

## Match Summary

Name of Match: **Multi-Sectoral Partnerships Responding to Community Crisis**

Location of Match: Vancouver

The Vancouver Police Department (VPD) combined their match with the City of Vancouver (CoV): **VPD Match** focused on: the partnership among the VPD, Vancouver Coastal Health and Providence Health Care, to support three joint intervention programs for mutual clients with severe mental health and addiction issues: 1) Mental Health Emergency Services/Car 87/88, which, since 1984, partners a nurse with a police officer to respond to mental health crises; 2) the Assertive Community Treatment (ACT) teams, created in 2011, to provide longer term wrap-around services in a client-centered recovery-oriented service delivery model for clients who have not benefited from traditional services; and 3) the Assertive Outreach Team (AOT), a short-term bridging service to transition a client from the health system or criminal justice system to services in the community. [www.vpd.ca](http://www.vpd.ca)

**CoV Match** focused on: the shift from institutional to community care has posed key challenges, notably how to develop, at appropriate scale, a crisis response system that will replace the use of emergency departments and police as de facto frontline services and ensure timely access to community service resources. This match discussed promising approaches to engaging people in crisis in accessing appropriate and cost effective medical and non-medical interventions, coordinating effective systems, identifying quality indicators to monitor impact, and aligning sustainable funding opportunities. [www.vancouver.ca](http://www.vancouver.ca)

### 1. Brief summary of the outcomes of the match:

**Policing Network:** Shared best practices of multi-sectoral partnerships involving police within ACT/AOT teams for replication in other jurisdictions.

**Role and Definition of Peer Work:** Clarification on peer support work and employment for people with serious mental health and addictions established and need for bold target for new positions in health care continuum.

**Shared Role of Public Education/Anti-Stigma:** identified as integral component to do this work with an informed public including sharing the values and perspectives of trauma-informed care.

**Role of the Political Identified:** need leadership from political figures- National, Municipal leaders 'make space' for policy change if view of mental health is positive.

**Outcomes and Measures:** not yet completely identified- need to continue seeking to find the one definition of success, identify outcomes and measures that report in both 'real time' and trending data and seek to link sustainable funding models to what works, in addition to culturally relevant outcomes.

**Gender Inclusivity:** need to continue to seek best practices in this area.

### 2. Resources used in the match:

- Local leaders matched with international guests and involved in discussions with international guests.
- Presentation summarizing key partner roles (VCH, VPD, CoV).
- Site tours, informal neighbourhood walks and local leaders dialogue.
- Social time and local welcome events. Events included other relevant matches (housing).
- Lunches and dinners shared at local restaurants.

3. Brief description of how the match has accelerated change towards mental health, well-being and inclusion:

Locally:

Strategic Frameworks: explore London's Crisis Concord Act and New Zealand's Mental Health Strategy and 'Rise to Challenge' action plan. Focus on incorporating health promotion and social determinants of health with crisis response as well as role of anti-stigma campaign.

Centralized Intake and Reduced Wait Times: challenge us to work towards centralized mental health intake system for people in crisis (reference Florida) and decreased hospital wait times for police.

Cultural Competency: explore local hiring practices of Indigenous leaders within teams with an Indigenous leadership framework (as developed in Australia, also reference New Zealand).

Outcome Measurement: frameworks for peer work explored through Los Angeles Public Policy.

Input from Guests:

Partnerships: Vancouver has established a unique partnership framework for action when it comes to community response.

Policing: new relationships with health and police are very encouraging, especially in areas where police respond with enforcement when health determinants dominate. The new ACT and AOT programs embed police in health crisis response.

Housing and Mental Health Services: unique approach to integrating housing and mental health approaches.

Champions to Change: Mayor of Vancouver championing form a municipal approach is also unique. Also, having local data and implementation is advantageous. Also need to ensure we continue to breed a culture of collaboration and not blame as we move forward. With the right evidence and communication strategies, the mental health services, themselves, can become champions.

4. Brief description of how the match has built leadership for the future:

Shared Responsibility: collectively, we shared issues and challenges and stressed the need to work collaboratively rather than rely on one person or one relationship.

From Crisis to Innovation: sparked ideas about moving from gathering partners via a crisis response to moving toward sustained innovation.

System of Relationships: stressing relationship building is at the core of system change. Need to engage with systems instead of just engaging with people.

Peer Leadership: commitment to build a strong peer workforce through recovery and support this approach with adequate infrastructure.

Ongoing Learning: information sharing across agencies is critical to improving the efficiency and success. There is a need for common assessment tools, language, and inventory management.

Ongoing international network based on crisis response.