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ADMINISTRATIVE REPORT

Report Date: July 6, 2009
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Meeting Date: July 21, 2009

TO: Vancouver City Council
FROM: Acting Managing Director of Social Development
SUBJECT: Mental Health and Addictions Plan

RECOMMENDATION

THAT Council provide funding up to \$150,000 for the implementation of the City's Mental Health and Addictions Plan as outlined in recommendations in appendix 1 of this report, subject to completion of a plan that the City Manager is satisfied can be achieved within the funds approved and staff resources available; Source of funding will be Priorities identified by the Finance Chair, as previously approved in the 2009 Operating Budget.

GENERAL MANAGER'S COMMENTS

The General Manager of Community Services RECOMMENDS approval of the foregoing.

CITY MANAGER'S COMMENTS

The City Manager RECOMMENDS approval of the foregoing.

COUNCIL POLICY

In 2001 Council adopted A Framework for Action: A Four Pillars Approach to Drug Problems in Vancouver which called for an increased investment by senior governments to create a comprehensive system of care to better address addiction and mental health issues in Vancouver.

In 2005 Council passed the Homeless Action Plan which contained a number of recommendations for improving services for homeless individuals in the area of mental health and addictions.

In 2007 Council passed the Revised Supportive Housing Plan for Vancouver Coastal Health's Mental Health and Addictions Supportive Housing Framework which called for an increased focus on supportive housing and implementation of appropriate support services in the community for people with mental health and addictions.

In 2009 Council passed a motion to "Establish a Mental Health Plan in the City of Vancouver"

SUMMARY

The impact of mental health and addictions on City of Vancouver services is significant. Results of a financial analysis across City departments indicate that the overall costs to the City fall into areas of service that are either proactive - defined as those resources purposefully allocated towards mental health and addictions (e.g. providing grants, or temporary employment for this population), or reactive - defined as resources which were not originally planned with this population in mind, but are being used towards it, (e.g., calls made to the Vancouver Police Department 911 line that require a response or extra services deployed by City departments in response to mental health & addictions issues, etc.). The total estimated costs to the City in responding in both proactive and reactive ways considering annual operating budgets and land acquisition designated for supportive housing over the past six years is in the order of \$28,000,000 per year. Proactive responses are estimated to be \$15,000,000 and reactive costs are estimated to be \$13,000,000. This report outlines appropriate roles that the City can play to enhance the response to citizens with mental health and addictions issues. These include responses across the spectrum of social development activities from advocacy to direct service delivery including: policy development, partnerships, social infrastructure, funding and grants, programs and services.

PURPOSE

The Purpose of this report is to provide background for Council on the City's engagement in the area of mental health, including an analysis of the costs to the City of responding to citizens with mental health and addictions problems. The report outlines a plan for the City's involvement with its partners from health, criminal justice, and the social services in addressing these issues that continue in our communities.

There are two high-level goals that frame the intent behind this plan. These goals are:

- To enable City Council to effectively act as advocates with other regions, senior levels of government and key stakeholders around the need to serve more effectively and compassionately residents who suffer from mental illness and addictions issues.
- To enable the City to have a comprehensive "plan of action" for its work in mental health and addictions, to ensure more coherence, and better collaboration and benchmarking among City departments within senior levels of government, research institutions, non-governmental organizations and other service providing agencies.

BACKGROUND

In 2001 the Four Pillars Drug Strategy called for an increased investment in housing for those with mental health and addictions problems who were living at the street level. The need for action was again highlighted in 2005 when Council adopted the Homeless Action Plan which called for an expansion of mental health and addictions services for the homeless population and the implementation of a broad range of services for those at risk of becoming

homeless that would, if implemented, have a direct or indirect impact on those with mental health and addictions problems in Vancouver.

In 2007 the Collaboration for Change project initiated by the City brought together a wide range of institutional partners to focus on the population within Vancouver that lives with concurrent disorders and is homeless or living in substandard housing. The Collaboration for Change built on the consensus that the current approach taken to address those with mental health and addictions problems was not working and outlined the pre-requisites for transformative change to re-orient responses to those with concurrent disorders at the street level. These pre-requisites included: political leadership at the Provincial level to drive system change across responsible ministries and health regions, a strong role for the community to support the development of comprehensive approaches, an early and sustained response in terms of service improvements and improved collaboration amongst all agencies and jurisdictions. These pre-requisites continue to be relevant in 2009.

In May of 2008 the Vancouver Police Department (VPD) released "Lost in Transition", a report that made a strong case for immediate and forceful action to address the mental health crisis on the streets of Vancouver. The report documented the significant costs to the City of having police officers bear an inordinate amount of the burden of addressing those with mental illness at the street level instead of having alternative health-based resources to refer individuals in crisis to. The VPD report outlined several recommendations for significant expansion of services for those with mental illness in Vancouver that would begin to address the crisis at the street level.

In the fall of 2008 the Mental Health Commission of Canada announced funding for a five site multi-city research demonstration project. The Canadian multi-site Research Demonstration Projects in Mental Health and Homelessness is a 4-year demonstration project developed to identify the best approaches to addressing homelessness among people with mental illness. *Housing First* is the model being funded and studied. *Housing First* is an approach to ending homelessness that includes the provision of rental subsidies and high intensity services and supports. Through the research initiative in Vancouver the project will be providing and researching the impact of housing and three kinds of services and supports to a total of 300 people. People will begin to be housed in September 2009 and the project will be working with landlords, property managers and others to secure housing units beginning in July 2009.

In early 2009 the provincial government committed to implementing a process that will put in place an evidence-based and integrated mental health and addictions plan for British Columbia for the next ten years. The plan will look at best practice and how various sectors can work together to implement a sustainable approach to addressing these issues. This process presents an opportunity for the City and Metro Vancouver to engage the provincial government in articulating overall needs for local populations and put forward the urgent need for a regional plan for Metro Vancouver.

