



ADMINISTRATIVE REPORT

Report Date: February 7, 2017
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Meeting Date: February 21, 2017

TO: Vancouver City Council

FROM: General Manager of Community Services

SUBJECT: Mayor's Task Force on Mental Health and Addictions: Update, Recommendations to respond to Task Force priorities, including the Opioid Crisis, and Transition to new Urban Health Leaders Action Council

RECOMMENDATION

- A. THAT Council receive for information the Mayor's Task Force on Mental Health and Addictions (the Task Force) Update Council Report and thank the Task Force partners for all of their contributions.
- B. THAT Council approve a grant of \$40,000 to The Bloom Group to develop Phase II of a coordinated mental health and addictions system that will produce shared metrics dashboard in consultation with researchers, non-profit organizations and people with lived experience, and in partnership with Vancouver Coastal Health, the City of Vancouver, BC Housing and Pacific Blue Cross. Source of Funds: City's Innovation Fund.
- C. THAT Council approve up to \$30,000 in funding to build the capacity of peers doing front line work to prevent overdose deaths, including trauma-informed debriefing and other initiatives, in partnership with non-profit and senior government partners. Source of Funds: 2017 Contingency Budget for the Opioid Crisis.
- D. THAT Council approve \$100,000 to implement mental health and addictions de-stigmatization programs, including an awareness campaign in collaboration with the Task Force People with Lived Experience Advisory committee, and to leverage support from Vancouver Coastal Health and other partners. Source of funding: 2017 Contingency Budget for the Opioid Crisis.

- E. THAT Council approve the following grants for child and youth prevention initiatives:
- i. \$40,000 to McCreary Centre Society for implementation and monitoring of Phase 2 actions of the TRRUST Collective Impact (formerly, Collective Impact - Youth Aging Out Of Care Vancouver) pending funding from other partner sources. Source of Funds: City's Innovation Fund.
 - ii. Up \$40,000 to the Canadian Mental Health Association, Vancouver - Fraser Branch, towards curriculum development and evaluation of a mental health wellness initiative for students in grades 6 and 7 in partnership with the Vancouver School Board and the Vancouver Police Foundation. Source of funding: City's Innovation Fund.
 - iii. A grant of up to \$60,000 to Ray-Cam Community Centre Society for a 20 month pilot for the OUR PLACE Circle of the Child community-based response strategy and prevention program to be matched by \$60,000 from the Great Beginnings Fund. Source of funding: 2017 Contingency Budget for the Opioid Crisis.
- F. THAT Council approve \$100,000 to pilot and evaluate Aboriginal healing and wellness activities. Funding to be matched with \$50,000 from the Great Beginnings Fund and an equivalent of \$50,000 in in kind resources from partner agencies. Source: \$100,000 from the City's Innovation Fund.
- G. THAT Council approve a grant of \$35,283 to PHS Community Services Society to pilot a managed alcohol program in the Downtown Eastside to identify best practices with 2:1 leveraged funding with BC Centre for Disease Control and in consultation with Vancouver Coastal Health. Source of funding: City's Innovation fund.
- H. THAT Council direct staff to create an Urban Health Leaders Action Council to advance oversight moving forward and that the Council be part of the Healthy City for All Leadership Table governance structure, and report back on progress in the Fall of 2017 as part of the Healthy City Strategy update and future reporting.

Recommendations B, E, and G authorize grants and require eight affirmative votes for approval.

REPORT SUMMARY

This report describes results to date of the Mayor's Task Force on Mental Health and Addictions (2013-2016) and recommends approximately \$450,000 in project funding that will leverage another \$550,000, to advance Task Force priorities and respond to the Opioid Overdose Crisis.

In order to ensure progress continues, the report recommends creating an Urban Health Leaders Action Council ("Urban Health Leaders") that will complement the goals and aspirations of the Healthy City Strategy and function as a part of the Healthy City for All Leadership Table.

The Four Pillars Drug Strategy (2003) provided a systemic response to Vancouver's HIV/AIDS epidemic and is now embedded in the Healthy City Strategy (2015) and the City's opioid crisis response to date (2016-2017)

Prevention, treatment, enforcement, and harm reduction, the pillars that form this strategy, are reflected in the principles and objectives of the Task Force (2013).

Research demonstrated evidence of gaps in the continuum of care for people struggling with serious mental health and addictions, including over 2,000 DTES residents.¹ The research, coupled with spikes in emergency visits and police apprehensions, sparked a call to action from the Provincial government by the Mayor, Chief of Police and CEO of Vancouver Coastal Health. They requested 300 additional long term beds, housing supports, ACT teams, and critical wrap around response care. A Mayor's Round Table in October 2013 led to the creation of a Task Force in December 2013.

The Task Force was created in 2013 and identified 23 priority actions to address 6 key gaps in mental health and addictions response systems.

Through collective efforts across a range of disciplines and the involvement of people with lived experience, the 67 member Task Force, plus over 90 allies, worked together, through seven workshops and specific working groups, which integrated demands made by the Mayor, VCH and the Chief of Police and brought 23 priorities for Council's consideration in September 2014. Phase I of the Task Force (*Caring for All*) lays out these priorities under the following theme or "gap" areas:

- A responsive mental health and addictions system across the continuum of care;
- A peer informed system;
- De-stigmatization;
- Supports and transitions for youth;
- The role of traditional healing and need for culturally safe care for Aboriginal communities, and;

¹ At Home Chez Sois evaluation, Canadian Mental Health Association; DTES Hotel Study, UBC; and City of Vancouver SRO occupant survey, 2013

- Enhance addictions medicine knowledge.

As Council adopted the staff recommendations in 2014, a gender lens was added to acknowledge the need to better understand how mental health and addictions supports and treatments are experienced from a gender perspective. More regular intensified involvement from people with lived experience was also identified as a need. Learnings from the International Institute for Mental Health Leadership (IIMHL) Conference, hosted in Vancouver in partnership with the Task Force in 2015, inspired the inclusion of a trauma informed approach to care and prevention as a guiding principle. Soon afterwards, Vancouver became a member city of the IIMHL in recognition of its leadership efforts.

Over the past two years 18 of the 23 priority actions are either completed or underway.

The Ministry of Health has responded in part to the Task Force requests through new ACT teams, adding additional addictions treatment beds, and a new Mental Health HUB that will open at St Paul's Hospital. The HUB is funded with the support of the City, the Vancouver Police Foundation, and Providence Health Care. Opening in the spring of 2017, the HUB will provide wrap around care for mental health and addictions, along with referrals to housing and other supports that will avoid patients "cycling" through emergency. However, 300 long term beds for mental health and additional supports within supported housing have not been realized.

In the wake of the opioid crisis the remaining gaps are even more pronounced.

On an urgent basis, senior government needs to take the following action to respond to the crisis:

- Provide the full range of addictions treatment and recovery options to people and provide these on an immediate basis. Options include substitution therapies like methadone, suboxone, and injectable hydromorphone as well as detox and long-term recovery beds being accessible and safe for all genders;
- With all addictions treatment and recovery options, provide for psycho- social therapy and other cognitive/behavioural supports;
- Invest in the right supports, and enough supports, within supportive housing
- Provide Aboriginal people access to traditional healing practices as well as western medicine that is culturally safe and responsive;
- Invest in partnership with community on provincial and national de-stigmatization initiatives that address bias towards people using illicit drugs as well as those living in poverty;
- Move away from criminal justice approaches to dealing with substance use, and towards a new national regulatory approach for drugs under a public health framework; this will avoid the incalculable costs of the loss of human lives, which in BC, includes more than 914 people since 2015;
- Invest in prevention by substantially increasing investments towards children, youth and families and poverty reduction, including adequate income, affordable, quality housing and child care, and;

- Recognize and address the disproportionate effects of addictions on Aboriginal people, and that senior governments urgently fulfill the recommendations of the Truth and Reconciliation Commission.

