



ADMINISTRATIVE REPORT

Report Date: January 31, 2017
Contact: Paul Mochrie
Contact No.: 604.873.7666
RTS No.: 11869
VanRIMS No.: 08-2000-20
Meeting Date: February 8, 2017

TO: Standing Committee on City Finance and Services
FROM: City Manager
SUBJECT: Opioid Overdose Crisis Update

RECOMMENDATION

A. THAT Vancouver City Council approve an allocation of up to \$220,000 towards peer based initiatives addressing impacts of the overdose crisis in single room occupancy (SRO) hotels and shelters, and that this allocation is:

- 1) Provided in the form of grants to eligible non-profit organizations;
- 2) Focused on areas of greatest need;
- 3) Based on consultation that includes people with lived experience, housing providers, Aboriginal and gender perspectives;
- 4) Subject to third party evaluation, and
- 5) Provided as part of a collaborative effort with Vancouver Coastal Health, BC Housing and community partners, leveraging a minimum of \$420,000 in funding and other in kind resources;

Source of Funding: Contingency Reserve set aside in the 2017 Operating Budget.

B. THAT Vancouver City Council approve that any specific allocations identified in Recommendation A above be delegated to the General Manager of Community Services.

C. THAT Vancouver City Council approve the allocation of \$150,000 to Vancouver Fire and Rescue Services (VFRS) to enhance health and wellness supports for first responders, including:

- 1) The creation of a dedicated full-time position to coordinate and oversee VFRS' mental and physical wellness initiatives; and
- 2) Access to specialist clinical assessment, counselling and related services for employees suffering from operational stress injury;

Source of Funding: Contingency Reserve set aside in the 2017 operating budget.

REPORT SUMMARY

This report recommends funding for two initiatives as part of Vancouver's urgent response to the overdose crisis including funding for peer based 'In-Reach' supports within Single Room Occupancy (SRO) hotels and shelters as well as additional resources to support resiliency and mental wellness of Vancouver Fire and Rescue staff that are on the front lines of the crisis.

COUNCIL AUTHORITY/PREVIOUS DECISIONS

On January 24, 2017, Council received a report from staff on extraordinary expenditures incurred in 2016 and a first set of recommendations for funding in 2017 including staffing support for Fire and Rescue Services and a new Community Policing Centre in Strathcona.

On September 21, 2016 Council received a status update on the opioid crisis from the Public Health Officer and a presentation from City staff on key issues and urgent actions required to address the crisis.

On December 13, 2016, Council approved a series of recommendations pertaining to the 2017 Operating and Capital Budgets, including the following:

THAT Council approve the budget resolution to be considered later during this meeting, thereby adopting the final 2017 Operating Budget as outlined in Appendix 1 of the Administrative Report dated November 23, 2016, entitled "2017 Capital and Operating Budget", with a property tax increase of 3.9%, with 0.5% allocated to the contingency reserve to deal with the continuing and unprecedented impacts of the fentanyl crisis, particularly in areas of support for first responders, front line workers and shelter support, subject to council approval of measures recommended by the City Manager as required.

Council approved a further motion on December 13, 2016 regarding funding in the 2016 fiscal year to address the impact of the opioid overdose crisis:

THAT Council direct the City Manager to expend necessary funding of up to \$300,000 from the existing 2016 budget to deal with Vancouver's fentanyl crisis, and request that Federal and Provincial governments at least match the City of Vancouver's expenditures in relation to the fentanyl crisis.

Recommendations A and C are for grants and require eight affirmative votes of Council for approval.

CITY MANAGER'S COMMENTS

Vancouver continues to experience a significant escalation of negative consequences related to opioid use, including an unprecedented number of overdoses and overdose related fatalities. The two initiatives outlined in this report are aimed at improving the well-being of first responders and frontline staff, and will better support their tireless efforts to prevent further deaths. In its approval of the 2017 Operating Budget, Council acknowledged the demand for additional resources to address the overwhelming situation facing those struggling to contain the crisis on the frontlines. The investment described above will have direct and immediate impact on this crisis and are appropriate for the allocation of funding from the contingency reserve set aside by Council for 2017. The City Manager supports both recommendations and recognizes the urgency of implementation.

