

# CARING FOR ALL:

## Priority Actions to Address Mental Health and Addictions

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

# Table of Contents

04

**Mayor's  
Introductory  
Address**

06

**Introduction**

12

**Summary of  
Phase 1  
Work of the  
Task Force**

26

**Focus on Youth  
Better Transitions  
and Outcomes**

30

**Focus on Wellness for  
Aboriginal Peoples  
A City of  
Reconciliation**

32

**Enhance Addictions  
Knowledge  
Training and  
Treatment Choices**

14

**Summary of  
Phase 1 Activities**  
Six Action Areas  
to Enhance the  
System of Care

15

**Summary of  
Phase 1 Activities**  
Enhancing Access  
to Services –  
Provincial Government  
120-Day Plan Highlights

16

**Enhancing our  
System of Care:  
23 Priority Actions**

38

**Next Steps**  
Phase 2 work for  
the Task Force

40

**Summary  
& Conclusion**

18

**Work Better Together  
and Address  
Service Gaps**  
The Game Changer

22

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

24

**De-stigmatization**  
Feeling Safe  
and Included

**APPENDIX A / 42**  
Timeline of the Recent  
Crisis and Response

**APPENDIX B / 44**  
Mental Health and Addictions  
Task Force Members

**APPENDIX C / 46**  
90 Additional People Attended  
Meetings and Workshops

**APPENDIX D / 48**  
Mayor's Task Force on  
Mental Health and Addictions -  
Meeting and Workshop Dates

**APPENDIX E / 50**  
Mayor's Task Force  
List of Actions

**APPENDIX F / 52**  
References on Emerging  
Evidence and Practice

# Mayor's Introductory Address



MAYOR  
GREGOR  
ROBERTSON

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

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

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

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

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

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

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

I look forward to our continued efforts together.

Mayor Gregor Robertson

# Introduction

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

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

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

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

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

**01**

Add 300 long-term and secure mental health treatment beds

**02**

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

**03**

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

**04**

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

## Why the immediate call to action?

As Canadians, one in five of us will experience a mental illness in our lifetime. In Vancouver, this means 120,000 out of approximately 600,000 residents, and all of us will experience mental illness through a family member, friend, or colleague<sup>1</sup>.

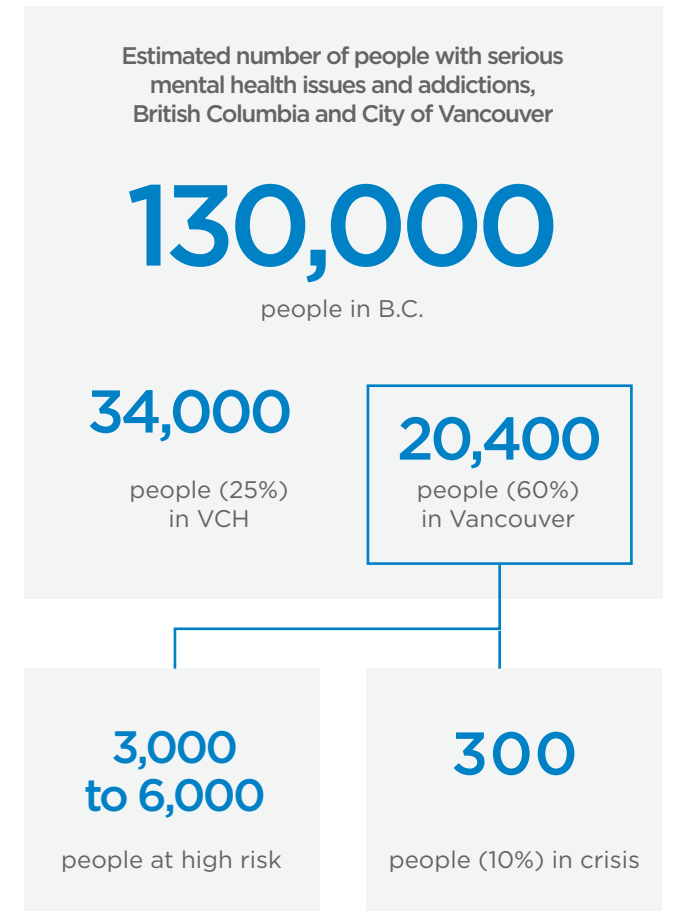
About 20,400 Vancouver residents are living with serious mental health and addictions.<sup>2</sup> At least 3,000 of these people were estimated to be at extremely high health risk and of these, 300 in crisis (Jones & Patterson, 2008). More work is needed to determine the current numbers and characteristics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

## Evidence of Need for Treatment and Supports

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

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

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



SOURCE: JONES & PATTERSON 2008

People with mental health and addictions are also at greater risk of victimization. The Vancouver Police Department's "Vancouver's Mental Health Crisis: an Update Report" builds on "Beyond Lost in Transition" (2010) and Lost in Transition (2008)<sup>3</sup>, and identifies, among other issues, safety risks as a result of lack of treatment and supports. The number of apprehensions under the Mental Health Act increased by 18 per cent<sup>4</sup> between 2010 and 2013 and these apprehended individuals are 23 times more likely to be the victim of a violent crime than the general public.

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

The 2013 Hotel Study<sup>5</sup> estimated that 2,000 people with serious mental health and addictions living in Downtown Eastside (DTES) single room occupancy hotels are not getting the treatment they need. In addition, greater than expected rates of mortality, and a prevalence of multiple issues, including substance dependence, mental illness, brain injury, and infectious diseases were common among the 293 study participants. The study highlights the need for collaborative care strategies, aligning with the Mayor's Task Force goals.

Meanwhile, the Mental Health Commission of Canada's At Home/Chez Soi study<sup>6</sup> of homeless individuals across Canada examined quality of life for individuals with high and moderate mental health needs and showed that social stability and good health outcomes can be achieved in marginalized, homeless populations impacted by mental illness, severe substance use, and other health challenges.

