



***IMPROVING HEALTH SERVICES FOR
INDIVIDUALS WITH SEVERE ADDICTION
AND MENTAL ILLNESS***

Ministry of Health Report
to the Honourable Terry Lake

November 15, 2013

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INTRODUCTION

This report follows direction by the Minister of Health to review and develop recommendations for action in response to concerns raised in the Vancouver Police Department (VPD) report, *Vancouver's Mental Health Crisis: an Update Report*.

The development of this report included reviewing recent relevant reports and recommendations, as well as dialogue with key stakeholders including: Vancouver Coastal Health Authority (VCH), St. Paul's Hospital, the VPD, the City of Vancouver, Fraser Health Authority, the Provincial Health Services Authority (PHSA), Island Health, Interior Health, Northern Health, the Ministry for Children and Family Development, Forensics, BC Housing, and the Ministry of Health.

VCH has been a key contributor to this report in assisting with the development of the broader range of recommended provincial-level actions as well as setting out specific additional actions they will undertake (see attached VCH report, *Improving Health Outcomes, Housing and Safety – Appendix I*).

The report sets out a number of recommended actions that the Ministry of Health proposes to take in collaboration with VCH (including Providence/St. Paul's) and the PHSA. It is recommended that this be done in close collaboration with, and support of, VCH and the City of Vancouver's ongoing strategy, including offering to further dialogue on these recommended actions at the Mayor's Task Force meeting in early December.

The recommendations propose immediate actions to address three of the five recommendations in the VPD report and key themes from the mayor's round table consultation:

- Establish a rapid response team.
- Improve urgent hospital care for individuals in mental health and/or addictions crisis.
- Establish more Assertive Community Treatment (ACT) teams.
- Increased supports for children and youth at risk.

It also proposes meaningful steps to review and strengthen staffing needs at BC Housing supportive housing sites and to better understand and incrementally address long-term hospitalization and/or care needs of a harder-to-serve addictions and mental illness population who present significant aggressive behavioural issues. A number of concrete first steps are proposed.

The issues raised in Vancouver are not specific to that community but to varying degrees are of concern across a number of communities. This report also recommends the service needs of this population be actively reviewed by Fraser Health, Northern Health, Interior Health, and Island Health boards as part of their service planning process underway for 2014/15.

ISSUE AND BACKGROUND

In September 2013, VPD released a report titled, *Vancouver's Mental Health Crisis: an Update Report*. In addition, a letter was sent to the Premier of B.C., outlining concerns and recommendations for action, signed by the VPD, the Mayor of the City of Vancouver and the chair of VCH. The core concern is that a significant sub-group of people with severe addictions and/or mental health illness (SAMI) do not have access to adequate treatment. Secondly, that this group is increasing. Thirdly, that in addition to the significant social and health risks facing this population, there is also a growing public safety risk to bystanders.

The joint letter made five priority recommendations to the Province:

1. Implement VPD/VCH rapid response teams for clients in crisis;
2. Enhanced urgent care at Vancouver hospitals for individuals in mental health and/or addictions crisis;
3. Increase the number of ACT teams targeted to seriously ill patients;
4. Increase resources at BC Housing supportive housing sites; and,
5. Establish 300 long-term and secure mental health beds.

These recommendations need to be seen in the context of significant current efforts underway by both VCH, the City of Vancouver (including the VPD), and BC Housing to address addictions, homelessness and mental illness.

VCH is already heavily involved in serving the complex social and health needs of the residents of the Downtown East Side (DTES) and the homeless population (see attached VCH report, *Improving Health Outcomes*,

Housing and Safety). More recently, they have commissioned a study called *DTES 2nd Generation* in an effort to re-engage with the community and many of the service agencies to explore ways to better use their resources to serve this community.

The City of Vancouver, in the context of its overarching Healthy City Strategy, is actively implementing a housing and homelessness strategy. Working closely with BC Housing and other partners such as VCH, there have been significant investments made in housing and shelters in Vancouver. Fourteen (14) sites across Vancouver are either in place or under construction, with all sites ready for occupancy by 2014. A key aspect of this strategy is to better meet the housing needs of people with addictions and mental health illness.

In early October, the mayor facilitated a round table on mental health and addictions that was attended by approximately 140 community leaders including VCH, Providence Health Care, BC Housing and representation from several ministries (including the Ministry of Health). On October 22, 2013, Vancouver City Council agreed to support the need to take action on a number of themes from the roundtable session that will now become the focus of a Mayor's Task Force on Mental Health and Addictions that will meet in early December 2013. These actions include:

- General support for the priorities set out in the joint letter referenced above;
- Build on existing best practice to enhance support and interventions;
- Enhance access to health care and treatment;
- Focus on prevention efforts particularly for children and youth at risk; and,
- Support evidence-based research, evaluation and metrics to inform action.

VPD has produced three previous relevant reports regarding mental health and substance use encounters. The first of these reports, *Lost in Transition: How a Lack of Capacity in the Mental Health System is Failing Vancouver's Mentally Ill and Draining Police Resources*, was released in 2008 (Wilson-Bates). This report was based on the number of calls VPD responded to, with an estimated 31 per cent related to a mental health issue. Its key recommendations were:

- A moderate-to-long-term-stay mental health care facility for individuals who are chronically mentally ill;
- An “Urgent Response Centre” where individuals can be assessed and triaged;
- Increased services for people who are dually diagnosed;
- A continued increase in supportive housing in Vancouver;
- More rapid admission process for police handovers of clients at emergency;
- Enhanced ability to gather data on all calls for service that are mental health related; and,
- A system that has readily accessible details of an individual’s mental health history and addresses privacy concerns for B.C. mental health service providers.

In response to the report, between 2008 and 2010, a number of initiatives were undertaken to target the needs of this complex mental health population. These included a significant investment by the provincial government: supportive housing for this population (BC Housing); the creation of the Downtown Community Court and Drug Treatment Court of Vancouver (DTCV); the Homelessness Intervention Project; and, the development of the Burnaby Centre for Mental Health and Addictions with a mandate to serve the more complex and severe SAMI population than traditional inpatient units.

In 2010, the VPD released a follow-up report entitled, *Beyond Lost in Transition* that made five additional recommendations:

- Use of ACT team model;
- Formalized standing bodies to monitor, identify, de-brief and resolve critical incidents;
- An information sharing and feedback mechanism to share clinical status of clients;
- Legislative changes in the *Mental Health Act* to facilitate a speedier health system response and reduce police wait times at hospitals; and,
- A coroner review and the consideration of calling an inquest in all suicide cases where an individual received mental health treatment within a 30-day period before their death (this action was subsequently put on hold).

