



ATIRA WOMEN'S RESOURCE SOCIETY & ATIRA PROPERTY MANAGEMENT INC

CRITICAL INCIDENTS ANALYSIS REPORT

FISCAL YEAR 2021-2022

May, 2022

EXECUTIVE SUMMARY

Atira Women's Resource Society (AWRS) is a non-profit organization dedicated to supporting women and children affected by violence by offering safe and supportive housing and by delivering education and advocacy aimed at ending all forms of gendered violence. Specifically, Atira Women's Resource Society operates a variety of supportive housing types including women-only Single Room Occupancy (SRO) hotels, modular housing, second-stage transition houses, transition houses, and shelters. AWRS also offers a variety of related support programs including employment initiatives, early childhood education (daycares), legal advocacy, housing outreach as well as other outreach programs, short and long-term projects, and community engagement work, all to support women, including trans femmes, and their children who are or have been affected by gendered violence and misogyny.

AWRS owns a social enterprise, Atira Property Management Inc. (APMI), which among other diverse market and nonmarket portfolios operated 25 supportive housing programs including one modular building and 24 Single Room Occupancy (SRO) Hotels during the fiscal year (FY) 2021-2022. The majority of SROs were built between 1908 and 1913 and were intended as temporary accommodation for seasonal workers coming into Vancouver. Though designed more than 100 years ago as temporary lodging, seasonal resource workers often settled in for the long term after they retired. SROs continue to serve as long-term affordable and increasingly, supportive housing. All the SROs operated by APMI are all gender (tenants include people who identify as male, female, transmasculine, transfeminine, queer/non-binary and/or two-spirit).

In FY 2021-2022, AWRS provided housing and support to 1,591 women and 412 children and to an estimated 645 permanent guests, and visitors; and APMI provided housing and support to 2,405 tenants and an estimated 1,202 permanent guests, and visitors, for a total, across both organizations, of 6,255 tenants/residents, their accompanying children, and their permanent guests and visitors. This does not include those served by Atira's non-residential programs.

This report describes the critical incidents within AWRS and APMI supportive and transitional housing during the 2021-2022 FY, which represents April 1st, 2021 – March 31st, 2022. Critical incidents include but are not limited to drug poisonings, deaths, acts of violence, and fires and floods. This report includes critical incidents from AWRS's three overdose prevention sites, but otherwise does not include information about non-residential programs.

Critical incident reports (CIRs) not only provide a record of an organization's action with respect to their accountability, they are also a measure for monitoring the quality and appropriateness of an organization's service delivery. Monitoring CIRs allows Atira Women's Resource Society to assess its performance in reporting and management, as well as its needs in terms of resources, practices, policies and procedures, and training.

The report utilizes the principles of a systematic, descriptive, quantitative research approach. It focuses on the process of collecting and analyzing numerical data to find patterns and averages, make predictions, when possible, test relationships, and generalize results to wider populations or the organization as a whole. The report uses 2021-2022 fiscal year (FY) data from Atira's critical incidents' reporting system. Excel and *Statistical Package for the Social Sciences* (SPSS) were used to organize and analyze the data and to summarize key findings. This report separately delineates the total critical incidents within AWRS and APMI, and the highest months for overall critical incidents, deaths, drug poisonings, acts of violence, and fires and floods. Socio-demographic factors such as age, gender/identity, and race/ethnicity, as well as the housing program, are also assessed for each selected month with the highest number of critical incidents. Lastly, the report provides recommendations based on the observations, using evidence from the literature.

TABLE OF CONTENTS

INTRODUCTION	4
ATIRA WOMEN'S RESOURCE SOCIETY (AWRS)	7
1.1 Total Critical Incidents	7
1.2 Drug Poisoning Incidents.....	8
1.3 Violence Related Incidents	9
1.4 Health Related Incidents.....	9
1.5 Deaths.....	10
1.6 Fires and Floods	10
Discussion	10
ATIRA PROPERTY MANAGEMENT (APMI).....	11
2.1 Total Critical Incidents	11
2.2 Violence Related Incidents	13
2.3 Drug Poisoning Incidents.....	14
2.4 Fires and Floods	14
2.5 Health Related Incidents.....	15
2.6 Deaths.....	16
Discussion	16
CONCLUSION AND RECOMMENDATIONS	17
APPENDIX A (AWRS).....	27
Table 1: Drug poisonings within AWRS programs	27
Table 2: Violence within AWRS programs.....	27
Table 3: Fires within AWRS programs	28
Table 4: Floods within AWRS programs.....	28
APPENDIX B (APMI).....	29
Table 1: Total incidents within APMI programs	29
Table 2: Violence related incidents within APMI programs.....	30
Table 3: Drug Poisonings within APMI programs	30
Table 4: Fires within APMI programs.....	31
Table 5: Floods within APMI programs	31
Table 6: Health- related incidents within APMI programs.....	32
Table 7: Deaths within APMI programs (excluding drug poisonings)	32

INTRODUCTION

Atira Women's Resource Society (AWRS) is a non-profit organization dedicated to supporting women and children affected by violence by offering safe and supportive housing and by delivering education and advocacy aimed at ending all forms of gendered violence. Specifically, Atira Women's Resource Society operates a variety of housing that includes women-only SROs, modular housing, supportive housing, second-stage transition houses, transition houses and shelters. AWRS also offers a variety of related programs including employment initiatives, early childhood education (daycares), legal advocacy, housing and other outreach programs, short and long-term projects, and community engagement work to support women and children who are or have been affected by violence. During the 2021-2022 FY, AWRS managed and operated a total of 31 housing programs that included shelters, supportive housing, second-stage housing, transitional housing, and shelters with a total of 726 units, which housed 1,591 women and 412 children.



AWRS owns a social enterprise, Atira Property Management Inc, (APMI), which among other diverse market portfolios operates and manages 25 supportive housing programs including 24 Single Room Occupancy (SRO) hotels, with a total of 1,926 units/rooms. Most SRO hotel rooms

are about 120 square feet in area and the vast majority do not have private washrooms or cooking facilities.

There is typically one bathroom for every 12 – 15 rooms and some, but not all, have shared cooking and laundry facilities. All the SROs operated by APMI are all gender (tenants include people who identify as male, female, transfeminine, transmasculine, queer/non-binary and/or two-spirit). During the 2021-2022 FY, a total of 2,405 tenants were housed in these 1,926 units/rooms however, this number is not the total number of people served by APMI as it does not include permanent guests (who live with tenants) and visitors (who often come for overnight stays, to use the bathrooms and shared using spaces, and to access services). Adding permanent guests and visitors increases this number by approximately 50% meaning the total number of people housed and/or supported in APMI-operated SROs is closer to 3,600. APMI also operates two, modular housing supportive housing programs, Sarah Ross House, and Nora Hendrix Place, representing 104 units of supportive housing, and an additional 110 tenants plus approximately 156 permanent guests, and visitors.

”

During the 2021-2022 FY, a total of 2,405 tenants were housed in these 1,926 units/rooms however, this number is not the total number of people served by APMI as it does not include permanent guests (who live with tenants) and visitors (who often come for overnight stays, to use the bathrooms and shared using spaces, and to access services).

“

Included in its FY 2022 SRO portfolio are a number of buildings that are a century or more old, privately owned, and have only been minimally renovated. Atira agreed to operate these buildings initially on a temporary basis (three years) to provide housing for tenants displaced by the provincial government's P3 renovation project. The ongoing and worsening housing crisis necessitated they remain open. These buildings tend to be in poorer repair than provincially owned buildings and because they are not in Atira's or the government's control, renovations are patchwork, rarely resolving the underlying issues inherent in 100+-year-old buildings. These buildings tend also to be housing of last resort for people whose other housing options are limited or nonexistent.

Critical Incidents are serious or unusual events that involve individuals accessing services provided by Atira.

Finally, and for additional context, Atira agreed to take on two, large, old hotels as part of the decampment strategy for Oppenheimer and Strathcona Parks, as well as some temporary, pandemic-related programs, three of which terminated operations in FY2022.

CRITICAL INCIDENT REPORT

Staff went to check on tenant because she knew tenant had just received a large sum of money and found it strange that tenant's guest was now going 'shopping' while tenant slept.

Staff found tenant on the floor not breathing. Staff called 911 and administered two doses of naloxone and one dose of intranasal naloxone and began chest compressions and rescue breathing. Paramedics arrived and checked tenant out. Tenant did not want to leave so staff checked on her every two hours for rest of shift.

