

DRAFT RESOLUTION

Re: Mental Disorder and Substance Use Disorder Services – Planning Process

THAT the Mayor write to the Premier and the Ministers of Health and Children & Family Development, as requested by the British Columbia Alliance on Mental Health and Addiction Services, expressing that the Province undertake a planning process designed to produce comprehensive, “results-based” plan for Mental Disorder and Substance Use Disorder Services in the Province of British Columbia. The process should involve a significant representation of stakeholders and the outcomes should include:

- the creation of an inclusive mental health and addiction “Commission” to develop and oversee the planning process;
- the development of a strategic incentive fund to promote, support and nurture community-centred innovation;
- the development of a comprehensive mental health and addiction housing initiative; and
- the development of a system for quality improvement and public accountability.

BACKGROUND:

See attached document provided by the British Columbia Alliance on Mental Health and Addiction Services.

Date: May 23, 2007
File: 0550-01



BC ALLIANCE
British Columbia Alliance
on Mental Health and
Addiction Services

Recd.
CITY OF KELOWNA

APR 18 2007

**ADMINISTRATION
DEPARTMENT**

Original to: ☒ Communications
Copied: ☒ Mayor
☒ City Manager
Councillors

File Number: 0230-01

Initials: *Jim* **Date:** *Jim*

We represent:

- Association of Substance Abuse Programs of British Columbia
- British Columbia Association of Clinical Counsellors
- British Columbia Psychiatric Association
- British Columbia Psychological Association
- British Columbia Schizophrenia Society
- Canadian Mental Health Association, British Columbia Division
- Community Legal Assistance Society
- Consumer/Survivor Society
- CMHA Consumer Development Project, Okanagan
- John Howard Society of BC
- Pacific Community Resources Society
- Royal Canadian Mounted Police - "E" Division
- Vancouver Police Department

Associate membership

- College of Registered Psychiatric Nurses of British Columbia

Contact us c/o

- 1200-1111 Melville Street
Vancouver, BC V6E 3V6
- feedback@bcalliance.org
- www.bcalliance.org

April 9, 2007

Mayor Sharon Shepherd
City of Kelowna,
1435 Water Street
Kelowna, BC
V1Y 1J4

Your Worship;

We are writing on behalf of a new coalition of organizations vitally concerned about mental health and addiction services in the province. Our group has identified a small number of Mayors who we believe have significant influence in British Columbia politics in the hope that you are willing to help us. With your support, we can ensure that every child and adult citizen with a severe mental health problem, or with problematic substance use, has timely access to services that reduce harm and provide the best opportunity for recovery and community inclusion.

Our initiative is detailed in the enclosed two documents "*a blueprint for results book 1 and book 2*". Book 1 will provide you with an "executive summary" of our objective and rationale and Book 2 will detail the science behind our plan. We urge you to use the "checklist" in *Book 2* to do your own quick assessment as to how we are doing with regard to the available services for children and adults in the mental health and addictions field.

There are some excellent programs to be sure, but services are patchy and inconsistent between Health Authorities and indeed even within some Health Authorities. Over the past five years, the government of British Columbia has made several attempts to improve mental health and addiction services, but as our "*books*" will demonstrate, there has never been a comprehensive plan modeled on evidence based practice.

This is not about spending more money, but rather, about spending money more effectively. When mental health and addiction services are unavailable or incomplete, much of the responsibility is shifted to municipalities where people burden police and crisis services, ultimately ending up in cycles of hospital readmission or in the criminal justice system – our most expensive public services.

One of our priorities is the provision of supported housing and the BC government's recent announcement regarding new initiatives for the homeless is welcomed. However, research has shown that some housing programs are highly successful while others are dismal failures. We can't just put ill people in buildings and to our knowledge the government does not have an implementation plan reflecting the latest in evidence based practice. A provincial "template" to guide regional service delivery is desperately needed.

Your Worship, we are making a specific "ask" of you. Will you please write the Premier and the Ministers of Health and Children & Family Development *expressing support for our recommendations as detailed on page # 3 of book 1.* We are of course available to answer any questions you may have, to meet with you or to appear before Council. We look forward to an early response and we thank you in advance,

Yours truly,



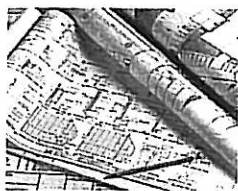
Dr. Jean Moore
Chair



Dr. Fiona McGregor
Vice Chair
BC Alliance

Enc. a blueprint for results; book 1 and book 2

a blueprint for results



book 1

FEBRUARY 2007



BC ALLIANCE
British Columbia Alliance
on Mental Health and
Addiction Services

***"de-institutionalization
has been a failure."***

*— Premier Gordon Campbell,
October 27, 2006*

*...is there evidence that
the Premier might be right?*

Over the past 50 years, countries throughout the “western” world have de-emphasized institutional care in favour of what was to be “normalized” living in the community. But has it worked? The images of sick and addicted individuals on our city landscape, huddled over grates, wearing tattered clothing, begging for change, intimidating passers-by, or worse, carried off by police or ambulance, are compelling. These images are increasingly evident in British Columbia, at a time when the world is watching as never before.

An estimated 130,000 people, more than double the number accommodated at a Lions game in BC Place, will suffer a mental disorder so severe and persistent so as to make “normal” functioning impossible.

An estimated 860,000—more people than live in Vancouver—will suffer alcoholism or drug addiction at some time in their life.

Over 500 British Columbians will die by suicide, a number equal to the full load capacity of a Boeing 747 Jumbo jet. And this disaster recurs every year.

A very conservative “under-count” of 4000 people, equivalent to the total population of Grand Forks is homeless—in only 30 of our urban communities.