REPORT

Background/Context

Single Room Occupancy (SRO) and Shelter Overdose Response

The BC Coroner has reported 914 illicit drug overdose deaths in 2016, a 79.2% increase from the number of deaths in 2015. Of those deaths, 89.9% occurred indoors, with 26.8% of all indoor deaths occurring in residences such as hotels, motels, rooming houses, and shelters¹. Several private SRO buildings are minimally staffed, non-staffed, or lack staff that are trained in first aid or overdose response. While publicly funded SROs have relatively more supports, housing providers have identified that existing resources are over stretched because of the need to cope with the crisis. Of all locations that first responders have attended, SROs appear the most frequently. Given the disproportionately high number of deaths occurring inside private residences, it is critical that the City expands supports towards SROs and those most at risk of overdoses.

Background on Peer Based Interventions

Peers are people with lived experience who will have a central role in the 'In-Reach' models as a best practice. Recent consultations with the Mayor's Task Force on Mental Health and Addictions Persons with Lived Experience Advisory Group emphasized that supported peer-in reach to SRO's is a significant service gap that would save lives. Evidence supports this notion that people with lived experience and peer support are critical for the success of service delivery. Peer support programs have significant benefits for people with lived experience, providers and service users, reduce stresses on formal health and social supports, and are a cost saving investment². The Mayor's Task Force on Mental Health and Addictions identified the following best practice principles including:

- People with lived experience have central roles in the recovery of others;
- Peers are trained and professionally valued in formal and informal health care, housing and support.

Peers are an invaluable source for program guidance but also as social and emotional supports for people dealing with addictions who also experience social isolation. The inclusion of people with lived experience acknowledges the value, capacities, and resiliency of drug users in the face of this overdose crisis.

Mental Health Support for First Responders

Given the nature of their work, firefighters and other first responders are subject to a dramatically increased risk of post-traumatic stress disorder (PTSD) relative to the general population. PTSD can result from involvement in a single traumatic incident such as a witnessed death or serious injury, or through repeated exposure to such events over a period of time. PTSD symptoms include severe anxiety, nightmares, flashbacks and uncontrollable thoughts and, if unrecognized and untreated, can have debilitating consequences for individuals and their families, including severe impairment of social and occupational functioning, substance abuse and suicide. Evidence shows that immediate access to mental health services is key to recovery, as is rapid, specialized psychological intervention and social support.

¹ *BC Coroners Services Report (2016): Illicit OD Deaths in BC - January 1, 2007 to December 31, 2016.*

² *Mental Health Commission of Canada (2016): Making the Case for Peer support.*

Strategic Analysis

As a consequence of the ongoing opioid crisis, VFRS staff are responding to an unprecedented number of medical emergencies and overdose fatalities. This increased operational demand represents a compounding factor to the occupational stresses that firefighters experience as an inherent aspect of their work as emergency first responders. While VFRS has taken a number of steps to mitigate these impacts, including increased staffing and shorter rotations for firefighters based at Firehall #2, the department recognizes the risks related to staff mental health and opportunities for an enhanced organizational response.

Recent Outreach and Consultation Activities

Staff, including VPD and Fire and Rescue Services are continuing to meet weekly or bi weekly with Vancouver Coastal Health, Providence Health, the Provincial Health Services Agency, the BC Centre for Disease Control, BC Emergency Health Services, and other stakeholders to receive updates and exchange information on trends related to the crisis. In addition, on February 1 staff consulted with the Lived Experience Advisory of the Mayor's Task Force on Mental Health and Addictions to get feedback on SRO and shelter support needs that will be incorporated into priorities for funding; staff will continue to liaise with this advisory on a regular basis. Also on February 1, staff convened about 20 Aboriginal serving organizations together with the Metro Vancouver Aboriginal Executive Committee (MVAEC), as part of the City's MOU with MVAEC. The First Nations Health Authority and Vancouver Coastal Health presented, and participants identified, issues. The impacts on the Aboriginal community include disrupting families as a result of overdose deaths of parents of dependent children, reinforcing institutional traumas, and significant strain is being put on already stretched resources. A follow up meeting that will involve other orders of government, including the Ministry of Children and Families, the Vancouver School Board and Ministry of Justice will take place in February 2017.