Critical Incidents are serious or unusual events that involve individuals accessing services provided by Atira. Atira policies and training clearly identify procedures that must be followed whenever a critical incident takes place. Atira requires staff to officially document all critical incidents. These include, but are not limited to, incidents where outside intervention has been sought (for example, police, ambulance, fire, emergency service, etc.), an act of physical violence has occurred or violence has been threatened, in the event of a death, or drug-poisoning.

Beyond the above noted incidents and because Atira operates in a crisis environment and the potential types of critical incidents are endless, staff is expected to exercise judgment as to when to fill out critical incident forms. As per policy, staff are required to provide as much factual detail as possible, and stay away from judgments and opinions when writing a CIR.

In 2020, Atira created a tracking system that complements its documentation system for CIRs. The tracking system is a way to ensure that Atira is able to effectively analyze information provided in the CIRs and support Atira's leadership in deciding if any

actions are needed and/or on how best Atira can increase health and safety measures in a certain program.

This analysis report was based on data provided in the tracking system, which Atira regularly updates to reflect learning in data management within the organization.

That said and despite the success of the system in tracking and documenting CIRs, it must be noted that the system is still facing some limitations including but not limited to:

- Not all staff react in the same way to incidents of violence/threats so while some may report a certain incident as critical, others may not consider the same incident critical.
- We know many drug poisonings occur behind closed doors, in tenants' rooms, where tenants and/or their guests intervene.
- We also assume many other incidents we consider critical occur behind closed doors (assaults, sexual assaults, thefts, etc.), and are never reported to anyone for fear of community reprisals and/or fear staff will call the police and/or because the incidents are so commonplace people have grown accustomed to them.
- Atira has a system for tracking non-critical incidents in which staff and managers document incidents that do not fall under the definition of a critical incident. This secondary system is important to ensure tracking of all incidents that take place within Atira programs however, staff sometimes report a critical incident as non-critical, mainly because staff get used to experiencing/witnessing certain types of incidents to the point they believe something is non-critical. Atira management regularly reviews the non-critical reports (NCIRs), contacts managers whenever a case is suspected to be a critical incident and asks for resubmission.



This report is divided into three main sections including one for AWRS and one for APMI. Each of these sections provides a summary of the analyzed data for the 2021-2022 FY and offers an interpretation of the data. The final section provides some recommendations on the way forward.

As this is the first time Atira has produced this kind of a report, looking at similarities and/or trends with previous years is not possible. Atira is planning to produce this report on a yearly basis, and it is expected that in the 2022-2023 FY year a more detailed analysis of trends will be explored and reported.

CRITICAL INCIDENT REPORT

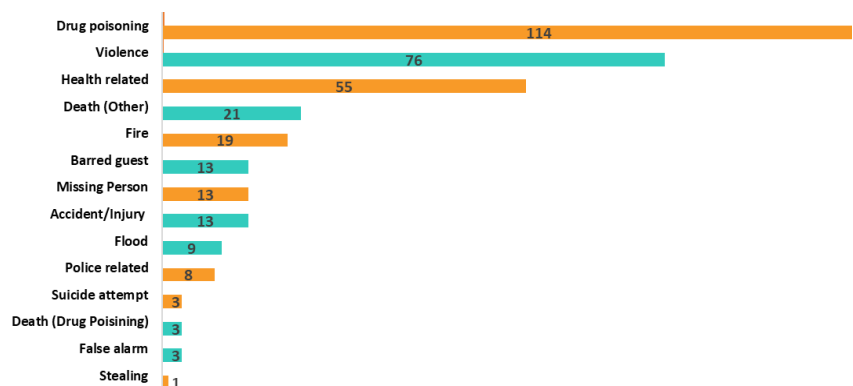
Tenant called front desk to report her sister's (another tenant) boyfriend is being abusive towards her. Said he tried to assault her, stole money from her room, and tried to blackmail her into killing her mother, who is also currently a guest. She wanted him barred. Staff called 911 and attended room. "Boyfriend" had left room, and staff looked for him while awaiting VPD. Offered support to tenants.

ATIRA WOMEN'S RESOURCE SOCIETY (AWRS)

“For the 2021-2022 FY, AWRS had 351 total critical incidents reported.”

1.1 Total Critical Incidents

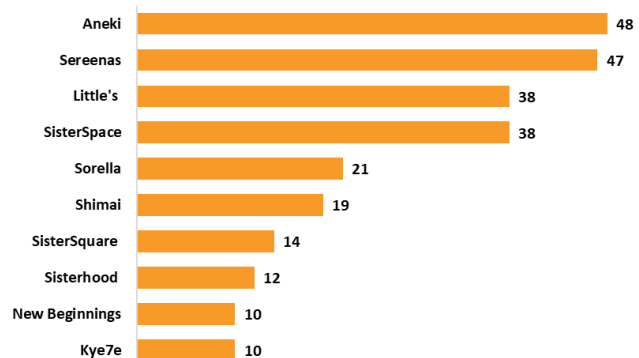
For the 2021-2022 FY, AWRS had 351 total critical incidents reported. Of these critical incidents, 32% were drug poisonings, 22% were violence related, 16% were health-related, 7% were deaths, and 5% were incidents of fire. The graph shows the breakdown of the type and number of critical incidents for the fiscal year.



The demographic data for the total critical incidents indicated that 29% of critical incidents involved people who were between the ages of 31 and 40, 19% between 20 and 30, and 18% between 41 and 50. Concerning gender identity, 80% identified as female and 7% as male. Lastly, 40% identified as Indigenous, 38% as white and 3% as Black.

Looking specifically at AWRS programs, we notice that out of 53 different programs operating across AWRS including 31 residential and 29 non-residential programs, the ten programs with the highest number of critical incidents reported are: Aneki, Sereena's, SisterSpace, Little's, Sorella, Shimai, SisterSquare, Sisterhood Shelter, Kye7e, and New Beginnings. Each of the highest ten programs reported a minimum of 10 critical incidents in the fiscal year. Only 10 out of the 53 programs did not report any critical incidents, while all other programs were ranging between one and eight critical incidents throughout the fiscal year.

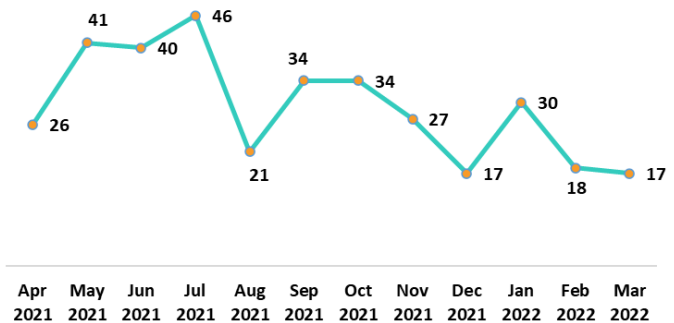
Programs with the highest number of incidents



As for the months reporting the highest number of critical incidents, May, June and July were on top of the list with 41, 40 and 46 incidents respectively. Despite those months being associated

with the weather getting warmer perhaps resulting in more movement and therefore a higher number of interactions between people, we cannot confidently say that this is the reason for the increase in the number of incidents in those months. In August 2021, for example, only 21 incidents were reported, so it was one of the four months with the least number of critical incidents throughout the fiscal year. Further reports for 2022-2023 FY and beyond will explore trends (if any) when it comes to month of the year and number of critical incidents.

Incidents breakdown by month

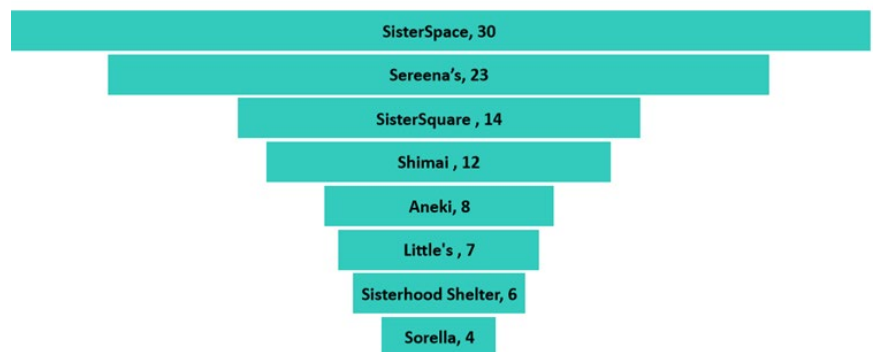


The next sections will look deeper into the top five incident types reported in the 2021-2022 FY and provide a more detailed analysis on each of those incidents.

