



ADMINISTRATIVE REPORT

Report Date: September 10, 2014
Contact: Mary Clare Zak
Contact No.: 604.673.8286
RTS No.: 10699
VanRIMS No.: 08-2000-20
Meeting Date: September 17, 2014

TO: Standing Committee on City Finance and Services
FROM: General Manager of Community Services
SUBJECT: Mayor's Task Force on Mental Health and Addictions Phase 1 Report

RECOMMENDATION

- A. THAT Council receive as information the Phase 1 report from the Mayor's Task Force on Mental Health and Addictions, *Caring for All: Priority Actions to Address Mental Health and Addictions*, attached as Appendix A. The Phase 1 report includes 23 priority actions identified in six theme areas by the Task Force and updates on the Ministry of Health's actions responding to four urgent recommendations the City of Vancouver, Vancouver Police Department and Vancouver Coastal Health sent to the Premier of British Columbia in 2013.
- B. THAT Council direct staff to begin scoping and implementing the 23 priority actions under the six theme areas in partnership with Task Force members and other partner agencies as outlined in Appendix A, and report back on the second phase of work in the summer of 2015.

FURTHER THAT staff be directed to work with the Ministry of Health and Vancouver Coastal Health to develop strategies to secure 300 long-term treatment beds and the alignment of ACT (Assertive Community Treatment) teams for people requiring ongoing supports. In addition, staff be directed to work in partnership with BC Housing to address the immediate housing needs for people with mental health and addictions, including interim housing, rent supplements, and if necessary, low-barrier shelter options.

FURTHER THAT Council thank the 63 members of the Task Force along with special guests including youth, Downtown Eastside residents and the Ministry of Health for their work so far, and for ongoing partnership and commitment to working together on this important and complex issue in the next phase of work.

- C. THAT Council approve a \$40,000 grant to The Bloom Group, dependent on matching funds from partners, to support the development phase of a *Collective Impact* initiative that will identify key goals to improve mental health and addiction service delivery, key metrics and data sharing to monitor and measure success, and an implementation path going forward. The *Collective Impact* process is outlined in the Phase 1 report, *Caring for All: Priority Actions to Address Mental Health and Addictions*, Priority Action Area 1 (Appendix A) and the *Collective Impact* project summary (Appendix C). Source of funding is the City's Innovation Fund.
- D. THAT Council approve a grant of up to \$75,000 to the Urban Native Youth Association (UNYA) that will leverage \$400,000 in funding confirmed from other sources for operations and furnishings. The City's contribution would provide funding to upgrade UNYA's current site for the creation of a Healing and Wellness Centre for Aboriginal youth and will align with Phase 1, Priority Action Areas 4 (Focus on youth) and 5 (Focus on wellness for Aboriginal peoples). The grant is to be provided in one installment, following review and analysis of invoices, agreement that work has been completed as described, and that any required permits were secured, to the satisfaction of the General Manager of Community Services. Source of funding is the City's Innovation Fund.

Recommendations C and D authorize grants and require eight affirmative votes for approval.

REPORT SUMMARY

This Council report presents the first phase of work from the Mayor's Task Force on Mental Health and Addictions, *Caring for All: Priority Actions to Address Mental Health and Addictions*.

The first phase of work focused on two key components: enhancing the system of care detailed under six action theme areas with 23 priority actions identified by the Task Force; and an update on highlights from the provincial government's 120-Day Plan. The 120-Day Plan was developed in response to recommendations made by the City, Vancouver Coastal Health and the Vancouver Police Department in a letter to the Premier.

Staff seek Council direction to begin to develop implementation strategies for the 23 priority actions identified in the body of this report and in the attached report, *Caring for All: Priority Actions to Address Mental Health and Addictions*, along with Task Force members and other key partners.

One of the key issues expressed by Task Force members and other key partners over the last eight months was the need to enhance current health care delivery with better transitions between institutions and community (e.g. hospitals to community supports), specialized addictions training and a broader range of choices along the continuum of care based on evidence and best practice.

Collective Impact is an approach originally developed in the U.S. and now used internationally within an emerging community of practice. *Collective Impact* is used to enhance effectiveness and move the dial on social change through cross-sectoral coordination with a common vision, shared implementation, continuous communication, and key metrics to measure progress.¹ With matching funds from the Vancouver Foundation and Vancouver Coastal Health, the \$40,000 grant to The Bloom Group will support the beginning of a *Collective Impact* process (see Appendix C). The work of the Mayor's Task Force on Mental Health and Addictions has been an important precursor to implementing the *Collective Impact* model and is recommended as a priority action under the first theme area, "Working Better Together and Address Gaps in Service - The Game Changer" in the *Caring For All* report.

The desire for an Aboriginal healing and wellness centre aligns with both the City's vision as a City of Reconciliation and with the two strong themes prioritized by the Task force: culturally relevant approaches to wellness and Aboriginal youth. In two special sessions devoted to wellness for Aboriginal peoples and youth, the Task Force co-designed a holistic healing approach within a 'blanket of care', identifying themes that include the need for both medical and non-medical enhancements in the current system to improve access and quality of care for Aboriginal people. These themes included culture as medicine, recognizing and supporting the whole family, navigating and welcoming people, and strengthening opportunities for all generations.

An Aboriginal youth healing and wellness centre which is proposed as a partnership with the Inner City Youth Program (St. Paul's Hospital, Providence Health) and Central City Foundation will provide a "place-based" storefront for increased and improved access to primary health and mental health services for Aboriginal youth, access to Elders, cultural teachings/practices, and access to UNYA programs and other community resources in a timely, culturally appropriate and holistic manner. The Ministry of Health has provided funding for a nurse practitioner and Vancouver Coastal Health's Aboriginal initiatives will offer wellness workshops on site and it is expected that youth will have greater access to income assistance support, vocational and housing opportunities.

Services will include:

- Nurse Practitioner-led primary health and wellness care for Aboriginal youth targeting their unique cultural, social, spiritual and emotional needs while fostering a continuous relationship with health care providers for comprehensive health care, closer to home, or wherever they frequent.
- Mental health assessments and intensive case management
- Addiction Counselling
- Income Assistance support
- Access to UNYA programming and ICY-based psychosocial rehab activities

A City grant of up to \$75,000 will support site design and renovation costs to enable the facility to be used as an Aboriginal youth health centre. Located at 1640 East Hastings Street, this City-owned site is currently leased to UNYA and adjacent to UNYA's main office. The UNYA site is well suited for an integrated service model as it

¹ <http://www.fsg.org/KnowledgeExchange/Blogs/CollectiveImpact.aspx>

is the only dedicated Aboriginal youth organization in Vancouver and is located in the “heart” of the community where most Aboriginal youth live and/or frequent².

COUNCIL AUTHORITY/PREVIOUS DECISIONS

A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver
Adopted by Council in 2001, this cross-governmental approach committed all levels of government to a comprehensive plan based on best evidence available to address harmful drug use in the city.

Mayor’s Task Force on Mental Health and Addictions

In October 2013, Council established the Mayor’s Task Force on Mental Health and Addictions. The Task Force was to provide recommendations to Mayor and Council for priority actions that may be taken by the City and its partners to address the mental health and addiction crisis. This work was to be strongly linked to the City’s Healthy City Strategy, Housing and Homelessness Strategy, Downtown Eastside Local Area Plan, and Year of Reconciliation initiatives.

The Housing and Homelessness Strategy (2012-2021)

The City’s Housing and Homelessness Strategy outlines the City’s overall direction for housing, including how much is needed, and how the City will enable the delivery of these housing units by 2021. The Strategy covers the entire continuum and a range of housing options available to all types of households, including housing with supports for people with mental illness and addiction.

The three strategic directions of the Strategy are to:

1. Increase the supply of affordable housing
2. Encourage a housing mix across all neighbourhoods that enhances quality of life
3. Provide strong leadership and support partners to enhance housing stability

The Housing and Homelessness Strategy identifies a target of 2,150 units of supportive housing by end of 2015 and 2,900 units by 2021. Achieving these targets poses significant challenges in the absence of additional senior government funding. It is forecasted that roughly 1,860 permanent supportive housing units will be committed, under construction or recently completed by the end of 2014. Interim supportive housing will continue to play a critical role in filling the gap until more permanent housing can be built.

Downtown Eastside Local Area Plan

Council approved the Downtown Eastside (DTES) Local Area Plan in March of 2014, with direction to work through the Mayor’s Task Force on Mental Health and Addictions with

² UNYA has a client base of approximately 6,000 Aboriginal youth and had 26,000 contacts last year alone. BC Stats identifies that between the DTES and the Northeast Areas of Vancouver, there was a total of 6,090 Aboriginal peoples in 2011. The Aboriginal population in DTES and Northeast areas under the age of 25 years would be approximately 2,900 people (Pathways to Health and Healing: 2nd report on the Health and Wellbeing of Aboriginal people in British Columbia, PHO’s Annual Report 2007, Population Distribution, p.21). There are approximately 700 Aboriginal housing units in the area (each unit with multiple residents) and schools with around 2,100 students. (Source: provided by Lu’ma Native Housing, when they gathered the information for their Aboriginal Service Directory.)

community partners, the Ministry of Health, Vancouver Coastal Health (VCH), the Provincial Health Services Authority, and BC Housing to increase support services for people with mental illness and addictions.

The Plan intends to address three key components to address housing in the neighbourhood: affordability, condition and supports. Over the next 10 years, it was estimated that DTES residents alone will need an additional 1,300 mental health and addictions supports (1,900 in the next 30 years) and 150 secure mental health treatment beds for those in crisis. In terms of affordability, the Plan also identified the need for additional social housing, rent supplements and alignment of people with serious mental health and addiction on disability benefits as appropriate. In addition to replacing SRO rooms with social housing over the longer term, immediate upgrades to SRO rooms are intended to improve health and liveability in the City's most affordable private rental housing for those on social assistance.

Year of Reconciliation, City of Reconciliation

June 2014 marked a long-term commitment to Aboriginal and non-Aboriginal relationships with the end of the Year of Reconciliation and a new beginning as a City of Reconciliation.

Innovation Fund

On February 29, 2012, as part of the 2012 Operating Budget Report, Vancouver City Council passed a recommendation for the creation of an Innovation Fund to leverage external funding (e.g. foundations, non-profit organizations and other levels of government). The use of the Innovation Fund is to advance City policy. Further information about the City of Vancouver Innovation Fund, including the guidelines for accessing this funding, is contained in Appendix B.

CITY MANAGER'S/GENERAL MANAGER'S COMMENTS

The Mayor's Task Force on Mental Health and Addictions has taken a cross-sectoral partnership approach to optimize leadership and the value of investment in the complex area of mental health and addiction. The 63-member Task Force includes leaders from multiple provincial government agencies, police, health authorities, direct service providers, academic researchers, medical experts and people with lived experience.

Since December 2013, convening key partners at one table has generated a significant amount of momentum and "action while planning"; however more time is needed to address key structural issues in order to improve the responsiveness, the effectiveness and access to a quality system for mental health and addictions. One of the key action areas is to work better together and integrate information, programs and responses through a *Collective Impact* approach; this is our "game changer" in terms of how we move forward.

The Ministry of Health has responded with new investments in a 120-Day Plan to address the four recommendations from the City, Vancouver Coastal Health and Vancouver Police Department. We will continue to work with the Ministry of Health and Vancouver Coastal Health to address gaps that still exist in the 120-Day Plan,

including the critical need for 300 long-term mental health beds for people experiencing a serious mental health crisis and the alignment of sufficient ACT teams for those requiring extended and ongoing mental health and addictions supports in the community. Housing remains a foundational component of both prevention and recovery for people with mental health and addiction. Working together with BC Housing and Vancouver Coastal Health to ensure supported and affordable housing options are provided will be integral for addressing the current mental health crisis with long-lasting solutions.

This report seeks Council direction to prioritize the actions the City will take with key partners outlined in the Phase 1 report, including a \$40,000 grant towards a *Collective Impact* process, to ensure that staff can focus their attention and resources most effectively in continuing to build and strengthen partnerships and implement actions in the next phase of work.

In addition, the report recommends up to \$75,000 in funding for an Aboriginal Youth Healing and Wellness Centre that will provide primary mental health and wellness services at the UNYA site, and increase access to Elders and other cultural teachings and practices. This recommendation aligns with the City's Year of Reconciliation and overall Task Force direction, infusing a holistic and culturally relevant wellness approach for Aboriginal peoples within existing services. UNYA's Healing and Wellness Centre for youth also aligns with Priority Action 8, specifically to collective action on the "bridging of partner expertise in integrated, hub-based youth clinic models across Vancouver that offers a range of services such as primary care, addictions services and psycho-social rehabilitation for youth." Ultimately, this project would be an innovative and culturally appropriate model of care and the only one of its kind in BC.

REPORT

Background/Context

The City of Vancouver's mission is to "create a great city of communities which cares about its people, its environment and the opportunities to live, work and prosper." The City of Vancouver's Healthy City Strategy, currently in development in partnership with Vancouver Coastal Health, weaves core building blocks together to ensure all residents have the best opportunities, from utero and early childhood to later years in life, to be healthy, safe and connected in neighbourhoods and communities throughout our city. The social determinants of health drive this strategy and addressing the issues related to these is key to achieving our vision of a healthy city for all.

Over the last decade, serious mental health and addiction issues have emerged as significant barriers to achieving the key goals of a healthy city. In 2008, the Vancouver Police Department (VPD) released the first in a series of three reports on the rise of city resources allocated to mental health and addiction. *Lost in Transition: How a Lack of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources*, reported that one-third of all police calls in Vancouver involved mental illness. The report contained seven recommendations that echo current gaps in care and support, including a facility that could accommodate moderate to long-term stays for people with serious mental health issues, increased

service supports for people with complex mental illness and addictions in the community, an "Urgent Response Centre" with specialized outreach from hospital to housing, enhanced support for supportive housing tenants, improved data collection and sharing systems between police and health sectors, and improved admission processes for people apprehended under the Mental Health Act at St. Paul's and Vancouver General Hospital.

The 2010 VPD report, *Policing Vancouver's Mentally III: The Disturbing Truth, Beyond Lost in Transition*, reported that, from a VPD frontline perspective, nothing much had changed.

Finally emerging statistics and case studies documented in the September 2013 Vancouver Police Department report, *Vancouver's Mental Health Crisis: An Update Report* revealed a significant rise in the number of visits to St. Paul's Emergency (by 43%) and number of apprehensions by police under the Mental Health Act (18%).

In response, the Mayor, the Chief Constable of the Vancouver Police Department and the Chair of Vancouver Coastal Health submitted four urgent recommendations to the Premier of British Columbia:

1. Add 300 long-term and secure mental health treatment beds;
2. More staffing at supportive housing sites to support tenants with psychiatric issues;
3. More significant support through Assertive Community Treatment (ACT) teams for psychiatric patients living in the community; and
4. Develop an enhanced form of urgent care (crisis centre) and a joint treatment model (VPD-VCH).

In October 2013, the Mayor's Roundtable brought key partners together to review emerging evidence, such as The Hotel Study and findings from the Mental Health Commission of Canada's At Home/Chez Soi Project.

