

The Canadian Mental Health Association BC Proposal to City of Victoria: Project Support for Pilot of Civilian-Led Mobile Mental Health Crisis Team

Project Overview:

The Canadian Mental Health Association (CMHA) BC Division is proposing to facilitate the co-development and evaluation of a civilian-led mobile mental health crisis team for the Greater Victoria area. Project activities will include convening a community planning table, leading stakeholder engagement, developing a service model and collecting and analysing data for the purposes of evaluating the performance of the service during the first year of operation. The goal of the project is to build community consensus on the need for and development of a civilian-led mobile crisis team and support the City of Victoria to pilot and build an evidence base for the sustained operation of the service.

Background:

In recent years, the level of need for and acceptance of an alternative to police response to mental health crises has grown considerably. The City of Victoria's 2018 Annual Report notes that VicPD officers "saw an increase in mental health-related calls, which encompassed almost 18% of all occurrences."¹ In the 2019-2022 strategic plan, City Council placed priority on establishing a Community Wellness Task Force (CWTF) comprised of persons with lived and living experience and issued the mandate to "identify high priority actions, feasible at the municipal level (i.e. Prevention, Education, Integration of Services, and Advocacy) that will address community wellness challenges such as... mental health and/or addiction challenges."²

The work of the CWTF brought to the fore a disconnect between the mental health and substance use issues residents experienced and the available options they had to address them. In particular, the current method for mental health crisis response was considered ineffectual at reducing harms for the individual and the community.³

¹ City of Victoria, British Columbia. (2018). *Annual Report*. Retrieved from: https://www.victoria.ca/assets/City~Hall/2018_AnnualReportpdf.pdf

² City of Victoria. (June 2020). *Community Wellness Peer-Informed Task Force and Strategy: Terms of Reference*. Retrieved from: <https://www.victoria.ca/EN/main/city/other-boards-committees/community-wellness-and-peer-informed-task-force.html>

³ City of Victoria, British Columbia. (2020). Council Member Report for the Meeting of June 18, 2020.

In a Council Member Report dated June 12th 2020, Councillors Potts, Alto and Loveday recommended the Council move forward with a recommendation from the CWTF to the City to “work with the Province and community partners to establish an alternative response to the policing of mental health and addictions issues... where the needs of the individual can be matched with a response that will lead to the best outcomes for that individual.”⁴

In tandem to these efforts at the City, the Victoria Police Chief Del Manak openly called for discussion of alternative first responder models that position a social worker or mental health professional to respond to non-violent mental health crises.⁵ His public comments reinforced a motion he put forward to the Island Health Board of Directors and the Victoria & Esquimalt Police Board to endorse a partnership between the public agencies to “evaluate the need for, and potential models of, a civilian-involved mobile crisis intervention service integrated into the public safety system to address health (including mental health) and social needs.”⁶

The pressure for change is made greater by the dual public health emergencies that have led to higher rates of overdose and poisoning deaths and worsening mental health symptoms. Since the onset of the COVID-19 global pandemic, 42% of a representative sample of British Columbians surveyed by UBC researchers reported deteriorating mental health, with 9% of the sample disclosing that they experienced suicidal thoughts or deliberately self-harmed.⁷ In November 2020, the BC Coroner’s Service reported that 1,548 people had died due to drug use that year within the province, with many health authorities recording the highest or close to highest ever monthly totals.⁸

Political will and public need have combined to create a rare opportunity for progressive change. There is growing consensus as to why and what needs to be done, but a gap remains as to how. The CMHA BC Division is uniquely positioned to address this gap by convening a cross-sector community planning table, engaging stakeholders, and supporting the development and evaluation of a civilian-led model of crisis response.

⁴ See note 3, City of Victoria.

⁵ Victoria News. (June 2020). *VicPD already exploring alternative models of response to mental health, homelessness calls*. Retrieved from: <https://www.vicnews.com/news/vicpd-already-exploring-alternative-models-of-response-to-mental-health-homelessness-calls/>

⁶ Chief Cst. Manak. (July 2020). *Exploration re: Civilian-Led Mental Health Response Team*. Victoria Police Department, Memorandum

⁷ University of British Columbia. (December 2020). *Mental Health Impacts of COVID: Wave 2*. Canadian Mental Health Association, the agenda collaborative, Mental Health Foundation, maru/ matchbox. Retrieved from: <https://cmha.ca/news/despair-and-suicidal-feelings-deepen-as-pandemic-wears-on>

⁸ BC Coroner’s Service. (November 2020). *Illicit Drug Toxicity Deaths in BC*. Retrieved from: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