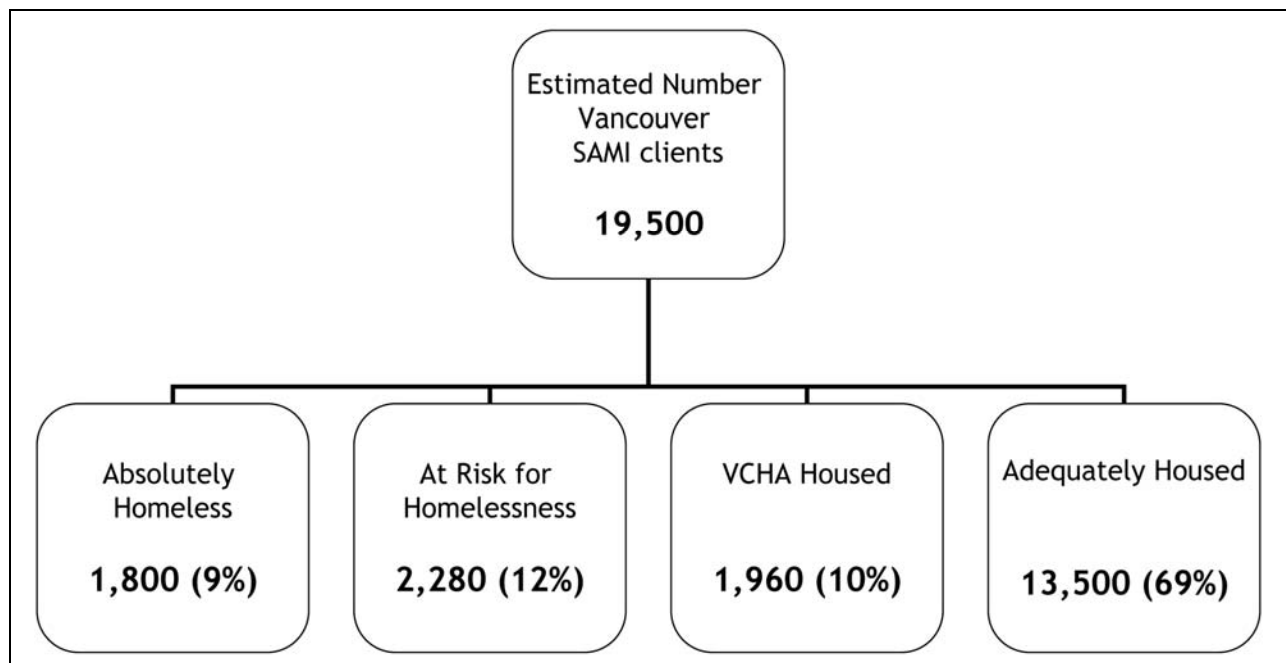
There have been many other developments, including expansion in treatment capacity, harm reduction services and supportive housing for those with mental health and addictions problems. In spite of these developments and increases in service capacity there continues to be a sizable population of individuals at serious risk of seeing their mental and physical health deteriorate unless substantial interventions are implemented across the continuum of care from the street level through housing to institutionalization of some of the most severely ill persons.

Impact of Mental Illness and Addictions on City Services

According to an analysis (2008) completed for the City by the Centre for Applied Research in Mental Health and Addictions at Simon Fraser University (CARMHA) there are an estimated 19,500 adults with severe addictions and/or mental illness (SAMI) within Vancouver. According to CARMHA, the impact of mental disorders varies along a spectrum from mild to severe based upon the degree of disability experienced by the individual. Thus, psychosis and bipolar disorders fall on the severe end of the continuum while obsessive-compulsive disorder, depression or substance use fall on the less severe end. Focussing on only the severe cases, such as psychosis and bipolar disorders, ignores the fact that some individuals on the less severe part of the spectrum suffering depression, substance use disorders and post-traumatic stress disorder can be chronically or severely impaired by mental illnesses. Conversely, there are some individuals who meet the diagnostic criteria for psychotic disorder but do not show signs of severe illness. This has led to a different approach of defining severity across mental disorders based on the concept of functional capacity. The SAMI designation (severe addictions and mental illness) describes that population comprised of diagnosed persons who show an impaired functional capacity, i.e. the inability to function normally in their personal, social, or professional lives.

Figure 1 shows estimates of the housing status of Vancouver's SAMI population in 2005

Figure 1: SAMI Population by Housing Status, 2005



In addition, Vancouver Coastal Health estimates that there are approximately 2100 individuals in the Downtown Eastside alone that constitute "a population in crisis". Many of these individuals not only fall within the SAMI population but are also living in substandard housing, not accessing services and are at high risk of becoming more ill if interventions are not designed to ameliorate their conditions and provide stable housing and appropriate treatment and supports.

Across City departments the impact of mental illness and addictions is significant. In preparation for this report, Social Development surveyed city departments as a means to collect standardized data on this highly complex issue. The questionnaire asked departments about their proactive costs - defined as those resources purposefully allocated towards mental health and addictions (e.g. providing grants, or temporary employment for this target group), - as well as their reactive costs - defined as resources which were not originally planned with this target group in mind, but were being used towards it. (e.g., calls made to VPD, Vancouver Fire Rescue or extra services employed by City departments in response to mental health & addictions issues, etc.)

Whereas a few departments found it feasible to quantify their costs precisely, others had to rely on informed estimates based on their experience at the ground level. The approach varied with different departments. For example, in some cases, (Carnegie, Gathering Place, etc.) if it was estimated that x% of their staff time was spent on this issue, a prorated figure based on this was assigned to their staff budget as the cost. In other cases such as (VPL) felt unable to quantify costs with certainty. But, they were able to provide some other costs of impacts which could be identified more readily e.g. violence in the workplace training for staff which would probably not be required without mental illness and addiction problems in the community. In some other cases, (Parks) the approximate cost of these impacts was mentioned as a range of figures, in which case, the lower figure was chosen for this study. For capital costs related to housing, figures include 40% of funding committed towards non-market housing including the acquisition of properties over the past several years. Details of departmental costs can be found in Appendix 1.

A summary of the approximate annual costs to the City are presented below.

Total Reactive Costs:	\$13,000,000
Total Proactive Costs:	\$15,000,000
Total Annualized Costs:	\$28,000,000

These costs are outlined on a departmental basis in Figure 2 and Figure 3. Figure 2 offers a proportionate comparison between the departments that responded to the survey. Figure 3 offers a 'close-up' perspective on these numbers.

