

AGENDA - COMMITTEE OF THE WHOLE
Tuesday, February 20, 2024 @ 6:00 PM
In the City Hall Council Chambers & Via Video-Conference
4850 Argyle Street, Port Alberni, BC

The following pages list all agenda items received by the deadline [12:00 noon on the Wednesday before the scheduled meeting]. A sample resolution is provided for most items in italics for the consideration of Council. For a complete copy of the agenda including all correspondence and reports please refer to the City's website portalberni.ca or contact Corporate Services at 250.723.2146 or by email corp_serv@portalberni.ca

Watch the meeting live at www.portalberni.ca

Register to participate via MS Teams webinar at: <https://portalberni.ca/council-agendas-minutes>

A. CALL TO ORDER & APPROVAL OF THE AGENDA

1. Council would like to acknowledge and recognize that we work, live and play in the City of Port Alberni which is situated on the unceded territories of the Tseshaht [čišaaʔath] and Hupačasath First Nations.
2. Late items identified by Committee members.
3. Late items identified by the Corporate Officer.
4. Notice of Video Recording (live-streaming and recorded/broadcast on YouTube).

That the agenda be approved as circulated.

B. ADOPTION OF MINUTES - Page 4

1. Minutes of the meeting held at 6:00 pm on February 5, 2024, as presented.

C. PUBLIC INPUT PERIOD

An opportunity for the public to address the Committee. A maximum of six [6] speakers for no more than five [5] minutes each will be accommodated. For those participating electronically, please use the 'Raise your Hand' feature and you will be called upon to speak in the order of which it appears.

D. DELEGATIONS

1. **Union Locals 592 & 686** - Page 7
T. Haggard, Vice President to discuss Paper Excellence and the state of the local forestry industry.

E. UNFINISHED BUSINESS

1. **Five Year Financial Plan Q&A Summary** - Page 8
Summary of questions and responses as it relates to the 2024-2028 Financial Planning process.

F. STAFF REPORTS

G. CORRESPONDENCE

1. Ministry of Mental Health and Addictions | Follow-up to UBMC Re: Information on Detox Services - Page 12

H. NEW BUSINESS

1. **2024-2028 Financial Plan** - Page 15
Report dated February 13, 2024 from the Director of Finance providing information in relation to the 2024-2028 Financial Plan.

THAT the Committee of the Whole receive the report '2024-2028 Financial Plan' dated February 13, 2024 and provide recommendation(s) to Council.

2. **Toxic Drug Strategies | Tseshaht First Nation and Community Action Team**

- a) **Port Alberni CAT Blueprint Strategies** - Page 59

Report dated February 5, 2024 from the Manager of Community Safety & Social Development providing information in relation to the Port Alberni Community Action Team Blueprint Strategy Document.

THAT the Committee of the Whole recommend that Council endorse the Port Alberni Community Action Team document entitled Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia dated February 20, 2024.

- b) **Tseshaht First Nation | Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy** - Page 140

Copy of the draft *Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy* for Council consideration of endorsement.

<https://tseshaht.com/alberni-valley-toxic-poisoned-drugs-opioid-crisis-strategy- draft/>

- i. *THAT the Committee of the Whole recommend that Council support next steps with respect to implementation and advocacy for resourcing the Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy through a smaller political working group/action team.*

- ii. *THAT the Committee of the Whole recommend that Council direct staff to prepare a letter of support and authorize the Mayor in signing the Declaration of Commitment with respect to the Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy, as circulated.*

3. **Update on Master Planning** - Page 144

Report dated February 9, 2024 from the Project Manager providing an update on Master Planning.

THAT the Committee of the Whole receive the report 'Update on Master Planning' dated February 9, 2024.

-
4. **Update on Geographic Information Systems Department - Page 148**
Report dated February 20, 2024 from the Director of Infrastructure providing an update in relation to the current level of service provided by the Geographic Information Systems department.

THAT the Committee of the Whole receive the report 'Update on Geographic Information Systems [GIS] Department' dated February 20, 2024.

5. **Policy 3002-5 | Requests for Letters of Support - Page 153**
Report dated February 12, 2024 from the Deputy Director of Corporate Services providing a draft policy related to requests for Letters of Support.

That the Committee of the Whole recommend that Council approve Policy 3002-5 'Requests for Letters of Support'.

I. QUESTION PERIOD

An opportunity for the public to ask questions of the Committee. For those participating electronically, please use the 'Raise your Hand' feature and you will be called upon to speak in the order of which it appears.

J. ADJOURNMENT

That the meeting adjourn at pm.

MINUTES OF THE COMMITTEE OF THE WHOLE
Monday, February 5, 2024 @ 6:00 PM
In the City Hall Council Chambers & Via Video-Conference
4850 Argyle Street, Port Alberni, BC

Present: Mayor S. Minions [electronic participation]
Councillor D. Dame
Councillor J. Douglas
Councillor D. Haggard [Chair]
Councillor C. Mealey
Councillor C. Solda

Absent: Councillor T. Patola

Staff: M. Fox, Chief Administrative Officer
D. Monteith, Director of Corporate Services
S. Smith, Director of Development Services/Deputy CAO
A. McGifford, Director of Finance
B. Kleywegt, PC Support
S. Darling, Deputy Director of Corporate Services/Recording Secretary

Gallery: 17

A. CALL TO ORDER & APPROVAL OF THE AGENDA

The meeting was called to order at 6:00 PM.

MOVED AND SECONDED, THAT the agenda be approved, as circulated.

CARRIED

B. ADOPTION OF MINUTES

MOVED AND SECONDED, THAT the minutes of the meeting held at 6:00 pm on January 29, 2024, be adopted, as presented.

CARRIED

C. PUBLIC INPUT PERIOD

Charlaine

Requested information related to the naming of the *Corporate Strategic Plan*, a description of 'complete communities' and the origin of grant funding received by the City from the Province for GIS Mapping.

MOVED AND SECONDED, THAT the Committee of the Whole recess the meeting at 6:10 pm to address technical difficulties.

The meeting resumed at 6:12 pm with all members of Council in attendance as noted above.

W. Kerr

Commented on the status of 3rd Avenue and associated maintenance and repairs.

R. Cameron

Commented on the status of 3rd Avenue and associated maintenance and repairs.

S. Thomas

Commented on the potential for the tsunami warning system to be utilized for other emergencies and the need for a digital sign heading east for the Highway 4 road closures.

J. Leskosek

Commented on the process for maintenance and protection of the Official Community Plan update once it is completed and the testing process of City water pipes.

N. Anderson

Commented on road signage for Highway 4 road closures.

D. DELEGATIONS

1. **Broombusters Invasive Plant Society**

MOVED AND SECONDED, THAT the Committee of the Whole recommend that Council direct staff to bring back a proposal to coordinate a joint City-wide Broombusting event with Broombusters Invasive Plant Society.

CARRIED

2. **Alberni Valley Nature Club**

S. McRuer presented information regarding an Urban Forestry Strategy.

E. UNFINISHED BUSINESS

F. STAFF REPORTS

G. CORRESPONDENCE

H. NEW BUSINESS

1. **Overview of 2024-2028 Financial Plan Process**

MOVED AND SECONDED, THAT the Committee of the Whole recommend that Council direct staff to review all user fees ensuring cost recovery, review Development Cost Charges and work towards ensuring that all residents of the Alberni Valley pay appropriately for services.

CARRIED

MOVED AND SECONDED, THAT the Committee of the Whole receive the report 'Overview of 2024-2028 Financial Plan Process' dated January 31, 2024.

CARRIED

I. QUESTION PERIOD

N. Anderson

Inquired regarding the percentage of taxation required to return the contingency fund reserve back to a sufficient position.

C. Alemany

Inquired regarding various proposed rates in the Financial Plan overview and whether Council has communicated with the Province as it relates to maintenance/removal of Broom.

J. Leskosek

Inquired regarding the agenda process, Connect the Quays Pathway project work at Roger Creek and destruction of demolition materials at the Somass Lands.

C. Alemany

Commented on the Connect the Quays Pathway project in relation to safe crossways and the placement of the path in relation to the railway tracks.

J. ADJOURNMENT

MOVED and SECONDED, THAT the meeting adjourn at 8:02 pm.

CARRIED

CERTIFIED CORRECT

Mayor

Corporate Officer



CONTACT INFORMATION: (please print)

Full Name: T Haggard Organization (if applicable): Unifor locals 592 & 686

Street Address: [Redacted] Phone: [Redacted]

Mailing Address: [Redacted] Email: [Redacted]

No. of Additional Participants: [Redacted]
[Name/Contact Information] 8, S Smith/ [Redacted] S Harvey/ [Redacted] and others

MEETING DATE REQUESTED: Tuesday, February 20th

PURPOSE OF PRESENTATION: (please be specific)

Provide an overview of your presentation below, or attach a one-page (maximum) outline of your presentation:

We represent the workers at Catalyst Paper, Port Alberni and would like to discuss our mill's future as well as the state of the local forestry industry.

Requested Action by Council (if applicable):

Support with future letters and lobbies to Provincial and Federal governments

Supporting Materials/PowerPoint Presentation: [X] No [] Yes

Note: If yes, must be submitted by 12:00 noon on the Wednesday before the scheduled meeting date.

SIGNATURE(S):

I/We acknowledge that only the above listed matter will be discussed during the delegation and that all communications/comments will be respectful in nature.

[Redacted Signature]

January 25, 2024

Signature:

Date:

OFFICE USE ONLY:

Scheduled Meeting Date: Feb 20/24

Date Approved: Jan 31/24

Applicant Advised: Jan 31/24

Approved: (Deputy Director of Corporate Services)

[Handwritten Signature]

- Checkboxes for Council, Mayor, CAO, Finance, Corporate Services, Agenda, Economic Development, Engineering/PW, Parks, Rec. & Heritage, Development Services, Community Safety, Other. Includes handwritten notes: Feb 20/24 (COW), 0550-30

Personal information you provide on this form is collected pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act [FOIPPA] and will only be used for the purpose of processing this application.

Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act.



2024 - 2028 Financial Plan Questions & Responses

The following is an active document reflecting questions and responses in relation to the 2024-2028 Financial Plan. This is a living document and as such, will continue to be updated accordingly throughout the Financial Planning process. Citizens are encouraged to engage throughout the process by submitting comments/questions to council@portalberni.ca.

Date	Q or C	QUESTION/COMMENT	RESPONSE
February 5 CoW			
Public Input/Question Period	1	Need to identify areas for cost recovery i.e. development fees, water, sewer, equitable fees for service across the Alberni Valley.	<i>Staff are reviewing the fees and charges for all service delivery. As the Financial Plan process continues, Council may request specific information to inform and amend revenue projections in the 2024-2028 Financial Plan.</i>
	2	Is the proposed 16.86% tax increase for 2024 or all years in the 5-year Financial Plan?	<i>The proposed 16.86 % tax increase is for the 2024 year.</i>
	3	Request for more information related to the 0.63% increase for Contingency Funds.	<i>The increase relates to returning the contingency funding to previous levels. This was reduced in 2023 to \$100,000, down from \$200,000. This is increasing to \$275,000 in 2024 year of the Financial Plan.</i>
	4	Is the Rollin Art Centre (revenue?) back in the budget and where will it be utilized?	<i>Rollin Art Centre did not receive revenue in prior years given the lease rate of \$1 per annum. Any lease moving forward will consider the operations and asset management contribution to ensure the building is allocating the revenues received toward the future renewal costs of this asset. Council will consider this when presented with the lease and recommended allocation to reserves.</i>
	5	Will the Financial Plan include funding for Harbour Quay clean up?	<i>Cost estimates for maintenance upgrades at the Harbour Quay will be included in the Financial Plan for 2025. Regular maintenance will continue on an annual basis.</i>
	6	Will Alberni Pacific Division Sawmill continue to pay taxes?	<i>Alberni Pacific Division Sawmill continues to pay major industry & light industry tax rates.</i>
	7	What is the approximate percentage of taxation required to return the contingency fund reserve back to a sufficient position?	<i>This is operational contingency, not a reserve. The increase is \$175,000 (increase from \$100,000 to \$275,000 in draft Financial Plan) or an increase of 0.63% of the taxation increase. This was lowered in 2023 to achieve a lower taxation.</i>
	8	What does the proposed 2.74% increase for Police Services include?	<i>Of the proposed 2.74% increase, 2.01% is attributed to the RCMP contract increase with the remainder attributed to administration costs.</i>
	9	Request for clarity in relation to the proposed Carbon Offset 0.02% increase?	<i>With the ceasing of the Climate Action Revenue Incentive Program (CARIP), the Local Government Climate Action Program (LGCAP) was established to provide predictable, stable funding for municipalities, regional districts, and Modern Treaty Nations to accelerate local climate action and implement projects. Contributions received are placed in a reserve. Recommendations on how to use funding will be forthcoming to Council.</i>
	10	Support increasing of Equipment Replacement Reserve Fund (ERRF).	<i>The proposed Plan reflects a contribution of \$400,000 in 2024 which is \$50,000 under previous annual contributions of \$450,000. 2025 proposes a return to the full amount.</i>
Correspondence			
	11	When will the 2023 'Actuals' be available to Council and the Public?	<i>March 4, 2024 Committee of the Whole agenda will include actuals.</i>
	12	When will additional information on the status of each capital project in 2023 be available to Council and the Public?	<i>March 4, 2024 Committee of the Whole agenda will include the status.</i>

	13	The 'Actuals' are missing for: General Fund – Revenue/Expense, Sewer - Revenue/Expense and Water-Revenue/Expense.	<i>'Actuals' are not missing. Information will be provided in the same time frame as prior years. The general ledger and accounts payable have a cut-off at the end of January. Reviewing and reconciliations occur over the first few weeks of February, finalizing GL balances towards the end of February.</i>
	14	Please clarify the budget differences between the November 2023 Audit meeting information and the draft Financial Plan information as follows: Replace 2007 Dodge Caliber #721. 28,000 [Audit Committee] Replace 2007 Dodge Caliber #721 50,600 [Financial Plan] Child Care Spaces – Grant 4,644,989 [Audit Committee] Child Care Spaces – Grant 5,183,103 [Financial Plan]	<i>Replace Dodge Caliber - The Audit Committee report reflected ERRF funding only and did not include the Carbon Fund allocation to electrify the vehicle. The amount of \$50,600 reflects the correct approved funding for the purchase of this vehicle. Child Care Spaces now reflects a grant increase of \$538,114 received in December 2023.</i>
	15	PAVING: Account 485685 – Project number is missing for Capital Project: Intersection Safety #1a Gertrude/Roger for a budget of \$230,000 PAVING: Account & Project numbers are missing for Capital Project: Burde & Anderson Development for a Budget of \$1,170,000 STORM: Account & Project numbers are missing for Capital Project CSO Project aligned with sewer project for a budget of \$380,000 PRC: Account 485720 - Project number missing for Capital Project: Kitsuksis Path Paving for a budget of \$55,000 PRC: Account & Project numbers missing for Capital Project: Echo Park Field upgrade for a budget of \$140,000	<i>Project numbers are for internal use only and are applied as required.</i>
	16	Expenditure overview: City Legislative & Administration Functions: 0.5 FTE Asset Management position increase Early this year, January 17, 2024 edition, the AV News published an advertisement for City positions including: Mgr. of Asset Management Initiatives \$86,189-\$98,904 Please advise if this is a new position in place of the .5 FTE position that was funded in the 2023 Financial Plan or is it the .5 FTE Asset Management position?	<i>This is not a new position. This position was included in the 2023 year and is now funded in the 2024 year with an anticipated start of April 2024.</i>
	17	For the current 2024 Financial Plan, would it be possible for the Human Resources and Financial Department to provide a year-end snapshot of the City's personnel in an easy-to-read document for Council and the public. The information could be provided in a chart format spanning the past 7 years (pre and post COVID) for the RCMP, Fire Fighters, City Management, City Unionized positions, Contractors, etc.	<i>Administration will bring back information at a future Committee of the Whole.</i>
	18	As you start the annual budgeting process, I ask again that monies be assigned to carrying out actual physical work on Fire Smart recommendations. That being dealing with the fuel load in the interface zone.	<i>The Alberni Valley Emergency Planning service is delivered through the ACRD which includes Fire Smart activities. Administration has been looking to grants that would allow some more work on City owned lands to mitigate the full loads. Current grants from the Province are for only crown and provincial lands. Administration continues to work with the Province and other private land owners to address the interface zones around the City.</i>
February 12 RCM			
	19	The Parks and Recreation Capital Reserve reflects no profit. How is this reserve populated?	<i>The reserve is populated by 10% on admissions in Parks and Rec and 100% of Log sales collected from parks. 2024 reflects an anticipated revenue of \$77, 536.</i>
	20	Suggest RCMP Reserve be separate from the major crime funding.	<i>Council may direct administration to create any type of reserve for specific purposes.</i>

21	Line 12910 - University of Victoria Grant \$200. No increase?	<i>Reflects grant in lieu of taxes from the University based on prior year amount and at a reduction of \$25. Rates are set as per University Act, R.S.B.C. 1979, c.419</i>
22	Line 14718 - What attributed to the increase in Multiplex Revenue of 148%?	<i>The utilization of the Multiplex has returned to pre 2020 [COVID] levels. Plan reflects anticipated revenue for 2024.</i>
23	Line 14738 - Revenue Leisure Programs reflects increase for kids and adults and a decrease for youth?	<i>The changes are based on anticipated programming planned for 2024. Programming overall has increased. Amounts may reflect changes in programming needs based on demographic or other administrative functions such as coding and classification.</i>
24	Line 15190 - Vacant Building \$1,000?	<i>Based on previous 5 year amount.</i>
25	Line 15930 - Please explain Miscellaneous Revenue for public.	<i>PST commission, Port Alberni Port Authority Payment in Lieu of Taxes, WCB Core audit refund, School tax admin revenue, photocopying, other small revenue items.</i>
26	Line 21259 - Other Common Services - Increase 33.45% 2024?	<i>Utility costs for intra office connectivity & lease of a portion of 4835 Argyle Street.</i>
27	Line 22480 - Fire vehicle repair and maintenance up 143.043%	<i>\$250,000 of the \$300,000 planned ERRF contribution.</i>
28	Line 22121 - 8% RCMP Increase?	<i>RCMP contract services.</i>
29	Building & Plumbing Inspection down 9.58%?	<i>Actual cost - budgeting to expected costs.</i>
30	Line 23129 - Public Works - Clerical & Reception up 30.33%	<i>Added the relief provision of 0.14 Full Time Employee.</i>
31	Line 23130 - Supervisor Operations down 14.30%	<i>Reflects allocation of management roles across all three funds (General, Water, and Sewer).</i>
32	Line 23134 - Small tools 27.98% increase?	<i>Reflects the allocation of wages to maintaining small tools.</i>
33	Line 23210 - Customer Service Request Streets 201.43% increase?	<i>Reflects past costs, some revenue would offset.</i>
34	Line 26234 - Business Development down 23.49 - up 5% in 2025	<i>Reflects the efforts to reduce the overall budget from 26% to 16.86%.</i>
35	Economic Development Costs 2024 - 4.65% - up 5.10% in 2025	<i>Reflects increased costs.</i>
36	Line 27170 - Youth Services Programs down 62.21%	<i>The changes are based on anticipated programming planned for 2024. Programming overall has increased. Amounts may reflect changes in programming needs based on demographic or other administrative functions such as coding and classification.</i>
37	Line 27510 - Museum Services - up 42.28%	<i>New role - Manager of Culture added to the Plan & Software costs allocated to the Museum.</i>
38	Line 27515 - Museum Programs - up 57.25%	<i>Response pending.</i>
39	Line 28115 - Interest on Prepaid Taxes - up 455.56%	<i>The statutory interest rates set by province have increased and prepaid taxes are earning a higher rate of interest.</i>
40	Line 29911 - Contingency Fund - \$275,000 175% increase?	<i>This is returning to prior years funding levels reflecting an additional \$75,000.</i>
41	How much more might the average home owner pay with the proposed tax increase?	<i>Once BC Assessment provides the revised role and the Committee/Council provides direction, this value can be confirmed.</i>
42	Request to summarize services attributing to the tax impact that are non-discretionary.	<i>A report will be required to provide this breakdown and will be included in the March 4 Committee of the Whole agenda.</i>
43	\$1M of the \$5.5M Growing Communities Fund was allocated to establish the Master Plans. How will the remaining funds be allocated?	<i>Council can direct allocation to specific projects but the intent was to populate the capital plan with those dollars once the Master Plans are complete to inform priorities.</i>
44	How much has administration already worked to reduce the tax impact?	<i>The financial plan is based on the required community service levels, many of which are non-discretionary. At the inception of the Plan, this reflected a 25-26% increase. Administration then worked to bring it to the 16.86% reflected in the draft Financial Plan.</i>
45	Request for context related to the projected 2024 tax rate of 7.69% as reflected in the 2023-2027 Financial Plan compared to the current 16.86% proposed increase?	<i>The difference in the projected 7.69% 2024 tax rate outlined in the 2023-2027 Financial Plan and the 16.86% proposed rate at present is attributed to a variety of factors including actual realization of expenditures, capital costs that were not anticipated and equipment replacement costs. Staff will include additional information at a future Committee of the Whole.</i>
46	Request for a full listing of the projects related to the \$650,000 outlined for capital facility upgrades in 2024.	<i>Provided in February 20, 2024 agenda.</i>
47	Building Permit fees increased last year. How was the estimated revenue calculated?	<i>In the 2023 year, it was based on the anticipation of the fees increasing and large projects anticipated.</i>

Question Period	48	Can the reserves be replenished over a longer period to assist in reducing the taxation impact?	<i>Administration considered this option. 2023 saw a reduction in the Equipment Replacement Reserve of \$300,000 and a reduction of \$50,000 in solid waste to reduce the tax impact to 8%. Considering the levity of those reductions and Equipment Replacement cost escalations, replenishing the reserves in 2024 is recommended.</i>
	49	How are vehicle replacements identified?	<i>Each year administration reviews equipment replacement requirements based on the recommended life cycle and evaluates whether the life of the asset can be extended. The projections brought forward are based on that evaluation.</i>
	50	Request for details of Quay to Quay costing to date and remaining costing allocated.	<i>March 4, 2024 Committee of the Whole agenda will include actuals and provide the overall funding detail to address this question.</i>

RECEIVED

FEB 15 2024

CITY OF PORT ALBERNI



- Council
 - Mayor
 - CAO
 - Finance
 - Corporate Services
 - Agenda
 - File #
 - Economic Development
 - Engineering/PW
 - Parks, Rec. & Heritage
 - Development Services
 - Community Safety
 - Other
- Feb 20 CALW
Correspondance
0400-20-MHA

February 15, 2024

1275869

Via email: sharie_minions@portalberni.ca

Her Worship Sharie Minions
and Members of Council
Regional District Alberni-Clayoquot
4850 Argyle St
Port Alberni BC V9Y 1V8

Dear Mayor Minions and Council:

It was a pleasure to meet you and your delegation at the Union of British Columbia Municipalities Convention in Vancouver, I am pleased to respond on behalf of the Honourable Jennifer Whiteside, Minister of Mental Health, and Addictions. As committed to during our meeting, I am following up regarding your request for information on detox services for the Regional District of Alberni-Clayoquot.

Withdrawal management services (detox), offer support and care (clinical and non-clinical) for the safe management of withdrawal from substances. These services may be delivered in both inpatient and outpatient settings. While a persons' treatment and recovery journey is not linear, withdrawal management may function as a first point of access to other treatment options.

The Province currently funds three types of medical detox:

Home/mobile/outpatient detox

- Services provided in a client's home or other safe accommodation, or from a central location offering day services.

Community bed-based detox (inpatient)

- Services and supports in a non-hospital residential setting and typically have linkages to hospital for quick access to medical emergencies.

Hospital bed-based detox (inpatient)

- Care is provided within the structure of a health care setting with a high level of medical and psychiatric capability, this typically involves designated hospital beds and medication management.

...2

- 2 -

In the Vancouver Island Health region there are a total of 43 publicly funded adult medical detox beds.

- 21 in Nanaimo (Clearview)
- 5 in Courtenay (Amethyst House 3, Comox Valley Recovery Center 2)
- 12 in Victoria (EMP Medical Detox)
- 5 in Port Hardy (New Beginnings)

There are also 8 youth detox beds (5 in Victoria, 2 in Campbell River, 1 in Nanaimo).

Access to Island Health detox services is coordinated through local teams which provide a single access point for individuals seeking adult mental health and substance use services. Services provided include:

- Screening and assessment.
- Referrals to the most appropriate service, team or community resource.
- Connection to Mental Health and Substance use Services such as counselling, opioid agonist therapy (OAT), residential treatment and withdrawal management.

In Port Alberni people can self-refer to the intake by:

- Walk-in: Monday to Friday between 10 a.m. – 12 p.m. and 1 p.m. – 3 p.m.
- By calling 250-731-1311
- They also accept referrals from individuals, clinicians, community agencies, and health and social services professionals.

Since 2017, MMHA has been working to increase access and improve the quality of publicly funded substance use beds in B.C. As of January 2024, there are 3,596 publicly funded substance use beds in BC. Since 2017, 589 publicly funded substance use beds have been.

As part of Budget 2023, the Province announced a new initiative, Road to Recovery. The Road to Recovery is a made-in-BC model of addictions care that establishes a seamless continuum from withdrawal management (detox) to treatment and aftercare services. The Road to Recovery model fundamentally shifts how clients access care through centralized access points, same day access to standardized clinical assessments and care and a process that matches them to the right service for their needs. Through Budget 2023 Road to Recovery was implemented in Vancouver and work is underway to expand this model to other regions.

...3

- 3 -

We know there are gaps in services in central Island and are working with Island Health to help meet these gaps going forward including standing up a new treatment facility in central island. I encourage you to continue to engage with Island Health through the Social Solutions Political Working Group to look for ways to improve access to substance use services in the community, and I applaud the level of collaboration and commitment demonstrated by Port Alberni


Thank you again to your delegation for taking the time to meet, and for the opportunity to follow up regarding detox services.

Sincerely,



Ally Butler
Assistant Deputy Minister
Treatment and Recovery

Date: February 13, 2024
 File No: 1720-20-2024-2028
 To: Committee of the Whole
 From: M. Fox, CAO
 Subject: **2024-2028 Financial Plan**

Prepared by: A. MCGIFFORD DIRECTOR OF FINANCE	Supervisor: M. FOX CHIEF ADMINISTRATIVE OFFICER	CAO Concurrence:  M. Fox, CAO
--	---	--

RECOMMENDATION

THAT the Committee of the Whole receive the report ‘2024-2028 Financial Plan’ dated February 13, 2024 and provide recommendation(s) to Council.

PURPOSE

To provide an opportunity to review and seek information related to the ‘2024-2028 Financial Plan’ and invite the Committee’s recommendations or requests for additional information.

BACKGROUND

The *Community Charter* requires that a municipality must have a Financial Plan that is adopted annually. The *Community Charter* goes further to state that the planning period for a Financial Plan is 5 years, that period being the year in which the plan is specified to come into force and the following 4 years. In addition to the Financial Plan needing to set out objectives and policies of the municipality, the process must also include a process of public consultation/engagement prior to its adoption.

ALTERNATIVES/OPTIONS

That the Committee of the Whole receive the report ‘2024-2028 Financial Plan’ dated February 13, 2024 and provide recommendation(s) to Council.

ANALYSIS

The ‘2024-2028 Financial Plan’ provides funding required for the current levels of service, direction set by Council and continued implementation of the *2023-2027 Corporate Strategic Plan priorities*. Council will have opportunities to review and amend the Financial Plan prior to final adoption, which is required to be completed by May 14, 2024. Updated annually, the City’s five-year Financial Plan includes budgeted revenues and expenditures to deliver day-to-day services to the community, implement strategic initiatives, invest in infrastructure, and enable long-term funding strategies for future infrastructure requirements. In large part, this Financial Plan was approved previously within the 2023-2027 Financial Plan with changes based on utilization and cost increases for the current levels of service.

Over the next few months the Committee and Council will be brought forward information to support decision making and will also allow for additional information requests where required.

Tax rates for 2024 will be set by separate bylaw and presented to Council in April 2024, subsequent to final adoption of the Financial Plan and receipt of BC Assessment's Revised Roll (end of March). In BC, all municipalities must consider the proposed tax rates for each property class in conjunction with the objectives and policies presented in the Financial Plan. The intent of the disclosure of a municipality's objectives and policies is to promote accountability and transparency to the public.

Council provided first reading to the *City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024*” at the February 12th Regular Council meeting to formally introduce the bylaw and permit the opportunity for review, provision of alternative direction, and amendments within legislative deadlines.

Revenue summary:

- Currently the draft Financial Plan general municipal taxation rate reflects an 16.86% increase, or \$4,681,518 over 2023.
- Leases are being renewed or established seeking market value, revenues reflect this change.
- Anticipated high volume of building permit and inspection activity is anticipated in 2024.
- If changes are made to Recreational fees these would be reflected after Council direction is provided.
- Building permit revenues were down in 2023 from 2022.
- Parks and Recreation programming revenue is increasing 20.2%.
- 1% of Taxation equals \$277,588, the proposed increase will be approximately \$1.00 per day.
- The increase that was planned in the 2023-2027 Financial Plan was 7.69%.

Expenditure summary:

Legislative

- Includes (*Resolution No. 24-10*) improvement of electronic devices for Council, adding \$7,560 annually and \$2,750 every three years.
- The increase of total taxation is 0.09% or \$24,183.

General Administration

- An increase to the level of service with an administrative resource to support bylaw and policy updates \$90,750.
- The other increases are associated with normal inflationary factors and contract commitments.
- The increase of total taxation is 0.86%, or \$237,473.

Finance

- Increases are associated with normal inflationary factors, with decreases associated with:
 - Reducing Asset Retirement Obligations in 2024
 - Budget reflects Asset Management role starting in April.
- The increase of total taxation is 0.13%, or \$34,875.

Bylaw enforcement

- Increases are associated with normal inflationary factors.
- The increase of total taxation is 0.12%, or \$31,937.

Information Services

- The Plan includes full complement of staff positions allocated for the full year in 2024, prior year funding had start dates later in the year.
- The software costs associated with each department, allocated where the cost should be incurred.
- Licensing for IT have seen cost escalation beyond inflation, along with additional solutions that are required as tools used by local government.
- The increase of total taxation is 0.41%, or \$114,272.

Human Resources

- Periodic contract work accounts for over 50% of the increase year over year.
- Otherwise the increases are associated with normal inflationary factors.
- The increase of total taxation is 0.19%, or \$51,366.

Other Common Services

- This includes City Hall, administration, vehicle operation and other small buildings.
- The increases are associated with a higher allocation of maintenance staff based on the previous year and anticipated usage in 2024, adding approximately 30% of the overall increase.
- The increase of total taxation is 0.59%, or \$162,831.

Carbon Offsets

- Returning the reserve contribution for climate action projects that supplement the provincial funding.
- The increase of total taxation is 0.02%, or \$6,500.

Training, Development and Conferences

- All training and development costs for the organization is expensed in this line item, overseen by Human Resources.
- Staff must undertake a variety of training to maintain their professional designations, qualifications for roles and development of staff for succession.
- The increase also reflects a return to previous funding levels.
- The increase of total taxation is 0.15%, or \$40,785.

Council Travel and Development

- Estimated cost of anticipated conferences and sessions for Council.
- No increase to budget for FCM, Council indicated that it would be within the current allocation.
- The increase of total taxation is 0.02%, or \$4,900.

Insurance Costs

- The increase of total taxation is 0.04%, or \$11,764.

Police Services

- Overall an 8.60% increase over 2023.

- The RCMP contract accounts for the largest component of the increase which when separated is \$557,398 or 73.42% over the combined increase.
- Administration of the Police services represents an increase of \$197,007 (0.71% of all taxation), with an increase of \$4,802 in Community Policing.
- Administration includes the full time IT role and the following relief for positions that were not previously included.
 - Police Admin – 1.15 FTE added for relief and training needs.
 - Detention and Custody of Prisoners - 0.25 FTE added.
- The increase of total taxation for police services is 2.74%, or \$765,071.

Fire

- Anticipated collective agreement increases have an impact on the increases for 2024 taxation.
- Adding back \$250,000 of the \$300,000 ERRF contribution reduced in 2023, representing nearly 1% to the overall taxation in 2024.
- The increase of total taxation is 1.56%, or \$432,755.

Building Inspection

- Contracts and consulting cost reductions, otherwise just normal inflationary cost increases.
- The decrease of total taxation is 0.11%, or \$30,337 reduction.

Contracts for Services

- SPCA/Visitors Centre - 0.03% or \$7,435.

Common Engineering Services

- Master planning work funded through the Growing Communities Fund allocated at \$150,00 over five years, has progressed at a faster pace than previously anticipated
- Staff vacancies anticipated through part of year also reduced overall increases.
- Normal inflationary cost increases.
- Decrease of 0.19% or \$52,050.

Roads and Streets

- The increases are a result of inflationary pressure across all inputs.
- The overall taxation increases of 1.02%, or \$284,410.

Storm and Drainage Services

- Minor shift of resources based on utilization.
- Taxation decrease of \$8,673, or 0.03% decrease in overall taxation.

Other Common Services

- The increase is strictly related to the equipment training required for staff at Public Works.
- Moving forward training time will be coded to this cost center.
- The overall taxation increases \$75,822, or 0.27%.

Public Transit

- Contract with BC Transit is increasing 41,582, or 0.15% of taxation.

Cemetery Maintenance

- Taxation decrease of 0.08% decrease in overall taxation.

Development Services

- Anticipated vacant planner role and consulting costs reduced.
- Reduction partly due to the \$140,000 from the grant received for complete communities.
- Taxation decrease of \$205,825 or 0.74% decrease in overall taxation.

Economic Development

- The overall decrease was \$36,473, or 0.13% less of taxation.

Parks, Rec and Culture Administration

- Taxation increase of \$17,870 or 0.06% increase in overall taxation.

PR&C Facilities

- Increases from some small maintenance projects, but largely related to the inflationary pressures.

Recreation Programs

- Echo Aquatic Centre has increased operational cost of \$117,774 over 2023, making almost 44.58% of the programing increases in 2024.
- Children's programming increased 20.83%.
- Taxation increase of \$264,199 or 0.95% increase in overall taxation.

Parks and Playgrounds

- Parks & Facility Management Services is expected to increase in cost by 131,300 in 2024.
- These costs are associated with software cost, wages allocated and contract services.
- The other cost centers are seeing increases with the inflationary pressures seen across all inputs.
- Taxation increase of \$208,140 or 0.75% increase in overall taxation.

Cultural Services

- Added the Manager of Culture, otherwise the increases are inflationary in nature.
- Taxation increase of \$128,771 or 0.46% increase in overall taxation.

Vancouver Island Regional Library

- Increase of 17.41% over 2023.
- Taxation increase of \$159,041 or 0.57% increase in overall taxation.

McLean Mill – decrease of 4.44% over 2023

- This includes the annual contribution of \$30,000 of capital.
- Overall, a reduction of \$12,064, 0.04% decrease on taxation.

Interest and Bank fees

- Increase of 0.15% or \$41,100 in additional taxation.

Contingency

- Returning previous contingency funding levels.
- Increase of \$175,000 or 0.63% in taxation.

Capital Expenditures

Capital Expenditures form taxation – increased 92.3% over 2023

- Investing to extend life in capital assets \$1.8 million overall.
- Taxation increase of \$877,253 or 3.16% increase in overall taxation.

The breakdown of each allocation is included in the Facilities Capital Plan. Two of the facility upgrades are allocated at 84% of this year’s budget from taxation.

1) Public Works Boiler

The current boiler is at the end of life and cannot be repaired moving forward. The facility was constructed in the 1960’s and the boiler is an original. The estimated cost is \$402,500. There is no timeline for facility replacement and the replacement equipment cannot wait. Failure and emergency fix would cost more to address temporary measures and capital costs. This is a critical asset renewal project that must proceed.

2) City Hall - Front & Council Chamber Entrance Reconfiguration

The front entrance and reception area into City Hall and Council Chambers is estimated to be \$100,000. This work supports the building safety review and will provide a secure entrance and access control closer to the front doors.

3) Equipment Replacement Reserve Fund Cost Escalation

Taxation is now required to fund the replacement. The ERRF items that are required taxation for replacement, including two from prior years, are listed as follows:

Equipment description	Taxation
Prior year - Replace 2007 GMC 5500 W/SERVICE BOX #140	67,000
Prior year - Replace 2009 DODGE 5500 SERVICE TRUCK #141	60,000
Replace 2008 Dodge Ram 2500 PU (Carpenter) #151	25,466
Replace 2006 LANGFAB DUMP PUP TRAILER - #367	28,143
Replace 1996 TRIPLE AXLE TILT TRAILER - #388	42,499
Replace 2007 FORD F350 PICKUP (CARPENTER) #622	35,970
Replace 2013 TORO MOWER #633 – (John Deere replacement cost, not Toro)	13,000

Expenditures or Projects not included in the Financial Plan

When the Financial Plan was consolidated for review it was set at approximately 26%.

The estimates that are included in the report will require further refining, as an example, the train operations in 2024 will continue to have some uncertainty in the short and long term until overall costing is provided. Staff time is required to review and prepare the agreement for operations, along with the grant funded study that will be undertaken Island Corridor Foundation. If this funding is added, it could be included in future year when the anticipated expenditure would be more likely given the timing of work to be undertaken.

The table below reflects some of the preliminary work completed by staff to include in the Financial Plan:

Project	Estimated Cost	Percentage increase in taxation in 2024
WVIIHS – Train operation – with additional contingency	\$400,000	1.44%
Two Spot relocation	125,000	0.45%
APR Crossing Repairs (update costing - confirm scope)	125,000	0.45%
Harbour Quay re-painting project	300,000	1.08%
Tree planting funding	78,500	0.28%
Facility Tech vehicle	55,000	0.20%
Manager of Procurement	130,000	0.47%
P/T Human Resource Administration	45,000	0.16%
Additional Funding – Welcome Sign	80,000	0.29%
Parks Water truck – new equipment	229,700	0.83%
Waterfront Park – Pier installation	1,140,000	4.11%
Harbour Quay – new roof program	431,297	1.55%
McLean Mill Log Haul	80,000	0.29%
Website upgrades	150,000	0.72%
Rink boards – Weyerhaeuser rink – included in 2025	500,000	1.80%
Contract services - Managed IT services – Help Desk & Training	120,000	0.43%
Toro mower – ERRF escalation – lower cost model in current plan	127,313	0.46%
GIS role - staff	96,000	0.35%
Long range Planner – staff	133,676	0.48%
P/T Facility Tech – staff	55,000	0.20%

IMPLICATIONS

The final impact of the annual financial plan is not scheduled to be confirmed until April 2024. The province requires adoption of the 'Financial Plan' and associated bylaws before May 15th of each year. An overview of the Financial Plan will be provided to Committee and input will be received for follow up. A "Question and Answer" log will once again be provided and tracked at meeting to provide follow up throughout the process. The log has been updated to reflect all questions up to February 12, 2024.

COMMUNICATIONS

The Financial Plan process started February 5, 2024 and the proposed schedule recommended was:

Date	Meeting	Purpose
February 5, 2024	CoW	Director of Finance to provide an overview and summarize the City’s proposed Five-Year Financial Plan
February 12, 2024	RCM	Financial Plan Introduced and Council to consider First Reading <i>“City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024”</i>
February 20, 2024	CoW	Public Engagement Session
March 4, 2024	CoW	Public Engagement Session
March 11, 2024	RCM	Council to consider Second Reading <i>“City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024”</i>
March 25, 2024	RCM	Address any follow up - Council to consider Third Reading <i>“City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024”</i>
April 8, 2024	RCM	Address any follow up - Council to consider Final Adoption <i>“City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024”</i>

Council has the ability to schedule additional CoW meetings should they be required.

BYLAWS/PLANS/POLICIES

- *“City of Port Alberni 2024-2028 Financial Plan Bylaw No. 5097, 2024”*

SUMMARY

The Financial Plan process takes considerable effort and time to prepare and consolidate for Council’s review and final approval. Over the next few months there will be numerous opportunities for input from the public and for Council to provide any recommendations or additional information in the planning process prior to final adoption, which is required to be completed by May 14, 2024.