Going forward, the Task Force will transition to an Urban Health Leaders Council under the umbrella of the Healthy City for All Leadership Table to carry on and focus Task Force efforts.

This new governance structure will provide leadership needed to complete current priority actions and develop a five year strategic plan. The Urban Health Leaders will provide a platform for the City to continue to convene experts, foster innovation, and develop best practice. It will also act as a reference group for senior government, and a catalyst to advance policy, mobilize resources, and build public support for urban health initiatives.

COUNCIL AUTHORITY/PREVIOUS DECISIONS

The Four Pillar Drug Strategy: In 2001, Council adopted the Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver.

Housing and Homelessness: In 2010 Council adopted the Housing and Homelessness Strategy (2010-2020).

Downtown Eastside Plan: In 2014, Council approved the Downtown Eastside Plan (DTES Plan) and directed staff to proceed with its implementation.

Mental Health and Addictions: In September 2014 Council adopted the "Caring for All" Phase I report of the Mayor's Task Force on Mental Health and Addictions and directed staff to work with partners to implement priority actions.

Healthy City Strategy: In 2014, Council adopted the vision, principles, long term goals, targets and indicators in A Healthy City for All: Healthy City Strategy (2014 - 2025), adopted the 3 year action plan in 2015, and approved funding to implement actions in partnership with external stakeholders.

Mental Health Hub: On November 1, 2016, Council approved an Innovation Fund grant of \$1,000,000 to St. Paul's Foundation to be put towards the capital portion of the proposed new St. Paul's Mental Health Hub in partnership with St. Paul's Hospital Foundation; VPD Foundation; and Vancouver Coastal Health/Providence Health Care).

Community Economic Development Strategy - Phase II: In 2016 Council approved the Community Economic Development Plan that identifies opportunities to provide pathways out of poverty through low barrier jobs and purposeful activity.

Opioid Overdose Crisis Update: In January 2017, Council approved \$2.2M to mitigate the impacts of the overdose crisis and the allocation of funding from the Contingency Reserve set aside in the 2017 Operating Budget.

Opioid Overdose Crisis Update: On February 8, 2017, Council approved \$370,000 for SRO outreach and mental health supports for first responders to alleviate overdose crisis impacts.

CITY MANAGER'S/GENERAL MANAGER'S COMMENTS

In 2013, the Mayor, the Chair of Vancouver Coastal Health, and Chief of Police inspired the creation of a Mayor's Task Force to identify and implement priority actions to address the mental health and addictions crisis. Many actions have been completed or are underway and all of our partners are commended for their efforts.

Vancouver now faces an unprecedented public health emergency as a result of rising overdose death rates. In 2016, 914 British Columbians died from drug overdoses, including 215 Vancouver residents. These deaths have been traumatic for our community; first responders and City systems are also bearing significant fiscal and human costs are incalculable. The current opioid crisis clearly demonstrates an intensified effort with all three levels of government working together is urgently needed to make Vancouver and cities across the country resilient to the devastating shocks of mental health and addictions. An end to drug prohibition, investments in the full range of treatment, recovery, and affordable housing options, along with upstream preventative measures are key solutions for both the short and long term. Our advocacy efforts in these regards will remain steadfast and on-going.

Staff funding recommendations and the creation of an Urban Health Leaders Action Council will be supported by the upstream direction of the Healthy City Strategy and Leadership Table, and provide a strong platform for a collective vision of a healthy city for all.

REPORT

Background/Context

Task Force Background

For decades Vancouver has been an international leader in its strategies to address complex urban health issues affecting marginalized residents. The City's Four Pillars Drug Strategy (2001) emerged from the HIV/Aids epidemic and is upheld today as international best practice. The Four Pillars of prevention, treatment, harm reduction and enforcement continue to play a central organizing role within the Mayor's Task Force. The Healthy City Strategy, adopted in 2015, adopts and builds on the Four Pillars approach and key principles including cross disciplinary and intersectional approaches to social innovation and systems change.

The origins of the Mayor's Task Force on Mental Health and Addictions can be traced to the declaration of a mental health crisis in 2013. The crisis was evident by observations from health officials and police that there had been a 43% increase in mental health admissions at St. Paul's Hospital emergency department (2009-2013), an 18% increase in VPD Mental Health Act apprehensions (2012-2013), 2,000 SRO tenants

without adequate supports with a corresponding higher rate of mortality (The Hotel Study, 2013), and increasing homelessness with associated mental health and addiction issues.

Preceded by a Round Table in October 2013, the Mayor's Task Force kicked off in December that year with over 60 individuals representing leaders in government, the health sector, academia, non-profit agencies, people with lived experience, VPD and other City staff, with outreach and engagement with over 90 others.

The Task Force focused on two areas in the context of this crisis:

- 1) Urgent recommendations for the Province to provide immediate investment in mental health services: 300 additional beds for long term care increased housing supports, additional ACT teams, an urgent care centre and joint treatment model, and
- 2) Additional priority actions to improve the quality of services and supports identified in the 2014 Caring for All report.

2016/2017 Overdose Crisis

No one anticipated that in 2016 the lives of 215 Vancouver residents would be claimed by preventable overdoses—the highest rates per capita (31.9 per 100,000 individuals) amongst all BC municipalities. However, Vancouver also leads in our emergency health response: five Overdose Prevention Sites and a Mobile Medical Unit have been set up in collaboration with partners in health and community. Naloxone distribution networks have also been quickly established, with the City actively participating by hosting training events. These initiatives have been a difference and the situation would be much worse without them.

It is clear, however, that more work needs to be done. Although successful in a number of key areas, the Task Force could not address the systemic failures of the addictions system to prevent and address the complexity of the overdose crisis. Similar to the successful system response to the HIV/AIDs epidemic in the late 1990s, more coordinated and intensified effort is needed to address the true scope of the crisis with strong and continued commitment from partners in health and senior levels of government.

Strategic Analysis

Recommendation A: Final Report

Over 18 of the 23 priority actions have either been completed or are currently underway, with additional actions taken in response to the overdose crisis in 2016 and 2017.

Key achievements of Task Force partners include:

1. **Additional investments from Provincial government:**

Since 2014 the Province has invested over \$14M in new funding including:

- 500 new treatment beds in BC by March 2017.
- 38 new treatment beds for women in Vancouver.
- Over the next year, up to 240 people with opioid addiction will receive intensive residential treatment in 60 additional new beds, including 20 for youth and 40 for adults.
- Another 200 people will have access to 50 intensive outpatient treatment spaces and access to follow up care for one year.
- \$5 million to support paramedics in overdose response
- \$10 million to support a British Columbia addiction treatment research and training centre and to fund strategies identified under the Joint Task Force on Overdose Prevention. This includes: \$5 million fund for BC Centre for Substance Use with \$1.9 million/year for operations support.
- St. Paul's HUB, an enhanced form of urgent care in partnership with the City, Providence Foundation, and the Vancouver Police Foundation.
- Two new Assertive Community Treatment (ACT) teams.
- A new mental health and addictions youth centre.
- An Assertive Outreach Team (AOT), a joint treatment and support model between VCH and VPD.

2. Action Plan to Address Stigma

- A People with Lived Experience (PWLE) Advisory Committee created a public engagement and communications plan to address stigma, including a mural program based on a model from the City of Philadelphia
- Dec 2016 Mayor's forum on the Overdose Crisis provided opportunity for diverse residents to learn about the role of stigma in the crisis

3. Collective Impact initiatives to lead towards system change

Two collective impact initiatives have:

- Created a vision for crisis intervention, identifying goals and key indicators. The next phase of work will produce a shared data system to align efforts of government and non-profit service providers to achieve shared goals and outcomes
- Engaged youth in care and other partners to form the Transition in Resources, Relationships, and Understanding Support project that identified common principles to support youth aging out of government care. The next phase will focus on an action plan including housing, income, and the need for caring connections.

