

**Present:**

Councillor Kooner, Chair  
Councillor Stutt, Vice Chair  
C. Izsak  
J. Gosal  
M. Mubanda  
N. Atwal

**Absent:**

J. Cuenca  
M. Rooney

**Staff Present:**

T. Waterhouse, General Manager, Community Services  
A. Murphy, Acting Manager, Housing and Social Development  
C. Brown, Housing Planner, Housing and Social Development  
S. Lee, Administrative Assistant

**Guests:**

A. Zbar, Medical Health Officer, Fraser Health  
E. Gibson, Manager, TDRPP, Fraser Health  
E. Senior, Director, MHSU, Fraser Health  
H. VanWart, Coordinator, Surrey Urban Indigenous Leadership Committee  
S. Jack, Co-Chair, Surrey Urban Indigenous Leadership Committee

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**A. ADOPTIONS****1. Adoption of the Agenda**

It was

Moved by J. Gosal  
Seconded by N. Atwal  
That:

1. The agenda of the June 21, 2023, Livability and Social Equity Committee meeting be amended by removing Item B.1: Ivan Scott and Lovleen Gill, Surrey Together Advocacy Representatives; and
2. The agenda be adopted as amended.

Carried

**2. Adoption of the Minutes – May 17, 2023**

It was

Moved by J. Gosal  
Seconded by N. Atwal  
That the minutes of the Livability and Social  
Equity Committee meeting held on May 17, 2023, be adopted.  
Carried

**B. DELEGATIONS****1. Ivan Scott and Lovleen Gill, Surrey Together Advocacy Representatives**

This item was removed from the agenda.

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2. **Samantha Jack, Co-Chair, and Harriet VanWart, Coordinator, Surrey Urban Indigenous Leadership Committee**

The delegation provided a presentation on the Surrey Urban Indigenous Leadership Committee (SUILC). The following information was highlighted:

- SUILC, pronounced 'swill-see', neither represents the land based First Nation governments nor speaks on their behalf. They rather represent the urban Indigenous people living in Surrey regardless of where they come from, their legal status, or their cultural heritage.
- SUILC is a coalition of organizations that have come together since 2015 to advocate for the more than 12,000 Indigenous people living in Surrey. The membership includes all Indigenous organizations operating in Surrey. Other non-Indigenous organizations that have a significant connection to the Indigenous population, such as the City of Surrey, Fraser Health and Surrey School District are also committee members.
- The vision of SUILC is to be a city that values Indigenous contributions to city life, a city that is committed to working towards reconciliation at all levels, and a city where every Indigenous person has the opportunity to achieve their full potential. Their mission is to be the collective voice of the urban Indigenous population in Surrey. They will advocate on behalf of all urban Indigenous people in Surrey and work collaboratively with other governments, organizations, and individuals that are committed to understanding and achieving their vision.
- The mandate of SUILC is to create and strengthen partnerships that will benefit urban Indigenous people in Surrey, expand the urban Indigenous leadership capacity in Surrey, improve and grow programs and services for urban Indigenous people in Surrey, increase education and understanding about the urban Indigenous community in Surrey, and increase funding for urban Indigenous programs and services in Surrey.
- Learning about the Indigenous population in Surrey has been foundational work for SUILC. Their research about the Indigenous population in Surrey is the first of its kind and they have learned a lot. A key finding of their research in 2015 was the size of the Indigenous population. At that time, it was close match to Vancouver's Indigenous population. Though the urban Indigenous population in Surrey was fast growing up in 2016, the population declined according to the 2021 census data. SUILC does not know the reason and will explore this further. Regardless of this recent decline, Surrey still has a large population of Indigenous people living in the city, the second highest in BC after Vancouver.
- Indigenous people live in neighbourhoods throughout Surrey. North Surrey along with Newton, Cloverdale, and South Surrey are all home to many Indigenous Surrey residents. The Indigenous population in Surrey is diverse - 6,365 people are First Nations, 5,165 people are Metis, and 115 people are Inuit. The Indigenous population is young with over half under the age of 35 and approximately a quarter of the total Indigenous people are under 14 years old.