**CITY OF PORT ALBERNI
BYLAW NO. 5097**

A BYLAW TO ESTABLISH A FIVE-YEAR FINANCIAL PLAN

WHEREAS Section 165 of the *Community Charter* stipulates that a municipality must have a financial plan that is adopted on an annual basis;

NOW THEREFORE, the Municipal Council of the City of Port Alberni in open meeting assembled hereby enacts as follows:

1. Schedules 'A' & 'B' attached hereto and forming part of this Bylaw is hereby adopted and is the Financial Plan of the City of Port Alberni for the five-year period from January 1, 2024 to December 31, 2028.
2. This Bylaw may be cited for all purposes as "*City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024*" and shall become effective upon adoption.

READ A FIRST TIME this 12th day of February, 2024.

READ A SECOND TIME this day of , 2024.

READ A THIRD TIME this day of , 2024.

FINALLY ADOPTED this day of , 2024.

Mayor

Corporate Officer



**SCHEDULE A TO BYLAW NO. 5097
CITY OF PORT ALBERNI
CONSOLIDATED FINANCIAL PLAN 2024 - 2028**

	2024	2025	2026	2027	2028
Revenue					
Taxes					
Property Taxes	32,440,323	35,630,330	38,895,453	41,081,179	43,066,313
Other Taxes	835,453	860,702	886,716	913,518	941,131
Grants in Lieu of Taxes	231,750	231,761	231,772	231,787	231,795
Fees and Charges					
Sales of Service	4,904,967	5,031,949	5,177,557	5,345,730	5,502,267
Sales of Service/Utilities	7,613,843	7,871,234	8,272,581	8,624,247	8,750,340
Service to other Government	72,100	72,100	74,263	76,491	78,786
User Fees/Fines	622,135	636,171	650,588	665,396	680,608
Rentals	180,993	186,422	192,015	197,776	203,709
Interest/Penalties/Miscellaneous	1,263,372	1,275,063	1,291,888	1,309,232	1,327,110
Grants/Other Governments	1,125,000	1,156,650	1,189,250	1,222,828	1,257,412
Other Contributions	139,900	89,900	89,900	89,900	89,900
	<u>49,429,836</u>	<u>53,042,282</u>	<u>56,951,983</u>	<u>59,758,084</u>	<u>62,129,371</u>
Expenses					
Debt Interest	647,335	647,335	647,335	647,335	647,335
Capital Expenses	7,010,089	9,033,411	7,295,181	5,783,074	5,556,133
Other Municipal Purposes					
General Municipal	5,811,126	6,076,220	6,209,808	6,320,465	6,521,001
Police Services	9,582,621	10,008,072	10,327,465	10,678,813	10,991,970
Fire Services	4,827,053	4,986,543	5,112,752	5,242,415	5,375,643
Other Protective Services	449,040	458,622	470,896	513,538	496,556
Transportation Services	6,497,624	6,661,009	6,848,261	7,040,583	7,240,224
Environmental Health and Development	3,303,434	3,672,107	3,638,305	3,680,860	3,802,633
Parks and Recreation	7,049,166	7,346,121	7,559,122	7,779,337	8,004,679
Cultural	1,873,847	2,094,699	2,167,288	2,244,589	2,325,290
Water	2,146,469	2,215,509	2,279,676	2,345,644	2,413,645
Sewer	1,849,760	1,908,458	1,964,827	2,022,768	2,082,493
Contingency	275,000	300,000	300,000	300,000	300,000
	<u>51,322,564</u>	<u>55,408,106</u>	<u>54,820,916</u>	<u>54,599,421</u>	<u>55,757,602</u>
Revenue Over (Under) Expenses Before Other	<u>(1,892,728)</u>	<u>(2,365,824)</u>	<u>2,131,067</u>	<u>5,158,663</u>	<u>6,371,769</u>
Other					
Debt Proceeds	-	-	-	-	-
Debt Principal	(363,788)	(363,788)	(363,788)	(363,788)	(363,788)
Transfer from Equipment Replacement Reserve	520,914	2,949,311	1,206,674	520,192	607,551
Transfer from Land Sale Reserve	-	-	-	-	-
Transfer from Cemetery Trust	2,000	2,000	2,000	2,000	2,000
Transfer from (to) Reserves	1,733,602	(221,699)	(2,975,953)	(5,317,067)	(6,617,532)
	<u>1,892,728</u>	<u>2,365,824</u>	<u>(2,131,067)</u>	<u>(5,158,663)</u>	<u>(6,371,769)</u>
Balanced Budget	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

SCHEDULE B TO BYLAW NO. 5097 REVENUE POLICY DISCLOSURE

Objectives and Policies

The City of Port Alberni's 2023 – 2027 Corporate Strategic Plan [Strategic Plan] provides municipal objectives and policy direction. The "City of Port Alberni 2024 – 2028 Financial Plan Bylaw No. 5097, 2024" [Financial Plan] will continue with initiatives arising from these stated priorities related directly to revenue generation, property taxation, and permissive tax exemptions until alternate direction has been made for an updated Corporate Strategic Plan.

The Financial Plan seeks continued levels of service that are currently provided for the community, and where required, additional resources to support that level of service have been added.

Proportion of Revenue from Funding Sources

Property Taxes – The majority of the City of Port Alberni's revenue arises from property taxation; in 2023, approximately 68% in the Financial Plan.

The Financial Plan proposes an 16.86% increase in property taxes collected for 2024, with increases in subsequent years decreasing from 9.83% to 4.83%. Property tax increases over the previous five years were lower than those projected for the next five years. The projected annual tax increases will allow for successful implementation of corporate strategic priorities set out by Council in the Strategic Plan, as well commitments to capital projects, collective bargaining agreements, and projects that require debt service.

2024-2028 Annual Tax Rates

2024	2025	2026	2027	2028
16.86%	9.83%	9.16%	5.62%	4.83%

Parcel Taxes – No new parcel tax levies are proposed in the Financial Plan.

Fees and Charges – In 2024, approximately 25% of the City of Port Alberni's revenues will be derived from fees and charges. Services funded through fees and charges include water and sewer utilities, solid waste collection and disposal, building inspection, cemetery operations and a portion of the parks, recreation, heritage and cultural services. City Council has directed that, where possible, it is preferable to charge a user fee for services that are identifiable to specific users instead of levying a general tax to all property owners.

Other Sources – Other revenue sources are rentals of City-owned property, interest/penalties, payments in lieu of taxes and grants from senior governments. In 2024, approximately 2% of the City of Port Alberni's revenues will be derived from these other sources.

Revenue from some rentals and interest are increasing based on CPI and prescribed interest rates now in the 3% to 5% range. Grants from senior governments vary significantly from year to year depending on successful application for conditional funding.

Distribution of Property Taxes among Property Classes

Council will provide the policy direction which will be incorporated in the *Financial Plan*. The previous year tax shares were allocated as follows:

Class 1 – Residential - Tax increases will reflect the 16.86% for this class [share to be confirmed by Council]. Between 2005 and 2023 the share of property taxation paid by Class 1 increased from 40.00% to 60.81%.

Class 4 – Major Industry - In 2006, Council directed that significant tax reductions be provided for Class 4 taxpayers over a five-year period in response to continued market weakness in the coastal forest industry and higher than average municipal tax rates for Major Industry in Port Alberni. These reductions were implemented in 2006. The City subsequently further committed that through 2013 to 2017 there would be no increase in taxes for Major Industry as part of the agreement to purchase Catalyst's sewage lagoon infrastructure. The above noted reductions and freezes resulted in the Major Industry share of taxation decreasing from 41.80% in 2005 to 18.71% in 2023.

Class 5 - Light Industry – Growth has occurred in the Class 5 property classification since 2019. Historically the rate of Class 4 and 5 were the same. These classes were delinked in 2021. The tax share of Class 5 was 2.54% in 2023.

Class 6 – Business In committing to successful implementation of Council's *Strategic Plan* business rates will be reviewed to allocate the increase of 16.86%. Business property tax rates had a taxation share of 17.60% in 2023.

Other Classes Approximately 0.35% of total taxation arises from the other property classes in Port Alberni. Council will consider the share of taxation paid by other classes for 2024 to allocate the tax increase of 16.86%.

Permissive Tax Exemptions

Permissive tax exemptions are provided by the City of Port Alberni as permitted under the *Community Charter* and in compliance with Council policy. Permissive tax exemptions must also fall within the budget constraints identified by Council to be considered for approval. Council approved the "Permissive Tax Exemption Bylaw No. 5090, 2023" in effect for the years 2024 to 2027.

Generally, permissive tax exemptions are a means for Council to support organizations within the community which further Council's objectives of enhancing quality of life (economic, social, and cultural) and delivering services economically. Specifically, the policy allows for annual application by eligible organizations for permissive tax exemptions on the lands or buildings they occupy, and who provide for:

- athletic or recreational programs or facilities for youth;
- services and facilities for persons requiring additional supports; mental wellness and addictions;
- programming for youth and seniors;
- protection and maintenance of important community heritage;
- arts, cultural or educational programs or facilities;
- emergency or rescue services;
- services for the public in a formal partnership with the City or;
- preservation of an environmentally or ecologically sensitive area designated within the Official Community Plan;

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 duration equal to or greater than the period of tax exemption.

In 2023, 56 organizations were approved, with a total annual property tax exemption value of approximately \$313,111.39.

Revitalization Tax Exemptions

Council adopted “City of Port Alberni Revitalization Tax Exemption Program, Bylaw No.4824” in 2013, an aggressive bylaw designed to encourage revitalization of the uptown area. Council amended the Bylaw in March 2016 to include Harbour Quay and City owned properties to the Schedule of eligible properties. Also, in 2016, Council adopted a new Revitalization Tax Exemption Bylaw covering all other commercial areas. Council’s objective is to stimulate growth and development in the City’s commercial areas by encouraging investment in new commercial space and improvements to existing commercial buildings. In 2023, one application was received and approved. This approved application experienced the first tax exemption in 2024 and is in effect for a period of ten years [expires December 31, 2033].

Strategic Community Investment (SCI) and Traffic Fine Revenue Sharing (TFRS) Funds

The Strategic Community Investment Fund Plan is an unconditional grant from the Province to municipalities to assist in provision of basic services. The Traffic Fine Revenue Sharing Fund returns net revenues from traffic violations to municipalities responsible for policing costs.

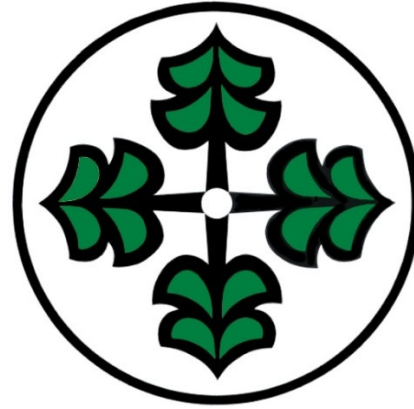
The City is expecting to receive approximately \$550,000 in 2024. Performance targets are not expected to change from 2023 to 2024. SCI and TFRS funds are allocated to general revenue to support local government service delivery.

Community Gaming Funding

On October 23, 2007 the City of Port Alberni and the Province of BC signed the Host Financial Assistance Agreement providing for the transfer to the City (Host) of ten (10%) percent of net gaming revenue from the casino located within the City’s boundaries. The budget assumes that the City of Port Alberni will continue to receive a share of gaming revenue through the five years of this Financial Plan. It should be noted that there is no long-term agreement in place with the Province.

Community gaming funds must be applied to Eligible Costs only. Eligible Costs are defined by the Province as “the costs and expenses incurred by the Host for any purpose that is of public benefit to the Host and within the lawful authority of the Host.”

2023 Funding Allocation	Funds (\$) Allocated
McLean Mill National Historic Site Operations	\$204,015
Visitor Centre Funding	103,000
Offset Economic Development	140,000
Community Investment Plan/Grants in Aid	33,200
Total commitments	\$480,215



CITY OF PORT ALBERNI

FINANCIAL PLAN

2024-2028

February 20, 2024



**CITY OF PORT ALBERNI
CONSOLIDATED FINANCIAL PLAN 2024 - 2028**

	2024	2025	2026	2027	2028
Revenue					
Taxes					
Property Taxes	32,440,323	35,630,330	38,895,453	41,081,179	43,066,313
Other Taxes	835,453	860,702	886,716	913,518	941,131
Grants in Lieu of Taxes	231,750	231,761	231,772	231,787	231,795
Fees and Charges					
Sales of Service	4,904,967	5,031,949	5,177,557	5,345,730	5,502,267
Sales of Service/Utilities	7,613,843	7,871,234	8,272,581	8,624,247	8,750,340
Service to other Government	72,100	72,100	74,263	76,491	78,786
User Fees/Fines	622,135	636,171	650,588	665,396	680,608
Rentals	180,993	186,422	192,015	197,776	203,709
Interest/Penalties/Miscellaneous	1,263,372	1,275,063	1,291,888	1,309,232	1,327,110
Grants/Other Governments	1,125,000	1,156,650	1,189,250	1,222,828	1,257,412
Other Contributions	139,900	89,900	89,900	89,900	89,900
	<u>49,429,836</u>	<u>53,042,282</u>	<u>56,951,983</u>	<u>59,758,084</u>	<u>62,129,371</u>
Expenses					
Debt Interest	647,335	647,335	647,335	647,335	647,335
Capital Expenses	7,010,089	9,033,411	7,295,181	5,783,074	5,556,133
Other Municipal Purposes					
General Municipal	5,811,126	6,076,220	6,209,808	6,320,465	6,521,001
Police Services	9,582,621	10,008,072	10,327,465	10,678,813	10,991,970
Fire Services	4,827,053	4,986,543	5,112,752	5,242,415	5,375,643
Other Protective Services	449,040	458,622	470,896	513,538	496,556
Transportation Services	6,497,624	6,661,009	6,848,261	7,040,583	7,240,224
Environmental Health and Development	3,303,434	3,672,107	3,638,305	3,680,860	3,802,633
Parks and Recreation	7,049,166	7,346,121	7,559,122	7,779,337	8,004,679
Cultural	1,873,847	2,094,699	2,167,288	2,244,589	2,325,290
Water	2,146,469	2,215,509	2,279,676	2,345,644	2,413,645
Sewer	1,849,760	1,908,458	1,964,827	2,022,768	2,082,493
Contingency	275,000	300,000	300,000	300,000	300,000
	<u>51,322,564</u>	<u>55,408,106</u>	<u>54,820,916</u>	<u>54,599,421</u>	<u>55,757,602</u>
Revenue Over (Under) Expenses Before Other	<u>(1,892,728)</u>	<u>(2,365,824)</u>	<u>2,131,067</u>	<u>5,158,663</u>	<u>6,371,769</u>
Other					
Debt Proceeds	-	-	-	-	-
Debt Principal	(363,788)	(363,788)	(363,788)	(363,788)	(363,788)
Transfer from Equipment Replacement Reserve	520,914	2,949,311	1,206,674	520,192	607,551
Transfer from Land Sale Reserve	-	-	-	-	-
Transfer from Cemetery Trust	2,000	2,000	2,000	2,000	2,000
Transfer from (to) Reserves	1,733,602	(221,699)	(2,975,953)	(5,317,067)	(6,617,532)
	<u>1,892,728</u>	<u>2,365,824</u>	<u>(2,131,067)</u>	<u>(5,158,663)</u>	<u>(6,371,769)</u>
Balanced Budget	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>



**CITY OF PORT ALBERNI
GENERAL FUND - REVENUE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase \$	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
REAL PROPERTY TAXES												
11111 General Purposes - Taxes	27,547,134	32,228,652	4,681,518	16.99%	35,418,659	9.90%	38,683,782	9.22%	40,869,508	5.65%	42,854,642	4.86%
11112 Debt Purposes - Taxes	211,671	211,671	-	0.00%	211,671	0.00%	211,671	0.00%	211,671	0.00%	211,671	0.00%
<i>TAX LEVY</i>	27,758,805	32,440,323	4,681,518	16.86%	35,630,330	9.83%	38,895,453	9.16%	41,081,179	5.62%	43,066,313	4.83%
11211 Special Area Levy	18,000	18,540	540	3.00%	19,282	4.00%	20,053	4.00%	20,855	4.00%	21,689	4.00%
<i>SPECIAL ASSESSMENTS</i>	18,000	18,540	540	3.00%	19,282	4.00%	20,053	4.00%	20,855	4.00%	21,689	4.00%
11910 Utility Tax 1%	786,028	816,913	30,885	3.93%	841,420	3.00%	866,663	3.00%	892,663	3.00%	919,442	3.00%
<i>TAXES</i>	28,562,833	33,275,776	4,712,943	16.50%	36,491,032	9.66%	39,782,169	9.02%	41,994,697	5.56%	44,007,444	4.79%
FEDERAL GOVERNMENT												
12110 Federal Building Grant	520	550	30	5.77%	561	2.00%	572	1.96%	587	2.62%	595	1.36%
12210 CBC Grant	3,500	6,000	2,500	71.43%	6,000	0.00%	6,000	0.00%	6,000	0.00%	6,000	0.00%
PROVINCIAL GOVERNMENT												
12310 Provincial Government Grant	54,000	54,000	-	0.00%	54,000	0.00%	54,000	0.00%	54,000	0.00%	54,000	0.00%
12410 BC Hydro	106,000	106,000	-	0.00%	106,000	0.00%	106,000	0.00%	106,000	0.00%	106,000	0.00%
12411 Public Housing Grant (in lieu of taxes)	65,000	65,000	-	0.00%	65,000	0.00%	65,000	0.00%	65,000	0.00%	65,000	0.00%
OTHER ENTITIES												
12910 University of Victoria	225	200	(25)	-11.11%	200	0.00%	200	0.00%	200	0.00%	200	0.00%
<i>GRANTS IN LIEU OF TAXES</i>	229,245	231,750	2,505	1.09%	231,761	0.00%	231,772	0.00%	231,787	0.01%	231,795	0.00%
SERVICES PROVIDED TO GOVERNMENT												
13121 PRISONER EXPENSE RECOVERY	50,000	70,000	20,000	40.00%	72,100	3.00%	74,263	3.00%	76,491	3.00%	78,786	3.00%
SALES OF SERVICES												
14120 ADMINISTRATION SERVICE CHARGE	25,500	25,500	-	0.00%	25,500	0.00%	25,500	0.00%	25,500	0.00%	25,500	0.00%
14221 Law Enforcement Service Charge	191,500	192,500	1,000	0.52%	198,275	3.00%	204,223	3.00%	210,350	3.00%	216,660	3.00%
14241 Fire Department Service Charge	198,490	279,333	80,843	40.73%	296,449	6.13%	296,484	0.01%	313,979	5.90%	314,540	0.18%
<i>PROTECTIVE SERVICES</i>	389,990	471,833	81,843	20.99%	494,724	4.85%	500,707	1.21%	524,329	4.72%	531,200	1.31%
14310 Public Works Service Charge	77,800	77,800	-	0.00%	77,800	0.00%	77,800	0.00%	77,800	0.00%	77,800	0.00%
14400 Public Transit Revenue	288,349	301,845	13,496	4.68%	310,900	3.00%	320,227	3.00%	329,834	3.00%	339,729	3.00%
<i>TRANSPORTATION SERVICES</i>	366,149	379,645	13,496	3.69%	388,700	2.39%	398,027	2.40%	407,634	2.41%	417,529	2.43%
14433 Commercial Solid Waste Collection	-	15,000	15,000		15,450	3.00%	15,914	3.00%	16,391	3.00%	16,883	3.00%
14434 Residential Solid Waste Collection	1,409,780	1,519,211	109,431	7.76%	1,561,387	2.78%	1,623,843	4.00%	1,688,797	4.00%	1,756,349	4.00%
14434 Recycle BC Collection Incentive	293,183	296,115	2,932	1.00%	299,076	1.00%	311,039	4.00%	323,480	4.00%	336,419	4.00%
<i>CURBSIDE WASTE COLLECTION</i>	1,702,963	1,830,326	127,363	7.48%	1,875,913	2.49%	1,950,796	3.99%	2,028,668	3.99%	2,109,651	3.99%
14516 PUBLIC HEALTH-CEMETERIES	86,000	58,700	(27,300)	-31.74%	60,461	3.00%	62,275	3.00%	64,143	3.00%	66,067	3.00%
14550 PLANNING ADMINISTRATION	66,712	45,000	(21,712)	-32.55%	45,000	0.00%	45,000	0.00%	45,000	0.00%	45,000	0.00%
14560 ECONOMIC DEVELOPMENT	8,500	65,000	56,500	664.71%	10,000	-84.62%	10,000	0.00%	10,000	0.00%	10,000	0.00%
14600 Marine Commercial Building	63,000	90,000	27,000	42.86%	92,700	3.00%	95,481	3.00%	98,345	3.00%	101,296	3.00%
14601 Port Building	27,560	50,000	22,440	81.42%	51,500	3.00%	53,045	3.00%	54,636	3.00%	56,275	3.00%
14602 Market Square	30,600	25,000	(5,600)	-18.30%	25,750	3.00%	26,523	3.00%	27,318	3.00%	28,138	3.00%
14690 A. H. Q. Miscellaneous Revenue	500	250	(250)	-50.00%	250	0.00%	250	0.00%	250	0.00%	250	0.00%



**CITY OF PORT ALBERNI
GENERAL FUND - REVENUE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase \$	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
ALBERNI HARBOUR QUAY	121,660	165,250	43,590	35.83%	170,200	3.00%	175,299	3.00%	180,549	2.99%	185,959	3.00%
RECREATION SERVICES												
RECREATION FACILITIES												
14710 Gyro Youth Centre	6,000	6,500	500	8.33%	6,695	3.00%	6,896	3.00%	7,103	3.00%	7,316	3.00%
14712 Echo '67 Centre	200,520	206,786	6,266	3.12%	212,989	3.00%	219,379	3.00%	225,960	3.00%	232,739	3.00%
14714 Glenwood Centre	27,950	39,050	11,100	39.71%	40,222	3.00%	41,428	3.00%	42,671	3.00%	43,951	3.00%
14716 Echo Aquatic Centre	39,000	32,000	(7,000)	-17.95%	32,960	3.00%	33,949	3.00%	34,967	3.00%	36,016	3.00%
14718 AV Multiplex	499,000	647,000	148,000	29.66%	726,410	12.27%	746,402	2.75%	766,994	2.76%	788,204	2.77%
14720 Stadium & Athletic Fields	18,000	19,500	1,500	8.33%	20,085	3.00%	20,688	3.00%	21,308	3.00%	21,947	3.00%
RECREATION PROGRAMS												
SPORT PROGRAMS												
14730 Glenwood Centre	1,500	1,500	-	0.00%	1,530	2.00%	1,561	2.03%	1,592	1.99%	1,624	2.01%
14732 Echo Aquatic Centre	182,000	203,500	21,500	11.81%	209,605	3.00%	215,893	3.00%	222,370	3.00%	229,041	3.00%
14734 AV Multiplex	38,500	34,100	(4,400)	-11.43%	35,123	3.00%	36,177	3.00%	37,262	3.00%	38,380	3.00%
LEISURE PROGRAMS												
14738 Children's Programs	229,500	275,000	45,500	19.83%	283,250	3.00%	291,748	3.00%	300,500	3.00%	309,515	3.00%
14740 Youth Programs & Services	10,000	10,180	180	1.80%	10,485	3.00%	10,800	3.00%	11,124	3.00%	11,458	3.00%
14742 Adult Programs	68,400	85,000	16,600	24.27%	87,550	3.00%	90,176	3.00%	92,882	3.00%	95,668	3.00%
14750 Special Events	1,000	1,000	-	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%
				20.2%								
COMMUNITY SERVICES												
14760 Community Services Misc. Revenue	5,500	19,350	13,850	251.82%	10,300	-46.77%	10,609	3.00%	10,927	3.00%	11,255	3.00%
14770 Contributions & Grants	140,447	140,447	-	0.00%	140,447	0.00%	140,447	0.00%	140,447	0.00%	140,447	0.00%
RECREATION SERVICES	1,467,317	1,720,913	253,596	17.28%	1,818,651	5.68%	1,867,153	2.67%	1,917,107	2.68%	1,968,561	2.68%
CULTURAL SERVICES												
MUSEUM SERVICES												
14810 Museum-Sales & Service	35,800	39,400	3,600	10.06%	39,400	0.00%	39,400	0.00%	39,400	0.00%	39,400	0.00%
14820 Museum-Federal Grants	3,400	3,400	-	0.00%	3,400	0.00%	3,400	0.00%	3,400	0.00%	3,400	0.00%
14830 Museum-Provincial Grants	68,000	100,000	32,000	47.06%	100,000	0.00%	100,000	0.00%	100,000	0.00%	100,000	0.00%
CULTURAL SERVICES	107,200	142,800	35,600	33.21%	142,800	0.00%	142,800	0.00%	142,800	0.00%	142,800	0.00%
SALES OF SERVICES	4,341,991	4,904,967	562,976	12.97%	5,031,949	2.59%	5,177,557	2.89%	5,345,730	3.25%	5,502,267	2.93%
OTHER REVENUE OWN SOURCES												
15110 Business License Fees	170,000	190,000	20,000	11.76%	191,900	1.00%	193,819	1.00%	195,757	1.00%	197,715	1.00%
15160 Dog License Fees	13,500	13,635	135	1.00%	13,771	1.00%	13,909	1.00%	14,048	1.00%	14,189	1.00%
15170 Building & Plumbing Permit Fees	400,000	400,000	-	0.00%	412,000	3.00%	424,360	3.00%	437,091	3.00%	450,204	3.00%
15181 Other Const/Demolition Permit Fees	500	500	-	0.00%	500	0.00%	500	0.00%	500	0.00%	500	0.00%
15190 Vacant Bldg. Registration Permit Fees	1,000	1,000	-	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%
LICENCES & PERMITS	585,000	605,135	20,135	3.44%	619,171	2.32%	633,588	2.33%	648,396	2.34%	663,608	2.35%
15210 FINES & PARKING TICKETS	17,000	17,000	-	0.00%	17,000	0.00%	17,000	0.00%	17,000	0.00%	17,000	0.00%
15320 RENTALS	186,090	180,993	(5,097)	-2.74%	186,422	3.00%	192,015	3.00%	197,776	3.00%	203,709	3.00%
15510 Interest On Investments	300,000	400,000	100,000	33.33%	400,000	0.00%	400,000	0.00%	400,000	0.00%	400,000	0.00%
15590 Other Interest	146,000	306,000	160,000	109.59%	306,000	0.00%	306,000	0.00%	306,000	0.00%	306,000	0.00%
RETURN ON INVESTMENTS	446,000	706,000	260,000	58.30%	706,000	0.00%	706,000	0.00%	706,000	0.00%	706,000	0.00%



**CITY OF PORT ALBERNI
GENERAL FUND - REVENUE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase \$	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
15611 Current Tax Penalties	190,000	210,000	20,000	10.53%	216,300	3.00%	222,789	3.00%	229,473	3.00%	236,357	3.00%
15621 Arrears & Delinquent Tax Interest	53,600	53,600	-	0.00%	55,208	3.00%	56,864	3.00%	58,570	3.00%	60,327	3.00%
15625 Residential Garbage Penalties	20,000	20,000	-	0.00%	20,000	0.00%	20,000	0.00%	20,000	0.00%	20,000	0.00%
<i>PENALTIES & INTEREST</i>	263,600	283,600	20,000	7.59%	291,508	2.79%	299,653	2.79%	308,043	2.80%	316,684	2.81%
15930 Miscellaneous Revenue	230,500	239,782	9,282	4.03%	242,205	1.01%	249,471	3.00%	256,955	3.00%	264,663	3.00%
15940 Miscellaneous Revenue-IT Services	33,000	33,990	990	3.00%	35,350	4.00%	36,764	4.00%	38,234	4.00%	39,763	4.00%
<i>MISCELLANEOUS REVENUE</i>	263,500	273,772	10,272	3.90%	277,555	1.38%	286,235	3.13%	295,189	3.13%	304,426	3.13%
OTHER REVENUE OWN SOURCES	1,761,190	2,066,500	305,310	17.34%	2,097,656	1.51%	2,134,491	1.76%	2,172,404	1.78%	2,211,427	1.80%
UNCONDITIONAL TRANSFERS OTHER GOV'T												
PROVINCIAL GOVERNMENT												
16212 Small Community Protection Grant	255,000	210,000	(45,000)	-17.65%	216,300	3.00%	222,789	3.00%	229,473	3.00%	236,357	3.00%
16214 Revenue Sharing - Traffic Fines	345,000	345,000	-	0.00%	355,350	3.00%	366,011	3.00%	376,991	3.00%	388,301	3.00%
16215 Community Gaming Revenue	520,000	500,000	(20,000)	-3.85%	515,000	3.00%	530,450	3.00%	546,364	3.00%	562,754	3.00%
<i>UNCOND TFRS OTHER GOV'T</i>	1,120,000	1,055,000	(65,000)	-5.80%	1,086,650	3.00%	1,119,250	3.00%	1,152,828	3.00%	1,187,412	3.00%
CONDITIONAL TRANSFERS OTHER												
18120 Grants/Contributions UBCM/FCM	-	-	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
18121 Grants/Contributions Other	70,000	70,000	-	0.00%	70,000	0.00%	70,000	0.00%	70,000	0.00%	70,000	0.00%
<i>CONDITIONAL TRANSFERS - OTHER</i>	70,000	70,000	-	0.00%	70,000	0.00%	70,000	0.00%	70,000	0.00%	70,000	0.00%
OTHER TRANSFERS & COLLECTIONS												
19110 Cemetery Trust Fund	2,000	2,000	-	0.00%	2,000	0.00%	2,000	0.00%	2,000	0.00%	2,000	0.00%
19114 Operating Funds From Prior Years	532,253	-	(532,253)	-100.00%	400,000	0.00%	400,000	0.00%	400,000	0.00%	400,000	0.00%
19115 Transfer from RCMP Surplus Reserve	204,490	193,116	(11,374)	-5.56%	-	-	-	-	-	-	-	-
<i>TRANSFERS FROM OWN RESERVES</i>	738,743	195,116	(543,627)	-73.59%	402,000	106.03%	402,000	0.00%	402,000	0.00%	402,000	0.00%
COLLECTIONS FOR OTHER GOV'T												
19811 Non-Residential School Tax	1,783,987	1,875,000	91,013	5.10%	1,931,250	3.00%	1,989,188	3.00%	2,048,863	3.00%	2,110,329	3.00%
19812 Residential School Tax	4,467,708	5,200,000	732,292	16.39%	5,356,000	3.00%	5,516,680	3.00%	5,682,180	3.00%	5,852,646	3.00%
<i>COLLECTIONS FOR OTHER GOV'T</i>	6,251,695	7,075,000	823,305	13.17%	7,287,250	3.00%	7,505,868	3.00%	7,731,043	3.00%	7,962,975	3.00%
REGIONAL GOVERNMENT												
19820 Alberni-Clayoquot Regional Hosp Dist.	682,652	685,000	2,348	0.34%	685,000	0.00%	685,000	0.00%	685,000	0.00%	685,000	0.00%
19821 Alberni-Clayoquot Regional District	1,770,580	2,033,571	262,991	14.85%	2,094,578	3.00%	2,157,415	3.00%	2,222,138	3.00%	2,288,802	3.00%
<i>REGIONAL GOVERNMENT</i>	2,453,232	2,718,571	265,339	10.82%	2,779,578	2.24%	2,842,415	2.26%	2,907,138	2.28%	2,973,802	2.29%
JOINT BOARDS AND COMMISSIONS												
19830 Municipal Finance Authority	700	1,200	500	71.43%	1,236	3.00%	1,273	2.99%	1,311	2.99%	1,351	3.05%
19831 BC Assessment	190,000	220,000	30,000	15.79%	226,600	3.00%	233,398	3.00%	240,400	3.00%	247,612	3.00%
<i>JOINT BOARDS AND COMMISSIONS</i>	190,700	221,200	30,500	15.99%	227,836	3.00%	234,671	3.00%	241,711	3.00%	248,963	3.00%
OTHER TRANSFERS, COLLECTIONS	8,895,627	10,014,771	1,119,144	12.58%	10,294,664	2.79%	10,582,954	2.80%	10,879,892	2.81%	11,185,740	2.81%
GENERAL FUND REVENUE	45,769,629	51,883,880	6,114,251	13.36%	55,777,812	7.51%	59,574,456	6.81%	62,325,829	4.62%	64,876,871	4.09%



**CITY OF PORT ALBERNI
GENERAL FUND - EXPENSE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
GENERAL GOVERNMENT SERVICE											
LEGISLATIVE											
21110 Mayor	72,070	74,724	3.68%	78,265	4.74%	81,983	4.75%	85,887	4.76%	89,985	4.77%
21130 Council	193,052	201,961	4.61%	211,280	4.61%	221,046	4.62%	231,280	4.63%	242,003	4.64%
21190 Receptions and Other Services	34,260	46,880	36.84%	45,592	-2.75%	57,105	25.25%	51,670	-9.52%	50,290	-2.67%
<i>LEGISLATIVE</i>	299,382	323,565	8.08%	335,137	3.58%	360,134	7.46%	368,837	2.42%	382,278	3.64%
GENERAL ADMINISTRATION											
ADMINISTRATIVE											
21211 Chief Administrative Officer	235,020	338,984	44.24%	378,172	11.56%	391,401	3.50%	402,879	2.93%	414,706	2.94%
21212 Corporate Services	678,929	812,438	19.66%	782,694	-3.66%	753,475	-3.73%	774,475	2.79%	796,537	2.85%
21215 Legal Services	25,000	25,000	0.00%	25,000	0.00%	25,000	0.00%	25,000	0.00%	25,000	0.00%
21216 Bylaw Enforcement	449,373	474,853	5.67%	489,418	3.07%	500,407	2.25%	513,235	2.56%	526,394	2.56%
22140 Parking Enforcement	-	-	-	25,000	-	25,000	0.00%	25,000	0.00%	25,000	0.00%
21217 Bylaw Enforcement Vehicles	20,769	21,362	2.86%	21,973	2.86%	22,602	2.86%	23,250	2.87%	23,914	2.86%
21218 Public Safety Building	48,000	59,727	24.43%	60,522	1.33%	62,080	2.57%	63,673	2.57%	65,312	2.57%
FINANCIAL MANAGEMENT											
21221 Financial Management Administration	999,412	1,034,184	3.48%	1,103,581	6.71%	1,133,965	2.75%	1,165,261	2.76%	1,197,445	2.76%
21225 External Audit	32,000	32,960	3.00%	33,949	3.00%	34,967	3.00%	36,016	3.00%	37,097	3.00%
21226 Purchasing Administration	147,350	134,015	-9.05%	138,093	3.04%	141,274	2.30%	144,550	2.32%	147,925	2.33%
21229 Other Financial Management	66,812	79,290	18.68%	60,791	-23.33%	62,348	2.56%	63,975	2.61%	65,677	2.66%
COMMON SERVICES											
21222 Administration Vehicle	12,271	12,639	3.00%	13,018	3.00%	13,409	3.00%	13,811	3.00%	14,225	3.00%
21252 City Hall	119,776	140,832	17.58%	145,465	3.29%	149,587	2.83%	153,826	2.83%	158,172	2.83%
21253 Other City Buildings	2,100	2,185	4.05%	2,270	3.89%	2,334	2.82%	2,406	3.08%	2,481	3.12%
21259 Other Common Services	503,140	671,462	33.45%	719,456	7.15%	734,308	2.06%	749,590	2.08%	765,315	2.10%
21260 Carbon Offsets	45,000	51,500	14.44%	53,045	3.00%	54,636	3.00%	56,275	3.00%	57,964	3.00%
INFORMATION SERVICES											
21261 Information Services	854,216	968,488	13.38%	1,012,369	4.53%	1,055,504	4.26%	1,100,571	4.27%	1,147,564	4.27%
OTHER ADMINISTRATIVE SERVICES											
21282 Appraisals	-	-	-	27,500	-	-	-	-	-	-	-
21283 Personnel (Human Resources)	385,823	435,976	13.00%	452,181	3.72%	421,448	-6.80%	430,986	2.26%	455,776	5.75%
21285 Employee Wellness (EFAP)	16,599	17,812	7.31%	18,477	3.73%	19,146	3.62%	19,841	3.63%	20,561	3.63%
RECOVERIES											
21290 Administration Services Recovered	(503,000)	(530,000)	5.37%	(545,900)	3.00%	(562,277)	3.00%	(579,145)	3.00%	(596,520)	3.00%
<i>GENERAL ADMINISTRATION</i>	4,138,590	4,783,707	15.59%	5,017,074	4.88%	5,040,614	0.47%	5,185,475	2.87%	5,350,545	3.18%
21911 Election Expense	-	-	-	-	-	64,290	-	-	-	-	-
21920 Training and Development	150,427	191,212	27.11%	196,948	3.00%	202,857	3.00%	208,943	3.00%	215,211	3.00%
21925 Council Travel and Development	71,100	76,000	6.89%	78,280	3.00%	80,628	3.00%	83,047	3.00%	85,539	3.00%
21930 Insurance	392,878	404,642	2.99%	416,781	3.00%	429,285	3.00%	442,163	3.00%	455,428	3.00%
21931 Damage Claims	21,000	21,000	0.00%	21,000	0.00%	21,000	0.00%	21,000	0.00%	21,000	0.00%
21950 Grants In Aid	11,000	11,000	0.00%	11,000	0.00%	11,000	0.00%	11,000	0.00%	11,000	0.00%
<i>OTHER GENERAL GOV'T SERVICES</i>	646,405	703,854	8.89%	724,009	2.86%	809,060	11.75%	766,153	-5.30%	788,178	2.87%
GENERAL GOVERNMENT SERVICE	5,084,377	5,811,126	14.29%	6,076,220	4.56%	6,209,808	2.20%	6,320,465	1.78%	6,521,001	3.17%



