From: "Wittgens, Margaret" <Margaret.Wittgens@vancouver.ca>
To: "Direct to Mayor and Council
Date: 7/2/2026 11:52:55 AM
Subject: Memo – VCH Urgent MHSU Program Update (2026-07-02)
Attachments: ACCS - GM - Memo (Council) - VCH Urgent MHSU Program Update (202 6-07-02).pdf

Dear Mayor and Council,

The attached memo provides Mayor and Council with an update on the progress of Vancouver Coastal Health's (VCH) Urgent Mental Health and Substance Use Service Enhancements implementation, funded through an annual Council-approved grant.

This memo includes program impacts and evaluation data for 2025, and budget utilization for Q1 2026.

Key information in the memo outlines:

- The Urgent MSHU program supported 2,435 Vancouver residents in 2025, creating safe diversion from police services to appropriate health-led resources with expanded options for crisis response.
- Program evaluation demonstrates that, post-intervention, clients are increasingly likely to make and sustain connections to community care teams.
- Planning is now underway for evaluation of the newest program component, the Indigenous Crisis Response Team (ICRT), anticipating that evaluation findings will be shared in 2027.
- The Social Policy Grant Report planned to go to Council on July 14 2026 will contain a recommendation for the 2027 VCH Urgent MHSU program grant.

If Council has any questions, please feel free to email me at Margaret.wittgens@vancouver.ca and we will be glad to provide a response.

Thank you,

Margaret

Margaret Wittgens | she, her

General Manager, Arts, Culture and Community Services

City of Vancouver

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The City of Vancouver acknowledges that it is situated on the unceded traditional territories of the Musqueam, Squamish, and Tsleil-Waututh Peoples

CITY OF VANCOUVER

Arts, Culture & Community Services
General Manager's Office

MEMORANDUM

July 2, 2026

TO: Mayor and Council

CC: City Leadership Team
Donny van Dyk, City Manager
Jason Twa, City Clerk
Mellisa Morphy, Acting Chief of Staff, Mayor's Office

FROM: Margaret Wittgens
General Manager, Arts, Culture and Community Services

SUBJECT: VCH Urgent Mental Health and Substance Use Service Enhancements Program – Update

RTS: 15441

PURPOSE

This memo provides a progress update on Vancouver Coastal Health's (VCH) continued delivery of the Urgent Mental Health and Substance Use Service Enhancements implementation funded through an annual Council-approved grant, further to Council's 2022 direction. VCH has provided annual progress reports to Council since the program's inception in 2023. This memo includes program impacts and evaluation data for 2025, and budget utilization for Q1 2026.

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). This motion directed staff to allocate funding in the 2023 Operating Budget for up to $8m for VCH to fund 100 new nurses, with specific reference to the following VPD and/or VCH mental health response partnerships or teams: Car 87/88 – Mental Health Cars; Assertive Community Treatment (ACT) Teams; Assertive Outreach Team (AOT); and, VPD Mental Health Unit.

In response, VCH identified the need to prioritize specific services for people with more complex mental health issues, some of whom also use substances and are frequently unhoused or living in shelters, single-room occupancy hotels (SROs) or supported housing.

In early 2023, VCH proposed the *Urgent Mental Health and Substance Use Service Enhancements Framework*, which recommended the annual $8M grant be allocated to expand existing programs, and initiate new programs, through the hiring of 58 FTE interdisciplinary healthcare workers including nurses, social workers, peers and others. Council approved the program and an initial 2023 grant to begin implementation, noting it would take time for VCH to work with VPD to expand existing partnership programs and to develop and fully implement the new programs outlined in the framework.

Reflecting the challenges with hiring capacity and labour market availability, the program was phased in over subsequent years. The Urgent MHSU program is now substantively and fully implemented and is comprised of four components: Operations Command Centre Liaison Nurse (OCCLN); Car 87/88; Mobile De-Escalation (MoDe); and Indigenous Crisis Response Team (ICRT). Over time, and as reported in prior year annual reports, VCH has also adjusted the team composition and FTEs to reflect need and right-size for optimal operations.

DISCUSSION

As of June 1, 2026, VCH has implemented the following:

- 4 FTE positions have been hired for the Operations Centre Liaison Nurse (OCCLN) project; all positions are filled.[1]
- 10 FTE positions have been hired for the Car 87/88 program; all positions are filled.
- 18.5 full-time equivalents (FTE) have been hired for the Mobile Crisis De-escalation Service as well as 2 physicians[2]; 6 FTE positions are still to be filled.[3]
- 9 FTE positions have been hired for the Indigenous Crisis Response Team (ICRT); additionally, 1 physician has been hired to support this team. All positions are filled.

In summary, 41.5 out of the updated target 47.5 FTE (88%) of positions funded through the City of Vancouver grant have been recruited. VCH continues to recruit, implement the program, and refine service delivery, as well as engage in ongoing program evaluation.

City staff continue to assist with implementation, by participating in the COV-VCH Urgent MHSU oversight committee, supporting program evaluation, and engaging in regular touchpoints. Through this collaboration, the Urgent MHSU program supported 2,435 Vancouver residents in 2025, creating safe diversion from police services to appropriate healthcare resources with expanded options for crisis response. Program evaluation has

[1] Three of four positions have been filled with nurses. The fourth position is covered by the team Clinical Coordinator.
[2] Physicians are not funded through City of Vancouver grant.
[3] Currently vacant positions are filled by casual staff and through overtime.

also demonstrated that, post-intervention, clients are increasingly likely to make and sustain connections to community care teams.