## Role of the City in responding to individuals in crisis

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

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

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

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

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

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

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

## Overview of City's Role in Mental Health & Addictions

### ▲ ADVOCACY ▲

#### Policy & Regulation

- Four Pillars Drug Strategy (2014)
- Housing and Homelessness Strategy (2012)
- Downtown Eastside Local Area Plan (2014)
- Report Back on Missing Women Commission of Inquiry and City Task Force on Sex Work and Sexual Exploitation (2013)
- Mental Health and Addictions Plan (2009)
- Healthy City Strategy (upcoming)

#### Partnerships

- Methadone Maintenance Therapy Working Group
- Vancouver Coastal Health Memorandum of Understanding
- Vancouver Police Department and Vancouver Coastal Health "Project Link"
- Non-Profit organizations
- Integrated Hoarding Team
- Rent supplements
- Winter response initiatives
- SRO Task Force

#### Research & Training

- Partnerships with universities
- Partnerships with social enterprises

#### Infrastructure

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

#### Funding (grants)

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

#### Programs & Services

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

### ▼ SERVICE DELIVERY ▼



PHOTO CREDIT: ZURN



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

### The costs of crisis and impact on City resources

The provincial government and in particular our partners at Vancouver Coastal Health and Providence Health Care face significant pressure to deliver mandated services. In the past three years, the emergency department at St. Paul's Hospital has seen a 43 per cent increase in visits from individuals with severe mental illness and/or addictions.<sup>7</sup> The human cost of the mental illness and addictions crisis are incalculable; however, the Centre for Applied Research in Mental Health and Addictions (CARMHA) at Simon Fraser University estimates the cost to the health and criminal justice systems in Vancouver is approximately \$100 million per year<sup>8</sup>.

The impact of mental health and addiction on City of Vancouver services is also sizeable. Results of a review that builds on a 2009 analysis<sup>9</sup> indicate that the overall cost to the City was over \$28 million per year (over \$30 million per year in today's dollars) including costs such as policing, first responders, emergency housing needs, as well as expenditures which focus on prevention and interventions, such as capital for housing, homelessness outreach, and social grants.

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

### Task Force Mandate

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

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



PHOTO CREDIT: PHABION SUTHERLAND

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



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

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

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

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

# Summary of Phase 1: Work of the Task Force



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

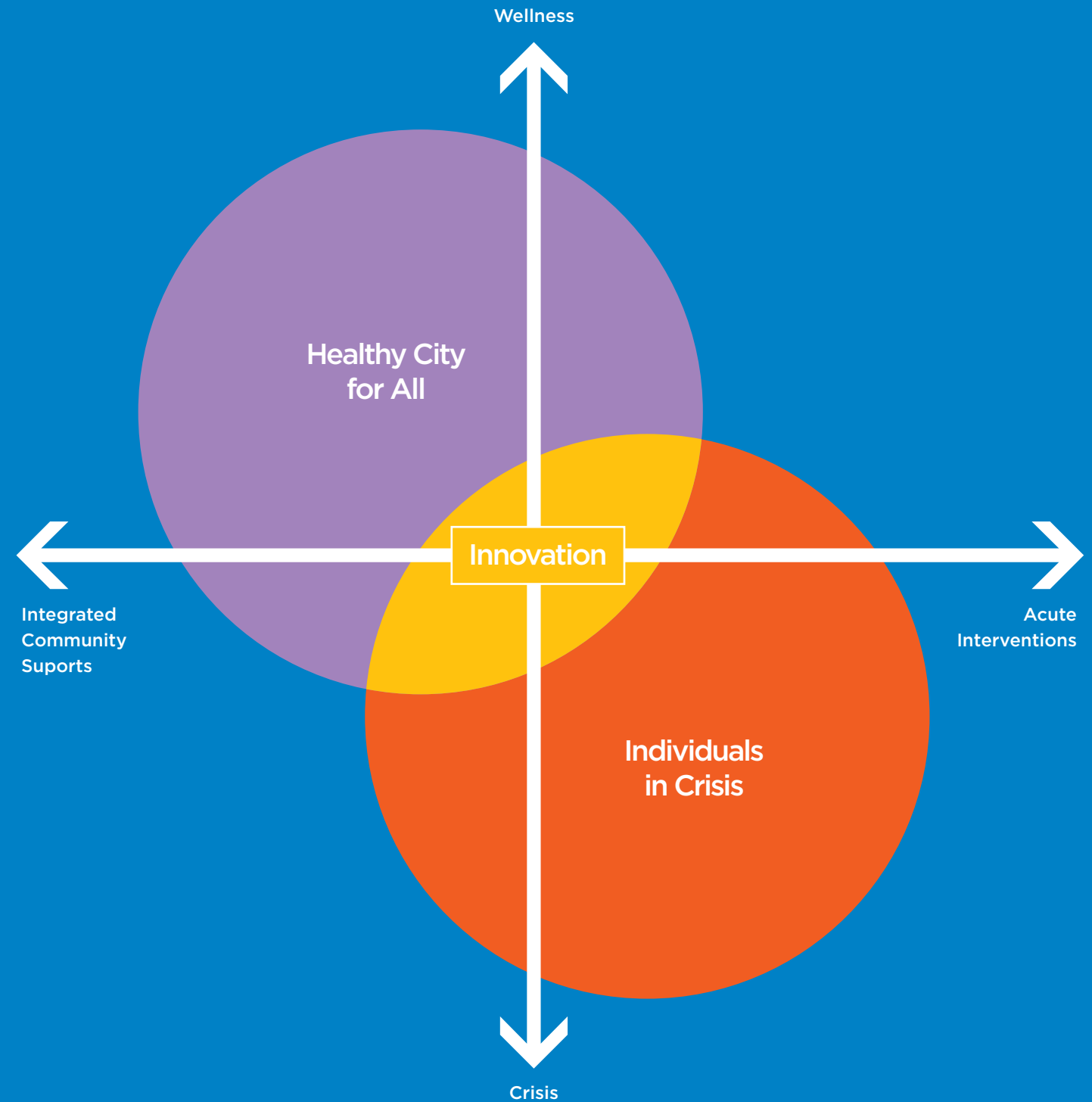
**O1** Actions stemming from extensive cross sectoral discussions on how to make our system of care more responsive and effective, and what the City of Vancouver can specifically do; and

