

Clark Drive & East 1st Avenue

Question and Answer responses from GWAC Meeting, Monday, June 4, 2018

Questions about community-based treatment and the relationship of the withdrawal management centre to nearby residences

1. Has there been a study to determine if withdrawal management centres are more effective when built away from residential versus built within residential areas? What studies have been done on integrating people undergoing withdrawal management with families? How will families feel safe living near or above the withdrawal management centre?

The proposal is based on current academic research on treatment, as well as over three decades of experience operating the existing Vancouver Detox Centre at 377 East 2nd, about 10 blocks from the proposed new site. The existing Vancouver Detox Centre is located across the street from a school, near Emily Carr University, Vancouver Community College, and a range of businesses and residences, and has had no incidents related to this proximity. While we understand that the two sites have some differences, there are broad parallels between them as well.

2. The facility will have a number of medical professionals on staff. Why not build the withdrawal management centre near St. Paul's? Why is this approach better than admitting people to hospital for care?

When we bring a service like this into a hospital, we create an overly medicalized approach. Land at the St Paul's Hospital can best be used for services that require a hospital setting or adjacency to hospital programs. The space on the new hospital campus is dedicated to services that require or significantly benefit from close proximity to emergency and inpatient departments. Withdrawal management services don't fit this description.

The withdrawal management centre is a community service. Vancouver Coastal Health (VCH) looks for options to locate within a community for all community services that it provides. Under this model we are supporting people to remain integrated in a dignified community environment.

3. Why isn't the withdrawal management centre being divided into two sites so service can be better? Why is this proposal so big?

The proposal responds to an urgent need in Vancouver for affordable housing and for withdrawal management services. The proposed facility needs sufficient space to accommodate the multiple components of withdrawal management services all working together – outpatient and home-based withdrawal management, sobering and transitional housing. This model allows us to provide a continuum of care within the facility.

Providing an integrated range of services like this helps people to navigate the system more seamlessly by providing a central point of access, linking clients with the right service at the right time, and improving care for clients in need. This should also reduce wait times for inpatient services.

Locating services in one place allows VCH to attract top medical talent to work at the facility and makes more efficient use of staff resources. Consolidation also makes the development and operation of the facility more financially viable, making better use of public funds.

4. How are people transported to the sobering centre? Are they brought in by ambulance at 2 am? What happens to people once they sober up in the sobering centre? How does the sobering centre work in a residential community? Do police bring people to the sobering centre when violent?

Under the Liquor Control and Licensing Act and the Offence Act, police can take an intoxicated person into custody and hold them until they are able to take care of themselves. Depending on the circumstances, Vancouver Police Department (VPD) would decide to take a person to:

- Vancouver jail (if they have criminal/safety alerts on their file)
- An emergency department (if medical emergency care is needed)
- The new withdrawal management centre (for medical monitoring)

If taken to the new withdrawal management centre, VPD would:

- Call ahead to ensure space and no safety concerns. (Where concerns are identified, a person will not be brought to the new withdrawal management centre).
- Bring them in discreetly by a side entrance (no sirens or other noise).
- Conduct a search before transitioning the person to VCH staff.
- Ensure the person is safely transitioned to the sobering unit.
- VCH staff will then admit the client into the sobering unit.
- The client is observed by an experienced nurse with a check-in every 15 minutes while sobering up.

Once sobering is complete, the client will be cleared to leave by a medical professional and offered the choice of returning home or accessing additional services. The team works with sober clients to ensure they get safely to home during the day or to the next step in their treatment. In some cases, the appropriate next step might be detox, in which case they can move directly into treatment within the same facility. Integrating services like this helps to contribute to client success and makes it easier to navigate the system.

5. How many withdrawal management, transitional, and sobering centre beds are included in the proposal? What happens with the shortfall between the number of withdrawal management and transitional beds?

The proposal includes 51 in-patient withdrawal management beds, 20 transitional beds, and 20 sobering centre beds. Not everyone who finishes in-patient withdrawal management requires a space in the transitional beds. Some are able to go home or immediately into other treatment options. VCH has done a comprehensive review of facility needs and anticipates that these figures will provide adequate spaces as clients move between stages of treatment.

6. The detox centre in Surrey is 21 beds; why is the proposed centre so much larger?

Plans for the future withdrawal management centre are based on the current and future needs identified for Vancouver

7. How long would a person be in a transitional bed?

It can be up to 30 days but is usually a shorter period of time when clients are ready to move on to the next phase of their treatment.

