



Richmond Health Services
Administration
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MEMORANDUM

Date: May 18, 2005

To: Shawn Issel
Manager, Policy Development & Corporate Programs

cc: Dr. Jeff Coleman
Chief Operating Officer
Richmond Health Services
Vancouver Coastal Health

From: Jan Weaver
Director, Primary Health Care Network, Mental Health & Addictions
Richmond Health Services
Vancouver Coastal Health

Re: **Richmond Substance Abuse Strategy and Task Force Report to Community Safety Committee – 2005/07 Richmond Health Services Plan for Addiction Services**

The Chair, Community Safety Committee, City of Richmond has requested that Richmond Health Services provide a memorandum on the action being taken on the 'bigger picture' of substance abuse with linkages to the Richmond Substance Abuse Strategy, prior to the staff report and Richmond Substance Abuse Task Force report going to City Council.

The attached summary provides:

- 1) Vancouver Coastal Health strategic directions for mental health and addictions,
- 2) Addiction Services funded by Richmond Health Services as of 2004,
- 3) Additional Addiction Services funded by Richmond Health Services for 2005-2007 and currently being implemented, and
- 4) Addictions Services for Richmond that are in the planning phase for 06/07 budget requests.

These services link to Goals #2 and #3 – prevention and education, harm reduction and treatment services – of the Richmond Substance Abuse Strategy.

Respectfully submitted

Jan Weaver
Director
Richmond Health Services

SUMMARY OF ADDICTION SERVICES IN RICHMOND FUNDED BY RICHMOND HEALTH SERVICES 2004-2007

1) Vancouver Coastal Health Strategic Direction for Mental Health & Addictions

Mental Health and Addictions are one of the top priorities for Vancouver Coastal Health. Our vision is that people with mental health & addictions issues have timely & equitable access to appropriate care through an integrated, comprehensive continuum of services, based on best practices. The 2004-2009 strategic plan and priorities, *Foundations for the Future: Improving Outcomes, Improving Lives*, is currently in draft format for pending circulation and feedback. The plan identifies and addresses authority-wide access issues and recommends strategies to address these within existing and new resources.

Foundations for the Future is intended to address population need across the continuum of care, ranging from health promotion and healthy public policy to tertiary care. This includes better investment in the front-end of the health system – prevention and primary health care. It also acknowledges the cultural diversity of the Vancouver Coastal Health and the differences in need associated with gender and age. The strategies to strengthen the mental health and addictions care continuum are:

- 1.1. **to increase the capacity of Primary Health Care** – as the first contact with the health care system, primary health services will be strengthened, building capacity to identify early problems and provide brief interventions for early/mild problems such as adjustment disorders, tobacco use, and early substance misuse.
- 1.2. **to enhance effectiveness of Secondary Services** – secondary services (e.g. hospital care, community mental health team) will be designed to provide specialized services and more intensive response to people with diagnosed disorders such as major depressions, serious anxiety disorders, eating disorders, serious or multiple addictions, etc. At any point in time, approximately 10-15% of the population is likely to require this type of service.
- 1.3. **to improve utilization of tertiary services** – The tertiary end of the care continuum will provide services for the estimated 2-3% of the population with a major mental illness or chronic addiction (e.g., psychotic disorders, acquired brain trauma, Fetal Alcohol Syndrome, dementia, chronic addictions). This group tends to require long-term or enduring care and requires comprehensive and well-integrated services and often assertive case management.

Priorities for Change

- 1.1. Build an integrated health promotion and prevention strategy
- 1.2. Increase capacity of health providers across the system
- 1.3. Shift response from acute to primary end of the care continuum
- 1.4. Reduce pressures in emergency departments and inpatient beds
- 1.5. Redevelop tertiary services (Riverview)
- 1.6. Strengthen quality assurance
- 1.7. Confirm and provide standard 'core services' region-wide

Immediate Operational Initiatives for 2005/06

- 1.1. Supportive housing for mental health and addictions, youth and adult
- 1.2. Improve patient flow across the health system
- 1.3. Urgent crisis response 7/days, 24 hours/day
- 1.4. Health provider education to improve access to patients with concurrent disorders