4. Innovations in Aboriginal Wellness

Task force partners have worked together to:

- Create an Aboriginal wellness continuum as a call to action to integrate Aboriginal Culture into mental health and addictions services
- Opened two Aboriginal healing and wellness centres: Lu'ma Native Housing Society's Medical Centre and the Urban Native Youth Association's (UNYA) Health and Wellness Centre

- Completed Innovative peer-based research on Aboriginal cultural healing practices in the DTES that identifies gaps in access and supports for Elders, non-medical gathering spaces for healing and wellness in the community. (See Appendix C for an executive summary of the final report).

5. Knowledge Exchange and Action on Purposeful Activity and Recovery:

- Streetohome hosted a workshop in January 2016 with Task Force members and other partners that presented research and best practice evidence that jobs and other purposeful activity are key to recovery
- The City- owned ground floor of the Lux Hotel (57 East Hastings) will open in 2017 to connect people with mental health and addictions to low barrier income generating opportunities
- The DTES Market at 501 Powell operated by PHS, and the Centre for Social and Economic Innovation at 312 Main being led by VanCity are also components of the DTES Community Economic Development Strategy and examples of opportunities for pathways out of poverty and into recovery.

6. Become a 'Best Practice' City

Through Task Force efforts, Vancouver is now recognized by the International Institute for Mental Health Leadership as a member and best practice leader. Major cities look towards Vancouver mental health and addictions initiatives as leading models of care and support.

Recommendations B through G:

Consultation and Collaboration:

Recommendations have been created in collaboration with Task Force partners in health and community. With respect to the overdose crisis, the Mayor held a public forum in December, 2016 that brought together over 200 residents, along with first responders, people with lived experience, families of drug users, and non-profit, health, and private sectors. On February 9, 2017, the Task Force convened to review its first phase achievements and next steps, including transitioning the Task Force efforts to an Urban Health Leaders Council. At this meeting, the Task Force heard from members of the Aboriginal community, people with lived experience of mental health and addictions issues, health and support service providers, researchers, and representatives from community non-profits. Recommendations for funding from the Innovation Fund and the Opioid contingency budget align with the feedback from both the Mayor's Forum and the Task Force priorities.

Moving forward and pending approval of recommendations from Council, staff will continue to foster close consultation across various sectors as it pursues the objectives laid out in this report.

The remaining report recommendations are categorized by the Six Action Areas outlined in the Caring for All report, which includes:

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

Table 1 outlines recommendations B through G including partnerships and leveraged resources.

Table 1: Recommendations and Leveraged Resources

Recommendation	2017 Contingency Budget for the Opioid Crisis	City's Innovation Fund	Leveraged \$
B - Bloom Group - Collective Impact Initiative		\$40,000	\$40,000 total in kind (one-time) <ul style="list-style-type: none"> • \$40,000 - Vancouver Coastal Health and Pacific Blue Cross
C - Peer Capacity Building Initiatives	\$30,000		Staff to seek leverage from health, non-profits and senior government partners
D - De-stigmatization Programs, including public awareness campaign	\$100,000		Matching funding/in kind resources from VCH and other sources
E(i) - McCreary Centre Society, Phase 2 of TRRUST Collective Impact initiative		\$40,000	Funding to be released once other funding sources and in kind contributions are confirmed
E(ii) - Canadian Mental Health Association, Vancouver Division, mental health and addictions curriculum development		Up to \$40,000	\$250,000 total (one-time) <ul style="list-style-type: none"> • \$250,000 - Vancouver Police Foundation
E(iii) - Ray-Cam Community Centre Society OUR PLACE circle of the child community response initiative	Up to \$60,000		\$89,400 (one-time) <ul style="list-style-type: none"> • \$14,700 x 2 years – OUR PLACE/Ray Cam Community Centre Society and OUR PLACE partners • \$60,000 – Great Beginnings Fund
F - Aboriginal Healing and Wellness		\$100,000	\$100,000 total in kind (one-time) <ul style="list-style-type: none"> • \$50,000 in kind - partner agencies • \$50,000 - Great Beginnings Fund
G - 'Aboriginal Drinker's Lounge'		\$35,283	\$70,566 total (one-time) <ul style="list-style-type: none"> • BC Centre for Disease Control
TOTAL	UP TO \$190,000	UP TO \$255,283	UP TO \$549,966

The following descriptions and outline Recommendations B through G.

1. Recommendation B: Work Better Together and Address Service Gaps – The Game Changer

Effectively and rapidly responding to the mental health and addictions crisis is a multi-jurisdictional response.

In 2014, Council approved a grant of \$40,000 to support the development phase (Phase I) of a Collective Impact initiative to improve mental health and addiction service delivery. In Phase 1 partners in health, housing, and community created a common vision and shared measurement definitions related to crisis response.

In Phase 2, a shared metrics dashboard will be developed along with a prototype of an action planning process and community engagement plan for broader stakeholder consultation that will involve people with lived experience.

Recommendation	Phase I - Completed Outcomes	Phase 2 - Actions	Phase 2 - Anticipated Outcomes	Healthy City Strategy Goals
<p>\$40,000 to The Bloom Group to develop a coordinated mental health and addictions service data collection tool in partnership with Vancouver Coastal Health, the City of Vancouver, and BC Housing.</p> <p>(City’s Innovation Fund)</p>	<ul style="list-style-type: none"> • Engaged Stakeholders • Developed a “Common Vision”, from consultation w/ stakeholder groups • Identified “Shared Measurement”, developed population definitions, and finalized project vision • Finalized the “Next Steps”, 18 month 2nd Phase of the Project 	<ul style="list-style-type: none"> • Live use of a first iteration dashboard • Identify objectives and indicators for success • Prototype action planning process • Implement new community engagement plan 	<ul style="list-style-type: none"> • Improved coordinated responses to mental health and addictions issues • Improved evaluation of success through shared measurement • Improved community engagement and feedback 	<ul style="list-style-type: none"> • Healthy Human Services

2. Recommendation C: Peer Informed System – Building Frontline Capacity

The Task Force advanced a framework that explicitly detailed the value of having people with lived experience of mental health and addictions struggles contribute program designs and delivery.

Vancouver has a long history of local non-profits and grassroots organizations working hand in hand with peers to accomplish innovative responses to failures in traditional mental health and addictions systems. In recent years other more mainstream health and social service organizations have come to recognize the value of peers and have incorporated peer staffing models into new and existing programs. Increasing peer capacity is a key component of the VCH 2nd Generation Strategy and City investments in

this area will undoubtedly offer connection to efforts underway in our Community Economic Development plan.

On February 8th, 2017, Council approved \$220,000 to go towards peer-based initiatives to address the overdose crisis. This is an important step towards addressing the overdose crisis in an effective and community-driven way with innovative initiatives. However, unlike other professionals working in health and social services, peers often do not have access to the training and wellness benefits needed to cope with challenging front line work. In order to fill this gap, and to better support the incredible work of peers confronting the overdose crisis, we recommend that Council approve up to \$30,000 for training, trauma-informed debriefing and other peer wellness initiatives. Staff will seek partnerships with non-profit and senior government partners to leverage resources wherever possible.

