



**CITY OF RICHMOND**

**REPORT TO COMMITTEE**

**TO:** Community Services Committee

**DATE:** May 5, 2000

**FROM:** Terry Crowe  
Manager, Land Use

**FILE:** 0100-20-RMHA1-01

**RE: Dissolving the Richmond Mental Health Advisory Board**

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**STAFF RECOMMENDATION**

That:

1. Resolution R95/11-28, which established the Richmond Mental Health Advisory Board (RMHAB), be rescinded,
2. letters of appreciation be written to the RMHAB members to acknowledge their excellent long standing service and contribution to the community, and
3. a copy of the report from the Manager, Land Use dated May 5, 2000 be sent to the Vancouver/Richmond Health Board, the Richmond Community Health Committee and Richmond Health Services to advise them of this change.

Terry Crowe  
Manager, Land Use

Att. 1

<b>FOR ORIGINATING DIVISION USE ONLY</b>
<b>CONCURRENCE OF GENERAL MANAGER</b>

## STAFF REPORT

The purpose of this report is to provide background information regarding the dissolution of the Richmond Mental Health Advisory Board (RMHAB).

In 1999, City Council directed a review of:

- the role of many of its long-standing citizen advisory committees, and
- the effectiveness of their terms of reference.

### FINDINGS OF FACT

On December 14, 1999, the Richmond Community Services Committee discussed options regarding the future of the Richmond Mental Health Advisory Board and made the following decisions:

It was MOVED and SECONDED

1. *That the existing Terms of Reference for the Richmond Mental Health Advisory Board (RMHAB) which were approved on June 13, 1995, by Resolution R95/11-28, be rescinded and*
2. *That interested parties form a body modelled after a committee such as Richmond Committee on Disability.*

Prior to the question being called,

It was MOVED and SECONDED

*That staff be directed to prepare a report on a proposed structure for the Richmond Mental Health Advisory Board similar to the Richmond Committee on Disability.*

CARRIED

During the Spring 2000, City staff met several times with the RMHAB to share information.

In particular, discussions addressed the following points:

- that the Department of Health is now responsible for mental health services in Richmond, which is a shift away from the City,
- that interested people can best provide their input directly to the numerous (e.g., +10) accountable mental health service planning, delivery and monitoring organizations
- that there is minimal benefit for the City to continue its own separate mental health committee (i.e., the RMHAB).

On April 17, 2000, the RMHAB passed a resolution to disband (see **Attachment A**).

The members of the RMHAB:

- consider the Richmond Committee on Disability (RCD) model not appropriate, if they were to continue separately, and
- will not likely continue as a separate group to advise Council.

## ANALYSIS

While the City is not responsible for mental health services, the goal is to ensure that Richmond continues to receive quality mental health services.

To achieve this goal, the following is required:

- a commitment by those responsible to provide excellent client service, and
- effective client needs assessment, planning, monitoring and corrective processes.

The mandate and abilities of the Department of Health based organizations are considered sufficient to accomplish this goal.

### **Options**

1. Dissolve the RMHAB (Recommended by Community Services Committee).  
(See **Attachment B** - Existing RMHAB Terms of Reference May, 1995, R95/11-28)

Pros:

- Best directs energies to where they should be; namely, to those who are responsible for mental health services in Richmond.
- Enables citizens to provide input directly to a wide range of organizations.
- Minimizes duplication.

Cons:

- Involves change
- Some are concerned that service quality may decrease:
  - if the RMHAB does not continue, and
  - if Council does not remain directly involved.

2. Status Quo (Continue the RMHAB)

Pros:

- Involves minimal change

Cons

- Involves duplication
- Continues the same number of mental health service advisory committees
- Involves needless organizational and communication arrangements by Council, who is no longer responsible for mental health
- Involves questionable benefits.

There is no need for the City to continue with its own mental health advisory organization because:

- the Department of Health based organizations provide these services and are expected to do so properly
- Council does not have a direct role in providing these services
- there are many formal Health Department based opportunities for interested Richmond residents to continue to have input into the provision and monitoring of mental health services in Richmond
- Citizens can update Council periodically, if and when they wish.