1.2 Drug Poisoning Incidents

Drug poisoning was the highest reported incident in 2021-2022 FY with 32% of all incidents reported being drug poisonings. 17 programs, including the three overdose prevention programs (i.e., SisterSpace, SisterSquare, and Shimai), reported high incidents of drug poisonings with a total of 352 naloxone doses administered. Drug poisoning incidents reported within the system refers to incidents where

Drug Poisoning Incidents (highest programs)



lives were saved due to staff intervention by administering naloxone and often calling 911 to support the tenant or program participant. Of the total 114 drug poisonings, it is notable that 30 were reported within SisterSpace, 23 within Sereena's Housing for Women, 14 within SisterSquare and 12 within Shimai (*please refer to Appendix A- Table 1*).

July is the highest month when it comes to drug poisoning incidents with a total of 18 incidents, followed by September and October with 17 and 14 incidents respectively.

Of the 114 drug poisoning incidents, 44% of those involved identified as Indigenous, 28% as white, 33% were between the ages of 20 and 30, 28% were between 31 and 40, and 22% were between 41 and 50. Lastly, 95% of drug poisoning incidents at AWRS were experienced by people who identified as female.

”

Drug poisoning was the highest reported incident in 2021-2022 FY with 32% of all incidents reported being drug poisonings

“

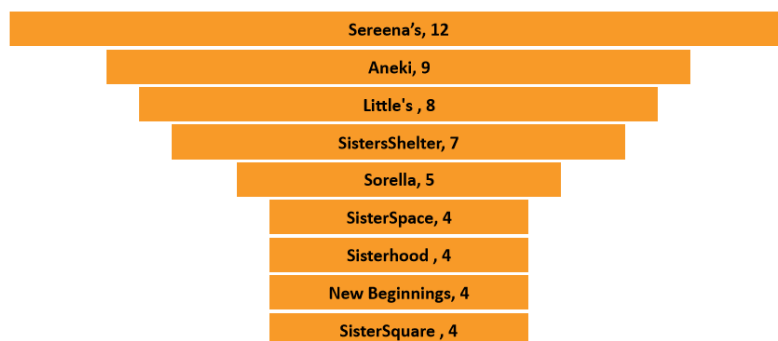
1.3 Violence Related Incidents

A total of 76 (23%) incidents of violence were reported during the fiscal year.

The highest number of incidents of violence were reported in May, with a total of 10 incidents reported. The months of May, June and July are the highest when it comes to incidents of violence, which is consistent with the overall trend for these three months for being the highest when it comes to the number of incidents in general.

Approximately half of AWRS programs (25 programs) reported at least one violence-related incident during the fiscal year, with an average of three incidents per program. As shown in the graph, Sereena's Housing for Women contributed the most with 19 (16%) of the total number of incidents, followed by Aneki Housing for Women, and Little's Place, with nine (12%) and eight (11%) incidents respectively. The predominant race/ethnicity identified by those involved in incidents of violence was white at 36%, with Indigenous at 31%, and Black at 10%. Additionally, 69% were between the ages of 31 and 40, and 8% were between 20 and 30. Pertaining to gender, 85% identified as female and 15% as male. Of the total violence-related incidents:

Violence related Incidents (highest programs)



- 56% (43) of assaults were reported between tenants, all of whom identify as women.
- 33% (25) of assaults were reported between tenants and guests including 35% (9) from a male guest towards a female tenant (almost all barred guests trying to forcibly enter a building following in a women/tenant); 16% (4) from a female tenant towards a male guest (almost all over money owed to the tenant); 30% (7) from a female tenant towards a female guest; and 19% (5) from a female guest towards a female tenant.
- 11% (8) of assaults were reported from a tenant to a staff

Please refer to Appendix A-Table 2 for more details of violence incidents.

1.4 Health Related Incidents

Ranked as the third highest type of incidents reported, health related incidents represent 16% (55) of total incidents reported in the fiscal year. Aneki reported the highest number of incidents in this category with 20% (11) of the total number of incidents. Health-related incidents are considered a CIR if the incident involves a major health issue (e.g., stroke, giving birth, heart attack). Of the 55 health-related incidents, 58% of those involved identified as Indigenous and 24% as white. 31% were over age 60, and 12% were between the ages of 50 and 60.

1.5 Deaths

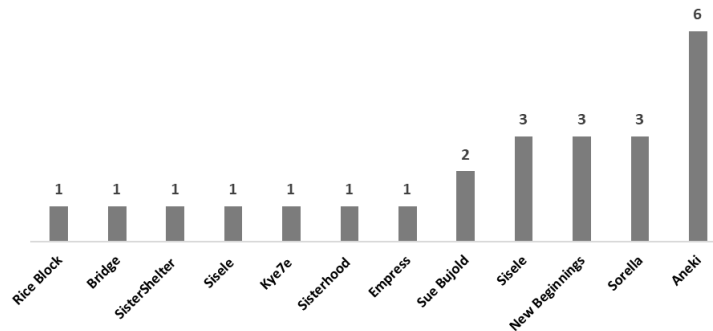
A total of 24 deaths were reported. Six (25%) were at Aneki Housing for Women, four (17%) at *Sísele*, and three deaths at each of *Sorella* and *New Beginnings*.

The data shows that 83% of all deaths were due to chronic health conditions, mostly poverty related, while 13% (three) were due to drug poisonings, and 4% (one) was unknown (by AWRS). The

predominant race/ethnicity of those who died was Indigenous at 63%, followed by white at 29%. Additionally, 8% were between the ages of 20 and 30, 13% were between 31 and 40, 16% between the ages of 41 and 50, 29% between the ages of 51 and 60, and 34% over age 60.

Two out of the three deaths associated with drug poisonings happened at the two shelters (*SistersShelter* and *Sisterhood*) while the third death was at *Sísele*.

Deaths breakdown



1.6 Fires and Floods

During 2021-2022 FY, there were a total of 19 fires (excluding three false alarms) and nine floods (associated with fires). Of the total 19 fires reported, four were within Aneki Housing for Women, and three were within each of Sereena's Housing for Women, Empress Rooms, and Little's Place (please refer to Appendix A- Table 3). Breaking the fire events down into sociodemographic characteristics indicates that 70% of those involved identified as female, 45% identified as Indigenous and 25% as white. Given the age, 40% were between the ages of 31 and 40 and 15% between 41 and 50. On average, AWRS dealt with 1.6 fires every month throughout the fiscal year, which may be considered high, especially when knowing that 89% of these fires were caused by tenants (maybe intentional) while only 11% had an unknown cause. Finally, 79% of fires happened during weekdays compared to only 21% over the weekends.

Discussion

Based on the data reported, the most common critical incidents within AWRS in the 2021-2022 FY were drug poisonings with 114 reported. The three programs that had the highest number of drug poisonings were: *SisterSpace* (30), Sereena's Housing for Women (23) and *Shimai* (12).

CRITICAL INCIDENT REPORT

Staff noticed resident head down on table outside in backyard gazebo.

Staff yelled for co-workers and did sternum rub and resident did not respond. Staff loaded naloxone and co-worker injected into woman. Staff called 911 while co-worker grabbed a mask. Resident regained consciousness upon first naloxone administered. Woman did not need a second dose as she started to breathe normally; she was just very emotional.

Resident declined ambulance, so it was cancelled. No rescue breaths required. Staff stayed with resident to support.

SisterSpace, established in 2017 and located in Vancouver's Downtown Eastside, is the world's first women-only and community-accessible overdose prevention site. Open seven days a week and currently accommodating up to seven women at a time, SisterSpace uses a supervised harm reduction approach including providing a safe and supportive injection site and clean equipment, all in the presence of staff and peer support workers trained in drug poisoning prevention. Similarly, the Shimai Drop-in program operates as part of Shimai Transition House, a first-stage transition house for women in Surrey who struggle with their use of substances and is considered a critical program for reaching women who remain outside of the prevention, testing, and treatment cascade.



Given that two of the programs reporting the highest number of drug poisonings are overdose prevention sites and the housing program is AWRS's lowest barrier program, the high reporting of drug poisonings in these programs is not surprising. Ultimately, the goal of establishing supervised injection sites is to reduce drug poisoning mortality, disease transmission and hospitalizations. The data analysis conducted shows no deaths due to drug poisonings reported at any of the three sites (SisterSpace, Sereena's, and Shimai Drop In). Comparing the three drug poisoning deaths within AWRS to the 484 drug poisoning deaths in British Columbia among females, suggests the positive, if imperfect, effect of AWRS's drug-poisoning prevention strategy.

