Chilliwack Community Safety Plan

To build an inclusive, accepting, engaged, and sustainable community where all residents are safe, feel safe, and have a sense of belonging.

Chilliwack Integrated Community Safety Task Force (ICSTF)

June 2021

CITY OF CHILLIWACK

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Members of the Integrated Community Safety Task Force (ICSTF) were instrumental in providing input and identifying key community safety themes to be included in this report:

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Chilliwack Community Safety Plan Vision:

To build an inclusive, accepting, engaged, and sustainable community where all residents are safe, feel safe, and have a sense of belonging.

Guiding Principles:

The following guiding principles for the Chilliwack Community Safety Plan were established based on best practices pertaining to comprehensive multi-sectoral approaches to crime prevention and community safety.

Different Levels of Prevention

We recognize the different levels of prevention (primary, secondary, and tertiary) as well as the importance of short-term and long-term outcomes. We acknowledge that each level of prevention and intervention is important, with a particular focus on upstream prevention.

Evidence-Informed

We seek and employ evidence to understand circumstance, strategize plans, implement actions, and evaluate results.

Children, Youth, and Adverse Childhood Experiences (ACEs)

We recognize the importance of preventing risk factors and adverse childhood experiences in order to create environments where all children have a range of opportunities to grow, learn, play, connect, love and be loved.

Homelessness

We recognize that people experiencing homelessness live in every province/territory and in all communities, and become homeless as a result of various challenges and causes.

Indigenous Peoples

We recognize that Indigenous Peoples suffer much higher rates of violence than non-Indigenous peoples and are disproportionately impacted by risk factors. This can be explained in part by intergenerational trauma and negative life experiences that are the legacy left by residential schools and colonization.

Mental Health Challenges

We recognize that those with mental health challenges are more likely to be victimized and face greater systemic barriers than the general population.

Substance Use Disorder

We recognize that substance use is a complex individual issue and that, while the criminal justice system may be appropriate for crimes associated with substance dependency, it is not a substitute for treatment. Moreover, there is no one-size-fits-all solution, thus calling for a multitude of approaches including harm minimization, harm reduction services, abstinence-based, and religious/culturally-based approaches.

Inclusiveness

We recognize that everyone has different challenges, risks, and needs for well-being, safety, and security. We also recognize that there are segments of Chilliwack residents that are particularly vulnerable, and we are committed to ensuring their needs are taken into consideration.

Inter-sectoral Collaboration

We are committed to collaboration that is grounded in shared values and principles that guide behaviours, decision-making, and create accountability and is focused on strengths, skills, bridging gaps, and growing collectively.

Reconciliation

We call to recognize and learn about Indigenous ways of knowing and we are committed to working from this day forward in a spirit of mutual respect and understanding.

Community Responsibility

We recognize that community safety and well-being are the responsibility of all citizens in Chilliwack.

Role of the Criminal Justice System

While the criminal justice system plays a vital role in community safety, its functions are primarily responsive in nature. We recognize that the criminal justice system is not an appropriate solution to homelessness, serious mental health challenges, and substance use disorder.

Security and Safety

While security focuses on protection against threats, responding through the criminal justice system, and is about strengthening the responses to crime and violence, safety as a concept seeks to reduce risks, furthers prevention, focuses on a broad approach, and attempts to address the social and environmental conditions that give rise to social disorder, crime, and violence. We recognize the importance of both security and safety in the context of Chilliwack.

Social and Human Issues in Cities

We recognize that cities are some of the largest and most complex designs and structures that humans have created. Thus, solving social and human issues within the context of cities and communities requires complex thinking.

Upstream Prevention Focus

We recognized that upstream crime prevention is an approach that focuses on addressing the root causes of crime and victimization through investing in interventions that tackle social, economic, and psychological risk factors before harm occurs. Upstream crime prevention approaches harness evidence-based solutions in sectors such as youth, family, schools, health, and policing.

Vulnerability and Safety

We recognize safety and security is experienced differently by people with different positions in society and that individuals with diverse intersecting identities have increased vulnerability and are more likely to be exposed to violence and crime.

Whole City Approach

We recognize that the City of Chilliwack faces diverse and interdependent challenges that emerge from a combination of its history, culture, demographics, infrastructure, economy, and environment. We stress the importance of analyzing all aspects of the city's challenges and the underlying risk factors.

1. Better collaboration of services
2. Enhance collaboration among sectors
3. Transformation of service delivery
4. Individuals with complex needs receive appropriate services
5. Increase awareness and access to services
6. Increase understanding of risks and vulnerable groups

Community Safety Plan Goals

1. Improve Community and Personal Safety and Perception of Safety
2. Reduce Stigma Associated with Homelessness, Mental Illness, and Substance use
3. Establish a Full Continuum of Services to Meet Local Needs & Facilitate Effective Transitions Between Services
4. Improve Capacity of Justice System to Pursue and Approve Criminal Charges
5. Increase Focus on Early Interventions and Trauma Informed Practice

Top 5 Priorities the City Can Act on to Improve Community Safety

These priorities fall within the mandate and resources of Local Government

1. Increase homelessness prevention, shelter diversion supports, and affordable housing
2. Improve community safety communications
3. Continue to fund the Community Response Team
4. Support the Situation Table & adjust to Chilliwack context
5. Support community based agencies in their work to ameliorate the conditions of those affected by adverse childhood experiences

Top 5 Priorities that Require Partners to Improve Community Safety

These priorities fall outside the mandate and resources of Local Government. The City will advocate for, in partnership with others the following:

1. Increased resources and initiatives that support early identification and interventions for people affected by Adverse Childhood Experiences (ACE's)
2. Increased street-based outreach
3. Coordinated case management, Assertive Community Treatment (ACT), and mental health supports for crisis response
4. Increased capacity of Crown Counsel to pursue and approve charges
5. A full continuum of substance use services in Chilliwack– STAR & STLR beds

Background

Chilliwack is a vibrant community with natural beauty, a high quality of life, and a robust economy. Situated on the traditional and unceded territory of the Stó:lō peoples, Chilliwack is located adjacent to thirteen First Nations communities, and approximately 100 kilometers east of Vancouver. Over the past decades, Chilliwack has seen strong population growth which continues today. Overall, Chilliwack is a safe place to live and work. However, like many communities across Canada that have seen similar population growth, Chilliwack is experiencing an increasing number of challenges that are either directly or indirectly tied to crime and the perception of community safety.

Key risk factors in Chilliwack include:

- Community (e.g. 306 individuals experiencing homelessness)
- Family (e.g. 1 in 5 households experience poverty)
- School (e.g. 17% of individuals aged 25-64 have no certificate, diploma, or degree)
- Crime and Safety (e.g. number of adults charged is 14% greater than B.C. average[1])

This Community Safety Plan recognizes that not all of these challenges can be resolved through policing and the justice system,[2] and that there is a need to continue to work across multiple sectors to address community safety concerns, both perceived and real.

The City of Chilliwack, RCMP, and community and health services/groups are strongly committed to collaboratively working to address the diverse needs of community members in Chilliwack, increased collaboration amongst different sectors and services in Chilliwack is high, which serves as a solid foundation for developing and implementing a community safety plan.

Integrated Community Safety Task Force (ICSTF)

Increases in Criminal Code offences[3], heavy case load burdens on police[4], and increased community concern related to crime and social disorder led Mayor Ken Popove to form the Integrated Community Safety Task Force (ICSTF) in 2019, co-chaired by Bud Mercer (Chilliwack City Councillor) and Clint Hames

[1] The number of adult cases charged by 100,000 population in 2019 was 1685 in Chilliwack vs. B.C. average of 1478 (British Columbia Policing Jurisdiction Crime Trends 2010-2019)

[2] While the City continues to increase funding for police services (33% of municipal property taxes), including additional RCMP members dedicated to downtown response, there is a need for greater collaboration amongst organizations to address mental health challenges, substance use, homelessness, and challenges with the justice system (courts), and to look at upstream, preventative approaches through early interventions and trauma informed practice.

[3] The number of Criminal Code Offences per 1,000 population in Chilliwack has increased each year, from 8,476 in 2010 to 13,982 in 2019.

[4] Case loads are calculated by dividing the total number of *Criminal Code* offences in the calendar year by the number of police officers, as of December 31st of the same calendar year. In Chilliwack, the average case load is 97 per officer, whereas the average case load in BC is 71 (Police Resources in British Columbia, 2019, Police Services Division, Ministry of Public Safety and Solicitor General, December 2019).

(former City of Chilliwack Mayor). The ICSTF is a select committee of approximately 20 members including government, community stakeholders (working in the areas of mental health, substance use, housing, policing, and outreach), and other representatives including First Nations.

Acknowledging the different root causes of social harm and crime, including economic changes, homelessness, substance use disorder, mental health concerns, and a variety of other systemic and personal issues, the ICSTF recognizes that crime and the perception of safety are complex issues, and that reducing their negative impact on the community requires substantial efforts, must include strategies that address the root causes of crime through the provision of appropriate resources. In this regard, the objective of the ICSTF is to develop a focused, multi-sectoral approach to addressing crime, community safety, and well-being in Chilliwack.

Early in the process of developing the community safety plan, members of the ICSTF established a vision for the project:

To build an inclusive, accepting, engaged, and sustainable community where all residents are safe, feel safe, and have a sense of belonging.

Community Safety Assessment Process

The data collection process for this project included four methods:

1. ICSTF Consultations/Meetings

Seven in-person meetings were held in Chilliwack with all task force members, beginning in July 2019. Three smaller meetings were held virtually following the COVID-19 outbreak (May, June, 2020), and four full ICSTF meeting were held virtually (September 2020, October 2020, December 2020, February 2021).

2. Key Stakeholder Interviews

On the recommendation of the ICSTF and City of Chilliwack staff, interviews with 26 key stakeholders representing various sectors in Chilliwack were also undertaken.

3. Thematic Roundtable Discussions

In addition to the survey and interviews, three roundtable discussions were held to examine the following topics in more detail:

1) Mental Health System Mapping
2) Addiction System Mapping
3) Justice System Mapping

4. Community Safety Survey

To establish a more general understanding of how Chilliwack residents feel regarding various topics related to crime prevention and community safety, a community safety survey was developed and administered online. In total, 999 residents responded to the survey, of which 68% had lived in Chilliwack for over ten years.

Based on the information gathered through ICSTF meetings, stakeholder interviews, and thematic roundtables, a list of four key priorities and five community safety themes in Chilliwack were identified. In addition to qualitative information, the community safety survey was administered to ensure triangulation of data[5]. The findings from the survey results are also reflected in the list of community safety themes. For more information see Appendix 2.

Community Safety Plan Development

The Integrated Community Safety Task Force undertook a comprehensive review of the input from stakeholders and the recommendations of the consultants and held four small group discussions virtually in November 2020 focused on priority community needs and actions with respect to priority needs, actions, roles and responsibilities, based on best practices, consultant recommendations and community stakeholder experience:

1) Justice/Policing
2) Mental Health
3) Substance Use
4) Homelessness
5) Causes and Early Interventions

The content of this Plan reflects input provided through this process and has been reviewed with the Intagrated Community Safety Task Force.

[5] Triangulation refers to the practice of using multiple sources of data or multiple approaches to enhance the credibility of findings.

Community Safety Plan
Findings, Key Needs & Actions

The Current State of Community Safety in Chilliwack

Community safety is complex and includes a combination of *actual* and *perceived* levels of crime, harm, and safety within a community. There are multiple factors that influence community safety in Chilliwack, and there is a need for a coordinated collaborative effort across multiple organizations to address the following five key priorities, and to look at upstream, preventative approaches through early interventions and trauma informed practice.

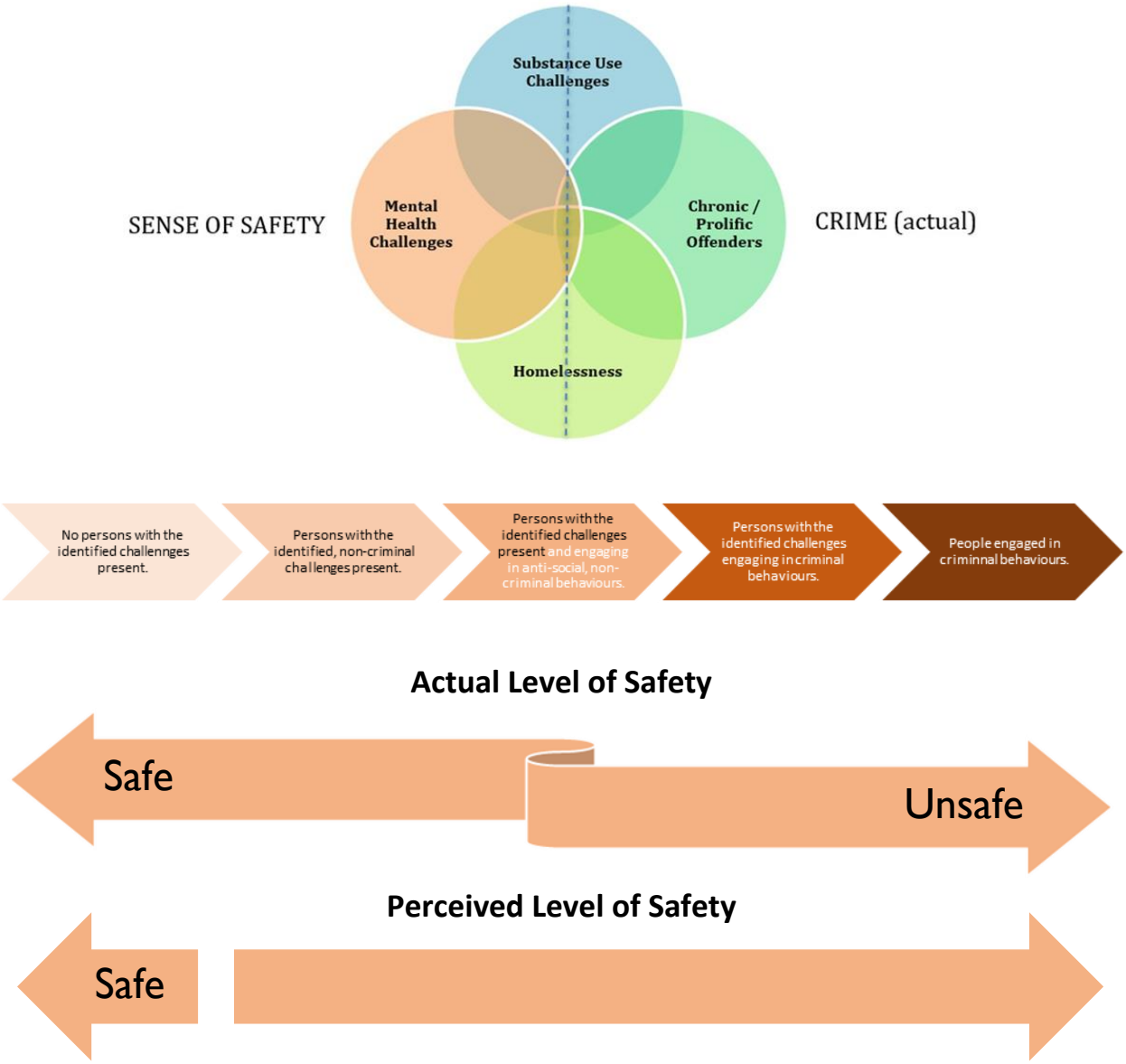
1. mental health challenges,
2. substance use challenges,
3. homelessness,
4. justice system challenges, and
5. causes and early interventions

The Complex Overlap between Homelessness, Mental Health & Substance Use

Homelessness, mental health challenges, and substance use disorder are not criminal behaviours and are not against the law in Canada. While there is overlap amongst these challenges, it is important to clarify that not all people who are experiencing homelessness simultaneously struggle with mental health challenges and/or substance use disorder. Figure 1 illustrates that while the people experiencing these challenges are not all involved in criminal behaviour, but their presence can greatly affect the community's personal sense of safety.