Recommendation	Phase I - Completed Outcomes	Phase 2 - Actions	Phase 2 - Anticipated Outcomes	Healthy City Strategy Goals
<p>\$30,000 in funding to build the capacity of peers doing front line work, including trauma-informed debriefing and other initiatives, in partnership with non-profit and senior government partners</p> <p>(2017 Contingency Budget for the Opioid Crisis)</p>	<p>Peer Work Forum (2015) and evaluation identify stigma as priority barrier for peer employment</p>	<p>Identify initiatives to support peer capacity and wellness</p> <p>Secure leveraged funding from partners in health and senior government</p> <p>Implement programs and monitor outcomes</p>	<p>Peers feeling better supported in frontline work</p> <p>Peers receiving additional training and opportunities for professional development</p> <p>Increased access to trauma-informed supports to address stress associated with front line work in the overdose crisis</p>	<p>Being and Feeling Safe and Included</p> <p>Healthy Human Services</p>

3. Recommendation D: De-Stigmatization – Feeling Safe and Included

De-Stigmatization is a key priority for the People with Lived Experience Advisory, and the Mayor’s forum underscored that stigma against drug users and people living in poverty are root causes of the crisis. The Advisory developed a communications and engagement plan emphasizing person-to-person conversations, a mural program, and other arts initiatives to help change the conversation around mental health and addictions.

Recommendation	Phase I - Completed Outcomes	Phase 2 - Actions	Phase 2 - Anticipated Outcomes	Healthy City Strategy Goals
<p>\$100,000 to implement mental health and addictions de-stigmatization programs, including an awareness campaign in collaboration with the People with Lived Experience Advisory committee, and to leverage support from Vancouver Coastal Health, and other partners.</p> <p>(2017 Contingency Budget for the Opioid Crisis)</p>	<ul style="list-style-type: none"> • Held 6 meetings with People with Lived Experience Advisory Committee • PWLE attended 4 MTFMHA meetings • Facilitated Town Hall on overdose crisis; stigma highlighted as central theme • Peer Work Forum (2015) and evaluation identify stigma as priority barrier for peer employment 	<ul style="list-style-type: none"> • Public information campaign • Social media marketing • Public education and awareness forums across Vancouver • Using murals and other arts to promote social justice and social inclusion • Continue to meet with VCH regarding partnership 	<ul style="list-style-type: none"> • Increased public awareness of mental health and addictions and root causes • Improved staff capacity to work with people w/ mental health and addictions issues • Improved community connections • Reduced social isolation for people struggling with mental health and addictions • Reducing OD risk due to social isolation 	<ul style="list-style-type: none"> • Being and Feeling Safe and Included • Cultivating Connections

4. Recommendation E (i) Focus on Youth and Better Transitions and Outcomes: Building Bridges for Youth Exiting Care.

Transition in Resources, Relationships and Understanding Support (TRRUST) Collective Youth Impact (formerly, Collective Impact - Youth Aging Out of Care Vancouver CI-YAOCV) was formed in 2014 to create systems of support for youth aging out of the foster care system in Vancouver. Youth represent roughly 15% of the homeless population (2016 Homeless Count). 60% of youth in care are Aboriginal, and about half of homeless youth were involved in the child welfare system.

Phase 3 of TRRUST will implement action plans and harness the major interventions required to reach them. Lessons learned and impacts will be monitored and shared throughout the developmental evaluation.

5. Recommendation E (ii) – Focus on Youth and Better Transitions and Outcomes: Raising awareness in the ‘middle years’ - Grades 6 and 7

A grant of \$40,000 to the Canadian Mental Health Association, Vancouver Division, will be used towards engagement of Aboriginal, immigrant/refugee and LGBTQ+ populations and for a multiyear evaluation of new mental health training for students in grades 6 and 7 in the Vancouver Board of Education (VBE). CMHA is taking the lead on this initiative in partnership with the VBE, and the Vancouver Police Foundation to help fill a gap in awareness raising and prevention initiatives at earlier stages of development. CMHA has a successful program in place for high school aged youth, which will be adapted for 10, 11 and 12 year olds. City funding will be provided towards engagement and evaluation activities. VPF have committed \$250,000 towards curriculum development and costs of implementation over five years.

6. Recommendation E (iii) – Focus on Youth and Better Transitions and Outcomes

A grant of up to \$60,000 will fund the OUR PLACE Circle of Child strategy based upon a successful Quebec based model. This two-pronged approach provides youth with one-on-one supports while facilitating broader system changes through improved collaboration across stakeholders. The funds will hire a Community Youth Initiatives Facilitator that will improve coordination and responses between youth service providers, including After-Hours, MCFD, VACFSS, VPD, community non-profits, housing providers and landlords, and primary health services. This Facilitator will work with stakeholders to develop a collective impact strategy for improved coordination and impact. This facilitator would be responsible for implementing memorandum of understandings across stakeholders to improve information sharing and confidentiality in the Circle of Child Strategy.

This grant would also fund a placed-based Circle of Care Key Worker that will work directly with at-risk youth, assisting with service system navigation and providing and addressing immediate needs in crisis. The Key Worker will establish ongoing relationships with youth and their families or peers to establish successful transitions from youth to adulthood.

Recommendation	Completed Outcomes	Phase 2 - Actions	Phase 2 - Anticipated Outcomes	Healthy City Strategy Goal
i. \$40,000 to McCreary Centre Society for implementation and monitoring of Phase 2 actions of the TRRUST Collective Impact (formerly, Collective Impact - Youth Aging Out Of Care Vancouver) pending funding from other partner sources	<ul style="list-style-type: none"> • Formed TRRUST Collective Impact (formerly, Collective Impact - Youth Aging Out Of Care Vancouver) • Developed collective impact approach • Held collective meetings to identify shared vision and direction 	<ul style="list-style-type: none"> • Develop network of social supports for youth transitioning out of care • Identify number of rent subsidies • Work with education and service partners 	<ul style="list-style-type: none"> • Increased number of post-secondary tuition waivers • Support youth learning to drive/accessing ID • Improved housing affordability • Navigate youth opportunities 	<ul style="list-style-type: none"> • A Good Start
ii. \$40,000 to the Canadian Mental Health Association towards mental health training for Grades 6 and 7 students	<ul style="list-style-type: none"> • Held planning discussions with CMHA and Vancouver Police Foundation • Received Task Force member feedback regarding prevention and youth services 	<ul style="list-style-type: none"> • City funds will be used to: • Engage Aboriginal and LGBTQ youth in the development of the mental health curriculum • Provide funding for evaluation 	<ul style="list-style-type: none"> • Increased mental health and addictions capacity • Improved mental health and addictions knowledge • Better engagement of at-risk youth 	<ul style="list-style-type: none"> • A Good Start
iii. THAT Council approve up to \$60,00 to Ray-Cam Community Centre Society for the implementation of the OUR PLACE Circle of	<ul style="list-style-type: none"> • Received project proposal from Ray-Cam in collaboration with OUR PLACE • Prevention identified as key 	<ul style="list-style-type: none"> • Hire Community Youth Initiatives Facilitator • Hire Circle of Care Key Worker • Provide place- 	<ul style="list-style-type: none"> • Increased communication across stakeholders relating to youth engagement 	<ul style="list-style-type: none"> • A Good Start

the Child community-based response strategy and prevention program	concern at Mayors public forum and aligns with Task Force priorities	based and timely support services for at-risk youth <ul style="list-style-type: none"> • Expand relationships with key stakeholders, coordinate impact • Develop ongoing relationships with at risk-youth, their families and peers • Conduct project evaluation 	<ul style="list-style-type: none"> • Increased youth service access • Improved skill sharing amongst youth • Improved system navigation skills for youth • Increased number of youth needs being met by services 	
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7. Recommendation F Focus on Wellness for Aboriginal Peoples – A City of Reconciliation

Aboriginal leaders who participated on the Task Force identified the need to integrate Aboriginal culture, healing, and conceptions of wellness into the delivery of mental health and addictions services. An investment of 100,000 to provide support for healing and wellness activities will inspire the understanding that culture saves lives, along with further innovations.