VCH has provided a presentation for Council information (Appendix A) summarizing 2025 program delivery, activities and outcomes. The presentation includes an impact analysis of three program user 'cohorts' and related client stories. Key takeaways include:

- *Frequency of clients accessing services* – VCH has identified three cohorts of clients accessing the programs overall: episodic, i.e., single instance (38%); recurring (37%); and complex needs (25%).
- *Who uses the programs* – Car 87/88 serves the highest number of clients recurrently (41%) accessing services, and the ICRT is primarily accessed by clients with recurring (31%) and complex needs (40%); MoDe is accessed equally by all three cohorts.
- *How clients are being referred to the programs* – police primarily refer clients in the episodic cohort (50%); social services providers refer the majority (80%) of recurring and complex needs cohort clients.
- *Hospitalization as a result of intervention* - Just over 30% of individuals of both the recurring and complex needs cohorts meet the threshold of needing hospitalization, while only 13% of the episodic cohort does; length of hospital stay, however, is longer for an 'episodic' client, indicating patients that are often profoundly unwell and previously unknown to healthcare services.
- *Sustained connection to community care teams post-intervention* – Over 80% of clients with recurring and/or complex needs remain attached to a health-focused team three months post-intervention; approximately 30% of clients in the episodic cohort become – and remain – connected to a care team in the same interval.
- *Improved call diversion from police-led to health-led responses* – most (71%) 911/VPD calls that are flagged as either "check well-being" and/or "suicidal" are resolved through health-led response rather than patrol follow up, after review by the Operational Command Centre Liaison Nurse.

Indigenous Crisis Response Team Evaluation

The Indigenous Crisis Response Team has now been operational for approximately one year, and VCH is preparing a program evaluation. The evaluation will be undertaken in early 2027 and summary of evaluation findings will be shared in late 2027.

Financial Overview

Current year (2026) expenditures reported from VCH are summarized in the following table, for Quarter 1, the period of January 1, 2026 – March 31, 2026:

Table 1: VCH Urgent MHSU Service Enhancements Program – 2026 Quarter 1 Budget and Expenditures

Expenditure Category:	2026 Budget:	Q1 Expenses (by program):			Total Expenses Q1:	Remaining 2026 Budget:
		MoDe	Car 87/88 OCCLN	ICRT		
Staff Salaries & Benefits	$ 7,530,000	$ 771,410	$ 648,360	$ 312,794	$ 1,732,564	$ 5,797,436
Program Evaluation	$ 50,000	$ 0	$ 0	$ 0	$ 0	$ 50,000
Other Expenses	$ 371,179	$ 18,679	$ 14,421	$ 34,661	$ 67,761	$ 303,418
Total:	**$ 7,951,179**	**$ 790,089**	**$ 662,781**	**$ 347,455**	**$ 1,800,325**	**$ 6,150,854**

Staff anticipate that the 2026 budget will be fully expended by year end, as the program is now substantively fully implemented at an annual budget of nearly $8M.

The Social Policy Grant Report planned to go to Council in July 2026 will contain a recommendation for the 2027 VCH Urgent MHSU program grant.

NEXT STEPS

Staff will continue to partner with VCH in delivering and evaluating these services, with reporting on program performance and outcomes provided to Council on an annual basis.

FINAL REMARKS

This memo provides an overview of ongoing delivery of the City-supported VCH Urgent Mental Health and Substance Use Service Enhancements program. The program continues to make progress in strengthening system capacity to respond to mental health and substance uses crises, and supporting the diversion of responses from police to appropriate and sustainable health-focused care teams and services.

If Council requires further information, please feel free to contact me and we will provide response through the weekly Council Q&A.

Margaret Wittgens
General Manager, Arts, Culture and Community Services
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Urgent Mental Health and Substance Use Service Enhancements Grant: 2025 Outcomes

For City of Vancouver Mayor and Council

Final July 2026

Vancouver CoastalHealth

Territory Acknowledgement

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil’wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish) and səlilwətaɬ (Tsleil-Waututh) Nations.

Vancouver CoastalHealth

Image of the Sea to Sky Corridor on the traditional and unceded territories of the Lil'wat, N'Quatqua, Samahquam, Skatin, Squamish and Xa'xtsa Nations.

Content

This presentation aims to show the "who" and the "how" of the over 3200 Vancouver residents that were attended to by Urgent Mental Health and Substance Use teams, through this City of Vancouver grant, in 2025. A similar overview that includes 2026 data will be presented later this year. This presentation includes:

1. Model and Program overview
2. Three cohorts of Vancouver residents supported in 2025
3. Diversion from police to health-led response
4. Community Feedback Survey
5. Stories from Vancouver Residents

Urgent Mental Health Service Enhancements:

Overview of Model and Specific Programs

Vancouver CoastalHealth

Urgent Mental Health and Substance Use Response Model

With the City of Vancouver grant funding, Vancouver Coastal Health has been working since 2023 to enhance urgent mental health services and deliver a more coordinated, health-focused continuum of services to respond to individuals in crisis, with a focus on:

- increasing system capacity
- enabling earlier and more effective de-escalation, and
- improving access and outcomes for equity-deserving populations.

This includes:

- **Increasing capacity of police–health partnership responses**, by doubling the Car 87/88 service and introducing the Operations Command Centre Liaison Nurse;
- **Creating Vancouver's first non-police de-escalation teams**, with the Mobile De-escalation Team and the Indigenous Crisis Response Team