FINANCIAL IMPACT

Minimal financial savings involved

CONCLUSION

1. The Richmond Mental Health Advisory Board has provided the community with excellent service in the past and their contribution is acknowledged.
2. It is appropriate to dissolve the RMHAB as the responsibility for mental health service delivery is no longer with the City and numerous opportunities for citizen input continue to be available.

Terry Crowe  
Manager, Land Use

TTC:cam

**NEW  
LIGHT**

RICHMOND MENTAL HEALTH ADVISORY BOARD

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April 27, 2000

Mayor Greg Halsey-Brandt  
and Members of Richmond City Council.

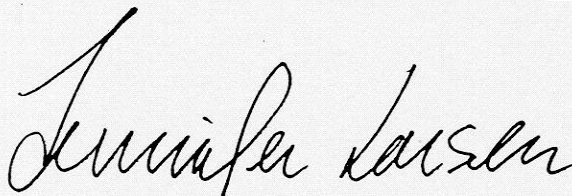
Dear Mayor Halsey-Brandt and Councillors,

The Richmond Mental Health Advisory Board wishes to advise you that a resolution recommending its members disband, carried at our April 17, 2000 meeting, has now been ratified by those not present as well. All will be carrying on, however, in their capacity as members of at least one of the Health Region's other mental health planning and advisory committees.

In informing you of this, members wish to express their appreciation for the support that the RMHAB and its mission has enjoyed from the City since its formation in June 1988 by our Mayor and Councillors of the day. And also for the assistance we have received from Terry Crowe during the last six months.

We take considerable pride, along with you, from knowing Richmond was the province's first municipality to embrace recommendations of the 1987 Draft Plan to Replace Riverview. as they applied to the need of "mentally ill persons in the area (and service providers) for broadly constituted Mental Health Advisory Boards". It is therefore not fanciful to suggest that the headstart this gave Richmond then is largely responsible for the attention people with mental illnesses receive in our City today.

Respectfully submitted on behalf of members past and present,



Jennifer Larsen,  
Acting Chair.

MINUTES

April 17, 2000 Meeting

Present: E. Frederickson, O. Bassett, T.N. Foo, H. Turbett,  
J. Larsen (acting chair and recorder)  
Terry Crowe, City staff

Regrets: C. Feigel, T. Jordan, A. Feigel

Absent: G. Atherton, J. Cowderoy, J. Kelly, F. Okuyama, L. Rozental,  
S. Vallance, Neil Mulholland, A. Stevens.

1. Single Item Agenda: approved
2. Minutes of March 20 Meeting: approved. O.Bassett/E. Frederickson
3. Members' Continuation Options:

The A/Chair advised that T. Crowe had the clarification requested March 20 (see March 20 Minutes), and before giving him the floor stated that in view of the dismal turnout it was time to acknowledge that the need for, and support for, the RMHAB no longer existed.

T. Crowe went over the options which were basically the same as suggested previously. Namely,

- > continue on own with structure of own choice, reporting on an ad hoc basis to whomever group deems desirable
- > become members of the many Mental Health committees now functional and make our points there
- > both

The following points were made during the ensuing discussion:

- > all members already participate on two or more other Mental Health committees
- > whichever option chosen, group could still keep Council informed on stuff it felt necessary to bring to its attention
- > Richmond Council is noted for its accessibility to all groups and individuals
- > similarities between RMHAB and the Mental Health Integration Council are also evident with respect to accessibility, openness and inclusivity
- > support for continuation as a detached (external) group is doubtful at best today
- > should the need for one return then drumming up support for it would fall, as it always does, to those around at the time.

E. Frederickson had to leave the meeting for another partway through the discussion.

Appreciation was again expressed to T. Crowe for all his time and assistance. It was agreed the A/Chair would let him know the outcome of remaining members' decision, and he left the meeting.

4. Moved O. Bassett/Seconded T.N. Foo:

To disband and so inform City Council and members not present.  
CARRIED

Calling another meeting to ratify the decision to disband was felt unnecessary, particularly in view of the December 14, 1999 rescinding our existing Terms of Reference.

ACTION: A/Chair to:

- draft letter for members' approval and circulate with Minutes of this final meeting as soon as possible.
- request fax back ratification of disbanding decision from members not present
- advise T. Crowe that we will be informing Council of decision to disband after all members have been notified and approved.