Recommendation	Completed Outcomes	Next Steps	Anticipated Outcomes	Healthy City Strategy Goals
<p>\$100,000 to pilot a two year grant stream to support Aboriginal healing and wellness and Aboriginal traditional, cultural and spiritual activities in the DTES in partnership with Vancouver Coastal Health and other partners</p> <p>(City's Innovation Fund)</p>	<ul style="list-style-type: none"> • Priority areas for funding: Aboriginal children, women and addictions programs identified through peer led research 	<ul style="list-style-type: none"> • Develop an evaluation tool Year 1 (2017) funding to the priority areas • Create funding partnerships based on priority areas and funding criteria 	<ul style="list-style-type: none"> • Improved health outcomes for Aboriginal residents • Increased access to Aboriginal traditional, cultural and spiritual services • Improved integration of Aboriginal traditional, cultural and spiritual activities into health services 	<ul style="list-style-type: none"> • Cultivating Connections, including connections to culture

8. Recommendation G – Focus on Wellness for Aboriginal Peoples – A City of Reconciliation

A grant of \$35,283 to PHS Community Services Society to pilot a managed alcohol program will identify innovative best practices in the intervention and improve health outcomes for vulnerable Aboriginal people struggling with chronic alcohol dependency in the DTES. Jointly funded by the BC Centre for Disease Control, First Nations Health Authority, and evaluated with resources from Vancouver Coastal Health, the project provides harm reduction programming to reduce harms associated with non-beverage alcohol ingestion (i.e., mouthwash, rice wine, hand sanitizer). These individuals are also at high risk of overdose death from poly substance use, including fentanyl. The program will also reduce isolation and provide Aboriginal cultural healing supports. The City’s investment is for one year through the evaluation phase, after which ongoing funding will be sought through other sources.

Recommendation	Completed Outcomes	Next Steps	Anticipated Outcomes	Healthy City Strategy Goals
<p>\$35,283 to PHS Community Services Society to pilot a Drinker’s Lounge, a managed alcohol program in the Downtown Eastside to identify best practices in collaboration with BC Centre for Disease Control, First Nations Health Authority, and Vancouver Coastal Health</p> <p>(City’s Innovation Fund)</p>	<ul style="list-style-type: none"> Reviewed liquor and alcohol best practices with partners in health and community Secured partner commitments from BCCDC, FNHA, and VCH 	<ul style="list-style-type: none"> Work with partners to provide harm reduction, alcohol treatments Connect clients with additional treatment and support options Research best practices and challenges of drinker’s lounge model 	<ul style="list-style-type: none"> Improved culturally safe and competent services throughout the DTES Reduced risk of OD by providing safe substances Increased treatment and support options Generate best practices for alcohol treatment 	<ul style="list-style-type: none"> Healthy Human Services

Recommendation H - Integrating Actions and Priorities into an Urban Health Leaders Action Council

Transitioning the Task Force to an Urban Health Leaders Action Committee will connect mental health, addictions, and inter related urban stressors, like poverty, into the existing governance structure and membership of the Healthy City for All Leadership Table. This will focus on four strategic priorities:

1. Mobilize shared accountability through partnerships (shared targets, goals and resources), including a new governance structure with a people with lived experience advisory and strong gender and reconciliation frameworks; Intensify enhancement of addictions knowledge and crisis response;
2. Increase immediate access to both medical and non-medical mental health and addictions services, including ‘culture as medicine’ and peer and Elder programs and services; and,

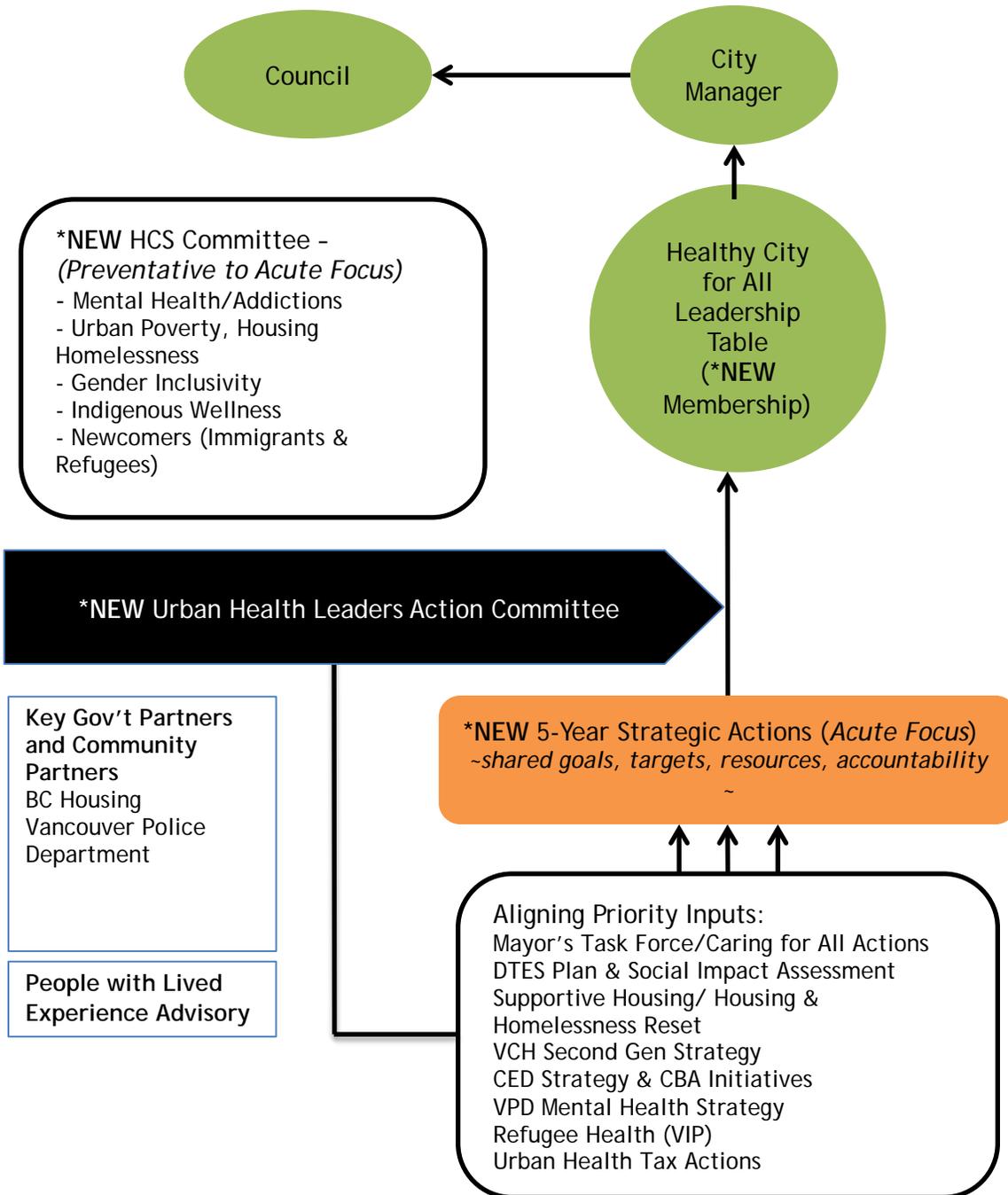
3. Improve excellence on evidence-based outcomes for people with mental health and addictions.

