

Vancouver's Social Safety Net

REBUILDING THE BROKEN

**PRELIMINARY FINDINGS TO DATE:
NOVEMBER, 2022**



VANCOUVER POLICE DEPARTMENT

The Vancouver Police Department (VPD) acknowledges that it proudly serves the public on the unceded traditional territories of the xʷməθkʷəy̓əm (Musqueam), s̓k̓w̓x̓ wú7mesh (Squamish), and seí il̓ wítulh (Tsleil-Waututh) Nations.

KEY NUMBERS



SIZE OF VANCOUVER'S SOCIAL SAFETY NET, EQUATING TO **\$7,200 PER VANCOUVER RESIDENT** OR **\$14 MILLION PER DAY.**



Investments into charitable organizations based in the Downtown Eastside (DTES).



Average purchase price for social housing units in Vancouver. In 2020 and 2021, 817 units of social housing were purchased in Vancouver by various levels of government for a total of approximately \$267 million.¹



Estimated operating cost for each unit of social housing in Vancouver, according to the City of Vancouver.² Many of these units are no larger than a hotel room or a micro-loft (approx. 250 square feet).

527 FATAL OVERDOSES

- Number of fatal overdoses in Vancouver in 2021, an increase of 26% over 2020 and 115% over 2019.³

10 Minimum number of provincial ministries and City departments directly involved in Vancouver's social safety net.



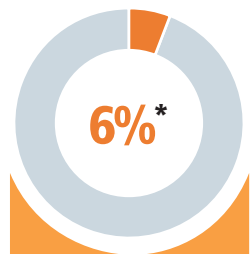
- Percentage of all persons with an opioid use disorder within the Vancouver Coastal Health (VCH) region who reside or receive community-based services in the DTES.⁴



- Probability that a person with a substance use disorder would be readmitted within 30 days after being discharged from an emergency department in BC, as of 2017.⁵



- Percentage of community and social services charities in Vancouver providing direct services to individuals as of 2019, according to HelpSeeker.⁶



- Share of Vancouver's social safety net accounted for by the VPD. For every dollar spent on policing, \$15 is spent on other areas of Vancouver's social safety net.

* From HelpSeeker's report.

WHY DID THE VPD COMMISSION A SOCIAL IMPACT AUDIT?



Ideally, communities would have a real-time understanding of who operates what service, and for whom, using consistent language and frameworks, regardless of whether they are operating under police, health, education, or social services banners, because those who need help likely interact with all those providers throughout their service journeys.” – HELPSEEKER’S REPORT, PAGE 66.

The purpose of this report is to summarize and provide further context for HelpSeeker’s Social Impact Audit (SIA)ⁱ of Vancouver’s social safety net. Helpseeker defines the social safety net as programs and services delivered through charities to support community and individual well-being and mitigate vulnerabilityⁱⁱ

As the primary community partner responsible for public safety, the Vancouver Police Department (VPD) is invested in the city’s social safety net and is committed to improving the safety and quality of life for all people in Vancouver. The SIA will promote transparency, accountability, and collaboration, thereby setting the groundwork for a better, more coordinated service delivery model.

As frontline first responders, VPD officers have been exposed personally and directly to the devastating effects of inadequately addressed complex community social issues. They have seen the barriers that prevent persons who seek treatment from accessing social service supports and have identified gaps. The VPD engaged HelpSeeker, a social innovation company, to gain a better understanding of Vancouver’s social safety net and help decision-makers as they address social challenges such as poverty, homelessness, mental health challenges, substance use disorders, and other hardships in Vancouver. The need for better coordination within the social services sector was first highlighted by the VPD more than 13 years ago with [Project Lockstep](#). The VPD has also repeatedly advocated for more mental health supports, starting with [Lost in Transition](#), and new strategies to tackle the opioid crisis. These same issues remain unresolved and the situation has continued to deteriorate.

All community partners involved in Vancouver’s social safety net recognize that more needs to be done to help individuals facing social challenges. Despite collective efforts to try to help those most in need, outcomes have not improved. The available evidence suggests that the current approach is ineffective. As revealed by the HelpSeeker report, there appears to be a copious amount of resources, services, and funding. However, there is a growing recognition that they may not be allocated appropriately or managed well. This impacts public safety in Vancouver.

HelpSeeker used a systematic approach to capture and analyze known and available sources contributing to Vancouver’s social safety net; the network of supports meant to improve the safety and quality of life for the most vulnerable persons in the community.

HelpSeeker’s SIA is an important first step to assess service effectiveness and efficiency because it provides an overview of financial investments and resources currently available to support Vancouver’s social safety net. The VPD’s aspiration with this report is to improve the situation for those suffering the most.

i The full findings can be found in HelpSeeker’s report “Igniting Transformational Systems Change Through Policing”

ii See HelpSeeker’s report, page 9.

WHY DID THE VPD CHOOSE HELPSEEKER?

HelpSeeker is an established company with a sound methodology and a proven track record looking at the social safety net of many Canadian jurisdictions such as Edmonton and Ottawa.

The HelpSeeker team is comprised of experts who have the qualifications and expertise to gather, review, and analyze relevant community financial data. It also has the ability to engage key stakeholders to obtain the required datasets for analysis.

HelpSeeker is comprised of social and data scientists, systems mappers, and community success strategists motivated to trigger positive social change.

Engaging Helpseeker not only provides third-party independence, but also consistency in methods to compare outcomes across other Canadian jurisdictions.

The DTES has become notorious for the pervasiveness of social issues such as homelessness, poverty, substance use disorders, mental illness, and crime. These challenges have roots linking back to the deinstitutionalization of Riverview Hospital and a *de facto* containment strategy. Furthermore, with comparatively mild, temperate climates, the number of vulnerable persons converging in the DTES continues to grow.

Collectively, such social conditions have created a perfect storm of social dysfunction and disorder. Although there is a high concentration of social services in the DTES, it has also been found that individuals who migrate to the DTES experience “significant personal decline rather than recovery” (Somers et al., 2016, p. 6), with increased access to acute care, involvement in the criminal justice system, and extended periods of homelessness.

The VPD is always working towards open dialogue between organizations and communities that all work towards serving those in need. The VPD is committed to build a path forward for the community focused on the coordination of all issues that are inter-related, including the opioid crisis, homelessness, and public safety issues. A strategic partnership with HelpSeeker was an opportunity to maximize systematic service integration.

