City of Richmond

Minutes

Planning Committee

Date:	Tuesday, April 16, 2013
Place:	Anderson Room Richmond City Hall
Present:	Councillor Bill McNulty, Chair Councillor Chak Au Councillor Linda Barnes Councillor Harold Steves
Absent:	Councillor Evelina Halsey-Brandt
Also Present:	Councillor Linda McPhail
Call to Order:	The Chair called the meeting to order at 4:00 p.m.

MINUTES

It was moved and seconded
That the minutes of the meeting of the Planning Committee held on Tuesday, March 19, 2013, be adopted as circulated.

CARRIED

1. **APPOINTMENT OF LOCAL GAS SAFETY MANAGERS AND GAS SAFETY OFFICERS**
(File Ref. No.) (REDMS No. 3793122)

In reply to queries from Committee, Gavin Woo, Senior Manager, Building Approvals, advised that these are first time appointments meeting the requirements of the B.C. Safety Authority regulations.

It was moved and seconded
(1) That pursuant to Section 12 of the Safety Standards Act, the following appointment be made:

(a) Phil Wynne – Local Gas Safety Manager; and

(2) *That pursuant to Section 11 of the Safety Standards Act, the following appointments be made:*

(a) *Paul Saggers – Gas Safety Officer;*

(b) *Tony Burns – Gas Safety Officer;*

(c) *John Melnychuk – Gas Safety Officer;*

(d) *Jacek Redlinski – Gas Safety Officer;*

(e) *Peter Phi – Gas Safety Officer;*

(f) *Brendan Ryle – Gas Safety Officer;*

(g) *Paul Friess – Gas Safety Officer;*

(h) *Bengt Andersson – Gas Safety Officer;*

(i) *Craig James – Gas Safety Officer; and*

(j) *Rob Gillon – Gas Safety Officer.*

CARRIED

2. **APPLICATION BY MAN-CHUI LEUNG AND NORA LEUNG FOR REZONING AT 7460 ASH STREET FROM "SINGLE DETACHED (RS1/F)" TO "SINGLE DETACHED (ZS14) – SOUTH MCLENNAN (CITY CENTRE)"**
(File Ref. No. 12-8060-20-8907, RZ 11-586861) (REDMS No. 3487888)

Wayne Craig, Director of Development, advised that the development will facilitate the construction of General Currie Road and Armstrong Street adjacent to the site; as well as, frontage improvements on Ash Street.

It was moved and seconded
That Bylaw 8907, for the rezoning of 7460 Ash Street from "Single Detached (RS1/F)" to "Single Detached (ZS14) – South McLennan (City Centre)", be introduced and given first reading.

CARRIED

3. **APPLICATION BY BALANDRA DEVELOPMENT INC. FOR REZONING AT 5131 WILLIAMS ROAD FROM SINGLE DETACHED (RS1/E) TO SINGLE DETACHED (RS2/C)**
(File Ref. No. 12-8060-20-9008, RZ 13-627573) (REDMS No. 3813882)

Mr. Craig noted that this is a fast track rezoning application to facilitate a subdivision with a single shared driveway designed to accommodate on-site vehicle turnaround capability to prevent vehicles from reversing onto Williams Road.

It was moved and seconded
That Bylaw 9008, for the rezoning of 5131 Williams Road from "Single Detached (RS1/E)" to "Single Detached (RS2/C)", be introduced and given first reading.

CARRIED

4. **APPLICATION BY GURMEJ BAINS FOR REZONING AT 3311 GARDEN CITY ROAD FROM SINGLE DETACHED (RS1/E) TO SINGLE DETACHED (RS2/B)**
(File Ref. No. 12-8060-20-9009, RZ 13-628402) (REDMS No. 3814446)

Mr. Craig stated that the zoning application is not on an arterial road; however, it is in compliance with the Single-Family Lot Size Policy for the area. An Aircraft Noise covenant will be registered on Title as a condition of the rezoning. The application includes a legal secondary suite in one (1) of the two (2) future units.

It was moved and seconded
That Bylaw 9009, for the rezoning of 3311 Garden City Road from "Single Detached (RS1/E)" to "Single Detached (RS2/B)", be introduced and given first reading.

CARRIED

5. **APPLICATION FOR REZONING AT 9720, 9740 AND 9760 ALBERTA ROAD FROM "SINGLE DETACHED (RS1/F)" TO "MEDIUM DENSITY TOWNHOUSES (RTM3)"**
(File Ref. No. 12-8060-20-9014, RZ 12-615601) (REDMS No. 3813333 v.2)

Mr. Craig advised that the proposed rezoning will require an Aircraft Noise covenant and appropriate noise mitigation as part of the Development Permit. Fourteen (14) of the twenty (20) units are proposed to have tandem parking arrangements representing approximately 70% of the units; however, the tandem parking allows for more parking than the Zoning Bylaw requires and provides two (2) parking spaces per residential unit.

It was moved and seconded
That Bylaw 9014 for the rezoning of 9720, 9740 and 9760 Alberta Road from "Single Detached (RS1/F)" to "Medium Density Townhouses (RTM3)", be introduced and given first reading.

CARRIED

6. **APPLICATION BY 664525 B.C. LTD. FOR REZONING AT 7400, 7420 AND 7440 RAILWAY AVENUE FROM SINGLE DETACHED (RS1/E) TO LOW DENSITY TOWNHOUSES (RTL4)**
(File Ref. No. 12-8060-20-9015, RZ 12-619835) (REDMS No. 3822135)

Mr. Craig noted that the Official Community Plan allows Townhouse development to be considered in this area based on its proximity to Thompson Community Centre and Burnett High School. Additionally, the site is within approximately 450 metres of McKay Elementary. Staff received a number of letters opposing the development and have worked with the applicant to address many of the concerns expressed, specifically proposing 2-storey units, side by side garages, additional visitor parking, increased building setbacks, driveway relocation to the centre of the project, and the retention of ten (10) trees on the site.

In response to an inquiry it was noted that staff are not recommending an expanded circulation area for the Public Hearing notification. It was also noted that a single-family dwelling would require minimum side yard setbacks of two (2) metres and a rear yard setback of six (6) metres, whereas the proposed townhouse development proposes three (3) metres and five (5) metres setbacks respectively.

It was moved and seconded
That Bylaw 9015, for the rezoning of 7400, 7420 and 7440 Railway Avenue from "Single Detached (RS1/E)" to "Low Density Townhouses (RTL4)", be introduced and given first reading.

CARRIED

7. **APPLICATION BY POLYGON DEVELOPMENT 269 LTD FOR REZONING AT 9311, 9331, 9431, 9451 AND 9471 ALEXANDRA ROAD FROM "SINGLE DETACHED (RS1/F)" AND 9393 ALEXANDRA ROAD FROM "RESIDENTIAL/LIMITED COMMERCIAL (ZMU16) – ALEXANDRA NEIGHBOURHOOD (WEST CAMBIE)" TO "LOW RISE APARTMENT (ZLR25) – ALEXANDRA NEIGHBOURHOOD (WEST CAMBIE)"**
(File Ref. No. 12-8060-20-9016/9021/9017/9022/8539, RZ 12-598503) (REDMS No. 3824008 v.5)

Mr. Craig stated that there are Official Community Plan Amendments associated with the rezoning application to address land use, density and building height. The project will be 100% residential initiating the removal of the Mixed Use requirement from the Area Plan. Staff supports the change as a key north-south pedestrian pathway creates a natural delineation between the residential and the adjacent commercial area. The proposal will also provide funding for the Kiwanis affordable housing project.

In response to inquiries it was noted that staff will be working with the applicant through the Development Permit process with respect to the sustainable features of the project, such as, connection to the District Energy Utility, amenity space considerations, and Transportation Demand Management package that includes electrical vehicle plug-ins and other provisions. Additionally, all three (3) roads fronting the site will be improved to full municipal standards.

Robin Glover, Polygon Development 269 Ltd, advised that providing bus passes could be considered in addition to the proposed bus shelters, benches, and contributions for bicycles.

It was moved and seconded

(1) That Richmond Official Community Plan Bylaw 9000 Amendment Bylaw 9016, to amend the City of Richmond 2041 Land Use Map (Schedule 1) to redesignate 9311, 9331 and the western half of 9393 Alexandra Road from "Mixed Use" to "Apartment Residential" be introduced and given first reading;

(2) That Richmond Official Community Plan Bylaw 7100 Amendment Bylaw 9021, to repeal the existing Alexandra Neighbourhood Land Use Map of Schedule 2.11A (West Cambie Area Plan) with "Schedule A attached to and forming part of Bylaw 9021" and amending certain maps and text within the Area Plan, be introduced and given first reading;

(3) That Bylaws 9016 and 9021, having been considered in conjunction with:

(a) the City's Financial and Capital Program;

(b) the Greater Vancouver Regional District Solid Waste and Liquid Waste Management Plans;

are hereby deemed to be consistent with said program and plans in accordance with Section 882 (3) of the Local Government Act;

(4) That Bylaws 9016 and 9021 having been considered in accordance with OCP Bylaw Preparation Consultation Policy 5043, are hereby deemed not to require further consultation;

(5) That Richmond Zoning Bylaw 8500, Amendment Bylaw 9017, to create "Low Rise Apartment (ZLR25) – Alexandra Neighbourhood (West Cambie)", and the rezoning of 9311, 9331, 9431, 9451 and 9471 Alexandra Road from "Single Detached, (RS1/F)" and 9393 Alexandra Road from "Residential/Limited Commercial (ZMU16) – Alexandra Neighbourhood (West Cambie)" to "Low Rise Apartment (ZLR25) – Alexandra Neighbourhood (West Cambie)", be introduced and given first reading;

(6) That the affordable housing contribution for the rezoning of 9311, 9331, 9393, 9431, 9451 and 9471 Alexandra Road (RZ 12-598503) be allocated entirely (100%) to the capital Affordable Housing Reserve Fund established by Reserve Fund Establishment Bylaw No. 7812; and

(7) That Termination of Housing Agreement at 9393 Alexandra Road (formerly 9371 and 9411 Alexandra Road) Bylaw 9022, to permit the City to terminate a Housing Agreement entered into pursuant to Bylaw 8539, be introduced and given first reading.

CARRIED

7A. **RICHMOND COMMMUNITY SERVICES ADVISORY COMMITTEE REPORT "A GAP ANALYSIS ON MENTAL HEALTH AND ADDICTIONS SUPPORT SERVICES IN RICHMOND, BRITISH COLUMBIA**
(File Ref. No.) (REDMS No.)

Discussion ensued regarding the Richmond Community Services Advisory Committee report "A Gap Analysis on Mental Health and Addictions Support Services in Richmond, British Columbia" (attached to and forming part of these minutes as **Schedule 1**). It was noted that the next step for the RCSAC would be to meet with key stakeholders within the community with respect to the report. From those meetings, an implementation plan to address the gaps identified in the report would be prepared and the recommendations presented to Council. It was suggested that the implementation plan be forwarded to staff for consideration.

It was moved and seconded

(1) That the RCSAC report, "A Gap Analysis on Mental Health and Addictions Support Services in Richmond, British Columbia", be received for information;

(2) That the RCSAC distribute the report to provincial and federal governments, Richmond MLAs, MPs and other stakeholders for their information; and

(3) That the implementation plan be forwarded to Staff upon completion by the RCSAC.

CARRIED

7B. **INVITATION TO MUNICIPALITIES TO BECOME MEMBERS OF THE REGIONAL STEERING COMMITTEE ON HOMELESSNESS**
(File Ref. No.) (REDMS No.)

The correspondence from Metro Vancouver regarding an "Invitation to Municipalities to become Members of the Regional Steering Committee on Homelessness" dated April 11, 2013 (attached to and forming part of these minutes as **Schedule 2**) was presented. It was noted that staff will update Council that an application will be submitted on their behalf prior to the April 30, 2013 deadline.

7C. **CORRESPONDENCE FROM STEVESTON MERCHANTS ASSOCIATION REGARDING ONNI'S IMPERIAL LANDING PROJECT ON BAYVIEW STREET**
(File Ref. No.) (REDMS No.)

Correspondence from the Steveston Merchants Association regarding Onni's Imperial Landing Project on Bayview Street dated April 10, 2013 (attached to and forming part of these minutes as **Schedule 3**) was discussed. It was noted that staff have written the Steveston Merchants Association advising that the City has officially received a rezoning application from ONNI and that the Association's input is welcomed.

8. **MANAGER'S REPORT**

(a) Lingyen Mountain Temple

Mr. Craig advised that the Lingyen Mountain Temple is initiating the second phase of their public consultation prior to submitting a revised rezoning proposal for the expansion. The open house will be held at the South Arm Community Centre on May 2, 2013. Staff are unaware of the revisions to the proposal; however the Temple has indicated there will be revisions including a reduced height. Visual renderings of the existing and proposed height can be included with the application.

ADJOURNMENT

It was moved and seconded
That the meeting adjourn (4:23 p.m.).

CARRIED

Certified a true and correct copy of the Minutes of the meeting of the Planning Committee of the Council of the City of Richmond held on Tuesday, April 16, 2013.

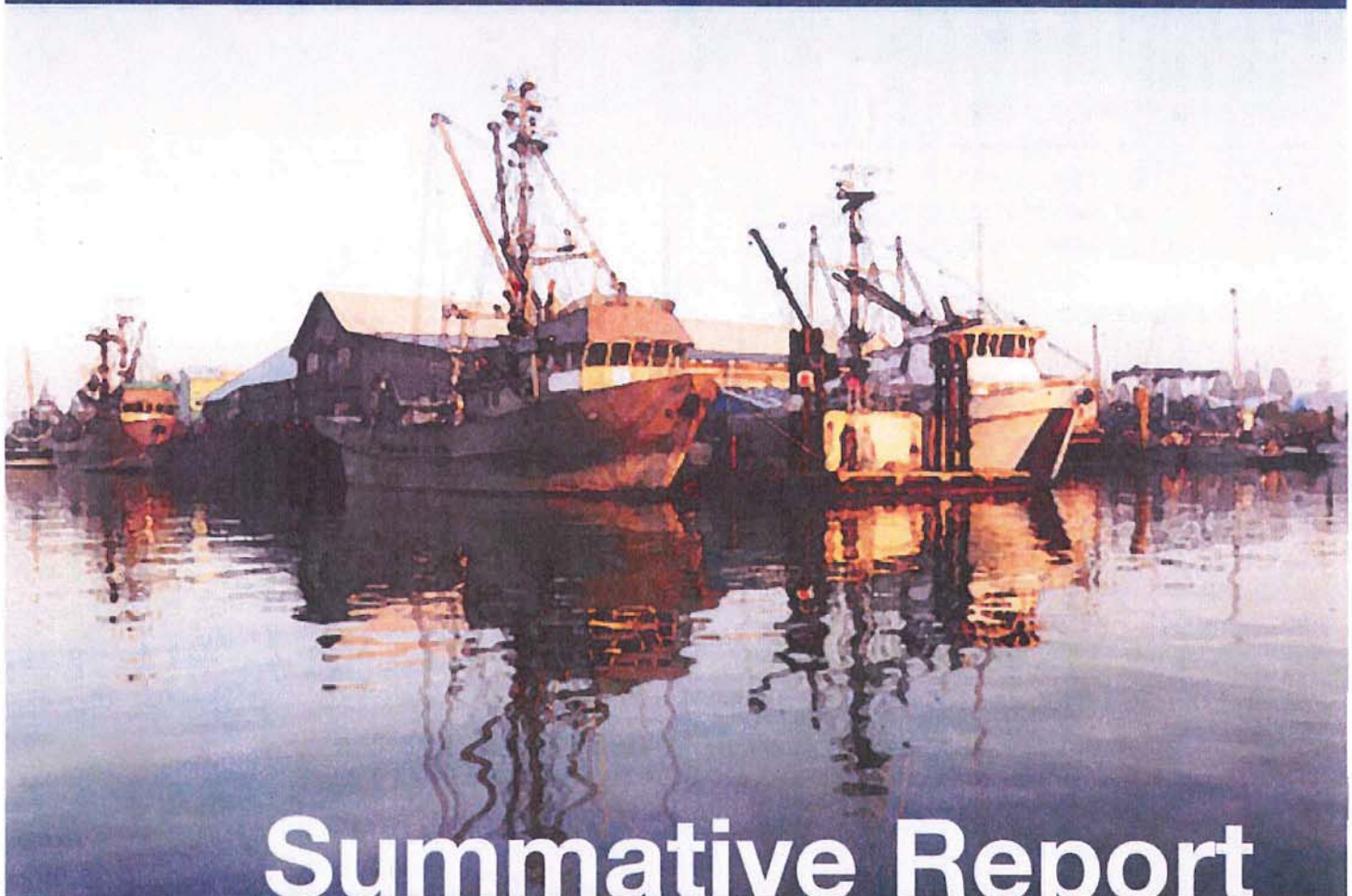
Councillor Bill McNulty
Chair

Heather Howey
Acting Committee Clerk

Schedule 1 to the Minutes of the Planning Committee Meeting of Tuesday, April 16, 2013.