The 2013 Hotel Study³ estimated that 2,000 people with serious mental health and addictions living in DTES single room occupancy hotels are not receiving adequate supports for mental health and addiction. In addition, greater than expected rates of mortality, and a prevalence of multiple issues, including substance dependence, mental illness, brain injury, and infectious diseases were common among the study participants.

The Mental Health Commission of Canada's At Home/Chez Soi study⁴ of homeless individuals across Canada is another research study with newly published results. This work examined quality of life for individuals with high and moderate mental health needs and showed that social stability and good health outcomes can be achieved in marginalized, homeless populations impacted by mental illness, severe substance use, and other health challenges. A "housing first approach" aggressively supported by appropriate community based treatment and other key supports was found to address homelessness and to be a sound investment.

³ *The Hotel study: multimorbidity in a community sample living in marginal housing*, The American Journal of Psychiatry, 2013, Vol. 170. No. 12; 1413-1422.

⁴ Mental Health Commission of Canada At Home/Chez Soi – Summary of Project, April 10, 2014.

Grounded in new evidence from local research, Council struck a Mayor's Task Force on Mental Health and Addictions in October 2013 to build on the momentum of the Mayor's Roundtable, leveraging the leadership of government, community agencies, police and residents living with mental health and addiction issues, and expanding priority actions where needed.

The work of the Task Force is aligned with the City of Vancouver's Four Pillar Approach, Healthy City Strategy (under development), Housing and Homelessness Strategy, Downtown Eastside Local Area Plan, including 2014 and 2021 supportive housing goals, the City of Reconciliation objectives and strategic partnership plans including the Vancouver Coastal Health Authority Downtown Eastside Second Generation Strategy, BC Housing, Housing Matters program, and the Ministry of Health 120-Day Plan⁵.

Strategic Analysis

The Phase 1 activities, provided in detail in the attached report "*Caring for All*", are directed at enhancing our system of care and can be generally categorized into two main themes: "the way care is provided to people with mental health and addictions" and "what we need to do", which focuses on service gaps which need to be addressed through the work of the Ministry of Health through their 120-Day Plan.

Much work has been completed to date by the Task Force through collective discussion in 11 meetings and special workshops on stigma, addictions, and Aboriginal people and youth. The breadth and diversity of the Task Force membership and the additional 90 special guests has galvanized significant momentum and innovation in terms of co-creating a common vision and set of pathways forward. The Provincial government, as represented by the Ministry of Health, Vancouver Coastal Health, and BC Housing, together with the Vancouver Police Department, academic and medical research partners, community agencies and people with lived experience at the table have also resulted in a strong collective vision for improvements and strategic alignment with other policies, research and data sharing.

The emerging evidence and ongoing discussions with the Task Force has made it increasingly clear that a restructuring of mental health and addictions services delivery is urgently needed. In terms of enhancing the existing system of care, three critical actions remain to be addressed: the 300 long-term mental health treatment beds for people experiencing a mental health crisis, the availability of sufficient and aligned support for people with serious mental health and addictions with ACT (Assertive Community Treatment) teams, and finally sufficient capacity for safe and affordable housing where people can have the best chance for ongoing wellness. Research like the Mental Health Commission of Canada's At Home/Chez Soi project proves that housing first practices, including the right amount of support in housing of choice for people with severe mental health and addictions, is money well invested on a multitude of levels.

Without improving the coordination of and access to services across the continuum of

⁵ <http://www.health.gov.bc.ca/library/publications/year/2013/improving-severe-addiction-and-mental-illness-services.pdf>

mental health and addictions care, the cycle of crisis for people with serious mental health and addictions will likely repeat. This cycle requires a significant allocation of dollars estimated to cost the City alone over \$30 million a year, including costs such as policing, first responders, emergency and other housing needs, homelessness outreach, and social grants.

Acknowledging the complexity of subject matter, the broad and diverse membership, the range of existing evidence and best practice, the need for innovation to mobilize existing assets and resources, and an emphasis on prevention-based approaches, the Task Force organized priority principles and actions into key theme areas. The Task Force also emphasized that the work in all six theme areas be evidence-based and offer low-barrier approaches across the care continuum that are consistent with a Four Pillar approach.

Table 1 provides a summary of the six action areas which address “how we provide care” – with the two priority principles of all actions to be evidence-based and low-barrier.

Table 1: Mayor’s Task Force: Summary of Six Actions Areas

Evidence-Based	Low-Barrier	Mayor’s Task Force Recommended Actions
		1 Work Better Together and Address Gaps in Service – Expedite long-term impact through <i>Collective Impact</i> methodology including data-sharing model
		2 Peer-Informed System – Convene a peer leadership table to examine best practice in health care, housing and community supports
		3 De-stigmatization – Create greater awareness of mental illness and addiction to increase access to services, improve chance of recovery and improve sense of inclusion and belonging
		4 Focus on Youth – Better support systems for youth transitioning out of care
		5 Focus on Wellness for Aboriginal Peoples – Aboriginal Healing and Wellness Strategy, including convening an advisory group of partners to create concepts of Aboriginal healing and wellness centres
		6 Enhance Addictions Knowledge – Support training for primary care providers and integration of addiction specialists in existing medical system



Enhancing Access to Quality and Effective Services

The phase one report of the Mayor’s Task Force on Mental Health and Addictions, *Caring for All: Priority Actions to Address Mental Health and Addictions*, proposes 23 priority actions within these six priority theme areas. Key principles and priority actions can be found in this report (Appendix A).

Implications/Related Issues/Risk (if applicable)

Financial

The proposed financial contribution from the City will include:

- a) \$40,000 for allocation to The Bloom Group to administer the first phase of the *Collective Impact* Model as proposed in Appendix C. Source of funds is to be the City’s Innovation Fund. The City’s Innovation funding support of \$40,000 will be matched by external funding.
- b) Up to \$75,000 to UNYA for capital improvements to support the operations of an Aboriginal Healing and Wellness Centre for youth. The grant is to be provided in one installment, following review and analysis of invoices, agreement that work has been completed as described, and that any required permits were secured, to the satisfaction of the General Manager of Community Services. Source of funds is to be the City’s Innovation Fund. The City’s Innovation funding support of \$75,000 will leverage \$400,000 in ongoing operating funding for the Centre.

As outlined in Appendix B, this project aligns fully with the guidelines for the Innovation Fund. Information about the City of Vancouver Innovation Fund, including the guidelines for accessing this funding, is contained in Appendix B.

Table 2: Project alignment to Innovation Fund Guidelines

Innovation Fund Guidelines	Project Alignment
Aligns with Council Priorities Supports transformation and innovation in meeting City goals	<ul style="list-style-type: none"> ✓ Healthy City Strategy ✓ Housing and Homelessness Strategy ✓ DTES Local Area Plan ✓ Year of Reconciliation
Leverages minimum 1:1 3 rd party investment	<ul style="list-style-type: none"> ✓ \$40,000 City investment leverages \$80,000 by external private, non-profit and government partners (2:1 leverage) ✓ Up to \$75,000 City investment leverages \$400,000 by external private, non profit and government partners (5:1 leverage)

Innovation Fund Guidelines	Project Alignment
One-time opportunity (2 year maximum) \$250,000 maximum/year	✓ 8 months: October 2014 - June 2015, (\$40,000) ✓ 6 months: October 2014 - April 2015, (\$75,000)
Demonstrates clear outcomes and transformation toward City of Vancouver goals	✓ Collective Impact project will result in common goals and clear outcomes and metrics to measure success ✓ Aboriginal Healing and Wellness Centre for youth will achieve goals set out in the Year of Reconciliation and meet the urgent need for culturally responsive, accessible spaces for Aboriginal youth to improve health and wellness outcomes.

CONCLUSION

This Council report presents the phase one report from the Mayor’s Task Force on Mental Health and Addictions (*Caring for All: Priority Actions to Address Mental Health and Addictions*), including the achievements generated to date through the Ministry of Health 120-Day Plan and priority actions developed by the Task Force. Based on the Task Force report, the priority actions set out in this Council report are considered by staff to be the priority actions the City and its partners can take to improve mental illness and addictions and continue to strive for a healthy city for all.

Although the City is not responsible for providing health services, the City is committed to continue working with all our partners and will convene a second phase of work that begins in the fall of 2014. Phase 2 will include implementing priority actions and assigning lead roles. The following measures have been identified in the *Caring for All* report to help us evaluate our collective work going forward:

- Agreement on shared principles, metrics and indicators of success
- Tracking of key metrics and sharing of data
- Tracking and documenting new partnership agreements and commitments
- Tracking progress in the number of specialized addictions practitioners in primary care and appropriate specialties integrated into the health care system
- Documenting

The collective expertise and commitment from such a diverse and large number of Task Force members representing leaders from every sector, including people with lived experience, has been one of the biggest strengths to date and remains a significant opportunity for success going forward. The *Collective Impact* approach has

been identified as a promising model to take an important next step forward with a common vision, shared goals and clear metrics to measure our collective progress.

Although more work is needed, the priority actions in this report, as well as the provincial actions taken to date, indicate the beginning of a move from crisis - with fiscal implications to the City alone of over \$30 million dollars per year - to action. In Phase 1, the Task force has identified new opportunities to leverage the much-needed creativity, efficiency and integration to prevent existing gaps in mental health and addiction service delivery in Vancouver and province-wide.

CARING FOR ALL:

Priority Actions to Address Mental Health and Addictions

Mayor's Task Force on
Mental Health and Addictions
Phase 1 Report
September 2014

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Mayor's Introductory Address



MAYOR
GREGOR
ROBERTSON

In September 2013, the City of Vancouver, the Chief Constable of the Vancouver Police Department (VPD), and the Chair of the Vancouver Coastal Health (VCH) Board presented four urgent recommendations to the Premier and the Ministry of Health. This was to respond to a surge in people with severe, untreated mental illness and addictions at St. Paul's Hospital, a dramatic increase in people taken into police custody under the Mental Health Act, and several violent episodes that indicated a major crisis in the health care system.

This call to action was critical to support our most vulnerable residents, and to create a coherent, collaborative, and adequately supported mental health and addictions system. It is an issue that the City is increasingly finding itself confronting in our City services, whether they be policing, our parks and community centres, or our housing and social services. In early October 2013, I convened a Mayor's Roundtable with 140 leaders in the field, including people with lived experience, to review new research and identify ways the City of Vancouver could play a more constructive role in helping those with severe, untreated mental illnesses and addictions.

The state of our mental health and addictions system, and its impact on the City of Vancouver, led to the creation of a Mayor's Task Force on Mental Health and Addictions. The work of the Task Force over the last 10 months has resulted in an unprecedented cross-sectoral discussion of ways we could work together to address gaps in the continuum of care.

The Task Force and its 63 members (representing leaders in government, police, the health sector, academia, non-profit agencies and people with lived experience) held a series of workshops, which included an additional 90 individuals representing the experience and perspectives of youth, Aboriginal peoples, and drug users. These discussions provided important insight as to how to increase the effectiveness of our system of care for those with mental health and addictions.

Together we have identified new ways of working together, and opportunities for the City of Vancouver to play a more constructive role. The work done to date is a promising start, but we need to bridge across jurisdictional divides. That means working towards a new way of collaboration to create a healthy city – a city of wellness and opportunity for all.

There is more work to be done. The Mayor's Task Force on Mental Health and Addictions is committed to a second phase of work, which will include sustaining the call for action, assisting in the implementation of short-term actions, and digging deeper toward lasting and meaningful change.

This report shares our achievements to date, and creates a pathway toward the best possible outcomes for individuals living with mental illness and addictions. In closing, I want to express my sincere gratitude to the members of the Task Force for their dedication, time and commitment, and to those who came to share their stories and personal experiences with us.

I look forward to our continued efforts together.

Mayor Gregor Robertson

Introduction

Working Effectively Together: Mayor's Task Force on Mental Health and Addictions

In September 2013, the Mayor of Vancouver, the Chief Constable of the Vancouver Police Department (VPD), and the Chair of the Vancouver Coastal Health (VCH) Authority highlighted the crisis for residents suffering from mental health and addictions issues in the city in a letter to the Premier. Recent statistics indicated:

- A 43% increase in emergency mental health visits at St. Paul's Hospital and Vancouver General Hospital between 2009 and 2013
- An 18% increase in Mental Health Act apprehensions by police between 2012 and 2013
- 2,000 severely ill SRO tenants currently receiving inadequate or no care for mental health and addictions problems
- Two-thirds of the city's homeless currently in urgent need of adequate mental health and addictions supports

In the letter, four key recommendations were made to the Premier of BC to stem the immediate mental health crisis in Vancouver while putting in place more actions to better care for people living with serious mental illness and addiction in the city.

The four specific recommendations to the province of B.C. were:

01

Add 300 long-term and secure mental health treatment beds

02

More staffing at supportive housing sites to support tenants with psychiatric issues

03

More significant support through Assertive Community Treatment (ACT) teams for psychiatric patients living in the community

04

Develop an enhanced form of urgent care centre (crisis centre) and a joint treatment model (VPD-VCH)

Why the immediate call to action?

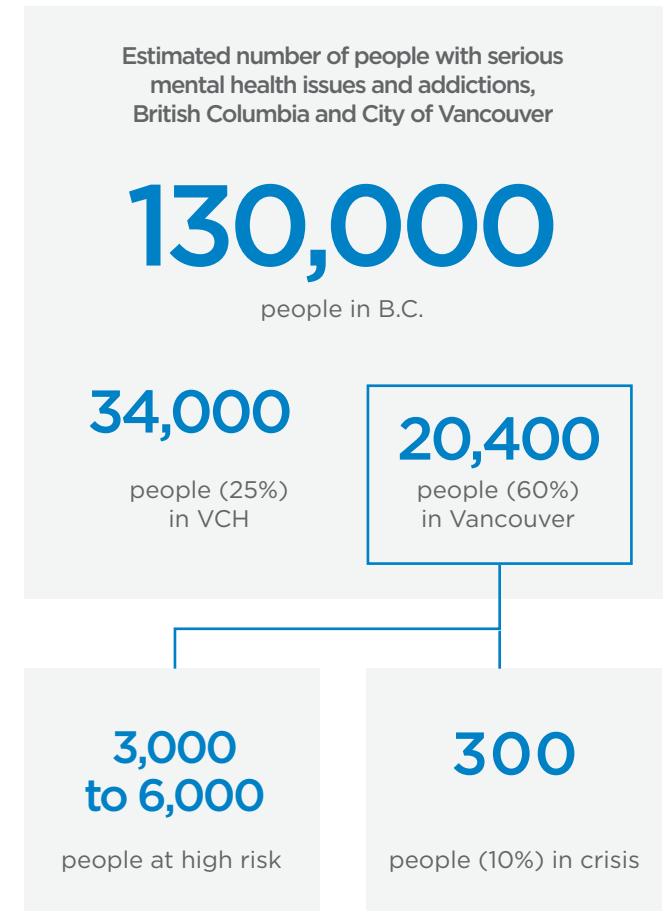
As Canadians, one in five of us will experience a mental illness in our lifetime. In Vancouver, this means 120,000 out of approximately 600,000 residents, and all of us will experience mental illness through a family member, friend, or colleague¹.