J. Larsen, Acting Chair and recorder.

## RICHMOND MENTAL HEALTH ADVISORY BOARD

# TERMS OF REFERENCE

### *PURPOSE*

To advise and make recommendations on matters leading to the development, maintenance and enhancement of a coordinated and regularly evaluated continuum of quality mental health services in Richmond that are:

- consumer centred
- responsive to needs of other community stakeholders
- effective
- accessible
- accountable
- responsive to the demographic, cultural and linguistic mental health needs of the community

### *FUNCTION*

1. To undertake or oversee such mental health tasks as may be referred to the RMHAB by Richmond City Council or other bodies;
2. To advocate for new and enhanced mental health services and funding;
3. To advise on the allocation of mental health funds;
4. To make recommendations on consumer and caregiver initiative dollars;
5. To make recommendations on contract mental health services;
6. To encourage and support consumer and caregiver initiatives and their participation on advisory and policy/decision making bodies;
7. To take the lead role in developing a Mental Health Plan for incorporation into Richmond's Regional Health Plan;
8. To establish and maintain working relationships with other community mental health groups and committees;
9. To take a lead role in ensuring Richmond's first Regional health funding envelope is sufficient to maintain services at then existing levels, and that mental health services receive a fair portion of subsequent increases;



**RMHAB - TERMS OF REFERENCE (Cont'd)**

- 10. To receive submissions and delegations from individuals/organizations with a demonstrated interest in mental health, mental illness or mental injury;
- 11. To provide annual reports.

**PROCEDURES AND PROCESSES**

Procedures and processes for carrying out the RMHAB's advisory aims and objectives shall include:

- periodic identification of issues, service gaps and priorities;
- collaborate remedial strategy planning and recommendations by sub-committees and task forces;
- preparation and submission of coordinated and/or integrated service development proposals;
- annual reports to Richmond City Council, Richmond Health Board, Richmond School Board and other appropriate bodies.

**MEMBERSHIP**

**MEMBERSHIP IS OPEN TO THE FOLLOWING:**

- Richmond serving agencies providing a mental health service to residents of all ages;
- Current and former consumers of a mental health service;
- Family members and significant others;
- Richmond agencies involved in mental health promotion;
- Richmond City Council, Richmond School District, RCMP;
- Citizens at large with a demonstrated interest in mental illness, mental injury, or mental health.

\* Please see "RMHAB Definitions" attachment

**REQUIREMENTS OF MEMBERS:**

- Regular attendance at meetings;
- Sub-committee and task force participation.

**ELIGIBILITY CRITERIA**

**1. Agencies**

*Richmond serving agencies applying for membership must:*

- a. have a mandate or goals that are consistent with those of the RMHAB;

**RMHAB - TERMS OF REFERENCE (Cont'd)**

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- b. be a non-profit or public (government administered) agency;
- c. if non-profit, be accountable to a board of directors;
- d. have provided a recognized mental health service or program for Richmond residents for a minimum of one year;
- e. where applicable, have a Richmond license to provide that service.

**NB:** *Consideration needs to be given to making c. and d. waivable for applications from newly established consumer owner-driver bodies.*

**2. Consumers**

*Persons applying for membership as a consumer:*

- a. must be a Richmond resident;
- b. must have current or past direct experience of B.C.'s mental health system or of those of other provinces;
- c. may represent themselves, or their peers as the designated representative of a Richmond serving consumer organization.

**3. Family Members and Consumers' Significant Other Caregivers**

*Persons applying for membership as a family member, or as a significant other to a consumer:*

- a. must be a Richmond resident;
- b. must have experience of the mental health system as a giver of care, comfort, financial or other support to a family member, relative or friend;
- c. may be representing themselves or a Richmond serving family member/caregiver organization.

**4. Citizens at large**

*Criteria for other Richmond residents seeking membership consideration are involvement, or a demonstrated interest, in the provision of services that are responsive to the mental health needs of all Richmond residents.*

**MEMBERSHIP EXCLUSIONS**

- individuals in private practice, except when applying as the designated representative of a mental health professional association or agency.
- applications from eligible private practitioners must include authorizing letters from that association/agency.

FEB-02-98 11:00 From: RICHMOND PREVENTIVE HEALTH  
 RMHAB - TERMS OF REFERENCE (Cont'd)

204-276-4198

7-343 04/98 00-220

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## **APPLICATION PROCEDURES**

Agencies/individuals meeting the above stated criteria are not automatically granted RMHAB membership. Approval rests with the existing RMHAB membership and is guided by the recommendations of the Membership Committee, through which all applications are made.