Community members may see that some of the people causing the most persistent and annoying crime have elements of substance abuse, mental health and homelessness as a part of their personal profile. This leads many to believe that all people with substance use, mental health, or homeless challenges are criminal. At best, these challenges are seen as pre-cursors to criminal activity. However, many of these people are in-need of a helping hand to move them into a healthier lifestyle, where the can contribute positively to the community.

Figure 1: Key Factors That Affect Community Safety and the Perception of Community Safety in Chilliwack



FIVE KEY PRIORITIES FOR COMMUNITY SAFETY IN CHILLIWACK

1. Homelessness

Research demonstrates that people experiencing homelessness commit less violent crimes than housed people (Novac et al., 2006). In fact, they are more likely to be victims of crime (including hate crimes) than commit a criminal offence (Novac et al., 2006; Wachholz, 2005). Those that do engage in criminal activity tend to commit minor property crimes such as drug offences and bylaw violations. It is important to note that individuals experiencing homelessness are more likely than those who are housed to be incarcerated for similar offences.

Much like the general population, approximately half of those who are experiencing homelessness deal with substance use disorder. Among those who do suffer from substance use disorder, some may commit minor property crimes to feed their addiction. Additionally, people experiencing homelessness tend to deal with additional issues related to their experiences of homelessness, including trauma and mental health challenges (Homelessness Hub, 2020).

In Chilliwack, the Fraser Valley Regional District Homeless Count and Survey conducted March 3 and 4, 2020 provides the best snapshot of homelessness in the city. Between 2017 and 2020, Chilliwack saw a 38% increase in homelessness (total of 306). In 2020, 47% of respondents reported struggling with substance use disorder (an increase from 95 in 2017 to 144 in 2020); 44% reported living with a medical condition and/or a physical disability (increased from 88 in 2017 to 137 in 2020); and 30% with a mental illness. Furthermore, while Indigenous Peoples constitute 9% of the general population (Canada Census 2016), they are overrepresented in the homeless population: data from the March 2020 Point-in-Time Homeless Count and survey undertaken by the Fraser Valley Regional District shows that 38% of the people who live homeless in Chilliwack self-identified as having First Nation, Indigenous/Aboriginal, or Metis Ancestry.

1.1 Addressing Homelessness

Key Needs & Actions Identified in the Plan

The Community Safety Plan supports the continued implementation of Chilliwack's Homelessness Action Plan and expanded outreach to people experiencing homelessness to support them with appropriate services and retention of housing. As stigma related to homelessness continues to be a concern, the continuation of public education campaigns is recommended as an important activity that helps humanize individuals experiencing homelessness among the general population, to decrease stigma and discomfort/fear.

The following priority needs and actions are identified within this Plan, based on stakeholder input:

1. **Implement a system to coordinate case management amongst outreach workers.**
   While there are a number of agencies that have outreach positions, there is no coordinated case management occurring (outside of the ICM team). As one stakeholder explained,

   "*Each worker may have five or six people they check on briefly in a day, but beyond that there's nobody that's really taking responsibility or care of that person and what their goals might be whether that be physical health, and then mental health, substance use and housing all roll out of that. There are substance use counsellors but they are categorized differently than mental health counsellors, they get paid less and generally they have capacity for mental health but it's outside of their job description.*"

   As there is an overlap of mental health and addiction issues for many individuals, case workers with concurrent capacity are needed to deal with both issues, in the moment, as they present themselves.

2. **Establish a service navigator role (street-based outreach workers) to triage and connect people with services.** Many outreach workers are primarily office-based; and overall there is a shortage of "feet on the ground." The Community Response Team has reported that there are many vulnerable individuals who are at-risk and unable to connect to services due to limitations on hours and availability. The establishment of a service navigator role within Stó:lō Service Agency is promising, and there is a need for this service to be available across the community to connect and accompany someone to the right treatment option and know that service support is available in that moment. Service navigators have the appropriate skills, knowledge and abilities that are needed to address mental health and addiction concurrently and provide culturally appropriate supports. This role should be accessible through a one-stop shop "contact centre" location, as well as through street-based outreach.

3. **Work to expand the provision of culturally appropriate services and housing to support Indigenous people who are homeless in Chilliwack in partnership with local First Nations leaders.**
   Through the Community Safety Planning process, stakeholders identified the need for culturally appropriate support services for Indigenous people who are homeless in Chilliwack.

   The objective would be to prevent or interrupt homelessness through improved access to culturally relevant health and wellness services and to enhance the wellbeing of urban living indigenous peoples, through the provision of services that are holistic and rooted in culture, including improved access to primary care. Ongoing cultural training for outreach and front-line workers is also recommended and supported by Reaching Home objectives.

4. **Increase affordable housing across the housing needs continuum.** The City's Homelessness Action Plan, adopted in 2016, contains within it actions to increase all types of affordable housing, including waiving of development fees, the reduction of development cost charges for small unit apartments, flexible zoning. These actions have been instrumental in leveraging senior government funding to build and operate over 200 units of subsidized and supported housing units in Chilliwack since 2016. The City is grateful for increased investment and support from BC Housing to address housing

affordability across the housing continuum, increasing emergency shelter beds, housing with high supports, rent subsidies, youth housing, and affordable market rental housing

In 2020 the City completed a Housing Needs Report which outlines the demand for additional housing, including affordable rental housing for low income households. The following tables illustrate the number of units required and approximate affordability levels through 2041. It should be noted that market rental apartments are built by the development community, and below or near-market rental apartments in most, if not all cases, require some level of assistance from senior levels of government, BC Housing, or CMHC.

Need Level	2016 – 2020	2020 – 2025	2025 – 2041
Below-market rental*	226 units	328 units	1,007 units
Near-market rental**	91 units	132 units	404 units
Market rental***	402 units	583 units	1,790 units
Total	**719 units**	**1,043 units**	**3,201 units**

From 2016-2020 the projected need for rental apartments was 719 units, and a total of 735 apartment units were constructed and used for rental:

- BC Housing supported the development of 222 affordable rental apartment developments with a mix of below and near market rents,[6]
- Private developers built 401 market rental apartment units
- An additional 112 apartments units built during this period are owned and rented privately in the market.

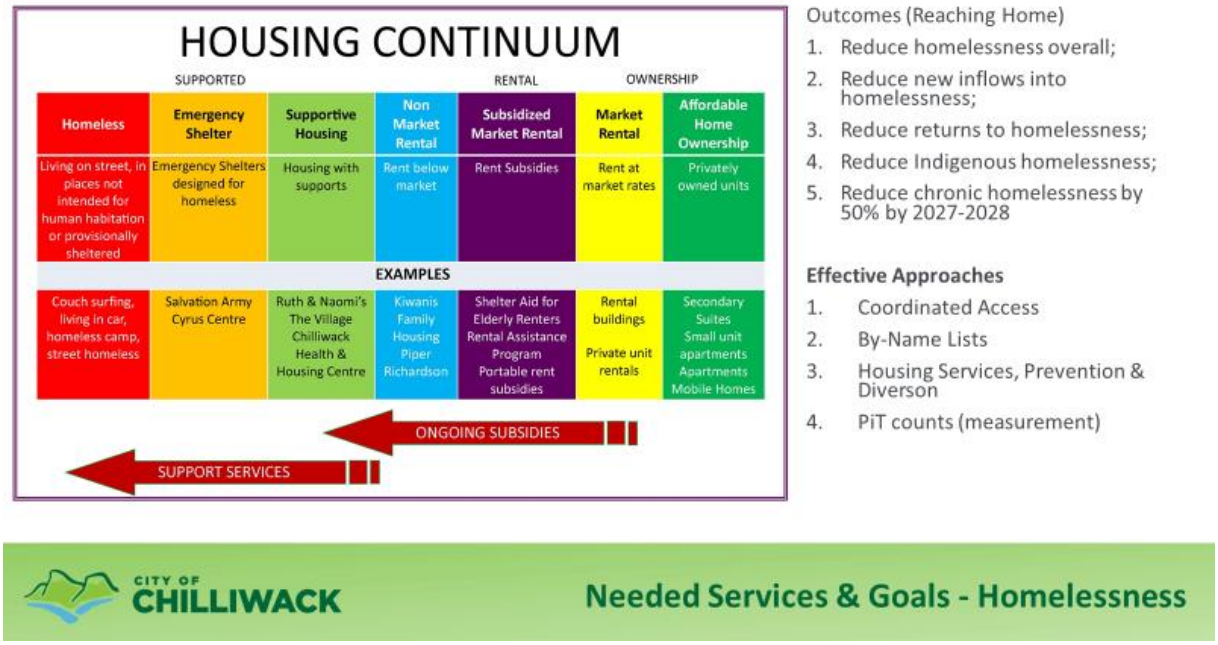
5. **Pursue locations outside of the central downtown core for new shelter and supportive housing.** Downtown businesses and residents are concerned about a concentration of social services and housing in the downtown core. With a limited land supply, finding adequately sized and serviced properties to support a shelter or multi-family developments is a challenge. Outlying rural areas are limited by lack of servicing and other regulations such as the Agricultural Land Reserve, and are therefore limited to single family dwelling forms of development. The pursuit of smaller sized, highly supported projects may be one option for supportive housing outside of urban core areas.

6. **Expand Coordinated Access & Implement by-name lists.** Coordinated Access helps to streamline entry into housing services for vulnerable people experiencing homelessness prioritizing and matching them to appropriate stable housing services. A By-Name List is a real-time list of all people experiencing homelessness in the community. It includes a robust set of data points that support coordinated access and prioritization at a household level and an understanding of homeless inflow and outflow at a system level. In 2021, the City is initiating work on expanding an existing coordinated access program to meet federal homelessness funding requirements (Reaching Home). This work is expected to be complete by 2023.

[6] including 92 units at deep subsidy with high supports, and 137 affordable units for low income households and families and youth

7. **Establish a Downtown Ambassador Program.** This approach is intended to reduce stigma and involves hiring people with lived experience to walk the downtown areas for information sharing and to make connections with street involved people. This would support greater social inclusion and support the Chilliwack Homelessness Action Plan goal to support initiatives that build self-esteem and support economic self-sufficiency. Such programs have been successful in other communities, and would require collaboration with the Downtown Business Improvement Association and local service providers

Figure 2: The Reduction and Prevention of Homelessness will Requires Additional Housing Across the Housing Continuum Combined with Effective Approaches



2. Mental Health Challenges

Misperceptions about the relationship between mental illness and violence contribute significantly to stigma, discrimination, and social exclusion. Studies indicate that people living with mental health conditions are no more likely to engage in violent behaviour than the general population (CMHA, 2011). According to the 2014 General Social Survey (GSS) on Victimization, one in ten people living with a mental health-related disability experience violence annually. This is more than double the proportion among Canadians in general. Individuals struggling with mental health challenges are also less likely to report their victimization to the police (22% versus 31%).

2.1 Addressing Mental Health Challenges

Working to address mental health challenges will impact feelings of safety and well-being in Chilliwack. Doing so is a complex process that requires efforts in several areas, including stigma and discrimination reduction, mental health promotion, prevention, service delivery, and filling gaps in treatment options.

This will require additional resources from the Province and Fraser Health Authority. The City and RCMP have responded to local challenges with the creation of a Mental Health Liaison Unit, however, the staffing to date consists of RCMP officers whose expertise is not mental health service provision. **In jurisdications across Canada, it is proven that to be effective, there must be appropriately trained mental health workers to accompany police. This is not currently happening in Chilliwack**. Police and law enforcement partners are not responsible for mental health services and lack the expertise needed to effectively help individuals experiencing a mental health crisis.

Recent reports illustrate the importance of mental health supports in dealing with crisis response:

TRI-CITY news

'I could have died': How a Coquitlam woman's life was saved by a nurse working with police

Diane Strandberg Mar 31, 2021 10:54 AM

Metro Vancouver mayors are calling on the B.C. government to provide more support to police officers dealing with people in mental health crisis. One Coquitlam woman's story shows the need for such a service.

[7]

[7] Here's how police deal with mental health calls in Vancouver - Tri-City News

Key Needs & Actions Identified in the Plan

The Plan identifies the need to strengthen coordination between outreach workers and services and to streamline services and wraparound care. Ensuring more effective transitions between services helps improve outcomes and increases satisfaction with the service system. A full continuum of services for people with mental health challenges is needed to meet their complex and diverse needs, including those individuals in conflict with the law.

1. **A 24-hour Mobile Mental Health Worker that can be accessed without referrals is urgently needed.** Many local service providers identified a need for a mental health counsellor that can come in and deal with immediate more complex mental health issues and trauma. There is currently no one fulfilling this role. While the Intensive Case Management (ICM) Team funded by the Fraser Health Authority is working well, it is limited in capacity and not set up to respond without referrals. Eligibility criteria for ICM Team services also prevents accessibility for other people in need of help. There needs to be an option for people to access help without a referral. This relates to item 2 below, more street-based outreach workers are needed on the street, outside of office hours.

2. **More street-based outreach workers are needed on the street, outside of office hours**. The RCMP Community Response Team (CRT) and City bylaw enforcement undertake daily patrols in the Downtown and deal regularly with some of the City's most vulnerable people. Most of these people suffer addiction and are not in a position to actively seek out services or advocate for themselves. Telling them that support services are available at "X" location is not likely to lead to connecting them with resources. The vast majority of these people need resources to come to them.

   The foot patrol program and regular face to face contact has led to the building of trust between many of these people and CRT members. When the CRT encounter people who wish to access help at 7 am there is no outreach they can connect to. While there are many supports in the community across a number of different agencies, none of them are set up to provide urgent outreach work, on the street, outside of "9 to 5" hours. Most agencies are not modelled to provide outreach and don't have the staffing levels to support this kind of work. While the ICM team mobilizes quickly in order to create a wrap-around inter-agency approach to supporting its client base but there is a whole other aspect of the population that is not receiving help. This becomes a police problem that police are not equipped for.

