



"PROVIDING INDEPENDENT CIVILIAN OVERSIGHT, GOVERNANCE, AND STRATEGIC LEADERSHIP TO THE VANCOUVER POLICE DEPARTMENT, REFLECTING THE NEEDS, VALUES AND DIVERSITY OF VANCOUVER'S COMMUNITIES."

2014 0380 0007

RECEIVED

MAY 28 2018

CHIEF CORONER

MAYOR GREGOR ROBERTSON, CHAIR

DR. SHERRI MAGEE, VICE-CHAIR

CAROLYN ASKEW, MEMBER

JOHNNY CHEUNG, MEMBER

BARJ DHAHAN, MEMBER

CLAIRE MARSHALL, MEMBER

THOMAS TAM, MEMBER

DR. PETER WONG, MEMBER

May 16, 2018

Lisa Lapointe, Chief Coroner
Province of British Columbia
Office of the Chief Coroner
PO Box 9259, St Prov Govt
Victoria, BC
V8W 9J4

Dear Ms. Lapointe: *Lisa,*

Thank you for your letter of April 30th enclosing the Verdict at the Coroners Inquest into the death of Mr. Phuong Na (Tony) Du. I am responding to recommendation #13 in my capacity as Mayor of the City of Vancouver and Chair of the Vancouver Police Board.

The City of Vancouver, the Vancouver Police Board and the Vancouver Police Department all place a very high priority on services to improve the lives of those living with mental illness.

The Vancouver Police Department (VPD) has a long history of working collaboratively with partner agencies to develop mental health intervention services; existing VPD initiatives include the following three programs.

Car 87 / 88 Program

Since 1987, VPD officers work in partnership with registered psychiatric nurses from the Vancouver Coastal Health (VCH) Crisis Response Team to facilitate on-site mental health assessments and emergency interventions. This program has helped reduce the annual number of emergency apprehensions made pursuant to Section 28 of the Mental Health Act by 6.5% since 2015.

VANCOUVER POLICE BOARD

The Assertive Outreach Team (AOT)

The AOT is a collaboration between the VPD, VCH and Providence Health Care that brings together psychiatrists, nurses, clinical supervisors and the police. An Early Warning System was developed by these partner agencies, through information sharing agreements, which enables the Assertive Outreach Team to identify persons living in the community who may be decompensating and are the most at risk. The Assertive Outreach Team proactively assists the identified clients to access short-term supports including counselling, psychiatric and addiction services. Impressively, a review of over 500 former AOT clients found that these clients experienced an 84% reduction in negative police contacts and a 92% drop in mental health apprehensions.

The Assertive Community Treatment (ACT) Program

The ACT program provides a continuum of care for the 70 highest-need clients living in community – persons who typically struggle with outpatient programs due to enduring mental illness, substance abuse, and their potential for violent behavior. ACT teams are multi-disciplinary work groups comprised of psychiatrists, social workers, nurses, vocational counsellors, occupational therapists, peer counsellors, and police officers. A review of over 400 ACT clients found that these individuals experienced a 52% reduction in negative police contacts, a 60% drop in mental health apprehensions, and a 66% drop in the likelihood that these vulnerable clients will, themselves, be the victim of a crime.

In addition to these existing mental health intervention services, in 2017 the VPD launched a new Peer-to-Peer Mental Health Program for youth. This program brings together police, the Vancouver School Board, and various mental health associations to provide peer training on mental health issues affecting youth.

Moving forward, the VPD's 2018 Business Plan contains a number of initiatives to strengthen mental health programs and processes. These initiatives derive from the VPD's Strategic Plan and are monitored by the Police Board to ensure completion. Our focus is to reduce police interventions and eliminate tragic outcomes associated with interactions between police and those suffering from mental illness.

Our continued focus on mental health led, in late 2012, to our implementation of a template for every call attended by VPD officers that systematically documents whether mental health was involved. We took this step after the 2008 *Lost in Transition* report revealed that, at that time, 31% of all calls attended by the VPD involved mental illness. Fortunately, the sustained focus on mental health and the

VANCOUVER POLICE BOARD

increasing number of VPD services directed at mental health intervention have resulted in the percentage of police calls involving mental illness falling to just 17% of all calls in 2017.

With respect to training, all VPD officers receive crisis intervention and de-escalation training every three years, as directed by the provincial Police Services Division. Positive communication approaches and de-escalation strategies and are integrated into annual VPD officer training, including use of force training, to ensure that officers are responsive to the needs of persons living with mental illness.

In terms of resources, the Vancouver Police Department, in conjunction with the Police Board and the City of Vancouver, establishes a budget that reflects the identified operational priorities and ensures reasonable funding. I am pleased to report that in December 2017, Vancouver City Council approved the findings of the VPD Operational Review – a comprehensive two-year review of the VPD and its operations. Beginning in 2018, and continuing over the following four years, 172 new staff positions will added to the VPD, which includes 120 additional sworn officers and 52 civilian members. This staffing increase will ultimately raise the annual operating budget of the VPD by \$24 million dollars per year. These increased police resources include additional staff for VPD mental health intervention services.

