



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY
BC SCHIZOPHRENIA SOCIETY FOUNDATION
SUPPORTING THE BC SCHIZOPHRENIA SOCIETY

Medical Advisory Board

Dr. Bill MacEwan, FRCP
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, PhD., FRSC

January 11, 2016

Dear Christine,

Thank you for your interest in gathering additional information for BC Schizophrenia Society Ministry of Health proposal.

I am writing to confirm that BCSS does not receive operational funding from the Schizophrenia Society of Canada. We function in a Federated model, which ensures our financial independence.

BCSS Branches operate as independent organizations. We currently have 13 Branches in the following areas: Campbell River, Nanaimo, Duncan, Victoria, Abbotsford, Chilliwack, Coquitlam, Powell River, Prince George, Penticton, Kelowna, Nelson, and the Sunshine Coast. None of these Branches receive funding from BCSS, nor does BCSS receive funding from them.

Regional Educators are individuals who are highly trained and employed by the BCSS Provincial Office (supported by Health Authority funding). They report to the Executive Director (myself). This is not the case with BCSS Branches, who are largely volunteer, with the exception of those who are receiving separate funding from the Health Authorities to run clubhouses or other services. We do not receive reports from Branches to convey numbers of: individuals or families served; volunteers; impact statements; programs/services offered. We do supply all Branches with electronic course and program materials, provide an opportunity to list their public courses or events on our website, and provide online supports and forums.

We would certainly like to see all Branches equally supported, (in some regions this is peer support, in others it is clubhouses, and still yet in others, they offer some of the BCSS programs if there is no BCSS Educator in that region). The funding we are requesting is in addition to these Branch services; the proposal by BCSS is to fill gaps across the province with the programs, services and supports of BCSS. In no way are the funds we are requesting meant to reduce or negatively impact the services currently offered by Branches. There is a grave need for BCSS Regional Educators, and the additional services of Branches (who are largely volunteer run).

Please feel free to contact me if you require further information.

Kindest regards,

Deborah

Deborah



BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

Medical Advisory Board
Dr. Bill MacEwan, FRCP
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, PhD., FRSC

November 26, 2015

Honourable Dr. Terry Lake
Minister of Health
Room 337, Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Lake,

MINISTRY OF HEALTH (HEALTH)		
#		
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In recognition of the ongoing struggle with mental illness in our province, the BC Schizophrenia Society submits this proposal to ensure an equitable reach of programs and services for families living with mental illness across the province. This includes education for elementary and high school students, family members, professionals, and the general public, as well as the provision of support and resources for caregivers as they navigate the mental health system. The proposal aims to bolster the Society's cost-effective and evidence-based service delivery, in alignment with the Ministry of Health's strategic plan, *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* and the recently proposed *Primary and Community Care in BC: A Strategic Policy Framework*.

The enclosed proposal consists of the following:

- Summary of BC Schizophrenia Society's Funding Proposal
- Provincial Overview of Problems and Solutions
- Ministry of Health and Health Authority Historical Funding
- Current Health Authority Contracts Overview
- Requested Budget Breakdown
- Supporting Statistics

Much of this submission is based on advice and support received from MLAs and senior Ministry of Health staff who have been meeting with Society representatives to discuss the attached funding proposal.

The Society also hosted a Lunch and Learn at the Legislature on October 6, 2015 with Jane Thornthwaite, Chair of the Select Standing Committee on Children and Youth, and Sue Hammell, Opposition Spokesperson for Mental Health and Addictions, speaking at the session. 31 members of the legislature attended the event and voiced their support for the Society.

These consultations are the result of a long and trusted relationship between the Society and Government. Our hope is to continue working with the BC Ministry of Health on improving the well-being of families living with mental illness so we are requesting funding of \$3 million over 5 years. Together, we can create a comprehensive network of support that responds to the needs of communities, puts families at the centre, and improves outcomes for individuals living with mental illness.

Sincerely,

David Halikowski
President



The Case for the British Columbia Schizophrenia Society

A partnership with the Ministry of Health to improve the mental health of British Columbians and assist those who support the mentally ill

(A) Schizophrenia – Health, economic and social consequences in British Columbia

In British Columbia, schizophrenia and psychosis create more social challenges than any other medical issue. Schizophrenia is a chronic neurological illness. Like AIDS and cancer in the past, schizophrenia has also been tagged as a threatening and dangerous illness. But unlike AIDS and cancer, schizophrenia is still perceived as a "dirty" word. Low levels of mental health literacy in BC are contributing to fear and stigma of the disease and, combined with inadequate and inconsistent resources, individuals and families are marginalized in accessing employment, housing, health care and other facets of life guaranteed to citizens of British Columbia.

There are grave health and economic consequences for individuals living with schizophrenia. For example, the mental health and substance use population uses emergency departments at a rate greater than the rest of the BC population, amounting to approximately 35% of the emergency department visits in 2013/14.¹ Overall, 40% - 60% of schizophrenia patients will attempt suicide.² Physical and sexual violence against women with schizophrenia is double that of the general population³ and people living with mental illness are 2.5 times more likely to be the victims of violence than those without mental illness.⁴ The economic toll is also significant: **the estimated total cost of schizophrenia in Canada was \$6.85 billion in 2004, including direct healthcare and non-healthcare costs and productivity loss.**⁵ Negative impacts can be reduced with a system that proactively champions health literacy, access to services, and supports for families and their ill relatives.

(B) Leadership role of BCSS

Since 1982, the BC Schizophrenia Society (BCSS) in partnership with the Ministry of Health, other ministries, organizations, families and individuals in British Columbia has worked to support, educate and advocate on behalf of individuals with schizophrenia and their families.

BCSS is a grassroots volunteer organization with over 2800 members and 12 branches across the province. The Society's work is supported by a dedicated staff team working in partnership with other professionals. Programs delivered by staff and volunteers provide support and resources for families, communities, health agencies, front-line support personnel, police agencies, and school children from grade 4 through post-secondary levels.

(i) Mission, Vision and Mandate of Society

The Society's mission is to improve the quality of life for those affected by schizophrenia and psychosis through education, support, advocacy, and research. The vision of the Society is a province where those

¹ Ministry of Health, "Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues," 2015, p. 7.

² Health Canada, "A Report on Mental Illnesses in Canada," 2002.

³ Susan G. Kirstein and Anita H. Clayton, editors, *Women's Mental Health: A Comprehensive Textbook*, 2004.

⁴ Canadian Mental Health Association, "The Myth of Violence and Mental Illness," https://durham.cmha.ca/mental_health/the-myth-of-violence-and-mental-illness/

⁵ R. Goeree, et al., "The economic burden of schizophrenia in Canada in 2004," *Current Medical Research and Opinion*, 2005; 21 (12), 2017-28.



affected by schizophrenia and psychosis receive excellent treatment and services and are accepted and included in their communities.

The Society has a mandate to provide support and education to families and their ill relatives suffering from schizophrenia and other serious mental illnesses; increase public awareness and understanding of mental illness; advocate on behalf of families and people with serious mental illness for improved services; and promote research into the causes, treatment, and ultimate cure of schizophrenia.

(C) Ministry of Health Strategic Plan

In 2010, the Ministry of Health introduced a plan entitled *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*. The plan emphasises co-operation among key ministries within government, partnership with individuals and their families, and a close working relationship with organizations such as the BCSS.

The Society understands that the overall goals of the Ministry's plan are in part to improve the mental health and wellbeing of the population, improve the quality and accessibility of services for people with mental illness and reduce the economic cost to the public and private sectors resulting from mental health issues. **BCSS has played a key role in this work but requires increased support from the Ministry of Health to increase its impact and advance these Ministry goals.**

(D) Moving forward – BCSS and the Ministry of Health – A proposal

BCSS has the expertise and experience to help the BC Government advance its mental health goals for the last five years of the government's strategic plan and well into the future. Through BCSS's existing infrastructure, mental health literacy programs, and services, the Society can provide the necessary education and resources to stakeholders throughout the province. This includes consumers, police, health clinicians, front-line mental health teams, families, friends, educators, students, teachers and the community at large.

Currently, BCSS has outreach educators working closely with several health authorities. This network of educators, facilitators and family support workers is instrumental in advancing BC's mental health strategies; however, they are not contracted in all health regions. Vancouver Coastal Health and Vancouver Island Health Authority are two obvious gaps. In other regions where BCSS is contracted, the services vary from one region to the next, leaving families and their ill relatives underserved in one region compared to another. There is a need for more equitable access to services in BC for the mentally ill and their family caregivers.

Working together with our partners and the BC Government, we can create a comprehensive network of support for families, consumers and friends. **Our proposal is to provide more consistent and equitable family support programs and services throughout the province with BC Government support of \$3 million over five years.** BCSS is the only organization that has 33 years of expertise focused on the most seriously ill and their caregivers. Across the province this also means 33 years of working relationships with consumers, families, volunteers, provincial policy makers, local governments, hospitals, organizations, agencies, and schools. The work of BCSS is urgent and relevant. All of our programs, services, supports and research are structured to deliver solutions to the challenges we collectively face.

We look forward to continuing our partnership with the BC Ministry of Health as we move these initiatives ahead in support of all BC consumers, families and friends living with the impacts of schizophrenia and psychosis.



Provincial Overview of Problems and Solutions

"The need for family caregiver support is urgent. Failure to recognize, acknowledge and support family caregivers heightens their risk of becoming 'collateral casualties' of mental illness, compromises their health and quality of life, reduces the efficacy of the help they can provide to their relatives and increases costs to the health and social service systems. Well-supported family caregivers are likely to provide better care for relatives, generate savings in the system and enhance the benefits of caregiving."

The Mental Health Crisis and Rising Costs

We are facing a growing mental health crisis within a very complex and expensive mental health system. "A Report on Mental Illnesses in Canada," issued by Health in Canada in 2002, noted that nearly 3% of the total global burden of human disease is attributed to schizophrenia.ⁱⁱ In BC, it has been reported that "[m]ental disorders account for a substantial 55 per cent of disease burden in young people aged 15-24 years."ⁱⁱⁱ Due to the prevalence of severe mental illnesses and the fact that they strike people in their youth results in significant costs for the health system and society as a whole. The Mental Health Commission of Canada reported that in 2011, "about \$42.3 billion were spent in Canada providing treatment, care and support services for people with mental health problems and illnesses."^{iv} In 2004, the direct healthcare and non-healthcare costs associated with schizophrenia were estimated to be \$2.02 billion and the additional productivity morbidity and mortality loss was estimated to be \$4.83 billion for a total of \$6.85 billion.^v Many of the human and economic costs associated with schizophrenia result from delayed treatment and inadequate support, which leads to substance abuse, homelessness, and crisis situations requiring police interventions and hospital emergency departments.

The Need for Cost-Effective Community Care

The need to focus on preventative and community care is increasingly being recognized in order to both improve outcomes and limit costs. The Ministry of Health's *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* noted that a homeless adult with substance use an/or mental illness costs the public system over \$55,000 per year, whereas housing and support can reduce this cost to \$37,000 per year.^{vi} Community and family support are important for reducing these costs and improving outcomes. **The BC Schizophrenia Society has been the sole provider of family-centered and community-based care for serious mental illness for over 30 years with a strong focus on support, education, and advocacy to improve health literacy, enable early intervention, and empower caregivers.** Supporting friends and family in their role as caregivers is key to improving the outcomes for individuals living with mental illness and preventing crisis situations from emerging. Such consistent and comprehensive care can result in significant savings in health care costs. The Mental Health Commission of Canada estimates that if remission rates increased by 10%, there would be savings of \$5.3 billion each year on direct costs after 30 years.^{vii} **Funding BC Schizophrenia Society's Educators and evidence-based programs is a cost-effective approach that provides significant benefits and cost savings for communities, families, and individuals living with mental illness.**

An Established and Economical Network of Support

The Mental Health Commission of Canada has identified family caregiver organizations as the "backbone of support and education for many family caregivers." The services provided by these organizations "would be extremely costly to replace in the formal mental health service system" and yet, "[t]he range and amount of service that community service organizations can provide is often hampered by the



struggle to secure funding. Collaboration between community service organizations and the formal mental health service system would maximize the benefits to the family and enhance service capacity.”^{viii}

The BC Schizophrenia Society has established a network of Branches and Regional Educators in communities throughout BC, providing support to those affected by serious mental illness including schizophrenia, bi-polar disorder, depression, as well as other persistent and challenging mental illnesses. This system is economical and responsive to the needs of urban, rural, and remote communities. Many of these Regional Educators have a long history in the communities and regions they serve with established, dependable, and respected relationships. They often supplement their limited hours by volunteering their own time, building partnerships with local organizations, and organizing volunteers to support and supplement their work. At a provincial level, the Society also has a diverse group of partners, such as the Ministry of Health and Regional Health Authorities, BC Alliance on Mental Health/Illness and Addiction, BC Mental Health and Substance Use Provincial Health Literacy Network, Better Pharmacare Coalition, BC Schools, Michael Smith Foundation, Canadian Mental Health Association, Community Action Initiative, Simon Fraser University and the University of British Columbia. These partnerships provide support, stability, funds and resources for the Society’s programs.

As a grassroots organization, the BC Schizophrenia Society is adept at organizing volunteers, building community partnerships, and prioritizing needs within limited resources in order to deliver evidence-based programs and services throughout the province.

Improving Awareness and Understanding of Mental Illness

Mental illness continues to be poorly understood among the general public. Many individuals do not understand the medical basis of mental illness, do not recognize the symptoms, and do not know how to respond appropriately. This lack of knowledge not only contributes to stigma, it also prevents timely and effective treatment. Indeed, the Mental Health Commission of Canada has acknowledged that in order to “access services for those they care for, family caregivers first need to be aware of such services” but this information is often difficult to obtain. Therefore, “[m]ental health service providers and family caregiver organizations can both play an important role in providing family caregivers with relevant information in an appropriate format.”^{ix}

To improve knowledge of mental illness, the BC Schizophrenia Society delivers its Partnership Program to police officers, nurses, transit workers, university students, and members of the general public. The program relies largely on volunteers, and is a simple and very effective tool for helping professionals and members of the general public gain a better understanding of mental illness and how to respond to someone who is struggling with it.

Enabling Early Intervention

Studies have shown that on average three years pass between the time symptoms of schizophrenia and psychosis begin and the time an individual receives a diagnosis and treatment. The longer treatment of psychosis is delayed, the more difficult it is to treat, which can lead to self-medicating through substance abuse, homelessness, strained relationships, and lost educational and employment opportunities. On the other hand, one study found that participants in an early psychosis intervention program were more likely to have paid employment than those who had not accessed the service. In fact, the cost of treating an individual who had received early psychosis intervention was about \$6,300 less per year than for someone who had not been in the program.^x Delays in early treatment often happen because parents, teachers, and friends do not recognize the symptoms and do not know how to access help. **In addition to educating**



various professionals and members of the general public, the BC Schizophrenia Society delivers educational programs for elementary and high schools so that students, teachers, and counsellors are prepared to identify mental illness and respond without judgment or fear.

Supporting and Educating Caregivers

Families and friends are often the most consistent, dedicated, and reliable caregivers for individuals living with mental illness. Parents, siblings, partners and friends are in the best position to recognize changes in behaviour when symptoms start to show and ensure that the response is timely and effective, both at first break and throughout the course of the illness. Family and friends often provide housing for the ill person, assist with daily living supports, help ensure adherence to medication and treatment plans, act as advocates within the mental health system, and provide a sense of community and stability for their loved one.

In order to do this difficult job on a daily basis over several decades, families need support, education, and resources. Research has shown that “enhancing caregiving capacity has a clinically significant impact on the course of their relative’s mental illness, on the relationships with the ill relative and on adherence to medications.” Moreover, “[a]dults living with schizophrenia experienced fewer relapses and fewer hospitalizations when their family caregivers participated in psycho-education programs.”^{xi} **BC Schizophrenia Society’s Strengthening Families Together Program provides the knowledge and tools that families need to respond to a very complex illness, as well as the connections and emotional support that other families can offer. This program is facilitated by an Educator and a volunteer family member and uses proven resources.**

Support groups provided by the BC Schizophrenia Society Educators and volunteers are one of the most inexpensive and beneficial resources available to family members. The Mental Health Commission of Canada reported that “participants in support groups increased their knowledge about mental illness, developed better coping skills, and experienced an increase in social support and a decrease in burden and distress.”

Furthermore, caregivers “are usually welcomed into these informal, peer-led settings at any time of need, which is often not the case with many formal, often hospital-based services.”^{xii}

Navigating the Mental Health System

Witnessing symptoms of mental illness in a loved one is disorienting and frightening and can leave family members and friends feeling lost and helpless. Trying to access services within a complex mental health system often only contributes to the confusion and frustration. Yet, it is important that families access the mental health system and establish relationships with healthcare providers because families “often have important information that could be useful for clinicians who assess and treat their relatives, such as knowledge about the onset, symptoms and impact of the mental illness. They are also likely to be the first to observe signs of relapse and to seek help.” Importantly, the Mental Health Commission of Canada goes on to state that in “a fragmented system, [families] may be best positioned to ensure continuity of information and coordination of services, especially during transition periods, with or on behalf of the person living with mental illness.”^{xiii}



In recognition of the importance of families within the mental health care system, BC Schizophrenia Society Regional Educators not only deliver programs, they help guide families through the mental health system in their communities. Regional Educators have established relationships with their local psychiatrists, mental health teams, police detachments, housing providers, and other community resources. Educators provide family members with the right contacts and advice on the best way to access services and work with professionals in the health and justice systems. If necessary, Educators can also advocate for families and help mediate difficulties. This approach empowers families to act on their own behalf and establish important relationships, while providing them with a reliable safety net.

Filling the Gaps for Equitable Care and Support – A Proposal from BCSS

Currently, Vancouver, Okanagan, and Vancouver Island do not have BCSS Educators funded by Regional Health Authorities. This leaves some of BC's most populated areas and largest regions without support for caregivers. There are also Educators who serve remote communities spread throughout large regions that are very difficult to access. This prevents the delivery of key programs and services and the establishment of community partnerships that support these programs and services. **The BC Schizophrenia Society is requesting \$3 million over 5 years to fund BCSS Educators in Vancouver, the Okanagan, and Vancouver Island, in addition to increasing BCSS Educator support in other regions across the province where gaps in access and support have been identified.**

BC Schizophrenia Society's system of Regional Educators and community partnerships has consistently delivered life-saving benefits at low cost. A small government investment in BCSS education, support, and resources will reduce acute care services through earlier intervention and place the focus on services of lower intensity and cost. This will result in significant improvements for the mental health of BC families and communities.

ⁱ Mental Health Commission of Canada, "National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses," 2013, p. 3.

ⁱⁱ Health Canada, "A Report on Mental Illnesses in Canada," 2002, p. 53.

ⁱⁱⁱ Ministry of Health, "Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues," 2015, p. 40.

^{iv} Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada," 2013, p. 15.

^v R. Goeree, et al., "The economic burden of schizophrenia in Canada in 2004," *Current Medical Research and Opinion*, 2005: 21 (12), 2017-28.

^{vi} Ministry of Health Services and Ministry of Children and Family Development, "Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia," 2010, p. 34.

^{vii} Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada," 2013, p. 20.

^{viii} Mental Health Commission of Canada, "National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses," 2013, p. 42.

^{ix} Mental Health Commission of Canada, "National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses," 2013, p. 13.

^x Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada," 2013, p. 23.

^{xi} Mental Health Commission of Canada, "National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses," 2013, p. 8.

^{xii} Mental Health Commission of Canada, "National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses," p. 21-22.

^{xiii} Mental Health Commission of Canada, "National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses," p. 22.