   Two examples provided by a CRT member provided added insight to the need:

   1. *"In June 2020, we encountered an 18-year old woman who we have spoken to on numerous occasions and we had never seen her in such a sad or desperate state. The young woman is extremely vulnerable and there are a number of agencies that have worked with her in the past but no one was available to help her this particular morning. This young woman does not have a phone and is often difficult for partner agencies to locate. She had hit a point of frustration and actually indicated that she wanted help. To capitalize on this opportunity, I made calls to various agencies who were not able to mobilize immediate outreach support at that time (7:30 am on a Friday morning). Instead, the woman was directed to seek out*

resources by attending their offices. That never happened. This young woman has aged out of care and continues to live on the streets battling addictions."

2. *" In August 2020 we encountered a homeless 20-year old female who we see repeatedly on our patrols. On this occasion, the female approached CRT members and expressed her desperation and desire to seek addiction treatment and support services. Members of the CRT made attempts to engage community resources but again no one was available to attend. CRT waited for over an hour but the young woman got impatient and left. They directed the female to attend some of the support agencies but she never did."*

3. **Mental Health and Substance Use counselling must be made available concurrently**
Mental Health and Substance Use counselling services have been divided into separate entities. There are counsellors for mental health and counsellors for substance use that are separate from one another. This has put them in competition with one another for funding. There is a discrepancy in pay with mental health counsellors being paid higher than substance use counsellors, and the separation of services has created two stops for people seeking service as opposed to one place for healing. It is important that action be taken to bring mental health and substance use together, to ensure that counsellors have knowledge of both fields and that they no longer be considered separate.

4. **An Assertive Community Treatment (ACT) Team needs to be established to provide flexible community support for adults with serious and persistent mental illness.** With a high volume of mental health calls, and insufficient supports, mental health calls are falling to the police to deal with. While police have some training, they do not have the same expertise as a fully trained medical professional does. Assertive community treatment (ACT) Teams are made up of psychiatrists, psychiatric nurses, social workers, nurses, police, addiction recovery workers, mental health workers and probation officers case managers that work together to provide healthcare services to people with severe and persistent mental illness. Chilliwack does not currently have an ACT Team. (there are 28 ACT teams in BC[8] but Chilliwack has not been granted an ACT team).

5. **Mental Health Supports are need to accompany RCMP Crisis Response.** In 2019, the Upper Fraser Valley Regional Detachment engaged with 900 people who were identified as having mental health related concerns, and were attached to 6462 files (13% of all files). There were no mental health supports to accompany this police response. The number of mental health calls that are being made to local RCMP[9] is increasing and it is necessary that there be appropriate medical supports so that RCMP can transfer people who are experiencing a mental health crisis to hospital and return to

[8] Six new integrated mental health teams being added in B.C., including three on Island | Times Colonist More mental health supports coming to Burnaby - NEWS 1130 (citynews1130.com) In September 2020, the Province announced the creation of six new ACT teams (Victoria, Nanaimo, Cowichan Valley, Vancouver, Maple Ridge and Kelowna). This is in addition to existing teams in Victoria (4); Burnaby (announced January 2021), Abbotsford, Mission, New Westminster, North Delta, Surrey, and the Tri-Cities. As of February 2021, there are a total of 28 ACT teams in BC.

[9] In 2019, the Upper Fraser Valley Regional Detachment engaged with 900 people who were identified as having mental health related concerns, and were attached to 6462 files (13% of all files).

police work (reducing the time that RCMP members must wait for appropriate medical staff to attend).[10] Mental health concerns and interventions require specialized training and the involvement of qualified mental health professionals in immediate interventions. **This is not, and should not be a police job.**

6. **Improvements to psychiatric services to reduce existing wait times to access services**. Acute (presenting at hospital) challenges arise when RCMP are involved (either adult or youth) and have to wait at emergency for extended periods before being admitted for treatment. For people with non-acute psychiatric service needs, access to Psychiatrists require a significant wait between referral by a GP and accessing services. There is a reported year wait time for adult Psychiatrist referrals.

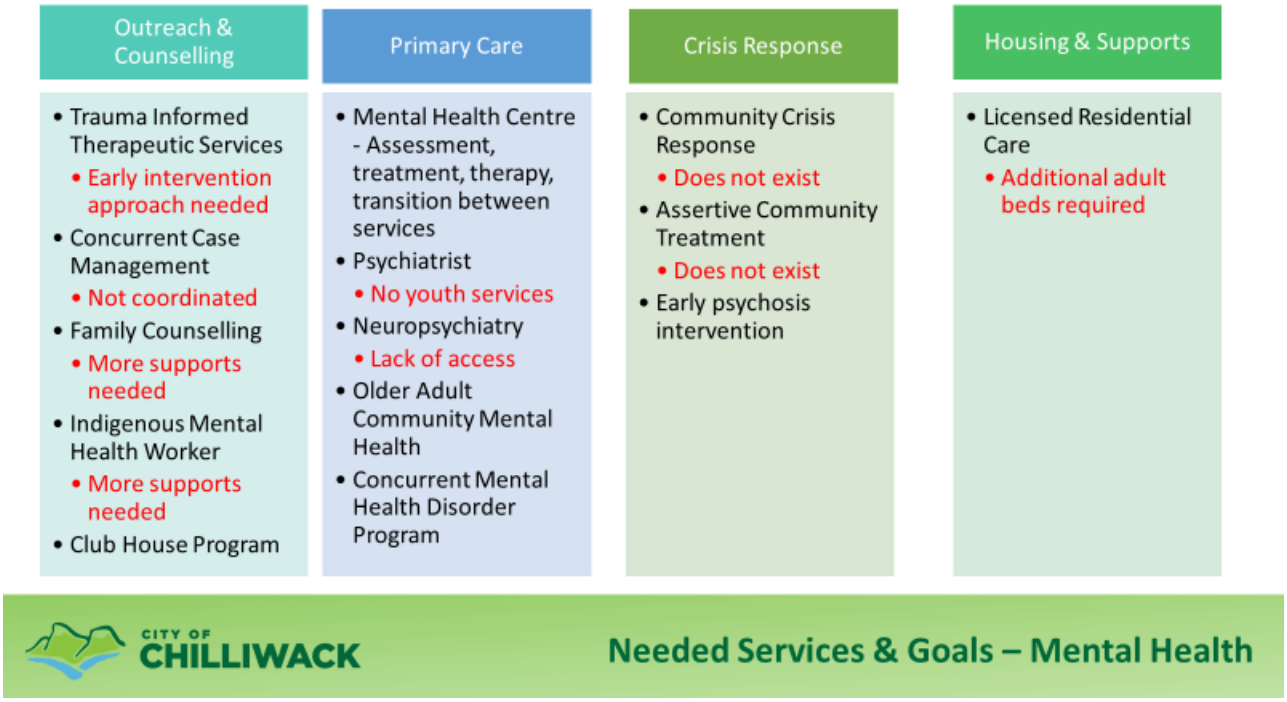
7. **Counselling services for children and families**. There needs to be more focus on early trauma on the prevention side before it becomes a serious mental health or addiction issue. Many service providers attested to the high demand for services that is not being met. In the schools, there is no way to assist families when school personnel see them start to be at risk of crisis. Organizations such as the Ministry of Children and Families only step in with respect to moderate to sever issues, but families would never get to this point if intervention could be done earlier. There is a serious lack of access to mental health supports for children and youth in Chilliwack (although the Chilliwack Youth Health Centre has been helping with this). The schools try to provide counselling services, but there is nowhere near enough money in the district budget to serve the needs of all the kids who need counselling. School counsellors can have over 500 students, which far exceeds the average caseloads of counsellors outside of the school.

8. **A One Stop Shop, Integrated Approach is needed to transition between Programs and Services. Ideally, this would be a physical location with cross-trained staffing.** Some individuals have complex multi-agency touchpoints. It is necessary for teams to come together on a regular basis to strategize how to provide an integrated set of care for the individuals; however, services are currently fragmented. As one service provider explains, "when somebody needs mental health, they go here, someone needs substance use, they go here." (locations that are physically separate). **It is unreasonable to expect that people who are experiencing crisis have the capacity to find the right doors to access individual services.** An integrated team and location can provide a one stop shop **that can provide triage services** for that individual. Other initiatives such as the Situation Table, Every Door is the Right Door, Coordinated Access, Assertive Community Treatment, Coordinated Case Management, and Service Navigators all support a one-stop-shop, integrated approach to ensure the best supports are in place for individuals in need of multiple services.

[10] In 2019 RCMP apprehended 816 people and waited an average of 90 minutes in hospital; in 2020, between January and October, there were 674 apprehensions and numerous times where RCMP had to wait at Chilliwack hospital in excess of 120 minutes to transfer care.

Baseline Mental Health Services Needed to Increase Community Safety

In summary, the baseline of mental health services that are needed in the community are identified below, with priority needs (current gaps) highlighted in red text:



3. Substance Use Challenges[11]

Some individuals who use substances may commit crimes including trafficking of illicit drugs and property crimes to pay for drugs. In both cases those actions are based on what is often referred to as "feeding an addiction". People of any age, gender, or economic status can become addicted to substances. Certain factors can affect the likelihood and speed of developing a substance use disorder, including family history of addiction, mental health disorder, peer pressure, lack of family involvement, adverse childhood experiences (trauma), and early use of substances.

There are various services that can support people experiencing substance use disorder, including harm reduction (safe supply, supervised consumption sites, needle exchange), treatment, counselling, withdrawal management, etc. In many cases, addiction services and treatment have ideological implications – rooted in prohibition and abstinence – which sometimes override evidence-based

[11] The term "substance use" refers to the use of drugs or alcohol, and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents. A substance use problem occurs when using alcohol or other drugs causes harm to the user or to others. Substance use problems can lead to addiction (Health Link BC, 2019).

practices. Substance use disorder must be treated through evidence-based, pragmatic policies that promote health and human rights.

3.1 Addressing Substance Use Challenges

Substance use is a complex issue as described above and is often caused by various risk factors such as adverse childhood experiences. While often seen as an ideological/moral issue, evidence overwhelmingly illustrates that enforcing the law and criminalizing those struggling with substance use is most often counterproductive to help people dealing with substance use and the related criminal activities. According to Irvin Waller (2019, p. 207), "if someone we love is struggling with drug addiction, we want them to receive treatment and rehabilitation, not a jail sentence". Treatment and rehabilitation are the same categories of programs for which solid violence prevention science advocates.

Key Needs and Actions Identified in the Plan

To be successful, providing services for those with substance use disorder should include a spectrum of services, from abstinence-based treatment services to harm reduction services – particularly those that remove open drug consumption, such as safe consumption. This is likely to decrease the sense of insecurity linked to open drug use; create positive relationships between service providers and peer support workers that is likely to simplify referrals to services; and prevent overdose deaths. This Community Safety Plan prioritizes increased street-based outreach to people experiencing substance use disorder and a continuum of appropriate services.

In order to ensure a continuum of services for people with substance use challenges the Plan identifies the following priority needs:

1. **Overdose Prevention Services integrated with housing, shelter, and support services** (witnessed injection, consumption rooms, street outreach and outreach to hidden populations, substance affected). For preventing overdose, creating a safe place is fundamental and having support services immediately available. With 75% of overdoses occurring in people's homes (and not on the street) innovative approaches are required to provide outreach support and meet people where they are at. This may include strategies that involve families and friends, as supports.

2. **Short-Term Transitional Access to Recovery (STAR) Beds for Adults & Youth**
   Short-term transitional access to recovery beds are designed to support clients requiring stabilization related to secondary detox symptoms following completion of an acute detox. This program is for individuals who lack safe housing and would benefit from additional health and social supports or services. They offer a clinically supported, safe, structured short-stay to help improve individuals' access to and engagement with health care and support services. Currently there are no STAR beds in Chilliwack[12]

[12] Fraser Health currently funds 26 STAR recovery beds for people 19 years and older who are homeless or at risk of homelessness due to substance misuse. Of these beds, 14 are located in Abbotsford.

3. **Stabilization and Transitional Living Residences Beds (STLR)**
   There is a need for (STLR) beds[13] for clients with serious substance use issues who have completed withdrawal management and may be waiting to enter an intensive residential services and supports program; or may have completed an intensive residential services and supports program and require further support in a safe environment; or may be in the process of reintegrating back into the community and require low-to-moderate services and supports in a safe, structured living arrangement, free of alcohol and illicit drugs, and are not yet ready for day programs or community substance use services. There are no STLR beds in Chilliwack currently.

4. **More substance use outpatient treatment counsellors are needed.** Service providers report there are only two full time adult substance use counsellors in Chilliwack, and that they are extremely waitlisted with 80 to 90 people on their caseload. It is important that the proper medical supports are necessary to support those who seek help.

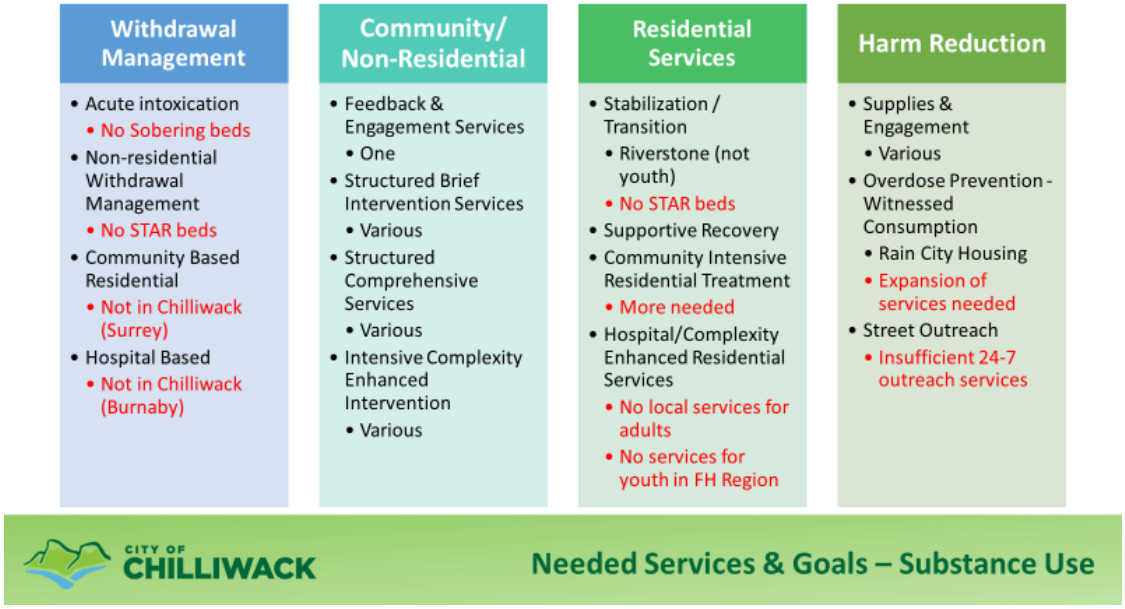
5. **Community Intensive Residential Treatment Services (IRT)[14]** Time-limited, live-in intensive treatment (typically 60-90 days) for individuals experiencing substance use-related challenges. Treatment includes group and one-on-one counselling, medical consultations, as well as life skills training, family support programs and other programs. Other than Traverse (PCRS operates 20 beds for youth) and Rosedale (Elizabeth Fry Society operates 12 beds for women) residential treatment, Chilliwack does not have local community intensive residential treatment services. The closest services are located in Abbotsford (Kinghaven) and Surrey.