The VPD recognizes that strong, coordinated municipal leadership is needed to:

- Align resources with social needs
- Strengthen existing partnerships
- Build a strong and accountable referral network

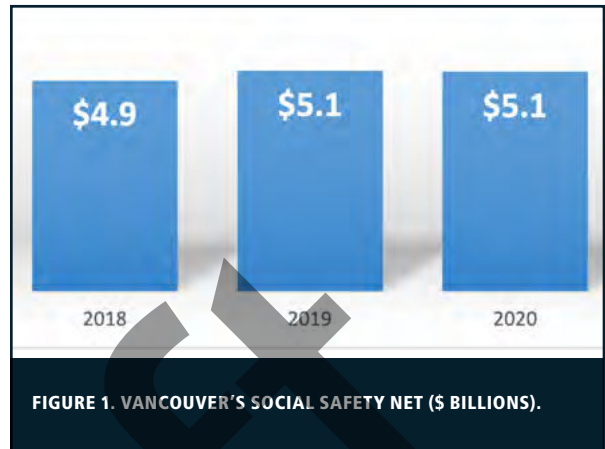
HelpSeeker's work is aligned with recommendations in the DTES Second Generation Strategy (recommendation #24 states to “establish a continuum of care for major aspects of the DTES health service system, such as supported housing or addiction services, and communicate broadly about these continuums for easier and more transparent system navigation”).⁷

As already mentioned in HelpSeeker's report, the work outlined in the HelpSeeker document extends and supports the work in Project Lockstep – which the VPD identified many years ago. Clearly, the changes we recommended not only did not occur, but are needed now more than ever.

WHAT DID HELPSEEKER FIND?

HELPSEEKER FOUND THAT MORE THAN \$5 BILLION IS DIRECTED ANNUALLY INTO VANCOUVER'S SOCIAL SAFETY NET ...

HelpSeeker estimates that the delivery of social support and community services in Vancouver amounts to more than **\$5 billion per year**.⁸ This equates to \$7,200 per Vancouver resident, or \$14 million per day.



DID YOU KNOW? *

- For context, the entire budget of Vancouver Coastal Health in 2020 was \$4 billion. The Fraser Health Authority's budget was also \$4 billion.
- Vancouver's social safety net is three times the annual budget of the City of Vancouver (\$1.7 billion) and 5.4 times the annual budget of BC Ferries.⁹
- Vancouver's social safety net is larger than the entire Federal government's Global Affairs Canada budget dedicated to international assistance in 2018-2019 (\$4.6 billion).¹⁰
- Vancouver's social safety net is also larger than its entire film and television industry (\$4.1 billion in 2019, a record year).¹¹
- As another comparison, C\$5 billion is roughly equivalent to US\$4 billion – more than NASA's annual budget for the International Space Station (ISS).¹²
 - This is equivalent to the construction costs of three brand-new Dallas Cowboys football stadiums every year.¹³
 - It is also comparable to the annual operating budget of the entire National Hockey League (NHL).¹⁴
- To put in perspective the potential impact that this amount of money can have, the Bill & Melinda Gates Foundation spent US\$4.375 billion in 2019 on global health and development initiatives aimed at improving disease control and saving millions of lives worldwide.¹⁵

* These examples are numerical/dollar comparisons not value comparisons

In particular, HelpSeeker found that \$1.46 billion in funding was allocated in 2019 to registered charities that delivered community and social services. This amounts to approximately \$2,100 per Vancouver resident, making Vancouver the city with the highest concentration of community and social services charities across all Canadian jurisdictions studied by HelpSeeker.¹⁶

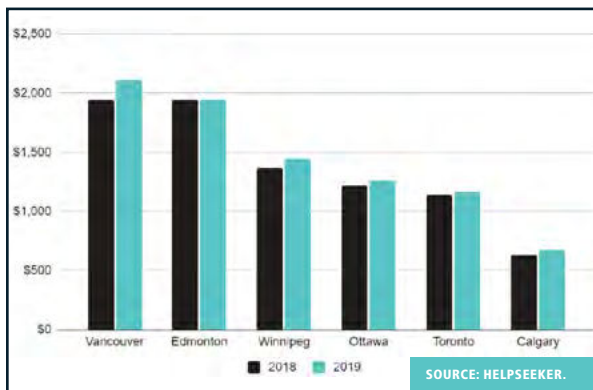


FIGURE 2. INVESTMENTS PER CAPITA TO COMMUNITY AND SOCIAL SERVICES CHARITIES (CRA, 2018-2019).

Most of these charitable investments are concentrated into Vancouver’s Downtown Eastside (DTES) specifically.¹⁷iii The DTES is referenced frequently by HelpSeeker because, although it is a vibrant close-knit community, it also has a significant concentration of social challenges converging from all parts of Canada. HelpSeeker found that \$406 million in charitable investments¹⁸ were directed to organizations with addresses in the DTES, representing more than \$1M a day.¹⁹ This is equivalent to \$19,500 per DTES resident per year.

... BUT THE SOCIAL SAFETY NET IS ACTUALLY MUCH LARGER.

HelpSeeker’s estimate should be interpreted as a conservative one.

First, only a portion of provincial government expenditures into the social safety net were included in the financial estimates compiled by HelpSeeker. For example, \$3.57 billion was spent by the Ministry of Social Development and Poverty Reduction in 2019.²⁰ While some of these funds may be included indirectly in the form of donations to Vancouver’s charitable sector (e.g. grants), the rest is not included as part of HelpSeeker’s \$5 billion tally.

Next, not all charities and non-profit organizations are included in the analysis. For example, religious and educational charities such as the *Union Gospel Mission* and the *Boys and Girls Club* are excluded from HelpSeeker’s analysis.

Finally, HelpSeeker’s report excludes capital investments such as government funding intended to build or acquire new social housing units in Vancouver. For example, upwards of 800 units of social housing were purchased in Vancouver by various levels of government in 2020 and 2021, for a combined estimated cost of approximately \$267 million.²¹ None of these capital investments, or earlier social housing investments, are included in HelpSeeker’s \$5 billion tally.

iii Catchment areas for some service providers reach beyond their locations.

HELPSEEKER'S REPORT RAISES QUESTIONS ABOUT THE OVERALL EFFECTIVENESS OF THESE INVESTMENTS AND THE LACK OF COORDINATION.



This report highlights many of the cracks that exist in the current social ecosystem in Vancouver. For many years, it has been widely understood by those who work within the system, as well as by those who access the system, that it does not function in a way that is beneficial to either stakeholders or the community at large.”

– HELPSEEKER'S REPORT, PAGE 19.