Figure 2: Proactive and Reactive Expenditures on Mental Health and Addictions, by Department

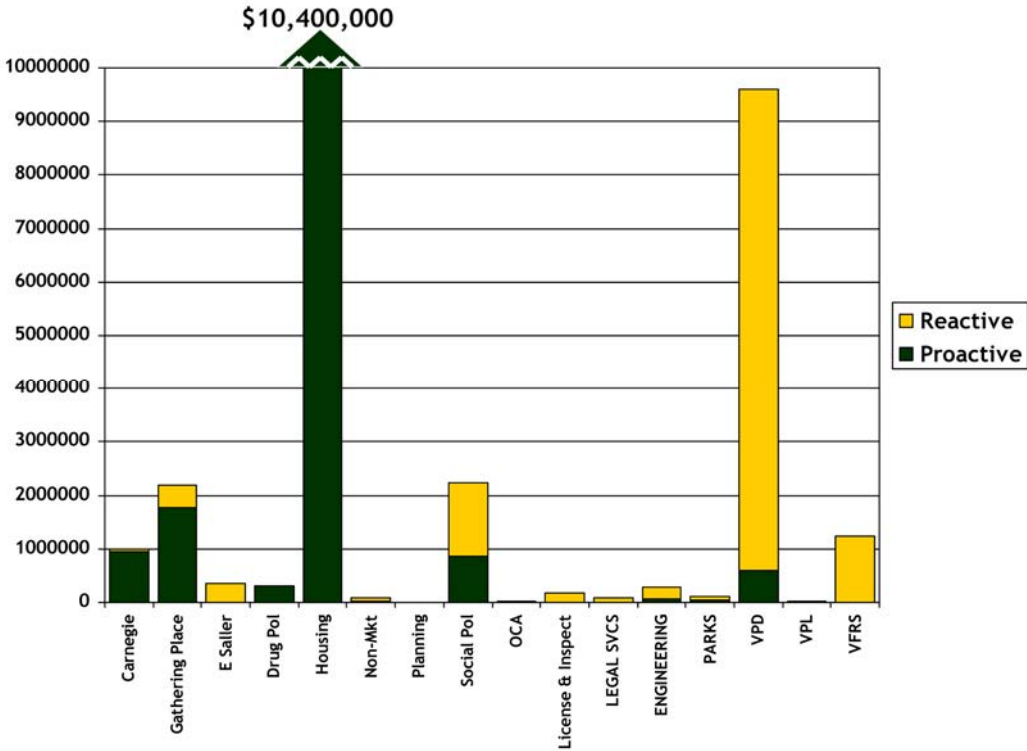
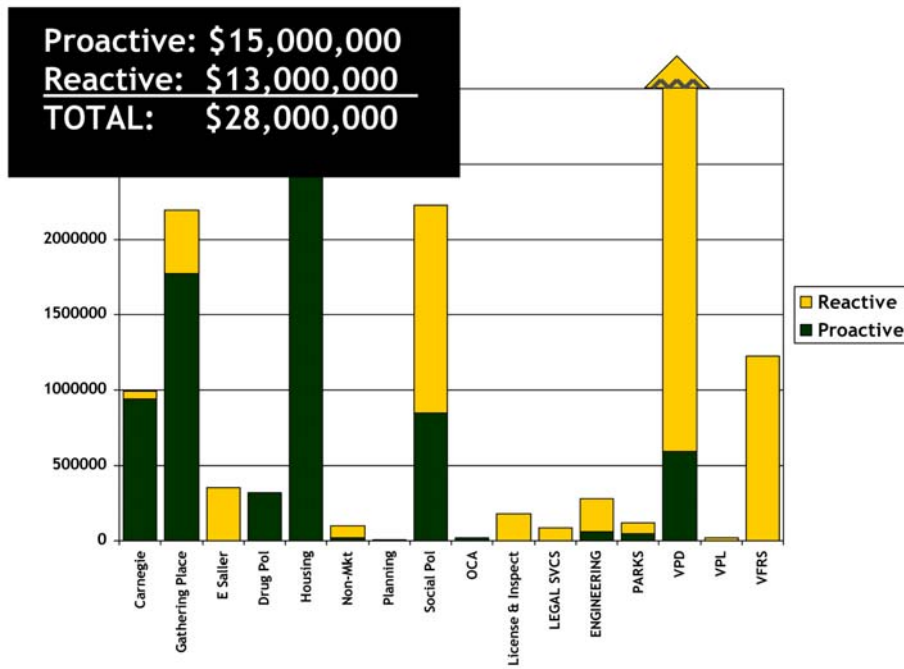
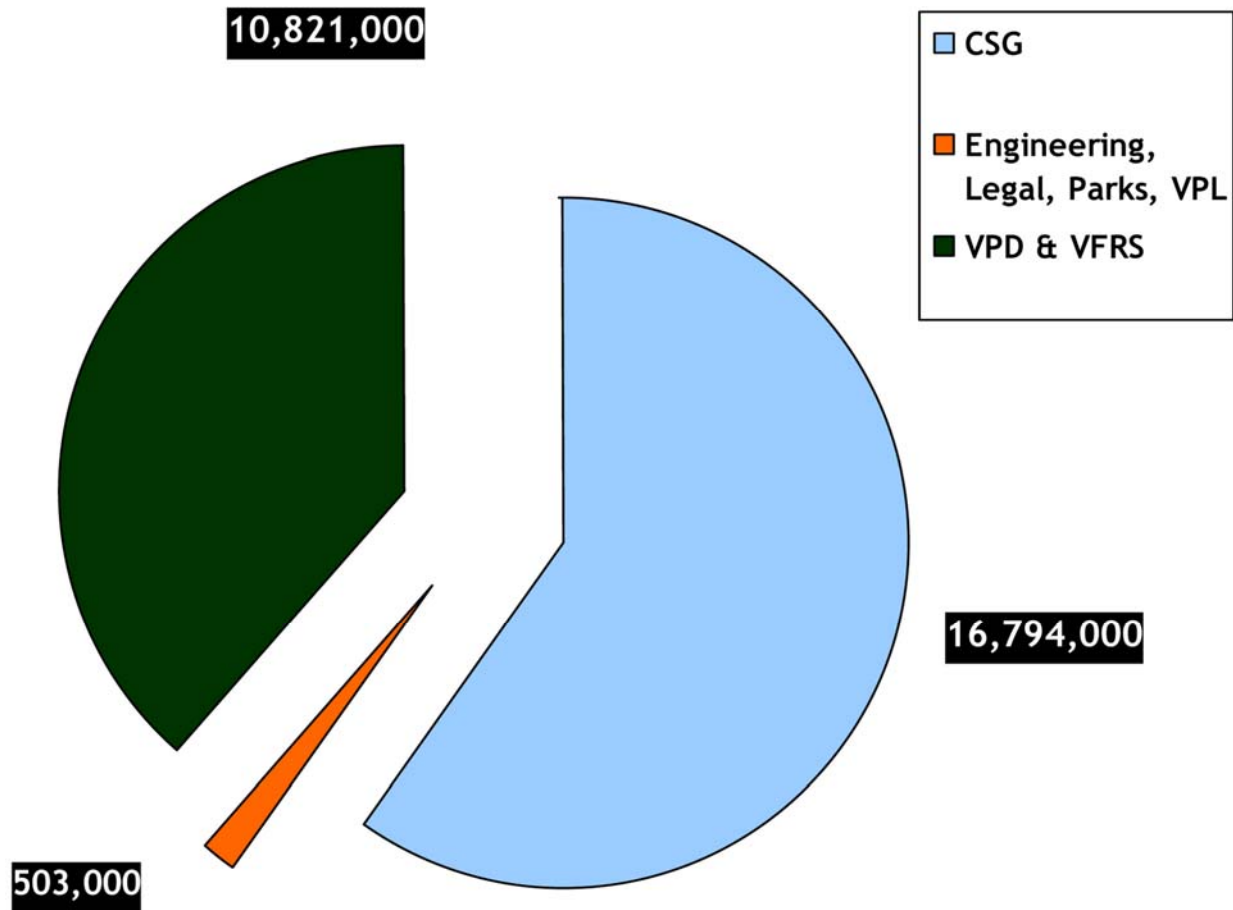