Again, a range of additional actions were undertaken by VCH (see attached VCH report, *Improving Health Outcomes, Housing and Safety* p.6, 8 – 11), including: establishing two ACT teams; increasing collaboration between the police and health care services; and, initiating daily liaison between the VPD Mental Health Policy division, VCH and St. Paul's Hospital (the two sites where individuals from the DTES with complex and resource-intensive needs, both physical and mental, receive care in each site’s emergency department). An overall important outcome of this report was the development of a more collaborative relationship between the VPD and VCH at the board and staff levels. This is a key partnership that must be supported and developed as further action is taken.

INDIVIDUALS WITH SEVERE ADDICTIONS AND/OR MENTAL HEALTH ILLNESS (SAMI)

As set out in the VCH report, individuals described as belonging to the SAMI population have one or more psychiatric diagnoses that significantly affect their ability to actively engage in personal, social, and/or occupational areas of daily life (Jones & Goldner 2009).

A sub-set of these individuals suffer from chronic, disabling poly-substance use, and often severe mental illnesses (most commonly severe trauma in combination with unmanaged or under-managed psychosis, bipolar, and/or depressive disorders), neuro-developmental disorders and/or cognitive impairment, and significant physical health problems (Hay & Krausz 2009).

A key issue is the growing perception that a further group of this population subset is now suffering from acquired brain injury from their stimulant addiction that results in a chronic lifelong disability linked to aggressive behaviour that will require sustained care and support. As their substance use and/or mental health symptoms are frequently associated with significant behavioural difficulties, these individuals either do not access or experience significant barriers in accessing the mainstream supportive and therapeutic networks. As a result, they are disproportionately higher users of crisis and emergency services, have frequent criminal justice involvement, and are homeless or at high risk for homelessness (Hay & Krausz 2009).

Population Data on SAMI

The population data referenced in the VPD report appears to build from 2006 work, where it was estimated that there were around 130,000 individuals with SAMI within BC. As noted in the VCH report (p. 7), these estimates are based on combining epidemiological and health services literature regarding the prevalence rates of specific disorders with the proportion of cases expected to be severely disabled. Based on this methodology, the base number was then further extrapolated to estimate that approximately 25 per cent of these (34,000) lived in VCH, with 60 per cent of them (20,400) residing specifically in the City of Vancouver (Jones & Patterson 2008). There are further estimates that suggest that 3,000-6,000 of these individuals have an extremely high health risk and, further, that there is a sub-set of this population (estimated at 10 per cent of the 3,000 number) who are presenting the most significant issues and concerns noted in the VPD report.

All parties would likely agree that these numbers should be viewed with caution and that going forward there is a need for a more accurate database so as to better plan to meet the health and social service needs of this population. That stated, the estimates underscore the real experience of staff from the City of Vancouver, health authorities and agencies struggling to meet the needs of this population.

Looking at this population along a continuum of severity of illness and service need, the majority of the SAMI population should be responsive to the range of health and social services already being provided at the community level linked to the range of existing strategies and services. This will require sustained ongoing efforts to ensure that these services are optimally effective and are working as a system within the significant

but finite resources already available within the DTES. Equally important will be the success of the broader housing strategy between the City of Vancouver, BC Housing, VCH and other supportive social services. Monitoring the flow of people into and out of housing will be an important aspect of these efforts, and this may affect the nature and mix of services that are required. In other words, service types and levels will need to be evaluated frequently depending on the rate of flow into and out of a particular housing project. The mix and skill sets of care providers, community workers and health professionals will also need to be evaluated and changed based on the changing needs of the residents.

Moving further along the continuum to the sub-set of the population where illness, substance use and behaviour have become more severe, there is a perceived need for more intensive services such as additional assertive outreach services, Intensive Case Management (ICM), and ACT right through to in-patient hospitalization and stabilization before discharge back into the community. The flow of people with mental health, substance use and behavioural issues through the emergency departments of Vancouver General and St. Paul's hospitals, through to and out of these more intense levels of service, will need to be better understood, monitored, and managed. This will need to be underpinned by a better understanding of what are the most effective treatment and care modalities best suited to this population.

The VPD report suggests that a very small proportion of SAMI clients may require long-term high-intensity care in the community or permanent hospitalization. This is the small group that most closely represents the highly violent incidents profiled in the VPD report. Current tertiary or community services in B.C. do not appear to be designed or set up

to meet this need and would have to be incrementally developed and strengthened.

RECOMMENDED PROVINCIAL ACTIONS

Based on the review undertaken for this report, there are six recommendations:

1. That the Minister endorse VCH's action plan (see attached VCH report, *Improving Health Outcomes, Housing and Safety*, p.12 -14) and that the VCH board directs its staff to put those actions in place over the next 120 days, including:

- Reconfiguring services at St. Paul's emergency department to better meet the needs of this population;
- Adding an Assertive Outreach Team targeted to the high-risk SAMI population in the DTES;
- Adding two additional ACT teams focussed on this population; and,
- Further improving information-sharing protocols between key agency partners.

These actions address a number of the key concerns raised to the Province, including implementing an Assertive Outreach Team inclusive of member of VPD/VCH resulting in a rapid response to high-risk SAMI clients in crisis, enhancing urgent care at Vancouver hospitals for individuals in mental health and/or addictions crisis, increasing the number of ACT teams targeted to seriously ill patients, and initiating Assertive Outreach Team(s) to support those currently without housing supports. These actions will provide additional services, supports, and facilitate a more effective service at St. Paul's Emergency Department with faster hand-offs, improved assessments and outreach services.

2. That the VCH board direct staff to complete a review of their current service

levels and specifically the continuum of services for higher-needs addiction and mental health patients and the flow of patients from higher service and support services (psychiatric units, community residential care, group homes) to lower-needs supported housing or independence.

The review will underscore current VCH efforts to ensure the right clients are in the right care setting and focus on the transition of patients through the care continuum and care settings. This review will also link to efforts underway, through the Vancouver City Housing and Homelessness Strategy, to better manage and support the flow of individuals from DTES to congregate and scattered housing.

A further part of this review should be to better understand the transitions in care across health authority boundaries with Fraser Health. A potential gap currently exists in the ability of the health authorities to coordinate services for shared clients as they move through the care continuum. There is a perceived flow of SAMI clients between the emergency departments of both health authorities, and there is work that needs to be done on information sharing and tracking of these individuals.