- The four key priorities of SUILC are reducing urban Indigenous child poverty, creating more Indigenous housing options, establishing the infrastructure for community and cultural resurgence, and addressing anti-Indigenous racism. Their four current initiatives are Surrey Indigenous Youth Resiliency project, Research to Action on Indigenous Housing, Advocacy for an Indigenous Gathering Space, and Canoe Journey.
- The term Skookum means strong, powerful, and brave. Skookum Surrey carries on the spirit of Skookum by centring Indigenous brilliance to create a flourishing and connected urban Indigenous community in Surrey. They recognize and uplift people they are engaging with and make sure that engagement is reciprocal and not just extractive. SUILC's mission is to improve the urban Indigenous experience in Surrey by cultivating community, providing safe and meaningful opportunities to engage on matters that affect them, and by creating space for positive connections to other Indigenous people, families, and services.
- Many agencies and organizations including the City of Surrey have an interest in using the connection of SUILC to the urban Indigenous community to better inform research, housing development, or work that they are doing. Some examples are Nickomeckl Park, Age Friendly Strategy, Library Strategic Planning, Vision Zero Road Safety Transportation, BC Accessibility Standards, and Indigenous Youth Resiliency Programing.

In response to questions from the Committee, the delegation provided the following information:

- A lot of Skookum Surrey activities are happening at Surrey City Centre Library because it is centrally located and easily accessible by transit.
- A challenge for SUILC is that they are a coalition and not an organization or legal entity. SUILC has worked with the Indigenous community and completed a vision for a gathering place in Surrey (the Indigenous Mixed Use Space: Preliminary Vision and Program Report). Their next step is to mobilize partners and move forward with the development.
- The urban Indigenous population in Surrey may have declined in 2021 due to the COVID-19 pandemic because they may have been forced to move out of Surrey due to job loss, rent increase, and inflation. SUILC also believes the 2021 census may have under-counted all the urban Indigenous population in Surrey due to limitations of surveys in general.
- The Livability and Social Equity Committee recommend that Staff invite Council to attend an information session and dialogue hosted by the Surrey Urban Indigenous Leadership Committee to allow Council to learn more about their work.

3. **Dr. Ariella Zbar, Medical Health Officer, Erin Gibson, Manager, Toxic Drug Response and Priority Populations and Harm Reduction, and Erin Senior, Director, Mental Health and Substance Use, Fraser Health**

The delegation provided a presentation on substance use and mental health issues in Surrey and Fraser Health's responses to these issues. The following information was highlighted:

- A public health emergency was declared in BC on toxic drug response in 2016. There was a decline in illicit drug toxicity deaths in 2019, but it increased again due to the consequences of the COVID-19 pandemic. However, Fraser Health is now observing slightly encouraging signs, including in Surrey, with a slight decrease in illicit drug toxicity deaths.
- Fraser and Vancouver Coastal are regions with the largest populations, and they showed a similar number of illicit drug toxicity deaths in 2022 – 690 and 641 respectively. However, since the population size is larger in the Fraser region, the death rate is lower as compared to Vancouver Coastal region – 34.1% and 50.8% respectively. Male population aged 30 to 39 years and 40 to 49 years tend to be most impacted by illicit drug toxicity deaths. North Surrey has the greatest rate of illicit drug toxicity deaths as compared to other Community Health Service Areas in Surrey. Extreme fentanyl concentrations detected in illicit drug toxicity deaths has doubled.
- A brief overview of various initiatives regarding toxic drug response and priority populations for prevention of harms related to substance use was provided, such as overdose prevention services, episodic overdose prevention services (eOPS), supervised consumption sites, overdose outreach teams, drug checking or fentanyl screening, Integrated Homelessness Action Response Teams (IHART) services, and integrated support framework. The delegation also summarized the mental health and substance use services available such as Surrey Assertive Community Treatment (ACT) Teams, Intensive Case Management (ICM) Teams, and Complex Care Housing.
- ACT teams provide a person-centered, recovery-oriented, and housing first approach to outreach mental health services for adults who call Surrey home and live with severe and persistent mental illnesses that make it challenging to manage their daily living. The teams' services are offered in community settings that are comfortable and convenient for the person.
- Depending on an individual's needs, the supports from ACT teams could include service coordination, crisis assessment and intervention, cultural and peer supports, holistic symptom assessment and management, assistance to complete activities of daily living, social, vocational, or educational services, and rent supplements, housing and landlord support. Their intended outcomes are enhanced client independence and quality of life, improved rehabilitation and recovery outcomes, increased housing opportunities and residential stability, reduced emergency department visits, reduced utilization of crisis, acute and tertiary MHSU services, improved client and family satisfaction with MHSU services, improved collaboration with community agencies, increased client participation in employment opportunities, and decreased involvement in the criminal justice system.