Car 87/88 Service Description

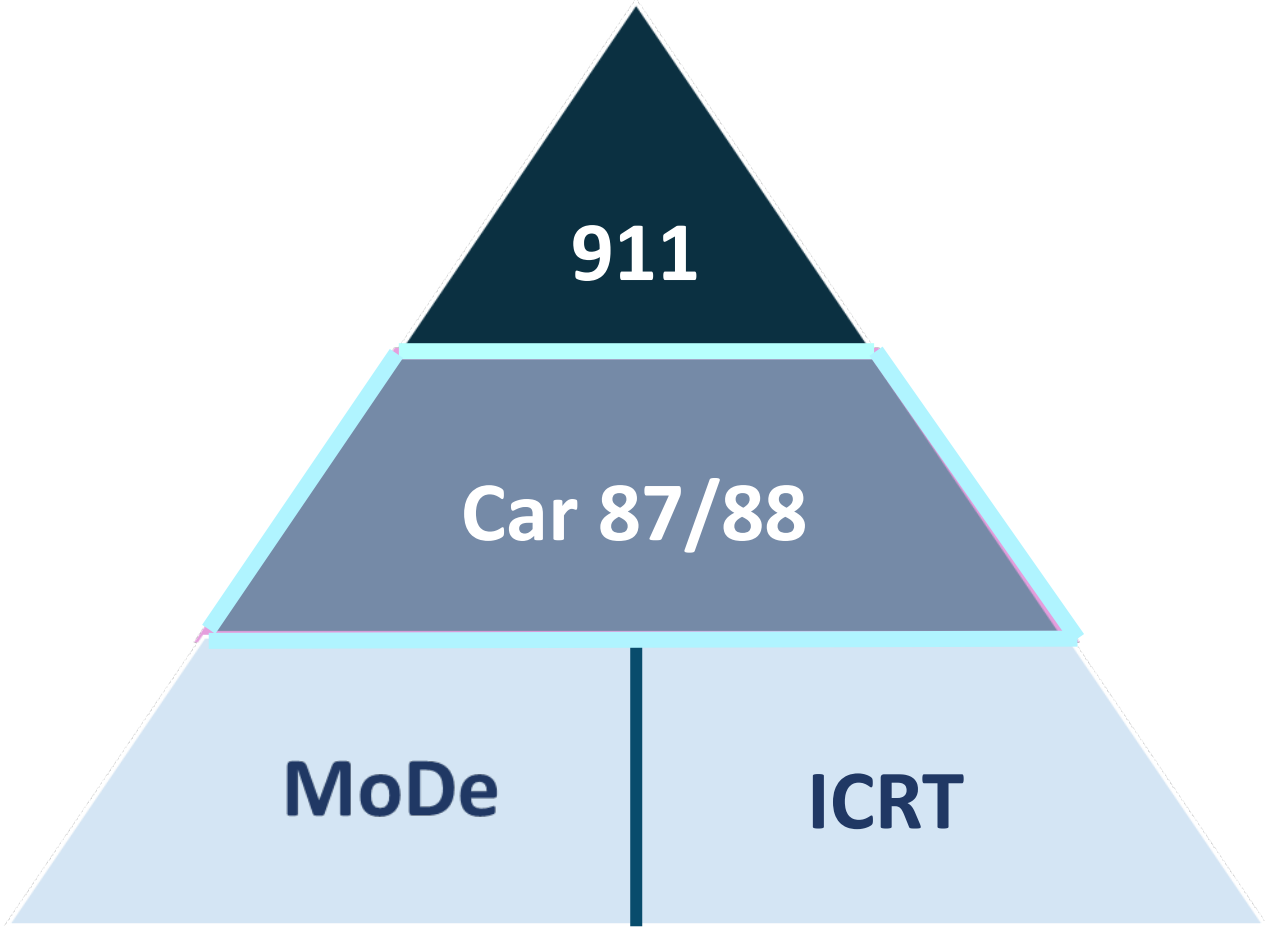
City-wide initiative between Vancouver Police Department and Vancouver Coastal Health to respond to mental health crises **when there is elevated risk and/or likely apprehension under the Mental Health Act.**

Key roles:

- **Crisis Response:** VPD constable and VCH mental health nurse
- **Apprehension:** Transporting of clients apprehended under the Mental Health Act to hospital
- **Support Services:** Phone support to VPD and others through office-based clinicians

Referral Pathways:

Accepts direct calls from health care, social service and public agencies; general public can access team via the Access and Assessment Centre



Crisis response continuum:
level of risk matched with appropriate response

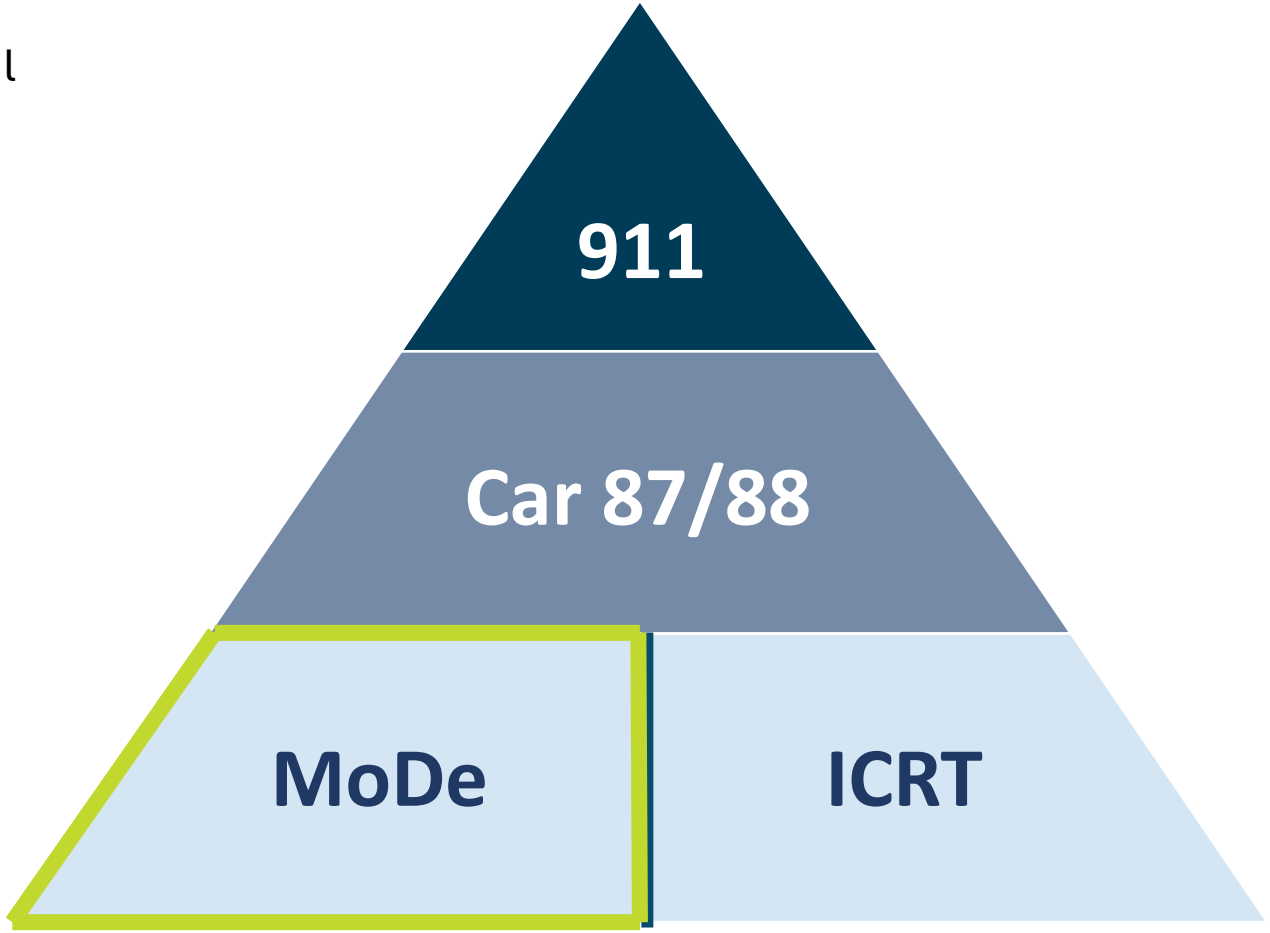
Mobile De-escalation Team (MoDe)