SRO and Shelter Overdose Response

Staff are recommending the allocation of \$220,000 from the contingency reserve set aside in the 2017 Operating Budget to support the following investments:

- i. *Development and implementation of SRO and shelter 'In-Reach' supports that provide education, training, treatment referrals, and strategic overdose planning to at-risk residents living in public and private SROs and shelters throughout Vancouver.*

Staff has so far heard from housing providers, and people with lived experience, that the following be considered when determining funding priorities:

- People with lived experience need to be central to planning and implementation
- Include Aboriginal healing and wellness activities as part of interventions in SROs and shelters
- Peer workers need to be recognized as 'first responders' and need supports, including mental health and coordination supports
- Organize naloxone training in priority SROs and shelters
- Provide peer-to-peer overdose training to fellow residents and community members
- Provide timely information around needs and opportunities relating to overdose in SROs and shelters, including access to care and treatment options such as opioid substitution therapy
- Collaborate with SRO and shelter operators to implement needle recovery boxes

- Implement building-wide overdose response plans to assist in developing staff capacity for overdose response and management
- Include private SROs as a priority

Vancouver Coastal Health (VCH) and BC Housing (BCH) have each added some resources to SROs and shelters such as stipends for peer training and access to clinical support for non-profit staff. However, all concerned agree that a strategic effort that helps to create systems of support across private and public SROs and shelters is needed to curb the number of overdose deaths occurring indoors.

- ii. *Support of a third-party evaluation for the SRO and shelter 'In-Reach' program to ensure regular feedback on outcomes, and so services and funders can share information and adjust course as needed.*

Given that it is unknown how long the crisis will last, and that this is the first crisis of this kind experienced in Vancouver, external evaluation is critical to ensure that interventions are making an impact on the high-risk environments in public and private SROs and shelters. At this time, it is estimated that the cost of conducting an external evaluation for the program will be \$20,000.

At the time this report was being written, staff are actively convening and working with partners to plan and coordinate efforts. It is expected that services could be initiated as early as mid-February.

Mental Health Support for First Responders

VFRS has implemented a number of measures to support staff in managing exposure to trauma and associated occupational stress, including a long-standing peer support and critical incident debriefing program and first responder resiliency training developed in partnership with the Canadian Mental Health Association. VFRS and Human Resources have also provided access to enhanced PTSD care in a limited number of specific cases. Notwithstanding these supports, VFRS and Human Resources staff concur that firefighters' inherent risks of occupational stress and PTSD are exacerbated by the operational demands resulting from the opioid crisis and that additional measures are warranted.

Staff are recommending the allocation of \$150,000 from the contingency reserve set aside in the 2017 Operating Budget to support the following investments:

- i. *Creation of a dedicated full-time position to coordinate and oversee VFRS mental and physical wellness programs.*

At present, VFRS peer support program is coordinated by a member of the department who has accepted this responsibility on a voluntary basis in addition to his regular duties. While the voluntary involvement of members as peer supports is central to this program, the demands associated with coordination are not sustainable as a voluntary addition to a regular full-time job with the department. Oversight of VFRS' other mental and physical wellness initiatives presently falls to the Assistant Chief, Occupational Health and Safety as one element of a broad portfolio of operational responsibilities. The establishment of the recommended position would enable VFRS to recruit an individual with specific expertise and capacity to coordinate existing wellness programs, ensure those initiatives are meeting the needs of staff and to develop additional interventions as appropriate, leveraging internal and externally-sourced solutions.