Despite considerable efforts and financial resources invested into the social safety net, a disproportionate number of lives continue to be lost in Vancouver due to preventable causes, including fatal drug overdoses.²²

In 2021, there were 527 fatal overdoses in Vancouver, an increase of 26% over 2020 and 115% over 2019.²³ With a rate of 58 overdose deaths per 100,000 persons in 2020, Vancouver had more fatal overdoses per capita than Chicago, New York City, and Los Angeles.²⁴

Despite sustained efforts to deliver more coordinated and integrated health care across British Columbia, the probability that a person with a substance use disorder would be readmitted within 30 days after being discharged from an emergency department (ED) increased from 49.5% in 2013 to 60.5% in 2017.²⁵

The DTES, in particular, remains one of the most impoverished neighborhoods in Canada and the worst area in Metro Vancouver in terms of situational vulnerability.²⁶ Relative to the average British Columbia resident, a DTES resident is 32.3% more likely to live with depression, 30.8% more likely to live with mood and anxiety disorders, and seven times more likely to live with schizophrenia or other delusional disorders.²⁷

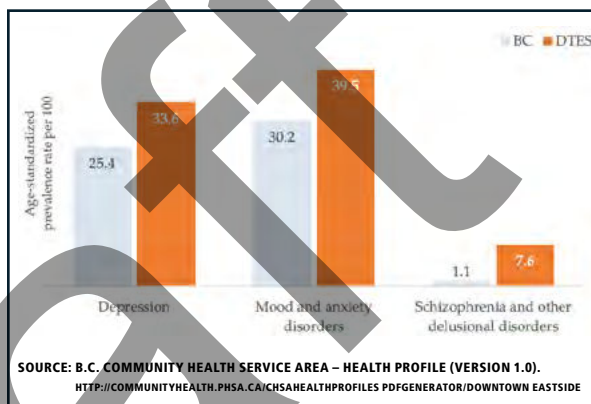


FIGURE 3. MENTAL HEALTH ISSUES IN THE DTES (CHSA 3221) RELATIVE TO THE B.C. AVERAGE.

As highlighted by HelpSeeker's report, these persistent and concentrated social challenges are seen and felt by local residents, businesses, commuters, and visitors. They also raise questions around the efficacy of the current response and reiterate the need for reform.



Despite the investment allocated to this area, social issues have been exacerbated over the last few years, pointing to the need for continuous improvement required at the systems levels.”

– HELPSEEKER'S REPORT, PAGE 55.

HELPSSEEKER'S REPORT RECOMMENDS A RENEWED FOCUS ON INDIVIDUAL AND COMMUNITY OUTCOMES.



With an average of \$1.3 billion in funds going to charities, of which only 12% was traceable to charities delivering direct services, we have a considerable crisis, with work to do to define if this design is meeting our needs. Where it is not, we must determine how we might do it better by doing it differently.

[...]

Could there be a way to examine the current investments and redeploy more investments to direct service delivery to meet this need? What would be the ideal front-line staff requirement to provide appropriate levels of services for residents?"

– HELPSSEEKER'S REPORT
PAGES 22 AND 65.

More than ever, a better understanding of what does and does not work is needed to inform future decision-making in the social service sector. In order to close this gap, policy-makers and researchers must ask difficult questions and look past simplistic solutions to ensure that long-term problems are not perpetuated.

A 2021 systematic review of the academic literature concluded that long-term stable housing scattered across the rental market, combined with the provision of supportive services tailored to each client's needs and choices ("permanent supportive housing"), was effective in improving housing stability and quality of life for people with a lived experience of homelessness.²⁸ However, the ability of these same supportive housing interventions to improve mental health or substance use outcomes remains unclear.²⁹

One study revealed that antipsychotic medication adherence only reached 61% across Vancouver residents in congregate social housing.³⁰ Adherence to methadone maintenance treatment (MMT) is also believed to be similarly low, even with supportive housing.³¹ For context, scientific studies suggest that antipsychotic drugs will have the desired effects only when adherence exceeds 80%.³²

Researchers have already suggested that new models of care may need to be implemented.³³ In the meantime, more studies and tracking mechanisms are needed to identify solutions and assess what improvements are being achieved by the investments and other significant efforts that are poured into Vancouver's social safety net.

In Vancouver, there is an incongruity between areas of the social services sector that receive the most funding and the social solutions that are proven to have positive outcomes. While generous funding is allocated to reactive measures to alleviate the effects or symptoms of poverty, there is comparatively little funding reserved for proactive measures intended to help vulnerable families and single parents, victims of intimate partner violence, youth at risk, or persons with substance use and/or mental health disorders who desire treatment-on-demand services.³⁴ Similarly, addiction recovery programs, offender rehabilitation programs, and programs tailored specifically for Indigenous persons remain scarce.

HELPSEEKER FINDS THAT MORE ACCOUNTABILITY AND TRANSPARENCY IS NEEDED.

Many community observers have called for greater community ownership as a way to drive positive change.³⁵ Community ownership requires not only mobilization but also accountability. One of the best ways to achieve the desired outcomes is to identify aspirational benchmarks and pair them with transparent goals that indicate progress over time. Transparency ensures accountability and encourages organizations to achieve better outcomes. Notably, HelpSeeker's report concludes that there are few publicly available and transparent metrics to assess the performance and impact of the social services sector.

More transparent reporting by the non-profit sector and government agencies would show how the money is allocated and would help confirm whether there are more efficient and effective ways to spend it. It would help decision-makers determine where they can have the greatest impact on people's lives as they implement well-intentioned policies or initiatives.

Beyond the initial capital investments required to acquire land and build new facilities or convert existing ones, annual operating expenses for social housing units are steep. In 2020, the City of Vancouver estimated that the annual operating cost for each unit of social housing was approximately \$37,500, or \$3,125 per month.³⁶ However, there is no publicly available breakdown showing how staffing costs are allocated and what services are included. There are also very few measurable outcomes. This raises important questions about return-on-investment, value-for-money, and cost-efficiency. A fuller understanding of how social housing costs are allocated is required.

This gap has been noted previously. In 2020, a group of citizens called for an audit of how funding for the social services sector was being spent in the DTES.³⁷ Public demands for accountability started more than a decade ago.³⁸ In 2009, the VPD called for a

more integrated client-based service delivery model spearheaded by top-level decision-makers accountable for coordinating the DTES recovery efforts of all relevant community partners.³⁹ The VPD recently advocated for this to the *Special Committee on Reforming the Police Act* with the goal of improving the current situation through increased coordination and accountability. Since 2009, the conditions in the DTES have grown markedly worse.

Other Canadian cities have also voiced similar concerns – Edmonton, Hamilton, and Saint John (NB) are aspiring to implement the Collective Impact model, which emphasizes structured collaboration between multiple community partners. This model requires five elements: i) a common agenda and shared vision for change, ii) shared measurement systems to track progress and learn from successes as well as failures, iii) mutually reinforcing activities that leverage what each participating agency does best, iv) continuous communication to learn and solve problems together, and iv) a separate, full-time team dedicated to providing backbone support for the entire initiative.