About 20,400 Vancouver residents are living with serious mental health and addictions.² At least 3,000 of these people were estimated to be at extremely high health risk and of these, 300 in crisis (Jones & Patterson, 2008). More work is needed to determine the current numbers and characteristics of people with serious mental health and addictions. The Ministry of Health's service review plans and their commitment to matched funding of up to \$12 million, directed as part of its 120-Day Plan to strengthen services for this population, will assist with this effort.

Evidence of Need for Treatment and Supports

Left untreated, serious mental illness and addiction will have long-term negative consequences. Risks to physical health intensify and may result in multiple substance use and mental health disorders, as well as other chronic health problems.

Links between mental health and addictions and homelessness are well documented and the City's homelessness count confirms significant numbers of people struggle with addictions and/or mental health issues. Of the overall homeless population surveyed in the 2014 Homeless Count, almost half (48 per cent or 519) had an addiction and 34 per cent (361) lived with a mental illness. Of homeless children and youth under 25, 49 per cent (93) had an addiction and 19 per cent (37) lived with a mental illness.



SOURCE: JONES & PATTERSON 2008

People with mental health and addictions are also at greater risk of victimization. The Vancouver Police Department's "Vancouver's Mental Health Crisis: an Update Report" builds on "Beyond Lost in Transition" (2010) and Lost in Transition (2008)³, and identifies, among other issues, safety risks as a result of lack of treatment and supports. The number of apprehensions under the Mental Health Act increased by 18 per cent⁴ between 2010 and 2013 and these apprehended individuals are 23 times more likely to be the victim of a violent crime than the general public.

The gap in access to treatment and supports for individuals with serious mental health and addictions, even when housed, is substantial.

¹ CANADIAN MENTAL HEALTH ASSOCIATION, FACTS ABOUT MENTAL ILLNESS, WWW.CMHA.CA/MEDIA/FAST-FACTS-ABOUT-MENTAL-ILLNESS/#_U_QNAPLSHNS
² CENTRE FOR APPLIED RESEARCH IN MENTAL HEALTH AND ADDICTIONS, 2006.
³ VANCOUVER POLICE DEPARTMENT, LOST IN TRANSITION, 2008; BEYOND LOST IN TRANSITION, 2010. HTTP://VANCOUVER.CA/POLICE/ASSETS/PDF/REPORTS-POLICIES/VPD-LOST-IN-TRANSITION.PDF
 HTTP://VANCOUVER.CA/POLICE/ASSETS/PDF/REPORTS-POLICIES/VPD-LOST-IN-TRANSITION-PART-2-DRAFT.PDF
⁴ VANCOUVER'S MENTAL HEALTH CRISIS: AN UPDATE REPORT, VANCOUVER POLICE DEPARTMENT, SEPTEMBER 13, 2013 P. 1
 HTTP://VANCOUVER.CA/POLICE/ABOUT/PUBLICATIONS/

The 2013 Hotel Study⁵ estimated that 2,000 people with serious mental health and addictions living in Downtown Eastside (DTES) single room occupancy hotels are not getting the treatment they need. In addition, greater than expected rates of mortality, and a prevalence of multiple issues, including substance dependence, mental illness, brain injury, and infectious diseases were common among the 293 study participants. The study highlights the need for collaborative care strategies, aligning with the Mayor's Task Force goals.

Meanwhile, the Mental Health Commission of Canada's At Home/Chez Soi study⁶ of homeless individuals across Canada examined quality of life for individuals with high and moderate mental health needs and showed that social stability and good health outcomes can be achieved in marginalized, homeless populations impacted by mental illness, severe substance use, and other health challenges.

Role of the City in responding to individuals in crisis

The City is not mandated to deliver health services, but is active in the housing and public safety sectors, provides many services to our public through various programs, supports many social agencies and is a large workplace. The City clearly has a responsibility to support and advocate for safe and inclusive communities for all residents. City staff interact with the public on a daily basis, including those with serious mental health issues and addictions, through various service points such as the 311 phone line, community centres, libraries, non-market housing and first responders like the Vancouver Police Department and Fire and Rescue Services.

It demonstrated that a "housing first approach" aggressively supported by appropriate community based treatment and other key supports can address homelessness and is a sound investment.

Individuals living with mental health and or addictions issues often experience crises, which may happen numerous times during their lives. Through appropriate training and coordination of services, strategic interventions which are well-timed can limit the number of crises for an individual with mental health and addictions issues and improve their health outcomes. In the health and education sectors, the workplace, the housing sector, the justice system, and during interactions with police and first responders, an intervention based on appropriate training and skilled action can prevent crisis and place an individual on the road to recovery.

By making use of its full range of social development tools, from advocacy to direct services, the City is well positioned to support partnerships to help transform existing services and approaches in the arena of mental health and addictions. As experienced over the last year in the work of the Task Force, the City can also play an important convening role to bring partners and citizens together to address complex issues.

The following are recent examples of how the City has enabled innovative responses across this spectrum of tools to enhance the response for those suffering with mental health and addiction:

⁵ THE HOTEL STUDY: MULTIMORBIDITY IN A COMMUNITY SAMPLE LIVING IN MARGINAL HOUSING, THE AMERICAN JOURNAL OF PSYCHIATRY, 2013, VO. 170, NO. 12; 1413-1422.

⁶ MENTAL HEALTH COMMISSION OF CANADA AT HOME/CHEZ SOI - SUMMARY OF PROJECT, APRIL 10, 2014.

Overview of City's Role in Mental Health & Addictions

▲ ADVOCACY ▲

Policy & Regulation

- Housing and Homelessness Strategy (2012)
- Downtown Eastside Local Area Plan (2013)
- Report Back on Missing Women Commission of Inquiry and City Task Force on Sex Work and Sexual Exploitation (2013)
- Mental Health and Addictions Plan (2009)
- Healthy City Strategy (upcoming)

Partnerships

- Vancouver Coastal Health Memorandum of Understanding
- Vancouver Police Department and Vancouver Coastal Health "Project Link"
- Non-Profit organizations
- Integrated Hoarding Team
- SRO Task Force

Research & Training

- Partnerships with universities
- Partnerships with social enterprises

Infrastructure

- 14 Supportive Housing Sites
- Non-Market Housing
- Community Centres & Libraries

Funding (grants)

- Social grants for peer support, youth at risk, and low-barrier employment opportunities

Programs & Services

- New housing agency
- Homeless Outreach Team
- VPD Mental Health Unit (ACT, AOT)
- Car 87 (PCRT)
- Chronic Offender Unit
- Rent supplements
- Winter response initiatives
- Rental Property Database

▼ SERVICE DELIVERY ▼



PHOTO CREDIT: ZURN



Mayor Gregor Robertson and Chief Constable Jim Chu at press release on mental health crisis, 2013

The costs of crisis and impact on City resources

The provincial government and in particular our partners at Vancouver Coastal Health and Providence Health Care face significant pressure to deliver mandated services. In the past three years, the emergency department at St. Paul's Hospital has seen a 43 per cent increase in visits from individuals with severe mental illness and/or addictions.⁷ The human cost of the mental illness and addictions crisis are incalculable; however, the Centre for Applied Research in Mental Health and Addictions (CARMHA) at Simon Fraser University estimates the cost to the health and criminal justice systems in Vancouver is approximately \$100 million per year⁸.

The impact of mental health and addiction on City of Vancouver services is also sizeable. Results of a review that builds on a 2009 analysis⁹ indicate that the overall cost to the City was over \$28 million per year (over \$30 million per year in today's dollars) including costs such as policing, first responders, emergency housing needs, as well as expenditures which focus on prevention and interventions, such as capital for housing, homelessness outreach, and social grants.

⁷ IBID, P 1
⁸ CENTRE FOR APPLIED RESEARCH IN MENTAL HEALTH AND ADDICTIONS (CARMHA), SIMON FRASER UNIVERSITY AS REPORTED IN THE MENTAL HEALTH AND ADDICTIONS PLAN, REPORT TO MAYOR AND COUNCIL, CITY OF VANCOUVER, JULY 2009, P. 7.
⁹ MENTAL HEALTH AND ADDICTIONS PLAN, REPORT TO MAYOR AND COUNCIL, CITY OF VANCOUVER, JULY 2009.

Task Force Mandate

Modelled on the Four-Pillar Approach, the 63-member Mayor's Task Force is a forum for political leadership that brings together key constituencies to share evidence, drive change, and create enhancements to better support, serve and interact with residents struggling with serious mental health issues and addictions. Its mandate is to help the City, including the Vancouver Police Department, identify priority actions to make our system of care for those with mental health and addictions issues more responsive, more evidence based and more accessible.

Key to the discussions was the acknowledgment of a system of care which includes an appropriate continuum of health services, community support and access to appropriate housing all delivered in cross sectoral partnerships with Vancouver Coastal Health, the Ministry of Health, other government bodies such as BC Housing, the Ministry of Social Development & Social Innovation, Ministry of Justice, related academic researchers, non-profit agencies, and with input from Aboriginal leaders and importantly, people with lived experience.¹⁰



PHOTO CREDIT: PHABION SUTHERLAND

¹⁰ SEE APPENDIX B FOR LIST OF TASK FORCE MEMBERS, OTHER INDIVIDUALS WHO PARTICIPATED IN WORKSHOPS, AND THE MEETING AND WORKSHOP SCHEDULES.



The Task Force's efforts are based on a population health outcomes approach that is evidence based and affirms the basic needs for achieving health and well-being: adequate housing, treatment and supports, vocational and employment opportunities, connection to community, and self-autonomy.

Key objectives and principles for action by the Task Force include:

- broad inclusivity of input,
- agreement based on existing evidence and best practice,
- encouragement of innovation in the use of existing assets and resources, including information systems, and
- an emphasis on prevention-based approaches to address issues early on to enhance recovery.

The Task Force and its 63 active members (representing leaders in government, police, the health sector, academia, non-profit agencies and people with lived experience) met nine times and as part of their work held a series of workshops, which included an additional 90 individuals representing the experience and perspectives of youth, Aboriginal peoples, and drug users. These discussions provided important contributions and insights as to how to make our system of care for those with mental health and addictions more effective and were the genesis of the work achieved and the priorities identified.

Summary of Phase 1: Work of the Task Force



The Task Force's first phase of work can be conceptually divided into:

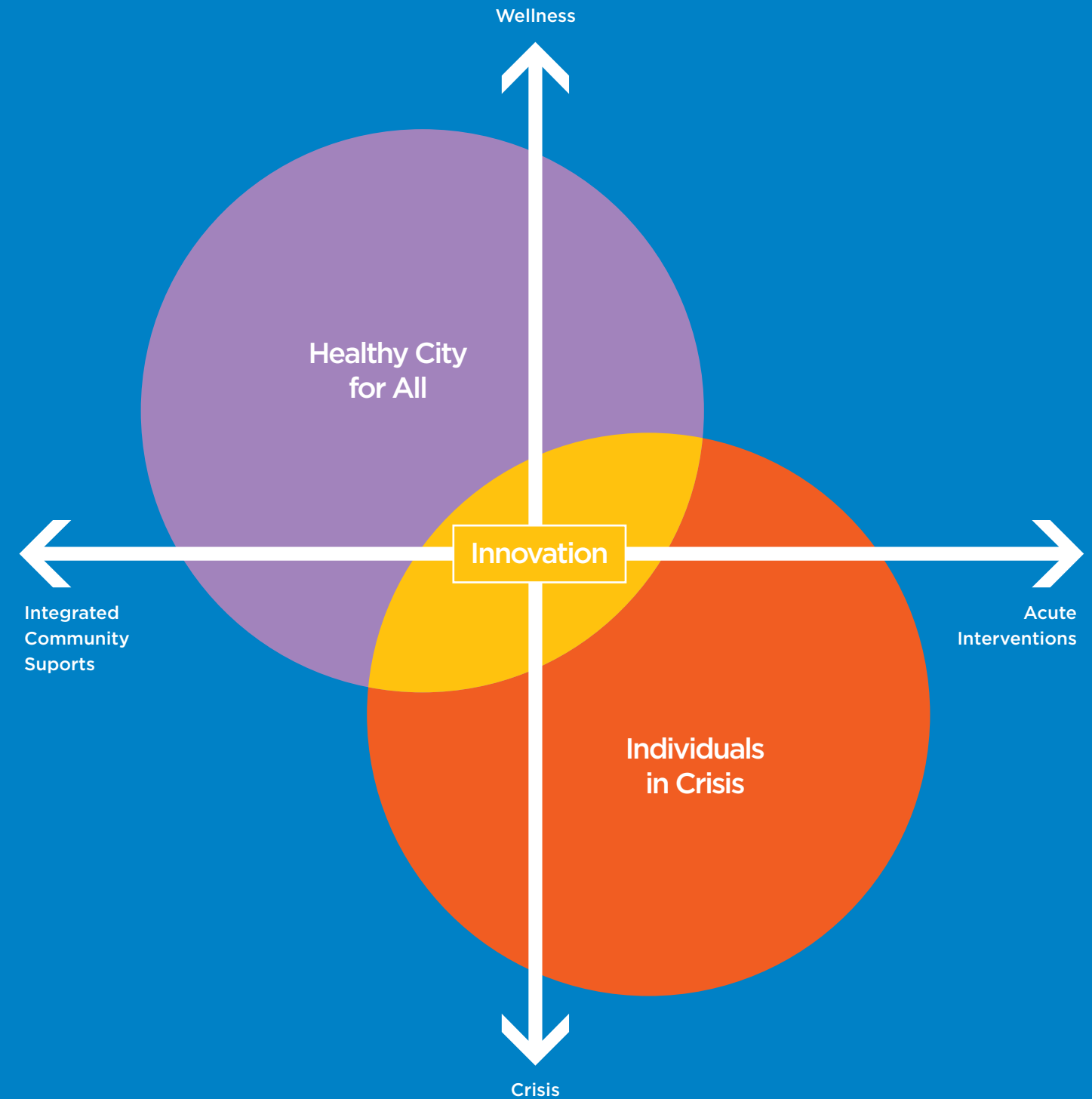
O1 Actions stemming from extensive cross sectoral discussions on how to make our system of care more responsive and effective, and what the City of Vancouver can specifically do; and

O2 Supporting the work of the Ministry of Health and Vancouver Coastal in their 120-day action plan to address gaps in service as outlined in the letter to the Premier.

Evidence of a crisis brought the Task Force together. Evidence of progress is the goal of the work going forward, so all Vancouver residents have the best opportunity to be healthy and safe in the city.

Bringing a diverse and broad range of expertise and experience to one strategic table is what fuels the innovation needed to move from crisis to action. The diagram opposite reflects two axes - vertically, a state of crisis versus wellness, and horizontally, acute interventions versus integrated community supports.

Collectively, deliberate action as recommended by the Task Force can adjust the current course where individuals, families, service providers, and institutions are in crisis, and move them 'upstream' towards wellness and integrated community supports with the goal of achieving a healthy city for all. The City's Healthy City Strategy (under development) incorporates new ways of working together to create innovations in thinking, policy, practice, and sharing of resources, all principles which also informed the work of the Task Force.