**CITY OF PORT ALBERNI
GENERAL FUND - EXPENSE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
PROTECTIVE SERVICES											
22121 Police Services Contract	6,730,009	7,287,407	8.28%	7,622,452	4.60%	7,875,460	3.32%	8,141,534	3.38%	8,401,662	3.20%
22122 Police Services Administration	1,184,096	1,331,508	12.45%	1,379,480	3.60%	1,417,654	2.77%	1,456,947	2.77%	1,497,427	2.78%
22123 Police Services Consulting	33,000	36,000	9.09%	38,750	7.64%	38,750	0.00%	41,000	5.81%	41,000	0.00%
22130 Community Policing	154,490	159,292	3.11%	163,285	2.51%	168,703	3.32%	172,995	2.54%	177,499	2.60%
22160 Police Building Maintenance	195,886	196,663	0.40%	211,151	7.37%	217,406	2.96%	239,811	10.31%	230,311	-3.96%
22180 Detention & Custody of Prisoners	525,933	571,751	8.71%	592,954	3.71%	609,492	2.79%	626,526	2.79%	644,071	2.80%
<i>POLICE PROTECTION</i>	8,823,414	9,582,621	8.60%	10,008,072	4.44%	10,327,465	3.19%	10,678,813	3.40%	10,991,970	2.93%
22411 Fire Protection Administration	399,819	415,283	3.87%	427,502	2.94%	439,562	2.82%	451,984	2.83%	464,778	2.83%
22421 Fire Crew	3,397,501	3,488,594	2.68%	3,571,786	2.38%	3,657,126	2.39%	3,744,705	2.39%	3,834,583	2.40%
22422 Personnel Expense	52,597	58,127	10.51%	59,973	3.18%	61,773	3.00%	63,626	3.00%	65,535	3.00%
22431 Communication System	8,560	8,901	3.98%	9,257	4.00%	9,535	3.00%	9,821	3.00%	10,115	2.99%
22440 Fire Investigation	2,000	2,080	4.00%	2,163	3.99%	2,228	3.01%	2,295	3.01%	2,364	3.01%
22441 Fire Prevention	172,095	183,927	6.88%	188,301	2.38%	192,733	2.35%	197,276	2.36%	201,934	2.36%
22471 Fire Building Maintenance	90,182	93,915	4.14%	97,612	3.94%	100,494	2.95%	103,448	2.94%	106,491	2.94%
22480 Vehicle Repair & Maintenance	203,066	494,043	143.29%	544,234	10.16%	560,500	2.99%	577,254	2.99%	594,510	2.99%
22481 Sundry Equipment Repair & Mtce	27,269	28,359	4.00%	29,493	4.00%	30,378	3.00%	31,290	3.00%	32,228	3.00%
22482 Fire Fighting Tools/Supplies Purchases	41,209	53,824	30.61%	56,222	4.46%	58,423	3.91%	60,716	3.92%	63,105	3.93%
<i>FIRE PROTECTION</i>	4,394,298	4,827,053	9.85%	4,986,543	3.30%	5,112,752	2.53%	5,242,415	2.54%	5,375,643	2.54%
22510 Emergency Program (Tsunami Warning)	585	6,401	994.19%	2,027	-68.33%	2,088	3.01%	2,151	3.02%	2,215	2.98%
22921 Building & Plumbing Inspection	308,321	278,481	-9.68%	287,557	3.26%	294,744	2.50%	332,146	12.69%	309,770	-6.74%
22926 Building Inspector Vehicle	10,892	10,395	-4.56%	10,707	3.00%	11,028	3.00%	11,359	3.00%	11,699	2.99%
22931 Animal Control Services Contract	149,328	153,763	2.97%	158,331	2.97%	163,036	2.97%	167,882	2.97%	172,872	2.97%
<i>OTHER PROTECTION</i>	468,541	442,639	-5.53%	456,595	3.15%	468,808	2.67%	511,387	9.08%	494,341	-3.33%
PROTECTIVE SERVICES	13,686,838	14,858,714	8.56%	15,453,237	4.00%	15,911,113	2.96%	16,434,766	3.29%	16,864,169	2.61%
TRANSPORTATION SERVICE											
COMMON SERVICES											
23110 Engineering Administration	971,113	881,031	-9.28%	857,871	-2.63%	877,093	2.24%	896,773	2.24%	916,946	2.25%
23121 Engineering Consulting Services	50,000	50,000	0.00%	51,500	3.00%	53,045	3.00%	54,636	3.00%	56,275	3.00%
PUBLIC WORKS ADMINISTRATION											
23129 Clerical & Reception-Operation	132,007	172,045	30.33%	178,098	3.52%	183,157	2.84%	188,368	2.85%	193,735	2.85%
23130 Supervision Operations	455,616	390,448	-14.30%	401,154	2.74%	412,181	2.75%	423,539	2.76%	435,238	2.76%
23134 Small Tools/Equipment/Supplies	43,212	55,303	27.98%	56,981	3.03%	58,681	2.98%	60,429	2.98%	62,230	2.98%
23136 Works Yard Maintenance	122,607	125,481	2.34%	132,845	5.87%	137,158	3.25%	141,582	3.23%	147,910	4.47%
23137 Main Building Maintenance	148,894	178,159	19.65%	183,985	3.27%	189,240	2.86%	194,648	2.86%	200,203	2.85%
23138 Shop Overhead	102,897	101,771	-1.09%	105,139	3.31%	108,119	2.83%	111,171	2.82%	114,315	2.83%
23160 General Equipment Maintenance	731,816	759,351	3.76%	783,654	3.20%	806,440	2.91%	829,777	2.89%	853,813	2.90%
23161 Vehicle Maintenance & Replacement	33,113	34,107	3.00%	35,471	4.00%	36,890	4.00%	38,365	4.00%	39,900	4.00%
23162 Supv Vehicle Mtce & Replacement	36,471	28,000	-23.23%	28,840	3.00%	29,705	3.00%	30,596	3.00%	31,514	3.00%
<i>COMMON SERVICES</i>	2,827,746	2,775,696	-1.84%	2,815,538	1.44%	2,891,709	2.71%	2,969,884	2.70%	3,052,079	2.77%
ROAD TRANSPORTATION											
ROADS AND STREETS											
23205 Customer Service Requests-Streets	28,816	86,859	201.43%	89,897	3.50%	92,352	2.73%	94,881	2.74%	97,486	2.75%
23210 Small Tools/Supplies-Streets	2,286	2,354	2.97%	2,454	4.25%	2,498	1.79%	2,573	3.00%	2,650	2.99%



**CITY OF PORT ALBERNI
GENERAL FUND - EXPENSE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
23220 Streets Inspections	42,775	45,033	5.28%	46,638	3.56%	47,894	2.69%	49,187	2.70%	50,520	2.71%
23231 Roadway Surfaces Maintenance	569,800	626,170	9.89%	646,562	3.26%	665,170	2.88%	684,335	2.88%	704,076	2.88%
23233 Road Allowance Maintenance	343,249	466,370	35.87%	482,271	3.41%	496,135	2.87%	510,398	2.87%	525,089	2.88%
23234 New Driveway Crossings	14,475	12,819	-11.44%	13,236	3.25%	13,617	2.88%	14,005	2.85%	14,405	2.86%
23236 Street Sweeping	198,933	201,522	1.30%	208,282	3.35%	214,144	2.81%	220,183	2.82%	226,402	2.82%
23237 Snow & Ice Removal	205,347	211,751	3.12%	219,785	3.79%	227,010	3.29%	234,464	3.28%	242,184	3.29%
BRIDGES AND RETAINING WALLS											
23241 Bridges & Engineered Structures	27,938	26,681	-4.50%	27,482	3.00%	28,306	3.00%	29,155	3.00%	30,030	3.00%
STREET LIGHTING											
23250 Overhead & Decorative Lighting	384,024	408,759	6.44%	421,665	3.16%	434,273	2.99%	447,259	2.99%	460,634	2.99%
23261 Signs & Traffic Marking	256,656	267,028	4.04%	275,683	3.24%	283,626	2.88%	291,804	2.88%	300,227	2.89%
23264 Traffic & Railroad Signals	24,831	25,218	1.56%	25,975	3.00%	26,754	3.00%	27,557	3.00%	28,384	3.00%
PARKING											
23272 Off-Street Parking	18,000	17,946	-0.30%	18,563	3.44%	19,110	2.95%	19,674	2.95%	20,256	2.96%
OTHER											
23291 Gravel	116,676	119,706	2.60%	123,526	3.19%	127,114	2.90%	130,809	2.91%	134,616	2.91%
<i>ROADS & STREETS</i>	2,233,806	2,518,216	12.73%	2,602,019	3.33%	2,678,003	2.92%	2,756,284	2.92%	2,836,959	2.93%
STORM DRAINAGE											
OPEN DRAINAGE											
23311 Ditch, Creek & Dyke Maintenance	89,294	108,312	21.30%	112,149	3.54%	115,325	2.83%	118,567	2.81%	121,905	2.82%
STORM SEWERS											
23331 Storm Sewer Maintenance	109,757	138,304	26.01%	142,998	3.39%	146,986	2.79%	151,062	2.77%	155,261	2.78%
23333 Storm Sewer Lift Station	78,720	52,657	-33.11%	54,572	3.64%	56,059	2.72%	57,573	2.70%	59,133	2.71%
23335 Storm Sewer Connections	144,237	114,062	-20.92%	117,852	3.32%	121,202	2.84%	124,630	2.83%	128,162	2.83%
<i>STORM DRAINAGE</i>	422,008	413,335	-2.06%	427,571	3.44%	439,572	2.81%	451,832	2.79%	464,461	2.80%
OTHER COMMON SERVICES											
23881 Training Program	69,458	125,634	80.88%	129,786	3.30%	133,488	2.85%	137,287	2.85%	141,199	2.85%
23882 Safety	22,010	41,642	89.20%	42,891	3.00%	44,178	3.00%	45,503	3.00%	46,868	3.00%
23884 Special Streets Work Orders	2,950	2,964	0.47%	3,053	3.00%	3,145	3.01%	3,239	2.99%	3,336	2.99%
<i>OTHER COMMON SERVICES</i>	94,418	170,240	80.30%	175,730	3.22%	180,811	2.89%	186,029	2.89%	191,403	2.89%
OTHER											
23510 PUBLIC TRANSIT	1,077,555	1,119,137	3.86%	1,155,151	3.22%	1,189,806	3.00%	1,225,500	3.00%	1,262,265	3.00%
RECOVERIES											
23951 General Overhead Recovery	(893,000)	-	-100.00%	-		-		-		-	
23952 Main Building Expense Recovery	(24,000)	(24,000)	0.00%	(24,000)	0.00%	(24,000)	0.00%	(24,000)	0.00%	(24,000)	0.00%
23953 Shop Overhead Recovery	(107,800)	-	-100.00%	-		-		-		-	
23958 Equipment Charges Recovery	(587,800)	(400,000)	-31.95%	(416,000)	4.00%	(432,640)	4.00%	(449,946)	4.00%	(467,943)	4.00%
23959 Gravel Cost Recovery	(112,000)	(75,000)	-33.04%	(75,000)	0.00%	(75,000)	0.00%	(75,000)	0.00%	(75,000)	0.00%
<i>RECOVERIES</i>	(1,724,600)	(499,000)	-71.07%	(515,000)	3.21%	(531,640)	3.23%	(548,946)	3.26%	(566,943)	3.28%
TRANSPORTATION SERVICE	4,930,933	6,497,624	31.77%	6,661,009	2.51%	6,848,261	2.81%	7,040,583	2.81%	7,240,224	2.84%
ENVIRONMENTAL HEALTH SERVICES											
SOLID WASTE COLLECTION											



**CITY OF PORT ALBERNI
GENERAL FUND - EXPENSE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
24320 Residential Waste Collection	762,527	880,573	15.48%	1,007,822	14.45%	990,507	-1.72%	1,019,022	2.88%	1,048,392	2.88%
24322 Solid Waste Containers Purchase & Mtce	15,500	51,088	229.60%	52,701	3.16%	65,331	23.97%	67,254	2.94%	69,235	2.95%
24323 Solid Waste Disposal Fees	525,000	550,000	4.76%	566,500	3.00%	583,485	3.00%	601,000	3.00%	619,030	3.00%
24324 City Facility Solid Waste Collection	12,240	6,203	-49.32%	6,423	3.55%	6,597	2.71%	6,778	2.74%	6,963	2.73%
ENVIRONMENTAL HEALTH	1,315,267	1,487,864	13.12%	1,633,446	9.78%	1,645,920	0.76%	1,694,054	2.92%	1,743,620	2.93%
PUBLIC HEALTH											
25161 Cemetery Maintenance	14,855	14,510	-2.32%	15,037	3.63%	15,488	3.00%	15,953	3.00%	16,431	3.00%
25162 Interments	74,049	47,936	-35.26%	49,692	3.66%	51,094	2.82%	52,538	2.83%	54,026	2.83%
25163 Memorial Marker Installation	19,762	23,077	16.77%	23,897	3.55%	24,553	2.75%	25,220	2.72%	25,908	2.73%
CEMETERIES	108,666	85,523	-21.30%	88,626	3.63%	91,135	2.83%	93,711	2.83%	96,365	2.83%
PUBLIC HEALTH	108,666	85,523	-21.30%	88,626	3.63%	91,135	2.83%	93,711	2.83%	96,365	2.83%
DEVELOPMENT SERVICES											
26129 Planning Administration	815,352	796,927	-2.26%	850,312	6.70%	980,017	15.25%	1,005,390	2.59%	1,031,535	2.60%
26132 Consulting Services - OCP	428,000	240,600	-43.79%	361,218	50.13%	166,855	-53.81%	117,510	-29.57%	145,000	23.39%
RESEARCH AND PLANNING	1,243,352	1,037,527	-16.55%	1,211,530	16.77%	1,146,872	-5.34%	1,122,900	-2.09%	1,176,535	4.78%
26234 Business Development	86,000	65,800	-23.49%	69,156	5.10%	70,539	2.00%	71,950	2.00%	73,389	2.00%
26235 Economic Development	350,179	333,906	-4.65%	367,032	9.92%	375,478	2.30%	384,134	2.31%	393,005	2.31%
26237 Community Serv-Community Inv Program	33,200	33,200	0.00%	33,200	0.00%	33,200	0.00%	33,200	0.00%	33,200	0.00%
26238 Community Serv-Community Engagement	500	500	0.00%	500	0.00%	500	0.00%	500	0.00%	500	0.00%
COMMUNITY DEVELOPMENT	469,879	433,406	-7.76%	469,888	8.42%	479,717	2.09%	489,784	2.10%	500,094	2.11%
26701 Alberni Harbour Quay Overhead	18,727	19,289	3.00%	19,868	3.00%	20,464	3.00%	21,078	3.00%	21,078	0.00%
26770 Harbour Quay - Buildings Maintenance	138,328	136,825	-1.09%	144,719	5.77%	149,127	3.05%	153,212	2.74%	157,759	2.97%
ALBERNI HARBOUR QUAY	157,055	156,114	-0.60%	164,587	5.43%	169,591	3.04%	174,290	2.77%	178,837	2.61%
OTHER ENVIRONMENTAL DEVELOPMENT											
26911 Chamber of Commerce Visitor Centre	100,000	103,000	3.00%	104,030	1.00%	105,070	1.00%	106,121	1.00%	107,182	1.00%
OTHER	100,000	103,000	3.00%	104,030	1.00%	105,070	1.00%	106,121	1.00%	107,182	1.00%
ENVIRONMENTAL DEVELOPMENT	1,970,286	1,730,047	-12.19%	1,950,035	12.72%	1,901,250	-2.50%	1,893,095	-0.43%	1,962,648	3.67%
PARKS, RECREATION & HERITAGE RECREATION FACILITIES ADMINISTRATION											
27110 Parks, Recreation & Heritage Mgmt Serv	585,207	603,077	3.05%	622,313	3.19%	639,646	2.79%	657,402	2.78%	675,688	2.78%
COMMUNITY CENTRES AND HALLS											
27120 Gyro Youth Centre Maintenance	52,753	53,832	2.05%	58,625	8.90%	60,159	2.62%	61,730	2.61%	63,345	2.62%
27126 Glenwood Skate Shop	1,590	2,979	87.36%	3,081	3.42%	3,174	3.02%	3,269	2.99%	3,324	1.68%
27128 Glenwood Centre Maintenance	82,594	81,661	-1.13%	89,192	9.22%	91,427	2.51%	93,706	2.49%	96,045	2.50%
27129 Bob Dailey Stadium	10,233	16,880	64.96%	17,369	2.90%	17,777	2.35%	18,190	2.32%	18,615	2.34%
27130 Echo Activity Centre Maintenance	290,631	309,660	6.55%	316,267	2.13%	326,087	3.10%	336,664	3.24%	347,432	3.20%
27134 Echo Aquatic Maintenance	497,259	512,687	3.10%	538,742	5.08%	554,677	2.96%	571,328	3.00%	588,418	2.99%
27140 AV Multiplex Concessions	190,306	228,461	20.05%	236,392	3.47%	243,483	3.00%	250,788	3.00%	258,311	3.00%
27142 AV Multiplex Skate Shop	12,806	29,545	130.71%	30,687	3.87%	31,577	2.90%	32,494	2.90%	33,439	2.91%
27144 AV Multiplex Maintenance	969,610	1,001,017	3.24%	1,048,297	4.72%	1,079,848	3.01%	1,112,383	3.01%	1,145,456	2.97%
27146 Parks Building & Fieldhouses	130,665	140,710	7.69%	148,964	5.87%	153,148	2.81%	157,719	2.98%	162,475	3.02%
27148 Echo Park Complex	71,453	65,285	-8.63%	71,331	9.26%	73,639	3.24%	76,101	3.34%	78,657	3.36%



**CITY OF PORT ALBERNI
GENERAL FUND - EXPENSE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
RECREATION PROGRAMS											
SPORT PROGRAMS											
27156 Glenwood Centre Programs	49,393	68,927	39.55%	71,619	3.91%	73,768	3.00%	75,981	3.00%	78,260	3.00%
27160 Echo Aquatic Programs	729,724	847,498	16.14%	857,642	1.20%	883,124	2.97%	909,172	2.95%	935,920	2.94%
27163 AV Multiplex Programs	240,857	274,681	14.04%	283,743	3.30%	291,742	2.82%	299,930	2.81%	308,363	2.81%
LEISURE PROGRAMS											
27166 Leisure Service Programs	274,136	287,255	4.79%	297,815	3.68%	306,069	2.77%	314,570	2.78%	323,327	2.78%
27170 Youth Services and Programs	16,000	6,046	-62.21%	6,273	3.75%	6,461	3.00%	6,655	3.00%	6,855	3.01%
27173 Children's Programs	266,676	321,721	20.64%	331,626	3.08%	340,645	2.72%	349,938	2.73%	359,512	2.74%
27180 Adult Programs	54,316	88,755	63.40%	89,124	0.42%	89,503	0.43%	89,893	0.44%	90,296	0.45%
SPECIAL EVENTS											
27190 Special Events	13,250	13,250	0.00%	13,647	3.00%	14,057	3.00%	14,479	3.00%	14,913	3.00%
27198 Vehicle Maintenance & Repair	13,936	14,354	3.00%	14,785	3.00%	15,228	3.00%	15,685	3.00%	16,156	3.00%
RECREATION FACILITIES & PROGRAMS	4,553,395	4,968,281	9.11%	5,147,534	3.61%	5,295,239	2.87%	5,448,077	2.89%	5,604,807	2.88%
PARKS AND PLAYGROUNDS											
27210 Parks & Facility Management Services	219,765	351,065	59.75%	361,057	2.85%	371,203	2.81%	381,639	2.81%	392,388	2.82%
27215 Parks Maintenance	1,097,103	1,122,923	2.35%	1,161,925	3.47%	1,195,179	2.86%	1,229,318	2.86%	1,264,480	2.86%
27220 Horticultural Services	357,036	379,143	6.19%	439,793	16.00%	454,020	3.23%	468,951	3.29%	483,511	3.10%
27225 Vehicles & Equipment Mtce & Repair	218,746	233,802	6.88%	241,988	3.50%	249,867	3.26%	257,961	3.24%	266,333	3.25%
27230 Parks Upgrading	53,095	69,952	31.75%	72,104	3.08%	74,242	2.97%	76,438	2.96%	78,699	2.96%
27499 Equipment Recovery	(73,000)	(76,000)	4.11%	(78,280)	3.00%	(80,628)	3.00%	(83,047)	3.00%	(85,539)	3.00%
PARKS & PLAYGROUNDS	1,872,745	2,080,885	11.11%	2,198,587	5.66%	2,263,883	2.97%	2,331,260	2.98%	2,399,872	2.94%
CULTURAL SERVICES											
27510 Museum Services	228,588	325,234	42.28%	346,925	6.67%	355,903	2.59%	365,149	2.60%	374,673	2.61%
27515 Museum Programs-Curatorial	76,500	120,297	57.25%	124,902	3.83%	128,493	2.88%	132,193	2.88%	136,003	2.88%
27516 Museum Programs-Permanent Exhibits	3,060	1,000	-67.32%	1,030	3.00%	1,061	3.01%	1,093	3.02%	1,126	3.02%
27517 Museum Programs-Temporary Exhibits	28,200	20,200	-28.37%	20,806	3.00%	21,430	3.00%	22,073	3.00%	22,735	3.00%
27530 Industrial Collections	39,125	40,657	3.92%	42,303	4.05%	43,521	2.88%	44,882	3.13%	46,240	3.03%
27550 Museum Maintenance	92,886	89,742	-3.38%	90,749	1.12%	93,368	2.89%	96,445	3.30%	99,432	3.10%
27600 Vancouver Island Regional Library	913,661	1,072,702	17.41%	1,265,788	18.00%	1,329,078	5.00%	1,395,532	5.00%	1,465,308	5.00%
27700 McLean Mill Operator Agreement	140,000	130,000	-7.14%	120,000	-7.69%	110,000	-8.33%	100,000	-9.09%	90,000	-10.00%
27710 McLean Mill City operations	76,079	74,015	-2.71%	82,196	11.05%	84,434	2.72%	87,222	3.30%	89,773	2.92%
CULTURAL SERVICES	1,598,099	1,873,847	17.25%	2,094,699	11.79%	2,167,288	3.47%	2,244,589	3.57%	2,325,290	3.60%
RECREATION & CULTURAL	8,024,239	8,923,013	11.20%	9,440,820	5.80%	9,726,410	3.03%	10,023,926	3.06%	10,329,969	3.05%
TOTAL OPERATIONS EXPENSES	35,120,606	39,393,911	12.17%	41,303,393	4.85%	42,333,897	2.49%	43,500,600	2.76%	44,757,996	2.89%
INTEREST & DEBT SERVICING											
28115 Interest on Prepaid Taxes	9,000	50,000	455.56%	50,000	0.00%	50,000	0.00%	50,000	0.00%	50,000	0.00%
28121 Interest Payments on Debentures	83,777	83,777	0.00%	83,777	0.00%	83,777	0.00%	83,777	0.00%	83,777	0.00%
28131 Principal Payments on Debentures	120,468	120,468	0.00%	120,468	0.00%	120,468	0.00%	120,468	0.00%	120,468	0.00%
28193 Banking Service Charges	8,100	8,200	1.23%	8,300	1.22%	8,400	1.20%	8,400	0.00%	8,400	0.00%
FINANCING & BANK FEES	221,345	262,445	18.57%	262,545	0.04%	262,645	0.04%	262,645	0.00%	262,645	0.00%
TOTAL OPERATIONS AND DEBT SERVICING	35,341,951	39,656,356	12.21%	41,565,938	4.82%	42,596,542	2.48%	43,763,245	2.74%	45,020,641	2.87%
TRANSFERS TO RESERVES											
28910 Debt Reserve Fund Transfer	15,000	15,000	0.00%	15,000	0.00%	15,000	0.00%	15,000	0.00%	15,000	0.00%



**CITY OF PORT ALBERNI
GENERAL FUND - EXPENSE
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
28222 Transfer to Equipment Replacement	34,000	34,000	0.00%	34,000	0.00%	34,000	0.00%	34,000	0.00%	34,000	0.00%
28230 Transfer to Capital Works Reserve	70,000	70,000	0.00%	70,000	0.00%	70,000	0.00%	70,000	0.00%	70,000	0.00%
RESERVE TRANSFERS	119,000	119,000	0.00%	119,000	0.00%	119,000	0.00%	119,000	0.00%	119,000	0.00%
TRANSFERS TO GENERAL CAPITAL RES.											
28220 Projects TBD Council Direction	-	-		(205,990)		2,017,353	-1079.3%	3,670,710	82.0%	4,591,373	25.1%
Administration	500,000	130,000	-74.0%	-	-100.0%	-	-	250,000		595,325	138.1%
Fire Department	-	45,000		117,000	160.0%	110,000	-6.0%	240,000	118.2%	-	-100.0%
Transportation Services	-	272,078		290,880	6.9%	-	-100.0%	-		-	
Paving and Road Construction	-	-		1,050,000		1,050,000	0.0%	1,050,000	0.0%	1,050,000	0.0%
Traffic Upgrades	-	150,000		150,000	0.0%	50,000	-66.7%	33,000	-34.0%	33,000	0.0%
Storm Drains	-	380,000		380,000	0.0%	380,000	0.0%	380,000	0.0%	461,892	21.6%
Other Public Works Projects	-	15,000		-	-100.0%	-	-	-		-	
Parks	76,500	197,225	157.8%	135,940	-31.1%	103,607	-23.8%	209,982	102.7%	-	-100.0%
Cultural Services	30,000	30,000	0.0%	30,000	0.0%	30,000	0.0%	30,000	0.0%	119,900	299.7%
Parks, Recreation and Heritage	335,000	599,450	78.9%	1,150,380	91.9%	1,835,000	59.5%	1,000,000	-45.5%	1,000,000	0.0%
TOTAL GENERAL CAPITAL TRANSFERS	941,500	1,818,753	93.2%	3,098,210	70.3%	5,575,960	80.0%	6,863,692	23.1%	7,851,490	14.4%
OTHER SERVICES											
OTHER BUDGET CONSIDERATIONS											
29911 Contingency Funds	100,000	275,000	175.00%	300,000	9.09%	300,000	0.00%	300,000	0.00%	300,000	0.00%
OTHER BUDGET CONSIDERATIONS	100,000	275,000	175.00%	300,000	200.00%	300,000	9.09%	300,000	0.00%	300,000	0.00%
TOTAL OPERATIONS, DEBT SERVICING, RESERVE AND CAPITAL TRANSFERS, CONTINGENCY											
	36,502,451	41,869,109	24.10%	45,083,148	23.51%	48,591,502	16.06%	51,045,937	13.23%	53,291,131	9.67%
TRANSFERS TO RESERVE ALLOWANCES											
28211 Transfers to Reserve Allowances	371,551	-	-100.00%	400,000		400,000	0.00%	400,000	0.00%	400,000	0.00%
TAXES COLLECTED FOR OTHERS											
REGIONAL DISTRICT											
28410 Alberni-Clayoquot Regional District	1,770,580	2,033,571	14.85%	2,094,578	3.00%	2,157,415	3.00%	2,222,138	3.00%	2,288,802	3.00%
SCHOOL DISTRICTS											
28811 Non-Residential School Tax	1,783,987	1,875,000	5.10%	1,931,250	3.00%	1,989,188	3.00%	2,048,863	3.00%	2,110,329	3.00%
28812 Residential School Tax	4,467,708	5,200,000	16.39%	5,356,000	3.00%	5,516,680	3.00%	5,682,180	3.00%	5,852,646	3.00%
REGIONAL GOVERNMENTS											
28820 Alberni-Clayoquot Regional Hosp District	682,652	685,000	0.34%	685,000	0.00%	685,000	0.00%	685,000	0.00%	685,000	0.00%
JOINT BOARDS AND COMMISSIONS											
28830 Municipal Finance Authority	700	1,200	71.43%	1,236	3.00%	1,273	2.99%	1,311	2.99%	1,351	3.05%
28831 BC Assessment	190,000	220,000	15.79%	226,600	3.00%	233,398	3.00%	240,400	3.00%	247,612	3.00%
TAXES COLLECTED FOR OTHERS	8,895,627	10,014,771	12.58%	10,294,664	2.79%	10,582,954	2.80%	10,879,892	2.81%	11,185,740	2.81%
GENERAL FUND EXPENDITURE	45,769,629	51,883,880	13.36%	55,777,812	7.51%	59,574,456	6.81%	62,325,829	4.62%	64,876,871	4.09%



**CITY OF PORT ALBERNI
SEWER FUND - REVENUE & EXPENSES
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
SALES OF SERVICE											
94421 Sewer Fees	3,076,894	3,230,739	5.00%	3,392,276	5.00%	3,561,889	5.00%	3,739,984	5.00%	3,889,583	4.00%
94431 Sewer Connections	83,600	85,272	2.00%	86,977	2.00%	88,717	2.00%	90,491	2.00%	93,206	3.00%
94432 Service Charges Sundry	5,225	40,000	665.55%	41,200	3.00%	42,436	3.00%	43,709	3.00%	45,020	3.00%
94433 User Charges	20,900	21,318	2.00%	21,744	2.00%	22,179	2.00%	22,623	2.00%	23,302	3.00%
OTHER SERVICES											
94441 Sewage Disposal Fees	73,150	74,613	2.00%	76,105	2.00%	77,627	2.00%	79,180	2.00%	81,555	3.00%
<i>SALES OF SERVICE</i>	3,259,769	3,451,942	5.90%	3,618,302	4.82%	3,792,848	4.82%	3,975,987	4.83%	4,132,666	3.94%
OTHER REVENUE FROM OWN SOURCE											
95590 Interest Income	24,000	24,000	0.00%	24,000	0.00%	24,000	0.00%	24,000	0.00%	24,000	0.00%
95611 Sewer Penalty	36,400	38,045	4.52%	39,765	4.52%	41,562	4.52%	43,441	4.52%	45,000	3.59%
91210 Sewer Local Improvement Charges	1,000	1,000	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%
<i>OTHER REVENUE</i>	61,400	63,045	2.68%	64,765	2.73%	66,562	2.77%	68,441	2.82%	70,000	2.28%
SEWER FUND REVENUE	3,321,169	3,514,987	5.84%	3,683,067	4.78%	3,859,410	4.79%	4,044,428	4.79%	4,202,666	3.91%
ADMINISTRATION											
104210 Sewer Administration & Other	597,582	891,584	49.20%	919,317	3.11%	947,336	3.05%	976,255	3.05%	1,006,121	3.06%
ENGINEERING SERVICES											
104221 Consulting Services	35,035	36,086	3.00%	37,169	3.00%	38,284	3.00%	39,432	3.00%	40,615	3.00%
SEWER SYSTEM ADMINISTRATION											
104233 Customer Service Requests	75,496	32,704	-56.68%	33,765	3.24%	34,663	2.66%	35,588	2.67%	36,541	2.68%
104236 Small Tools/Equipment/Supplies	9,494	4,472	-52.90%	4,606	3.00%	4,745	3.02%	4,887	2.99%	5,034	3.01%
SEWER COLLECTION SYSTEM											
104240 Sewage Collection System Main	90,690	100,198	10.48%	103,512	3.31%	106,438	2.83%	109,428	2.81%	112,501	2.81%
104241 Sewer Service Connections	177,124	206,830	16.77%	213,574	3.26%	219,714	2.87%	226,019	2.87%	232,500	2.87%
SEWER LIFT STATIONS											
104260 Sewage Lift Stations	330,099	305,642	-7.41%	315,577	3.25%	324,632	2.87%	333,892	2.85%	343,416	2.85%
SEWER TREATMENT AND DISPOSAL											
104280 Sewage Treatment	357,454	271,244	-24.12%	279,938	3.21%	288,015	2.89%	296,267	2.87%	304,765	2.87%
OTHER COMMON SERVICES											
104294 Special Work Orders	1,000	1,000	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%	1,000	0.00%
<i>SEWER SYSTEM</i>	1,673,974	1,849,760	10.50%	1,908,458	3.17%	1,964,827	2.95%	2,022,768	2.95%	2,082,493	2.95%
FISCAL SERVICES											
DEBT											
108120 Interest Payments On Debentures	452,305	519,558	14.87%	519,558	0.00%	519,558	0.00%	519,558	0.00%	519,558	0.00%
108130 Principal Payments On Debentures	212,215	204,577	-3.60%	204,577	0.00%	204,577	0.00%	204,577	0.00%	204,577	0.00%
<i>TOTAL DEBT</i>	664,520	724,135	8.97%	724,135	0.00%	724,135	0.00%	724,135	0.00%	724,135	0.00%
TRANSFER TO FUNDS AND RESERVES											
108220 Transfer To Sewer Capital Fund	980,675	939,092	-4.24%	1,048,473	11.65%	1,168,448	11.44%	1,295,525	10.88%	1,394,038	7.60%
108910 Debt Reserve Fund Transfer	2,000	2,000	0.00%	2,000	0.00%	2,000	0.00%	2,000	0.00%	2,000	0.00%
108211 Transfer to Reserves & Allowances	-	-	-	-	-	-	-	-	-	-	-
108920 Transfer to Infrastructure Capital Reserve	-	-	-	-	-	-	-	-	-	-	-
<i>TRANSFERS</i>	982,675	941,092	-4.23%	1,050,473	11.62%	1,170,448	11.42%	1,297,525	10.86%	1,396,038	7.59%
FISCAL SERVICES	1,647,195	1,665,227	1.09%	1,774,609	6.57%	1,894,583	6.76%	2,021,660	6.71%	2,120,173	4.87%
EXCESS OF REVENUE OVER EXPENSE	-	-	-	-	-	-	-	-	-	-	-
SEWER FUND EXPENSES	3,321,169	3,514,987	5.84%	3,683,067	4.78%	3,859,410	4.79%	4,044,428	4.79%	4,202,666	3.91%



**CITY OF PORT ALBERNI
WATER FUND - REVENUE & EXPENSES
2024-2028 FINANCIAL PLAN**

	Budget 2023	Budget 2024	Increase %	Budget 2025	Increase %	Budget 2026	Increase %	Budget 2027	Increase %	Budget 2028	Increase %
SALES OF SERVICE											
54421 Metered Sales	3,668,473	3,851,896	5.00%	4,005,972	4.00%	4,166,211	4.00%	4,332,859	4.00%	4,506,174	4.00%
54431 Connections	54,386	60,000	10.32%	60,000	0.00%	60,000	0.00%	60,000	0.00%	60,000	0.00%
54432 Turn-On Charges	1,500	1,500	0.00%	1,500	0.00%	1,500	0.00%	1,500	0.00%	1,500	0.00%
54433 Service Charges Sundry	50,000	50,000	0.00%	50,000	0.00%	50,000	0.00%	50,000	0.00%	50,000	0.00%
<i>SALES OF SERVICE</i>	3,774,359	3,963,396	5.01%	4,117,472	3.89%	4,277,711	3.89%	4,444,359	3.90%	4,617,674	3.90%
OTHER REVENUE FROM OWN SOURCE											
55590 Other Interest	90,460	100,460	11.05%	100,460	0.00%	100,460	0.00%	100,460	0.00%	100,460	0.00%
55611 Water Penalty	35,000	35,000	0.00%	35,000	0.00%	35,000	0.00%	35,000	0.00%	35,000	0.00%
<i>OTHER REVENUE</i>	125,460	135,460	7.97%	135,460	0.00%	135,460	0.00%	135,460	0.00%	135,460	0.00%
WATER FUND REVENUE	3,899,819	4,098,856	5.10%	4,252,932	3.76%	4,413,171	3.77%	4,579,819	3.78%	4,753,134	3.78%
WATER SUPPLY SYSTEM ADMINISTRATION											
64110 Water Administration & Other	494,316	895,089	81.08%	923,583	3.18%	951,728	3.05%	980,776	3.05%	1,010,790	3.06%
ENGINEERING SERVICES											
64121 Engineering Consulting Services	30,000	30,000	0.00%	30,000	0.00%	30,000	0.00%	30,000	0.00%	30,000	0.00%
WATER SYSTEM ADMINISTRATION											
64133 Customer Service Requests	106,589	20,756	-80.53%	21,448	3.33%	22,056	2.83%	22,679	2.82%	23,320	2.83%
64136 Small Tools/Equipment/Supplies	9,750	10,523	7.93%	10,866	3.26%	11,178	2.87%	11,499	2.87%	11,830	2.88%
SERVICE OF SUPPLY											
64141 Supply Inspection & Operation	109,947	106,996	-2.68%	110,696	3.46%	113,780	2.79%	116,922	2.76%	120,158	2.77%
PUMPING											
64161 Pumping Inspection & Operation	252,529	271,388	7.47%	280,218	3.25%	288,290	2.88%	296,558	2.87%	305,069	2.87%
TRANSMISSION & DISTRIBUTION											
64181 Transmission/Distribution System	332,336	380,556	14.51%	393,578	3.42%	404,670	2.82%	416,014	2.80%	427,682	2.80%
64183 Connections	267,918	86,841	-67.59%	89,479	3.04%	92,154	2.99%	94,909	2.99%	97,748	2.99%
64185 Meters	265,049	282,746	6.68%	291,950	3.26%	300,345	2.88%	308,983	2.88%	317,873	2.88%
64187 Hydrants	68,894	61,574	-10.63%	63,691	3.44%	65,475	2.80%	67,304	2.79%	69,175	2.78%
<i>WATER SUPPLY SYSTEM</i>	1,937,328	2,146,469	10.80%	2,215,509	3.22%	2,279,676	2.90%	2,345,644	2.89%	2,413,645	2.90%
FISCAL SERVICES											
DEBT											
68120 Interest Payments On Debentures	44,000	44,000	0.00%	44,000	0.00%	44,000	0.00%	44,000	0.00%	44,000	0.00%
68130 Principal Payments On Debentures	38,743	38,743	0.00%	38,743	0.00%	38,743	0.00%	38,743	0.00%	38,743	0.00%
<i>DEBT</i>	82,743	82,743	0.00%	82,743	0.00%	82,743	0.00%	82,743	0.00%	82,743	0.00%
TRANSFERS TO FUNDS AND RESERVES											
68220 Transfers To Water Capital Fund	1,879,288	1,869,184	-0.54%	1,954,220	4.55%	2,050,292	4.92%	2,150,972	4.91%	2,256,286	4.90%
68910 Debt Reserve Fund Transfer	460	460	0.00%	460	0.00%	460	0.00%	460	0.00%	460	0.00%
FISCAL SERVICES	1,962,491	1,952,387	-0.51%	2,037,423	4.36%	2,133,495	4.72%	2,234,175	4.72%	2,339,489	4.71%
EXCESS OF REVENUE OVER EXPENSE	-	-	-	-	-	-	-	-	-	-	-
WATER FUND EXPENSE	3,899,819	4,098,856	5.10%	4,252,932	3.76%	4,413,171	3.77%	4,579,819	3.78%	4,753,134	3.78%

Capital Project listing

2023 & Prior Year project in Progress

Unaudited - December 31, 2023

ACCT	PROJ	CAPITAL PROJECT	BUDGET
Administration			
485554	21004	Printer renewal - city wide	80,000
485532	20017	Welcome Sign	25,000
485620	22001	Council Chambers - A/V upgrades	75,000
485623	22003	GIS - Software upgrades - connectivity	45,000
485624	22004	Tempest - upgrades for E-com/e-apply, mobile	86,385
485625	22005	ERP Upgrades - accounting and payroll systems	50,000
485666	23001	Server Upgrade/Refresh - ERRF Cycle	325,000
485670	23006	Computer Equipment Replacement	86,000
Fire			
485351	19003	19 - Firehall - Structural Prep	88,000
485626	22006	Confined Space Equipment Replacement	30,000
485627	22007	Replace Garage Door Openers (7)	50,000
Transportation			
485560	21011	Replace 2007 Volvo Tandem Dump Truck #265	196,707
485561	21012	Replace 2005 Ford F350 W/Comp Body #520	120,532
485628	22008	Replace 2007 GMC 5500 W/SERVICE BOX #140	134,000
485629	22009	Replace 2009 DODGE 5500 SERVICE TRUCK #141	112,000
485630	22010	Replace 2007 GMC C5500 Utility Dump Trk #240	140,000
485633	22013	Replace 2007 JOHN DEERE TRACTOR 5625 #624	110,000
485634	22014	Replace 2010 KUBOTA F3680 MOWER #625	53,000
485671	23007	Replace 2007 Dodge Dakota	70,000
485672	23008	Replace Ladder Truck 2 (Aerial Platform Apparatus)	1,994,358
485673	23009	Replace 1998 GMC 4.5M3 Dump Truck #259	288,000
485674	23010	Replace 1999 GMC 4.5M3 Dump Truck #260	288,000
485675	23011	Replace 2004 Ford F450 w/Utility Dump Box #263	145,000
485676	23012	Replace 1997 Big 40 Diesel Miller Welder #393	10,000
485677	23013	Replace 2018 Freightliner Garbage Truck #401 - moved from 2024*	523,940
485678	23014	Replace 2005 Ford F250 4X4 Pickup #610	47,501

ACCT	PROJ	CAPITAL PROJECT	BUDGET
485679	23015	Replace 2005 GMC TC5500 152" WB (Hort) #614	145,000
485680	23016	Replace 2005 GMC TC5500 128" WB (Util) #615	145,000
485681	23017	Replace 2008 Ford Ranger 4X4 Pickup #627	83,500
485682	23018	Replace 2007 Dodge Caliber #721	50,600
Paving			
485567	21032	Redford & 10th Ave intersection - associated w/ signal repairs	35,000
485635	22015	7th Ave - Redford St to Bute St 180m (ptp, st, sani, wtr)	420,000
485636	22016	Argyle / 10th Roundabout (ptp, w, st, s) Design only	135,000
485637	22017	Argyle 1st to 3rd Avenue - CSO	100,000
485640	22019	Wallace - 4th to 6th Ave - Paving	60,000
485691	23027	Paving - Ship Creek Road	300,000
485683	23019	Road Network Survey	150,000
485684	23020	Anderson at North Park reconstruction	150,000
485685	23021	Intersection Safety #1a Gertrude/Roger	230,000
485567	21032	10th Ave/Dunbar & 10th/Redford intersections	410,000
		Burde & Anderson Development	1,170,000
Traffic Upgrades			
485568	21033	Redford & 10th Ave intersection - signals & looping	20,000
485642	22023	3rd Ave/Argyle Street - Signal Controller Replacement	27,000
485685	23021	Intersection Safety #1a Gertrude/Roger	60,000
485686	23022	Traffic Signal Controller Replacement - 3rd Ave and Redford	96,000
Storm			
485524	20009	Relining program Multiple 6th Ave-Montrose to Melrose	300,000
485571	21035	Margaret St Storm Pump Upgrade	225,000
485639	22021	Wallace - 4th to 6th Ave - Storm	60,000
485641	22022	Anderson Road - Wallace to Maitland St	40,000
485643	22024	Re-lining Project (Coal Creek - 3rd Ave Xing/ South St - 2nd to 3rd/ 6th Ave - Mont to Mel)	300,000
485644	22025	CSO - 7th Ave-Redford to Bute 180m (ptp, st, sani, wtr)	95,000
		CSO Project aligned with sewer project	380,000
PW Other			
485573	21014	City Hall Window replacement	80,000
485586	21024	Child Care Spaces - Grant	5,183,103