Ministry of Health & HA Historical Funding for direct family support, health literacy, and policy development with the BC Schizophrenia Society - A snapshot				
1996 - 1997 Fiscal Year: \$838,534	Regional Contracts: \$653,693	Public Ed. Branch Support, Family Support	Program Support, Policy Dev., Family Support, Fundraising, Education	17 Regional Educators, 5 Staff, 34 Branches, 1800 Members
1997 - 1998 Fiscal Year: \$806,144*	Provincial Grant: \$187,941			
1998 - 1999 Fiscal Year: \$847,577	*Total of regional and prov. grant			
1999 - 2000 Fiscal Year: \$1,034,896*				
2000 - 2001 Fiscal Year: \$1,005,215*	*Estimated			
2001 - 2002 Fiscal Year: \$1,135,534	*Estimated			
2002 - 2003 Fiscal Year: \$1,153,318				
2003 - 2004 Fiscal Year: \$1,249,762				
October 1 2003	*Provincial Grant base of \$310,000 reduced to \$120,000	Program Support, Family Support and Public Education survive the cut in limited capacity. The following year BC Partners funding is introduced, but based on projects (good to support innovation), but cited service to families, psychosocial education, and respite support all decreased. (PHSA funding therefore, not included in this chart)		We were told our Provincial Grant was cut because CHHA had a better infrastructure. Suffice to say, CHHA's mission is very different from ours. So, in our opinion, the cut made no sense. However, the funding we had received went to CHHA because the focus was on the "consumer" and little credence was given to the power of family support. New research has shown family support to be a major driver in recovery. Will we now gain the funding back from the "balancing" that was done in 2003?
2004 - 2005 Fiscal Year: \$1,003,198				VCHA: \$137,918 w/
2005 - 2006 Fiscal Year: \$1,037,963				
2006 - 2007 Fiscal Year: \$1,080,252				
2007 - 2008 Fiscal Year: \$809,418				
2008 - 2009 Fiscal Year: \$874,832				
2009 - 2010 Fiscal Year: \$1,007,667				
2010 - 2011 Fiscal Year: \$1,010,452				
2011 - 2012 Fiscal Year: \$874,562				
2012 - 2013 Fiscal Year: \$899,116				
2013 - 2014 Fiscal Year: \$1,185,102				
2014 - 2015 Fiscal Year: \$1,088,424				
2015 - 2016 Fiscal Year: \$830,436	VCHA discontinued contract	Uncover stats 2013: 2873 email, 303 calls, 79 meetings, 10 Strengthening Families Together Classes, 173 New Clients, 29 Partnership Presentations, 35 Regular Meetings, 42,545 current PHSA, 252,588 MCFD	VCHA: Dropped Vancouver/Richmond 2014/15. Funded Powell River: \$22,556 2015/16. VCHA: Nil - over 10 years - see [a]	18 Educators, 5 Staff, 12 Branches, 2800 Members
1996 - funding of \$838,534 is worth \$1,964,157 in 2015 (Bank of Canada). We've gone backwards. This is the least direct support for families affected by serious mental illness in 30 years in the province of BC.	Branches have been reduced from 34 to 12 due to a lack of financial support from the BCSS Provincial Office. The Ministry of Health originally granted BCSS support for programs and branches. This funding is long gone, along with many of our branches, which were supported by play, volunteers but needed funding for program materials, meeting space, phone/fax/Internet, and basic office supplies.			

BC Schizophrenia Society Health Authority Contracts Overview			
Health Authority	Annual Contract	Programs delivered	BCSS Programs available, not incl. in current contract
Fraser Health Authority Abbotsford, Agassiz, Chilliwack, Mission, Hope, Burnaby, New Westminster, Tri-Cities, Surrey, Delta, White Rock, Tsawwassen	\$285,692; 3.5 FTE; avg. pay: \$23/hr	Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assistance with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Hospital Information Groups; Family Peer Facilitation; Family Support Groups; Hospital Meet and Greet; Public Education/Tabling Events; Members of multiple community mental health committees, advisories & planning groups; Managing volunteer peers; facilitators, event volunteers Health Literacy and Psychosocial Education: Partnership Presentations to schools, police, mental health teams & community. Respite.	Psychosocial Education/Rehabilitation: BCSS Puppet Show/Vocational Training; Peer Support Program; COPMI: Kids in Control/Teens in Control; Health Literacy: Reaching Out Curriculum in Schools; (Puppet Show as above). ⁽¹⁾
Northern Health Authority Prince George, Omineca Lakes District, Vanderhoof, Granisle, Fort St. James, Fraser Lake, Burns Lake, Quesnel	Three contracts \$164,053; 1 FTE; avg pay \$25/hr.	Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assistance with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Support Groups; Public Education/Tabling Events; Members of multiple community mental health committees, advisories & planning groups; Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Education & Rehabilitation: Puppet Show/Vocational Training; Partnership Presentations to schools, police, mental health teams & community; Peer Support Program.	COPMI: Kids in Control/Teens in Control; Health Literacy: Reaching Out Curriculum in Schools, Hospital Information Groups, Family Peer Facilitation, Hospital Meet and Greet. Respite.
Bulkley Valley (Smithers and Region), Terrace & Region, Haida Gwaii	\$226,320; 2.5 FTE; avg. pay \$25/hr.	Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assistance with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Support Groups; Public Education/Tabling Events; Members of multiple community mental health committees, advisories & planning groups; Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Education & Rehabilitation: Puppet Show/Vocational Training; Partnership Presentations to schools, police, mental health teams & community; Peer Support Program.	COPMI: Kids in Control/Teens in Control; Health Literacy: Reaching Out Curriculum in Schools, (Puppet Show as above). Hospital Information Groups, Family Peer Facilitation, Hospital Meet and Greet. Respite.
Fort St. John, Taylor, Hudson's Hope, Alaska Hwy., Ft. Nelson, Yukon Border, Dawson Creek, Peace River, Pouce Coupe, Tumbler Ridge, Chetwynd, Moberly Lake	\$69,959; .75 FTE; avg. pay \$20/hr.	Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assistance with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Support Groups; Public Education/Tabling Events; Members of multiple community mental health committees, advisories & planning groups; Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Education & Rehabilitation: Puppet Show/Vocational Training; Partnership Presentations to schools, police, mental health teams & community; Peer Support Program.	COPMI: Kids in Control/Teens in Control; Health Literacy: Reaching Out Curriculum in Schools, (Puppet Show as above). Hospital Information Groups, Family Peer Facilitation, Hospital Meet and Greet. Respite.
Interior Health Authority Williams Lake and Area, 100 Mile House, Kamloops and Area: Kamloops, Salmon Arm, Revelstoke, Clearwater, Lytton, Lillooet, Nelson, Trail, Cranbrook, North Okanagan	\$49,402; .75 FTE; avg. pay \$22/hr	Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assistance with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Support Groups; Public Education/Tabling Events; Members of multiple community mental health committees, advisories & planning groups; Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Education & Rehabilitation: Partnership Presentations to schools, police, mental health teams & community.	Health Literacy and Psychosocial Education & Rehabilitation: Puppet Show/Vocational Training; Peer Support Program; Peer Support Program; Health Literacy: Reaching Out Curriculum in Schools, (Puppet Show as above). Hospital Information Groups, Family Peer Facilitation, Hospital Meet and Greet. Respite. ⁽²⁾ Due to the volume of calls for Family support, all areas, except Williams Lake and Area, are not receiving Partnership Presentations.

Current Service Gaps	Request	Services	Ministry Identified Higher Rates of Health Care Use
Fraser Region - Langley, Mission & Maple Ridge.	\$25,000/yr; .5 FTE; \$125,000/5 yrs	This funding will decrease wait lists for current services by adding .5 FTE. To add services not yet provided by BCSS (see Historical Funding) additional funding would be required.	According to the Ministry of Health Primary Care Document, higher rates of health care use in this region is in Mission.
Interior Health Region - Kamloops, Summerland, Princeton, Southern Okanagan, Vernon, Kelowna, Nelson, Cranbrook & Merritt.	\$150,000/yr; 2 FTE & program costs; \$750,000/5 yrs	This funding will decrease wait lists for current services by adding two more FTE. To add services not yet provided by BCSS (see Current Contracts) will require additional funding.	Higher rates of use: Summerland, Princeton, Southern Okanagan, Vernon, Kelowna & Merritt.
Northern Health Authority - all regions.	\$25,000/yr; program costs \$125,000/5 yrs	This funding will expand services to hospitals - Meet and Greet and Family Peer Facilitation.	
Vancouver Island Health Authority - Victoria, Duncan, Nanaimo, Courtney, Comox & Campbell River.	\$150,000/yr; 2 FTE & program costs; \$750,000/5 yrs	Add basic services - Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assist with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Peer Facilitation; Family Support Groups; Public Education/Tabling Events. Members of multiple community mental health committees, advisories & planning groups. Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Education & Rehabilitation: Partnership Presentations to schools, police, mental health teams & community. Additional funding would be required to deliver additional services as in Current Contracts	Higher rates of use: Greater Victoria, Lake Cowichan & Campbell River.
Vancouver, North Vancouver, Richmond & Sunshine Coast.	\$178,000/yr; 2.25 FTE & program costs; \$890,000/5 yrs	Add basic services - Health Literacy: Family support visits (listening to concerns, referrals to other services, assist with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Peer Facilitation; Family Support Groups; Public Education/Tabling Events. Members of multiple community mental health committees, advisories & planning groups. Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Ed & Rehab: Partnership Presentations to schools, police, mental health teams & community. Additional funding would be required to deliver additional services as in Current Contracts.	Higher rates of use: Vancouver - Downtown Eastside
Management & Program Support	\$360,000/5 yrs	HR; reporting; Health Authority relationship building for sustained funding past five year mark; bookkeeping & audit; monitoring & evaluations; promotional support; Educator, volunteer, and facilitator training.	



SUPPORTING STATISTICS

CAREGIVERS

In 2012, approximately 11 million Canadians (38%) aged 15 and older reported having one or more immediate or extended family members with a mental health problem, that is, problems with their emotions, mental health, or use of alcohol or drugs.ⁱ

Those with one or more family members with a mental health problem more often reported significantly higher rates of daily stress and of having their own symptoms of a mental or substance disorder in the past 12 months compared with those who had no family members with a mental health problem.ⁱⁱ

Family caregivers for people with any type of illness were found to feel a sense of responsibility: 72 per cent felt that there was no other option but to provide care; half felt that there was a lack of home care or mental health services; and most expected to be providing care for many years to come.ⁱⁱⁱ

A British Columbia study found that 12 per cent of students age 12-17 surveyed are in a caregiving role. Young carers may experience feelings of stigmatization and social isolation. Those caring for a parent living with a mental illness may experience high levels of anxiety due to the unpredictability of their lives and the potentially unstable nature of the parent's illness.^{iv}

One study found that in a community mental health centre where 10 per cent of clients refused consent to share information with family caregivers, the 36 clinicians surveyed made contact with only 48 per cent of the family caregivers. The reason given for not contacting other clients' family caregivers was that the clinician did not believe that such contact would benefit the client.^v

Results from a national survey of Canadian family caregivers (including those caring for adults living with mental illness) found that about 60 per cent of family caregivers pay out-of-pocket expenses (primarily transportation and medication-related costs), with 30 per cent spending over \$300 per month. In large part, these expenditures are due to the family caregiver compensating for inadequate social assistance incomes for the person living with mental illness, along with insufficient and frequently inadequate housing and other necessities for social participation. Some family caregivers may risk sharing the poverty of the person living with mental illness.^{vi}

The *Mental Health Strategy for Canada* notes that caregiving can hinder participation in the workforce and cause caregivers serious economic hardship. One study reported that "27% of caregivers lost income and 29% incurred major financial costs related to caring for a family member." Women especially are affected as 77 per cent of family caregivers are women and therefore more likely than men to miss work or quit their jobs to fulfill their caregiving responsibilities.^{vii}

COMORBIDITY AND CONCURRENT DISORDERS

Increasing emphasis is being placed on the role of multimorbidity in determining health outcomes. In aging populations, physical illness may predispose to psychiatric disorders. For the relatively younger residents of single-room occupancy hotels, physical illness may be a consequence of substance dependence and mental illness.^{viii}

Mental illness affected the majority of participants, most commonly psychosis... Only a minority (30/293 [10.2%]) had a history of long-term psychiatric hospitalization, with a greater number reporting hospitalization for mental illness in a general hospital (105/293 [35.8%]). Similar proportions suffered from schizophrenia or other chronic form of psychosis or from substance-induced psychosis.^{ix}



Prevalence of multimorbid illness among single-room occupancy hotel tenants:

Mental illness: 218/293 (74.4%)

Psychotic illness: 139/293 (47.4%)^x

The prevalence of treatment of three illnesses – psychosis (32.6%), opioid dependence (49.6%), and AIDS (61.5%) – was suboptimal. Participants with psychosis with multimorbidity (opioid dependence and/or HIV/AIDS) were less than half as likely to have their psychosis treated than those with psychosis alone ($p=0.003$). In contrast, the presence of multimorbidity did not influence the likelihood of treatment for opioid addiction or HIV/AIDS.^{xi}

In our sample, participants with a high prevalence of previous homelessness and considerable social disadvantage living in marginal housing had a high level of mortality. Substance dependence, mental and neurological illnesses, and infectious diseases were common. Drug dependence played a direct role in one-third of deaths; most others represented complex multimorbidity.^{xii}

The estimated prevalence of psychosis in our sample (47.4%) was higher than the estimated prevalence in a meta-analysis of studies of the homeless (12.7%). However, our estimate of the prevalence of schizophrenia and schizoaffective disorder was 12.6%, consistent with the meta-analysis and with a recent study using the Mini-International Neuropsychiatric Interview for diagnosis in a sample of homeless persons in three cities in our province. The findings from urine drug screens were consistent with the high prevalence of substance-induced psychosis in our sample, contributing to the high overall prevalence of psychosis. Although the prevalence of schizophrenia and related psychotic illness was still high in absolute terms, only a minority of those with psychosis represented mentally ill patients who had previously been cared for in an asylum or similar institutional setting.^{xiii}

As oral drug treatments for HCV become available, a greater emphasis should be placed on the challenges of delivering this care in a population with multimorbid illness. In particular, the high prevalence of stimulant use, the absence of substitution treatment analogous to methadone, and the potential difficulties accessing care in the face of ongoing psychosis and other mental illness will require the development of comprehensive strategies, perhaps modified from those proposed for opioid addiction and HIV infection.^{xiv}

Multimorbidity was also associated with a lower likelihood of treatment of psychosis but not opioid dependence or HIV. Internationally, in the overall population, more severe mental illnesses, such as bipolar disorder, are more likely to be treated than less severe illnesses. This relationship may break down in the face of multimorbidity between mental illness, substance dependence, and physical illness.^{xv}

COSTS

The annual cost to the economy is \$50 billion and is expected to rise to \$2.5 trillion over the next 30 years.^{xvi}

In 2011, about \$42.3 billion were spent in Canada providing treatment, care and support services for people with mental health problems and illnesses.^{xvii}

If we were able to increase remission rates by 10%, we would save another \$5.3 billion each year on direct costs alone after 30 years.^{xviii}

The study conservatively estimates that in 2011 annual direct costs (healthcare, certain social services and income support) attributable to mental illness reached over \$42.3 billion, increasing to some \$290.9 billion in 2041. The cumulative economic impact of direct costs alone over the next 30 years is expected to reach more than \$2.3 trillion.^{xix}



In 1996, the total direct cost of schizophrenia in Canada was estimated to be \$2.35 billion, or 0.3% of the Canadian Gross Domestic Product. This includes health care costs, administrative costs of income assistance plans, value of lost productivity, and incarceration costs attributable to schizophrenia. The indirect costs of schizophrenia are estimated to account for another \$2 billion yearly.^{xx}

An adult with severe substance use and/or mental illness who is homeless or lives on the street costs the public system in excess of \$55,000 per year, the provision of adequate housing and supports is estimated to reduce this cost to \$37,000 per year.^{xxi}

One research study suggests that “lifetime employment-related costs for caregivers of persons with mental illness may be higher than for caregivers of the elderly because of the longer duration and unpredictable nature of care. Based on these findings, these researchers estimated that in 2006, caregiving costs for persons with mental illness were \$3.9 billion in Canada.”^{xxii}

The study commissioned by the MHCC makes it clear that the economic cost to Canada is at least \$50 billion per year. This represents 2.8% of Canada’s 2011 gross domestic product.^{xxiii}

EARLY PSYCHOSIS INTERVENTION

One example comes from a study of early psychosis intervention which found that its participants were much more likely to be in paid employment than their peers who had not received this service, and that the health care costs to treat each person were about \$6,300 less per year (\$3,566 for those in early psychosis program compared to \$9,836 for those not in the program).^{xxiv}

EMERGENCY DEPARTMENT

The MHSU population uses emergency departments at a rate greater than the rest of the BC population. Of the approximately 1.96 million visits to emergency departments in 2013/14, almost 682,000 visits, or 35 percent of the visits, were by people in the MHSU cohort.^{xxv}

The percent of the MHSU cohort that has five or more emergency department visits in the year is much higher (11 percent) than the non-MHSU population (4 percent).^{xxvi}

EMPLOYMENT

Unemployment among people with SPMI [Severe and Persistent Mental Illness] is as high as 93%.^{xxvii}

About two thirds of people with SPMI [Severe and Persistent Mental Illness] would like to work, yet surveys show that fewer than 30% of people with SPMI do so.^{xxviii}

The study reports that about 21.4% of the working-age population (20-64 years of age) was living with a mental health problem or illness in 2011 with prevalence peaking at 20-29 years of age among both males and females. This is at the time when young people are about to enter post-secondary education or the workforce, and often before they have completed their education. In 2011, among working aged males, the peak prevalence was 28.9% at 20-29 years of age; among the same age cohort for females, the prevalence was 28.1%.^{xxix}

The annual productivity impact of mental illness in the workplace is estimated to be over \$6.4 billion in 2011, increasing to \$16.0 billion in 2041. The present value of the cumulative 30-year productivity impact is expected to be \$198 billion.^{xxx}

Another recent publication suggested that mental illness is linked to more lost work days than any other chronic condition.^{xxxi}



Mental health problems and illnesses account for approximately 30% of short – and long-term disability claims and are rated one of the top three drivers of such claims by more than 80% of Canadian employers.^{xxxii}

People with serious mental health problems and illnesses who receive individualized support to find employment are nearly three times more likely to be in competitive employment than those who did not receive this support. This is particularly significant in light of the fact that as many as 90% of people with serious mental health problems and illnesses have traditionally been excluded from the labour force.^{xxxiii}

FUNDING

In 2004, the federal government transferred \$41 billion to the provinces for health care, but very little of that was invested in mental health. Indeed, mental health spending as a percentage of total health spending has declined significantly over the past 30 years.^{xxxiv}

HOMELESSNESS

520,000 people living with mental illness are homeless or vulnerably housed [in Canada].^{xxxv}

Of the estimated 150,000 users of emergency shelters in Canada, the vast majority use these facilities briefly and infrequently. But there is a sub-population of 8% to 12% who stay much longer or more frequently and account for the majority of shelter bed occupancy. Studies of SPMI [Severe and Persistent Mental Illness] among the homeless indicate markedly increased levels of psychotic disorders, major depression, personality disorders, and substance dependence compared to the general population.^{xxxvi}

HOSPITALIZATION

Fifty-two percent of hospitalizations for schizophrenia in general hospitals are among adults 25-44 years of age.^{xxxvii}

Between 1987 and 1999, hospitalizations for schizophrenia increased slightly among women (3%), but they increased dramatically among men (28%).^{xxxviii}

In 1999, the average length of stay in general hospitals due to schizophrenia was 26.9 days – a decrease of 26% since 1987.^{xxxix}