A Gap Analysis on Mental Health & Addiction Support Services

in Richmond, British Columbia



Summative Report

December 2012

Shelley Chopra
Bachelor of Health Sciences Program
McMaster University

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Executive Summary

In Richmond BC, there are several community service providers that offer mental health and addictions (MHA) consultative and clinical support to adults and youth. The Richmond Community Services Advisory Committee (RCSAC) consists of governmental and non-governmental organization representatives that meet to share their work, community concerns and mechanisms to resolve them. The RCSAC discussed recently the importance of capturing the perspective of MHA service providers on the quality of services being offered to Richmond residents with a mental illness or addiction. In line with the provincial Ministries of Health Services and Child and Family Development ten year plan to address MHA in BC, the RCSAC undertook a community-based service gap analysis. The primary objectives of this research project were to identify and validate gaps in MHA services in Richmond using the informed perspectives of MHA community service providers. In addition to independent and consumer informants, a total of 22 administrators and frontline workers from 10 Richmond-based organizations were interviewed for the purposes of gap validation. Analysis of key informant responses for recurring themes elucidated four main areas of improvement: navigation of MHA services, continuum of support, personalized support, and outreach. Following a meeting among key informants to discuss the results of the current gap analysis, a strategic action plan is expected to be developed to address the key gaps in MHA service.

1. Introduction

1.1. Rationale for MHA Gap Analysis

The Richmond Community Services Advisory Committee (RCSAC) consists of governmental and non-governmental organization representatives from Richmond, British Columbia (BC) that meet to share their work, community concerns and mechanisms to resolve them. Evaluation of mental health and addictions (MHA) services in Richmond has been a key topic of discussion during recent RCSAC meetings. Across Canada, in fact, MHA has become an important area of concern for health providers. In BC, it is estimated that one in five adults is affected by a mental illness or addiction over the course of 12 months.[1] In 2010, the BC Ministries of Health Services and Child and Family Development developed a ten year plan to address mental health and substance abuse in the province. In line with the vision, goals, and population health approach of this plan, the RCSAC undertook a community-based service gap analysis to identify and validate shortcomings of MHA services in Richmond.

Community-based research is defined by data collection and analysis relevant to the development of the community in which the research is conducted.[2] The process relies on consultation with resources and expertise based within the community to ensure action-oriented outcomes. The need for community-based research in the area of MHA services was clearly identified by the RCSAC MHA working group. Although focus groups and analyses specific to certain populations had been conducted in the past, no broad gap identification and validation research on MHA services had been undertaken recently in Richmond. The RCSAC recognized the importance of a service gap analysis to ensure recommendations for future initiatives are based on the informed perspectives of Richmond MHA service providers.

1.2. Partner Organizations

The following organizations served as key informants during the data collection and compilation stages of the gap analysis.

Canadian Mental Health Association in Richmond offers Pathways Clubhouse, a service that provides adults with mental illnesses vocational training, employment opportunities, supported education, and recreational programs. Representatives from CMHA Richmond sit on the RCSAC.[3]

CHIMO Crisis Services provides crisis intervention counseling and prevention workshops about MHA issues for the Richmond community. Representatives from CHIMO Crisis Services sit on the RCSAC.[4]

Richmond Addiction Services (RASS) offers a range of preventative, consultative and clinical services and programs for youth under 25, families, and seniors facing addictions issues. Representatives from RASS sit on the RCSAC.[5]

Richmond Mental Health Consumer and Friends Society offers peer-to-peer support and recreational programs to adults with mental illnesses.[6]

Richmond School District is the governing body of public elementary and secondary schools in Richmond. The District works in partnership with VCH and non-governmental organizations in providing mental health services such as Horizons, Richmond School Program, and the Adolescent Support Team to youth aged 4 to 18 in school.[7-9]

Richmond Youth Service Agency (RYSA) offers youth in Richmond a range of services from Aboriginal programs to leadership and empowerment activities. Representatives from RYSA sit on the RCSAC.[10]

Supporting Families with Parental Mental Illness and Addictions Richmond Working Group offers group-based social programs for parents with mental illness and addicitions and their children.

The City of Richmond Commmunity Social Development Division (Social Planning, Seniors Services)is involved with MHA service providers. Representatives from the City of Richmond sit on the RCSAC.

Touchstone Family Association (TFA) offers counseling services, outreach, and social programs to youth and families in Richmond. Representatives from TFA sit on the RCSAC.[11]

Turning Point Recovery Society in Richmond provides residential support recovery programs and services for men and women with addiction issues who require support, counseling, and a safe residence. Representatives from Turning Point Recovery Society sit on the RCSAC.[12]

Vancouver Coastal Health Authority (VCH) manages clinical services offered to individuals in Richmond with MHA issues such as Transitions, Child and Youth Mental Health Team, Anne Vogel Clinic, Central Intake Line, Mental Health Emergency Services. Representatives from VCH Richmond sit on the RCSAC.[13]

1.3. Objectives

The objectives of this community research project were to:

1. To compile an inventory of all MHA services offered to adults and youth in Richmond.
2. To identify gaps and key areas of improvement in current MHA support services for adults, families and youth in Richmond.
3. To validate identified gaps and areas of improvement in current MHA support services.
4. To initiate the development of a strategic plan with recommendations for programs and services designed to resolve validated gaps in current MHA support services.

2. Methods

2.1. Data Collection

2.1.1. MHA Service Inventory

The compilation of a MHA service inventory was achieved using information from VCH Healthy Together resource, VCH Find Service online search engine, and respective organization websites.[14-15] All partner organizations were provided with the opportunity to verify the service inventory during its compilation, allowing for inaccuracies to be rectified.

2.1.2. MHA Service Gap Identification

The majority of gaps in MHA service were identified during RCSAC meetings. Additional gaps mentioned during individual communication with partner organizations were included in final list (Appendix C).

2.1.3. MHA Service Gap Validation

MHA service gap validation was completed principally through interviews with representatives from each partner organization. For most organizations, a frontline worker and an administrator were interviewed to capture systematically a broader perspective on the identified gaps. All responses were transcribed directly into Microsoft Word 2007 during the course of the interview. All informants were provided with the opportunity to confirm the transcription of their responses via e-mail, allowing for inaccuracies to be rectified.

Refer to Appendix B for interview framework. The responses compiled in Appendix C represent the opinions one independent informant, and 22 representatives of the partner organizations listed in Section 1.2.

2.2. Data Analysis

The inventory of MHA services and programs was compiled into a summary table on Microsoft Word 2007. Refer to Appendix A for finalized service inventory.

All interview responses were compiled into a summary table on Microsoft Word 2007 and analyzed on a gap-by-gap basis. Similar comments concerning gaps and areas of improvement were extracted from the data pool. The key findings from the analysis are discussed in Section 3.

3. Results and Discussion

A total of 27 gaps were identified and validated through key informant interviews (Appendix C). Analysis of informant responses for recurring themes elucidated four main areas of improvement: navigation of MHA services, continuum of MHA support, personalized MHA support, and MHA outreach.

3.1. Navigation of MHA Services

The overarching gap in Richmond's current MHA support services that was agreed upon by most interviewees was the lack of protocols and pathways for organizations to facilitate easy access to needed services and supports for their clients. Currently in Richmond, a few specific committees for youth organizations such as Richmond Collaborative Committee for Children and Youth and phone line consultation and referral services such as VCH's Central Intake Line have non-governmental MHA organizations as members. The majority of these committees and services bridge selectively affiliated service providers. However, there is no reliable network, inclusive of all partner MHA governmental and non-governmental organizations in Richmond, for administrators and frontline workers to rely upon for information and referral purposes. Development of a MHA service network in Richmond would lend itself to the formation of pathways defining the relationship between organizations as well as the protocols to be followed to access services offered by different organizations.

3.2. Continuum of MHA Support

A few of the gaps discussed during the interviews dealt with the lack of a continuum of support available to MHA clients during their recovery process. The main areas where a gap in service exists include clinical detoxification and transitional housing for adults and youth. Currently, clients who have completed residential recovery programs and now require transitional housing, are unable to find this support in the Richmond community. Turning Point Recovery Society in partnership with other organizations are working to fill this gap by building second stage housing units in Richmond by 2015. In terms of detoxification, Richmond does not have a facility designed with this clinical capacity. And while there are no plans to establish a detoxification facility, smaller scale services such as the Acute Home-Based Treatment Program are working to offer clinical detoxification on an individual basis.

3.3. Personalized MHA Support

The provision of consultative and clinical support tailored to the needs and background of MHA clients was supported by all interviewees. The major groups requiring this specialized MHA support were identified as older adults, youth, individuals with concurrent MHA disorders, individuals with a developmental disability, South Asians, and Aboriginal peoples. Most interviewees agreed that there is sufficient need in Richmond to establish support services and/or housing programs for older adults, youth, and individuals with multiple disorders. Culturally-relevant programs and services for MHA clients were not as clearly supported. Some interviewees indicated that while increasing cultural competency among service providers may be beneficial, there may not be a critical mass of individuals with MHA issues that require culturally-conscious support.

3.4. MHA Outreach

Outreach services, in particular for youth, were recognized by key informants as an important area of improvement in Richmond's MHA support services. Some interviewees purported that the current approach to MHA service delivery needs to be modified prior to the development of tangible MHA outreach programs. Much of the consultative and clinical work currently done by Richmond MHA service providers is responsive to clients in crisis and is dependent on the initiative of the client to attend organized sessions. A community outreach approach will encourage organizations to seek out individuals that may have borderline MHA issues and provide them with the necessary consultative and clinical support to re-enter their community and workforce.

4. Future Directions

From the information gathered through the interviews, it is evident that MHA service providers in Richmond need to work together to tackle the validated gaps in a systematic manner. As a first step, it would be important to review all interview comments and host a meeting among service providers to reconfirm the presence of the identified gaps. This meeting could also serve to prioritize the gaps and discuss recommendations for gap resolution. Following this meeting, an action plan may be developed to outline the key gaps to be addressed, initiatives to resolve the gaps, the timeline and expected outcomes of the proposed initiatives, and the follow-up evaluation strategy. This plan will be designed and executed with the support of MHA service providers in Richmond.

5. Acknowledgements

I would like to extend my sincere gratitude to Belinda Boyd, Leader in Community Engagement for VCH Richmond, and the members of the Richmond Community Services Advisory Committee for their continual support during the completion of this project.

6. References

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Appendix A - Inventory of Mental Health and Addictions Services in Richmond, BC

Last Updated December 2012 NOTE: Service Area Column denotes Direct Service Provider or Support Service Provider

Overarching gap: Lack of knowledge transfer and integration of mental health and addiction services in Richmond
Broad vision: Collaboration among groups in the services they provide will better consumer navigation from one program to another.

Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
Adult Programs						
VCH Richmond, RAMHAS	Central Intake Line	DIRECT Addictions, Mental Health	Adults	To simplify the referral process and ensure quick and easy access to resource information	• Physicians and community care providers can refer adult clients to most mental health and addiction services in Richmond	604.244.5488
VCH	Access Central - Detox Referral Line	DIRECT Addictions	Adults		• A phone service offering referral and assessment, and links to detox and addiction housing services • Housing services ○ Provides housing information, screening, and placement services	Toll free number 1.866.658.1221 Fax 604.633.4231 E-mail feedback@vch.ca
SUCCESS	Chinese Help Line	DIRECT Mental Health	Mandarin and Cantonese-speaking Adults	To provide sincere and caring support in Mandarin and Cantonese	Access to community resources	Mandarin: 604-270-8222 Cantonese: 604-270-8233
CHIMO Crisis Services	Outreach and Advocacy	DIRECT Addictions, Mental Health	Adults			Outreach & Advocacy Intake Line: 604-247-1175 Email: outreach@chimocrisis.com
CHIMO Crisis Services	Crisis Lines	DIRECT Addictions, Mental Health	Adults		• Confidential and non-judgmental emotional support • Triage and direct links are provided to callers for Richmond Mental Health Emergency Services	Crisis Line: 604-279-7070
CHIMO Crisis Services	Crisis Intervention and Suicide	DIRECT Mental Health	Adults		• Short term crisis and suicide counselling for emotional, physical, spiritual and	

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Last Updated December 2012

Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
	Prevention Counselling				mental crisis such as depression, relationship problems, post-trauma and daily-living stress reactions. • Professional consultations, public education seminars on suicide and debriefing sessions after a suicide	
VCH Richmond	Acute Home Based Treatment Program	DIRECT Addictions	Adults		Short-term acute psychiatric care for clients with severe mental illness in their own home, as an alternative to hospitalization	The Richmond Hospital 3rd Floor, Westminster Tower 7000 Westminster Highway Richmond, BC V6X 1A2 Phone: (604) 244-5512 Fax: (604) 244-5366
VCH Richmond	Richmond Hospital Emergency Room, Inpatient Addiction & Mental Health Services	DIRECT Addictions, Mental Health	Adults		• A short-stay unit at Richmond Hospital that treat adults with mental illnesses who need 24-hour care	The Richmond Hospital 7000 Westminster Highway Richmond, BC V6X 1A2 Tel: 604-244-5504
VCH Richmond	Mental Health Emergency Services (MHES)	DIRECT Addictions, Mental Health	Adults	A mobile service that provides community assessment and intervention to individuals experiencing a mental health crisis	• Assessments • Referrals to follow up mental health services (both hospital and community based), health care professionals or other agencies.	The Richmond Hospital 7000 Westminster Highway Richmond, BC V6X 1A2 Phone: 604-244-5562 Fax: 604 244-5366
Fraser Health, CLBC	Developmental Disabilities Mental Health Services	DIRECT Mental Health			• Referral-based service • Assessment and diagnosis, psychiatric treatment, counselling, music or art therapy, therapies to deal with	604-918-7540 604-660-0786