Six Action Areas to Enhance the System of Care

The summary of Phase 1 activities on enhancing our system of care can be generally categorized into two main themes: the way care is provided to people with mental health and addictions and “what we need to do” – which identifies some key gaps needing to be addressed beyond the 120-Day Plan. To ensure success, it was concluded that actions under these themes also need to be based on best practice based on rigorous research and success will depend on enhanced training of the diverse array of service providers.

Phase 1 work has focused on how we provide care and what we need to do to address key service gaps. This includes 23 priority action items organized under six key action areas:

1. Work Better Together and Address Service Gaps – The Game Changer
2. A Peer-Informed System – Right Faces in the Right Places, Low-Barrier Services
3. De-stigmatization – Feeling Safe and Included
4. Focus on Youth – Better Transitions and Outcomes
5. Focus on Wellness for Aboriginal Peoples – A City of Reconciliation
6. Enhance Addictions Knowledge – Training and Treatment Choices

In addition to these six areas, at a principle level, consistent feedback from both the Task Force members and others who were involved in workshop discussions emphasized the need for all our work to be evidence based and a fundamental need for services to be low-barrier, consistent with a four pillar approach, including prevention, treatment, enforcement, and harm reduction. This is reflected in Table 1.

Details on the six priority action areas are provided in the following section.

TABLE 1 | EVIDENCE-BASED | LOW-BARRIER
Mayor’s Task Force Summary of Six Action Areas & Recommended Actions

01 Work Better Together and Address Gaps in Service – Expedite long-term impact through Collective Impact methodology including data-sharing model
02 Peer-Informed System – Convene a peer leadership table to examine best practice in health care, housing and community supports
03 De-stigmatization – Create greater awareness of mental illness and addiction to increase access to services, improve chance of recovery and improve sense of inclusion and belonging
04 Focus on Youth – Better support systems for youth transitioning out of care
05 Focus on Wellness for Aboriginal Peoples – Aboriginal Healing and Wellness Strategy, including convening an advisory group of partners to create concepts of Aboriginal healing and wellness centres in Vancouver
06 Enhance Addictions Knowledge – Support training for primary care providers and integration of addiction specialists in existing medical system

 **ENHANCING ACCESS TO QUALITY AND EFFECTIVE SERVICES**

Enhancing Access to Services – Provincial Government 120-Day Plan Highlights



The current mental health and addiction crisis has been building over the past decade with indications documented in the three VPD reports, starting with the 2008 report “Lost in Transition: How a Lack of Capacity in the Mental Health System is Failing Vancouver’s Mentally Ill and Draining Policy Resources.”

After several serious incidents with people in crisis, the City of Vancouver, Vancouver Police Department and Vancouver Coastal Health made four recommendations in July 2013 to stem the immediate crisis.

By November 2013, the Ministry of Health responded with a commitment of \$26 million of new funding to be allocated to mental health and addiction service delivery, \$14 million in the Vancouver Coastal Health area and the remaining province wide. Of the \$14 million in Vancouver, \$5.75 million was provided as one-time funding to move quickly on the four key service recommendations in 2013/2014. A further \$8 million is allocated for 2014/15 to supporting ongoing operation of treatment beds and new high-intensity group homes and support youth with mental health and addictions in the Lower Mainland.

A review of the five regional health authorities has also been directed with matching funds of up to \$12 million to improve services for people with serious mental health and addictions.

The Four Recommendations: Current Status

01
Add 300 long-term and secure mental health treatment beds

PENDING:

- ✗ 14-bed secure mental health facility (finalizing facility site)
- ✗ Oversight by Burnaby Treatment Centre staff over group home beds for youth and adults to enhance support and stabilization in the community

GAP:

- ✗ -250 secure mental health treatment beds

02
Increase staffing at supportive housing sites to support tenants with psychiatric issues

PENDING:

- ✗ Increase training capacity to support staff working with severe addictions and mental health issues

03
Increase significant support through Assertive Community Treatment (ACT) teams for psychiatric patients living in the community

COMPLETE:

- ✓ Two new ACT teams in Lower Mainland
- ✓ Inner-City Youth Intensive Case Management team

04
Create an enhanced form of urgent care (crisis centre) and create joint treatment model (VPD-VCH)

COMPLETE:

- ✓ Nine-bed acute behavioural stabilization unit at St. Paul’s Hospital
- ✓ Assertive Outreach Team established to manage transitions from hospital to community
- ✓ Psychiatric emergency care protocols developed to address surge/capacity situations,
- ✓ Improved information sharing protocols developed

PENDING:

- ✗ Improve existing physician and allied health knowledge and care in low-threshold addictions treatment.

 **ENHANCING ACCESS TO QUALITY AND EFFECTIVE SERVICES**

Enhancing our System of Care: 23 Priority Actions

The Mayor's Task Force on Mental Health and Addiction was mandated with the complex task of determining key principles and priority actions that would more effectively address mental health and addiction policies and service delivery models.

Acknowledging the complexity of subject matter, the broad and diverse membership, the range of existing evidence and best practice, the need for innovation to mobilize existing assets and resources, and an emphasis on prevention-based approaches, the Task Force organized priority principles and actions into key theme areas.

THE FOLLOWING SECTIONS PROVIDE THE IDENTIFIED PRIORITY ACTIONS UNDER EACH OF THE SIX ACTION AREAS:

01

Work Better Together and Address Service Gaps
The Game Changer

02

A Peer-Informed System
Right Faces in the Right Places,
Low-Barrier Services

03

De-stigmatization
Feeling Safe
and Included

04

Focus on Youth
Better Transitions
and Outcomes

05

Focus on Wellness for Aboriginal Peoples
A City of Reconciliation

06

Enhance Addictions Knowledge
Training and Treatment Choices

01

Work Better Together and Address Service Gaps – The Game Changer

“We are attempting to address a complex social issue that requires greater integration and prevention across traditionally siloed sectors. We need to be in the same boat and row together in the same direction. We also need a strong sense of where we are going and what will tell us we have reached our destinational goals.”

**JONATHAN OLDMAN,
THE BLOOM GROUP**

The mental health and addiction crisis is in part a symptom of the insufficient integration of the existing care and support system to meet the multi-dimensional needs of those in crisis. Finding new ways of working together, sharing knowledge, and using consistent data to improve mental health and addictions services and identify and address key gaps is an urgent priority.

Key partners need to work better together. Vancouver Coastal Health and the Ministry of Health are responsible for health services, but the City also plays an important role in supporting the well-being of residents with serious mental health issues and addictions. The City’s role includes work in the areas of: housing; services provided through community centres and libraries; funding non-profit organizations which provide outreach and peer supports; and police and first responders.

PRINCIPLES AND ASSUMPTIONS IDENTIFIED AS ESSENTIAL TO SUCCESS:

- Work together in new ways to enhance prevention, identify key service gaps and prevent unnecessary crisis.
- Build and maintain trust between systems and individuals.
- Support transitions to prevent relapse and promote recovery.
- Develop high ethical standards for data sharing.
- Value personal experiences to guide practice.

**PHOTO CREDIT:
ALEX O'DONAGHEY**

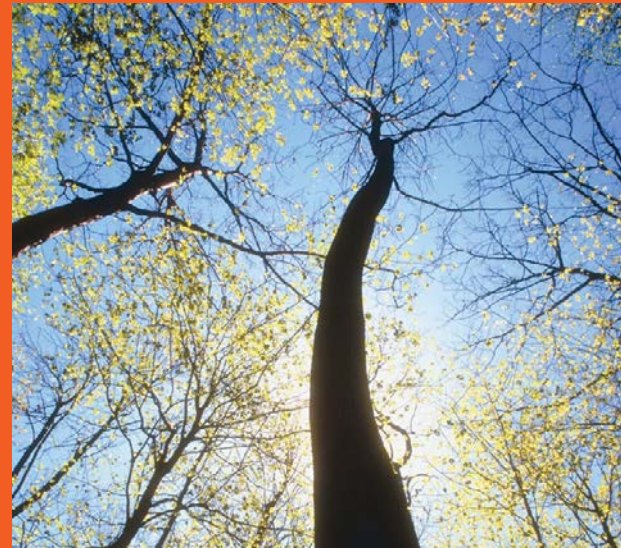
*From the moment
our seed is planted,
we grow, each minute,
each hour, each day
and each year.*

PRIORITY ACTION 1

Support a *Collective Impact* initiative to improve response to individuals with serious mental health and addictions in partnership with VCH, local foundations, and not-for-profit agencies.

The Collective Impact model (an approach to addressing complex social issues developed in the US and used internationally) is an important mechanism to create an integrated and evidence-based collaborative system. Five mutually reinforcing conditions are essential to the success of a Collective Impact approach in addressing complex problems:

1. Develop a common vision across all stakeholders.
2. Introduce shared measurement across a service system.
3. Create mechanisms for coordinated planning of different parts of a service system.
4. Create continuous communication protocols across stakeholders.
5. Invest in dedicated system coordination.

**PRIORITY ACTION 2**

Build academic partnerships with Simon Fraser University and the University of BC to design a collaborative real-time data sharing model that contributes to the *Collective Impact* approach.

**PRIORITY ACTION 3**

Continue to work in partnership with BC Housing, Vancouver Coastal Health, the Ministry of Health and other partners to address the need for 300 long term treatment beds, to create new permanent supportive housing while using all available tools to address the immediate crisis including interim housing options, rent supplements and if necessary low-barrier shelter options, all supported by appropriate health supports to address primary care and mental health/addictions needs.

PRIORITY ACTION 4

Continue to make City land available for development of new social and supportive housing.

02

Peer-Informed System Right Faces in the Right Places, Low-Barrier Services

“A peer approach in the area of mental health and addiction is a strong vehicle to build capacity in our system and in our communities. Mentoring and training peers for participation in our existing system is definitely needed, but we must also assist in the spawning of ideas that most adequately address a self-defined need.”

**PETER BAZOVSKY,
ARA MENTAL HEALTH**

Although more evidence-based research on the topic of peer roles in health care is needed, local examples of peer practice show positive results.

People with lived experience play a key role in policy-making and service delivery. The City recognizes the value of peer supports. In 2014, a wide range of initiatives totalling \$1.4 million were supported through social grants, with about \$580,000 directed at support for people who have or may be struggling with mental health issues and addictions. Peers with lived experience act as navigators and advocates and help increase the ability for people in crisis to access mental health and addictions services. The result tends to be greater efficiency in the system and less likelihood of someone falling through the cracks if navigated to the right place at the right time. From youth through to adulthood, having a safe place to go to connect with someone who knows what you

are going through and knowing where to go for help is key. Having a safe person to go to in formal health care settings such as the emergency department is also important.

PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

- People with lived experience have clear and central roles in the recovery of others.
- Increased choices are needed across the continuum of care to offer a wide range of medical and non-medical mental health and addictions interventions.
- Peers are trained and professionally valued in formal and informal health care, housing and support environments.

PRIORITY ACTION 5

Convene an innovative “community of practice” peer leadership table that will work to:

- Partner with organizations that specialize in peer-based work to develop definitions and best practice models for peer support, mentoring and service navigation.
- Support non-profit agencies to develop professional peer training programs.
- Explore opportunities for safe low-barrier places to go pre/post crisis with peer navigators present (e.g. VENTURE model, ARA Mental Health).
- Support collaborative place-based services with peer navigators in strategic locations (e.g. Carnegie, Raycam, Evelyne Saller, Gathering Place).
- Advocate for new and “scaled-up” opportunities for volunteerism and low-barrier employment programs.
- Support peer roles on Assertive Community Treatment (ACT) teams.
- Work with other funders to align peer-led initiatives and programs.



PHOTO CREDIT: ALEX O'DONAGHEY

Thinking of the endless opportunities, feeling at peace within my heart and mind and dreaming of my future. A proud Heiltsuk and Xaxil'p woman.

03

De-stigmatization

Feeling Safe and Included

“People need a home, they need a reliable source of income, and they need friends. As an artist, I also need art...the marginalized artist Yoko Ono said: ‘Art is a means to survival.’”

KAREN WARD,
GALLERY GACHET

A sense that we belong in our communities is vital to our well-being and associated with better physical and mental health. The lives of people with mental health issues and addictions are often plagued by stigma as well as discrimination. Stigma is an unfortunate reality for many people with mental health and addictions and a key barrier in accessing services, recovery, and belonging. Poverty adds an additional layer of stigma to mental health and addictions. Over 60% of residents in the Downtown Eastside are low-income, and overall, one in five Vancouver residents are poor.

Creating safe and inclusive communities is a City priority. The City addresses stigma through education and training, and by undertaking broad initiatives to support inclusion. Initiatives such as declaring Vancouver as a City of Reconciliation, the Dialogues and Welcoming Communities Projects, implementing recommendations from the Missing

Women’s Commission of Inquiry and Task Force on Sex Work and Sexual Exploitation all work to increase understanding and connections between different groups across the city.

Involving people with lived experience in mental health and addictions brings more awareness and knowledge to our professional community as well as the general public. Increasing personal connections also helps to address stigma, enhance a sense of belonging, and raise awareness on how we can better support individuals with mental health and addictions without harm.

PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

- People are safe from stigma and supported in the health care system, at home, and in communities.
- Art is recognized and promoted as a means for education and social change.

PRIORITY ACTION 6

Increase community awareness of mental health and addiction.

- Pilot education sessions in the Downtown Eastside in partnership with residents and the Canadian Mental Health Association for Business Improvement Associations as part of a Good Neighbour Program.
- Expand the City of Vancouver Dialogues project to develop collective actions including advocacy to address the impact of poverty and stigma in Vancouver.
- Partner with the Coast Mental Health Board of Directors to develop a stigma and awareness campaign for youth.



PHOTO CREDIT: ZURN

PRIORITY ACTION 7

Enhance training and outreach with the Vancouver Police Department, working with people with lived experience.



ART CREDIT: QUIN MARTINS



ART CREDIT: LARA FITZGERALD

04

Focus on Youth Better Transitions and Outcomes

“When I held the eagle feather for the first time, I learned what it meant to have a sense of respect for myself and my family. Connecting with my culture has grounded me... This is what I want to teach my son as the next generation.”

ALEX O'DONAGHEY

The City's commitment to youth engagement is long established.¹¹ We have a strong history of engaging youth across Vancouver and providing opportunities to build knowledge and leadership skills through initiatives such as Youth Politik, a civic education and leadership program; youth advisory committees at community centres and libraries; and CitizenU¹² a program that addressed racism, discrimination and bullying.

The ongoing issue of youth transitioning into adulthood, especially those with mental health and addictions issues, particularly those at highest risk who are leaving foster care, remains an important focus in the area of mental health and addictions. Having the right responses at the right time was a priority confirmed through the Task Force workshops – an especially important priority when it comes to our youth.

From prevention to recovery, it's essential for our young people to have a deep connection to culture; transitional support at age 19 when they leave care; and supportive relationships with peers, family, youth workers and adult allies. Youth also gave us this piece of critical advice: “Just ask us.”