3. That the Ministry of Health engage with VCH, the City of Vancouver, BC Housing, and other key stakeholders to explore how best to strengthen the number and/or skill sets of staff to better support successfully accommodating individuals with more challenging addiction and mental illness in a community setting.

4. That the PHSA assume a leadership role in developing and coordinating the implementation of a fully articulated

provincial service delivery model to address the long-term care and treatment needs of the sub-population of SAMI patients who require long-term, high-intensity care in the community or permanent hospitalization.

To this end:

- a. PHSA will immediately establish a Clinical Expert Panel to better define the characteristics, assess the prevalence, and identify evidence-informed improved treatment and care options for this sub-population of SAMI patients over the next 120 days. PHSA will then work with the Ministry of Health and the five regional health authorities to incrementally strengthen and add intensive treatment spaces/beds required for this population over the next three years, and increase training capacity to support staff in working with this population. In undertaking this work, PHSA will support evidence-based research, evaluation and metrics to inform action and actively collaborate with other key service partners and stakeholders in the development of the model.
- b. A critical aspect of this work will be to better understand what practical actions can be taken to build increased capacity for early intervention in primary substance use disorders. As noted in the attached VCH report, key areas to explore will be improving existing physician and allied health addiction medicine training, and the development of evidence-informed, low-threshold addiction treatment programs across the province.

- c. In its current governance role, PHSA will work with VCH to better position the 100-bed Burnaby Centre for Mental Health and Addiction to accommodate and effectively work with the sub-population of SAMI patients who require long-term, high-intensity care in the community or permanent hospitalization.

The Burnaby Centre for Mental Health and Addiction is a dedicated provincial resource with \$13 million of funding provided through PHSA and operated by VCH, mandated to serve the more complex and severe SAMI population than traditional inpatient units. As noted in the attached VCH report (p. 10), the centre has successfully developed three different clinical tracks available for focus on affective, psychotic- or neuro-cognitive disorders; interdisciplinary programs stressing healthy living; psychosocial wellness; and skills development. Currently, this resource is not optimally equipped to meet the needs of the sub-population presenting significant aggressive behavioural issues. PHSA and VCH will take steps to develop programming and care capacity to better meet the needs of this sub-population as part of the Burnaby Centre programming.

- d. As an immediate and interim measure to support the Burnaby Centre for Mental Health and Addiction, a secure facility will be re-commissioned on the Burnaby Youth Custody Services campus to provide stabilization, assessment and individual case planning services for severe addictions, mental illness and aggressive clients. Addictions, mental

health, behavioural interventionists, and 24/7 trained support staff will staff this new program, linked to the Burnaby Centre. Referrals will initially be made through the consolidated psychiatric and addictions services in St. Paul's emergency department as identified in the VCH action plan (p.12). Work will be immediately undertaken to establish referral mechanisms and protocols for other lower mainland emergency departments, as appropriate. Admissions will be facilitated through applicable sections of the *Mental Health Act*, with supporting clinical care guidelines and linkages to primary care providers. Patients will move from this facility into the strengthened programming streams of the Burnaby Centre and/or into the piloted group care sites identified below.

The primary facility will be a secure, six-bed, level-entry living unit located on the grounds with program space, outdoors area and full shared kitchen. This living unit is appropriately more residential than institutional in nature. An overflow, eight-bed secure living unit within the secure perimeter of the facility will also be available if required.

Anticipated net new operating cost for this program is \$2.5 million.

- e. As noted above, a key issue for this sub-population is to explore what treatment and/or care needs might best provide improvement or meet the long-term care needs in a community setting. To assist in this process, PHSA and VCH will immediately proceed to design and then contract for five high-intensity

group homes to serve a total of twenty (20) individuals with oversight and support provided through the Burnaby Centre. Addictions, mental health, behavioural interventionists and 24/7 trained support staff will support these homes. At least one of these homes must be focused on young adults, ages 16 -24, linked to the Inner City Youth Mental Health Program (see below). An action research and summative evaluation process will be implemented by PHSA concurrent with their roll-out, and this will feed into the planning work undertaken by PHSA set out above.

Anticipated net new operating cost for this program is \$4 million to \$5 million.

5. As noted in the attached VCH report (p. 10), Providence Health Care's Inner City Youth Mental Health Program provides assertive outreach based treatment targeted at homeless or inadequately housed individuals with mental illness between the ages of 16-24. In collaboration with Providence Health Care, VCH and the Ministry of Child and Family Development, the Ministry of Health will provide an additional \$750,000 to support the Inner City Youth Mental Health Program in strengthening and enhancing these services by establishing a new Intensive Case Management team to work with this age group. This program will also be linked to the community group home initiative identified above. Further collaboration with the Ministry of Child and Family Development will be undertaken to better understand and work to prevent youth homelessness.
6. Fraser Health, Northern Health, Interior Health, and Island Health boards will actively review the service needs of the

SAMI population as part of their service planning process underway for 2014/15. Through PHSA, the Ministry of Health will make available up to \$12 million in 2014/15 in matching funds to assist the five regional health authorities in strengthening approved services for this population as part of an overall incremental provincial approach coordinated through PHSA.

NEXT STEPS

The recommended actions will require the Ministry of Health to find approximately \$5 million for the balance of this fiscal year to assist VCH and PHSA move quickly to act on these recommendations. VCH is expected to fully fund the total budget for their committed actions next year, net of accessing up to \$2 million in matching funds set out in recommendation 6.

Moving forward, the Ministry will allocate up to \$20 million from the 2014/15 budget to support health authorities to better meet the needs and strengthen approved services for this population. This includes:

- a. \$2.5 million to support the ongoing operation of a secure facility to provide stabilization, assessment and individual case planning services for severe addictions, mental illness and aggressive clients that is linked to the Burnaby Centre for Mental Health and Addiction;
- b. \$4 million to \$5 million to implement the high-intensity contracted group homes;
- c. \$750,000 to the Inner City Youth Mental Health Program for youth aged 16-24; and,
- d. Up to \$12 million in 2014/15 in matching funds to assist the five regional health authorities in strengthening approved services for this population as part of an overall incremental provincial approach.

The Ministry will bring key partners together to develop an implementation plan, then closely monitor and report on progress against these actions over the next 120 days.