ACCT	PROJ	CAPITAL PROJECT	BUDGET
Cultural Services			
485577	21018	McLean Mill Septic site upgrades	279,500
485689	23025	McLean Mill Capital Projects - Heritage	154,758
PRH	(Parks)		
485310	15482	Clock Tower Repair/Removal Plan	706,171
485542	20029	Connect The Quays	5,841,411
485549	21020	Train Station Seismic upgrades	860,000
485690	23026	Train Station - Phase II	320,000
485645	22026	Victoria Quay Millstone Park Connector Foot Bridge	115,000
485660	22040	22 - Tree planting	75,000
485669	23004	23- Tree planting	76,500
485687	23024	Linking Roger Creek Trails	725,978
485720	23100	Kitsuksis Path Paving	55,000
485721	23099	Echo Park Field upgrade	140,000
485688	23023	Lon Miles & Recreation Park field upgrades	100,000
Facilities Upgrade			
485667	23002	Curling Rink ice plant contribution	40,000
485668	23003	Somass Mill - redevelopment funding	2,200,000
Sewer Capital			
565438	20088	Johnston Rd Elizabeth to Gertrude 120m 300mm Reline	95,000
565439	20089	Harbour Rd/Bruce St Outfall Reline	100,000
565445	20095	SCADA upgrade	75,000
565448	21041	CSO consulting	80,000
565450	22061	Argyle Forcemain Somass River Crossing project	3,660,000
565451	22062	Argyle 1st to 3rd Avenue - CSO - design	15,000
565452	22063	2023 Capital project design	60,000
565453	22064	Anderson Road - Wallace to Maitland St	4,000
565454	22065	Argyle / 10th Roundabout (ptp, w, st, s) Design only	15,000
565455	22066	CSO - 7th Ave-Redford to Bute 180m (\$79K in 2022 & \$270K in 2023)	349,000
565457	22067	Sewer Crawler	115,000
565458	23071	Josephine Forcemain Detailed Design & Geotech	250,000
565459	23072	Small Capital Main Replacements	100,000

ACCT	PROJ	CAPITAL PROJECT	BUDGET
Water Capital			
525435	20085	SCADA Software Upgrade	75,000
525446	22051	Argyle / 10th Roundabout (ptp, w, st, s) Design only	15,000
525447	22052	Wallace - 4th to 6th Ave	10,000
525448	22053	Anderson Road - Wallace to Maitland St	40,000
525449	22054	Cowichan Reservoir to Burde St. New Twin Main Ph 6 - design	95,000
525451	22055	CSO - 7th Ave-Redford to Bute 180m (203K 2022)	203,000
525542	23050	Small Capital Water projects	100,000
525543	23051	Dunbar St-10th Ave to 11th Ave loop 200mm PVC	100,000
525544	23053	Bainbridge Plant to Cowichan Reservoir Supply Main Replacement	150,000
525545	23054	Cowichan Reservoir to Burde St. New Twin Main Ph 6	2,100,000
525546	23055	Burde St-11th Ave to Estevan 650m - Development	160,000
525547	23056	CSO - Argyle (1st-3rd) (240m st,w, CSO)	115,000
525548	23057	CSO - 6th Ave Bruce -Melrose	48,000
525550	23059	2023 Water meter replacements	300,000
525549	23058	CSO - Wallace 4th - 6th (120m)	25,000

OPERATING CAPITAL PROJECTS 2024	Taxation	Land Sale	ERRF	Growing Communities Fund	Gas Tax	Grant Funding	RCMP Surplus	Capital Works	Carbon Reserve	Parks & Rec Reserve	Aquatic Centre Replacement	DCC (Combined)	AV Community Forest	Parkland Acquisition	Water Capital	Sewer Capital	Total Project Expenditure
FUNDING SOURCES																	
STRATEGIC CAPITAL PROJECTS 2024																	
Connect the Quays pathway	-	-	-	1,253,411	-	-	-	-	-	-	-	-	-	-	-	-	1,253,411
Master Plan funding - combined	-	-	-	1,053,800	-	-	-	-	-	-	-	-	-	-	-	-	1,053,800
Tree funding - paused in 2024	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	2,307,211	-	-	-	-	-	-	-	-	-	-	-	-	2,307,211
ADMINISTRATION																	
Network Switch replacement	130,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	130,000
Computer Equipment Replacement	-	-	86,400	-	-	-	-	-	-	-	-	-	-	-	-	-	86,400
	130,000	-	86,400	-	-	-	-	-	-	-	-	-	-	-	-	-	216,400
FIRE DEPARTMENT																	
Fueling Station	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000
Replace Exhaust Extraction Equipment	5,000	-	43,068	-	-	-	-	-	-	-	-	-	-	-	-	-	48,068
	45,000	-	43,068	-	-	-	-	-	-	-	-	-	-	-	-	-	88,068
TRANSPORTATION SERVICES																	
Prior year - Replace 2007 GMC 5500 W/SERVICE BOX #140 - cost escalation	67,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67,000
Prior year - Replace 2009 DODGE 5500 SERVICE TRUCK #141	60,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,000
Replace 2008 Dodge Ram 2500 PU (Carpenter) #151	25,466	-	34,834	-	-	-	-	-	-	-	-	-	-	-	-	-	60,300
Replace 2006 LANGFAB DUMP PUP TRAILER - #367	28,143	-	45,657	-	-	-	-	-	-	-	-	-	-	-	-	-	73,800
Replace 1992 Ingersoll Rand Compressor/Trailer #377	-	-	29,600	-	-	-	-	-	-	-	-	-	-	-	-	-	29,600
Replace 1996 TRIPLE AXLE TILT TRAILER - #388	42,499	-	47,501	-	-	-	-	-	-	-	-	-	-	-	-	-	90,000
Replace 2007 FORD F350 PICKUP (CARPENTER) #622	35,970	-	39,030	-	-	-	-	-	-	-	-	-	-	-	-	-	75,000
Replace 2013 TORO MOWER #633	13,000	-	122,147	-	-	-	-	-	-	-	-	-	-	-	-	-	135,147
New - Manager of Operations - Compact SUV	-	-	-	-	-	-	-	-	43,000	-	-	-	-	-	-	-	43,000
New - Superintendent Roads and Drainage - Compact SUV	-	-	-	-	-	-	-	-	43,000	-	-	-	-	-	-	-	43,000
New - Facilities - Compact SUV	-	-	-	-	-	-	-	-	43,000	-	-	-	-	-	-	-	43,000
	272,078	-	318,769	-	-	-	-	-	129,000	-	-	-	-	-	-	-	719,847
PAVING & ROAD CONSTRUCTION																	
Design for future Capital projects	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital plan designed in prior years on priority listing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TRAFFIC UPGRADES																	
Intersection safety	150,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000
	150,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000
STORM																	
CSO - 3rd Avenue Storm	380,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	380,000
	380,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	380,000
WORKS - OTHER																	
Crane replacement	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000
Total Station Survey Instrument - ERRF	-	-	53,835	-	-	-	-	-	-	-	-	-	-	-	-	-	53,835
	15,000	-	53,835	-	-	-	-	-	-	-	-	-	-	-	-	-	68,835
PARKS																	
John Deer overseeder	16,675	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,675
Bob Dailey Track - Line repainting	23,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,000
Sports field upgrading	157,550	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	157,550
	197,225	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	197,225
CULTURAL SERVICES																	
McLean Mill Capital Projects (heritage)	30,000	-	-	-	-	89,900	-	-	-	-	-	-	-	-	-	-	119,900
	30,000	-	-	-	-	89,900	-	-	-	-	-	-	-	-	-	-	119,900
PARKS, RECREATION & CULTURE																	
Replace 1997 CLARKE FLOOR SCRUBBER - ERRF	-	-	18,842	-	-	-	-	-	-	-	-	-	-	-	-	-	18,842
Facilities Upgrades																	
Echo Centre - Tables and Chairs	14,850	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14,850
Multiplex - Stereo System	33,600	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,600
City Hall - Front & Council Chamber entrance reconfiguration	100,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100,000
Public Works - Boiler replacement	402,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	402,500
Harbour Quay - Rot repair and window replacement	23,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23,000
Train Station - Water Tower Structure	15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000
Fire Hall - design - Renovate Upper Shower Facilities	10,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,500
Multiplex - Dehumidifier replacement study (grant)	-	-	-	-	-	50,000	-	-	-	-	-	-	-	-	-	-	50,000
	599,450	-	18,842	-	-	50,000	-	-	-	-	-	-	-	-	-	-	668,292
WATER WORKS																	
Watershed Masterplan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50,000	-	50,000
Franklin River Rd-Supply Main Replace.- Design - Ph 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35,000	-	35,000
Light Plant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,000	-	30,000
Water Masterplan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000	-	150,000
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	265,000	-	265,000
SEWER SYSTEM																	
Sewer Flow monitoring	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,000	30,000
Josephine Sewer Forcemain Replacement - design	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	105,000	105,000
CSO - 3rd Avenue Storm	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72,311	72,311
CSO - Burde St - 9th to North Park	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,242,000	1,242,000
Decommission old lagoon - consulting/ARO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30,000	30,000
South Street raised sewer culvert replacement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	150,000	150,000
Sewer Masterplan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200,000	200,000
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,829,311	1,829,311
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL GENERAL CAPITAL 2024	1,818,753	-	520,914	2,307,211	-	139,900	-	-	129,000	-	-	-	-	-	265,000	1,829,311	7,010,089
OPERATING CAPITAL PROJECTS 2025																	
FUNDING SOURCES																	
ADMINISTRATION																	
Computer Equipment Replacement	-	-	88,848	-	-	-	-	-	-	-	-	-	-	-	-	-	88,848
	-	-	88,848	-	-	-	-	-	-	-	-	-	-	-	-	-	88,848

FIRE DEPARTMENT																	
Turnout Gear	25,000																25,000
Replace 1998 Jordair Compressor			65,000														65,000
Replace 2011 CHEV SILVERADO 4X4 #13 (from 2024)			60,564														60,564
Replace 2006 Ford F550 Rescue Truck #8 (from 2021 & 24)			128,961														128,961
Reno - Showers to downstairs, separating /hot/warm/cold zones	TBD - study 2024																-
Parking lot upgrade	92,000																92,000
	117,000		254,525														371,525
TRANSPORTATION SERVICES																	
Replace 2008 Dodge Ram 3500 Flatdeck (shop) #150			46,182														46,182
Replace 2011 Freightliner Asphalt Patch Truck #266			415,000														415,000
Replace 2013 Volvo Dump Tandem Axle #267			194,386														194,386
2005 John Deere Loader #350			288,285														288,285
Replace 2005 Volvo Grader #355			306,818														306,818
Replace 1990 Britco Office Trailer #369			26,258														26,258
Replace 1996 Wells Cargo Trailer (Swr) #389			14,118														14,118
Replace 1995 BOMAG ROLLER #395			60,696														60,696
Replace 2004 CHEV 3500 CUBE VAN (used) #616			51,724														51,724
Replace 2006 FORD E350 15 PASSENGER VAN #619			62,016														62,016
Replace 2018 Freightliner Garbage Truck #402 - 2024	145,440		443,060														588,500
Replace 2018 Freightliner Garbage Truck #403	145,440		443,060														588,500
Replace 2012 Chev 3500 Service Truck #521			77,681														77,681
Solid Waste Pickup Truck - new			85,000														85,000
Replace 2014 Toyota Tacoma #522			50,470														50,470
Replace 2015 Ventrac Mower			41,184														41,184
	290,880		2,605,938														2,896,818
PAVING & ROAD CONSTRUCTION																	
Design for future Capital projects	250,000																250,000
Capital plan designed in prior years on priority listing	800,000																800,000
	1,050,000																1,050,000
TRAFFIC UPGRADES																	
Intersection safety	150,000																150,000
	150,000																150,000
STORM																	
CSO projects	380,000																380,000
	380,000																380,000
WORKS-OTHER																	
PARKS																	
Bob Dailey Stadium - Paint	21,850																21,850
Roger Creek Park - Zipline installation	34,500																34,500
Tree Planting	79,590																79,590
	135,940																135,940
CULTURAL SERVICES																	
McLean Mill Capital Projects	30,000					89,900											119,900
	30,000					89,900											119,900
PARKS, RECREATION & CULTURE																	
Facilities Upgrade																	
Parks Yard - Roof Replacement	100,000																100,000
Aquatic Centre - UV replacement, LED pool lights & Lobby	53,100																53,100
Multiplex - Handrailing	50,000																50,000
Multiplex - Replacement Propane Zamboni	137,500																137,500
Multiplex - Replace Rink Boards on Weyerhaeuser	500,000																500,000
Museum - Security and washroom flooring	10,000																10,000
City Hall - Committee room updates	30,000																30,000
City Hall - Westside door replacement	15,000																15,000
Public Safety Building - Safety Assessment	20,000																20,000
Echo Centre - Cedar room dividers	40,000																40,000
Echo Centre - Flooring - Fir room, furniture and offices	10,000																10,000
Echo Centre - Blinds and furniture	11,500																11,500
Echo Centre - Safety upgrades	45,000																45,000
Glenwood - tables and chairs	10,000																10,000
Echo Park Field House - East side gutters	35,000																35,000
Rec Park - Concession - roof and gutter	10,280																10,280
All Caretaker facilities, public washrooms and out buildings	10,000																10,000
Public Works Yard - Windows	5,000																5,000
McLean Mill - historic site building work	25,000																25,000
RCMP - Boardroom office reno	17,000																17,000
RCMP - Cabinets	16,000																16,000
	1,150,380																1,150,380
WATER WORKS																	
Design for future Capital projects															100,000		100,000
Capital plan designed in prior years on priority listing														1,250,000			1,250,000
														1,350,000			1,350,000
SEWER																	
Design for future Capital projects																100,000	100,000
Sewer Flow monitoring															40,000		40,000
Capital plan designed in prior years on priority listing														1,200,000			1,200,000
															1,340,000		1,340,000
TOTAL CAPITAL 2025	3,304,200		2,949,311			89,900									1,350,000	1,340,000	9,033,411
OPERATING CAPITAL PROJECTS 2026																	
FUNDING SOURCES																	
	Taxation	Land Sale	ERRF	Growing Communities Fund	Gas Tax	Grant Funding	RCMP Surplus	Capital Works	Carbon Reserve	Parks & Rec Reserve	Aquatic Centre Replacement	DCC (Combined)	AV Community Forest	Parkland Acquisition	Water Capital	Sewer Capital	Total Project Expenditure
ADMINISTRATION																	
Computer Equipment Replacement			90,325														90,325

	-	-	90,325	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90,325
FIRE DEPARTMENT																		
Parking lot renewal	110,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110,000
	110,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110,000
TRANSPORTATION SERVICES																		
Replace 2014 TYMCO SWEEPER #411			367,220															367,220
Replace 2011 GMC SIERRA P/U #629			49,008															49,008
Replace 2013 TOYOTA TACOMA #630			35,006															35,006
Replace 2013 TOYOTA TACOMA #632			35,006															35,006
			486,240															486,240
PAVING & ROAD CONSTRUCTION																		
Design for future Capital projects	250,000																	250,000
Capital plan designed in prior years on priority listing	800,000																	800,000
	1,050,000																	1,050,000
TRAFFIC UPGRADES																		
Traffic Signal Controller Replacement	50,000																	50,000
	50,000																	50,000
STORM																		
CSO projects	380,000																	380,000
	380,000																	380,000
WORKS-OTHER																		
Garbage Carts			630,109															630,109
			630,109															630,109
PARKS																		
Maquinna trail - Bridge replacement	22,425																	22,425
Tree Planting	81,182																	81,182
	103,607																	103,607
CULTURAL SERVICES																		
McLean Mill Capital Projects	30,000					89,900												119,900
	30,000					89,900												119,900
PARKS, RECREATION & CULTURE																		
Facilities Upgrade	1,835,000																	1,835,000
	1,835,000																	1,835,000
WATER WORKS																		
Design for future Capital projects																100,000		100,000
Capital plan designed in prior years on priority listing																1,200,000		1,200,000
																1,300,000		1,300,000
SEWER SYSTEM																		
Capital plan designed in prior years on priority listing																	900,000	900,000
Sewer Flow monitoring																	40,000	40,000
LWMP Update per regulatory requirements																	200,000	200,000
																1,300,000	1,140,000	1,140,000
TOTAL CAPITAL 2026	3,558,607	-	1,206,674	-	-	89,900	-	-	-	-	-	-	-	-	-	1,300,000	1,140,000	7,295,181
OPERATING CAPITAL PROJECTS 2027																		
FUNDING SOURCES	Taxation	Land Sale	ERRF	Communities Fund	Gas Tax	Grant Funding	RCMP Surplus	Capital Works	Carbon Reserve	Parks & Rec Reserve	Aquatic Centre Replacement	DCC (Combined)	AV Community Forest	Parkland Acquisition	Water Capital	Sewer Capital	Total Project Expenditure	
ADMINISTRATION																		
ERP Replacement	250,000		250,000															500,000
Computer Equipment Replacement			95,325															95,325
	250,000		345,325															595,325
TRANSPORTATION SERVICES																		
Replace 1992 HIWAY STREET SANDER #378			21,852															21,852
Replace 2014 NISSAN NV VAN 2500 SERIES (water) #523			57,130															57,130
Replace TYCROP TOP DRESSER #626			42,847															42,847
Replace 2015 Dodge Durango - BEO #130			53,038															53,038
			174,867															174,867
FIRE DEPARTMENT																		
Replace Thermal Cameras	55,000																	55,000
Fire Pump Test Pit	50,000																	50,000
Replace portable Radios	85,000																	85,000
Replace High Angle Rope Equipment	50,000																	50,000
	240,000																	240,000
PAVING & ROAD CONSTRUCTION																		
Design for future Capital projects	250,000																	250,000
Capital plan designed in prior years on priority listing	800,000																	800,000
	1,050,000																	1,050,000
TRAFFIC UPGRADES																		
Traffic Signal Controller Replacement	33,000																	33,000
	33,000																	33,000
STORM																		
CSO projects	380,000																	380,000
	380,000																	380,000
WORKS-OTHER																		
PARKS																		
Quonset hut replacement	128,800																	128,800
Tree Planting	81,182																	81,182
	209,982																	209,982
CULTURAL SERVICES																		
McLean Mill Capital Projects	30,000					89,900												119,900
	30,000					89,900												119,900
PARKS, RECREATION & CULTURE																		
Facilities Upgrade	1,000,000																	1,000,000
	1,000,000																	1,000,000

WATER WORKS																		100,000	100,000	
Design for future Capital projects																		1,200,000	1,200,000	
Capital plan designed in prior years on priority listing																		1,300,000	1,300,000	
SEWER SYSTEM																				
Design for future Capital projects																			1,200,000	1,200,000
Harbour Road Trunk Sewer Replacement (2022 project delayed - June 13, 2022) - Further investigation - maint. Work completed																		300,000	300,000	
CSO - Masterplan																		230,000	230,000	
																			1,730,000	1,730,000
TOTAL CAPITAL 2027	2,142,982	-	520,192	-	-	89,900	-	-	-	-	-	-	-	-	-	-	1,300,000	1,730,000	5,783,074	
OPERATING CAPITAL PROJECTS 2028																				
FUNDING SOURCES	Taxation	Land Sale	ERRF	Communities Fund	Gas Tax	Grant Funding	RCMP Surplus	Capital Works	Carbon Reserve	Parks & Rec Reserve	Aquatic Centre Replacement	DCC (Combined)	AV Community Forest	Parkland Acquisition	Water Capital	Sewer Capital	Total Project Expenditure			
ADMINISTRATION																				
ERP Replacement	250,000		250,000															500,000		
Computer Equipment Replacement			95,325															95,325		
	250,000	-	345,325	-	-	-	-	-	-	-	-	-	-	-	-	-		595,325		
TRANSPORTATION SERVICES																				
FIRE DEPARTMENT																				
SCBA Changeout			262,226															262,226		
			262,226															262,226		
PAVING & ROAD CONSTRUCTION																				
Design for future Capital projects	250,000																	250,000		
Capital plan designed in prior years on priority listing	800,000																	800,000		
	1,050,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		1,050,000		
TRAFFIC UPGRADES																				
Traffic Signal Controller Replacement	33,000																	33,000		
	33,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		33,000		
STORM																				
CSO projects	380,000																	380,000		
	380,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		380,000		
WORKS-OTHER																				
PARKS																				
Russell Field - Basketball surface and backboard up	34,500																	34,500		
Tree Planting	81,182																	81,182		
	115,682	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		115,682		
CULTURAL SERVICES																				
McLean Mill Capital Projects	30,000					89,900												119,900		
	30,000	-	-	-	-	89,900	-	-	-	-	-	-	-	-	-	-		119,900		
PARKS, RECREATION & CULTURE																				
Facilities Upgrade	500,000																	500,000		
	500,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		500,000		
WATER WORKS																				
Design for future Capital projects																		100,000	100,000	
Capital plan designed in prior years on priority listing																		1,200,000	1,200,000	
																		1,300,000	1,300,000	
SEWER SYSTEM																				
Design/construction for future Capital projects																			1,200,000	1,200,000
																			1,200,000	1,200,000
TOTAL CAPITAL 2028	2,358,682	-	607,551	-	-	89,900	-	-	-	-	-	-	-	-	-	-	1,300,000	1,200,000	5,556,133	



CITY OF PORT ALBERNI
ALBERNI VALLEY COMMUNITY FOREST RESERVE
Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Beginnig Balance	598,452	598,452	850,421	1,107,429	1,369,578	1,636,970
Dividends Received	-	250,000	250,000	250,000	250,000	250,000
Donations Received	-	-	-	-	-	-
Investment Income	10,000	11,969	17,008	22,149	27,392	32,739
	<u>10,000</u>	<u>261,969</u>	<u>267,008</u>	<u>272,149</u>	<u>277,392</u>	<u>282,739</u>
EXPENSES						
Transfer to Other Funds	-	-	-	-	-	-
Projects and Expenses	10,000	10,000	10,000	10,000	10,000	10,000
	<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>10,000</u>
REVENUE OVER EXPENSES	<u>-</u>	<u>251,969</u>	<u>257,008</u>	<u>262,149</u>	<u>267,392</u>	<u>272,739</u>
FUND EQUITY - ENDING	<u>2,749,958</u>	<u>3,001,927</u>	<u>3,258,935</u>	<u>3,521,084</u>	<u>3,788,476</u>	<u>4,061,215</u>
Reserve balance	<u>598,452</u>	<u>850,421</u>	<u>1,107,429</u>	<u>1,369,578</u>	<u>1,636,970</u>	<u>1,909,709</u>



CITY OF PORT ALBERNI
Canada Community-Building Fund /Capital Works
Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Investment Income	35,000	55,233	0	0	0	0
New Deal Gas Tax Funds	835,923	872,264	-	-	-	-
Miscellaneous	-	-	-	-	-	-
	<u>870,923</u>	<u>927,497</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
EXPENSES						
Gas Tax - capital projects - prior years		2,897,843	-	-		-
Gas Tax - operating to allocate in 2024	-	791,304	-	-		-
	<u>(265,077)</u>	<u>3,689,147</u>	<u>-</u>	<u>-</u>		<u>-</u>
REVENUE OVER EXPENSES	<u>(265,077)</u>	<u>(2,761,650)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
FUND EQUITY - ENDING	<u>\$ 2,761,650</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>



CITY OF PORT ALBERNI
CARBON TRUST RESERVE FUND
Unaudited

	2023	2024	2025	2026	2027	2028
Beginning Balance	305,119	504,409	389,809	496,809	698,809	900,809
Contributions	200,000	200,000	200,000	200,000	200,000	200,000
Investment Income	2,000	2,000	2,000	2,000	2,000	2,000
	<u>202,000</u>	<u>202,000</u>	<u>202,000</u>	<u>202,000</u>	<u>202,000</u>	<u>202,000</u>
EXPENSES						
Transfer to Other Funds	-	-	-	-	-	-
Projects and Expenses						
Vehicle purchase		129,000				
Connect the Quays - use in future year		90,000				
Replace 2007 Dodge Caliber #721		22,600				
Operational - Climate Action planning resource	-	75,000	95,000	-	-	-
	<u>-</u>	<u>316,600</u>	<u>95,000</u>	<u>-</u>	<u>-</u>	<u>-</u>
REVENUE OVER EXPENSES	<u>202,000</u>	<u>(114,600)</u>	<u>107,000</u>	<u>202,000</u>	<u>202,000</u>	<u>202,000</u>
FUND BALANCE	<u>504,409</u>	<u>389,809</u>	<u>496,809</u>	<u>698,809</u>	<u>900,809</u>	<u>1,102,809</u>



CITY OF PORT ALBERNI
CEMETERY TRUST FUND
Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Sale Proceeds	3,000	3,000	3,000	3,000	3,000	3,000
Investment Income	7,500	2,952	3,012	3,072	3,133	3,195
	<u>10,500</u>	<u>5,952</u>	<u>6,012</u>	<u>6,072</u>	<u>6,133</u>	<u>6,195</u>
EXPENSES						
Transfer to General Revenue	<u>2,000</u>	<u>2,001</u>	<u>2,001</u>	<u>2,001</u>	<u>2,001</u>	<u>2,001</u>
REVENUE OVER EXPENDITURE	<u>8,500</u>	<u>3,951</u>	<u>4,011</u>	<u>4,071</u>	<u>4,132</u>	<u>4,194</u>
FUND EQUITY - ENDING	<u>196,827</u>	<u>200,778</u>	<u>204,789</u>	<u>208,860</u>	<u>212,992</u>	<u>217,186</u>



CITY OF PORT ALBERNI
DEVELOPMENT COST CHARGES RESERVE FUND
Unaudited

	2023	2024	2025	2026	2027	
RECEIPTS						
Contributions	200,000	200,000	200,000	200,000	200,000	200,000
Investment Income	75,000	63,556	68,827	74,204	79,688	85,282
	<u>275,000</u>	<u>263,556</u>	<u>268,827</u>	<u>274,204</u>	<u>279,688</u>	<u>285,282</u>
EXPENSES						
Transfer to Other Funds	-	-	-	-	-	-
Acquisitions and Expenses	-	-	-	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
REVENUE OVER EXPENSES	<u>275,000</u>	<u>263,556</u>	<u>268,827</u>	<u>274,204</u>	<u>279,688</u>	<u>285,282</u>
FUND EQUITY - ENDING	<u>3,177,801</u>	<u>3,441,357</u>	<u>3,710,184</u>	<u>3,984,388</u>	<u>4,264,076</u>	<u>4,549,357</u>



CITY OF PORT ALBERNI
EQUIPMENT REPLACEMENT RESERVE FUND
Unaudited

	2023	2024	2025	2026	2027	2028
Sale of Equipment	-	45,000				
Investment Income	104,523	104,523	70,913	34,179	28,125	36,479
Transfers from General Revenue	70,000	70,000	70,000	70,000	70,000	70,000
Contributions - ERRF Schedule	704,297	725,426	761,697	799,782	839,771	881,760
	878,820	944,948	902,610	903,961	937,896	988,239
EXPENSES						
Prior year ERRF planned exp.	-	2,104,515				
ERRF funding borrowed (Train Station) - returned in 2025	-	-	(210,000)			
Equipment Purchases	-	520,914	2,949,311	1,206,674	520,192	345,325
	-	2,625,429	2,739,311	1,206,674	520,192	345,325
REVENUE OVER EXPENSES	878,820	(1,680,481)	(1,836,700)	(302,713)	417,704	642,914
FUND EQUITY - ENDING	5,226,129	3,545,648	1,708,948	1,406,235	1,823,939	2,049,149



**CITY OF PORT ALBERNI
GROWING COMMUNITIES FUND**

Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Balance forward	5,389,562	3,244,038	3,308,919	3,358,552	3,408,931	3,460,065
Investment Income	161,687	64,881	49,634	50,378	51,134	51,901
	<u>5,551,249</u>	<u>3,308,919</u>	<u>3,358,552</u>	<u>3,408,931</u>	<u>3,460,065</u>	<u>3,511,966</u>
EXPENSES (Future projects will be identified after MP)						
General Fund - Masterplans	1,053,800	-	-	-	-	-
Connect the Quays - Phase 3	1,253,411					
	<u>2,307,211</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
REVENUE OVER (UNDER) EXPENSES	<u>3,244,038</u>	<u>3,308,919</u>	<u>3,358,552</u>	<u>3,408,931</u>	<u>3,460,065</u>	<u>3,511,966</u>
Reserve Fund - Year end balance	<u>3,244,038</u>	<u>3,308,919</u>	<u>3,358,552</u>	<u>3,408,931</u>	<u>3,460,065</u>	<u>3,511,966</u>



**CITY OF PORT ALBERNI
LAND SALE RESERVE FUND**

Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Sale of Property	96,564	96,564	200,000	203,000	206,045	209,136
Investment Income	-	1,200,000	3,000	3,045	3,091	3,137
Transfer from RCMP Surplus	-	-	-	-	-	-
Transfer from Off Street Parking Res	-	-	-	-	-	-
	<u>96,564</u>	<u>1,296,564</u>	<u>203,000</u>	<u>206,045</u>	<u>209,136</u>	<u>212,273</u>
EXPENSES						
Transfer to Other Funds	-	-	-	-	-	-
Somass Funding - 2023	-	1,200,000	-	-	-	-
	<u>-</u>	<u>1,200,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
REVENUE OVER EXPENSES	<u>96,564</u>	<u>96,564</u>	<u>203,000</u>	<u>206,045</u>	<u>209,136</u>	<u>212,273</u>
FUND EQUITY - ENDING	<u>96,564</u>	<u>96,564</u>	<u>203,000</u>	<u>206,045</u>	<u>209,136</u>	<u>212,273</u>



**CITY OF PORT ALBERNI
PARKLAND ACQUISITION RESERVE**

Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Investment Income	\$ 10,000	\$ 9,396	\$ 6,452	\$ 6,581	\$ 6,713	\$ 6,847
Sale of Parkland	-	-	-	-	-	-
Parkland Dedication Deposits	-	-	-	-	-	-
Historical correction	-	-	-	-	-	-
	10,000	9,396	6,452	6,581	6,713	6,847
EXPENSES						
Acquisition of Parkland	-	-	-	-	-	-
	-	-	-	-	-	-
REVENUE OVER (UNDER) EXPENSES	10,000	9,396	6,452	6,581	6,713	6,847
FUND EQUITY - ENDING	\$ 313,210	\$ 322,606	\$ 329,058	\$ 335,640	\$ 342,352	\$ 349,199

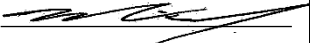


CITY OF PORT ALBERNI
PARKS AND RECREATION CAPITAL RESERVE
Unaudited

	2023	2024	2025	2026	2027	2028
RECEIPTS						
Balance forward	2,497,763	2,218,472	568,967	671,759	780,678	896,049
Investment Income	25,000	44,369	11,379	13,435	15,614	17,921
Recreation Services Surcharge	75,645	77,536	81,413	85,484	89,758	94,246
Other Deposits	25,000	10,000	10,000	10,000	10,000	10,000
Transfers	-	-	-	-	-	-
Sale of Property	-	-	-	-	-	-
	<u>2,623,408</u>	<u>2,350,378</u>	<u>671,759</u>	<u>780,678</u>	<u>896,049</u>	<u>1,018,216</u>
EXPENSES						
Parks & Recreation - committed 2023 & prior	-	1,781,411	-	-	-	-
New expenditures	-	-	-	-	-	-
	<u>-</u>	<u>1,781,411</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
REVENUE OVER (UNDER) EXPENSES	<u>2,623,408</u>	<u>568,967</u>	<u>671,759</u>	<u>780,678</u>	<u>896,049</u>	<u>1,018,216</u>
FUND EQUITY - ENDING	<u>2,218,472</u>	<u>568,967</u>	<u>671,759</u>	<u>780,678</u>	<u>896,049</u>	<u>1,018,216</u>

Date: February 5, 2024
File No: 0360-20-CAT

To: Committee of the Whole
From: M. Fox, CAO
Subject: Port Alberni CAT Blueprint Strategies | Toxic Drugs

Prepared by: <i>M.C. MASSICOTTE</i> MANAGER OF COMMUNITY SAFETY & SOCIAL DEVELOPMENT	Supervisor: <i>D. MONTEITH</i> DIRECTOR OF CORPORATE SERVICES	CAO Concurrence:  M. Fox
--	--	---

RECOMMENDATION[S]

*THAT the Committee of the Whole recommend that Council endorse the Port Alberni Community Action Team document entitled *Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia* dated February 20, 2024.*

PURPOSE

The purpose of this report is for the Committee of the Whole to consider recommending Council endorse the Port Alberni Community Action Team *Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia*.

BACKGROUND

In response to the Provincial Public Health Emergency declaration on April 14, 2016, Community Action Teams (CAT) were created by the Ministry of Mental Health and Addictions through the Community Action Initiative. Port Alberni was one of the communities identified as being high risk for the opioid overdose crisis and was one of the first CATs in the Province.

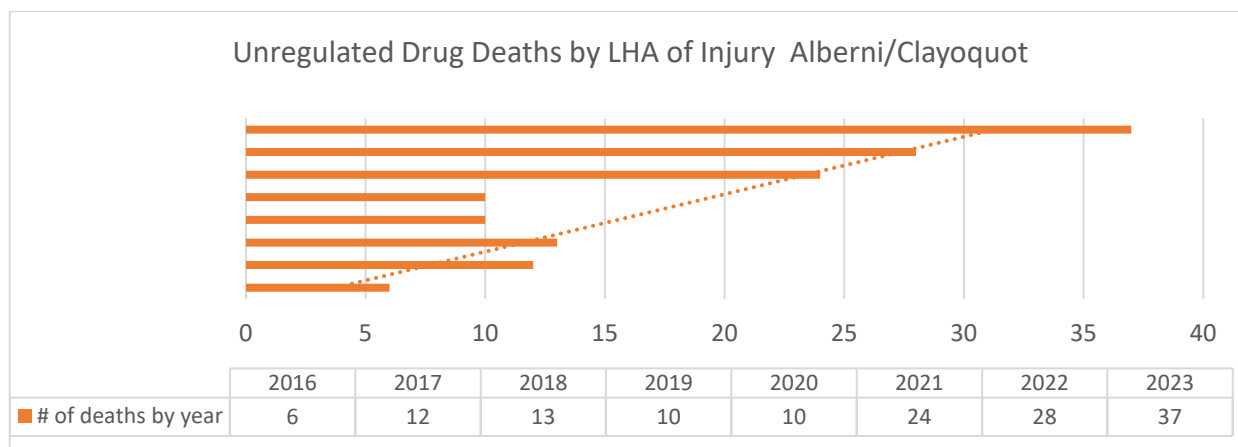
The Port Alberni CAT is an administrative committee of the City reporting to the Manager of Community Safety and Social Development. The CAT team is comprised of:

- First Nations
- Elected officials and City of Port Alberni officials
- Persons with Lived/Living Experience
- Health Care Professionals such as the Medical Health Officer, Clinicians, and Island Health representatives
- Mental Health and Substance Use providers
- First Responder agencies (RCMP, Fire, and BCEHS) and Public Safety departments and agencies
- Social Service agencies
- Chamber of Commerce
- Other agencies and organizations, as appropriate

In 2023, there were 2,522 suspected unregulated drug deaths. This is the highest number of suspected deaths ever recording in a year, 5% higher than the number of deaths in 2022 (2,383). This equates to 7.2 deaths per day. Alberni/Clayoquot had 37 deaths in 2023.

By Local Health Area, in 2023, the highest rates of death were in Vancouver – Centre North, Hope, Alberni-Clayoquot, Terrace, and Greater Campbell River. See the graph below depicting the numbers of deaths by Local Health Area Alberni/Clayoquot region from 2016-2023.

BC Coroner’s Service Unregulated Drug Deaths by Local Health Authority (data to December 31, 2023)



The BC Coroner’s Service reports that the drug death rates for the Alberni/Clayoquot Local Health Area region were 102.8/100,000 in 2023, compared to 18.6/100,000 in 2016. We have the highest number of deaths per 100,000 population on Vancouver Island. This translates to 31.84 deaths for a population of 30,981 (2016) in the Alberni/Clayoquot region.

The Blueprint builds on the leadership of the Tseshaht First Nation, who published the 2020 *Surviving the Flood Reconstructing the Village (Opioid Crisis) Report*, held a two-day call to action forum in March 2023, and developed the 2024 *Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy Report*. The Port Alberni CAT participated in all of these events, as well as on the working group for the 2024 action-oriented strategy report for the Alberni Valley.

ALTERNATIVES/OPTIONS

1. *That the Committee of the Whole recommend Council endorse the Port Alberni Community Action Team document entitled Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia dated February 20, 2024.*
2. *That the Committee of the Whole recommend amendments the Port Alberni Community Action Team document entitled Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia.*
3. *That the Committee of the Whole recommend Council not endorse the Blueprint document.*

ANALYSIS

The Blueprint document outlines short, easier-to-implement solutions, and longer-term solutions, plans, and policies the CAT supports to help resolve the challenges of the unregulated drug supply in BC.

It also identifies critical drivers and causes of the crisis and recommends solutions and strategy statements to drive change. It aims to create comprehensive opportunities for scalable projects by government and other organizations. The CAT outlines their role as driving change by moving organizations and people from existing comfort zones to innovative thinking and action through dialogue. They believe that sustainable solutions require addressing causes and solution factors at the community, provincial, and sometimes federal levels due to the complexity of issues.

The primary goal of the Blueprint is to define a forward-looking role for solution elements the CAT supports to significantly reduce death rates from the catastrophe in BC, and address underlying social factors contributing to the crisis. The Blueprint document defines and discusses the major drivers and causes that have contributed to the poisoned drug catastrophe in our community and throughout the province.

These include the following:

- Impact on First Nations/Indigenous people
- Toxicity of the unregulated drug supply
- Lack of regulated safer supply
- Mental health issues
- Housing issues
- Poverty and economic factors
- Lack of government resolve
- Issues with recovery programs
- Health system opportunities
- Challenges facing youth

For each cause, the Blueprint provides stories and examples from people who have experienced the negative impacts. These put a human face on the challenges. It then provides detailed recommendations aimed at each specific cause to try to address it as part of an overall solution. The recommendations are evidence-based and provide target tangible actions.

The overarching goal of the document is to identify drivers, causes, stories, and then comprehensive solutions that can be implemented collaboratively to significantly reduce deaths from the poisoned drug catastrophe. It is targeted at multiple levels of government and organizations.

Staff recommend supporting the Blueprint document to demonstrate Council's and the City's commitment to find solutions to address the impacts of the opioid crisis. In addition, the City of Port Alberni logo will be added to the final document.

IMPLICATIONS

There are no financial implications in endorsing the Blueprint document. The Manager of Community Safety and Social Development, will continue to support the Community Action Team on an ongoing basis.

COMMUNICATIONS

The final *Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia* will be announced and distributed initially through CAT, with support from the Manager of Communications as needed.

BYLAWS/PLANS/POLICIES

Endorsing this document helps fulfil Council's strategic priority of *Fostering a Complete Community (Safe, Healthy and Inclusive)*, within the [2023 – 2027 Corporate Strategic Plan](#).

SUMMARY

This report is for the Committee of the Whole to review the document and consider recommending Council endorse the Port Alberni Community Action Team *Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia* in support of Council and the City's commitment to find solutions to address the impacts of the opioid crisis.

ATTACHMENTS/REFERENCE MATERIALS

1. CAT Terms of Reference
2. Port Alberni Community Action Team Members Organization 2024
3. Introduction of Our Blueprint Strategy Document
4. Port Alberni CAT | Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia
5. Tseshaht First Nation | [Alberni Valley Toxic Poisoned Drugs \(Opioid\) Crisis Strategy – DRAFT](#)

c: M. Fox, CAO
S. Smith, Director of Development Services | Deputy CAO
D. Monteith, Director of Corporate Services
A. McGifford, Director of Finance



Port Alberni Community Action Team (PA CAT) Terms of Reference

2022-2023

Table of Contents

1. Terms of Reference.....	3	1.1. Purpose & Objectives.....	3
2. Membership & Structure	3	2.1. Co-Chair Committee	3
2.2. Delegates to Co-Chair	4	2.3. 2022-2023 PA CAT Executive	4
2.4. CAT Committee Membership	4	3. Meeting Quorum and Process	4
3.1. Decision-making.....	5	3.2. Decision implementation.....	5
3.3. Collaborative consensus.....	5	3.4. Type and Frequency of Meetings.....	5
3.5. Minutes.....	6	3.6. Meeting Ground Rules.....	6
4. CAT Member Roles & Responsibilities	6	4.1. CAT EXECUTIVE.....	6

4.2. CAT MEMBERSHIP	7
4.3. Decisions by consensus about	7
4.4. Guiding Principles.....	7
5. Budget and Funding.....	8
5.1. Remuneration.....	8
5.2. Reimbursements	8
6. Terms of reference/ Evaluation	8
Appendix A: Agreement of Members	9



Port Alberni Community Action Team

1. Terms of Reference

1.1. Purpose & Objectives

No part of the Port Alberni Community Action Team (PA CAT) Terms of Reference will supersede the intent of the overseeing OREC Terms of Reference.