I can assure you that funding for mental health initiatives has been, and will continue to be, an ongoing priority for the City of Vancouver, the Vancouver Police Board and the Vancouver Police Department.

Regards,



Mayor Gregor Robertson, Chair

cc. Chief Constable Adam Palmer
Members of Vancouver City Council



VERDICT AT CORONERS INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE CORONERS INQUEST PURSUANT TO
SECTION 38 OF THE CORONERS ACT, [SBC 2007] C 15, INTO THE DEATH OF

DU

SURNAME

Phuong Na (Tony)

GIVEN NAMES

To: The City of Vancouver
453 West 12th Ave
Vancouver, BC, V5Y 1V4
Attention: Mayor Gregor Robertson & Council

13. Prioritize increased funding to expand the scope, availability and training for police-based mental health intervention services presently delivered by Vancouver Police in conjunction with Vancouver Coastal Health.

Presiding Coroner's Comment: The VPD Inspector testified that VPD draws funds from other programs and services in order to accommodate the growing budgetary needs of its mental health intervention programs.

To: The Ministry of Health
PO Box 9050 Stn Prov Gov't
Victoria, BC, V8W 9E2
Attention: The Hon. Adrian Dix, Minister of Health

14. Work with relevant stakeholders to provide guidance to general practitioners with respect to the development, implementation and documentation of mental health care plans as defined under Medical Services Plan billing item 14043.

Presiding Coroner's Comment: Mr. Du's family physician testified that he discussed mental health care plans with his patient on several occasions, however, he acknowledged his records did not contain any specific documentation about the content of these plans, nor any details about the various tasks that physicians are required to perform in the course of providing this service.

15. The five regional health authorities (Fraser Health, Interior Health, Island Health, Northern Health, Vancouver Coastal Health) and the First Nations Health Authority should explore the creation of a shared health database for use by all health authorities in the Province to facilitate ease of access and sharing of information and collaboration in order improve services for most at-risk persons living with severe mental illness and / or substance use.

Presiding Coroner's Comment: Mr. Du's psychiatrist told the jury each of the regional health authorities operate independent records-keeping systems, and it can be challenging for physicians to fully understand patient needs if records are not readily accessible. The VPD Inspector also noted that a patient who had received care in Vancouver and Burnaby would be documented in two entirely separate medical records systems, despite the proximity of the communities. It is suggested that the scope of this recommendation should also include Providence Health Care, which operates several hospitals and medical facilities in Vancouver.



VERDICT AT CORONERS INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE CORONERS INQUEST PURSUANT TO SECTION 38 OF THE CORONERS ACT, [SBC 2007] C 15, INTO THE DEATH OF

DU

SURNAME

Phuong Na (Tony)

GIVEN NAMES

16. Explore the expansion of joint mental health teams in Vancouver (Car 87 / 88, Assertive Outreach Team, and Assertive Community Treatment) to allow more people to be assisted by those services. Increase funding available to develop these teams.

***Presiding Coroner's Comment:** A VPD Inspector told the jury about various mental health intervention programs provided in conjunction with Vancouver Coastal Health. The Car 87 / Car 88 program pairs a police officer in a patrol vehicle with a mental health nurse, and they are dispatched to assist front line officers who have encountered someone in crisis. The Assertive Outreach Team (AOT) is a short-term bridging service connecting people identified through the Early Warning System with interim supports and resources, such as referrals for counselling, psychiatry, addictions support and medication assessments. The Assertive Community Treatment (ACT) program provides long-term continuum of care for clients who typically struggle in outpatient programs due to severe and enduring mental illness, substance misuse, histories of violence and aggression, and frequent police contacts.*

17. Explore options to ensure that hospital records for patients apprehended under the *Mental Health Act* are forwarded to their general practitioners on an expedited basis, with special flagging that visually distinguishes the records from others.

***Presiding Coroner's Comment:** Mr. Du's family physician testified he was not aware of the July 4, 2014 incident in which his patient was apprehended by Richmond RCMP under the *Mental Health Act* and transferred to the care of Richmond Hospital. He told the jury that while hospitals usually forward reports from emergency room admissions to each patient's family physician on record, medical clinics are often overwhelmed with incoming paper records.*

18. Explore options to increase public notification and education via media services to increase knowledge / awareness of mental health crisis and how to deal with the situation if they came upon and individual in society such as the "Stop The Bleed" program.

***Presiding Coroner's Comment:** The jury heard from a few witnesses who remarked that members of the public are frequently intervening when they encounter people with mental health issues, medical distress and traumatic injuries. As an example, the VGH trauma surgeon spoke briefly about growth of "Stop The Bleed" awareness campaigns which teach the public how to assist someone with serious bleeding.*