



Council Member Report
For the Meeting of June 18, 2020

To: June 18, 2020 Committee of the Whole Date: June 12, 2020
From: Councillor Potts, Councillor Alto, Councillor Loveday
Subject: Alternative Response

From the beginning of this term, Council has committed to working with partners to explore the development of an alternative response model for mental health and addictions issues which ensures these health challenges receive health care responses. This work was originally tasked to individual Councillors to initiate and bring back to Council and has since been rolled into the work of the Community Wellness Task Force.

The Community Wellness Task Force (CWTF) was established as a priority in city council's 2019-2022 strategic plan, and is comprised of persons with lived and living experience (PWLLE) who through the Strategic Planning process were tasked with developing recommendations on community wellness for the City of Victoria.

Strike a Peer-Informed Task Force to identify priority actions to inform a Mental Health and Addictions Strategy actionable at the municipal level, i.e. prevention, advocacy, integration of services, and education

The CWTF has developed recommendations over 2019 and 2020 that were to be delivered to council March 2020, however COVID-19 social distancing requirements has meant that the CWTF and its work has been temporarily suspended.

The work of the CWTF has highlighted the disconnect between issues critically experienced by residents and the available means to address them, and that traditional methods of approaching community crisis and challenges are not necessarily reducing harms to the individual or the community, and that in some cases these methods are complicating and increasing harms.

The need for greater investments in health, wellness, mental health, and community have been made devastating clear through recent global events, across Canada, and here in our community.

The following draft recommendation was one of the CWTF recommendations scheduled to come forward in March:

Alternative Response recommendation:

1. That the remaining research budget [from the Community Wellness Task Force Budget] be allocated toward providing research and recommendations on an alternative response and peer outreach.
2. That the proposed downtown on-call program and the associated proposed costs, proposed planning process be reallocated to a more holistic outreach service/alternative response.
3. That the City of Victoria work with the Province and community partners to establish an alternative response to the policing of mental health and addictions issues
 1. As the program develops, continually investigate reallocating funding from other other departments historically involved in the municipal response to mental health, homelessness, and problematic substance use, like Parks, bylaw and VicPD to fund alternative responses where the needs of the individual can be matched with a response that will lead to the best outcomes for that individual and the community.

The draft recommendations also included the following overarching statements that are recommended to guide this work.

Overarching statements and aims:

That the City of Victoria adopts a “nothing about us without us” approach to policy creation and implementation regarding issues of mental health, addictions, and poverty.

That the City of Victoria recognizes that the opposite of addiction is connection and therefore seeks to build affordable, inclusive, and thriving communities.

That the City of Victoria promotes culturally safe and appropriate, accessible services and care.

It is recommended that Council move forward with the work of developing an alternative response model at this time.

Recommendations:

1. Council direct staff to report back on how to develop the framework for an accessible and culturally safe and appropriate alternative response model in time for consideration as part of Council’s 2021 budget deliberations, and that this process include research to review and consider other municipalities’ approaches to alternative response models including the Cahoots model.
2. That Council appoint one or more council liaisons to attend the community partner meetings and engagement sessions that are held in the development of the alternative response model.
3. Council endorse the three overarching statements of the Community Wellness Task Force.

4. That the engagement of community partners includes strong representation by communities (individuals and organizations) who are disproportionately harmed within the current system namely black, indigenous, POC communities, persons with lived and living experience (PWLLE) of homelessness, mental health challenges, or substance use.
5. That funding for this initial project development work be drawn from the remaining research budget in the Community Wellness Task Force Budget and the 2020 contingency if needed.

Respectfully submitted,

A stylized handwritten signature, possibly reading 'Potts', in black ink.

Councillor Potts

A handwritten signature in black ink, appearing to be 'Alto' with a flourish.

Councillor Alto

A handwritten signature in black ink, appearing to be 'Loveday' with a flourish.

Councillor Loveday

Attachment A:

One example of a successful reimagining of how to address community challenges is CAHOOTS (Crisis Assistance Helping Out On The Streets). CAHOOTS provides mobile crisis intervention 24/7 in the Eugene-Springfield Metro area. CAHOOTS is dispatched through the Eugene police-fire-ambulance communications center, and within the Springfield urban growth boundary, dispatched through the Springfield non-emergency number. Each team consists of a medic (either a nurse or an EMT) & a crisis worker (who has at least several years experience in the mental health field). CAHOOTS provides immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy & (in some cases) transportation to the next step in treatment. CAHOOTS offers a broad range of services, including but not limited to:

- Crisis Counseling
- Suicide Prevention, Assessment, and Intervention
- Conflict Resolution and Mediation
- Grief and loss
- Substance Abuse
- Housing Crisis
- First Aid and Non-Emergency Medical Care
- Resource Connection and Referrals
- Transportation to Services