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

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

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

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



# Six Action Areas to Enhance the System of Care


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

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

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

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

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

| TABLE 1   EVIDENCE-BASED   LOW-BARRIER<br>Mayor’s Task Force Summary of Six Action Areas & Recommended Actions |  |
|--|--|
| <b>01</b>  | <b>Work Better Together and Address Gaps in Service</b> – Expedite long-term impact through Collective Impact methodology including data-sharing model   |
| <b>02</b>  | <b>Peer-Informed System</b> – Convene a peer leadership table to examine best practice in health care, housing and community supports  |
| <b>03</b>  | <b>De-stigmatization</b> – Create greater awareness of mental illness and addiction to increase access to services, improve chance of recovery and improve sense of inclusion and belonging                              |
| <b>04</b>  | <b>Focus on Youth</b> – Better support systems for youth transitioning out of care   |
| <b>05</b>  | <b>Focus on Wellness for Aboriginal Peoples</b> – Aboriginal Healing and Wellness Strategy, including convening an advisory group of partners to create concepts of Aboriginal healing and wellness centres in Vancouver |
| <b>06</b>  | <b>Enhance Addictions Knowledge</b> – Support training for primary care providers and integration of addiction specialists in existing medical system  |
|                             | <b>ENHANCING ACCESS TO QUALITY AND EFFECTIVE SERVICES</b>  |

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



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

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

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

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

| The Four Recommendations: Current Status  |  |
|---|--|
| <b>01</b>   | <b>Add 300 long-term and secure mental health treatment beds</b><br><br><b>PENDING:</b><br><ul style="list-style-type: none"> <li>✗ 14-bed secure mental health facility (finalizing facility site)</li> <li>✗ Oversight by Burnaby Treatment Centre staff over group home beds for youth and adults to enhance support and stabilization in the community</li> </ul> <b>GAP:</b><br><ul style="list-style-type: none"> <li>✗ -250 secure mental health treatment beds</li> </ul>  |
| <b>02</b>   | <b>Increase staffing at supportive housing sites to support tenants with psychiatric issues</b><br><br><b>PENDING:</b><br><ul style="list-style-type: none"> <li>✗ Increase training capacity to support staff working with severe addictions and mental health issues</li> </ul>  |
| <b>03</b>   | <b>Increase significant support through Assertive Community Treatment (ACT) teams for psychiatric patients living in the community</b><br><br><b>COMPLETE:</b><br><ul style="list-style-type: none"> <li>✓ Two new ACT teams in Lower Mainland</li> <li>✓ Inner-City Youth Intensive Case Management team</li> </ul>   |
| <b>04</b>   | <b>Create an enhanced form of urgent care (crisis centre) and create joint treatment model (VPD-VCH)</b><br><br><b>COMPLETE:</b><br><ul style="list-style-type: none"> <li>✓ Nine-bed acute behavioural stabilization unit at St. Paul’s Hospital</li> <li>✓ Assertive Outreach Team established to manage transitions from hospital to community</li> <li>✓ Psychiatric emergency care protocols developed to address surge/capacity situations,</li> <li>✓ Improved information sharing protocols developed</li> </ul> <b>PENDING:</b><br><ul style="list-style-type: none"> <li>✗ Improve existing physician and allied health knowledge and care in low-threshold addictions treatment.</li> </ul> |
|  | <b>ENHANCING ACCESS TO QUALITY AND EFFECTIVE SERVICES</b>  |

# Enhancing our System of Care: 23 Priority Actions

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

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

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

**01**

**Work Better Together and Address Service Gaps**  
The Game Changer

**02**

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

**03**

**De-stigmatization**  
Feeling Safe  
and Included

**04**

**Focus on Youth**  
Better Transitions  
and Outcomes

**05**

**Focus on Wellness for Aboriginal Peoples**  
A City of Reconciliation

**06**

**Enhance Addictions Knowledge**  
Training and Treatment Choices

## 01

# Work Better Together and Address Service Gaps – The Game Changer

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

JONATHAN OLDMAN,  
THE BLOOM GROUP

Address service gaps in what? Surely not mental illness...what do traditionally siloed sectors mean? Exactly what is that prevention means? Where are we going? And what are we doing? With the goals that we have?

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

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

## PRINCIPLES AND ASSUMPTIONS IDENTIFIED AS ESSENTIAL TO SUCCESS:

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

PHOTO CREDIT:  
ALEX O'DONAGHEY

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

**PRIORITY ACTION 1**

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

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

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

**PRIORITY ACTION 2**

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

**PRIORITY ACTION 3**

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

**PRIORITY ACTION 4**

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

## 02

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

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

**PETER BAZOVSKY,  
ARA MENTAL HEALTH**

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

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

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

#### PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

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

#### PRIORITY ACTION 5

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

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



**PHOTO CREDIT: ALEX O'DONAGHEY**

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

## 03

# De-stigmatization

## Feeling Safe and Included

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

KAREN WARD,  
GALLERY GACHET

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

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

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

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

### PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

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

### PRIORITY ACTION 6

Increase community awareness of mental health and addiction.

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

### PRIORITY ACTION 7

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



PHOTO CREDIT: ZURN



ART CREDIT: QUIN MARTINS



ART CREDIT: LARA FITZGERALD

## 04

## Focus on Youth Better Transitions and Outcomes

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

ALEX O'DONAGHEY

The City's commitment to youth engagement is long established.<sup>11</sup> We have a strong history of engaging youth across Vancouver and providing opportunities to build knowledge and leadership skills through initiatives such as Youth Politik, a civic education and leadership program; youth advisory committees at community centres and libraries; and CitizenU<sup>12</sup> a program that addressed racism, discrimination and bullying.