Key Activities:

Project Start Date: April 2021

Project End Date: January 2023

- April – June 2021: CMHA BC will convene a Community Planning Table comprised of VicPD, City of Victoria, Island Health, community agencies and people with lived and living experience of mental illness, substance use and interactions with police. The Table will steward the co-development process for the civilian-led mobile crisis team and meet on a bimonthly basis to provide input and contribute to decision-making.
- July – November 2021: CMHA BC will engage key stakeholders to determine their requirements and considerations for a civilian-led mobile crisis team. The list of stakeholders will be developed at the Community Planning Table, but aim to include frontline responders, community service providers, urban Indigenous communities, and people with lived and living experience and their families. The methods of engagement will range from one-to-one interviews, to focus groups, to town halls depending on preference and suitability.
- November – December 2021: CMHA BC will combine the input from the Community Planning Table and the findings from the stakeholder engagement to develop a detailed proposal of a civilian-led mobile crisis response team for consideration by the City of Victoria. The final proposal will be informed by best practices from other jurisdictions who have successfully operated a similar model, yet attend to the specific needs identified by the Greater Victoria community.
- January 2022 – January 2023 (or at the outset of the pilot): During the initial year of operation, CMHA BC will undertake an evaluation of the civilian-led mobile crisis team to assess the impact of the service on health and social outcomes such as diversion from the criminal justice system, reduction in Section 28 apprehensions under the Mental Health Act and connection to voluntary community services. Research activities will include the collection, analysis and interpretation of data against an evaluation framework. The findings will be collated into a summary report for the City to inform their review of the service.

Organizational Capacity:

The CMHA BC Division has led research on the intersections of mental health, policing and the criminal justice system since the late 1990s. Previous projects have examined police interventions with people with mental illness, best practices for diverting people with mental disorders away from the criminal justice system, and interfaces between mental health and substance use services and police. We have done this work alongside provincial ministries, police agencies, healthcare providers, community organizations and people with lived/living experience and their families, and learned that the only appropriate response to a health crisis is healthcare.

Since the completion of these projects, CMHA BC has investigated alternative or auxiliary approaches to police response to mental health crises and collated a body of cross-jurisdictional research that demonstrates the positive health and social outcomes of civilian-led responses. For example, similar models such as Eugene Oregon's CAHOOTS demonstrate effective diversion from emergency departments and reduction in law enforcement hours.⁹ In 2019, their teams responded to more than 24,000 calls and only requested police backup for 1% of them.¹⁰

In addition to our subject matter expertise, CMHA BC has an established history of managing complex projects that include stakeholder engagements with diverse populations and co-development of innovative service delivery models. Such undertakings have been uniformly well received, garnered important information and contributed to public discourse at critical windows for progressive policymaking.

⁹ Gillespie, K., & Brubaker, B. (2013). *Mobile Crisis Intervention: CAHOOTS (Crisis Assistance Helping out on the Streets)*. White Bird Clinic. Eugene, Oregon. Retrieved from: <https://olis.leg.state.or.us/liz/2015R1/Downloads/CommitteeMeetingDocument/68512>

¹⁰ Irwin, A. & Pearl, B. (2020). *The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call*. Centre for American Progress & Law Enforcement Action Partnership.

Project Budget:

Budget Item	Description	Amount Requested	In-Kind Amount	Total Project Expenses
Salaries	<ul style="list-style-type: none"> Policy Analyst to conduct stakeholder engagement and research and evaluation activities 10 hours per week Policy Director to manage project, convene the community planning table, and support activities as needed 5 hours per week 	\$26,000	\$23,195	\$49,195
Communications	<ul style="list-style-type: none"> Zoom license for community planning table meetings and stakeholder engagements \$20 per month Teleconference line \$60 per month 	\$500	\$860	\$1,360
Materials	<ul style="list-style-type: none"> General office supplies In-house graphic design for reports 	\$750	\$1,750	\$2,500
Honorarium	<ul style="list-style-type: none"> Honorarium for community stakeholder engagement \$25 per hour x 20 participants x 2 hours per meeting 	\$1,000	\$0	\$1,000
Indigenous Engagement	<ul style="list-style-type: none"> Honorarium for Indigenous community members \$30 per hour x 10 participants x 2 hours per meeting Meeting refreshments \$15 per participant 	\$750	\$0	\$750
Admin Fee (10%)	<i>Standard Rate</i>	\$1,000	\$2,000	\$3,000
Total		\$30,000	\$27,805	\$57,805