Mental illnesses are a major contributor to hospital costs. According to the Canadian Institute for Health Information (CIHI), Canadian hospitals reported 199,308 separations related to mental illness in 1999/2000. General hospitals accounted for 86% and provincial psychiatric hospitals for 14%. In 1999/2000, 9,022,382 hospital days were utilized by individuals with mental illnesses. These were almost equally distributed between provincial psychiatric and general hospitals. The overall average length of stay was 45 days. The average length of stay in psychiatric hospitals was 160 days compared to 27 days in general hospitals.^{xl}

In 2008/09, there were 75,838 inpatient days for mental health and substance use patients who no longer required acute care, and who were waiting for appropriate community resources.^{xli}

Adults (age 25-35 years) have the highest rate of repeat hospitalization among MHSU patients (12%). The Mental Health Commission of Canada suggests that readmission shortly after hospitalization might be due to a lack of stabilization during the previous visit, poor discharge planning or not enough community supports.^{xlii}



A research study in southwestern Ontario on outcomes following a long-term hospital stay evaluated the impact of transitional discharge planning combined with peer support. Individuals in the group receiving peer support were discharged on average 116 days sooner from hospital than the control group who did not have access to this program resulting in an estimated saving of \$12 million.^{xliii}

HOUSING

A 2011 United Kingdom Department of Health study found that providing supported housing after discharge from hospital for people with moderate mental health needs generated estimated savings of £22 000 (\$35,000) for each person per year across the wider health and social care system.^{xliv}

JUSTICE SYSTEM

Our jails and prisons have become the last great asylums, with a significant percentage (36% of men and 62% of women) of offenders screened as needing mental health assessment and the majority also experiencing substance-abuse disorders.^{xlv}

Over 50 per cent of youth and adults in contact with the criminal and youth justice system have been diagnosed with a mental illness or substance use problem.^{xlvi}

Research shows that prevalence rates for mental health problems and mental disorders in offenders is growing and significantly exceeds that of the general population. At admission 11% of federal offenders had a mental health diagnosis, 21.3% were prescribed psychiatric medication and 14.5% of male offenders had a past psychiatric hospitalization. Female offenders are twice as likely as male offenders to have a mental health diagnosis at admission. The suicide rate for federal offenders is more than seven times the Canadian average while the number of serious self-harming incidents in prisons is rising. The mental health needs of offenders exceed the capacity, services and supports of the federal correctional authority to meet the growing demand.^{xlvii}

CSC estimates 26% of offenders living in community correctional facilities have mental health problems and disorders while 23% take psychotropic medication. Research shows that the adjustment to community life can be difficult for offenders with mental disorders resulting in reoffending due to a lack of adequate services.^{xlviii}

MORTALITY

People with SPMI [Severe and Persistent Mental Illness] die 20 to 30 years prematurely.^{xliv}

PREVALENCE

Neuropsychiatric disorders account for nearly one-third of the disability in the world. This disability is present in every region of the world.ⁱ

One in four people will suffer from a mental or neurological disorder at some point during their lifetime. 450 million people are currently affected by these disorders.ⁱⁱ

121 million people suffer from depression and 50 million from epilepsy. 24 million people suffer from schizophrenia.ⁱⁱⁱ

More than 6.7 million people in Canada are living with a mental health problem or illness today. By comparison 2.2 million people in Canada have type 2 diabetes.ⁱⁱⁱⁱ At the end of 2008, an estimated 65,000 people were living with HIV infection (including AIDS) in Canada.^{liv}



Mental health problems and illnesses hit early in people's lives. More than 28% of people aged 20-29 experience a mental illness in a given year. By the time people reach 40 years of age, 1 in 2 people in Canada will have had or have a mental illness.^{lv}

By age 40 nearly 50% of the population will have or have had a mental illness. If people reach 90 years of age and older, about 65% of men and almost 70% of women will have or have had a mental illness in their lifetime.^{lvi}

Prevalence of schizophrenia does not vary much between males and females, but for both sexes, its prevalence increases with age.^{lvii}

Immediate family members of individuals with schizophrenia are 10 times more likely than the general population to develop schizophrenia, and children of two parents with schizophrenia have a 40% chance of developing the disorder.^{lviii}

Mental disorders account for a substantial 55 per cent of disease burden in young people aged 15-24 years.^{lix}

Globally, nearly 3% of the total burden of human disease is attributed to schizophrenia.^{lx}

The 2013/14 MHSU cohort is estimated at 800,000 people who received some form of service (from a primary care physician or hospital) for a mental health or substance use issue (including age-related disorders other than dementia and developmental/intellectual disabilities), which is close to 17% of the total BC population of 4.7 million.^{lxi}

Estimates suggest that, in any given year, about one in every five people living in Canada will experience diagnosable mental health problems or illnesses. These can occur at any time of life, affecting infants, children and youth, adults, and seniors. No one is immune – no matter where they live, what their age, or what they do in life. This means that just about every family in the country will be directly affected, to some degree, by mental illness.^{lxii}

SOCIAL CONDITIONS

Although some individuals have healthy relationships, the majority with schizophrenia (60% to 70%) do not marry, and most have limited social contacts.^{lxiii}

SUBSTANCE USE

Up to 80% of individuals with schizophrenia will abuse substances during their lifetime. Substance abuse is associated with poor functional recovery, suicidal behaviour and violence.^{lxiv}

It is estimated that 40-60% of people with schizophrenia also have alcohol or drug use disorders during their lifetime. Individuals with schizophrenia face roughly three times the risk of alcohol use disorders than the general population, and five times the risk of drug use disorders. About half of the youth experiencing a first episode of schizophrenia present with or will develop a substance use disorder. Alcohol and cannabis are the most commonly used substances, followed by cocaine and amphetamines. In addition, nicotine addiction is estimated at 90% in this population.^{lxv}

SUICIDE

Every year, one million people commit suicide. 10 to 20 million attempt suicide.^{lxvi}



The mortality associated with schizophrenia is one of the most distressing consequences of the disorder. Approximately 40% to 60% of individuals with schizophrenia attempt suicide, and they are between 15 to 25 times more likely than the general population to die from a suicide attempt. Approximately 10% will die from suicide.^{lxvii}

VIOLENCE

A review of studies into the prevalence of victimization among women being treated for mental health problems ranged from 51% in outpatient settings, to 97% among homeless mentally ill women.^{lxviii}

Physical and sexual violence against women with schizophrenia is 2 times more than the general population.^{lxix}

Individuals with severe psychiatric disorders who were not taking medication were found to be 2.7 times more likely to be the victim of a violent crime (assault, rape, or mugging) than the general population.^{lxx}

Statistically, people with schizophrenia, or any other mental illness, are not the main perpetrators of violence in society. In fact, people living with mental illness are 2.5 times more likely to be the victims of violence than those without mental illness.^{lxxi}

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Bauer, Tim HLTH:EX

From: Hold - 160524 - Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Meldrum, Erica HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX; Wolsey, Ashley HLTH:EX; Stearn, Anne HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal
Attachments: 1784647.pdf

Hi Erica,
s.13

Docs will assign this to HSD.

I have copied Ashely as there will likely need to be input from FCS. This will be due to the MO Thursday January 4th.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | **C:** 250.217.3655 | **email:** andrea.andrachuk@gov.bc.ca

December 24, 2015

s.17

submitted by the BC Schizophrenia Society

Summary

The British Columbia Schizophrenia Society (BCSS) is a non-profit organization founded in 1982 by families and friends of people with schizophrenia.

In November 2015, the BCSS submitted a proposal to the Minister of Health, requesting three million dollars over five years to support the Society's operational budget. BCSS proposes to use these funds to enhance operational programs to provide more equitable access to BCSS services across the province, including Health Literacy, Family Supports and Psycho-education services for families, schools, police and other interested stakeholders.

Some of the requested funds would allow BCSS to enhance the availability of community educators in all regions to support Health Literacy, Family Support, and Psychosocial Education and Rehabilitation services. Some of the funds would be used to provide paid staffing for provincial level management and support.

Relationship between National, Provincial, and Local Branches

Nationally, the Schizophrenia Society of Canada (SSC) works in collaboration with the provincial schizophrenia societies on numerous projects and initiatives. However each organization is a separately incorporated not-for-profit Canadian registered charity with its own governing board of directors. Schizophrenia Societies at national, provincial and branch levels each accept donations and provide separate tax receipts for those donations.

Currently in BC, the BCSS has a provincial office with community educators located in numerous communities throughout the province. Through these educators, the BCSS facilitates families helping families, educates the public, raises funds, and advocates for better services and research for people living with schizophrenia and other serious and persistent mental illnesses.

In addition there are currently thirteen local Branches of the Schizophrenia Society that raise funds for their local services, some of which are funded by the regional health authorities. Although the provincial office of the BCSS and the local Branches work collaboratively, they are also in competition for funding. Each Branch and the BCSS provincial society seek private donations and funding grants from Gaming, other government bodies, and from the HAs.

BCSS Role in Health Literacy

The BC Partners for Mental Health & Addictions Information (BC Partners) are a coalition of seven non-profit agencies engaged in educating the public in the mental health and substance use fields. Since forming in 2003, the BC Partners have worked together to ensure that high quality, evidence based information is accessible to the public including people who experience or are at risk of mental health and substance use problems, their families, service providers and communities / organizations. The work of the BC Partners is informed by *the Integrated Provincial Strategy to Promote Health Literacy in Mental Health and Addiction in BC*, and aligned with *Healthy Minds, Healthy People: A 10 Year Plan to Address Mental Health & Substance Use in BC*.

As one of the seven BC Partner agencies, the BC Schizophrenia Society receives annual funding in the amount of \$273,588 to support a number of different mental health literacy projects and initiatives. In 2015/2016, these projects include:

- **Contribution to Visions Magazine:** a quarterly, evidence-based magazine produced by the BC Partners on mental health and substance use themes, bringing together personal, family, and service provider perspectives with program profiles, approaches and resources.
- **The Reach Out Psychosis Youth Project:** brings early psychosis intervention and stigma reduction information to high-school age youth through engaging school presentations with the goal of increasing early intervention of psychosis.
- **The Reaching Families Dissemination and Health Literacy Project:** three interconnected tools (a family calendar, online family support group, and population-specific email lists) to help disseminate information to family members of persons with mental illness.
- **Schizophrenia and Psychosis Resource and Fact Sheet Updates:** updates to schizophrenia and psychosis information on the HeretoHelp website to ensure it is up-to-date, evidence-based, and useful for individuals and families to assist them in making decisions about their own health and/or to assist them in supporting their loved ones.

Regional Context

All Health Authorities (HAs) provide psychosocial rehabilitation services for patients/clients and their families. Some regions provide these types of services through their directly operated HA programs; some HAs contract with a local Schizophrenia Society Branch or other agencies to facilitate the provision of these services. In the decentralized healthcare system, decisions are made by the regional HAs regarding how the services are provided in various communities, based on local and regional needs and resources.

Current BCSS Services

With current PHSA funding at a provincial level and some HA funding at regional levels, BCSS provides:

- Health Literacy programs

- Family support groups
- Psycho-education for families
- Psychosocial education and mental illness awareness sessions for emergency responders, schools, mental health teams and communities

Current BCSS Services/Funding according to the Proposal

s.17

- Provide health literacy, family supports, psycho-education and rehabilitation for families, schools, police agencies, and community mental health teams in Fraser Health, Northern Health, Interior Health communities, through a combination of provincial and regional funding as well as significant use of volunteers.

s.17

One-time request for \$3 million to be used over 5 years. **

s.17

s.17

Page 026

Withheld pursuant to/removed as

s.17

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s.17

from a Financial Perspective

(to be further developed by/with Finance)

Funding provided to BCSS from the health authorities, including PHSA, as noted on HA web sites*.

HAs Payments to the BC Schizophrenia Society							
(FY 2012/13 - FY 2014/15)							
	FHA	IHA	NHA	VCHA	VIHA	PHSA	Total
FY 14/15	285,839	163,359	753,661	29,705	179,228	136,794	1,548,586

FY 13/14	284,399	220,297	747,045	75,176	145,044	203,722	1,675,683
FY 12/13	278,404	227,903	729,648	108,742	151,939	273,588	1,770,224

*Finance will verify with each HA for s.13

s.13

Holland, Jodie CSCD:EX

From: Fassbender.MLA, Peter <Peter.Fassbender.MLA@leg.bc.ca>
Sent: Tuesday, December 1, 2015 1:50 PM
To: Minister, CSCD CSCD:EX
Subject: FW: BC Schizophrenia Society Funding Proposal
Attachments: BCSS Funding Proposal.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: FW to Other Ministry, FYI/File

Re-Direct to MTL/HLTH.

From: BCSS - Ana Novakovic [mailto:development@bcss.org]
Sent: December 1, 2015 1:23 PM
To: Fassbender.MLA, Peter <Peter.Fassbender.MLA@leg.bc.ca>
Cc: Deborah Conner <dconner@bcss.org>; 'Dave Halikowski' <dhalikowski@bcsspghbranch.org>
Subject: BC Schizophrenia Society Funding Proposal

Dear Minister Fassbender,

I am writing in regard to a funding proposal recently submitted to the Ministry of Health by the BC Schizophrenia Society. In response to the growing mental health crisis in our province and the ever-growing need for improved caregiver support, the BC Schizophrenia Society is requesting funding from the Ministry of Health in order to provide support and resources to caregivers in BC regions that are currently underserved such as Vancouver/Richmond, Vancouver Island and the Okanagan.

I have attached the proposal for your review. Anything you can do to support our request would be greatly appreciated. Please do not hesitate to contact me if you have any questions.

Sincerely,

Ana Novakovic
Policy and Government Relations
BC Schizophrenia Society
604-270-7841 or 1-888-888-0029
www.bcss.org

CORRESPONDENCE SERVICES
Received: DEC 3 2015
Sent: ASSIGN TO:
<input type="checkbox"/> MINISTER'S RESPONSE <input type="checkbox"/> DM RESPONSE <input type="checkbox"/> DIRECT REPLY <input type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> COMMENTS/ADVICE <input type="checkbox"/> PREMIER'S RESPONSE <input type="checkbox"/> INFO/FILE

Bauer, Tim HLTH:EX

From: Lewis, Jamie HLTH:EX
Sent: Wednesday, January 6, 2016 8:46 AM
To: van der Leer, Gerrit HLTH:EX; LaForge, Christine HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Tamara is following up on this. As the DMO requested we close it, she is checking with Finance to see if they will be sending the assignment our way.

Thanks,
Jamie

From: van der Leer, Gerrit HLTH:EX
Sent: Tuesday, January 5, 2016 4:47 PM
To: LaForge, Christine HLTH:EX
Cc: Lewis, Jamie HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hello Chris, has this been resurrected on e-approval as requested by Mandjit?

Gerrit van der Leer
Director
Mental Health and Substance Use
Integrated Primary and Community Care
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
mail to Gerrit.vanderleer@gov.bc.ca

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From: van der Leer, Gerrit HLTH:EX
Sent: Wednesday, December 23, 2015 12:23 PM
To: Lewis, Jamie HLTH:EX
Cc: Casanova, Tamara HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hello Jamie, can you please resurrect the e-approval for this and forward to Chris. We will need some additional time considering the holidays, suggest we completed this by Jan. 14th. Thanks

Gerrit van der Leer
Director
Mental Health and Substance Use
Integrated Primary and Community Care
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8

Ph. (250) 952 1610 Fax: (250) 952 1282
mail to Gerrit.vanderleer@gov.bc.ca

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From: Taylor, Mark C HLTH:EX
Sent: Wednesday, December 23, 2015 12:18 PM
To: van der Leer, Gerrit HLTH:EX
Cc: Reyes, Aurelio P HLTH:EX; Cross, Gordon HLTH:EX; Boland, Blair HLTH:EX; LaForge, Christine HLTH:EX; Brownsey, Silas HLTH:EX; Lewis, Jamie HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Hi Gerrit, yes – thanks.

Mark C. Taylor
Director - Policy, Finance and Funding
Regional Grants and Decision Support
Ministry of Health
Phone: 250-952-1177 Fax: 250-952-1420

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From: van der Leer, Gerrit HLTH:EX
Sent: Wednesday, December 23, 2015 12:13 PM
To: Taylor, Mark C HLTH:EX
Cc: Reyes, Aurelio P HLTH:EX; Cross, Gordon HLTH:EX; Boland, Blair HLTH:EX; LaForge, Christine HLTH:EX; Brownsey, Silas HLTH:EX; Lewis, Jamie HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Thanks Marks.13

s.13

Gerrit van der Leer
Director
Mental Health and Substance Use
Integrated Primary and Community Care
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
mail to Gerrit.vanderleer@gov.bc.ca

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From: Taylor, Mark C HLTH:EX
Sent: Wednesday, December 23, 2015 9:37 AM

To: van der Leer, Gerrit HLTH:EX; LaForge, Christine HLTH:EX
Cc: Reyes, Aurelio P HLTH:EX; Cross, Gordon HLTH:EX; Boland, Blair HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Hi Gerrit / Christine,

s.13

We can meet sometime today to discuss next steps, keeping in mind any confirmation from the health authorities will take into the January timeframe at this point, given seasonal vacation schedules.

Thanks.

Mark C. Taylor
Director - Policy, Finance and Funding
Regional Grants and Decision Support
Ministry of Health
Phone: 250-952-1177 Fax: 250-952-1420

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From: LaForge, Christine HLTH:EX
Sent: Tuesday, December 22, 2015 2:46 PM
To: Taylor, Mark C HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hi Mark,

Here is the email trail with the original instructions from the DM's office followed by the communications since that request.

I trust this gives you what you need for your meeting with Manjit tomorrow.

Thanks for your help with this.

Chris LaForge
Senior Policy Analyst
Mental Health & Substance Use
Integrated Primary and Community Care
Health Services Policy Division
BC Ministry of Health
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
christine.laforge@gov.bc.ca

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From: Lewis, Jamie HLTH:EX
Sent: Tuesday, December 22, 2015 2:01 PM
To: LaForge, Christine HLTH:EX

Cc: Thorne, Maria HLTH:EX; van der Leer, Gerrit HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

s.13

From: LaForge, Christine HLTH:EX
Sent: Tuesday, December 22, 2015 2:00 PM
To: Lewis, Jamie HLTH:EX
Cc: Thorne, Maria HLTH:EX; van der Leer, Gerrit HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Hi Jamie,

Can you please clarify what this means for us. When can we anticipate receiving the response from Finance in order to add in our work? Can we request an extension of the January 4th timeline to January 8th so we can work with Finance and PHSA on s.13 and response?

Thanks,

Chris LaForge

Senior Policy Analyst
Mental Health & Substance Use
Integrated Primary and Community Care
Health Services Policy Division
BC Ministry of Health
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
christine.laforge@gov.bc.ca

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From: Lewis, Jamie HLTH:EX
Sent: Tuesday, December 22, 2015 1:45 PM
To: LaForge, Christine HLTH:EX; van der Leer, Gerrit HLTH:EX
Cc: Thorne, Maria HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

FYI

From: Casanova, Tamara HLTH:EX
Sent: Tuesday, December 22, 2015 1:25 PM
To: Lewis, Jamie HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal - 1045954

FYI

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Casanova, Tamara HLTH:EX
Sent: Tuesday, December 22, 2015 9:06 AM
To: Andrachuk, Andrea HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Meldrum, Erica HLTH:EX; Wolsey, Ashley HLTH:EX; Docs Processing HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Okay, thank you for confirming.

Angie/Kathy - can you please close our assignment. The eApproval and Cliff appear to still be open with HSD program staff.

Thanks very much,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Tuesday, December 22, 2015 8:51 AM
To: Casanova, Tamara HLTH:EX; Wolsey, Ashley HLTH:EX
Cc: Meldrum, Erica HLTH:EX; HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Yes, we had indicated to cancel the second assignment to HSD. FCS will send their assignment through to HSD for program area content to be added if needed.

Thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Casanova, Tamara HLTH:EX
Sent: Tuesday, December 22, 2015 8:45 AM
To: Andrachuk, Andrea HLTH:EX; Wolsey, Ashley HLTH:EX
Cc: Meldrum, Erica HLTH:EX; HSD Documents Coordinator HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hi,

It appears that FCS has a separate assignment open (1044022) regarding the BC Schizophrenia Society Funding Proposal. In an effort to avoid duplication, can you please review both and confirm the assignment for HSD is still required.

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |

Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Casanova, Tamara HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal

looping

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Meldrum, Erica HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX; Wolsey, Ashley HLTH:EX; Stearn, Anne HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal

Hi Erica,

s.13

Docs will assign this to HSD.

I have copied Ashely as there will likely need to be input from FCS. This will be due to the MO Thursday January 4th.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

Bauer, Tim HLTH:EX

From: Veillette, Kelly HLTH:EX
Sent: Wednesday, March 2, 2016 4:33 PM
To: van der Leer, Gerrit HLTH:EX
Cc: Lewis, Jamie HLTH:EX; Casanova, Tamara HLTH:EX; LaForge, Christine HLTH:EX; Wong, Michelle HLTH:EX; Brownsey, Silas HLTH:EX; Glynn, Keva HLTH:EX
Subject: RE: URGENT REQUEST FW: Schizophrenia Society s.13

Hi Gerrit – We were able to find a s.13 that Chris did in December, and I've shared that with Tamara. Silas has given the green light on funding, and I've noted for Tamara that there were certain s.17

s.17 Tamara will also be linking in with Finance. If you have a chance, please weigh in on this, as there is still some time to provide our thoughts.

Kelly

From: Lewis, Jamie HLTH:EX
Sent: Wednesday, March 2, 2016 3:59 PM
To: Veillette, Kelly HLTH:EX
Subject: FW: URGENT REQUEST FW: Schizophrenia Society s.13

From: Brownsey, Silas HLTH:EX
Sent: Wednesday, March 2, 2016 3:54 PM
To: Hughes, Doug J HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX; Glynn, Keva HLTH:EX; Lewis, Jamie HLTH:EX
Subject: Re: URGENT REQUEST FW: Schizophrenia Society s.13

Jamie is trying to pull the file as folks are out of the office right now, but want to flag that we were told not to proceed with the s.13 so don't know how far they got.

Sent from my iPhone

On Mar 2, 2016, at 3:38 PM, Hughes, Doug J HLTH:EX <Doug.Hughes@gov.bc.ca> wrote:

Hi Gerrit,

I tried calling you just now but I think you are out of the office? A few weeks ago I understand you/staff were doing s.13
s.13

The proposal is to expand education about schizophrenia in communities, including the promotion of early intervention; approach is inclusive of families. Linking community-based services for patients and families experiencing mental health challenges is a key component of the Ministry's strategic agenda through the MHSU System of Care document. Request is for \$3 million for a 5 year period.

Thanks very much,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services
Policy Division | Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Feulgen, Sabine HLTH:EX
Sent: Wednesday, March 2, 2016 3:22 PM
To: Hughes, Doug J HLTH:EX
Subject: Schizophrenia Society s.13

s.13

Sabine Feulgen
Associate Deputy Minister, Corporate Services
Ministry of Health

T: 250.952.1764
E: Sabine.Feulgen@gov.bc.ca

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |

Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Casanova, Tamara HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal

looping

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Meldrum, Erica HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX; Wolsey, Ashley HLTH:EX; Stearn, Anne HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal

Hi Erica,
s.13

Docs will assign this to HSD.

I have copied Ashely as there will likely need to be input from FCS. This will be due to the MO Thursday January 4th.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY
BC SCHIZOPHRENIA SOCIETY FOUNDATION
SUPPORTING THE BC SCHIZOPHRENIA SOCIETY

Medical Advisory Board

Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, Phd., FRSC

BC Schizophrenia Society Meeting
Tuesday, March 1st, 2016
3:00 – 3:30

Agenda

1. The role of BCSS and housing
2. Increased concerns from our membership
3. A BCSS Call to Action
4. How BCSS can partner/assist



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BC SCHIZOPHRENIA SOCIETY FOUNDATION
SUPPORTING THE BC SCHIZOPHRENIA SOCIETY

Medical Advisory Board

Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, Ph.D., FRSC

Housing Crisis Call to Action

Introduction

The BC Schizophrenia Society (BCSS) has a vested interest in the housing of those with mental illness. Over the past few years, complaints about secure and appropriate housing from people requiring housing or their caregivers have been bringing the housing crisis to BCSS's attention with increased regularity.

While BCSS does not offer housing, we are regularly involved with caregivers and their ill loved ones. We are front line responders when caregivers are in a housing crisis. As a result, BCSS is often in conversation with housing providers, in support of our membership.

Through our housing meetings with Government and Opposition, we wish to share what we have learned, to understand the direction of Government with respect to housing, to receive answers where clarity is needed for those who are most vulnerable in our society, and to sound a **Housing Crisis Call to Action**.

From our perspective, mental health housing services are currently facing a series of challenges: there is an inadequate number of housing units; legislation, guidelines, and standards are either not in place, not appropriate, or not enforced; and funding is insufficient for the level of care needed. This means that people living with mental illness do not have access to housing services that actually meet their needs, which disrupts their stability and impedes their recovery. This places a significant burden on families and other systems such as emergency hospital services and policing. There is also a lack of publically available information about current mental health housing services, which makes it difficult to evaluate and support government initiatives.

BCSS is calling for an independent, thorough review of the services currently available throughout the province including the regulations that dictate level of care and govern various types of housing; the best practices that reduce re-hospitalization and suicide rates; as well as the unmet needs (waitlists and inadequate care levels). Clarity on these key points would provide transparency for the public and help guide government decisions. The legislation that governs supportive housing services needs to be reviewed and updated, as do best practices for each level of care provided by housing services in consultation with consumers, family members, and service providers.

BCSS is requesting an independent regulatory body to work in partnership with government, consumers, family members, and service providers whose mandate will be to oversee housing operations across the province, specifically for those with mental illness. As part of the mandate, housing units and waitlists need to be tracked and understood; and the outcomes of best practices in reducing hospital readmission, suicide rates, as well as consumer and family satisfaction, need to be measured and evaluated. The regulatory body will have accessible, clear and transparent guidelines for addressing concerns.

BCSS is requesting funding levels for housing to be reinstated immediately where cuts have been made over the last several years. Moreover, we request a funding model which allows for inflation; responds to the changing requirements of those needing care; and enables service providers to meet regulations and best practices.



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BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY
BC SCHIZOPHRENIA SOCIETY FOUNDATION
SUPPORTING THE BC SCHIZOPHRENIA SOCIETY

Medical Advisory Board

Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, Ph.D., FRSC

Consequences of Inadequate Housing Supports

As psychiatric institutions have closed down in favour of community care, resources such as supported housing services have not developed sufficiently to meet the needs of people living with mental illnesses. The consequences of inadequate mental health housing services are significant, both in terms of outcomes for people living with mental illnesses and the strain on various social systems. The Institute of Health Economics reported that 520,000 Canadians living with mental illness are homeless or vulnerably housed.¹ Such precarious living conditions can often result in suicide. 40% to 60% of individuals with schizophrenia attempt suicide and approximately 10% die from suicide. Their likelihood of dying from a suicide attempt is 15 to 25 times more likely than the general population.²

Inadequate housing supports have left many people in crisis situations, resulting in significant costs for emergency services. In 2015, the Ministry of Health reported that the Mental Health and Substance Use (MHSU) population accounted for 35% of all emergency department visits in 2013/14 and that the “percent of the MHSU cohort that has five or more emergency department visits in the year is much higher (11 percent) than the non-MHSU population (4 percent).”³

Vancouver General Hospital and St. Paul’s Hospital have seen a 76% increase in admissions for mental-health emergencies and substance-misuse incidents between 2009 and 2015.⁴ Even in 2008/09 there were “75,838 inpatient days for mental health and substance use patients who no longer required acute care, and who were waiting for appropriate community resources.”⁵ The cost of an Emergency Room visit in Vancouver Coastal Health and Fraser Health hospitals averages \$385 and a Daily Ward averages \$1,100⁶; the average cost of an acute care stay for mental and behavioural disorders is approximately \$9,000.⁷ We can see that these are significant costs and certainly much greater than the cost of supported housing, which can be as low as \$14/client/day (although we believe that best practices for reducing suicide and hospital admission rates are likely not included in this cost) or even residential care, which currently ranges from \$120 - \$180/client/day.

In addition to high hospitalization rates and costs, people with mental illnesses are also increasingly coming into contact with police and being warehoused in corrections facilities. In 2014, the Vancouver Police Department detained 3,010 people under Section 28 of the Mental Health Act, which is up from 2,278 in 2009 (32% increase).⁸ The Vancouver Police Department also reported that “mental illness is believed to contribute to 21%

¹ Institute of Health Economics, “Consensus Statement On Improving Mental Health Transitions, Edmonton, Alberta,” 2014, page 9.

² Health Canada, “A Report on Mental Illnesses in Canada,” 2002, p. 52.

³ Ministry of Health, “Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues,” 2015, p. 7-9.

⁴ <http://www.straight.com/life/510721/vancouver-hospitals-predict-2015-will-see-emergency-mental-health-visits-surpass-10000>

⁵ Ministry of Health Services and Ministry of Children and Family Development, “Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia,” 2010, p. 8.

⁶ http://www.david-cummings.com/documents/canadian_hospital_rates.htm

⁷ Canadian Institute for Health Information, “The Cost of Acute Care Hospital Stays by Medical Condition in Canada, 2004-2005,” 2008, p. 15.

⁸ <http://www.straight.com/life/510721/vancouver-hospitals-predict-2015-will-see-emergency-mental-health-visits-surpass-10000>



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY
BC SCHIZOPHRENIA SOCIETY FOUNDATION
SUPPORTING THE BC SCHIZOPHRENIA SOCIETY

Medical Advisory Board

Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, Phd., FRSC

of incidents handled by VPD officers and 25% of the total time spent on calls where a report is written.” This essentially means that many residential care staff have been replaced by police officers: “In the 1990s the VPD only had 1.5 full-time employees assigned to deal with those suffering from mental illness and addiction. However, in 2013, this has increased to more than 17 full-time employees.⁹ Our jails and prisons have become the last great asylums, with a significant percentage (36% of men and 62% of women) of offenders screened as needing mental health assessment and the majority also experiencing substance-abuse disorders.¹⁰

Problems with Current Approaches

Funding cuts over the years have eroded best practice supports in housing across the province. One housing provider reported that current budgets for mental health housing services are smaller today than when these services first opened. The funding for residential care is approximately 15% less now than it was even three years ago and as much as 50% less than it was 15 years ago (when adjusted for inflation). Funding cuts for residential care have meant that food services, housekeeping, and recreational activities have been eliminated and staffing levels have been reduced to one staff member per shift. These funding cuts were made despite the fact that these services were cost-effective (for example, one housekeeping team and one leisure team serving 8 or 9 residential care homes) and produced positive outcomes for clients.

Housing waitlists also show little movement because of a lack of new developments. According to one source, Vancouver Coastal Health housed less than 10 people from their 300-person waitlist in 2015 because patients from hospitals and tertiary care have priority for housing due to the high costs of these beds. In addition, even those currently in supported housing are being pushed out. Organizations providing Semi-Independent Living (SIL) programs in Vancouver Coastal Health and Fraser Health are feeling the pressure to move their clients on to independent living after two years because of the new housing protocol dictated by government. Individuals living with dementia or developmental disabilities are not expected to move along a continuum of care called “recovery,” with the expectation of fully independent living. Yet this is expected of people living with severe mental illnesses.

This demonstrates a lack of understanding of mental illnesses such as schizophrenia and bipolar disorder. These are chronic conditions that affect people throughout the lifespan. Although an individual’s functioning can vary, people generally do best with consistent, long-term support. This is especially important since the majority of individuals living with schizophrenia experience cognitive deficits, which impairs executive functioning and makes support for daily living necessary.

Government Call to Action

BCSS is calling for an independent, thorough review of the services currently available throughout the province including the regulations that dictate level of care and govern various types of housing; the best practices that reduce re-hospitalization and suicide rates; as well as the unmet needs (waitlists and inadequate care levels).

⁹ Vancouver Police Department, “Vancouver’s Mental Health Crisis: An Update Report,” 2013, p. 1.

¹⁰ Institute of Health Economics, “Consensus Statement On Improving Mental Health Transitions, Edmonton, Alberta,” 2014, page 5.



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BC SCHIZOPHRENIA SOCIETY FOUNDATION
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Medical Advisory Board

Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, Ph.D., FRSC

Information Sharing and Transparency

In order for government, service agencies, and advocates to evaluate policies and make sound proposals for mental health housing services, it is necessary to understand current services, deliverables, reporting structures, and the unmet need. Therefore, the following information should be made publically available:

- Breakdown of current housing units by level of care for each region
- Breakdown of current waitlists by the level of care needed for each region
- Which service providers have housing contracts across the province and the contract deliverables
- Regular reports that demonstrate the outcomes for each contract
- Who each of the contract managers are and how questions and concerns can be directed to them

Legislation and Best Practices

Legislation and Best Practices for each level of care in housing services need to be developed, adopted and enforced in order to ensure that service providers have clear standards and guidelines to ensure positive outcomes for their clients. Currently, residential care homes are governed by the *Community Care and Assisted Living Act* and the Residential Care Regulation portion of the *Act* sets out fairly comprehensive requirements that ensure clients' basic needs are met. Similar legislation needs to be enacted for supported housing, which is currently only governed by the *Residential Tenancy Act*, which makes no provisions for the care that needs to be provided.

In addition to Legislation, Best Practices for each level of care need to be developed in consultation with consumers, family members, and service providers. Best Practices need to be evidence-based and focused on ensuring positive outcomes for people living with mental illnesses. This would likely include support with medications, personal hygiene, food preparation, and housekeeping, as well as access to cognitive remediation therapy, recreational activities, and psychosocial supports.

Funding

Care for people with mental illnesses has increasingly shifted to community setting over the last few decades. Yet, funding levels for community services such as supported housing and residential care have not kept pace; in fact, funding levels have decreased drastically, as described above. Housing providers require budgets that will allow them to meet legislative criteria and provide services in accordance with Best Practices. People living with mental illnesses deserve stable, long-term housing that is responsive to their needs. An investment in comprehensive housing supports would likely result in significant savings for emergency services, while enabling some of BC's most vulnerable people to live with security and dignity.

Appendices

"Mental health care system failed Lions Bay man, mother says," by Tiffany Crawford, Vancouver Sun, January 13, 2016

"Why Are So Many Dying Unnoticed in BC Supportive Housing?" by Tom Sandborn, The Tyee, November 30, 2015

Mental health care system failed Lions Bay man, mother says

Ryan Norris spent years trying to find help for his mental illness and drug addiction, before dying of suspected fentanyl overdose

BY TIFFANY CRAWFORD, VANCOUVER SUN JANUARY 13, 2016

Ryan Norris, described as a kind-hearted person and once-promising athlete, spent his last days trying to get help for his addiction.

His spirits lifted, says his mother Christine, when he heard a space had become available at the Sage Health Centre in Kamloops, one of several treatment centres where he was wait-listed.

His bags were packed, when, about a week before he died, he received a call that the space was no longer available. He became despondent, and left the house in what his mother believes was a search for heroin to ease his pain.

Norris was among hundreds of mental health patients in B.C. waiting to get long-term treatment.

In the Vancouver health region alone, there are around 400 mental health patients on waiting lists for long-term housing, according to the latest figures from last year from the B.C. Schizophrenia Society.

A spokesman for the B.C. Health Ministry, Stephen May, could not confirm that number but said the government “absolutely” agrees that there is a need for more mental health and substance use beds in the province.

Norris, 35, was found dead in an east Vancouver apartment on Dec. 22, one of several suspected fentanyl overdoses in December.

At the time, Vancouver police had just issued another warning about the dangers of fentanyl being mixed in narcotics. The potentially fatal drug is showing up in a variety of recreational drugs, including cocaine, crystal meth, ecstasy and Fake 80s, a pill designed to mimic the strong painkiller OxyContin.

Norris didn't live at the East Van apartment on Triumph Street where his body was found. He had been living with his parents in Lions Bay, a quiet retreat from his struggles with addiction and depression, a home that he, a professional contractor, had helped to build.

As a boy, Norris was quiet and kept to himself most days. If he struggled then with mental health illness, he didn't talk about it, said his cousin Megan Baker, 36, and his mother.

But after he lost his lucrative construction firm, house and wife during the recession of 2008, everything changed. He had a psychotic break.

Over the next seven years, he would struggle with depression, anxiety, schizophrenia, and suicidal tendencies. He also suffered from concussions — one sustained while trying to kill himself by driving into a stone wall, and the other after he fell off a ladder while painting the family house.

When pharmaceuticals failed to help with what his mother believes was an enormous amount of pain, he turned to self-medicating with street drugs.

On the dining room table, Christine Norris displays photographs of her son. In several, he's with his five-year-old son, Max, whom family say he adored. Next to the photos, a large silver platter of white candles burn in memorial.

"I just like to feel the warmth from the flame," she says, tears filling her eyes. It has only been a few days since they held his celebration of life. "I am still so very sad, but I am also angry."

She's resentful of a health care system that failed her son, one lacking in long-term recovery beds for those suffering from addiction and mental health illness.

Beside Christine sits a banker's box stuffed to the brim of papers, files — Ryan's court documents, recovery reports, and release forms. A box detailing the last five years of her life as she tried in vain to get her son committed to long-term psychiatric care.

She booked him into several short-term centres, including a 60-day Christian retreat, but after each one he'd have a relapse. Family strife mounted as they racked up bills in the thousands, and courted judgment from friends and family each time they welcomed him back to recover at home in Lions Bay.

"I just feel like, why isn't there a place where they can get better first, then go to a treatment centre when their brain is thinking clearly. These guys need long term help."

The Health Ministry has pledged to create an additional 500 beds in B.C. by 2017, spokesman May said, including the new Riverview project. The B.C. government announced plans in mid-December to invest \$175 million to revamp Coquitlam's Riverview lands into a mixed-use community hub for mental health care, including a 105-bed mental health facility.

"It's important to remember that tertiary mental health facilities, like the Centre for Mental Health and Addiction soon be relocated to the Riverview lands, are not intended to provide lifelong care to patients, but rather to stabilize them to a point where they can be transitioned to rehabilitation and recovery services," said May.

Still, mental health care advocates say it's not enough.

"It is basically a relocation of current services," Deborah Conner, executive director of the B.C. Schizophrenia Society, said about the Riverview plan. "It does not impact those people who are on wait lists, living on the streets, or in those broken down buildings on the Downtown Eastside with no heat or hot water."

Marguerite Hardin, a support coordinator at the North Shore Schizophrenia Society, says she hears from families of mentally ill patients frequently that their loved ones are released from hospitals without the care needed, and in many cases are not admitted at all.

"They are settled, but not stabilized to the point where they can be self-managing," she said. "With this stopgap approach, they are treated often too soon before they are stabilized. They say 'oh you're fine you can go now.' Then there is not adequate community support when they are discharged. It's inadequate."

While he was on several waiting lists, Ryan was also turned away from several local hospitals over the past couple of years, says Christine, including St. Paul's Hospital just a week before his death.

"He just said 'mom they just gave me a bunch of Ativan and kicked me out'" says Christine. "His eyes were rolling in the back of his head. Now I don't know if what he said was true, but they should not have released him in that state."

When a few days later, Ryan was picked up by the police, she says she begged them to hold him because of his medical record of drug abuse and depression. She was scared that he had become a danger to himself.

Brian Montague, a Vancouver police spokesman, would not comment on the Norris case, citing privacy laws, but he said police cannot lawfully apprehend someone for psychiatric assessment unless they meet certain criteria under section 28 of the Mental Health Act. "Police cannot arbitrarily detain, arrest, or apprehend someone without a reason that is supported by law," he said.

