Ministry of Mental Health and Addictions
TRANSITION BINDER
2020

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Cabinet Confidences; Advice/Recommentations

MINISTRY PROFILE

Ministry:

People's mental health and addictions experiences are influenced by a broad range of economic, social, cultural, environmental and personal factors. As the only dedicated, standalone ministry of its kind in Canada, we bring mental health and addictions into focus to address some of society's most complex, misunderstood, and stigmatized issues. With a strategic mandate, we lead the change needed across government to modernize the mental health and addictions continuum of care for all British Columbians to reach their potential and thrive in their communities.

Ministry Mandate:

The Ministry has overall responsibility for the development of a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families throughout the province. The Ministry is also responsible for leading and escalating the response to the province's overdose public health emergency. The Ministry works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces).

The Ministry leads the transformation of B.C.'s mental health and addictions system by setting the strategic direction for the Province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, the Ministry undertakes a whole-government, multi-systems approach in partnership with other ministries, Indigenous peoples, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived and living experience.

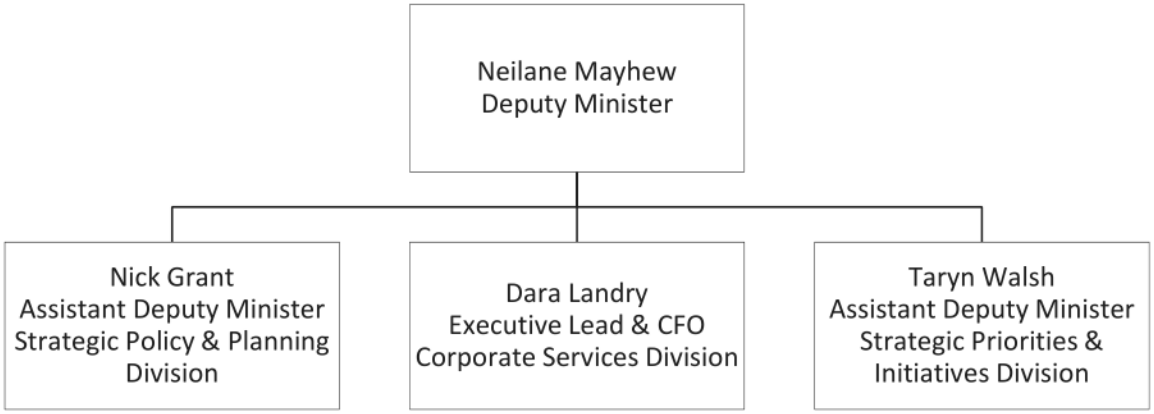
Budget:

Core Business Area	2019/20 Restated Budget	2020/21 Estimate	2021/22 Plan	2022/23 Plan
Operating Expenses ($000)				
Policy Development, Research, Monitoring and Evaluation	7,879	7,486	7,485	7,485
Executive and Support Services	2,188	2,226	2,262	2,262
Total	**10,067**	**9,712**	**9,747**	**9,747**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Executive and Support Services	1	1	1	1
Total	**1**	**1**	**1**	**1**

Full Time Equivalents (FTEs):

- As of October 5, 2020, the ministry has 83 FTEs, including the Minister's Office.

Executive Organizational Chart:



Executive Member Biography

EXECUTIVE MEMBER BIOGRAPHY

Neilane Mayhew, Deputy Minister

Neilane is the Deputy Minister of the BC Ministry of Mental Health and Addictions. The Ministry is responsible for working with government ministries, Indigenous organizations, municipalities and community partners to ensure a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families across the lifespan. The ministry is also responsible for leading an immediate response to the province's overdose public health emergency.

Before being appointed as Deputy Minister, Neilane held the position of Associate Deputy Minister and Chief Operating Officer for the Ministry of Mental Health and Addictions, a position she had held since October 2017. Prior to this, she was the Associate Deputy Minister and Chief Operating Officer of the Ministry of Indigenous Relations and Reconciliation since October 2014 and served as Acting Deputy Minister from February 2015 to April 2015.