The PA CAT aims to address the effects of the current toxic drug crisis on individuals, families, and the community by engaging with community service providers by:

- Sharing resources and education from an evidence-based, humanistic perspective
- Working together on projects that address the priorities set forth by the table from time to time
- Educating the community and destigmatizing the issues of Mental Health, Substance Use and Overdose
- Engaging Persons with Lived/Living Experience in meaningful opportunities to support the work of addressing the toxic drug crisis
- Focusing the “will and work” of the table on priorities set out in work plans in response to OERC funding, People with Lived/Living Experience funding, and other grants that are obtained through the convening of the table

Over time, meeting as a CAT will:

- Make it easier for service providers to provide and coordinate service for their clients by building trust, learning, and sharing about each other’s service to work as collaboratively as possible.
- Enable a living knowledge base about each other’s service by decreasing silos of work and creating relationships through regular meetings and engagement throughout the community.

2. Membership & Structure

2.1. Co-Chair Executive Committee

The Co-Chair Executive Committee consists of two Co-Chairs from PA CAT membership and a project lead/coordinator (if available), or three Co-Chairs from the PA CAT Membership.

Page 3 of 9



2.2. Delegates to Co-Chair

1. By nomination from the table.
2. By application to the Co-Chair committee. The application consists of a Letter of Interest and a Letter of Support from the applicant's organization.

2.3. 2022-2023 PA CAT Executive – Co-Chairs

1. Ron Merk
2. Kristine Douthwright

Where possible, one Co-Chair will extend their tenure to offer overlap and continuity of service to the Co-Chair committee as new Co-Chairs are delegated.

2.4. CAT Committee Membership

The PA CAT committee membership consists of the following agencies and departments that are impacted by our community's substance use disorders and/or mental health challenges:

- First Nations
- Elected officials and City of Port Alberni officials
- Persons with Lived/Living Experience
- Health Care Professionals such as the Medical Health Officer, Clinicians, and Island Health representatives
- Mental Health and Substance Use providers
- First Responder agencies (RCMP, Fire, and BCEHS) and Public Safety departments and agencies
- Social Service agencies
- Chamber of Commerce

- Other agencies and organizations, as appropriate

The email distribution list consists of members who wish to stay in touch with the PA CAT's work but cannot attend regular meetings. People can attend a PA CAT meeting without being official members, they will be referred to as guests.

3. Meeting Quorum and Process

A quorum for PA CAT decisions will be determined from time to time as regular membership numbers change. Members who have regularly contributed to PA CAT meetings in the last year are considered to have regular membership. If regular members are not present at a meeting for a decision, then emails will be used to seek their opinions. As determined by the group, a reasonable length of time



will be given to members who would like to respond by email. After that, the group will move forward with a decision.

3.1. Decision-making

All committee members have their chance to express their views with a focus on discussion amongst the group. The PA CAT will seek consensus agreement from participants with minority objections. Consensus does NOT mean everyone gets exactly what they want. However, it does mean everyone can live with and support the decision. Decision-making processes will consider the spirit of our guiding principles (*See Section 4.4*).

3.2. Decision implementation

If regular members are present at the meeting and agree with the decision, or if the members present at the meeting agree and any absent member(s) communicate their agreement to a Lead Co-Chair in advance of the meeting.

If regular members cannot reach a decision, a decision will be held off, or consensus may be sought via email communication.

If consensus cannot be reached, further discussion will occur to understand the underlying concern and reach a solution via consensus.

In the case of a consensus not being reached, after trying to understand the concern and creating a solution, the following may occur:

- a request will be made to the committee as a whole to use a majority vote to reach a decision, or
- the decision may be tabled indefinitely.

3.3.Collaborative consensus

Collaborative consensus decision-making is the preferred mechanism for making decisions. A collaborative consensus is achieved when committee members accept and support a decision and understand how it was reached.

3.4. Type and Frequency of Meetings

The CAT will have types of meetings as follows:

1. CAT Membership meetings:
 - a. A regular monthly meeting of the CAT Membership. The meeting on the second Thursday of the month from 1-3 pm.
2. CAT Executive meetings:
 - a. A monthly meeting between the Co-Chairs and the Coordinator,

Page **5** of **9**



typically three days before the monthly CAT meeting, or as frequently as necessary to delegate work to the Coordinator.

3. Annual General Meeting:
 - a. This meeting shall be held before the end of the financial year (January to December).
4. Meetings as required:
 - a. Working Groups and Committees meetings, as necessary to discharge the initiatives, projects, or duties of the working group or committee.

The meeting frequency may change from time to time as determined by the main table or sub-committees based on the needs at the time.

3.5.Minutes

Minutes of meetings will be recorded and circulated to all members and the CAT distribution list. In addition, the minutes will be available to all members upon request. Minutes of meetings will be available one week after CAT Meeting.

3.6.Meeting Ground Rules

- Meetings start and stop on time
- Honour opinions - focus on issues, not personalities - soft on people, hard on ideas
- Participation - everyone contributes to the conversation
- Engage in respectful, open, and honest communication - give benefits first,

share all relevant information

- All pertinent issues will have a full airing
- Alternate agendas may be stated but will not unduly influence committee activities or decisions
- No side conversations
- Parking lot – document issues that are not in scope and return to them as time permits. Bring forward issues to future meetings as appropriate
- Create and use action items and key decision lists as appropriate

4. CAT Member Roles & Responsibilities

4.1. CAT Executive

Typically, the Co-chairs will agree to fill the role for a year on a year-to-year basis, ensuring overlap with new co-chairs to promote continuity and a mechanism for knowledge transfer (*See also Section 2 - Membership and Structure*).

Page **6** of **9**



The responsibilities of the CAT Executive are to:

- Set and approve agendas
- Ensure distribution of all correspondence
- Facilitation of meetings
- Ensure a primary file of meeting minutes and CAT collaborative documents are maintained and are accessible to CAT members
- Approves minutes for distribution
- Invites speakers and guests
- Makes recommendations to CAT membership of proposed ideas for future directions
- General administrative duties

4.2. CAT Membership

- Prepare for and commit to attending meetings
- Communicate activities and updates to the CAT
- Champion the work of the CAT by participating in small working groups for collaborative work to ensure the execution of action items
- Share resources to contribute to the goal of actionable and achievable items, not just a convening table
- Community engagement
- Act at all times as a professional ambassador for Port Alberni

CAT 4.3. Decisions by consensus about

- Budget
- Projects and ideas for future directions
- Grant Proposal

4.4.Guiding Principles

- Dignity
- Collaboration
- Respect
- Fun
- Compassion
- Connection
- Empathy
- Consensus
- Community

Page 7 of 9



5. Budget and Funding

The funding cycle for the Port Alberni CAT is from January to December. When/if budget and funding are available, decisions are made in a two-part process:

1. The CAT Executive Committee drafts the budget and makes recommendations, and then, the draft budget and recommendations will be taken to the CAT member for approval, which completes the process.
2. Budget decisions will be made in the spirit of trust, goodwill and constructive feedback that achieves approval. The CAT Executive monitor the budget being conscious of the amount of time and energy used, that is to say that the approval process is not a forum for politics or personal agendas. The consensus decision-making model will be used (*See Sections 3.1, 3.2, and 3.3*).

5.1. Remuneration

Contractors (the Coordinator or Contracted Service Provider as determined by the work plan of the CAT) will be paid from any funds received from funding. A budget Committee will be struck as needed to determine the disbursements of funds as set by any CAT work plan associated with funds granted to the table.

5.2.Reimbursements

CAT members or contractors must seek prior permission for expenditures before submitting claims against any grant funding that may be available.

6. Terms of reference/ Evaluation

The CAT will review the terms of reference yearly.

The CAT will participate in an evaluation of the CAT by supporting data collection and participating in appreciative inquiry as appropriate.

Additional evaluation activities will be approved by the CAT Membership and supported through shared resources or project contractors, as required.

Terms of Reference – Effective Date:
November 1, 2022



Appendix A: Agreement of Members

CAT Membership

Name	Position and Organization

Member name	Role/Responsibility
1. Alberni Clayoquot Health Network	Update CAT on affiliated group and regional district work and findings.
2. Alberni Drugs and Alcohol Prevention (ADAPS)	Youth prevention affiliated group Youth Harm Reduction Roundtable, report for ADAPS and youth prevention in community.
3. Alberni Valley News	Media support for the CAT
4. Bread of Life	Update CAT on the shelter and soup kitchen.
5. British Columbia Emergency Health Services (BCEHS)	Update CAT with BCEHS changes and what the paramedic service is seeing in the community. Member of the First Responder working group.
6. Canadian Mental Health Association (CMHA)	Update CAT with CMHA work and initiatives in the community.
7. City of Port Alberni – City Council	Advocate for the CAT work with the City, support action items and report to Council.
8. City of Port Alberni – Community Safety and Social Development	Represent the City of Port Alberni. Fiscal agent of grant.
9. City of Port Alberni Fire Department	Update CAT with Fire Department changes and what the City of Port Alberni Fire Department is seeing in the community. Member of the First Responder working group.
10. Corrections Canada	Updates from Corrections Canada programs and services.
11. Families Helping Families – Holding Hope	People with living/living experience, provides feedback on work/planning initiatives
12. First Nations Health Authority (FNHA)	Updates from FNHA, support for grant application for FN’s peer employment and initiatives.
13. First Nations Peer Group	Peer translator, peer navigator, provides feedback on work/planning initiatives
14. Hupacasath First Nation	Support for PA CAT initiatives to the Hupacasath First Nations
15. INEO Employment Services, and Alberni Valley Chamber of Commerce	Updates on employment programs, and Chamber of Commerce initiatives, support for PA CAT work
16. Island Health – West Coast General Hospital	Update on changes and action at the West Coast General Hospital (WCGH), reporting on data for marginalized population and those receiving OAT and harm reduction in the community.
17. Island Health Medical Health Officer	Updates on Medical Health Officer data.

Member name	Role/Responsibility
18. KUU-US Crisis Line Services and Programs	Updates from KUU-US outreach to FN's in the community.
19. Ministry of Poverty Reduction and Social Development – Community Integration Services	Updates from the MSDPR initiatives, and support for PA CAT work
20. Nuuchahnulth Tribal Council (NTC)	Updates from NTC, support for PA CAT work
21. Port Alberni Community Action Team (CAT) Co-Chair	Leadership of the PA CAT, coordinate and convene groups such as the Families Helping Families – Holding Hope working group
22. Port Alberni Friendship Centre	Update on legal advocacy work in community, represent non-local Indigenous groups in community, updates on the shelter and the tiny home village.
23. Port Alberni Shelter Society (PASS)	Updates from PASS initiatives, support for PA CAT work
24. Provincial Health Services Authority, Provincial Overdose Mobile Response Team	Updates on Provincial Overdose Mobile Response Team initiatives, support for PA CAT work.
25. RCMP	Update CAT on RCMP enforcement in the Alberni Valley. Member of the First Responder working group.
26. Sage Haven Society	Leadership of the PA CAT, and reporting on issues related to women, children, men and families that they work with.
27. Salvation Army	Update CAT with the work of Salvation Army, food distribution in the community, and the only Provincially registered food bank in community
28. The Peak 93.3	Media support for the CAT
29. The Scoop on Port Alberni	Media support for the CAT
30. Trinity Anglican and Lutheran Church	Updates from ministry outreach initiatives, support for PA CAT work.
31. Tseshaht First Nations	Support for PA CAT initiatives to the Tseshaht First Nations

Feb 1, 2024



Resilience Unveiled: Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia

Introduction of Our Blueprint Strategy Document

Our greatest wish is to inspire transformation through networking, partnership, and engagement with the Community, (local governments and organizations) Health Authorities, the Province of British Columbia, the Federal Government, and others.

This Blueprint is born from the leadership of the Tseshaht First Nation, who provided community guidance in 2023 by holding a two-day workshop on the opioid crisis. Our Blueprint supports the release of their Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy Report on Jan 31st, 2024.

Our (Blueprint) document discusses recommendations from the Port Alberni Community Action Team to address the poisoned drug catastrophe in our community and British Columbia. It identifies key drivers behind the catastrophe including the toxicity of the unregulated drug supply, reluctance to try bold solutions like regulated safer supply, mental health issues, poverty, stigma, and more.

Recommendations are provided around systems, processes, and procedures of the Province, Ministry of Mental Health Addiction, Ministry of Health, Ministry of the Attorney General, Health Authorities, and other organizations contributing resources to solving the catastrophe. It includes examining processes and procedures that could be revised or implemented to deliver low-hanging fruit solutions. In addition, it examines more controversial and potentially longer-term or ongoing solutions like regulated safer supply, harm reduction, decriminalization, prevention, treatment, housing, and stigma reduction.

The recommendations aim to build an inclusive, evidence-based response and scalable initiatives across communities.

CONTACT THE PORT ALBERNI COMMUNITY ACTION TEAM – PTALBCAT@GMAIL.COM

Port Alberni Community Action Team:

The Port Alberni Community Action Team (CAT) is a community-led initiative in response to the poisoned drug supply/overdose catastrophe in British Columbia.

Our four guiding principles are harm reduction, stigma reduction, networking with the community, and social stabilization.

Since 2018, the CAT has focused on harm reduction programs like supporting the opening of an Overdose Prevention Site, distributing harm reduction materials, and educating the public through workshops, [Learning Moments](#), and [Social Media](#). Our knowledge efforts include all aspects of stigma and harm reduction.

Over time, we have recognized the need to define causes and solutions to better allocate resources. This document outlines short, easier-to-implement solutions, and longer-term solutions, plans, and policies we support to help resolve the challenges of the unregulated drug supply in BC.

Our Blueprint plan identifies critical drivers and causes of the crisis and recommends solutions and strategy statements to drive change. It aims to create comprehensive opportunities for scalable projects by government and other organizations.

The CAT sees their role as driving change by moving organizations and people from existing comfort zones to innovative thinking and action through dialogue.

We believe sustainable solutions require addressing causes and solution factors at the community, provincial, and sometimes federal levels due to the complexity of issues.

The primary goal is to define a forward-looking role for solution elements our CAT Team supports to significantly reduce death rates from the catastrophe in BC and address underlying social factors contributing to the crisis.

The Blueprint document defines and discusses the major drivers and causes that have contributed to the poisoned drug catastrophe in our community and the province. These include:

- Impact on First Nations/Indigenous people
- Toxicity of the unregulated drug supply

Feb 1, 2024

- Lack of regulated safer supply
- Mental health issues
- Housing issues
- Poverty and economic factors
- Lack of government resolve
- Issues with recovery programs
- Health system opportunities
- Challenges facing youth

For each cause, it provides stories and examples from people who have experienced the negative impacts. These put a human face on the challenges.

It then provides detailed recommendations aimed at each specific cause to try to address it as part of an overall solution. The recommendations are evidence-based and provide target tangible actions.

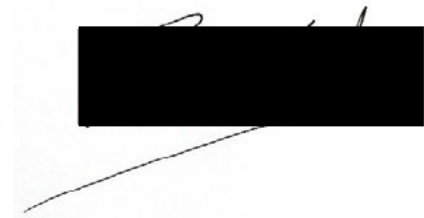
The overarching goal of the document is to identify drivers, causes, stories, and then comprehensive solutions that can be implemented collaboratively to significantly reduce deaths from the poisoned drug catastrophe. It is targeted at multiple levels of government and organizations.

This (Blueprint) can be used as a roadmap in successfully ending the poisoned drug catastrophe that has already affected tens of thousands of British Columbians.

Co-Chair
E [REDACTED] Froom



Co-Chair
R [REDACTED] Merk





Resilience Unveiled:

Blueprint of Transformative Strategies to the Toxic Drugs Catastrophe for the Alberni Valley and British Columbia

*Inspiring Transformation Through Dialogue
Port Alberni Community Action Team*

Feb 20, 2024

Table of Contents

Contents

1.0 Preface	3
1.1 Port Alberni Community Action Team Four Guiding Principles	3
• Harm Reduction	
• Stigma Reduction	
• Networking with The Community	
• Social Stabilisation	
2.0 Executive Summary.....	4
2.1 Overview – Key Causes and Drivers of the Catastrophe	6
2.2 British Columbia Government Key Guiding Committee Reports	7
• Ministry of Mental Health and Addiction – Pathway to Hope Plan	7
• BC Corner’s Special Death Panel Review Toxic Drug Deaths – March 2022	7
• BC Legislative Select Standing Committee on Health – Toxic Drug and Overdose Crisis Report Nov 2022	7
• BC Corners Service Death Review, An Urgent Response – November 2023	7
2.3 Stories from The Gap	7
2.4 Social Return On Investments (SROI)	7
3.0 Defining Key Drivers and Causes of the Catastrophe	8
3.1 Impact on First Nations/Indigenous People	9
3.2 Toxicity of the Unregulated Supply	10
3.3 Lack of Regulated Safer Supply	10
3.4 Mental Health	11
3.5 Housing	12
3.6 Poverty and Economic Factors.....	13
3.7 Government Resolve	13
3.8 Recovery Programs – In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT) Programs	14
3.9 Youth Challenges.....	15
3.10 Primary Care	16
3.11 Criminal Justice System, Decriminalization/Legalization, Public Safety Measures	16
3.11-1 Criminal Justice System	16
3.11-2 Decriminalization/Legalization	17
3.11-3 Public Safety Measures	18
3.12 Harm Reduction.....	19
3.13 Stigma	19
3.14 Recovery Treatment Time Frames	20
3.15 Treatment/Recovery Programs	21
3.16 Prevention Programs	22
4.0 Solution Recommendations	23
4.1 First Nations/Indigenous People Support Recommendations	23
4.2 Toxicity of the Unregulated Supply Recommendations	25
4.3 Regulated Safer Supply Recommendations	26
4.4 Mental Health Recommendations	27
4.5 Housing Recommendations	28
4.6 Poverty and Economic Recommendations	29
4.7 Government Resolve Recommendations	30
4.8 Recovery Programs – In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT) Recommendations	31
4.9 Youth Challenges Recommendations	32
4.10 Primary Care Recommendations	34
4.11 Criminal Justice System, Decriminalization/Legalization, Public Safety Measures Recommendations	34
4.11-1 Criminal Justice System Recommendations	34
4.11-2 Decriminalization/Legalization Recommendations	36
4.11-3 Public Safety Measures Recommendations	37
4.12 Harm Reduction Recommendations	39
4.13 Stigma Reduction Recommendations	41
4.14 Recovery Treatment Time Frames Recommendations	42
4.15 Comprehensive Treatment/Recovery Programs Recommendations	44
4.16 Comprehensive Prevention Programs Recommendations	45
Summary of Recommendations	47
References	61

Dedication:

This report is dedicated to the memory of the 140 family members, friends and neighbours who have died from the Poisoned Drug Catastrophe in the Alberni - Clayoquot Region between 2016 and December 2023. Our hearts weep in grief.

1.0 Preface

This Blueprint is born from the leadership of the Tseshaht First Nation, who provided community guidance in 2023 by holding a two-day workshop on the opioid crisis. Our Blueprint supports the release of their Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy Report on Jan 31st, 2024.

This is a living document. As such it will evolve, especially as new science-based information becomes available. It is also subject to edits and refinement from the input of our many members and friends of the Port Alberni Community Action Team.

This report focuses on opportunities to help the Port Alberni Community Action Team, community agencies that provide services, and all levels of government identify and embrace scalable initiatives, project solutions, and tactical actions needed to solve the poisoned drug catastrophe in British Columbia.

The year 2016 marked a critical juncture for British Columbia. That is the year the Province declared the poisoned drug catastrophe a health emergency. Since then, we have lost more than 14,000 family members, friends, and neighbours to this catastrophic health emergency. Some would say that much has been done, however, to date, the death rates have not lessened across our Province, nor has it in our community of Port Alberni. In fact, in the Alberni-Clayoquot Region last year, we experienced the worst death rate since the health emergency declaration. This catapulted our community into the position of the third-worst death rate in the Province.

After eight long years, an effective, composite resolution to the catastrophe continues to elude British Columbia.

The Port Alberni Community Action Team is a community-led initiative in response to the poisoned drug supply/overdose catastrophe in British Columbia.

1.1 Our Four Guiding Principles Are:

1. Harm Reduction, both in the distribution of material and education in the community.
2. Reducing Stigma associated with those who have mental health or substance disorders (concurrent disorders).
3. Networking in the community that supports treatment and recovery.
4. Social Stabilization, working to improve conditions to assist people with substance/ mental health disorders or both together (concurrent disorders).

Although the Port Alberni Community Action Team's terms of reference are primarily within the Alberni Valley, it is clear that sustainable solutions are not achievable for our community without addressing the cause and solution factors at the British Columbia

Provincial level and in some cases the Canadian Federal government level.

The poisoned drug catastrophe continues to change, as have the complexities of the causes and evolving proposed solutions. Recently, two opposing factions have appeared in the drug policy change movement. Both represent extreme opposites in addressing solutions:

1. One faction is lobbying for a return to more traditional policies, such as the “War on Drugs” position – the idea that harsh punishment prevents people from seeking out and using substances.
2. The other view is positioned on relaxing or ending all existing regulations on the control of substances.

Reconciling these two factions is a key driver in the creation of this document or our position between these extremes. — We look to define a forward-looking role for solution elements that the Port Alberni Community Action Team supports.

An overriding factor in defining our position on all aspects of the Poisoned Drug Catastrophe is that the main mandate of Community Action Teams in the Province is to drive change. For this reason, our position always favours innovative perspectives, especially in driving ground-breaking evidence-based solutions.

It also means that as change agents, our role is to create a dialogue with our citizens, all Government levels, Health Authorities, and other agencies that provide community services. By adhering to the defined intention of CAT Team roles, dialogue involves moving organizations and people from existing comfort zones into innovative thinking and action.

2.0 Executive Summary

Since the establishment of the Port Alberni Community Action Team (2018), the complexities of the Poisoned Drug Catastrophe have multiplied significantly. Many more substances have entered the unregulated drug supply. Primarily, fentanyl opioid-based substances continue to be the category that contributes to most poisoned deaths from unregulated drugs. However, additives like Benzodiazepines and Xylazine in all unregulated drugs have considerably worsened the situation. Other main unregulated drug categories include methamphetamines, cocaine derivatives, MDMA (Ecstasy), etc. also contributed to the catastrophe.

Unregulated substances, by their very nature, can include just about anything and almost always do in our BC unregulated drug supply. The unregulated drug supply of any main illicit drug category always includes contamination of other unexpected substances.

Although the British Columbia Provincial Government has moved forward on depenalization/decriminalization initiatives and some small trials of treatment options

that include access to certain types of regulated supplies, these steps have not curtailed the rising death toll in the Province. Nor have the trials made a dent in solving the major challenges.

The Port Alberni Community Action Team acknowledges the complexity and wide-ranging contributing factors that drive the poisoned drug catastrophe. We recognize that because of the complexities of the causes of the catastrophe in our Province, any plan(s) that deliver real, effective solutions that significantly reduce the death rate from the catastrophe in BC also have to be extensive, comprehensive, and inclusive in addressing not only the catastrophe but also the underlying social factors that contribute to the catastrophe.

When the Port Alberni CAT was first established in 2018, our original focus was on harm-reduction programs. These included supporting the launch of the Overdose Prevention Site (OPS), distributing harm reduction material, supporting a variety of programs by client services-based organizations in the community, and providing educational opportunities to increase the general public's awareness of the advantages of harm reduction.

Furthermore, we led community activities to increase stigma reduction awareness and the effects stigma has on those who are actively involved in substances/concurrent disorders. This includes people who are most visibly impacted, such as the visually marginalised in our community, those with concurrent disorders, and the under-housed. It also includes First Nation/Indigenous People, who are significantly overrepresented in the poisoned drug catastrophe. People are often discouraged from seeking help because of stigma. It demoralizes them and actively increases the continuance of their substance or concurrent disorders.

No one pillar in our terms of reference is more important than any other. To be a successful change agent, we focus on Networking with people and organizations at our table. The diversity of people that sit at our table is a key component of understanding the impact on those who may be affected by substance or concurrent disorders and the work that community agencies providing services are doing to combat the catastrophe. All voices are heard, always with respect. Especially the inclusivity and equality of the peer voice. Their voices provide the lived experience so very necessary for client/service organizations to deliver people-focused solutions addressing the catastrophe.

Our fourth pillar is addressing any challenges that contribute to social factors that add barriers to people impacted by the poisoned drug catastrophe. This piece of our work includes support, education, and informing the decision-making processes of all levels of government including First Nations government, Regional, Municipal, Provincial, and Federal levels.

Although the majority of health policies reside in the jurisdiction of the Provincial Government, all levels of government have influence. Leveraging that influence is

crucial in persuading change provincially and for the Province to understand that community-level governments actively support solutions in our community. In addition, we advocate with professional colleges, health authorities and other service-providing organizations who all play a part in driving change in policy and procedures that impact everyone affected by the poisoned drug catastrophe.

Throughout the work our Community Action Team has engaged in since its inception, it has become more and more apparent that defining causes and solutions is crucial in the allocation of our resources. Hence the main reason for defining solutions and policies that we support in this document.

Frankly, we never expected to be in a position where we would need to put down in writing long-term plans. In 2018, most of us fighting this catastrophe thought the then-referred to, “drug crisis”, would end quickly. We now find it necessary to re-evaluate objectives with an eye to longer-term actions in resolving the challenges of the unregulated supply in BC. For all intent and purpose, this document can be viewed as a 5-Year Plan.

This document identifies critical drivers and causes of the Poisoned Drug Catastrophe and solutions with strategies we support to drive change in achieving those solutions. We believe our recommendations create comprehensive opportunities for scalable projects by the Province in collaboration with other levels of government and organizations to address the poisoned drug catastrophe. There is an opportunity here for the Province and all levels of government to be seen as world leaders, and best-in-class jurisdictions in addressing all aspects of substance and mental health disorders.

2.2 Overview – Key Causes and Drivers of the Catastrophe

We believe that the following key drivers and causes have contributed to both the creation of the Poisoned Drug Catastrophe as well as the continuation and ensuing severity of the catastrophe.

The “War on Drugs” has driven decades of public safety policies with this perspective: — that punishment, in some way reduces substance disorders. In addition, social policy and procedure factors add to the problem, such as:

- Increasing toxicity of the unregulated illicit supply.
- Stigma
- Homelessness.
- Poverty.
- Mental health disorders and lack of treatment, (as much as 70 per cent of people with substance disorders also have mental health disorders).
- Funding and access to recovery/detox facilities.
- Intergenerational trauma of First Nations/Indigenous People.
- Failure to embrace meaningful reconciliation strategies.
- Identifying addiction as a moral choice rather than a health condition.

- Lack of access to doctors who can prescribe and treat opioids and other substance addictions.
- Failure of health authorities to actively change and embrace new treatment options.
- Failure to embrace change culture in the delivery of services and best-in-practice addiction treatment medicine.

The most important driver of the continuation of the catastrophe is the Provincial Government's slow implementation of recommendations or investing enough resources in the majority of recommendations from their own committees' solutions for tangible sustainable transformation. For convenience, here is the list and links to those reports:

2.3 British Columbia Government Key Guiding Committee Reports

- [Pathway to Hope Plan](#) MMHA (pages 12)
- [BC Corners Special Death Panel Review Toxic Drug Deaths – March 2022](#) (pages 33-36)
- [BC Legislative Select Standing Committee on Health – Toxic Drug and Overdose Crisis Report Nov 2022](#) (pages 10 – 13)
- [BC Corners Service Death Review, An Urgent Response – November 2023](#)

On the solution side, we believe that significant change in deaths from the poisoned drug catastrophe relies on increased decriminalization of substances for personal use, and broadly distributed a regulated (safer) supply.

Our recommendations enhance the opportunities found in the mandate letters to the [Minister of Mental Health and Addiction](#) and the [Minister of Health](#). In other words, we have provided a plan that will make these two important Government Ministries successful in achieving their mandate to the people of British Columbia.

These are only the first building blocks of a solution strategy. Best-in-class jurisdictions that enjoy far better statistics than British Columbia also allocated significant resources to social determinants including homelessness, poverty, health and well-being, enhancing life skills programs, and ongoing (long-term) support for people with substance and/or mental health disorders. We identify each of the major solutions in Section 4, Recommendations.

2.3 Stories from The Gap (*A Fissure, Crack, or Chasm in Our Systems That Hurts People*)

Throughout this document you will find (*Stories from The Gap*) – real-life stories given to us by people who have experienced what happens when we fail them. When the gaps in our system left them with no options and no help.

2.4 Social Return on Investments (SROI)

Metrics are crucial in understanding not only the reason to invest in social programs that address the poisoned drug catastrophe but also progress as we implement solutions.

The horrendous cost in lives is the quantifying measurement for most of us fighting on the front lines of the catastrophe. However, from a purely pragmatic level, we recognize that there are other ways of measuring the cost and the impact of the catastrophe and programs meant to address it. Other metrics may help the general public in coming to terms with newer, more innovative and evidence-based drug policy reform. The provincial government must embrace metric reporting to the general public regularly and transparently.

One methodology that can be used is Social Return on Investment (SROI). SROI is a way to measure the positive impacts of a project or organization in terms of money. It goes beyond just looking at profits and includes other good things like making people's lives better. SROI helps us see if we're getting good value for the money we're spending and how much extra social value we're getting in return. It's a tool that can help the general public, governments, organizations, and groups figure out if they're doing a lot of good for the investment they're putting in.

Of course, quantifying social costs, benefits or values can be sometimes difficult. However, we do have some excellent statistics available in Canada regarding substance use and the poisoned drug catastrophe.

The Canadian Centre on Substance Use and Addiction puts out a report on substance use and harms (2015-2017. The next report update is scheduled for 2024). [Their report](#) is an excellent starting point and reference for SROI on the impacts of the poisoned drug catastrophe and corresponding programs addressing the catastrophe.

Some highlights from the report are:

- Opioid use costs in Canada accounted for \$5.9 billion during the report period.
- The costs associated with the use of Opioids increased by 20.9% from the previous report period.
- Healthcare system costs alone amounted to \$439 million.
- The largest increase in per-person lost productivity costs was associated with opioid use. These costs increased 34.1% from \$87 per person in 2015 to \$116 per person in 2017.
- Over \$9.2 billion was spent on criminal justice costs associated with SU, which amounts to \$253 for every Canadian. (Includes alcohol and unregulated substances)
- 2017 – 11.7% of people in Canada used Opioids.

3.0 Defining Key Drivers and Causes of the Catastrophe

Stories from The Gap – Facebook Post. *“Stop giving out free Narcan and the problem will go away*” – This single comment defines the huge gap in public understanding and the work that has to be done to solve the poisoned drug catastrophe. It also points out a disturbing trend that the lives of people with substance disorders are seen as being worthless.

The poisoned drug catastrophe in our community has emerged as a complex and multifaceted challenge with far-reaching consequences for individuals, families, and communities across BC and the country. To understand this catastrophe, it is imperative to delve into its key drivers and causes.

One of the primary factors contributing to the drug catastrophe is the proliferation of highly concentrated synthetic opioids, that have replaced organic opioids like Heroin. These include fentanyl and its analogues, which have inundated the unregulated/illegal drug market. The increased availability and potency of these substances have led to a surge in opioid-related overdose deaths, making it one of the most pressing public health concerns we have ever faced.

Furthermore, the catastrophe is worsened by systemic issues such as stigma, social inequality, housing, poverty, and mental health challenges, which disproportionately affect vulnerable populations and can drive people towards substance use as a coping mechanism.

The interplay of these factors has created a dreadful situation that requires comprehensive analysis and innovative intervention strategies.

Organized crime networks and illegal drug manufacturing, distribution, and trafficking operations have taken advantage of the catastrophe. These criminal enterprises thrive on the lucrative drug market, making it difficult for public safety agencies to stem the tide of unregulated/illicit substances.

Additionally, the lack of timely access to addiction treatment and harm reduction services remains a critical cause of the catastrophe. People struggling with substance use disorders often face barriers to seeking help and recovery. The lack of funding and resources for these services further hampers the efforts to combat the catastrophe effectively.

To address the poisoned drug catastrophe in our communities, it is crucial to unravel these key drivers and causes while implementing a wrap-around holistic approach that combines harm reduction, safer supply, public safety, and improved access to mental health and addiction services. A best-in-class system requires a continuous or comprehensive care model from an initial referral to detox programs to recovery programs, and finally to an outpatient model that follows people defined by their healing journey needs. These models also have few barriers in the timely handoffs between programs.

3.1 Impact on First Nations/Indigenous People

Hupacasath, Nuuchahnulth, Tseshaht First Nations and Metis People continue to be significantly over-represented in the Alberni Valley poisoned drug catastrophe. We acknowledge that the damage to First Nations/Indigenous People caused by residential schools, and deliberate strategies including residential schools to separate Indigenous People from their culture has caused intergenerational trauma. In addition, racism and poverty continue to factor into preventing First Nation People from taking their rightful places as equal partners in our community.

Stories from The Gap – First Nations, Homeless and Hurting. *“I went to the ER because I had terrible sores on my legs. She said all I wanted was a bed to sleep on because I was a druggie living on the streets. I didn’t even get to see a doctor. They made me leave. I felt less than human. She didn’t call me any racist names, but I saw the look. I’m never going back!”*

3.2 Toxicity of the Unregulated Supply

A huge element in the British Columbia poisoned drug catastrophe is the ever-evolving addition of synthetic substances and their corresponding toxicity. The landscape of street drugs in 2024 is completely different than even a decade ago. The proliferation of fentanyl has completely replaced organic opioids like heroin in the illicit market. Add-on substances like Benzodiazepines, Xylazine and other substances aggravate an already dire situation. The constant addition of other substances being introduced onto the street like Nitazenes complicates both the treatment response for overdose care and the discovery and application of long-term solutions.

An accelerated evolution of the unregulated supply will almost certainly continue to occur, making corresponding innovative timely solutions imperative in addressing the poisoned drug catastrophe.

As an example, we are already experiencing that regulated safe supply options do not have the same strength as unregulated substances, and are considered a sub-standard option by some people using substances. Some opponents of safer supply point to this dichotomy as a reason not to implement safe supply. However, our position is that any regulated safer supply is better than none. In the end, closing the gap between a regulated safer supply and unregulated supply potency will be a challenging obstacle for health professionals.

Stories from The Gap – I Believed and It Almost Killed Me. *“I always ask my dealer – I only want down. My dealer told me his stuff was the same as always. I don’t remember taking it – when I woke up, paramedics were working on me. They told me they gave me 4 doses of naloxone and that I stopped breathing 3 times. I told my dealer when I saw him again that he almost killed me. He smiled and shrugged his shoulders.”*

3.3 Lack of Regulated Safer Supply

In our view, the reluctance of the Provincial Government to act on evidenced-based research around the benefits of a regulated safer supply is difficult to understand. One very good recent science-based research article from the Ontario Drug Policy Research Network reviews twenty Canadian evidence-based [research papers on safe supply](#) (July 2023). The evidence on the benefits of a safer supply in these research papers is overwhelming. Even so, the Province continues to drag its feet on any meaningful implementation of safer supply. It has even rejected recommendations for increasing safer supply by its own BC Coroners Service.

Quote from the BC Coroners' Death Review Panel – [November 1st, 2023](#). “Providing people at risk of dying with access to quality-controlled, regulated alternatives is required to significantly impact the number of people dying.”

You can have an unregulated supply that is known to contain poison and readily kills people or you can provide people with a regulated safe pharmaceutical-grade supply. Replacing a poisoned supply with a regulated safe supply is a simple concept and should be completely obvious in every sense of the idea.

British Columbia was one of the first Provinces to put in safe supply trials. However, the existing small safer supply trials are at best reaching around 5000 people. That is only 2% of the estimated 225,000 people currently at risk for using unregulated supply in some manner in the Province. (Data comes from page 13 [BC Death Review Panel Report 2023](#))

In addition, increasing the penetration of safer supply across the Province has been agonizingly slow. Scalability and reducing barriers to access, especially for marginalised and rural demographics, are massive obstacles in decreasing deaths from the poisoned drug catastrophe/supply.

In short, the lack of a regulated safer supply in any form is a major contributing factor in the ongoing deaths due to the poisoned drug catastrophe. Failure to rapidly expand/resolve the implementation barriers of safe supply will continue the catastrophe indefinitely.

Another excellent research article, ([Tackling the Overdose Crisis: The Role of Safe Supply](#)) takes an overall look at how Safe Supply can contribute to resolving the challenges we face.

3.4 Mental Health

Stories from The Gap – The Nightmare Never Ends. *“My 27-year-old son is in his bedroom in the basement, screaming at his walls. He is high on Meth again, which he thinks helps the voices in his head. I guess I’ll call the police for the umpteenth time – they take him to the hospital, but he’ll be back tomorrow and then we’ll do another Groundhog Day. Maybe he’ll burn the house down or kill us – that would end our suffering.”*

The correlation between mental health and substance disorders is irrefutable. Statistics tell us that as many as 50% to 70% of people with substance disorders also have mental health disorder challenges. Concurrent disorders make treatment incredibly challenging.

Some of our health systems in BC continue to work under dated and obsolete policies that mental health disorders can not be defined or treated until patients are abstinent from unregulated substances. This delays or denies patients access to mental health treatment. It also sets up huge barriers, further isolating concurrent disorder patients and families.

Lack of mental health facilities and professionals (psychiatrists, counsellors, etc.) contributes to non-treatment or delayed treatment. Referral wait times to the Ministry of Mental Health and Addiction services are often measured in weeks, rather than hours.

For example, for some time in the Alberni Valley, we have only had one psychiatrist in our community. This results in patients having limited access to a qualified psychiatrist, and increasing wait times for referrals and treatment, including ongoing in-depth and timely case management. It also makes the response time greater and is less optimal for critical mental health events through our emergency department for concurrent disorder patients.

The [Canadian Psychiatric Association of Canada](#) recommends a ratio of 1 psychiatrist to 8,400 people. The Alberni Valley currently has a population of 27,771 (July 2022). At the recommended ratio, our community should have a minimum of three (3) psychiatrists.

The stigma of concurrent disorders continues to be a significant factor in barriers that patients experience. This stigma is not only evident in the general public but also within the primary care health system.

3.5 Housing

Stories from The Gap – Ridiculous – Female and Screwed Again *“I had nowhere else to go – our local slum lord offered me a bed in one of his rooms. I signed over my disability housing to him. What he didn’t tell me was the place came with three “men” roommates.! The first night was a living hell. I left at 4 AM. Later I asked for my rent money back. He just laughed at me. Frankly, the streets feel safer, so that’s where I live now.”*

Our community has one of the highest unhoused percentages per population in the Province (Page 22 BC 2019 [Homeless Cohort Phase 1 Findings](#)). In 2023, 163 people in our region were identified as unhoused in the Point-In-Time Homeless Count (PiT). This is an increase of 30% from the 2021 numbers. Note: Although the PiT homeless count is a good snapshot, it’s well-known and acknowledged as a gross understatement of actual homelessness in the province.

In 2019, Canada passed the [National Housing Strategy Act](#), which recognizes housing as a **basic human right**. Unhoused people with substance disorders or concurrent disorders can never be expected to begin the healing journey until they have a safe place to lay their heads every night. Dr P Denning, (excerpt - [Practicing Harm Reduction Psychotherapy 2000, revised 2005](#)) states that housing is also a significant harm reduction strategy. It is completely unreasonable to expect people with complex concurrent or substance disorders to accept treatment while living homeless.

We also see a significantly disproportionate number of Indigenous People reporting homelessness in our community. Sixty per cent of unhoused identify as Indigenous. (Page 32 of the 2021 [BC Homeless Count](#) and (Page 1 of the [Port Alberni 2023 Homeless Count](#)) This correlates with intergenerational trauma and increased representation of Indigenous people who experience substance disorders.