Young people want to be active participants and leaders in the creation of policy and in defining outcomes and definitions of success. International best practice, including the UN Convention on the Rights of the Child, underscores that programs and policy are more beneficial when youth are involved in their design.

PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

- The voices of youth with lived experience are included in policy and program development and implementation and in defining and measuring successful outcomes.
- Early interventions play a key role in providing youth with the best chance for early recovery.
- Connections to culturally appropriate systems of care and adult mentors are needed at an early age for children at high risk to prevent more serious mental health and addictions issues.
- Youth with mental health and addictions have the services and supports needed past the age of 19 with special attention to youth leaving care.
- A high value is placed on the overall culture of wellness for youth, including supportive relationships with peers, family (biological/blended and/or chosen), youth workers, adult allies and service providers.
- Place-based youth services and other specialized youth services are integrated to provide the greatest amount of choice across the continuum, including safe places for youth in the Downtown Eastside, low-barrier services, treatment and detox.



¹¹ CITY OF VANCOUVER CIVIC YOUTH STRATEGY MARCH 14, 1995 SETS OUT THE CITY'S COMMITMENT TO YOUTH ENGAGEMENT
¹² [HTTP://VANCOUVER.CA/PEOPLE-PROGRAMS/CITIZENU-ANTI-BULLYING-AND-ANTI-DISCRIMINATION.ASPX](http://VANCOUVER.CA/PEOPLE-PROGRAMS/CITIZENU-ANTI-BULLYING-AND-ANTI-DISCRIMINATION.ASPX)

PRIORITY ACTION 8

Integrate collective action on youth transitioning out of care.

- Explore opportunities to use a Collective Impact approach to integrate youth specific services.
- Support peer mentoring within housing and employment as a way for youth to take incremental steps forward in recovery. Support this by hosting a “champion event” with landlords and employers to generate innovation and partnerships.
- Integrate collaborative place-based models into existing Park Board Youth Services (e.g. Gen 7 program provides opportunities for Aboriginal youth to build skills and get employment opportunities at community centres).
- Support the bridging of partner expertise in integrated hub-based youth clinic models across Vancouver that offer a range of services such as primary care, addictions services and psycho-social rehabilitation for youth.
- Advocate with provincial ministries to ensure that different sources of funding follow the youth at risk and that only one case manager is responsible for coordinating services across ministries.
- Advocate with provincial ministries that youth transition from foster care have the possibility, depending on certain criteria, to be extended up to the age of 25.

**PRIORITY ACTION 9**

Support more low-barrier, safe places for youth to go with connections to peers (focus on the Downtown Eastside).

PRIORITY ACTION 10

Partner with researchers (e.g. McCreary Centre Society) to include youth-defined measures and outcomes of success.

PRIORITY ACTION 11

Support greater integration of Aboriginal culture in schools and other community/recreation contexts in partnership with the Vancouver School Board.



05

Focus on Wellness for Aboriginal Peoples

A City of Reconciliation

“We are evolving into a new context. This is not yesterday’s context. This Mayor wants to make investments of a sustaining and inclusive kind.”

**MADELEINE DION STOUT,
FIRST NATIONS HEALTH BOARD OF B.C.**

June 2014 marked the end of the City of Vancouver’s Year of Reconciliation (June 21, 2013 to June 20, 2014) and the beginning of the world’s first City of Reconciliation. This commitment to a new way forward with our Aboriginal partners means embracing meaningful change. When it comes to mental health and addictions, the focus is on how we are looking forward at our collective wellness pathways for all people.

Aboriginal leaders who participated on the Task Force identified the need to turn our attention to an Urban Aboriginal Wellness Strategy, working with other key partners to seek synergies and interconnections. A key role of the City will be to foster meaningful working relationships and strengthened partnerships with the Musqueam, Squamish, and Tseil-Waututh First Nations, the City’s Urban Aboriginal People’s Advisory Committee, Metro Vancouver Aboriginal Executive Council,

urban Aboriginal agencies, the First Nations Health Authority, Vancouver Coastal Health, and local residents.

PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

- As a City of Reconciliation, our personal and professional relationships, systems and built environments are collectively reconciled.
- In defining wellness for the Aboriginal community, the approach is holistic and community-based; the approach values identity, usefulness, and a “whole family” approach reflecting Aboriginal culture.
- Healing through the arts, including carving, music, theatre and dance are integrated into recovery and wellness.
- Outcome measures and indicators are culturally relevant and demonstrate the value of lived experiences.

PRIORITY ACTION 12

Design an Urban Aboriginal Wellness Strategy

- Support Aboriginal service agencies wishing to enhance mental health and addictions training for front-line staff at Aboriginal shelters.
- Explore the expansion of peer navigator roles in formal and informal health care, with a focus on Elders and Aboriginal youth.
- Enhance public education on Aboriginal culture by building on and integrating existing modules and programs (e.g. City of Vancouver’s Newcomer’s Guide; expanding Canadian Mental Health Association’s public education module).
- Promote and support the expansion of the Provincial Health Services Authority’s cultural safety training program into formal health care, including primary care and treatment.

PRIORITY ACTION 13

Formally establish working relationships with Metro Vancouver Executive Aboriginal Council and First Nations Health Authority through memoranda of understanding and align our work as appropriate to the Vancouver Coastal Health /First Nations Health Authority Aboriginal Wellness Strategy.

PRIORITY ACTION 14

Convene an advisory group to create concepts/ models for Aboriginal Healing and Wellness in Vancouver.

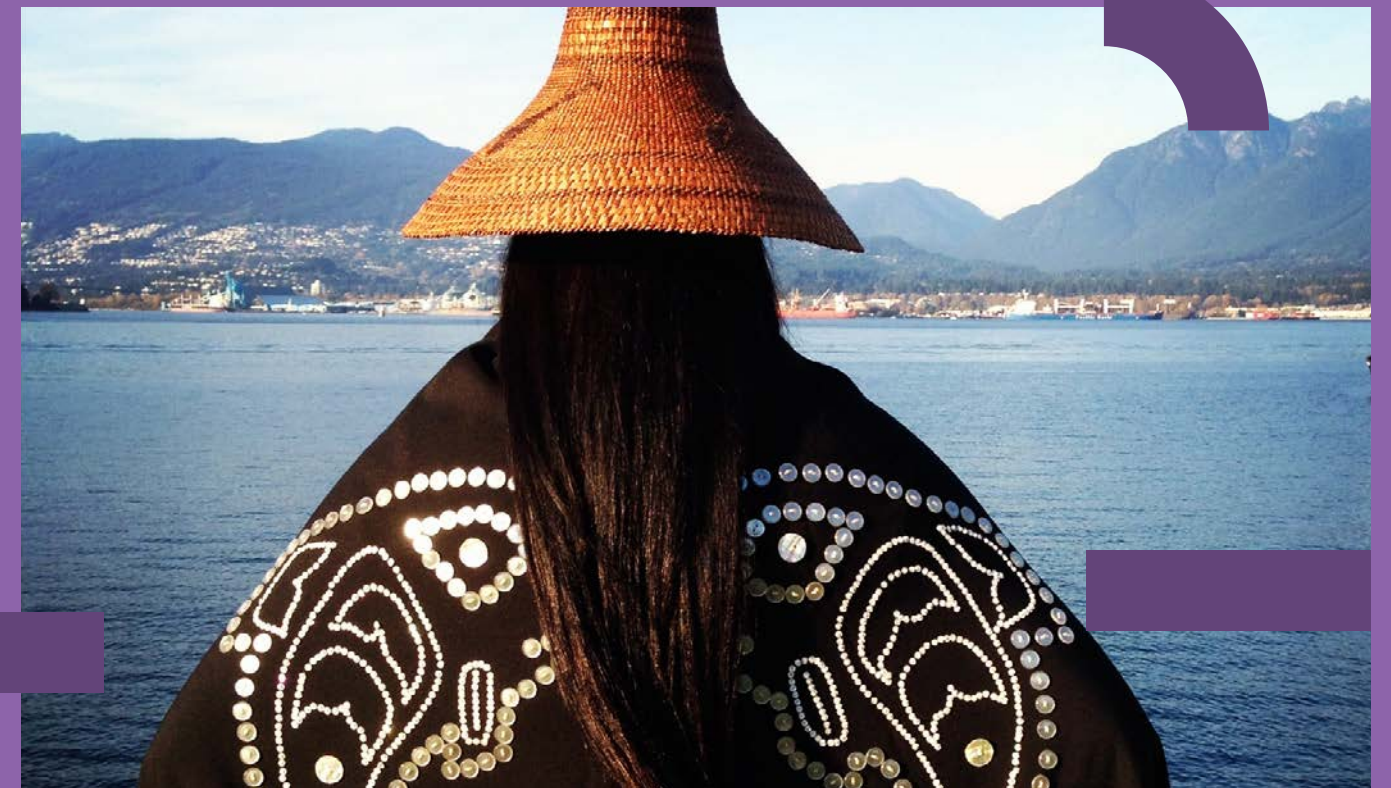


PHOTO CREDIT: ALEX O'DONAGHEY

Expressing gratitude for life, culture and healing of hearts, body, mind and spirit.

06

Enhance Addictions Knowledge Training and Treatment Choices

“The development of addiction medicine as a formal medical subspecialty also has the potential to begin the slow process of public education required to treat those who are alcohol or drug addicted with compassion and care, and to move away from over-reliance on punitive approaches that have not served the interests of patients, public health, or taxpayers.”

EVAN WOOD ET AL. 2013

The City has had a long-standing commitment to the Four Pillars approach to addiction that includes prevention, treatment, harm reduction and enforcement. A Mental Health and Addictions Plan endorsed by the City in 2009, recognizes the realities and complexities of addressing the needs of individuals with concurrent disorders. Since then, the City has also supported the Downtown Eastside Local Area Plan in 2013, identifying the need for specialized treatment and low-barrier services for individuals struggling with mental health and addictions.

Enhanced addictions knowledge will provide more choices and better access to a range of interventions. Local research and knowledge continues to grow on “what works”. However, we need to address gaps in advanced knowledge and within the care continuum, from prevention and early intervention to harm reduction, treatment, and the essential integration of other social determinants of health.

PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

- Both addiction and mental illness are chronic diseases.
- Harm reduction is an evidence-based approach for people with problematic substance use and promotes an integrated enforcement/health approach to achieve the goals of public health (Vancouver Coastal Health Clinical Standards and Guidelines, harm reduction policy).
- Access to more choices, including medical and non-medical interventions allows for a greater chance for recovery.
- A clear understanding of “what works” for specific substances and combination of substances across different population groups is needed.
- Enhanced and more widespread specialized addictions training is needed with a first emphasis on primary care providers.
- Alignment with one’s culture and sense of purpose is important in prevention and recovery from addictions.

For Aboriginal Peoples, including youth, connection to culture as a sense of identity and a source of pride is fundamental to wellness. Being re-united with culture plays a significant role in healing and wellness and needs to be recognized along with the western model of health care. Culturally safe and relevant services also positively impact the ability for people to access mainstream addictions services.

PHOTO CREDIT: ALEX O'DONAGHEY

Finding balance in life to heal and feel in a healthy way. Taking a moment to just breath the fresh air, listen to water flow and letting the heat of the sunshine touch the inside of my soul.

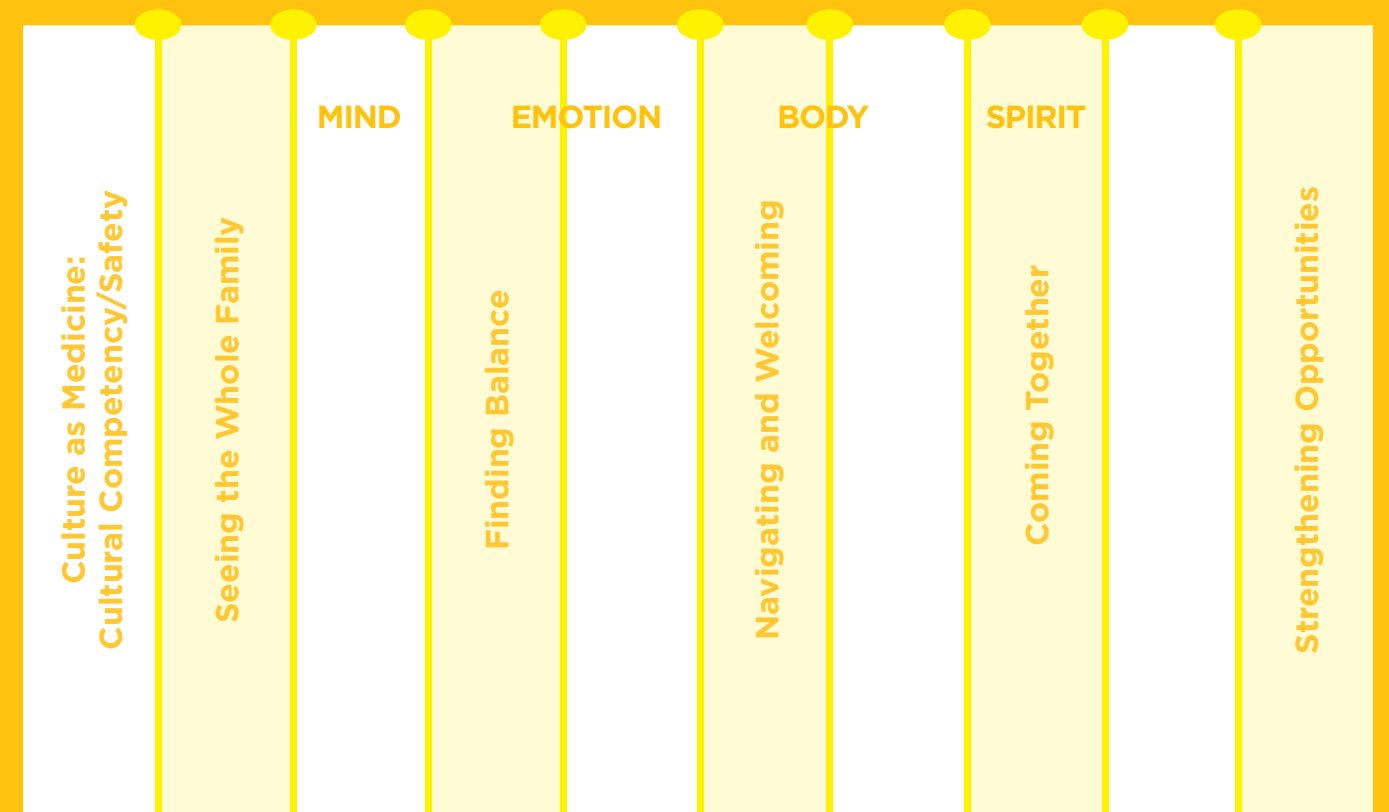




Addictions Care Continuum with Wellness Approach



Wellness Approach for Aboriginal Peoples



PRIORITY ACTION 15

Provide population-specific, non-medical and medical services with particular focus on youth and Aboriginal populations.

PRIORITY ACTION 16

Efficiently manage transitions along the care continuum (for example, from hospital to home, from jail to community, etc.)

