



COUNCIL REPORT

Report Date: January 31, 2023
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VanRIMS No.: 08-2000-20
Meeting Date: February 14, 2023
[Submit comments to Council](#)

TO: Vancouver City Council
FROM: General Manager of Arts, Culture & Community Services
SUBJECT: Grant to VCH for Expanded Mental Health Response

Recommendations

- A. THAT Council approve a grant of up to \$2,800,000 to Vancouver Coastal Health Authority ("VCH") to be disbursed in accordance with the terms and conditions of a grant agreement to the satisfaction of the City to implement Phase One of the VCH's *Urgent Mental Health and Substance Use Service Enhancements Framework* as described in this report. Source of funding is to be considered and confirmed by Council as part of the 2023 Operating Budget.
- B. THAT the grant be made pursuant to Section 206(1)(a) of the *Vancouver Charter* since VCH is a charity registered with the Canada Revenue Agency.
- C. THAT Council authorize the General Manager, Arts, Culture and Community Services to negotiate an agreement to disperse the grant described in Recommendation A on the terms and conditions as are satisfactory to the General Manager, Arts, Culture and Community Services and the Director of Legal Services each of whom are authorized to execute such agreement.
- D. THAT no legal rights or obligations will arise or be created by Council's adoption of Recommendations A through C unless and until all legal documentation has been executed and delivered by the respective parties.

Recommendation A – requires at least the 2/3 affirmative vote of all Council members as per section 206 (1) of the Vancouver Charter.

Purpose and Executive Summary

This report responds to a portion of Council's motion, approved November 22, 2022 that directs City staff to enable the requisitioning and hiring of 100 mental health nurses. In response to this motion, VCH has created an *Urgent Mental Health and Substance Use Service Enhancements Proposal* (Appendix B) to guide City investment and this report recommends a grant of up to \$2,800,000 for Phase One of this work that will be undertaken in 2023. Funding

recommendations in 2024 will be based on achievement of 2023 deliverables and in all future years grant recommendations will be adjusted based on whether senior government increases investments to this area to fund these critical services.

The VCH proposal and framework prioritizes initial City funding to support those in or approaching mental health crisis and enhancing culturally safe services to Indigenous communities, who face disproportionate impacts because of colonization and the impacts of the residential school system. Future phases of work include proactive responses such as mental health outreach, integrated case management and integration of individuals into community.

The details of Phase One of VCH's work that will be undertaken in 2023, and terms and conditions upon which the City will provide initial funding this year to VCH, will be set out in a grant agreement that is satisfactory to General Manager of Arts, Culture and Community Services and the Director of Legal Services.

Council Authority/Previous Decisions

- *Vancouver Charter* Section 206(1)(a) enables Council to, by resolution passed by not less than two-thirds of all its members, provide for the making of money grants to a charitable institution.
- 2022-11-22: Council passed Member Motion entitled *Enabling the Requisitioning and Hiring of 100 New Police Officers and 100 Mental Health Nurses*.

City Manager's Comments

The City Manager concurs with the foregoing recommendations.

Context and Background

On November 22, 2022 Council approved the motion entitled *Enabling the Requisitioning and Hiring of 100 New Police Officers and 100 Mental Health Nurses* (Member's Motion B.5). The motion directed staff to allocate funding in the 2023 Operating Budget for Vancouver Police Department to hire 100 new police officers and for Vancouver Coastal Health (VCH) to fund 100 new nurses. The motion specifically references the following VPD and/or VCH mental health response partnerships or teams: (1) Car 87/88 – Mental Health Cars, (2) Assertive Community Treatment (ACT) Teams, (3) Assertive Outreach Team (AOT), and (4) VPD Mental Health Unit.

This report focusses on the directions to staff in the final approved motion pertaining to City financial support to VCH, which must be allocated to VCH through a formal grant from Council. The VCH-funding specific directions are:

- C. THAT Council direct staff to allocate a full block of funding in the City's 2023 operating budget in the amount of up to \$8 million, inclusive of any provincial or federal government funding that may be available, to enable Vancouver Coastal Health (VCH) to requisition and hire new nurses. The funding will be made available to VCH on or after January 1, 2023 subject to agreement between the City and VCH *on a plan for use of the funds to hire additional nurses to enhance and expand mental health initiatives and partnerships between VCH and the Vancouver Police Department (VPD), such as the Car 87/88 program, Assertive Community Treatment (ACT) Teams and Assertive Outreach Team (AOT)*. The interim funding source for the \$8 million allocation will be the general revenue stabilization reserve, with the final funding source to be identified by Council in the 2023 Operating Budget.

- F. THAT, related to the City's expansion into funding health services, Council direct staff to work with VCH, VPD, CMHA-BC and other service provision partners to request a detailed set of evaluation criteria and an ongoing coordinated evaluation plan for these mental health crisis response efforts. And that implementation and evaluation updates be provided to Council annually.

The full motion is included in Appendix A.

Discussion

Direction C: enable VCH to requisition and hire additional nurses to enhance and expand mental health initiatives and partnerships between VCH and the Vancouver Police Department (VPD)

There are significant gaps in the continuum of mental health services. With the opportunity presented by the Council motion, VCH has identified the need to prioritize specific services for people with more severe mental health issues, some of who also use substances and who are frequently also unhoused or living in shelters, single room occupancy hotels (SROs) or supported housing.

