



## Attachment 2

# *Round One Independent Evaluation Report on the Crises Response Pilot Project*

ROUND ONE OF THE INDEPENDENT EVALUATION OF THE CITY OF NEW  
WESTMINSTER'S CRISES RESPONSE PILOT PROJECT

Anne Tseng, PhD  
Faculty, Department of Sociology  
Humanities and Social Sciences  
Douglas College

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## ABSTRACT

This report summarizes the independent evaluation of the Crises Response Pilot Project (CRPP) in its first year. The CRPP was implemented with the objective to address the harms and externalities of the interrelated crises of homelessness, substance use, and mental health challenges. The first round of evaluation focuses on establishing baselines for the pilot project's outputs across public facing teams, examining the perceptions and experiences of interest-holders, summarizing policy development and advocacy efforts through community partnership opportunities, and identifying foundational milestones over the first year of the pilot project. Recommendations are summarized at the end of the report to improve data quality and inform next steps in the pilot project.

## INTRODUCTION AND CONTEXT

The City of New Westminster, like other municipalities in the Greater Vancouver region, has grappled with the interrelated crises of homelessness, substance use, and mental health challenges. These crises jeopardize the wellbeing of those affected, resulting in marginalization and stigmatization. Furthermore, these crises also generate externalities that impact local communities and businesses. Perceptions of disorder, whether real or imagined, heighten concerns around community safety and well-being which undermine civic life.

The interrelated crises of homelessness, substance use, and mental health are social problems rooted in complex and intersecting structural and institutional conditions that span municipal boundaries and involve different levels of government. The social and economic impacts of the Coronavirus pandemic have been long-lasting, deepening existing inequalities. Enumeration from the 2023 Point-In-Time Homelessness count in New Westminster indicates that there were 57 unsheltered and 146 sheltered homeless persons in the City, representing an increase of 39% unsheltered and 78% sheltered homeless persons since 2020. Among those counted in 2023, 47% self-reported a mental health issue and 52% self-reported an addiction (“Climate Action, Planning and Development Report” 2023).<sup>1</sup> These statistics underscore the interconnected issues related to homelessness, substance use, and mental health.

In September 2024, the City of New Westminster launched the Crises Response Pilot Project (CRPP) to address the crises and externalities of homelessness, substance use, and mental health issues. The pilot project is designed to be trauma-informed and people-centered in responding to individuals with lived and living experience of the harms associated with the three crises. Furthermore, the pilot project also incorporates strategies to address the externalities of the three crises that have spillover consequences for residents, businesses, and interest-holders in the community. Common externalities include, but are not limited to, biohazardous waste, resource constraints, and encampments. Through internal coordination with interdepartmental staff and external collaboration with community and governmental partners, the pilot project is an ambitious and multi-pronged municipal two-year effort that integrates policy innovation with cross-sector coordination to enhance the City of New Westminster's response to addressing the intersecting social problems.

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<sup>1</sup> Source: Corporation of the City of New Westminster. 2023. “Climate Action, Planning and Development Report.” Retrieved September 2025.

The CRPP is comprised of three interdepartmental teams that work in coordination to address the harms and externalities of the three interrelated crises. The Crises Response Team (CRT) is comprised primarily of outreach workers who assist individuals affected by the interrelated crises. The CRT works closely with provincial teams and community and faith-based organizations to provide support and resources to individuals. The Operations Support Team (OST), which includes staff members across various city departments including Bylaw Enforcement and Parks and Recreation, is tasked with addressing the externalities associated with the interrelated crises. The OST is primarily concerned with addressing issues related to staff safety, bylaw enforcement, and cleanliness. The Community Liaison Officer (CLO) Program is housed within the OST to assist businesses and residents who are impacted by the externalities of the interrelated crises. The Policy Development and Advocacy Team (PAT) is dedicated to enhancing relations between the city and external partners and collaborating with senior levels of government to develop sustainable strategies for addressing the three crises.

## THE INDEPENDENT EVALUATION

In October 2024, the City of New Westminster and Douglas College entered into a sharing agreement, whereby Anne Tseng, a faculty member in the Department of Sociology, would serve as the independent evaluator of the CRPP until Autumn 2026. Through consultation with the interdepartmental teams and review of the data being collected thus far, it was established that the first round of evaluation would include data on public-facing teams up until May 2025. Data from between May 2025 to September 2025, if available, are also included for evaluation where relevant. The independent evaluator also recommended additional data collection instruments which include a survey to capture the perspectives of the business community and an ongoing poll to generate a demographic profile of individuals experiencing the interrelated crises.

### *Evaluation goals and limitations*

The dynamic and multi-dimensional structure of the pilot project offers numerous angles for evaluation. In this first round of evaluation, the following areas have been identified to inform data collection and analyses:

1. *Outputs across public-facing teams:* Data metrics from the CRT, OST, and Community Liaison Officer (CLO) program housed within the OST are summarized and presented in descriptive tables and graphs. This information quantifies the outputs of the pilot project so far and provides insight into trends by location and time.
2. *Target populations and interest holders:* The perceptions and experiences of various groups are assessed using data from focus groups and the business survey. These findings account for the people-centered approach of the pilot project and reveal the diversity of concerns across different interest-holding groups. In addition, these findings also identify the unmet needs, gaps, and constraints that inform future directions for the pilot project.
3. *Advocacy and policy development:* The longer-term goals of the pilot project are considered here with a description of current collaboration opportunities and partnerships with community organizations and government ministries and teams.
4. *Key developments and overall progress:* A timeline is developed to document significant developments in the first year of the pilot project that are associated with deliverable or

measurable outcomes. Tracking the overall progress of the pilot project illuminates the importance of coordination, collaboration, and resource allocation, while also establishing the foundations for the second year of the pilot project and longer-term efforts to address the interrelated crises.

These target areas were identified through discussions between the independent evaluator and key staff members of the interdepartmental teams. An overview of the evaluation goals was presented in a council workshop in April 2025. Though the specific headings used to capture the target areas have been revised since then, the data analyses reflect the original aims of the evaluation presented. The analyses of data in this evaluation are descriptive, with attention to both quantitative and qualitative indicators of the CRPP. Descriptive statistics are presented to demonstrate the magnitude of output by the various components of the pilot project. Supplemental data from focus groups and content analyses are included to highlight perceptions and experiences from interest holders and individuals with lived and living experience. The complexities of the social problems that the pilot project aims to address and limited time frame since the project’s launch do not offer the conditions necessary for inferential analyses and causal explanation. Nevertheless, the data that has been collected so far encompasses numerous angles through which baseline conditions can be established to support subsequent evaluations.

**Table 1. Summary of data sources**

<b>Data source</b>	<b>Description</b>
Crises Response Team (CRT) daily reports	Daily data collected by the CRT with information on number of interactions, referrals, applications, etc.
Community Liaison Officers (CLO) daily reports	Daily data collected by the CLO with information on number of incidents addressed, location, and interventions.
Biohazardous Waste Dashboard	Interactive data and spreadsheet updated daily with information about biohazardous incidents attended to by city staff or contractors.
Focus groups	Open-ended group interviews conducted by an external moderator and hosted by the City. Interview questions ask about experiences, perceptions, and issues related to the interrelated crises across four groups of interest-holders: businesses, residents, non-profit and faith-based organizations, and individuals with lived and living experience).
Community partners summary	List of community partners involved in decision-making and/or service provision, compiled by the Policy Development and Advocacy Team (PAT).
Business survey	Electronic survey designed by independent evaluator and distributed to the business community by the City. Survey asks about perceptions and incidents concerning the interrelated crises and pilot project.

*Summary of data sources*

The data for the independent evaluation are listed above in Table 1. With the exception of the business survey, all other sources of data are collected and managed by the City. Where

appropriate, recommendations were made to the respective teams to improve the systematic collection and reporting of data to improve reliability. At the time of evaluation, data spreadsheets were cleaned and prepared for analyses. In some cases, variables were aggregated or recoded for clarity and accuracy.

Supplemental data collection tools were recommended to provide comprehensive evaluation and complement existing data. A business survey was developed by the independent evaluator and administered by two staff members as part of their canvassing efforts with the business community. The survey aims to capture perceptions of the three crises and knowledge of the pilot project among members of the business community. A summary of selected findings from the business survey is included in this evaluation.

Additionally, an outreach poll was also recommended for the CRT to help develop a demographic profile of individuals experiencing the interrelated crises and who have been connected to the CRT for support. Data collection and sampling are ongoing for the outreach poll and results will be reported in the second evaluation and interpreted with reference to the 2025 Point-In-Time Homelessness Count.

## SUMMARY OF OUTPUTS ACROSS PUBLIC-FACING TEAMS

The CRT and OST represent the public-facing dimensions of the CRPP. Both teams engage in proactive and reactive interventions to address the harms and externalities associated with the three interrelated crises. The data findings discussed in this section summarize the outputs of the CRT, the OST, and the CLO program which is housed within the OST. For all three teams and programs, the findings are descriptive. The findings also establish a baseline; as there is no existing reference point currently, it is not appropriate to draw interpretations about the level of the outputs.

### *Crises Response Team (CRT)*

The CRT operates five days a week from 8:30am to 4:30pm to provide outreach support to populations experiencing the harms of the interrelated crises. The CRT was the first public-facing team of the CRPP to begin operations with a soft launch in May 2024 prior to the official launch of the pilot project in September 2024. A noteworthy element of CRT's outreach process is that it involves proactive interactions whereby outreach workers can initiate support for individuals. This can be a productive means for directly reaching vulnerable populations who may have more barriers to being connected to supportive resources. For example, individuals who have prior negative experiences with government institutions may be less likely to access resources.

Most immediately as part of the outreach process, staff members of the CRT can provide basic food, clothing, and warming supplies to individuals they encounter. Snapshot data captured from June 2024 – December 2024 shows that a total of 1847 items were distributed, with food and water items being the most frequently provided (Table 2).

Beyond providing items directly, the CRT is engaged in a larger effort to connect individuals to resources that are supportive of longer-term success. To this end, the CRT aids individuals through referrals and applications for housing, health, and substance use supports available through local community partners and provincial agencies and teams. Table 3 summarizes the number of interactions and number of referrals during the period. The table also includes a column showing the number of referrals per interaction, illuminating the interrelatedness of homelessness, substance use, and mental health issues. Throughout the

observation period, each interaction averaged 2.61 referrals, suggesting that the individuals that CRT outreach workers have assisted often experience multiple challenges that may require the services of several agencies.