Non-Police Crisis Response
Same day, city-wide response for people in a mental health crisis, who **require a clinical assessment with no active violence or physical aggression**.

Key Roles:
To provide clinical assessment, intervention, and wrap-around connection to support services.

Team:
Nurses, Physicians, Social Workers, Care Coordinators, and Mental Health Clinicians

Referral Pathways:
Supported housing sites, shelter and social service operators, community policing centers etc.



Crisis response continuum:
level of risk matched with appropriate response

Vancouver CoastalHealth

Indigenous Crisis Response Team (ICRT)

The first Indigenous-specific crisis response service developed by a Health Authority in British Columbia. Responds **when culturally appropriate, relational care is preferrable for individuals in crisis, with no active violence or physical aggression.**

Key Roles:

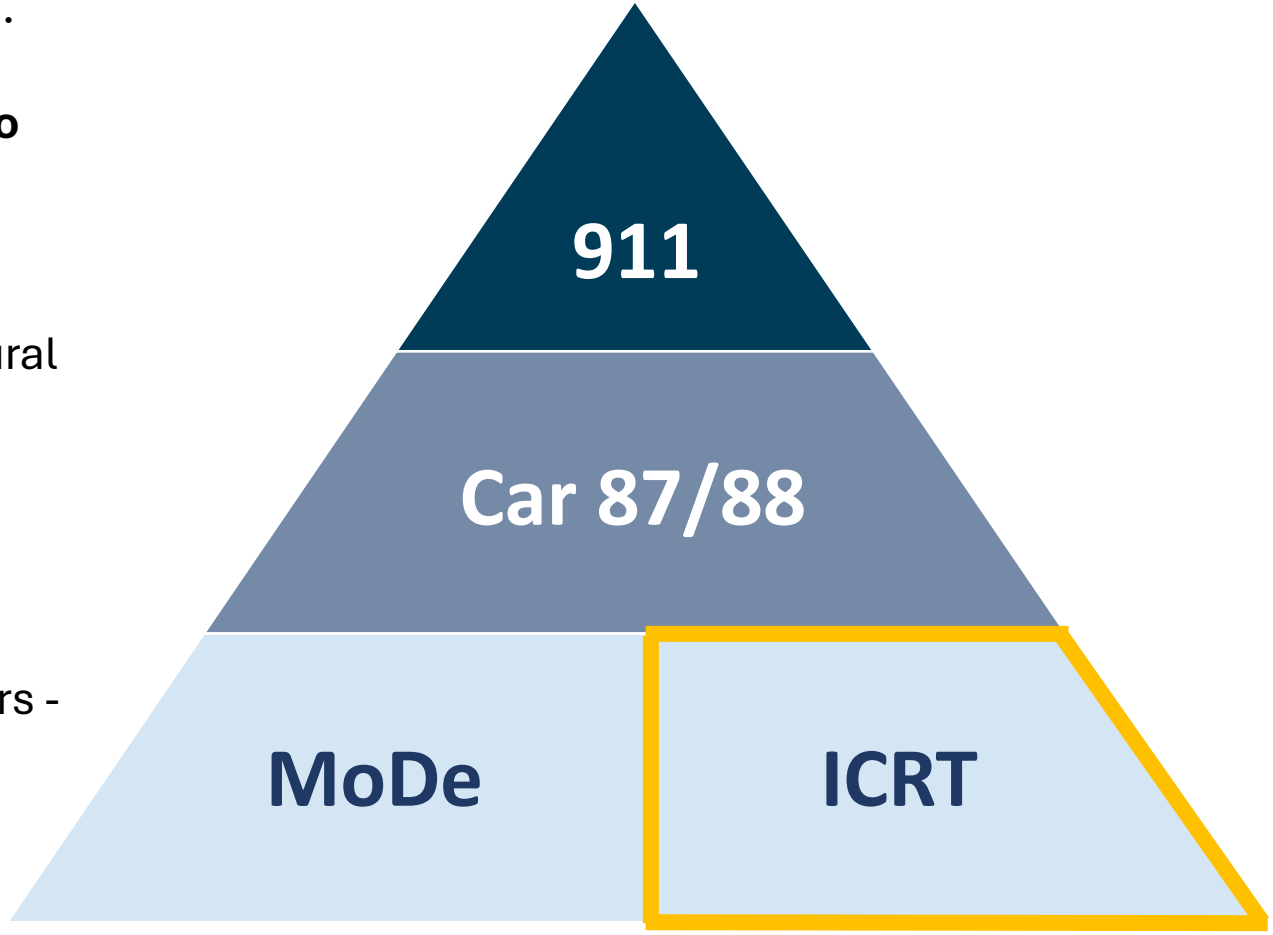
- Connection and engagement to Indigenous cultural supports, and system navigation
- Wellness checks
- Short-term follow-up

Team:

Nurses, physicians, Indigenous Cultural Practitioners - almost all identify as Indigenous.