HELPSEEKER'S REPORT CALLS FOR BETTER COORDINATION AND ALIGNMENT.



“The abundance of overlapping services combined with differing service mandates makes seeking and receiving care difficult for many people. There needs to be a set standard for how services can align without overlapping, and to complement one another.”

– HELPSEEKER'S REPORT, PAGE 4.

Currently, there is no integrated strategy or unified governance framework to address in a cohesive manner the social challenges afflicting Vancouver, such as poverty, homelessness, mental health disorders, opioid overdoses, violence, and victimization.

At the City of Vancouver, for example, social housing projects are managed by four separate departments.⁴⁰ Similarly, at least six distinct provincial ministries are directly responsible for specific public policy and service delivery areas related to the social safety net.⁴¹ This means no fewer than 10 separate ministries and departments are directly involved in Vancouver's social safety net.

Because no one is responsible for overseeing Vancouver's social services sector in a centralized manner, many of the service providers operate in separate silos. Meanwhile, community members dealing with the health system report confusion, persistent barriers, and a lack of coordination between service providers.

“ Many services operate in isolation from one another. Health care consumers are frequently confused about what services are available and how they are connected. [...] DTES residents feel too many agencies play whack-a-mole, as they wait to see where the people we have failed will emerge – at an emergency ward, or a shelter, or a jail.”⁴²

The lack of coordination between providers leaves service gaps and creates mutually reinforcing negative feedback loops.

“ If you cannot get stable housing it is extremely difficult to hold down a job, but if you cannot get a full-time job you cannot get a lease for an apartment or basement suite. [...] Some people with substance use issues expressed the need to avoid the Downtown Eastside (DTES) to stay clean, but most of the services for recovery and basic living are in the DTES which can draw them back into active substance use.”⁴³

Safer supply, pharmaceutical-grade alternatives to the toxic street drug supply, is one harm reduction measure that would clearly benefit from a more coordinated approach. The idea has been championed in Vancouver for many years.⁴⁴ The Federal government is already funding a number of prescribed safer supply pilot projects across the country.⁴⁵ One lingering issue is that the government-authorized pain medication prescribed by doctors is not always the one people want.⁴⁶ This discrepancy contributes to the underground market for street drugs.

HelpSeeker's report makes it clear that better cross-sector collaboration and coordination is needed to minimize the duplication of efforts and better redirect resources that are currently assigned to ineffective (or even counter-productive) activities. There needs to be more understanding and action to harmonize the work currently done in separate silos.

On October 7, 2021, Vancouver City Council approved the Motion titled “Public Safety: Evaluating and Addressing Any Impacts of City of Vancouver Actions on Neighbourhood Safety”, which called for dignified, safe and supportive housing “with access to supportive services including mental health supports as well as addictions management and treatment services.” All these efforts can occur, and will be successful, only if all community partners work together in unison. Isolated actions or policies will not have the desired impact if they are not aligned with what the other organizations are doing.

MORE PARTNERSHIPS ARE NEEDED.

The VPD is committed to use HelpSeeker’s SIA to identify transparent and accountable organizations it can partner with to develop effective solutions. The VPD has long understood that its public safety mission and goals can only be accomplished by fully leveraging strategic partnerships with other organizations and groups. Successful VPD partnerships address upstream drivers of criminality and disorder before they materialize. These VPD partnerships are ongoing and have a positive impact for everyone in Vancouver.

Over the past decades, the VPD has established productive working relationships and partnerships with numerous agencies, the City of Vancouver, local schools, and provincial organizations such as the Ministry of Children and Family Development, health agencies such as VCH, and social service agencies such as Family Services of Greater Vancouver. The VPD also engages local community partners through business associations such as the Downtown Vancouver Business Improvement Association, resident associations via the Block Watch program, and volunteers through Community Policing Centres (CPCs) and the Citizens' Crime Watch program. These relationships have yielded significant dividends in critical public safety areas such as: youth outreach and intervention, mental health outreach and intervention, victim services and advocacy, and crime prevention.

The VPD also invests in prevention programs such as the NewKids Police Academy and VPD Cadets. These VPD initiatives, and many more, are described in the [Community Matters](#) report.

The most successful VPD initiatives are coordinated, multi-faceted, inter-agency efforts. For example, Vancouver’s highly successful Assertive Community Treatment (ACT) partnership program involves five teams of psychiatrists and mental health nurses working alongside police officers, social workers, housing specialists, vocational counselors, occupational therapists, peer counselors, and cultural support workers. The client-centric ACT program relies on a holistic approach to serve community members, helping them with medications, housing, finances, and everyday problems they may experience. Outcomes for ACT participants improve measurably once they join the program: within one year after enrollment, hospital stays related to mental health and emergency department visits by ACT participants in Vancouver shrink by half, and police contacts shrink by one third on average. Data shows that these improvements are sustained long afterwards and even grow stronger as time goes by. In the long term, it is estimated that ACT participants visit emergency departments 86% less often, spend 31 fewer days per year in hospital for mental health treatment, reduce their police contacts by two thirds, and reduce their risk of victimization by one third.⁴⁷ These Vancouver-specific findings are consistent with academic research which showed that the ACT model is cost-effective.⁴⁸ At a strategic level, the ACT partnership has also encouraged system-wide efficiency gains.

The reality is that the entire VPD budget accounts only for approximately 6.2% of Vancouver’s social safety net. For every dollar spent on policing in Vancouver, \$15 is spent on other areas of the social safety net.

While they account for a relatively modest share of the social safety net, investments into policing enable other community partners to do their valuable work within an incredibly hazardous environment. The fact is that many frontline workers would be unable to accomplish their work if they were not supported by police.



Needles all over the floor I can deal with because I know that they're there... I can deal with that. I don't like the guy sitting in the chair, while we're doing an overdose in the SRO's, staring at me, with the knife next to him. That bothers me."

— PARAMEDIC WORKING IN THE DTES QUOTED IN WILLIAMS-YUEN ET AL. (2020).



I am a psychiatrist. I work at VGH. [...] I do want to say that we cannot do our work without that partnership. The officers that work on those teams work closely with our nurses and our clinicians and our physicians. We go into very interesting situations at times but, with the utmost attention to trauma-informed practice [...], the police that are involved in these situations are excellent, incredibly thoughtful, and nuanced in those situations. So we need more of that."