Applications for more than one representative per agency/organization will also be entertained where that agency/organization's broader representation benefits the objectives or undertakings of the RMHAB.

Applications must include a brief summary of the services/programs provided by the applying agency/organization/individual, or citizen's areas of interest/involvement, and should be addressed to:

The Membership Committee,  
 Richmond Mental Health Advisory Board  
 c/o Richmond City Hall  
 6911 No. 3 Road  
 Richmond, B.C. V6Y 3C1

Non-profit agency/organization applications must also include a copy of their Constitution and names, addresses and occupations of the current Board of Directors.

## **VOTING**

As a general rule the RMHAB works on a consensus basis. When needed a process is in place for voting. It is as follows:

When there is more than one nominee for the Chair or Vice-Chair positions, voting shall be by secret ballot. Otherwise, voting shall be by a show of hands.

Every member has one vote, except when voting on the following, when agencies/organizations with more than one member shall have one vote only:

- recommendations respecting or affecting any agency's resources allocation;
- membership applications;
- recommendations to Richmond City Council, Richmond Health Board and Ministries of the provincial government.

## **TIE VOTES**

In the event of a tie vote, the motion is lost but may be brought back by the prevailing side to the next meeting for re-consideration.

FEB-02-98 11:08 From:RICHMOND PREVENTIVE (EA)-

804-276-4155

T-340 P.05/05 Job-226

**RMHAB - TERMS OF REFERENCE (Cont'd)**

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**OFFICERS**

**Chair:** A resident of Richmond appointed by the membership who is not a staff member of, or a consultant to, any member agency.

*Term:* One year, renewable for two further one year terms.

**Duties of the Chair:**

- to chair all meetings of the RMHAB;
- to conduct the business of the RMHAB in an orderly fashion;
- to draw up the agenda and prepare for circulation, or handout, all meeting relevant material;
- to keep members copied on all letters sent in the name of the RMHAB, and replies received;
- to act as the RMHAB spokesperson.

**Vice-Chair:** Same as the Chair.

*Term:* Same as the Chair.

**Duties of the Vice-Chair:**

- same as the Chair in the Chair's absence.

**MEETINGS**

Monthly September through June, and at call of the Chair as required.

**AGENDA**

Agendas shall be circulated to all members by the Chair, 5 days prior to each meeting, and shall be available to non-members and the public upon request.

Items for inclusion may be communicated to the Chair up to 3 working days prior to circulation.

Items not on pre-circulated agenda may be discussed under "Other Business", time permitting, unless of a priority nature.

Tabling of circulated items to allow non-emergency new items to be discussed will be decided by a simple majority of members attending.

**RMHAB - TERMS OF REFERENCE (Cont'd)**

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**MINUTES**

A concise record of issues raised and discussed, decisions and recommendations made and action taken shall be kept and circulated with the next meeting's agenda.

Minutes of sub-committee and task force meetings shall be kept as above and circulated to their members only, unless otherwise directed by their chairs.

A complete set of A.I.L. minutes shall be kept on file.

**QUORUM**

A quorum shall be a minimum of five member agencies and two consumers or caregivers.

**SUB-COMMITTEES AND TASK FORCES**

Sub-committees and task forces shall be chaired by an RMHAB member and may include non-member agencies and individuals.

**SECRETARIAL/RESOURCE SUPPORT**

Richmond Health Department  
Richmond Health Board (to be negotiated)

**RICHMOND OTHERS WITH LINKS TO, OR REPRESENTATION ON, THE RMHAB:**

- Richmond Branch, B.C. Schizophrenia Society
- Richmond Rehabilitation/Housing Partnership Steering Committee
- Richmond Committee of the Greater Vancouver Mental Health Service (GVMHS) Board
- Richmond Child and Youth Committee (CYC)
- Lifestyles - independent Richmond consumer group\*
- Richmond Branch, Mood Disorder Association of B.C.\*
- Richmond Chapter, Childhood Attention Deficit Disorder Association\*
- Vancouver/Richmond Geriatric Mental Health Planning Committee\*
- Richmond Geriatric Mental Health Planning Committee\*

\* to be confirmed