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

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

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

### PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

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



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

**PRIORITY ACTION 8**

**Integrate collective action on youth transitioning out of care.**

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

**PRIORITY ACTION 9**

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

**PRIORITY ACTION 10**

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

**PRIORITY ACTION 11**

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



## 05

# Focus on Wellness for Aboriginal Peoples

## A City of Reconciliation

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

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

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

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

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

### PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

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

### PRIORITY ACTION 12

#### Design an Urban Aboriginal Wellness Strategy

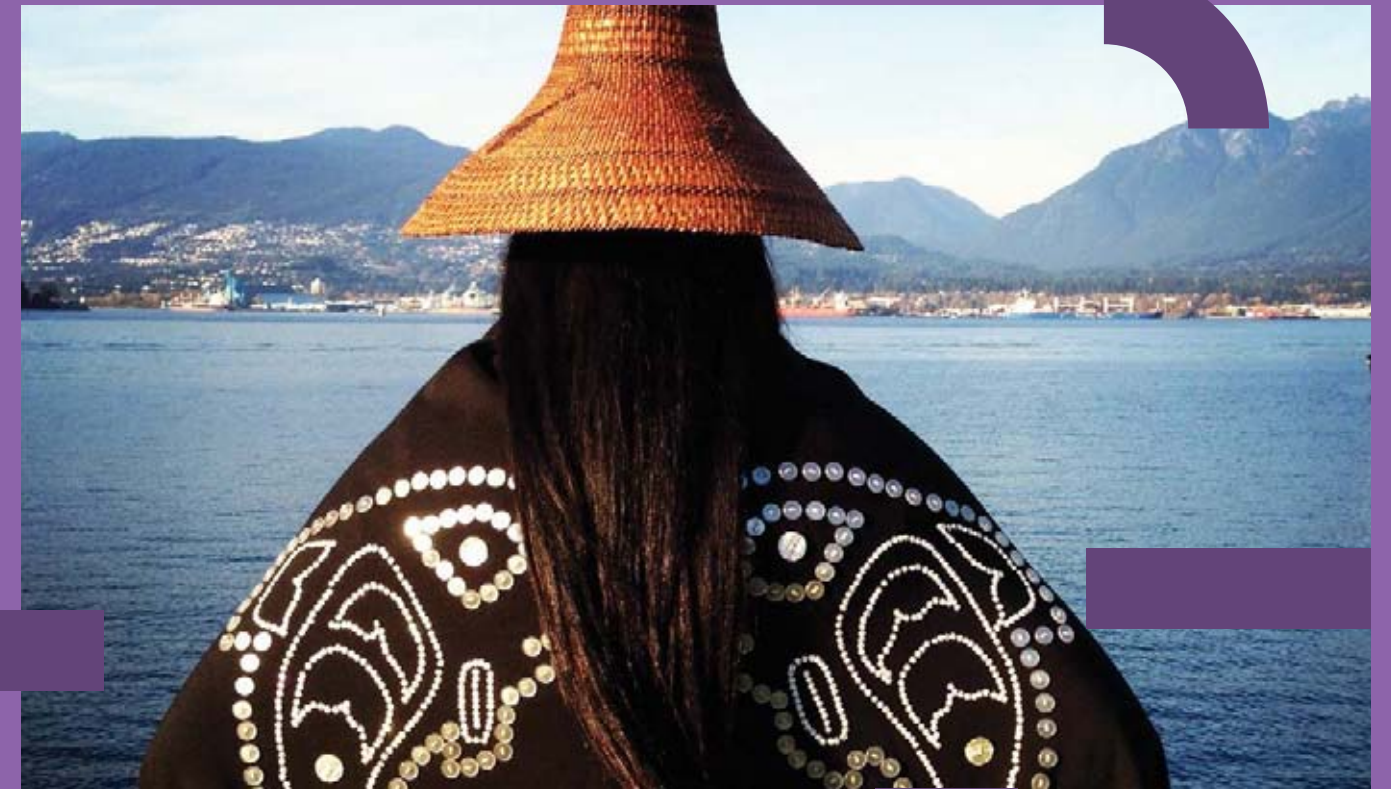
- Support Aboriginal service agencies wishing to enhance mental health and addictions training for front-line staff at Aboriginal shelters.
- Explore the expansion of peer navigator roles in formal and informal health care, with a focus on Elders and Aboriginal youth.
- Enhance public education on Aboriginal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