PRIORITY ACTION 17

Enhance understanding in terms of impacts of addiction on the body and ways to “tier down” from multiple substance addictions.

PRIORITY ACTION 18

Improve understanding of the impact of brain injuries on concurrent mental health and addictions problems and the increased vulnerability and complexity of those effected (such as metrics which demonstrate the tendency for those affected to be apprehended under the Mental Health Act.)

PRIORITY ACTION 19

Establish an ombudsman type role for illicit drug users to prevent abuse in the system of care.

PRIORITY ACTION 20

Include trauma-informed approaches to all mental health and addictions care and treatment.

*Going to treatment
for 30 days is not going
to cure anything.*

TRACEY MORRISON, WAHRS
(WESTERN ABORIGINAL HARM
REDUCTION SOCIETY)

PRIORITY ACTION 21

Specifically focus on the enhancement of training for primary care providers to include: trauma-informed care, addictions specialization, de-stigmatization and cultural sensitivity.

PRIORITY ACTION 22

Build partnerships with Providence Health Care, St. Paul's Addictions Fellowship program, Vancouver Coastal Health Authority, and the First Nations Health Authority to expand addictions training for primary care providers.

PRIORITY ACTION 23

Develop guidelines and a framework to integrate addictions specialization into health professional training programs and service provision across the continuum of care.



Next Steps: Phase 2 Work for the Task Force

The Task Force has laid the foundation for the vision of an effective and responsive system of care for those with severe mental health issues and addictions through the first phase of its work.

During Phase 1, substantial progress was made in key areas. There was strong consensus on 23 key priority actions, and progress has been made on the Ministry of Health's 120-Day Plan. More importantly, there is strong agreement to continue this work together. Given the complexities of mental health and addictions issues and the diverse range of interests represented among the Task Force, these are significant accomplishments.

Working better together will result in new ways to integrate services and housing, mobilizing our collective assets and responses into a blanket of care for our most vulnerable residents.

The City is committed to continue working with all of our partners and will convene a second phase of work that begins in the fall of 2014. Phase 2 will include implementing short-term actions, further scoping of actions, the assignment of key leaders, and implementation strategies, with a report back to Mayor and Council next summer.

The following measures will help us to evaluate the success of our work together:

- Agreement on shared principles, metrics and indicators of success
- Tracking of key metrics and sharing of data
- Tracking and documenting new partnership agreements and commitments
- Tracking progress in the number of specialized addictions practitioners in primary care and appropriate specialties integrated into the health care system
- Documenting the move toward peer informed and peer supported programming with the integration of people with lived experience into ongoing policy and service delivery
- Evaluating impacts of short-term actions.

We would like to thank all of the Task Force members for their significant commitment, expertise, enthusiasm and engagement during the numerous discussions and workshops on this important public policy issue. In addition, nearly 100 other participants joined us in special workshops from December 2013 until June 2014; the City would like to thank them for all of their wisdom, expertise, patience and commitment to being involved in dialogue on some key topic areas.

As mentioned throughout this report, the convening of expertise from such a diverse and large number of partners has been one of the biggest strengths of this work. Forging new paths based on what we've learned will continue to be challenging, but necessary. We look forward to working with all of our partners, each step of the way, for the health of all of our residents.



*Travelling on the
road to wellness.*

PHOTO CREDIT: ALEX O'DONAGHEY



Summary & Conclusion

The Mayor's Task Force on Mental Health and Addiction was initiated in October of 2013 to convene leaders from a broad range of sectors and people with lived experience to address the ongoing crisis in Vancouver.

The City of Vancouver, Vancouver Police Department and Vancouver Coastal Health sent four recommendations to the Premier of BC requesting immediate action when serious incidents indicated a health and public safety emergency. People with critical mental health issues and addictions were not receiving the care and support needed to prevent the cycle of crises.

The Ministry of Health responded in November 2013 with a 120-Day Plan and the Task Force met nine times from December 2013 to June 2014 to complement the actions identified by the Ministry in the first phase of work.

Six priority action theme areas with principles and actions will begin to guide this complex work forward, including:

1. Work Better Together and Address Service Gaps
The Game Changer
2. A Peer-Informed System
Right Faces in the Right Places,
Low-Barrier Services
3. De-stigmatization
Feeling Safe and Included
4. Focus on Youth
Better Transitions and Outcomes
5. Focus on Wellness for Aboriginal Peoples
A City of Reconciliation
6. Enhance Addictions Knowledge
Training and Treatment Choices

Next steps will include implementing short-term actions, further scoping of actions, the assignment of key leaders, and implementation strategies, with a report back to Mayor and Council next summer.

The Issue: Surge of People in Mental Health Crisis in Vancouver

- 43% INCREASE IN EMERGENCY MENTAL HEALTH VISITS AT ST. PAUL'S HOSPITAL
- 18% INCREASE IN MENTAL HEALTH ACT APPREHENSIONS BY POLICE
- 2,000 SRO TENANTS ARE SEVERELY ILL AND RECEIVING INADEQUATE OR NO CARE FOR MENTAL HEALTH AND ADDICTIONS PROBLEMS
- TWO-THIRDS OF HOMELESS IN URGENT NEED OF ADEQUATE MENTAL HEALTH SUPPORTS

The Response: 4 Recommendations to the Province

01

Add 300 long-term and secure mental health treatment beds

02

More staffing at supportive housing sites to support tenants with psychiatric issues

03

More significant support through Assertive Community Treatment (ACT) teams for psychiatric patients living in the community

04

Develop an enhanced form of urgent care centre (crisis centre) and a joint treatment model (VPD-VCH)

September 2013

The Vancouver Police Department, Vancouver Coastal Health and the City of Vancouver outline recommendations.

October 2013

Mayor creates the Task Force on Mental Health and Addictions.

Convenes over 60 Task Force members across multiple jurisdictions

- PEOPLE WITH LIVED EXPERIENCE
- ACADEMICS - UNIVERSITIES AND HOSPITALS
- MINISTRY OF HEALTH
- PROVINCIAL HEALTH SERVICES AUTHORITY, VANCOUVER COASTAL HEALTH AUTHORITY, PROVIDENCE HEALTH CARE
- FIRST NATIONS HEALTH AUTHORITY
- BC HOUSING
- NON-PROFIT AGENCIES
- STREETHOME FOUNDATION
- VANCOUVER POLICE DEPARTMENT AND CITY OF VANCOUVER

November 2013

Province responds with 120-Day Plan.

Ministry of Health, VCH, Providence Health Care (PHC), BC Housing, Correction Services, and Vancouver Police Department meet to discuss priority actions.

KEY ACTION AREAS:

- NEW MENTAL HEALTH SERVICE DELIVERY
- EXPANDED MENTAL HEALTH SERVICE DELIVERY
- EARLY INTERVENTION AND CAPACITY ENHANCEMENT
- PILOT AND EVALUATE INNOVATIVE APPROACHES TO INCREASE ACCESS TO TREATMENT
- INFORMATION SHARING AND EVALUATION

APPENDIX B: MENTAL HEALTH AND ADDICTIONS TASK FORCE MEMBERS

ACADEMIC RESEARCHERS / DOCTORS

Dr. Bill Honer	UBC Department of Psychiatry
Dr. Bill MacEwan	Head of Psychiatry, St. Paul's Hospital
Dr. Michael Krausz	UBC Department of Psychiatry/At Home Chez Soi
Dr. Julian Somers	Lead Investigator At Home/Chez Soi, Principal Investigator, Inter Ministry Research Initiative
Dr. Evan Wood	UBC Director. Co-Director of the Urban Health Research Initiative, BC Centre for Excellence HIV/AIDS
Dr. Steve Mathias	Providence - Child and Youth Psychiatry
Dr. Elliot Goldner	SFU, Centre for Applied Research in Mental Health and Addictions
Dr. Jim Frankish	UBC School of Population and Public Health

VANCOUVER COASTAL HEALTH

Dr. Patricia Daly	Vice-President Public Health and Chief Medical Officer
Laura Case	Chief Operating Officer
Yasmin Jetha	Director, Regional Mental Health and Addictions
Natasha Golbeck	Director of Strategic Deployment

PROVINCIAL HEALTH AUTHORITY

Leslie Arnold	President of BC Mental Health and Addiction Services
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PROVIDENCE HEALTH

Dianne Doyle	CEO
--------------	-----

MINISTRY OF HEALTH

Stephen Brown	Deputy Minister
Dr. Jeff Coleman	Clinical Advisor to Ministry of Health
Doug Hughes	Assistant Deputy Minister

BC HOUSING

Shayne Ramsey	CEO
Dominic Flanagan	Executive Director of Supportive Housing and Programs

MINISTRY OF JUSTICE, CORRECTIONS BRANCH

Elenore Clark	Provincial Director, Drug Treatment Court/Strategic Operations
David Vallance	Regional Director, Vancouver Region of Community Corrections

MINISTRY OF SOCIAL DEVELOPMENT

David Jagpal	Manager of Integration Services
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STREETOHOME FOUNDATION

Rob Turnbull	President, CEO
--------------	----------------

HEALTH SCIENCES ASSOCIATION OF BC

David Durning	Senior Labour Relations Officer
Miriam Sobrino	Communications Director

MENTAL HEALTH/HOUSING POLICY ADVISORS (NON GOVERNMENT)

Madeleine Dion Stout	Board member, First Nations Health Board of BC
Debra McPherson	BC Nurses Union

HOUSING PROVIDERS

Greg Richmond	Executive Director, Rain City Housing
Janice Abbot	CEO, Atira Housing
Jan Radford	Nurse Practitioner, Atira
Jonathan Oldman	Executive Director, The Bloom Group
Dave MacIntyre	Executive Director, Motivation, Power and Achievement Society
Karen O'Shannacery	Executive Director, Lookout Emergency Aid Society
Krista Thompson	Executive Director, Covenant House
David Eddy	CEO, Vancouver Native Housing Society

COMMUNITY SERVICES AND SUPPORTS

Peter Bazovsky	ARA Mental Health Advocate
Diane Sugars	Independent
Marjorie White	Aboriginal Mother Centre
Susan Tatoosh	Executive Director, Aboriginal Friendship Society
Michele Fortin	Executive Director, Watari and Co-Chair, BC Alliance on Mental Health and Addictions
Aart Schuuman-Hess	CEO, Greater Vancouver Food Bank Society
Dr. Philip Adilman	Community Psychiatrist
Michael Anhorn	Executive Director, Canadian Mental Health Association, Vancouver and Burnaby
Nancy Keough	Kettle Friendship Society
Darrell Burnham, ED	Executive Director, Coast Mental Health

POLICY ADVISORS/COMMUNITY PARTICIPANTS

David Hamm	Downtown Eastside Local Area Plan Committee member and VANDU representative
Karen Ward	Downtown Eastside Local Area Plan Committee member, Gallery Gachet
Colin Ross	At Home/Chez Soi

VANCOUVER POLICE DEPARTMENT

Mary Collins	VPD Board member
Jim Chu	Chief Constable
Ralph Pauw	Inspector, Youth Services Section
Adam Palmer	Deputy Chief Constable
Dean Robinson	Superintendent
Howard Tran	Staff Sergeant: Mental Health Unit

CITY OF VANCOUVER

Mayor Gregor Robertson	Mayor
Kerry Jang	Councillor
Mike Magee	Chief of Staff, Mayor's Office
Penny Ballem	City Manager
Mukhtar Latif	Chief Housing officer
Brenda Proskan	General Manager, Community Services
Mary Clare Zak	Managing Director, Social Policy
Ethel Whitty	Director, Carnegie Community Centre
Abi Bond	Assistant Director, Housing Policy
Dianna Hurford	Housing Planner