Since approval of this motion in late November 2022, VCH has worked with VPD and City officials to identify a plan for enhancing services as described in the motion from Council. VCH has created a proposed *Urgent Mental Health and Substance Use Service Enhancements Framework* to guide their utilization of the City's investment. This framework is attached to the report as Appendix B for information.

Given the importance of interdisciplinary response teams, VCH proposes that funding be directed to support a range of different types of mental health workers, including nurses, social workers, peers, and others - rather than be solely directed to mental health nurses as is contemplated in Council's motion. This interdisciplinary approach is based on VCH's experience in operating crisis response programs and their analysis of current gaps and opportunities to best meet the outcomes Council is seeking to achieve. Noting the challenges with both hiring capacity and labour market availability, VCH will phase in these enhanced services over multiple years. The recommendation to Council is for funding for the first phase of this work that will take place in 2023.

VCH Urgent Mental Health and Substance Use Service Enhancements Framework

The Framework identifies principles that align with City policy, including centering Indigenous peoples as well as commitments to equity and intersectional approaches. It further describes two components of VCH services: *responsive* and *proactive*. Responsive services are intended to respond to individuals as they are experiencing crisis or as their mental health related behaviours are escalating. Proactive services are designed to support individuals in order to prevent escalation or crisis. Within each area of service, there are specific services that seek to address the needs of unique populations or situations.

In alignment with VCH's proposed implementation, the funding recommended in this report will focus on expansion of existing and development of new responsive services. VCH anticipates that the proactive services enhancements will be introduced in future phases of work.

Phase One (2023): Implementation of Responsive Service Enhancements

The overarching goals of this first phase of VCH's proposed Framework are to:

1. Increase the capacity of the system to respond in a safe, health-focused and therapeutic way to people who are in, or are approaching, a mental health crisis.
2. Provide additional, improved services, and earlier de-escalation support to both individuals in or near crisis, and the non-health partners who are helping them.
3. Strengthen Indigenous approaches and improve Indigenous client experiences, outcomes, and access within all VCH Urgent MHSU services.

Enhance Responsive Services through additional 58 FTE

1. Increased capacity of Police Partnership Services: Car 87/88 and AOT

Car 87/88: Car 87/88 is a long-standing program that sends a clinician and a police officer to mental health crisis calls where there is a risk of harm. The partnership allows the system to provide a health response, including certification under the *Mental Health Act*, rather than a criminal justice response during a mental health crisis, even when the individual is at risk of causing harm to themselves or others. Shelter and supported housing operators in Vancouver and the City's own services have been asking for years for an increase in investment into this program to meet demand and better support their operations. VCH notes that they have heard from own VCH clinicians that they would not be willing to attend these serious crisis calls without backup from a police partner.
(proposal: add 10 FTE)

Assertive Outreach Team (AOT): AOT primarily serves as a transition, bridging, and stabilization team for adults identified in recent emergency department or police contacts that may be suffering from moderate to severe mental health and/or co-occurring substance use issues. Team members provide short-term care on an outreach basis until a client is connected to the appropriate community services.
(proposal: add 2 FTE)

Triage Supports: Staff allocated to answering and triaging calls toward the most appropriate and efficient service.
(proposal: add 2 FTE)

2. Moderate (non-police) de-escalation:

This is a new service for individuals who are not in high levels of crisis and in need of Car 87/88 supports. The program will include nurses, social workers, cultural support workers, peers and community liaison workers that will work alongside shelter, housing providers, park rangers, store owners, service providers etc. The VCH team will engage the individual needing support with a trauma-informed and relationship-based approach and create a clear pathway for people to access this service and understand the support it can provide. (proposal: add 32 FTE)

3. Strengthen Indigenous approaches across all VCH Urgent Mental Health services:

VCH Indigenous Health team will leverage their existing leadership team, Elders in Residence program, Indigenous nurse educators, Indigenous patient navigators and Indigenous cultural practitioners to develop a comprehensive and seamless referral network to culturally-specific programs and services. The approach will focus on

navigation, mentorship and advocacy on behalf of the clients, and timely access to culturally appropriate and informed care. VCH will work with their extensive network of partners, including the First Nations Health Authority (FNHA); Metro Vancouver Aboriginal Executive Council (MVAEC) and all member agencies; and the First Nations and Aboriginal Primary Care Network (FNAPC) to help clients access primary care and land-based healing opportunities. They will continue to involve local Host Nations and Elders in all of their planning and service provision.
(proposal: add 12 FTE)

Proactive Service Enhancements (note: to be introduced in future phases)

1. *Priority Mental Health Outreach*: Dedicated clinicians to proactively find clients who are not receiving medications or need to be recalled to hospital before they move into crisis.
2. *Intensive Case Management Teams*: Increasing current capacity to provide wrap around outreach support – including support for physical, mental health and substance use health concerns, provided by a multi-disciplinary team including nurse practitioners, social workers, nurses and peers – for those with complex needs and for whom clinic-based care does not work.
3. *Community Integration*: Dedicated clinicians to support people to transition off the mental health and substance use teams when appropriate (i.e. meeting clinical criteria) by connecting them to other community services

Given the complexity of expanding and starting up new services, VCH seeks to implement 58 FTE to support the responsive service enhancement in Phase One. Based on VCH's financial analysis that is outlined in their proposal, additional resources beyond the \$8M identified in Council's November 22, 2022 motion will be required should Council wish to fund up to 100 FTE on an annualized basis. VCH's proposal includes information that outlines staffing costs and considerations.