### PRIORITY ACTION 13

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

### PRIORITY ACTION 14

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



**PHOTO CREDIT: ALEX O'DONAGHEY**

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

## 06

# Enhance Addictions Knowledge Training and Treatment Choices

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

EVAN WOOD ET AL. 2013

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

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

## PRINCIPLES AND ASSUMPTIONS DEFINED THROUGH THE TASK FORCE:

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

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

PHOTO CREDIT: ALEX O'DONAGHEY

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

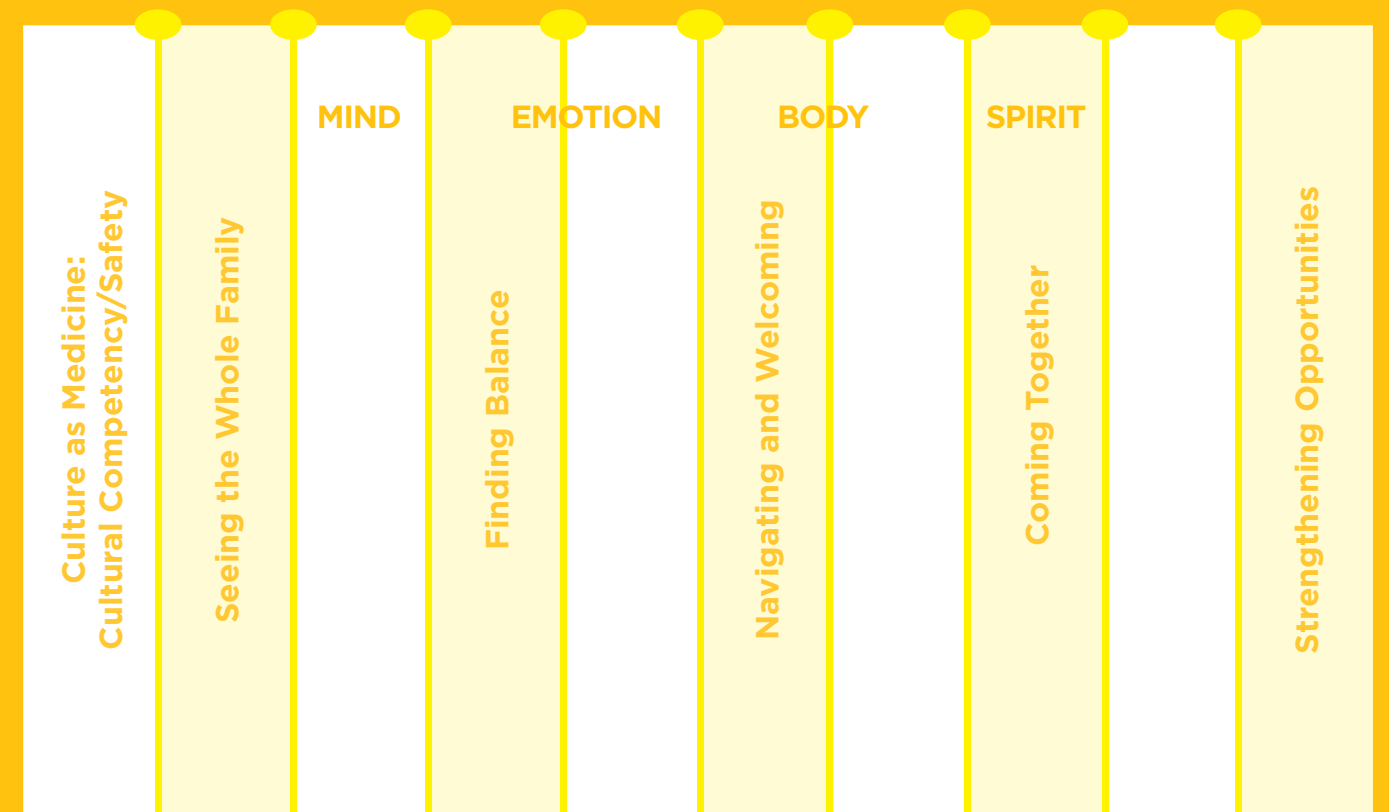




### Addictions Care Continuum with Wellness Approach



### Wellness Approach for Aboriginal Peoples



**PRIORITY ACTION 15**

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

**PRIORITY ACTION 16**

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

**PRIORITY ACTION 17**

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

**PRIORITY ACTION 18**

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

**PRIORITY ACTION 19**

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

**PRIORITY ACTION 20**

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

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

TRACY MORRISON, WAHRS  
(WESTERN ABORIGINAL HARM  
REDUCTION SOCIETY)

**PRIORITY ACTION 21**

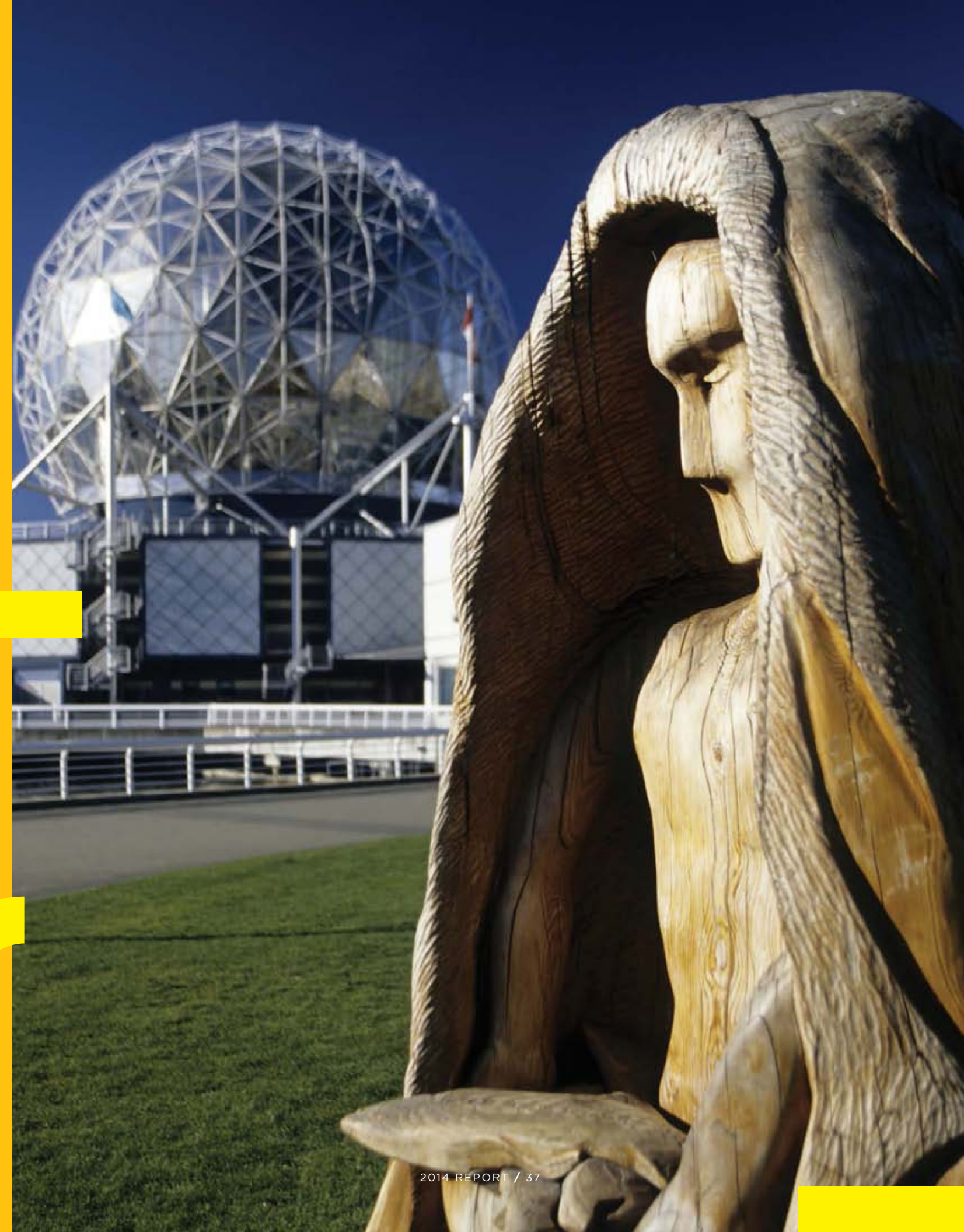
Specifically focus on the enhancement of training for primary care providers to include: trauma-informed care, addictions specialization, de-stigmatization and cultural sensitivity.