— DR. J.J. SIDHU, DEPARTMENT HEAD & MEDICAL DIRECTOR FOR MENTAL HEALTH & SUBSTANCE USE (MHSU) VANCOUVER, ADDRESSING VANCOUVER CITY COUNCIL ON APRIL 28, 2022.

CONCLUSION

There is a mistaken belief that police and social programs compete for a set amount of resources and funding, implying that the social services sector is a zero-sum game. It is not an "either/or" proposition. Both areas require proper funding and attention in order to be successful. Police and social programs are, in fact, complementary. Both contribute positively to Vancouver's social safety net.

The purpose of this report is to initiate a conversation that leads to improved cohesion and a brighter future for those suffering the most. The VPD is prepared to engage with all service delivery partners and contribute to a better, more collaborative approach to deal with social issues in ways that do not compromise public safety or community well-being.

Ultimately, the right amount of money should be spent in the right places and on the right initiatives to achieve the best possible outcomes. The people of Vancouver deserve nothing less.

TABLES

TABLE 1. SAMPLE OF SOCIAL HOUSING FACILITIES IN VANCOUVER PURCHASED BY GOVERNMENTS IN 2020 AND 2021.

SOCIAL HOUSING FACILITY	STREET ADDRESS	PURCHASED BY	EST. PRICE* (\$ MILLION)	NO. OF UNITS	COST PER UNIT
Howard Johnson (Luugat)	1176 & 1150 Granville	Province	56.6	110	\$514,545
Buchan Hotel	1906 Haro	Province	19.6	63	\$311,111
Thornton Park Hotel	956 Main	Province	5.0	22	\$227,273
Station Hotel	1012 Main	Province	6.9	32	\$215,625
Patricia Hotel	403 & 427 East Hastings	Province	64.4	195	\$330,256
American Hotel*	928 Main	Province	17.9	42	\$426,190
Burns Block	18 West Hastings	Province	10.9	30	\$363,333
Ramada	435 West Pender	Federal + Province	28.7	80	\$358,750
Vancouver Hostel	1025 Granville	Federal + Province	19.3	77	\$250,649
The Lark	103 East Hastings	Federal + Province	5.1	33	\$154,545
Best Western*	205 Kingsway	Federal + Municipal	14.3	68	\$210,294
Days Inn	2075 Kingsway	Federal + Municipal	19.0	65	\$292,308
TOTAL			267.7	817	\$327,662

VARIOUS SOURCES: BC Auditor General (2022); BC Ministry of Attorney General (2021); McElroy (2021); Chan (2021); Bula (2021). * When the purchase price of a property was not disclosed, its assessed value is reported.

TABLES

TABLE 2. YEARS OF LIFE LOST DUE TO PREVENTABLE CAUSES BY CANADIAN JURISDICTION.

	FATAL DRUG OVERDOSES				ALL PREVENTABLE CAUSES	
	Reduced life expectancy (2009-2017)†	Rank 1=Worst	Rate per 100,000 (2020)*	Rank 1=Worst	Years of life lost per 100,000 (2014/2016)**	Rank 1=Worst
Vancouver, BC	-0.441	1	58.3	1	1,778	2
Fraser South, BC	-0.311	2	31.6	2	1,957	1
Fraser North, BC	-0.265	3	25.5	3	1,713	4
North Shore/Coast, BC	-0.173	4	16.4	5	1,759	3
Richmond, BC	-0.106	5	8.8	9	932	11
Toronto, ON	-0.102	6	18.7	4	1,697	6
Peel Region, ON	-0.080	7	10.7	7	1,361	9
Ottawa, ON	-0.036	8	14.0	6	1,549	8
York Region, ON	-0.031	9	6.0	11	1,132	10
Québec Region, QC	0.002	10	9.5	8	1,698	5
Montréal, QC	0.008	11	8.4	10	1,683	7

† Change in life expectancy at birth attributable to drug overdoses – 2009/2011 vs. 2015/2017. SOURCE: Statistics Canada. <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310043401>

* SOURCES: BC Coroners Service (2022).

ON: *Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic* (annualized rates extrapolated from the pandemic cohort data on page 31). <https://odprn.ca/research/publications/opioid-related-deaths-in-ontario-during-covid/>

QC: Santé publique de Montréal (<https://santemontreal.qc.ca/professionnels/drsp/sujets-de-a-a-z/surdoses/vigie-des-surdoses/>) and Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale (<https://www.ciuss-capitalenationale.gouv.qc.ca/gbb>; <https://www.journaldequebec.com/2021/02/25/les-surdoses-ont-double-dans-la-capitale-nationale>).

** Age-standardized rates. SOURCE: Statistics Canada. <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310074301> (all preventable deaths, 2014/2016); <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310074201> (HIV, 2010/2012).

TABLES

TABLE 3. OPERATING EXPENSES FOR VANCOUVER'S THREE LARGEST SOCIAL HOUSING OPERATORS.

Expense category	\$ SPENT IN 2021				% OF ENTIRE OPERATING BUDGET			
	Atira*	PHS	RainCity	Combined	Atira*	PHS	RainCity	Combined
Wages and employee benefits	\$32,065,434	\$39,549,615	\$28,732,619	\$100,347,668	58.7%	64.1%	69.4%	63.7%
Building operations (Note 1)	\$14,311,862	\$9,483,648	\$6,359,870	\$30,155,380	26.2%	15.4%	15.4%	19.1%
Client and residential services (Note 2)	\$4,114,793	\$6,016,215	\$3,568,903	\$13,699,911	7.5%	9.8%	8.6%	8.7%
Administration (Note 3)	\$3,220,673	\$5,664,493	\$1,807,174	\$10,692,340	5.9%	9.2%	4.4%	6.8%
Financial charges (Note 4)	\$873,427	\$942,713	\$932,031	\$2,748,171	1.6%	1.5%	2.3%	1.7%
TOTAL	\$54,586,189	\$61,656,684	\$41,400,597	\$157,643,470	100%	100%	100%	100%
Number of units** under management	~800	~1,750	~1,000	~3,550				
Approx. monthly operating costs per unit	\$5,600	\$2,900	\$3,400	\$3,700				
Excl. building operations	\$4,100	\$2,400	\$2,900	\$3,000				

SOURCE: Published 2021 Financial Statements and Annual Reports.

- Atira Women's Resource Society (Atira): https://atira.bc.ca/wp-content/uploads/ImpactReport_2021.pdf

- Portland Hotel Society (PHS): <https://www.phs.ca/wp-content/uploads/2021/09/phs-annual-report-2021.pdf>

- RainCity Housing and Support Society (RainCity): https://www.raincityhousing.org/wp-content/uploads/2021/10/2021_RainCityHousing_AuditedFS_with_Schedules.pdf

* Excludes Atira's expenses earmarked specifically for its emergency COVID-19 response.