Service Metrics

VCH also projected the potential increase in the number of service interactions based on metrics of their existing programs and outreach teams. A fuller evaluation – including identification of metrics – is proposed to be designed as a part of the program.

Table: Proposed Phase One FTE Allocations

SERVICE	CURRENT		PHASE ONE: PROPOSED ADDITIONS		PROJECTED TOTAL INTERACTIONS
	FTE	INTERACTIONS	FTE	INTERACTIONS	
1. Car 87/88 expansion	12	8/day	10	8/day	16/day
2. AOT expansion	7	15/day	2	6/day	21/day
3. Triaging	N/A	N/A	2	N/A	N/A
4. Moderate (non-police) de-escalation	N/A	N/A	32	12/day	12/day
5. Strengthening Indigenous approaches	N/A	N/A	12	5/day	5/day
TOTAL	19	23/day	58	31/day	54/day

VCH Vancouver Community services has hundreds of clinicians who provide thousands of interactions every day – including mental health, primary care, and substance use/addictions related care. The interactions on this table only relate to the specific new or expanded services that are being created through this initiative.

Timeline

Should the recommended grant be approved by Council, VCH will begin to implement Phase One of the Framework. Their proposal's current timeline projects a staggered start to the service enhancements, with hiring of new staff during the spring and programs starting over the following months as staff are onboarded and new programs designed.

Further Considerations

In their proposal, VCH note some additional considerations:

Complex problem requiring multifaceted solutions: VCH notes that the mental health crisis and surrounding problems facing Vancouver will require a multifaceted set of solutions beyond an increase in clinicians and police officers. They noted that they are looking forward to renewing and continuing to work with the City on implementing the Healthy City Strategy to ensure attention is being given to all the social determinants of health that create vulnerability.

City staff have further heard from community partners about the need for more upstream service such as trauma informed mental health counselling, healing and wellness supports and spaces to provide these, delivered through non profit organizations and this information has been shared with VCH. VCH and staff are also well aware that systems changes in other areas beyond the health system are needed to prevent crisis in the first place, such as access to safe and affordable housing, income support, access to safer supply, and further upstream, access to early childhood supports. Refinement of these needs align with other directions in the original Council motion and will be reported on in the future.

Stimulant Use: VCH notes that stimulant use, specifically crystal methamphetamine, plays a significant role in the mental health crisis we are seeing on our streets, and in shelters and supported housing settings. Treatment or support for individuals who use stimulants and may then experience “substance-induced psychosis” is outside of what many of VCH's current MHSU teams can offer. Their moderate de-escalation service will have specific training and resources to enhance existing MHSU services that engage people who are using stimulants with risk mitigation strategies, which is an evidence-based treatment using motivational incentives.

Human Resources and Recruitment: VCH notes that the unprecedented labour market situation that is impacting other sector's ability to recruit staff is likewise impacting the health care sector.

Direction F: Evaluation

Staff will identify quarterly and annual reporting requirements in the grant agreement with VCH. Considerations will include both financial reporting and performance analysis. Staff will work with VCH to provide Council with an annual report on the use of and effectiveness of the City's investment.

As per Council's direction, the grant agreement will require a formal outcomes-based evaluation of the City-supported services. VCH has noted that they will work in partnership with the City, VPD and other stakeholders to ensure an evaluation methodology that includes metrics, qualitative analysis, Indigenous methodology (i.e., capturing narrative and story-telling from the experiences of Indigenous clients), and clear outcome measures, with a particular focus on how well these services support Indigenous, Black and People of Colour, women, marginalized, differently abled, and LGBTQIA2S+ people.

Risks

Implementation Risk: There are a number of factors that will impact the pace at which VCH is able to move through implementation, including the ability to hire the needed resources, readying a space for their teams, the ability for other partners to participate as anticipated. Staff will stay in regular contact with VCH to understand what may be impacting their implementation of City-funded enhancements.

Funds Utilization Risk: Staff will structure the grant agreement so that City funding is released on a quarterly basis after review of financial and activity reporting for the previous quarter. This will ensure optimal utilization of City funding and reduce risk of unspent surplus arising from unanticipated implementation delays.

Future Funding Risk: The delivery of mental health services is the mandate of senior government. Staff advise that partnership and advocacy efforts continue so that in time critical health service gaps such as the ones Council are seeking to fund as described in VCH's Framework are funded by senior government.

Financial Implications

The grant proposed for 2023 is for costs provided by VCH based on their ability to hire the needed resources, readying a space for their teams, the ability for other partners to participate as anticipated.

Staff will report to Council prior to the end of 2023 with an update report on progress, outcomes, and achievements of the program. 2024 Costs are presented for information only. Funding in future years will be reviewed and considered in discussion with senior levels of Government.

VCH's proposal identifies the following costs for Phase One (2023) of the Framework's implementation (projections for 2024 and annual ongoing funding needs is included for information purposes only):

Category	Fiscal 2023	Projected Fiscal 2024	Annual ongoing
Staffing	\$2,469,728	\$7,264,773	\$7,316,103
Evaluation	\$ 100,000	\$ 100,000	\$ 100,000
Engagement/Honorarium	\$ 66,667	\$ 200,000	\$ 200,000
Other Non Labour*	\$ 123,486	\$ 363,239	\$ 365,805
Total Costs	\$2,759,881	\$7,928,012	\$7,981,908

* Further work to take place with City to identify space for staff.