**PRIORITY ACTION 22**

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

**PRIORITY ACTION 23**

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



## Next Steps: Phase 2 Work for the Task Force

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

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

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

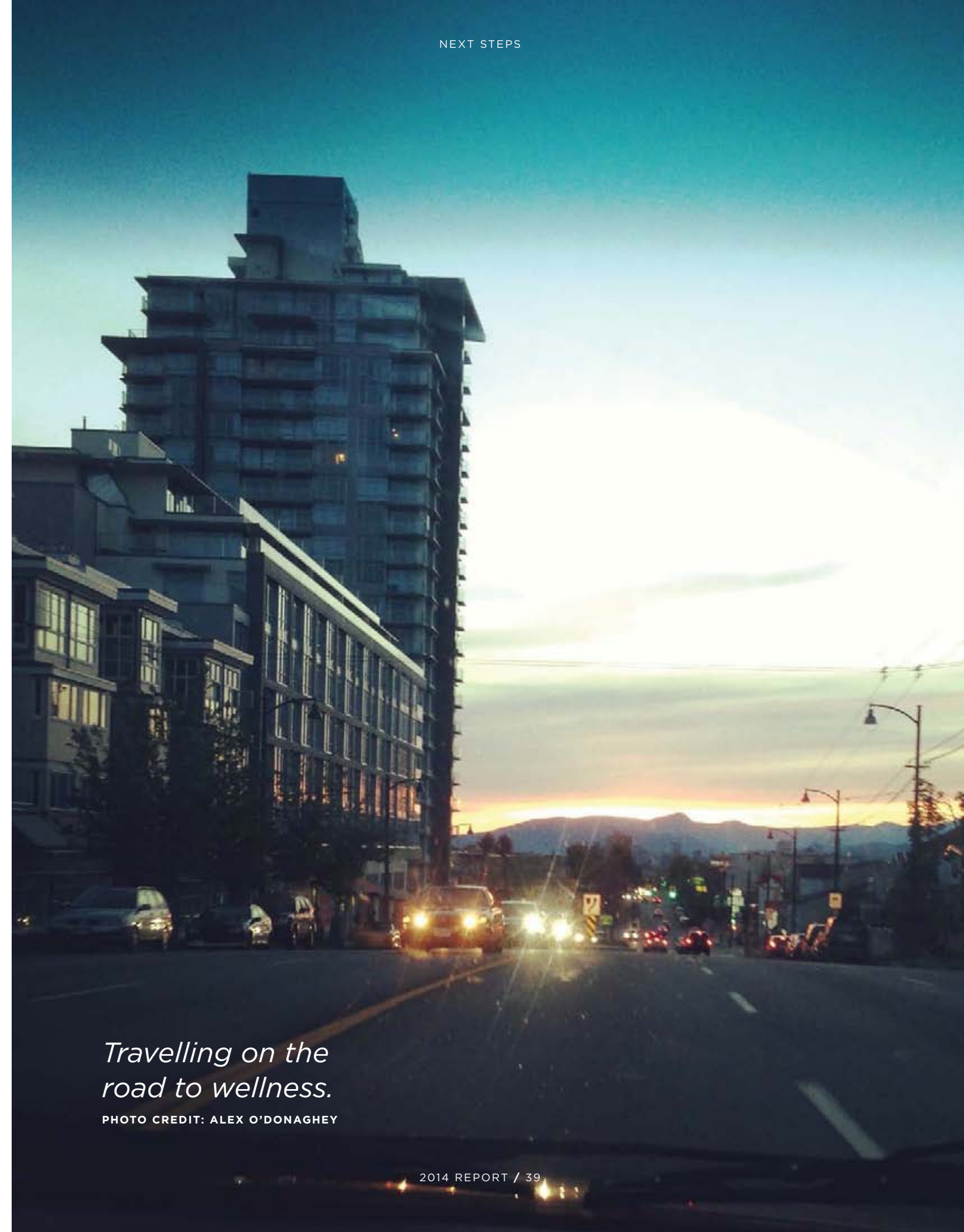
The City is committed to continue working with all of our partners and will convene a second phase of work that begins in the fall of 2014. Phase 2 will include implementing short-term actions, further scoping of actions, the assignment of key leaders, and implementation strategies, with a report back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

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

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

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

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



*Travelling on the  
road to wellness.*

PHOTO CREDIT: ALEX O'DONAGHEY



## Summary & Conclusion

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

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

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

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

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

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

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

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

## The Response: 4 Recommendations to the Province

### 01

Add 300 long-term and secure mental health treatment beds

### 02

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

### 03

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

### 04

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

## September 2013

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

## October 2013

Mayor creates the Task Force on Mental Health and Addictions.

Convenes over 60 Task Force members across multiple jurisdictions

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

## November 2013

Province responds with 120-Day Plan.

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

### KEY ACTION AREAS:

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

## APPENDIX B: MENTAL HEALTH AND ADDICTIONS TASK FORCE MEMBERS

### ACADEMIC RESEARCHERS / DOCTORS

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

### VANCOUVER COASTAL HEALTH

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

### PROVINCIAL HEALTH AUTHORITY

|               |  |
|---------------|--|
| Leslie Arnold | President of BC Mental Health and Addiction Services |
|---------------|--|

### PROVIDENCE HEALTH

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

### MINISTRY OF HEALTH

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

### BC HOUSING

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

### MINISTRY OF JUSTICE, CORRECTIONS BRANCH

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

### MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION

|              |                                 |
|--------------|---------------------------------|
| David Jagpal | Manager of Integration Services |
|--------------|---------------------------------|

### STREETOHOME FOUNDATION

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

### HEALTH SCIENCES ASSOCIATION OF BC

|                |                                 |
|----------------|---------------------------------|
| David Durning  | Senior Labour Relations Officer |
| Miriam Sobrino | Communications Director         |