Figure 3: Proactive and Reactive Expenditures on Mental Health and Addictions, by Department (y axis adjusted for scale)



Finally, Figure 4 provides an aggregate overall costing based on the combination of key service groups.

Figure 4:



It is clear that the population of people with mental health and addictions problems, who are not accessing treatment, are homeless or living in substandard housing has a significant impact on the delivery of City services. The City invests in both proactive responses to these citizens and in reactive ways that amount to a significant investment by the taxpayers to respond to this complex problem. A system wide and comprehensive analysis needs to take place in order to determine the most effective changes necessary within the health care system that would begin to increase access to services for the street engaged population.

Impact of Mental Health and Addictions on other sectors

The City is one of a number of sectors impacted by citizens with mental health and addiction issues. Most recently CARMHA estimated that the cost to the health and criminal justice system in Vancouver of the population of individuals with severe mental health and addictions problems (SAMI) was in the order of \$100,000,000 per year.

St. Paul's hospital bears much of the burden of delivering emergency services for those with mental illness and the impact on this inner city hospital is significant. The numbers below are an indication of the extent of the problem.

- 50% of individuals admitted with mental health problems suffer from a concurrent disorder, often addiction,
- less than one third of mentally ill persons who are homeless receive treatment for their mental health problems,
- in 2008 there was a 30% increase of patients with a mental illness entering St. Paul's Hospital emergency room,
- between 7 and 15 patients with mental illness were seen every day in 2008 in the emergency ward,
- the average time for a patient with an acute mental illness from entering the emergency ward to admission was 48 hours,
- of those with mental illness who are admitted 44% are discharged home within one day and 38% are discharged within two days. (Source - emergency room analysis - Michael Krausz, Providence Health Care, 2008),

Many SAMI individuals discharged from hospital will be discharged to the street or to inadequate housing such as SRO hotel rooms or other substandard housing.

Overall there is a broad consensus that the system of care for this population is broken and must be fixed. The Collaboration for Change initiative outlined that significant resource gaps exist that mitigate against the creation of an integrated and well coordinated response to this challenging population. Gaps in three major service categories for the population with severe addictions and mental illness (SAMI) include: the General Health System, Community Mental Health and Addictions Services, and Institutional Services.

The CARMHA analysis noted that within the General Health System "evidence-based care recommends a two-to-one ratio of funding between Physicians/Specialists Services and Hospital-Based Services" and that the current allocations were approximately equal in each area.

Within the area of Community Mental Health and Addiction Services CARMHA estimated that investments were at one quarter of the levels needed to address the existing SAMI population in Vancouver "with the largest discrepancies in the area of rehabilitation services, therapeutic/supervised residential services and substance related services. Rehabilitation services include education and employment programs." CARMHA also recommends that new residential/high care support for individuals be in the form of supportive housing. A number of other programs need to be developed to address the needs of those with severe mental health and addictions.

If supports in the two areas outlined above were implemented, the need for institutional services would be significantly reduced. Institutional services for subgroups within the SAMI population are needed for those with severe concurrent disorders but the CARMHA analysis indicates that the major resource omissions are in the services that relate to "housing, health, and human services that enable people to achieve recovery and move forward with their lives in their neighbourhoods and communities." The CARMHA report indicated that the estimated budget to implement required services considered as a robust and evidence-based response to the situation in Vancouver would be in the range of \$67,000,000.

The context of the City's work in this area is clear. There is an increasing crisis at the street level; the General Health System does not have sufficient capacity to mount a robust response; the Community Mental Health and Addictions Services sector is significantly under funded; and a shortage of services for severely addicted and mentally ill persons exists.