3.6 Poverty & Economic Factors

An estimated 382,000 British Columbians live in poverty according to the BC Government's [2023 Poverty Reduction Service](#) Plan (Page 6).

During the last several decades, our community has seen significant changes in the industrial base that has long supported the economic welfare of the Valley. Changes in the fishing, lumber, paper and forest industries, have caused economic upheaval throughout the community.

These changes have had substantial ramifications on the social/economic welfare of the community at large. There has been a shift from well-paying industrial-based jobs to lesser-paying service industry work. Combined with the highly marginalised demographics and high rates of poverty for Indigenous People, poverty is a key factor in our community contributing to substance and mental health disorders.

There is a very high correlation between poverty, substance disorders and, homelessness due to the inability to pay basic needs like rent. (2021 [BC Homeless Count](#) Page 20). In addition, the pressure felt by middle-class demographics due to economic shifts has resulted in significant stressors for many people. Stress drives substance use and mental health critical events.

3.7 Government Resolve

We recognize that the majority of work to solve the catastrophe is the responsibility of the Provincial Government. Internally, the Province has several committees and departments that have provided in-depth analyses and recommendations to the Government.

- [Pathway to Hope Plan](#)
- [BC Corner's Special Death Panel Review Toxic Drug Deaths – March 2022](#)
- [BC Corners Service Death Review, An Urgent Response – November 2023](#)

- [BC Legislative Select Standing Committee on Health – Toxic Drug and Overdose Crisis Report Nov 2022](#)

Although the Province has implemented parts of its own recommendations, it has not achieved the tipping point or momentum in any of the recommendation areas to drive any downward trend in the month-to-month overdose death rate in BC. We see this as a major disappointment in Government policy and resolve. We believe the lack of progress is driven by an absence of political will due to mixed public opinion and courage on the part of the Government to invest significant funds and resources to reach the watershed moment we are so desperately waiting for in drug policy reform.

Even the simplest recommendations such as metric reporting on the catastrophe to the public, attachment of objectives to performance plans for senior ministry and health authorities leaders, and/or simple changes in policies to make practising substance/addiction medicine more attractive to physicians, nurse practitioners and pharmacists, have been left on the table unimplemented.

It is difficult not to compare the tremendous resources, funds, and effort that the Government expended on the COVID-19 Health Emergency to the Poisoned Drug Health Emergency response. Probably the most significant difference between the two declared emergencies was the willingness of the government to make, and speedily implement, difficult decisions.

In addition, some other levels of Government have told us the poisoned drug catastrophe is not in their mandate. Our position is that all levels of Government including Municipal, Regional, First Nations, and Federal Governments play key roles. Some set policies and provide funding, while others drive change through influence. The importance of influence can not be overstated.

The inconsistencies and beliefs that “it’s not our problem” between municipalities throughout BC have fractured the opportunity to speak as one voice with the Province. Many municipalities are mired in old ideas driven by the “War on Drugs” ideology of the mid-20th century. Their preference is to adhere to old punitive policies of the criminal justice system rather than accepting new evidence-based drug and social policy reform.

Often this old-style ideology is driven by confusing the symptoms of our existing failed social and drug policies with the solutions that would resolve the root causes. For many, it’s tempting to wholly focus on prosecuting petty crime resulting from the needs of people with dependencies to source unregulated substance supplies.

We also see it in attempts by local governments to “move people along” or hide the marginalised and homeless in their communities. This concept seems to be driven by flawed thinking that if things are made as difficult as possible for the marginalised, they will go somewhere else.

3.8 Recovery Programs – In-Residence Abstinence-Based, and Opioid

Agonist Treatment (OAT/OATi) Programs

The traditional private (pay-for-service) in-residential recovery models and many outpatient models in British Columbia have been primarily based on required abstinence before admission into these programs. Most are based on the [12 Step Model](#) or the [Minnesota Model](#), which originated in the mid-20th century.

In-residential abstinence-based recovery programs usually have defined treatment program lengths from 30 days to 12 months. Because these programs require patients to be abstinent before admittance, Detox programs and facilities in BC are effectively completely separate from recovery programs. Often, abstinence recovery programs will not take patients unless they test “clean” and eject patients if they relapse during their stay.

The latest evidence-based knowledge and preferred recommended Substance Use Disorder (SUD) treatment per the [BC Centre on Substance Use](#) website. Their clinical guides under publications recommend Opioid Agonist Treatment (OAT), combined with counselling and life skill programs/models, with abstinence not a requirement, but rather driven by the patient’s self-determination of what recovery looks like for them. Best-in-practice models recognize that self-determination goals set by the patient develop and mature as the patient progresses in the program. An example of a recovery model of excellence is the [BC MHSUS Red Fish Centre](#).

The incongruity between these two approaches is a barrier to best practices and most importantly an access barrier to programs and retention of recovery for patients once they have begun recovery.

Programs that eject patients for relapse tell them only one thing – “You are not worth saving!”

3.9 Youth Challenges - Substance Use

Substance use among youth is a pressing issue in the Alberni-Clayoquot Region and British Columbia society. The consumption of drugs at a young age can have profound implications on both the individual and societal levels, affecting health, education, and future prospects.

The adolescent brain is still developing, and substance use can interfere with this process, potentially leading to long-term cognitive and emotional problems. Young people who use drugs are at risk for a variety of health issues, including but not limited to addiction, mental health disorders, and overdose. There's also an increased risk of engaging in unsafe behaviours, such as unprotected sex or driving under the influence, which can result in accidents, unintended pregnancies, or the transmission of sexually transmitted infections (STIs).

Educationally, substance use can negatively impact a youth's academic performance. Attendance and grades often suffer, and the likelihood of dropping out of school increases. This can have a cascading effect on the individual's future employment

opportunities and socio-economic status.

Socially, youth who use substances may experience strained relationships with family and friends. They might find themselves in conflict with the law, leading to a record that can affect their future. Moreover, there's a risk of associating with peers or groups that encourage further drug use or other risky behaviours.

The reasons behind youth substance use are multifaceted. They can include curiosity, peer pressure, a desire to escape or cope with stress or trauma, or a lack of awareness about the risks. Moreover, the portrayal of drug use in media and entertainment can sometimes glamorize or normalize the behaviour, influencing young people's attitudes towards drugs.

Prevention and intervention strategies are critical in addressing this issue. Education about the risks associated with drug use, the development of life skills, and the promotion of healthy activities can serve as protective factors. Supportive environments, both at home and in schools, are essential. When substance use issues do arise, access to youth-friendly and evidence-based treatment and recovery services is crucial for the well-being of the affected individuals.

Addressing the problem of youth substance use requires a collaborative approach involving educators, healthcare professionals, community leaders, parents, and the youth themselves. By fostering open communication and providing the necessary support and resources, we can help guide young people towards making healthy choices and provide them with the tools to lead fulfilling lives.

Prevention is a major aspect of helping youth. For that information, please see sections 3.16 and 4.16.

3.10 Primary Care

Primary Care Physicians (Family Practice) and Nurse Practitioners play key roles in both identifying substance disorders and ongoing care of patients utilizing [OAT/OATi Therapy](#). The ability to provide OAT/OATi Therapy in BC requires specialized training and authorization ([POATSP](#) education and training) for physicians and Nurse Practitioners. Currently, there are an estimated 1700 primary care physicians out of a total of 8000 holding certification to prescribe OAT/OATi Therapy in the Province.

Neither the overseeing professional colleges nor the government provides attractive incentive plans to Physicians and Nurse Practitioners to acquire this certification. This is a huge barrier to treatment options for patients. In our community, two physicians are prescribing OAT/OATi out of a base of approximately 45 family primary care doctors.

In addition, Emergency Department Doctors can not directly offer OAT/OATi to patients experiencing a substance disorder critical event via an ER visit without calling in one of the two doctors in our community who hold OAT/OATi therapy certification. This becomes a timeliness issue. Many patients suffering from withdrawal symptoms will

leave before an OAT/OATi-qualified physician is available.

3.11 Criminal Justice System, Decriminalization/Legalization, Public Safety Measures

3.11-1 Criminal Justice System

The criminalization and harm done to citizens who use unregulated substances from the beginning of the 20th century to the present is well-documented. Especially in light of evidence-based research in the last few decades that clearly identified that problematic substance use is a health disorder. Punitive punishment of sick people is reprehensible.

However, major unregulated producers and suppliers are a different case. Several factors determine appropriate enforcement directions for these groups. They are:

- Producers and suppliers prey on the most vulnerable in our communities with no regard for safety. They are a direct cause of unregulated substances often being toxic.
- The huge profit associated with supplying unregulated substances encourages organized crime.

Unfortunately, although vast dollars have been spent fighting the supply chain in Canada, we see very little return on those invested dollars. Occasionally news releases from the Police will announce a large “Drug Bust”. Overall these arrests are a drop in the bucket and represent a very small level of inventory shrinkage for organized criminal suppliers and producers.

Once arrests have been made, the court process is agonizingly slow. During that period, the accused are almost always released pending trial. This allows them to immediately go back to producing and distributing.

It should be pointed out that there is a contradiction in the successful enforcement of the producer/supplier chain. Without a safer regulated supply, as the unregulated supply dries up, people who use drugs will experience higher costs – this results in more crime to source funds to pay those higher costs. People who use substances will also experience substance withdrawal, which will result in critical healthcare events, possibly up to, and including, death.

Two final pieces play a part in our current unregulated substances Justice System. The first is any person who perpetrates violence. Violent offences, no matter why, must be dealt with swiftly and definitively.

The second is people on parole with probation orders requiring forensic monitoring and intervention. (Forensics in BC is the process where a person with mental health challenges who has been convicted of a crime is court-mandated to be treated for their mental health or substance disorders) Many families who have loved ones in the

probation system with forensic orders have told us that the follow-through for violations is at best ineffective. When people ignore forensic stipulations under their parole, the system referring back to the Courts is ineffective. If an incident does result in standing before a Judge again, the consequences are ineffectual. We believe this isn't a symptom of the Forensic /Court system so much as it is a result of not enough mental health beds and an overtaxed prison system.

3.11-2 Decriminalization/Legalization

There is a huge difference between decriminalization and legalization. One maintains the status quo that substances are illegal, however, in certain cases, citizens will not be prosecuted. The other normalizes the consumption of substances. Examples of legalization are tobacco, alcohol and cannabis.

British Columbia made a start in February of 2023 by entering into a three-year trial agreement with the Federal Government to decriminalize certain drugs and quantities for adults in BC. Unfortunately, as of November 2023, the Province is considering legislation to roll back parts of the decriminalization trial. Specifically, around the use of substances in public places. This is a direct result of protests from many municipalities concerned about an upswing of people using substances on city streets in view of the general public. It seems as though the BC Provincial Government is reacting to political pressure rather than listening to their own health experts and evidence-based knowledge.

It is important to point out that a major benefit of decriminalization was to remove the stigma of using substances in our society. When people are no longer afraid they'll be arrested, they are more likely to seek help through official health channels. This drives the major principle of shifting substance use of people towards the public health system. A major component of this is referral options for police and others to health channels. Unfortunately, those channels were not increased or readily identified by the government for police and others as part of the decriminalization initiative.

In addition, the highest risk of overdose happens when people use substances alone. Forcing them off streets, to back alleys, or behind dumpsters directly contradicts harm reduction strategies.

Lastly, people who have homes would most likely go there when they want to use substances. The need to "police" people using substances in public is a symptom of the root cause – homelessness. Trying to address the root cause of anything by fixing only a symptom is doomed to failure.

3.11-3 Public Safety Measures

Stories from The Gap – Nowhere To Go! *"I set up my tent in a city park. The police and bylaw people came at 7 AM. They took my tent, and all my belongings, including my naloxone. All of it went into a dumpster, including my stash. No money to replace any of it and now I can feel drug sickness coming on."*

We also know that people with the most complex concurrent disorders often end up homeless. Our 2023 Point in Time Homeless count statistics show that 60% of respondents identified as having Mental Health Challenges and 70% identified as having substance disorders.

Although homelessness is not a crime, community public safety enforcement often endeavours to control the visibility of homelessness through oppressive measures. An example is, police or bylaw enforcement sweeps in areas of cities most populated by marginalised people. These sweeps have included forcing homeless people to “move along” with the removal/destruction of personal property including tents, personal possessions, harm reduction equipment, (including naloxone kits and clean needles) and unregulated substances within quantity levels allowed under Provincial Guidelines. Thankfully our Alberni Valley has seen a minimum of these actions, although they have happened. Provincially this trend continues in many communities and is very troubling.

These punitive measures are almost always driven by community members reacting to the visibility of marginalised people in the community. It is a knee-jerk reaction that focuses on the symptoms of mental health, substance disorders and homelessness rather than addressing the root causes, which are far more difficult to solve. However, all this approach does is further marginalise and stigmatise the already most vulnerable in our community. A recent science-based [research paper](#) clearly shows the negative outcomes both for marginalised people and the community at large. Sweeps also increase criminal behaviour – replacing personal possessions and drugs requires money, which our marginalised population have precious little of. Finally, and most significantly it increases their risk of overdose death.

3.12 Harm Reduction

Harm Reduction has been a long-proven evidence-based strategy that is effective in addressing many health challenges including the poisoned drug catastrophe. Overall, harm reduction in BC is probably one of the most effective programs that have been implemented. For example, Overdose Prevention Sites (OPS) have saved countless lives. The Federal Government [reports](#) over 4.3 million visits to OPS Facilities between 2017 and 2023. The greater the access to OPS sites, the more lives will be saved.

Overall, OPS sites

- Save lives
- Reduce the sharing of needles that cause HIV and hepatitis C
- Increase the use of detox and addiction treatment services
- Provide opportunities to connect people to health care services, housing and other supports
- Reduce public drug use
- Reduce the number of inappropriately discarded needles
- Do not contribute to increased crime in the surrounding area

OPS sites are, of course, only one of many effective harm-reduction strategies. Any service that keeps people alive until they are ready for treatment is effective harm reduction.

Two areas that need continued improvement, are increasing channels for the distribution of harm reduction information and equipment, plus public awareness of the benefits of harm reduction. There remains a significant fraction of the general public who continue touting the misinformation that harm reduction enables the use of substances despite the continued mounting science-based evidence and research to the contrary.

3.13 Stigma

Stories from The Gap – He Died Alone. *“I found my husband dead in our garage. They told me he died from an overdose of fentanyl. We never even knew he took drugs. He had a job and was a great father and husband. The kids don’t understand. I’m a stay-at-home mom, but that ends because there was no insurance and I need a job to pay for the mortgage ... if we can even keep this home.”*

Stigma continues to be an enormous challenge for people with mental health and substance disorders. Both conditions carry huge negative connotations across a wide spectrum of our society.

Mental health stigma challenges are perpetuated by the lack of understanding of mental health causes, difficulty in seeing positive treatment outcomes and atypical behaviours that often accompany people suffering from serious mental health disorders, especially in the marginalised demographics so often seen living on our streets.

Substance disorder stigma is driven by decades of criminalization policies in Canada and across the world. Stigma not only impacts society in the perceived negative stereotype of a person who uses substances but also by people suffering from substance disorders. The majority of people who have substance disorders carry guilt and stigma that often prevents them from reaching out for help. Stigma is pervasive across our society. We even see it in our healthcare system. For example, people wishing to access help through our emergency departments are told they only want a bed for the night and are discharged rather than treated with dignity and the same expectations for care as any other health concern a patient might present.

It is important to talk about one demographic that often gets missed when discussing the stigma associated with substance disorders. We know from the BC Coroners Service report that 78% of the deaths in our Province are men, between the ages of 30 and 59. We also know that approximately 50% of all deaths occur in private residences.

Some thought around these numbers would lead us to conclude that there is a huge demographic of men that for want of a better term, are functional or recreational users of substances. These men have homes, jobs and families. Blue collar, white collar doesn’t matter. They prefer to keep their use of substances secret (mostly because of stigma) Almost always they use substances alone, which is the worst possible scenario

with the present toxic unregulated supply.

Stigma for concurrent disorders will continue to be a barrier to solving the poisoned drug catastrophe until as a society we normalize substance use and governments seriously invest in changing the narrative via acceleration and intensifying public relations strategies to educate the public on stigma and concurrent disorders.

3.14 Recovery Treatment Time Frames

Stories from The Gap – Detox and Then A Black Hole. *“I was lucky enough to get a bed in detox – 30 days later, they told me the only recovery program was a private one. I can’t afford \$15,000 – They told me a government recovery bed was a 3-month wait. I went home. Two days later, I was back using drugs.”*

One of the most serious gaps or barriers to resolving the poisoned drug catastrophe is the time frame for treatment. Best-in-class jurisdictions concentrate on a wrap-around model that begins with referrals to treatment measured in hours, rather than weeks. These best-in-class models include immediate referrals to detox within the initial admission into the hospital or treatment facility, similar to a patient needing an emergency X-ray. The referral and subsequent taking of the X-ray are done before the patient is discharged from the hospital – if required, the patient would be admitted for further treatment.

We continue to hear horror stories from people seeking treatment who have said, “I asked for detox or a referral to recovery and was told, here is a referral slip – someone will call you in a few weeks. I spent five hours in the ER for nothing. When I was discharged, I was getting dope sick, so I had to call my dealer. He was there in 20 mins”

The poisoned drug catastrophe is won or lost in seconds or minutes – not hours, days or weeks.

3.15 Treatment/Recovery Programs

Stories from The Gap – It Might as Well Be Forever! *“I want off drugs so bad! When I checked into a recovery centre, they said they had a 6-month wait. I asked about the detox at-home program. They said I’d have to go to Richmond, cause it’s the only trial they knew about. I asked when the trial would come to our town. They laughed and said it would never happen.”*

Best-in-class models in other jurisdictions have enveloping programs that include immediate referrals to detox, encompassing hand-offs to recovery programs that monitor and progress a patient from recovery to in-community care programs. Included in the recovery and in-community programs are life skills/employment education.

Typically, detox programs are approximately 30 days, recovery programs are a minimum of 3 months to a maximum of 2 years. Included in these best-in-class models are life skills assessment and training, job skill assessment and training, as well as

housing placement before re-entering the community. Finally, the in-community programs are tailored to the needs of the patient. Some people may require a short time or in some cases, lifetime in-community follow-up. In-community programs also have a loopback component, wherein a patient may be referred back to recovery or detox.

Relapse is not seen as a failure, but rather a natural part of the journey of recovery.

All of these programs are interconnected which creates an umbrella-like system where once a patient enters, they are continuously supported until they no longer require treatment.

BC has a long way to go to have such a system supporting people with substance or concurrent disorders. The closest we get to best-in-class models is our [Red Fish Centre](#) in the Lower Mainland.

Another very important barrier is the tendency to regionalize services into major centres in the Province. This creates obstacles to recovery by forcing patients to choose between in-community options or being ripped out of their family and community support networks. There may be a case for centralized detox centres, as those programs are typically one month long. However, more successful recovery programs are a minimum of three months. To be removed from your family and community for an extended period is a legitimate hardship.

3.16 Prevention Programs

Stories from The Gap – What A Waste of Time! *“My kid came home from school. He told me this lady came and gave them a presentation on staying away from drugs. He said she was super nice but clueless about their real world. I realized how jaded he felt when he told me that was 30 minutes of his life he’d never get back!”*

Prevention is a missed opportunity that is sadly lacking in the Provincial strategies. Possibly because prevention messages have gotten a bad name over the last several decades. Campaigns that concentrated on (Just Say No) or (Your Brain on Drugs) messages did not resonate with the general population, especially youth.

The latest evidence-based research points out that prevention messages must be peer-driven and that messages must clearly explain the why part of the dangers of unregulated substances, rather than messages that just tell people not to use. In addition, recent marketing research tells us that messages that use “No” or other negative phrases actually create the desire to continue a behaviour.

Adults and youth are by far more suspicious of government-driven messages in today’s web/social media world. Often people rely on opinion-based non-expert posts and websites. Public service messages around prevention must be focused on channels that adults and youth frequent.

No matter the difficulties of prevention strategies, they are crucial long-term required

plans. If prevention messages stopped even 1 per cent of people from developing substance disorders, it would have a major impact on future community health and healthcare expenses.

4.0 Solution Recommendations

The poisoned drug catastrophe in our community and across the country poses a significant and urgent challenge, demanding a comprehensive set of recommended solutions to address its complex and multi-layered nature.

In this pivotal section of this report, we present a series of evidence-based and holistic approaches that aim to tackle the root causes and consequences of the catastrophe. These recommendations have been developed using a variety of methodologies, including research, experience, experts, and consultations with stakeholders, and community members (peers with lived experience) who have firsthand experience with the impact of substance disorders, including concurrent disorders and related issues.

To mitigate the poisoned drug catastrophe effectively, a multi-pronged strategy is essential. Firstly, implementing some form of regulated safe supply universally and available as soon as possible is critical. In addition, enhanced and timely access to recovery treatment and mental health services stands as a cornerstone of our recommendations. By bolstering resources, formalizing some form of regulated safe supply, expanding treatment capacity, and reducing barriers to entry, we can provide people struggling with substance use disorders the support they need to embark on the path to healing.

Furthermore, a strong emphasis on harm reduction strategies, such as supervised injection sites and naloxone distribution programs, is pivotal in preventing overdose deaths and mitigating the immediate risks associated with substance use. Alongside these efforts, public education campaigns and community outreach initiatives play a vital role in reducing stigma and raising awareness about the dangers of unregulated substance use. The interconnected nature of these solutions underscores the importance of a collaborative, community-driven approach to combating the poisoned drug catastrophe effectively.

Note – By necessity, in some sections, the same or similar recommendations will appear. Many of the same solutions address multiple causes.

4.1 First Nations Indigenous People Support Recommendations

The Port Alberni Community Action Team embraces recommendations that call for culturally sensitive and First Nations community-led initiatives that empower local First Nation leaders and organizations to develop and implement solutions tailored to their specific circumstances, led by them.

As a critical component of Indigenous-First Nations recommendations to address the poisoned drug catastrophe in our communities, we recognize and prioritize the unique needs and challenges faced by First Nations populations. Historically marginalized and underserved, First Nations communities have borne a disproportionate burden of the drug catastrophe, worsened by challenges including racism, intergenerational trauma caused by the residential school system and colonial policies, poverty, housing and

inadequate access to healthcare services.

Any solutions for First Nations involve partnering with Indigenous organizations, respecting traditional healing practices, and promoting holistic wellness programs that address not only substance disorders but also all the underlying social determinants of First Nations People. By engaging in meaningful consultation and collaboration with First Nations, we seek to ensure that the solutions are First Nations-driven and are both culturally relevant and sustainable, fostering resilience and well-being within First Nation communities.

Recommendations:

- Actively support, participate and engage in **ALL** the [calls for action](#) of the Truth and Reconciliation Commission.
- We fully support all recommendations of the Tseshaht First Nations Alberni Valley Poisoned Drug Crisis Strategy 2023.
- Actively search for and implement partnership opportunities between First Nations, and the Port Alberni Community Action Team.
- Engage and actively support the needs of First Nations with the community at large, all service providers, Health Authorities and all levels of Government.

We acknowledge and support all the existing work First Nations have achieved in the following areas and support increases in these programs led by First Nations through increased support by all levels of Government:

- Culturally Tailored Treatment Programs: Develop addiction treatment programs that incorporate traditional healing practices, cultural teachings, and spiritual guidance to resonate with the values and beliefs of First Nations communities.
- Elders and Knowledge Keepers Involvement: Involve Elders and Knowledge Keepers in the healing process, allowing them to share their wisdom, provide mentorship, and support people in their journey to recovery.
- Community Healing Circles: Facilitate community healing circles or talking circles, where members can openly discuss their challenges, seek guidance, and receive emotional support in a culturally appropriate setting. An example is the Walk With Me Program.
- Land-Based Healing Programs: Offer land-based healing programs that connect individuals with the land, fostering a deeper sense of belonging and spiritual renewal. In Port Alberni, The Somass River is the lifeblood of its First Nations People.
- Cultural Awareness Training: Provide cultural awareness training to healthcare professionals and service providers to ensure respectful and culturally competent care.

- Community-Driven Solutions: Empower First Nations communities to design and implement their harm reduction and treatment programs, tailored to their unique needs and values.
- Language Revival Programs: Support language revival initiatives to strengthen cultural identity, which can be a protective factor against substance disorders.
- Traditional Medicine: Integrate traditional healing practices, such as smudging, and medicinal plant use, into substance disorder treatment and recovery plans.
- Family Support Programs: Establish family support programs that engage families and promote healing within the family unit, recognizing the importance of kinship ties in First Nations communities.
- Crisis Response Teams: Form culturally competent crisis response team(s) that can quickly address emergencies in a respectful and understanding manner.
- Cultural Mentorship for Youth: Offer cultural mentorship programs for youth to connect them with their heritage, promote positive self-identity, and steer them away from unregulated substance use.
- Community Public Safety Agreements: Collaborate with law enforcement agencies to establish community public safety agreements that prioritize cultural sensitivity and restorative justice principles.
- Community-Run Safe Spaces: Create community-run safe spaces for First Nations people to gather, share experiences, and access support without fear of judgment or discrimination. (Friendship Centres)
- Trauma-Informed Care: Ensure that all service providers are trained in trauma-informed care, recognizing the historical trauma that impacts many people in First Nations communities.
- Access to Traditional Elders and Healers: Facilitate access to traditional Elders and Healers as part of a support network for people in crisis or recovery.
- Cultural Resilience Programs: Promote cultural resilience through programs that celebrate cultural practices, art, storytelling, and song as a means to combat the negative effects of substance disorders.

4.2 Toxicity of the Unregulated Supply Recommendations

Stories from The Gap – Three Days! – It Might As Well Be Forever. *“I took a sample of my drugs in to get tested. They have to mail the sample to Victoria. I could come back in three days to get the results. It’s pretty funny (sad) – I’ll have used those drugs 4 times over when the results are ready.”*

The challenges of the toxicity of the unregulated supply in our communities are by itself an incredibly complex and diverse problem. Toxicity is certainly driven by inconstancy in the purity and strength of the active substance in any unregulated supply. Toxicity is worsened by the “cutting” agents used by all levels of unregulated supply to increase profit margins.

Recommendations:

- The Province leads the way, in partnership with the Federal Government, by implementing a scalable program of Regulated Safe Supply to a minimum of 80% of the Province by the end of 2024. (Details of the recommended models of safe supply will be found in Section 4.3).
- The Province will Implement Overdose Prevention Sites in all communities in BC with populations of more than 15K by the end of 2024.
- The Province will Implement drug testing facilities including an onsite Fourier Transform Infrared Spectroscopy (FTIR) or Paper-Spray Mass Spectrometry in all communities across BC with populations of more than 15K by the end of 2024.
 - The objective is to provide people who use substances testing results of samples in less than 15 minutes.
- Federal and Provincial governments modify the criminal code of Canada with graduating penalties for major suppliers of unregulated substances based on the level of toxicity. Suppliers caught with excessive quantities of illicit drugs, weapons or violence during an arrest are to be held without remand until trial.

4.3 Regulated Safer Supply Recommendations

Stories from The Gap – Shit! Crap! and Cement – *“I got something called (CVD) chronic venous disease from injecting drugs. It didn’t take that long. It isn’t just the damage from injecting all the time – stuff they (drug suppliers) use for fillers in drugs, including baby powder, flour, corn starch and baking soda did me in. At least that’s what the doctor told me when I got gangrene in my leg.”*

Any regulated safer supply model implementation is an enormous stumbling block for the BC Provincial Government. This is demonstrated by the absence of progress in rolling out the current small regulated safe supply trials and more recently the [rejection](#) by the Government of the BC Coroners Service recommendation on a regulated safe supply model.

The Port Alberni Community Action Team fully supports the BC Coroners Service November 1, 2023 [recommendations](#).

We acknowledge the real-world aspects of the political obstacles the Government feels it faces in implementing some form of safer supply. However, it’s important to point out that the slow progress towards regulated safe supply is measured in lives lost every day a regulated safe supply is not available to the majority of British Columbians in need.

The [science-based evidence](#) is irrefutable in supporting safe supply models. Safe supply saves lives! Any safe supply model must meet people where they’re at and

reduce barriers while increasing the universality of access.

Recommendations:

- The Provincial Government will be at all times guided by its evidence-based health experts on drug policy implementation strategy.
- The Province adopts and implements innovative intensive education initiatives for physicians, health professionals and the general public on the benefits of a regulated safe supply
- The Province implement a graduated system of regulated safe supply models, starting with a roll-out of the existing models to 80% of the Province by the end of 2024.
- On an ongoing basis, the Province will modify the regulated safe supply model to reduce barriers and increase access.

4.4 Mental Health Recommendations

Stories from The Gap – In and Out in 2 Seconds. *“I got sent to the West Coast General Hospital for observations under the Mental Health Act because they say I have Schizophrenia. They put me in the mental health ward. The next day they sent me to the Nanaimo Hospital via Ambulance. That afternoon a psychiatrist talked to me and released me. Thirty-six hours total, and no way to get back home to Port Alberni! (Note: This person has years of documented mental health challenges, and after release spiralled down into serious psychosis that went untreated until a critical event occurred in their community. They were told at the time, there were no beds available.)*

Timely mental health interventions and programs are of vital importance in our communities. Many people who use substances also struggle with mental health disorders.

Concurrent disorders and their health challenges impact an ever-increasing portion of our community. When left unaddressed, they lead to severe consequences, including emotional distress, decreased quality of life, and even increased risk of self-harm or suicide. By providing timely concurrent disorders health intervention and programs, we can offer crucial support to those in need, helping them navigate the complexities of their mental health issues and build resilience.

These interventions not only alleviate individual suffering but also have broader societal benefits, such as reducing the strain on healthcare systems, improving productivity, and fostering healthier, more connected communities. Ultimately, recognizing the significance of timely concurrent disorders health support is a crucial step in creating a more compassionate and resilient society where everyone has the opportunity to lead a fulfilling and productive life.

Recommendations:

- Island Health actively recruit psychiatrists for the Alberni Valley, meeting the recommended guidelines of the [Canadian Psychiatric Association of Canada](#)

which recommends a ratio of 1 psychiatrist to 8,400 people. This requires an additional two (2) psychiatrists in our community.

- Health authorities and the Province will increase mental health hospital beds and staff so that admitted patients through the ER can be treated until they are stabilised. Currently, we hear many stories of people experiencing critical mental health events who are discharged from the ER without admission into the hospital or if they make it to the mental health ward, are discharged from the hospital, often within 24 hours. (See Stories From the Gap, Section 4.4)

4.5 Housing Recommendations

Stories from The Gap – Boy, Was That Ever A Mistake! *“I told my landlord I was having some health challenges with back pain and now I was hooked on pain (meds – my word for drugs). I guess he told everyone in our building. Somehow, I’ve become a leper. No one talks to me anymore. The landlord keeps coming up with problems that he says I’m causing. I think he’s working his way up to trying to evict me. I won’t ever make that mistake again.”*

Housing for everyone is the bedrock of the foundation required to begin addressing the poisoned drug catastrophe. The catastrophe has disproportionately affected vulnerable and marginalised populations, many of whom lack stable housing.

Basic housing is not only a fundamental human right but also a crucial component in the fight against drug poisoning. It provides people with a safe and stable environment where they can access necessary support, healthcare, and rehabilitation services.

Ensuring that every person has access to adequate housing not only helps prevent substance-related harm but also offers a foundation for recovery and reintegration into our community. By recognizing and upholding the right to basic housing, we can take significant steps towards a more humane and effective response to the drug poisoning catastrophe, ultimately reducing the devastating impact it has on all communities in British Columbia.

Recommendations:

- All levels of government will increase the Point-in-Time homeless count to a quarterly count.
- BC Housing will match temporary shelter beds in the community to the annual point-in-time homeless count.
- In partnership, the Province, Regional District and City will create a long-term scalable plan to replace temporary shelter beds with permanent housing, including assisted living housing as required. (5-year plan for full completion of required units, reviewed annually)
- Provincially remove municipal bylaws intended to restrict shelter and housing projects oriented to serving the marginalised demographics in communities.
- The Province will Incentivise municipalities that embrace shelter and housing projects in their communities. — The faster the implementation, the greater the incentive.

- BC Housing and the Province in partnership with municipal bylaws to incorporate housing models that integrate the placement of units throughout the community. This is to prevent concentrated poverty and social exclusion. Distributing housing options throughout the community ensures that people from diverse backgrounds and economic statuses have access to a range of housing opportunities. By avoiding the concentration of low-income or marginalized populations in one specific area, we can promote social inclusion, reduce stigmatisation, and create more inclusive, diverse, and vibrant communities.
- Local government, First Nation, Regional District and City to request from the provincial government for the implementation of a [Complex Care Housing Facility](#) in Port Alberni to be agreed upon by the end of 2024 and then implemented as soon as possible.

4.6 Poverty & Economic Recommendations

Stories from The Gap – If Only, I Would. *“I’m on social assistance. I get \$560 a month. If I could find an apartment, my landlord would directly receive a few hundred dollars more from the Government. What a laugh. There is nothing decent in our town under \$1000 a month to rent. If I could find something, I’d have to kick in most of my food money for rent. I’d be left trying to live on \$60 a month. Yesterday, I was walking to the OPS and some guy drove by yelling at me to get a job! – I would, if I could.”*

21% of all residents in the Alberni-Clayoquot Regional District (ACRD) live in poverty. Poverty worsens the risk of substance disorders as people facing economic hardship may turn to drugs as a coping mechanism or escape from their challenging circumstances.

Poverty also limits access to education, employment, and healthier lifestyles which further compound the challenges associated with substance and mental health disorders. It also worsens recovery outcomes. Moreover, impoverished families are often forced to live in areas that make them more vulnerable to drug-related harm.

Addressing poverty and its associated social determinants is crucial in breaking the cycle of the poisoned drug catastrophe. It plays a significant role in both the initiation of substance use and the challenges people face in seeking treatment and support.

Recommendations:

- The Port Alberni Community Action Plan fully supports the ACRD [Poverty Reduction Action Plan](#), prepared by the Alberni Clayoquot Health Network 2021.
- We encourage the City of Port Alberni to build on its endorsement of the Alberni-Clayoquot Health Network Poverty Reduction Action Plan 2021 by creating its own tactical action plan to address economic prosperity, economic diversity and poverty reduction.

4.7 Government Resolve Recommendations

Stories from The Gap – A Mother’s Grief. *“My son died four years ago. It took time, but I finally got to talk to the Minister of Health and the Minister of MMHA. I thought they listened. They assured me that changes were coming. That was 3 years ago. Nothing has changed. My son’s death seems meaningless. Just another number in every increasing count of meaningless deaths.”*

The BC Government bears the majority of responsibility for drug policy changes and implementation of programs that effectively address the poisoned drug catastrophe in our communities. We acknowledge that it faces barriers in making timely changes to drug policies to address the catastrophe, including the complexity of the issue, political challenges, public perceptions and the need for substantial resource allocation. So far, the government response has been agonisingly slow and ineffective in reducing the rates of deaths from the unregulated poisoned drug supply in the province.

However, the importance of the government's resolve to implement evidence-based recommendations cannot be overstated. Evidence-based policies are crucial in crafting effective solutions, as they draw on science and health expert data and research to inform decisions. By concentrating on expert health recommendations instead of choices driven by politics, the government can make timely, informed, targeted changes that prioritize harm reduction, treatment, and prevention. The most controversial opportunities are also those most likely to make significant differences in the catastrophe.

This commitment is not only vital in saving lives and reducing the devastating impact of the poisoned drug catastrophe but also in demonstrating a responsive, compassionate, and accountable approach to governance. Timely, evidence-based policy changes will set the foundation for a more resilient and supportive society that addresses the root causes of substance abuse, ultimately fostering a safer and healthier British Columbia.

Recommendations:

- The Province to Introduce metrics and consequences in Government Minister mandate letters for the Minister of Health and the Minister of Mental Health and Addictions. Current government ministers’ mandate letters provide objectives but are very soft on measurable metrics and performance consequences.
 - The mandate – to reduce the impact of the poisoned drug catastrophe on British Columbians
 - The Metric – (example) Reduce the Provincial death rate by 10% by the end of the 4th quarter of 2024.
 - The Consequence - This is a commitment to the well-being of all British Columbians. We recognize the complexity of the task, but make no mistake – we firmly expect this target to be met. Failure to do so will result in a critical examination of performance, including potential consequences, as we hold ourselves accountable to the people we serve. This is not

merely a goal; it is a mandate, and we will not shy away from making difficult decisions if our commitment is not upheld. The urgency of addressing the poisoned drug catastrophe requires nothing less than full accountability and action.

- The Province and Health Authorities introduce the same metrics and consequences to senior government bureaucrats of the MOH/MMHA ministries and senior Health Authority(s) Leaders' performance plans.
- Emphasize the importance of meeting performance metrics to reduce deaths from the poisoned drug catastrophe is so key, that failure to meet metrics set for government leaders, MOH/MMHA bureaucrats and health authorities, would at the very least result in no bonus payouts or wage increases, despite all other positive performance criteria.
- Our Community Action Team will advocate with the BC Government to embrace the courage to implement drug policy reforms based on the advice of its health experts and evidence-based knowledge. Exactly like it did with hard choices made during the COVID Crisis.
- The Province modify the BC Government Strategic Plan (Pathway To Hope) to include specific measurable goals with actionable dates.
- The Province implement a government-wide transparent monthly progress report on the Pathway to Hope action plan to the people of British Columbia.

4.8 Recovery Programs –, In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT) Programs Recommendations

Stories from The Gap – I Gave Up! *“I wanted to stop using drugs. My dad even paid for my first stay in recovery after I detoxed. It cost him over \$20 grand. I never thought you could get drugs in a recovery place, but you can. Three weeks in, I broke down and took some. They caught me. I got kicked out – my dad lost all his money and won't talk to me anymore. – I guess I'm just not worth it.”*

Frankly, the detox and recovery models in our province need to be completely revamped. We believe there are incredible opportunities to change the methodology of current detox programs, recovery programs, and how OAT (Opioid Agonist Treatment) is administered through physicians and nurse practitioners in the province.

The challenges posed by the poisoned drug catastrophe call for innovation and a bold reimagining of our approach to addiction treatment and recovery. By harnessing these opportunities, we can better serve our communities, empower people on their journey to recovery, and make substantial strides in addressing the complex and pressing issues associated with substance disorders.

The time has come for a fresh perspective, a commitment to current evidence-based practices, and a dedication to improving the lives of those affected by addiction. This transformative approach represents a cornerstone in our collective efforts to create a healthier and more resilient British Columbia.

Recommendations:

- The Province flip the current model of 20% recovery centres publicly funded versus 80% private pay to 80% public funded versus 20% private pay.
- The Province and Health Authorities base new or changing recovery centres on the [clinical guidelines](#) outlined by the BC Centre on Substance Use. The foundation of all recovery centres should be based on section 2.6 *Self-defined Recovery and Wellness-oriented Care* of those clinical guidelines. (Mirror the Red Fish Centre as much as possible throughout the province.)
- BC Ministry of Health adopt policies that recognize that abstinence from substance use before entering into recovery centres is based on obsolete models developed in the mid-20th century. Set in place plans to move the majority of recovery centres to models based on present evidence-based knowledge that accept that recovery can start before detox. That relapse is part of recovery and NOT a reason to be ejected people from recovery programs.
- BC Ministry of Health and the Ministry of Mental Health and Addictions investigate amalgamating detox programs into recovery programs. This would decrease overall costs, but more importantly, make sure patients do not fall through the system cracks between detox and recovery programs. Embracing recovery models not requiring complete abstinence would allow the province to question the need for separate detox centres.
- The Province funds recovery beds in the province to meet the goal of every person wishing to enter into recovery having access to a recovery bed within 48 hours.
- The Province through the Ministry of Health change critical care procedures to provide beds in the hospital until recovery beds are available.
- The Province makes OAT/OATi therapy available in every hospital with an ER.
- The Province expand access to the at-home detox model trials (Substance Use Treatment and Response Team ([START](#))) to 80% across the province by the end of 2024.
- The Province makes OAT/OATi Therapy certification required for physicians or nurse practitioners specializing in ER medicine by the end of 2024.

4.9 Youth Challenges Recommendations

Addressing the problem of youth substance use requires a collaborative approach involving educators, healthcare professionals, community leaders, parents, and the youth themselves. By fostering open communication and providing the necessary support and resources, we can help guide young people towards making healthy choices and provide them with the tools to lead fulfilling lives.