**Table 2. Items provided from June – December 2024 by the CRT**

	June	July	Aug	Sept	Oct	Nov	Dec	Total
<b>Food</b>								
Snacks	30	84	169	166	170	173	157	949
Water	22	92	130	109	131	129	101	714
<b>Clothing</b>								
Socks	0	0	20	8	12	11	30	81
Top	0	0	9	4	1	0	1	15
Pants	0	0	6	2	1	0	0	9
<b>Warming Supplies</b>								
Gloves	0	0	0	0	17	5	12	34
Hand Warmers	1	0	2	0	19	7	16	45
<b>Monthly Total</b>	<b>53</b>	<b>176</b>	<b>336</b>	<b>289</b>	<b>351</b>	<b>325</b>	<b>317</b>	<b>1847</b>

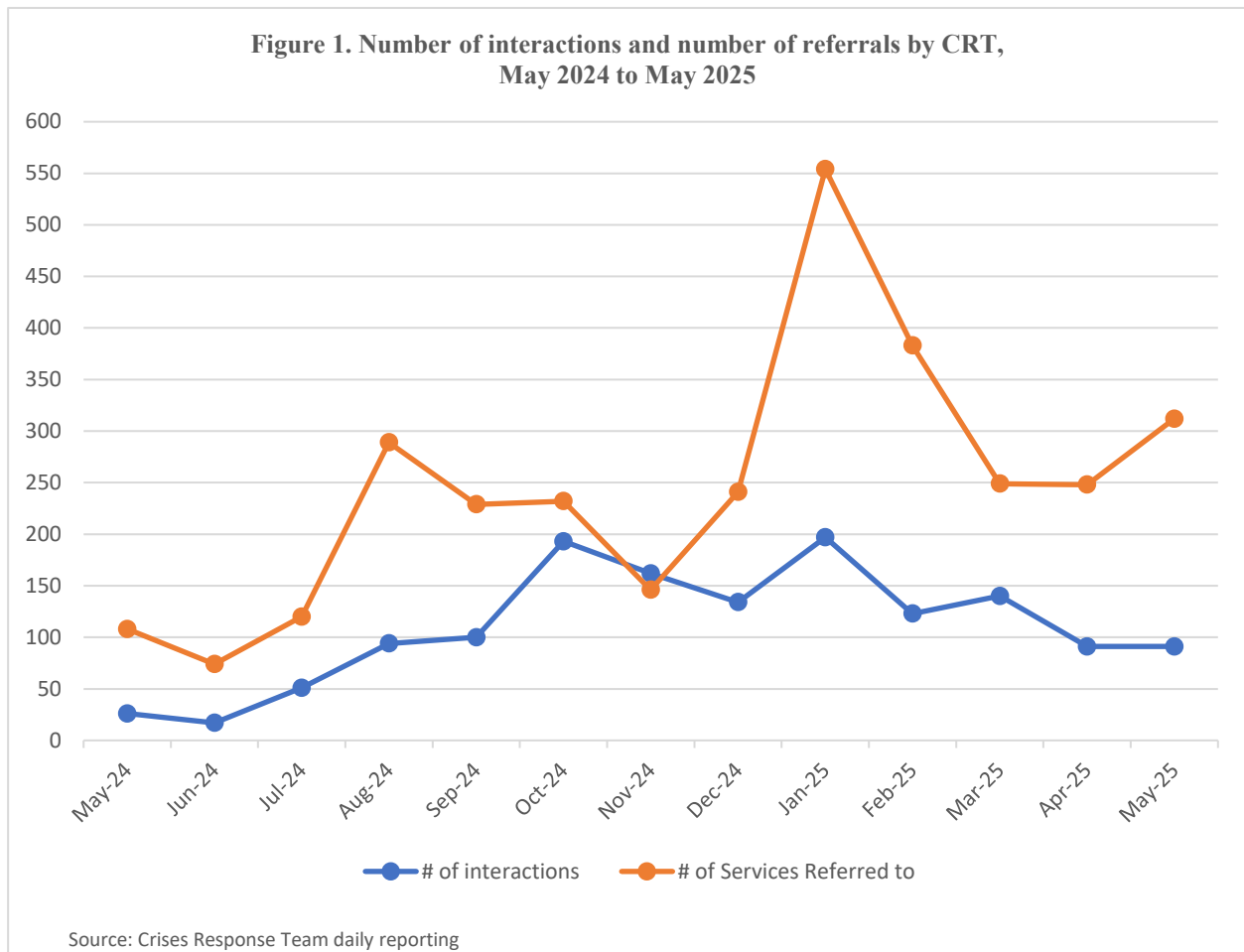
Source: Crises Response Team daily reporting

**Table 3. Number of interactions and services referred to by month**

Month and year	Number of interactions	Number of referrals	Number of referrals per interaction
May-24	26	108	4.15
Jun-24	17	74	4.35
Jul-24	51	120	2.35
Aug-24	94	289	3.07
Sep-24	100	229	2.29
Oct-24	193	232	1.20
Nov-24	162	146	0.90
Dec-24	134	241	1.80
Jan-25	197	554	2.81
Feb-25	123	383	3.11
Mar-25	140	249	1.78
Apr-25	91	248	2.73
May-25	91	312	3.43
<b>Total</b>	<b>1419</b>	<b>3185</b>	<b>2.61</b>

Source: Crises Response Team daily reporting

In the winter months, there is an uptick in the number of referrals, which may reflect more urgent needs for shelter and housing. However, as the pilot project continues to build relationships with service providers and increase outreach resources within the CRT, there is also increasing capacity to make referrals. At the end of the observation period, there were at least six community organizations that the city has partnered with for referrals to shelters. This can be observed in the overall upwards, albeit modest, increase in the number of interactions and number of referrals. These trends are visualized in Figure 1.



From May 2024 to May 2025, there were 1392 housing referrals. While the overarching aim is to connect individuals to longer term solutions such as transitional and supportive housing, the CRT has also established relationships with local shelters to which individuals are often initially referred. Approximately 90% of all housing referrals were to a shelter, while the remainder of housing referrals took the form of applications to transitional and supportive housing (Table 4).

**Table 4. Referrals by type of housing**

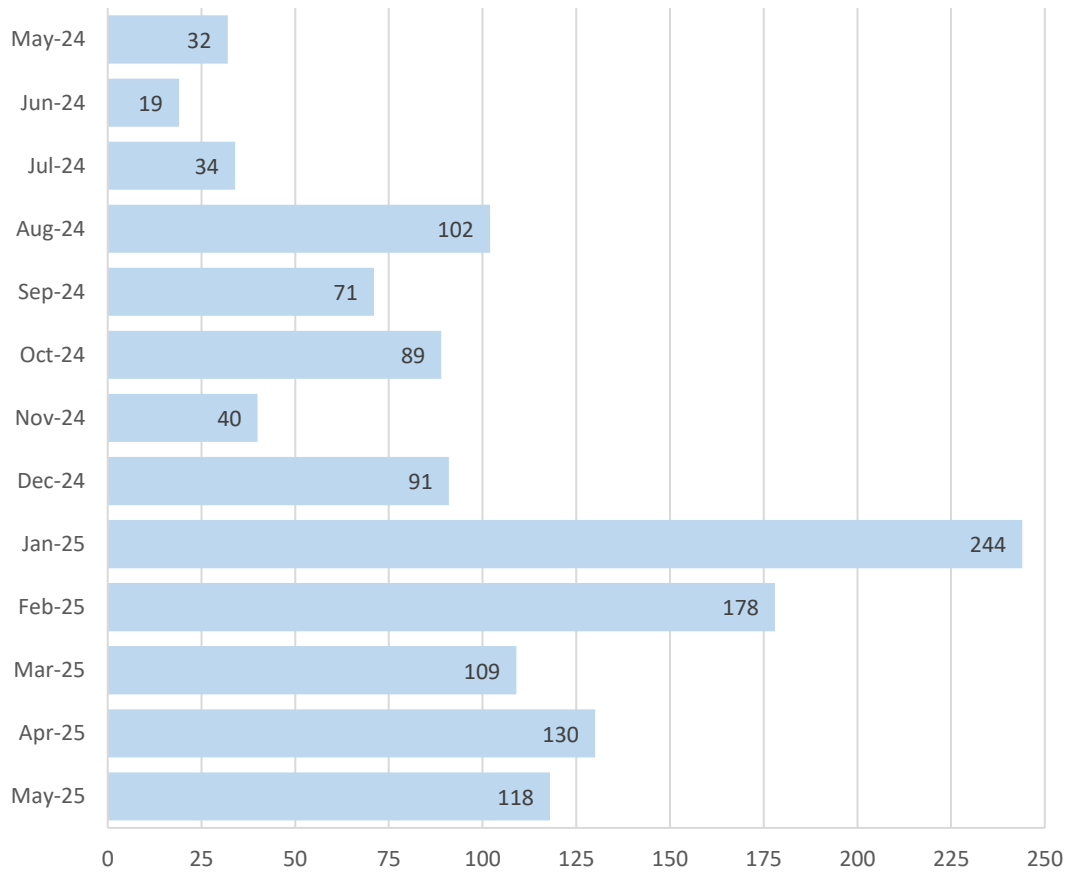
Year	Shelter	Supportive	Transitional
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May to Dec 2024	478 (85.05%)	65 (11.57%)	19 (3.38%)
Jan to May 2025	779 (93.86%)	27 (3.25%)	24 (2.89%)
Total	1257 (90.30%)	92 (6.60%)	43 (3.09%)

Source: Crises Response Team daily reporting

Figure 2 depicts the number of referrals to shelters by month. There are two trends to note. First, as expected, the number of referrals to shelters peak in January and February, likely reflecting heightened need for shelter during colder weather. Second, compared to the previous year, the number of referrals per month in 2025 is higher overall. This is likely influenced by the pilot project’s ongoing effort to strengthen partnerships with local service providers which widens the availability of options for shelter referrals by the CRT. The drop in referrals in November 2024 coincides with the addition of spaces in a 24/7 shelter in the community, which may have resulted in more self-referrals initially.

Figure 2. Monthly referrals to shelter by CRT



Source: Crises Response Team daily reporting

Though referrals to longer-term housing supports such as supportive and transitional housing account for just under 10% of all referrals, this should not be interpreted as underperformance. In real numbers, this proportion translates to 135 applications prepared and submitted. Moreover, the application for housing prepared by the CRT represents only the first step of a complex and often arduous process for individuals in accessing stable long-term housing. Beyond this first step, ensuring sufficient supply of housing units is crucial for securing positive housing outcomes. At present, housing need, as indicated by the number of applications, greatly exceeds the available supply of housing units, resulting in a bottleneck in the application process. The CRT monitors the status of applications over time; of the 92 applications for supportive housing submitted, two have resulted in housing by the end of May 2025.