Baker, Ryan's cousin and friend, wants people to know that "Ry" was a deeply caring person who got sick. And like anyone who falls ill, she said, he needed ongoing help.

"Addicts are not a thing, they are not human waste. They are a human soul that is in turmoil," said Baker.

"You may think they chose this life, but we can't know what they have endured."

<http://www.vancouversun.com/health/mental+health+care+system+failed+lions+mother+says/11647868/story.html>

Why Are So Many Dying Unnoticed in BC Supportive Housing?

Lindsey Longe's sad death in 2012 wasn't an isolated case.

By Tom Sandborn, 30 Nov 2015, TheTyee.ca

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Page 049 to/à Page 052

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Bauer, Tim HLTH:EX

From: Hold - 160524 - Andrachuk, Andrea HLTH:EX
Sent: Monday, February 29, 2016 8:45 AM
To: Wolsey, Ashley HLTH:EX
Cc: Michell, Jennifer HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX; Casanova, Tamara HLTH:EX; HLTH FCS Documents Processing HLTH:EX
Subject: RE: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting
Attachments: BCSS Housing Meeting Agenda.pdf; BCSS Housing Call to Action.pdf; Sun - Mental health care system failed Lions Bay man 1.13.2016.pdf; Tyee - Why Are So Many Dying Unnoticed in BC Supportive Housing 11.30.20....pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Tamara and Ashley,
Please find attached documents from the Schizophrenia Society.

Attendees:
Fred Dawe, BCSS Board Member
Deborah Conner, BCSS Executive Director
Susana Cogan, Family Member
Marian Zadra, Family Member

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Andrachuk, Andrea HLTH:EX
Sent: Friday, February 26, 2016 4:30 PM
To: Wolsey, Ashley HLTH:EX
Cc: Michell, Jennifer HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX; Casanova, Tamara HLTH:EX; HLTH FCS Documents Processing HLTH:EX
Subject: FW: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Hi Ashley,
The Minister's office has booked the below last minute meeting with the BC Schizophrenia Society. HSD is preparing rush materials and has noted there is an FCS component we should advise the Minister of.
Please have staff prepare a rush bullet to add to the materials from HSD. (or if you have a recent document on this topic we could include it).
My apologies for the last minute request.
Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister

Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Casanova, Tamara HLTH:EX
Sent: Friday, February 26, 2016 4:28 PM
To: Andrachuk, Andrea HLTH:EX
Cc: Docs Processing HLTH:EX; HSD Documents Coordinator HLTH:EX; Leake, Greg HLTH:EX; Stearn, Anne HLTH:EX; Kiewiet, Nargis HLTH:EX; Hoyer, Carol D HLTH:EX
Subject: RE: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Hi Andrea,

As discussed, I would be grateful if you could please also loop in FCS. The BC Schizophrenia Society has recently submitted a funding proposal.

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Friday, February 26, 2016 4:11 PM
To: Casanova, Tamara HLTH:EX
Cc: Docs Processing HLTH:EX; HSD Documents Coordinator HLTH:EX; Leake, Greg HLTH:EX; Stearn, Anne HLTH:EX; Kiewiet, Nargis HLTH:EX; Hoyer, Carol D HLTH:EX
Subject: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Hi Tamara,

The MO has confirmed the above noted Minister meeting with BC Schizophrenia Society. Details are below.

Date: Tuesday March 1

Time: 3:00-3:30pm

Location: s.15

Agenda Items:

- mental health housing
- levels of care provided in different types of housing;
- staff to client/resident ratios;
- and legislation governing different forms of supported housing

Additional details: Background below

Calendar invites will be sent to Lynn Stevenson and Doug Hughes to attend. Please advise if any additional staff will need to be included.

Materials: DocsProcessing will assign formally for materials as per usual process. Due date for final materials to the MO is Monday Feb 29th.

Please don't hesitate to give me a call if there are any concerns.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Jukes, Shaina HLTH:EX
Sent: Friday, February 26, 2016 2:42 PM
To: Andrachuk, Andrea HLTH:EX
Cc: Leake, Greg HLTH:EX
Subject: FW: BC Schizophrenia Society Meeting

Hi Andrea, FYI this is a rush that came in and we have offered to time to meet with on March 1st.

Please call me if you have any questions.

Shaina Jukes

*Administrative Coordinator to the Honourable Terry Lake
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547 | Fax: 250-356-9587 | Hlth.Health@gov.bc.ca*

From: BCSS - Ana Novakovic [<mailto:development@bcss.org>]
Sent: Tuesday, February 23, 2016 3:33 PM
To: Health, HLTH HLTH:EX
Subject: BC Schizophrenia Society Meeting

Good Afternoon,

I am writing to inquire about the possibility of meeting with Minister Lake or one of his representatives.

On Tuesday, March 1st, BC Schizophrenia Society's Executive Director, Deborah Conner, and two family members who have experience caring for mentally ill people, will be in Victoria to meet with Members of the Opposition about some concerns relating to mental health housing. We would like an opportunity to meet with Minister Lake to discuss these issues on the afternoon of March 1st if possible.

We are still in the process of developing some briefing notes for the meeting but some of the issues we would like to discuss include: current availability of housing for mental health patients and the levels of care provided in different types of housing; staff to client/resident ratios; and legislation governing different forms of supported housing.

We would also like to invite representatives from the Ministry of Housing and the Ministry of Social Development and Social Innovation to the meeting.

I apologize for the short notice and look forward to hearing from you at your earliest convenience.

Sincerely,

Ana Novakovic
Policy and Government Relations
BC Schizophrenia Society
604-270-7841 or 1-888-888-0029
www.bcscs.org

Bauer, Tim HLTH:EX

From: Docs Processing HLTH:EX
Sent: Tuesday, March 1, 2016 9:47 AM
To: Jukes, Shaina HLTH:EX
Cc: Hold - 160524 - Andrachuk, Andrea HLTH:EX; Leake, Greg HLTH:EX; Stearn, Anne HLTH:EX; Michell, Jennifer HLTH:EX; Benbow, Nicole C HLTH:EX; Robertson, Derek HLTH:EX; O'Brien, Kellie HLTH:EX; Docs Processing HLTH:EX; Dhanowa, Damon HLTH:EX
Subject: 1049839 - RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting
Attachments: 1049839 Meeting Materials March 1 2016 MTL BCSS.docx

Follow Up Flag: Follow up
Flag Status: Completed

Hi All:

The attached material has been prepared by HSD for Minister's meeting this afternoon and has been approved by Doug Hughes and Manjit Sidhu, ADMs.

Thanks so much,

Kathy Simonson
Program Coordinator / Executive Operations / DMO / Ministry of Health
5-3 1515 Blanshard St, Victoria BC V8W 3C8
Telephone 250 952-0998

kathy.simonson@gov.bc.ca

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From: Jukes, Shaina HLTH:EX
Sent: Friday, February 26, 2016 2:42 PM
To: Andrachuk, Andrea HLTH:EX
Cc: Leake, Greg HLTH:EX
Subject: FW: BC Schizophrenia Society Meeting

Hi Andrea, FYI this is a rush that came in and we have offered to time to meet with on March 1st.

Please call me if you have any questions.

Shaina Jukes

Administrative Coordinator to the Honourable Terry Lake

From: BCSS - Ana Novakovic [<mailto:development@bcss.org>]

Sent: Tuesday, February 23, 2016 3:33 PM

To: Health, HLTH HLTH:EX

Subject: BC Schizophrenia Society Meeting

Good Afternoon,

I am writing to inquire about the possibility of meeting with Minister Lake or one of his representatives.

On Tuesday, March 1st, BC Schizophrenia Society's Executive Director, Deborah Conner, and two family members who have experience caring for mentally ill people, will be in Victoria to meet with Members of the Opposition about some concerns relating to mental health housing. We would like an opportunity to meet with Minister Lake to discuss these issues on the afternoon of March 1st if possible.

We are still in the process of developing some briefing notes for the meeting but some of the issues we would like to discuss include: current availability of housing for mental health patients and the levels of care provided in different types of housing; staff to client/resident ratios; and legislation governing different forms of supported housing.

We would also like to invite representatives from the Ministry of Housing and the Ministry of Social Development and Social Innovation to the meeting.

I apologize for the short notice and look forward to hearing from you at your earliest convenience.

Sincerely,

Ana Novakovic
Policy and Government Relations
BC Schizophrenia Society
604-270-7841 or 1-888-888-0029
www.bcss.org

Bauer, Tim HLTH:EX

From: Casanova, Tamara HLTH:EX
Sent: Wednesday, March 2, 2016 9:38 AM
To: Ritchie, CJ HLTH:EX
Cc: Hughes, Doug J HLTH:EX
Subject: RE: BCSS
Attachments: 1049839 Meeting Materials March 1 2016 MTL BCSS.DOCX; BCSS Housing Meeting Agenda.pdf; BCSS Housing Call to Action.pdf; Sun - Mental health care system failed Lions Bay man 1.13.2016.pdf; Tyee - Why Are So Many Dying Unnoticed in BC Supportive Housing 11.30.20....pdf; RE: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Follow Up Flag: Follow up
Flag Status: Completed

Hi CJ,

Attached is the ministry prepared material used for the discussion with Minister Lake yesterday. I've also attached the documents provided by the BCSS for your information.

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division | Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Hughes, Doug J HLTH:EX
Sent: Wednesday, March 2, 2016 9:34 AM
To: Ritchie, CJ HLTH:EX
Cc: Casanova, Tamara HLTH:EX
Subject: Re: BCSS

Ok, we can talk Friday. Tamara will send background.

Sent from my iPad

On Mar 2, 2016, at 9:30 AM, Ritchie, CJ HLTH:EX <CJ.Ritchie@gov.bc.ca> wrote:

Let's discuss but yes

Sent from my iPhone
CJ Ritchie
Assistant Deputy Minister
Mental Health Secretariat

On Mar 2, 2016, at 9:27 AM, Hughes, Doug J HLTH:EX <Doug.Hughes@gov.bc.ca> wrote:

Hi, yesterday Minister Lake met with the BC Schizophrenia Society. The BCSS also met with Opposition members. Minister Lake wanted me to follow up with you to see if this delegation could meet with your team and/or Minister Coleman. I will forward the briefing materials we used for our meeting yesterday to give you a sense of the topics. Let me know if you want me to assist as well as if you think a meeting will take place as I will have to follow up with Minister Lake.

Sent from my iPad

Bauer, Tim HLTH:EX

From: Lewis, Jamie HLTH:EX
Sent: Monday, January 4, 2016 3:39 PM
To: Casanova, Tamara HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Follow Up Flag: Follow up
Flag Status: Completed

From: LaForge, Christine HLTH:EX
Sent: Monday, January 4, 2016 3:38 PM
To: Lewis, Jamie HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hi Jamie,
Our understanding is that s.13 is still required. I cannot see it in my eApproval items anymore.
Can you please clarify what is happening with this request?
Will it be the FCS cliff # 1044022 or the HSD # 1045954?
What is the new due date?

Thanks so much,

Chris LaForge
Senior Policy Analyst
Mental Health & Substance Use
Integrated Primary and Community Care
Health Services Policy Division
BC Ministry of Health
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
christine.laforge@gov.bc.ca

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From: Taylor, Mark C HLTH:EX
Sent: Wednesday, December 23, 2015 12:18 PM
To: van der Leer, Gerrit HLTH:EX
Cc: Reyes, Aureleo P HLTH:EX; Cross, Gordon HLTH:EX; Boland, Blair HLTH:EX; LaForge, Christine HLTH:EX; Brownsey, Silas HLTH:EX; Lewis, Jamie HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Hi Gerrit, yes – thanks.

Mark C. Taylor
Director - Policy, Finance and Funding
Regional Grants and Decision Support

Ministry of Health
Phone: 250-952-1177 Fax: 250-952-1420

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From: van der Leer, Gerrit HLTH:EX
Sent: Wednesday, December 23, 2015 12:13 PM
To: Taylor, Mark C HLTH:EX
Cc: Reyes, Aureleo P HLTH:EX; Cross, Gordon HLTH:EX; Boland, Blair HLTH:EX; LaForge, Christine HLTH:EX; Brownsey, Silas HLTH:EX; Lewis, Jamie HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Thanks Mark, so my understanding is that^{s.13}
s.13

Gerrit van der Leer
Director
Mental Health and Substance Use
Integrated Primary and Community Care
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
mail to Gerrit.vanderleer@gov.bc.ca

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From: Taylor, Mark C HLTH:EX
Sent: Wednesday, December 23, 2015 9:37 AM
To: van der Leer, Gerrit HLTH:EX; LaForge, Christine HLTH:EX
Cc: Reyes, Aureleo P HLTH:EX; Cross, Gordon HLTH:EX; Boland, Blair HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Hi Gerrit / Christine,

s.13

We can meet sometime today to discuss next steps, keeping in mind any confirmation from the health authorities will take into the January timeframe at this point, given seasonal vacation schedules.

Thanks.

Mark C. Taylor
Director - Policy, Finance and Funding
Regional Grants and Decision Support
Ministry of Health
Phone: 250-952-1177 Fax: 250-952-1420

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From: LaForge, Christine HLTH:EX
Sent: Tuesday, December 22, 2015 2:46 PM
To: Taylor, Mark C HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hi Mark,

Here is the email trail with the original instructions from the DM's office followed by the communications since that request.

I trust this gives you what you need for your meeting with Manjit tomorrow.

Thanks for your help with this.

Chris LaForge

Senior Policy Analyst
Mental Health & Substance Use
Integrated Primary and Community Care
Health Services Policy Division
BC Ministry of Health
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
christine.laforge@gov.bc.ca

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From: Lewis, Jamie HLTH:EX
Sent: Tuesday, December 22, 2015 2:01 PM
To: LaForge, Christine HLTH:EX
Cc: Thorne, Maria HLTH:EX; van der Leer, Gerrit HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

s.13

From: LaForge, Christine HLTH:EX
Sent: Tuesday, December 22, 2015 2:00 PM
To: Lewis, Jamie HLTH:EX
Cc: Thorne, Maria HLTH:EX; van der Leer, Gerrit HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Hi Jamie,

Can you please clarify what this means for us. When can we anticipate receiving the response from Finance in order to add in our work? Can we request an extension of the January 4th timeline to January 8th so we can work with Finance and PHSA on s.13 and response?

Thanks,

Chris LaForge

Senior Policy Analyst
Mental Health & Substance Use

Integrated Primary and Community Care
Health Services Policy Division
BC Ministry of Health
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
christine.laforge@gov.bc.ca

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From: Lewis, Jamie HLTH:EX
Sent: Tuesday, December 22, 2015 1:45 PM
To: LaForge, Christine HLTH:EX; van der Leer, Gerrit HLTH:EX
Cc: Thorne, Maria HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

FYI

From: Casanova, Tamara HLTH:EX
Sent: Tuesday, December 22, 2015 1:25 PM
To: Lewis, Jamie HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal - 1045954

FYI

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Casanova, Tamara HLTH:EX
Sent: Tuesday, December 22, 2015 9:06 AM
To: Andrachuk, Andrea HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Meldrum, Erica HLTH:EX; Wolsey, Ashley HLTH:EX; Docs Processing HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Okay, thank you for confirming.

Angie/Kathy - can you please close our assignment. The eApproval and Cliff appear to still be open with HSD program staff.

Thanks very much,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Tuesday, December 22, 2015 8:51 AM
To: Casanova, Tamara HLTH:EX; Wolsey, Ashley HLTH:EX
Cc: Meldrum, Erica HLTH:EX; HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX
Subject: RE: BC Schizophrenia Society Funding Proposal - 1045954

Yes, we had indicated to cancel the second assignment to HSD. FCS will send their assignment through to HSD for program area content to be added if needed.

Thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | **C:** 250.217.3655 | **email:** andrea.andrachuk@gov.bc.ca

From: Casanova, Tamara HLTH:EX
Sent: Tuesday, December 22, 2015 8:45 AM
To: Andrachuk, Andrea HLTH:EX; Wolsey, Ashley HLTH:EX
Cc: Meldrum, Erica HLTH:EX; HSD Documents Coordinator HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - 1045954

Hi,

It appears that FCS has a separate assignment open (1044022) regarding the BC Schizophrenia Society Funding Proposal. In an effort to avoid duplication, can you please review both and confirm the assignment for HSD is still required.

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | **P:** 250.952.1125 | **C:** 250.508.3276 | **email:** tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Casanova, Tamara HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal

looping

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | **C:** 250.217.3655 | **email:** andrea.andrachuk@gov.bc.ca

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, December 16, 2015 4:18 PM
To: Meldrum, Erica HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX; Wolsey, Ashley HLTH:EX; Stearn, Anne HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal

Hi Erica,

s.13 Docs will assign this to HSD.

I have copied Ashely as there will likely need to be input from FCS. This will be due to the MO Thursday January 4th.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | **C:** 250.217.3655 | **email:** andrea.andrachuk@gov.bc.ca

Bauer, Tim HLTH:EX

From: Casanova, Tamara HLTH:EX
Sent: Friday, February 26, 2016 4:26 PM
To: Hughes, Doug J HLTH:EX; Glynn, Keva HLTH:EX; Wong, Michelle HLTH:EX; van der Leer, Gerrit HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX; Lewis, Jamie HLTH:EX
Subject: FW: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

Hi,

Please be advised the MO has just confirmed the above noted Minister meeting for early next week. A formal assignment will be sent to staff shortly for supporting materials, however can you please advise if we have anything existing to provide?

Additionally, I will ask the DMO to loop in FCS for the funding piece, as we are aware of their recent proposal.

My sincere apologies to staff to the very short turnaround.

Thank you,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Andrachuk, Andrea HLTH:EX
Sent: Friday, February 26, 2016 4:11 PM
To: Casanova, Tamara HLTH:EX
Cc: Docs Processing HLTH:EX; HSD Documents Coordinator HLTH:EX; Leake, Greg HLTH:EX; Stearn, Anne HLTH:EX; Kiewiet, Nargis HLTH:EX; Hoyer, Carol D HLTH:EX
Subject: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Hi Tamara,

The MO has confirmed the above noted Minister meeting with BC Schizophrenia Society. Details are below.

Date: Tuesday March 1
Time: 3:00-3:30pm
Location: s.15

Agenda Items:

- mental health housing
- levels of care provided in different types of housing;
- staff to client/resident ratios;

- and legislation governing different forms of supported housing

Additional details: Background below

Calendar invites will be sent to Lynn Stevenson and Doug Hughes to attend. Please advise if any additional staff will need to be included.

Materials: DocsProcessing will assign formally for materials as per usual process. Due date for final materials to the MO is Monday Feb 29th.

Please don't hesitate to give me a call if there are any concerns.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk@gov.bc.ca

From: Jukes, Shaina HLTH:EX
Sent: Friday, February 26, 2016 2:42 PM
To: Andrachuk, Andrea HLTH:EX
Cc: Leake, Greg HLTH:EX
Subject: FW: BC Schizophrenia Society Meeting

Hi Andrea, FYI this is a rush that came in and we have offered to time to meet with on March 1st.

Please call me if you have any questions.

Shaina Jukes

*Administrative Coordinator to the Honourable Terry Lake
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547 | Fax: 250-356-9587 | Hlth.Health@gov.bc.ca*

From: BCSS - Ana Novakovic [<mailto:development@bcss.org>]
Sent: Tuesday, February 23, 2016 3:33 PM
To: Health, HLTH HLTH:EX
Subject: BC Schizophrenia Society Meeting

Good Afternoon,

I am writing to inquire about the possibility of meeting with Minister Lake or one of his representatives.