The knowledge and a 'whole systems' approach including people with lived experience brought together by this structure will position the City in an ongoing way to act as a convener to foster innovation and best practice; a reference group for senior government; and a catalyst to build public will, advance policy and mobilize resources.

Advantages include:

1. **Formalized Governance** -Set clear common short and long term goals and add targets, align partner funding, services, and evaluation measures to identify success.
2. **Strengthened Accountability through Membership** - Align existing strategies with key levels of government/ funders to establish cohesive and shared priorities all partner institutions and community partners identify as shared priorities to be held jointly accountable
3. **Alignment with upstream social determinants of health**—Connect an Urban Health Leaders Action Council to the existing Healthy City for All Leadership Table. This recognizes a "whole system," inter-sectoral approach to health and well-being, linking together upstream preventative actions that will reduce the demand on costly crisis-response. This governance structure will draw on the collaborative strength of the Table and support cross sector collaboration towards Healthy City goals.

Proposed Structure for Mobilized Governance



Implications/Related Issues/Risk (if applicable)

Financial

The total request to support the implementation of the recommendations listed in this report is a one-time City cost of up to **\$445,283**. A complete breakdown of this funding can be found in **Table 1: Recommendations and Leveraged Resources**.

The source of funds for **Recommendations C, D, and E(iii)** is the 2017 Contingency Budget for the Opioid Crisis, totaling up to **\$190,000**. All of these recommendations will have an immediate impact on the overdose crisis and its root causes.

The source of funds for **Recommendations B, E(i), E(ii), F, and G** is the City’s Innovation Fund, totaling up to **\$255,283**, to be matched with leveraged funding of up to **\$549,966**.

This fund is intended to build on the City’s experience in leveraging funding to advance key strategic areas. The Innovation Fund has a minimum requirement of 1:1 leveraged funding. All recommendations in this report funded through the City’s Innovation Funding will be matched by external funding of up to **\$549,966**, resulting in a 1.4:1 leverage, which includes in-kind contributions. In addition, in keeping with Innovation Fund requirements, all Innovation Fund expenditures in this report align with council priorities; support transformation and innovation in meeting city goals; leverages minimum 1:1 3rd party investment; are a one-time opportunity; and demonstrate clear outcomes.

Project Alignment with Innovation Fund Guidelines

Innovation Fund Guidelines	Project Alignment
Aligns with Council priorities	Healthy City Strategy DTES Local Area Plan Community Economic Development Plan City of Reconciliation
Supports transformation and innovation in meeting City goals	All recommendations support interventions with broad range of impacts, support Healthy City Strategy goals
Leverages minimum 1:1 3 rd party investment	\$255,283 City investment leverages \$360,566 funding from external partners (1.4:1 leverage)
One-time opportunity (2 year maximum) \$250,000 maximum/year	City investments are one-time opportunities with no-long term financial implications
Demonstrates clear outcomes and transformation toward City of Vancouver goal	Collective impact initiatives to utilize shared measurements across partners to evaluate success

A full description of the City’s Innovation Fund guidelines is attached in **Appendix D**. A list of all projects previously funded by the City’s Innovation Fund that align with the work of the Task Force is attached in **Appendix A**.

This City investment demonstrates Council's commitment towards improving mental health and addictions treatment and services and addressing the root causes of these issues.

CONCLUSION

The current opioid crisis clearly demonstrates an intensified effort with all three levels of government working together is urgently needed to make Vancouver and cities across the country resilient to the devastating shocks of mental health and addictions. The recommendation to mobilize and align actions amongst key partners more strongly in an Urban Health Strategy, reporting to the Healthy City Leadership Table, will reinforce efforts, shared accountability, and ultimately, accelerate the momentum for all levels of government and community working together to ensure the choices that are needed for people to move from crisis to wellness and healthy communities for all in the long-term.

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Previous Innovation Fund Grant Requests

Since reporting Phase 1 in 2014, Council has approved the following uses of the Innovation Fund for the Task Force:

1. In November 2016, Council approved an Innovation fund grant of \$1,000,000 to the capital portion only of the overall costs of developing a new St. Paul's Mental Health Hub. The hub offers significant innovations with multiple benefits including improved access to health services for people struggling with serious mental health and addictions arriving at St. Paul's emergency department. Key program features include the provision of peer and culturally safe supports, streamlined processes leading to decreased wait times for police officers, and a referral system to ensure that patients are discharged into appropriate housing and support services that will support long-term recovery. Source of Leveraged Funding: \$5,500,000 total (\$1,750,000 St. Paul's Hospital Foundation; \$750,000 VPD Foundation; \$3,000,000 annualized operating funds from Vancouver Coastal Health/Providence Health Care). (RTS 11542)
2. In June 2016, Council approved an Innovation Fund grant of \$60,000 over three years (2016, 2017, 2018) to develop a Poverty Reduction Table. The purpose of the Table is to determine how City policies and practices can help alleviate poverty; advocate to senior governments on topics such as improving access and raising income assistance and shelter rates; and promoting the BC Poverty Reduction Coalition's Poverty Reduction Strategy. (RTS 11256)
3. In June 2016, Council approved an Innovation Fund grant of \$201,630 over three years (2016, 2017, 2018) to hire a Planner 1 position to support innovations surrounding key urban health issues including mental health and addictions and poverty. Tasks will include the coordination and advancement of priority actions of the Mayor's Task Force on Mental Health and Addictions, as well as partnership initiatives, including the Vancouver Coastal Health DTES 2nd Generation Strategy implementation, a Gender Advisory Committee, and involvement in the Poverty Reduction Table identified in this report. (RTS 11256)
4. In June 2016, Council approved an Innovation Fund grant of \$219,128 over three years (2016, 2017, 2018) to hire a Planner 2 position to develop a Community Economic Development Strategy in the DTES with advice of a CED Strategic Action Committee that aims to create 1,500 jobs, decrease vacant storefronts, support local serving retail opportunities and demonstrate how a network of local services can support local hiring, including people with barriers to traditional employment, support local purchasing, engage social entrepreneurs with capacity-building opportunities and connect them with existing physical spaces to test new ideas and business models. (RTS 11256)

5. In April 2015, Council approved an Innovation Fund Grant of \$100,000 to Lu'ma Native Housing Society toward capital improvements including renovation costs, architectural and soft costs to create a new 2,400 square foot Aboriginal Healing and Wellness Centre located at 2890 Grandview/Nanaimo, collocated within Lu'ma's Aboriginal Children's Village housing complex, that provides culturally appropriate primary care, access to traditional healing, and referral to housing, employment and health services for Aboriginal residents. This initiative leverages \$305,000 in funding from the First Nations Health Authority and Vancouver Coastal Health, the Vancouver Division of Family Practice "A GP FOR ME" initiative, and in-kind contributions from Lu'ma Native Housing Society.
6. In September 2014, Council approved an Innovation Fund grant of \$40,000 to The Bloom Group 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. (RTS 10699)
7. In September 2014, Council approved an Innovation Fund grant of \$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 provided funding to upgrade UNYA's previous 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). (RTS 10699)

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Previous Task Force Funding Budget Items