While the development of in-house expertise and capacity is warranted for VFRS given the particular risk to firefighters, staff also anticipate opportunities to leverage this specialist resource to support other City operations. In the past, VFRS' peer support program has assisted on an ad hoc basis with the response to specific traumatic events involving staff from other City departments, supplementing the resources available through the City's external Employee and Family Assistance provider. A dedicated position within VFRS would be tasked to implement a structured framework for deployment of VFRS resources to support critical incident response across the City. The incumbent would also be in a position to make a valuable contribution to the expansion of the peer support program to include employees from other departments.

VFRS and Human Resources are working to finalize the details of a position description for this role and determine the applicable compensation. Pending the outcome of that deliberation, the annualized cost, including wages and benefits, is estimated at \$120,000.

ii. *PTSD Care for First Responders and other High-Risk Employees.*

First Responders and other City employees that are exposed to traumatic events are at increased risk of PTSD. Reflecting the clinical evidence regarding effective treatment of PTSD, staff recommend VFRS and other identified high-risk employees experiencing symptoms be provided with immediate access to a PTSD care program with mid- to long-term treatment options.

Services of this type are available without referral through the City's contracted Employee and Family Assistance Provider and include industry best practices such as Cognitive Behavioural Therapy, resiliency training and a wide range of online mindfulness tools for individuals who remain on the job but are struggling with acute or long-term trauma symptoms. If, upon assessment, an employee was found to be suffering major clinical depression rather than PTSD, he or she would be provided with depression care appropriate for their condition.

Services are provided by clinicians with expertise and specific training in evidence-based psychotherapy, particularly Cognitive Behavior Therapy, relating to PTSD, as well as mood and anxiety disorders. These clinicians have experience working with military personnel and first responders and have undergone additional training regarding the cultural perspectives shared by individuals in these occupations.

The proposed approach would allow for confidential self-referral as well as for referral from VFRS's peer program, the union, Human Resources staff or VFRS managers, as may be appropriate.

The annual cost for the provision of the foregoing services through the City's EFAP provider is estimated at \$30,000.

***Expenditures**

Recommended Expenditure	One-time cost	Leveraged \$
Development and implementation of shelter 'In-Reach' support in collaboration with BC Housing, Vancouver Coastal Health, and other stakeholders, including people with lived experience	\$200,000	\$420,000 from Vancouver Coastal Health, BC Housing, and Community Partners
Third party evaluation of the shelter 'In-Reach' support	Up to \$20,000	
Creation of a dedicated full-time position to coordinate and oversee VFRS mental and physical wellness programs	\$120,000	
Annual cost for the provision of the foregoing services through the City's EFAP provider	\$30,000	
Total Recommended Funding	\$370,000	\$420,000
Total Funds available in the 2017 Contingency Budget for the Opioid Crisis	\$1,161,800	
Remaining Contingency available in 2017 for the Opioid Crisis	\$791,800	

Implications/Related Issues/Risk**Financial**

The total request to support the aforementioned recommendations is \$370,000. Source of funds is the 2017 Contingency Budget for the Opioid Crisis. \$200,000 will be allocated for the implementation of an SRO and shelter outreach program. \$20,000 will be allocated for an evaluation of the SRO and shelter outreach program. \$120,000 will be allocated for the creation of a full-time staff position to coordinate and oversee VFRS mental and physical wellness programs. \$30,000 will be allocated to the annual cost for the provision of mental and physical wellness services through the City's EFAP provider.

The SRO and shelter outreach program will leverage \$420,000 in funding and other in kind resources from Vancouver Coastal Health, BC Housing, and other community partners.

Human Resources/Labour Relations

With respect to the proposed investment in enhanced mental health support for staff, VFRS management and Human Resources staff have advised IAFF Local 18 regarding the recommendations set out herein and will engage in further discussion regarding the implementation of the proposed measures. Human Resources will also be engaging the unions representing other front line staff to identify priorities for expansion of mental health supports leveraging VFRS' expertise and capacity.

CONCLUSION

The ongoing overdose crisis continues to greatly impact our residents and communities in Vancouver. In its approval of the 2017 Operating Budget, Council acknowledged the demand for additional resources to address this overwhelming situation. The investment described above will have direct and immediate impact on this crisis and is appropriate for the allocation of funding from the contingency reserve set aside by Council for 2017.

* * * * *