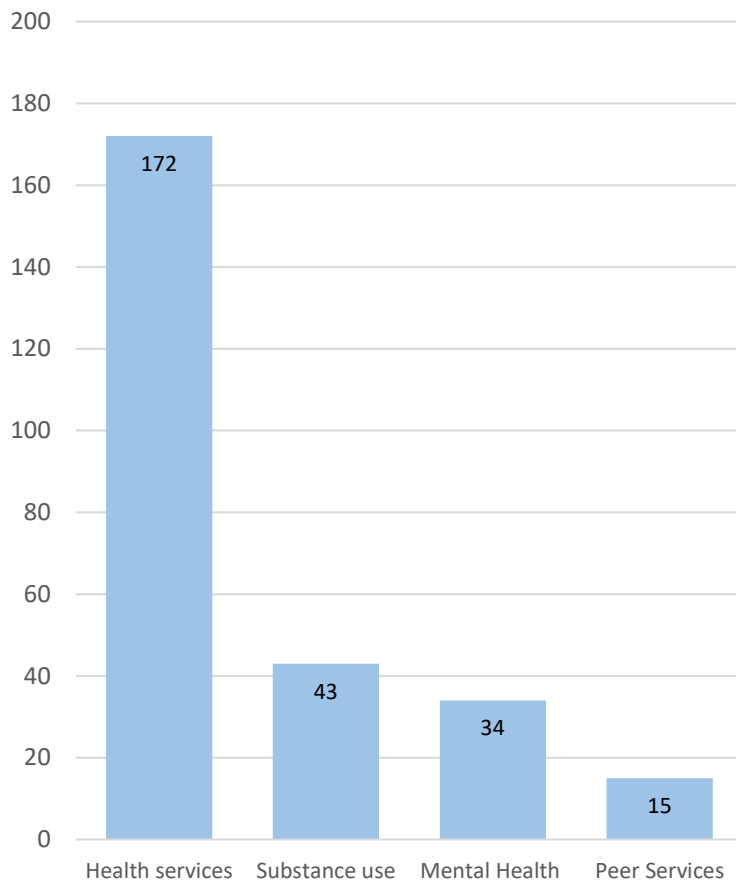
The gap between the number of applications submitted versus the number of housing units secured illuminates both the strengths and limitations of addressing issues of housing insecurity through the pilot project at a municipal level. The complexities and bureaucratic procedures of preparing an application for supportive and transitional housing can be a barrier for individuals who lack the knowledge and resources to navigate the application process. To this end, the CRT is a crucial agent and advocate for individuals to become connected to housing providers and begin the first step for securing longer-term housing. However, once a housing application is submitted, progress depends on several external factors such as the capacity of housing providers to respond and available supply of housing units. Alongside continuing to strengthen partnerships with housing providers, ongoing advocacy that results in more transitional and supportive housing units will be pivotal for not only addressing issues around housing but for converting the groundwork laid by the CRT into impactful and measurable outcomes.

The CRT also regularly provides health referrals for individuals who need services related to medical, mental, and substance use concerns. Figure 3 displays the number of referrals to health-related services over the reporting period from May 2024 to May 2025, while Table 5 displays the total number of referrals across all health-related services provided through community partners and Fraser Health teams. Though the data has been disaggregated by the CRT to capture four categories of health services, the services offered within each are not mutually exclusive. For example, referrals to health services are channeled to primary care, Intensive Case Management (ICM), Integrated Homelessness Action Response Teams (IHART), and other health providers; however, these providers often provide care that are supportive of issues related to substance use and mental health. To elaborate further, ICM, which is categorized as a general health service in the data, advances a team-based model of care to support adults with substance use who may also be experiencing mental health issues or complex housing challenges. Within the substance use category, referring partners include Fraser Health's Overdose Outreach Team (OOT) and local addiction treatment and rehabilitation programs. Mental health referrals are made to Fraser Health's Assertive Community Treatment (ACT) and local providers in New Westminster. The ACT represents another example of how health services can encompass interrelated concerns; though primarily a community outreach effort to provide mental health services, ACT mainly supports individuals who are experiencing mental health challenges alongside barriers to housing or medical management. Peer services referrals usually include team-based interventions oriented to prevention, health, and well-being. The Crisis Response Community Led (CRCL) team, formerly Peer Assisted Care Team (PACT), is

the main source of referrals in this category. CRCL provides crisis support for individuals impacted by mental health and substance use via a trauma-informed and culturally safe approach.

As evident in Figure 3, the data produces a categorical overview of the number of referrals during the reporting period. Future data collection could incorporate qualitative insights to provide more context to the factors that influence decisions about which types of services the CRT makes referrals to, particularly in cases where the provider offers care that targets multiple issues.

**Figure 3. Referrals to health-related services, May 2024 - May 2025**



Source: Crises Response Team daily reporting

**Table 5. Number of referrals to all health-related services**

Month-Year	Total referrals
May-24	8
Jun-24	9
Jul-24	10
Aug-24	28
Sep-24	12
Oct-24	13
Nov-24	12
Dec-24	25
Jan-25	26
Feb-25	22
Mar-25	22
Apr-25	34
May-25	43
Total	264

Source: Crises Response Team daily reporting

Since the CRPP’s official launch in September 2024, the CRT has averaged over 100 interactions with individuals with lived and living experience (LLE) per month except in April and May of 2025, with each interaction entailing between two to three service referrals. In addition to referrals to housing and health services, the CRT also distributes food, clothing, and warming supplies to address immediate needs. Interpreting the data from the CRT should be considered alongside time- and resource-intensive factors such as ongoing efforts to establish

and strengthen referral relationships and build trust with individuals with LLE. Referrals to supportive and transitional housing also involve applications and the navigation of institutional bureaucracies; this process is time consuming, constrained by external factors, and specific to each individual's needs.

#### *Operations Support Team (OST)*

The Operations Support Team's (OST) main focus is on the externalities of the three crises, which includes but is not limited to: fire prevention, cleanliness, encampment structures, and compliance with bylaws. Another area of concern for the OST is improving the experiences and safety of staff members. The OST includes staff members across many City departments including Fire, Integrated Services, Parks, Police and Engineering Operations. Some of the OST's work is also carried out by contractors. While the OST responds daily to reports about biohazardous waste and encampments around the City, the team also engages in proactive daily cleaning and documentation of issues.

Table 6 summarizes the main categories of biohazardous incidents the OST managed from September 2024 – May 2025. The start date of the data represents the beginning of the CRPP and the coordination of interdepartmental resources to tackle the externalities of the crises; however, prior to September 2024, different departments of the City were already addressing issues involving biohazardous waste and encampments.

A limitation of the data available on biohazardous waste is that the magnitude of incidents does not necessarily mirror the magnitude or severity of the interrelated crises. While encampments may be a more direct visual representation of the externalities associated with homelessness, biohazardous waste can be the consequence of factors not related to substance use, mental health, or homelessness. Furthermore, care should also be exercised in interpreting trends in the count of biohazard incidents over time. An increase of counts may not amount to a true increase in the frequency of biohazard incidents but rather improved coordination and allocation of resources for responding to and subsequently documenting biohazard incidents.

Despite the limitations, the data generates important insights. Specifically, the identification of the most common biohazards can inform specific decisions about resource allocation. For instance, the prevalence of drug paraphernalia may point to the need for convenient and accessible disposable options while the incidents involving human waste may inform a survey of current washroom facilities' locations and availability. Regarding the latter, the City has recently embarked on a toileting strategy.

In Table 6, there were also 16 incidents of biohazard responses that are categorized as "other" or "nothing found." Closer analyses of comments provided by the attending staff reveals that "nothing found" typically represents situations in which a report was initiated but nothing was found on site at the time of response by city staff or the contractor. For incidents categorized as "other," typically no additional information was provided so further categorization was not appropriate. There are two counts of "other" in which a dirty mattress and glass shards were removed.

The OST deploys interdepartmental staff and external contractors to address the externalities of the interrelated crises. The outputs measured in this evaluation only capture certain dimensions of the OST's objectives. In this evaluation, focus was on identifying the most frequently occurring biohazardous wastes, and externalities addressed by city staff and the external contractor. In particular, the biohazardous waste data identifies drug paraphernalia and human waste as the most frequently encountered biohazards in the City. This finding should

inform ongoing efforts to manage the factors that result in these forms of biohazardous wastes. With the support of BC Housing, the City has recently opened the hygiene services trailer on 502 E. Columbia, which should be expected to help reduce the presence of human waste in public spaces. Future evaluation of this data and the OST could incorporate spatial mapping techniques to visualize the distribution of incidents and efforts. Qualitative analyses of staff and contractor comments can also highlight context specific details and potential concerns of safety and risk.

**Table 6. Summary of biohazard incidents**

Biohazardous waste	Count of incident
Animal waste or carcass	4
Other	5
Nothing found	10
Condom	26
Human waste	492
Drug Paraphernalia	727
Total	1264

Source: Biohazard reporting data, Sept 2024 – May 2025

#### *Community Liaison Officer (CLO) Program*

The Community Liaison Officer (CLO) Program launched in January 2025 is housed within the OST. Community liaison officers (CLOs) work in pairs to respond to and address various concerns, including but not limited to, blocked doorways and spaces, encampments and structures, drug paraphernalia, and biohazards. While the CRT is purposefully person-centered to provide assistance to individuals, the CLO program is oriented to addressing the externalities of the crises. However, there is also coordination between the CLO, CRT, and other city agencies and departments such as Parks maintenance, the New Westminster Police Department (NWPD), New Westminster Fire Department, Sanitation and Engineering, and Bylaw staff.

Figure 4 presents the concerns CLOs responded to from the start of the program in January 2025 to the end of the current observation period in May 2025. There were 189 incidents involving tents, encampments, or structures, which account for a substantial proportion of all events to which CLOs attended. Incidents involving medical/wellness checks and unsheltered peoples accounted for the next two most frequent events CLOs responded to, at counts of 98 and 50 respectively. Physical obstructions, which make up 34 of incidents, refer to access concerns, such as blocked entries or paths. Other concerns, such as those involving RVs/vehicles, discarded items, and behavioral based were present but less frequently encountered by CLOs.