Appendix A - Inventory of Mental Health and Addictions Services in Richmond, BC

Last Updated December 2012

Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
					behavioural disorders, one-to-one support at home or in hospital for people in crisis, case management, educational, training, and consultative services, and work in collaboration with existing community resources and support networks.	
VCH Richmond	Richmond Hospital Geriatric Triage/ Transition Nurses	DIRECT Addictions, Mental Health	Adults (70 years-old or older)	To support older adults discharged from the hospital	Follow-up phone calls to ensure comfort with discharge instructions/prescriptions	The Richmond Hospital 7000 Westminster Highway Richmond, BC V6X 1A2
RASS	Aging Well Program	SUPPORT Addictions	Seniors, Families	To provide outreach counseling and case management to seniors with addiction issues at home.	• Community education about the older adults' use of alcohol, illegal drugs, prescription and over-the-counter drugs o Theatre troupe o Stand alone theatre • South Asian project o Brochure in Punjabi o Program – Volunteers model responsible drinking within their community and at social events. • Mentor program in which client "graduates" of the Aging Well program are linked to new clients with the purpose of connecting them back to the community.	200-7900 Alderbridge Way Richmond, BC V6X 2A5 Canada Phone: 604-270-9220 Fax: 604-270-9245
VCH Richmond	Drug and Alcohol Resource Team (DART)	DIRECT Addictions	Adults, Families	To provide client directed, barrier free services related to drug and alcohol use to inpatients and their families.	Addiction assessments and treatment planning • Counseling of patients and families • Medical management (withdrawal, methadone, and other pharmacological	The Richmond Hospital 7000 Westminster Highway Richmond, BC V6X 1A2 Tel: 604 244-5396 Fax: 604 244-5366

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Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
					treatments) • Education for patients, families, and hospital staff • Provision of resource materials related to substance use • Discharge planning	
VCH Richmond	Anne Vogel Clinic	DIRECT Addictions	Adults		• Assessment/treatment and primary care for individuals often dealing with opiate dependence • Counselling services • Access to resources for residential care, detox, other outpatient addiction and mental health services	100- 8160 Cook Road Richmond, BC, V6Y 1T8 (604) 233-5699
VCH Richmond, Heart of Richmond AIDS	HIV/AIDS – Gilwest Clinic	DIRECT Addictions	Adults		• HIV/AIDS and Hepatitis C related services, including needle exchange • Community development and education	The Richmond Hospital 7000 Westminster Highway Richmond, BC V6X 1A2 Tel: 604 233-3135
VCH Richmond	Transitions	DIRECT Addictions, Mental Health	Adults	To provide assessment, treatment, and advocacy/referral services for adults experiencing substance misuse, mood and anxiety disorders, and/or concurrent psychiatric disorders	• Psychiatric Consult • Concurrent disorders counseling ○ Individual and group format • Acupuncture • Nutrition counseling	600-8100 Granville Avenue Richmond, BC, V6Y 3T6 Phone : (604) 244-5486 Fax : (604) 233-5487
VCH Richmond	SMART Recovery	DIRECT Addictions	Adults	To support individuals who have chosen to abstain, or are considering abstinence from any type of addictive behavior, (substances or activities), by teaching how to change self-defeating thinking, emotions, and actions; and to work towards long-term satisfactions and quality of	Self Help for Substance Abuse & Addiction (at Richmond Hospital)	Alastair MacGregor 604-339-9006 awmacgregor@hotmail.com

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Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
				life.		
Al-Anon/ Alateen Family Groups	12-step programs	DIRECT Addictions	Adults, Youth, Families	To provide support for relatives and friends of individuals affected by alcoholism	Group meeting format providing fellowship and support for relatives and friends of individuals with alcoholism	604-688-1716 afgcentraloffice@shaw.ca www.bcyukon-al-anon.org/
Alcoholics Anonymous	12-step program	DIRECT Addictions	Adults, Youth	To provide support for individuals dealing with alcoholism	Group meeting format providing fellowship and support for individuals with alcoholism	(604) 434-3933 http://www.bcyukonaa.org/_pub/meetings/districts/dist_36.php
Gamblers Anonymous	12-step program	DIRECT Addictions	Adults, Youth	To provide support for individuals dealing with gambling issues	Group meeting format providing fellowship and support for individuals with gambling issues	Hotline: 604-878-6535 Email: friends@vancouverga.com
VCH Richmond	Tobacco Reduction Program-	DIRECT Addictions	Adults	To reduce the burden of tobacco use to the community through building capacity within individuals to quit smoking or reduce the amount that is smoked	• Smoking cessation training • Smoking prevention education in schools • Distribution of tobacco reduction related resources	8100 Granville Avenue Richmond, B.C V6Y 3T6 Phone 604.675.3801 Fax 604.736.8651 E-mail smokefree@vch.ca
BC Responsible and Problem Gambling Program (GSAs) and BCLC (Centres)	Game Sense Advisors at River Rock Casino and the Game Sense Information Centre	DIRECT Addictions	Adults 19+	To help at-risk individuals make informed and educated decisions related to gambling.	Referral Agency	The BC Responsible and Problem Gambling Program David Horricks, Director Gaming Policy and Enforcement Branch PO Box 9311 Stn Prov Govt Victoria, BC V8W 9N1 Phone: (250) 953-3078 David.horricks@gov.bc.c

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Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
						a
BC Responsible and Problem Gambling Program	Problem Gambling Help Line: 1.888.795.6111 Counselling for individuals, couples, family, day treatment, and groups.	DIRECT Addictions	Adults, Youth, Families, Affected Others	• To assist those experiencing a problem with gambling, or those affected by someone else's gambling to receive help. • All services are client-centred. • Help Line provides information and referral services.	• Help Line for information, referral to counseling and assistance 24 hrs/day, 7 days/week. Multi-lingual and translation services available. • Counselling services include individual, couples, family, day treatment and group work. Counsellors can also provide outreach services and telephone support when needed. Services available in English, Cantonese, Mandarin and Punjabi.	BC Problem Gambling Help Line at 1.888.795.6111 Counsellor: TBD Head Office: David Horricks, Director Gaming Policy and Enforcement Branch PO Box 9311 Stn Prov Govt Victoria, BC V8W 9N1 Phone: (250) 953-3078 David.horricks@gov.bc.ca
VCH	Core Addiction Practice (CAP)	DIRECT Addictions	Adults	• Ensure that all MH&A providers and collaborative partners have the essential conceptual framework to provide our communities with addiction services that are current and evidence-informed • Provide core competency training to professionals to increase effective, professional and consistent substance use services across British Columbia.	• The CAP workshop brings together critical information and skills training into a standardized package. • CAP course training is mainly focused on clinicians outside the field of addiction services in order to build capacity - but addiction/concurrent disorders services staff also attend and participate. • CAP course is based on 12 core competencies for practitioners in clinical work such as: ethics, withdrawal, addiction treatment, referral, capacity development.	Joanne Kirk jo-anne.kirk@vch.ca

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VCH Richmond	Richmond Mental Health Team – Adult Program	DIRECT Mental Health	Adults	• To increase understanding of mental illness • To train professionals to work with the mentally ill • To foster the acceptance of the mentally ill • To provide consultation to other agencies	Mental health services, activities, resources	200 – 6061 No. 3 Road Richmond, BC V6Y 2B2 (Map) Phone: 604-675-3975 Fax: 604-270-6507
RCFC	Peer Support, Mental Health	DIRECT Mental Health	Adults	Provide learning to enhance the person's life and reach personal goals	Offers peer support for those with mental illnesses	200 - 6061 No. 3 Road Richmond, BC V6Y 2B2 Phone: 604-675-3975
RCFC	Chinese Peer Support	DIRECT Mental Health	Adults	• Provide the Chinese community with culturally sensitive support • Provide learning to enhance the person's life and reach personal goals	Offers peer support for those with mental illnesses	200 - 6061 No. 3 Road Richmond, BC V6Y 2B2 Phone: 604-675-3975
RCFC	Peer Companion Program	SUPPORT Mental Health	Adults		Offers informal, peer support and resources for those with mental illnesses	200 - 6061 No. 3 Road Richmond, BC V6Y 2B2 Phone: 604-675-3975
RCFC	Recreation Program	SUPPORT Mental Health	Adults	Promote wellness by providing learning and social opportunities in a supportive recreational setting for people with mental health issues	• Coffee House • Book Club • Bowling • Road Trips • Movies • Arts and Crafts • BBQs • Walking Group • Cooking • Craft Corner	200 - 6061 No. 3 Road Richmond, BC V6Y 2B2 Phone: 604-675-3975
VCH Richmond	Community Mental Health Programs for Adults and Older	DIRECT Mental Health	Adults		• Community based psychiatric assessment and treatment for adults with a severe and persistent mental illness. • Multidisciplinary services	200 - 6061 No. 3 Road Richmond, BC V6Y 2B2 (Map) Phone: 604-675-3975

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	Adults				○ Case management ○ Outreach ○ Rehabilitation	Fax: 604-270-6507
VCH Richmond	Richmond MH Outpatient Services	DIRECT Mental Health	Adults		• Group therapy programs • Psychiatric consultation • Psychiatry Clinics include: reproductive mental health, older adult mental health and cross-cultural services. • Treatment services	The Richmond Hospital 7000 Westminster Highway Richmond, BC V6X 1A2 Tel: 604-244-5534
VCH Richmond	Rapid Access Consult Clinic	DIRECT Mental Health	Adults		Psychiatric Clinic	The Richmond Hospital Westminster Health Centre 7000 Westminster Highway Richmond, BC V6X 1A2 Tel: 604 233-3135
CMHA	Pathways Clubhouse	DIRECT Mental Health	Adults	To create opportunities for members to return to school, gain employment, have a place to live, connect with their families, make new friends and create multiple successes.	• Vocational training • Transitional, Supported and Independent Employment • Supported Education • Physical Wellness • Social/Recreational Programs.	Pathways Clubhouse 7351 Elmbridge Way Richmond, BC V6X 1B8 604-276-8834
CMHA	Pathways Clubhouse - Public Education	DIRECT Mental Health	Adults	To promote the understanding of mental illness as well as the awareness of mental health services that are available in our community	• Variety of workshops • Mental health library • Mental Health First Aid	Pathways Clubhouse 7351 Elmbridge Way Richmond, BC V6X 1B8 604-276-8834
CMHA	Pathways Clubhouse / Chinese Family Support Group	DIRECT Mental Health	Adults (Cantonese, Mandarin)	To increase education and support to the Chinese speaking community.	• Monthly education and support group.	Pathways Clubhouse 7351 Elmbridge Way Richmond, BC V6X 1B8 604-276-8834

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Agency Providing Service	Existing Service	Service Area	Target Consumer	Service Aims	Service Activities	Contact Information
TFA	Anger Management Course	SUPPORT Mental Health	Adults	For participants: • To learn more effective communication and anger management skills • To understand the psychological and situational causes of anger • To consider conceptions of masculinity grounded in equality and cooperation rather than in power and control • To consider fuller, more positive conceptions of women and children • To understand how children are negatively impacted by witnessing domestic violence • To stop the spread of abuse from one generation to the next	• Group conversation • Videos • Group exercises • Cooperative play • Arts and crafts • Physical exercises	Dave Cooper Program Director 604.279.5599

Turning Point Recovery Society	Residential Recovery for men and women	DIRECT Addictions	Adults	• To provide safe and supportive housing for vulnerable citizens in our community
				• To facilitate the entrance of these individuals into community-based addictions support networks
				• To assist these individuals to regain their independence, reach their full potential and become contributing members of society
				• To help reduce the social and economic costs of substance abuse within the community and the province of British Columbia.
					• Domestic Violence Substance Abuse Counselling program
					• Alternative healing programs including:
					  ○ Art Therapy
					  ○ Yoga
					  ○ Acupuncture
					  ○ Aromatherapy
					  ○ Fitness and Nutritional Planning
						604.303.6717 (Men)
						604.284.5354 (Women)
						http://www.turningpointrecovery.com/

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Salvation Army	Richmond House Men's Shelter	SUPPORT Addictions, Mental Health	Male Adults	To provide housing services to men	Hosts 16 spaces for men	
VCH Richmond	Richmond Bridge House	DIRECT Mental Health	Adults	To provide a safe, supportive environment where clients have the opportunity to learn new skills to better manage their illness once they are discharged back into the community.	10-bed residential stay crisis intervention	244.7840
VCH-Richmond CMHA	Mental Health and Addictions Housing (Supported Housing Program)	DIRECT Addictions, Mental Health	Adults	To provide housing services to individuals with severe and persistent mental health conditions	• Licensed Specialized Residential Care Facilities o 24-hour care in a group home setting o Psychosocial rehabilitation • Enhanced Supported Housing Program o 45 places in townhouses o 1-2 roommates per clients o Daily support • Supported Independent Living Program o Weekly support for individuals to live independently • Addictions Housing o financial subsidy and support provided to individuals	200 - 6061 No. 3 Road Richmond, BC V6Y 2B2 (Map) Phone: 604-675-3975 Fax: 604-270-6507
Youth and Family Programs						
VCH Richmond Pacific Post Partum Support services	Richmond Perinatal Depression (PND) Steering Committee	SUPPORT Mental Health	New mothers	• To identify available PND services and resources in each community • To identify gaps/challenges in service provision • To identify priorities and next steps for each local health area	Rely on various processes (round table discussions and community forums/workshops) to obtain stakeholder input on existing perinatal depression services and gaps	
CHIMO	CWWA - Anger	SUPPORT Mental	Youth	Help children to:	6 week supportive, educational and fun group	Phone: 604-279-7077

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Crisis Services	Management Groups	Health		• Identify their anger triggers • Better understand how anger affects their body • Learn alternative problem-solving and coping skills • Express their anger in positive and healthy ways.		Email: chimo@chimocrisis.com Address: 120-7000 Minoru Blvd. Richmond, B.C. V6Y 3Z5
TFA	Complex Developmental Behavioural Conditions (CDBC) Initiatives	SUPPORT Addictions, Mental Health	Families		• Support families through the referral, assessment, and diagnostic process with the necessary resources and contacts • Facilitate the development of a Parent Support Group	http://www.touchfam.ca/program/cdbc.html
TFA	Restorative Justice Program	SUPPORT Addictions, Mental Health	Youth, Families		Facilitator brings everyone (Victim, offender, their families and/or supporters, as well as other affected parties) who has been affected by a crime or incident together to discuss the matter and hold accountable the person responsible for the crime or violation	http://www.touchfam.ca/program/restorative.html
TFA	Family Preservation and Reunification Program	SUPPORT Addictions, Mental Health	Youth, Families	Provide a range of counselling, and support services for family, youth and children. We work with a variety of modalities, and we offer therapeutic art and play activities, and address issues involving child protection, blended family, family preservation work, family of origin work, child abuse prevention, healing, anger management and couples work.	in home/office counselling to families in crisis. Family Preservation & Reunification Program (FPFR) is geared to families likely to breakdown without immediate intervention. works with children, youth and their families on an outreach basis. The services include counselling work with children and youth, teaching parenting skills child development and connecting families to available resources. FPFR also provides a crisis intervention service for parents and teens experiencing difficulties living together. With the TFA counsellor	http://touchstonefamily.ca/program-services/family-preservation-reunification-program/

