

1. Community-based Crisis Management Through Understanding and De-escalation

MOVED by Councillor Fry

SECONDED by Councillor Dominato

WHEREAS

1. Jane Jacobs famously posited: “*The public peace—the sidewalk and street peace—of cities is not kept primarily by the police, necessary as police are. It is kept primarily by an intricate, almost unconscious, network of voluntary controls and standards among the people themselves, and enforced by the people themselves.*”;¹
2. The public peace can be challenged in particular through confrontation between businesses and residents with street entrenched and people experiencing homelessness. Concerns around crime and safety, neighbourhood decline, and chronic street nuisance result in higher volumes of reactive police and non-emergency calls, requests for more security, and compassion fatigue;
3. Street entrenched and homeless people have often experienced traumas including intergenerational and childhood trauma; sexual and physical victimization; physical and/or mental health challenges and addictions; compounded by the trauma of experiencing homelessness, social isolation or living in substandard housing;²
4. In 2014, Vancouver City Council adopted the Caring for All Report³ with a call to action to support and advocate for safe and inclusive communities for all residents:

“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.”
5. In 2014, Vancouver City Council adopted A Healthy City For All strategy⁴ with a focus under Healthy Communities - Cultivating Connections, to:

“Examine regulations, policies, and processes that affect our relationships with and between residents - past, present and future.”
6. The B.C. Ministry of Mental Health and Addictions’ ten-year mandate: A *Pathway to Hope* (2017)⁵, lays out a roadmap for making mental health and addictions care better for people in British Columbia. The vision noted that B.C. has the country’s highest rate of hospitalization due to mental illness and substance use; and called for new collaborative partnerships with other stakeholders, highlighting that:

“Stigma and affordability stand out as substantial systemic barriers to care. Fear and misunderstanding often lead to prejudice against people with mental illness, substance use and addiction challenges.”

7. Vancouver is at the centre of a mental health and addictions crisis, and as priority actions the City of Vancouver ⁶ is working to:
 - a. promote healthy families and communities and protect child development;
 - b. make sure individuals have access to services that help them lead healthier lives;
 - c. reduce the spread of deadly communicable diseases, and prevent drug overdose deaths; and
 - d. recognize the need for peace and quiet, public order, and safety;
8. The 2016 *Vancouver Police Mental Health Strategy* ⁷ reports increasing incidences of police interactions with people living with mental illness and often struggling with substance abuse, that may not be receiving necessary medical care and community support. The Strategy recognizes that some of these people may be in a state of crisis, and includes a continuum of discretionary de-escalation techniques including non-engagement, disengagement, and delaying custody before proceeding with apprehension under the *Mental Health Act* or arrest, with the caveat:

“History has shown that police interactions with persons living with mental illness, and who are in crisis, sometimes have the potential for violence. Occasionally, the mere presence of the police can elevate the tenor of the interactions and complicate communication further.”
9. According to the *B.C. Police Act* ⁸, Vancouver “must bear the expenses necessary to generally maintain law and order in the municipality.”;
10. Recent campaigns to reallocate police funding have highlighted that in Vancouver, poverty, unstable housing, and mental health and addictions issues represent decades of underfunding and gaps in provincial programming that has resulted in increased policing;
11. On June 12, 2020, Premier John Horgan committed to a review of the *B.C. Police Act* with a focus on increasing funding for health services, including mental health and addictions, and funding for housing to address the issue of homelessness;
12. First responders, non-profits, outreach workers, as well as shelter and housing providers are all variously trained in some form of de-escalation techniques through non-violent crisis intervention instruction and trauma-informed workshops;
13. The City of Vancouver’s Arts, Culture and Community Services department, currently support peer workers including service as community first responders, in programs led by people with lived

experience (mental health, substance use, poverty); and in partnership with service and housing providers, provincial partners and Vancouver Police Department;