ATIRA PROPERTY MANAGEMENT (APMI)

“For the 2021-2022 FY, APMI had 953 total critical incidents reported.”

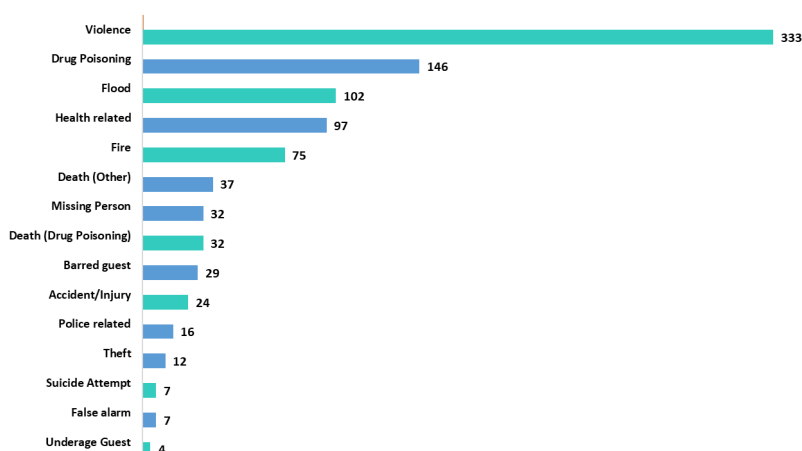
2.1 Total Critical Incidents

For the 2021-2022 FY, APMI had 953 total critical incidents reported, which is 2.7 times higher than what was reported within AWRS during the same period. This significant difference reflects the many differences between AWRS and APMI programs, including that APMI is all-gender housing. The APMI- SRO tenant gender breakdown is: 61%, identify as male, 34.5% identify as female, 1.5% identify as transgender, and 3% preferred not to identify.

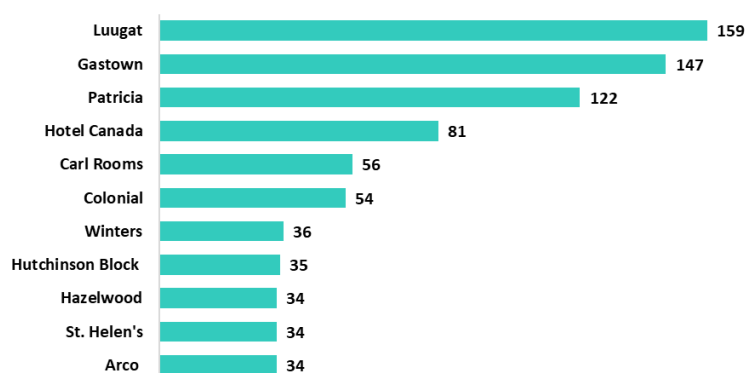
Of the 953 critical incidents reported, 35% were violence related, 15% were drug poisonings, 11% were floods, 10% were health-related, 8% were fires, and 7% were deaths. The graph shows the breakdown of the type and number of critical incidents for the fiscal year.

As for the demographic statistics of the total critical incidents reported, 27% of people involved were between the ages of 31 and 40, 23% between 41 and 50, 13% between ages 51-60, and 12% between 20 and 30. Concerning gender identity, 35% identified as female and 53% as male. Lastly, 55% identified as white, 24% as Indigenous, and 2.3% as Black.

Looking specifically at APMI programs, 22 out of 25 supportive housing programs operated by APMI reported critical incidents. The number of critical incidents were significantly higher within three programs (Luugat, Gastown, and Patricia) exceeding 100 CIRs for the FY, which represents approximately one critical incident every three days. Each of the highest ten programs reported an average of 75 critical incidents in the fiscal year. Only two out of the 25 supportive housing programs did not report any critical incidents (Asia and Cosmo) (please refer to Appendix B- Table 1).



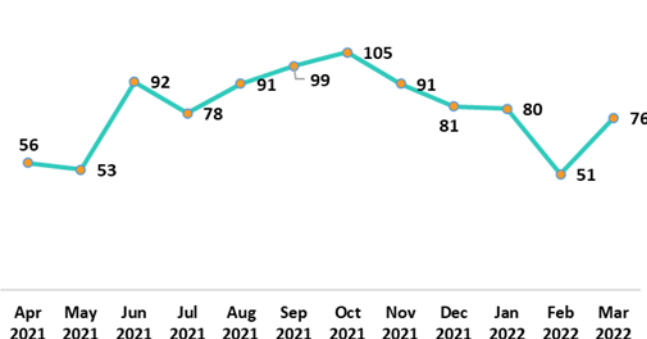
Programs with the highest number of incidents



As for the months reporting the highest number of critical incidents, October, September, and June were on top of the list with 105, 99 and 92 incidents respectively. Despite those months being associated with the weather getting better perhaps resulting in more movement and therefore a higher number of interactions between people, we cannot confidently say that this is the reason for the increase in the number of incidents in those months. The data does not show any clear trends when looking at winter vs summer months for example. Further reports for 2022-2023 FY and others will explore trends (if any) when it comes to month of the year and number of critical incidents. The next sections will look deeper into the top five incident types reported in the 2021-2022 FY provide more detailed analysis on each of those types of incidents.

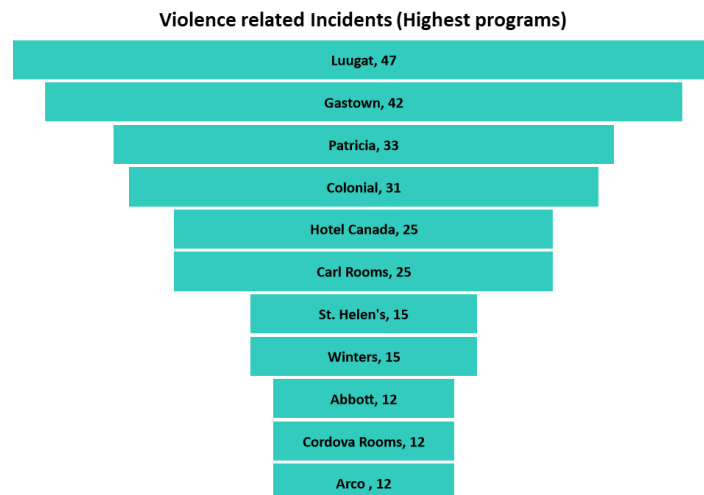
The number of critical incidents were significantly higher within three programs (Luugat, Gastown, and Patricia) exceeding 100 CIRs for the FY, which represents approximately one critical incident every three days.

Incidents breakdown by month



2.2 Violence Related Incidents

Violence was the highest type of incident reported in 2021-2022 FY with 35% (333) of all incidents reported as being violence-related incidents. The highest number of incidents of violence were reported in August, with a total of 39 incidents reported. The months of June, August, and November are the highest when it comes to violence incidents which is consistent with the trend for overall incidents, as June is one of the highest three months in terms of the overall number of critical incidents.



88% of APMI SROs reported at least one violence-related incident during the fiscal year, with an average of 17 incidents per program. As shown in the graph, Luugat had 14% of the total number of incidents (47), followed by the Gastown and the Patricia with 13% (42) and 10% (33) respectively. The predominant race/ethnicity identified by those involved was white at 48%, and Indigenous at 30%. Additionally, 38% were between the ages of 31 and 40 and 18% were between 20 and 30. Pertaining to gender, 55% identified as male and 28% as female. Of the total violence-related incidents:

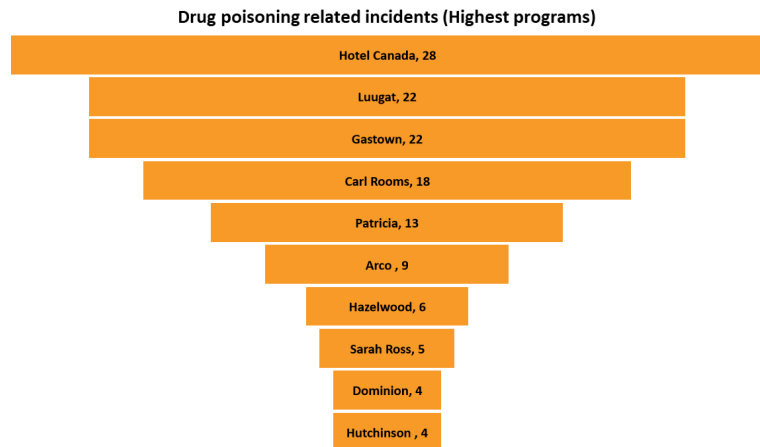
- 48% (160) of assaults were reported between tenants, 62% (99) of which were between male tenants, 25% (40) between female tenants, 10% (16) from a male tenant towards a female tenant, and 3% (5) from a female tenant towards a male tenant.
- 26% (86) of assaults were reported between tenants and guests including: 27% (23) from a male guest towards a male tenant; 20% (17) from a male tenant towards a male guest; 17% (15) from a female guest towards a female tenant; 14% (12) from a female tenant towards a female guest; 13% (11) from a male guest towards a female tenant; and 9% (8) from a female tenant towards a male guest.
- 11% (37) of assaults were reported from a tenant to a staff.
- 9% (30) of assaults reported between guests.
- 6% (20) of assaults were reported from a guest to a staff.