- ICM Teams provide a team-based model of care, serving individuals with severe substance, who may be living with mental illness and/or experiencing homelessness. Their support services include substance use/addiction medicine supports, mental illness, general health, and housing support. Their intended outcomes are supporting clients to access stable housing and gain attachment to longitudinal services and Surrey ICM team being available, in addition to Peer ICM team available for Complex Care Housing facility in Surrey.
- Complex Care Housing provides a cross-section of health services, integrated into one team. The team meets people where they are and works with people to support them in ways they feel would serve them best. Services are delivered seven days a week. The programming is culturally responsive, utilizes a harm reduction approach and is inclusive of personal choices, natural supports and diverse cultures and lifestyles. Key features of complex care housing support include medication management support, psychosocial rehabilitation supports, Indigenous-specific services, recreational and leisure activities, and life skills support and skill development. Their intended outcomes are to improve connections to health services, improve health outcomes, reduce acute site visits and emergency services contacts, and support coordinated, effective and culturally safe housing and health services.

In response to questions from the Committee, the delegation provided the following information:

- The IHART team bring services to directly to vulnerable residents who are unhoused or living in shelters. The overdose outreach team also does outreach. They are going to community events to connect with people that are using substances in private residences. They also use technologies (special apps) for remote witnessing.
- Naloxone kits are available in nasal spray and injection formats. The injection kits are provided by the BC Centre of Disease Control and are available at pharmacies across the region for free and at certain organizations. The nasal Naloxone is available to people of Indigenous ancestry through their health benefits and are also available for purchase at pharmacies. There is also Red Cross or St. Johns Ambulance that offer online training and send nasal Naloxone upon completion. Naloxone is also carried by Police and Corrections officers.
- The injectable Naloxone usually works quicker as it goes directly into the bloodstream while the nasal ones can vary depending on factors such as mucus and scar tissue. However, whichever naloxone the people can access and are most comfortable administering, that naloxone is better for them.
- The harm reduction team at Fraser Health has been working with Port Moody Business Association to create a website to support businesses in getting access to Naloxone, training staff, and having resources to talk about overdose response. The University of Victoria has a safer washrooms toolkit that is freely available for businesses to reduce the risks in their washrooms, improve safety, and support staff.