6. **Acute Intoxication / Sobering Beds**
   These beds provide safe, short-term monitoring and management of symptoms if an episode of heavy alcohol and/or other drug use that cannot be managed at home. Length of stay can be relatively brief, typically less than 24 hours depending on individual circumstances. Currently there are no acute intoxication beds in the community. In the last number of years, RCMP report that intoxication by drugs (e.g. meth, crack cocaine, fentanyl) is an issue of concern. Further review is required to identify level of need for this service.

Baseline Substance Use Services Needed to Increase Community Safety

In summary, the following baseline of services is needed in the community to address local needs. Access to these services is critical, and it is not reasonable to expect that people in need of these services are able to travel independently to regional locations to access services. Having the services in place and ensuring an easy way for people to self refer must be in place, in accordance with an Every Door is the Right Door approach. Currently, for medically supervised withdrawal management (Detox), the closest is located in Surrey (Creekside)

[13] Fraser Health currently funds 219 STLR beds, including 4 for youth, for individuals' post-detox that require additional support. Of these beds, 23 are located in Abbotsford.
[14] Fraser Health currently funds 165 IRT beds for adults (including 4 for youth and 22 for young adults 19-24 years old) in five owned and operated/contracted programs. Of these beds, 89 are located in Abbotsford.



A note on the role of the justice system

One key challenge in Chilliwack is the community's perception towards the justice system's response to what is perceived as criminal behaviour but is not in fact a criminal offence. Solutions to homelessness, substance use, and mental health challenges cannot be found in the justice system (police, courts, and prison) for several reasons:

1. They are health or health-related issues, not criminal issues

2. The justice system is not equipped to adequately deal with the issues
    1. police and courts have limited training
    2. prisons provide limited to no treatment

3. People experiencing homelessness, mental illness, and/or substance use disorder tend to do worse following incarceration because prisons tend to exacerbate trauma, risk factors, and other underlying issues.

In Chilliwack, gaps in mental health and addiction support services mean that local police are being left to deal with a myriad of social and health issues that should be dealt with by appropriate professionals who have the skills, knowledge and expertise to provide the social and health supports that the individuals need. The provision of these services is a Provincial Government responsibility, not the responsibility of bylaw enforcement, private security, or police. While these groups will always play a support role in terms of safety, they cannot play a primary role in supporting people in need of health and social supports, as is now the case. Bylaw enforcement, security, and police resources should be focused on addressing crime.

Increasing community safety and decreasing crime cannot be achieved by criminalizing people struggling with homelessness, mental health challenges, or substance use disorder.

4. Justice System Challenges

The justice system includes law enforcement agencies (police), courts, and accompanying prosecution and defence lawyers, as well as agencies for detaining and supervising criminalized individuals, such as prisons and probation agencies. In Chilliwack, similar to other communities across the country, it is important that the RCMP works in close collaboration with Crown counsel, which presents many tangible and perception challenges, as interests and objectives may differ. Specific challenges within the justice system in Chilliwack include the struggle for the justice system to adequately deal with offenders (particularly prolific offenders[15], priority offenders[16], and social chronic offenders[17]), a shortage of culturally appropriate services and the insufficient use and availability of alternative forms of justice (such as restorative justice). Additionally, there is a high level of frustration regarding gaps in service and the pressure this puts on police resources; the limited capacity of Crown Counsel with respect to charge approvals; and challenges in mobilizing quick interventions through the Situation Table model.

Without a full continuum of mental health, substance use and other support services, increasing pressure is placed on police to take on tasks that keep them off the road. Examples include evening police checks (because probation officers work daytime only); well-being checks related to mental health and addictions; response to calls about people experiencing drug psychosis (these services should be provided by health); response to mental health calls, and hospital waits (sometimes for 2 hours or more) with individuals apprehended under the mental health act who must be accompanied while they wait for appropriate medical staff to attend to the patient.

[15] In February 2009, Chilliwack launched its Prolific Offender Management Program (POM) as part of the overall Crime Reduction Strategy. A prolific offender is an adult or youth with an established pattern of persistent criminal offences who is identified as a high risk to re-offend. The top 10 prolific offenders are reviewed every two weeks.

[16] A priority offender is an individual who holds a leadership role in a group or an offender who poses elevated risk to public safety. This identification is based on verified intelligence that the person is a major contributor to a network or activity. Priority offenders are targeted and managed by PTT Property Crime Section.

[17] Social chronic offenders are heavy consumers of police time, but not typically due to criminal behavior. They may be dealing with mental health and/or addiction issues and are best dealt with in a multi-agency approach. They are often referred to UFVRD Mental Health Liaison Unit who works with community partners (i.e., Intensive Care Management, Chilliwack Interagency Response Team, and Crown).

The RCMP Community Response Team reports they have found a huge gap in access to supports at the street level as health and social services are primarily office-based; require referrals; and are available during daytime hours only. There is no one available from the health services sector to come to the roadside, and provide triage assistance. This presents a serious problem when in the early morning hours, bylaw enforcement and RCMP staff encounter people who are ready to seek services but have no where to go. While the RCMP has established a mental health liaison unit to respond to social chronic offenders with mental health/and or addiction issues there are no health supports, as there are in other communities. While officers have some training, the lack of more specialized supports inevitably impacts the outcomes for individuals and the community.

There is also frustration in the community about people who are openly using drugs. While there is an expectation that the police will act to stop this activity, the Public Prosecution Service (Crown) has stopped approving charges for people who are found in simple possession

4.1 Addressing Justice System Challenges

Working with chronic and prolific offenders has a large, direct impact on actual crime statistics. However, the most effective ways of addressing chronic and prolific offenders are not necessarily via the justice system and imprisonment, rather, reducing their level of offending and decreasing recidivism. Depending on the specific case, different tools may be most appropriate to achieve the goal. There is no one-size-fits-all approach and depending on the specific situation, tools can range from health and social services (e.g., addiction treatment, anger management, etc.), restorative justice (when appropriate), or alternative approaches by the justice system.

Key Needs and Actions Identified in the Plan

Actions proposed in the plan include increased collaboration between courts and police, and alternative forms of justice, as well as increased outreach supports (mental health, substance use, probation). Additionally, more work is needed to expand capacity of Crown Counsel to deal with more serious offences and repeat offenders and to seek alternative forms of justice to ease heavy caseloads.

1. **Effective Re-Integration Supports for offenders prior to release**. The success of programs that support rehabilitation and reintegration into the community is essential to prevent re-offending. Ensuring successful integration into community means access to treatment, substance use services, affordable housing, and trauma focused treatment.

2. **An increase in Crown Counsel capacity is needed to increase charge approvals**
   There is a slowdown with Crown Counsel approval of charges which affects the capacity to prosecute. Over the last 25 years, City funding for the police force has increased by 156% and in that same time, there has been no increase in Crown Counsel or the number of courtrooms, with only three provincial courts and a supreme court room. The Courthouse serves the region (Chilliwack to Boston Bar) and has not been expanded since it was built 20 years ago. Since then, the community has grown from 46,000 people to 100,000 today without a corresponding increase

in the number of Crown Counsel in the courthouse to deal with the issues. There is nowhere for charges to go because the resources don't exist after charges. One service provider described challenges with the court backup as follows: *"people are taking advantage and not following court orders, e.g. when it comes to custody. This is of serious concern to women who are dealing with marital breakup and custody issues, with little resources to support them."* One possible solution is to explore the use of paralegals (as is done in other Provinces).

3. **Reinstate and Build Greater Partner Support for the Chilliwack Inter-Agency Response Team (CIRT / Situation Table)** Collaborative, risk-driven interventions are needed to quickly assist those who are at imminent risk of harm, victimization, or criminality and reduce the incidence of emergencies to persons, groups or places in Chilliwack. The primary focus of the CIRT is situations where circumstances, as viewed from multiple human service perspectives, indicate that a person or group is at an acutely elevated risk of harm. If left unattended, these situations may require targeted enforcement, emergency response, or intensive support from health and social service providers. Stakeholders recognized this is a good model for addressing chronic medical and social service users, but it has been underutilized, and work is needed to fuel and support it, in the form of a dedicated coordinator, as well as solid commitment from service agencies to bring forward referrals and mobilize quick teams as needed. The Solicitor General's Office and RCMP have been partners in this initiative and are ready to provide support as needed.

4. **Increase supports for Stó:lō Qwi:qwelstóm Justice Program[18].** Qwí:qwelstóm Justice Workers and Qwí:qwelstóm Wellness Workers work with people involved in the criminal justice system and/or people who need support with their journey towards a balance of emotional, spiritual, physical, and mental wellbeing. Stakeholder input reflects that there is a need for outreach workers to provide daily support, to provide a hand and walk with people through the system, providing support for people to help them in their healing and bring them to a better place. This outreach support does not currently exist, but if available, would provide a bridge to for people and therapist supports that are on a weekly basis. Additionally, it was noted there is also a need to expand court worker capacity as there is currently only one person for both Abbotsford and Chilliwack, which isn't sufficient to effectively reach everyone that would benefit from this support.

5. **Increase referrals to Stó:lō Qwi:qwelstóm Justice Program.** Protocol currently exists between RCMP, Crown Counsel and the Stó:lō Qwi:qwelstóm Justice Program; however, it was noted that referrals were not consistent.. Ongoing actions to promote and support communication and referrals with all partners are proposed in the Plan.

[18] https://www.stolonation.bc.ca/justice

6. **Increased referrals to Restorative Justice[19].** Capacity exists within this program to accommodate more referrals. Supported by highly trained people who handle complex cases, Restorative Justice representatives report the highest rate of recidivism is 9%, that these programs are effective, and there is a mandate for police to consider whether to use the criminal court system (for the most serious offences and repeat offenders) or use alternative forms of Justice to reduces the overall caseload for the court system which has limited capacity.

[19] Restorative justice is commonly defined as an approach to justice that focuses on addressing the harm caused by crime while holding the offender responsible for their actions, by providing an opportunity for the parties directly affected by the crime – victims, offenders and communities – to identify and address their needs in the aftermath of a crime. Restorative justice is based on an understanding that crime is a violation of people and relationships. The principles of restorative justice are based on respect, compassion and inclusivity. Restorative justice encourages meaningful engagement and accountability and provides an opportunity for healing, reparation and reintegration. Restorative justice processes take various forms and may take place at all stages of the criminal justice system.

5. Causes & Early Interventions – Preventive Measures for Improving Community Safety

While addressing homelessness, mental health and substance use, and justice system challenges are essential, these responses are largly reactive. Also important is a prevention approach, increasing focus on early interventions, ensuring sufficient programming and services for marginalized children and youth; upstream prevention (Preventing Adverse Childhood Experiences); and using Adverse Childhood Experiences and Data on Risk Factors when developing Interventions among children, youth and adults are best practices that should be prioritized.

Key social issues that affect all youth in Chilliwack include: Mental health, aging out of services, over representation of First Nations youth, lack of difficulty in obtaining a license, lack of services, and lack of supports for families of youth. Youth who are particularly vulnerable are First Nations youth, youth aged out of care, youth with a parent with complex factors, homeless, pregnant / parenting youth and immigrant / refuge youth.

Key Needs and Actions Identified in the Plan

1. **The Adverse Childhood Experiences (ACE) international questionnaire should be utilized more broadly in community**
   This is a simple one page test that should be used more than it is. It is designed to measure the association between adverse childhood experiences and risk behaviors later in life. There is a direct correlation between addiction, mental health, poverty, homelessness and the amount of adverse childhood experiences.

2. **Food Security Must Continue to Be a Priority**
   Experience at the Regional reception center for federal offenders – shows food security for children and youth is a marker we have to pay close attention to. It affects the family dynamic, what happens with youth who get hangry angry, angry at communities, angry at all professionals. They feel left out. They feel forgotten.

   850 kids a day participate in food programs at local schools. Through initiatives like the Food Hub, Hands Up, financial literacy, there is an opportunity to improve food security for vulnerable children and families. The Food Hub is a new partnership which involves the School District, Salvation Army, Community Services, Bowls of Hope, Rotary, the Backpack Program and various other programs. Programs that help families understand how to manage a family budget, cook on a budget and be food secure should be pursued.

3. **There needs to be immediate access to services when someone experiences trauma.** Currently health services are limited until the trauma manifests itself due to lack of coping skills and mental health or addiction and then the services are free. Unique options to respond to people in pain

early on and creative programming to respond to people that experience pain or trauma are needed.

4. **Family, community, adventred-based cultural programs are vitally important for youth experiencing trauma early and from preventing youth frorm needing intensive support.** Successful local programs include Helping Others Aboriginal Youth Mentorship and Learning to Lead (adventure programming) programs that provide culture, family and activities for youth that are in danger of getting into crime that experience high ACEs scores; however, funding is needed.

5. **Ensure there is programming designed for youth which considers affordability, inclusivity, and indigenous cultural opportunities. Customize and really target services to local needs.** Through various studies, and a review of similar size communities in BC and Alberta, Chilliwack Child and Youth Commission see a need for more youth engagement and drop in capacity in local centres - an opportunity for youth to get off the street, get involved in a positive activity. Locally, indigenous youth have expressed a desire to have a center where they could do some indigenous cultural work and also engage with the rest of the community youth.

Roles & Responsibilities

This Community Safety Plan emphasizes the need for multi-sectoral collaboration. The following organizations have roles that are related to the provision of services to respond to crime and public safety, mental health, substance use, homelessness challenges, as well as early interventions, and are referenced in the action plan tables in the following section. It should be noted that not all of the responsibilities listed below are provided in Chilliwack, as noted in previous sections of this Plan.