Violence was the highest type of incident reported in 2021-2022 FY with 35% (333) of all incidents reported as being violence-related incidents.

Please refer to Appendix B- Table 2 for more details of violence incidents.

2.3 Drug Poisoning Incidents

Drug poisoning was the second highest incident to be reported in 2021-2022 FY with 15% (146) of all incidents reported as being drug poisoning incidents. 18 programs reported incidents of drug poisoning with a total of 394 naloxone doses administered. Drug poisoning incidents reported refers to cases where lives were saved due to staff intervention by administering naloxone and often calling 911 to support the tenant or guest. Of the total 146 drug poisonings, it is notable that 28 were reported from Hotel Canada, 22 from Luugat and the Gastown each, and 18 from Carl Rooms (*please refer to Appendix B- Table 3*).



88% of APMI SROs reported at least one violence-related incident during the fiscal year, with an average of 17 incidents per program.

July is the highest month when it comes to drug poisoning incidents with a total of 18 incidents, followed by September and October with 17 and 14 incidents respectively.

Of the 146 drug poisoning incidents, 59% the people involved identified as white and 33% as Indigenous; 28% were between the ages of 31 and 40, 25% between 20 and 30, and 31% were between 41 and 50. Lastly, 67% of drug poisonings were experienced by people who identified as male while 29% identified as female.

2.4 Fires and Floods

During the 2021-2022 FY, there were a total of 75 fires (excluding seven false alarms) and 102 floods (some are associated with fires). Of the total 75 fires reported, 12 were within each of Luugat and Patricia and 11 were within the Gastown (*please refer to Appendix B- Table 4*). Breaking the fire events down into sociodemographic characteristics indicates that 66% of those involved identified as male and 25% as female; 55% identified as white and 35% as Indigenous. Given age, 39% were between the ages of 31 and 40 and 15% between 41 and 50. On average, APMI dealt with one fire every five days throughout the fiscal year, 83% of which were caused by tenants and only 22% of which appear to be accidental, while 61% were likely intentional (17% unknown). Finally, 71% of fires happened during weekdays compared to 29% over the weekends.

As for floods, the same three buildings with the highest number of fire incidents, also reported the highest number of floods, with 42 incidents at Luugat, 21 within the Patricia, and 16 within the Gastown. The data regarding floods shows that there is an average of 8.5 floods every month.

2.5 Health Related Incidents

”

On average, APMI dealt with one fire every five days throughout the fiscal year, 83% of which were caused by tenants and only 22% of which appear to be accidental, while 61% were likely intentional (17% unknown).

“

Ranked as the fourth highest type of incident reported, health related incidents represent 10% (97) of total incidents reported in the fiscal year. The Gastown, Patricia and Luugat reported the highest number of incidents in this category with 36 (37%), 14 (14%), and 13(13%) respectively. Health-related incidents are considered a CIR if the incident involves a major health issue (e.g., stroke, giving birth, heart attack). Of the 97 health-related incidents, 57% of those involved identify as Indigenous and 35% as white. 36% were over age 60, and 16% were between the ages of 50 and 60. Looking at data from both AWRS and APMI, we notice that more than half of the health- related incidents (average 58%) involved people who identify as Indigenous.

CRITICAL INCIDENT REPORT

At approximately 12:30 <room number's> smoke detector went off. Staff immediately went upstairs to check the room for a fire and found tenant holding a flaming broomstick. Tenant was delusional, saying there were people being murdered above her suite. Staff stomped out the fire and checked upstairs for any sign of anyone being hurt, and there was none.

When the fire department arrived, staff reported tenant's delusional behavior and fire department reported the incident to police, to have tenant taken to hospital for a psychiatric evaluation. Staff reported to Fire Rescue, who completed an investigation and cleared out the panel and re-set the system. Staff submitted a statement to police, so police can take tenant in for a psychiatric evaluation. Minor damages to the room.

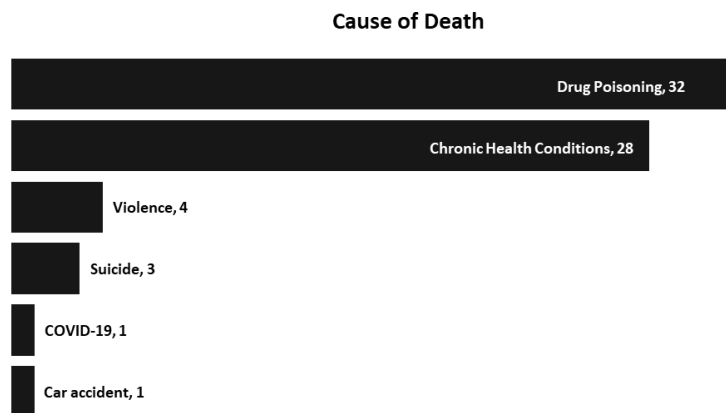
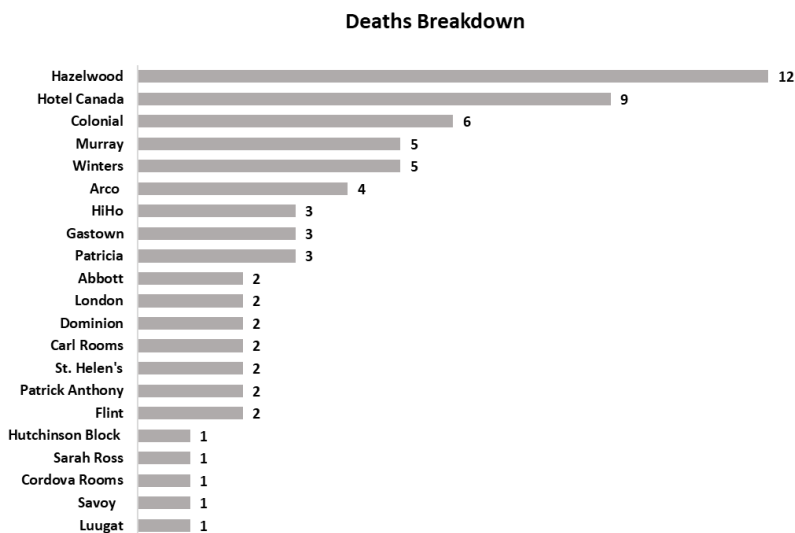
2.6 Deaths

A total of 69 deaths were reported, 12 (17%) were at Hazelwood, nine (13%) at Hotel Canada, and six (9%) at the Colonial.

The data shows that 46% (32) were due to drug poisonings, while 54% (37) were due to other reasons including 76% due to chronic health conditions.

The predominant race/ethnicity of those who died was Indigenous at 63%, followed by white at 35%. Additionally, 8% were between the ages of 20 and 30, 14% were between 31 and 40, 17% between the ages of 41 and 50, 28% between the ages of 51 and 60, and 33% over age 60.

Looking at data from both AWRS and APMI, we note that more than half of the deaths (average 63%) were for people who identified as Indigenous.



Discussion

Based on the data reported, the most common critical incident reported within APMI in the 2021-22 FY was violence, with 333 incidents. The three housing programs that had the highest number of acts of violence were: Luugat (47), the Gastown Hotel (42) and the Patricia (33). The three buildings were also on top of the list for many of the other critical incident types, except for deaths in which Hazelwood, Colonial, and Winters were on top of the list. Luugat, the Gastown Hotel, and the Patricia are all-gender Single Room Occupancy Hotels (SROs) and are three of the larger SROs that APMI manages with a total of 381 units with 485 tenants plus an additional 242 guests supported during the fiscal year. The three SROs provide tenants (e.g., low-income earners, people whose substance use is made problematic by current government policy, people with health and mental health concerns and/or disabilities, people who have experienced chronic or episodic homelessness) with short-term or long-term accommodation in single rooms.