### MENTAL HEALTH/HOUSING POLICY ADVISORS (NON GOVERNMENT)

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

### HOUSING PROVIDERS

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

### COMMUNITY SERVICES AND SUPPORTS

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

### POLICY ADVISORS/COMMUNITY PARTICIPANTS

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

### VANCOUVER POLICE DEPARTMENT

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

### CITY OF VANCOUVER

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

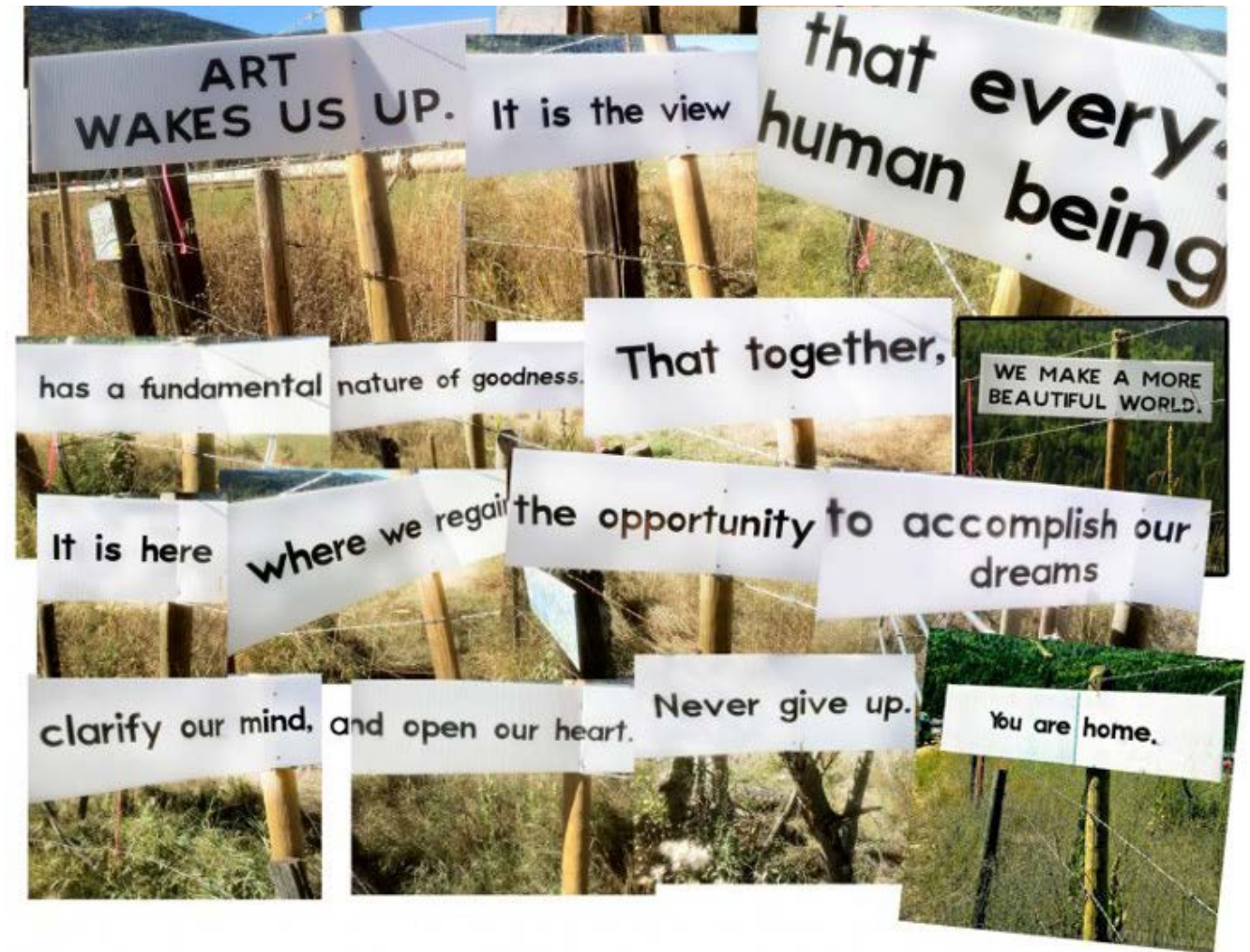
**APPENDIX C:  
90 ADDITIONAL PEOPLE ATTENDED MEETINGS AND WORKSHOPS**

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

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

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

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



## APPENDIX E: MAYOR'S TASK FORCE LIST OF ACTIONS

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

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

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

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

### 3. De-stigmatization – Feeling Safe and Included

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

### 4. Focus on Youth – Better Transitions and Outcomes

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

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

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

### 6. Enhance Addictions Knowledge – Training and Treatment Choices

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

## APPENDIX F: REFERENCES ON EMERGING EVIDENCE AND PRACTICE

Centre for Addiction and Mental Health, Canadian Council on Social Development. *Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses*. Ottawa: Mental Health Commission of Canada Retrieved from [http://www.mentalhealthcommission.ca/English/system/files/private/PrimaryCare\\_Turning\\_the\\_Key\\_Full\\_ENG\\_0.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/PrimaryCare_Turning_the_Key_Full_ENG_0.pdf)

Cochran, A., Douglas, J. *Literature Review On The Health Status and Access to Health Care of the Urban Aboriginal Population in Metro Vancouver*. First Nations Health Authority and Vancouver Coastal Health.

First Nations Health Authority. *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan*. A Provincial Approach to Facilitate Regional and Local Planning and Action. Victoria: Province of British Columbia.

Fudala, Paul J., Bridge, P.T., Herbert, S., Williford, W.O., Chiang, N., Jones, K., Collins, J., Raisch, D., Casadonte, P., Goldsmith, J., Ling, W., Malkernek, U., et al. (2003) *Office-Based Treatment of Opiate Addiction with a Sublingual-Tablet Formulation of Buprenorphine and Naloxone*. The New England Journal of Medicine 349: 949-58.

Gosnell-Myers, G., Myers, T., Short, V. *Aboriginal Child and Youth Mental Health Recommendations* Vancouver Coastal Health.

Jones W and Patterson M (2008). *Estimated service needs for homeless individuals with severe addictions and/or mental illness*. Centre for Applied Research in Mental Health and Addictions.

Kania, J., Kramer, M., (2011) *Collective Impact*. Stanford Social Innovation Review, Winter 2011.

Krausz, R.M., *British Columbia Health of the Homeless Survey Report, 2011*. University of British Columbia. Retrieved from <http://pacificaidnetwork.org/wp-content/uploads/2012/07/BC-Health-of-the-Homeless-Survey-FINAL1.pdf>

Krupitsky, Evgeny, Nunes, E.V., Ling, W., illeperuma, A., Gastfriend, D.R., Silverman, B.L. (2011) *Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicenter randomized trial*. The Lancet, 377: 1506-13.

Mariani, John J., Pavlicova, M., Bisaga, A., Nunes, E.V., Brooks, D.J., Levin, F.R. (2012) *Extended-Release Mixed Amphetamine Salts and Torpiramate for Cocaine Dependence: A Randomized Controlled Trial*. Journal of Biological Psychiatry.

Mental Health Commission of Canada (2012) *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Ottawa: Mental Health Commission of Canada. Retrieved from: <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

Mental Health Commission of Canada. (2014) *National Final Report: Cross-Site At Home/Chez Soi Project*. Retrieved from [http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc\\_at\\_home\\_report\\_national\\_cross-site\\_eng\\_2.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf)

Mental Health Commission of Canada (2013) *Vancouver Peer Reference Group Report on Peer Support for Homelessness and Mental Health*. Ottawa: Mental Health Commission of Canada.