Organization	Role	Responsibilities
City of Chilliwack	Bylaw Enforcement Planning Tax Collection Public Works	• Daily patrols with RCMP/Security • Affordable housing policy, zoning and development approvals, housing needs reports • Advocacy to address health services and affordable housing needs (Chilliwack Healthier Community, Homelessness Action Plan, Community Safety Plan) • Pays for protective services (Fire, Police) • Permissive tax exemptions (non-profit housing) • Street cleaning, contracts for additional security downtown (BIA)
Federal Government	Homelessness Affordable Housing	Federal Homelessness Strategy Provides market information and mortgage loan insurance (CMHC)
Provincial Government	Homelessness Affordable Housing	Office of Attorney General and Minister of Housing is responsible for providing British Columbians access to more affordable, safe and appropriate housing through policy and programs, technical codes and standards, and services for landlords and tenants. BC Housing is a crown corporation. It reports to the Attorney General and the Minister Responsible for Housing. BC Housing • Develops, manages and administers subsidized housing options • Supports affordable housing • Administers rent supplements • Collaborates with stakeholders • Supports outreach, emergency shelters and transitional housing for people who are homeless or at risk-of-homelessness Carries out research and education to benefit the residential construction industry, consumers and the affordable housing sector and to regulate residential construction through its Licensing and Consumer Services BC Housing also has a wide range of partners including: local governments, non-profit organizations, Indigenous organizations and developers. BC Housing funds construction and operation of housing projects and associated support services (supportive housing with supports for such as counselling, addictions management) and provides rent subsidies to assist low income households access market rental units (SAFER, RAP, and Homelessness Prevention programs)

Organization	Role	Responsibilities
Provincial Government	Health Services	Ministry of Health funds and operates health and social services, mental health, addictions counselling and residential supports, Intensive Case Management, Assertive Community Treatment[20]
Provincial Government	Social Assistance	Ministry of Social Development and Poverty Reduction provides income assistance, including shelter allowance
Provincial Government	Mental Health & Addictions	Ministry of Mental Health and Addictions was created in 2017 to build a seamless, coordinated network of mental health and addictions services [21]that works for everyone in B.C., as well as lead the response to the overdose crisis. Child and Youth Mental Health are devlivered through the Ministry of Children and Families, while Adult Mental Health is provided by Fraser Health from the Ministry of Health. Addictions services for youth and adults are provided by the Fraser Health Authority
Fraser Health Authority	Health Services	Fraser Health Authority is responsible for the delivery of hospital and community-based health services to over 1.8 million people in 20 diverse communities from Burnaby to Fraser Canyon. This includes long term care and assisted living, public health, home health, end of life care, mental health and substance use support, along with specialized programs for children, women and Aboriginal people. This includes • Substance Use Services (e.g. overdose response, harm reduction, withdrawal management, residential treatment, assertive community treatement, car 67[22]) • Mental Health Services (counselling, psychiatric services, assessment, treatment, therapy, transition between services, licensed residential care)
First Nations Health Authority	Health Services – First Nations	Plans, designs, manages, and funds First Nations health programs and services in BC in collaboration and coordination with Ministry of Health and Fraser Health Authority
Provincial Government	Programs and Services for Children and Families	Ministry of Children and Family Development Delivers services that support the well-being of children, youth and families, in coordination with provincially designated Aboriginal agencies, Aboriginal service partners and community social service agencies and foster homes, cross government and social sector partners to deliver services that support the well-being of children, youth and families. MCFD Child and Youth Mental Health staff offer a range of free and voluntary mental health services and supports for children from 0-18 years of age and their families. These services include assessments, therapy and treatment, education and referrals to specialized programs and resources. CYMH Services are independent from Child Welfare.

[20] There is no Assertive Community Treatment program in Chilliwack.
[21] This Plan identifies gaps in services for mental health and addictions
[22] There is no Assertive Community Treatment or Car 67 program in Chilliwack

Organization	Role	Responsibilities
	Justice – Legal Services	The Attorney General is responsible for legal services including sheriff and court administration services, legal aid, prosecution services, administrative tribunals, civil and family justice services, protection and promotion of human rights, and providing legal advice to Government.
Crown Counsel	Justice - Courts	Crown Counsel are prosecutors who work for the BC Prosecution Service under the Ministry of Attorney General. The BC Prosecution Service operates independently of government and within the justice system. They do not represent the government, the police or the victim of an offence. Prosecutors do not represent individual victims; they perform their function on behalf of the community. Crown Counsel are entrusted with the prosecution of all offences and appeals in British Columbia related to the Criminal Code of Canada and provincial regulatory offences. Crown Counsel advise government on all criminal law matters and develop policies and procedures for the administration of criminal justice in British Columbia. Crown Counsel is responsible for laying charges in British Columbia - review investigation reports from police and investigative agencies and conduct a charge assessment in relation to offences under the Criminal Code, Youth Criminal Justice Act or under provincial statutes.

BC Corrections	Corrections	B.C. Corrections provides secure custody for accused awaiting trial as well as for offenders serving sentences of less than two years.
		
		B.C. Corrections operates probation offices that supervise offenders serving community sentences, such as bail or probation orders. It helps offenders in custody and the community learn better ways of responding to the world around them and to reduce reoffending.
		
		In addition, B.C. Corrections:
		• Addresses behaviours offenders need to change
		• Helps offenders gain school and work skills while in custody
		• Assists offenders to plan their return to the community
		• Ensures offenders in the community are following their court-ordered conditions
		• It provides offenders with programs and services such as:
		
		  • Substance abuse management
		  • Violence prevention
		  • Relationship violence prevention
		  • Essential life skills
		  • Sex offender treatment

Organization	Role	Responsibilities
RCMP	Law enforcement & public safety	The Chilliwack RCMP provide policing services to Chilliwack, Their mandate is to protecting life and property while preserving the peace. Through the implementation of crime prevention and education programs, the RCMP work closely with citizens, businesses and community groups to promote safe homes and communities. The Chilliwack RCMP Detachment is part of an integrated regional force that serves the Upper Fraser Valley area. This regional force includes detachments in Hope, Agassiz-Harrison and Boston Bar. The Chilliwack RCMP Community Policing Office (CPO) serves as the operational police detachment for the City of Chilliwack and is located on Airport Road. In 2020, the RCMP formed a Downtown Community Response Team (CRT) to increase police presence, visibility, responsiveness, and engagement to emerging community and public safety issues/events within the community. The team engages with business owners, community partners / residence and other units to address homelessness related issues, loitering, open drug consumption, and a focus on high crime areas that reflect elevated criminal activities.
Local Non-Profit Service Providers ▪ Salvation Army ▪ Ruth & Naomi's ▪ Pheonix Society ▪ RainCity Housing ▪ Ann Davis Transition Society ▪ Wilma's House ▪ Pacific Community Resources Society ▪ Cyrus Centre • - Chilliwack Community Services	Operate Housing & provide support services	Initiate, sponsor and operate shelter and housing projects Deliver services- counselling, employment assistance, health services/outreach Assist with provision for basic needs - meal programs, clothing, housing
Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)	Aboriginal child welfare and services	Aboriginal child welfare agency providing culturally appropriate and holistic services through prevention, community development, and child welfare programs to Aboriginal (status, non-status, on-reserve, off-reserve, Stó:lō and other First Nation, Inuit, and Métis) children, youth, and their families residing throughout the Fraser Valley.
Chilliwack Crime Prevention Society	Crime Prevention Education	The RCMP seek to be accessible to residents through the Chilliwack Crime Prevention Society office. Chilliwack Crime Prevention Services focuses on assisting the public by providing education and crime prevention techniques, to enhance levels of public safety for Chilliwack citizens. Services include: BlockWatch, Child Finger Printing, SpeedWatch, Citizens on Patrol, Victim Services, Auxiliary Policing, Crime Free Multi-Housing, School Liaison, Restorative Justice.

Crime and Personal Safety

Community safety is a combination of *actual* and *perceived* levels of crime, harm, and safety within a community, making it a very complex issue. While crime statistics provide an overview of criminal activity, they are often incomplete for various reasons, including how and if crime is reported. On the other hand, a perception of safety is not about numbers, rather, the feelings expressed by members of the community through personal interactions, social media, or communication to elected officials and business owners. The identified needs and actions in the following table are not listed in any particular order, they are of equal priority

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Community Feels Low Sense of Safety in Downtown Core - Perception of Low Enforcement	Pro-active communication strategy - just in time reporting on incidents (social media/online)	RCMP	City of Chilliwack	Develop and implement a comprehensive communications strategy that allows for same day communications (pursue exemption from federal French translation requirement)	2021
	Strategically Problem Solve Safety Concerns with Community	RCMP	City of Chilliwack Community Safety Committee (CSC)	Plan & implement a minimum of 2 in-person, facilitated, meetings with the community annually	2021 ongoing
	Integrated Mobile Police & Crisis Team (e.g. Car 67 model)	Fraser Health (mental health) RCMP/City (RCMP)	City of Chilliwack (CSC)	Seek funding from other agencies to provide Mental Health Support Worker to existing Mental Health Liaison Unit	2021

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
There is a Belief that Crime is Higher than statistics Illustrate	Pro-Active Policing Public Communication Strategy	RCMP / Public Safety Advisory Committee	City of Chilliwack (CSC)	Develop and implement a strategy to pro-actively community information to the public. Could include quarterly reporting to Council (open meeting)	2021-2022
	Report it Initiatives	RCMP	City of Chilliwack (CSC) BIA Chamber of Commerce	Teach and reinforce the importance of "reporting" to demonstrate a more realistic picture of what is occurring and to prevent unreported incidents from escalating	2021-2022
Homelessness Centred in Downtown Core	Locate new shelter and supportive housing away from Downtown Core	BC Housing	City of Chilliwack	Relocate Portal out of Downtown & Encourage new supportive housing in all neighbourhoods	2021
	Establish a Downtown Ambassador Program	Downtown Business Improvement Association	Fraser Health, Local Service Providers, City of Chilliwack	Develop a program in collaboration with local agencies to employ people with lived experience to walk the downtown areas for information sharing and to make connections with street involved people.	2022-2023
Illicit & Open Drug Consumption	Integrate overdose prevention services with supportive housing, shelter, and support services	BC Housing, Fraser Health, Shelter and Housing Operators	City of Chilliwack	Ensure new shelter & supportive housing includes a full range of harm reduction supports	2021 ongoing
	Expand Overdose Prevention Services in Chilliwack based on best practice and community needs, in consultation with community	Fraser Health	Local Service Providers City of Chilliwack Community Safety Committee	Establish a comprehensive strategy to prevent overdose considering hidden populations and approaches that support family and friends of those at risk of overdose	2021 ongoing

Stigma

Stigma refers to the disapproval of, or discrimination against, a person based on social characteristics that distinguish them from other members of society. The challenges pertaining to stigma in Chilliwack include negative perceptions towards people experiencing homelessness, substance use disorder, and mental illness, perception that homelessness is a criminal offence and/or that all people experiencing homelessness engage in criminal activity, and the fact that ideology tends to override evidence-based practice among certain services. The stigma associated with the abovementioned issues tends to create unease and fear among residents, which in turn leads homelessness and substance use to have a negative impact on the community's *sense of safety*. The identified needs and actions in the following table are not listed in any particular order, they are of equal priority

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Negative perception-homeless, substance use, mental illness	Public awareness initiatives to reduce the stigma associated with homelessness, mental illness, and addictions	Chilliwack Healthier Community Fraser Health	Local Service Providers City of Chilliwack School District #33	Develop ongoing strategy to raise awareness and build support in the community for homelessness, substance use and mental health initiatives	2021, ongoing
Perception Homelessness associated with Criminal Activity	Clear communications to differentiate between "being homeless" and "being a criminal"	Chilliwack Healthier Community, City RCMP	Fraser Health; Service Providers; People with Lived Experience	Develop and implement a strategy to pro-actively communicate information to the public. Could include quarterly reporting to Council (open meeting)	2021, ongoing
High barriers (e.g. requiring abstinence) prevents delivery of services to those who most need them	Integrate a full range of harm reduction services and supports within housing, shelter, and support services	Fraser Health	BC Housing, Shelter and Housing Operators		2021 ongoing

Services & Service System

To increase community safety, it is critical that issues in the Chilliwack community be addressed more effectively and efficiently, and much earlier. To do so, the planning process must be approached collaboratively. Successful collaboration includes various sectors such as education, public health, health services, social services, child and family development services, community-based services, emergency services, fire, paramedics, and businesses. Each of these services can successfully tackle risk factors that lead to crime and insecurity. The challenges in the area of services and service systems in Chilliwack include a shortage of affordable/appropriate housing for people experiencing homelessness or who are at-risk of homelessness, insufficient street outreach services, a lack of effective transitions between and awareness of mental health and substance use services, a lack of timely and sufficient spectrum of services and programs for trauma, mental health, and substance use disorder, insufficient programs and services for marginalized children and youth, as well as a shortage of culturally appropriate services for Indigenous Peoples living away from their home communities that are experiencing homelessness. The identified needs and actions in the following table are not listed in any particular order, they are of equal priority

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Number of People that are Homeless is increasing - Shortage of Affordable / Appropriate Housing for People who are Homeless	Increase supply of affordable housing across the housing needs continuum (supportive and independent rental housing)	BC Housing Non-Profit Providers	City of Chilliwack	Continued Implementation of Chilliwack Homelessness Action Plan	2021, ongoing
	Implement Coordinated Access and By-name lists to reduce overall homelessness	Reaching Home Community Advisory Board City of Chilliwack	BC Housing, Shelter, housing and support service providers	Establish a Coordinated Access Working Group to guide processes for implementing expanded Coordinated Access in Chilliwack in accordance with federal guidelines	2021-2023

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Street Outreach inadequate to meet people where they are at in a comprehensive way, both night and day - heavily impacts outcomes, and draws policing and other resources away from addressing crime	Expand Hours for Street-based Outreach to 24-7	BC Housing, Fraser Health,	Service Providers	Identify all agencies providing outreach and gaps in service; approach for expansion of hours, services with existing resources	2021
	Establish case management coordination amongst outreach workers and concurrent capacity of outreach workers (substance use & mental health should not be independent of one another)	Fraser Health	BC Housing, First Nations Health Authority	Explore opportunities for establishing concurrent capacity	2021 - 2022
	Mobile mental health outreach needed (non-referral based)	Fraser Health	City of Chilliwack	Identify resources required to support this need - is it possible to free up from other areas	2021
Lack of Effective Transitions & Awareness of Services	Social Navigators needed to triage and connect people with services	Fraser Health BC Housing Local Service Providers Ministry of Education Social Development & Poverty Reduction	People with Lived Experience	Seek funding and resources to support coordination between outreach services	2021-2022

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Lack of Effective Transitions & Awareness of Services	One Stop Shop Integrated Service Hub	Fraser Health BC Housing Social Development & Poverty Reduction First Nations Health Authority Local Service Providers		Establish a physical location as an integrated service hub	2021- ongoing
	Eliminate RCMP wait times at hospital (for people apprehended and requiring medical assessment)	Fraser Health / Chilliwack General Hospital	RCMP, City of Chilliwack	Plan and implement an approach to allow RCMP to release patients at door of hospital to a Mental Health practitioner	2021-2022
	Discharge Planning / Provincial Services	Provincial Corrections	City of Chilliwack (CSC)	Establish plans to support offenders / decrease recidivism	2021-2022
Gaps in Spectrum of Services	Reduce waitlists for psychiatric services / ensure improved access to services for Chilliwack residents	Fraser Health	City of Chilliwack, Local Service Providers, Community	Identify opportunities to meet local psychiatric needs more effectively	2021-2022
	Establish an Assertive Community Treatment Team in Chilliwack	Province Fraser Health	City of Chilliwack, Local Service Providers, Community, BIA	Develop a case demonstrating the need for this service in Chilliwack	2021-2022
	Short Term Transitional Access to Recovery Beds for Adults & Youth	Fraser Health	City of Chilliwack, Local Service Providers, Community	Develop a case demonstrating the need for this service in Chilliwack	2021-2022