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					communication will be enhanced promoting conflict resolution skills within the family preventing family breakdown.	
RCMP	Drug Abuse Resistance Education (DARE)	SUPPORT Addictions	10-11 year-old youth		Prevention program for grade 5 students in Richmond's elementary schools	http://bc.rcmp.ca/ViewPage.action?siteNodeId=651&languageId=1&contentId=-1
VCH-Richmond Public Health	Youth Clinics	DIRECT Addictions	Youth		Provides free confidential health counselling	12360 Cambie Road Richmond, B.C V6V 1G4 AND 8100 Granville Avenue Richmond, BC, V6Y 3T6 Phone 604.233.3204
RASS	Youth and Family Program	SUPPORT Addictions, Mental Health	Youth (≤25), Families	To prevent and treat mental health and addictions in Richmond	• 3 youth outreach counselors • Addiction Education Seminars • Constructive Alternative to Teen Suspension (CATS) Program with SD38 • Concurrent disorders counseling • Tween and Me Day Program • Parent prevention and education	200-7900 Alderbridge Way Richmond, BC V6X 2A5 Canada Phone: 604-270-9220 Fax: 604-270-9245

MCFD
VCH
CMHA
RASS
TFA
BCSS
	Supporting Families with Parental Mental Illness and Addictions	SUPPORT Addictions, Mental Health	Families	To support individuals who have relatives with a mental health and/or substance use issue	• Building Resiliency in Children
					  ○ Group based education to children with concurrent program for parents
					• Super Tuesday
					  ○ Social program for children having completed Building Resiliency in Children
					• Super Saturday Club
						604-732.0710

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					○ Ongoing Recreation Program • Life Lessons ○ Recreation group for teens who have a parent with mental health or substance use issue • Family Fun Nights ○ Social evening for families	
VCH Richmond	VCH Richmond Mental Health and Addictions Family Advisory Committee	SUPPORT Addictions, Mental Health	Families	To make recommendations that will enhance system responsiveness to improve the quality of services available in the community for mental health and addictions clients and their families	Regular meetings between family members of current or past clients of mental health or addictions clients/patients of VCH Richmond: • to make recommendations related to systemic or other barriers faced by people impacted by mental illness or addictions. • to review the impact and outcomes of any implemented recommendations	
TFA	Street Smarts - Youth gang outreach program	SUPPORT Addictions, Mental Health	Youth (13-18 years-old)	To support youth who are at risk of gang involvement.	• Twelve-week workshops • One-on-one mentorship	Richmond CAAN Coordinator csamulak@touchfam.ca 604-279-5599
VCH Richmond	Early Childhood Mental Health	DIRECT Mental Health	Children (0-5 years-old)	To work with families and communities to assess and treat behaviour problems in children 0-5 years of age	Assessment and treatment by infant preschool child psychiatrists, therapists and OT.	Richmond Hospital - Child Health Centre 7000 Westminster Highway Richmond, BC V6X 1A2 Phone: 604.278.9711 ext.4055 Fax 604.233.5620
VCH Richmond	Child and Adolescent Program (CAP)	DIRECT Mental Health	Under-19 youth		Psychiatric assessment/consultation by a psychiatrist.	6100 Bowling Green Road Richmond, B.C V6Y 4G2

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						Phone 604.207.2511 Fax 604.207.2524
VCH Richmond	Child and Youth Mental Health Program	DIRECT Mental Health	Youth (5-18), Families	To provide a community-based assessment and treatment program for children and youth and their families, who are affected by serious mental health issues.	• Crisis response • Youth-focused mental health promotion • Counselling	200 - 6100 Bowling Green Road Richmond, BC V6Y 4G2 (Map) Phone: 604-207-2511 Fax: 604-207-2524
VCH Richmond	Team Response to Adolescents and Children In Crisis (TRACC)- 2 counselors	DIRECT Mental Health	Under-19 youth	To provide a team-response mental health crisis intervention service to Richmond adolescents and children who are in a mental health crisis.	• Response to referrals within 24 hrs depending on the urgency of the situation • Psychosocial and psychiatric assessments • Crisis intervention and brief therapy (up to 6 sessions) • Liaison with the hospital and bridging with other community resources • Consultation to other community professionals	6100 Bowling Green Road Richmond, B.C V6Y 4G2 Phone 604.207.2511 Fax 604.207.2524
VCH Richmond	Integrated Youth Outreach (IYO)	DIRECT Mental Health	Under-19 youth		• Consultation and education, by IYO clinicians, to the community and professionals regarding youth mental health issues • Short-term treatment for youth with mental health concerns	6100 Bowling Green Road Richmond, B.C V6Y 4G2 Phone 604.233.3194 Fax 604.207.2524
VCH-Richmond Mental Health and Addiction Services	Richmond Eating Disorders Program	DIRECT Mental Health	Adults, Youth, Families		• Community based assessment and treatment in the form of: o Individual, group and/or family counseling o Medical monitoring o Nutritional support	600-8100 Granville Avenue Richmond, BC, V6Y 3T6 Phone: (604) 244-5486 Fax: (604) 233-5656 http://find.healthlinkbc.ca/search.aspx?d=SV

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					• Consultation and education to community agencies and professionals to promote awareness and early intervention	054120
SD38 - Horizons	School based MH workers and clinicians	DIRECT Mental Health	Youth	To provide interdisciplinary service for adolescents at risk of educational failure ages 13 to 18 whose behaviour makes them physically, emotionally, and/or cognitively unable to attend community schools.	• Academic and social/emotional skill development • Therapeutic, social/emotional, and educational intervention in two forms: o Outreach service o Sheltered learning environment	
Richmond Family Place	Early Years Bridging Program	SUPPORT Mental Health	Children Families	Provides intensive early childhood focused settlement and developmental support to young refugee children (0-6) and their caregivers to enable gradual transitions to relevant settlement and/or community services and resources and ensure successful integration into their community.	• In the continuum of services this program supports caregivers and children with mental health concerns	Richmond Family Place 8660 Ash Street, Richmond, BC Rekha at 604. 278-4336
BC Responsible and Problem Gambling Program	Prevention (Education and Awareness)	SUPPORT Addictions	Community	To provide accurate information, education and awareness that promotes healthy choices and reduces harmful impacts associated with gambling.	Prevention Services include: • Education and information for students in grades 5 to 12 • Training for student leadership programs and peer helpers • Information sessions for parent groups, ESL • classes, college classes, community groups, and treatment programs • Drama projects and awareness booths for older adult populations • Training for community professionals • Awareness initiatives and information booths for community groups and college	BC Responsible and Problem Gambling Program Local Prevention Specialist: Jenn Fancy de Mena Phone: 604-817-1513 Email: prevent@shaw.ca Provincial Prevention Coordinator: Rosemary Nygard Phone: 778-297-1417

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					or university campuses • Culturally sensitive gambling awareness programs for Aboriginal, Asian, South Asian and other populations • Other programming is available upon request.	Email: rusher@shaw.ca Head Office: David Horricks, Director Gaming Policy and Enforcement Branch PO Box 9311 Stn Prov Govt Victoria, BC V8W 9N1 Phone: (250) 953-3078 David.horricks@gov.bc.ca
RASS	Prevention, education, awareness services for the general public	SUPPORT Addictions	Community		• Education workshops • Training youth and parent groups • Public forums • Community educatiosn series	200-7900 Alderbridge Way Richmond, BC V6X 2A5 Canada Phone: 604-270-9220 Fax: 604-270-9245
RASS	Peer to Peer Program Health Teams in elementary and secondary schools	SUPPORT Addictions	Youth	• To educate Richmond youth on substance use/misuse and gambling to elementary and secondary schools	• Prevention education workshops • Presentations	200-7900 Alderbridge Way Richmond, BC V6X 2A5 Canada Phone: 604-270-9220 Fax: 604-270-9245
City of Richmond, Richmond Collaborative Committee for Child & Youth (RCCCY)	Richmond Youth Media Program	SUPPORT Addictions, Mental Health	Youth	• To increase youth's media arts skill set • To increase youth's inventory of free-time experiences • To connect youth to peer mentors • To connect youth to adult mentors	• Drop-in sessions • Structured multimedia classes	Richmond Media Lab, 7700 Minoru Gate 604.247.8303 medialab@richmond.ca

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				• To help youth develop greater connections to the community • To help enrich youth's sense of self		
VCH-Richmond, Richmond Youth Service Agency (RYSA), SD38	Richmond School Program	DIRECT Mental Health	Youth	To support to elementary school children for whom success in school has been limited by social, emotional, behavioural and/or psychiatric difficulties	Family-centered treatment	Blundell Elementary School Phone: 604-668-6567 Fax: 604-718-4061
City of Richmond	Roving Youth Outreach Leader Service	SUPPORT Addictions, Mental Health	Youth	• To increase youth's inventory of free-time experiences • To increase youth's perceptions that they are involved in experiences that are safe and meaningful • To increase youth's awareness of resources to help deal with difficult circumstances • To increase motivation to stay in school/attend regularly • To improve youth's ability to make smart choices in relation to risky behaviours • To increase youth's trust and respect for themselves and others • To increase youth's citizenship, leadership and/or job skills		Kate Rudelier 604.276.4110
TFA	Unloading Zone	SUPPORT Mental Health	Youth	To teach young people skills in making positive choices and decisions in their lives when they confront	This program is designed to teach young people skills in making positive choices and decisions in their lives when they confront	http://touchstonefamily.ca/program-services/family-

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				conflict situations.	conflict situations. One of the key areas is understanding and making choices about emotional anger. Referrals are accepted from within Richmond and the Vancouver areas. Some restrictions may apply within certain regions or programs.	preservation-reunification-program/the-unloading-zone/
TFA	Child Socialization program	SUPPORT Mental Health	Youth	A weekly group for children 6 – 12: • To facilitate the acquisition of friendship skills, i.e. making and maintaining relationships. • To learn effective ways of handling feelings. • To raise the level of self esteem for child.	The main purpose of the group is to help children develop appropriate social skills and to be aware of healthy options for themselves when they are under stress. Ideas are presented experientially through non-competitive games, books, drama, discussions and arts and crafts.	Dave Cooper Program Director 604.279.5599

CHIMO Crisis Services	Community Engagement	SUPPORT Mental Health	Youth	• To build awareness of social, emotional, and mental health issues that are common in the lives of young people
				• To give practical tips for reaching out and finding support when these issues begin to surface
					• Prevention workshops in Richmond schools
					• Topics include:
					  • Stress Management
					  • Suicide Awareness
					  • Teen Relationship Abuse Prevention
					  • Communication Skills
					  • Employment Law
					  • Financial Literacy
					  • Self Image
						Coordinator, Community Education Services
						Phone: 604-270-4435 ext 4
						Email: ctang@chimocrisis.com

SD38	Roots of Empathy program in Elementary Schools	SUPPORT Mental Health	Youth (5-13 years-old)	• To foster the development of empathy • To develop emotional literacy • To reduce levels of bullying, aggression and violence, and	Evidence-based classroom program that reduces levels of aggression among school children while raising social/emotional competence and increasing empathy.	

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				promote children's pro-social behaviours • To increase knowledge of human development, learning, and infant safety • To prepare students for responsible citizenship and responsive parenting		
TFA	Community Action Program for Children (CAP-C)	SUPPORT Mental Health	Children (0-5 years old)	• Promote health and social development of children • Build social support network for families • Family empowerment	• 2 Chinese family support groups • 3 in-school readiness programs in partnership with Richmond School District (Learning Together) • Summer recreation programs in partnership with Richmond Family Place • Community support in Strong Start Programs	604-207-5028 jleung@touchfam.ca.

Acronyms

CATS - Constructive Alternative to Teen Suspension Program by RASS
CLBC – Community Living British Columbia
CMHA – Canadian Mental Health Association
RAMHAS - Richmond Adult Mental Health and Addiction Services
RASS – Richmond Addiction Services
RCFC - Richmond Mental Health Consumer & Friends Society
RICAS - Richmond Integrated Comprehensive Addiction System
SD38 – Richmond School District (N^{O} 38)
TFA – Touchstone Family Association
TRACC - Team Response to Children and Youth in Crisis
VCH – Vancouver Coastal Health Authority

Appendix B - Interview Framework

1. Each interviewee was e-mailed the service inventory a minimum of one week prior to scheduled interview (Appendix A).

2. Each interviewee was e-mailed the list of gaps to be validated 24 hours prior to scheduled interview.

3. The first five minutes of the interview were used to explain the broad objectives of the research project, the compilation of the service inventory, and the significance of the data collected during the interview in validating gaps in mental health and addictions services identified by the Richmond Community Services Advisory Committee.

4. The next 20 minutes were used to ask the following questions about each identified gap:
   a. Do you have any evidence or examples supporting or disregarding the presence of this gap?
   b. Are you aware of any current measures in place working to address this gap?
   c. What are your recommendations for future initiatives to address this gap?

5. The last five minutes were used to explain the next steps of the project including response compilation, verification by respective informants, and thematic analysis.

Appendix C - Interview Responses Summary

Last Updated 3 September 2012

Overarching gap: Lack of knowledge transfer and integration of mental health and addiction services in Richmond
Broad vision: Collaboration among groups in the services they provide will better consumer navigation from one program to another.

Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
Protocols and pathways for agencies and organizations to be able to facilitate easy access to needed services and supports for their clients	Central Intake is essentially a fax/phone centralized intake system. It processes all referrals to the majority of VCH services (Mental Health Team, Transitions, Outpatient Services, Psychiatry Consult, Mental Health Therapy) in Richmond. Child and Mental Health are not included. If VCH Addictions feels that a client is better dealt with other agencies, then it will refer to RASS, CHIMO, TFA.	Some community tables and protocols exist, but they are not enforced by all organizations and/or not all service providers (clinical and community) are involved.	We need a community- led initiative whereby integrated case management occurs. We need guidelines integrating clinical supervisors with community agencies to ensure maintenance of an individual's condition. We need to force those relationships between agencies. There is a genuine need to put clients first instead of mandate.
	Richmond child and youth organization managers and directors meet during bi-monthly meetings. There is also a MHA Community Table with both adults and youth organization representatives. Richmond Children First group provides resources for families with children under the age of 6. The VCH Child and Mental Health Team has laid out pathways for families and youth. It's just a matter of increasing familiarity through more frequent meetings with other MHA service providers. The RCCCY is considering developing a website for all services children and youth.		A new online directory would be sufficient. Even those outside of VCH (e.g. Turning Point), should be included.
	Richmond is quite collaborative in the way that we work. We have a good sense of what services are provided by other organizations. The Youth Network meets on a bi-monthly basis, allowing all youth community providers to share their programs and projects with one another. E-mails are also sent to all Network members for information about new projects. Richmond is relatively small and so it's relatively easy to navigate.		Information should be present at ER. Physicians don't facilitate process. A non-clinician, social worker should be present to support family. A MHA trauma centre could be implemented. More time needs to be given to patients with MHA issues.