As directed by Council in the original motion, funding of \$2,800,000 for this grant will be included in the 2023 Operating Budget. Council will need to confirm as part of the 2023 Operating Budget being brought forward to Council in March whether this grant will be funded from property tax or through reallocation of existing funding. If the \$2,800,000 million grant is not reallocated from other current City activities, it would be equivalent to 0.29% property tax increase. For future years' consideration, \$5,200,000 million (increase anticipated for 2024) is equivalent to a further 0.55% tax increase in 2023 dollars.

There are no added resources for City staff in this report and the management of this grant and substantive partnership will add to current workload. Staff will redirect effort to support this partnership and will update Council should this redirection necessitate pause on other initiatives or work.

Legal Implications

The Director of Legal Services will support the drafting of the grant agreement and approve its terms and conditions.

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APPENDIX A

Enabling the Requisitioning and Hiring of 100 New Police Officers and 100 Mental Health Nurses (Member's Motion B.5)

Standing Committee on Policy and Strategic Priorities agenda

November 16, 2022 (Reconvening on November 22, 2022)

FINAL MOTION AS APPROVED

WHEREAS

1. Mental illness and addictions are experienced by residents from all corners of the city;
2. The Vancouver Police Department (VPD) has a number of successful Mental Health Initiatives to serve people living with mental illness. For more than 40 years the VPD has partnered with Vancouver Coastal Health (VCH) to help improve the quality of life for mutual clients living with mental illness, substance use, and addiction;
3. The VPD collaboration with VCH and other community partner aims to reduce harm to both clients and the community, and to reduce a client's involvement with the criminal justice system, law enforcement, and emergency health services, by providing a coordinated response;
4. The VPD's mental health initiatives and partnerships include (but are not limited to):

Car 87/88 – Mental Health Cars – VPD officers partner with mental health professionals to provide assessments and intervention for people living with mental illness. Specially-trained officers in plainclothes team up with psychiatric nurses seven days a week and respond to requests from patrol officers and Assertive Outreach Team members for mental health assistance. They determine the most appropriate action in each case, which can include immediate referrals for community-based mental health services or emergency intervention.

Assertive Community Treatment (ACT) Teams – A small group of clients have repeated and frequent use of the emergency medical system and extensive contact with police. They also encounter barriers to housing and employment. It makes living in the community challenging. ACT teams provide full-service mental health programs and “wrap-around” care for clients with a history of complex mental health issues. The teams help clients transition to traditional community-based care. Teams are 10 to 12 people, and include police officers, nurses, social workers, psychiatrists, and vocational counsellors.

Assertive Outreach Team (AOT) – While ACT addresses the most high-risk, high-needs clients through long-term, wrap-around services, the Assertive Outreach Team (AOT) provides short-term bridging services to clients to help them transition from hospital or jail to longer-term community-based services,

such as ACT. VPD officers collaborate with Vancouver Coastal Health psychiatrists, nurses, and clinical supervisors to reduce incidents of violence and self-harm, prevent further deterioration in quality of life, and reduce involvement with the criminal justice system.

VPD Mental Health Unit – The VPD Mental Health Unit works to reduce the number of people cycling through the criminal justice system as a result of untreated mental health disorders. The Unit works with Vancouver Coastal Health Mental Health clinical staff. Together, they ensure a coordinated response.

5. On December 8, 2020, Council approved a net VPD budget of \$316,079,342 plus \$300,000 in separate funding for CPCs, resulting in a VPD budget shortfall of \$5,689,974 for 2021. The VPD quantified this funding shortfall as being equivalent to 61 police recruits, or 4.5% of the VPD's authorized sworn strength;
6. On March 8, 2021, the Police Board appealed to the Province's Director of Police Services for a review of Council's decision under section 27(3) of the Police Act;
7. In March 2022, B.C.'s Director of Police Services, Wayne Rideout, ruled that the Vancouver Police Department should not have been denied the additional \$5.7 million it requested in December 2020 to fully fund its 2021 operating budget;
8. The nature, scope, and magnitude of the mental health and addiction crisis facing Vancouver requires a significant and substantial increase in supports and actions to improve the quality of life for those living with mental illness, substance use, and addiction in our city.

THEREFORE BE IT RESOLVED

- A. THAT Council empower the Mayor to write to the Vancouver Police Board (VPB) and the Board of Vancouver Coastal Health (VCH) on behalf of Council to formally advise of Council's intention to make funding available to the Vancouver Police Board and VCH to enable the requisitioning and hiring of 100 new police officers and 100 mental health nurses to support various mental health initiatives and partnerships between the two agencies;

FURTHER THAT copies of the Mayor's letter be sent to the senior management of the Vancouver Police Department (VPD) and VCH, the Vancouver Police Union, local Indigenous Governments, and other relevant partners and stakeholders.