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APPENDIX I: Vancouver Coastal Health Report

Improving health outcomes, housing and safety:

Addressing the needs of individuals with
severe addiction and mental illness

Regional Mental Health & Addiction Program

November 2013

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Executive summary

Vancouver Coastal Health (VCH), together with Providence Health Care (PHC), plays a key role in providing a range of health care resources, including mental health and addiction services, to over one million British Columbians living in Vancouver, Richmond, and the Coastal and Central Coast regions. VCH, inclusive of PHC, will spend close to \$300 million in 2013/14 on inpatient and community-based services to help those struggling with mental health and addiction. Services range from tertiary and acute inpatient care, short-term crisis intervention, community specialized services, to rehabilitation and housing, and many options in between.

Under a Continuum of Care Strategy focused on matching specific populations with the services they most need, the Regional Mental Health and Addiction program has been engaged in a process to recognize client needs and core services utilizing a tiered model of care, as well as identify significant areas of unmet need across the continuum and the region.

More recently, at the request of the Ministry of Health, VCH undertook a focused review of the continuum of care and multi-sector supports required to care for individuals with severe addiction, often with severe mental illness, who have complex health, housing, and other system needs which currently are not being fully met. This gap in care results in poor outcomes, risk to clients and providers, and risk/concerns for public safety. This is a population for whom a multi-pronged strategy across police, housing, judicial, social and health services is necessary to address care needs, improve social and health outcomes, and mitigate risk to public safety.

The individuals within this population suffer from chronic, disabling poly-substance use, often severe mental illnesses (unmanaged or under-managed psychosis, bipolar, and/or depressive disorders), neurodevelopmental disorders, severe trauma/brain injury and/or cognitive impairment, and significant physical health problems. These individuals are often homeless or inadequately housed and over-represented in their interactions with police and emergency services (Hay & Krausz 2009). Vancouver's Downtown East Side (DTES) has an especially high concentration of this population and is thus the focus

of this document; it is also recognized that urban and rural communities in other parts of the region must also be considered as we plan for system improvements.

Over the last few years, VCH and PHC in partnership with the Vancouver Police Department (VPD) and BC Housing (BCH) have developed services that begin to address areas of gap within the continuum required to provide care for this population. These include:

- Assertive Community Treatment (ACT) teams: In collaboration with the VPD and BCH, ACT teams provide medical, psychosocial, and rehabilitation services to individuals in a community setting.
- Primary care outreach: Teams provide care in Vancouver's DTES and downtown core to individuals living in low threshold supportive housing, shelters and to those who are chronically homeless.
- Tertiary mental health and addiction rehabilitation and residential services.
- Police education: Across the region, police services such as RCMP and VPD have undertaken training to enhance their knowledge and skills to better identify and respond to incidents involving those with mental illness.
- Specialized mobile mental health response team such as MHES and Car 87: Specially trained police officers and registered nurses respond to those experiencing a mental health crisis.
- Housing partnerships: BC Housing, Municipal Government, VCH, and non-profit partners work together to address the availability of decent and affordable housing, and associated supports.
- Harm reduction: Needle exchange programs, the InSite supervised injection site, and a safer smoking kit program aim to minimize death, disease, and injury for those with severe addiction.

- Addiction treatment: VCH offers detox, residential treatment options (e.g. The Burnaby Centre for Mental Health and Addiction, The Crossing at Keremeos), as well as outpatient options with education and counselling (e.g. Daytox, group programming, PHC's Inner City Youth Mental Health team, and school based in-reach programs).
 - Criminal justice system partnerships: Clinicians support the Vancouver Intensive Supervision Unit, which assists individuals who have severe addiction and mental illness who frequently come into contact with the justice system with their daily living activities such as housing, financial management and medical care.
 - Focused medical training: A fellowship program at St. Paul's Hospital provides physicians with comprehensive specialty training in addictions treatment, leadership, and research.
3. Through multi-sectoral partnerships, harness the opportunity to improve social and health outcomes for individuals with severe addiction and/or mental illness through a continuum of housing supports aligned with treatment options.
 4. Optimize pharmacotherapy and extended leave recall options to improve individual and system outcomes.
 5. Create an environment for capacity building and sustainable system change. This includes a focus on early intervention and treatment, as well as staff training, education, and research.
 6. Remove barriers to information sharing and privacy.

It is imperative to recognize that this is a complex situation. We need to collectively harness a sense of urgency and focus on multi-sectoral action to substantially improve the social and health outcomes of this population while simultaneously addressing the strain on emergency and first responder services. Together, these strategies will move us from a fragmented system to one that is integrated, innovative and assertive in engaging this complex and often marginalized population.

While these strategies are demonstrating positive health outcomes, effective treatment for this population demands an integrated approach where addiction and mental health problems are targeted together with fundamental social issues such as homelessness or inadequate housing, disconnection, stigma and victimization, along with criminality and poverty. To that end, VCH recently brought together clinicians, academics and researchers, government planners, and operational leaders to gather additional feedback on care models and strategies that will support this population across the continuum of care.

Through this collaborative approach, a review of the population and its short and long-term needs was developed with a series of goals identified:

1. Improve the ability for emergency services to respond to increased volumes and strengthen community transitions.
2. Strengthen community capacity and decrease demand on acute, emergency, and police services.

Background

A number of high profile incidents in Vancouver and elsewhere in recent months have led to concern that public safety may be at risk due to the behaviors of a small proportion of individuals with untreated complex severe substance use disorders and mental illness. With the direction and oversight of the Ministry of Health, and to address the concerns in a collaborative and outcomes-focused manner, Vancouver Coastal Health (VCH) brought together a group comprised of representative clinicians, academics and researchers, government planners, and operational leaders who support this population across the continuum of care. Organizations such as VCH, Providence Health Care (PHC), the Ministry of Health, BC Housing, Correction Services, and the Vancouver Police Department came together to further define the current context/concerns, understand the population, and gather input on care models and strategies to incorporate in the development of a plan that will support this population. This report is the result of that process.

Vancouver Coastal Health is responsible for providing a range of health care services to over one million British Columbians living in Vancouver, Richmond, and the Coastal and Central Coast regions. Within Vancouver, Providence Health Care is a partner in care with a key role in Mental Health and Addiction service provision. Under a Continuum of Care Strategy focused on matching specific populations with the services they most need, the Regional Mental Health and Addiction program has undertaken a process to recognize client needs and core services utilizing a tiered model of care, as well as identify significant areas of unmet need across the continuum and the region.