8. Will clients cause a disturbance coming and going from the withdrawal management centre?

No. People only come to the facility because they want to receive the service and are ready to make changes and engage in care. Most inpatient intakes are scheduled ahead of time and take place during the day. Sobering centre intake tends to happen more often at night; however, the facility has been designed to enable internal drop-off accessed by the rear lane to avoid disturbances to surrounding neighbours. Also, clients receive support on site, including counselling, meals, and laundry, so there is not a need to leave the facility while undergoing treatment.

9. Why not build the detox centre on East Hastings?

This site and the services provided are designed for people who want to reduce/eliminate their use of substances. VCH has sought a new location for this health program that is geographically accessible to areas of the city most affected by drug use, such as the downtown area, but not within these areas, so that drug use and distribution is not a constant occurrence directly outside the facility, to avoid triggers that could disrupt a person's initial steps of treatment.

Questions about site selection

10. What other properties (specific addresses) were considered and what criteria were given?

Asset profiles for public sites generally remain confidential as they would for a private owner. While we can say that other provincially and City-owned properties were considered, we cannot release a specific profile for each site outlining the advantages and disadvantages of each location. Releasing information about why another site was or was not selected could impact the City or province's ability to make strategic decisions about the acquisition, sale, or development of land in a competitive manner, in the broader public interest, and making the best use of public resources. As such, details like development potential, environmental conditions, and appraised property value generally remain confidential for publicly owned properties.

Of the sites reviewed, Clark Drive and East 1st Avenue was the best fit and the most appropriate for VCH and BC Housing's needs. Key considerations included transit access, proximity to Downtown, access to services, proximity to the existing Vancouver Detox Centre, and the recently approved community plan for the neighbourhood, which identified affordable housing and addictions treatment facilities as core community needs. We are committed to being good neighbours and are confident that the proposed facility would operate successfully and safely within an established residential community.

Questions about policing, crime, and safety

11. Does VDP receive more calls from around the existing Vancouver Detox Centre? How will VPD and VCH collaborate in the operation of the facility?

The project team has spoken with the Vancouver Police Department to understand whether the existing facility has an impact on crime in the area. While it is impossible to predict what the future crime rate might be anywhere, VPD have told us that existing crime rates are relatively low near the

existing site and the proposed site compared to other areas in the city. VPD have also told us that the current Vancouver Detox has not contributed to the crime rate in the area.

The VDP are supportive of initiatives to get people the help they need and will continue to work with the project team and the community to help keep the neighbourhood safe.

Questions about traffic, transportation, and activity levels

12. What traffic studies have been done? How will you address traffic on East 1st Avenue? How will you mitigate issues for children trying to get to school 3 blocks away? What steps are you taking to improve pedestrian safety?

Providing employment and residential uses near transportation, near downtown, and near shops and services helps to reduce the overall demand for vehicular transportation capacity in the City. A traffic study completed by a transportation engineering consultant identified that, based on the volume of traffic expected to be generated by the site, the proposal would not have a significant impact on the surrounding roadway network.

The proposal also includes underground loading/parking, which will help to reduce impacts on neighbours, and ensure that drop-off does not block the flow of traffic on surrounding streets or in the laneway.

The proposal is unlikely to have an impact on students walking to school. Grandview Elementary is located on Woodland Drive, which is northeast of the project site. Woodland Drive has a signalized pedestrian crosswalk, which is likely where students would continue to cross if they were walking to Grandview School across East 1st Avenue. The Grandview-Woodland Community Plan includes policies to make walking to school safer for all ages and abilities, and includes prioritizing improvements to the built environment, and undertaking “Active School Travel Planning” audits of traffic issues around schools to support walking and biking to school. This proposal will contribute to the improvements envisioned in the plan.

The proposal includes significant improvements to the public pedestrian realm surrounding the site, including widened sidewalks, curb ramps, upgraded lighting, landscaping, tree planting, and street furniture. The proposal identifies a 6.1 metre setback from the property line in the lane, a 6.5 metre setback from the roadway on Clark Drive, and a 12-metre setback from McLean Drive. The proposal also includes a canopy near the bus stop on Clark Drive, which will improve comfort for people waiting for the bus. These setbacks and public realm improvements will make it safer and more comfortable for anyone walking past the project site.

13. What analysis has been done around right turn lanes (headed west on Clark Drive and turning north onto East 1st Avenue)?

The proposal includes significant setbacks and dedications along East 1st Avenue which may enable conversations about changes to traffic patterns and capacity, through revised traffic laning, in the future.