Referral Pathways:

Community partners, health led programs, and self referrals



Crisis response continuum:
level of risk matched with appropriate response

Operations Command Centre Liaison Nurse (OCCLN) Partnership

Innovative approach embedding VCH nurses in VPD Operations Command Centre (OCC) to triage and divert mental health calls. **Enables earlier diversion to health-led responses prior to police deployment.**

Key Roles:

- Review and divert appropriate calls to non-police responses
- Support active calls with clinical input

Impact:

- **Diversion from Police to Health –** Shifting, when appropriate, from a patrol response to a health care response
- **Safer more person-centered VPD responses –** Provides clinical information to patrol responses to improve safety and outcomes (e.g. flags risks like suicide, medical issues, or changes in functioning)

Three Cohorts of Vancouver Residents Supported by New and Expanded Teams

Three Cohorts of Vancouver Residents Supported in 2025

- In 2025, these new and expanded services collectively provided in-person support to 3203* Vancouver residents, representing a diverse range of individuals across the city. Many of which were referred more than once throughout the year.
- The following slide groups these individuals into three cohorts based on their prior health system use, highlighting both people who are high-intensity system users and those experiencing earlier or emerging crises.
- These cohorts demonstrate the ability of this new continuum of services to respond to individuals with complex mental health needs, in ongoing crisis as well, as supporting early intervention and prevention.

*This does not include an additional 3,016 residents that the Car 87/88 supported from “behind the scenes”, providing other health care teams or the VPD with critical information to improve how they are able to engage and support.

Vancouver CoastalHealth

Three Cohorts

These cohorts tell the story of the diverse Vancouver residents who now have access to new or expanded supports – whether someone with a significant, relapsing mental health issue or someone with an adverse life event that triggers an episodic crisis.

Cohort	Criteria	# Seen 2025
Complex	•High system use •> 1 referral to VCH care teams open at time of first referral, or •> 6 Emergency Department visits or inpatient admissions 1 year prior to referral	**812 (25.4%)**
Recurring	•Moderate system use •1 (or 0) referral open at time of referral •6 or fewer Emergency Department visits/inpatient admissions 1 year prior to referral	**1168 (36.5%)**
Episodic	•Minimal or low system use •Never connected to VCH community team or •Not connected at time of first referral and up to 1 Emergency Department visit or inpatient admission 1 year prior to referral	**1223 (38.2%)**
Total		**3203**

Cohort classification reflects service utilization patterns, not real-time risk; higher-risk presentations can occur across all cohorts.

How new and expanded teams supported cohorts in 2025

Urgent MHSU services are delivered through multiple specialized teams working together across the system.

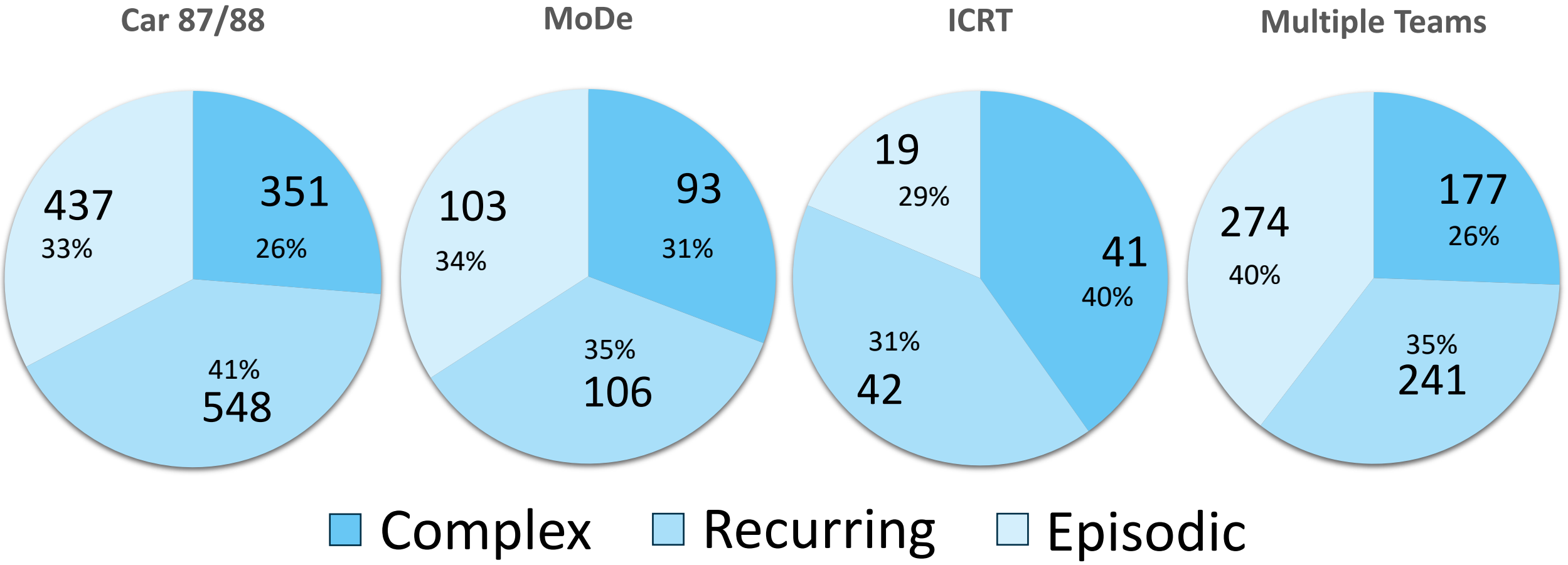
Each team is designed to respond to different levels of need, risk, and context.