Summary of Gap Analysis on Mental Health and Addictions Support Services

This summary provides an "at a glance" synopsis of the identified gaps in mental health and addictions services in the city of Richmond, along with recommendations to address those gaps. The detailed gap identification, analysis and recommendations are in the full report titled:

A Gap Analysis on Mental Health and Addictions Support Services

in Richmond, British Columbia

Analysis of informant responses led to identification of four main categories for improvement in which a total of 27 gaps were identified and validated through key informant interviews (Appendix C of report).

Categories and Gaps:

Navigation of Mental Health and Addictions services

- Protocols and pathways for agencies and organizations to be able to facilitate easy access to needed services and supports for their clients
- Mental Health Advocate

Continuum of Mental Health and Addictions support

- Support services for person with substance use and addiction issues as their needs change within the tiered system
- Detoxification Services
- Weekend drop-in centre
- Addictions drop-in centre program on weekdays
- Various levels of addiction housing in Richmond
- Transition or emergency housing available for youth
- Residential treatment facility for youth, under 19, in Richmond
- Addictions - Need for a Day treatment program for youth
- Concurrent disorders counselling for youth in Richmond
- More Youth and Family Counsellors at Richmond Addiction Services Society (RASS)

Personalized Mental Health and Addictions support

- Adequate physician services for older adults with addiction issues
- MH and Addiction services and programs for developmentally disabled
- Substance use and addiction services for Aboriginal residents of Richmond
- MH and Addiction services and programs for developmentally disabled

Mental Health and Addictions outreach

- Programs and services for businesses and large organizations in Richmond –Employee Assistance programs
- Addictions education opportunities for physicians, nurses and other health care professionals
- Outreach services for street entrenched youth
- Lack of programs related to alcohol and risk-related trauma for youth
- Intermittent outreach counsellors or workers to work with South Asian youth
- More youth outreach counsellors to work with in-school youth
- More Integrated Youth Outreach counsellors
- RASS workshops are not presented at every elementary school in Richmond
- Lack of programs for in-school youth during the summer
- Probation Services -Addictions education for persons on parole
- Prevention education for persons belonging to Faith-based organizations in Richmond

Recommendations:

Navigation of Mental Health and Addictions services

1) We need a community- led initiative whereby integrated case management occurs. We need guidelines integrating clinical supervisors with community agencies to ensure maintenance of an individual's condition. We need to force those relationships between agencies. There is a genuine need to put clients first instead of mandate
2) A new online directory would be sufficient. Even those outside of VCH (e.g. Turning Point), should be included
3) Information should be present in the Emergency Department. Physicians don't facilitate the process. A non-clinician or social worker should be present to support the family. A Mental Health and Addictions trauma centre could be implemented. More time needs to be given to patients with MHA issues
4) Develop a youth hub for service engagement. Create a central service connection point along with neighbourhood and outreach based services from a variety of partners.

Continuum of Mental Health and Addictions support

5) Introduce the transitional piece that includes: youth housing, subsidized housing, hub or drop-in centre for youth to connect with professionals
6) Provide detox management, aftercare, respite and management of the vulnerable populations
7) The City of Richmond would be willing to work with MHA organizations in the proposal of a youth residential facility.
8) There should be one office for concurrent mental health and addiction counselling for youth. VCH would hire staff with good MH and A background and a psychiatrist that would work with both CAP-C and RASS

Personalized Mental Health and Addictions support

9) Develop culturally sensitive supports within our community

Mental Health and Addictions outreach

10) Develop outreach supports and transitional housing supports for youth
11) Develop youth worker positions to work with school youth and those disengaged from school.
12) Develop summer programming supports for school based staff to allow them to continue during the summer months.
13) Developing transitional support workers would be beneficial.
14) Partnerships and/or regular meetings with Faith-based organizations to provide prevention education.

Appendix C - Interview Responses Summary

Last Updated 3 September 2012

Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	There is a protocol created through Richmond Collaborative Committee for Children and Youth (composed of TFA, Family Services of Greater Vancouver, VCH). Most referrals go through "relationships". Are there supervisors making sure existing navigation protocols are made and followed? Clinical Collaboration Table (Community partners, RCMP SD38, City of Richmond, MCFD). In 2009, Supporting Families attempted to break down the variables. As soon as we started to work together, relationships facilitated. But still, some people are working in silos and haven't recognized the overlap in the mandate of agencies. Clients become lost and challenged in their navigation. Currently, if intake counsellors (crisis lines) are other agencies involved, RASS asks to get consent.		With regard to youth we would like to develop a youth hub for service engagement. We have been working towards this but creating this central service connection point will be key along with neighbourhood and outreach based services from a variety of partners.
	Consumers are typically confused. However, there is an interconnected network among major players: Mental Health, Child and Adolescent Program, TFA, RASS, FSGV, Success, CHIMO, MCFD, CMHA – Pathways. Plus, although the mandate of some organizations doesn't necessarily fall under MHA, they are still part of continuum of support. There is an increasing need for RASS services. Sometimes it's hard to gauge. RASS looks at case load, level of support required, urgency of cases and try to case manage for regular counselling. RASS offers a number of support services before and during counselling. Ten to fifteen percent of RASS clients will have ongoing addictions services offered by RASS and organizations like TFA. (RASS, TFA).		
	No protocol. There is no centralized intake service in place in Richmond.		
	Currently, TP works with other organizations in the community to meet the full range of needs of our residents. Individuals who present with extreme mental health issues or diagnosis are typically referred to the Burnaby Center for Mental Health and Addictions because their needs exceed the scope of our program. Although TP works with Pathways Clubhouse In Richmond, there are very few other resources available to support our residents with mental health issues.		
	Redbook/211 is an online inventory, but is not comprehensive.		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	There is a protocol in Richmond known as the memorandum of agreement between child and youth mental health agencies such as RASS, TFA, Family Services, and MCFD. Most organizations are trying to work with each other. But there is a lack of leadership that we need to establish and reinforce with staff. Flexibility around intake meaning greater allowance for outreach and collaboration. Somebody comes to TFA as the first line of contact. But as soon counsellors realize they are out of our scope, TFA should be able to access medical expertise.		
	The challenge has been establishing seamless service for clients. There is a miss between leaving and starting another service. In terms of logistics, we need to address wait times and transitional piece. Professional schedule and client needs have to be reconciled. Administration needs to be clear for bridging and transition. Do we follow the child and youth mandate or fit it to the client's needs? If TFA counsellors meet with client whose condition is beyond its capacity, will it be getting the necessary response from the Child and Youth Mental Team? This clinical environment is necessary to counteract disengagement. Greater outreach and intake needs to occur. If we identified that clinical depression are impacting individual, then I would want Child and Youth Mental Health (VCH Richmond) to help that youth. Systemic issues that are impacting individual need to be addressed together through bridging the intake process with community agencies.		
	A few committees that are around rehab such as RCSAC. But there is an overall lack of network. Consumers can't always access services. Central Intake is more clinical, so we're unsure if someone called them up if they would refer to us?		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	Overall, there is not much coordination between groups. It is always better when there are good staff member who work with the organization and are interested in supporting clients with MHA issues.		
	Although there is an informal network, there is no clear pathway for consumers. Relationships between agencies are key in facilitating recovery process for clients. The Richmond School Program has a clear network. Horizons has an informal internal network. But again, we really rely on relationships that are individual specific. There is an informal, semi-inclusive group, RCCY that meets on a semi-regular basis. Nuances between the work of different agencies can sometimes be confusing. Plus, MHA is a moving target and requires a range of support.		
	Lack of knowledge among consumers; nurse was kind enough to print out information. Lack of direction overall. Consistency is needed. Someone needs to pull family aside and give support, counselling, resources. Judgment continues to be present: MHA is perceived as a self-inflicted condition.		
	We make it easy to access to our services. Only a referral is needed. Recreation programs – largest number of participants because they are the easiest to access. CMHA – Pathways are different type of organization. They have an orientation, different forms for the developmental disabled population. RCFC does partner with them and collaborates on MHA public initiatives.		
	There may be available resources but there is little communication between non-profit organizations. There is a massive gap between government-funded and non-profit organizations- massive gap. If someone comes here, we provide services. It's hard for us to refer clients to Pathways as there is a lengthy process. We can't just call to get something done.		
	The amount of people that we are seeing in the community that have complex		

Appendix C - Interview Responses Summary

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	needs has definitely increased from five years ago. It's getting better through increased collaboration with organizations like RASS and VCH Mental Health Team. We're better at identifying the contact but we don't have an updated inventory.		
	No formal structure as of yet. There is an informal network in place: Administrators and staff do get together and collaborate		
	Has been a constant gap since MHA service groups began.		
	There is a network but organizations are too taxed to be able to get information. e.g. Youth Service Network (YSW) , RCCCY The challenge is that ensuring all services and protocols are understood by and used by staff is a challenge. There is a limited centralized place for service information (Redbook is a basic service). It changes regularly. RYSA has an at-risk outreach worker, but often youth we work with are required to have a social worker to access services. RYSA does have an Aboriginal Youth Outreach worker but there are often challenges to support these youth to attach to clinical services and supports they need. Many of our youth are aging out of MCFD and their social worker support or care situation. Many of these youth have no plan in place or supports to allow them to succeed going forward. Too many cycle back into addictions and other issues. There are fewer resources to support staff to be aware and effectively navigate a client through the community. Navigation takes a significant amount of time and current funding limits this type of work.		
	There are better informal pathways for children and youth, and excellent pathways for early childhood compared to adults. On the other hand, the Adult Mental Health Team is very disconnected. For adult and mental health community services, consumers have to go directly to management.		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	I face this gap most often when clients require a service outside of VCH. For example, if we're looking to send a client to Touchstone Family Association, we can't always, because they require a referral from the Ministry of Child and Family Development. Furthermore, there is no readily available inventory of MHA services online or in-print.		
Support services for person with substance use and addiction issues as their needs change within the tiered system	All individuals with housing subsidies are connected with counsellor. VCH Addictions doesn't have a cap on the length of time of service. Transitions serves as a second stage support system as it can be used to manage changing needs. Because of the size of Richmond, I'm not sure as to how effective it would be to develop a Second Stage housing facility for individuals with addiction issues. There are facilities in Vancouver funded by VCH (New Dawn New Day, Together We Can). It depends on the individual whether or not VCH refers them to Transitions or to a facility outside Richmond.	Richmond currently lacks the resources to support second/third stage recovery services. Turning Point Recovery Society in partnership with other non-profit organizations will be building transitional housing units by 2015.	We need to introduce the transitional piece that includes: youth housing, subsidized housing, hub or drop-in centre for youth to connect with professionals, detox management, aftercare, respite, management of the vulnerable population. There have been attempts to launch service review for youth housing. We should be able to flex with the model to fit the community's needs.
	RASS provides this support for children and youth.		
	The VCH Child and Mental Health Team doesn't have its own detox or day programs. Clients are referred to Vancouver- which is a whole new neighbourhood.		
	There is a huge lack of resources in Richmond. We have a problem of critical mass to open up a detox. Currently, clients are funded on an individual basis instead of services as a whole. How sustainable is this? MHA programs and services are trying to claw back on administration.		
	Consumers do feel that there is a lack of continuum services. They don't find Vancouver particularly convenient for services like detox. In Richmond, we don't have a treatment facility. Support recovery (TFA) – mandate isn't restricted to Richmond Residents, but non-residents are not recommended to go to TFA. The objective is support individuals in their city of residence.		
	Currently, no second stage housing. Turning Point in partnership with 5 other non-profits is building 129 units of supportive, transitional and affordable housing to include 38 units for individuals		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	with mental illness and10 units for individuals with addiction issues in need of second stage housing. It is expected to be completed by late 2014, early 2015. In January 2013, eleven second-stage units will be available in another location in Richmond. TP has a well-established alumni program and is currently enhancing our after-care program.		
	Pathways has been hugely supportive in helping us transition clients from Turning Point to subsidized housing. I'd say we are more or less providing support for individuals as their recovery progresses.		
	Richmond doesn't have detox. Clients are required to go to Vancouver or Langley. The women's TP house opened on 28th. Before it opened, TP tried to contact different services that may be connected to them. Some organizations were not interested in connecting with TP despite its presentations and e-mails. **Housing** – Average 5 months. Addictions housing list and BC housing list both have an approximate 1.5 year waiting time. Relapse occurs because there is no second stage housing (no daily program, nor part-time school). Clients go to Community Support and then Vancouver. **Detox** -- not enough in Vancouver.		
	Children with youth and mental health issues are going outside the community, especially for detox. We need to establish tertiary care including outreach, aftercare and maintenance		
	We have no detox treatment, no long-term recovery. We are only one of the only municipalities with no safe housing for youth.		
	Usually refer to Transitions or RASS (more often as there is less red tape to go through).		
	Housing for concurrent disorders hasn't been established. I do recognize that they are a hard to house population.		
	Individuals should know to go straight to psychiatric unit. Pre-triage is implemented, but there is lack of privacy. Workers should be trained to respond to individuals that are hesitant. Continuous support system is needed for each individual		
	We have the services (RASS, Transitions, Anne Vogel Clinic) but not the capacity to serve everyone's needs.		

Appendix C - Interview Responses Summary

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	The ACT team deals with the community population with concurrent disorders.		
	There is not a seamless continuum of service but small scale supportive recovery homes for both women and men (one each) exist as a first step. The second step would be affordable housing paired with support services. This housing however is not present. The demand for subsidized housing is very high, and demand exceeds supply.		
	There is a strategy for affordable housing but it is not our mandate to provide it. Federal government used to put into co-op housing, public housing. No current federal services.		
	Currently, only 40 housing subsidies (under SIL - Supported Independent Living) exist: 20 for addiction, 20 for mental health.		
	The entire system is reactionary and based on crisis. A young person needing support is challenged in accessing supports unless they are able to pay for a space. Currently, there is hospital and acute recovery, but no second stage assistance, employability/workforce support, and an overall lack of affordable housing and transitional housing. Lack of supported housing results in relapse. In addition culturally relevant supports and treatment is not available within our community.		
	In Richmond, there are some support services available. The important thing to know is the waitlist time and the process of moving from one service to the next (E.g. Detox in Vancouver to Support recovery in Richmond and to 2nd stage facility in Vancouver). There is sometimes a sizable transition period between these stages. During this transition wait time, clients usually come back to Transitions and we always try to find as many different supports as possible.		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
Detoxification Services	Acute Home Based Treatment Program will soon be offering in-home detoxification. Within the next year, they will have the capacity to fulfill detox. Main Detox Centres are located in Vancouver. Richmond Hospital – Detox and withdrawal management does occur on a case-by-case basis.	There are currently no detoxification services in Richmond. Most consumers are required to go to Vancouver for detoxification. Acute Home-Based Treatment Program will soon be offering in-home detoxification.	
	In terms of detox services, RH recently launched the Acute Home-Based Treatment service.		
	TP has a proposal to VCH to provide social detox for those individuals who are medically stable but not yet ready for residential recovery services or treatment There is a private provider looking to open a private detox in Richmond. TP will be meeting with him and VCH at the end of August 2012.		
	None currently in Richmond. Most clients go to Vancouver before they come here.		
	Anne Vogel Clinic is the closest service we have to detox in Richmond.		
	We don't have detox services in Richmond. Unsure if there are any plans to implement these services.		
	Currently, consumers have to go to Vancouver.		
	At Richmond Hospital, detox does occasionally occur at ER, depending how busy the staff are. Sometimes client will be taken in, and may stay there for a couple days before being discharged quickly. This rapid turnover results in clients who due to their withdrawal symptoms, and lack of available programs for follow up, revert back to their addictive behaviour. Although the number of clients who require detox in Richmond is much smaller than the number in Vancouver, the minimum number of beds we would require would be between 3 and 4.		
Adequate physician services for older adults with addiction issues	If older adult is dealing with opiate dependence, they would be referred to Anne Vogel Clinic. Transitions does see older adults. RASS tends to see clients with mobility. Dr. Peter Gibson and Dr. Laurie Hoshen – Consult services for adults at Transitions. They also liaise with the client's GP. We don't tend to see a lot of older clients that require the support of the Mental Health Team.	Transitions does see older adults. It has been difficult for non-profit organizations to get a physician in place for their clients with addictions issues.	