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Gaps in Spectrum of Services	Stabilization and Transitional Living Residences Beds (STLR)	Fraser Health	City of Chilliwack, Local Service Providers, Community	Develop a case demonstrating the need for this service in Chilliwack	2021-2022
	Increase Adult Recovery Based Residential Treatment / Rehabilitation Beds	Fraser Health	City of Chilliwack, Local Service Providers, Community	Develop a case demonstrating the need or this service in Chilliwack	2021
	Expand overdose prevention services to include street-based harm reduction outreach & outreach to hidden populations	Fraser Health	City of Chilliwack, Local Service Providers, Community	Develop a comprehensive strategy for people using alone at home, supports for substance affected	2021-2022
	Establish more substance use outpatient treatment counsellors	Fraser Health	City of Chilliwack, Local Service Providers, Community	Identify opportunities to meet local substance use needs more effectively and establish and implement a strategy	2021-2022
	Dedicate mental health supports for mobile crisis response/ RCMP mental health liaison unit	Fraser Health (mental health) RCMP / City (police)	City of Chilliwack, Local Service Providers, Community	Identify funding opportunities to expand service in Chilliwack to include mental health workers for crisis response	2021, ongoing

Insufficient programs and services for Marginalized Children and Youth and Youth with Adverse Childhood Experiences	Increase prevention funding for youth	Ministry of Children & Families (MCFD), Ministry of Eductation, Fraser Valley Aboriginal Child & Family services (FVACFS),	City of Chilliwack (CSC)	Determine a plan of action and identify other organizations that can provide support	2021-2022
	Increase and support activity based affordable, inclusive, Indigenous cultural programming	FVACFS, MCFD, School District #33	City of Chilliwack Community Safety Committee	Outdoor adventure program, Aboriginal Youth Mentorship Program, Learning to Lead	2021-2022
Shortage of Culturally Appropriate Services for Indigenous Peoples that are Experiencing Homelessness	Establish an Urban Band Office / Aboriginal Friendship Centre in Chilliwack	Province of BC Minister of Indigenous Relations and Reconciliation	BC Association of Aboriginal Friendship Centres; FN Leadership; City of Chilliwack	Dan Milo Memorial Longhouse undertaking analysis of services, to be complete March 2021; Seek opportunities in new builds to support Friendship Centre Plan	2021
	Apply for Federal Indigenous Homelessness funding stream through Reaching Home	First Nations Leadership & City of Chilliwack	Chilliwack Reaching Home	Identify opportunities for increased funding to address the needs of Indigenous peoples who are homeless or at risk of homelessness	2021
	Cultural Safety Training First Nations Historical Impacts Training Stó:lō Service Agency; San'yas Indigenous Cultural Safety Training	Local Shelter, Housing, Service providers, BC Housing, Reaching Home	City of Chilliwack	Promote within larger agencies; Use Reaching Home funds to support smaller agencies	2021, ongoing
	Culturally Appropriate Outreach Position needed	BC Housing, FNHA	City of Chilliwack, Local service providers	Identify options for expanding service to provide culturally appropriate outreach	2021-2022

Justice System

The justice system includes law enforcement agencies (police), courts, and accompanying prosecution and defence lawyers, as well as agencies for detaining and supervising criminalized individuals, such as prisons and probation agencies. In Chilliwack, similar to other communities across the country, it is important that the RCMP works in close collaboration with Crown counsel, which presents many tangible and perception challenges, as interests and objectives may differ. Specific challenges within the justice system in Chilliwack include the struggle for the justice system to adequately deal with offenders (particularly chronic, prolific, and priority offenders), a shortage of culturally appropriate services for Indigenous Peoples, and the insufficient use and availability of alternative forms of justice (such as restorative justice). The identified needs and actions in the following table are not listed in any particular order, they are of equal priority

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Lack of Continuity of Process & Services	Expand capacity of Crown Counsel to match police force size and allow greater charge approval capacity	Crown Counsel	City of Chilliwack, RCMP	Identify options and develop strategy - consider use of paralegals (used in other provinces to lay charges)	2021-2022
	Reinstate and support Situation Table with dedicated coordinator (for chronic users of services)	City of Chilliwack; Ministry of Public Safety and Solicitor General	RCMP, Service Providers	Identify options for revising model to meet local needs and develop a strategy to increase stakeholder buy in and participation in a model	2021 , ongoing
	Crown Counsel participation in community solution groups	Crown Counsel	City of Chilliwack	Engage Crown Counsel in community solution groups e.g. Public Safety Advisory Committee	2021, ongoing

Theme	Priority Need	Necessary Partners	Partners that Can Provide Support & Advocacy	Actions	Time Frame
Lack of Continuity of Process & Services	Expand hours for probation patrol officers to undertake probation curfew checks	BC Corrections	City of Chilliwack, RCMP	Develop and implement a strategy that enables probation checks to be undertaken by parole officers so that RCMP can focus on community policing	2021
Shortage of Cultural Appropriate Services for Indigenous Peoples within the Justice System	Mental Health Supports Needed for Stó:lō Qwi:qwelstóm Justice Program	Stó:lō Service Agency; Stó:lō Qwi:qwelstóm Justice Program	Fraser Health FNHA Ministry of Health	Determine a plan of action and identify other organizations that can provide support	2021-2022
	Native Courtworker for Chilliwack[23]	Stó:lō Service Agency;Stó:lō Qwi:qwelstóm Justice Program	Province	Determine a plan of action and identify other organizations that can provide support	2021-2022
	Increase awareness of Stó:lō Qwi:qwelstóm Justice Program	Stó:lō Service Agency;Stó:lō Qwi:qwelstóm Justice Program	RCMP	Establish ongoing agency education about program and how to make referrals	2021, ongoing
Alternative Forms of Justice are not sufficiently applied to ensure meaningful justice for victims	Increase awareness of Restorative Justice Program and increase integration with RCMP	RCMP, Restorative Justice		Increase education on what referrals are appropriate	2021, ongoing

[23] More information on the Native Courtworker role can be found on the Native Courtworker and Counselling Association website at: https://nccabc.ca/

Causes & Early Interventions

Upstream crime prevention is a key approach to enhance community safety. It focuses on addressing root causes of crime and victimization through investing in early interventions that tackle social, economic, and psychological risk factors before harm occurs. Upstream crime prevention approaches harness evidence-based solutions in sectors such as youth, family, schools, health, and policing. Challenges related to causes and early interventions in Chilliwack include the insufficient focus on upstream prevention (such as preventing Adverse Childhood Experiences) and the insufficient consideration of Adverse Childhood Experiences and data on risk factors when developing interventions among children and youth. The identified needs and actions in the following table are not listed in any particular order, they are of equal priority

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Insufficient Focus on Upstream Prevention (Preventing Adverse Childhood Experiences)	Increased counselling services for children and families	Chilliwack Youth Health Centre, Chilliwack Child & Youth Commission	Ministry of Education Chilliwack School District #33, Ministry of Children & Families (MCFD)	Develop a strategy and to support early interventions with children and youth	2021-2022
	Food Security	Food Security Council; Bowls of Hope, Chilliwack Community Services, Salvation Army	Ministry of Education Chilliwack School District #33, Fraser Health, CHC, UFV	Develop and implement programs that build capacity for families (e.g Hands Up, Financial Literacy, etc.)	2021-2022
	Increased services to address trauma - include trauma based therapeutic and trauma specific services, immediate access to services when someone experiences trauma	Fraser Health, Ministry of Mental Health & Addictions Chilliwack School District #33	MCFD; FVACFSS;	Identify opportunities and resources to increase trauma informed services – upstream preventative approaches	2021-2023

Theme	Priority Need	Necessary Partners	Partners that can provide advocacy & support	Actions	Time Frame
Insufficient consideration of Adverse Childhood Experiences and Data on Risk Factors when Developing Interventions among children, youth and adults	Implement Community Wide - Adverse Childhood Experiences International Questionnaire	Fraser Health	Service Providers City of Chiliwack	Develop a plan to implement - identify participants, promote use of questionnaire, implement, monitor, evaluate	2022-2023

Plan Implementation

Community Safety Governance Committee

The mobilization of various sectors is necessary to help solve the problems identified in the Plan. The Plan identifies lead and supporting roles for various organizations and individuals to work collaboratively to carry out actions that will contribute to increased community safety. It is proposed that the City establish a Commuity Safety Governance Committee to facilitate the implementation of the Plan and the monitoring and evaluation of actions taken.

As resources will always fall behind need, only programs and services which demonstrate actual positive outcomes should be encouraged and supported. The anticipated process for optimum use of resources involves a planning process that emphasizes the importance of tracking and measuring progress, evaluating outcomes, and re-calibrating programs when needed to ensure the best outcomes.

It is proposed that the Commuity Safety Governance Committee provide guidance on five components to community safety plan implementation

- ✓ Phase 1: Identify and describe the problems faced by the community.
- ✓ Phase 2: Plan. Identify the people and groups who should be involved and organize time-limited, issue-focused groups to create an action plan, including benchmarks for success, metrics, process, considerations for action, and solutions
- ✓ Phase 3: Complete the activities listed in the plan. Set up regular meetings to keep track of what was achieved and what still needs to be done.
- ✓ Phase 4: Keep track of progress and evaluate the outcomes and impact of the project.
- ✓ Phase 5: Reallocate resources to programs showing the best outcomes

Appendix 1:

Community Safety Themes & Problem Statements

The community safety themes included in this document were identified through an extensive consultation process with members of the ICSTF, in addition to 26 one-on-one interviews and three roundtables in Chilliwack. These engagement sessions allowed local stakeholders and service providers to share their own perspectives and to communicate the feedback they have heard from members of the community.

It is important to note that data is not always available or up to date, thus requiring further investigation/exploration in some cases. In addition, the perceptions shared by stakeholders and community members may not always be consistent with what the data shows – there may be a discrepancy between the perceived and actual levels of crime.

Theme 1: Crime & Personal Sense of Safety

Community safety is a combination of *actual* and *perceived* levels of crime, harm, and safety within a community, making it a very complex issue. While crime statistics provide an overview of criminal activity, they are often incomplete for various reasons, including *how* and *if* crime is reported. For example, domestic violence and sexual assault often go unreported because victims fear retaliation, are ashamed, or are afraid of not being believed. Similarly, crime may go underreported in some communities, particularly among marginalized groups who mistrust the police and other social institutions because of systemic discrimination and historical trauma. At the same time, crime may be over-reported in other communities, making comparisons difficult. Furthermore, the presence of police as well as policies within enforcement agencies and the justice system can have an impact on crime statistics.

On the other hand, perception of safety is not about numbers, rather, the feelings expressed by members of the community through personal interactions, social media, or communication to elected officials and business owners. Sense of safety is often related to changes in the community over time. As a result, the perception of safety can be impacted by factors such as growth in population (i.e., while the percentage of crime may stay the same, overall numbers of crime are increasing) and the concept of the "other". Indeed, people are generally weary of those that are perceived as "others", including youth and people from different cultures, ethnic backgrounds, or socio-economic backgrounds (e.g., people experiencing homelessness, mental health challenges and/or substance use disorder).

Key challenges identified during interviews and roundtables with stakeholders with respect to Crime and Personal Safety are a low sense of personal safety in the downtown core; the discrepancy between actual and perceived crime and social disorder; the number of people experiencing homelessness, which causes a sense of unease among people visiting or living downtown Chilliwack; the low visibility of the enforcement of laws by RCMP (particularly related to open illicit drug use, the drug trade, and the sex trade).

Problem 1. Community Members Feel a Low Sense of Safety in the Downtown Core

Low sense of personal safety in the downtown core is expressed through people's negative feelings about the downtown core and ranges from hesitation to higher levels of fear about visiting/shopping in the Chilliwack downtown core. However, actual levels of crime are only partly associated with sense of safety and is important to understand other contributing factors such as vulnerability, risk of victimization, and social disorder (such as open illicit drug use, drug trade, and sex trade).

Quantitative Information

In 2004, 2009, and 2014 the Chilliwack Social Research and Planning Council surveyed Chilliwack residents about their views on community and daily life. When asked about their perception of safety walking alone across four different neighbourhoods (Chilliwack including Little Mountain and Village West, Downtown Chilliwack, Garrison Crossing, and Sardis), 29% of respondents living in Downtown Chilliwack indicated that they felt unsafe or very unsafe while walking alone. Furthermore, there was a strong association between gender and perception of safety, reflecting that women are more likely than men to feel unsafe. Moreover, 59% of respondents living in Downtown Chilliwack believed that crime rates had increased in Chilliwack from 2013 to 2014. Finally, 39% of respondents living in Downtown Chilliwack believed that crime rates increased in their neighbourhood.

In September 2020, the City of Chilliwack administered a Community Safety Survey. According to survey results, 51% of respondents who live in Chilliwack were very satisfied or satisfied with their personal safety in their neighbourhood, while 49% were dissatisfied or very dissatisfied. Feelings of personal safety among residents who work in Chilliwack were less positive, as 62% reported feeling dissatisfied or very dissatisfied. When walking alone in neighborhoods other than their own, over 60% of residents reported feeling unsafe. Respondents between the ages of 65 and 75 felt a lower sense of safety in different areas of Chilliwack when compared to respondents aged 18 to 24, 25 to 34, and 35 to 44. Female respondents felt a lower sense of safety than their male counterparts.

Qualitative Information

While most key stakeholders[24] did not personally express feeling a low sense of personal safety, this was identified as a core problem for members of the larger Chilliwack community and is perpetuated / supported by social media posts and communication from community members to City Council and municipal staff on a regular basis. Stakeholders also identified that centralizing numerous services in the downtown core concentrates issues in that location and drives neighbours and businesses out.

[24] Key Stakeholders include members of the ICSTF, and sector leaders interviewed by CMNCP.

Problem 2. People Feel That Social Disorder Equals Crime

The perceived levels of crime are heightened by the visibility of increased or persistent levels of social disorder (according to police-reported data and self-reported victimization). Sometimes this negative perception is heightened through erroneous perceptions such as thinking that homelessness or substance use disorder (addiction) are illegal and/or engaging on social media and other forms of communication that portray inaccurate pictures/realities. Comments received through the community roundtable expressed concerns that the RCMP were not addressing the visible use of drugs on the street and in parks downtown and this was countered with an observation that community members may have a lack of understanding of how laws can be enforced (and potentially this is due to a lack of information from the RCMP or other law enforcement agencies). Overall, this is creating a sense that laws are not being enforced and therefore that disorder is increasing in the downtown core.