Luugat, previously operated as a Howard Johnston Hotel, is a 110-room supportive housing program with 24/7 staffing for the security of the building residents and surrounding neighbourhood. Each room has a private bathroom but no cooking facilities. The housing program also provides services such as meals, support with substance use, harm reduction and health care, and housed people primarily from the homeless encampment at Oppenheimer

Park. Similarly, Gastown Hotel provides 91 rooms just four of which have a full kitchen and private bathroom (designed for couples). This SRO was the first building to be completed in BC Housing's SRO Renewal Initiative (SRI) to renovate and restore 13 provincially owned SROs. Lastly, the Patricia has 192 rooms with private bathrooms but no kitchens, and housed people primarily from the homeless encampment in Strathcona Park.

APMI's SROs are male dominant and according to the incidents reported in 2021, 53% of the tenants involved identify as male and 35% as female. In terms of incidents of violence, at Luugat, 53% involved people who identified as male and 38% as female. Similarly, 56% of incidents of violence within the Gastown Hotel involved people who identified as male and 41% as female. Lastly, within Patricia, 52% of people involved identified as male and 35% as female.

”

Based on the data reported, the most common critical incident reported within APMI in the 2021-22 FY was violence, with 333 incidents. The three housing programs that had the highest number of acts of violence were: Luugat (47), the Gastown Hotel (42) and the Patricia (33).

“

CONCLUSION AND RECOMMENDATIONS

This report is intended to provide Atira (and its funder and partners) with a better understanding of critical incidents happening throughout its programs. This report concludes that while it is evident that Atira deals with a high number of critical incidents (1,304 across both AWRS and APMI), it is important to look at this number from a contextual perspective.

Atira adopts a harm-reduction approach and is working at the center of five convergent health crises: homelessness, poverty, the global COVID-19 pandemic, the drug poisoning epidemic, and chronic gender-based and institutional violence. The report will not look at each of these crises specifically however, each of these five crises in and of themselves brings significant complications and challenges to Atira's work; together, they make the work profoundly complex.



”

This report concludes that while it is evident that Atira deals with a high number of critical incidents (1,304 across both AWRS and APMI), it is important to look at this number from a contextual perspective.

“

CRITICAL INCIDENT REPORT

When doing rounds, I noticed tenant in the washroom. I asked him if he was ok. He replied he was just dope sick, and OK.

I completed my rounds, came back to the office, at which time I was asked by co-worker to call an ambulance. I ran upstairs to find tenant still on the toilet, coherent, but in distress. I was on the phone with 911, waiting for the ambulance to arrive, asking tenant if he needed anything, keeping an eye on him. I was called down to the other end of the hall for less than a minute, and by the time I got back to the bathroom he had lost consciousness. I ran all the way down the stairs to be advised that the paramedics had just gone upstairs. I returned to the bathroom to find them working on him. He passed. Officer arrived to take information and wait for coroner.

Tenant had cancer and had been refusing treatment. Celebration of life is being planned.

Atira is a low-barrier organization which means that tenants housed and/or participants supported by Atira have faced multiple systemic intergenerational traumas and injustices. Many are survivors, or children/grandchildren of survivors, of the residential school system, which separated First Nations children from their families and communities. Many have lost custody of and access to their children. Many are survivors of violence in their homes. Many face extreme poverty and many live in tiny rooms without access to private toilets and cooking facilities (e.g., SROs). Because some buildings purchased by BC Housing and/or those leased from private owners have not been renovated, they are in poor repair and so are difficult to maintain. SRO housing is, by its nature, overcrowded, noisy and difficult. Lifetimes of trauma and violence have led to struggles with substance use and mental wellness. Responses to the growing drug poisoning epidemic, like safe supply services, have been stalled by political inertia and COVID-19, to devastating effect. Social services have had to cut back during the fiscal year covered by this report due to COVID-19, and there has been considerable staff attrition. Fatigue as well as absences due to illness contributed to high rates of turnover (33%, up from an average of 24% in the three years prior), as was the case for all

social service and health care organizations. In fact, according to Statistics Canada, there were 915,500 unfilled positions in the fourth quarter of 2021, up 63% compared to 2020. Jobs are also staying vacant longer, with almost half of vacancies remaining unfilled for 60 days. This labour shortage will continue to have a negative impact on Atira, and the sector.

” *SRO housing is, by its nature, overcrowded, noisy and difficult.* “

It is important to note and while acknowledging that one preventable death is one death too many, given the high number of our tenants who use criminalized drugs (estimated 81%) relative to the general population (in 2019, about 4% of Canadians reported having used at least one criminalized drug, according to StatsCan) and the relatively few numbers of drug poisoning deaths across our portfolio, Atira is doing a lot of things right when it comes to supporting tenants and their guests who use drugs.

Recommendation 1: Continue to advocate for increased resources and support from the healthcare and supportive housing systems, and the BC Government, including support for specialized staff.

1,304 critical incidents were reported within Atira in one fiscal year. This number represents 3.5 critical incidents every day, with the actual number assumed to be much higher (refer to limitations listed in the introduction). This total does not include incidents reported as non-critical, but which still required staff attention (e.g., allegations of theft, conflict between tenants and between tenants and their guests, issues with pets, non-critical health issues, calling 911 as per a tenant request, etc.).

The job description of a support worker, as an example, includes tasks as diverse as the day-to-day work of helping tenants with a wide array of emotional and practical supports. Activities range from active listening/one-to-one support and group support, making resource referrals, providing accompaniments and advocacy, assisting with moving in and moving out, supporting people to keep rooms clean, facilitating community kitchens where cooking facilities are available, organizing communal meals and celebrations, preparing and delivering food, assisting with medication and health care, including administration of naloxone, responding to emergency situations, and keeping accurate records, files, log notes and statistical information as per Atira's practice & policies.



A better recognition of the multifaceted tensions between offering support and managing buildings is needed.

In addition, staff are expected to manage guests and building security, ensure buildings meet occupancy standards, confiscate and dispose of tenants' belongings left in hallways, which create hazards in terms of emergency evacuation, monitor and replace smoke alarms and automatic door closers when tenants remove them, manage conflict between tenants over noise, money, theft, violence; and address neighbourhood complaints about tenants, guests, and those assumed to be tenants or guests.

The "management" of buildings often leads to conflict between tenants and staff and anger towards staff and management, and erodes trust, which makes it difficult to also offer support.

The easy response is often increased surveillance and/or security, including involving the police, which also undermines staff efforts to build trusting and supportive relationships with tenants.

A better recognition of the multifaceted tensions between offering support and managing buildings is needed. To adequately support people living in supportive and low-income housing it is critical to draw attention to the harms of drug prohibition and law enforcement, the social control of people living with mental illness, the socio-economic roots of poverty, the impact of colonization, and the human rights of populations made vulnerable where measures of regulation and control become normalized. The need for more comprehensive community support at all-levels is crucial and can only be achieved through increased and continuous advocacy efforts.

Recommendation 2: Advocate for government to conduct a contextual assessment to better understand its supportive housing program and in doing so, better support tenants/residents and its nonprofit partners.



Atira provides housing and support for people who face multiple systemic intergenerational traumas and injustices, applying a non-judgmental emotional and practical support approach. While this approach empowers equity and inclusion and prevents homelessness, it has limitations. For example, referrals are made through a coordinated access system, which means Atira typically has little, if any, information about histories of eviction, violence, health, or mental health concerns. While this information should never be used to deny a person housing, lack of it prevents Atira from adequately preparing for and supporting all tenants. Both Luugat and Patricia, for example, were tenanted entirely from homeless encampments from Oppenheimer and Strathcona Parks respectively, where the focus was on appeasing the communities negatively affected by the encampments rather than on housing that best served the campers. Luugat and the Patricia are also two of the three buildings that experience the highest number of fires and floods, and highest number of critical incidents, overall (they are also both large buildings with 110 and 192 rooms respectively). Whether there is a correlation between the decampments, lack of information about tenants, and the number of critical incidents is unknown, but better understanding will not only enable Atira and the system to better prepare for and support tenants, it will also assist in informing how we can better adopt a rights-based approach in managing homeless encampments.