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	But as the population ages, this could be more of an issue.		
	This gap holds across the continuum. Turning Point is working with VCH to get a doctor in place. Richmond Turning Point relies on their physician in Vancouver to see their Richmond residents following intake. Resident's with routine medical needs are referred to walk-in clinics in Richmond as well as Anne Vogel.		
	Richmond Turning Point used to have a doctor but now it has to arrange for clients to go to Turning Point in Vancouver. It's a relatively inconvenient process as TP needs to arrange for transportation. Furthermore, clients are not always comfortable with the drug use in Vancouver, and would rather avoid the area.		
	TP has been trying to get a doctor to work with its clients. So far, TP hasn't been able to. Is it worth the doctors' while? Do they make enough $? TP doesn't take methadone patients. Some doctors don't agree with this. As such, TP resorts to using walk-in clinics.		
	It is very difficult to get your own doctors.		
	RASS has Older Adult Outreach counsellors that have been coming more often to the Senior Centre.		
	Senior Centre works with RASS. Unclear as to whether or not physician services are provided.		
	There are no easily accessible physician services for clients with MHA issues. Physicians are needed for assessment, when people are trying to make sense of their condition.		
	Transitions doesn't work with many older adults. But overall, there is a lack of physician services with addiction knowledge. Furthermore, some physicians are not always comfortable with MHA concerns while those at walk-in clinics don't always provide a treatment or referral report.		
Mental Health Advocate	A Government funded advocate used to advocate for MHA services. Cancelled in 2001. We need a current advocate, independent of political system, to report directly to legislature. This would ensure that issues are presented to all sides of political spectrum. Families and consumers are relatively fearful if they complain of not receiving service, but have no advocate to fight for their case if turned away.	Families and consumers are relatively fearful if they complain of not receiving service, but have no advocate to fight for their case if turned away.	

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
MH and Addiction services and programs for developmentally disabled (would be directed to Transitions for addiction/MH counseling)	Community Living (CLBC) and Fraser Health has a Developmental Disability Mental Health Team that offers support by referral. For CLBC, any client who meets the mandate is supported by additional MHA service. They have the expertise for outreach and specialized services.	There is a Developmental Disability Mental Health Team (Lower Mainland) that offers support by referral. But there are no services in Richmond that specifically support the developmentally disabled population with MHA issues.	
	There are no services specific to the developmentally disabled population.		
	Community Living British Columbia (CLBC) is outside of municipality for 19+ adults. The developmentally disabled population have to go predominantly to other places.		
	A lot of people use our services even when they do not fit. Mind Works in Vancouver is really hard to get into. Richmond Society for Community Living does have a secondary support for the developmentally disabled with mental health issues. But there is nothing specific.		
	MH system – has peer support and ACT team but there is nothing that addresses this specific population.		
	We have to deal with them even though we are not mandated to do so. We need to get people with this special expertise.		
	How can we expect individuals with an IQ of 70 or less to be counselled for their mental health addiction? Currently, only a provincial team composed of two people are on-call for the developmentally disabled population. They serve from Vancouver to Hope.		
	Clients say that Transitions has done wonderful work with them. But we're unsure if they have the capacity and knowledge base.		
Weekend drop-in centre	Key issue with hosting a weekend drop-in centre lies with potentially volatile individuals coming in. For example, senior centre volunteers do not want to have deal with this type of situation. They do not wish to "police."		
Addictions drop-in centre program on weekdays	There's no drop-in centre for addictions. Transitions – has programming, SMART recovery, peer-led meetings. Vancouver – Recovery Club, The Kettle. There is more of a need at the youth level. A centre for adults is not on the radar.	There's no drop-in centre for addictions.	

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	I have referred clients to Pathways Clubhouse. But there is no drop-in centre program offered to clients during the weeknights or weekends for substance misuse concerns.		
Programs and services for businesses and large organizations in Richmond – Employee Assistance programs	VCH offers Employee Assistance. Organizations have access to EAPs and are welcome to contact VCH for any support services. It's up to the business to access these services. I do not see this as a gap.	Currently done on an ad-hoc basis. It is up to the individual employee to seek out this service. Not recognized as a major gap.	
	VCH provides a long list of service providers, websites, and independent service groups in the community. This brochure given to all staff.		
	Our Employee Assistance program is offered by VCH. But I am unaware of programs offered in other companies.		
	Most businesses likely have EAPs but whether or not their employees access services in Richmond depends on who their employer's benefits provider is. TP does take people who are on EAPs. Not sure if it is a gap as we haven't adequately surveyed businesses and their employees.		
	TP has an Employee Assistance Program. I believe CMHA Pathways Clubhouse also does. But I am unaware of employee MHA support services offered by other organizations.		
	EAPs have sent inquiries. But I don't think there is an organized system.		
	Ad hoc – Companies use other organizations to provide service. Work Safe has an EAP. TD Canada Trust is trying to implement a MH-specific program.		
	Aware of governmental employers (City of Richmond, Work Safe BC) that offer programs. Not sure of private sector but would expect some larger, more established companies to also offer similar services.		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	Typically, there are not measures in place to have confidential counselling. As such, employees are unable to access readily MHA services at their work. This gap stems from an overall lack of education.		
	VCH no longer provides specific employee assistance programs (Richmond Addiction Services did, but Transitions did not), but anyone can make use of our counselling services.		
Substance use and addiction services for Aboriginal residents of Richmond	Richmond doesn't have a high proportion of FN residents. In Transitions, there is lots of culturally-sensitive training made available. In Vancouver, Aboriginal Wellness Centre (not sure if Richmond Residents can access it). Other than regular services that are culturally-sensitive, FN residents need to access programs outside their community. I don't think there is a critical mass of Aboriginal residents in Richmond. We don't really see a huge representation in clientele. We're focusing more at this point on Chinese and South Asian population in Richmond.	Richmond does not have a high proportion of Aboriginal residents, so there may not be a critical mass for this specific service. However, some providers recognize that many Aboriginal residents of Richmond go outside of the safety of their community to seek out culturally-relevant service.	Developing culturally sensitive supports within our community.
	RYSA provides services to Aboriginal residents in need. More than 60% of our Aboriginal population is well-linked outside Richmond.		
	RYSA works with Aboriginal youth, but not in a MHA-specific capacity. I'm not aware of a critical mass of Aboriginal residents, and so, I'm not sure how well utilized a MHA-specific and culturally sensitive program would be. I have worked with aboriginal clients for MH needs and partnered with RYSA for more specific cultural needs.		
	Aboriginal clients are rarer in Richmond. It may be that there is a small population or an under utilization of the services available.		
	RASS offers it. RASS counsellors are able to handle the Aboriginal population that comes through their doors. About 1% of Richmond's population is Aboriginal, and around 25% of Aboriginal suffers from MHA. In 2000, there was a much larger proportion of individuals that were vulnerable. We need to increase capacity for culturally competent service. Currently, Aboriginal youth go to Vancouver. But does this mean we need to duplicate this		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	service in Richmond? Does it make sense for them to go to Vancouver?		
	No specific services available. But Turning Point provides culturally relevant programs and services and has Aboriginal individuals on staff members that are certified addictions counsellors. TP is working to enhance and expand the program There are very few addiction programs in Richmond specifically designed for Aboriginals. There's a gap but it could be easily solved with innovative thinking and partnerships.		
	We don't have a specific program catering to this population. I can see how there is a need for specific programming in Richmond, but there is a much larger population of FN residents in Vancouver (where specific services exist already).		
	Unaware of any in Richmond.		
	Demographic here is very different. We serve mainly the Asian population. I'm not sure of the prevalence MHA among Aboriginal in Richmond. Vancouver seems to offer more Aboriginal-specific services and housing subsidies.		
	We don't see many Aboriginal residents. It seems as if they are society within a society. We don't even admit that they are there.		
	This is definitely a gap. I am unaware of any organization tackles specifically this population's challenges.		
	Richmond's Aboriginal residents typically do not go to Richmond Hospital due to a lack of respect and support experienced. A new healing lodge has been set up in Vancouver for the Aboriginal population. It contains an art gallery in there as well as housing units. This type of initiative taken in Vancouver is what detracts Aboriginal residents from using services in Richmond.		
	There are none. Vancouver offers much more culturally-sensitive services but again this is limited and we have limited access for our clients. RASS has offered some services in the past. Nothing is based on cultural practices. It's nice for people to have a choice. People have to go outside of community and as such, it becomes harder for them to transition to be back in community. Relapse can occur. We need to support them back in at a local level to limit relapse. Richmond's Aboriginal population is about 2-4% of the total. There is lots of disproportionate representation. At schools, 30% of kids with		

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Identified Gap	Evidence and Examples Supporting/Disregarding Presence of Gap	Snapshot	Recommendations for Future Initiatives to Address Gap
	addictions issues are Aboriginal and are going untreated. In Vancouver, there are a total of 5 addictions workers for First Nations, with only 2 culturally-sensitive facilities. Some Aboriginal people were transitioned into Kelowna where there is a shared facility where health has some access to beds.		
	There is a centered community in Vancouver, unlike Richmond. I'm not sure how large the population is here.		
	Part of the gap is understanding how many Aboriginal residents live in Richmond. We need to increase our knowledge about their population demographic and then their needs.		
Addictions education opportunities for physicians, nurses and other health care professionals	Addiction Knowledge Exchange is a provincial initiative. Core Addiction Practice is for all VCH employees and is offered to all allied service providers. Online training such as Addiction Service Training is offered. RASS offers an education series to community and service providers.	Core Addiction Practice is offered to VCH and all allied service providers. This gap exists in part because professionals are not seeking out this education and/or certain organizations are not linked with VCH. Automatic prescription is a gap acknowledged by several service providers that believe that this tendency results from this lack of holistic MHA awareness and overworked professionals.	
	Clinical community is well linked with MCFD. UBC and BC Children's Hospital have a video conference on MHA issues		
	VCH employees are offered standard MHA education internally. RASS offers community education for professionals and families. I can see how this be a gap for agencies that do not have their own educational support for their clinical staff.		
	RASS clinicians are concurrent disorder specialists. They follow the DSM-IV and are skilled at dealing with the MHA-afflicted population, and those with concurrent disorders.		
	TP provides practicum placements and opportunities for VCH health professionals to come into the facility. This gap exists in part because professionals are not seeking out this education. There is a lack of coordinated effort on the part of health professionals.		
	There are definitely steps being taken to educate. But it is up to the individual to get involved. Recently, VCH put on a 6-week workshop specifically addressing the MHA service system and gaps in service. It brought to the table 35 individuals		

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	(nurses, psychiatrists, outreach workers, recovery house workers). Only one physician attended.		
	DSM-IV is sometimes missed by physicians. VCH puts on a series of workshops called Core Addiction Practice. Service providers, geriatricians, psychiatrists, MH workers, outreach workers, physicians were invited.		
	It's an ongoing gap. Community needs education was done for TFA, FSGY, and physicians. We brought in someone who challenged the current ideals of medicine.		
	Despite the lack of research to use prescriptions for many mental health disorders, physicians still resort to automatic prescription. As such, this is still is a gap.		
	They have the opportunity. Grand rounds are hosted at RH, but we don't know how much it is used.		
	We've received feedback from our clients letting us know that they have not been treated fairly. Staff members do not always understand their clients.		
	Physicians are educated in a certain way. They need a lot more education around the fact that the people we work with are disenfranchised by being over-medicated. Sometimes, they are told "You can never go to work!" or "You can't go to school." Nurses, OTs and frontline workers have a better understanding of the holistic approach.		
	There is a lack of MHA providers (psychiatrists, nurses). The second gap is the lack of empathy on the part of the professionals due to being overworked. They have a limited time to see patients and as such, don't always provide the real diagnosis. They prescribe medications instead, with a treatment parameter of 6 months. They don't want to deal with you. You have to have a very specific diagnosis (e.g. persistent psychosis) to come every week. You have to be in a crisis, otherwise, in six months, you're out. People in the middle ground have nobody to see unless they spend their own money. Psychologists are not paid by the BC government.		
	Our Seniors Coordinators would definitely benefit from this education. So far, they've had to take their own initiative in gaining knowledge. In-service education from the MH team would be very helpful.		
	Assumes that effort is being made by VCH Mental Health and Addiction Services		

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	Mental Health Rounds - may be still continuing today. But no consumers were allowed to attend, perhaps to avoid having the hard questions be asked. Overall - lack of general education. We need to work with open-minded individuals. Personality Disorders Rounds should be initiated.		
	Community physicians (GPs) are not educated enough about MHA. They used to be given access to a databases to community resources.		
	Psychologists and social workers are better trained. Physicians are not asking for this training or about these issues. The medical staff are trained around medications, but not well trained in counselling and other family support services. In other words, they stick to their expertise. They're always invited but physicians need to want to attend. Exceptions: Physicians who work In addictions. They also do a lot of public education in terms of understanding addictions to drugs. This has helped elderly and people living in chronic pain understand their prescription.		
	Core Addiction Practice is offered to VCH employees, but it doesn't seem as though all health professionals are aware of the program. Perhaps, it is because it is a relatively new program and/or health professionals don't have the time. Also, it is important to note that the information presented is not specific to acute care, but rather deals with the longer term interaction social workers and counsellors face with their clients. Grand Rounds facilitated by other physicians also serve as education opportunities for health professionals, but again, I'm not sure how much time they have to attend.		
Various levels of addiction housing in Richmond	Definitely a gap. Big housing initiative occurring in Vancouver. There is quite a bit of MHA housing available compared to Richmond. Work is being done to look at overall room for capacity building. This has been an ongoing process to review addictions housing.	There is an overall lack of housing subsidies for addictions in Richmond. There is only a limited number of residential recovery units in Richmond.	
	TP is aiming to fill this gap by developing a second stage housing facility by late 2014.		

