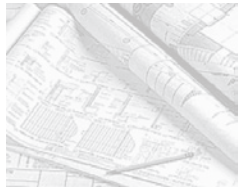


a blueprint for results >updated



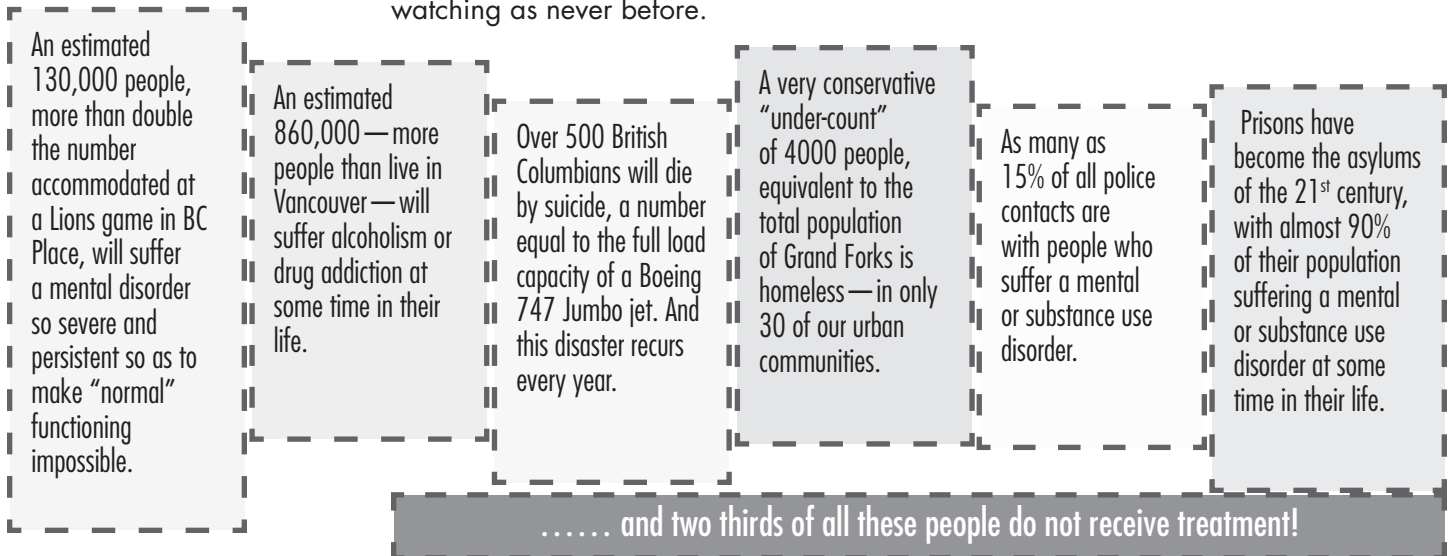
book 1

DECEMBER 2007



BC ALLIANCE
British Columbia Alliance
on Mental Health and
Addiction Services

Over the past 50 years, countries throughout the “western” world have de-emphasized institutional care in favour of what was to be “normalized” living in the community. But has it worked? The images of sick and addicted individuals on our city landscape, huddled over grates, wearing tattered clothing, begging for change, intimidating passers-by, or worse, carried off by police or ambulance, are compelling. These images are increasingly evident in British Columbia, at a time when the world is watching as never before.



Has de-institutionalization failed, or have we failed the promise of de-institutionalization. Why has it worked in some jurisdictions and not in others? Is it because we have closed institutions without providing alternative services; without re-investing in our communities? And if we do re-invest, how can we ensure we will get results? Perhaps by modeling programs on the best “evidence-based practice” worldwide.

Over the past decade, a number of studies—including one in British Columbia in 2002—have examined “best” or “evidence-based” practice in mental health and addiction systems—programs that were achieving results in terms of improved quality of life and harm reduction.

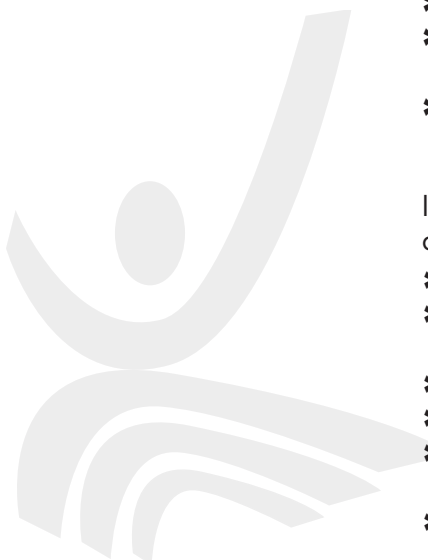
What do these programs do in order to get better results?

