

A key recommendation from the work of the Police Act Reform Committee is the implementation of a:

“continuum of response, including an appropriate first response, to calls related to mental health, addictions and other complex social issues. Members propose the continuum include: community or civilian-led responses involving peer support workers, health, and social service professionals; co-response programs that pair police with these professionals; as well as increased prevention and follow up support. The Committee recommends that coordination and integration across police, health, mental health, and social services be increased to achieve this goal.” (*Transforming Policing and Community Safety in BC, April 2022. p.8*)

E-Comm 9-1-1, **the** Crisis Intervention and Suicide Prevention Centre of BC (Crisis Centre BC), the Canadian Mental Health Association BC (CMHA-BC), and the BC Ambulance are jointly reaching out to the Ministry of Public Safety and Solicitor General (Minister Farnworth), Ministry of Health (Minister Dix), and the Ministry of Mental Health and Addictions (Minister Malcolmson) to make the case for working across our silos to achieve the goal of a seamless continuum of crisis mental health care based on “**least restrictive, least costly**” methodology.

Crisis intervention **saves money immediately** by avoiding unnecessary dispatch of police, fire and ambulance, unnecessary conveyance to Emergency Rooms, and unnecessary involuntary hospitalizations.

Crisis intervention **saves money over the long term** by providing trauma-informed and culturally appropriate care, reducing traumatization of people in crisis, and preventing crisis relapse by solving issues the first time.

Following is a **summary of key recommendations** brought before the Finance Committee by **the Crisis Intervention and Suicide Prevention Centre of BC, E-Comm 9-1-1, and the Canadian Mental Health Association BC** necessary to establish an integrated crisis mental health response care continuum.

Organization	Recommendation	Current Progress	Next Step to a Care Response Continuum
<p><b>Crisis Intervention and Suicide Prevention Centre of BC (Crisis Centre BC)</b></p> <p>Presenter: Stacy Ashton Executive Director</p>	<p>1. Introduce a 9-1-1 levy to fund crisis line access as a 9-1-1 fourth option: Mental Health.</p>	<ul style="list-style-type: none"> <li>● Non-controversial 911 levies in place in 8 Provinces at \$0.98 to \$1.97 per cell phone user per month.</li> <li>● 92% of British Columbians support 9-1-1 mental health option; 72% support 9-1-1 levy funding for mental health option (2022 Leger Survey)</li> <li>● BC Crisis Line Network moving to an integrated single call centre in October 2022</li> </ul>	<ul style="list-style-type: none"> <li>● 88.5% of British Columbians use cell phones. 911 Levy Legislation at \$2/mo per cell phone user yields <b>estimated new revenue of \$112M per year</b> to establish 9-1-1 NextGen technology and seamless transfer of mental health calls to Crisis Lines including 9-1-1 mental health calls, wellness check requests via police, and BC Ambulance low acuity mental health calls via their Clinical Hub.</li> </ul>

		to ensure Crisis Centres in 10 locations can seamlessly answer one another's calls.	
	2. Ensure all crisis lines can directly refer callers to crisis mobile response teams led by mental health professional and inclusive of peer support workers	<ul style="list-style-type: none"> <li>● Crisis lines in Island and Interior Health Authorities are public access to crisis mobile response teams</li> <li>● Crisis lines in North Vancouver are involved in pilot Peer Assisted Crisis Team (PACT) dispatch planning.</li> <li>● Peer support workers are dispatched with firefighters re: opioid follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>● Fund health authorities to expand mobile crisis response teams BC-wide.</li> <li>● Include Crisis Centres in systems planning initiatives for health authority approaches to Crisis Mental Health Mobile Response.</li> <li>● Include peer support workers in all mobile crisis response teams.</li> </ul>
	3. Appoint a provincial task force drawn from crisis lines, 9-1-1's, BC Ambulance, and CMHA-BC to create 9-1-1 levy legislation that supports a mental health response system that works.	<ul style="list-style-type: none"> <li>● Cross-Ministry work has been done (e.g. <i>Interfaces Between Mental Health and Substance Use Services and Police</i>, 2018 Toolkit)</li> <li>● Crisis lines are being included in systems discussions re: rise in hate crimes, climate change disaster response, but need to be included in higher-level systems planning.</li> </ul>	<ul style="list-style-type: none"> <li>● Identify organizations already building relationships with crisis lines to establish crisis mental health response alternate pathways to care (e.g. BC Ambulance Clinical Hub to divert low acuity mental health calls to crisis lines)</li> <li>● Assign Ministry staff to facilitate collaborative systems approach towards establishing a seamless continuum of mental health care response from 9-1-1 to community.</li> </ul>
<b>Canadian Mental Health Association BC (CMHA-BC)</b>  Presenter: Jonny Morris CEO	1. Lift base of health authority mental health and substance use spending by \$200M	<ul style="list-style-type: none"> <li>● Working towards Mental Health Association of Canada recommendation that mental health spending be 10% of total health spending (\$25 billion health budget = \$2.5 billion mental health budget)</li> </ul>	<ul style="list-style-type: none"> <li>● Spending allocated via federal transfer funding specific to mental health and crisis mental health response funding via 9-1-1 levy mobilized to lift base spending to ensure parity between our crisis response to physical issues and mental issues.</li> </ul>
	2. Lift base community mental health and substance spending by \$200M	<ul style="list-style-type: none"> <li>● Incremental mental health increases of \$1.1 billion via Pathway to Hope and Opioid Response investments since 2019.</li> </ul>	
	3. Extend and expand funding for an effective and comprehensive crisis	<ul style="list-style-type: none"> <li>● \$1.66M invested in piloting Peer Assisted Crisis Teams in 2022</li> </ul>	

	response system, including crisis lines integrated with 9-1-1 and dispatch, civilian-led mobile crisis teams, and crisis receiving and stabilization facilities.	<ul style="list-style-type: none"> <li>● BC Ambulance working towards mobile response teams pairing paramedics with mental health professionals as part of ASTaR initiatives (Ask, See, Treat, Refer)</li> <li>● Firefighters responding to opioid overdoses do follow-up with peer support workers as part of Fraser Health Substance Use team.</li> </ul>	<ul style="list-style-type: none"> <li>● Funding to include peer support workers in crisis mobile response teams</li> <li>● Funding to pilot crisis stabilization facilities</li> </ul>
<b>E-Comm 9-1-1   Emergency Communications for British Columbia</b>  Presenter: Jasmine Bradley Executive Director of Communications & Public Affairs	1. Establish a new provincial mandate and structure for 9-1-1 services, including governance, operations, and funding.	<ul style="list-style-type: none"> <li>● Recommendations made by Police Act Reform Committee.</li> </ul>	<ul style="list-style-type: none"> <li>● Mandate transfer to a Mental Health option with consent of caller.</li> </ul>
	2. Implement 9-1-1 provincial wireless call answer levy as a mean to ensure sustainable, equitable funding for 9-1-1 services in BC	<ul style="list-style-type: none"> <li>● Non-controversial 911 levies in place in 8 Provinces at \$0.98 to \$1.97 per cell phone user per month.</li> </ul>	<ul style="list-style-type: none"> <li>● 88.5% of British Columbians use cell phones. 911 Levy Legislation at \$2/mo per cell phone user yields <b>estimated new revenue of \$112M per year</b> that could be allocated to establish 9-1-1 NextGen technology and seamless transfer of mental health calls to Crisis Lines including 9-1-1 mental health calls, wellness check requests via police, and BC Ambulance low acuity mental health calls via their Clinical Hub.</li> </ul>

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