The focus of this document is to identify the continuum of care and multi-sector supports required for care of a small proportion of individuals with severe addiction, often with severe mental illness, who have complex health, housing, and other system needs which currently are not being fully met. This results in poor outcomes, risk to clients and providers, and risk/concerns for public safety. This is a population for whom a multi-pronged strategy across police, housing, judicial, social and health services

is necessary to address care needs, improve social and health outcomes, and mitigate risk to public safety. This is a subset of a specific population within the Mental Health and Addiction continuum defined as SAMI (Severe Addiction and/or Mental Illness).

The individuals within this population subset suffer from chronic, disabling poly-substance use, often severe mental illnesses (unmanaged or under-managed psychosis, bipolar, and/or depressive disorders), neurodevelopmental disorders, severe trauma/brain injury and/or cognitive impairment, and significant physical health problems (Hay & Krausz 2009). This population is often homeless or inadequately housed and over-represented in their interactions with police and emergency services. Vancouver's Downtown East Side (DTES) has an especially high concentration of this population and is the focus of this document; it is also recognized that urban and rural communities in other parts of the region must also be considered as we plan for system improvements.

This report describes the characteristics and concerns of this population within VCH, identifies ongoing services currently addressing their needs, and provides strategic recommendations for further action to improve care and outcomes for these individuals.

Context

Since 2011, five significant milestones have influenced the development of the continuums of care for the SAMI populations within VCH / PHC.

These milestones are:

1) The opening of 219 tertiary mental health beds across six new sites within VCH/PHC, As well as the development of three assertive community treatment teams (ACT). The integration of tertiary services within VCH/PHC has enabled individuals to engage and reconnect with their community and families in ways that have significantly supported their recovery. Operating tertiary services has enabled VCH/PHC to develop an integrated service continuum across tertiary services, acute care and community programs that supports effective transitions and aligns to client and family care needs.

2) The Mental Health Commission of Canada “At Home/ Chez Soi” Study which demonstrated that significant improvements in social stability and health outcomes can be achieved in marginalized, homeless populations impacted by mental illness, severe substance use as well as medical co-morbidity. The study successfully engaged a population that has traditionally not been served well within existing systems. It has fostered important partnerships between BC Housing, VCH, and the Vancouver Police Department (VPD) in service and care planning and shown the positive impact of delivering care in a manner that is engaging and reflective of the unique needs of this population.

3) The development of the Downtown East Side (DTES) 2nd Generation Strategy. This engagement process is capturing the knowledge and experience of service providers and users within the community in order to establish a framework for identifying areas of importance and need for the DTES, as well as developing partnerships for service planning and delivery that will improve health outcomes.

4) A serious patient and public safety incident in February 2012 involving an individual discharged from a VCH emergency department. This incident led to an external review to examine the current system, identify gaps and opportunities for improvements, and provide recommendations to support the provision of optimal care while ensuring public safety. The focus population was a

low prevalence but high needs, complex group which has had multiple contacts with the criminal justice system, police, and the emergency department. While individuals within this population often have severe addiction and mental illness, they are rarely engaged with appropriate health resources for a variety of reasons.

The reviewers provided 22 recommendations that were accepted by VCH/PHC and actions have been undertaken in all areas ([Emergency Department Mental Health and Addictions Review, August 2012](#)). The case that prompted this review is reflective of the complex nature of the psychiatric and non-psychiatric issues emergency staff and consultation services must address to adequately assess risk and provide timely acute care management and discharge planning. A key focus of the review was on public safety and while recommendations were made to address resources, communication, transitions and assessment, it was acknowledged that a central problem is the difficulty in predicting violent behaviour. A second critical problem is the determination of short vs. long-term prediction of violence, while a third critical limitation is the obvious problem that an individual's situation may change quickly and radically after discharge (e.g. if he/she consumes substances or returns to a chaotic, high stress environments such as the DTES).

5) On September 13, 2013 the Vancouver Police Department released a document entitled “Vancouver’s Mental Health Crisis: An Updated Report” highlighting the public burden of the SAMI population in the region and shifting attention onto specific recommendations to address these issues. The third of such report since 2007, highlights that despite increasingly effective cooperation with VCH and the continuing advancement of community care strategies, mental health services, police, criminal justice, forensics and emergency health services continue to be challenged with the management, care needs and public safety impacts of this population.

Collectively, these milestones have led to new resources and care models such as the development of ACT teams, the creation and exchange of knowledge through research, and a shift in clinical practice paradigms. While recognizing that this is a heterogeneous population, these developments have greatly impacted the way in which Mental Health & Addiction services within the region envision service delivery, clinical engagement, Mental Health Act utilization, and the role of health services in ensuring public and staff safety.

Introduction to serious addiction and mental illness

Definition

Individuals described as belonging to the Severe Addiction and/or Mental Illness (SAMI) population often have one or more of psychiatric diagnoses that significantly affect their ability to actively engage in personal, social, and/or occupational areas of daily life (Jones & Goldner 2009). A subset of these individuals suffer from chronic, disabling poly-substance use, and often severe mental illnesses (unmanaged or under-managed psychosis, bipolar, and/or depressive disorders), neurodevelopmental disorders, severe trauma/brain injury and/or cognitive impairment, and significant physical health problems (Hay & Krausz 2009).

As their substance use and/ or mental health symptoms are frequently associated with significant behavioural difficulties, these individuals either do not access or experience barriers in accessing mainstream supportive and therapeutic networks. As a result, they are disproportionately higher users of crisis and emergency services, have frequent criminal justice involvement, and are homeless or at high risk for homelessness (Hay & Krausz 2009).

Population data on SAMI

In 2006, it was estimated that there were around 130,000 individuals with SAMI within British Columbia. It was then further extrapolated that approximately 25 percent of the individuals (34,000) live in VCH, with 60 percent of them (20,400) residing specifically in the City of Vancouver (Table 1; Jones & Patterson 2008). These numbers should be viewed with caution, however, as the past seven years can be expected to have been accompanied by changes in patterns of mental illness and substance misuse.