Individuals may be supported by one or multiple teams, depending on their situation.

The following slide shows how teams are supporting each cohort, demonstrating a flexible and coordinated response model.

Team Care by Cohorts 2025

Cohort volume differences are impacted by team size, mandate, population and geography. Each team's pie tells part of their story. For instance, the vast majority of the Indigenous Crisis Response Team's (ICRT) clients are from the Complex and Recurring cohorts compared to Mobile De Escalation (MoDe) or Car 87/88. This cohort profile, in combination with their relational approach to care, plays out in providing longer support than the other crisis response teams.



Who was calling new and expanded urgent mental health teams for help in 2025?

Calls to these new and expanded services come from multiple system partners, including health care, housing, shelters, police, community organizations, and individuals.

Over half of attended referrals in 2025 were 'unknown' due to gaps in data collection. This has been addressed for 2026. Of the referrals that are known in 2025, we see:

- Similar trends for Complex and Recurring cohorts with **approx. 80%** of known referral sources coming from shelter, supported housing operators or other community-based services. This suggests that these teams are playing a key role in supporting community services in the work they do providing care and shelter to Vancouver residents with the most complex needs.
- The Episodic cohort has **50%** of known referrals from police (compared to only **9%** in the Complex and Recurring cohorts). This suggests these teams are successfully diverting people in crisis but with low risk profiles away from a police response.

Health Care Journeys: Connection to Health Care in 2025

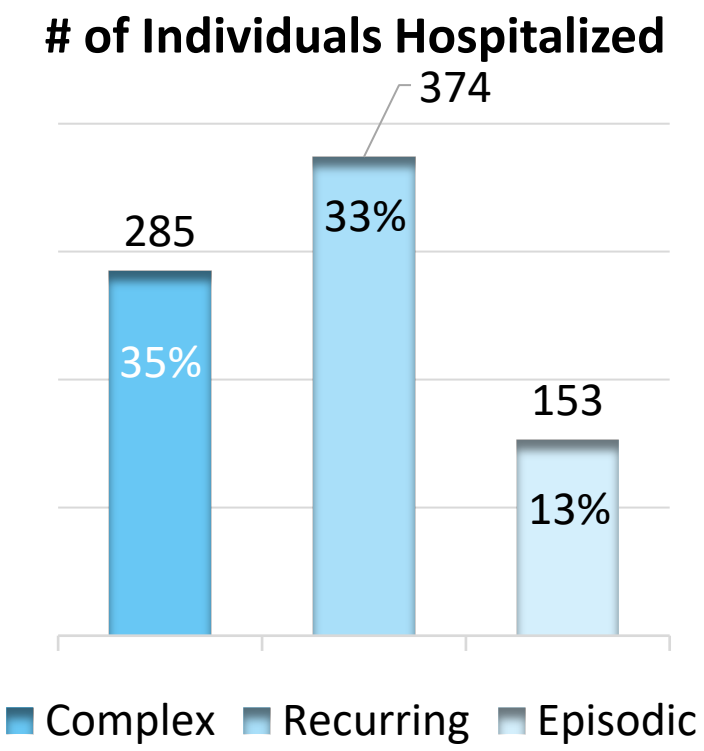
Vancouver residents supported by these services interact with the Health system both before and after intervention.

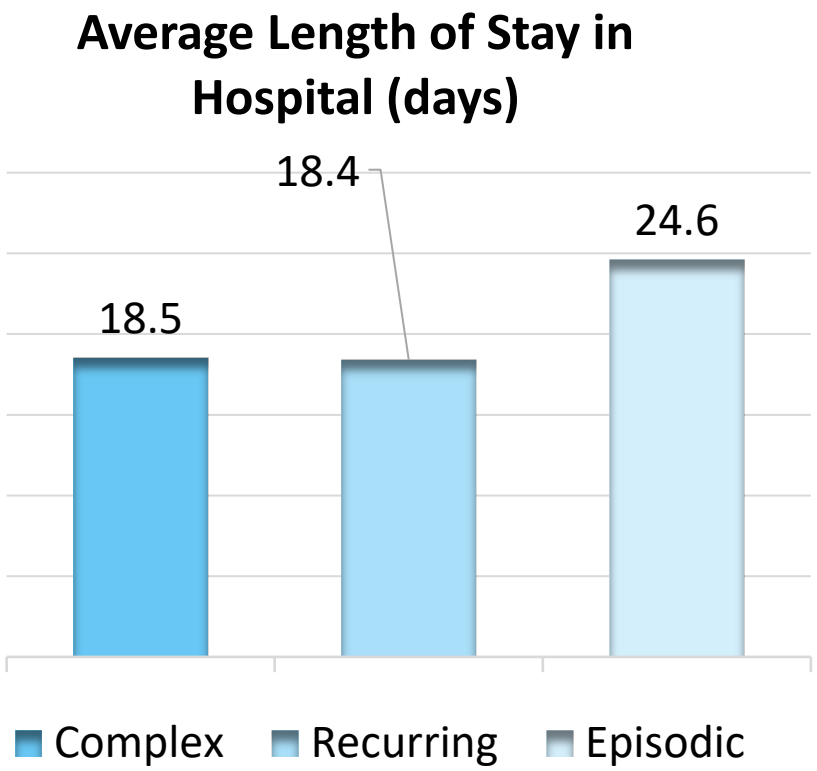
This includes patterns of acute care use (emergency department visits and hospitalizations) as well as connection to VCH community care teams.

The following slides show how each cohort's health care journey is impacted by their engagement with these new and expanded teams.

Hospitalization as result of intervention in 2025

The threshold for hospitalization under the Mental Health Act in BC is high; someone must pose a significant risk to themselves or others. The length of stay in an acute unit can vary from just days to weeks – with longer stays often indicating more profound issues needing treatment.