Moving Forward

There are, however, a number of new initiatives that provide some optimism that things are changing for the better and that are pointing towards the development of a more comprehensive and integrated approach to addressing the needs of this complex population. In the next two years there are opportunities that should enhance the City's ability to add value to efforts to address this population. There are also some challenges ahead as well, as all levels of government struggle with significant economic issues and declining revenues at least in the short term.

Vancouver Coastal Health has created a new Regional Program for Complex Mental Health and Addictions Populations. A priority for this program will be the development of a comprehensive strategic plan that addresses the mental health, physical health and addiction treatment needs of this complex population. This will present an opportunity for municipalities within Metro Vancouver to engage in a broader regional discussion of the need to address these issues.

A new Mental Health and Addictions Network has been formed within the Vancouver Coastal Health Region with the goal of better coordinating service planning across the region. This network is co-chaired by the Vice President of Medicine, BC Mental Health and Addictions Services and Director of Mental Health and Addictions at Providence Health Care. This network will bring together all of the expertise in the region to focus on how best to redesign the system of care for those who are homeless and suffer from mental health and addictions problems.

Providence Health Care, with the support of Vancouver Coastal Health has committed to developing a more integrated approach to the significant inner city population that suffer from concurrent disorders and to develop the partnerships necessary to ensure that this occurs.

The Province of British Columbia, in March 2009 launched a Homelessness Intervention Project with the goal of reducing visible homelessness within 18 months. The project "aims to provide seamless access to social services through integrated teams in five communities with a single point of accountability that resides with the Ministry of Housing and Social Development.

These initiatives provide a substantial foundation for City involvement in this area.

DISCUSSION

Advancing the City's Role in tackling Addictions and Mental Health Issues: Next Steps

Principles of City of Vancouver's Response for Mental Illness and Addictions

In defining the City's approach to mental illness, five key principles are proposed to guide the City's work in this area. These principles are:

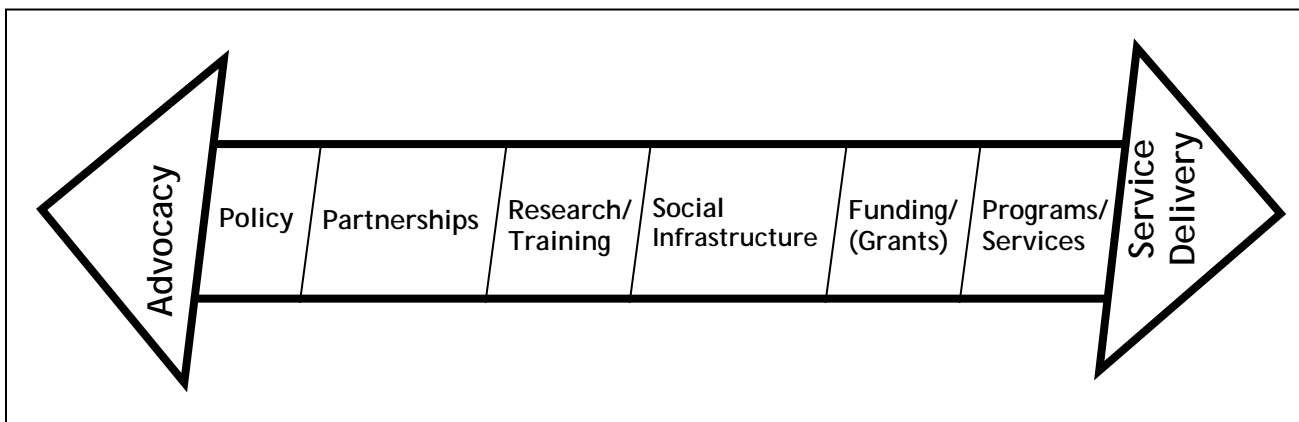
1. The City is not mandated to deliver health services

2. The City focuses on partnerships for service delivery
3. The City has a responsibility to advocate that citizens' needs be addressed
4. The City accepts its responsibility to facilitate inclusive communities
5. The City should aim to transform reactive services to proactive services

With these principles in mind the City's engagement with mental health and addictions issues can be understood vis-à-vis the different roles it takes on all matters of social development. These roles can be plotted on a continuum that moves between the two poles of advocacy and service delivery, and take into account Policy creation (including social policy and land-use policy), Partnerships (with neighbourhood groups, non-profit organizations and key stakeholders), Research and Training, Social Infrastructure (including neighbourhood houses, child development centres and youth hubs), Funding (via Social Policy, Engineering and other grants programs), and the delivery of Programs and Services (via the Carnegie Centre, Gathering Place and other such facilities). The continuum accounts for both the City's proactive and reactive responses to mental health and addictions. (fig. 5)

Given the current financial pressures that all levels of government are experiencing the imperative to maximize the ability to leverage resources, capacity and political commitment is paramount. The City has an opportunity to build on the experience that is outlined earlier in this report in order to minimize the reactive elements of our response to those with mental health and addictions issues and to move towards more proactive approaches.

Figure 5: Social Development Continuum



Current Work

The City, via its various departments and service groups, is currently involved in a number of innovative programs that contribute to more specialized efforts to address mental health and addictions problems through health and social service interventions.

These include:

- VPD Car 87 - Mental Health - mental health response by Vancouver Police,
- Housing Outreach and Tenant Assistance Program - regular contact and assistance to those with mental health and addictions issues that need housing,

- Community Service Grants - administered by Social Policy, these grants are used to fund non-profit agencies working on proactive and reactive responses to mental health and addictions,
- Supported employment program for individuals in recovery from addictions, - partnership with Engineering,
- Development of supportive housing for this population,
- Carnegie Center maintains the Carnegie Street Outreach Program that engages those with mental health and addictions problems and refers to services and housing,
- The Four Pillars Coalition in partnership with the Vancouver School Board, Vancouver Coastal Health, Vancouver Police Department and community partners has initiated a process to focusing on building capacity for prevention efforts in Vancouver.