Table 1: Estimated number of SAMI cases (in 2006) for VCHA based on SAMI report methodology*

Jones & Patterson 2008

DISORDER	VCH	RICH	VAN	NS/CG	
Schizophrenia Spectrum	3,101	513	1,843	745	
Major Depression & Dysthymia	16,400	2,723	9,748	3,929	
Bipolar Disorder	3,379	546	2,079	754	
Anxiety	22,750	3,778	13,480	5,492	
Substance Abuse/ Dependence	Adult	21,560	3,462	13,306	4,792
	Youth	2,632	521	1,310	801
Eating Disorders	448	74	268	106	
Neuropsychiatry	224	38	129	57	
ADULT TOTAL <small>(adjusted for co-morbidity)</small>	33,932	5,567	20,426	7,938	

**Estimates are based on combining epidemiological and health services literature regarding the prevalence rates of specific disorders with the proportion of cases expected to be severely disabled. These numbers must be viewed as conservative, as individuals with neurodevelopmental and cognitive disorders were not included.*

While details regarding the method of estimation were not included in the report, further work stratifying a subset of the SAMI population across VCH who experience complex concurrent disorders suggests that 3,000-6,000 of these individuals are at extremely high health risk, while 5,000- 8,000 are at moderately high health risk based on illness and functional severity; (Hay & Krausz 2009). It is also believed that 60 percent (estimated 1,800-3,600 individuals) of those that are extremely high health risk actually live in Vancouver's DTES (Hay & Krausz 2009). It should be noted that while a large concentration of individuals do live within the DTES, this is a population that also live in rural and urban communities outside of the DTES. Additionally, First Nations communities and urban Aboriginal populations are particularly overrepresented in this group, being estimated to make up approximately 20 percent of the SAMI population.

Current strategies addressing the needs of the SAMI population

Police education

In response to the increase in interactions between police officers and the population with mental illness and recommendations by the Canadian Mental Health Association “Study in Blue and Grey” (Adelman 2003), Vancouver patrol officers began to receive additional training in 2002 to enhance the knowledge and skills required to better identify and respond to incidents involving those with mental illness.

Along with reducing injuries and deaths resulting from crisis situations, these policies have led to a practical shift in how the Vancouver Police Department deals with individuals with mental illness and concurrent disorders, effectively de-criminalizing mental illness and improving access to health services. Since the training became mandatory in 2010, there has been a 109 percent increase (837 to 1,749 visits) in the number of individuals brought into St. Paul’s Hospital Emergency Department by police under the Mental Health Act.

Specialized mental health police response teams

In Vancouver, police officers are supported by a mobile specialized mental health response team- Car 87- which is made up of specially trained police officers and registered nurses. This service is available 20 hours a day, 7 days a week to provide initial assessment and arrange follow-up care for those experiencing a mental health crisis.

A gap that currently exists with the continuum to support this population is the lack of assertive outreach services that can link with individuals once discharged from the emergency department and who refuse or are not appropriate for engagement with ACT or Community Mental Health teams. This could be provided through a team that would engage individuals while in Emergency and continue to follow them after discharge, in many cases even being incorporated as part of the care plan within the extended leave provision under the Mental Health Act.

Assertive Community Treatment (ACT) teams

ACT is widely recommended and empirically validated form of multidisciplinary care designed to provide an extensive spectrum of medical, psychosocial, and rehabilitation services to individuals with SAMI within a community setting. Since 2011, approximately \$5 million has been invested to develop three ACT teams which successfully operate in collaboration with VPD and BCH.

Within the first year of implementation, the benefits of the ACT program greatly surpassed expectations. When comparing the year prior to and following intervention, those receiving ACT follow-up had a 70 percent reduction in emergency department visits, a 61 percent reduction in criminal justice involvement, and a 23 percent reduction in incidents of victimization. As the ACT teams have proven to be an integral part of MH&A services, VCH will be creating additional ACT teams as part of the continuum of care for this population.

Primary care outreach teams

In the DTES and downtown core, primary care outreach teams care for over 1,570 individuals living in low threshold supportive housing across 19 sites, in addition to providing clinical interventions to the chronically homeless situated in eight different shelters. These resources reduce the impact on emergency services, including a 20 percent reduction in emergency room visits, with the greatest benefits seen in reducing repeat visits in frequent users of emergency services.

Housing

The availability of decent and affordable housing is one of the most important factors determining long-term outcomes in the population with SAMI (Patterson et al 2007). Without first ensuring housing and other basic services, mental health programs are likely to be

unsuccessful at engaging and treating those for whom this is a serious concern (Canadian Mortgage and Housing Corporation 2005).

Research indicates that a “Housing First” model, which provides access to independent housing even in the absence of a commitment to abstinence or treatment, is effective for addressing the needs of this population. In New York City, Pathways to Housing Inc (Tsemberis & Eisenberg 2000) demonstrated the success of this strategy in reducing chronic homelessness, increasing access to treatment for underlying substance use and mental illness, reducing hospital stays, and promoting employment in previously homeless individuals with SAMI.

Ongoing partnerships between BC Housing, the City of Vancouver, VCH, and non-profit partners aim to address this significant issue. The “At Home/ Chez Soi” research program undertaken by the Mental Health Commission of Canada, which ended in March 2013, provided housing and needed supports to individuals with moderate to severe mental illness who had previously been living on the streets and in shelters. Along with the benefits on health and societal outcomes, this program further demonstrated the efficacy of this strategy in reducing crime (Somers et al 2013).

In partnership with the Province of BC, the City of Vancouver Housing and Homeless Strategy has aimed to end street homelessness by 2015 through provision of 14 new supportive housing projects (approximately 1,500 affordable rental units) for those who are homeless or at risk for homelessness. This increased availability of congregate housing for the SAMI population serves as an opportunity for health, first responders and community partners to provide low barrier access to necessary health and supportive services.

Harm reduction services

Vancouver Coastal Health has adopted aggressive harm reduction strategies aimed at minimizing death, disease, and injury in those with severe addictions. Relevant initiatives aimed at improving health outcomes in the population with SAMI include needle exchange programs allowing users access to sterile injection equipment; a supervised injection site (InSite) which provides a clean, safe environment for injection drug use and reduces infectious disease, prevents death due to overdose, reduces

public drug use, and engages people in treatment (Wood et al 2006); and a safer smoking kit distribution program that reduces injury and engages, informs, and provides health service referrals to individuals who smoke crack cocaine in the DTES. Based on the successes seen in utilization in other Canadian locations (Podymow et al 2006), “Managed Alcohol Programs” as a pilot have also been implemented in Vancouver to reduce harm in individuals with severe alcohol addictions. Preliminary evaluation of this pilot program indicates that the provision of regular small doses of alcohol in a safe location with access to meals, social, and cultural services can reduce consumption of hazardous non-beverage alcohol, and limit the health and social problems associated with heavy drinking episodes (Stockwell et al 2013).

