Peace River Regional District - Leonard Hiebert, Electoral Area 'D' Director and/or Kevan Sumner, General Manager of Development Services
- 9) Farming - Dr. Kent Mullinix, Director, Institute for Sustainable Food Systems, Adjunct Faculty, Sustainable Agriculture & Food Systems, KPU, Vancouver
- 10) Historical Sponsors - Cynthia Barlow, Streetohome Volunteer, Vancouver
Chris Hawkins, Adlard Environmental, Yukon

Administration Support

- 1) Isaac Hernandez, Executive Director, NWWC
- 2) Elizabeth Flores, Executive Assistant, NWWC
- 3) Martha Funk, Consultant, NWWC

4. Governance

Co-Chair responsibilities include:

- Determining the date, location and frequency of meetings
- Guiding the meeting according to the agenda and time available
- Ensuring all agenda items requiring direction or decision are discussed with a definite outcome and/or assigned action
- Confirming that directions and decisions of the Committee are made by consensus
- Providing updates to NWWC Board on Committee plans, activities and outcomes

Committee member responsibilities include:

- Reviewing the agenda, minutes and supporting documentation prior to each meeting
- Identifying revisions and accepting revised minutes as a true and accurate record

- Asking questions, offering perspectives and suggesting alternative approaches to opportunities and challenges
- Supporting fellow Committee members and Committee decisions

NWWC administration responsibilities include:

- Scheduling meetings and notifying Committee members
- Distributing agenda/supporting documentation allowing enough time for review
- Inviting specialists to attend meetings when required by the Committee
- Distributing the minutes to all Committee members within two weeks of the meeting
- Relaying information, recommendations, and lessons learned back to the NWWC Board, staff and/or stakeholders as required

5. Amendments

The Committee will review the terms of reference annually from the date of endorsement. Alterations may be made to meet changing needs of the Board and staff in terms of project demands and expertise required.

Originally prepared by NWWC & Streetohome volunteer – March 13, 2020

Reviewed and/or Revised and Endorsed by ARCH-BC – (insert date)

Reviewed and/or Revised and Approved by NWWC Board – May 11, 2020