** Not all of them strictly in Vancouver.

NOTES: 1) Building operations category includes: maintenance, amortization, rent or lease costs, utilities, security, and property taxes, as applicable. 2) Client and residential services category includes: rent supplements, food, and supplies, as applicable. 3) Administration category includes: general administration, fundraising, marketing/advertising, training, travel, IT and communications, insurance, property management fees, and legal/accounting/professional fees, as applicable. 4) Financial charges category includes: debt servicing, bank charges, and other financial adjustments (e.g. bad debts written off), as applicable.

SOURCES

- Aubry, Tim; Goering, Paula; Veldhuizen, Scott; Adair, Carol E.; Bourque, Jimmy; Distasio, Jino; Latimer, Eric; Stergiopoulos, Vicky; Somers, Julian; Streiner, David L.; Tsemberis, Sam (2016). A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness. *Psychiatric Services*, 67(3):275-281. DOI: 10.1176/appi.ps.201400587
- Aubry, Tim; Nelson, Geoffrey; Tsemberis Sam (2015). Housing First for People with Severe Mental Illness Who are Homeless: A Review of the Research and Findings from the at Home—Chez soi Demonstration Project. *The Canadian Journal of Psychiatry*, 60(11):467-474. DOI: 10.1177/070674371506001102
- Azpiri, Jon (2021). City of Vancouver buys Days Inn hotel to house homeless people. *Global News*, Mar. 1, 2021. <https://globalnews.ca/news/7670092/vancouver-hotel-purchase-homelessness/>
- B.C. Auditor General (2022). BC Housing's COVID-19 Response: Property Purchases. March 2022. <https://www.bcauditor.com/sites/default/files/publications/reports/BCOAG-BCHousing-COVID-19-Response-Property-Purchases-Report-March-2022.pdf>
- B.C. Coroners Service (2022). Illicit Drug Toxicity Deaths in BC. <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illcicit-drug.pdf>. NOTE: The report is continuously updated on a rolling basis. Historical numbers are subject to change slightly as the data is updated.
- B.C. Ministry of Attorney General (2021). More homes coming for people in need in Vancouver. Apr. 1, 2021. <https://news.gov.bc.ca/releases/2021AG0024-000620>
- Bennett, Nelson (2020). Citizens group demands audit of DTES spending. *Business In Vancouver*, Sep. 10, 2020. <https://www.westerninvestor.com/british-columbia/citizens-group-demands-audit-of-dtes-spending-3832499>
- Bond, Garry R.; Drake, Robert E.; Mueser, Kim T.; Latimer, Eric (2001). Assertive Community Treatment for People with Severe Mental Illness. *Disease Management and Health Outcomes*, 9:141-159. DOI: 10.2165/00115677-200109030-00003
- Bula, Frances (2021). Vancouver buys hotel to help tackle housing crisis. *The Globe and Mail*, Mar. 1, 2021. <https://www.theglobeandmail.com/canada/british-columbia/article-vancouver-buys-hotel-to-help-tackle-housing-crisis/>
- Bula, Frances (2022). B.C. orders review of its own housing agency amid scrutiny over funding of non-profit partners. *The Globe and Mail*, Feb. 16, 2022. <https://www.theglobeandmail.com/canada/british-columbia/article-bc-orders-review-of-its-own-housing-agency-amid-scrutiny-over-funding/>
- The Canadian Press (2008). Unscrupulous landlords target Vancouver's poorest. *CBC News*, Mar. 23, 2008. <https://www.cbc.ca/news/canada/british-columbia/unscrupulous-landlords-target-vancouver-s-poorest-1.771279>
- Carrigg, David (2010). Comprehensive audit: Find out how the money's being spent. *The Province*, Jan. 20, 2010. <https://theprovince.com/news/comprehensive-audit-find-out-how-the-moneys-being-spent>
- Chan, Kenneth (2021). Gastown market rental homes sold to BC government for homeless housing. *Daily Hive*, Apr. 19, 2021. <https://dailyhive.com/vancouver/burns-block-18-west-hastings-street-vancouver-supportive-housing>
- Cheuy, Sylvia (2018). Community Engagement - A Foundational Practice of Community Change. Tamarack Institute, 2018 Community Change Festival Series. <https://www.tamarackcommunity.ca/library/paper-community-engagement-a-foundational-practice-of-community-change>

SOURCES

- City of Vancouver (2019). Safe Supply Statement. <https://vancouver.ca/people-programs/safe-supply-statement.aspx>
- City of Vancouver (2020). Response to Council Motion: Emergency COVID-19 Relief for Unsheltered Vancouver Residents, RTS No. 014069, Oct. 2, 2020. <https://council.vancouver.ca/20201008/documents/spec1memo.pdf>
- Culbert, Lori and McMartin, Peter (2014). Downtown Eastside: 260 agencies, housing sites crowd Downtown Eastside. The Vancouver Sun, June 27, 2014. <https://vancouversun.com/news/metro/downtown-eastside-260-agencies-housing-sites-crowd-downtown-eastside-with-video-and-map>
- Global Affairs Canada (2020). Statistical report on international assistance 2018-2019. <https://www.international.gc.ca/gac-amc/assets/pdfs/publications/sria-rsai-2018-19-en.pdf>
- Government of Canada (2020). Letter from the Minister of Health regarding treatment and safer supply. Aug. 24, 2020. <https://www.canada.ca/en/health-canada/services/substance-use/minister-letter-treatment-safer-supply.html>
- Homayra, Fahmida; Pearce, Lindsay A.; Wang, Linwei; Panagiotoglou, Dimitra; Sambo, Tamunoibim F.; Smith, Neale; McKendry, Rachael; Wilson, Bonnie; Joe, Ronald; Hawkins, Ken; Barrios, Rolando; Mitton, Craig; Nosyk, Bohdan (2020). Cohort profile: The provincial substance use disorder cohort in British Columbia, Canada. *International Journal of Epidemiology*, 49(6):1776-1776j. DOI: 10.1093/ije/dyaa150
- Honer, W. G.; Cervantes-Larios, A.; Jones, A. A.; Vila-Rodriguez, F.; Montaner, J. S.; Tran, H.; Nham, J.; Panenka, W. J.; Lang, D. J.; Thornton, A. E.; Vertinsky, T.; Barr, A. M.; Procyshyn, R. M.; Smith, G. N.; Buchanan, T.; Krajden, M.; Krausz, M.; MacEwan, G. W.; Gicas, K. M.; Leonova, O.; Langheimer, V.; Rauscher, A.; Schultz, K. (2017). The Hotel Study—Clinical and Health Service Effectiveness in a Cohort of Homeless or Marginally Housed Persons. *The Canadian Journal of Psychiatry*, 62(7):482-492. DOI: 10.1177/0706743717693781
- Kania, John and Kramer, Mark (2011). Collective Impact. *Stanford Social Innovation Review*, 9(1):36-41. DOI: 10.48558/5900-kn19
- Kania, John; Williams, Junious; Schmitz, Paul; Brady, Sheri; Kramer, Mark; Juster, Jennifer Splansky (2022). Centering Equity in Collective Impact. *Stanford Social Innovation Review*, 20(1):38-45. DOI: 10.48558/rn5m-ca77
- Karve, Sudeep; Cleves, Mario A.; Helm, Mark; Hudson, Teresa J.; West, Donna S.; Martin, Bradley C. (2009). Good and poor adherence: optimal cut-point for adherence measures using administrative claims data. *Current Medical Research and Opinion*, 25(9):2303-2310. DOI: 10.1185/03007990903126833
- Latimer, Eric A.; Rabouin, Daniel; Cao, Zhirong; Ly, Angela; Powell, Guido; Aubry, Tim; Distasio, Jino; Hwang, Stephen W.; Somers, Julian M.; Bayoumi, Ahmed M.; Mitton, Craig; Moodie, Erica E. M.; Goering, Paula N.; For the At Home/Chez Soi Investigators (2020). Cost-Effectiveness of Housing First With Assertive Community Treatment: Results From the Canadian At Home/ Chez Soi Trial. *Psychiatric Services*, 71(10):1020-1030. DOI: 10.1176/appi.ps.202000029
- Lee, Jeff (2014). Auditor raises doubts about Atira's survival. The Vancouver Sun, Mar. 25, 2014. <https://vancouversun.com/news/metro/auditor-raises-doubts-about-atiras-survival>
- Martineau, Pierre (2015). Eastside Pharmacy closure opposed by DTES medical professionals. CBC News, Dec. 1, 2015. <https://www.cbc.ca/news/canada/british-columbia/eastside-pharmacy-doctors-oppose-1.3346145>