- B. THAT Council direct staff to allocate a full block of funding in the City's 2023 operating budget in the amount of \$8 million, inclusive of any provincial or federal government funding that may be available, to enable the Vancouver Police Department (VPD) to requisition and hire new police officers. Such funding will be made available to the VPD on or after January 1, 2023 subject to Council's acceptance of plan from the VPD for hiring and deploying the additional police officers to enhance and expand mental health initiatives and partnerships between VPD and Vancouver Coastal Health (VCH), such as the Car 87/88 program, Assertive Community Treatment (ACT) Teams and Assertive Outreach Team (AOT). The interim funding source for the \$8 million allocation will be the general revenue stabilization reserve, with the final funding source to be identified by Council in the 2023 operating budget.
- C. THAT Council direct staff to allocate a full block of funding in the City's 2023 operating budget in the amount of up to \$8 million, inclusive of any provincial or federal government

funding that may be available, to enable Vancouver Coastal Health (VCH) to requisition and hire new nurses. The funding will be made available to VCH on or after January 1, 2023 subject to agreement between the City and VCH on a plan for use of the funds to hire additional nurses to enhance and expand mental health initiatives and partnerships between VCH and the Vancouver Police Department (VPD), such as the Car 87/88 program, Assertive Community Treatment (ACT) Teams and Assertive Outreach Team (AOT). The interim funding source for the \$8 million allocation will be the general revenue stabilization reserve, with the final funding source to be identified by Council in the 2023 operating budget.

- D. THAT Council direct staff to work with their counterparts at Vancouver Coastal Health and the Canadian Mental Health Association (CMHA) to explore options and opportunities to implement CMHA's Peer Assisted Care Teams (PACT) in Vancouver, as part of the Province's Safer Communities Action Plan or otherwise, to serve as a complementary mental health service to existing VCH and VPD mental health partnerships, in consultation with stakeholders and other relevant partners, and

FURTHER THAT Council direct the City Manager to write to the Province to formally request that Vancouver be considered as a location for one of the 12 new Peer Assisted Care Teams (PACTs) being created under the Safer Communities Action Plan, and further that staff report back to Council in Q1 of 2023 with a memo and/or presentation to update Council on potential next steps Council may wish to entertain as follow up actions or direction to staff.

FURTHER THAT Related to the City's expansion into mental health services, Council formally express to the Province and partners an interest and intention to explicitly explore a mental health care crisis continuum that could divert people in crisis from unnecessary police and psychiatric intervention that seeks to:

- i. First, route crisis calls and wellness checks through crisis lines in order to de-escalate and resolve the crisis;
 - ii. Second, dispatch a non-police crisis mobile response team; and
 - iii. Third, provide crisis respite facilities – non-hospital settings where a person in crisis can go and get rest, and help from peer support workers and mental health professionals
- E. THAT Council empower the Mayor to write to Premier David Eby on behalf of Council to thank the Province for the immediate steps being taken under the newly-announced Safer Communities Action Plan, which seeks to keep those who commit repeat violent offences off our streets and strengthen services to build safe, healthy communities for everyone, including concrete steps at the provincial level to improve co-ordination between law enforcement, community service organizations, justice system actors, health providers, and people who are recovering from addiction and mental-health challenges in a collaborative, co-ordinated approach, and

FURTHER THAT the Mayor's letter to the Premier shall include a statement of Council's support for the 10 additional Indigenous justice centres announced by the Premier as part of the Safer Communities Action Plan, the first five of which are set to open next year to better support Indigenous Peoples in urban and metropolitan areas and further improve access to culturally appropriate legal services for Indigenous Peoples.

- F. THAT, related to the City's expansion into funding health services, Council direct staff to work with VCH, VPD, CMHA-BC and other service provision partners to request a detailed set of evaluation criteria and an ongoing coordinated evaluation plan for these mental health crisis response efforts. And that implementation and evaluation updates be provided to Council annually.
- G. THAT this increase in funding be accompanied by a request from Council to the Vancouver Police Board for line-item budgets for the last five years and all years moving forward. And that Council direct the Mayor to communicate this request in the Mayor's letter to the Vancouver Police Board.



Proposal for City of Vancouver
Urgent Mental Health and Substance Use Service Enhancements
Phased and Collaborative Approach
February 2023

Introduction and Background

Vancouver Coastal Health (VCH) has a long-standing and productive partnership with the City of Vancouver (CoV). This is evidenced by close working relationships between our staff through COVID-19, the toxic drug crisis, and other issues where our mandates overlap and align. This relationship is also grounded in legislation through the Public Health Act and the requirement from the Ministry of Health that medical health officers establish agreements with all municipalities to work together to address the underlying determinants of health. In Vancouver, this resulted in a Memorandum of Understanding in 2013, which in turn influenced the co-creation of the city's first social development plan, the Healthy City Strategy (2014-2023). That joint CoV-VCH led strategy includes 13 long-term goals, along with targets and indicators, to improve the determinants of health of the city and its residents.

Proposal Context

In response to a City of Vancouver council motion of November 22, 2022, entitled *Enabling the Requisitioning and Hiring of 100 New Police Officers and 100 Mental Health Nurses*, VCH assessed what services and mandates could be expanded or improved to align with Council's motion and to better help people in Vancouver who are in, or who are approaching, a mental health related crisis. To respond to Council's intention, VCH has created, in partnership with Vancouver Police Department and CoV staff, an *Urgent Mental Health Service Enhancements Framework*, which can be seen below.

The Framework has prioritized specific services based on the Council motion for people with more severe mental health issues, often behaviours induced by the use of substances, and who are frequently also unhoused or living in shelters, single room occupancy hotels (SROs) or supported housing. The Framework and proposed funding will provide greater support to this area, while ongoing work on other initiatives will continue alongside the ministries of Mental Health and Addictions and Health.