14. How can you put people with drug problems out on that street corner on such a busy street?

Clients undergoing treatment in the withdrawal management centre would not be coming and going from the facility at all times. Clients typically remain within the facility while they are undergoing treatment. Additionally, the proposal includes the provision of underground loading/parking, which

will move passenger loading away from busy streets. People who are being brought to the sobering centre will typically be accompanied into the facility in a vehicle into the interior loading area.

15. Does the City have a formal plan to connect bike infrastructure over Terminal?

New pedestrian and cycling improvements have been identified in the False Creek Flats Plan (as well as in the Grandview-Woodland Community Plan). The False Creek Flats Plan identifies Terminal Avenue as a near-term priority for pedestrian and cycling improvements. Potential north/south connections to Terminal have been identified at Thornton Street, Begg Street, and Glen Drive.

16. What area of the building will sobering centre clients be dropped off?

The proposal provides for loading in an enclosed area within the building, accessed off the back alley at the lower (west) side of the site. Dropoff for anything within the clinical spaces would be within the building, separated from the public roadway. The height of the drop-off area is tall enough to allow a van or non-emergency ambulance to enter.

17. How can you put in 100 bike stalls without adjacent infrastructure?

The site is located one block away from an existing bike routes on Woodland Drive which connects to Adanac Street's cycle infrastructure leading into the Downtown. Additional cycling connections are planned under the Grandview-Woodland Community Plan. While not all residents and staff will choose to bike to the development, some may, and providing sufficient bike stalls is an important step in encouraging active modes of transportation to and from the building.

Questions about the affordable housing component

18. What is the income bracket for being eligible to live in the affordable housing units? Will this include shelter rate units? Is this supportive housing? When will affordability information be shared? Will a pro forma be released?

The proposed development would provide housing for low-to-moderate income households. Rates will be based on the Housing Income Limits according to CMHC affordability criteria. The specific rents are being determined and will be presented in detail when the project is presented to Council.

At a minimum, the proposal would meet the City's definition of social housing, which includes 1/3 of units below Housing Income Limits. There may be units that would end up at the shelter portion of income assistance (shelter rate), but this has yet to be determined. Overall the proposal would include a mix of rent levels and provide housing for households with a range of income levels.

The proposal does not include supportive housing, where additional wrap-around services are provided to tenants. The key objective is for the housing component to be affordable housing that meets the City's definition of social housing.

An overall development pro forma will not be made public as this is not conventional practice and would impact BC Housing's ability to seek competitive bids from contractors, for example. However, the project budget will be made public.

19. There is already a significant number of non-market units in the area. Is this the right place for additional social housing? There is a concentration of social housing within 3 blocks of

this site, even greater than the Grandview-Woodland area as a whole. Why is it all being located in this area?

The Grandview-Woodland Community Plan anticipates a mix of housing tenures, including new social and affordable housing. The affordable housing proposed includes a mix of income levels. City and regional policies encourage locating additional affordable housing near transit and amenities. The proposal is located in close proximity to transit, services, shopping, and employment spaces, making it suitable for higher density development.

Questions about the existing facility

20. What is happening with existing detox centre?

The current site of the detox centre at 377 East 2nd is owned by the City of Vancouver. Vancouver Detox Centre will continue to operate on the site through their lease until a new facility is available for occupancy. The City has not determined future uses for the site at this time.

Questions about policy and process

21. Why the rush? What is SHORT?

Vancouver and the region are in the midst of a housing crisis and an addictions crisis. The proposal is intended to provide approximately 97 homes for 97 families/households, and to facilitate lifesaving recoveries for clients of the withdrawal management centre. There is an urgent need for these services in the city.

SHORT (“Social Housing or Rental Tenure”) is a two-year City of Vancouver pilot program aimed at delivering 1,700 units of affordable housing across the city through the provision of a dedicated staff team and streamlined rezoning and development process. It is intended to expedite development proposals that provide social housing and that meet certain criteria such as building size and number of units, inclusion of Indigenous partners and/or residents, and the subject site located on City-owned or non-profit land with secured funding in place. The proposal still follows the standard regulatory process—including a City-led Public Open House, a Public Hearing, and a vote by Council—but dedicated City staff and applicant team resources help to expedite the review process.

22. How does this proposal work with the Pace of Change policy? Are you disregarding your own policies?

The Pace of Change policy (policy 7.1.5) is intended to ensure that the pace of change of market rental housing and displacement of renters is closely managed during the first three years of the Grandview-Woodland Community Plan. It was intended primarily as a way to manage the loss of market rental housing in the neighbourhood. The current proposal is a unique opportunity that the Pace of Change policy was not intended for.

