Priority Actions to Address Mental Health and Addictions

Mayor’s Task Force on Mental Health and Addictions
Phase 1 Report
September 2014
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 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 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 colleague1.

About 20,400 Vancouver residents are living with serious mental health and addictions.2 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.

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)3, 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 cent4 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.

1 CANADIAN MENTAL HEALTH ASSOCIATION, FACTS ABOUT MENTAL ILLNESS, WWW.CMHA.CA/MEDIA/FAST-FACTS-ABOUT-MENTAL-ILLNESS/1-U-QUIPSESH
4 VCH CENTRE FOR APPLIED RESEARCH IN MENTAL HEALTH AND ADDICTIONS, 2014 REPORT

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The City is not mandated to deliver health services, but is active in the housing and public safety sectors, providing many services to our public through various programs, 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 study6 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.

The 2013 Hotel Study5 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.

Overview of City’s Role in Mental Health & Addictions

Policy & Regulation
- Four Pillars Drug Strategy (2014)
- Housing and Homelessness Strategy (2002)
- Downtown Eastside Local Area Plan (2014)
- 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
- UPO Mental Health Unit (ACT, ADT)
- Car 87 (PCRT)
- Chronic Offender Unit
- Rental Property Database

INTRODUCTION

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, providing 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.
INTRODUCTION

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. 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.

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 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.

INTRODUCTION

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.

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:

- **01** 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

- **02** 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 and 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 Gaps in Service – The Game Changer
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.

The Four Recommendations: Current Status

01 Add 300 long-term and secure mental health treatment beds
   COMPLETE:
   - 14-bed secure mental health facility (finalizing facility site)
   - Oversight by Burnaby Treatment Centre staff over group homes beds for youth and adults to enhance support
   - ~250 secure mental health treatment beds

02 Increase staffing at supportive housing sites to support tenants with psychiatric issues
   PENDING:
   - Increase training capacity to support staff working with severe addictions and mental health issues

03 Increase significant support through Assertive Community Treatment (ACT) teams for psychiatric patients living in the community
   COMPLETE:
   - Two new ACT teams in Lower Mainland
   - Inner-City Youth Intensive Case Management team

04 Create an enhanced form of urgent care (crisis centre) and create joint treatment model (VPD-VCM)
   COMPLETE:
   - Nine-bed acute behavioural stabilization unit at St. Paul’s Hospital
   - Assertive Outreach Team established to manage transitions from hospital to community
   - Psychiatric emergency care protocols developed to address surge/capacity situations
   - Improved information sharing protocols developed
   - Improve existing physician and allied health knowledge and care in low-threshold addictions treatment

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 Mentality III 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, $4.75 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.

Summarized Phase 1 Activities

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

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.

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
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.
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.”

PEETER 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.

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.

PHOTO CREDIT: ALEX O’DONAGHY

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.
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.
- 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.
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.11 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 CitizenU12, 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.

11 CITY OF VANCOUVER CIVY STRATEGY MARCH 14, 1995 SETS OUT THE CITY’S COMMITMENT TO YOUTH ENGAGEMENT IS HTTP://VANCOUVER.CA/PEOPLE-PROGRAMS/CITIZENU-ANTI-BULLYING-AND-ANTI-DISCRIMINATION.ASPX
SECTION 4

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.
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, 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.

PHOTO CREDIT: ALEX O’DONAGHEY
Expressing gratitude for life, culture and healing of hearts, body, mind and spirit.
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.
Addictions Care Continuum with Wellness Approach

Prevention → Early Intervention → Harm Reduction → Active Treatment → Ongoing Support

Wellness Approach for Aboriginal Peoples

Culture as Medicine: Cultural Competency/Safety
Seeing the Whole Family
Finding Balance
Navigating and Welcoming
Coming Together
Strengthening Opportunities

MIND
EMOTION
BODY
SPIRIT
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 affected (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.

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.

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

TRACY MORRISON, WAHRS
(WESTERN ABORIGINAL HARM REDUCTION SOCIETY)
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.
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.

Summary & Conclusion
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

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.

APPENDIX A:
TIMELINE OF THE RECENT ISSUE & RESPONSE

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)

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September 2013

October 2013

November 2013

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
Elenora 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 Sobring  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 Adlman  Community Psychiatric
Michael Anhorn  Executive Director, Canadian Mental Health Association, Vancouver and Burnaby
Nancy Keough  Kettle Friendship Society
Darnell 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 Labi  Chief Housing officer
Brenda Proskens  General Manager, Community Services
Mary Claire Zak  Managing Director, Social Policy
Ethel Whittery  Director, Carnegie Community Centre
Ali 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 Pantic
Network of Inner City Community Services Society

Ambrose Williams
ALIVE

Andrew MacFarlane
Vancouver Coastal Health

Ann Livingston
VANDU

Ann McNaughton
Vancouver Coastal Health

Ann Pederson
BC Women’s Hospital and Health Centre

Beverley Lightwood
Vancouver Native Health

Blake Stilits
First Nations Health Authority

Beob 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
Boxman Native Community

Christina Budnick
Covenant House

Christina Toibanis
Vancouver Coastal Health

Colleen Boudreau
Downtown Eastside Local Area Plan

Colleen Moyneur
At Home/Chet Soi

Curren Warf
BC Children’s Hospital

Data Parker
Qmunity

Deviya Ramkalawan
Wutarri

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. Dena Moore
BC Children’s Hospital, Adolescent Medicine

Dr. George Hadjipavlou
Vancouver Native Health, UBC Department of Psychiatry

Dr. Jan Christlau
BC Women’s Hospital and Health Centre

Dr. Keith Ahamad
St. Paul’s Hospital

Dr. Laurenette Rieb
St. Paul’s Hospital

Dr. Mark McLean
St. Paul’s Hospital

Dr. Natasha Puri
St. Paul’s Hospital

Dr. Scott MacDonald
Crostown Clinic

Dr. Seanail Nolan
St. Paul’s Hospital

Duncan Stewart
McCreary Research Society

Erik Stoketee
The Process Pros

Gary Tennant
Park Board Youth Services Consultant

Greg Werkor
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
Qmunity

Katrina Topping

Ken Clement
Vancouver School Board Trustee

Kevin
Special Guest

Kevin Yakes
VANDU/Downtown Eastside Local Area Plan

Kris Archie
Vancouver Foundation Youth Homelessness

Lori Mahes
Qmunity

Lorraine Grieses
Vancouver Coastal Health, Manager Youth Addiction and Prevention

Lou Desmarais
Vancouver Native Health Society

Marjorie White
Aboriginal Mother Centre

Mark Giffard
Vancouver Foundation

Maureen Clariello
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 Dave
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

Shanri Grant
Nexus

Sofa
Special Guest

Stephanie Gillingham
Provinceal Health Care

Tracy Morrison
Western Aboriginal Harm Reduction (WAHRS), DTES Local Area Plan Committee member

Tracy Schonfeld
Coast Mental Health

Vicky Swear
Portland Hotel Society

Victoria Rose Bull
Downtown Eastside Local Area Plan

Vicky Smye
UBC Nursing

Wynona
Special Guest

Zurr
Special Guest
### APPENDIX D:
**MAYOR’S TASK FORCE ON MENTAL HEALTH AND ADDICTIONS - MEETING AND WORKSHOP DATES**

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


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.


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