Activity	2016	2017	2018	Total	Leveraged \$
St. Paul's Mental Health Hub	\$1M			\$1M	\$5,500,000 total (one time) <ul style="list-style-type: none"> • \$1,750,000 - St. Paul's Hospital Foundation • \$750,000 - VPD Foundation contribution • \$3,000,000 - annualized operating funds (Vancouver Coastal Health/Providence Health Care)
Poverty Reduction Table Implementation	\$20,000	\$20,000	\$20,000	\$60,000	\$42,000 total in-kind (one time) <ul style="list-style-type: none"> • \$30,000 - Vancity practice advisor • \$6,000 - Living Wage for Families Campaign certification advisor • \$6,000 - Canadian Centre for Policy Alternatives calculator advisor
MTFMHA Planner 1	\$58,809	\$100,815	\$42,000	\$201,630	
CED Planner 2	\$63,912	\$109,564	\$45,652	\$219,128	
Pre-2016 Innovation Fund Expenditures					
Implementation of Collective Impact Model Phase 1				\$40,000	The City of Vancouver - \$40,000 Vancouver Coastal Health - \$40,000 The Vancouver Foundation - \$40,000
Urban Native Youth Association (UNYA)				\$75,000	CoV - \$75,000 External funders - \$472,520 (year one) \$351,520 (year two) external private, non profit and government partners (5:1 leverage)
Lu'ma Healing and Wellness Centre				\$100,000	\$305,000 in funding from the First Nations Health Authority and Vancouver Coastal Health, the Vancouver Division of Family Practice "A GP FOR ME" initiative, and in-

					kind contributions from Lu'ma Native Housing Society
TOTAL				\$1,695,758	

Extraordinary Expenditures in 2015 - One Time Cost			
Activity	Cost	Total	Notes
Mobile Medical Unit (MMU)	\$55,000	\$55,000	To be reimbursed by VCH at a later date
Extra VFRS staff for additional Medic Unit	\$43,000	\$43,000	
Naloxone Public Training Event	\$9,000	\$9,000	
Total		\$107,000	

Urban Health Care Funding Recommendations, 2017		
Activity	Ongoing Cost	One-time Cost
Increase VFRS staffing complement for deployment of an additional 3-person medic unit, subject to demand	\$1,900,000	
Establish a new Strathcona Community Policing Centre	\$108,200	\$100,000
Provide an inflationary adjustment to the operating funding for 11 Community Policing Centres (10 existing CPCs plus Strathcona)	\$220,000	
Expand naloxone administration training for City staff	-	\$10,000
Total Recommended Funding	\$2,008,000	\$110,000
Total Funds Available in 2017 Contingency for the Opioid Crisis		\$3,500,000
Remaining Contingency Available in 2017		\$1,400,000

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Aboriginal Health, Healing, and Wellness in the DTES Research Study

Final Report – Executive Summary

Prepared by Kinwa Bluesky for the City of Vancouver

Submitted by Kinwa Bluesky
2017/02/01

Contact Details

Kinwa Bluesky, JD, LLM, PhD Cand. (Law)

Executive Summary

Why research traditional, cultural, and spiritual activities in the DTES?

The *Aboriginal Health, Healing, and Wellness in the DTES* research study is a snapshot of an enquiry into the Aboriginal traditional, spiritual, and cultural supports and services being offered in the Downtown Eastside (DTES).

The City of Vancouver through the Mayor's Task Force on Mental Health and Addictions, and its Aboriginal Healing and Wellness Centres Working Group, set out to understand and identify existing activities and opportunities for Aboriginal traditional methods of health, healing, and wellness in the DTES. This research study explores the Aboriginal traditional, spiritual, and cultural supports and services being offered in the DTES.

How was the research done?

With input from the Research Advisory Committee and the Peer Research Associates, individual questions were organized around:

- Who is involved in Aboriginal traditional, spiritual, and cultural supports?
- What kinds of Aboriginal traditional, spiritual, and cultural activities occur?
- Where do Aboriginal traditional, spiritual, and cultural activities occur?
- When do Aboriginal traditional, spiritual, and cultural health and healing supports occur?
- Why are Aboriginal traditional, spiritual, and cultural supports important?
- How do Aboriginal traditional, spiritual, and cultural health and healing supports serve the DTES?

The Aboriginal Healing and Wellness Centres Working Group also wanted to know about the interest of creating an Aboriginal Health, Healing, and Wellness Centre in the DTES. Additional questions were asked about its potential function, purpose, and impact in addressing Aboriginal health services in a culturally appropriate way.

There were two surveys used for this research. One survey was administered to organizations that did offer traditional, spiritual, cultural activities. The second was administered to Elders or cultural support staff who contributed their time, wisdom, and knowledge in providing the traditional spiritual and cultural activities for healing and wellness in the DTES. The Peer Research Associates conducted in-person survey interviews, thirty minutes to an hour in length, with sixty-five organizations and twenty Elders and cultural support workers, who service the DTES.

In the organization questionnaire, Peer Research Associates asked organizations questions on the places and spaces where their programs offered traditional, spiritual,

and cultural activities. Organizations were also asked questions regarding how these supports are funded.

Elders and cultural support workers were asked about the ease or difficulty in both offering and accessing traditional, spiritual, and cultural health and healing practices. Questions were asked about their needs in being able to offer their services, as well as some of the barriers they face in doing so.

It is important to clarify that only organizations and Elders who identified as providing some sort of traditional, spiritual, and cultural health and healing support services in the DTES were interviewed. Organizations or individuals who said they did not provide any types of supports or services were not interviewed or included in these study results. When organizations were asked the extent of traditional, spiritual, and cultural supports being offered, a large majority always (71%) or often (18%) offered traditional, spiritual, and cultural supports with their programs. Some organizations offer their services in partnership and collaboration with other organizations in the DTES.

What did the research find?

What is being offered?

- **Types of Aboriginal Traditional, Spiritual, and Cultural Activities:** More than 75% of organizations offer smudge, prayer, healing, talking or sharing circles, drumming, songs, dancing, and Elders' teachings. Less than half of the organizations offer more ceremonial-oriented activities. Elders say smudging (90%) and offering Elders' teachings (90%) are most offered in the DTES. Less than four Elders out of ten offer more ceremonial activities.

The people and organizations providing support

- **Organizational Staff Employment Status:** About eight in ten (80%) say their traditional, spiritual, and cultural programs are operated and maintained by full-time staff. Nearly half employ part-time staff (48%). A quarter of organizations do employ on a contractual (25%) and casual (22%) basis.
- **Organizational Peer and Volunteer Support:** More than half (51%) of organizations rely on the support of 1-10 peers and volunteers.
- **Elder Employment Status:** Only 10% of Elders are employed by an organization and receive a regular paycheck. Less than half are employed on contract (20%) and receive honouraria (25%). Nearly four in ten Elders volunteer their services and receive no payment. Over half (55%) of Elders say they provide services for one-to-three organizations.
- **Aim of Cultural Activities to Support the Aboriginal Peoples in the DTES:** About two-thirds of organizations say their programming aims to service exclusively (28%) and mostly (40%) Aboriginal peoples in the DTES. Elders say that half of

- their services aim to support exclusively (25%) and mostly (25%) Aboriginal peoples.
- **Cultural Supports Serving DTES Priority Groups:** Organizations identify Aboriginal women as their primary priority group (92%), followed by the Aboriginal LGBTQ/Two-Spirit Community (85%), and Aboriginal men (77%). Elders similarly identify Aboriginal women (85%) as their primary group, followed closely by Aboriginal Elders and seniors (80%). In both cases, Aboriginal youth and children are identified last with ranges between 52%-70% of organizations and Elders providing service.
 - **Cultural Supports Serving Vulnerable or At-Risk Populations in the DTES:** Organizations identify low-income individuals, families or the elderly (95%) as the primary vulnerable or at-risk population being offered traditional, spiritual, and culturally supports. While Elders identify illicit alcohol users (95%), followed by low-income individuals, families or the elderly (90%), as the main vulnerable or at-risk population. Overall, Elders provide supports in relative comparison to organizations with persons living with HIV/HCV (85%), sex workers (80%), victims of violence (80%), and residential school survivors (80%). Just over half of organizations and Elders are providing services to veterans and at-risk youth and/or youth aging out of care.

Where do they take place?