SOURCES

- McElroy, Justin (2021). Governments spend more than \$250M on Vancouver properties to reduce homelessness this year. CBC News, Apr. 28, 2021. <https://www.cbc.ca/news/canada/british-columbia/vancouver-properties-hotels-homeless-1.6006017>
- McMartin, Pete (2014). A marriage of inconvenience. The Vancouver Sun, Mar. 25, 2014. <https://vancouversun.com/opinion/columnists/pete-mcmartin-a-marriage-of-inconvenience>
- McSheffrey, Elizabeth (2022). Mostly ineffective: B.C.'s safe supply program not meeting the need, say advocates. Global News, Mar. 2, 2022. <https://globalnews.ca/news/8655724/bc-safe-supply-not-meeting-need-advocates/>
- Medrano, Kastalia (2022). A BC Safe Supply Program Pushes the Medical Model as Far as It Will Go. Filter Magazine, Feb. 3, 2022. <https://filtermag.org/medical-safe-supply-fentanyl/>
- Moledina, Aliza; Magwood, Olivia; Agbata, Eric; Hung, Jui-Hsia; Saad, Ammar; Thavorn, Kednapa; Pottie, Kevin (2021). A comprehensive review of prioritised interventions to improve the health and wellbeing of persons with lived experience of homelessness. Campbell Systematic Reviews, 17(2):e1154. DOI: 10.1002/cl2.1154
- NASA (2018). NASA's Management and Utilization of the International Space Station. Office of Inspector General, July 30, 2018. <https://oig.nasa.gov/docs/IG-18-021.pdf>
- Parpouchi, Milad; Moniruzzaman, Akm; Rezanoff, Stefanie N.; Russolillo, Angela; Somers, Julian M. (2018). The effect of Housing First on adherence to methadone maintenance treatment. International Journal of Drug Policy, 56:73-80. DOI: 10.1016/j.drugpo.2018.03.012
- Pottie, K.; Kendall, C. E.; Aubry, T.; Magwood, O.; Andermann, A.; Salvalaggio, G.; Ponka, D.; Bloch, G.; Brcic, V.; Agbata, E.; Thavorn, K.; Hannigan, T.; Bond, A.; Crouse, S.; Goel, R.; Shoemaker, E.; Wang, J. Z. J.; Mott, S.; Kaur, H.; Mathew, C.; Hashmi, S. S.; Saad, A.; Piggott, T.; Arya, N.; Kozloff, N.; Beder, M.; Guenter, D.; Muckle, W.; Hwang, S.; Stergiopoulos, V.; Tugwell, P. (2020). Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience. Canadian Medical Association Journal (CMAJ), 192(10):E240-E254. DOI: 10.1503/cmaj.190777
- Relova, Sharon; Joffres, Yayuk; Rasali, Drona; Zhang, Li Rita; McKee, Geoffrey; Janjua, Naveed (2022). British Columbia's Index of Multiple Deprivation for Community Health Service Areas. Data, 7(2), Article No. 24. DOI: 10.3390/data7020024
- Rezanoff, Stefanie N.; Moniruzzaman, Akm; Fazel, Seena; Procyshyn, Ric; Somers, Julian M. (2016). Adherence to antipsychotic medication among homeless adults in Vancouver, Canada: a 15-year retrospective cohort study. Social Psychiatry and Psychiatric Epidemiology, 51(12):1623-1632. DOI: 10.1007/s00127-016-1259-7
- Rezanoff, Stefanie N.; Moniruzzaman, Akm; Fazel, Seena; McCandless, Lawrence; Procyshyn, Ric; Somers, Julian M. (2017). Housing First Improves Adherence to Antipsychotic Medication Among Formerly Homeless Adults With Schizophrenia: Results of a Randomized Controlled Trial. Schizophrenia Bulletin, 43(4):852-861. DOI: 10.1093/schbul/sbw136
- Sinoski, Kelly and Fowlie, Jonathan (2008). Methadone users 'get pharmacy kickbacks'. The Vancouver Sun, Sept. 8, 2008. <https://vancouversun.com/news/methadone-users-get-pharmacy-kickbacks>