As is reflected in the Principles below, The Framework will uphold VCH's commitment to improved access to culturally informed care, and trauma and violence-informed practices. This approach will be inclusive of Indigenous ways of healing and will mean more resources to support Indigenous-specific programs and services. Our Indigenous focused teams will include Indigenous practitioners across all teams. Our VCH Indigenous Health team and partners will provide enhanced training, and connections to land and culture. The decisions related to new resources in this area of service for the Indigenous population will be lead by the Indigenous Health team at VCH, and will uphold the practices of community engagement and inclusion of Musqueam, Squamish, and Tsleil-Waututh Nations, on whose lands we are providing care.



Proposal Principles

The following guiding principles will ground the implementation of The Framework. Further principles may be added as The Framework evolves.

- Improved access to culturally informed and accessible care for Indigenous Peoples
- Improved access to appropriate and accessible care for Black, Indigenous, and People of Colour, women, marginalized, differently abled, and LGBTQIA2S+ people
- Inclusion of People with Lived and Living Experience (PWLLE) in every aspect of The Framework, including service delivery, the process of planning new or expanded services, and evaluation processes
- Harm reduction approaches and lens
- Trauma and violence-informed care
- Recovery oriented care
- Evidence-based approaches informed by research and available data, including incorporating emerging best practices related to supporting people who use stimulants and other substances.

Urgent Mental Health and Substance Use Service Enhancements Framework

The *Urgent Mental Health Service Enhancements Framework* identifies six key areas of investment, including responsive services, intervening in crisis or escalation towards crisis, and proactive services, attempting to prevent crisis. For the first phase of implementation (in 2023), we have prioritized the responsive services in recognition of the need for immediate investment to help to stabilize the most acute situations that are arising every day in our city. However, in subsequent phases we are committed to investing in a more balanced approach with resources committed to the identified proactive initiatives. All six components of The Framework are outlined below with the initial three explained in more detail.

The overarching goals of this first phase of The Framework are to:

1. Increase the capacity of the system to respond in a safe, health-focused and therapeutic way to people who are in, or are approaching, a mental health crisis.
2. Provide additional, improved services, and earlier de-escalation support to both individuals in or near crisis, and the non-health partners who are helping them.
3. Strengthen Indigenous approaches and improve Indigenous client experiences, outcomes, and access within all VCH Urgent MHSU services.

The Framework provides two types of interventions: Responsive and Proactive. Responsive interventions are intended to respond to individuals as they are experiencing crisis or as their mental health related behaviours are escalating. Proactive interventions are designed to support individuals in order to prevent escalation or crisis. Within each area of interventions, there are specific services that seek to address the needs of unique populations or situations.

Urgent MHSU Service Enhancement Framework

Responsive:

- Expanding police partnership programs
- Moderate (non-police) de-escalation
- Strengthening Indigenous approaches across all urgent MHSU services

Proactive:

- High Priority Mental Health Outreach
- Intensive Case Management
- Transitions and Flow

Recognizing the urgent need in the community, VCH is proposing to provide immediate attention on implementing the responsive service enhancements for 2023 and plan to implement proactive service enhancements as a second phase as quickly as possible. Accordingly, the following program information provides more detail on the responsive enhancements, with more information on proactive enhancements to come in further submissions. More information on phasing can be found below.

Responsive Service Enhancements

1. Increasing capacity of police-partnership services

Program Description

This includes the expansion of the Car 87/88 program and of the Assertive Outreach Team (AOT). Car 87/88 is a long-standing program that sends a clinician and a police officer to mental health crisis calls where there is a risk of harm while additional nurses are in an office doing other supportive work such as collecting information from police and health records. The partnership allows the system to provide a health response, including certification under the *Mental Health Act*, rather than a criminal justice response during a mental health crisis, even when the individual is at risk of causing harm to themselves or others. Shelter and supported housing operators in Vancouver have been asking for years, including in formal letters to Mayor and Council, for an increase in investment into this program to meet demand and better support their operations. We have heard from our own VCH clinicians that they would not be willing to attend these serious crisis calls without backup from a police partner.

AOT primarily serves as a transition, bridging, and stabilization team for adults identified in recent emergency department or police contacts that may be suffering from moderate to severe mental health and/or co-occurring substance use issues. Team members provide short-term care on an outreach basis until a client is connected to the appropriate community services.

Evaluation of this program, including the experiences of Indigenous clients, is expected in Phase One to inform programming and implementation in real time.



Proposed Investment

With the City's funding, we propose to double the number of 87 and 88 cars on the road, seven days a week from 7:30 am to 11:30 pm, from one to two and increase the interactions per day of AOT. These outcomes are dependent on additional investment from the VPD, which we expect to be assigned. Currently, the VCH portion of Car 87/88 operates with 12 FTE, and the proposed program increase will bring an additional 10 FTE to the delivery of the program. The current AOT team is 7 FTE and we will be adding 2 FTE. The remaining 2 FTE in this program area will be allocated to answering and triaging calls towards the most appropriate and efficient service. Information on program metrics and costs are provided in the tables below.