To address youth substance use effectively, a comprehensive approach that involves various sectors of our community society is required. Here are several recommendations to help mitigate challenges youth face around substance use based on the issues identified:

- Increase support of organizations like ADAPS (Alberni Drug and Alcohol Prevention Services) offers information, counselling, and support for youth (age 12 - 24) and their supports affected by the use of substances. Services are harm-reduction-based and cover early intervention/information through intensive treatment and health maintenance. Open to anyone affected by a youth's use of substances, whether in their own use or someone else's. Organizations like ADAPS play a key role in solution-based work with youth.
- Education and Awareness: Implement age-appropriate drug education programs in schools that inform about the risks and consequences of substance use. This education should also extend to online platforms where youth spend a significant amount of time.
- Parental Involvement: Encourage open dialogue between parents and children about substance use. Parents should be educated on the signs of drug use and effective communication strategies.
- Mental Health Support: Enhance access to mental health services for youth. Early intervention for mental health issues can reduce the risk of self-medicating with drugs.
- Positive Role Models: Promote positive role models and mentors for young people. Having someone to look up to can inspire youth to make healthy choices.
- Healthy Alternatives: Provide and promote engaging activities and hobbies as alternatives to substance use. Sports, arts, and community service can offer a sense of belonging and accomplishment.
- Peer Support Programs: Develop peer-led initiatives and support groups where young people can share experiences and encourage each other to stay drug-free.
- Community Engagement: Involve the community in creating safe and supportive environments for youth. Community centres and programs can offer resources and a haven for young people.
- Enforcement: Ensure that police and public safety measures/regulations regarding the sale and distribution of substances are actively utilized to reduce the availability of drugs to minors.
- Early Intervention Programs: Implement programs that identify at-risk youth early and provide them with the support they need before they turn to drugs.
- Access to Treatment: Ensure that there are accessible, youth-friendly treatment programs that offer a range of services, including counselling, therapy, and rehabilitation.
- Aftercare and Relapse Prevention: Provide ongoing support for youth who have gone through treatment to prevent relapse. This could include mentorship programs, support networks, and educational opportunities.
- Research and Evaluation: Support research to better understand the reasons behind youth substance use and to evaluate the effectiveness of different intervention strategies.

Addressing youth substance use requires a balanced approach that combines prevention, treatment, and enforcement, as well as community involvement. These

recommendations must be tailored to the specific needs and circumstances of the youth population they aim to serve.

Prevention recommendations, including youth, are found in section 4.16.

4.10 Primary Care

Stories from The Gap – No Family Doctor Now! *“I told my family doctor I was hooked on opioids because my friend gave me some oxycontin when I hurt my back. He asked me how much and what I was taking. When I told him anything I could get from my dealer, he told me he couldn’t treat me. Now what?”*

In the face of the ongoing unregulated poisoned drug epidemic/catastrophe, it has become increasingly evident that expanding the availability of Opioid Agonist Treatment (OAT) in primary care settings is both a pragmatic and compassionate response.

Physicians and Nurse Practitioners, with their unique position as frontline medical professionals, are well-placed to offer timely and comprehensive support to individuals struggling with substance use disorders. By integrating OAT into primary care, we not only enhance accessibility to treatment but also reduce stigma, improve coordination of care, and foster a more holistic approach to patients' health and well-being. This transformative shift holds the potential to save lives, alleviate suffering, and contribute significantly to our collective efforts in addressing the complex challenges posed by the unregulated drug catastrophe in our communities.

Recommendations:

- The Province makes acquiring OAT/OATi certification so attractive for existing primary care physicians and nurse practitioners that it increases the base of primary health care professionals certified to administer OAT/OATi to a minimum of 80% of primary health care professionals by the end of 2024
- The province in consultation with the College of Physicians and Universities makes OAT/OATi certification mandatory for graduating physicians and nurse practitioners. Also, existing healthcare professionals from other jurisdictions wishing to practice in British Columbia are required to obtain OAT/OATi certification before being issued a license in BC.
- Drop the requirement for mentorship after OAT/OATi training in favour of an examination model.

4.11 Criminal Justice System, Decriminalisation/Legalisation, Public Safety Measures Recommendations

4.11-1 Criminal Justice System Recommendations

The poisoned drug catastrophe in Canada is accentuating the urgent need for a transformative shift in our approach to our criminal justice system. The current system has been completely ineffective in addressing the complexities of unregulated substance supply, often worsening the challenges faced by people grappling with

substance disorders use and accompanying mental health challenges.

In addition, our justice system is not effective or timely in addressing those who supply and deal unregulated substances at the mid-level or top of the supply chain.

A call to action is required. We urge Federal and Provincial policymakers and stakeholders to commit to comprehensive reform immediately. The consequences of inaction are severe. It will result in more lives lost, families destroyed, and communities devastated. It is time to acknowledge that a new approach is needed, one that embraces innovation and progress in the Canadian criminal justice system.

By recognizing the importance of changing the criminal justice system, we acknowledge the need for a more compassionate, evidence-based, and rehabilitative approach for people who use substances. For them, we need to shift the focus from punishment to substance disorder treatment, mental health disorder treatment and harm reduction in breaking the cycle of substance use disorder and fostering rehabilitation. At the same time, we need to effectively deal with the major suppliers of unregulated substances.

This shift not only aligns with the principles of social justice but also holds the potential to reduce the burden on the legal system while simultaneously addressing some of the root causes of the poisoned drug catastrophe.

Recommendations:

Note: These recommendations exclude any criminal behaviours that result in violence, weapons possession, or people possessing more than 250 grams of substances identified as [illicit drugs](#) in Canada.

- The Province allocates resources to enhance and expand addiction treatment infrastructure, that ensures access of justice system clients to timely and comprehensive support for people seeking recovery.
- The Federal Government in partnership with Provinces expand restorative justice programs across Canada, especially for people who use substances and have committed nonviolent petty crimes in sourcing substances for their substance use disorders.
- The Province expands diversion programs - and rolls out the implementation of Drug Courts. Drug treatment court is a special court that works to redirect non-violent offenders with substance disorders into programs of treatment and supervision, instead of sentencing them to prison. The court is supported by immediate access to programs consisting of addiction recovery services, social service agencies and individual case planning.
- The Province creates systems and procedures that divert people with mental health disorders and substance disorders into immediate access to forensics-driven treatment and recovery. This includes making alternatives to incarceration a first choice for nonviolent offences related to substance use, such as community service, restitution, or supervised treatment programs.

- The Province establishes a special diversion program for youth involved in non-violent offences driven by substance use, emphasizing education, counselling, and community service rather than punitive measures.
- All levels of government collaborate with Indigenous Justice Systems – where possible, refer Indigenous people to an Indigenous-led justice system.
- The Province introduces incentives within the justice system for people who complete substance disorder treatment programs, promoting positive outcomes and rehabilitation.
- All levels of government encourage proactive community policing models that prioritize harm reduction strategies over punitive measures, fostering trust and cooperation between law enforcement and communities.
- The Province Implements cross-sector collaboration programs between the justice system, healthcare providers, and community organizations to create a coordinated and comprehensive response to the poisoned drug catastrophe.
- The Province establish education and sensitisation programs for legal professionals, especially Judges and Crown Prosecutors to increase awareness of the complexities of substance use disorders and to reduce stigma.
- The province modifies the current legal aid model to provide specialized legal aid for people facing legal challenges related to non-violent substance use/concurrent disorders. This would include specially trained Public Defenders who are trained in all the diversion opportunities.
- The Federal Government and Province, in partnership, develop metrics to continuously monitor changes to our justice system, and implement data-driven decision-making processes that evaluate the impact of interventions and adjust strategies accordingly.

4.11-2 Decriminalisation/Legalisation Recommendations

The Federal/Provincial trial of Decriminalization in British Columbia is a great first step in normalizing access to substances currently designated illegal. Like all controlled substances, the difference between decriminalisation and legalisation is huge

The decriminalization or legalization of substances stands as a paradigm shift in addressing the poisoned drug catastrophe. It offers a spectrum of benefits that transcend traditional punitive approaches. By moving away from criminalizing individuals for personal drug possession, society gains the potential to redirect resources towards more effective harm reduction, treatment, and prevention strategies.

Decriminalization fosters an environment where people with substance use disorders are viewed through a public health lens, encouraging them to access crucial services without the fear of legal repercussions.

In time as the perception of the general public changes, legalisation of certain substances should also be explored, as they offer potential benefits in reducing the harms associated with drug use. By regulating the drug market and implementing safety

measures, we can ensure quality control and protect the well-being of those who currently use unregulated substances.

Legalization, when carefully regulated, allows for safer drug consumption environments, reducing the risks associated with unregulated substances. Moreover, these approaches acknowledge the complex nature of substance disorders, aiming to destigmatize substance use and promote compassionate, evidence-based solutions. Embracing decriminalisation or legalisation offers a pathway to shift the narrative from punishment to rehabilitation, ultimately contributing to a more humane, equitable, and effective response to the poisoned drug catastrophe.

Recommendations:

- Stop police sweeps in municipalities intent on circumventing the BC provincial decriminalization trial.
- The Province evaluates decriminalisation/legalisation policies, allowing for adjustments on science and evidence-based emerging research, public health needs, and community feedback.
- The Province implement an extensive public service ad campaign focusing on the evidence-based advantages of decriminalization.
- Restore the original BC Provincial Government policies of the decriminalisation trial and legislation.
- The Federal Government and Province, in partnership, make the decriminalisation trial permanent as soon as possible
- The Federal Government and Province, in partnership, increase the decriminalised quantity of substances allowed for personal use to an average one-week supply.

4.11-3 Public Safety Measures Recommendations

Stories from The Gap – I Wasn't Doing Anything! *"I'm homeless in downtown Lower East Side, Vancouver. I was walking to the place that provides hot meals. A cop car and van pulled up beside me. Five cops got out. They demanded to know why I was there. Then they searched me. They took my drugs (I only had one dose of down, which is supposed to be okay now) and put me in a patty wagon. After four hours, they let me back on the streets, no drugs, no money to replace them and a long way to where I left my stuff. When I got back to my shopping cart, all my stuff was gone. Now I'm beginning to get drug sick."*

Public safety measures are tools that help deal with the poisoned drug catastrophe. They focus on keeping communities safe and helping people who are affected by substance disorders. However, it is crucial to reorient these methods to a health-based lens. Best-in-class public safety programs use smart, evidence-based ideas that we know work. They include prevention messages, working together, and being ready to help.

The goal is to stop harm from substances both for the person who is using drugs and also for the broader community. These recommendations empower communities to

tackle some of the root causes of the catastrophe and ensure the well-being of everyone. By embracing public safety measures, we lay the foundation for a more secure, informed, and compassionate response to the poisoned drug catastrophe, fostering a collective commitment to the safety and vitality of our communities.

Public Safety is about balancing the needs of the entire community. Striking a balance requires a compassionate approach that supports people experiencing homelessness and concurrent disorders while maintaining a standard for everyone within our community. Collaborative initiatives can be implemented to address the unique challenges faced by unhoused or people suffering from concurrent disorders, providing access to resources, shelter, and support services. Resolving root causes rather than symptoms should always be the priority approach.

Recommendations:

- The Province increases the accessibility of recovery treatment services, including detoxification programs, rehabilitation facilities, and mental health support, in-community to provide **timely** assistance to those in need. The goal is immediate referral into recovery through critical care hospital beds and then transfer to recovery programs within 48 hours.
- The Province invests in increasing province-wide public awareness/education programs to raise understanding about the poisoned drug catastrophe, promote harm reduction practices, and reduce the stigma associated with substance disorders.
- The Province expands the availability of safe consumption/overdose prevention sites, providing supervised environments for people to use substances safely while accessing support services. In Port Alberni, increase the OPS hours to a 24/7 model.
- Island Health investigates creating a 2nd OPS in the Argyle/3rd Ave corridor of Port Alberni. This area is frequented by many of our marginalized family, friends and neighbours of our community. It's also far enough away from our existing OPS that clients are unwilling to travel to the current OPS.
- The city provides public toilets in areas of the city frequented by our marginalized demographics.
- The Federal Government and Province, in partnership, accelerate the Implementation of community policing models that prioritize harm reduction strategies over punitive measures, building trust and collaboration between law enforcement and communities.
- The Province moves towards integrating mental health services with policing models, recognizing the co-occurrence of mental health challenges and substance use. 911 reports of a critical mental health event respond with police and mental health experts. We recommend the expansion of the Assertive Community Treatment (ACT) Team in Port Alberni to enable them to respond in conjunction with police in mental health crises 24/7 by the end of 2024.

- The Province significantly increase public awareness campaigns to destigmatize substance disorders, increase understanding of the poisoned drug catastrophe, and encourage people to seek help without fear of judgment by the end of 2024.
- School Boards provide a formal training program for educators and school staff on recognizing signs of substance use, facilitating early intervention, and connecting students to appropriate support services.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province significantly increases public awareness that harm reduction and treatment are part of the same recovery process. Our strongest ask is for all levels of government, especially the provincial government, to campaign hard on educating the public with real information based on science/evidence-based information.
- The province increases support for programs like Community Action Teams (CAT). These programs are community-led initiatives and concentrate on networking with service providers, peers and the community. Community Action Teams focus on harm reduction, reducing stigma and addressing social determinants of the poisoned drug catastrophe. Support and funding of CAT Teams allow local communities to tailor strategies to their unique needs and challenges.

4.12 Harm Reduction Recommendations

Stories from The Gap – Only Once! *“I’m one of the few that still injects the drugs I use. It was a long way to the OPS to get more clean needles. I shared once. Now I have HIV.”*

Harm reduction strategies stand as a basic building block in all the work addressing the complexities of the poisoned drug catastrophe. It requires aggressively challenging misconceptions and fostering a more informed and compassionate response within our communities.

The significance of harm reduction lies not only in its ability to minimize the adverse effects of substance use but also in bridging the gap of misunderstanding that seems so prevalent in the general public. By promoting evidence-based strategies for safe supply, needle exchange programs, supervised consumption sites, and supporting innovative programs like DULF, and education initiatives, harm reduction aims to mitigate risks and enhance the overall well-being of people affected by addiction. It emphasizes the need to meet people where they are, providing support without judgment.

Harm reduction is also the umbrella that resists the ban on public consumption legislation.

The benefits of harm reduction extend beyond the individual, contributing to safer communities and fostering a culture of empathy and understanding. By embracing harm

reduction recommendations, we are not only saving lives but also dismantling stigmas and building a foundation for healthier and more inclusive communities.

Recommendations:

- Island Health Authority increase the Port Alberni OPS hours of operation to a 24/7 model as soon as possible.
- The Province increases access to harm-reduction supplies.
- Significantly increase public awareness that harm reduction and treatment are part of the same recovery journey. Our strongest ask is for all levels of government, especially the provincial government to campaign hard on educating the public with real information based on science/evidence-based information.
- The Province implements mobile harm reduction units to reach underserved and remote communities, providing on-the-spot support, education, and resources.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province through its Ministry of Health, integrates harm reduction methods into primary care settings, ensuring that healthcare providers offer non-judgmental support and resources to people with substance use disorders based on trauma-informed care principles.
- All levels of government and service providers provide cultural competency training for healthcare professionals to ensure that harm reduction services are inclusive and respectful of the diverse backgrounds and experiences of all people, (especially indigenous – due to their over-representation in the catastrophe) seeking support.
- All levels of government and service providers collaborate with Indigenous communities to incorporate traditional healing practices into harm reduction strategies, respecting cultural diversity and enhancing the effectiveness of interventions.
- The Province increases access to transitional housing, permanent housing and support services for people with substance use disorders. This provides stability and assistance in their recovery journey. (no healing begins without a safe place to lay your head every night)
- School Boards integrate harm reduction education into school curricula to equip students with knowledge about substance use, risks, and harm reduction practices from an early age.
- The Province develops and supports peer-based initiatives (Community Action Teams) that provide individuals with lived experience, and an opportunity to connect, share knowledge, and offer support in harm reduction efforts.
- The Province through Island Health augment existing drug-testing services in Port Alberni to allow people to test the contents of unregulated substances using an onsite FTIR Spectroscopy or Paper-Spray Mass Spectrometry by the end of 2024. This promotes informed choices and reduces the risk of unintentional poisoning.

- Island Health Authority to investigate a mobile drug testing unit that can meet people where they are. Possibly consider a scalable model that utilizes a travelling unit between communities. (Mondays and Fridays in Port Alberni, Tuesdays in Oceanside, etc.)

4.13 Stigma Reduction Recommendations

Stories from The Gap – I’m A Huge Failure. *“Nobody hates me more than me. Even so, when I walk on the streets, people yell vile comments all the time. When I go to the hospital, I see the looks. It all makes me hate myself even more. All I want is to get help.”*

We reshape the narrative around stigma by addressing the profound impact of the societal judgment on people, families and communities affected by substance use disorders. By emphasizing the need to close the gap in the general public's perception, these recommendations strive to dispel misconceptions and foster empathy.

The benefits of stigma reduction extend beyond removing barriers to treatment and support. They also encompass the creation of more inclusive and understanding communities.

By challenging stereotypes and encouraging open conversations, stigma reduction initiatives aim to create an environment where people grappling with substance disorders are seen not as moral failures but as individuals with severe health disorders who are deserving of compassion, support, and access to comprehensive care.

Embracing stigma reduction recommendations is fundamental to building a more compassionate and informed community response to the poisoned drug catastrophe, ensuring that those affected can seek help without fear of judgment or exclusion.

Recommendations:

- The Province through Work Safe BC implements permanent strategies that include education for all employers on substance disorders, the impact on men (functional and recreational use) and harm reduction that specifically addresses stigma and using substances alone.
- Work Safe BC is to make the information in the bullet above a yearly mandatory subject in safety meetings for all employees in BC.
- The Province launches specific campaigns promoting the use of inclusive and non-stigmatizing language in public discourse, shaping a narrative that emphasizes health and recovery rather than moral judgment.
- The Province change the name of the Ministry of Mental Health and Addictions to a more inclusive language.
- The Province significantly increase targeted public awareness campaigns to educate the public about the complexities of substance use disorders and corresponding stigma, dispelling myths and challenging stereotypes by the end of 2024.

- Utilize public figures, including policymakers, celebrities, and community leaders in media campaigns, to openly discuss and advocate for stigma reduction, leveraging their influence to challenge societal attitudes.
- The Province implement a targeted program to educate media professionals with sensitivity training to ensure accurate and compassionate reporting on issues related to substance use, avoiding sensationalism and reinforcing harmful stereotypes.
- The Province and Health Authorities promote storytelling initiatives where people with lived experience share their journeys of recovery. This humanizes people’s struggle with substance disorders and challenges preconceived notions in the general public.
- The Province establishes provincial support programs for families affected by substance use disorders, offering resources and guidance to reduce internalized stigma and foster healthy family dynamics.
- BC Emergency Health Services provides specialized training for all 1st Responders on stigma reduction, emphasizing compassionate approaches when interacting with individuals experiencing substance use challenges.
- All levels of government facilitate peer-led community events that bring together individuals in recovery, community members, and service providers, fostering a sense of unity and reducing isolation.
- All levels of government encourage community art projects and expressions that challenge stereotypes and showcase the diverse experiences of individuals affected by substance use, promoting understanding through creativity.
- The Province through BC Corrections, establishes reintegration programs for individuals leaving correctional facilities, offering support, employment opportunities, and stigma-reduction initiatives to prevent recidivism.
- The Province develops programs that empower individuals in recovery through employment opportunities, reducing stigma by showcasing the potential for success and contribution to society.

4.14 Recovery Treatment Time Frames Recommendations

The poisoned drug catastrophe is won or lost in seconds or minutes – not hours, days or weeks.

Recovery treatment time frame recommendations place a strong emphasis on the urgency of initiating people into recovery at the earliest possible step. Recognizing the time-sensitive nature of substance disorders, these recommendations prioritize swift access to evidence-based treatments and support services.

We draw inspiration from the comprehensive approach adopted by world best-in-class jurisdictions, where the decriminalization of drug use is coupled with a robust system of treatment, harm reduction, addressing social determinants, and comprehensive, timely in-facility recovery programs and post-recovery programs in-community after discharge.

Recommendations:

- The Province through the Ministry of Health and Health Authorities streamline referral processes between emergency departments, primary care providers, and treatment facilities to minimize delays in transitioning people from crisis to recovery.
- The Province through the Ministry of Health and Health Authorities implements 24/7 crisis intervention services, providing immediate support and assessment for people in acute distress, with a focus on facilitating entry into treatment.
- The Province increases the availability of crisis stabilisation beds, providing short-term intensive support for people in acute distress while facilitating a smooth transition into longer-term treatment.
- The Province through the Ministry of Health and Health Authorities expands inpatient detox services utilizing critical care beds in hospitals to accommodate the immediate needs of people seeking to overcome physical dependence on substances. (Model after the Vancouver St Paul's Hospital Seamless program)
- The Province through the Ministry of Health and Health Authorities expands at-home detox programs.
- The Province introduce mobile outreach and treatment units to reach underserved and remote communities, providing on-the-spot assessments and initiating the treatment process promptly.
- The Province through the Ministry of Health and Health Authorities establishes fast-track access for high-risk populations, such as people with a history of overdose or those facing severe health complications, recognizing the urgency of their treatment needs.
- The Province through the Ministry of Health and Health Authorities expands telehealth and virtual treatment options to enhance accessibility for people in remote areas or those facing barriers to in-person visits, ensuring timely access to OAT treatment and recovery support.
- The Province prioritizes same-day access to Medication-Assisted Treatment (MAT) (OAT/OATi) options, such as methadone or buprenorphine, reducing withdrawal symptoms and supporting people immediately.
- The Province through the Ministry of Health and Health Authorities integrates peer support programs to assist people during transitions between different phases of treatment, providing guidance, encouragement, and understanding from those with lived experience.
- The Province increases access to primary care providers (GPs and Nurse Practitioners) to ensure seamless integration of substance use treatment into routine healthcare, minimizing delays in accessing comprehensive care.
- The province reduces waiting times for outpatient treatment services, ensuring people can access counselling, therapy, and support groups without prolonged delays.
- The Province develops post-overdose outreach programs that connect people who have experienced an overdose with immediate support and treatment options, promoting a pathway to recovery.

- The Province through the Ministry of Health and Health Authorities implements strategies to engage and support families in facilitating the recovery process for loved ones, recognizing the crucial role of familial support in sustained recovery for people suffering from substance disorders.

4.15 Comprehensive Treatment/Recovery Program Recommendations

Stories from The Gap – What Help? *“I was helping my brother, who was trying to detox his son at his home, as there was no other option. To say the least, it was extremely stressful for all of us. As I was driving home one evening, I saw an Island Health bus-stop sign that read: “Too many men have been lost to overdose. We’re here for you because we want you to be here too. Find help, hope, and connection. IslandHealth.ca/StopOverdose”. I started laughing so hard that I had to pull off the road. Then I started sobbing. There is almost zero help for families in this life-and-death situation. - I should add, that Help is certainly not a phone call away.”*

Comprehensive treatment and recovery program recommendations represent a holistic and transformative approach to addressing the poisoned drug catastrophe. We are advocating for an all-encompassing model that addresses the entire spectrum of a person’s recovery journey.

Emphasizing the importance of comprehensive care, this model recognizes that the journey to recovery extends beyond isolated interventions and must be woven into the fabric of a person's substance disorder healing journey at every stage. Drawing inspiration from the pioneering efforts in world best-in-class jurisdictions, where a comprehensive program combines decriminalization with robust treatment and harm reduction measures, we see the profound impact of an all-inclusive approach.

By integrating prevention, early intervention, and sustained support throughout an individual's recovery journey, comprehensive treatment and recovery programs not only address immediate crises but also foster resilience, healing, and a sustained commitment to well-being. Embracing this model is fundamental to dismantling some of the most serious root causes of the poisoned drug catastrophe and nurturing communities where every person is valued and supported in their journey toward recovery.

Recommendations:

- At a provincial level, work towards creating a recovery model that embraces people beginning at critical events, hand-offs to detox, through to recovery and then onto outpatient recovery programs.
- The Province creates a scalable end-to-end system that is provincially funded for 80% of the population of BC with a target date by the year-end of 2024.
 - Model this end-to-end recovery system to embrace the evidence-based concept that relapse is a necessary part of recovery and should not result in ejection from recovery programs.

- The Province through the Ministry of Health and Health Authorities looks at diversifying as much as possible regional facilities. One possible model is to have sub-facilities in communities that are part of a larger central regional facility.
- The Province through the Ministry of Health and Health Authorities ensures that this inclusive model (hand-offs) is transparent to the patient. (Preceding programs must hold patients until succeeding programs can accept them) Once a patient embarks on the process, there are no gaps between programs.
- The Province through the Ministry of Health and Health Authorities designs programs to comprise social determinants skills including life skills, work skill training, job placement and housing placement before exiting people to outpatient programs in the community.

4.16 Comprehensive Preventative Programs Recommendations

Preventive program recommendations intend to capitalize on current missed opportunities in the efforts to reduce the impact of the poisoned drug catastrophe through increasing prevention efforts in British Columbia.

By focusing on prevention at its core, these recommendations prioritize a spectrum of interventions designed to target risk factors, increase resilience, and create a community-wide understanding of the dangers associated with unregulated substance use.

From early childhood education initiatives to community outreach campaigns and targeted interventions for at-risk populations, we believe comprehensive preventive programs can disrupt the trajectory of people most at risk of substance use before it takes hold in their lives.

Emphasizing education, community engagement, and early intervention, these recommendations not only aim to reduce the incidence of substance use but also create a resilient and informed society that is equipped to address the catastrophe and build a healthier future for all residents of British Columbia.

Recommendations:

- The following recommendations require that they be driven Provincially.
- The Province Initiates transformative and innovative provincial prevention public awareness campaigns on TV, Radio, traditional media channels, and social media
 - Utilize famous people to deliver prevention messages.
- Implement age-appropriate substance use education in early childhood programs to build foundational awareness and resilience against future substance-related challenges.
- Develop comprehensive youth prevention programs in schools, combining education, mental health support, and positive recreational activities to discourage early substance use.

- Conduct ongoing community outreach and education campaigns to raise awareness about substance use, its risks, and available preventive resources, fostering a supportive community environment.
- Establish family-centred prevention services that engage and empower families in recognizing and addressing substance use issues, promoting a collaborative approach to prevention.
- Introduce school-based prevention and intervention services that identify and address substance use concerns among students promptly, providing counselling and support to prevent escalation.
- Implement targeted prevention programs for populations at higher risk of substance use, addressing social determinants and providing support for vulnerable communities, especially in Indigenous communities who are disproportionately impacted by the poisoned drug catastrophe
- Provide cultural competency training for educators to ensure that prevention programs are inclusive and respectful of the diverse backgrounds and experiences of students.
- Develop online and digital resources for preventive education, reaching a wide audience and leveraging technology to disseminate information about substance use risks.
- Conduct community-based prevention workshops that address local factors contributing to substance use, tailoring interventions to the unique needs and challenges of specific communities.
- Establish programs that provide parental guidance and support in navigating conversations about substance use with children, promoting open communication and early intervention.
- Implement peer-led prevention initiatives in schools and communities, leveraging the influence of peers to promote positive behaviours and discourage substance use.
- Develop programs that focus on building community resilience as a preventive measure, addressing underlying social and economic factors that contribute to substance use.
- Involve youth in the planning and implementation of prevention programs, ensuring that initiatives are relevant, engaging, and resonate with the youth audience.
- Integrate preventive measures within primary care settings, ensuring that healthcare providers actively engage in discussions about substance use risks with patients.
- Increase the accessibility of community health clinics, providing preventive services, resources, and information related to substance use in a community-centered setting.
- Forge partnerships with local businesses to promote preventive messages, providing resources and education to employees and customers about the risks of substance use.
- Incorporate preventive measures into recreation centres and community spaces, offering information, resources, and activities that discourage substance use.

Summary of Recommendations

4.1 First Nations Indigenous People Support Recommendations

- Actively support, participate and engage in **ALL** the [calls for action](#) of the Truth and Reconciliation Commission.
- We fully support all recommendations of the Tseshaht First Nations Alberni Valley Poisoned Drug Crisis Strategy 2023.
- Actively search for and implement partnership opportunities between First Nations, and the Port Alberni Community Action Team.
- Engage and actively support the needs of First Nations with the community at large, all service providers, Health Authorities and all levels of Government.

We acknowledge and support all the existing work First Nations have achieved in the following areas and support increases in these programs led by First Nations through increased support by all levels of Government:

- Culturally Tailored Treatment Programs: Develop addiction treatment programs that incorporate traditional healing practices, cultural teachings, and spiritual guidance to resonate with the values and beliefs of First Nations communities.
- Elders and Knowledge Keepers Involvement: Involve Elders and Knowledge Keepers in the healing process, allowing them to share their wisdom, provide mentorship, and support people in their journey to recovery.
- Community Healing Circles: Facilitate community healing circles or talking circles, where members can openly discuss their challenges, seek guidance, and receive emotional support in a culturally appropriate setting. An example is the Walk With Me Program.
- Land-Based Healing Programs: Offer land-based healing programs that connect individuals with the land, fostering a deeper sense of belonging and spiritual renewal. In Port Alberni, The Somass River is the lifeblood of its First Nations People.
- Cultural Awareness Training: Provide cultural awareness training to healthcare professionals and service providers to ensure respectful and culturally competent care.
- Community-Driven Solutions: Empower First Nations communities to design and implement their harm reduction and treatment programs, tailored to their unique needs and values.
- Language Revival Programs: Support language revival initiatives to strengthen cultural identity, which can be a protective factor against substance disorders.
- Traditional Medicine: Integrate traditional healing practices, such as smudging, and medicinal plant use, into substance disorder treatment and recovery plans.

- Family Support Programs: Establish family support programs that engage families and promote healing within the family unit, recognizing the importance of kinship ties in First Nations communities.
- Crisis Response Teams: Form culturally competent crisis response team(s) that can quickly address emergencies in a respectful and understanding manner.
- Cultural Mentorship for Youth: Offer cultural mentorship programs for youth to connect them with their heritage, promote positive self-identity, and steer them away from unregulated substance use.
- Community Public Safety Agreements: Collaborate with law enforcement agencies to establish community public safety agreements that prioritize cultural sensitivity and restorative justice principles.
- Community-Run Safe Spaces: Create community-run safe spaces for First Nations people to gather, share experiences, and access support without fear of judgment or discrimination. (Friendship Centres)
- Trauma-Informed Care: Ensure that all service providers are trained in trauma-informed care, recognizing the historical trauma that impacts many people in First Nations communities.
- Access to Traditional Elders and Healers: Facilitate access to traditional Elders and Healers as part of a support network for people in crisis or recovery.
- Cultural Resilience Programs: Promote cultural resilience through programs that celebrate cultural practices, art, storytelling, and song as a means to combat the negative effects of substance disorders.

4.2 Toxicity of the Unregulated Supply Recommendations

- The Province leads the way, in partnership with the Federal Government, by implementing a scalable program of regulated Safe Supply to a minimum of 80% of the Province by the end of 2024. (Details of the recommended models of safe supply will be found in Section 4.3).
- The Province Implement Overdose Prevention Sites in all communities in BC with populations of more than 15K by the end of 2024.
- The Province implements drug testing facilities including an onsite Fourier Transform Infrared Spectroscopy (FTIR) or Paper-Spray Mass Spectrometry in all communities across BC with populations of more than 15K by the end of 2024.
 - The objective is to provide people who use substances testing results of samples in less than 15 minutes.
- Federal and Provincial governments modify the criminal code of Canada with graduating penalties for major suppliers of unregulated substances based on the level of toxicity. Suppliers caught with excessive quantities of illicit drugs, weapons or violence during an arrest are to be held without remand until trial.

4.3 Regulated Safer Supply Recommendations

- The Provincial Government be at all times guided by its evidence-based health experts on drug policy implementation strategy.
- The Province adopts and implements innovative intensive education initiatives for physicians, health professionals and the general public on the benefits of safe supply
- The Province implement a graduated system of safe supply models, starting with a roll-out of the existing models to 80% of the Province by the end of 2024.
- On an ongoing basis, the Province modifies the regulated safe supply model to reduce barriers and increase access.

4.4 Mental Health Recommendations

- Island Health actively recruit psychiatrists for the Alberni Valley, meeting the recommended guidelines of the [Canadian Psychiatric Association of Canada](#) which recommends a ratio of 1 psychiatrist to 8,400 people. This requires an additional two (2) psychiatrists in our community.
- Health authorities and the Province increase mental health hospital beds and staff so that admitted patients through the ER can be treated until they are stabilised. Currently, we hear many stories of people experiencing critical mental health events who are discharged from the ER without admission into the hospital or if they make it to the mental health ward, are discharged from the hospital, often within 24 hours. (See Stories From the Gap, Section 4.4)

4.5 Housing Recommendations

- All levels of government increase the Point-in-Time homeless count to a quarterly count.
- BC Housing matches temporary shelter beds in the community to the annual point-in-time homeless count.
- In partnership, the Province, Regional District and City create a long-term scalable plan to replace temporary shelter beds with permanent housing, including assisted living housing as required. (5-year plan for full completion of required units, reviewed annually)
- Provincially remove municipal bylaws intended to restrict shelter and housing projects oriented to serving the marginalised demographics in communities.
- The Province incentivises municipalities that embrace shelter and housing projects in their communities. — The faster the implementation, the greater the incentive.
- BC Housing and the Province in partnership with municipal bylaws incorporate housing models that integrate the placement of units throughout the community. This is to prevent concentrated poverty and social exclusion. Distributing housing options throughout the community ensures that people from diverse backgrounds and economic statuses have access to a range of housing opportunities. By avoiding the concentration of low-income or marginalized populations in one

specific area, we can promote social inclusion, reduce stigmatisation, and create more inclusive, diverse, and vibrant communities.

- Local government, First Nation, Regional District and City request from the provincial government the implementation of a [Complex Care Housing Facility](#) in Port Alberni to be agreed upon by the end of 2024 and then implemented as soon as possible.

4.6 Poverty & Economic Recommendations

- The Port Alberni Community Action Plan fully supports the ACRD [Poverty Reduction Action Plan](#), prepared by the Alberni Clayoquot Health Network 2021.
- We encourage the City of Port Alberni to build on its endorsement of the Alberni-Clayoquot Health Network Poverty Reduction Action Plan 2021 by creating its own tactical action plan to address economic prosperity, economic diversity and poverty reduction.

4.7 Government Resolve Recommendations

- The Province Introduces metrics and consequences in Government Minister mandate letters for the Minister of Health and the Minister of Mental Health and Addictions. Current government ministers' mandate letters provide objectives but are very soft on measurable metrics and performance consequences.
 - The mandate – to reduce the impact of the poisoned drug catastrophe on British Columbians
 - The Metric – (example) Reduce the Provincial death rate by 10% by the end of the 2nd quarter of 2024.
 - The Consequence - This is a commitment to the well-being of all British Columbians. We recognize the complexity of the task, but make no mistake – we firmly expect this target to be met. Failure to do so will result in a critical examination of performance, including potential consequences, as we hold ourselves accountable to the people we serve. This is not merely a goal; it is a mandate, and we will not shy away from making difficult decisions if our commitment is not upheld. The urgency of addressing the poisoned drug catastrophe requires nothing less than full accountability and action.
- The Province and Health Authorities introduce the same metrics and consequences to senior government bureaucrats of the MOH/MMHA ministries and senior Health Authority(s) Leaders' performance plans.
- Emphasize the importance of meeting performance metrics to reduce deaths from the poisoned drug catastrophe is so key, that failure to meet metrics set for government leaders, MOH/MMHA bureaucrats and health authorities, would at the very least result in no bonus payouts or wage increases, despite all other positive performance criteria.
- Our Community Action Team will advocate with the BC Government to embrace the courage to implement drug policy reforms based on the advice of its health experts and evidence-based knowledge. Exactly like it did with hard choices made during the COVID Crisis.

- The Province modify the BC Government Strategic Plan (Pathway To Hope) to include specific measurable goals with actionable dates.
- The Province implement a government-wide transparent monthly progress report on the Pathway to Hope action plan to the people of British Columbia.

4.8 Recovery Programs –, In-Residence Abstinence-Based, and Opioid Agonist Treatment (OAT) Programs Recommendations

- The Province flips the current model of 20% recovery centres publicly funded versus 80% private pay to 80% public funded versus 20% private pay.
- The Province and health authorities base new or changing recovery centres on the clinical guidelines outlined by the BC Centre for Substance Use. (Mirror the Red Fish Centre as much as possible throughout the province.)
- BC Ministry of Health adopts policies that recognize that abstinence from substance use before entering into recovery centres is predicated on obsolete models developed in the mid-20th century. Set in place plans to move the majority of recovery centres to models based on present evidence-based knowledge that accept that recovery can start before detox. That relapse is part of recovery and NOT a reason to be ejected people from recovery programs.
- BC Ministry of Health and the Ministry of Mental Health and Addictions investigate amalgamating detox programs into recovery programs. This would decrease overall costs, but more importantly, make sure patients do not fall through the system cracks between detox and recovery programs. Embracing recovery models not requiring complete abstinence would allow the province to question the need for separate detox centres.
- The Province funds recovery beds in the province to meet the goal of every person wishing to enter into recovery having access to a recovery bed within 48 hours.
- The Province through the Ministry of Health change critical care procedures to provide beds in the hospital until recovery beds are available.
- The Province makes OAT/OATi therapy available in every hospital with an ER.
- The Province expand access to the at-home detox model trials (Substance Use Treatment and Response Team ([START](#))) to 80% across the province by the end of 2024.
- The Province makes OAT/OATi Therapy certification required for physicians or nurse practitioners specializing in ER medicine by the end of 2024.

4.9 Youth Challenges Recommendations

- Increase support of organizations like ADAPS (Alberni Drug and Alcohol Prevention Services) offers information, counselling, and support for youth (age 12 - 24) and their supports affected by the use of substances. Services are harm-reduction-based and cover early intervention/information through intensive treatment and health maintenance. Open to anyone affected by a youth's use of

substances, whether in their own use or someone else's. Organizations like ADAPS play a key role in solution-based work with youth.

- Education and Awareness: Implement age-appropriate drug education programs in schools that inform about the risks and consequences of substance use. This education should also extend to online platforms where youth spend a significant amount of time.
- Parental Involvement: Encourage open dialogue between parents and children about substance use. Parents should be educated on the signs of drug use and effective communication strategies.
- Mental Health Support: Enhance access to mental health services for youth. Early intervention for mental health issues can reduce the risk of self-medicating with drugs.
- Positive Role Models: Promote positive role models and mentors for young people. Having someone to look up to can inspire youth to make healthy choices.
- Healthy Alternatives: Provide and promote engaging activities and hobbies as alternatives to substance use. Sports, arts, and community service can offer a sense of belonging and accomplishment.
- Peer Support Programs: Develop peer-led initiatives and support groups where young people can share experiences and encourage each other to stay drug-free.
- Community Engagement: Involve the community in creating safe and supportive environments for youth. Community centres and programs can offer resources and a haven for young people.
- Enforcement: Ensure that police and public safety measures/regulations regarding the sale and distribution of substances are actively utilized to reduce the availability of drugs to minors.
- Early Intervention Programs: Implement programs that identify at-risk youth early and provide them with the support they need before they turn to drugs.
- Access to Treatment: Ensure that there are accessible, youth-friendly treatment programs that offer a range of services, including counselling, therapy, and rehabilitation.
- Aftercare and Relapse Prevention: Provide ongoing support for youth who have gone through treatment to prevent relapse. This could include mentorship programs, support networks, and educational opportunities.
- Research and Evaluation: Support research to better understand the reasons behind youth substance use and to evaluate the effectiveness of different intervention strategies.

4.10 Primary Care

- The Province makes acquiring OAT/OATi certification so attractive for existing primary care physicians and nurse practitioners that it increases the base of primary health care professionals certified to administer OAT/OATi to a minimum of 80% of primary health care professionals by the end of 2024

- The province in consultation with the College of Physicians and Universities makes OAT/OATi certification mandatory for graduating physicians and nurse practitioners. Also, existing healthcare professionals from other jurisdictions wishing to practice in British Columbia must acquire OAT/OATi certification before being issued a license.
- Drop the requirement for mentorship after OAT/OATi training in favour of an examination model.

4.11 Criminal Justice System, Decriminalisation/Legalisation, Public Safety Measures Recommendations

5.10-1 Criminal Justice System Recommendations

Note: These recommendations exclude any criminal behaviours that result in violence, weapons possession, or people possessing more than 250 grams of substances identified as [illicit drugs](#) in Canada.