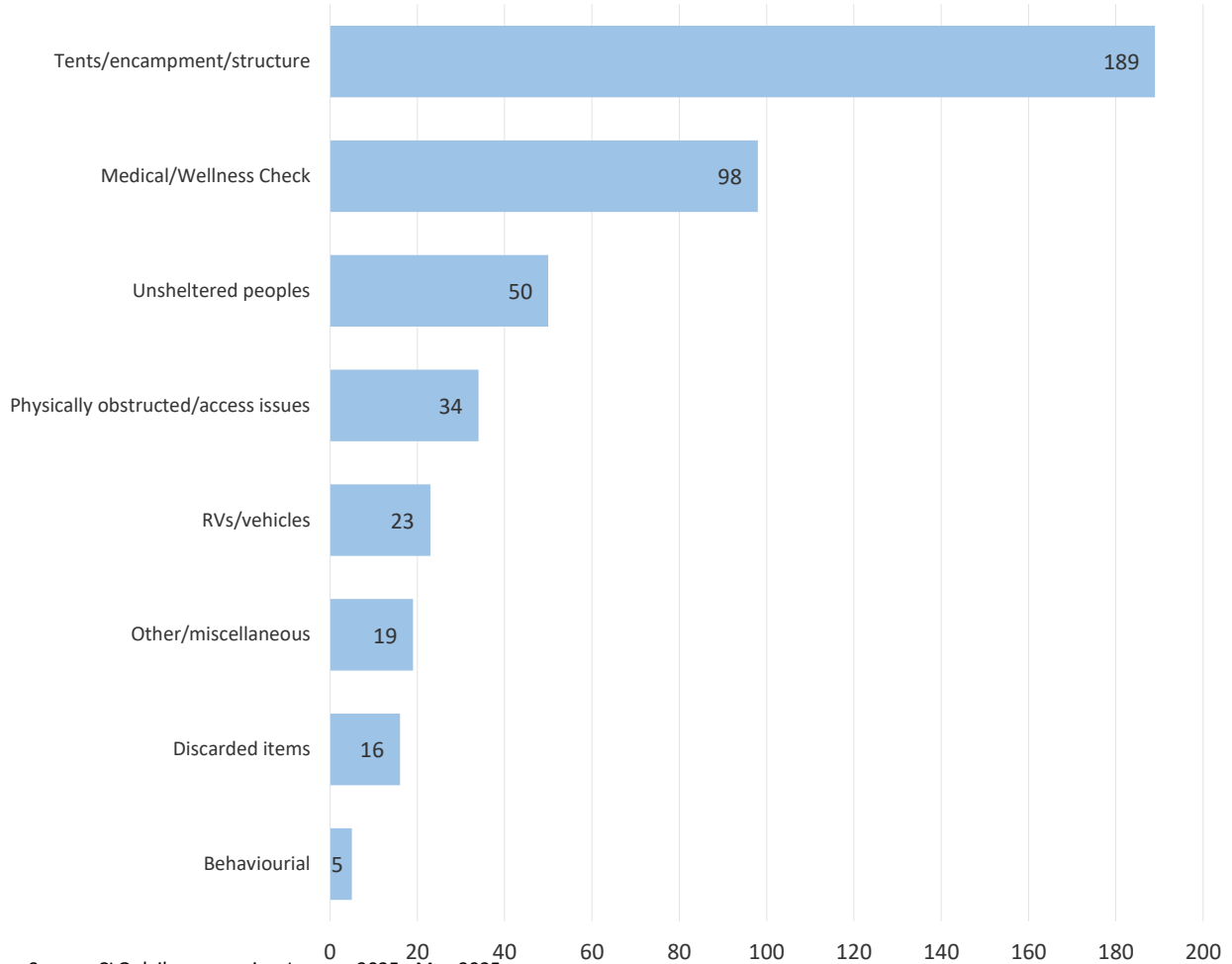
While the classification of incidents reveals important patterns about the externalities of the interrelated crises, it is worth noting that a single incident can involve several concerns. The categories of concerns were coded using qualitative summaries provided by the CLOs according to the primary concern that prompted intervention. For example, CLOs may respond to a report of tent structure and once on site, then realize that a medical/wellness check is warranted as well. Such was the case on a Friday morning in January 2025:

*“At 0805 hours, CLOs responded to an ongoing concern regarding multiple tents on Front Street. Upon arrival, CLOs noted 5 tents in the parking lot. CLOs approached and*

*conducted wellness checks, finding occupants waking up” (CLO daily summaries dataset).*

The qualitative summaries from CLOs are an insightful addition to the descriptive statistics. The reports that CLOs respond to often only capture immediate perceptions of an incident based on appearance, but analyses of the post-incident summaries suggest that CLOs routinely address issues that are multi-faceted, requiring coordination with other city departments and agencies.

**Figure 4. CLO activity by type of concern, January - May 2025**



Source: CLO daily summaries, January 2025 - May 2025

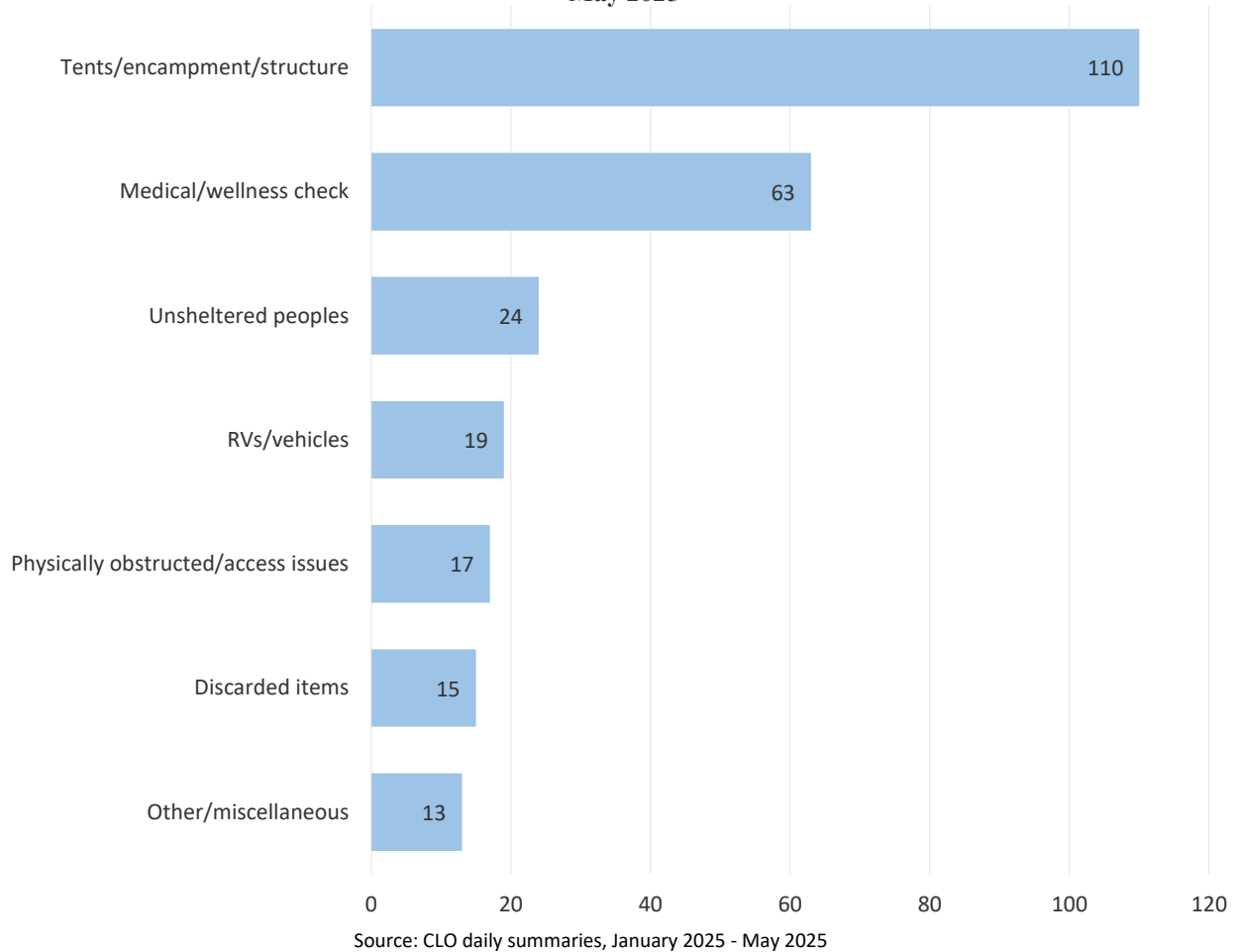
**Table 7. CLO Activity by Area in New Westminster**

Area	Reactive	Proactive	Total
Downtown	61 (23.28%)	201 (76.72%)	262
Queensborough	22 (55.00%)	18 (45.00%)	40
Sapperton	28 (80.00%)	7 (20.00%)	35
Uptown	9 (75.00%)	3 (25.00%)	12
Other	47 (55.95%)	37 (44.05%)	84
<b>All areas</b>	<b>167 (38.57%)</b>	<b>266 (61.43%)</b>	<b>433</b>

Source: CLO daily summaries, January 2025 – May 2025

The CLOs daily summaries dataset also reveals the spatial distribution of concerns and CLO activity (Table 7). 60% of all incidents that CLOs addressed were concentrated in the Downtown core. This is not unexpected given that signs of disorder are often found in more urban and commercial environments. Given that much of the CLO daily summaries dataset is made up of incidents in the Downtown area, it is not surprising that the concerns addressed most frequently in the area mirror the overall data presented in Figure 4. Tents, encampments, and structures represent the concern that was most frequently addressed by CLOs in the Downtown core, followed by concerns involving medical/wellness checks and unsheltered peoples, as shown in Figure 5.

**Figure 5. CLO activity by type of concern in Downtown New Westminster, January - May 2025**



Additionally, the dataset indicates that in Downtown New Westminster, the CLOs operate proactively. Over three quarters of the incidents Downtown were classified as proactive responses meaning that CLOs were the first agents to formally document and address the incident. Just 23% or 61 incidents that CLOs responded to in the Downtown area were classified as reactive, meaning that the incident was reported initially by another city department or the public for investigation. The proportion of reactive responses relative to proactive responses may be attributed to the newness of the CLO program which is not yet a year into operation. Ongoing efforts to communicate resources available through the CRPP, including the CLO program and CRT, are likely to result in higher rates of utilization by the public.

Areas outside of Downtown New Westminster account for a smaller share of the total incidents. Together, incidents in Queensborough, Sappertown, and Uptown made up 20% of all incidents as did the remaining areas, which are primarily residential (Table 7). In contrast to the predominantly proactive responses in Downtown New Westminster, CLO activity outside of the Downtown core was mostly reactive. In Sapperton and Queensborough, for instance, 80% and 55% of all CLO activity respectively was initiated through reporting.

Table 8 identifies the three most frequently occurring concerns in Downtown, Queensborough, and Sapperton. As described previously, areas outside of Downtown account for

a relatively small share of all incidents. Nonetheless, it is interesting to note that incidents involving tents, encampments, and structures are the most frequently occurring in all three areas. Tents, encampments, and structures are also more easily identified visually and objectively than other concerns in the data set. Discarded items, depending on the content, are much likely to be smaller in size. RVs and vehicles may not always appear to be abandoned or out-of-place in a way that draws a connection to the three crises.

**Table 8. Most frequently occurring concerns by area**

	Downtown	Queensborough	Sapperton
	<i>Tents/encampment/structure (110)</i>	<i>Tents/encampment/structure (25)</i>	<i>Tents/encampment/structure (13)</i>
Top three concerns (Count)	<i>Medical/wellness check (63)</i>	<i>Medical/wellness check (8)</i>	<i>Unsheltered peoples (10)</i>
	<i>Unsheltered peoples (24)</i>	<i>Obstruction/access issues (4)</i>	<i>Medical/wellness check (7)</i>
Percentage of all incidents in area (%)	75.19%	92.50%	85.71%

Source: CLO daily summaries, January 2025 – May 2025

Data from the first five months of the CLO program elucidates the importance of incorporating a multi-pronged approach to addressing the interrelated crises and the accompanying externalities. Summative findings of the CLO program signify the proactive orientation of the pilot project in Downtown New Westminster where a disproportionate share of incidents is situated and that one of the most frequently addressed externalities involves tents, encampments, and structures. Data in the second round of evaluations could investigate if the geographic distribution of externalities are shifting and if the proportion of reactive activity increases due to greater levels of public awareness of the CLO program. As a newer program hosted within the OST, the CLO program has been a pivotal addition to the pilot project that potentially helps to narrow the gaps in coverage by the OST and CRT alone.