As many as 15% of all police contacts are with people who suffer a mental or substance use disorder.

Prisons have become the asylums of the 21st century, with almost 90% of their population suffering a mental or substance use disorder at some time in their life.

..... and two thirds of all these people do not receive treatment!

Has de-institutionalization failed, or have we failed the promise of de-institutionalization. Why has it worked in some jurisdictions and not in others? Is it because we have closed institutions without providing alternative services; without re-investing in our communities? And if we do re-invest, how can we ensure we will get results? Perhaps by modeling programs on the best “evidence-based practice” worldwide.

Over the past decade, a number of studies—including one in British Columbia in 2002—have examined “Best” or “Evidence-Based” practice in mental health and addiction systems—programs that were achieving results in terms of improved quality of life and harm reduction.

What do these programs do in order to get better results?

If a mental health and addictions system is to operate as a system, with all parts working together, evidence-based practice dictates the following **system essentials**:

- A clear vision and mission
- Explicit policies
- A coordinated single “envelope” of funding for mental health and addiction services
- The involvement of stakeholders, including those receiving service and their families
- Integration of mental health and addiction services
- The inclusion of family physicians
- Measurable targets

If mental health and addictions services are to be effective, evidence-based practice dictates the following **core services**:

- Prevention strategies
- Medical inpatient/outpatient services in a general hospital setting
- Medical detoxification
- Comprehensive assessments
- Service (case) management such as assertive community treatment
- Harm reduction strategies
- Crisis response
- Family and peer self-help/mutual aid
- Educational accommodations
- Supported housing
- Consumer initiatives
- Social and recreational opportunities
- Employment accommodations

Some of these services exist in some communities in British Columbia, but programs are patchy and inconsistent between health authorities and indeed even within some health authorities. A provincial "template" to guide regional service delivery is desperately needed.

So where do we go from here?

Over the past five years, the government of British Columbia has made several attempts to improve services to children and adults, but there has never been a comprehensive plan modelled on evidence-based practice. This is a time of opportunity.

- This is not about spending more money, but rather, about spending money more effectively. When mental health and addiction services are unavailable or incomplete, people end up in cycles of hospital readmission or in the criminal justice system—the most expensive services. It is time to demonstrate the most judicious use of resources.
- It is said that a society is judged by the manner in which it deals with its most disadvantaged and disabled citizens. As the world watches, British Columbia has an opportunity to showcase an evidence-based system that supports people while reducing harm.

The 'BC ALLIANCE'

The British Columbia Alliance on Mental Health and Addiction Services, a coalition of fourteen organizations—and growing—is dedicated to ensuring that every citizen with a mental health problem or with problematic substance use has timely access to services that reduce harm and provide the best opportunity for recovery and community inclusion.

It is the collective view of these "stakeholders" that BC is at a critical juncture; that this is a time for immediate and urgent action. It is also a time of opportunity; a time for "stakeholders" and the government to work in partnership. A time to develop and showcase a results-based system of care.

To that end, the BC ALLIANCE respectfully makes the following recommendation to Premier Gordon Campbell and the government of British Columbia:

the recommendation >>

To undertake a planning process designed to produce a comprehensive, "results-based" plan for Mental Disorder and Substance Use Disorder Services in the Province of British Columbia. The process should involve a significant representation of stakeholders and the outcomes should include:

- the creation of an inclusive mental health and addiction "Commission" to develop and oversee the planning process
- the development of a strategic incentive fund to promote, support and nurture community-centred innovation
- the development of a comprehensive mental health and addiction housing initiative
- the development of a system for quality improvement and public accountability

Members of the Alliance fully recognize that the government has a 1998 Mental Health Plan, a 2002 Report on Best Practices and a 2003 Child & Youth Mental Health Plan. These reports and others of less significance could serve as "foundational" documents to a comprehensive plan as envisioned above. To repeat, the current situation is considered urgent and the early development of a plan with priorities and an implementation strategy are critical.

// It is not the services in isolation, but the delivery system as a whole that determines outcomes. **//**

—US Surgeon General, 2004

// Our problem is that there is a disconnect between knowledge and service. In other words, we are not applying what we know to what we do. **//**

—Dr. Jean Moore,
Chair, BC ALLIANCE, 2007

A Blueprint for Results: Book 2

In an effort to advance our recommendation, the BC ALLIANCE has developed a companion document, *A Blueprint for Results: Book 2*. That workbook provides greater detail regarding the problem, the urgency of the priority, referenced research behind "evidence-based practice" and a "tool" to help assess the adequacy of current services from the perspective of policies, financing, legislation, quality improvement, organization of systems, organization of services, planning and service delivery.

Book 2 will be of interest to anyone wanting to learn more about how to get results from a system designed on the best "evidence-based" practice worldwide. Book 2 will be of interest to:

- Elected officials at the provincial and municipal level
- Civil servants
- Health authority personnel
- Community organizations
- Professionals and other service providers
- Consumers/patients/clients and their families
- Interested members of the public

The booklet *A Blueprint for Results: Book 2* is available without cost from the British Columbia Alliance on Mental Health and Addiction Services at www.bcalliance.org or it can be obtained from any of the member organizations. Phone 604-688-3234 or 1-800-555-8222 for contact information.



VANCOUVER
FOUNDATION

The BC ALLIANCE is funded by the member organizations and by the Vancouver Foundation, without which the development of this coalition might have remained an elusive vision.

bc alliance members >>

The current BC ALLIANCE membership—and growing monthly!

- Association of Substance Use Programs of British Columbia
- British Columbia Association of Clinical Counsellors
- British Columbia Psychiatric Association
- British Columbia Psychological Association
- British Columbia Schizophrenia Society
- Canadian Mental Health Association, British Columbia Division
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- Consumer/Survivor Society
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