Quantitative Information

Chilliwack is a vibrant community with natural beauty, high quality of life, and a robust economy. It is also a city that is highly committed to providing services and programs that support all residents to enhance their health, well-being, and sense of safety in the community. Crime rates in the City of Chilliwack are higher than the BC average, and the rates of police-reported crime saw an increase between 2015 and 2019. In 2020, Statistics Canada reported that Chilliwack's crime rate was 14.64 per 100,000 inhabitants in 2019, compared to 11.75 in 2015.

According to the results from the 2020 Community Safety Survey, a significant portion of residents felt that crime has increased over the last three years (82%) and is higher compared to crime rates in the province of British Columbia (72.2%). Furthermore, survey respondents identified that their main sources of information about safety and crime are their personal experiences (n=509), social media (n=451), and word of mouth/information from other people (n=446). Finally, when asked if they would recommend Chilliwack as a place to live, 39% of respondents agreed and 25% disagreed. Male respondents were more likely to recommend Chilliwack as a place to live compared to female and non-binary respondents.

Qualitative Information

According to some of the key stakeholders consulted, one reason for this challenge could be the many changes the city has experienced over the past two decades (particularly population growth) which may have resulted in a general loss of sense of community and reduction of familiarity among those that have lived in Chilliwack for a long time. The erroneous belief that being homeless or experiencing a substance use disorder is a criminal activity feeds the perception that levels of crime and social disorder are increasing, which tends to further enhance stigma towards those populations. In addition, the media (particularly social media) was identified as a driving force in advancing the perception of Chilliwack as a dangerous place to live.

According to some stakeholders, the RCMP is seen as struggling and/or not interested in enforcing the law in the downtown core particularly with matters related to open illicit drug use, the drug trade, and the sex trade. Some key stakeholders, identified that even if charges are being

laid, they are often not pursued further in the justice system (i.e., they end up being dropped or never go to court).

Problem 3. Homelessness Concentrated in the Downtown Core

Linked to low sense of safety in the downtown core, the number of people experiencing homelessness causes a sense of unease among people visiting or living in downtown Chilliwack. This has been expressed through people generally feeling a discomfort around those experiencing homelessness, believing that homelessness should be addressed by law enforcement, and, in some cases, believing that all people experiencing homelessness are also substance users. This is highly linked to the negative stigma surrounding homelessness and the concept of "other".

Quantitative Information

The Fraser Valley Out in the Cold Homeless Survey conducted March 3 and 4, 2020 in Chilliwack provides a snapshot of homelessness in Chilliwack. In that survey, 306 persons were experiencing homelessness during the 24-hour period. According to the 2020 homeless count, the percentage of homeless individuals that are from the community where they were interviewed in made up 31% of the responses. 47% of respondents reported struggling with substance use disorder; 25% a medical condition; 30% mental illness; and 19% physical disability. The persistent presence of substance use, mental illness, acquired brain injury, and other physical health related ailments among homeless persons emphasizes the reality of the intersection of health care and housing provisioning.

While Indigenous peoples constitute 9% of the general population, they are overrepresented in the homeless population. 38% of people experiencing homelessness self-identified as having an Indigenous heritage, with the highest percentage identifying as First Nations.

The 2020 Community Safety survey results show that homelessness is seen by the community as a key issue impacting crime rates in Chilliwack. However, members of the community may have little knowledge and understanding of the demographics, causes, and needs of people experiencing homelessness. In the Homelessness and Low-Barrier Housing in Chilliwack Report (2015), several stakeholders reported experiencing "community push back", specifically regarding low barrier housing. The stigma can cause individuals struggling with housing to feel further isolated and create sentiments of bitterness towards the community. It is therefore crucial to properly educate the public and encourage inclusivity at every level of society.

Qualitative Information

Some stakeholders suggested that people visiting/living in Downtown Chilliwack may have a sense of fear or danger due to a mix of apprehension, discomfort, and guilt toward individuals experiencing homelessness and the perception of the link between homelessness and substance use challenges may instill fear. Furthermore, key stakeholders suggested during the interviews

that Chilliwack residents believe that most individuals experiencing homelessness in Chilliwack are from outside the City.

Problem 4. Open and Illicit Drug Consumption

In Chilliwack, some drug users publicly consume and traffic illicit drugs and other substances. The open drug scene in the city leads to a lowered sense of community safety. Citizens living or working near areas where there is high visibility of open drug use tend to complain about filth, violence, and property crime that is perceived to be caused by individuals using drugs. While the number of drug users is not necessarily increasing, if the problem becomes more *visible*, the public will report a lower sense of safety and the number of complaints and calls to police will increase substantially.

Quantitative Information

Key stakeholders identified several issues related to the visibility of illicit drug consumption and trafficking in Chilliwack. One indicator of the high level of illicit drug consumption is the number of deaths caused by illicit drug use – particularly related to fentanyl. Chilliwack continues to see an increase in drug overdose deaths and ranked ninth in the province of British Columbia in 2018. The 2020 Community Safety survey results show that substance use is seen as a key issue impacting crime rates in Chilliwack. When asked about the extent to which substance use affects their feeling of personal safety, a significant portion of respondents answered quite a bit (35%) or significantly (47%). According to residents who completed the survey, substance use is seen as a crisis or a serious problem in British Columbia (56% and 38% respectively), in the City of Chilliwack (57% and 40% respectively), and in the downtown core (78% and 21% respectively). Respondents aged 65 to 74 felt that substance use was less of a problem in Chilliwack than respondents aged 18 to 24, 35 to 44, and 45-54

A key concern related to the high number and visibility of drug use is the lack of a full spectrum of addiction services – specifically the absence of withdrawal management beds that can be easily accessed. Similarly, wait lists and insufficient residential and rehabilitation services are being blamed for not providing those struggling with substance use challenges with the appropriate services. This lack of opportunity to take immediate action may discourage individuals struggling with substance use disorder and lead them to continue in their addiction as a result of lack of supports. Furthermore, some key stakeholders identified that for many people using illicit drugs in public spaces – particularly those experiencing homelessness, there is no safe place to consume those drugs, thus forcing them to use in public and among groups. Finally, a key challenge is related to the fact that despite the availability of services, not everyone chooses to use them, and they cannot be forced into treatment.

Qualitative Information

Residents are assuming open illicit drug use and drug trade are enforceable but are not being enforced by the RCMP. Many key stakeholders report stories of residents talking about suspicious individuals with potentially stolen goods (e.g., bikes, televisions) driving past police cars without being stopped and searched for stolen goods. Stakeholders also report the misunderstanding of the issue among the general public, i.e. the discrepancy between the law and what can be enforced (charges that Crown Counsel will approve)

Theme 2: Stigma

Problem 1: Negative Perceptions Towards People Experiencing Homelessness, Substance Use Disorder & Mental Illness

Linked to the number of people experiencing homelessness causes a sense of unease among people visiting / living in downtown Chilliwack, negative perceptions of people experiencing homelessness, substance use disorder, and mental illness is expressed in multiple forms, including through local media outlets further stigmatizing those individuals and further building an "us versus them" mentality.

Quantitative Information

People may have a sense of fear or danger due to a mix of apprehension, discomfort, and guilt regarding people experiencing homelessness, substance use disorder, or mental illness. In the 2020 Community Safety Survey, when asked about areas that impact crime rates in Chilliwack, residents identified police, the justice system, homelessness, and substance use as key priorities. When asked about the extent to which substance use affects their feeling of personal safety, a significant portion of respondents answered quite a bit (35%) or significantly (47%).

Qualitative Information

Many key stakeholders identified community members' negative attitudes toward people experiencing homelessness, substance use disorder, and mental illness as a major issue in Chilliwack, despite the strong presence of faith-based communities that are very engaged in the community through services such as providing meals.

Problem 2. Perception Homelessness a Criminal Offence and/or All People Experiencing Homelessness Engage in Criminal Activity

A common misconception that is prevalent in Chilliwack and across the country is that individuals who are experiencing homelessness are all engaging in criminal activity or that being homeless is itself a criminal offence and that RCMP can remove individuals experiencing homelessness from public places. This misunderstanding of laws increases fear, stigma, and feelings of lawlessness when people experiencing homelessness are not apprehended by police or bylaw

Quantitative Information

Involvement with the criminal justice system is common among people experiencing homelessness. In the 2020 Community Safety Survey, residents identified police, the justice system, homelessness, and substance use as key priorities to address criminal activity in Chilliwack.

Qualitative Information

Key stakeholders in Chilliwack perceived a high level of stigma attached to lower income neighbourhoods and people experiencing homelessness. Furthermore, the perception that people experiencing homelessness engage in criminal activity is fueled by the fact that the community tends to blame street entrenched individuals for these issues instead of the drug trade/dealers and gangs. There are no active efforts to debunk the myths pertaining to safety and homelessness in Chilliwack, which reinforce these common misconceptions

Problem 3: Ideology Overrides Evidence-Based Practice Among Some Services

In Chilliwack, a number of services for marginalized individuals are ideology-based or high barrier. The conservative nature of these services tends to orient the criteria for participants to the available programs. For instance, some services – because they are rooted in ideology – perceive substance use as an issue of personal choice rather than illness and consider harm reduction services to be enabling substance use, which leads them to offer abstinence-based / high-barrier services. Evidence-based practice, however, demonstrates that low barrier programming and harm reduction services are the most effective approaches to delivering services to individuals struggling with substance use or other challenges.

Quantitative Information

1 of 4 emergency shelter/transitional bed service providers, totalling 38% of all Chilliwack bed spaces allow people to use on-sight and provide with harm reduction supplies (clean using tools), whereas all providers are trained to use Naloxone, and distribute it to clients as they request it. Since 2019, Chilliwack also has seen the development of two new supportive housing projects (totalling 92 units) that provide witnessed consumption services on-site.

Qualitative Information

Stakeholders identified that a large part of the community in Chilliwack shares conservative beliefs and ideologies. While the community is very compassionate, these ideological perspectives have made their way into several services and resources, sometimes overriding evidence-based practices. For example, substance use disorder tends to be seen as a personality issue rather than a public health issue, and therefore harm reduction is perceived as negatively enabling substance use. Harm reduction is also seen as counterproductive for those seeking recovery, despite the evidence demonstrating the effectiveness of harm reduction practices. For this reason, stakeholders identified a need for additional low barrier services

Theme 3: Services & Service System

Problem 1: Shortage of Affordable / Appropriate Housing for People Experiencing Homelessness or Are at Risk of Homelessness

One thing that all people experiencing homelessness have in common is a lack of housing. Regardless of other problems they face, adequate, stable, affordable housing is a prerequisite to solving them. In Chilliwack, there is a need to provide more affordable and stable housing for those experiencing homelessness (e.g., low-barrier shelters or Housing First), and to support those who are at risk of homelessness.

Quantitative Information

Following the 2020 Homeless Count, 306 people experiencing homelessness were identified in Chilliwack. The top three reasons for experiencing homelessness include interpersonal conflict, family/relational breakdown (33.5%), income too low/lack of affordable housing (22.9%), and addiction (20.7%). Households that spend over 30% of income on housing and utilities face greater affordability challenges, which increases for individuals spending over 50% of income on housing costs, therefore increasing their risk of experiencing homelessness.

Qualitative Information

The shortage of affordable/appropriate housing was identified by most stakeholders in Chilliwack. Furthermore, most low-income housing is concentrated in one area of the City, making it less accessible for those who do not want to live downtown. Regarding the housing stock, service providers highlighted the overall low vacancy rate and limited land to build more housing. Finally, a key issue was the lack of various types of housing to meet different levels of need (e.g., rent-to-own, supported housing with recovery focus, emergency weather shelters, etc.).

Problem 2. Not Enough Street Based Outreach Services

Street outreach involves moving outside the walls of an agency to engage with marginalized individuals who may be disconnected or alienated from mainstream services and supports. This work is designed to help establish supportive relationships, give people advice and support, and hopefully enhance the possibility that they will access necessary services in the future. Chilliwack currently does not have street outreach services to help connect with its marginalized residents, particularly those experiencing homelessness.

Quantitative Information

According to the Intensive Case Management Team (ICMT) Model of Care Standards and Guidelines, 80% of ICMT time should be spent in active engagement and provision of care with clients in the community. ICMTs should partner with service providers/agencies who are doing street outreach to potential clients that may require ICMT. Outreach services have been shown to reduce the rate and duration of psychiatric hospitalizations, increase the number of individuals

in permanent independent housing (50%), in supervised dependant settings (25%), or in treatment facilities (25%).

Qualitative Information

According to key stakeholders in Chilliwack, the lack of street outreach services, specifically for those experiencing substance use disorder, is a key challenge. They also identified insufficient harm reduction outreach services for those who are harder to connect with services.

Problem 3: There is Often a Lack of Effective Transitions Between and Awareness of Services

Effective transitions between services refers to the safe and timely passage of patients between different levels / types of services and environments. Poor transition between services is linked to adverse events and low satisfaction with services. In Chilliwack, it has been noted through interviews with stakeholders that there is a lack of effective transitions between services as well as insufficient awareness of the different services that are available among the population.

Quantitative Information

A 2020 report aimed at elevating Youth First Voices to inform a provincial plan to end homelessness was published in British Columbia. Youth reported they did not know where to go for help and felt that they could not get the support they needed in their own community. It could be relevant fort the City of Chilliwack to explore this locally.

Qualitative Information

This challenge was identified by multiple stakeholders (interviews and roundtables), who called for strengthened coordination between outreach workers and services and increased streamlining of services and wraparound care. Furthermore, this challenge includes a lack of clarity regarding the roles of various partners and agencies.

Problem 4. Gaps in Spectrum of Services and Programs for Trauma, Mental Health, and Substance Use Dependency

People who use human services tend to report a higher level of satisfaction when the access to services is timely, meaning they are not placed on a long waiting list. Indeed, being put on waitlist gives the impression that it is necessary to be in crisis in order to seek help. Moreover, having a wide spectrum of services and programs in different areas helps meet the diverse needs of individuals dealing with trauma, mental illness, and substance use disorder. These are complex, multi-faceted phenomena that encompass a continuum of behaviours and it is therefore important that individuals have access to services that meet them where they are at (e.g., severe drug abuse to total abstinence).

Quantitative Information

A 2020 report aimed at elevating Youth First Voices to inform a provincial plan to end homelessness was published in BC. In this report, youth participants reported a lack of supports and services for young people facing substance use or mental health issues, which can result in higher rates of youth homelessness. Complex barriers were noted, such as long wait lists, costs, eligibility requirements, and lack of wraparound services.

Qualitative Information

According to key stakeholders in Chilliwack, the lack of full spectrum of services also makes it challenging to get people into services. The main challenges regarding the lack of full spectrum services include the lack of different types of housing that meet various levels of needs, the absence of detox beds and recovery-based rehabilitation services, and the absence of a continuum of services for people with mental health issues. Furthermore, the long waitlist to access services is concerning because individuals feel as though they can only access services if they are facing a crisis.