Just over 30% of individuals of both the Complex and Recurring cohorts meet the threshold of needing hospitalization, while only 13% of the Episodic cohort does. All cohorts have long average stays, but the Episodic stays are almost one week longer. This indicates that a portion of the Episodic cohort are both profoundly unwell and previously unknown to services. The option for health-led crisis response teams to support this group is highly preferable to a police response.

Connection to VCH Community Care - 2025

A high proportion of the Complex and Recurring cohorts are already connected to care at the time of intervention, while the Episodic cohort are not – reiterating the value of a health focused team being their first point of contact. Across all cohorts, these new and expanded services are actively increasing connections to community care teams.

Cohort	# of Individuals	Already Connected at Time of Intervention	Newly Connected up to 3 Months post initial intervention	Still Connected to Any Team 3 Months post intervention discharge
Complex	812	669 (82%)	370 (46%)	694 (85%)
Recurring	1168	813 (70%)	430 (37%)	938 (80%)
Episodic	1223	0 (0%)	351 (29%)	348 (28%)

Diversion to Appropriate Health-Led Response

Diversion from Police to Health Led Services in 2025

The following slides show how these new and expanded teams have:

- Expanded the options for crisis response creating a continuum of services with multiple entry points and outcomes.
- Created more opportunities for safe diversion from VPD patrol response to health-led or health-partnered responses, as appropriate.

This is demonstrated by:

- System maps both pre and post new and enhanced services
- Looking in more depth at the work of the Liaison Nurse in the VPD's Operational Command Center
- Diversion related feedback from a survey with community partners

Mental Health Crisis Response System Map – Pre and Post Grant Funding

BEFORE EXPANSION

Person in crisis

911 / VPD

VCH Access & Assessment Centre

Patrol dispatched

Car 87/88
Only specialized response (2 cars)

Health Outcomes
Hospital or left in own care

AFTER EXPANSION

Person in crisis

Person or support service reaches out for help

Multiple Paths to Help

911 / VPD call

Direct Call to VCH Teams

VCH Access & Assessment Centre Call

OCCLN — Dispatch / VPD
Clinical triage · May resolve at dispatch · May redirect or inform

Car 87/88 *
4 cars · higher risk · police co-response

Mobile De-Escalation Team
Non-police outreach · community-based

Indigenous Crisis Response Team
Indigenous-specific cultural

Patrol dispatched
+/- clinical input into response

On-site or phone-based clinical assessment & cross-program referrals with teams connecting people to the right support

Car 87/88 ⟷ **MoDe** ⟷ **ICRT**

Health Outcomes
Earlier intervention . Hospitalization / Access to Acute care · Care escalation
Attach or reattach to health services . Improved engagement with health services
Resolved on site in real time · Resolved without in-person response

Diversion: Operational Command Center (OCC) Liaison Nurse - 2025

When calls are diverted from VPD Call Board:

- No VPD patrol follow-up required
- Call reviewed and resolved through health-led response

Health-led response may include:

- Direct contact with the individual
- Coordination with existing care providers, and/or
- Referral to Car 87/88, MoDe or ICRT for follow-up

Clinical review of 911/VPD calls by the Liaison Nurse creates opportunities for diversion away from a police response. For instance, most calls that are flagged as either “check well-being” and/or “suicidal” are resolved through health-led response rather than patrol follow-up, after review by the nurse.

	"Check well Being" or "Suicidal" flags on a VPD/911 call on the OCC call board
Total	**2545**
Diverted from Call Board	**1811 (71%)**
Back to Patrol	**33 (12%)**

Diversion: Community Referral Partner Impact Survey

May 2026

46 respondents

More details on Community Feedback slides

These new and enhanced teams actively divert initial calls away from police and other emergency services, as demonstrated in the findings below.

"Without the expansion of Car 87/88, MoDE, and/or ICRT, I would be more likely to do the following when supporting clients in crisis:"

- 24% would call 911
- 14% would transport to hospital
- 11% would restrict services (e.g. service ban or eviction, which would in turn lead to greater need for emergency services)

Vancouver Resident Story #1:

Diversion from Police to Health-focused Response

A police call came in with concerns that a person may have a weapon and was potentially shooting from their window. The OCC Liaison Nurse identified that the client was already connected to a VCH community mental health team and quickly reached their physician. By linking that physician directly with police on scene, the response shifted from a potentially escalating enforcement situation to a coordinated, health-informed intervention. The client agreed to exit voluntarily and was transported safely to hospital under the Mental Health Act.

Vancouver Residents Story #2:

Diversion from Police to Health-focused Response

Car 87 was contacted by the Ministry of Children and Family Development (MCFD) following a report from an older sibling raising concerns about a parent and child. A joint visit was requested to assess risk and determine whether apprehension was needed.

During the visit, the team identified significant concerns for both the parent and child. The child, a pre-teen, had never attended school and had not left the home. Both were assessed as requiring urgent psychiatric care.

The child was safely transported to BC Children's Hospital for medical and psychiatric assessment, while the parent was apprehended under the Mental Health Act and taken to hospital.

Community Feedback

Community Feedback: Referral Partner Impact Survey

May 2026

Community partners, such as housing and shelter operators, are key to identifying and responding to mental health crises. Feedback from a recent survey shows these new and expanded teams strengthening the non-profit sector and making a positive impact on their ability to do their work safely.

46 respondents, staff of:

- Community / non-profit: 21(45.7%)
- City of Vancouver: 12 (26.1%)
- Vancouver Coastal Health: 11(23.9%)
- Other public sector: 2 (4.3%)

Community Referring Partner Survey Feedback

In 2024, an independent evaluation covered only the Mobile De-escalation Team (MoDe) and Car 87/88 and found that both services improved safety and helped connect people to care.

Partners especially valued MoDe's non-police response and timely follow-up, as well as Car 87/88's combined mental health and police expertise for higher-risk situations.

The evaluation also highlighted opportunities to improve awareness, referral clarity, communication, and timeliness.