## TARGET POPULATIONS AND INTEREST HOLDERS

Various groups and interest holders are implicated by the interrelated crises and the efforts of the CRPP. In the initial phases of the pilot project, focus groups were hosted by the City to gather data on the perspectives and perceptions across four target groups: individuals with lived and living experiences (LLE), non-profit and faith-based organizations, businesses, and residents. In addition, the focus groups also include topics assess participants’ knowledge and understanding of the CRPP.

This section reviews the key themes from the focus groups. First, findings on topics related to knowledge and awareness, perceptions of the interrelated crises, and priority areas are summarized for businesses, residents, and non-profits and faith-based organizations. Additional data from a business survey are also discussed to supplement the business focus group data which had a lower sample size. Findings from the focus groups with individuals with LLE are discussed separately due to the group’s positionality to the

interrelated crises and pilot project, which limit the comparability of findings with other participant groups.

**Table 9. Summary of Focus Groups**

<b>Group</b>	<b>Number of participants</b>	<b>Dates of focus group</b>	<b>Key themes</b>
Businesses	5	One session: August 15, 2024	Limited knowledge of pilot; visibility of crises; advocacy and collaboration
Residents	15	Two sessions: August 13 and August 28, 2024	Limited knowledge of pilot; visibility of crises; people-centered approach
Non-profit & faith-based organizations	12	Two sessions: July 30 and August 22, 2024	Limited knowledge of pilot; insufficient resources to address crises; training and resources
Individuals with LLE	26	Four sessions: October 16, 22, and 24 (x2), 2024	Availability and accessibility of services; harm reduction and recovery options; stigma and inclusion

Source: City of New Westminster

*Knowledge and awareness of the pilot project among businesses, residents, and non-profit and faith-based organizations*

Knowledge and awareness of the pilot project are factors that influence individual perceptions about the interrelated crises and the City’s efforts to address the harms and externalities. Moreover, utilization of the pilot project’s resources and programs is also conditional on public awareness and understanding. Effective and ongoing communication to publicize the pilot project and encourage community engagement is essential for effective service delivery, advocacy, and building and strengthening partnerships. Focus group data reveals that the early phase of the pilot project was reasonably characterized by information asymmetries across the various interest-holding groups. Overall, knowledge and awareness of the CRPP could be described as limited, especially among residents of New Westminster.

Focus groups participants from non-profit and faith-based organizations expressed some level of awareness of the City’s pilot project. Participants from this group shared that they had heard about the project, often through City communication or a coworker. Still, despite having heard about the project, many responses also indicated that detailed knowledge about the pilot project was absent. For example, one participant revealed that they “didn’t know any of the details” while another shared that “more information would help.” Overall, there seemed to be a shared sentiment among this group that initial communications about the CRPP could have been improved and that there should have been consultation with non-profit and faith-based organizations in developing some of the aspects of the pilot project.

In contrast, over half of the participants in the focus group for residents of New Westminster directly stated that they had “no knowledge” of the pilot. Only one participant shared that they had “read about it [pilot project] in City newsletters.” The lower levels of information of this group should not be surprising given that residents are not similarly oriented to organizational goals in the same capacity as businesses or non-profits. However, given that residents are also affected by the direct harms and externalities of the crises through their social networks and in their civic lives, increasing knowledge and awareness of the pilot project and its resources should be prioritized.

Participants from the business community expressed varying degrees of awareness of the pilot project. Of the six participants in attendance, four reported that they had heard about the CRPP. However, like other focus groups, communication from the City about the pilot project remained a concern.

As the first round of focus groups were conducted in September and October of 2024, coinciding with the early days of the pilot project, lower levels of knowledge are to be expected. Before the official launch of the CRPP, the City hired a dedicated communications coordinator for the pilot project. Given the early timing of the focus groups, it is reasonable that levels of knowledge and awareness were lower. Participants, especially those from faith-based and non-profit organizations, also expressed disappointment about the lack of consultation. While the City regularly facilitates CRPP working and collaboration meetings for community partners, additional avenues for participation and consultation could be considered to involve interest holders in the decision-making process.

### *Perceptions of the interrelated crises*

The interrelated crises of homelessness, substance use, and mental health are complex, resulting in harms and externalities that impact stakeholder groups differently. The data from the focus groups highlight the diverse perspectives and perceptions that residents, businesses, and non-profit and faith-based organizations hold regarding the three crises.

Because of their work on the frontlines, the views held by participants from non-profit and faith-based organizations regarding the three crises were informed by the challenges they experienced in supporting their clients. Participants in this group attributed the interrelated crises to broader systemic issues around food insecurity, poverty, and healthcare.

A recurring theme among the non-profit and faith-based group was the severity and scope of the interrelated crises and the limited resources available to tackle the harms: “the sheer scale of what we’re dealing with – homelessness, mental health issues, addiction – is overwhelming.” Participants generally held the view that the crises were worsening and “becoming more intense.” These assessments of the crises were accompanied with statements declaring that “we’re [organizations] stretched thin” and “resources are becoming scarcer.” Participants who provide housing supports remarked on the scarcity of affordable housing options available “to handle the growing number of unhoused people in the

### **Figure 6. Sample responses from interest-holders on knowledge and awareness of the CRPP**

*“I haven’t had a chance to dive deeper into the details, but I think more communication from the City would help us understand how we can engage.” – Participant from NP/FB organization*

*“I read about it in City newsletters, but I didn’t know the full scope or that they were taking a trauma-informed approach.” – NW resident*

area.” Another participant, involved in providing mental health resources, shared that their offices are always booked, juggling around 700 clients. In sum, among participants from non-profit and faith-based organizations, perceptions of the interrelated crises were largely characterized by resource constraints that magnified the challenges of connecting clients to services.

Among residents, perceptions of the crises were largely shaped by personal experiences and information from schools and media. A few residents mentioned the stereotypes and stigma attached to individuals experiencing the crises and the need for better education and awareness to combat misinformation. Interestingly, several participants who brought up education also mentioned the need to not only spread awareness but to foster empathy and understanding. One participant attributed misinformation to the media, which they described “drives fear and feeds into stereotyping.”

Other residents described evoked visual representations to describe the worsening of the crises. Multiple participants noted that the problems of homelessness, mental health, and substance use were getting worse and tied these assessments to seeing more people “living in cars,” “people using drugs on people’s porches,” and “meltdowns of personality behaviors.” These responses point to the increased visibility of the interrelated crises which in turn shape residents’ understanding and perceptions of the scope and severity of the problems.

Perceptions among the focus group for businesses were also informed by visual reminders of the interrelated crises which generated frustrations and fears around public safety and losing money. Participants of this group shared specific examples of the direct harms and externalities they witnessed in the business community: “people using drugs in our stairwell,” “people setting up temporary camps in alcoves,” “dealing with belongings left at our back door,” and “seeing lighters and drug paraphernalia.” Consequently, several businesses took action to address safety concerns; one participant adjusted staff schedules while another participant installed cameras. Feelings of frustration and overwhelm were evident: “everyone has their limits, and the business community is hitting theirs.”

Assessing perceptions of the three crises among interest-holding groups captures views about the severity of the crises. Despite the element of subjectivity, participants drew on personal observations and experiences that were grounded empirically. Service providers from faith-based and non-profit organizations described the resource strains that limited their ability to support their clients while business owners explained the conditions that prompted decisions around staffing or security measures. These examples illustrate how perceptions of the crises limit and influence action rationally. To this end, capturing how perceptions evolve over time may be one angle through which the City can assess the outputs of the pilot project in relation to the needs of different interest-holding groups.

**Figure 7. Sample responses from interest-holding groups on perceptions of the crises**

*“My concern is lack of public education. People don’t understand the issue.” – NW resident*

*“It’s definitely become more intense. We are dealing with 700 clients a year now. We have three offices and they are always booked.”- Participant from NP/FB organization*

*“The situation has worsened. I understand the frustrations of business owners who are scared and losing money, but we still want to help” – Participant from business community*

### *Priority areas*

Focus groups participants were asked to discuss areas of priority and opportunity for addressing the interrelated crises. The responses across the three groups indicate favorability towards a collective approach that centers advocacy, resource centralization, and education.

Among participants in the non-profit and faith-based focus group, collaboration and coordination between organizations were frequently cited as a priority for “pooling resources and ideas” and an opportunity for “advocacy and working together to push for broader systemic changes.” The earlier discussions about resource limitations remained central, with several participants emphasizing the need for financial resources to support frontline work and expanding space for clients and supporters. Creating a hub or drop-in center where services and resources are centralized was also mentioned as an ideal model for service delivery. Interestingly, two participants noted that resources must be targeted, and that the approach of adding more outreach workers would be “redundant.” One participant explained that “we all have outreach workers. We need resources, we need a space for outreach workers to go” while another participant noted that “there are areas where we need money, we do not need more outreach workers. You have to consult.”

Residents emphasized the need for compassion in addressing the interrelated crises. Specifically, participants expressed the importance of a people-centered approach through “recognizing the person as an individual” and “making people feel like they’re part of the community.” A resident described how a compassionate response can be informed by centering people with lived and living experience as part of the solution: “if you want to deal with homelessness, you need to find people who are homeless to address the issue.” Participants also highlighted the need for de-escalation training, building trust, and reducing stigma. Overall, the responses of residents were oriented towards a cultural shift in how the three crises should be addressed.

Within the business focus group, responses underscored the importance of funding supportive resources, providing opportunities for individuals affected by the crises, and accounting for the harms that businesses endure. Supportive resources that were mentioned include a 24/7 crisis line for businesses, training for administering naloxone, and detox and treatment programs. Two participants referenced programs in Japan and New York City that provide paid work opportunities for individuals with lived and living experiences. Similar to residents, the business focus group also expressed the need to “change how we respond to these crises.” Reflecting the objectives of business, several participants also added that addressing the interrelated crises must also account for how businesses have been affected: “it’s hard to balance compassion with the needs of businesses, but it’s crucial to support both.” While the need for federal and provincial governments to do more was brought up several times, participants from

#### **Figure 8. Sample responses from individuals with LLE on priority areas**

*“We need resources, we need a space for outreach workers to go. We have devoted years and years of expertise running outreach and frontline work.” – Participant from NP/FB organization*

*“Naloxone kits are great  
“I assumed the project would include a 24/7 crisis line for businesses, but it doesn’t. I’ve been trained in naloxone and believe businesses should receive similar training.” – Participant from business community*

*“Recognizing the person as an individual and reducing stigma; make people feel like they’re part of the community.” – NW resident*

the business community also defined their roles in the solution as well: providing work opportunities, receiving training, holding governments accountable, and advocating for more resources.

The priority areas identified across the focus groups provide many angles through which the City can work with interest holders to address the interrelated crises. Residents, non-profit and faith-based organizations, and businesses articulated approaches that would facilitate more compassion and support for individuals experiencing the crises.