In addition to the Pace of Change policy in the Grandview-Woodland Community Plan, there is also policy to support social housing and addictions treatment services. The City has a range of policies that layer over each other for all properties. Council will have to weigh and consider those policies in combination when this rezoning application is brought forward to Council at Public Hearing in due course. Council will have to determine what they see as the priority.

23. How does the plan adhere to the Grandview-Woodland Community Plan?

The proposed design will be compatible with the intent of the Grandview-Woodland Community Plan. For example, the plan identifies the opportunity for 6 storey buildings along E 1st Avenue (policy 6.4.2), and the existing I-2 zoning of the property on Clark Drive allows heights of up to 100' – approximately the equivalent of a 10-storey residential or institutional building. However, the building will vary from the GWCP in terms of specific building form, overall floor area, and setbacks.

Importantly, the proposal responds to principles identified in the GWCP, including sustainability, supporting a range of housing options, fostering a resilient and healthy community, and supporting the goals of Reconciliation in partnership with the Aboriginal community.

Notably, the GWCP promotes the creation of non-market housing (Social and Co-Operative Housing) through policy 7.1.3 “Consider modest increases in height and density for the delivery of non-market housing to assist with project viability, subject to fit with neighbourhood context” and supports the delivery of Health and Social Services through policy 13.4.1 “Support health partners in the creation, renewal and expansion of facilities for harm reduction, addiction, and mental health”.

24. Can we have the digital 3D model of the proposed building?

No. Working files are generally not shared with the public. Detailed architectural drawings, including dimensions, will continue to be made available online.

Questions about design/context/character

25. How does the building fit in with the vibe of the drive and how does it fit with the aesthetic of the neighbourhood? Is an industrial building being plunked into a heritage style neighbourhood?

The west side of the site is an industrial zoned area. The proposal is intended to provide a transition from industrial/larger-scale form on Clark Drive to a more residential character toward McLean Drive. The project team is exploring opportunities for a mural on the Clark Drive side of the building to respond to the industrial and eclectic character of the area. Landscaping along East 1st Avenue and a wider plaza area on McLean Drive will contribute to pedestrian amenity and an improved public realm along the perimeter of the site. The East 1st Avenue walk will include public art to contribute to the “vibe” of the area and make the walk more interesting for pedestrians.

The design of the building itself will evolve through the rezoning process, as well as in later stages of the development process, pending Council approval, including in the Development Permit stage. The current stage of the process, rezoning, broadly addresses use, density, and the general form of the building. The building’s detailed design will evolve in later stages of the process and there will be opportunities for public input throughout.

Questions about operations and level of activity

26. How many people will be coming and going from the building throughout the day, including visitors, staff, clients, suppliers, etc?

In terms of the withdrawal management centre, staffing numbers have yet to be confirmed, but we have made some assumptions based on the existing Vancouver Detox Centre. The current site has 6 clinical staff working on every shift, plus additional support staff of 10 people throughout the day for 26 detox beds and up to 15 sobering spaces. Of course, the new site will have more staff to support

the 51 withdrawal management beds, 20 transitional housing beds and 20 sobering units. People do not come and go all the time, but rather stay for the period they are in treatment and there are typically no visitors, as the process is intensive.

Questions about Vancouver School Board

27. What plan does VSB have in dealing with at-risk youth? What conversations are happening with VSB regarding the concentration of vulnerable children in the area?

The project team will pass these questions along to VSB to identify if there are ways we can support VSB in supporting at-risk youth. VSB regularly assesses its resourcing based on planned developments near their schools. The City is in regular contact with VSB, who are aware of the proposal, and will work with VSB so they can plan their resourcing accordingly.

Questions about public amenity

28. Will roof space be publicly accessible? What about the loss of open space on the west side of the site? Could there be a mews space to provide improved pedestrian access parallel to East 1st Avenue?

The rooftop amenity is intended for residents of the housing component of the building. The existing greenspace on Clark Drive is underutilized and is not in the City's inventory of park spaces. There are existing parks such as Alice Townley Park within close proximity of the project site, and the rooftop amenity space will help to address demand for outdoor space for the new residents.

There will be significant streetscape improvements associated with the proposal, including improved pedestrian realm on all four sides of the building. This includes wide sidewalks, a linear plaza space on McLean Drive, and a 6.1m setback on the laneway to make it a more comfortable place to walk. While high traffic volumes on East 1st Avenue and Clark drive cannot be addressed within the scope of this proposal, public realm improvements including wider sidewalks, street furniture, overhangs to protect from rain, and landscaping to provide a buffer from traffic will contribute to pedestrian amenity.