”

Both Luugat and Patricia, for example, were tenanted entirely from homeless encampments from Oppenheimer and Strathcona Parks respectively, where the focus was on appeasing the communities negatively affected by the encampments rather than on housing that best served the campers. Luugat and the Patricia are also two of the three buildings that experience the highest number of fires and floods, and highest number of critical incidents, overall.

“

Recommendation 3: Continue advocating for more funding to address housing needs, especially for women and gender-diverse individuals.

Loss of affordable housing options for very low-income individuals and families, as well as three decades of decreasing funding and leadership from senior levels of government in social housing and health policy (until recently) have led to an increasing number of people who are homeless or at risk of homelessness across the Lower Mainland and perhaps most acutely in Vancouver. Women and gender-diverse individuals remain at greatest risk as their homelessness is often invisible and therefore under reported. Women's bodies remain undervalued, objectified, and made vulnerable to all forms of gender-based violence; this is aggravated by low-incomes, race/racism, disabilities/ableism, struggles with mental health and/or with substance use and the criminalization of sex work. More housing, including more housing options that keep women, children, and gender-diverse individuals at the centre, are critical.

Women and gender-diverse individuals remain at greatest risk as their homelessness is often invisible and therefore under reported.

Recommendation 4: Step up work with Vancouver Fire and Rescue Services (VFRS), and include BC Housing, the City of Vancouver, local health authorities and other relevant housing providers, to determine how best to resource and organize all of the elements of fire safety in supported housing; to mitigate risk and impact on people struggling with substance use, mental wellness, and ongoing trauma.

Between AWRS and APMI, Atira experienced 111 floods and 94 fires in FY 2022, averaging one flood every three days and one fire every four days.

Between AWRS and APMI, Atira experienced 111 floods and 94 fires in FY 2022, averaging one flood every three days and one fire every four days. Further, VFRS reports that it responds to one fire in the Downtown Eastside every single day. This is extraordinary, the significance of which is only amplified by the devastating fire at The Winters' Residence on April 11th, 2022. It is evident from Atira's data that most floods and fires are linked directly to tenants, primarily caused intentionally. It is also evident that the

more complex and larger the building, the greater the risk of floods and fires. We know anecdotally that many tenants respond negatively to some elements of fire safety (for example smoke detectors and automatic door closers) and so we must work to understand how fire safety elements influence tenants' daily lives, including their response/reaction to fire safety elements, and risk created. This requires Atira, and its partners, to explore ways to not only accurately track the causes of floods and fires, but also the impact of fire safety elements on tenants and if/how those impacts influence tenant behaviour, including the reasons tenants cause floods and fires and how to best support them to reduce risk.

Recommendation 5: Formalize partnerships with the First Nations Health Authority, Vancouver Aboriginal Health, Kílala Lelum Health Centre, Vancouver Coastal Health Aboriginal Health, Indigenous Wellness Program at Providence Health Care, Fraser Health Aboriginal Health Program, and other Indigenous led health organizations.

”

Looking at data from both AWRS and APMI, we note that those who identified as Indigenous represented the highest percentage of some of the main critical incidents during the fiscal year. For example, more than half of all deaths (average 63%) were people who identified as Indigenous, and more than half of all health-related critical incidents (average 58%) involved people who identify as Indigenous.

“

Looking at data from both AWRS and APMI, we note that those who identified as Indigenous represented the highest percentage of some of the main critical incidents during the fiscal year. For example, more than half of all deaths (average 63%) were people who identified as Indigenous, and more than half of all health-related critical incidents (average 58%). Numbers may actually be higher as Atira relies on self-identification for the purposes of our reporting and some Indigenous people may choose not to disclose Indigenous status/identity due to fear of being stigmatized/treated differently and poorly.

Therefore, Atira is encouraged to enhance and nurture and where it makes sense, to formalize partnerships with indigenous- led health organizations as a way to improve its support to First Nations, Metis and Inuk residents, tenants and others who access services at Atira.

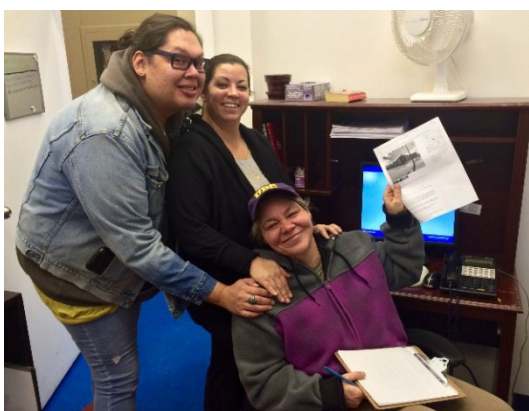


Recommendation 6: Expand safe supply program and continue to advocate for an accessible safe supply and an end to prohibition.

”

Atira is encouraged to explore possibilities to expand its safe supply interventions both through the MySafe Project (more drug vending machines) as well as through other strategic collaborations.

“



Atira is a partner with the MySafe Project, a safe supply initiative formed in response to the drug poisoning crisis — providing people with a safer, regulated supply of opioids and other currently criminalized drugs to prevent poisoning and death. Atira manages and operates two MySafe drug vending machines at Luugat and at the Carl Rooms. Both machines are currently providing access to safe supply to a total of 57 tenants. The program has been showing success and a full evaluation report of the project is being conducted by the BC Center for Substance Use. It is expected to be finalized in the coming months. The evaluation will guide MySafe on how to improve the program, which will also be helpful for Atira to better support its tenants. Atira must explore possibilities to expand its safe supply interventions both through the MySafe Project (more drug vending machines) as well as through other strategic collaborations, including advocacy for ethical drug policy and an end to prohibition.

Recommendation 7: Continue to adapt to the evolving drug poisoning crisis.

As noted above, Atira is doing a lot of things right when it comes to supporting tenants and their guests who use drugs. That said, the drug poisoning crisis is evolving and along with a significant increase in the concentration of fentanyl detected by the coroner in criminalized-drug deaths, more benzodiazepines (benzos) are being detected in testing of fentanyl/down. Naloxone has no effect on benzos and at present there are no antidotes for benzos available in the community. Atira must not only increase drug checking across its programs, including checking for the presence of benzos, it must also offer robust training, including regular refreshers, to its staff to better be able to recognize when benzos might be involved in a poisoning incident, and how to respond effectively. Atira's health team, including its drug policy advisor, must also stay on top of the evolving drug poisoning crisis and adapt as the situation changes, ensuring it is always adopting promising and best practices when responding to the crisis.

”

Atira's health team, including its drug policy advisor, must also stay on top of the evolving drug poisoning crisis and adapt as the situation changes, ensuring it is always adopting promising and best practices when responding to the crisis.

“

CRITICAL INCIDENT REPORT

At approximately 1 a.m. a guest named M. came in with a shotgun hidden in his track pants. Staff did not recognize him as someone who has been in before. When he attempted to sit down on a chair, the gun discharged, severely injuring M., affecting his leg from the knee down. No one else was injured.

Staff immediately radio'd front desk requesting a 911 call while he accessed medical supplies and attended gunshot victim. While attending the gunshot, some of the people in the space were able to get their hands on the shotgun and remove it from the scene before police arrived. Staff radio'd for assistance and performed first aid until paramedics arrived, then helped clean area after victim was transported to hospital.

We are unsure why this person had a gun in his possession; however, the gang conflict has been spilling into this neighbourhood as of late. Multiple people are fighting for control of drug trafficking as reported by VPD. Police closed down the space as a crime scene for the duration of the night.

Recommendation 8: Improve and expand organizational supports for peer workers.

Peer support workers are at the forefront of Atira's drug poisoning response programs. These are people with current or previous history of substance use, in which most have shared experiences with the people who access support at Atira programs. Several studies indicate that working in drug poisoning response settings can be stressful and traumatizing in which individuals experience lasting emotional, social, and mental health impacts. Although drug poisoning response health care professionals (e.g., nurses, paramedics) have access to counselling and support through their employers, peer workers often lack such support. It is found that a single exposure to a fatal or non-fatal drug poisoning can lead to significant stress, burnout, and drug poisoning-related compassion fatigue. Atira recognizes the demanding work done by peer workers; thus, further research to determine specific stressors peer support workers face at Atira to inform the development of various support initiatives can help address the emotional, physical, and mental health impacts faced by peer workers. In addition, providing robust peer training and skill development, guided, and designed by peer workers themselves, may equip peer workers with the necessary skills and knowledge for their success, and for the success of programs.