#### *Supplemental data from the business survey*

Additional insights from the business community are also available through an electronic survey distributed throughout Summer 2025. The survey largely captures the perceptions that members of the business community hold regarding the interrelated crises and the City's response efforts. Key findings from the survey are summarized below and in Table 10 to supplement the data from the business focus group which had a low sample size of 5 participants. While the survey data cannot be considered to be representative, the findings nonetheless serve as a supplement to the business focus group data (N=5). The business survey contains a sample size of 39 respondents, with purposeful sampling in Downtown New Westminster. 66.67% of the sample is made up employees, managers, or owners of businesses in Downtown New Westminster. In Sapperton and Uptown, employees or owners of businesses accounted for 20.51% and 12.82% of the sample respectively.

Survey respondents rated the three interrelated crises as being serious problems in the area in which their businesses operate. There was no crisis that any respondent considered "not serious at all" although two respondents, with businesses in Sapperton, each described the issues of homelessness and substance use to be "not very serious." Across all three interrelated crises, the overwhelming perception of survey respondents was that homelessness, substance use, and mental health were all "quite serious" or "extremely serious" issues. Over half of respondents rated issues of homelessness and substance use as "extremely serious" while 38.46% of respondents rated mental health issues as "extremely serious." Given that the sample draws heavily from the Downtown core where visual reminders of the harms and externalities of the interrelated crises are more prevalent, the results should not be surprising.

A more informative piece of data relates to who respondents have contacted to respond to issues related to the interrelated crises on or near their business property. Just over two-thirds of respondents sampled shared that they had contacted law enforcement services (eg. police) to address an issue related to the interrelated crises. Respondents who contacted law enforcement services were asked to select the reasons why they chose to call law enforcement services; respondents could select more than one reason. Among those that called law enforcement services, 85% indicated they did so because they believed the incident involved a safety issue while 33% indicated the incident involved a criminal matter. 33% also shared that they did not have contact information readily available for other services or they were not aware about other available options to respond to incidents related to the interrelated crises. Fewer than half of all respondents reported they had contacted a City department or community organization (eg. Bylaw Enforcement, Integrated Services (IS), Crises Response Team (CRT), Peer Assisted Care Team (PACT), etc.) regarding an issue related to the interrelated crises.

**Table 10. Summary of selected data from the Business Survey (June 2025)**

Variable	N	Percentage
<i>Location</i>		
Downtown	26	66.67%
Sapperton	8	20.51%
Uptown	5	12.82%
<i>Position</i>		
Employee or manager	6	15.38%
Owner	33	84.62%
<i>Homelessness</i>		
Not serious at all	0	0.00%
Not very serious	2	5.13%
Somewhat serious	7	17.95%
Quite serious	10	25.64%
Extremely serious	20	51.28%
<i>Mental health</i>		
Not serious at all	0	0.00%
Not very serious	3	7.69%
Somewhat serious	6	15.38%
Quite serious	15	38.46%
Extremely serious	15	38.46%
<i>Substance use</i>		
Not serious at all	0	0.00%
Not very serious	2	5.13%
Somewhat serious	5	12.82%
Quite serious	6	15.38%
Extremely serious	26	66.67%
<i>Contacted LES for issue related to interrelated crises</i>		
Yes	27	69.23%
No	12	30.77%
<i>Reason for contacting LES (N=27, check all that apply)</i>		
Other services not available at time of incident	10	37.04%
Incident involved safety issue	23	85.19%
Incident involved criminal matter	9	33.33%
No contact info for other options	3	11.11%
Did not know about other options	6	22.22%
Other	10	37.04%
<i>Contacted City dept. or community org. for issue related to interrelated crises</i>		
Yes	19	46.15%
No	20	51.28%

Source: CRPP Business Survey, June 2025

The survey data suggests a need for ongoing communication to raise awareness and understanding of the pilot project’s resources. While law enforcement services should always be engaged if there is a safety or criminal issue, the survey results suggest that knowledge asymmetries are present among the business community about the available resources dedicated to addressing the harms and externalities of the interrelated crises. In particular, the CRT and CLO program represent two public-facing resources that respond to reports submitted by the public. Furthermore, qualifying businesses in Downtown New Westminster can also sign up to participate in the Biohazard Removal Program.

*Individuals with lived and living experience (LLE)*

In October 2024, the City of New Westminster organized four focus group sessions for individuals with lived and living experience (LLE). To facilitate trust and confidence in the process, the City hired a facilitator to moderate the focus groups. This section summarizes major themes emerging from the four sessions with attention to the three interrelated crises: homelessness, substance use, and issues of mental health.

*Homelessness.*

Individuals with LLE discussed the issue of homelessness by drawing on personal experiences of accessing shelter and housing services. Their insights uncover the gaps in shelter and housing services that can prolong situations of homelessness. Conversations about housing were largely informed by the challenges associated with supportive housing and shelter services. Participants noted inadequate amenities, rigid rules, and dehumanizing treatment. The lack of basic amenities was raised as an issue and several participants talked about the lack of adequate shower facilities as an example. One participant who had accessed various shelters shared that not all shelters had shower facilities. When showers were available, there were problems with accessibility and privacy. One participant shared that some shower facilities were not accessible for wheelchairs while another participant stressed the need for more privacy: “There’s no dignity...women have to share one stall.” Several participants also noted problems with secure and accessible storage, especially in shelters. Having belongings stolen was a common experience; one individual recalled their belongings being stolen on three separate occasions. The inconvenience of having to “carry stuff around” also led individuals to feel stigmatized or burdened when attempting to find or maintain employment.

Many participants recognized that shelter services were more of a “stopgap solution” that in some cases, prolonged homelessness. Consequently, participants advocated for an expansion

**Figure 9. Sample responses from individuals with LLE on housing**

*“Even when I go to the bathroom, everyone knows. We need washrooms. Imagine being a woman on your period. I have to go in an alley, and businesses have no public washrooms. There’s no dignity. I have to take cardboard and go into an alley.”*

*I haven’t been in a shelter in a long time. Shelters seem to just want you gone; it feels like you’re just numbers, not actual people.*

*“The rules are not consistent. There’s no leeway. If it’s zero tolerance, there still has to be some flexibility, and it should be communicated to us. They treat us like animals. It’s the lack of safety. Everything gets stolen. The shelters in other communities are better. Other organizations are more reasonable. Carrying your whole household around creates stigma. We need secure storage.”*

of permanent supportive housing with wraparound supports. These housing supports would ideally create livable and respectful spaces that were supportive of, rather than punitive, towards tenants. Too many rules and the inconsistent enforcement of rules, as experienced by individuals currently, were described to be dehumanizing. Individuals compared the experience to being treated like an animal, “pieces of dirt,” or “just a number.” While help through shelter and housing services was appreciated, feelings of being under “total control” further marginalized unhoused individuals. A fence structure in a nearby shelter was mentioned as an example of how services and spaces for the unhoused created a controlling and dehumanizing environment: “that fence makes a lot of people feel like they’re in jail.”

When the focus group participants were prompted to describe their ideal housing situations, there were mentions of specific items and services such as 24/7 shelter access, “secure storage,” “better managers,” “more consistent staff members,” “skills program,” “internet,” and mental health supports. There was a general understanding that “more housing” was needed but ideally, current and future housing supports would be improved to accommodate “all situations and people” reflecting a need for more inclusive housing environments. These insights identify numerous areas for improving short- and long-term housing supports for individuals experiencing homelessness.

#### *Toxic drug crisis and response.*

Focus group participants discussed the toxic drug crisis by emphasizing the need for safe and legal supply, safe consumption sites, and detox centers. Overall, the responses were oriented favorably a people-centred approach, with emphasis on public health and harm reduction.

Support was evident for safe supply: “there should be a safe supply.” Drawing on personal experiences and observations, one participant shared that “the safe supply Downtown has been doing what it’s meant to do; it’s been keeping the supply safe.” This was contrasted with earlier experiences witnessing the consequences of “toxic street-level supply” which was “causing health issues.” The implications of substance use for health were also linked to the popular framing of the toxic drug crisis as a criminal issue, with one participant advocating for the crisis to be addressed as a medical issue.

Due to the lack of safe consumption sites, some individuals reported having to smoke their drugs at home, in a public washroom, or behind a dumpster. “Implementing places for safe drug use,” especially for drugs that are smoked, was seen as a needed intervention for “people to legally use substances.” The example of smoking huts in Vancouver was brought up several times as a suitable model. One participant added that these sites should not be visible to the public. Notably, there is ongoing advocacy to within the CRPP to

#### **Figure 10. Sample responses from individuals with LLE on the toxic drug crisis**

*“The safe supply downtown has been doing what it’s meant to do. It’s been keeping the supply safe. We’ve had toxic street-level supply for so many years, causing health issues. It would help IV users but not those who smoke rather than inject. My supply will always have substances in it because there’s no safe supply for smoking.”*

*“I’m trying to get into detox. The only option I have is in Surrey or Vancouver. There are a lot of recovery houses, but no detox. More places for resources would help.”*

*“Vancouver has smoking huts; not having to go to the washroom behind a dumpster would be better”*

push for an indoor inhalation site, in recognition of the prevalence of inhalation as the preferred method of substance use.

The limited availability of detox centers was cited as a challenge: “the detox situation is not great; there needs to be more spaces.” Though there are detox centers in neighbouring cities, one participant said, “I do not feel safe in [that city.]” While this participant did not elaborate on their reasoning, their response nonetheless highlights the need for detox services that are accessible, friendly, and welcoming. For “daytox” options, the Gathering Place in Vancouver was cited as an example of a comfortable and welcoming place to stay.

There are no geographic boundaries to the toxic drug crisis, but the insights shared by focus group participants provide a starting point for the CRPP to embody a people-centered and trauma-informed approach within the local community to addressing issues of substance use.

#### *Mental health supports.*

Individuals with LLE wanted to see greater attention and focus on mental health issues and more resources to support those experiencing mental health crises. “Putting them [individuals] in hospitals, jails, or on meds” was seen as the opposite of supportive with little attempt to address underlying traumas. Connections were also drawn to the housing and substance use crises, highlighting the interconnectedness of mental wellbeing to other issues. To this end, addressing gaps in housing and

shelter services as well as improving resources for the toxic drug crisis response are also likely to improve mental health outcomes among individuals with LLE.

Individuals with LLE occupy a unique positionality within the interrelated crises of homelessness, substance use, and mental health as a group that has confronted the harms directly and navigated complex systems to access resources that often fall short of their needs. The data from these focus groups challenge dominant narratives of individuals experiencing the interrelated crises as crime-prone, obstinate, and a threat to public safety. Participants identified specific barriers that delayed or complicated recovery and articulated realistic interventions that could inform policy development in the areas of housing, substance use, and mental health. The iterative and people-centered design of the CRPP is an opportunity to incorporate the input and experiences of individuals who have confronted the direct harms of the interrelated crises.