- **Traditional, Spiritual, and Cultural Health and Healing Spaces:** The vast majority of spaces are indoors (95%), able to provide for privacy (78%), and with over half (52%) being able to provide access to outdoor activities. Nearly all spaces have access to running water and bathroom facilities. Two-thirds (65%) of spaces have access to a kitchen. Although the majority of spaces are shared (82%), nearly half (46%) acknowledging these spaces did not face competing priorities. One third (31%) of spaces occasionally meet the needs for offering traditional, spiritual, and cultural health and healing supports, while one in ten (11%) spaces fail to do so.
- **Kinds of Partnerships and Collaborations:** Over half of programs offering traditional, spiritual, and cultural supports are being asked to partner with health centres (69%), housing services (66%), counselling centres (60%) and friendship centres (54%). A majority of six in ten Elders identify health centres (60%) as the primary type of service organization that they assist.
- **Participation in Cultural Activities Outside the DTES:** Half of all organizations always or often (50%) provide support of its members to participate in traditional, spiritual, and cultural activities outside the DTES.

How often do these activities take place?

- **Aboriginal Cultural Activities Available in the DTES:** Almost half of both organizations and Elders agree there are some (48%) Aboriginal activities being

- offered in the DTES in comparison to 15% who agree there are a lot. Overall six in ten feel more optimistically about the availability of Aboriginal cultural activities in the DTES.
- **Frequency of Traditional, Spiritual, and Cultural Supports in Organizations:** Most organizations always or often (71%) offer traditional, spiritual, and cultural supports in their programs.
 - **Frequency of Traditional, Spiritual, and Cultural Supports by Elders:** A majority (75%) of Elders offer traditional, spiritual, and cultural supports for organizations on a weekly basis.
 - **Frequency of Partnerships with Other DTES Organizations:** Almost two-thirds (63%) of organizations are actively engaged with other DTES organizations throughout the month.

Why are Aboriginal Traditional, Spiritual, and Cultural Health and Healing Supports Important?

- **Extent of Choice of Health Services in DTES:** Over six in ten (62%) feel more positively about the extent of choice of health services available to the Aboriginal population in the DTES. The level of satisfaction is marginally low.
- **Traditional Healing Practices vs. Mainstream Care:** A significant majority say access to traditional and culturally appropriate health care practices is at least equally, if not more, important to organizations (94%) and Elders than access to mainstream non-Aboriginal health care.
- **Importance of Aboriginal Services in Addition to Non-Aboriginal Services:** Large majority (+81%) of organizations and Elders believe it is very important to also have Aboriginal-specific programs in the DTES.
- **Importance of Services Providing Traditional, Spiritual, and Cultural Health and Healing Supports in the DTES:** Organizations and Elders place a greater importance on providing these services to child and family services (95%) and child care and daycares (94%). Overall there is a strong consensus among organizations and Elders that it is very important for all services to provide these Aboriginal health and healing supports.
- **Impact of Offering Traditional, Spiritual, and Cultural Supports in the DTES:** With a strong sense of empowerment, organizations and Elders are very confident that they can have a big impact (80%) and make the DTES be a better place to live by offering traditional, spiritual, and cultural supports.
- **Strength of Aboriginal Culture:** Almost eight in ten (78%) think that Aboriginal culture in the DTES has become stronger in the last five years.
- **Maintaining Aboriginal Cultural Identity:** Elders were identified as the most important aspect of Aboriginal culture in being able to pass on to future generations.

What are some of the barriers in providing these activities?

- **Ease of Access to Traditional, Spiritual, Health and Healing Practices:** Six in ten (61%) organizations feel participants experience difficulty, to an extent, in accessing traditional, spiritual, and cultural health and healing supports in the DTES.
- **Barriers for Participants in Accessing Cultural Activities:** Lack of transportation and limited availability of services appear to be two main barriers. In addition, Elders view lack of space (80%) and protocols (75%) as higher known barriers for participants than organizations.
- **Organizational Barriers in Offering Cultural Activities:** Nine in ten organizations say a lack of funding and resources (91%) is the primary barrier in offering any traditional, spiritual, and cultural activities. A funder's priorities (72%) came in second.
- **Ease for Elders in Offering Traditional, Spiritual, and Cultural Health and Healing Practices:** More than half (55%) of Elders experience difficulty in offering traditional, spiritual, and cultural health and healing practices, such as natural medicines, healing circles and other ceremonies.
- **Ease for Elders to Access Supportive Traditional Healing Practices:** More than half of Elders (55%) find it somewhat (30%) or very easy (25%) to access their own self-care of supportive traditional healing practices.
- **Elder Needs to Provide Traditional, Spiritual, and Cultural Supports:** All Elders identified cultural inclusion and consistent staff as their primary necessities in doing their work.
- **Funding Traditional, Spiritual, and Cultural Supports:** Less than two in ten (17%) organizations are fully funded to support their traditional, spiritual, and cultural health and healing supports. Around two-thirds of organizations fund them from various sources (35%) and a mix of some funding and volunteer (31%).
- **Organizations' Interest in Designated Funding for Cultural Health and Healing:** Nearly all organizations (94%) would be interested in applying for funding specifically designated for traditional, spiritual, and cultural health and healing supports.

The need for an Aboriginal Health, Healing, and Wellness Centre

Organizations and Elders were asked to share their opinion on whether the creation of an Aboriginal Health, Healing, and Wellness Centre would meet the demand for health services in a culturally appropriate way and improve health outcomes in the DTES.

- **Meeting the Demand for Health Services in a Culturally Appropriate Way:** Organizations and Elders agreed 100% that an Aboriginal Health, Healing, and Wellness Centre would assist in meeting the demand for primary health care, dental and vision, mental wellness, and addiction services in a culturally appropriate way in the DTES.

- **Improving Health Outcomes for Priority Groups in the DTES:** Organizations and Elders agree that Aboriginal women (100%) and their health outcomes would benefit most, but also place a high value on Aboriginal LGBTQ/Two-Spirit Community (98% and 100%, respectively). Overall, there is an overwhelming consensus that all Aboriginal priority groups and their health would benefit from the creation of an Aboriginal Health, Healing, and Wellness Centre.
- **Impact on Key Issues and Challenges in Aboriginal Health:** Organizations and Elders think the creation of an Aboriginal Health, Healing, and Wellness Centre will have the biggest impact on enabling access to services throughout the DTES (92%) and on making Aboriginal concepts of health more accessible (92%).

The research is intended to support the development of an Urban Aboriginal Health Strategy, an emerging initiative between a number of organizations: First Nations Health Authority (FNHA), Vancouver Coastal Health (VCH), City of Vancouver, Metro Vancouver Aboriginal Executive Council (MVAEC), Aboriginal organizations, and Aboriginal residents. An Urban Aboriginal Health Strategy will guide future opportunities for support and implementation of Aboriginal health, healing, and wellness activities in the DTES.

Aboriginal Health, Healing, and Wellness Research Study – Research Team

Research Study Relations	Members
Project Team Lead	Ginger Gosnell-Myers
Research Team Lead	Kinwa Bluesky
Peer Research Associates	Candice Norris, Sue Belyea, Elmer Azak, Florence Ranville, Karen Ward, Tracey Morrison, Bernice Thompson, and Shelda Kastor
Research Advisory Committee	Victoria Rosebull, Lou Demerais, Susan Tatoosh, Robyn Vermette, Leslie Bonshor, Maureen Lerat, Dalannah Bowen, Mara Andrews, and MaryClare Zak
Research Team Coordinators	Julianna Torjek and Maureen Lerat
Research Technical Team	Ginger Gosnell-Myers, Kinwa Bluesky, Maureen Lerat, Simon Jay, and Peter Marriott

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 CoV 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

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