Atira recognizes the demanding work done by peer workers; thus, further research to determine specific stressors peer support workers face at Atira to inform the development of various support initiatives can help address the emotional, physical, and mental health impacts faced by peer workers.

Recommendation 9: Better acknowledge program differences through a program-by-program assessment.



Atira currently divides its programs between residential and non-residential, which while technically correct, does not adequately capture the uniqueness of each residential program. Even two shelters, as an example, have unique layouts, different staff, and can attract significantly different user groups. Therefore, when making decisions, Atira leadership must consider the differences between not only types of programs but also different types of residential programs (e.g., SROs, second-stage housing, shelters, and transition housing), paying attention to location,

community, tenant/resident populations, staff, layouts, etc. In identifying and understanding these very specific and unique needs, Atira can better respond to critical incidents, support residents/program users, and staff. Individual assessments can start with those programs that had the highest number of critical incidents as per this analysis report.

Recommendation 10: Update report on women's health and safety.

CRITICAL INCIDENT REPORT

Main fire alarm went off. Staff ran upstairs and saw smoke coming from <room #> and attempted to locate source of smoke, 911 called. No source found. Staff cleared building and waited outside for fire department. Tenant eventually confirmed source of fire was a laundry detergent pod she had lit on fire. Both fire department and staff requested she avoid setting things on fire in future. Contractor called to replace fire extinguisher on 2nd floor. Follow up conversation had with all at resident meeting.

In December 2013, in partnership with the UBC School of Community and Regional Planning, Atira produced a report that looked at women's health and safety practices within Atira's SROs, which resulted in a policy document: *Preventing Violence Against Women in Atira's Single Room Occupancy Hotels*. However, and while the reported incidents of violence in FY 2022 are primarily between men, much has changed since 2013 especially considering the impact of the COVID-19 pandemic on women's safety and wellbeing. Also, and only anecdotally this year, we are seeing an increase in violence between women. It is important that Atira explores those changes through an updated version of this report and a review and update of its *Preventing Violence Against Women in Atira's Single Room Occupancy Hotels* protocols.

Recommendation 11: Review the critical incidents reporting system and explore ways to improve data collection and analysis practices.

As this is the first report to analyze a full year of critical incidents, it is important that Atira continues this practice in the coming year. One major analysis aspect that Atira must consider is looking at trends. Data trends will allow Atira to spot patterns and even predict future events, which is important in planning and managing programs. The CIR system should also expand on existing data documented and analysed, for example in future reports it would be interesting to look at:



- Number of tenants involved in multiple incidents and so identify percentage of tenants who engage in ongoing risky behavior.
- Number of tenants who struggle with their mental wellness and who are involved in critical incidents.
- Number of referrals done internally (e.g., Atira Women's Health and Safety team) to support tenants involved in incidents of violence.

CRITICAL INCIDENT REPORT

At approximately 14:40 a guest came into the office and asked for harm reduction gear. A few minutes later a tenant alerted staff that the guest was unconscious in the using room. Staff rushed over and observed guest unconscious and unresponsive. Guest had strong pulse, but he was only breathing once every 16-20 seconds. Staff called 911, administered four doses of intramuscular naloxone and began CPR.

Paramedics arrived roughly 10 minutes later and administered oxygen and additional naloxone. VFD was called to scene and continued providing oxygen.

Roughly 10 minutes later guest regained consciousness. Guest refused to go to hospital despite paramedics and staff advising him to do so. Staff agreed to monitor guest for next few hours until he became more alert as he was extremely drowsy. Staff sat in the using room and watched over/supported guest for an hour and a half until he became more alert. Guest was okay. Staff ensured to watch him until he became more alert. Staff advised guest not to use any more of the drugs he had previously used, and advised him not to use alone.

APPENDIX A (AWRS)

Table 1: Drug poisonings within AWRS programs

Program	# of Drug poisoning
SisterSpace	30
Sereena's	23
SisterSquare	14
Shimai	12
Aneki	8
Little's	7
Sisterhood Shelter	6
Sorella	4
Sísele	3
Bette's	2
New Beginnings	2
SistersShelter	2
Wabaan	1
Total	114

Table 2: Violence within AWRS programs

Program	# of Violence incidents	Program	# of Violence incidents
Sereena's	12	Bridge	2
Aneki	9	Empress	2
Little's	8	Bette's	2
SistersShelter	7	Katherine's	1
Sorella	5	Office 101	1
SisterSpace	4	Miyotehew	1
Sisterhood	4	Kye7e	1
New Beginnings	4	MW Shelter	1
SisterSquare	4	Koomseh	1
Shimai	3	EWMA	1
Secord	3	Imouto	1
Total			76

Table 3: Fires within AWRS programs

Program	# of fire incidents
Aneki	4
Sereena's	3
Little's	3
Empress	3
MW 2nd Stage	2
Secord	1
Sísele	1
Imouto	1
Rice Block	1
Total	19

Table 4: Floods within AWRS programs

Program	# of flood incidents
Sorella	2
Little's	2
Bridge	2
Sereena's	1
Imouto	1
Katherine's	1
Total	9

APPENDIX B (APMI)

Table 1: Total incidents within APMI programs

Program	# CIRs	% CIRs
Luugat	159	17%
Gastown	147	15%
Patricia	122	13%
Hotel Canada	81	8%
Carl Rooms	56	6%
Colonial	54	6%
Winters	36	4%
Hutchinson Block	35	4%
Arco	34	4%
St. Helen's	34	4%
Hazelwood	34	4%
Sarah Ross	28	3%
Abbott	27	3%
Dominion	24	3%
Murray	21	2%
Cordova Rooms	21	2%
HiHo	16	2%
London	10	1%
566 Powell	5	1%
Flint	5	1%
Patrick Anthony	3	0%
Savoy	1	0%
Total	953	100%

Table 2: Violence related incidents within APMI programs

Program	Number	Program	Number
Luugat	47	Arco	12
Gastown	42	Sarah Ross	11
Patricia	33	Dominion	11
Colonial	31	Murray	9
Hotel Canada	25	Hazelwood	8
Carl Rooms	25	HiHo	8
St. Helen's	15	London	2
Winters	15	566 Powell	2
Abbott	12	Patrick Anthony	1
Cordova Rooms	12	Flint	1
Arco	12		
Total			333

Table 3: Drug Poisonings within APMI programs

Program	Number	Program	Number
Hotel Canada	28	Hutchinson Block	4
Luugat	22	Winters	3
Gastown	22	St. Helen's	3
Carl Rooms	18	Murray	2
Patricia	13	Colonial	2
Arco	9	Abbott	2
Hazelwood	6	Cordova Rooms	1
Sarah Ross	5	London	1
Dominion	4	HiHo	1
Total			146

Table 4: Fires within APMI programs

Program	Number	Program	Number
Luugat	12	St. Helen's	2
Patricia	12	Hutchinson Block	2
Gastown	11	Abbott	2
Colonial	7	London	2
Hotel Canada	6	HiHo	2
Sarah Ross	4	Flint	1
Arco	4	Hazelwood	1
Murray	3	Carl Rooms	1
Dominion	3		
Total			75

Table 5: Floods within APMI programs

Program	Number	Program	Number
Luugat	42	Carl Rooms	2
Patricia	21	London	2
Gastown	16	St. Helen's	2
Hotel Canada	6	Hutchinson Block	1
Colonial	4	Flint	1
Arco	3	Cordova Rooms	1
		Hazelwood	1
Total			102

Table 6: Health- related incidents within APMI programs

Program	Number	Program	Number
Gastown	36	St. Helen's	3
Patricia	14	Sarah Ross	2
Luugat	13	Hotel Canada	2
Winters	6	Abbott	2
Dominion	3	Murray	2
Carl Rooms	3	Hazelwood	2
Colonial	3	566 Powell	1
Cordova Rooms	3	Hutchinson Block	1
		HiHo	1
Total			97

Table 7: Deaths within APMI programs (excluding drug poisonings)

Program	Number	Program	Number
Hazelwood	12	St. Helen's	2
Hotel Canada	9	Carl Rooms	2
Colonial	6	Dominion	2
Winters	5	London	2
Murray	5	Abbott	2
Arco	4	HiHo	1
Patricia	3	Savoy	1
Gastown	3	Cordova Rooms	1
Luugat	3	Sarah Ross	1
Flint	2	Hutchinson Block	1
Patrick Anthony	2		
Total			69