The past decade has also seen the City introduce a number of policy documents that attempt to establish both the scope of, and appropriate response to, mental illness and addictions concerns. These documents include:

- Four Pillars Drug Strategy (2001)
- Homeless Action Plan (2005)
- Preventing Harm from Psychoactive Substance Use (2005)
- Vancouver Police Department - Lost in Transition (2007)
- Collaboration for Change (2008)
- Vancouver Police Department - Project LockStep (2009)
- City of Vancouver Supportive Housing Strategy (2007)

The City has engaged in a significant amount of work in the area of mental health and addictions to date across the continuum from advocacy to direct services. The intent of the next section of this report is to tie this work together into a strategy that makes clear the roles that the City is prepared to play in working with senior governments and community partners to address mental illness and addictions in Vancouver.

A Plan for Moving Forward

Considering the significant impact of mental health and addictions on City services and keeping in mind the operational principles articulated above, staff recommend that the City engage in a number of activities that form the basis of ongoing policy development, planning and support for services for those with mental health and addictions. The City's plan for engaging the areas of mental health and addictions will achieve the following broad goals:

- **ensure City engagement in policy development processes** within the region;
- **build capacity** within the City to engage the community, the region and other jurisdictions regarding mental health and addictions issues in Vancouver;
- **demonstrate commitment** for citizens to have information, facts and best evidence through public discussion on mental health and addictions issues including reducing the stigma of these conditions for residents of Vancouver;
- **form research partnerships** with the academic research community;
- **form program partnerships** where appropriate with community stakeholders, e.g. community serving agencies, the private sector and other levels of government;

- **highlight supportive housing** as fundamental for Vancouver to address mental health and addiction issues.

Advocacy, Policy and Partnerships

Recommendation 1: Within the context of the City's urban health policy work, staff resources be deployed that enhance the City's ability to engage in policy development processes, public education related to mental health and addictions services, and build ongoing research and program partnerships within the mental health and addictions sector with research institutions, the non-profit sector, community serving agencies, health authorities and all levels of government.

Recommendation 2: That the Mayor work with the Mayors of regional municipalities, the Union of BC Municipalities and health authorities to convene an Urban Health Summit in the fall with the goals of: mobilizing municipalities within Metro Vancouver to work together to articulate the regional service need for those with mental health and addictions who are homeless or living in substandard housing; bringing expertise together that outlines the scale, scope and urgency of the problem within each locality; and to develop an action plan at the regional level.

Research and Partnerships

Recommendation 3: That the City establish a research partnership with the academic community, community serving organizations and consumers of services that facilitates research on mental health and addictions in Vancouver, assists the City to address questions related to municipal issues such as location of services, implementation of public processes, supportive housing and shelter provision, youth engagement, supported employment, assists the City to determine research capacity necessary to address current issues for the City and contributes to research knowledge translation to the public and decision makers across the region.

Partnerships and Programs

Recommendation 4: That the City establish a public education partnership with community serving agencies, the private sector, Vancouver Coastal Health, Vancouver Police Department and the Mental Health Commission of Canada to develop and implement a public education campaign for Vancouver with the goals of: raising awareness of mental health and addictions issues in Vancouver communities, promoting evidence-based responses, articulating the City's values and actions in terms of social inclusion of marginalized populations, and providing assistance to communities to better understand the range of mental health and addictions services and the need for a comprehensive approach. As part of this commitment, the city will develop a comprehensive staff training program that addresses how to best support people with mental health and addictions when accessing City services.

Funding (Grants)

Recommendation 5: That the City enhance and expand appropriate grant programs to best reflect Council's priority to respond to mental health and addictions issues within Vancouver to ensure that grant making programs consider as priority those funding applications related to mental health and addictions support services, public education and awareness and building capacity in communities to address mental health and addictions issues.

Partnerships and Programs

Recommendation 6: That the City explore options for expanding supportive employment initiatives within the City and the community for individuals in recovery through expanding the number of City departments participating in supportive employment initiatives and developing partnerships within the community including the private sector.

Social Infrastructure

Recommendation 7: That Council support the Mayor in his continuing efforts to work with the Provincial Government to ensure the adequate investment in expanding affordable and supportive housing options in British Columbia as a key component of the strategy to address mental health, addiction and increasing homelessness that Vancouver and other BC municipalities are experiencing.

FINANCIAL IMPLICATIONS

This report seeks Council's approval to access funds already approved by Council in March for work in the area of Mental Health. Funding for the City's engagement with Mental Health and Addictions was approved by Council in the Interim Budget Report to Council on March 24th, 2009 in Recommendation 2 of appendix #4. The recommendations in this report provide the City with the capacity to explore strategic partnerships with senior governments, research institutions and community organizations. The plan builds capacity for the City to leverage resources and partnerships within the community to raise the profile of the need for a comprehensive approach to mental health and addictions in Vancouver. Activities within the Mental Health and Addictions Plan may include: retaining short-term consultancies, convening an Urban Health Summit, publication and design work for public education campaigns, community engagement costs, seed funding to leverage funds from other levels of government or the private sector, honoraria for participants in public events and dialogue sessions, event organizing and other related activities. Funding for the plan will be subject to approval by the City Manager as per Recommendation A in this report.

CONCLUSION

The impact of mental health and addictions on City services is significant. The City can play a number of roles in advancing more effective responses to this issue through a range of activities across the spectrum of social development roles from advocacy to direct services. The recommendations in this report provide a comprehensive approach to mental health and addictions problems in Vancouver within the City's jurisdictions. Taken together the recommendations provide an approach that integrates mental health into the ongoing work the City is engaged in within the Four Pillars Drug Strategy and the development of urban health policy. The plan facilitates: City engagement in policy development processes within the region; capacity building within the City to engage the community, the region and other jurisdictions regarding mental health and addictions issues in Vancouver; increased access for citizens to have information, facts and best evidence through public discussion on mental health and addictions issues including reducing the stigma of these conditions for residents of Vancouver; the forming of partnerships with the academic research community; and the formation of program partnerships where appropriate with community stakeholders, e.g. community serving agencies, the private sector and other levels of government.