Neilane currently serves on the Board of Directors for the Mental Health Commission of Canada.

Neilane has over 19 years of public sector leadership experience in various ministries. She holds a Bachelor of Arts from the University of Calgary and a Bachelor of Laws from the University of Victoria. Prior to joining the BC public service in 2001, she practiced law with a small firm in Victoria.

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EXECUTIVE MEMBER BIOGRAPHY

Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning

Nick Grant was appointed ADM in the Ministry of Mental Health and Addictions in May 2018. In this role he has been responsible for leading the development of the Province's mental health and addictions strategy, implementing new ways to work with First Nations to support self-determination, health and wellness, and working across ministries and service delivery sectors to improve mental health and substance use services with a particular focus on care for children and youth.

Prior to joining the Ministry, Nick had been a member of the Executive Team at the BC Public Service Agency since 2015. The Agency is responsible for providing corporate human resource services to the core public service and Nick's roles there included leading the Workplace Health and Safety Branch to deliver health promotion, occupational safety, rehabilitation services, and disability benefits administration for all ministries; procuring a new human resource, payroll and benefit delivery system for the Public Service; and developing a new strategic and organizational plan for the Agency.

Previously, Nick spent over 20 years at the BC Ministry of Health and was appointed acting Assistant Deputy Minister of the Health Sector Planning and Innovation Division in 2014. Nick held several leadership roles at the Ministry of Health, including health sector strategic planning, health sector accountability and performance management, data, information and analytics, legislation, legal services, professional regulation, intergovernmental relations and the ministry research agenda.

Nick holds a BA in Political Science from the University of Victoria and has worked in the B.C. public service for 28 years.

EXECUTIVE MEMBER BIOGRAPHY

Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

Taryn was appointed ADM in the Ministry of Mental Health and Addictions in December 2017. Taryn's current portfolio encompasses matters related to substance use, including leading the provincial response to the overdose crisis, enhancing the quality, efficacy and accountability of supportive recovery services and supporting workplace mental health across various sectors, particularly in the context of COVID-19. Escalating BC's response to the overdose emergency has involved building relationships with a wide variety of stakeholders including other provincial ministries, health authorities, advocacy groups and peers, municipal governments, Indigenous leadership and Health Canada.

Prior to joining the Ministry, Taryn was with the Ministry of Public Safety and Solicitor General where she was responsible for leading the BC Government's participation in the National Inquiry into Missing and Murdered Indigenous Women and Girls and prior to her role in the Deputy Solicitor General's office, Taryn was the Executive Director of Victim Services and Crime Prevention, responsible for front-line services as well as developing strategies to prevent violence and enhance public safety, with a focus on violence against women and children.

Taryn has held a wide variety of positions in the Public Guardian and Trustee, Ministry of Labour and the Human Rights Commission. In 2018 and 2019 Taryn was part of the Canadian delegation to the United Nation's Commission on Narcotic Drugs.

Taryn holds a Bachelor of Arts from UBC and a Bachelor of Law (LL.B) from the University of Alberta.

EXECUTIVE MEMBER BIOGRAPHY

Dara Landry, Executive Lead and Chief Financial Officer

Dara oversees the Corporate Services Division and is responsible for Strategic Human Resources, Financial Management and Reporting, and Performance and Accountability. He joined the Ministry of Mental Health and Addictions in September 2017 from the Ministry of Finance where he was Director of Budgeting, Accounting and Reporting. He was responsible for leading complex Treasury Board submissions as well as overseeing the financial management of the Ministry of Finance, Premier's Office and several crown corporations and legislative offices.

Prior to this, Dara held several progressively senior positions in the Provincial Treasury in the Ministry of Finance and the Investment Capital Branch in the Ministry of Jobs, Trade and Technology.

Dara is the Ministry's Ethics Advisor.