- The Province allocates resources to enhance and expand addiction treatment infrastructure, that ensures access of justice system clients to timely and comprehensive support for people seeking recovery.
- The Federal Government in partnership with Provinces expand restorative justice programs across Canada, especially for people who use substances and have committed nonviolent petty crimes in sourcing substances for their substance use disorders.
- The Province expands diversion programs - and rolls out the implementation of Drug Courts. Drug treatment court is a special court that works to redirect non-violent offenders with substance disorders into programs of treatment and supervision, instead of sentencing them to prison. The court is supported by immediate access to programs consisting of addiction recovery services, social service agencies and individual case planning.
- The Province creates systems and procedures that divert people with mental health disorders and substance disorders into immediate access to forensics-driven treatment and recovery. This includes making alternatives to incarceration a first choice for nonviolent offences related to substance use, such as community service, restitution, or supervised treatment programs.
- The Province establishes a special diversion program for youth involved in non-violent offences driven by substance use, emphasizing education, counselling, and community service rather than punitive measures.
- All levels of government collaborate with Indigenous Justice Systems – where possible, refer Indigenous people to an Indigenous-led justice system.
- The Province introduces incentives within the justice system for people who complete substance disorder treatment programs, promoting positive outcomes and rehabilitation.

- All levels of government encourage proactive community policing models that prioritize harm reduction strategies over punitive measures, fostering trust and cooperation between law enforcement and communities.
- The Province Implements cross-sector collaboration programs between the justice system, healthcare providers, and community organizations to create a coordinated and comprehensive response to the poisoned drug catastrophe.
- The Province establish education and sensitisation programs for legal professionals, especially Judges and Crown Prosecutors to increase awareness of the complexities of substance use disorders and to reduce stigma.
- The province modifies the current legal aid model to provide specialized legal aid for people facing legal challenges related to non-violent substance use/concurrent disorders. This would include specially trained Public Defenders who are trained in all the diversion opportunities.
- The Federal Government and Province, in partnership, develop metrics to continuously monitor changes to our justice system, and implement data-driven decision-making processes that evaluate the impact of interventions and adjust strategies accordingly.

4.11-2 Decriminalisation/Legalisation Recommendations

- Stop police sweeps in municipalities intent on circumventing the BC provincial decriminalization trial.
- The Province evaluates decriminalisation/legalisation policies, allowing for adjustments on science and evidence-based emerging research, public health needs, and community feedback.
- The Province implement an extensive public service ad campaign focusing on the evidence-based advantages of decriminalization.
- Restore the original BC Provincial Government policies of the decriminalisation trial and legislation.
- The Federal Government and Province, in partnership, make the decriminalisation trial permanent as soon as possible
- The Federal Government and Province, in partnership, increase the decriminalised quantity of substances allowed for personal use to an average one-week supply.

4.11-3 Public Safety Measures Recommendations

- The Province increases the accessibility of recovery treatment services, including detoxification programs, rehabilitation facilities, and mental health support, in-community to provide **timely** assistance to those in need. The goal is immediate referral into recovery through critical care hospital beds and then transfer to recovery programs within 48 hours.
- The Province invests in increasing province-wide public awareness/education programs to raise understanding about the poisoned drug catastrophe, promote

harm reduction practices, and reduce stigma associated with substance disorders.

- The Province expands the availability of safe consumption/overdose prevention sites, providing supervised environments for people to use substances safely while accessing support services. In Port Alberni, increase the OPS hours to a 24/7 model.
- Island Health investigates creating a 2nd OPS in the Argyle/3rd Ave corridor of Port Alberni. This area is frequented by many of our marginalized family, friends and neighbours of our community. It's also far enough away from our existing OPS that clients are unwilling to travel to the current OPS.
- The city provides public toilets in areas of the city frequented by our marginalized demographics.
- The Federal Government and Province, in partnership, accelerate the Implementation of community policing models that prioritize harm reduction strategies over punitive measures, building trust and collaboration between law enforcement and communities.
- The Province moves towards integrating mental health services with policing models, recognizing the co-occurrence of mental health challenges and substance use. 911 reports of a critical mental health event respond with police and mental health experts. We recommend the expansion of the Assertive Community Treatment (ACT) Team in Port Alberni to enable them to respond in conjunction with police in mental health crises 24/7 by the end of 2024.
- The Province significantly increase public awareness campaigns to destigmatize substance disorders, increase understanding of the poisoned drug catastrophe, and encourage people to seek help without fear of judgment by the end of 2024.
- School Boards provide a formal training program for educators and school staff on recognizing signs of substance use, facilitating early intervention, and connecting students to appropriate support services.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province significantly increases public awareness that harm reduction and treatment are part of the same recovery process. Our strongest ask is for all levels of government, especially the provincial government, to campaign hard on educating the public with real information based on science/evidence-based information.
- The province increases support for programs like Community Action Teams (CAT). These programs are community-led initiatives and concentrate on networking with service providers, peers and the community. Community Action Teams focus on harm reduction, reducing stigma and addressing social determinants of the poisoned drug catastrophe. Support and funding of CAT Teams allow local communities to tailor strategies to their unique needs and challenges.

4.12 Harm Reduction Recommendations.

- Island Health Authority increase the Port Alberni OPS hours of operation to a 24/7 model as soon as possible.
- The Province increases access to harm-reduction supplies.
- Significantly increase public awareness that harm reduction and treatment are part of the same recovery journey. Our strongest ask is for all levels of government, especially the provincial government to campaign hard on educating the public with real information based on science/evidence-based information.
- The Province implements mobile harm reduction units to reach underserved and remote communities, providing on-the-spot support, education, and resources.
- The Province significantly Increases the availability of all harm reduction material in communities. E.g. – vending machines, and/or distribution in all pharmacies using a (take what you need display) at the entrance doors of pharmacies
- The Province through its Ministry of Health, integrates harm reduction methods into primary care settings, ensuring that healthcare providers offer non-judgmental support and resources to people with substance use disorders based on trauma-informed care principles.
- All levels of government and service providers provide cultural competency training for healthcare professionals to ensure that harm reduction services are inclusive and respectful of the diverse backgrounds and experiences of all people, (especially indigenous – due to their over-representation in the catastrophe) seeking support.
- All levels of government and service providers collaborate with Indigenous communities to incorporate traditional healing practices into harm reduction strategies, respecting cultural diversity and enhancing the effectiveness of interventions.
- The Province increases access to transitional housing, permanent housing and support services for people with substance use disorders. This provides stability and assistance in their recovery journey. (no healing begins without a safe place to lay your head every night)
- School Boards integrate harm reduction education into school curricula to equip students with knowledge about substance use, risks, and harm reduction practices from an early age.
- The Province develops and supports peer-based initiatives (Community Action Teams) that provide individuals with lived experience, and an opportunity to connect, share knowledge, and offer support in harm reduction efforts.
- The Province through Island Health augment existing drug-testing services in Port Alberni to allow people to test the contents of unregulated substances using an onsite FTIR Spectroscopy or Paper-Spray Mass Spectrometry by the end of 2024. This promotes informed choices and reduces the risk of unintentional poisoning.

- Island Health Authority to investigate a mobile drug testing unit that can meet people where they are. Possibly consider a scalable model that utilizes a travelling unit between communities. (Mondays and Fridays in Port Alberni, Tuesdays in Oceanside, etc.)

4.13 Stigma Reduction Recommendations

- The Province launches specific campaigns promoting the use of inclusive and non-stigmatizing language in public discourse, shaping a narrative that emphasizes health and recovery rather than moral judgment.
- The Province change the name of the Ministry of Mental Health and Addictions.
- The Province significantly increase targeted public awareness campaigns to educate the public about the complexities of substance use disorders and corresponding stigma, dispelling myths and challenging stereotypes by the end of 2024.
 - Utilize public figures, including policymakers, celebrities, and community leaders in media campaigns, to openly discuss and advocate for stigma reduction, leveraging their influence to challenge societal attitudes.
- The Province implements a targeted program to educate media professionals with sensitivity training to ensure accurate and compassionate reporting on issues related to substance use, avoiding sensationalism and reinforcing harmful stereotypes.
- The Province and Health Authorities promote storytelling initiatives where people with lived experience share their journeys of recovery. This humanizes people's struggle with substance disorders and challenges preconceived notions in the general public.
- The Province establishes provincial support programs for families affected by substance use disorders, offering resources and guidance to reduce internalized stigma and foster healthy family dynamics.
- BC Emergency Health Services provides specialized training for all 1st Responders on stigma reduction, emphasizing compassionate approaches when interacting with individuals experiencing substance use challenges.
- All levels of government facilitate peer-led community events that bring together individuals in recovery, community members, and service providers, fostering a sense of unity and reducing isolation.
- All levels of government encourage community art projects and expressions that challenge stereotypes and showcase the diverse experiences of individuals affected by substance use, promoting understanding through creativity.
- The Province through BC Corrections, establishes reintegration programs for individuals leaving correctional facilities, offering support, employment opportunities, and stigma-reduction initiatives to prevent recidivism.
- The Province develops programs that empower individuals in recovery through employment opportunities, reducing stigma by showcasing the potential for success and contribution to society.

4.14 Recovery Treatment Time Frames Recommendations

- The Province through the Ministry of Health and Health Authorities streamline referral processes between emergency departments, primary care providers, and treatment facilities to minimize delays in transitioning people from crisis to recovery.
- The Province through the Ministry of Health and Health Authorities implements 24/7 crisis intervention services, providing immediate support and assessment for people in acute distress, with a focus on facilitating entry into treatment.
- The Province increases the availability of crisis stabilisation beds, providing short-term intensive support for people in acute distress while facilitating a smooth transition into longer-term treatment.
- The Province through the Ministry of Health and Health Authorities expands inpatient detox services utilizing critical care beds in hospitals to accommodate the immediate needs of people seeking to overcome physical dependence on substances.
- The Province through the Ministry of Health and Health Authorities expands at-home detox programs.
- The Province introduce mobile outreach and treatment units to reach underserved and remote communities, providing on-the-spot assessments and initiating the treatment process promptly.
- The Province through the Ministry of Health and Health Authorities establishes fast-track access for high-risk populations, such as people with a history of overdose or those facing severe health complications, recognizing the urgency of their treatment needs.
- The Province through the Ministry of Health and Health Authorities expands telehealth and virtual treatment options to enhance accessibility for people in remote areas or those facing barriers to in-person visits, ensuring timely access to OAT treatment and recovery support.
- The Province prioritizes same-day access to Medication-Assisted Treatment (MAT) (OAT/OATi) options, such as methadone or buprenorphine, reducing withdrawal symptoms and supporting people immediately.
- The Province through the Ministry of Health and Health Authorities integrates peer support programs to assist people during transitions between different phases of treatment, providing guidance, encouragement, and understanding from those with lived experience.
- The Province increases access to primary care providers (GPs and Nurse Practitioners) to ensure seamless integration of substance use treatment into routine healthcare, minimizing delays in accessing comprehensive care.
- The province reduces waiting times for outpatient treatment services, ensuring people can access counselling, therapy, and support groups without prolonged delays.

- The Province develops post-overdose outreach programs that connect people who have experienced an overdose with immediate support and treatment options, promoting a pathway to recovery.
- The Province through the Ministry of Health and Health Authorities implements strategies to engage and support families in facilitating the recovery process, recognizing the crucial role of familial support in sustained recovery for people suffering from substance disorders.

4.15 Comprehensive Treatment/Recovery Program Recommendations

- At a provincial level, work towards creating a recovery model that embraces people beginning at critical events, hand-offs to detox, through to recovery and then onto outpatient recovery programs.
- The Province creates a scalable end-to-end system that is provincially funded for 80% of the population of BC with a target date by the year-end of 2024.
 - Model this end-to-end recovery system to embrace the evidence-based concept that relapse is a necessary part of recovery and should not result in ejection from recovery programs.
- The Province through the Ministry of Health and Health Authorities looks at diversifying as much as possible regional facilities. One possible model is to have sub-facilities in communities that are part of a larger central regional facility.
- The Province through the Ministry of Health and Health Authorities ensures that this inclusive model (hand-offs) is transparent to the patient. (Preceding programs must hold patients until succeeding programs can accept them) Once a patient embarks on the process, there are no gaps between programs.
- The Province through the Ministry of Health and Health Authorities designs programs to comprise social determinants skills including life skills, work skill training, job placement and housing placement before exiting to the out-patient program in the community.

4.16 Comprehensive Preventative Programs Recommendations:

- The following recommendations require that they be driven Provincially.
- The Province Initiates transformative and innovative provincial prevention public awareness campaigns on TV, Radio, traditional media channels, and social media
 - Utilize famous people to deliver prevention messages.
- Implement age-appropriate substance use education in early childhood programs to build foundational awareness and resilience against future substance-related challenges.
- Develop comprehensive youth prevention programs in schools, combining education, mental health support, and positive recreational activities to discourage early substance use.

- Conduct ongoing community outreach and education campaigns to raise awareness about substance use, its risks, and available preventive resources, fostering a supportive community environment.
- Establish family-centred prevention services that engage and empower families in recognizing and addressing substance use issues, promoting a collaborative approach to prevention.
- Introduce school-based prevention and intervention services that identify and address substance use concerns among students promptly, providing counselling and support to prevent escalation.
- Implement targeted prevention programs for populations at higher risk of substance use, addressing social determinants and providing support for vulnerable communities, especially in Indigenous communities who are disproportionately impacted by the poisoned drug catastrophe
- Provide cultural competency training for educators to ensure that prevention programs are inclusive and respectful of the diverse backgrounds and experiences of students.
- Develop online and digital resources for preventive education, reaching a wide audience and leveraging technology to disseminate information about substance use risks.
- Conduct community-based prevention workshops that address local factors contributing to substance use, tailoring interventions to the unique needs and challenges of specific communities.
- Establish programs that provide parental guidance and support in navigating conversations about substance use with children, promoting open communication and early intervention.
- Implement peer-led prevention initiatives in schools and communities, leveraging the influence of peers to promote positive behaviours and discourage substance use.
- Develop programs that focus on building community resilience as a preventive measure, addressing underlying social and economic factors that contribute to substance use.
- Involve youth in the planning and implementation of prevention programs, ensuring that initiatives are relevant, engaging, and resonate with the youth audience.
- Integrate preventive measures within primary care settings, ensuring that healthcare providers actively engage in discussions about substance use risks with patients.
- Increase the accessibility of community health clinics, providing preventive services, resources, and information related to substance use in a community-centered setting.
- Forge partnerships with local businesses to promote preventive messages, providing resources and education to employees and customers about the risks of substance use.
- Incorporate preventive measures into recreation centres and community spaces, offering information, resources, and activities that discourage substance use.

References

British Columbia Centre On Substance Use – Guide for the Clinical Management of Opioid Use Disorder (PDF) https://www.bccsu.ca/wp-content/uploads/2023/12/BC-OUD-Treatment-Guideline_2023-Update.pdf

Residential Treatment for Drug Use in Europe (PDF Download) https://www.emcdda.europa.eu/system/files/publications/813/TDAU14005ENN_475698.pdf

Integrated Treatment of Substance Use and Psychiatric Disorders <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753025/>

Working Definition of Recovery - Substance Abuse and Mental Health Services Administration (SAMHSA) USA Department of Health <https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf>

2021 Homeless Count – Province of British Columbia - <https://www.bchousing.org/sites/default/files/media/documents/2020-21-BC-Homeless-Counts.pdf>

Canada's National Housing Strategy Act - <https://www.chrc-ccdp.gc.ca/en/node/717>

BC Government's Poverty Reduction Service Plan - <https://www.bcbudget.gov.bc.ca/2023/sp/pdf/ministry/sdpr.pdf>

BC Centre on Substance Use – Opioid Use Disorder Guidelines https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

Alberni Community Foundation – [2023 Vital Report](#)

Template support letter for the for local, regional, First Nations governments and organizations with respect to the Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy. Please feel free to copy and paste this to your organization's letterhead, sign and send a copy to kenwatts@tshaht.com

DATE
NAME
ADDRESS
EMAIL

- | | |
|--|--|
| <input checked="" type="checkbox"/> Council | <input type="checkbox"/> Economic Development |
| <input checked="" type="checkbox"/> Mayor | <input type="checkbox"/> Engineering/PW |
| <input type="checkbox"/> CAO | <input type="checkbox"/> Parks, Rec. & Heritage |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Development Services |
| <input checked="" type="checkbox"/> Corporate Services | <input checked="" type="checkbox"/> Community Safety |
| <input checked="" type="checkbox"/> Agenda | <input type="checkbox"/> Other _____ |
- File # RCM Feb 12/24
0400-70-Tshaht

RE: Letter of Support for the Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis Strategy

To whom it may concern,

On behalf of [redacted], we would like to express our gratitude to the Tshaht First Nation for organizing a strategic planning session in 2023 with many stakeholders/partners in the Alberni Valley as we know we must work together in the spirit of collaboration and cooperation to address the current Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis

Please consider this a formal letter of support from [redacted] for the draft Alberni Valley Toxic Poisoned Drugs (Opioid) Crisis as presented on January 31, 2024.

Our organization fully supports the signing of the Declaration of Commitment and this letter of support as signals to all governments and funders that our organization/government stands behind resourcing this Strategy. We also fully support a political action team advocating for resources from governments and applicable authorities.

If you have any questions, please do not hesitate to contact [redacted] (primary contact) [redacted] at [redacted] (insert phone and/or email) [redacted].

Kleco, kleco,

SIGN HERE

Name
Position

cc: Wahmeesh (Ken Watts), Elected Chief Councillor
Tshaht First Nation (kenwatts@tshaht.com)

Declaration of Commitment

Alberni Valley Toxic Poisoned Drugs (Opioids) Crisis Strategy

Introduction and Purpose

As partners we came together to develop a strategy to combat this crisis which has impacted us all in the Alberni Valley. Thanks to the Tseshaht First Nation for facilitating this strategy, we now have a path forward through the draft Alberni Valley Toxic Poisoned Drugs (Opioids) Crisis Strategy

This non-legally binding Declaration is open to any individual, organization, government, or First Nation to sign, sharing their commitment with respect to the Alberni Valley Toxic Poisoned Drugs (Opioids) Crisis Strategy

Vision

A thriving Alberni Valley: united, resilient, and free from the devastating impact of poisoned drugs, substance disorders and overdoses where First Nations and all local and regional governments stand together, guided by the wisdom of our ancestors, and driven by a shared commitment to the wellbeing of every individual.

Values

The following values provide a foundation for implementation of this strategy and serve as guiding principles to shape decision-making, actions, and interactions throughout the process.

They emphasize the significance of collaboration, cultural respect, empathy, and resilience in addressing the crisis and creating a supportive and inclusive environment in the Alberni Valley.

1. ***Collaboration and Unity:*** We value collaboration and unity as we recognize that only through collective efforts, involving the Tseshaht First Nation and all local and regional governments, can we effectively address the crisis of poisoned drugs, substance disorders and overdoses in the Alberni Valley.

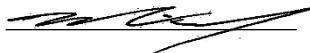
2. **Cultural Respect and Sensitivity:** We value cultural respect and sensitivity, ensuring that the traditions, teachings, and values of First Nations are honoured and integrated into every aspect of our strategy’s implementation, fostering a culturally safe, interconnected, inclusive and holistic environment for all.
3. **Empathy and Compassion:** We value empathy and compassion, acknowledging that every individual impacted by substance use disorders deserves understanding, trauma informed support, with the opportunity for recovery, and ensuring that our practices reflect a genuine concern for their well-being.
4. **Resilience and Hope:** We value resilience and hope, as we believe in the inherent strength of our community to overcome challenges, to uplift and inspire individuals in their recovery *journey, and to provide a beacon of hope for a brighter future in the face of this crisis.*

Collaboratively we commit to:

1. Fully supporting/endorsing the Alberni Valley Toxic Poisoned Drugs (Opioids) Crisis Strategy as presented on January 31st, 2024, by the Tseshaht First Nation,
2. Fully supporting/endorsing continued collaboration and cooperation of individuals, organizations, health authorities, governments and First Nations working together to combat this crisis together, as one,
3. Fully supporting/endorsing a political and technical team in lobbying and advocating to resource the Alberni Valley Toxic Poisoned Drugs (Opioids) Crisis Strategy.

Name	Organization (if applicable)	Date

Date: February 9, 2024
File No: 6430-06-Master Plans
To: Committee of the Whole
From: M. Fox, CAO
Subject: Update on Master Planning

Prepared by: <i>D. ARSENAULT</i> PROJECT MANAGER	Supervisor: <i>J. MACDONALD</i> DIRECTOR OF INFRASTRUCTURE SERVICES	CAO Concurrence:  M. Fox, CAO
--	--	--

RECOMMENDATION[S]

THAT the Committee of the Whole receive the report 'Update on Master Planning' dated February 9, 2024.

PURPOSE

To provide Council with a status update and consultant procurement schedule for strategic master planning projects.

BACKGROUND

In March 2023, it was announced that the City is the recipient of a \$5,269,000 grant under the Provincial Growing Communities Fund (GCF) program.

On June 19, 2023, staff recommended to the Committee of the Whole that 20% of the GCF funds be allocated to address information gaps in populating long-term financial planning for community growth and the City's major assets. Staff presented their intent to use these funds for multiple strategic master planning projects covering a broad range of City programs, across multiple departments. The recommendation was approved by Council on June 26, 2023, as follows:

THAT Council direct staff to allocate Growing Communities funds in the amount of \$5,269,000 as follows:

- *20% of the funding to address information gaps in populating long-term financial planning for community growth and the City's major assets.*
- *80% of funding to set specific capital priorities based on the results of the long-term financial planning.*

Res. No. 23-216

ALTERNATIVES/OPTIONS

1. *THAT the Committee of the Whole receive the report 'Update on Master Planning' dated February 9, 2024.*

ANALYSIS

The following individual master planning projects are proposed, to be initiated in the order shown:

1. Parks, Recreation & Culture (includes Facilities and Urban Forests planning)
2. Fire Services
3. Stormwater
4. Transportation (includes Active Transportation and Trail Network Plans)
5. Watershed Protection
6. Climate Change Action
7. Wastewater & Water
8. Development Cost Charges Study

Projects #1 through #5, and #8, are proposed to be funded by the GCF grant. Project #6 is proposed to be funded from the Carbon Reserve. Project #7 will be funded from the water and sewer reserve funds.

Staff plan to procure the necessary consulting expertise for each project in two stages:

- An open (public) Request for Expressions of Interest (RFEOI), for pre-qualifying a short-list of consultants for each project.
- Closed (by invitation) Requests for Proposal (RFP), for each project. Only pre-qualified consultants will be invited to submit proposals.

The planned schedule for master plan consultant procurement and project start dates is attached to this report. The Development Cost Charges (DCC) Study is planned to proceed after completion of the Official Community Plan (OCP), and is not included in the attached schedule.

Staggered project starts are necessary, as a single City Project Manager is planning and managing all of the projects. A substantial effort is required by the project manager in the early stages of the program, to develop the scope in consultation with Departmental Directors and Managers, to gather required background information, and to manage the procurement process for each project. Once the consultants are engaged, it is expected that the City's Project Manager will be able to comfortably manage all of the projects proceeding concurrently.

The RFEOI for the Parks, Recreation, and Culture Department Master Plan was issued on January 31st, and closes on February 22nd. A pre-qualification RFEOI for five of the master plans is anticipated to be issued by the end of February.

IMPLICATIONS

Nil.

COMMUNICATIONS

Communications and consultation with the public and other stakeholders will be undertaken at key project stages for each master plan project. Where feasible and appropriate, public consultation processes and events will combine multiple master plans.

A Public Consultation Plan encompassing all of the projects will be developed by Staff, with assistance from the successful consultant proponents. It is proposed that the City's Manager of Communications will coordinate the public consultation activities of all the master plan teams. This will help ensure consistency and efficiency, and is expected to maximize public input.

BYLAWS/PLANS/POLICIES

Nil.

SUMMARY

Staff have developed an overall strategy and procurement schedule for seven master plan projects to be undertaken in 2024. The procurement process for the first project is in progress, and that project is expected to be awarded and underway by April. All of the projects are expected to be underway and proceeding concurrently by September.

ATTACHMENTS/REFERENCE MATERIALS

- Master Plans: Procurement and Project Initiation Schedule

C: *Departmental Directors*

MASTER PLANS: PROCUREMENT AND PROJECT INITIATION SCHEDULE


City of Port Alberni

Updated:

2/9/2024

Master Plan	Source Fund	Lead Department	February	March	April	May	June	July	August	September
Parks, Recreation & Culture Master Plan (Includes Facilities and Urban Forests)	GCF	Parks, Rec. & Culture	Consultant Pre-qualification	Request For Proposals	Award & Kick-off					
Fire Services Plan	GCF	PAFD		Consultant Pre-qualification	Request For Proposals	Award & Kick-off				
Stormwater Master Plan	GCF	Eng & PW		Consultant Pre-qualification	Request For Proposals	Award & Kick-off				
Transportation Master Plan (includes Active Transportation and Trail Network)	GCF	Eng & PW		Consultant Pre-qualification		Request For Proposals	Award & Kick-off			
Watershed Protection Plan	GCF	Eng & PW		Consultant Pre-qualification			Request For Proposals	Award & Kick-off		
Climate Change Action Plan	LGCAP	Eng & PW				Consultant Pre-qualification		Request For Proposals	Award & Kick-off	
Water & Wastewater Master Plan	Water & Sewer Reserves	Eng & PW		Consultant Pre-qualification				Request For Proposals		Award & Kick-off

Date: February 20, 2024
 File No: 6430-03
 To: Committee of the Whole
 From: Mike Fox, CAO
 Subject: Update on Geographic Information Systems (GIS) Department

Prepared by: <i>J. MACDONALD</i> DIRECTOR OF INFRASTRUCTURE	Supervisor: <i>M. FOX</i> CHIEF ADMINISTRATIVE OFFICER	CAO Concurrence:  M. Fox, CAO
--	---	--

RECOMMENDATION

THAT the Committee of the Whole receive the report 'Update on Geographic Information Systems [GIS] Department' dated February 20, 2024.

PURPOSE

To provide the Committee with a status update on the current level of service provided by the GIS Department, and to invite comments with regards to planned upcoming improvements and additions to the program.

BACKGROUND

Administration has been working with a consultant (Urban Systems) to develop and improve the GIS program and resources (people, process, data, and systems) within the organization. In May 2023, a workshop was conducted to identify tasks required to modernize and mature our GIS program to be capable of supporting all departments. From this work, a review of the level of effort to not only complete these tasks, but maintain them in an ongoing fashion was completed which revealed a large gap in capacity. For short term requirements, administration determined the best course of action was to rely on the consultant to bridge the shortfall until a formal internal structure could be developed.

The existing organizational structure within our GIS program consists of a Planning Technician and a GIS Technician, the latter being the only formal GIS position within the organization. These roles operate under the Engineering and Development Services departments and currently have little to no crossover or collaboration. While both of these roles have some defined responsibilities related to GIS and spatial data management, there is no overall direction or strategy behind the work. Tasks typically assigned to a GIS Coordinator level role are currently being completed by these Technicians off the side of their desk.

ALTERNATIVES/OPTIONS

1. THAT the Committee of the Whole receive the report 'Update on Geographic Information Systems [GIS] Department' dated February 20, 2024.

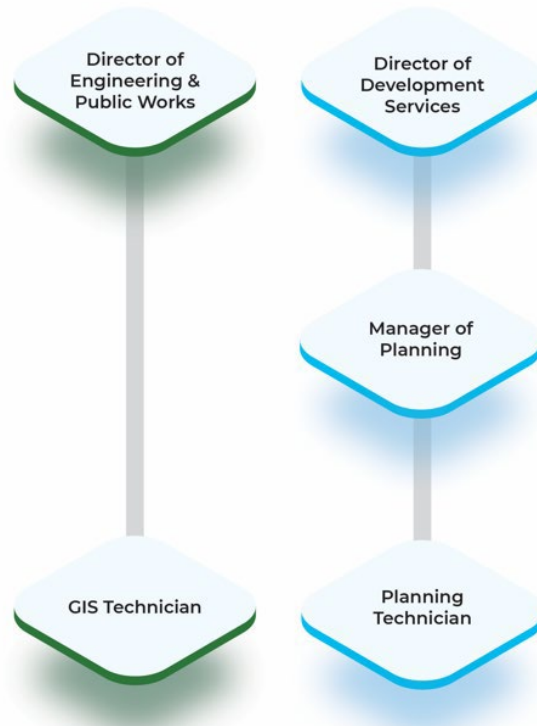


Figure 1: Current Organizational Structure of GIS Positions

As the level of service provided by the GIS program increases, there is a strong need for guidance and stewardship to manage and utilize the geospatial data in an effective way to meet organizational needs. In order to ensure these efforts are successful and sustainable, it is recommended to create a GIS Coordinator role to provide oversight and direction of all GIS operations into a single position. GIS is one of the greatest integration tools a community has at its disposal, and having a position responsible for appropriately focusing these tasks can multiply efficiencies across all departments.

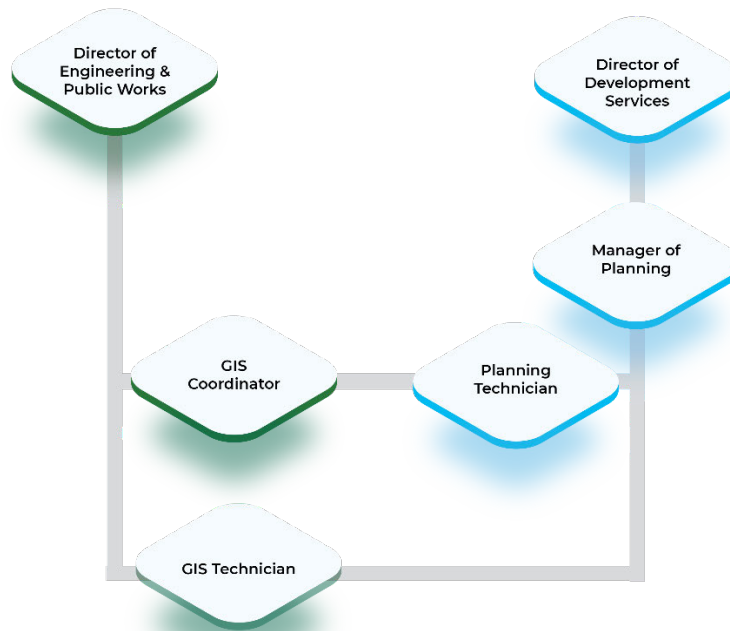


Figure 2: Proposed Organizational Structure No.1 – Short Term

The GIS Coordinator role is not to be confused with a managerial role responsible for people, but more so a role tasked with leading and coordinating the corporate GIS resources and technical tools. The role is in immediate need, however short-term requirements are being addressed by our consultant and the role would be prioritized to be hired in early 2025 (pending Council approval of the 2025 budget).

Considering the long-term vision, a high functioning, mature GIS department typically resembles Figure 3 below, and comprises 3-4 positions. The GIS Coordinator acts as the facilitator of work and administrator of systems and processes, ensuring the corporate strategy is followed and resources are sufficient to achieve service levels. The GIS Analyst typically carries out some of the more involved geoprocessing and analytics required by various initiatives and programs within the organization, and the GIS Technician usually focuses on keeping data accurate and current in alignment with the Planning Technician. This approach should be considered the two-to-three-year goal for the City, and the GIS Analyst position would be included in the 2026/2027 financial plan.

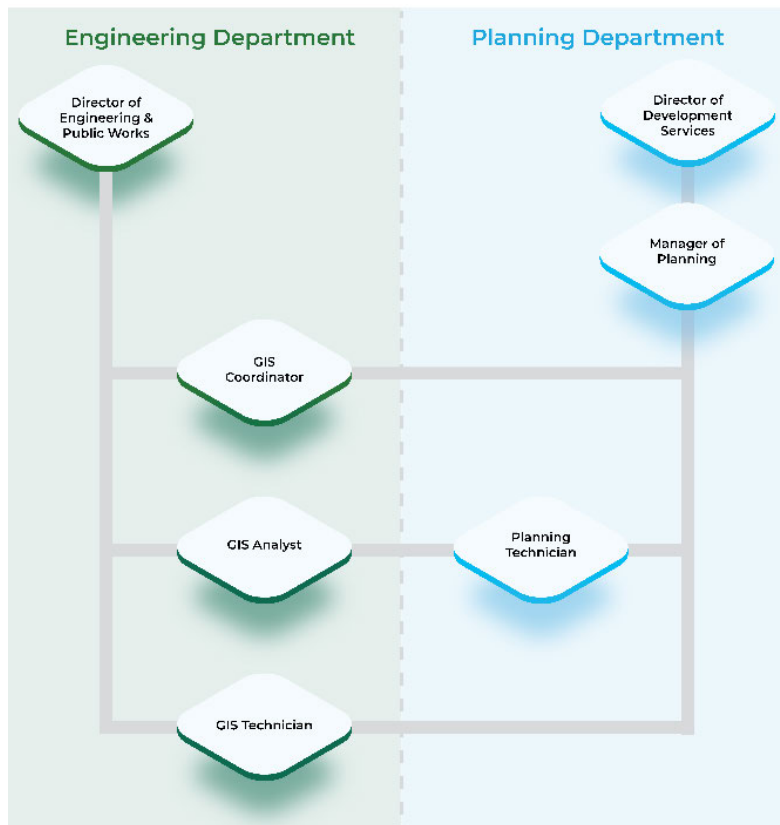


Figure 3: Proposed Organizational Structure No. 2 – Long Term

After a detailed review into the organizational resourcing required for providing a mature, high functioning GIS program, it is recommended to create the GIS Coordinator role in the short term, and the GIS Analyst in the near term (2-3 years). Administration will create the positions identified in this report and bring to Council for approval. The technical nature of the roles would require applicants to have a diploma or degree in GIS, Geography, Computer Science, or a related field. One of the challenges in attracting qualified candidates is to provide a fair level of compensation, and as such Administration continues to work with the Union to have competitive wages for all technical positions in high demand.

IMPLICATIONS

The proposed positions would be added to the financial plan as follows – the GIS Coordinator role in 2025, and the GIS Analyst in either 2026 or 2027.

COMMUNICATIONS

Nil.

BYLAWS/PLANS/POLICIES

Nil

ATTACHMENTS

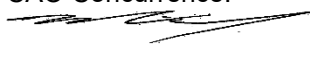
- [Urban Systems | GIS Program dated October 4, 2023](#)

SUMMARY

Staff have developed an overall strategy and schedule for improving the level of service and programs offered from the GIS department, in line with strategic Council priorities. These improvements will increase efficiencies across all departments and provide tools to optimize job functions and data management. Once feedback and comments are received from Council, future additional positions will be added and included in the financial plan and budget approval process.

C: *Mike Fox, Chief Administrative Officer*

Date: February 12, 2024
 File No: 3950-20-3002-5
 To: Committee of the Whole
 From: M. Fox, CAO
 Subject: Policy 3002-5 | Requests for Letters of Support

Prepared by: <i>S. DARLING</i> DEPUTY DIRECTOR OF CORPORATE SERVICES	Supervisor: <i>D. MONTEITH</i> DIRECTOR OF CORPORATE SERVICES	CAO Concurrence:  M. Fox, CAO
---	--	--

RECOMMENDATION[S]

That the Committee of the Whole recommend that Council approve Policy 3002-5 'Requests for Letters of Support'.

PURPOSE

To establish a process to respond to requests for letters of support.

BACKGROUND

From time to time the City of Port Alberni receives requests from organizations and individuals seeking a letter of support for their endeavours. The purpose of this policy is to establish a process to respond to such requests.

ALTERNATIVES/OPTIONS

1. That the Committee of the Whole recommend that Council approve Policy 3002-5 'Requests for Letters of Support'.
2. That the Committee of the Whole not recommend Council approve the policy for issuing letters of support and instead recommend that Council direct that all requests come to a meeting of Council, as they are received.

ANALYSIS

The objective of this policy is to authorize the Mayor to provide a letter of support on behalf of the City in certain circumstances, and to clarify which requests for a letter of support should be presented to Council for consideration at a Council meeting.

The City often receives requests for letters of support on short notice without the time available before the deadline to place the request on a Regular Council meeting agenda. The attached draft Policy proposes that in certain circumstances staff be authorized to prepare a letter of support to be signed by the Mayor, with the signed letter then being placed on a Council meeting agenda for information.

The attached Policy sets out the proposed criteria to be met in order for a letter of support to be signed through that process. If a request for a letter of support does not meet the prescribed criteria, the proposed Policy includes a process for the request to be brought forward to Council for consideration, including that of requests from members of Council.

IMPLICATIONS

Establishing a formal process will enable administration to respond to requests for letters of support in a timely matter so as to not disrupt the normal course of business while meeting Council's objective of supporting the endeavours of organizations and individuals for the betterment of the community.

COMMUNICATIONS

If approved, the policy would be included within the Policy Manual posted on the City's website. Public facing information regarding requests for letters of support would be established and posted to the website and made available in person at City Hall.

BYLAWS/PLANS/POLICIES

Establishing a policy for letters of support aligns with Council's mission of providing leadership and building partnerships [internal/external] which will be of benefit for the Alberni Valley.

SUMMARY

The City receives numerous requests for letters of support. A draft policy has been prepared to establish a process to respond to such requests.

ATTACHMENTS/REFERENCE MATERIALS

- *Draft Policy 3002-5 'Requests for Letters of Support'*
- [Example Policy | City of Prince George](#)
- [Example Policy | City of Abbotsford](#)
- [Example Policy | City of Parksville](#)

POLICY No. 3002-5 | Requests for Letters of Support

Approved by:

Resolution No.:

Date of Last Review:

CITY OF
PORT ALBERNI



1) PURPOSE

From time to time the City of Port Alberni receives requests from organizations and individuals seeking a letter of support for their endeavours. The purpose of this policy is to establish a process to respond to such requests.

2) POLICY STATEMENT

The objective of this policy is to authorize the Mayor to provide a letter of support on behalf of the City in certain circumstances, and to clarify which requests for a letter of support should be presented to Council for consideration at a Council meeting.

3) SCOPE AND APPLICATION

This Policy applies to all members of Council and all City employees.

4) DEFINITIONS

- (a) "applicant" means the individual or organization requesting a letter of support from the City.
- (b) "City" means the municipal corporation of the City of Port Alberni.
- (c) "Council" means the municipal Council of the City.
- (d) "letter of support" means written correspondence from the City setting out the City's level of support for an applicant's submission.

5) POLICY

- (a) All requests for a letter of support that are received from an applicant by a member of Council or by a City employee will be submitted to the Director of Corporate Services (Corporate Officer) to assess and process under this Policy.
- (b) City staff may require the applicant to provide supporting documentation or additional information as necessary to assess their request for a letter of support.



- (c) If a request for a letter of support:
 - (i) is from a non-profit organization or a registered charity; and
 - (ii) does not involve a financial contribution or in-kind contribution from the City (i.e. facility space or staff time other than preparing the letter of support); and
 - (iii) is in connection with an initiative that would be beneficial to the community; and
 - (iv) does not contravene any applicable legislation or other City policy; and
 - (v) would not be in competition with a grant application from the City;
 then City staff may prepare a letter of support for approval and signing by the Mayor.
- (d) A copy of all letters of support signed by the Mayor under this Policy will be included for information on the next Regular Council meeting agenda, subject to applicable deadlines under the Council Procedures Bylaw.
- (e) Even if the criteria in section 3 (c) (i) – (v) are satisfied, the City Chief Administrative Officer or the Mayor may nevertheless refer the request for a letter of support to Council for consideration at a Council meeting instead of issuing a letter of support.
- (f) If the criteria in section 3 (c) (i) – (v) are not satisfied, then City staff may respond to the applicant advising that their request does not meet the required criteria, and City staff may refer the request for a letter of support to Council for consideration at a Council meeting, subject to applicable legislation, other Council policies, and the Council Procedures Bylaw.
- (g) For certainty, any request for a letter of support from a member of Council will be referred to Council for consideration at a Council meeting and will remain subject to the *Community Charter* conflict of interest restrictions

6) AUTHORITY TO ACT

The Corporate Officer is delegated responsibility and authority for ensuring compliance with this policy.

7) REVIEW PROCEDURES

This policy is to be reviewed by Council following a general local election.

Contact Information:

If you have any questions about this policy please contact Corporate Services 250.723.2146 or by email corp_serv@portalberni.ca.

Name
Title

Name
Title