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Appendix 1

A Mental Health and Addictions Plan for the City of Vancouver

The recommendations below outline a plan of action for the City's engagement in the area of mental health and addictions. The plan outlines a number of activities that form the basis of ongoing policy development, planning, community engagement and support for increased services for those with mental health and addictions. The plan aims to achieve the following broad goals:

- **ensure City engagement in policy development processes** within the region;
- **build capacity** within the City to engage the community, the region and other jurisdictions regarding mental health and addictions issues in Vancouver;
- **demonstrate commitment** for citizens to have information, facts and best evidence through public discussion on mental health and addictions issues including reducing the stigma of these conditions for residents of Vancouver;
- **form research partnerships** with the academic research community;
- **form program partnerships** where appropriate with community stakeholders, e.g. community serving agencies, the private sector and other levels of government;
- **highlight supportive housing** as fundamental for Vancouver to address mental health and addiction issues.

Recommendations

1. Within the context of the City's urban health policy work, staff resources be deployed that enhance the City's ability to engage in policy development processes, public education related to mental health and addictions services, and build ongoing research and program partnerships within the mental health and addictions sector with research institutions, the non-profit sector, community serving agencies, health authorities and all levels of government.
2. That the Mayor work with the Mayors of regional municipalities, the Union of BC Municipalities and health authorities to convene an Urban Health Summit in the fall with the goals of: mobilizing municipalities within Metro Vancouver to work together to articulate the regional service need for those with mental health and addictions who are homeless or living in substandard housing; bringing expertise together that outlines the scale, scope and urgency of the problem within each locality; and to develop an action plan at the regional level.
3. That the City establish a research partnership with the academic community, community serving organizations and consumers of services that facilitates research on mental health and addictions in Vancouver, assists the City to address questions related to municipal issues such as location of services, implementation of public processes, supportive housing and shelter provision, youth engagement, supported employment, assists the City to determine research capacity necessary to address current issues for the City and contributes to research knowledge translation to the public and decision makers across the region.

4. That the City establish a public education partnership with community serving agencies, the private sector, Vancouver Coastal Health, Vancouver Police Department and the Mental Health Commission of Canada to develop and implement a public education campaign for Vancouver with the goals of: raising awareness of mental health and addictions issues in Vancouver communities, promoting evidence-based responses, articulating the City's values and actions in terms of social inclusion of marginalized populations, and providing assistance to communities to better understand the range of mental health and addictions services and the need for a comprehensive approach. As part of this commitment the city will develop a comprehensive staff training program that addresses how to best support people with mental health and addictions when accessing City services.
5. That the City enhance appropriate grant programs to best reflect Council's priority to respond to mental health and addictions issues within Vancouver in order to ensure that grant making programs consider as priority those funding applications related to mental health and addictions support services, public education and awareness and building capacity in communities to address mental health and addictions issues.
6. That the City explore options for expanding supportive employment initiatives within the City and the community for individuals in recovery through expanding the number of City departments participating in supportive employment initiatives and developing partnerships within the community including the private sector.
7. That Council support the Mayor in his continuing efforts to work with the Provincial Government to ensure the adequate investment in expanding affordable and supportive housing options in British Columbia as a key component of the strategy to address mental health, addiction and increasing homelessness that Vancouver and other BC municipalities are experiencing.

Appendix 1: Mental Health and Addictions - CoV Survey Data

#	Program	Engagemnt	Description of Service	Cost of Service(wages)/yr	Other Costs/yr	Total Costs/yr
1a	Carnegie	Proactive	<p>1)Carnegie Outreach Offers triage, information and referral, harm reduction supplies, first aid, programming and peer employment program to the DTES street population, which includes a significant majority of persons with addictions or other mental health issues. The service provided by CoV staff consists of supervision and front line service delivery. 2)Oppenheimer Carnegie offers recreational and other programs and services such as food program, information and referral, adult education and first aid to local residents. The population served includes a significant number of individuals with mental health and addiction issues, who have access to few other resources. 60% of park staff time, inclusive of the programmer responsible, is estimated to be used in responding to the safety and security issues and the particular programming challenges associated with serving this group. 3) Security Security staffing is a direct response to the behaviours associated with persons who are experiencing mental health and concurrent conditions;</p>	<p>1)\$224,300 per annum staffing and benefits 2) \$112,160 per annum staffing and benefits 3) \$532,900 per annum in wages and benefits</p>	<p>1) \$36,000 rental, supply, material costs \$25,000 Peer Employment Program 2) \$6700 supplies, communications, honoraria 3) Estimated cost of radios and percentage of first aid, training and supply costs: \$5000.</p>	942,060
1b	Carnegie	Reactive	<p>Carnegie is a community centre which provides social, educational, cultural and recreational programs, food services, an adult learning centre and library, information and referral services and volunteering opportunities to primarily the DTES low income community. An estimated 5% of overall staff time (exclusive of security) at the Centre itself is devoted to reactive engagement with those exhibiting behaviours associated with mental health and addictions. This includes providing assistance and support, encouraging compliance with rules, etc.</p>	<p>\$55,785 per annum staffing and benefits</p>		55,785
2	Drug Policy Program	Proactive	<p>The Four Pillars shapes policy to prevent and reduce substance use harms; collaborates with govt. & community for policy implementation; and, expands understanding, awareness and discourse around harmful drug use</p>	<p>320,000</p>		320,000
3a	Engineering	Proactive	<p>Grants & Services Street Cleaning Grant(Solid Waste Management):1) Kettle Friendship Society employs people living with mental illness; 2)United We Can employs residents of the DTES. 3)Street Youth Job Action employs youth at risk. 4) Project Engineer responsible for application and award process and ongoing monitoring and administration 5)The Encampment Crew tries to prevent people from establishing encampments.</p>	<p>1)\$25,000; 2) \$115,000 @ 3.36%= 3,864.; 3)\$35,000 @3.36%= 1,176; 4)\$1,700 (2.5% of Project Engineer salary + benefits)= \$31740 5)\$462,000 @3.36%=15,523 + \$10,000 (2009 crew training cost) = 25,523 <i>Note: Research estimates the percentage of Vancouver pop with Mental Health problems at 3.36% the total population; the same % is applied to the DTES population which could be a conservative calculation</i></p>		57,263
3b	Engineering	Reactive	<p>Street Cleaning Areas of Vancouver where poor social and economic conditions are prevalent demand a disproportionate amount of street cleaning resources compared to the rest of the City. For example, approximately 18 percent or \$1.44 million of the City's street cleaning budget is allocated to services covering 40 blocks of the DTES, an area which represents less than one percent of the City's total area.</p>	<p>\$1.440,000@18% = \$259,200 for DTES or 14.40 per capita in DTES; \$1,440,000 -259,200 = \$1,180,800 or 2.10 per capita in rest of V; 14.40-2.10 = \$12.30 extra per capita costs in DTESx18000=\$ 221,400 total impact</p>		221,400