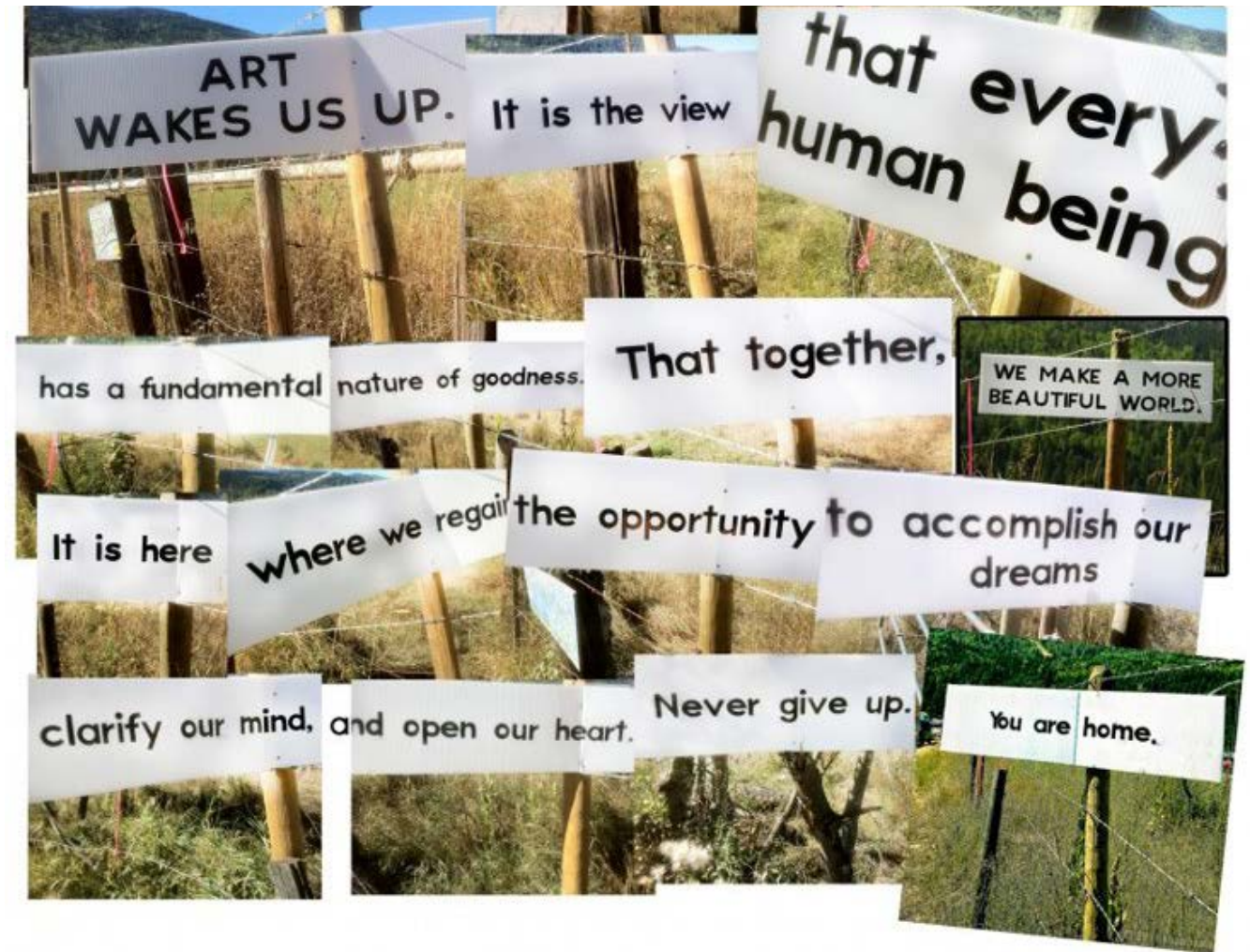
**APPENDIX C:
90 ADDITIONAL PEOPLE ATTENDED MEETINGS AND WORKSHOPS**

Alanah Woodland	BC Women's Hospital and Health Centre
Alex O'Donaghey	Special Guest
Allison Parker	Broadway Youth Resource Centre
Amanda	Special Guest
Amanda Pollicino	Network of Inner City Community Services Society
Ambrose Williams	Special Guest
Andrew MacFarlane	Vancouver Coastal Health
Ann Livingston	VANDU
Anne McNabb	Vancouver Coastal Health
Ann Pederson	BC Women's Hospital and Health Centre
Beverly Lightwood	Vancouver Native Health
Blake Stitilis	First Nations Health Authority
Bob Manning	Urban Native Youth Association
Bree Beveridge	BC Women's Hospital and Health Centre
Brian Gustavson	Broadway Youth Resource Centre
Calum Scott	Directions
Carol Ann Saari	Children's and Women's Hospital
Carol Kellman	Providence Health Care
Carole Patrick	First Nations Health Authority
Carolyn Tuckwell	Odyssey
Cheryl Davies	BC Women's Hospital and Health Centre
Chris Van Veen	Bosman Hotel Community
Christina Budnick	Covenant House
Christina Tsobanis	Vancouver Coastal Health
Colleen Boudreau	Downtown Eastside Local Area Plan
Colleen Moyneur	At Home/Chez Soi
Curren Warf	BC Children's Hospital
Dara Parker	Qmunity
Devika Ramkhelawan	Watari
Don Fiddler	Vancouver School Board
Donald MacPherson	Canadian Drug Policy Coalition
Dr. Christine Loock	BC Children's Hospital
Dr. Christy Sutherland	Clinical Instructor at UBC
Dr. Eva Moore	BC Children's Hospital, Adolescent Medicine
Dr. George Hadjipavlou	Vancouver Native Health, UBC Department of Psychiatry
Dr. Jan Christilaw	BC Women's Hospital and Health Centre
Dr. Keith Ahamad	St. Paul's Hospital
Dr. Launette Rieb	St. Paul's Hospital
Dr. Mark McLean	St. Paul's Hospital
Dr. Nitasha Puri	St. Paul's Hospital
Dr. Scott MacDonald	Crosstown Clinic
Dr. Seonaid Nolan	St. Paul's Hospital
Duncan Stewart	McCreary Research Society
Erik Steketee	The Process Pros
Gary Tennant	Park Board Youth Services Consultant
Greg Werker	UBC CHEOS

Henry	Special Guest
Jeff	Special Guest
Jen	Special Guest
Jocelyn Helland	Broadway Youth Resource Centre
Justin	Special Guest
Kali	Special Guest
Karen Zilke	Ministry of Children and Family Development
Kate Hodgson	Ray Cam Co-operative Community Centre Co-ordinator
Kathy Snowden	Odyssey
Katrina Topping	Qmunity
Ken Clement	Vancouver School Board Trustee
Kevin	Special Guest
Kevin Yakes	VANDU/Downtown Eastside Local Area Plan
Kris Archie	Vancouver Foundation Youth Homelessness
Lau Mehes	Qmunity
Lorraine Grieves	Vancouver Coastal Health, Manager Youth Addiction and Prevention
Lou Desmarais	Vancouver Native Health Society
Marjorie White	Aboriginal Mother Centre
Mark Gifford	Vancouver Foundation
Maureen Ciarniello	Vancouver School Board Associate Superintendent
Megan	Special Guest
Melanie Mark	Representative for Children and Youth
Melanie Rivers	First Nations Health Authority
Michael Clague	Building Community Society, DTES Local Area Plan Co-Chair
Michelle Wong	Representative for Children and Youth
Mona Woodward	Aboriginal Front Door
Nalaga Avis O'Brien	Aboriginal Artist/Youth Worker
Naomi Dove	First Nations and Inuit Health
Nate Crompton	VANDU
Nicki McGregor	Family Services of Greater Vancouver
Peter Vlahos	Vancouver Coastal Health
Phabion	Special Guest
Phoenix Winters	Carnegie, Downtown Eastside Local Area Plan
Raven	Ray Cam
Shayne Williams	Look Out Society
Sherri Grant	Nexus
Sofia	Special Guest
Stephanie Gillingham	Providence Health Care
Tracey Morrison	Western Aboriginal Harm Reduction , Downtown Eastside Local Area Plan
Tracy Schonfeld	Coast Mental Health
Vicky Shearer	Portland Hotel Society
Victoria Rose Bull	Downtown Eastside Local Area Plan
Victoria Smye	UBC Nursing
Wyona	Special Guest
Zurn	Special Guest

**APPENDIX D:
MAYOR'S TASK FORCE ON MENTAL HEALTH AND ADDICTIONS -
MEETING AND WORKSHOP DATES**

December 10, 2013	First Regular Task Force meeting
January 31, 2014	Special Workshop on stigma
February 21, 2014	Regular Task Force meeting (focus on indicators and data sharing)
February 28, 2014	Special Workshop on Aboriginal and youth populations
March 19, 2014	Working Meeting with youth participants
April 4, 2014	Regular Task Force meeting
April 30, 2014	Aboriginal youth and youth consultation in partnership with the Vancouver Foundation
May 8, 2014	Special Workshop 2 on Aboriginal and youth populations
May 12, 2014	Working Meeting on role of peers in addressing issue of mental health and addictions
June 11, 2014	Special Workshop: Addictions
June 17, 2014	Regular Task Force meeting



APPENDIX E: MAYOR'S TASK FORCE LIST OF ACTIONS

1. Work Better Together and Address Gaps in Service – The Game Changer

- **Priority Action 1:** Support a *Collective Impact* initiative to improve response to individuals with serious mental health and addictions in partnership with VCH, local foundations, and not-for-profit agencies.
- **Priority Action 2:** Build academic partnerships with Simon Fraser University and the University of BC to design a collaborative real-time data sharing model that contributes to the *Collective Impact* approach.
- **Priority Action 3:** Continue to work in partnership with BC Housing, Vancouver Coastal Health, the Ministry of Health and other partners to address the need for 300 long term treatment beds, to create new permanent supportive housing while using all available tools to address the immediate crisis including interim housing options, rent supplements and, if necessary low-barrier shelter options, all supported by appropriate health supports to address primary care and mental health/addictions needs.
- **Priority Action 4:** Continue to make City land available for development of new social and supportive housing.

2. Peer-Informed System – Right Faces in the Right Places, Low-barrier Services

- **Priority Action 5:** Convene an innovative “community of practice” peer leadership table.

3. De-stigmatization – Feeling Safe and Included

- **Priority Action 6:** Increase awareness on mental health and addiction.
- **Priority Action 7:** Enhance training and outreach with the Vancouver Police Department, working with people with lived experience.

4. Focus on Youth – Better Transitions and Outcomes

- **Priority Action 8:** Integrate collective action on youth transitioning out of care.
- **Priority Action 9:** Support more low-barrier, safe places for youth to go with connections to peers (focus on the Downtown Eastside).
- **Priority Action 10:** Partner with researchers (e.g. McCreary Centre Society) to include youth-defined measures and outcomes of success.
- **Priority Action 11:** Support greater integration of Aboriginal culture in schools and other community/recreation contexts in partnership with the Vancouver School Board.

5. Focus on Wellness for Aboriginal Peoples – A City of Reconciliation

- **Priority Action 12:** Design an Urban Aboriginal Wellness Strategy.
- **Priority Action 13:** Formally establish working relationships with Metro Vancouver Executive Aboriginal Council and First Nations Health Authority through memorandums of understanding and align our work as appropriate to Vancouver Coastal Health/First Nations Health Authority Aboriginal Wellness Strategy.
- **Priority Action 14:** Convene an advisory group to create concepts/models for Aboriginal Healing and Wellness in Vancouver.

6. Enhance Addictions Knowledge – Training and Treatment Choices

- **Priority Action 15:** Provide population specific, non-medical and medical services with particular focus on youth and Aboriginal populations.
- **Priority Action 16:** Efficiently manage transitions along the care continuum (for example, from hospital to home, from community to jail, etc.).
- **Priority Action 17:** Enhance understanding in terms of impacts of addiction on the body and ways to “tier down” from multiple substance addictions.
- **Priority Action 18:** Improve understanding of the impact of brain injuries on concurrent mental health and addictions problems and the increased vulnerability and complexity of those effected (such as the metrics which demonstrate the tendency for those effected to be arrested under the Mental Health Act.)
- **Priority Action 19:** Establish an ombudsman type role for illicit drug users to prevent abuse in the system of care.
- **Priority Action 20:** Include trauma-informed approaches to addictions care and treatment.
- **Priority Action 21:** Specifically focus on the enhancement of training for primary care providers to include: trauma-informed care, addictions specialization, de-stigmatization and cultural sensitivity.
- **Priority Action 22:** Build partnerships with Providence Health Care, St. Paul's Addictions Fellowship program, Vancouver Coastal Health Authority, and the First Nations Health Authority to expand addictions training for primary care providers.
- **Priority Action 23:** Develop guidelines and a framework to integrate addictions specialization into health professional training programs and service provision across the continuum of care.

APPENDIX F: REFERENCES ON EMERGING EVIDENCE AND PRACTICE

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City of Vancouver Innovation Fund:

Increasingly, more opportunities exist to work with other parties to leverage expertise, funding, and access to various in kind resources in order to focus on strategic areas important to the city. This form of leverage allows the City to continue to advance its policy priorities at a lower cost to taxpayers.

The Innovation Fund is expected to build on the City's experience in leveraging funding and expertise with outside agencies, other levels of government, private sector, universities and not-for-profits to advance key City priorities through aggressive leveraging of external partners.

Some examples of these types of unique opportunities would include: Enhancing the success of our urban aboriginal residents; enhancing our local economy with an emphasis on social enterprise particularly in the green sector; innovative child care programs for children at risk; cultural programs which enhance the community and create local jobs for artists; enhancing the involvement of our seniors in community; enhancing our sport strategy through partnerships of significant sporting initiatives; sport for youth at risk; and others.

Guidelines for accessing City of Vancouver Innovation Fund:

With the establishment of an Innovation Fund, one-time innovative projects can be funded to advance key agendas in the city. Accessing the City of Vancouver Innovation is at Council discretion; however, the following guidelines have been established to optimize the use of the fund:

- Aligns with Council Agenda (Housing, Public Safety, Economy, Environment)
- Demonstrates clear outcomes
- Matching requirements - target leverage of 3:1 (minimum 1:1) 3rd party investment (cash and in-kind) to City funding
- Size of City contribution should enable a broad range of programs to be supported by fund (Guideline - maximum project size of \$250,000 recommended).
- Projects which are one-time innovative opportunities; maximum commitment for expenditure of funds - up to 2 years
- Supports transformation and innovation in meeting City goals; shines a spotlight on Vancouver

To date, Council has approved the following uses of the innovation fund:

1. In March 2012, Council approved a contribution of \$148,800 toward the Vancouver Rent Bank, which leveraged resources from the Vancouver Foundation and Streethome Foundation. The Vancouver Rent Bank aims to increase housing stability by preventing evictions or loss of essential utilities. (RTS #9484)
2. In March 2013, Council earmarked \$1,000,000 of the fund for an addition of \$1 million dollars to the Community Social Services and related grant funds to help meet the existing and emerging funding gaps. (RTS #9991)

3. In May 2013, Council approved two grants from the Innovation Fund over a two year period (2013 and 2014) totalling \$380,000. This was comprised of a grant of \$300,000 to the Vancity Community Foundation's Social Enterprise Portfolio Program to support social enterprises with business and management development, marketing and small capital costs, and a grant of \$80,000 to Potluck Café Society's Recipes for Success Program, to provide resources and support to social enterprises and small businesses in the DTES, and to hire and retain residents who have encountered barriers to employment. (RTS #10053)
4. In May 2013, Council approved a contribution of \$200,000 towards the 125th anniversary celebrations of Stanley Park. The Vancouver Park Board requested the City's matching funds to undertake the 125th anniversary celebrations for the citizens of Vancouver and visitors to the City. The City's contribution of \$200,000 will be used to pay for artistic fees, infrastructure costs, and production staff. (RTS #10120)
5. In July 2013, Council approved funding support of \$535,000 towards initiatives of Truth and Reconciliation Canada (TRC) and Reconciliation Canada (RC) during *Reconciliation Week* leveraging \$2.95M from external partners (5.5:1 leverage) demonstrating Council's commitment towards Aboriginal peoples and the Canadian Public. (RTS #10216)
6. In December 2013, Council approved a contribution of \$200,000 towards the Special Purpose Reserves as a funding source for the Centennial Pole (Mungro Martin) restoration capital project to begin in 2014 and spanning multiple years. (RTS #10267)
7. In February 2014, Council approved a contribution of \$60,000 in each year 2014, 2015 and 2016, for a total three year contribution of \$180,000 in support of the VPD Cadet Program. This investment leverages \$180,000 from external partners (3:1 leverage). (RTS #10463)
8. In June 2014, Council approved a grant from the Innovation Fund over a three year period totaling \$300,000 for BC Artscape. (RTS #10599)
9. In June 2014, Council approved a contribution of \$60,000 towards the FIFA 2015 - Women's Soccer World Cup - Proposed Legacy for Women and Girls in Sport and Physical Activity in Vancouver", which will constitute the initial phase of a Legacy Program related to our role as Host City for the FIFA 2015 Women's Soccer World Cup. The investment will be matched by external funding of \$75,500 plus additional Club in-kind contribution, a leverage ratio of 1.3 to 1. (RTS #10640)
10. In June 2014, Council approved a contribution of \$200,000 towards the creation of Vancouver Public Library Digital Media lab ("Inspiration Lab"). (RTS #10558)
11. In July 2014, Council approved an increase to the Vancouver Economic Commission contribution of \$900,000 over three years towards Vancouver Entrepreneur Fund management overhead and a series of activities outlined in the Vancouver Entrepreneur Initiative program. (RTS #10203)

Collective Impact - A New Framework for Community Change and Project Summary for Mental Health and Addiction

Summary Statement:

From "isolated impact" to "collective impact": creation of a new and defined multi-stakeholder coordination process to address complex challenges in Vancouver's mental illness and addictions system.