2. Moderate (non-police) de-escalation

Program Description

This program does not currently exist and we would use the City resources to add the following mandate to an existing team. In instances where a person's mental health presentation is deteriorating, but the lower risk of potential harm does not warrant Car 87/88 support, or where Car 87/88 has attended and assessed someone as non-certifiable under the *Mental Health Act*, this service would:

- Be comprised of nurses, social workers, cultural support workers, peers and community liaison workers and support from a psychiatrist;
- Work in partnership alongside shelter, housing providers, park rangers, store owners, service providers etc., to engage the individual needing support with a trauma-informed and relationship-based approach;
- Work to find solutions to help to mitigate the behaviour/mental health presentation by connecting the individual to, or re-engaging them with a number of options: a mental health team; case management; a program to engage the individual in meaningful activities such as recreation or work in a Peer position; supporting them to find more appropriate housing models etc.;
- Incorporate specific training in de-escalation and how to engage people who are using stimulants, or other substances, with risk mitigation strategies; and
- Create a clear way for people to access this service and understand the support it can provide.

Proposed Investment

To implement this interdisciplinary response, we propose to allocate City funding for approximately 32 FTE to an existing health team to support this new, expanded mandate. These positions would be out in the community 7 days a week. Information on potential program metrics and costs are provided below.



3. Strengthen Indigenous approaches across all VCH Urgent Mental Health services

Program Description

VCH Indigenous Health team will leverage our existing leadership team, Elders in Residence program, Indigenous nurse educators, Indigenous patient navigators and Indigenous cultural practitioners to develop a comprehensive and seamless referral network to culturally-specific programs and services. The approach will focus on navigation, mentorship and advocacy on behalf of the clients, and timely access to culturally appropriate and informed care. VCH will work with our extensive network of partners, including the First Nations Health Authority (FNHA); Metro Vancouver Aboriginal Executive Council (MVAEC) and all member agencies; and the First Nations and Aboriginal Primary Care Network (FNAPC) to help clients access primary care and land-based healing opportunities. We will continue to involve local Host Nations and Elders in all of our planning and service provision.

Proposed Investment

To implement this approach, we propose to allocate City funding to support the creation of 12 FTE positions. The decisions related to new resources in this area of service for the Indigenous community will be lead by the Indigenous Health team at VCH.

Proactive Service Enhancements

4. **Priority Mental Health Outreach:** Dedicated clinicians to proactively find clients who are not receiving medications, or need to be recalled to hospital before they move into crisis.
5. **Intensive Case Management Teams:** Increasing current capacity to provide wrap around outreach support – including support for physical, mental health and substance use health concerns, provided by a multi-disciplinary team including nurse practitioners, social workers, nurses and peers – for those with complex needs and for whom clinic-based care does not work.
6. **Community Integration:** Dedicated clinicians to support people to transition off the mental health and substance use teams when appropriate (i.e. meeting clinical criteria) by connecting them to other community services.

Implementation in a phased approach

As noted above, VCH has prioritized the responsive services in The Framework in the first year of the initiative to address the most acute needs of the population and city. We propose focusing in the remaining months of 2023 on the first three responsive service enhancements outlined above, working with a community reference group and implementing a robust evaluation – explained in more detail below.



Phase One (2023)

Service Implementation

Implementation will focus on deploying initial investments in the three responsive service enhancements described in The Framework:

1. Expanding police partnership services (14 FTE);
2. Moderate (non-police) de-escalation service (32 FTE); and
3. Strengthen Indigenous approaches across all VCH Urgent Mental Health services (12 FTE).

Anticipated Client/Patient Service Interactions

All services will be phased in over the calendar year. In the table below we have projected the potential increase in daily interactions that this program could provide once all the new FTE are operational at the end of 2023. We estimated the interactions for these future services based on current volumes for Car 87/88, AOT and other outreach teams. The staff doing moderate de-escalation will use an approach that involves spending significant amounts of time with individuals in their daily activities in order to develop a relationship and build trust, and will therefore see fewer clients every day than Car 87/88 does.

SERVICE	CURRENT		PHASE ONE: PROPOSED ADDITIONS		PROJECTED TOTAL INTERACTIONS
	FTE	INTERACTIONS	FTE	INTERACTIONS	
1. Car 87/88 expansion	12	8/day	10	8/day	16/day
2. AOT expansion	7	15/day	2	6/day	21/day
3. Triageing	N/A	N/A	2	N/A	N/A
4. Moderate (non-police) de-escalation	N/A	N/A	32	12/day	12/day
5. Strengthening Indigenous approaches	N/A	N/A	12	5/day	5/day
TOTAL	19	23/day	58	31/day	54/day

VCH Vancouver Community services has hundreds of clinicians who provide thousands of interactions every day – including mental health, primary care, and substance use/addictions related care. The interactions on this table only relate to the specific new or expanded services that are being created through this initiative.

Community Engagement

Moderate (non-police) de-escalation will be implemented as a 'Proof of Concept' with a **Community Reference Group** guiding program development in real time while the service ramps up over the year. The Community Reference Group will build upon the existing Urgent Mental Health Response working group comprised of shelter and housing providers, VPD, St Paul's Hospital and VCH. Alongside new Terms of Reference, we will grow the membership to include representation from Indigenous-led service providers, People with Lived and Living Experience (PWLLE), and City staff.

Evaluation

VCH will undertake a comprehensive third party program evaluation related to police partnership programs and the moderate (non-police) de-escalation service, with a particular focus on how well these services support Black, Indigenous, and People of Colour, women, marginalized, differently abled, and LGBTQIA2S+ people. VCH will work in partnership with the City, VPD and other stakeholders to ensure



an evaluation methodology that includes metrics, qualitative analysis, Indigenous methodology (i.e., capturing narrative and story-telling from the experiences of Indigenous clients), and clear outcome measures.