2024 (n=35)

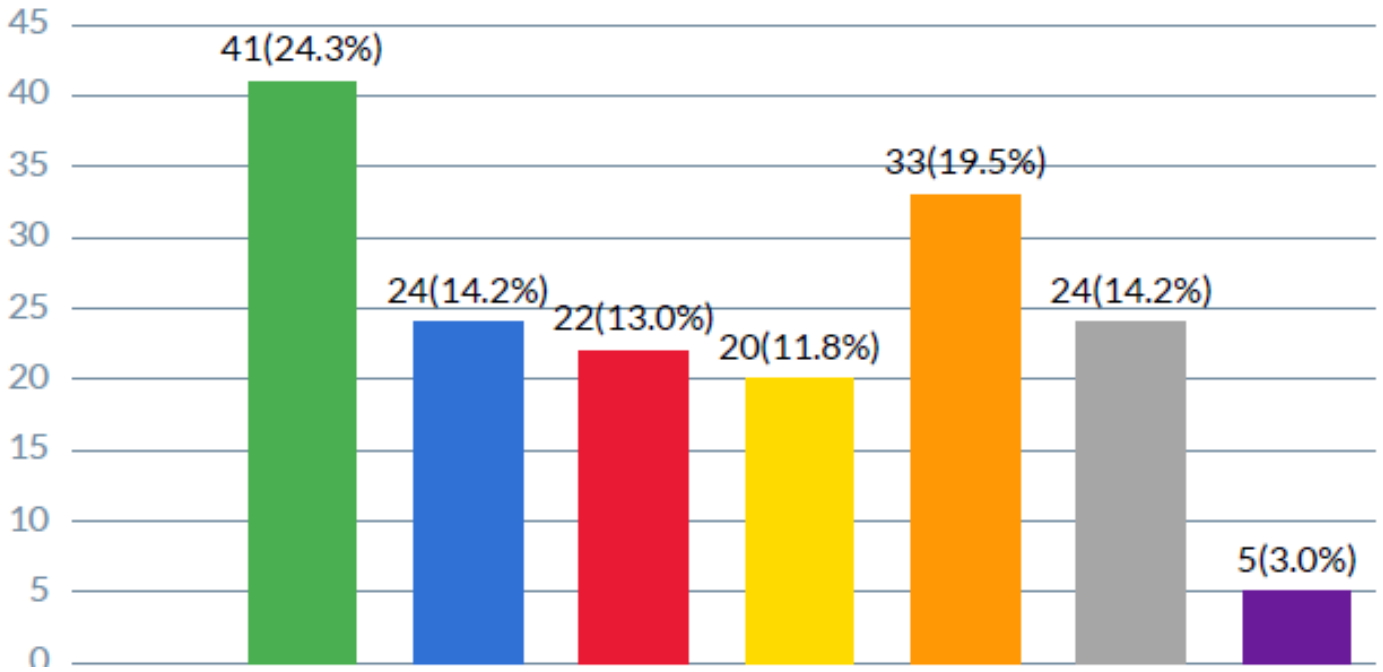
A follow-up survey of community referring partners in 2026 covering MoDe, Car 87/88, and ICRT shows meaningful progress in these areas, including greater confidence, clearer referral pathways, and less reliance on 911.

- 87% understand when and how to refer
- 74% say the teams de-escalate crises and reduce harm
- 72% have more confidence supporting clients
- 70% report improved ability to support clients in crisis
- 78% feel less reliance on 911
- 85% would recommend these services

2026 (n=46)

Community Referring Partner Impact Survey:

Without the expansion of Car 87/88, MoDE, and/or ICRT, I would be more likely to do the following when supporting clients in crisis:



- Call 911 for emergency response
- Direct or transport the client to the emergency department
- Ask the client to leave the program, space, or housing (temporarily or permanently)
- Issue a ban or restriction from services or locations (temporarily or permanently)
- Reach out to the client's care team or provider for support
- Delay response or take no immediate action due to lack of safe options
- Other

Stories from Vancouver Residents

Resident Story #3:
Complex Cohort
Car 87/88

A woman came to Car 87's attention through a police report after neighbours raised concerns. Police forced entry and found her hiding in fear, experiencing significant delusions. She had removed her 96-year-old father with advanced dementia from his care facility due to beliefs he was being harmed, and both were living in unsafe conditions.

Car 87 assessed the situation and identified serious risks to both individuals, leading to certification and transport to hospital.

This intervention prevented further harm and ensured two highly vulnerable individuals were safely connected to care, addressing complex mental health, caregiving, and environmental risks that had gone unaddressed.

Resident Story #4:
Recurring Cohort
Indigenous Crisis Response Team

An Indigenous man in his 50s with a long history of mental health challenges had difficulty trusting services and often disengaged from care, leading to gaps in both his mental and physical health supports. As his condition worsened, he missed critical follow-up appointments and became increasingly vulnerable. Through consistent, relationship-based outreach from a trusted Indigenous care team, he gradually re-engaged, receiving support to access primary care, mental health treatment, and specialist services. This enabled him to stabilize on treatment, complete major surgery and rehabilitation, and remain connected to ongoing community-based care and supports.

Resident Story #5:
Episodic Cohort
Mobile Crisis De-Escalation Team (MoDe)

A woman in her 30s with a history of trauma and limited connection to care experienced a defined period of acute mental health instability, resulting in repeated crisis-related police contacts over a short span. At first, she was reluctant to accept help and had difficulty engaging with available services as her housing and overall stability deteriorated. Through crisis response and short-term follow-up from MoDe, she was connected to outreach nursing, primary care, and substance use supports, and was later admitted to hospital for psychiatric treatment. Following her admission, she stabilized and has had reduced crisis involvement while continuing to engage with community mental health services and supportive housing planning.

On behalf of Vancouver Coastal Health, we extend sincere gratitude to the City of Vancouver for your ongoing partnership in making our city safer and the generous grant that enables us to do this work.

Vancouver CoastalHealth