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	Richmond is pretty good about offering social programs. After Turning Point, applications to Addictions Housing Subsidies are filled. Clients are guided throughout the process. Currently the wait list time for Turning Point and the housing subsidies is around six months—which is better than most municipalities. During this time, we refer them to see a drug/alcohol counsellor or undertake detox services. But it really is up to the client to decide what his next steps. We ask them to call once a week. We begin the case management process once he is admitted.		
	BC Housing may have specific units. Pathways – MH Advocacy group that assists in paying for market housing and provides a few hundred subsidies. They have been working hard for the last few years to get second-stage housing.		
	Lack of MH-specific housing. Currently, CMHA has a waitlist of 80 individuals for housing subsidies. CMHA needs additional funds for the Supported Housing Program to increase mental health support.		
	Occupational therapists do a great job in taking care of individuals in subsidized housing.		
	There are a total of 65 housing subsidies (26 MH, and 39 Addictions). But there is an overall lack of housing subsidies.		
	First stage - Residential recovery – shorter term care is offered. Second stage – No detox services and limited availability of affordable housing		
	Addiction-suffering individuals are more difficult to keep in place. Why are we expecting individuals to be able to find and maintain their homes?		
	We should have second stage housing for families with MHA issues, with support. We also need more subsidies to allow people to live where they want with support.		
	There is no detox or second stage housing yet in Richmond. Recently, support recovery was established for women. We definitely need more affordable housing especially for clients whose recovery has been progressing. The current subsidies don't cover a client's entire rent, but they do help.		

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	Currently, I would estimate there are 10-15 specific Addictions Housing Subsidies (18 months only) under MH Subsidies (>18 months).		
Transition or emergency housing available for youth	VCH is looking to address gaps in youth service. This emergency housing is lacking in Richmond.	There is no transition or emergency housing available for youth in Richmond.	
	There is none. Majority of youth are involved with family.		
	There is nothing. We have to take youth out of their support system in Richmond and refer them to Vancouver.		
	There is none. I haven't heard of any plans to develop one.		
	None. No plans to open any as of yet. We are intending to expand to second-stage housing.		
	Housing for youth is needed. Also, with any service, there should be a family component supporting youth. Or they end up in psychiatric unit or Vancouver MHA suffering from psychotic episodes.		
	There is none. Youth referred to emergency housing in Vancouver. The waitlist time is typically around six months.		
Residential treatment facility for youth, under 19, in Richmond	Although there is no treatment facility, does it make sense to have a residential treatment facility? Or have a regional service? Or would it be better to refer to facilities like Peak House and Children's Hospital for youth under 19 that require residential treatment?	There is no residential treatment facility for youth in Richmond.	The City of Richmond be asked to work with MHA organizations in the proposal of a youth residential facility.
	There is nothing. This is definitely is a gap. There are no plans to implement one.		
	There is nothing. But residential treatment in another city may not necessarily be a bad thing. It may help to remove some environmental triggers for an individual's addiction.		
	While not directly targeted at youth with addictions issues, establishment of a shelter for women and children who were homeless or at risk of homelessness was pursued but lack of senior governmental support prevented project from moving forwards.		
	Not everyone believes that residential recovery works for youth. "Incorrigible children" used to be sent to Calgary for residential treatment.		

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	Lock/key Maples Adolescent Treatment Centre in Vancouver.		
	This is needed in Richmond.		
	There is none. There are 2 residential recovery and 2 day programs for youth in Vancouver (as to my recollection). As such, Richmond youth are usually referred there. The waitlist time is around 3-4 months.		
Outreach services for street entrenched youth	We have TRACC and IYO workers but they're not specific to street entrenched youth. I know youth street entrenchment is a big problem in Vancouver, but I'm not sure about Richmond.	There are youth workers but none that focus specifically on reaching out to street entrenched youth in Richmond.	Develop outreach supports and transitional housing supports for youth.
	iRail – Interregional Youth Link Transit Workers ride through skytrains through Richmond and Vancouver. They are able to make referrals to MHA agencies. Plea is gradually building their community outreach capacity in Richmond. They also refer to MHA services. VCH Youth Clinics work with youth who are street entrenched.		
	Nobody is in Richmond. Youth homelessness is growing. Grants have been written. Outreach workers are necessary. Youth-based programs inviting to all.		
	Important gap. Richmond is a spread out community; there is no hub for young people. There are pockets of drug dealing locations. It is challenging to have a centralized strategy. Increase in travelling convenience – Canada Line. Richmond Kids are partying in Vancouver. Conversely, we do get Vancouver youth coming to Richmond for convenience (e.g. Family may live here).		
	Roving Youth Leaders are part of a team stationed at various community centres to engage youth on health-related issues. The purpose is to counteract street entrenchment. Street Smarts – primary and secondary measure to deal with gang involvement.		
	There are some outreach services for youth in Richmond, but the need is greater than what is currently available.		
	There's only 2 mental health clinicians, 2 TRACC workers. We need to preserve this		

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	level of skill and have more positions. Logistically, clinicians are housed in alternative school system. We need to capture the population that is not attending schools; disengaged people. We need more people that are outreach-minded.		
	There are only 2 mental health clinicians, 2 TRACC workers. We need to preserve this level of skill and have more positions. Logistically, clinicians are housed in alternative school system. We need to capture the population that is not attending schools; disengaged people. We need more people that are outreach-minded.		
	Community outreach workers try to get kids back into school (whether it's part-time, Horizons, online, Continuing Education). RASS could play a role in drug/alcohol outreach. RCMP services are a good way to flag kids and see what they would benefit from.		

	Roving Youth Leaders
	• One-on-one work with low-asset youth referred by school, recreation centres, or ministry.
	• Informal recreational model
	• Goals:
	  • To build trusting relationships
	  • To prevent street entrenchment of youth.		

	RYSA was the last provider but the service ended in 2002. Street Outreach workers work with the homeless. We continue to ask for funding as this a huge need and challenge in our community. Several of our Aboriginal youth attend programs and receive some level of support, but housing is something we simply do not have the resources to manage at this time.		
	These youth are falling through cracks of family systems, indicating a lack of preventative measures. Many MHA services are crisis oriented.		
Lack of programs related to alcohol and risk-related trauma for youth (e.g. P.A.R.T.Y is a program used in	Currently, RASS has two staff members working on community-based prevention. RASS is trying to increasing capacity for trauma and LGBT awareness. RASS clinicians support victims of trauma. RASS liaises with the Trauma and Sexual Centre (FSGY at Caring Place).The collaboration depends on need. There is however a sense of limitation as to when we should refer and when our job is done. For example, drug and alcohol addiction may uncover the trauma. So, RASS refers to TASA—an agency that then re-refers the client back to them.	There are educational programs and services provided by RASS, but they are either not enforced (CATS) or presented (Peer-to-Peer Program) to all students.	

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other parts of Canada that exposes youth to the implications of incidents arising from alcohol abuse)	All counsellors are trained to deal with clients (DUI) mandated to attend Responsible Driving Program education series. CATS – Day on Alcohol awareness. Peer-to-Peer prevention – Alcohol awareness component. So overall, many opportunities to engage and educate around this topic.		
	Health & Courage program and Peer-to-Peer program in secondary schools identify a number of trauma-related areas. Peer-to-Peer is unevenly accessed by schools. As such, it is taken on in varying degrees. CATS—Education based students for misusing drugs or alcohol. It is soft mandated; as such, students do not have to attend. We need to find a model that works. We should advertise situations where these programs do well. It would be good idea to marry the notion of Peer-to-Peer support with workshops and presentations.		
	It would be great to provide, but I can imagine that a lot of youth won't participate until they see the direct impact on another youth. Last year, a young person died because of alcohol. This incident engaged his friends with the school counsellor. For youth that are showing risk factors, it would be good to have some informal interventions and referrals in school or through existing places youth are connecting. We find that the best prevention type support is through an existing relationship.		
Addictions - Need for a Day treatment program for youth	CATS – connected to school district. We need to fill this capacity, and maybe even establish a school for kids in recovery.	RASS has not had the capacity for this program, but recognizes the need.	
	RASS has not had the capacity to set up a formal holistic measures approach of service (psychoeducation, acupuncture, parent education). These services are incorporated in a client's recovery, but they are not centralized to RASS. Nonetheless, we have not heard the community require a service. RASS engages our clients in family-based work and provide individualized resources.		

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Intermittent outreach counselors or workers to work with South Asian youth	There is a multicultural liaison who reaches out to the South Asian community, but I recognize that this continues to be a bit of gap. One of the issues is that the VCH Child and Mental Health Team is not linked with SUCCESS. One of the VCH Child and Mental Health Team staff members is working on a refugee program to help newcomers who have moved to Richmond.	Most service providers recognize this lack of outreach counseling specific to the South Asian population as a gap and the need for culturally-relevant service.	
	The largest demographic of our clientele is multicultural youth. It is important to get the message to youth that their assessment and counselling is confidential and does not need to involve their parents or schools. Promoting youth clinics as a confidential counselling service (not just sexual health clinic) will help in this area.		
	RASS is getting in the community. RASS has attempted to have the capacity using practicum students. But there is really no sustainability in this approach.		
	RASS has never had the capacity to communicate with families that speak Hindi or Punjabi even though there is a sizable South Asian population in Richmond. The main piece were missing is culture. We need to understand the cultural conditions. That being said, we do have a few sets of Indo-Canadian parents who are able to communicate in English their culture and concerns. As such, this gap is present but it hasn't been crying out for help.		
	There are some outreach services for South Asian youth in Richmond, but the need is greater than what is currently available		
	Across the board; not limited to South Asian youth.		
	There is no targeted service. A few years ago, there seems to have been a big need. Haven't heard anything specific about this population. It may depend on the school (e.g. Cambie). The need may be just in one area.		
	This population is not a high demographic in our client base. We did have an Asian-focused outreach worker that was funded until 2003. We are currently working on redeveloping this type of outreach position. We have not seen a high enough proportion in our organization. Perhaps, it's a different organization where they are accessing services. We do see a lot accessing		

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	the career related programs, but nothing above the population %.		
	There is a large South Asian population and we're really frightened because of the lack of services. We don't have the services for the South Asian population.		
Concurrent disorders counseling for youth in Richmond	This is definitely gap. Currently RASS and Youth Mental Health work to provide support for youth with concurrent disorders. FSGY do some MHA counselling for children and families.	While RASS and VCH IYO workers collaborate to fill this gap, some service providers suggest that one central office that works with youth who have concurrent disorders would be a more effective solution.	Ideally, with enough funding, there should be one office for concurrent mental health and addiction counselling. VCH would hire staff with good MH and A background and a psychiatrist that would work with both CAP-C and RASS.
	Both RASS and VCH Integrated Youth Outreach Clinicians see youth with concurrent disorders. There is significant consultation that occurs between the two teams. I don't know of any cases that have fallen through the cracks.		
	RASS is providing these services.		
	Memorandum – helps with connecting MHA service groups. Child and Youth Mental Health Team has been doing a good job working with younger kids with Richmond School Program – stay connected, and dealing with early mental health social stuff. The Team has been pushing boundaries around outreach.		
	Addictions and mental health issues used to be addressed in isolation. If the issue is systemic, does the afflicted individual access support at Child and Youth Mental Health Team or RASS?		
	Transitions has concurrent disorders counselling, but for adults only.		
	RASS and CAP-C are two different offices. This makes it difficult for consumers.		
	There is no organization that addresses or takes care of both. MH and A are dealt with separately.		
	Transitions – Concurrent counselling for youth? If you're a potential "headline maker," the Mental Health Team will support you. But what about borderline people? Such as individuals with a personality disorder are unable to console themselves, can't keep friends, but not a danger.		
	Richmond Hospital has a psychiatric unit and RASS provides counselling. But there's no specific service.		

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More youth outreach counselors to work with in-school youth	Currently workers from Youth Clinics, TRACC, IYO, Richmond School Program, work with youth in school. The VCH Child and Mental Health Team probably needs more workers though seeing as there is a 2:1 ratio of boys to girls who are counselled. The team seems to be responding and dealing with externalizing behaviours not internalizing behaviours. The team is unable to reach to adolescents who are not connected with schools or simply refuse to attend school.	Although service providers are able to manage referrals, some interviewees question whether or not all youth that require MHA-specific support are being identified by the limited (4) SD38 team of in-school youth workers. Currently, these youth workers are unable to reach out to youth that are not connected with a school or are not attending school.	Developing youth worker positions to work with school youth and those disengaged from school.
	Integrated Youth Outreach, longest waitlist was one-month. School counsellors are currently doing a good job of referring to Integrated Youth Outreach when needed. Two years ago, we lost a CHIMO outreach worker, and since then their work in the MHA service area seems to have decreased significantly. CHIMO has referred youth back to IYO—indicating a potential lack in their MHA service capacity. Nevertheless, they do get a lot of calls, so I am not sure to what services their crisis clients are referred to? SD38 has two Mental Health Support Workers and two Transition Youth Workers that go to high schools. Each nurse has a school and is very helpful for consultation purposes and making referrals. So far, the Child and Mental Health team has been able to manage referrals from outreach workers. TRACC works with youth in crisis in both elementary and high schools.		
	Eleven youth and family worker positions were filled with two individuals. In total, we have 3.5 outreach workers in high schools. RASS receives about 82 school-based referrals out of 300. Most kids that come to RASS have been suspended. RASS is still getting referrals but more people are falling through the cracks.		
	Youth outreach workers were replaced with 3-4 MHA liaison workers. These individuals take care of all high school staff members and students. They go into school, to assess, and outsource referrals. I would prefer having a youth outreach counsellors as they used to be very proactive in engaging students. "Kick the Nic" was a workshop that engaged schools about cigarettes.		