Phase Two (2024 +)

Subsequent investments will be guided by The Framework, input from the reference group and the evaluation.

Other Considerations

Complex problem requiring multifaceted solutions

VCH recognizes that the mental health crisis and surrounding problems facing Vancouver will require a multifaceted set of solutions beyond just increases in clinicians and police officers. VCH looks forward to renewing and continuing to work with the City on implementing the Healthy City Strategy to ensure attention is being given to all the social determinants of health that affect these vulnerable individuals.

Stimulant Use

Stimulant use, specifically crystal methamphetamine, plays a significant role in the mental health crisis we are seeing on our streets, and in shelters and supported housing settings. Treatment or support for individuals who use stimulants and may then experience “substance-induced psychosis” is outside of what many of our current MHSU teams can offer. Our moderate de-escalation service will have specific training and resources to enhance our existing MHSU services that engage people who are using stimulants with risk mitigation strategies, which is an evidence-based treatment using motivational incentives.

Human Resources and Recruitment

It is widely acknowledged that we are in an unprecedented situation related to human resources and this definitely is impacting both the health care and policing sector. While VCH is implementing a robust strategy to tackle this issue, hiring delays may impact the timeline of this initiative.



Timeline

Recognizing the considerable time it takes to set up new clinical teams in new space, establish accountability structures and training programs, and recruit staff, we envision onboarding new clinical resources for the three prioritized service enhancements in a phased way over the next year. Key milestones are outlined below:

Feb 13	Potential and hoped for confirmation of funding from City of Vancouver
Mar - Dec	Hiring of Car 87/88 in coordination with VPD
Mar	Initiate a) Community Reference Group and b) search for Evaluator c) posting new positions
May - Dec	Increasing Indigenous-specific positions on various VCH Urgent Mental Health teams and/or starting new Indigenous-specific teams
May	Leadership team hired for moderate de-escalation service
May - Aug	Program development and training for moderate de-escalation service
Sept	Launch of moderate (non-police) de-escalation service

Finances

Category	Fiscal 2023	Fiscal 2024	Annual ongoing
Staffing	\$2,469,728	\$7,264,773	\$7,316,103
Evaluation	\$ 100,000	\$ 100,000	\$ 100,000
Facility Costs*			
Engagement/Honorarium	\$ 66,667	\$ 200,000	\$ 200,000
Other Non Labour	\$ 123,486	\$ 363,239	\$ 365,805
Total Costs	\$2,759,881	\$7,928,012	\$7,981,908

**Further work to take place with City to identify space for staff*

Reporting

- In addition to an external evaluation, VCH will submit metrics and complete mutually agreed upon reporting on a quarterly basis or as required by the grant agreement, and will meet quarterly with City staff to monitor results/impacts/trends.
- Financial reporting will include a financial statement of expenditures tied to deliverables.
- VCH will report back to Council on results and use of funding prior to receiving further installments, or as requested.



Appendix A: Anticipated staffing by Enhancement Area

Position	Full Time Equivalent (FTE) Positions
Strengthening Indigenous approaches	
Registered Nurse	2.00
Social Worker	2.00
Indigenous Cultural Worker	2.00
Peer/ Community Liaison Worker	3.00
Nurse Practitioner	1.00
Occupational Therapist	1.00
Administrative Support	1.00
Total strengthening Indigenous approaches	12.00
Police partnership program enhancements	
Registered Nurse	12.00
Clinical Resource Nurse	1.00
Social Worker	1.00
Total police partnership enhancements	14.00
Moderate de-escalation	
Team Leader, Mental Health	1.00
Clinical Educator	1.00
Social Worker	5.60
Community Liaison Worker	5.60
Peer Support Assistant	5.60
Administrative Support	2.00
Registered Nurse	5.60
Psychiatric Nurse	5.60
Psychiatry Sessions (1 per week)	5 hours
Total moderate de-escalation	32.00



Appendix B: Staffing Costs per FTE

Position	Fiscal 22/23 Rates		Fiscal 23/24 Rates	
	Salary / Per FTE	With Benefits	Salary / Per FTE	With Benefits
Registered Nurse	\$ 96,156	\$ 121,637	\$ 101,444	\$ 128,327
Psychiatric Nurse	\$ 96,156	\$ 121,637	\$ 101,444	\$ 128,327
Social Worker	\$ 93,508	\$ 118,288	\$ 98,651	\$ 124,794
Indigenous Cultural Worker	\$ 57,859	\$ 73,192	\$ 61,041	\$ 77,217
Community Liaison Worker	\$ 57,859	\$ 73,192	\$ 61,041	\$ 77,217
Peer Support Assistant	\$ 51,432	\$ 65,062	\$ 54,261	\$ 68,641
Occupational Therapist	\$ 93,508	\$ 118,288	\$ 98,651	\$ 124,794
Team Leader	\$100,703	\$ 127,389	\$ 106,241	\$ 134,395
Clinical Resource Nurse	\$106,745	\$ 135,033	\$ 112,616	\$ 142,459
Clinical Educator	\$106,745	\$ 135,033	\$ 112,616	\$ 142,459
Nurse Practitioner	\$157,430	\$ 199,149	\$ 166,089	\$ 210,102
Admin Support	\$ 53,069	\$ 67,133	\$ 55,988	\$ 70,825