## ADVOCACY AND POLICY DEVELOPMENT

The CRPP actively engages community partners and government ministries and institutions to identify the concerns and needs of various groups and to develop appropriate interventions to address the three crises. As of August 2025, there were 24 external partners that the Policy Development and Advocacy Team (PAT) collaborates with to support the CRPP. The community organizations are diverse, providing a breadth of experiences and expertise to support the goals of the CRPP. Ten of the current external partners are non-profit or faith-based organizations, often serving as a referring partner to provide services and resources to populations experiencing housing instability, substance-related issues, and/or mental health

#### **Figure 11. Sample responses from individuals with LLE on mental health**

*“I would like more focus on the mental health issues faced by people. I understand it’s underlying trauma; I would like more support, not just putting them in hospitals, jails, or on meds.”*

*“More focus on mental health care: Proper care, identifying the problem. Substance use is a symptom, using drugs is a by-product of underlying trauma, a means of coping, friendship, survival, and we need a safe supply of drugs.”*

issues. To represent the interests of the business community in New Westminster, there are three business associations and one private business that attend working groups regularly. In addition, there are also four resident and tenant associations that participate in working groups. The PAT has also fostered productive relationships with various Fraser Health teams, BC Housing, and the Ministry of Social Development and Poverty Reduction to support policy development and advocacy. Altogether, the City has active collaborations with five provincial teams/agencies and one federal government agency.

A summary of the type and number of organizations with which the PAT has a working relationship is presented in Table 11. The capacity of involvement describes how community partners are connected to the pilot project. Involvement that relates to funding describe situations whereby the City has applied and received financial resources to support some aspect of the pilot project. In the first year of the pilot project, the City has successfully secured funding from both provincial and federal government streams. Involvement through working groups, collaboration forums, and outreach and service provision is described in more detail below.

**Table 11. Community partners by type of organization and involvement capacity**

Type of organization	Count of Type	Involvement capacity
Businesses and business associations	4	Working group
Resident and tenant associations	4	Working group
Provincial government ministries and institutions	5	Funding; collaboration forum; outreach and service provision
Federal government ministries and institutions	1	Funding
Non-profit, faith-based, and community organizations	10	Collaboration forum; outreach and service provision; working group
<b>Total</b>	<b>24</b>	

Source: Policy Development and Advocacy Team, City of New Westminster

### *Working group*

The Working Group is an advisory comprised of representatives from associations and organizations in the community. Meetings are scheduled four times annually and additionally, on an as-needed basis. Three objectives guide the Working Group: 1) supporting relationship building and collaboration activities with the community and senior levels of government; 2) sharing observations and considerations of interest-holders related to the three crises to inform how the CRPP can best respond to them; 3) identifying additional roles for and gaining the support of businesses and residents in collaboration activities; and 4) generating ideas and feedback for the CRPP.

I attended two separate Working Group meetings as an observer. On both occasions, the meetings were chaired by an independent facilitator. Attendance included staff members across the CRPP interdepartmental teams and representatives from interest-holding groups. The dialogue was respectful despite diverse opinions and perspectives. City staff expressed interest

and concern to the ideas shared by interest-holders. Between the first and second meetings attended, two notable recommendations voiced by the membership were addressed. In the first case, City staff created a short video clip as an educational resource on social media platforms in response to shared sentiments about lack of knowledge around the pilot project. In the second case, City staff introduced the CLO program as an additional resource to the CRT for the community to utilize, especially during times of the day when the CRT is not in operation. These two examples illustrate how the Working Group can be a constructive site for the City to engage with the community and work towards action-oriented outcomes.

#### *Facilitated collaboration forum*

The facilitated collaboration forum was held in June 2025 as a continuation of the Mental Health Roundtable held in 2023 prior to the launch of the CRPP. Specifically, the goal of the facilitated collaboration forum was to bring together organizations and partners to increase and improve collaboration, coordination, and information sharing. Furthermore, the forum also presented an opportunity to strengthen existing and foster new relationships between organizations. Moderated by an external facilitator, participants of the facilitated collaboration forum engaged in discussions on how to enhance inter-agency collaboration and better support community members impacted by the three crises. To further the discussions and implement the actions from the facilitated collaboration forum, participants agreed to establish an Adult Situation Table in the near future. At the end of October 2025, a meeting was convened to discuss next steps in establishing the Adult Situation Table.

#### *Outreach and service provision*

Organizations involved in outreach and service provision are typically non-profit and faith-based organizations and government teams with whom the City has established a regular referring relationship. These organizations partner with the CRPP to provide services to individuals experiencing the interrelated crises. Some of the current partnerships were developed prior to the pilot project. Coordination through the CRPP enhances the efficiency by which individuals with LLE can be connected to supportive resources. Examples of services provided by referring partners include counselling, shelter services, supportive housing, housing placement services, food and meals, and harm reduction and substance use-related services. As the PAT continues to strengthen existing relationships and develop new ones, it is expected that the capacity of the CRPP and partners will expand to better meet the needs of individuals with LLE. However, a crucial variable in this outcome is ensuring sufficient resources and funding for organizations to carry out their work. As evident from the focus group with faith-based and non-profit participants, service providers are struggling to serve their clients in the absence of sufficient resources and funding. Without addressing this shortcoming, the referral relationships established between the City and its community partners will not lead to the desired outcomes.

### KEY DEVELOPMENTS AND OVERALL PROGRESS

This section of the evaluation chronologically maps key developments throughout the first year of the pilot project that has resulted in measurable progress and outcomes. The items documented on this timeline can be interpreted as milestones that mark pivotal moments and inform the direction of the pilot in its remaining year. More generally, this timeline also serves as a blueprint for the City's ongoing advocacy and collaboration with government and community partners to address the interrelated crises beyond the lifespan of the current pilot project. In

February 2025, the City Council approved the Five-Year Prevention, Support and Transition Services Plan and the Ten-Year Supportive Housing and Wrap-Around Services Plan as long-term strategies to the interrelated crises of homelessness, mental health, and substance use. Though these plans are independent of future decisions on the extension of the pilot project, the current outcomes of the CRPP arguably establish the foundations that influence the ability to successfully realize the five- and ten-year objectives.

The timeline presented in Table 12 is organized around three categories: 1) programs and services; 2) advocacy and funding; and 3) collaboration, communication, and engagement. Programs and services refer to events that mark the launch of a new program or service that is designed to improve or expand the pilot project’s resources and services for the public. These programs or services increase the capacity of the pilot project to address the interrelated crises or respond to a shortcoming that may have been identified after the pilot project was launched. Advocacy and funding refer to two different but related events. Advocacy, in particular, captures events that mark the start of a project that has resulted from advocacy efforts by the Policy Development and Advocacy Team. Funding, which typically results from effective advocacy efforts, describe specific points throughout the current timeline at which external funding was granted to the pilot project. Events designated as collaboration, communication, and engagement mark activities that the City has hosted or participated in to engage community partners and stakeholders.

**Table 12. Timeline for the Crises Response Pilot Project, November 2023 – October 2025.**

<b>November 2023</b>		
CRPP approved by Council.	<i>Programs and services</i>	A two-year pilot project is approved to address the interrelated crises through a people-centered and trauma-informed approach.
<b>May 2024</b>		
Soft launch of CRT.	<i>Programs and services</i>	Outreach begins in the New Westminster community.
Part-time communications coordinator hired.	<i>Collaboration, communication, and engagement</i>	The communications coordinator will develop and implement a communications strategy to publicize the pilot project and its goals to diverse audiences and interest holders.
<b>July 2024</b>		
Hygiene services trailer opens at 502 E. Columbia.	<i>Programs and services; advocacy</i>	The hygiene services trailer provides 24/7 access to toilets and showers for unhoused populations. The trailer is staffed with an attendant and is fully funded by BC Housing.
<b>September 2024</b>		
The City partners with Douglas College.	<i>Collaboration, communication, and engagement</i>	This partnership establishes a plan for independent evaluation of the CRPP at the end of year one and two.
Official launch of the CRPP.	<i>Programs and services</i>	All three teams of the CRPP (eg. CRT, OST, and PAT) are in operation.
CRPP presented to the Downtown Business Improvement Association.	<i>Collaboration, communication, and engagement</i>	The City attends a board meeting in Downtown New Westminster and presents the CRPP to members of the Downtown Business Improvement Association.
<b>October 2024</b>		

CRPP presented to the Downton Residents Association.	<i>Collaboration, communication, and engagement</i>	The City presents the CRPP to residents in New Westminster.
Additional shelter spaces and beds are made available.	<i>Programs and services; Advocacy</i>	The City enhances access to seasonal shelter spaces for the 2024/2025 winter season by providing 25 24/7 shelter spaces for people experiencing homelessness and ten Emergency Weather Response (EWR) beds for women.
Mental Health Roundtable.	<i>Collaboration, communication, and engagement</i>	The City hosts the Mental Health Roundtable with representation from over 40 service providers and teams to improve collaboration between organizations with a mental health mandate.
<b>December 2024</b>		
Construction begins on 602 Agnes Street.	<i>Advocacy</i>	The City partners with BC Housing to build 52 units of permanent supportive housing, which will be operated by non-profit partner Lookout Housing and Health Society.
<b>January 2025</b>		
Official launch of Community Liaison Officer (CLO) program.	<i>Programs and services</i>	CLO program begins operations to support businesses and residents who are impacted by the three crises.
<b>February 2025</b>		
Council approves Five- and Ten-Year Plans	<i>Advocacy</i>	The plans establishes a long-term strategy for expanding access to housing and wraparound services.
CRPP presented to the Queensborough Residents Association.	<i>Collaboration, communication, and engagement</i>	The City presents the CRPP to residents in New Westminster.
Funding from Health Canada.	<i>Funding</i>	The City receives \$1.4 million dollars from Health Canada to support and expand ongoing outreach efforts.
<b>May 2025</b>		
Resident Info Session	<i>Collaboration, communication, and engagement</i>	Resident Associations and Tenants' Unions are invited to a Resident Info Session hosted by the City.
One Number to Call	<i>Programs and services</i>	The City launches the 24/7 One Number to Call Community Support Line which connects callers to various components of the CRPP.
<b>June 2025</b>		
Facilitated Collaboration Forum	<i>Collaboration, communication, and engagement</i>	The City hosts a Facilitated Collaboration Forum with faith-based, non-profit, and provincial teams on the topic of establishing an Adult Situation Table.
<b>August 2025</b>		
Hours extended at shelter	<i>Programs and services</i>	Shelter at 502 Columbia Street extends daily hours from 12 hours to 21 hours.
<b>September 2025</b>		
Funding from the BC Provincial Government.	<i>Funding</i>	Following a successful application, the City receives funding from the Ministry of Public

		Safety and Solicitor General to establish an Adult Situation Table in New Westminster.
<b>October 2025</b>		
Completion of independent evaluation.	<i>Collaboration, communication, and engagement</i>	Independent evaluation report is completed and presented to Council.

The events on the timeline documents select milestones in the first year of the pilot project. Since the official launch in September 2024, the pilot project has expanded existing programs and services and introduced new ones. Notably, the launch of the CLO program in January 2025 reduced the gaps in coverage between the CRT’s operational hours while expanding the OST’s capacity to address the externalities of the three crises. Additionally, the creation of the One Number to Call Community Support Line in May 2025 streamlined and simplified the procedures for community members to contact the various components of the CRPP. Strong partnerships with provincial teams, community faith-based and non-profit organizations combined with strategic advocacy also helped to increase the capacity of service providers to support individuals experiencing the three crises. Funding from BC Housing has supported the operation of a hygiene services trailer since July 2024, which provides 24/7 access to toilets and showers in Downtown New Westminster. Preliminary data from the City of New Westminster finds that there are between 1300 – 1700 visits monthly. The number of shelter spaces in the community and service hours of shelters have also increased which improves the ability of the CRT to make referrals. These new and expanded programs and services developed through the pilot project and community partners position the interdepartmental teams of the CRPP to efficiently address the three crises and support individuals with LLE as well as interest-holders, businesses, and residents.