On Tuesday, March 1st, BC Schizophrenia Society's Executive Director, Deborah Conner, and two family members who have experience caring for mentally ill people, will be in Victoria to meet with Members of the Opposition about some concerns relating to mental health housing. We would like an opportunity to meet with Minister Lake to discuss these issues on the afternoon of March 1st if possible.

We are still in the process of developing some briefing notes for the meeting but some of the issues we would like to discuss include: current availability of housing for mental health patients and the levels of care provided in different types of housing; staff to client/resident ratios; and legislation governing different forms of supported housing.

We would also like to invite representatives from the Ministry of Housing and the Ministry of Social Development and Social Innovation to the meeting.

I apologize for the short notice and look forward to hearing from you at your earliest convenience.

Sincerely,

Ana Novakovic
Policy and Government Relations
BC Schizophrenia Society
604-270-7841 or 1-888-888-0029
www.bcscs.org

Bauer, Tim HLTH:EX

From: Hughes, Doug J HLTH:EX
Sent: Monday, February 29, 2016 4:56 PM
To: Casanova, Tamara HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX
Subject: RE: RUSH Approval Required - 1049839 - RUSH March 1: Minister Meeting BC Schizophrenia Society

Follow Up Flag: Follow up
Flag Status: Completed

approved

From: Casanova, Tamara HLTH:EX
Sent: Monday, February 29, 2016 2:17 PM
To: Hughes, Doug J HLTH:EX
Cc: HSD Documents Coordinator HLTH:EX
Subject: RUSH Approval Required - 1049839 - RUSH March 1: Minister Meeting BC Schizophrenia Society
Importance: High

For your review and approval. FCS will also need to review. Thanks –

MEETING MATERIAL

Cliff #: 1049839

PREPARED FOR: Honourable Terry Lake

TITLE: Meeting between Minister Terry Lake and Deborah Conner, Executive Director of the BC Schizophrenia Society (BCSS) and Fred Dawe, BCSS Board Member, on March 1, 2016. Two family members who have experience caring for mentally ill people will also be in attendance – s.22 and s.22

MEETING REQUEST/ISSUE: On February 23, 2016 Ms. Deborah Conner, the new Executive Director of the BC Schizophrenia Society (BCSS) requested a meeting with the Minister to discuss issues relating to mental health housing, including: current availability of housing for mental health patients, and the standards and levels of care provided in these types of housing. BCSS has issued a “Housing Crisis Call to Action” (attached), outlining the challenges they have identified in the system and a series of recommendations.

The BCSS has indicated they will also be meeting with members of the Opposition to discuss these issues on March 1, 2016.

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes. Lynn Stevenson, Associate Deputy Minister, and Doug Hughes, Assistant Deputy Minister.

BACKGROUND: The BCSS is a provincial non-profit organization, founded in 1982, with a head office in Richmond and 13 Branches across the province. Its mission is “to improve the quality of life for those affected by schizophrenia and psychosis through education, support, public policy and research,” with a particular focus on families.

BCSS has a strong history of working collaboratively and effectively with the BC government and community partners. For example, BCSS is one of the seven non-profit agencies that comprise the BC Partners for Mental Health and Addictions Information. Examples of recent BCSS engagements with the Ministry of Health include:

- Meeting in January 2015 with Executive Director of Integrated Primary and Community Care regarding action taken in relation to Coroner's reports and recommendations
- A letter in November 2015 providing feedback on the draft policy paper: *Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues*.

A stable, supportive living environment is an important determinant of both physical and mental health and well-being. People struggling with their substance use or mental health require options to support their recovery and live effectively in their communities, including long-term supported housing.

The Ministry of Health (MoH) works in partnership with the Ministry Responsible for Housing and BC Housing to enhance housing options for individuals with MHSU disorders. However BC Housing is responsible for providing access to safe, affordable and appropriate housing for people in greatest financial need, including subsidized housing for individuals with mental health and substance use (MHSU) problems.

Health authorities plan, fund and operate a significant number of supported housing units for people with severe MHSU disorders. As of September 2015, MoH funds 11,809 units of MHSU supported housing, a 338 percent increase since 2001 (2,695).^{[1],[2]} Each RHA has a MHSU strategic plan, which in cases such as Fraser Health, includes specific targets for supported housing.

Supported housing services are delivered through an array of configurations that include three core components: Affordable and safe permanent housing, home support services and MHSU clinical case management services. Models include clustered supported housing, congregate care, wet housing for clients with severe substance use problems, and scattered supported housing such as the Supported Independent Living (SIL) program. The majority of MHSU supported housing is not contingent on abstinence or medication compliance.

Levels of support and care in MHSU supported housing vary by model and depend upon client needs. Levels of support range from high levels of on-site support in licensed congregate care, to lower levels of off-site support in the SIL program. Individuals are placed into appropriate supported housing via comprehensive assessments to determine need. MoH does not have provincial standards addressing client/resident staffing ratios or levels of support for the range of MHSU supported housing. Health Authorities have regional policies and procedures to guide the operation of residential care and supported housing facilities. However, given the range of configurations based on client need, provincial standards for these types of housing do not exist.

A number of MHSU housing units are licenced under the *Community Care and Assisted Living Act* (CCALA), with specific staffing, health and safety regulations and regular inspections for compliance. For clients and families with concerns, there are a number of complaint mechanisms via Health Authority Patient Care Quality offices, regional residential facility licensing offices (for facilities licensed under the CCALA), or the provincial office of Patient and Client Relations. All permanent MHSU supported housing is governed by the BC Residential Tenancy Act.

Over the past 25 years there has been a strategic shift to diversify the range of mental health residential care and supported housing options available for individuals with severe mental health and substance use issues, in order to support them to live more independently with appropriate, tailored support services. This has included a reduction in residential care beds, with parallel expansion of MHSU assisted living and supported housing.

In February 2016, the Premier announced that over the next five years, the Province is committing \$355 million to create more than 2,000 new affordable housing units in BC. Additionally, the Ministry Responsible for Housing, in partnership with MoH and funded through *Healthy Minds Healthy People*, is currently conducting an evaluation of the effectiveness of various supported housing programs in BC.

ADVICE:

A stable, supportive living environment is an important determinant of both physical and mental health and well-being. A range of housing options for individuals with MHSU is available across BC with varying levels of support, and regional policies and procedures based on local needs. Work is underway to evaluate the spectrum of current housing programs.^{s.13}

s.13

JOINT MINISTER MEETING: No

^[1] MHSU Bed Survey, September 30, 2015, Project 2015_0689, HSIARD

^[2] Regional Mental Health & Addictions Services, January 2006

Bauer, Tim HLTH:EX

From: Casanova, Tamara HLTH:EX
Sent: Tuesday, March 1, 2016 10:16 AM
To: Hughes, Doug J HLTH:EX
Cc: Hoyer, Carol D HLTH:EX
Subject: RE: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting
Attachments: Funding Proposal.pdf

Follow Up Flag: Follow up
Flag Status: Completed

s.13

s.13

s.13

s.13 Request is for \$3 million for a 5 year period. Full document is attached.

From: Hughes, Doug J HLTH:EX
Sent: Tuesday, March 1, 2016 10:00 AM
To: Casanova, Tamara HLTH:EX
Cc: Hoyer, Carol D HLTH:EX
Subject: Re: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Tx. I am not sure what they are proposing other than more money? Is there a formal proposal?

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Casanova, Tamara HLTH:EX
Sent: Tuesday, March 1, 2016 9:59 AM
To: Hughes, Doug J HLTH:EX
Cc: Hoyer, Carol D HLTH:EX
Subject: FW: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

FYI – Manjit will be there also.

From: Andrachuk, Andrea HLTH:EX
Sent: Tuesday, March 1, 2016 9:20 AM
To: Wolsey, Ashley HLTH:EX
Cc: Leake, Greg HLTH:EX; Carter, Cheryl HLTH:EX; Casanova, Tamara HLTH:EX; Hoyer, Carol D HLTH:EX
Subject: FW: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Hi Ashley,

The Minister has now requested Manjit attend this meeting in the MO today at 3:00pm. I have sent the calendar invitation to you. My apologies for the last minute addition.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister

From: Jukes, Shaina HLTH:EX
Sent: Tuesday, March 1, 2016 9:17 AM
To: Andrachuk, Andrea HLTH:EX
Cc: Leake, Greg HLTH:EX; Lafrance, Martyn HLTH:EX
Subject: RE: RUSH March 1: Minister Meeting BC Schizophrenia Society Meeting

Also noting MTL would like to discuss their ^{s.13} request in the meeting, I have connected with the Society and let them know this will be one of the topics but if we can also get Manjit here for it now that would be appreciated.

Shaina Jukes

*Administrative Coordinator to the Honourable Terry Lake
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547 | Fax: 250-356-9587 | Hlth.Health@gov.bc.ca*

Bauer, Tim HLTH:EX

From: van der Leer, Gerrit HLTH:EX
Sent: Thursday, March 3, 2016 10:35 AM
To: Hughes, Doug J HLTH:EX
Cc: Lewis, Jamie HLTH:EX; Brownsey, Silas HLTH:EX; Glynn, Keva HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: URGENT REQUEST FW: Schizophrenia Society s.13
Attachments: s.13 BCSS proposal Dec 2015.docx

Follow Up Flag: Follow up
Flag Status: Completed

Thanks Doug, s.13

S.

s.13
s.13
s.13

Gerrit van der Leer
Director
Mental Health and Substance Use
Integrated Primary and Community Care
Ministry of Health
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1282
mail to Gerrit.vanderleer@gov.bc.ca

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From: Hughes, Doug J HLTH:EX
Sent: Wednesday, March 2, 2016 4:14 PM
To: van der Leer, Gerrit HLTH:EX; Brownsey, Silas HLTH:EX; Glynn, Keva HLTH:EX
Cc: Lewis, Jamie HLTH:EX s.13
Subject: Re: URGENT REQUEST FW: Schizophrenia Society

Thanks. I have s.13

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Hughes, Doug J HLTH:EX
Sent: Wednesday, March 2, 2016 3:38 PM
To: van der Leer, Gerrit HLTH:EX; Brownsey, Silas HLTH:EX; Glynn, Keva HLTH:EX
Cc: Lewis, Jamie HLTH:EX; Hughes, Doug J HLTH:EX
Subject: URGENT REQUEST FW: Schizophrenia Society s.13

Hi Gerrit,

I tried calling you just now but I think you are out of the office? A few weeks ago I understand you/staff were doing s.13

s.13 Doug needs ASAP as per the email below from Sabine.

s.13 I've attached to full proposal for ease of reference.

The proposal is to expand education about schizophrenia in communities, including the promotion of early intervention; approach is inclusive of families. Linking community-based services for patients and families experiencing mental health challenges is a key component of the Ministry's strategic agenda through the MHSU System of Care document. Request is for \$3 million for a 5 year period.

Thanks very much,

Tamara Casanova | Manager, Executive Operations | Office of the Assistant Deputy Minister | Health Services Policy Division |
Ministry of Health | P: 250.952.1125 | C: 250.508.3276 | email: tamara.casanova@gov.bc.ca

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From: Feulgen, Sabine HLTH:EX
Sent: Wednesday, March 2, 2016 3:22 PM
To: Hughes, Doug J HLTH:EX
Subject: Schizophrenia Society s.13

s.13

Sabine Feulgen
Associate Deputy Minister, Corporate Services
Ministry of Health

T: 250.952.1764
E: Sabine.Feulgen@gov.bc.ca



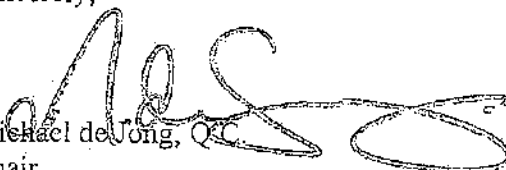
Meeting Date: March 15, 2016

Confidential

Honourable Terry Lake
Minister of Health
Room 337 Parliament Buildings
Victoria BC V8V 1X4

Dear Colleague:
s.12,s.13,s.17

Sincerely,


Michael de Jong, Q.C.
Chair

Ministry of
Finance

Treasury Board

Mailing Address
PO Box 9469 Stn Prov Govt
Victoria BC V8V 9V8

Location Address:
1st Floor – 617 Government St
Victoria BC

cc: Stephen Brown
Deputy Minister
Ministry of Health

Manjit Sidhu
Assistant Deputy Minister and Executive Financial Officer
Ministry of Health

Attachment – Health Approved 2015/16 Grants (Year-End)

Name of Recipient / Purpose	Grant Funding \$ millions
s.12,s.13,s.17	
Alzheimer Society – First Link program	2.700
COSCO Seniors' Health and Wellness Institute Society – Health and Safety Promotion Workshops	0.070
United Way of the Lower Mainland – Better at Home Program	5.000
s.12,s.13,s.17	s.12,s.13,s.17
s.12,s.13,s.17	
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s.12,s.13,s.17	
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Name of Recipient / Purpose	Grant Funding \$ millions
s.12,s.13,s.17	s.12,s.13,s.17
Health Arts Society – Concerts for People Living in Care Facilities s.12,s.13,s.17	0.050

MEETING MATERIAL

Cliff #: 1049839

PREPARED FOR: Honourable Terry Lake, Minister of Health -- **FOR INFORMATION**

TITLE: Meeting between Minister Lake and Deborah Conner, Executive Director, BC Schizophrenia Society (BCSS) and Fred Dawe, BCSS Board Member, on March 1, 2016. Two family members who have experience caring for mentally ill people will also be in attendance – s.13 and s.13

MEETING REQUEST/ISSUE: On February 23, 2016, Ms. Deborah Conner, the new Executive Director, BC Schizophrenia Society (BCSS), requested a meeting with the Minister to discuss issues relating to mental health housing, including: current availability of housing for mental health patients, and the standards and levels of care provided in these types of housing. BCSS has issued a “Housing Crisis Call to Action” (attached), outlining the challenges they have identified in the system and a series of recommendations.

The BCSS has indicated they will also be meeting with members of the Opposition to discuss these issues on March 1, 2016.

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes; Lynn Stevenson, Associate Deputy Minister, and Doug Hughes, Assistant Deputy Minister.

BACKGROUND: The BCSS is a provincial non-profit organization, founded in 1982, with a head office in Richmond and 13 Branches across the province. Its mission is “to improve the quality of life for those affected by schizophrenia and psychosis through education, support, public policy and research,” with a particular focus on families.

BCSS has a strong history of working collaboratively and effectively with the BC government and community partners. For example, BCSS is one of the seven non-profit agencies that comprise the BC Partners for Mental Health and Addictions Information. Examples of recent BCSS engagements with the Ministry of Health include:

- Meeting in January 2015 with Executive Director of Integrated Primary and Community Care regarding action taken in relation to Coroner’s reports and recommendations, and
- A letter in November 2015 providing feedback on the draft policy paper: *Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues*.

A stable, supportive living environment is an important determinant of both physical and mental health and well-being. People struggling with their substance use or mental health require options to support their recovery and live effectively in their communities, including long-term supported housing.

The Ministry of Health (MoH) works in partnership with the Ministry Responsible for Housing and BC Housing to enhance housing options for individuals with MHSU disorders. However, BC Housing is responsible for providing access to safe, affordable and appropriate housing for people in greatest financial need, including subsidized housing for individuals with mental health and substance use (MHSU) problems.

Health authorities plan, fund and operate a significant number of supported housing units for people with severe MHSU disorders. As of September 2015, health authorities provided funding for 11,809 units of MHSU supported housing, a 338 percent increase since 2001 (2,695).^{1,2} Each RHA has a MHSU strategic plan, which in cases such as Fraser Health, includes specific targets for supported housing.

Supported housing services are delivered through an array of configurations that include three core components: Affordable and safe permanent housing, home support services and MHSU clinical case management services. Models include clustered supported housing, congregate care, wet housing for clients with severe substance use problems, and scattered supported housing such as the Supported Independent Living (SIL) program. The majority of MHSU supported housing is not contingent on abstinence or medication compliance.

Levels of support and care in MHSU supported housing vary by model and depend upon client needs. Levels of support range from high levels of on-site support in licensed congregate care, to lower levels of off-site support in the SIL program. Individuals are placed into appropriate supported housing via comprehensive assessments to determine need. MoH does not have provincial standards addressing client/resident staffing ratios or levels of support for the range of MHSU supported housing. Health Authorities have regional policies and procedures to guide the operation of residential care and supported housing facilities. However, given the range of configurations based on client need, provincial standards for these types of housing do not exist.

A number of MHSU housing units are licenced under the *Community Care and Assisted Living Act* (CCALA), with specific staffing, health and safety regulations and regular inspections for compliance. For clients and families with concerns, there are a number of complaint mechanisms via Health Authority Patient Care Quality offices, regional residential facility licensing offices (for facilities licensed under the CCALA), or the provincial office of Patient and Client Relations. All permanent MHSU supported housing is governed by the BC Residential Tenancy Act.

Over the past 25 years there has been a strategic shift to diversify the range of mental health residential care and supported housing options available for individuals with severe mental health and substance use issues, in order to support them to live more independently with appropriate, tailored support services. This has included a reduction in residential care beds, with parallel expansion of MHSU assisted living and supported housing.

In February 2016, the Premier announced that over the next five years, the Province is committing \$355 million to create more than 2,000 new affordable housing units in BC. Additionally, the Ministry Responsible for Housing, in partnership with MoH and funded through *Healthy Minds Healthy People*, is currently conducting an evaluation of the effectiveness of various supported housing programs in BC.

FINANCIAL IMPLICATIONS:

The BCSS has submitted a proposal to the Ministry for \$3 million over the next five years to further support its programs and services.^{s.13}

s.13 No decision on this has yet been made, so no mention should be made of this.

¹ MHSU Bed Survey, September 30, 2015, Project 2015_0689, HSIARD

² Regional Mental Health & Addictions Services, January 2006

The BCSS has received the following support from health authorities and other ministries since 2010/11:

	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>	<u>2013/14</u>	<u>2014/15</u>
Fraser Health Authority	255,214	300,331	278,404	284,399	285,839
Interior Health Authority	225,088	227,902	227,903	220,297	165,945
Northern Health Authority	710,100	724,263	729,648	747,045	753,661
Provincial Health Services Authority	252,750	252,000	273,588	203,722	273,588
Vancouver Coastal Health Authority	144,713	156,119	108,742	75,176	22,705
Vancouver Island Health Authority	143,824	139,825	151,939	145,044	179,228
Total	1,731,689	1,800,440	1,770,224	1,675,683	1,680,966

	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>	<u>2013/14</u>	<u>2014/15</u>
Ministry of Children and Family Devel	49,706	49,706	50,106	38,360	34,464
Ministry of Justice	0	248,467	210,575		
Ministry of Social Development	290,375	3,750	0		
Ministry of Finance					266,850
Total	340,081	301,923	260,681	38,360	301,314

Five Year Total	9,901,361
------------------------	------------------

ADVICE:

A stable, supportive living environment is an important determinant of both physical and mental health and well-being. A range of housing options for individuals with MHSU is available across BC with varying levels of support, and regional policies and procedures based on local needs. Work is underway to evaluate the spectrum of current housing programs. ^{s.13}

s.13

s.13

The Ministry is aware of the BCSS request for \$3 million; however, no decisions have been made at this time regarding possible ^{s.13}

JOINT MINISTER MEETING: No

Program Area: HSD

Date: March 1, 2016

Perry, Nancy L HLTH:EX

From: OfficeofthePremier, Office PREM:EX
Sent: Tuesday, February 2, 2016 4:38 PM
To: 'dconner@bccs.org'
Cc: Minister, HLTH HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal - Additional information
Attachments: CYMH Final Report Press Release 1.28.2016.pdf; BCSS Funding Proposal.pdf
Categories: Minister's Sig

Carr 1048128

Hello, Mr. Halikowski, and thank you for your emails and attached information. We appreciate your taking the time to write. On your behalf, we have shared your proposal with the office of the Honourable Terry Lake, Minister of Health. You can anticipate a further response at their earliest opportunity.