Addiction treatment services

Most individuals with untreated addiction experience a predictable and progressive loss of employment, family relationships, and housing. Ultimately, many end up on the street where untreated substance use disorders contribute to the development of avoidable serious physical (e.g. HIV, HCV infections) and mental health (e.g. anxiety, depression, psychosis) co-morbidities as well as criminal justice system involvement. Early intervention in primary substance use disorders has the potential to halt this progression and resultant health and social costs that are known to result from longstanding untreated addiction. In this context, there is a need to expand early intervention and treatment for primary substance use disorders before criminal justice involvement, and physical and mental health consequences develop.

In addition to already available programs in Vancouver, work is underway to include a low threshold opioid agonist treatment clinic for those in the DTES who wish to use available therapies to prevent heroin and other opioid cravings and withdrawal. As part of this proposal, a multi-disciplinary team will work not only to provide therapy, but also link users to primary care and targeted HIV, addiction, and mental health services. Such programs have been found to be associated with a crime reduction of nearly 50 percent in other Canadian communities (Fischer et al 1999). It is also expected that implementation in the DTES will also reduce the alarming crime rates among opioid users in Vancouver (Fischer et al 2005).

Further results from the North American Opiate Medication Initiative (NAOMI) support the efficacy and cost-effectiveness of clinically supervised prescription diacetyl morphine for individuals with chronic, treatment refractory opioid dependency (Nosyk et al 2012), including 1.6 times higher treatment retention rates and 1.4 times greater reduction in illicit drug use or other illegal activity relative to methadone substitution (Oviedo-Joekes et al 2009).

The Onsite withdrawal management and residential care service provides rapid access to safe, high quality, personalized treatment and basic support services. Situated directly above the Insite safe injection facility, this program is geared towards providing low-barrier services to injection drug users who express interest in treatment.

Many individuals who wish to undergo medically monitored withdrawal either do not want or do not need to receive inpatient care. In light of this, Daytox facilities implemented within VCH provide a high capacity, flexible, outpatient alternative with full education, counselling, treatment, and community supports.

The Burnaby Centre for Mental Health and Addiction, a provincial resource operated by VCH, is a residential treatment facility mandated to serve a more complex and severe SAMI population than traditional inpatient units. With three different clinical tracks available for focus on affective, psychotic or neurocognitive disorders, interdisciplinary programs stressing healthy living, psychosocial wellness, and skills development have been successful in:

- Improving alcohol use disorders (78 percent of patients improve between admission and discharge);
- Drug use disorders (72 percent of patients improve between admission and discharge);
- Mental health status (87 percent improvement between admission and discharge).

Extensive planning has led to over 96 percent of patients connected to community providers at discharge with over 94 percent remaining connected with those services after three months.

Youth-targeted services

Mental illness and addiction begins early in life. Half of all lifetime cases begin by age 14 and three quarters have begun by age 24. Anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the teens and early 20s. Young people with mental disorders suffer their disability when they are in the prime of life, at a time when they would normally be the most productive.

Adolescence and early adulthood involve important developmental changes including completing school and developing a career, developing self-confidence and finding their place within the community. These important developmental tasks lay the foundation for a positive transition into adulthood. Mental illness however, affects every aspect of an individual's life including relationships, education, and work and community involvement. The greater the number of episodes of illness experienced by an individual, the greater the degree of lasting disability. Untreated or poorly managed these issues in adolescence can become life altering often resulting in significant cost to the individual and to society as a whole (Health Canada 2002).

Providence Health Care's Inner City Youth Mental Health Program (ICYMHP) provides intensive case management and assertive outreach targeted at homeless or inadequately housed individuals with mental illness between the ages of 16-24. With an interdisciplinary team, this collaborative program has developed partnerships with several shelters and housing sites in Vancouver to deliver on-site clinical appointments and group facilitation. The program has demonstrated effective outcomes in engaging "street entrenched" youth and will be expanded to provide increased access across Vancouver and integrated within the region.

"The Crossing at Keremeos" is a long-term residential addictions treatment facility specifically geared towards addressing the needs of youth and their families. In 2012/2013, 84 percent of those admitted had poly-substance use, with heroin being the most frequently reported as problematic. Two thirds also had a mental health condition indicated as a priority for treatment. The onset of most mental illness occurs in adolescence and young adulthood.

The Early Psychosis program within VCH provides early identification and treatment for people aged 13 to 30 with definite or possible untreated psychosis. The EPI team assesses and treats psychosis, promoting recovery to help people with psychosis lead full lives. The program assesses for psychosis, suggests ways to cope with psychosis, including medication, helps families understand and cope with psychosis, provides counseling so clients with psychosis can stay well and live a full life, provides groups where clients can meet other people with similar experiences and learn skills and gives extra help with finding work, attending school or university, making friends, and dealing with daily chores. The EPI model is an evidence based program which has been foundational in supporting many young adults and their families.

The provision of child and youth mental health services within VCH is provided in partnership with MCFD and PHSA. This includes community based services as well as inpatient care. An area of focus is to address the needs of transition aged youth. While targeted programming such as the Inner City Youth Mental Health Program, long-term residential addiction treatment and Early Psychosis intervention are proving effective, this is an area that requires further attention and service planning.

Partnering with the criminal justice system

The Drug Treatment Court of Vancouver (DTCV) is a specialized court that has been in operation since 2001 and provides an alternative approach to the mainstream court process for individuals who commit criminal offences to support their addiction to cocaine, heroin, or crystal methamphetamine. Participation in the DTCV is voluntary and requires participants to take part in a supervised 14 month intensive day treatment program through the Drug Court Treatment and Resource Centre (DCTRC). DCTRC programming is offered by an integrated team comprised of Probation Officers, Addiction Counsellors, Health Care Workers, and an Employment Assistance Worker. DCTRC staff offer a broad range of integrated wrap-around services that address participants' complex needs, including addictions treatment, health care, psychiatric care, housing, financial assistance, life skills training, education, and leisure activities. The DTCV is the largest in Canada and the first to be empirically evaluated. The evaluation, led by Somers

Lab at the Faculty of Health Sciences, Simon Fraser University, determined that the drug-related recidivism of DTCV participants was significantly reduced by 50% over a two year tracking period. These reductions in recidivism reduce pressures on an overburdened health and criminal justice system, and provide a best practice working example of how cross-system collaboration and integration address the complex and diverse needs of drug addicted offenders in the Downtown Eastside of Vancouver.