SOURCES

- Somers, Julian M.; Moniruzzaman, Akm; Patterson, Michelle; Currie, Lauren; Rezanoff, Stefanie N.; Palepu, Anita; Fryer, Karen (2017). A Randomized Trial Examining Housing First in Congregate and Scattered Site Formats. PLoS ONE, 12(1):e0168745. DOI: 10.1371/journal.pone.0168745
- Vancouver Coastal Health (2014). Client perspectives on improving health care in the Downtown Eastside. <http://www.vch.ca/layouts/15/DocIdRedir.aspx?ID=VCHCA-1797567310-1948>
- Vancouver Economic Commission (2020). B.C.'s Film, TV, VFX & Animation Industry set new records in 2019, spending more than \$4 billion. October 21, 2020. <https://www.vancouvereconomic.com/blog/media/b-c-s-film-tv-vfx-animation-industry-set-new-records-in-2019-spending-more-than-4-billion/>
- VPD (2008). Lost in Transition: How a Lack of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources. January 2008. <https://vpd.ca/wp-content/uploads/2021/06/vpd-lost-in-transition-1.pdf>
- VPD (2009). Project Lockstep: A United Effort to Save Lives in the Downtown Eastside. Feb. 4, 2009. <https://vpd.ca/wp-content/uploads/2021/06/vpd-project-lockstep.pdf>
- VPD (2017). The Opioid Crisis: The Need for Treatment on Demand. May 2017. <https://vpd.ca/wp-content/uploads/2021/06/opioid-crisis.pdf>
- Williams-Yuen, Jordan; Minaker, Gordon; Buxton, Jane; Gadermann, Anne; Palepu, Anita (2020). 'You're not just a medical professional': Exploring paramedic experiences of overdose response within Vancouver's downtown eastside. PLoS ONE, 15(9):e0239559. DOI: 10.1371/journal.pone.0239559

ENDNOTES

1. See Table 1 in Appendix. None of these capital investments are included in HelpSeeker's \$5 billion tally.
2. City of Vancouver (2020), page 6. See also Table 4 in Appendix.
3. BC Coroners Service (2022), Table 10.
4. Homayra et al. (2020), page 1776f.
5. Homayra et al. (2020), Figure 4.
6. See HelpSeeker's report, pages 22 and 65-66.
7. <http://www.vch.ca/Documents/DTES-Second-Generation-Health-System-Strategy-Design-Paper.pdf>
Appendix 3, page 41
8. See HelpSeeker's report, Table 3-1.
9. BC Ferries (2020). <https://www.bcferries.com/news-releases/bc-ferries-releases-year-end-results>
10. Global Affairs Canada (2020).
11. Vancouver Economic Commission (2020).
12. NASA (2018).
13. ESPN (2008). <https://www.espn.com/espn/print?id=3587396>
14. Forbes (2020). <https://www.forbes.com/sites/mikeozanian/2020/12/09/nhl-team-values-2020-hockeys-first-decline-in-two-decades/>
15. Bill & Melinda Gates Foundation, 2019 Annual Report. <https://www.gatesfoundation.org/about/financials/annual-reports/annual-report-2019>. See also: Annual Letter 2017. <https://www.gatesnotes.com/2017-Annual-Letter>
16. See HelpSeeker's report, Figure 3-3.1.1b.
17. See HelpSeeker's report, Figure 3-5.2.
18. See HelpSeeker's report, Table 3-5.1.
19. See, for example: Culbert & McMartin (2014). This earlier estimate didn't include capital or medical expenditures.
20. See HelpSeeker's report, Table 3-4b.
21. See Table 1 in Appendix.
22. See Table 2 in Appendix. These are premature deaths that can be avoided through primary prevention efforts.
23. BC Coroners Service (2022), Table 10.
24. Chicago: https://www.chicagohan.org/alert-detail?&_hanalertdetailsweb_alertId=46669681
NYC: <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf>.
Los Angeles: <https://skylab.cdph.ca.gov/ODdash/>

ENDNOTES

25. Homayra et al. (2020), Figure 4. Clients with an opioid use disorder or a mental health condition fared even worse.
26. Relova et al. (2022), Figure 1. Raw data: [http://www.bccdc.ca/Our-Services-Site/Documents/BCIMD CHSA 2016 PCA Scores.xlsx](http://www.bccdc.ca/Our-Services-Site/Documents/BCIMD_CHSA_2016_PCA_Scores.xlsx).
27. See Figure 2.
28. Moledina et al. (2021), a systematic review of 15 separate studies across 41 individual academic publications (p. 15). These studies included many participants with mental illness and substance abuse disorders (p. 16), and delivered either assertive community treatment (ACT) or intensive case management (ICM) services depending on the severity of the mental health symptoms and needs of the participants (p. 12).
29. See, for example: Aubry et al. (2016), Somers et al. (2017), and a systematic review of 14 separate trials by Pottie et al. (2020).
30. Rezansoff et al. (2017).
31. Parpouchi et al. (2018).
32. See, for instance: Karve (2009).
33. Honer et al. (2017).
34. See, for example: Figures 3-9.2.1b/c and 3-9.2.2b in HelpSeeker's report. See also: VPD (2008) and VPD (2017).
35. Cheuy (2018).
36. City of Vancouver (2020), page 6. See also Table 4 in Appendix.
37. See Bennett (2020).
38. See, for example: Carrigg (2010).
39. See VPD Project Lockstep (2009).
40. Kania & Kramer (2011). See also: Kania et al. (2022), the follow-up essay that explains why equity is also a key success factor.
41. They are: i) Housing Policy & Regulation branch in the Planning, Urban Design and Sustainability department, ii) the Affordable Housing Programs branch in Arts, Culture & Community Services (ACCS), iii) Real Estate & Facilities Management, and iv) the Vancouver Affordable Housing Agency. See: City of Vancouver, 2021 Q3 Review – Operating and Capital Budgets, Jan. 26, 2022. <https://vancouver.ca/files/cov/2021-q3-quarterly-reporting-operating-capital-budgets.pdf> (page 9)
42. They are: i) Social Development & Poverty Reduction, ii) Children & Family Development, iii) Indigenous Relations & Reconciliation, iv) Health (working alongside health authorities), v) Mental Health & Addictions, and vi) Public Safety & Solicitor General.
43. Vancouver Coastal Health (2014), pages 9 and 29.

ENDNOTES

44. City of Vancouver (2019). Poverty Reduction Plan – What We Heard: Phase 1 (pages 12-13). <https://vancouver.ca/files/cov/poverty-reduction-plan-phase-one-engagement-what-we-heard.pdf>.
45. City of Vancouver (2019).
46. Government of Canada (2020).
47. See, for example: Vancouver Coastal Health (2014), page 21. See also: Medrano (2022) and McSheffrey (2022).
48. Relative to the year before they joined the program.
49. See, for example: Bond et al. (2001), Aubry et al. (2015), and Latimer et al. (2020).

Draft



VANCOUVER POLICE DEPARTMENT
VANCOUVER'S SOCIAL SAFETY NET – REBUILDING THE BROKEN

Draft