Again, thank you for writing. We appreciate hearing from you.

cc: Honourable Terry Lake

From: Deborah Conner [mailto:dconner@bccs.org]
Sent: Monday, February 1, 2016 3:12 PM
To: OfficeofthePremier, Office PREM:EX
Cc: Carr, Steve PREM:EX; Doyle, Dan PREM:EX; deJong, MLA, Mike LASS:EX; Lake, MLA, Terry LASS:EX; Brown, Stephen R HLTH:EX; Lake, Terry HLTH:EX; Dave Halikowski
Subject: RE: BC Schizophrenia Society Funding Proposal - Additional information

Dear Premier Clark,

I am writing to follow up on a proposal sent to you by the BC Schizophrenia Society in December. The proposal requested additional funding to provide programs and resources for families struggling with mental illness in areas that are currently underserved. I have included some recent information that outlines the value and necessity of these programs.

Attached is a press release responding to the Final Report on Child and Youth Mental Health. It details some of the programs that the BC Schizophrenia Society provides, which are in line with the recommendations in the report but are not supported throughout the province.

In this linked article, a mother from Qualicum Beach describes her struggle to get help for her daughter as she battles mental illness and the lack of resources and support for families she has faced: <http://www.timescolonist.com/opinion/op-ed/comment-lack-of-mental-health-services-raises-dark-fears-1.2160293>. Vancouver Island is one of the key regions where additional funding is needed to make programs like Strengthening Families Together, a mental health literacy course for family members, widely available.

This link describes some very exciting developments in schizophrenia research and features a video where the Partnership Program, one of our key educational programs, is discussed: <http://news.nationalpost.com/news/im-almost-giddy-scientists-open-the-black-box-of-schizophrenia-with-dramatic-genetic-finding>. This program helps to educate nursing students, police officers, and many other professionals and members of the general public about the realities and challenges of

mental illness in an effort to reduce stigma and improve the response to mental illness. There are numerous requests for this program throughout BC.

The BC Schizophrenia Society has cost-effective and proven programs that respond to these needs and additional funds in support of these programs would have a significant impact. I have attached the original proposal for your convenience.

Please don't hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Halikowski', with a horizontal line extending from the end.

David Halikowski
President

Cc: Honourable Michael de Jong, Minister of Finance
Honourable Dr. Terry Lake, Minister of Health
Stephen Brown, Deputy Minister
Steve Carr, Chief of Staff
Dan Doyle, Consultant

Perry, Nancy L HLTH:EX

From: Sidhu, Manjit HLTH:EX
Sent: Wednesday, December 23, 2015 7:55 AM
To: Cross, Gordon HLTH:EX; Taylor, Mark C HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal
Attachments: BCSS Funding Request 12 16 2015.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

s.13

Thx.

Manjit Sidhu, CPA, CA.
Assistant Deputy Minister
Financial and Corporate Services
Ministry of Health

From: Brown, Stephen R HLTH:EX
Sent: Wednesday, December 23, 2015 7:51 AM
To: Feulgen, Sabine HLTH:EX; Sidhu, Manjit HLTH:EX
Subject: FW: BC Schizophrenia Society Funding Proposal

FYI

From: Deborah Conner [mailto:dconner@bcss.org]
Sent: Wednesday, December 16, 2015 3:00 PM
To: OfficeofthePremier, Office PREM:EX
Cc: Carr, Steve MNGD:EX; Doyle, Dan PREM:EX; deJong,MLA, Mike LASS:EX; Lake,MLA, Terry LASS:EX; Brown, Stephen R HLTH:EX; Lake, Terry HLTH:EX
Subject: BC Schizophrenia Society Funding Proposal

December 16, 2015

Honourable Christy Clark
Premier and President of Executive Council
West Annex, Parliament Buildings
Victoria, BC V8V 1X4

Dear Premier Clark,

In recognition of the ongoing struggle with mental illness in our province, the BC Schizophrenia Society has submitted a proposal to the Ministry of Health to ensure a more equitable reach of programs and services for families living with mental illness across the province. This includes education for elementary and high school students, family members, professionals, and the general public, as well as the provision of support and resources for caregivers as they navigate the mental health system. The proposal aims to bolster the Society's cost-effective and evidence-based service delivery, in alignment with the Ministry of Health's strategic plan, *Healthy Minds, Healthy People: A Ten-Year Plan to Address*

Mental Health and Substance Use in British Columbia and the recently proposed Primary and Community Care in BC: A Strategic Policy Framework.

Much of this submission is based on advice and support received from MLAs and senior Ministry of Health staff who have been meeting with Society representatives to discuss the proposal. These consultations are the result of a long and trusted relationship between our Society and Government. Our hope is to continue working with the BC Government on improving the well-being of families living with mental illness so we are requesting funding of \$3 million over 5 years. A summary of the proposal has been attached for your review and the full submission can be viewed on our website: <http://www.bcss.org/wp-content/uploads/BCSS-Funding-Proposal.pdf>.

The full proposal was sent to Minister of Health Terry Lake and Deputy Minister Stephen Brown on November 26, 2015 and we are looking forward to the Minister's response. Our Society and the thousands of struggling BC families we represent would appreciate your support for this proposal. Together, we can create a comprehensive network of support that responds to the needs of communities, puts families at the centre, and improves outcomes for individuals living with mental illness.

Sincerely,



David Halikowski
President

Cc: Honourable Michael de Jong, Minister of Finance
Honourable Dr. Terry Lake, Minister of Health
Stephen Brown, Deputy Minister
Steve Carr, Chief of Staff
Dan Doyle, Consultant



BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

Medical Advisory Board
Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, PhD, FRSC

December 16, 2015

Honourable Christy Clark
Premier and President of Executive Council
West Annex, Parliament Buildings
Victoria, BC V8V 1X4

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Much of this submission is based on advice and support received from MLAs and senior Ministry of Health staff who have been meeting with Society representatives to discuss the proposal. These consultations are the result of a long and trusted relationship between our Society and Government. Our hope is to continue working with the BC Government on improving the well-being of families living with mental illness so we are requesting funding of \$3 million over 5 years. A summary of the proposal has been attached for your review and the full submission can be viewed on our website:
<http://www.bcscs.org/wp-content/uploads/BCSS-Funding-Proposal.pdf>.

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Sincerely,

David Halikowski
President

Cc: Honourable Michael de Jong, Minister of Finance
Honourable Dr. Terry Lake, Minister of Health
Stephen Brown, Deputy Minister
Steve Carr, Chief of Staff
Dan Doyle, Consultant

Case for British Columbia Schizophrenia Society (BCSS)

Schizophrenia and psychosis – Issues	Role of BC Ministry of Health	Role of BCSS	Background of issues	Suggested solutions and BCSS proposal
<p>More social challenges than any other medical issue in BC.</p> <p>Like AIDS and cancer, schizophrenia is a threatening and dangerous illness. But unlike AIDS and cancer, schizophrenia is still perceived as a "dirty" word.</p> <p>Due to this stigma, individuals with the disease and their families are marginalized in accessing employment, housing, and health care. The disease also has grave health and economic consequences for all British Columbians.</p>	<p>Ten year strategic plan - <i>Healthy Minds, Healthy People (2010)</i> - addresses mental health and substance use in BC. Plan emphasises co-operation among key ministries, partnership with individuals and their families, and a close working relationship with organizations such as the BCSS.</p> <p>Goals of plan are in part to improve the mental health and wellbeing of the population, improve the quality and accessibility of services for people with mental health, and reduce the economic cost to the public and private sectors resulting from mental health issues.</p>	<p>BC grassroots volunteer organization since 1982.</p> <p>Over 2800 members and 22 branches supported by dedicated staff including outreach coordinators working with several mental health authorities as educators, facilitators and family support workers. Instrumental in advancing BC's mental health strategies.</p> <p>BCSS's mental health literacy programs and services provide education and resources to stakeholders throughout the province - including health clinicians, front-line mental health teams, police, families, teachers and the community at large.</p>	<p>Fear and stigma of disease, low levels of mental health literacy and inadequate and inconsistent resources.</p> <p>An example of inadequate and inconsistent resources in BC is the reduced funding for BCSS outreach coordinators. They are not contracted in all health regions. In regions where BCSS is contracted, the services vary from one region to the next, leaving families and their ill relatives underserved in one region compared to another.</p>	<p>Negative impacts can be reduced with a system that proactively champions family-centred care through health literacy, access to services, and supports for families and their ill relatives equitably across all of BC.</p> <p>Proposal by BCSS to provide consistent programs and services throughout the province with BC Government support of \$3 million over five years.</p> <p>BCSS requires this additional support from the Ministry of Health to increase its impact and to advance the Ministry plan for mental health across BC.</p>



A HISTORY TO HONOUR THE YEARS TO COME
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY
BC SCHIZOPHRENIA SOCIETY FOUNDATION
DISPERSED THE BC SCHIZOPHRENIA SOCIETY

Medical Advisory Board
Dr. Bill MacEwan, FRCPC
Dr. William G. Honer, MD, RCPC
Dr. Anthony Phillips, PhD., FRSC

The Case for the British Columbia Schizophrenia Society

A partnership with the Ministry of Health to improve the mental health of British Columbians and assist those who support the mentally ill

(A) Schizophrenia – Health, economic and social consequences in British Columbia

In British Columbia, schizophrenia and psychosis create more social challenges than any other medical issue. Schizophrenia is a chronic neurological illness. Like AIDS and cancer in the past, schizophrenia has also been tagged as a threatening and dangerous illness. But unlike AIDS and cancer, schizophrenia is still perceived as a "dirty" word. Low levels of mental health literacy in BC are contributing to fear and stigma of the disease and, combined with inadequate and inconsistent resources, individuals and families are marginalized in accessing employment, housing, health care and other facets of life guaranteed to citizens of British Columbia.

There are grave health and economic consequences for individuals living with schizophrenia. For example, patients with mental illnesses use more hospital beds than all other illnesses combined and 50% of these patients will attempt suicide. Physical and sexual violence against women with schizophrenia is double that of the general population and people living with mental illness are 2.5 times more likely to be the victims of violence than those without mental illness. The economic toll is also significant: **the estimated total cost of schizophrenia in Canada was \$6.85 billion in 2004, including direct healthcare and non-healthcare costs and productivity loss.** Negative impacts can be reduced with a system that proactively champions health literacy, access to services, and supports for families and their ill relatives.

(B) Leadership role of BCSS

Since 1982, the BC Schizophrenia Society (BCSS) in partnership with the Ministry of Health, other ministries, organizations, families and individuals in British Columbia has worked to support, educate and advocate on behalf of individuals with schizophrenia and their families.

BCSS is a grassroots volunteer organization with over 2800 members and 22 branches across the province. The Society's work is supported by a dedicated staff team working in partnership with other professionals. Programs delivered by staff and volunteers provide support and resources for families, communities, health agencies, front-line support personnel, police agencies, and school children from grade 4 through post-secondary levels.

(i) Mission, Vision and Mandate of Society

The Society's mission is to improve the quality of life for those affected by schizophrenia and psychosis through education, support, advocacy, and research. The vision of the Society is a province where those affected by schizophrenia and psychosis receive excellent treatment and services and are accepted and included in their communities.

The Society has a mandate to provide support and education to families and their ill relatives suffering from schizophrenia and other serious mental illnesses; increase public awareness and understanding of mental illness; advocate on behalf of families and people with serious mental illness for improved services; and promote research into the causes, treatment, and ultimate cure of schizophrenia.

(C) Ministry of Health Strategic Plan

In 2010, the Ministry of Health introduced a plan entitled *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*. The plan emphasises co-operation among key ministries within government, partnership with individuals and their families, and a close working relationship with organizations such as the BCSS.

The Society understands that the overall goals of the Ministry's plan are in part to improve the mental health and wellbeing of the population, improve the quality and accessibility of services for people with mental illness and reduce the economic cost to the public and private sectors resulting from mental health issues. **BCSS has played a key role in this work but requires increased support from the Ministry of Health to increase its impact and advance these Ministry goals.**

(D) Moving forward – BCSS and the Ministry of Health – A proposal

BCSS has the expertise and experience to help the BC Government advance its mental health goals for the last five years of the government's strategic plan and well into the future. Through BCSS's existing infrastructure, mental health literacy programs, and services, the Society can provide the necessary education and resources to stakeholders throughout the province. This includes consumers, police, health clinicians, front-line mental health teams, families, friends, educators, students, teachers and the community at large.

Currently, BCSS has outreach coordinators working closely with several health authorities. This network of educators, facilitators and family support workers is instrumental in advancing BC's mental health strategies; however, they are not contracted in all health regions. Vancouver Coastal Health and Vancouver Island Health Authority are two obvious gaps. In other regions where BCSS is contracted, the services vary from one region to the next, leaving families and their ill relatives underserved in one region compared to another. There is a need for more equitable access to services in BC for the mentally ill and their family caregivers.

Working together with our partners and the BC Government, we can create a comprehensive network of support for families, consumers and friends. **Our proposal is to provide consistent family support programs and services throughout the province with BC Government support of \$3 million over five years.** BCSS is the only organization that has 33 years of expertise focused on the most seriously ill and their caregivers. Across the province this also means 33 years of working relationships with consumers, families, volunteers, provincial policy makers, local governments, hospitals, organizations, agencies, and schools. The work of BCSS is urgent and relevant. All of our programs, services, supports and research are structured to deliver solutions to the challenges we collectively face.

We look forward to continuing our partnership with the BC Ministry of Health as we move these initiatives ahead in support of all BC consumers, families and friends living with the impacts of schizophrenia and psychosis.

Current Service Gaps	Request	Services	Ministry Identified Higher Rates of Health Care Use
Fraser Region - Langley, Mission & Maple Ridge.	\$25,000/yr; 5 FTE; \$125,000/5 yrs	This funding will decrease wait lists for current services by adding .5 FTE. To add services not yet provided by BCSS (see Historical Funding) additional funding would be required.	According to the Ministry of Health Primary Care Document, higher rates of health care use in this region is in Mission.
Inferior Health Region - Kamloops, Summerland, Princeton, Southern Okanagan, Vernon, Kelowna, Nelson, Cranbrook & Merritt.	\$150,000/yr; 2 FTE & program costs; \$750,000/5 yrs	This funding will decrease wait lists for current services by adding two more FTE. To add services not yet provided by BCSS (see Current Contracts) will require additional funding.	Higher rates of use: Summerland, Princeton, Southern Okanagan, Vernon, Kelowna & Merritt.
Northern Health Authority - all regions.	\$25,000/yr; program costs \$125,000/5 yrs	This funding will expand services to hospitals - Meet and Greet and Family Peer Facilitation.	
Vancouver Island Health Authority - Victoria, Duncan, Nanaimo, Courtney, Comox & Campbell River.	\$150,000/yr; 2 FTE & program costs; \$750,000/5 yrs	Add basic services - Health Literacy & Family Support: Family support visits (listening to concerns, referrals to other services, assist with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Peer Facilitation; Family Support Groups; Public Education/Tabling Events. Members of multiple community mental health committees, advisories & planning groups. Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Education & Rehabilitation; Partnership Presentations to schools, police, mental health teams & community. Additional funding would be required to deliver additional services as in Current Contracts.	Higher rates of use: Greater Victoria, Lake Cowichan & Campbell River.
Vancouver, North Vancouver, Richmond & Sunshine Coast.	\$178,000/yr; 2.25 FTE & program costs; \$890,000/5 yrs	Add basic services - Health Literacy: Family support visits (listening to concerns, referrals to other services, assist with access to community supports, troubleshooting and family advocacy); Strengthening Families Together Program; Family Peer Facilitation; Family Support Groups; Public Education/Tabling Events. Members of multiple community mental health committees, advisories & planning groups. Managing volunteer peers, facilitators, event volunteers. Health Literacy and Psychosocial Ed & Rehab; Partnership Presentations to schools, police, mental health teams & community. Additional funding would be required to deliver additional services as in Current Contracts.	Higher rates of use: Vancouver - Downtown, Eastside
Management & Program Support	\$360,000/5 yrs	HR; reporting; Health Authority relationship building for sustained funding past five year mark; bookkeeping & audit; monitoring & evaluations; promotional support; Educator, volunteer, and facilitator training.	

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Perry, Nancy L HLTH:EX

From: Taylor, Mark C HLTH:EX
Sent: Monday, December 21, 2015 8:12 PM
To: Boland, Blair HLTH:EX
Subject: Re: s.13 f BCSS Proposal - Due Dec 22nd

Thanks Blair!

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Boland, Blair HLTH:EX
Sent: Monday, December 21, 2015 6:09 PM
To: Taylor, Mark C HLTH:EX
Subject: Re: s.13 f BCSS Proposal - Due Dec 22nd

The Krog letter has HA and Govt funding amounts. We should use those numbers.

Sent from my BlackBerry 10 smartphone.

From: Boland, Blair HLTH:EX
Sent: Monday, December 21, 2015 6:07 PM
To: Taylor, Mark C HLTH:EX
Subject: Re: s.13 BCSS Proposal - Due Dec 22nd

Hi Mark, no its not. We just responded to a request for funding related to this BCSS proposal...see correspondence. Also, we responded to MLA Krog a month or so ago on the same issue.

Sent from my BlackBerry 10 smartphone.

From: Taylor, Mark C HLTH:EX
Sent: Monday, December 21, 2015 4:44 PM
To: Boland, Blair HLTH:EX
Subject: FW:s.13 BCSS Proposal - Due Dec 22nd

Hi Blair, not sure if you are monitoring your blackberry (hopefully not but if you happen to be) – is this the same MH issue you were mentioning last Friday?

Thanks.

Mark.C. Taylor

Director - Policy, Finance and Funding

Regional Grants and Decision Support

Ministry of Health

Phone: 250-952-1177 Fax: 250-952-1420

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From: Reyes, Aurelio P HLTH:EX
Sent: Monday, December 21, 2015 3:26 PM
To: Taylor, Mark C HLTH:EX
Subject: FW: s.13 BCSS Proposal - Due Dec 22nd

Can you come by for a second.

From: LaForge, Christine HLTH:EX

Sent: Monday, December 21, 2015 9:18 AM

To: Boland, Blair HLTH:EX; Reyes, Aureleo P HLTH:EX

Cc: van der Leer, Gerrit HLTH:EX; Veillette, Kelly HLTH:EX

Subject: s.13 BCSS Proposal - Due Dec 22nd

Good morning Blair and Aureleo,
s.13

Feel free to call/email me to discuss.

Thanks,

Chris LaForge

Senior Policy Analyst

Mental Health & Substance Use

Integrated Primary and Community Care

Health Services Policy Division

BC Ministry of Health

6-2, 1515 Blanshard St.

Victoria, BC V8W 3C8

250.952.2399

christine.laforge@gov.bc.ca

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Perry, Nancy L HLTH:EX

From: Wei, Wendy HLTH:EX
Sent: Monday, December 21, 2015 1:36 PM
To: Reyes, Aureleo P HLTH:EX
Cc: Wang, Hong (May) HLTH:EX
Subject: HA funding to BC Schizophrenia Society.xlsx



HA funding to BC
Schizophrenia...

Hi Aureleo,

Attached is the excel table to summarize Ministry and HAs funding to BC Schizophrenia Society.

Thanks,

Wendy

MoH and HAs Funding to BC Schizophrenia Society

MoH Direct Payments to the BC Schizophrenia Society

	2002	2003	2004	2008	Grand Total
B C SCHIZOPHRENIA SOCIETY-PRV	330,000	330,000	250,000		910,000
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY				90,000	90,000
Grand Total	330,000	330,000	250,000	90,000	1,000,000

Notes:

1. Various other ministries have also provided past funding to the BC Schizophrenia Society .
2. MoH also paid a total of \$56K from FY2005/06 - 2015/16 to the Schizophrenia Cognition Imaging Lab .