4	Evelyn Saller	Reactive	1)Security & Admin and 2)Recreation programs	1)CoV share of cost of staff wages and benefits \$184,700 per annum 2)CoV cost of staff wages and benefits \$165,500 per annum		350,200
5a	Gathering Place	Proactive	Programs Food services, recreation programs, art programs, volunteering program, public washrooms, safe day storage, safe day facility, referrals to services. Health programs – laundry, showers, delousing – direct staff funded by BC Housing Extreme weather shelter – direct staff funded by BC Housing Programs and Services offered by other service providers out of the GP e.g. Vancouver School Board, Access Justice, Mental Health advocate, La Boussole, NAA, AA Programs and Services offered by the GP Association, either alone or with the Centre e.g. tax clinics, health sessions..	Annual salaries and benefits (2008) of \$1,080,800.Salary costs include: the delivery of COV programs and services, the administration of services delivered by the Association, and, the coordination of services by community partners – reception services, publicity, messages.In addition to these costs BC Housing covers the salaries of the Health Centre, and extreme weather shelter, approx \$131,000 in 2008.	\$193,700 in operational costs. Plus \$.5 million in building maintenance costs that are covered by Facilities.For community partners, e.g. VSB, there is free use of space, including janitorial services, maintenance, security services, and promotion of programs. While there is projected cost recovery of some \$340,000 in food/non-food costs the City covers any shortfall in revenue.In addition to these costs BC Housing covers the operations costs for the Health Centre and extreme weather shelter of approximately \$44,000.	1,774,500
5b	Gathering Place	Reactive	Provides security services to the Gathering Place, the education centre, partnering organizations and the public	Annual salaries of \$357,800 plus annual benefits of \$62,500.		420,300
6	Housing	Proactive	1) Staff time of about 50% would be devoted to supplying services to clients many of whom have mental health issues. 2) Land acquisition costs for supportive housing sites over the last several years including 14 sites, 514 Alexander, Provincial SRO contributions, 5 HEAT and STIR)	700000, or 50% of total budget of 1.4 M	Total housing investment is 110,110,000 (76,000,000 on 14 sites, 34,110,000 on all other spending) Of which approx 40% goes towards mental health housing or 44,044,000. Note: To calculate annual costs: Spending over 14 sites over ~6yrs. 76,000,000x40%=30,400,000/6yrs=5,066,667(A). All other spending over last 3 yrs. 34,110,000 x40%=13,644,000/3yrs = 4,548,000(B) Staffing costs towards mental health = 700,000/yr(C). Thus total yearly investment is A+B+C = 10,314,667	10,314,667
7	Legal Services	Reactive	Lawyer and support staff costs at 15% & 10% for each of these in different situations			83,949
8	Licence & Inspection	Reactive	Property Use Inspector Activity			178,015
9a	Non Market Hsg	Proactive	Granville Residence	30% of Granville Residence Manager wages and benefits per annum, \$20,000		20,000
9b	Non Market Hsg	Reactive	Housing Division	6 Residence Managers 20% of 6 Residence Managers wages and benefits per annum \$78,370		78,370
10	Office of Cultural Affairs	Proactive	Grants to Gallery Gachet which is an artist-run centre in the DTES which is a collectively-run gallery and production space designed to support artists with mental health and/or trauma/sexual abuse survivors issues.		20,000	20,000
11a	Parks	Proactive	several items (for details, refer to survey)			48,700
11b	Parks	Reactive	several items (for details, refer to survey)			69,680
12	Planning	Proactive	Collaboration for Change is a collaboration among a broad range of Vancouver's institutional and community stakeholders committed to addressing the urgent situation facing some of our most vulnerable citizens: those with mental health and addictions problems	5,000		5,000
13a	Social Policy	Proactive	1)Social Policy Staffing & Benefits 2)Social Policy Grants 3)Childcare Grants 4)Other	1)\$100,075 2)\$339,688 3)\$363,000 4)\$50,000 (CforC)		852,763
13b	Social Policy	Reactive	1)Social Policy Staffing & Benefits 2)Social Policy Grants	1)\$100,075 2)\$1,277,267		1,377,342

14	VFRS	Reactive	From the total calls received, 1.5% were attributed to mental illness. The costs have been calculated accordingly from total budget	1,015,147	Trucks= 65,748; Support costs= 149,460	1,230,355
15a	VPD	Proactive	Car 87 – Mental Health Car teams a VPD constable with a registered nurse or a registered psychiatric nurse to provide on-site assessments and intervention for people with psychiatric problems. The nurse and the police officer work as a team in assessing, managing and deciding about the most appropriate action. There are four constables assigned to this program.	\$100,000/year per constable's wages/benefits/associated costs. \$100,000x4 = \$400,000 Sergeant = \$90,000 Inspector = \$41,000 Total = \$531,000	\$30,000 per vehicle and insurance (2 vehicles dedicated) \$30,000X2 = \$60,000	591,000
15b	VPD	Reactive	Responding to calls for service involving people suffering from a mental health problem.	Approximately 90 full time front line officers = \$9 million/year (for 2007 and 2008)		9,000,000
16	VPL	Reactive	Violence in the Workplace training which focuses on violence prevention. It is estimated that the Library incurs approx \$13,000 in presentation and staff costs annually for this training. Without mental health issues in the community this training would probably not be required. Security The Library spends approx \$280,000 annually on security most of which focuses on theft prevention and public safety issues.(As it was difficult for VPL to assign objective costs for mental illness issues, a conservative estimate of 3.36% of total costs has been considered for the purpose of this study)	1) 13,000 2) 9,408		22,408
						28,033,757