Mental Health Commission of Canada National Consumer Panel (2011). *Stigma, Discrimination, and PWLE Knowledge: Discussion Report*. Retrieved from [http://www.mentalhealthcommission.ca/English/system/files/private/Stigma\\_Discussion\\_Report\\_ENG\\_0.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/Stigma_Discussion_Report_ENG_0.pdf)

Ministry of Health (November 2013). *Improving Health Services for Individuals with Severe Addiction and Mental Illness*. Victoria: Province of British Columbia.

Ministry of Health (2014). *Mental Health 120 Day Plan: Actions in response to the report: Improving Health Services for Individuals with Severe Addiction and Mental Illness*. Victoria: Province of British Columbia. Presentation to Task Force February 21, 2014.

McNeil, Ryan, Small, W., Lampkin, H., Shannon, K., Kerr, T. (2014) *"People Knew They Could Come Here to Get Help": An Ethnographic Study of Assisted Injection Practices at a Peer-Run "Unsanctioned" Supervised Drug Consumption Room in a Canadian Setting*. AIDS and Behaviour 2014 Mar;18(3):473-85.

Nosyk, Bohdan, Anglin, M.D., Brissette, S., Kerr, T., Marsh, D.C., Schackman, B.R., Wood, E., Montaner, J.S.G. (2013) *A Call For Evidence-Based Medical Treatment of Opioid Dependence In The United States and Canada*. Health Affairs 32(8): 1462-1469.

O'Hagan, M., Cyr, C., McKee, H., Priest, R., (2010) *Making the Case for Peer Support*. Report to the Mental Health Commission of Canada, Mental Health Peer Support Project Committee.

Palepu, A. Patterson, M. Strehlau, V. Moniruzzamen, A., de Bibiana, J., Frankish, J., Krausz, M. Somers, J. (October 26 2012) *Daily Substance Use and Mental Health Symptoms among a Cohort of Homeless Adults in Vancouver, British Columbia*. Journal of Urban Health.

Patterson, ML (2012) *The At Home/Chez Soi Project: Year Two Project Implementation at the Vancouver, BC Site*. Simon Fraser University: Faculty of Health Sciences and Mental Health Commission of Canada. Retrieved from [http://www.mentalhealthcommission.ca/English/system/files/private/document/Housing\\_At\\_Home\\_Qualitative\\_Report\\_Vancouver\\_Year\\_Two\\_Project\\_Implementation\\_ENG.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/document/Housing_At_Home_Qualitative_Report_Vancouver_Year_Two_Project_Implementation_ENG.pdf)

Patterson, ML, Moniruzzaman, A. Palepu, A., Zabkiewicz, D., Frankish, J., Krausz, M., Somers, J., (2013) *Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia*. Social Psychiatry and Psychiatric Epidemiology, Aug;48 (8):1245-59.

Patterson, ML. Moniruzzaman, A, Frankish, CJ, Somers, J.M (2012) *Missed opportunities: childhood learning disabilities as early indicators of risk among homeless adults with mental illness in Vancouver, British Columbia* BMJ Open, 2(6).

Patterson, ML et al (October 5 2011) *Prolonged and persistent homelessness: multivariable analyses in a cohort experiencing current homelessness and mental illness in Vancouver, British Columbia*. Routledge: Mental Health and Substance Abuse.

Smye, Victoria, Browne, A.J., Varcoe, C., Josewski, V. (2011) *Harm reduction, methadone maintenance treatment and the root causes of health and social inequities: An intersectional lens in the Canadian context*. Harm Reduction Journal, (8):17.

Somers, J. M., Currie, L., Moniruzzaman, A., Eiboff, F., Patterson, M. (2012) *Drug treatment court of Vancouver: An empirical evaluation of recidivism*. International Journal of Drug Policy 23: 393-400.

Somers, J. M., Rezansoff, S., Moniruzzaman, A. (2013) *Comparative Analysis of Recidivism Outcomes Following Drug Treatment Court in Vancouver, Canada*. International Journal of Offender Therapy and Comparative Criminology, 20(10):1-17.

Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). *Equipping Behavioral Health Systems & Authorities to Promote Peer Specialist/Peer Recovery Coaching Services*. Prepared for the Substance Abuse & Mental Health Services Administration, August 17, 2012.

Vancouver Coastal Health. *A Second Generation: Health System Strategy for Vancouver's Downtown Eastside, Directions Paper 1*. Vancouver: Vancouver Coastal Health Authority.

Vancouver Police Department (2008) *Lost in Transition: How a Lack of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources*. Retrieved from <http://vancouver.ca/police/assets/pdf/reports-policies/vpd-lost-in-transition.pdf>

Vancouver Police Department (September 2010) *Policing Vancouver's Mentally Ill: The Disturbing Truth. Beyond Lost in Transition*. Retrieved from <http://vancouver.ca/police/assets/pdf/reports-policies/vpd-lost-in-transition-part-2-draft.pdf>

Vancouver Police Department (September 2013) *Vancouver's mental health crisis: An Update Report*. Retrieved from <http://vancouver.ca/police/assets/pdf/reports-policies/mental-health-crisis.pdf>

Vila-Rodrigues, F. Panenka, W. Lang, D., Thornton, A., Vertinsky, T., Wong, H., Barr, A., Procyshyn, R., Sidhu, J., Smith, G., Buchanan, T., Kraiden, M. Krausz, M, Montaner, G. MacEwan, M, Honer, W. *The Hotel study: multimorbidity in a community sample living in marginal housing*. The American Journal of Psychiatry, 2013, (170)12: 1413-1422.

Wood, E., Montaner, J.S., Li, K., Barney, L., Tyndall, M.W., Kerr, T. (2007) *Rate of methadone use among Aboriginal opioid injection drug users*. Canadian Medical Association 177(1).

Wood, Evan, Samet, J.H., Volkow, N.D. (2013) *Physician Education in Addiction Medicine*. JAMA 310(16).

Wood, Evan, Sakakibara, T., McIver, G., McLean, M., Mathias, S., Rieb, L. (2013) *A UBC, Vancouver Coastal Health and St. Paul's Hospital Strategy for Education in Addiction Medicine* UBCMJ: 5(1): 6-8.