Advocacy remains a priority even after approval and launch of the pilot project. Advocacy serves the functions of raising visibility of the impact of the interrelated crises and lobbying senior levels of government for additional funding and resources. In 2025, the City received funding from federal and provincial levels of government to support the CRPP and to establish the Adult Situation Table. Aside from funding, advocacy is also a crucial means for influencing decision-making and policy. In this arena, the Policy Development and Advocacy Team has been strategic and targeted in developing Five- and Ten-Year Plans that were approved by Council in February 2025; both of these plans work in concert to identify sustainable and actionable steps to construct permanent, purpose-designed supportive housing and develop a wrap-around services plan. At present, the outcomes of advocacy can also be seen around New Westminster, including construction of 52 units of permanent supportive housing at 602 Agnes Street. These milestones underscore the importance of strategic advocacy in generating support, and funding to facilitate the immediate and longer-term success of the pilot project, while in the shorter term, delivering programs and services and carving out opportunities for collaboration with community partners and government teams.

Events involving collaboration and engagement appear regularly throughout the timeline. In particular, the City has attended four meetings with Business, Tenants, and Residents’ Associations to present on the CRPP. The presentations allow the City to communicate to the public about the various components of the pilot project in an interactive space where members of the New Westminster community can learn and ask questions. More generally, these events facilitate civic engagement opportunities for residents and members of the business community from their positionality within the broader context of the three crises. The Facilitated

Collaboration Forum with faith-based and non-profit organizations and provincial teams in June 2025 as well as the upcoming Adult Situation Table exemplify how collaboration and engagement with service providers and interest-holders continue to inform the progress and direction of the pilot project.

The second year of the pilot project may not necessarily be characterized by as many new programs and services as witnessed in the first year. Rather, the City may consider adjustments to existing programs and services in response to feedback from front-line staff, individuals with LLE, and interest-holders. Such feedback could be collected and assessed from ongoing collaboration and engagement events, working group meetings, and focus groups. Communication about the pilot project remains vital to promote utilization of available resources such as the One Number to Call Line, which helps to divert calls away law enforcement services when there are non-criminal incidents pertaining to the three crises. As public knowledge about the pilot project becomes more widespread, the communication strategy can also encompass destigmatization campaigns to challenge narratives about individuals with LLE and the three crises that are not empirically supported. Ongoing advocacy is also necessary and a shift in orientation towards a more targeted approach to identifying funding opportunities and spaces for shaping policy will continue to benefit the Policy Development and Advocacy Team.

## RECOMMENDATIONS AND NEXT STEPS

At the time of preparing this report, the CRPP has entered its second year of operations. The three interdepartmental teams are in operation. The CRT continues to engage in outreach and connects individuals to services in the community; though resource constraints are still present, minor alleviations are evident in the increase of shelter spaces. The OST is coordinated across various city departments to respond proactively and reactively to the externalities of the three crises. The PAT has demonstrated success in securing significant funding to support various dimensions of the pilot project and advocating for longer-term sustainable approaches to addressing the three crises.

The resources and services housed within pilot project have evolved and expanded in response to the needs and demands of individuals affected by the interrelated crises, staff members of the City, and interest-holders in the community. While the results of the evaluation do not support causal speculation, there are many aspects of the pilot project that point to progress and strategic evolution at the municipal level to address the crises of homelessness, substance use, and issues of mental health. Insights from this evaluation also inform recommendations for ongoing data collection and the next steps of the pilot project.

### *Recommendations for data and future evaluation needs*

Keeping in mind the second round of evaluation one year from now, the proposed recommendations for data are related to improving the quality of data and identifying new indicators to ensure comparability of evaluation findings and the availability of measurable outcomes. Overall, despite the limited time frame, data collection within the interdepartmental teams has been complete and accurate. The following is a list of recommendations related to data and evaluation.

1. *Implement a systematic process for data collection and entry:* Ongoing data collection and data entry procedures could be systematized to improve accuracy and support cross analyses of data files. Improvements in this realm could potentially open possibilities for basic inferential analyses. One potential solution is to create a team-specific standard

reporting form with close-ended selections and open-ended responses to reduce data error and instance of missing or incomplete data.

2. *Develop codebooks to accompany data files:* For teams that are collecting quantitative data, the development of a codebook will also be beneficial. For newer and future staff members, the codebook serves a vital resource that assists with the learning and understanding of the data. Personnel changes can easily introduce subtle differences in data understanding; with a codebook, these discrepancies are greatly reduced. For future evaluations and evaluators, the codebook is an integral record of the variables tracked in the data with information about how each variable is measured and defined.
3. *Improve representativeness of data through targeted recruitment:* Data that involves public opinion and perceptions should also aim to be as representative as possible to reduce bias in findings. Recruitment for focus groups and survey tools could involve purposeful sampling techniques to reach the intended populations and increase the sample size. If appropriate, recruitment could also be integrated into the communication strategy or public events where potential participants might be found.
4. *Collect additional data on users and potential users:* Supplementary data could also be collected to learn more about groups that are utilizing resources from the CRPP. For example, data could be collected from groups that are overrepresented in homelessness, substance use, and mental health statistics, including community members with Indigenous identity. Collecting these data would enhance the people-centered and trauma-informed approach that is characteristic of the CRPP. The ongoing outreach poll will generate findings for the second round of evaluation and there are plans to introduce narrative case studies to highlight the trajectories and outcomes of individuals who have utilized resources from the CRT. The CLO program could also collect very basic information about who is reporting an incident for reactive response. Even data that simply describes whether the report is internal from the City, a business, or resident could offer interesting insights about how municipal staff and external actors respond to and utilize this component of the pilot project.

### *Recommendations for the pilot project*

This evaluation assessed the CRPP from various angles and there are numerous takeaways that guide the next steps of the pilot project. Accordingly, the recommendations presented are intended to inform strategy in the second year of the pilot project as it relates to addressing the harms and externalities of the three crises and solidifying a sustainable foundation for longer-term efforts. The recommendations proposed for the CRPP are as follows:

1. *Continue and expand communication strategy:* This recommendation is advanced in recognition of the continuous work to publicize the CRPP to diverse audiences. This work should continue into the second year to raise awareness of the resources available for residents, businesses, individuals with LLE, and other interest-holders to utilize. Increasing awareness levels will help to reduce knowledge asymmetries, which should translate into higher rates of utilization. This will also benefit future evaluations especially if there is interest in capturing non-municipal user-end perspectives and experiences. If resources permit, the communication strategy should also be expanded to include general education about the three crises. Issues of substance use, homelessness, and mental health are often framed through criminalizing and stigmatizing narratives that overemphasize individual factors over structural ones. Participants from focus groups

also emphasized the need to combat misinformation about the three crises. A communication strategy that challenges the myths surrounding the interrelated crises might be conducive to increasing public approval of the pilot project and reducing symbolic barriers to accessing resources among individuals with LLE.

2. *Expand opportunities for consultation:* The City has been successful in developing strong partnerships with non-profit and faith-based organizational partners and businesses. Among the non-profit and faith-based organizations who are primarily service providers, there was a general sentiment that the City could open up more channels for consultation especially in matters that involve resource allocation and outreach. This consultation is especially important for the coordination of service delivery and to reduce duplication of efforts where they are needed. As businesses are also affected by the harms and externalities of the crises, they should also be invited to consult on aspects of the pilot project. Compared to residents and service providers, businesses generally expressed a more pessimistic and disapproving view of the crises and interventions. Ensuring access to the consultation process for this group will be important, as is increasing the number of voices from the business community represented in this civic process.
3. *Expand opportunities for external collaboration:* The first year of the pilot project has reduced siloed operations and resulted in increased inter-departmental collaboration. This is likely to enhance coordination and efficiency of operations. However, on the side of service delivery, much of this work is directly carried out by service providers. To this end, it may be productive to expand opportunities for external collaboration and consider how businesses and residents can play a role. In the focus group, members of the business community expressed a desire to be part of the solution. The pilot project has largely positioned the business community in relation to the crises' externalities, but some business members shared solutions for supporting individuals with LLE. The solutions, ranging from employment programs to naloxone training, are realistic and inspired by existing programs from other cities. Though they may vary in their ease of implementation, these ideas are a meaningful starting point for collaboration between the City and businesses. Ideally, service providers would also play a role as some participants from the faith-based and non-profit sector noted that though interactions with the business community were limited, past and existing partnerships with businesses have been successful and positive.
4. *Target advocacy and funding opportunities:* Advocacy remains a critical component of the CRPP's long-term sustainability and success. Successes from year one should be highlighted in ongoing advocacy efforts to strengthen policy support and to encourage ongoing coordination between different levels of government in addressing the three crises. Furthermore, advocacy must also incorporate the perspectives of service providers who have expertise and are on the front lines of the interrelated crises. Advocacy can also be oriented towards encouraging policy alignment across different levels of government. In parallel, the City should also continue to identify funding opportunities that can contribute to the continuity of existing programs and creation of new ones.

Findings from the first round of evaluation also highlight opportunities for provincial and federal levels of government to meaningfully address the three crises in ways that extend the impact of municipal and community-level interventions. Most urgently, action is needed to expand the current supply of short- and long-term housing for individuals experiencing

homelessness. Currently, the CRT has the expertise to help individuals navigate the assessment and application process for housing, but individuals are ultimately left in limbo waiting for housing to become available. These delays prolong and exacerbate instability that further isolate individuals from supportive and status-affirming resources.

## CONCLUSION

The CRPP is a multi-pronged municipal effort to address the harms and externalities of homelessness, substance use, and issues of mental health in New Westminster. Adopting a people-centered and trauma-informed approach, the pilot project aims to be responsive to the needs and expectations of diverse groups including individuals with lived and living experience, residents, service providers, and businesses. Data from the first round of independent evaluation were used to establish a baseline for outputs from public-facing teams, identify perceptions across interest-holding groups and individuals with LLE, summarize the quantitative and qualitative aspects of community and governmental partnerships, and chronologically track markers of progress and evolution in the pilot project.

Suggestions to improve data quality for subsequent evaluations and recommendations for next steps in the pilot project were also presented. Overall, findings from the first round of evaluations point to a productive second year for the pilot project. With more experience and coordination, public-facing teams such as the CRT and CLOs are equipped to carry out their tasks more efficiently. Policy development and advocacy efforts have many successes from the first year to build upon, which should position the PAT to strengthen partnerships and access new funding opportunities. Beyond the pilot project's current life span, it is also important to recognize the foundations established in the first year that will be supportive of longer-term strategies to address the social problems of homelessness, substance use, and issues of mental health.