- Fraser Health does not provide specific dental services, but they would support by trying to find resources such as list of free or low-cost dentists. The City of Surrey Libraries are excellent resources to find a range of free or low-cost services. The IHART teams have provided some fundings to a few nonprofit agencies to help connect people through to some additional dental services such as dentures.
- Fraser Health implemented an Overdose Prevention Site (OPS) on the property of Peace Arch Hospital in partnership with Mental Health and Substance Use (MHSU) to use their building after hours. They have a contract with Sources to provide witnessed consumption in that space. Acknowledging that Newton has been an area of concern for quite some time, Fraser Health is also looking for opportunities to implement services there. Fraser Health is trying to find creative ways of connecting with people that may not identify as having a substance use disorder, such as drug checking in different communities or having a mobile van for harm reduction as a means of connecting with the people in their homes.
- Unregulated toxic drug supply may be more potent at certain times in a specific area. Fraser Health works with Surrey Fire Service who provide information on where overdoses are happening. As a result, Fraser Health may see clusters of things which may suggest there is a certain supply of drugs being circulated in an area or neighborhood for a brief time creating a bit of cluster of overdoses.
- One of the issues with the unregulated toxic drug supply is that people do not know what they are getting. They may think they have cocaine, but it may be laced with something else. The percentage of cocaine and other drugs is also unknown. As a result, when people add other things like benzodiazepine, the result may be fatal. It also complicates the withdrawal or detox process. This is why drug testing is an important initiative as it helps people make informed choices.
- During festival periods, there is an increase in overdose cases among recreational users. In the past, recreational users may use cocaine on the weekend and nothing would happen because they were getting pure product. However, the current trend is that recreational users may not receive pure product as the cocaine may be laced with some other drugs which they are not aware of, such as fentanyl. As a result, they may experience a drug toxicity event where they will need medical intervention to survive. The research suggests that drug use is not increasing, but more people who are taking drugs are adversely affected because of this reason.
- Complex Care Housing is considered permanent housing for residents. They do not have to leave unless they are ready or choose to move somewhere else. Raincity's Foxglove in Surrey includes complex care units. Surrey is currently not in the next round of provincial funding for Complex Care Housing.

**C. STAFF PRESENTATION****1. City of Surrey Homelessness Prevention and Response Plan**

Housing Planner and Acting Manager, Housing and Social Development Division, provided an update on the City of Surrey Homelessness Prevention and Response Plan that is currently under development and will replace the City's 2013 Master Plan for Housing the Homeless in Surrey.

- Staff provided a brief overview on the guiding documents relative to housing such as Official Community Plan (2013), Affordable Housing Strategy (2018), and Master Plan for Housing the Homeless (2013). On Surrey's housing continuum, the Homelessness Prevention and Response Plan is addressing housing for people who are homeless or at risk.
- Staff is taking a strategic approach to develop the new plan that has seven strategic approaches which are: establishing guiding principles; understanding community needs and develop targets; developing a coordinated prevention and response strategy; confirming the City of Surrey's role as a champion; undertaking a meaningful community engagement process; establishing partnerships and secure agreements; and adopting an implementation and management framework.
- The project timeline started in March 2023 and the Plan is expected to be completed in Q1 of 2024. For the engagement approach, staff will have some content on the City's website and engage with a cross-departmental staff committee, an advisory committee, and an inter-governmental partnership committee. They will also hold stakeholder workshops, interview with people with lived and living experience, interviews key informants who work in service provision, and link in Surrey Urban Indigenous Leadership Committee and Surrey Vulnerable Women and Girls Working Group research.
- In summary, the background research for this project has been completed. Data analysis to develop preliminary targets and engagement are currently in progress. The next steps will be drafting engagement summary report and homeless prevention and response plan. The project is estimated to be completed in early 2024.

In response to questions from the Committee, the staff provided the following information:

- It was suggested that the term homelessness be changed to a more appropriate term such as unhomed, dehouse, or priority populations. Staff responded that when the term homelessness is used, there is no confusion regarding the terminology.
- A Committee member noted that the federal government has a permanent transit fund for transit and infrastructure, and it was suggested that staff reference that when advocating for a permanent housing fund in the report.

**D. OTHER BUSINESS**

**1. Delegation Request**

It was

Moved by J. Gosal

Seconded by C. Izsak

delegation at a future Livability and Social Equity Committee meeting.

Carried

**E. NEXT MEETING**

The next meeting of the Livability and Social Equity Committee is scheduled for Tuesday, September 26, 2023.

**F. ADJOURNMENT**

It was

Moved by J. Gosal

Seconded by N. Atwal

Committee meeting be adjourned.

Carried

The Livability and Social Equity Committee adjourned at 7:47 p.m..

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Jennifer Ficocelli, City Clerk

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Councillor Kooner, Chairperson