14. Many cities are beginning to prioritize community-based crisis worker teams to work with and independently of police in response to mental health crisis, addictions and homelessness on the street;
15. In Eugene Oregon, the Crisis Assistance Helping Out on the Streets (CAHOOTS) program handled 18% of the 133,000 calls to 911 in 2019, requesting police backup only 150 times. The program also offers de-escalation training that provides an overview of assessment and intervention skills so that a lay-person can maintain personal safety and recognize when someone might need help;⁹
16. Increasingly the private sector, including BIAs and security providers^{10, 11} are learning de-escalation techniques through non-violent crisis intervention instruction and trauma-informed workshops, and offering instruction to their members. For example: Toronto's Downtown Yonge BIA¹² holds information sessions (facilitated by the Canadian Mental Health Association) for business owners and managers who want to learn more about techniques for de-escalation when individuals enter their establishments in distress; and
17. Many businesses and residents of Downtown Vancouver find themselves ill-equipped for any sort of community-based crisis management or de-escalation, and amidst increasing reports of conflict surrounding chronic street nuisance and disorder, many Vancouverites don't know who to call, how to help or how to get help.

THEREFORE BE IT RESOLVED

- A. THAT Vancouver City Council commit to supporting a community-based crisis management strategy informed by understanding and de-escalation, that promotes public safety and prioritizes non-policing interventions where applicable and appropriate as a first response.
- B. THAT Council direct staff to develop within the strategy a pilot community-based crisis management program of public information, education, and engagement that:
 - a. Is inclusive and accessible to residents and businesses in Vancouver;
 - b. Is informed by destigmatized, decolonial and anti-racist practice;
 - c. Is rooted in non-violent crisis intervention and de-escalation;
 - d. Is rooted in compassion and mutual understanding;
 - e. Is informed by best practices and lived experience;
 - f. Provides participants a better understanding of issues around mental health, addictions and trauma;

- g. Provides participants tools to help someone experiencing a mental health of substance use emergency;
- h. Considers place-making opportunities to counter impressions and incidence of street disorder and chronic street nuisance; and
- i. Reduces call volumes for police response, while redirecting more appropriate resources as applicable;

FURTHER THAT this pilot program include input from Vancouver Coastal Health, Vancouver Police Department, Canadian Mental Health Association, Ministry of Mental Health and Addictions, and others (including but not limited to community groups, peer supporters and BIAs) as applicable;

AND FURTHER THAT a preliminary work plan for the strategy and pilot program inform 2021 Budget considerations.

- C. THAT the Mayor on behalf of Council write to the Premier, Minister of Public Safety, Minister of Mental Health and Addictions, Minister of Municipal Affairs and Housing, and Minister of Poverty Reduction requesting increased investment in social services directed to poverty, public safety, unstable housing, mental health and addictions in Vancouver, as well as support for a community-based crisis management strategy.

References:

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<https://homelesshub.ca/sites/default/files/23 - Trauma Informed Services.pdf>
3. Caring for All report on priority actions to address mental health and addictions
<https://vancouver.ca/files/cov/mayors-task-force-mental-health-addictions-priority-actions.pdf>
4. City of Vancouver: A Healthy City for All
<https://vancouver.ca/files/cov/Healthy-City-Strategy-Phase-2-Action-Plan-2015-2018.pdf>
5. BC Ministry of Mental Health and Addictions: A Pathway to Hope
https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf
6. City of Vancouver: Mental Health and Addictions
<https://vancouver.ca/people-programs/mental-health-and-addiction.aspx>
7. Vancouver Police Mental Health Strategy
<https://vancouver.ca/police/assets/pdf/reports-policies/mental-health-strategy.pdf>

8. B.C. Police Act
http://www.bclaws.ca/civix/document/id/complete/statreg/96367_01#section15
9. CAHOOTS: Direct Services, Education and Community, Eugene OR
<https://whitebirdclinic.org/trainings/>
10. Vancouver Courier: Vancouver office building managers' response to homeless people has shifted
<https://www.vancourier.com/real-estate/vancouver-office-building-managers-response-to-homeless-people-has-shifted-1.23861305>
11. Hastings Crossing BIA: HxBIA provides free workshops on de-escalation techniques, opioid response training
<https://www.hxbia.com/deescalation-workshops.html>
12. Downtown Yonge BIA - For Businesses: Mental Health Recognition and Response Workshop
<https://downtownyonge.com/events/31/>

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