HAs Payments to the BC Schizophrenia Society (FY 2012/13 - FY 2014/15)

	FHA	IHA	NHA	VCHA	VIHA	PHSA	Total
FY 14/15	285,839	163,359	753,661	29,705	179,228	136,794	1,548,586
FY 13/14	284,399	220,297	747,045	75,176	145,044	203,722	1,675,683
FY 12/13	278,404	227,903	729,648	108,742	151,939	273,588	1,770,224

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Taylor, Mark C HLTH:EX

From: Reyes, Aureleo P HLTH:EX
Sent: Monday, December 21, 2015 9:36 AM
To: LaForge, Christine HLTH:EX; Boland, Blair HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX; Veillette, Kelly HLTH:EX; Taylor, Mark C HLTH:EX; Buckland, Arthur HLTH:EX
Subject: RE:s.13 BCSS Proposal - Due Dec 22nd

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

Hi Christine, Can you please let me know what/how the information your request is being used for? Your document will need to go through our ADMO's office, as Manjit will need to sign off any documents with financial information.

I'll take a look at Ministry historical funding, and see what I can find from the HAs; however, we will need to see the context on how this information will be used.

You can send me a draft of your document; however the final version will require sign off from our ADM.

Thanks - ar

From: LaForge, Christine HLTH:EX
Sent: Monday, December 21, 2015 9:18 AM
To: Boland, Blair HLTH:EX; Reyes, Aureleo P HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX; Veillette, Kelly HLTH:EX
Subject: s.13 BCSS Proposal - Due Dec 22nd

Good morning Blair and Aureleo,
s.13

I
;

I

In addition to these questions please let me know if you have any other observations or comments about this proposal.
Feel free to call/email me to discuss.
Thanks,

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Perry, Nancy L HLTH:EX

From: Klotz, Peter HLTH:EX
Sent: Monday, December 21, 2015 11:21 AM
To: Reyes, Aureleo P HLTH:EX
Cc: Zhang, Fanny HLTH:EX
Subject: RE^{s.13} BCSS Proposal - Due Dec 22nd
Attachments: BC Schizophrenia Society.xlsx

Summary of all funding provided by MoH.

From: Reyes, Aureleo P HLTH:EX
Sent: Monday, December 21, 2015 9:41 AM
To: Klotz, Peter HLTH:EX
Subject: FW: s.13 BCSS Proposal - Due Dec 22nd

Can you please run a report on all funding to the BCSS. Thanks

From: LaForge, Christine HLTH:EX
Sent: Monday, December 21, 2015 9:18 AM
To: Boland, Blair HLTH:EX; Reyes, Aureleo P HLTH:EX
Cc: van der Leer, Gerrit HLTH:EX; Veillette, Kelly HLTH:EX
Subject: s.13 BCSS Proposal - Due Dec 22nd

Good morning Blair and Aureleo,
s.13

In addition to these questions please let me know if you have any other observations or comments about this proposal.
Feel free to call/email me to discuss.
Thanks,

Chris LaForge
Senior Policy Analyst
Mental Health & Substance Use
Integrated Primary and Community Care

Health Services Policy Division
BC Ministry of Health
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
christine.laforge@gov.bc.ca

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MoH Direct Payments to the BC Schizophrenia Society

Sum of Invoice Amount	2002	2003	2004	2008 Grand Total
B C SCHIZOPHRENIA SOCIETY-PRV	330,000	330,000	250,000	910,000
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY				90,000
Grand Total	330,000	330,000	250,000	1,000,000

Various other ministries have also provided past funding to the BC Schizophrenia Society .

MoH also paid a total of \$56K from FY2005/06 - 2015/16 to the Schizophrenia Cognition Imaging Lab .

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BRITISH
COLUMBIA

NOV 16 2015

Mr Leonard Krog
MLA, Nanaimo
Room 201, Parliament Buildings
Victoria BC V8V 1X4

1041445 ✓

Dear Mr. Krog:

Thank you for your letter of October 13, 2015, regarding your request that the Ministry of Health (the Ministry) direct health authorities to provide \$3 million over the next five years to the BC Schizophrenia Society (the Society). I apologize for the delayed response.

To date, I have not been made aware of a request from the Society to increase its funding for a five-year period. BC's health authorities receive an annual funding allocation from the Ministry to provide services across the continuum of health care to meet the needs of their entire population. Health authorities are responsible for delivering these health care services, either directly or through contracted service providers, within their available resources.

Since its inception, the health authorities have worked with the Society to provide services to people and their families impacted by schizophrenia. The Society receives approximately \$1.7 million annually from health authorities. In addition, the Society receives a total of approximately \$0.3 million per year from other ministries across government.

Overall, the Ministry spends approximately \$1.42 billion annually to educate, prevent and treat people with mental illnesses and substance use, including those with schizophrenia.

Government values the support the Society provides to people with schizophrenia and their families, and I would encourage it to continue working with health authorities to help improve the lives of this population dealing with schizophrenia.

I appreciate the opportunity to respond.

Sincerely,

Terry Lake
Minister

*original to file
transitory copy to
Gordon and Blair*

pc: Ms. Deborah Conner, Executive Director and Board, BC Schizophrenia Society
Ms. Ana Novakovic, Policy and Government Relations, BC Schizophrenia Society
Mr. Grant Monck, LL.B., Consultant

Ministry of
Health

Office of the
Minister

Mailing Address:
PO Box 9050 Stn Prov Govt
Victoria BC V8W 9E2

Location:
Parliament Buildings
Victoria

Leonard Krog, MLA
(Nanaimo)
Room 201
Parliament Buildings
Victoria, BC V8V 1X4
Phone: 250 953-4698
Fax: 250 387-4680



Province of
British Columbia
Legislative Assembly



Leonard Krog, MLA
(Nanaimo)

Community Office:
4 - 77 Victoria Crescent
Nanaimo, BC V9R 5B9
Phone: 250 714-0630
Fax: 250 714-0859
e-mail: leonard.krog.mla@leg.bc.ca
website: www.leonardkrog-mia.ca

FCS

October 13th, 2015

Honourable Terry Lake
BC Minister of Health
PO Box 9050
Stn Prov Govt
Victoria, BC
V8W 9E2

MINISTER'S OFFICE HEALTH		
# 1041445		
DRAFT <input checked="" type="checkbox"/>	OCT 15 2015	REPLY DIRECT <input type="checkbox"/>
REPLY <input checked="" type="checkbox"/>		FILE <input type="checkbox"/>
FYI <input type="checkbox"/>		
REMARKS <i>min-sig</i>		
<input type="checkbox"/> AA	<input type="checkbox"/> MA	<input type="checkbox"/> CA
<input type="checkbox"/> EA	<input type="checkbox"/> CCU	<input type="checkbox"/> DM

Dear Minister Lake,

Re: BC Schizophrenia Society

I know Minister that you have probably had an opportunity to meet with the representatives of the BC Schizophrenia Society, and likewise that they have, what I regard as a pretty modest ask for \$3 million to provide consistent family support programs and services throughout the province over the next five years.

I am confident that you are as moved by their request as am I, and I am likewise satisfied that your office probably acts as drop in center for many people, as does mine, who are suffering from some form of mental illness, including schizophrenia. I suspect I have no need to repeat the many stories that all of us have heard about the tremendous cost to other ministries associated with those suffering from schizophrenia, who end up in the criminal justice system and the healthcare system, and other forms, ie., trips to emergency, ambulance, etc., or the children of schizophrenics who end up in care, etc., etc., etc.

Having said this, I beg you to consider that, in the Province's substantial budget a request/direction to the health authorities and the provision of \$3 million in funds would improve so much the lives of those suffering from schizophrenia, provide support to their families, and additionally, I suspect, save a great deal of public monies.

I undertake to publically thank you, and express that gratitude, should you chose to comply, with what is one of the more modest requests I have ever seen, made by a non-profit to a government on an issue of such significant public importance and need.

Yours sincerely,

LEONARD KROG, MLA
NEW DEMOCRAT OFFICIAL OPPOSITION
NANAIMO

cc. Deborah Conner, Executive Director and Board, BC Schizophrenia Society
Ana Novakovic, Policy and Govt Relations, BC Schizophrenia Society
Grant Monck, LL.B, Consultant

Health Authority Funding to BC Schizophrenia Society

	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>	<u>2013/14</u>	<u>2014/15</u>
Fraser Health Authority	255,214	300,331	278,404	284,399	285,839
Interior Health Authority	225,088	227,902	227,903	220,297	165,945
Northern Health Authority	710,100	724,263	729,648	747,045	753,661
Provincial Health Services Authority	252,750	252,000	273,588	203,722	273,588
Vancouver Coastal Health Authority	144,713	156,119	108,742	75,176	22,705
Vancouver Island Health Authority	143,824	139,825	151,939	145,044	179,228
Total	1,731,689	1,800,440	1,770,224	1,675,683	1,680,966

	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>	<u>2013/14</u>	<u>2014/15</u>
Ministry of Children and Family Developn	49,706	49,706	50,106	38,360	34,464
Ministry of Justice	0	248,467	210,575		
Ministry of Social Development	290,375	3,750	0		
Ministry of Finance					266,850
Total	340,081	301,923	260,681	38,360	301,314

Five Year Total	9,901,361
------------------------	------------------

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Perry, Nancy L HLTH:EX

From: Kinakin, James <James.Kinakin@interiorhealth.ca>
Sent: Thursday, October 22, 2015 3:07 PM
To: Reyes, Aureleo P HLTH:EX; XT:HLTH Wooden, Doneen
Subject: RE: MO request - BC Shizophrenia Society funding

I asked our Contracts group & they have 3 contracts with that group in 13/14, as follows:

ID	Pgm	Contract Number	Service Provider Display Name	Contract Name	Contract Start Date
OKC	MH	OKCMH13-450223-J	BC Schizophrenia Society - Kelowna	C&F: Family To Family	1-Apr-12
OKS	MH	OKSMH13-450227-F	BC Schizophrenia Society - Penticton	Peer Support & Therapeutic Work Program	1-Apr-12
OKS	MH	OKSMH13-450225-J	BC Schizophrenia Society - Penticton	Strengthening Families	1-Apr-12
TCS	MH	TCSMH13-450229-J	BC Schizophrenia Society	Thompson/Cariboo Outreach Partnership	1-Apr-12

I suspect that the \$2K payment below is probably just a donation. The payments above are for services and you may see changes from year to year depending on contract awards.

James

From: Reyes, Aureleo P HLTH:EX [mailto:Aureleo.Reyes@gov.bc.ca]
Sent: Thursday, October 22, 2015 2:36 PM
To: Wooden, Doneen
Cc: Kinakin, James
Subject: RE: MO request - BC Shizophrenia Society funding

I don't need the 13/14 checked. I just thought that there would be similar funding out the door in 2014/15. My understanding is that these contracts were up to 2014/15 – so I expected more.

But if the \$2K is all that went out, I will forward that only \$2,000 went out from IHA to the Society.

I did not know if you were going to be able to get this information today, so I have been in touch with James and Allison Carruthers.

Apologies for shotgun approach, but everyone is asking for this right now.

Can you please touch base with Allison/James to confirm that only \$2,000 went out in 2014/15.

Thanks - ar

From: Wooden, Doneen [mailto:Doneen.Wooden@interiorhealth.ca]
Sent: Thursday, October 22, 2015 2:29 PM
To: Reyes, Aureleo P HLTH:EX

Cc: Kinakin, James
Subject: RE: MO request - BC Schizophrenia Society funding

The original e-mail stated 14/15 so that is what I provided. I didn't have anyone check 13/14 – do you need these #'s confirmed?

From: Reyes, Aurelio P HLTH:EX [<mailto:Aurelio.Reyes@gov.bc.ca>]
Sent: October 22, 2015 2:28 PM
To: Wooden, Doneen
Cc: Kinakin, James
Subject: RE: MO request - BC Schizophrenia Society funding

Hi Doneen,

This is what IHA had in their SOFI in 2013/14:

BC SCHIZOPHRENIA SOCIETY - PENTICTON BRANCH 100,849
BC SCHIZOPHRENIA SOCIETY - RCH 49,488
BC SCHIZOPHRENIA SOCIETY - VERNON 69,960

Can you confirm that nothing else went out besides what you attached?

From: Wooden, Doneen [<mailto:Doneen.Wooden@interiorhealth.ca>]
Sent: Thursday, October 22, 2015 2:13 PM
To: Reyes, Aurelio P HLTH:EX
Subject: FW: MO request - BC Schizophrenia Society funding

Aurelio,

This is all we could find. Not sure whether you would consider it a grant or not.

Doneen

From: Ignatzi, Suzanne
Sent: October 22, 2015 8:38 AM
To: Wooden, Doneen
Subject: RE: MO request - BC Schizophrenia Society funding

Hi Doneen,

We have several vendor numbers for BC Schizophrenia Society for various locations; however, only one of them had activity in 2014-15. See details attached.

V#0081543 BC Schizophrenia Society (Kel) \$2,000.00

Thanks,

Suzanne Ignatzi
Accountant, Interior Health
250-870-4622

From: Wooden, Doneen
Sent: Wednesday, October 21, 2015 4:06 PM
To: Ignatzi, Suzanne
Subject: FW: MO request - BC Schizophrenia Society funding

Suzanne,

Can you look this up for me?

Thanks
Doneen

From: Reyes, Aurelio P HLTH:EX [<mailto:Aurelio.Reyes@gov.bc.ca>]
Sent: October 21, 2015 1:16 PM
To: Wooden, Doneen
Subject: FW: MO request - BC Schizophrenia Society funding

Hi Doneen – can you please let me know if IHA has provided any grant funding to the BC Schizophrenia Society in 2014/15.

Thanks - ar

From: Nielsen, Brenda HLTH:EX
Sent: Tuesday, October 20, 2015 3:04 PM
To: Lee, Barb T HLTH:EX; Ingram-Kum, Jennifer HLTH:EX; Reyes, Aurelio P HLTH:EX; Boland, Blair HLTH:EX
Subject: MO request - BC Schizophrenia Society funding

Hi All,

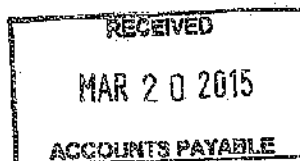
The Minister's Office is requesting some information in order to respond to a request from an MLA for more funding for the BC Schizophrenia Society. Since supplier payment statements for 2014/15 have not been published yet, would you please contact your health authorities and find out how much funding they provided to the BC Schizophrenia Society in 2014/15? We need this information by noon tomorrow.

Thanks much,
Brenda

Brenda Nielsen | Financial Analyst | Regional Grants & Decision Support | Ministry of Health | 250 952 2786
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Interior Health



V# 0081543

Cheque Requisition
Please attach original invoice(s)

Payable To: BC Schizophrenia Society, Kelowna Branch

Requisition Date: March 16, 2015

Address: #203-347 Leon Avenue

Kelowna, BC V1Y 8C7

Facility/Site: Kelowna Health Centre

INVOICE DATE	EXPENSE DESCRIPTION	DEPARTMENT CODE (ie: 1001.71.1354000)	EXPENSE CODE (EOC)	U.S. FUNDS (Y OR N)	GST AMOUNT INCLUDED IN INVOICE TOTAL	INVOICE TOTAL
December 9/14	Program Supplies	1022.71.5700910	4951000	n	y	2,000.00
TOTAL						\$ 2,000.00

Requisitioned By: Robyn Yanchuk
(Print Name)

Ry K.
(Signature)

Approved By: Sandra Robertson
(Print Name)

Sandra Robertson
(Signature)

86

Note: If this requisition is payable to an IH employee for sundry expenses and the amount is less than \$25 please use petty cash if possible.
Send to: **Accounts Payable #101 - 2355 Acland Rd, Kelowna BC, V1X 7X9**

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Interior Health Authority
Mental Health and Substance Use
1340 Ellis St. (2nd Floor)
Kelowna, BC V1Y 9N1

December 9, 2014

Re: BC Schizophrenia Society, Kelowna Branch
Request for Additional Funding

Attention: Mr. John Yarschenko

Dear John,

The BC Schizophrenia Society thanks IHA for it's generous support of the BCSS mental health education program - "Strengthening Families Together". The society is committed to providing quality programs to individuals and families coping with mental health challenges, and to enhancing public understanding of mental health disorders through public presentations within the Kelowna community.

In previous years, IHA has provided additional funding to support our Partnership Public Education Program from January to April. I would like to request funding this year for \$2000, which would provide 6 mental health presentations to students in high schools, college or university programs.

Attached are receipts for office expenses. Should you have any questions concerning this matter please call.

Sincerely,

Vern Kennedy
President
Mental Health Individual and Family Support
BC Schizophrenia Society, Kelowna Branch
#203 - 347 Leon Ave
Kelowna BC V1Y 8C7
PH. 250.868.3119
bcsskel@shaw.ca
bcsskel.org

Perry, Nancy L HLTH:EX

From: XT:HLTH Little, Beverly
Sent: Wednesday, October 21, 2015 4:26 PM
To: Reyes, Aureleo P HLTH:EX
Cc: XT:Paterson, Ana HLTH:IN
Subject: RE: MO request - BC Shizophrenia Society funding

Hi Aureleo,
The following is from our SOFI report.

BC SCHIZOPHRENIA SOCIETY (PG)	294,691
BC SCHIZOPHRENIA SOCIETY(RICH)	458,970

Regards,

Bev.

From: Reyes, Aureleo P HLTH:EX [<mailto:Aureleo.Reyes@gov.bc.ca>]
Sent: Wednesday, October 21, 2015 1:17 PM
To: Paterson, Ana; Little, Beverly
Subject: FW: MO request - BC Shizophrenia Society funding

Hi Ana and Bev – can you please let me know if NHA has provided any grant funding to the BC Schizophrenia Society in 2014/15.

Thanks - ar

From: Nielsen, Brenda HLTH:EX
Sent: Tuesday, October 20, 2015 3:04 PM
To: Lee, Barb T HLTH:EX; Ingram-Kum, Jennifer HLTH:EX; Reyes, Aureleo P HLTH:EX; Boland, Blair HLTH:EX
Subject: MO request - BC Shizophrenia Society funding

Hi All,

The Minister's Office is requesting some information in order to respond to a request from an MLA for more funding for the BC Schizophrenia Society. Since supplier payment statements for 2014/15 have not been published yet, would you please contact your health authorities and find out how much funding they provided to the BC Schizophrenia Society in 2014/15? We need this information by noon tomorrow.

Thanks much,
Brenda

Brenda Nielsen | Financial Analyst | Regional Grants & Decision Support | Ministry of Health | 250 952 2786

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JAN 11 2016

1043813

Mr. David Halikowski
President
British Columbia Schizophrenia Society
1100 1200 W 73 Ave
Vancouver BC V6P 6G5

Dear Mr. Halikowski:

I am writing in response to your proposal of November 26, 2015, requesting \$3 million over the next five years in on-going funding for the BC Schizophrenia Society (the Society). Your proposal was forwarded to me for response by the Honourable Terry Lake, Minister of Health.

I appreciate the time you have taken to develop this proposal and to bring this matter to the Minister's attention. s.13

s.13 . However, please be aware that in the current fiscal environment, sources of additional funding are very limited and it is not always possible to fund or fully fund all of the many worthy organizations, such as yours.

On behalf of the Minister, I would like to thank the Society for the support it provides to people living with schizophrenia and as noted above, s.13

s.13

Yours truly,

Manjit Sidhu, CPA, CA
Assistant Deputy Minister
Finance and Corporate Services

pc: Honourable Terry Lake, Minister of Health

*original to file
transitory copy to
Gordon and Blair*

Ministry of Health

Office of the Assistant Deputy Minister
Finance and Corporate Services

PO Box 9647 Stn Prov Govt
Victoria BC V8W 9P4

Facsimile: 250 952-1573