Vancouver's Downtown Community Court has been in operation since 2008 and brings into one location a broad range of integrated services aimed at helping offenders break free from the cycle of crime, homelessness, addictions and mental illness. Health, income assistance and housing staff, as well as victim services and a native court worker, are located together, along with Crown counsel, defence counsel, a police officer and probation officers – 14 agencies in total. The Downtown Community Court was designed to take an innovative, problem-solving and more efficient approach to crime, to tackle some of the most difficult issues facing the city's core. DCC offers a comprehensive, integrated approach to address the root causes of street crime (e.g. substance use, homelessness, poverty) not just to deal with the offence, but to treat the whole person and help break the cycle of crime.

The Vancouver Intensive Supervision Unit (VISU) was created in response to a growing need in Vancouver's Downtown Eastside for services that address the complex needs of individuals who have severe mental illness and frequently come in to contact with the justice system. These "multi-problem offenders" typically present with a combination of chronic mental illnesses, severe interpersonal and behavioural problems, poly substance abuse and multiple encounters with the criminal justice system. The lives of these individuals are characterized by repeated series of crises which lead to contact with multiple systems. Typically, these individuals cycle repeatedly through various parts of the legal, health and social service systems with little benefit and with staggering costs to multiple service systems and institutions with which they come into contact.

The Vancouver Intensive Supervision Unit assists these court-ordered clients with mental illness in Vancouver's Downtown Eastside. Staff from the Corrections Branch, Vancouver Coastal Health (VCH) and Watari Research Association delivers interdisciplinary support and supervision in corrections, addictions and mental health. With these community partners, VISU staff assist clients with their daily living such as housing, financial management, medical and psychiatric care, legal issues and leisure activities. They also develop and update case management plans and goals for clients and brief services for individuals who do not need full support.

Focused medical training

In order to address the need for skilled addiction professionals in the region, an Addiction Medicine Fellowship Program has been established at St. Paul's Hospital with funding support from Goldcorp to provide comprehensive specialty training in evidence based addiction treatment, leadership, and research. The fellowship is interdisciplinary and allows for a one-year specialty training for physicians from family practice, internal medicine and psychiatry.

Through the fellowship infrastructure, a range of training opportunities in addiction medicine have also been created for medical students and resident physicians while funded training in addiction medicine has also been made available for physicians in practice through the UBC Enhanced Skills Program (Wood et al 2013).

Strategies: Harnessing a sense of urgency and focus on action

Effective treatment for this population demands an integrated approach in which not only addiction and mental health problems are targeted, but also physical health problems are addressed together with fundamental social issues such as homelessness / inadequate housing, disconnection, stigma and victimization, as well as criminality and poverty. Any effort to improve health outcomes for this population and create meaningful and sustainable system change will require engagement and collaboration across all sectors.

Vancouver Coastal Health is committed to addressing the needs of this population and will harness the momentum established through this work to undertake immediate action on the goals and strategies outlined below.

Goal #1: Improve the ability for emergency services to respond to increased volumes and strengthen community transitions

Strategy #1: Create additional capacity at St. Paul's Hospital

Tactics

1. Create a nine to 12-bed psychiatric assessment and stabilization unit adjacent to the Emergency Department at St. Paul's Hospital.
2. Develop an assertive outreach team (AOT) inclusive of health care professionals and police officers closely integrated with the emergency department and community services. The AOT will assertively engage and provide services to clients requiring intensive support when discharged from emergency or highlighted by community teams, police, and ACT teams.
3. Establish protocols with BC Ambulance Service and VPD to support timely access to psychiatric emergency care and optimize capacity across sites within VCH/PHC.

Goal #2: Strengthen community capacity and decrease demand on acute, emergency and police services

Strategy #2: Expand upon services and program proven effective for this population

Tactics

1. Based on the success of the three existing ACT teams, two additional ACT teams will be created.
2. VCH in collaboration with BCH will develop specialized residential capacity at the new Princess Street housing site in Vancouver, aligned with a model of care designed to meet the complex needs of the population (approximately 40 beds).
3. VCH will work with Ministry of Children & Family Development (MCFD) to define the continuum of care required to support youth within the region and work towards expanding evidence-based treatments including expansion of Early Psychosis Intervention programs, mobile crisis response and outreach, and protocols for transition between programs and services.
4. Implementation of the Downtown Eastside Second Generation strategy. This work will build on the engagement work of the past 12 months
5. Establish protocols across forensics, corrections, police, and VCH community mental health and addiction services for individuals transitioning between services to support care planning that meets the complex needs of this population

Goal #3: Housing First with Supports: Through multi-sectoral partnerships, harness the opportunity to improve social and health outcomes for individuals with SAMI through a continuum of housing supports

Strategy #3: Embrace a “Housing First with Supports” strategy to serve the needs of this population

Tactic

1. Engage in proactive planning with the City of Vancouver, BC Housing, and non-profit housing providers to develop a standard approach to assessment for occupancy of the new housing sites and to establish a shared client registry.

Goal #4: Build capacity for early intervention and sustainable system change

Strategy # 4: Expand consultation, assessment, and training opportunities to support early intervention and address the complex care needs of this population

Tactics

1. Implement a standardized, region-wide psychiatric assessment tool that incorporates risk assessment for violence and self-harm.
2. Create a Rapid Access Addiction Medicine Service to support community care teams, emergency departments, Mental Health and Primary Care to effectively intervene early in the cycle of stimulant abuse, and reduce long-term deterioration.
3. Expansion of existing physician and allied health addiction medicine training.
4. Expansion of training to promote understanding and application of the Mental Health Act.
5. Continue regional training in core addiction and trauma-informed practice.

Goal #5: Optimize pharmacotherapy and extended leave recall options to improve individual and system outcomes

Strategy #5: Innovative approaches need to be considered, piloted, and evaluated for their effects on medication adherence, health impacts, client and public safety, as well as demand on first responders such as police and ambulance

Tactics

1. Initiate implementation of treatment optimization guidelines for severe mental illness, as well as other new approaches for this population. This could potentially be coupled with contingency management as well as linked with ACT and AOT teams.
2. As individuals recalled under the Mental Health Act are to be transported to a designated facility, identify alternate options for recall related to medication adherence to decrease the impact on emergency departments.

Goal #6: Remove barriers to information sharing and privacy

Strategy #6: Develop Memorandums of Understanding between relevant organizations

Tactic

1. Develop a Memorandum of Understanding between police and health services to share appropriate information regarding decisions affecting admission and discharge.

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