

CITIZENS' COMMITTEE OF THE KITSILANO MENTAL HEALTH PROJECT
GENERAL MEETING: TUESDAY, JUNE 16, 1973.

AGENDA

1. Call to order - ~~8:00~~ pm.
7:30
2. Election to Steering Committee (Evelyn Petranas resigned)
3. Report of Representative (Barry Coull) to Coordinating Committee.
4. Action re Planning and Advisory Committee.
5. Coordination with West End Citizens' Committee.
6. Presentation of budget proposal.
7. Further Business.
8. Adjournment.

RECOMMENDATIONS

(i) That the Steering Committees of the various citizens' committees, and particularly Kitsilano and the West End, meet with the aim of forming a higher level of cooperation and combined activity.

(ii) That we formally request sub-area representation on the Coordinating Committee (ie. reps from West End, Kits, etc. as opposed to just one rep from the whole "Burrard" jurisdiction).

(iii) That the coordinating committee open its meetings to the public.

Kitsilano Citizens Committee on Mental Health

Budget Proposal

The following budget, prepared by the steering and personnel committees, is intended to cover estimated costs for two facets of the Kitsilano mental health project, namely, the main mental health center and an eight-bed crisis hostel.

A. Mental Health Center

It is proposed that this center provide the following services and functions: administration; office therapy; drop-in services; 24 hour walk-in crisis services; group therapy; group activities; and friend-advocate home services.

Salaries (employee benefits are included in the following figures)

1 Coordinator @ \$15,000	\$15,000	
2 Secretaries @ \$8,000	16,000	
1 Half-time psychiatrist (250 sessions @ \$87.50 per session)	21,875	
1 Full-time psychiatrist*	21,875	
11 Mental Health Workers @ \$10,000 (including 1 full-time coordinator of volunteers. The following func- tions to be rotated: 24 hour crisis service; drop-in service; and friend- advocate service)	110,000	
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	\$184,750	\$184,750

Capital and Overhead Costs

Accommodation: Rent or mortgage
payments on a very large house
@ \$600/mo. 7,200

*Position to be broadly advertised in search of a young, progressive psychiatrist

Utilities: Telephone installation and rental; heat; electricity; answering service and pagers	3,000	
Equipment and Furniture for: offices (2), office therapy (2), drop-in area (3), crisis rooms (2), friend-advocate office (1), group therapy and meeting rooms (2), activities room (basement), bathrooms with baths and showers	9,500	
House Renovation (may be included in mortgage)	7,000	
Supplies and Materials		
Office (\$1,800)		
Drop-in: coffee & snack food (2,000)		
Household supplies (600)		
Medical (6,000)?		
Activities (1,200)		
Crafts (1,800)		
<u>\$13,400</u>	13,400	
General Expenses: Petty cash, client transportation (look into clients' bus passes), in-service education, ancillary services, e.g., homemaker, client household repairs, moving expenses, entertainment, diet counselling, babysitters, quick food money, etc.	12,000	
Contingency	<u>2,000</u>	
	\$54,100	<u>\$54,100</u>
TOTAL BUDGET		\$238,850
LESS: Psychiatrists' fees & salaries recoverable from B.C. Medical Services Commission		<u>43,750</u>
NET BUDGET		\$195,100

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B. Eight-Bed Crisis Hostel

Salaries:		
Eight Hostel Staff @ \$10,000	\$80,000	
One Cook	<u>7,500</u>	
	\$87,500	\$ 87,500

Capital and Overhead Costs

Accommodation: rent or mortgage @ \$400/mo.	\$ 4,800	
House Renovations	4,000	
Utilities @ \$90/mo.	1,080	
Equipment and Furniture	1,500	
Food @ \$1.50/person/day	4,380	
Medical	1,000 (?)	
Household supplies and materials	600	
General expenses: activities, entertain- ment, emergency petty cash, transportation	<u>2,000</u>	
	\$19,360	<u>\$19,360</u>
TOTAL BUDGET		\$106,860

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A. Mental Health Center: Comments on the Budget

It is estimated that at any given time 150 to 180 clients will be formally registered on the program. A principal objective of the team will be to provide supportive and preventive services for people who would otherwise be hospitalized.

Let us consider, at a very conservative estimate, that 100 of the clients would definitely be in hospital were it not for the team program, and let us further consider what this means in financial terms.

The following figures are based on costs to keep 100 people out of hospital and do not pertain to the broad range of additional services to the other 50 to 80 and to those who will use the center though they are not formally clients. (Thus the savings documented below will be an underestimate.)

To summarize, the total team annual budget for the center equals \$238,850 and has the effect of preventing 100 hospitalizations at any given time. This amounts to (\$238,850/100, or) \$2,388.50 to keep one client out of hospital per year. The per diem cost is therefore (\$2,388.50/365 days, or) \$6.54.

Let us consider this in the light of per diem costs for various in-patient facilities.

Kits Mental Health Team.....	\$ 6.54
Vancouver General Hospital - Psych Ward.	76.35
Lions Gate Hospital - Psych Ward.....	55.40
UBC Health Sciences Hospital.....	75.20
Riverview Hospital.....	20.11

These figures speak for themselves, and raise the possibility of increasing the team budget to further broaden the services to clients. The budget can be raised considerably while still not nearly approximating the lowest in-patient per diem cost of \$20.11.

B. Crisis Hostel: Comments on the Budget

The crisis hostel is designed to provide food, lodging and supportive care to eight very disturbed clients who would unquestionably be hospitalized were it not for the hostel's services.

The hostel per diem cost is calculated as follows:

Total Annual Budget.....	\$106,860.00
Annual Cost per Bed (\$106,860/8).....	13,357.50
Daily Cost per Bed (\$13,357.50/365 days).	36.60

Again, consider this figure relative to other in-patient costs:

Crisis Hostel.....	\$36.60
VGH.....	76.35
Lions Gate.....	55.40
UBC.....	75.20
Riverview.....	20.11

Note that the crisis hostel figure is considerably below all facilities except Riverview. Although higher than Riverview's, it is felt that the hostel cost is justified for the following reasons: 1) Clients will be treated in their own community; 2) They will receive far more personalized attention than they would at Riverview; and 3) Because of earlier and fuller intervention, the hostel will provide a preventive service thereby reducing the total number of days for which any client will require a bed.

It should also be noted that the crisis hostel figure is far below the cost of community care in any psychiatric ward. The high staff ratio at the hostel does not inflate costs above those of other community facilities and yet gives the client greater personal attention than he would find even in these facilities.