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	Agree. Some shift is necessary from you come to me (identification of what's wrong, fix you) to reaching out to youth. To encourage MHA clinicians to do rounds is not that far of a stretch. TFA could use mental health expertise.		
	MH clinicians have space in Horizons building. This clinical support is not in mainstream schools; only in alternative schools. We need counsellors. Currently, there are only 2 positions only for high schools. Both positions are housed at Horizons. Youth tend to access what's in front, so it is essential to get this additional support in all schools.		
	Mental Health Counsellors are in high school. So far, it's working really well as before we had nothing MH-specific. These counsellors are actively utilized by various schools. They work on social skills through one-on-one and group work. SD38 partners with various organizations (TFA, RASS, CAP, Roving Leaders). Adolescent Support Team is excellent because they target specifically mental health issues. Two years ago, SD38 had Youth Support Workers. Due to a budget shortfall, it instituted a different position (Adolescent Mental Health Workers). These positions require higher qualifications in supporting youth with mental health issues. We also instituted two more positions (Youth Connections workers) who have good skills. As such, these four positions comprise the Adolescent Support Team. This team also works closely with two Integrated Youth Outreach Workers for short-term cases.		
	Adolescent Support Team established in 2011 after 10 SD38 youth outreach positions were eliminated in previous year due to funding cuts. New model targets more serious cases.		
	Lack of outreach counsellors in general.		
	TFA may have one outreach counsellor. RYSA has one Aboriginal outreach worker and one at Station Stretch. It is quite a large challenge to engage and support youth with MHA issues. Youth Workers (through self-referral, parents, teachers, community) set up some time to engage these youth and find out what's going on. They develop a personable relationship with them before goal-setting and supporting through		

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	strategies. At one point there were 16 staff in elementary and high school (included Asian outreach workers, LGBT worker collaborated with Health - TRACC). This setup allowed both health and NGO to work together. Right now, SD38 has cut those positions. They reprioritized their funding for educational assistance. There used to be one worker from MCFD for every three schools. The original funding was through MCFD, however this was transferred into the Schools in 2003/03. Since 2003, these positions have been consistently reduced and cut to where there are no positions left. RYSA still offers to child and family works with VCH and the School District through Richmond School Program, however most of the support is in class with limited support outside. Family and outside of school time is needed to properly support youth, engage them and have any sort of outcome with them. I also believe that a lot of the former addictions type work has been pulled back.		
More IYO counselors	The VCH Child and Mental Health Team has two public health staff based in the community. One of the staff members is always at one of the four Youth Clinics. The team also has an adolescent day school for at-risk youth. IYO workers go into all high schools. Again, they are not able to reach youth who are not attending school. IYO counsellors do not have a presence in the community as in a drop-centre. The City does have Roving Youth Leaders but there is little integration of their work with MHA services.	More IYO counselors would allow for more outreach and prevention-based work in the Richmond community.	
	The work of IYO counsellors is intended to be broken down as follows: 1/3 – clinical 1/3 - consultation 1/3 – education Currently, IYO counsellors focus much of its time on clinical and consultative work. If there were more counsellors, they would be able to host more preventative programs in these schools and play a greater role in community-based education as well as youth and family events.		

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More Youth and Family Counsellors at RASS	RASS currently needs female counsellors. Practicum students are a non-sustainable option used to fill in space. RASS would like to have one more Youth and Family Counsellor, because they know that when a service occurs exists, the need shows up.	Another Youth and Family Counsellor is needed at RASS.	
RASS workshops are not presented at every elementary school in Richmond	Workshops are presented at 6 of 37 schools. RASS can't get into every elementary school. RASS needs funding to pay for transportation. The Peer-to-Peer program, while effective, is a month-long initiative that does not always fit into a class's curriculum.	Greater funding would allow for RASS workshops to be presented at more elementary schools in Richmond.	
Lack of programs for in-school youth during the summer	Many partnership programs with SD38 end because school-based workers only work from September to June. We need to support youth during their summer break. Without this support many of the youth revert to risk behaviours, take steps back in their progress and also are challenged due to more free time and economic and social barriers. We are able to engage some kids and youth through summer activities, but we know that there is a need for more one to one support.	Youth need to be supported during their summer break.	Develop summer programming supports for school based staff to allow them to continue during the summer months.
Probation Services - Addictions education for persons on parole	They're the second referral agency. No ongoing education series. Youth on probation get sent now (under 25 youth only) to CATS. Probation Services work with RASS closely. RASS is the first resource they would turn to. We need to get Probation Services at our community tables so that they are aware of the addiction services available in Richmond and educational opportunities available to them and for their staff. We address the needs (anger management, school, support) of those currently on probation. But I can't speak to those whose issues stem from addiction. Officers are aware of referral base and incorporate in probation. No formal transition programs. No funding for this.	RASS works closely with Probation services but there is no formal addictions education provided to persons on parole.	Working to develop transitional support workers would be beneficial.

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	We believe this is needed and we have worked with some of the parole offices individually, but we do not know of or have any supports at this time.		
	Youth should not have to go through justice system to get our attention. Also, they need family support for them to thrive and so, they should be involved in youth MHA initiatives.		
Prevention education for persons belonging to Faith-based organizations in Richmond	RASS has worked with Christian community in raising awareness. RASS has also reached out to Sikh community. Religious communities are easily accessed, why shouldn't we target Muslims, Buddhists? Confronting the cultural stigma is key. Unlocking the cultural restraint on substance abuse/misuse. Faith/religion may have an influence; does get in the way or facilitates the process of recovery? I think culture plays more of a role than religion.	Most service providers agree that Faith-based organizations can serve as a valuable ally in raising awareness about MHA issues.	Partnerships and/or regular meetings with Faith-based organizations may help to fill this gap.
	We need to propose ways that Faith-based organizations can participate. They masters at motivating their congregation. We need to do the grunt work and research to find more about what these organizations can do. The South Asian Army and Union Gospel Mission do a lot inner city work for street entrenched youth. Although, Richmond is not an inner city, there is a concentration and heightening of issues along No 3 Rd that might warrant more involvement.		
	There is no community-wide MHA working group. We used to have a much more inclusive group under RICAS with greater representation from VCH and Faith-based organizations. While there may be a lack of education, there is a greater lack of partnerships and collaboration.		
	I don't think it would be beneficial. There may be a conflict with the belief system of certain individuals. Sometimes, the code of religious beliefs may be much too narrow.		
	Faith-based organizations should bridge with MHA service providers. St. Alban's Church offers different services for the vulnerable population.		
	Awareness is needed among groups. Youth and pastors sometimes form very trusting relationships. But it depends on the situation.		
	Faith-based organizations have supported those living in poverty. Faith-based organizations come to our organizations in an ad-hoc manner. Faith organizations are really service-minded and are doing a lot of community work		

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	from their initiative.		
	St. Alban's held a homeless day where CMHA and other organizations came together. But not many people attended. However, I do see the potential of Faith-based organizations being used as an education resource for MHA for their congregation.		
	It's a farfetched idea to bridge MHA support services, but I can see how it may be used as an approach to reduce stigma.		
	Faith organizations are definitely an untapped resource. The Beth Tikvah Jewish Congregation hosts wellness clinics—that we are a part of -- on a regular basis. There is no partnership between social service organizations and Faith –based organizations surrounding MH awareness.		
	Perhaps an interdenominational faith network would be helpful to communicate initiatives for social conscience among organizations.		
	St. Alban's – Homeless shelter. We've had informal interactions/response from Faith-based perspective on MHA. St. Alban's Parish has put in the effort trying to bridge clients to service. Faith-based community workers not focused on Faith-based outcomes could be valuable allies. We've worked with Faith-based organizations trying to open youth based centres (drop-in). Some clients would do well in a faith-driven impact model. Only concern: Faith should be only the motivation; the focus should be on education about MHA services.		
	We should be educating individuals to reduce stigma and make MHA a part of dialogue of help. Everybody should have access to preventative services and early identification programs.		
Gambling in the Chinese population under the guise of recreational Mah-jong	Mah-jong is available to the Chinese population at community centres for recreational purpose. However, there are some Seniors who spend the entire day playing it. We do not have the clinical knowledge capacity to assess whether or not this is representative of addictive behaviour, but it would be helpful to have.	This is a tentative gap that should be verified by clinicians with an addictions background.	

Appendix C - Mental Health and Addictions Gap Analysis – Interview Responses Summary

Last Updated 23 August 2012

Acronyms

CATS - Constructive Alternative to Teen Suspension Program by RASS
CMHA – Canadian Mental Health Association
FSGV – Family Services of Greater Vancouver
IYO- Integrated Youth Outreach
MCFD – Ministry of Child and Family Development
MHA – Mental Health and Addictions
RASS – Richmond Addiction Services
RCCCY - Richmond Collaborative Committee for Children and Youth
RCFC - Richmond Mental Health Consumer and Friends Society
RICAS - Richmond Integrated Comprehensive Addiction System
RYSA – Richmond Youth Service Agency
SD38 – Richmond School District (N^{O} 38)
TFA – Touchstone Family Association
TP – Turning Point Recovery Society
TRACC - Team Response to Children and Youth in Crisis
VCH – Vancouver Coastal Health Authority

Informants

In addition to independent and consumer informants, administrators and frontline workers from the following organizations were interviewed for the purposes of gap validation.

Canadian Mental Health Association
Richmond Addiction Services
Richmond Mental Health Consumer and Friends Society
Richmond School District
Richmond Youth Service Agency
Supporting Families with Parental Mental Illness and Addictions Richmond Working Group
The City of Richmond, Seniors Services
The City of Richmond, Social Planning
Touchstone Family Association
Turning Point Recovery Society
Vancouver Coastal Health Authority

Schedule 2 to the Minutes of the Planning Committee Meeting of Tuesday, April 16, 2013.

TO: MAYOR & EACH COUNCILLOR
FROM: CITY CLERK'S OFFICE

MayorandCouncillors

From: Weber, David
Sent: Thursday, 11 April 2013 4:50 PM
To: MayorandCouncillors
Subject: FW: To Mayor and Council: Invitation to Municipalities to become Members of the Regional Steering Committee on Homelessness
Attachments: 2013 RSCH Mem Invite Municipalities12318.pdf; RSCH Constituency Table Roles and Responsibilities.pdf; RSCH Spring 2013 Governance Newsletter.pdf

Pc: Cathy Carlile - for appropriate action

From: Camille Narayan [mailto:Camille.Narayan@metrovancouver.org]
Sent: Thursday, 11 April 2013 16:02
To: Weber, David
Cc: Sherlock, Lesley
Subject: To Mayor and Council: Invitation to Municipalities to become Members of the Regional Steering Committee on Homelessness

Hello,

Please find attached a letter and supporting material from the Co-chairs of the Greater Vancouver Regional Steering Committee on Homelessness (RSCH) to Mayors and Council inviting the region's municipalities to apply for membership the RSCH. The deadline for membership enrollment is April 30th and can be entered via the online enrollment form at http://www.surveymonkey.com/s/RSCH_membership_2013.

Sincerely,

Camille Narayan
Senior Program Officer | Metro Vancouver Homelessness Secretariat
Ph: 604.436.6740 | camille.narayan@metrovancouver.org

Web: http://stophomelessness.ca/

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3 WAYS TO HOME
Affordable Housing. Adequate Income. Support Services

Greater Vancouver Regional Steering Committee on Homelessness

April 11, 2013

Sent electronically.

Dear Mayors and Council,

On behalf of the Greater Vancouver Regional Steering Committee on Homelessness (RSCH), we are writing to inform you of changes to the RSCH governance structure and to invite your municipality to become a member of the RSCH.

The RSCH was established in 2000 in response to the need for the Metro Vancouver region to plan and coordinate the allocation of federal funding under the Supporting Communities Partnership Initiatives program (SCPI) – currently the Homelessness Partnering Strategy - and to oversee the development and implementation of a Regional Homelessness Plan. Since then, the RSCH has grown to become the regional voice on homelessness in Metro Vancouver. Close to 40 members are involved, representing service providers, community-based organizations, the business community, and all levels of government. At present, this includes six municipalities within Metro Vancouver.

Earlier this spring, the RSCH approved a new structure to make the organization more inclusive, strategic and effective. RSCH membership is now open to all homeless-serving agencies and other interested organizations, municipalities and individuals that support our vision to eliminate homelessness in Metro Vancouver. This vision is pursued through the implementation of the Regional Homelessness Plan and our mission to inspire and lead a coordinated response to homelessness in the region. Membership is free of charge and offers the benefits of inclusion in regional planning, research and activities to raise awareness. All municipalities in the region are encouraged to become members and participate on Advisory Groups that will consider technical and strategic matters pertaining to planning, finance, knowledge development and research on homelessness.

A Constituency Table is also being created to serve as the decision-making authority for the RSCH. It will be supported by the work of Advisory Groups and will be responsible for advancing the mission of the RSCH, providing a regional perspective in addressing homelessness, and setting organizational policies and procedures. The Table will include 24 RSCH members who are regional leaders in addressing homelessness. One seat has been designated for a local government senior staff representative, and we are working with the Metro Vancouver Regional Planning Advisory Committee (RPAC) to provide a recommendation to fill this seat.

We ask that you please submit your application for membership by **April 30, 2013** to be eligible to participate in the all-members meeting scheduled for May 15, 2013. We also ask that you designate one person from your municipality to serve as the key contact and liaison to the RSCH. The application is available at http://www.surveymonkey.com/s/RSCH_membership_2013.

metrovancouver

Vancity Community Foundation

c/o Metro Vancouver Homelessness Secretariat
4330 Kingsway, Burnaby, BC V5H 4G8
Telephone: 604-451-6065 Fax: 604-436-6960 rsch@metrovancouver.org

Additional information about the RSCH, Constituency Table, and responsibilities of Constituency Table members and the governance review, is enclosed for your reference. If you have any questions, please contact Janet Kreda, Manager, Metro Vancouver Homelessness Secretariat at 604-451-6678.

Thank you and we look forward to receiving your application soon.

Sincerely,

Alice Sundberg and Susan Papadionissiou, co-Chairs,
Greater Vancouver Regional Committee on Homelessness

Cc:

Lesley Sherlock, Social Planner, City of Richmond, RPAC Social Issues Subcommittee Member, by email: LSherlock@richmond.ca

Attachments:

- Constituency Table Member Job Description
- RSCH Governance Review Newsletter (explaining further details of the RSCH governance review, the Constituency Table Composition, and Advisory Groups)

Schedule 3 to the Minutes of the Planning Committee Meeting of Tuesday, April 16, 2013.

TO: MAYOR & EACH COUNCILLOR
FROM: CITY CLERK'S OFFICE

PC-Wayne Craig-F-11
Joe Erceg-F-11

MayorandCouncillors

From:	carolynne palla [info@explorresteveston.com]
Sent:	Wednesday, 10 April 2013 2:31 PM
To:	MayorandCouncillors
Cc:	Zoning
Subject:	Onni's Imperial Landing Project on Bayview St
Attachments:	Onni rezoning (Apr10_2013).pdf
Categories:	08-4105-20-2008414809 - Onni - Imperial Landing - 4020 & 4300 Bayview St

Dear City Councillors,

ONNI'S IMPERIAL LANDING PROJECT ON BAYVIEW STREET

I am writing on behalf of the Steveston Merchants Association regarding Onni's Imperial Landing Project on Bayview Street and the proposed zoning changes for this project.

The Steveston Merchants Association understands that Onni will, or may have already started preliminary discussions regarding zoning changes for this site. We believe that any zoning changes need to be carefully reviewed and studied so we may have a real understanding of its impact on Steveston Village.

We understand that there will be a need for City Council to re-examine the current MMU zoning. The Steveston Merchants Association kindly requests the opportunity to contribute our input to future zoning change applications.

We are seeking feedback both from our members and the business community as a whole in Steveston. After we have summarized this information we will present the ideas and suggestions for any zoning changes on behalf of Steveston's business community.

Sincerely,

Jim Van der Tas

President
STEVESTON MERCHANTS ASSOCIATION
3811 Moncton St, PO Box 31856
Richmond BC V7E 0B5
info@explorresteveston.com
www.explorresteveston.com

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Steveston Merchants Association
3811 Moncton Street
PO Box 31856 STEVESTON VILLAGE
Richmond BC V7E 0b5
www.exploresteveston.com

April 10, 2013

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Sincerely,

Jim Van der Tas
President
Steveston Merchants Association
info@exploresteveston.com