If a mental health and addictions system is to operate as a system, with all parts working together, evidence-based practice dictates the following **system essentials**:

- A clear vision and mission
- Explicit policies
- Measurable targets
- Coordinated inter-government and inter-sectoral partnerships
- A coordinated single “envelope” of funding for mental health and addiction services
- The involvement of stakeholders, including those receiving service and their families
- Integration of mental health and addiction services
- Linked services for children and adults
- The inclusion of family physicians

If mental health and addictions services are to be effective, evidence-based practice dictates the following **core services**:

- Prevention strategies
- Medical inpatient/outpatient services in a general hospital setting
- Medical detoxification
- Comprehensive assessments
- Service (case) management such as assertive community treatment
- Harm reduction strategies
- Crisis response
- Family and peer self-help/mutual aid
- Educational accommodations
- Supported housing
- Consumer initiatives
- Social and recreational opportunities
- Employment accommodations



Some of these services exist in some communities in British Columbia, but programs are patchy and inconsistent between health authorities and indeed even within some health authorities. A provincial “template” to guide regional service delivery is desperately needed.

So where do we go from here?

Over the past five years, the government of British Columbia has made several attempts to improve services to children and adults, but there has never been a comprehensive plan modelled on evidence-based practice. This is a time of opportunity.

- When mental health and addiction services are unavailable or incomplete, people end up in cycles of hospital readmission or in the criminal justice system—the most expensive services. It is time to demonstrate the most judicious use of resources.
- It is said that a society is judged by the manner in which it deals with its most disadvantaged and disabled citizens. As the world watches, British Columbia has an opportunity to showcase an evidence-based system that supports people while reducing harm.

The ‘BC ALLIANCE’

The British Columbia Alliance on Mental Health and Addiction Services, a coalition of organizations, is dedicated to ensuring that every citizen with a mental health problem or with problematic substance use has timely access to services that reduce harm and provide the best opportunity for recovery and community inclusion.

It is the collective view of these “stakeholders” that BC is at a critical juncture; that this is a time for immediate and urgent action. It is also a time of opportunity; a time for “stakeholders” and the government to work in partnership. A time to develop and showcase a results-based system of care.

To that end, the BC ALLIANCE respectfully makes the following recommendation to Premier Gordon Campbell and the government of British Columbia:

the recommendation >>

To undertake a planning process designed to produce a comprehensive, “results-based” plan for Mental Disorder and Substance Use Disorder Services in the Province of British Columbia. The process should involve a significant representation of stakeholders and the outcomes should include:

- the development of a provincial mental health and addiction plan that includes the creation of a government/community “planning table” of respectful partners, appropriately transparent and containing a mechanism for political sustainability.
- the development of a strategic incentive fund to promote, support and nurture community-centred innovation
- the development of a comprehensive mental health and addiction housing initiative
- the development of a system for quality improvement and public accountability

The Ministry of Health’s “BC Mental Health Project,” detailed on Aug. 31st, 2007, could serve as foundational to these recommendations—if appropriate consultation processes are integral to the plan.

“ It is not the services in isolation, but the delivery system as a whole that determines outcomes. ”

—US Surgeon General, 2004

“ Our problem is that there is a disconnect between knowledge and service. In other words, we are not applying what we know to what we do. ”

—Dr. Jean Moore,
Chair, BC ALLIANCE, 2007

A Blueprint for Results: Book 2

In an effort to advance our recommendation, the BC ALLIANCE has developed a companion document, *A Blueprint for Results: Book 2*. That workbook provides greater detail regarding the problem, the urgency of the priority, referenced research behind “evidence-based practice” and a “tool” to help assess the adequacy of current services from the perspective of policies, financing, legislation, quality improvement, organization of systems, organization of services, planning and service delivery.

Book 2 will be of interest to anyone wanting to learn more about how to get results from a system designed on the best “evidence-based” practice worldwide. Book 2 will be of interest to:

- Elected officials at the provincial and municipal level
- Civil servants
- Health authority personnel
- Community organizations
- Professionals and other service providers
- Consumers/patients/clients and their families
- Interested members of the public

The booklet *A Blueprint for Results: Book 2* is available without cost from the British Columbia Alliance on Mental Health and Addiction Services at www.bcalliance.org or it can be obtained from any of the member organizations. Phone 604-688-3234 or 1-800-555-8222 for contact information.



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FOUNDATION

The BC ALLIANCE is funded by the member organizations and by the Vancouver Foundation during its inception.

bc alliance members >>

The current BC ALLIANCE membership

- Association of Substance Abuse Programs of BC
- BC Association of Clinical Counsellors
- British Columbia Psychiatric Association
- British Columbia Psychological Association
- British Columbia Schizophrenia Society
- Canadian Mental Health Association, British Columbia Division
- Community Legal Assistance Society
- Consumer/Survivor Society
- CMHA Consumer Development Project, Okanagan
- FASD Collaborative Roundtable
- John Howard Society of British Columbia
- Pacific Community Resources Society
- Royal Canadian Mounted Police – “E” Division
- Vancouver Police Department