Problem 5: Insufficient Programs and Services for Marginalized Children and Youth

All children and youth should have equal opportunities to live healthy and safe lives. In Chilliwack and beyond, however, Indigenous, LGBTQ2SIA+, newcomers, and disabled youth, among other marginalized and minority groups, tend to experience more disparities because of the structural barriers they face (some of which are geographical and situational, while others stem from long histories of marginalization, discrimination, and other social injustices). In order to reduce barriers to safety and well-being, it is crucial to provide sufficient programs and services that meet the specific needs of marginalized children and youth. In Chilliwack, current programs that focus specifically on marginalized children and youth are insufficient

Quantitative Information

A 2020 report aimed at elevating Youth First Voices to inform a provincial plan to end homelessness was published in BC. Youth reported many barriers to accessing Indigenous cultural services resulting in a disconnection from their heritage, family, and identity. In Chilliwack, three programs/services are available for Indigenous and LGBTQ2SIA+ youth.

Qualitative Information

When discussing this issue with stakeholders, they highlighted that there are insufficient efforts (e.g., after-school programs, drop-in spaces) in the community to prevent youth challenges and there is a lack of connection for at-risk youth. Specifically, there is a need to pay more attention to child poverty and food insecurity, the high rate of drug use in schools, the lack of outreach to marginalized youth, and the perception that families need to hit rock bottom in order to access services (suggesting that families that are, for example, precariously housed may need to lose housing before the support system comes into effect).

Problem 6. Shortage of Culturally Appropriate Services for Indigenous Peoples Living Away from their Home Communities that are Experiencing Homelessness

Culturally appropriate services are those that meet the social, cultural, and linguistical needs of Indigenous Peoples. Culturally adapted services tend to improve the outcome of programming and reduce disparities between Indigenous and non-Indigenous peoples. In Chilliwack, it has been highlighted that there is a shortage of culturally appropriate services, particularly for Indigenous Peoples living away from their home communities that are experiencing homelessness in the City.

Quantitative Information

During the 2020 homeless count, 38% of people in Chilliwack experiencing homelessness identified with some form of Indigenous ancestry. BC Housing offers the Aboriginal Homeless Outreach Program where outreach workers come from Indigenous, community-based organizations. They are therefore able to connect to people and provide services from an Indigenous perspective. However, few service providers in Chilliwack have Indigenous outreach workers

Qualitative Information

Stakeholders expressed concern over insufficient focus on Indigenous communities and on the development of services that meet their specific needs, specifically for those who live away from their home communities. Of particular concern is the high number of Indigenous youth that are experiencing homelessness. Stakeholders in Chilliwack indicated that there is a strong "us vs. them" mentality which they feel leads to a high level of stigma toward Indigenous peoples.

Theme 4: Justice System

Problem 1. There is a Lack of Continuity of Process and Services Within the Justice System to Effectively Address Factors Associated with Repeat Offenders (Chronic, Prolific, and Priority Offenders)

A large amount of criminal activity tends to be committed by a small number of offenders. In that regard, there is a general frustration among Chilliwack residents and some key stakeholders that those that have committed offences (particularly property crimes) end up back in the community often within hours or days. The RCMP's approach and the justice system does not currently have appropriate processes to address prolific/chronic offenders.

Quantitative Information

In 2008, a pilot project (POM) was launched in six BC communities and aimed to use more intensive supervision and timely intervention with a small group of prolific offenders to reduce crime by linking offenders to services, as well as increasing enforcement and providing better information to the courts. The two-year evaluation of the project showed that prolific offenders involved in the pilot project re-offended 40% less; reduced re-offending rates for property crime, violent offences, and drug- and alcohol-related offences; used physical-health services more; used housing and other social services more; had fewer negative police contacts; and spent less time in custody.

Qualitative Information

According to many key stakeholders, the justice system is not sufficiently dealing with criminal activity including lack of charges being laid and lack of follow-through at the level of the courts. While most key stakeholders recognize that criminal charges and incarceration are not a sufficient approach to crimes (see root causes and risk factors of crime), there is a general frustration among Chilliwack residents and some key stakeholders that those that have committed offences (particularly property crimes) end up back in the community often within hours or days.

Problem 2. Shortage of Culturally Appropriate Services for Indigenous Peoples with the Justice System

Indigenous peoples face numerous specific challenges outside and within the justice system based on trauma due to intergenerational trauma and ongoing colonial violence, including the forced removal from their land. As a result, there is a need for services that are specifically geared toward those needs among Indigenous peoples within the justice system, and that are respectful of cultural approaches to healing and well-being when dealing with social issues they face.

Quantitative Information

Indigenous people in Chilliwack have access to the Native Court Worker and Counselling Association of BC. Native court workers facilitate access to justice by assisting Indigenous people in conflict with the law who are involved in the criminal justice system to obtain fair, just, and culturally sensitive treatment. Although there are 6 Indigenous courts in BC (Duncan, Kamloops, Merritt, New Westminster, North Vancouver, and Prince George), none are in Chilliwack. The closest court is located one hour away (in New Westminster).

Qualitative Information

Many key stakeholders identified that there is a lack of First Nations specific services outside and within the justice system. Having services geared towards those individuals is seen as a significant need.

Problem 3. Alternative Forms of Justice are Not Sufficiently Applied to Ensure Meaningful Justice for Victims

Despite evidence that shows the level of success of alternative forms of justice, programs such as the Chilliwack Restorative Justice and Youth Advocacy Association are not sufficiently being applied to ensure meaningful justice for victims and alternative ways to deal with the appropriate offences.

Quantitative Information

The population and service providers in Chilliwack have access to the Chilliwack Restorative Justice and Youth Advocacy Association. No other forms of alternative justice are available.

Qualitative Information

Key stakeholders – particularly those attending the justice roundtable – identified the need for stronger use of the existing options for restorative justice for appropriate charges. Furthermore, to ensure a more efficient and effective approach to chronic/prolific offenders, key stakeholders suggested the implementation of a chronic/prolific offender court program.

Theme 5: Causes & Early Interventions

Problem 1: Insufficient Focus on Upstream Prevention (e.g. Preventing Adverse Childhood Experiences)

Upstream prevention is at the core of prevention when taking a long-term approach. Upstream prevention is often focused on children and youth but can be applied to all residents in Chilliwack by increasing overall safety, health, income, housing, belonging, etc. In the context of children and youth, focusing upstream includes social inclusion, reduction of poverty, food and housing security, and educational success to name a few.

Recognizing the need for and potential of upstream prevention – in particular for children and youth – many key stakeholders suggested that there is not enough attention currently being paid to upstream prevention programs in Chilliwack. Of particular interest is food security for children,

activities/connections for youth (i.e., afterschool activities), struggling parents, drug consumption among youth, and families that are struggling to make ends meet. As a result, when interventions happen, it is often very late and damage (i.e., ACEs and increased risk factors) has already taken place, making recovery more difficult

Problem 2. Insufficient Considerations of Adverse Childhood Experiences (ACES) and Data on Risk Factors When Developing Interventions Among Children, Youth, and Adults

In order to increase the likelihood for success and make informed, evidence-based decisions, interventions geared toward children and youth need to be focused on and make use of existing (and expanded if appropriate) data on ACEs and risk-factors.

A study from 1998 found that ACEs are very common (more than half of participants reported at least one ACE, and a quarter reported two or more). Results of the study demonstrated a dose-response relationship between the number of ACEs and higher rates of multiple health behavior risk factors, mental health, and substance use disorder, and chronic diseases. Furthermore, adolescent and adult survivors of child abuse and neglect are more likely to perpetrate acts of violence, crime, and aggression. Moreover, ACEs account for 41% of the population-attributable risk for substance use disorder in North America. A number of preventive interventions, such as parenting education, community preschools, and high-quality early childhood programs have demonstrated effects on lowering rates of child abuse. The largest community-wide impact on ACEs comes from addressing underlying social determinants of health.

Numerous key stakeholders suggested that Chilliwack does not collect sufficient statistics on risk factors particularly in regard to children and youth. However, the school board regularly collects data that can be used to identify risk factors and to increase decision-making that is based on evidence and existing data.

Appendix 2: Community Safety Survey

To establish a more general understanding of how Chilliwack residents feel regarding crime prevention and community safety, a community safety survey was developed and administered online.

The survey included questions about residents' feeling of personal safety in their neighbourhood, their perception of crime rates in Chilliwack, the sectors that play a role in community safety, experiences of victimization, and perceptions of additional issues such as substance use and mental health.

A total of 999 residents completed the survey, which represents approximately 1% of the population in Chilliwack. The survey results are not generalizable to the overall Chilliwack population[25], but provide a snapshot of current perceptions and issues pertaining to community safety identified by community members who completed the survey, which can be analyzed in addition to existing data on risk factors, the interviews, and the roundtables that were conducted.

Of the respondents, 67% of respondents identified as female, 68% were between the age of 35 and 64, and 68% have lived in Chilliwack for ten years or more.

Overall, **feelings of personal safety** were mixed: 51% of respondents who live in Chilliwack were very satisfied or satisfied with their personal safety in their neighbourhood, while 49% were dissatisfied or very dissatisfied[26]. Feelings of personal safety among residents who work in Chilliwack were less positive, as 62% reported feeling dissatisfied or very dissatisfied. There were no significant differences between age and gender.

Most individuals identified **feeling safe after dark** in their own home (75%) and somewhat safe at their workplace or alone in their neighborhood. However, when walking alone in other neighborhoods after dark, over 60% of residents reported feeling very unsafe. Additional areas that felt unsafe include Sardis, Garrison, and public parking lots and malls. Furthermore, feelings of safety impact what residents do and where they go quite a bit (44%) or significantly (29%). Feelings of safety are impacted by the age of respondents; older participants reported a lower sense of safety than younger participants (see table 1). Moreover, female respondents felt a lower sense of safety than their male counterparts

[25] In order for a survey to be generalizable, the sample would have to be randomized.

[26] No specific analysis was done based on location because the survey only asked for the first 3 digits of the postal code where respondents live, which does not allow for desegregation of neighbourhoods.

Table 1: Feelings of Safety per Age Group

Age Group	Median
65-74	3.5
35-44	3.25 (p=0.001)
25-34	3.0 (p<0.001)
18-24	3.0 (p=0.007)

Regarding **crime rates in Chilliwack**, a significant portion of residents felt that crime has increased over the last three years (82%) and is higher compared to crime rates in the province of British Columbia (72.2%). Survey respondents seemed to be particularly hesitant about **children playing unsupervised**. While most respondents – regardless of age and gender – considered it safe for children to play outside their home (61%), most respondents identified that it would be unsafe for children to play unsupervised at local parks (60%), school playgrounds (54%), and civic facilities (63%). When asked to describe a safe community, responses included a community where they feel safe while walking alone and being in public spaces, where they are comfortable letting their children play outside, where their personal property and safety are not at risk, where crime rates are low, and where there are sufficient services for marginalized communities and effective law enforcement and emergency services.

With regards to **experiences of victimization in the past 12 months**, most respondents reported knowing someone who has been burgled (75%), has been robbed, harassed, or physically assaulted by another person in public (63%), or has been the victim of vandalism or property destruction (82%). Respondents aged 65 to 74 (median: 1.33) were less likely to know someone who had been the victim of a crime in the last year compared to respondents aged 25 to 34. Less than 30% of respondents had experienced these types of victimization themselves.

Among the respondents who did report an experience of victimization in the past 12 months, less than half **reported the crime**. The main reasons for not reporting included feeling like nothing is going to be done about it anyway (31%) or that the situation is not serious enough to report (20%).

Satisfaction with **police response** is mixed: 48% of respondents were satisfied or very satisfied, while 46% were either dissatisfied or very dissatisfied. The main reasons for feeling dissatisfied with police response included receiving a slow or no response, no follow-up from police, or feeling like the situation was not being taken seriously.

When asked about **sectors or issues that impact crime rates** in Chilliwack, residents identified police, the justice system, homelessness, and substance use as key priorities. These results are

consistent with feedback from ICSTF members, stakeholder interviews, and roundtables. The level of lighting in public spaces was the least important factor for community safety, according to survey respondents (less than 12%), but the need to clean up the downtown area was mentioned by a few respondents in an open-ended question. Regarding the sectors that should be involved in addressing homelessness, substance use, and mental health, respondents identified mental health services, family/youth services, and community services as most important.

When asked about the extent to which **substance use affects their feeling of personal safety**, a significant portion of respondents answered quite a bit (35%) or significantly (47%) – 92% combined. in fact, substance use is considered a crisis or a serious problem in British Columbia by 94% of respondents, 97% of respondents identified substance use as a crisis or a serious problem in the City of Chilliwack, and 99% reported it as a crisis or a serious problem in the downtown core. Respondents aged 65 to 74 felt that substance use was less of a problem in Chilliwack than respondents aged 18 to 24, 35 to 44, and 45-54.

Survey respondents identified that their **main sources of information about safety and crime** are their personal experiences (n=509), social media (n=451), and word of mouth/information from other people (n=446)[27]. Additional sources include working in a relating field or reading information shared by Chilliwack Healthier Community. Finally, when asked if they would recommend Chilliwack as a place to live, 39% of respondents agreed and 25% disagreed. Male respondents were more likely to recommend Chilliwack as a place to live compared to female and non-binary respondents.

The survey analysis allowed to highlight the different perspectives based on gender and age. Specifically, women and gender-diverse people and older residents report feeling less safe and are less likely to recommend Chilliwack as a place to live. While these results are not uncommon, they are important for future considerations when selecting and implementing solutions to address community safety challenges.

[27] Note: As survey respondents were asked to identify their trop 3 main sources of information, multiple answers were possible.

Appendix 3:

Incident Based Crime Statistics – Chilliwack

Statistics	2015	2016	2017	2018	2019
Actual incidents	10,446	11,652	11,126	11,846	14,469
Rate per 100,000 population	11,752.40	12,713.45	11,843.73	12,277.68	14,614.12
Percentage change in rate	7.37	8.18	-6.84	3.66	19.03
Unfounded incidents	..	..	534	623	769
Percent unfounded	..	..	4.58	5	5.05
Total cleared	1,983	2,267	2,084	2,410	2,818
Cleared by charge	1,220	1,266	1,137	1,335	1,423
Cleared otherwise	763	1,001	947	1,075	1,395
Total, persons charged	1,203	1,237	1,161	1,350	1,388
Rate, total persons charged per 100,000 population aged 12 years and over	1,584.31	1,578.99	1,444.23	1,632.13	1,630.81
Total, adult charged	1,112	1,169	1,104	1,290	1,320
Rate, adult charged per 100,000 population aged 18 years and over	1,600.81	1,628.36	1,496.28	1,695.96	1,685.01
Total, youth charged	91	68	57	60	68
Rate, youth charged per 100,000 population aged 12 to 17 years	1,407.14	1,038.01	862.85	902.12	1,003.99
Total, youth not charged	93	112	102	106	134
Rate, youth not charged per 100,000 population aged 12 to 17 years	1,438.07	1,709.66	1,544.05	1,593.75	1,978.44

Source: Statistics Canada. Table 35-10-0184-01 Incident-based crime statistics, by detailed violations, police services in British Columbia