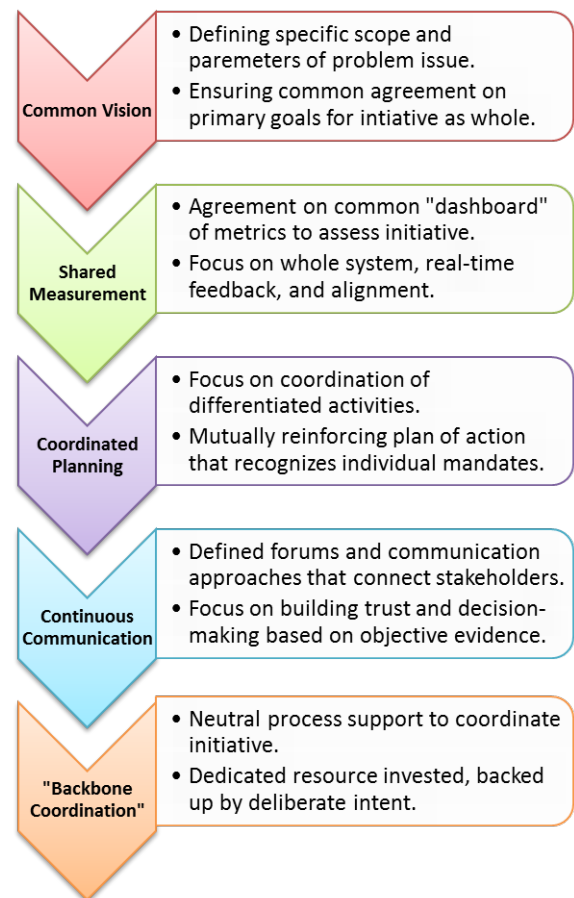
Rationale:

Increasing attention is being focussed on the unresolved challenges in several of Vancouver's multi-stakeholder social care systems, including mental health and addictions (MH&A). While such service systems revolve around a lead agency within whose core mandate the issue falls, numerous studies and reviews have highlighted the cross-government and cross-sector nature of such "systems", and hence the current barriers to success. Further, such systems tend to provide "downstream" solutions, disproportionately focusing their resources on providing services to individuals who are already at-risk, rather strengthening supportive communities.

"Collective Impact" is a structured framework for addressing complex social issues that require greater integration of interventions and prevention strategies across traditionally siloed sectors to achieve improved systems outcomes. Originally developed in the US, the approach is now being widely used across North America and internationally.

The model has recently been introduced to a variety of funders, government staff, service delivery agencies, and business groups in Vancouver. This exposure included workshops hosted by local not-for-profit agencies, as well as an internationally attending conference held in Richmond in early April. The model has also been reviewed by the Mayor's Task Force on Mental Health and Addictions.

There are five mutually reinforcing conditions that are essential to the success of a Collective Impact approach to addressing a complex problem: developing a common vision across all stakeholders; introducing shared measurement across a service system; creating mechanisms for coordinated planning of different parts of a service system; creation of continuous communication protocols across stakeholders; and investment in dedicated system coordination.



Project Deliverables:

This proposal is focused on seeking resources to:

1. Compile a **landscape analysis** of the current individual elements of the broad cross-sector MH&A system (e.g. what services are provided, what are the models, where are there overlaps, etc.) What is the history of collaboration, how ready are partners to work differently, and what existing capacity do organizations have for CI work?
2. Complete a review of **current data**, including outcomes data / metrics collection systems utilized across the service systems (e.g. what data exists; who holds it; what does it tell us, and what can't be derived from it?). What are some of the key and emergent trends in our local context?
3. Ensure common understanding and a commitment to the five **conditions of Collective Impact** amongst key stakeholders;
4. Establish agreement on the **issue system parameters and the key population outcome** for the MI&A system to be the focus of the initiative;
5. Develop a plan (and resource budget) for the **ongoing governance and backbone structures** for the initiative;
6. A plan for **community inclusion and participation** that ensures the balanced participation of service users and the broader community alongside providers / funders.

Project Activities or Process:

The following activities and processes are anticipated to take place over an **8-12 month** period:

1. Convening of stakeholders to form an initial steering group for the duration of Phase 1 (made up of an equal proportion of service user / community representatives and funders / providers);
2. Facilitated workshops to create a common and detailed understanding of the Collective Impact model;
3. Creation of system mapping working groups to undertake the initial landscaping analysis;
4. Creation of data working groups to coordinate the initial data and metrics review;
5. A series of facilitated workshops with a wider stakeholder group to establish the key issue systems parameters and population outcome for each initiative.

Resources:

The following resources are projected as being necessary to undertake this work:

1. Project Director (part-time, approximately 0.6 FTE);
2. Data Analyst (part-time);
3. Technical Assistance (workshop facilitation from external consulting groups in the Collective Impact field);
4. Project Costs (convening costs, travel, host agency administration).

Budget:

Project Director	\$65,000 (\$55,000 + MERCS)
Data Analyst	\$20,000
Technical Assistance	\$15,000 (5 days + travel)
Project Costs	\$20,000
Total	\$120,000

Funding is being considered by a consortium of partners. Staff from each of our organizations have been involved in the preparation of this proposal, though the final participation of each is dependent on final approval from their respective leadership entities:

1. The City of Vancouver - \$40,000
2. Vancouver Coastal Health - \$40,000
3. The Vancouver Foundation - \$40,000

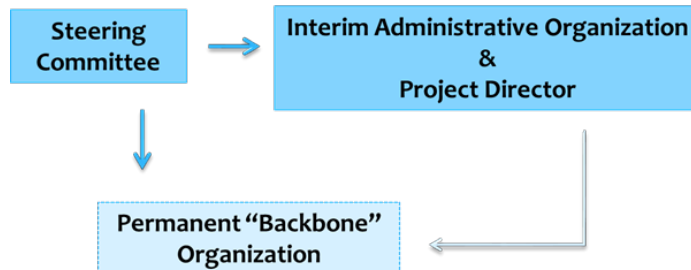
Funding commitments from each partner is contingent upon the rest of the project funds being secured. Vancouver Coastal Health, as the lead agency for the MI&A system, has formally supported this proposed initiative at executive level.

Project Governance and Administration:

The funder partner consortium has discussed governance and all the parties have agreed on a proposed governance structure for Phase 1, with a NFP agency providing interim administrative services.

The **Bloom Group**, an experienced local NFP that serves many clients with MH&A issues across a range of services would be put forward as a candidate to undertake the interim administrative role, subject to the final approval of the funder consortium, and the formal acceptance of the function by The Bloom Group.

Should the ongoing initiative proceed, the selection of an ongoing "Backbone" organization would be established completely separate from the interim administrative role.



Project Timing:

If funding is approved in September, it is anticipated that that project will run from October 2014 onwards.

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## Aboriginal Healing and Wellness Centre for Aboriginal Youth in Vancouver

### URBAN NATIVE YOUTH ASSOCIATION (UNYA)

*In partnership with  
Inner City Youth Program (Providence Health Care)  
and supported by  
Vancouver Native Health Society (VNHS) and the UBC Centre of Excellence for  
Indigenous Health*

## SERVICES TO BE PROVIDED FROM THE REFURBISHED SITE

### Meeting priority health needs from the proposed integrated service site

By providing an Aboriginal, youth-friendly environment for primary health care not currently available anywhere else in the area and through the creation of a “one stop shop” model of care, the new centre will improve access to primary care, mental health and addiction health services. Additionally, through UNYA's and ICY's partnerships, it is expected that youth will have greater access to income assistance support, vocational and housing opportunities.

Secondary health outcomes are expected to include:

- A reduction in infectious disease rates among Aboriginal youth especially in the area of HIV/AIDs through more appropriate testing and treatment regime
- Increased uptake of smoking and smoking cessation among Aboriginal youth as Aboriginal people are known to smoke at higher rates than non-Aboriginal;
- A reduction in mental illness and addiction severity on Aboriginal youth – through provision of appropriate services in a youth-friendly environment
- A decrease in Emergency Room visits and hospital admissions by the UNYA youth population
- A decrease in suicide attempts of UNYA Aboriginal youth

### Staffing and Referral Sources at the proposed Aboriginal Health and Wellness Centre

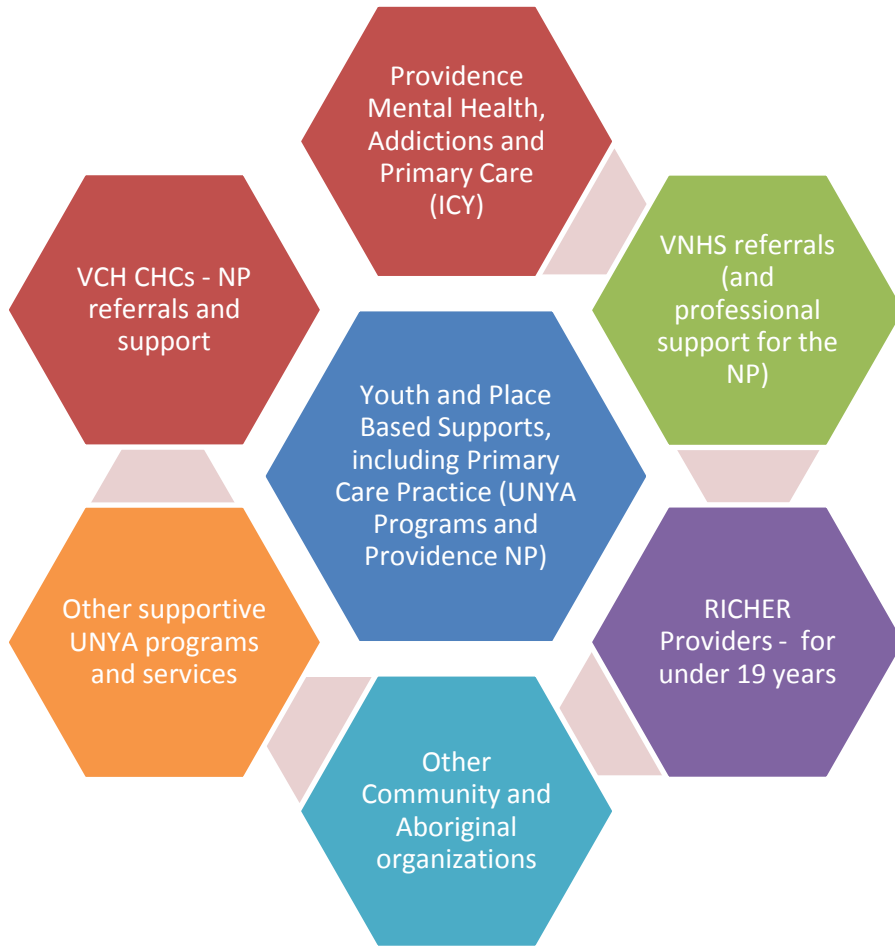
Given the needs of the Aboriginal youth population in the areas of sexual health, communicable disease, mental health, and addictions areas, the Nurse Practitioner will conduct outreach from UNYA's main site until the clinic space is completed. Various UNYA programs will provide outreach, counselling, and programming/workshops in collaboration with the NP, from the outset. These primary and supportive care services will transition into the new space, once improvements and renovations are completed. Other complementary health and social services will be incorporated into the health and wellness clinic, as opportunities are identified.

Once the NP is recruited and the site is completed, services will include:

- Nurse Practitioner-led primary health and wellness care for Aboriginal youth targeting their unique cultural, social, spiritual and emotional needs while fostering a continuous relationship with health care providers for comprehensive health care, closer to home, or wherever they frequent.
- Mental health assessments and intensive case management
- Addiction Counselling
- Income Assistance support
- Access to UNYA programming and ICY-based psychosocial rehab activities

Referrals are expected from partner agencies as well as from Police / RCMP; MCFD and VACFSS service providers, social workers, shelters, community centres, schools, outreach nurses, tenant support workers, detox centers, hospital inpatient units and social service agencies.

**Diagram 1:** A Place Based Model of Care.





## BUDGET

A full review of the clinic needs has been undertaken by UNYA and ICY, in collaboration with VCH's Practice Support Program (PSP) and the cost to furnish the space, including medical equipment and furniture is estimated at approximately \$30,000. The **Central City Foundation** has committed to provide a grant to offset these expenses. Staffing levels will be provided by in kind contributions from UNYA and ICY with the potential for future contributions from other organizations.

### Leasehold improvement request to the City of Vancouver

While the space is available, some upgrades are needed to plumbing, security and décor to ensure the site is safe, culturally appropriate, and welcoming, is clinically robust, and provides the privacy needed for health consultations. **UNYA is requesting leasehold improvement costs of \$75,000 from the City of Vancouver.** There costs include: site plans (architectural drawings), permits, contractor procurement; installing plumbing for hand-basins; improving client washrooms; installing sound-proof insulation for consulting rooms; front door accessibility; security, fire and smoke alarms; improved lighting; painting and signage.

**Table 1: Year 1 budget for the UNYA Aboriginal Youth Health and Wellness Centre.**

| BUDGET ITEM                                                                                           | SOURCE                                               | AMOUNT           | REQUIRED        |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------|-----------------|
| Nurse Practitioner                                                                                    | ICY (PHC) / Prov. of BC                              | \$128,000        | 0               |
| Alcohol Drug Counsellor                                                                               | UNYA/MCFD                                            | \$80,000         | 0               |
| Case Manager                                                                                          | ICY (PHC)                                            | \$110,000        | 0               |
| Rent                                                                                                  | UNYA                                                 | \$16800          | 0               |
| Hydro, phone, alarm, maintenance, etc                                                                 | UNYA                                                 | \$4800           | 0               |
| Stationary, printing                                                                                  | UNYA                                                 | \$1200           | 0               |
| Medical supplies                                                                                      | VNHS, Providence                                     | \$6000           | 0               |
| Training                                                                                              | UBC, UNYA, Providence                                | \$3000           | 0               |
| Cell phone                                                                                            | UNYA                                                 | \$720            | 0               |
| Computer                                                                                              | UNYA                                                 | \$1,000          | 0               |
| Furnishings (in-kind)                                                                                 | VCH, VNHS, UNYA                                      | \$16,000         | 0               |
| Furnishings                                                                                           | Central City Foundation                              | \$30,000         | 0               |
| Site Improvements & Renovations<br>Includes permits, architectural drawings, etc. to bring up to code | City of Vancouver (leasehold improvements requested) | \$75,000         | \$75,000        |
| <b>TOTALS</b>                                                                                         |                                                      | <b>\$472,520</b> | <b>\$75,000</b> |

**Table 2: Year 2-onward annual budget for the UNYA Aboriginal Youth Health and Wellness Centre.**

| <b>BUDGET ITEM</b>                    | <b>SOURCE</b>           | <b>AMOUNT</b>    | <b>REQUIRED</b> |
|---------------------------------------|-------------------------|------------------|-----------------|
| Nurse Practitioner                    | ICY (PHC) / Prov. of BC | \$128,000        | 0               |
| Alcohol Drug Counsellor               | UNYA                    | \$80,000         | 0               |
| Case Manager                          | ICY (PHC)               | \$110,000        | 0               |
| Rent                                  | UNYA                    | \$16800          | 0               |
| Hydro, phone, alarm, maintenance, etc | UNYA                    | \$4800           | 0               |
| Stationary, printing                  | UNYA                    | \$1200           | 0               |
| Medical supplies                      | VNHS, Providence        | \$6000           | 0               |
| Training                              | UBC, UNYA, Providence   | \$3000           | 0               |
| Cell phone                            | UNYA                    | \$720            | 0               |
| Computer                              | UNYA                    | \$1,000          | 0               |
| <b>TOTALS</b>                         |                         | <b>\$351,520</b> | <b>0</b>        |