2) Addiction Services Funded by Richmond Health Services as of 2004

- 2.1 **Health Promotion, Primary and Secondary Prevention** - Advocacy for healthy public policy; Awareness of Fetal Alcohol Syndrome and City by-law; Community-based approaches to support healthy pregnancies and early childhood development, e.g., Healthiest Babies Possible; Prenatal

Education; Home visiting; Post-partum Support Groups, Post-partum depression clinical and support services, Parenting Support Groups; Early Identification Team for children ages 0-School entry; Crystal Meth Working Group; Coordinated action on epidemics in B.C.(HIV/AIDS/Hepatitis/other communicable diseases); School education & prevention programs; youth health clinics in partnership with Richmond Addiction Services and CHIMO; Primary health care clinic for clients with mental illness and/or addictions.

- 2.2 Secondary Prevention/Harm Reduction** - Daytox Supported Withdrawal Management(Adults); Prevention programs targeted to specific substances use, e.g. crystal meth; HIV/AIDS prevention and harm reduction programs; Access to alcohol, drug information & referral service; Needle exchange.
- 2.3 Early Identification & Treatment** – Depression & anxiety screening & Education Day; Outpatient Counselling for individuals and families; Outreach programs for youth; Primary health care for clients with mental health and/or addictions; Outpatient psychiatric services for Women’s Health and for older adults; Outpatient psychiatric services for anxiety disorders; Rapid access clinic for psychiatric consultations; Increased psychiatrists for Department of Psychiatry/Community Mental Health Team from 4 to 12, all with UBC academic appointments.
- 2.4 Treatment /Harm Reduction** - Opiate Replacement (Methadone Program); Community HIV/AIDS and Hepatitis C Program (GILWEST); Concurrent Disorders program; Housing options for mental health clients with or without addiction issues; Primary health care clinic; Opiate replacement (methadone); Daytox withdrawal management (Adults); Residential support and rehab for male adults.

3) Addiction Services Funded by Richmond Health Services for 2005-2007 Implementation

The total new funding available for these enhancements is \$4.3 million.

- 3.1 Treatment/Harm Reduction: Addiction Core Services for Adults** - Home and ambulatory detox services linked to primary care clinic; Integrated chemical dependency resource team for hospital and community detox services (Addictions physician, nurse and social worker for inpatient units, emergency department, and community health services sites); Concurrent disorders program for clients with mental health, addictions, chronic pain and/or eating disorders; Primary health care clinic.
- 3.2 Prevention, Harm Reduction, Treatment** – Nurse practitioner to join the Richmond Health Services teams; Child psychiatrists increased by 2; Shared care health service delivery model between family physicians, psychiatrists and multidisciplinary teams.
- 3.3 Vancouver Coastal Health Youth Addictions Services** - Regional Youth Daytox Services in Richmond; Regional centralized access; Regional withdrawal management beds; Regional youth support recovery beds; Residential beds with revised programming; central ACCESS to youth services.
- 3.4 Rehabilitation and Supportive Housing for Adults & Youth** - 26 units for clients with mental health; 26 units for clients with addictions, coordinated by Richmond’s Integrated Placement Committee.
- 3.5 Community-based Treatment Facility** – Short stay residential facility for mental health clients, with or without addictions (male and female) that require clinical/medical support but not requiring emergency services or inpatient hospital services.
- 3.6 Prevention and Outreach Services** – Seniors Outreach; Increase Prevention & Outreach to the population; Enhanced outreach to reduce alcohol in pregnancy; Support for family physician networks.

4) Planning for Enhanced Addiction Services Funded by Richmond Health Services for 2006/07

- 4.1 Residential programs to support detox services; long term residential treatment for youth
- 4.2 Additional housing and rehabilitation services; additional clinical resources
- 4.3 Residential program for women and their families, and youth
- 4.4 Fetal Alcohol Spectrum Disorder assessment, diagnostic and support services

Jweaver/May 17, 2005