Dara holds a Bachelor of Commerce from Royal Roads University and a Chartered Professional Accountant designation.

Core Business / Program Areas / Business Processes

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible:

Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning Division

Core Business / Program Area Description / Critical Business Processes:

The Strategic Policy and Planning Division works across ministries and the broader social sector to develop and oversee implementation of strategic priorities to transform B.C.'s mental health and addictions system. The division works to foster a whole of government approach to mental health and substance use and actively works with ministries as well as academic researchers and experts, professional associations and unions, community service organizations and people with lived/living experience to identify and respond to priority policy and program issues.

The division developed *A Pathway to Hope*, the provincial mental health and addictions roadmap, and is active in leading and working with partner ministries, health authorities, community organizations and First Nations and Indigenous leaders to implement the initiatives within the roadmap.

The Strategic Policy and Planning Division is comprised of three areas:

1. **Strategic Planning Branch** is responsible for leading the development and implementation of an overarching, integrated mental health and addictions strategic framework and associated actions plans. The branch leads significant and complex projects and works in partnership across social sector ministries, service delivery organizations and a wide array of stakeholders. High profile child and youth initiatives are being led by the branch including the expansion of Foundry Youth Centres, developing a youth substance use system of care, and the operational implementation and delivery of integrated child and youth teams, a new and innovative model of community-based mental health and substance use services to young people and their families.

2. **Indigenous Partnerships & Wellness Branch** is responsible for building and maintaining relationships with Indigenous partners and for ensuring the inclusion of Indigenous perspectives in the design, implementation and evaluation of policy and program initiatives led by MMHA. The branch provides strategic support and advice in advancing key deliverables with Indigenous partners while ensuring MMHA is in alignment with and advancing broader commitments related to Indigenous reconciliation and strengthening the cultural safety and humility of the mental health and substance use system in BC.

3. **Strategic Policy & Performance Branch** leads cross-government performance monitoring and evaluation of strategic initiatives under *A Pathway to Hope*. The branch works with external partners and other ministries to direct and align mental health and addictions academic research with government priorities and leads knowledge translation to support the ministry in evidence-informed policy development. The branch is also responsible for system-level monitoring and analysis as well as key policy projects to drive transformation.

Budget:

Government Financial Information

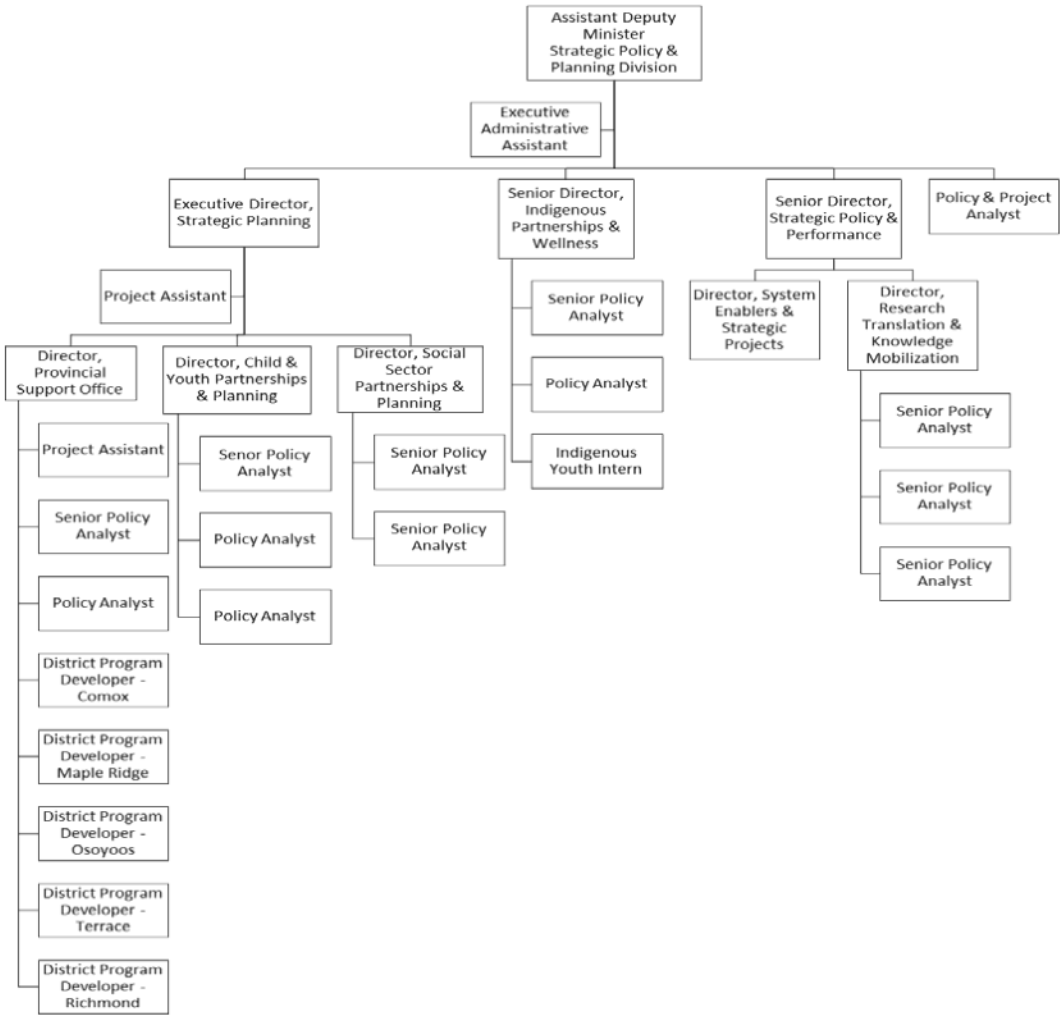
Full Time Equivalents (FTEs):

31 FTEs (2 temporary)

Related Legislation:

N/A

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible:

Taryn Walsh, Assistant Deputy Minister, Strategic Priorities & Initiatives Division

Core Business / Program Area Description / Critical Business Processes:

The Strategic Priorities & Initiatives Division leads immediate responses to urgent mental health, substance use and addictions issues within the province. The division works collaboratively with other ministries, First Nations and Indigenous leaders and their communities, local and federal governments, health authorities, non-government organizations, community sector organizations, emergency health responders, people with lived/living experience (PWLLE) and public safety agencies to deliver an immediate, escalated response to the overdose emergency, to keep people safe, and improve the health and well-being of British Columbians.

The Strategic Priorities and Initiatives Division is comprised of three areas:

1. **The Overdose Emergency Response Centre** (OERC) is the province's central hub for taking immediate action to address the overdose emergency. The OERC coordinates services across the province, evaluates the results and monitors the impacts of the crisis and interventions on communities across B.C. The OERC also undertakes strategic planning and policy development to guide B.C.'s overdose emergency response.

2. **Partnerships & Engagement Branch** is responsible for creating provincial public awareness campaigns to address the stigma facing people who use drugs, while also managing the StopOverdoseBC.ca website. This branch is overseeing the creation of a new provincial web-based platform to increase access to resources by improving service navigation online. The branch bases its work on public opinion research, behavioural insights, and on-going engagement with PWLLE to create innovative solutions.

3. **Substance Use and Strategic Initiatives Branch (SUSI)** leads the development, monitoring and evaluation of strategic policies, legislation and regulations related to the prevention, early intervention and treatment of substance use-related harms. This includes the development of a framework for improving the substance use system of care and initiatives aimed at increasing access to evidence-based addiction care to help people stabilize and connect to treatment and recovery services. SUSI also works collaboratively with community partners, unions and employer groups to ensure employees and leaders have the tools and training they need to foster psychologically healthy and safe workplaces.

Budget:

Government Financial Information

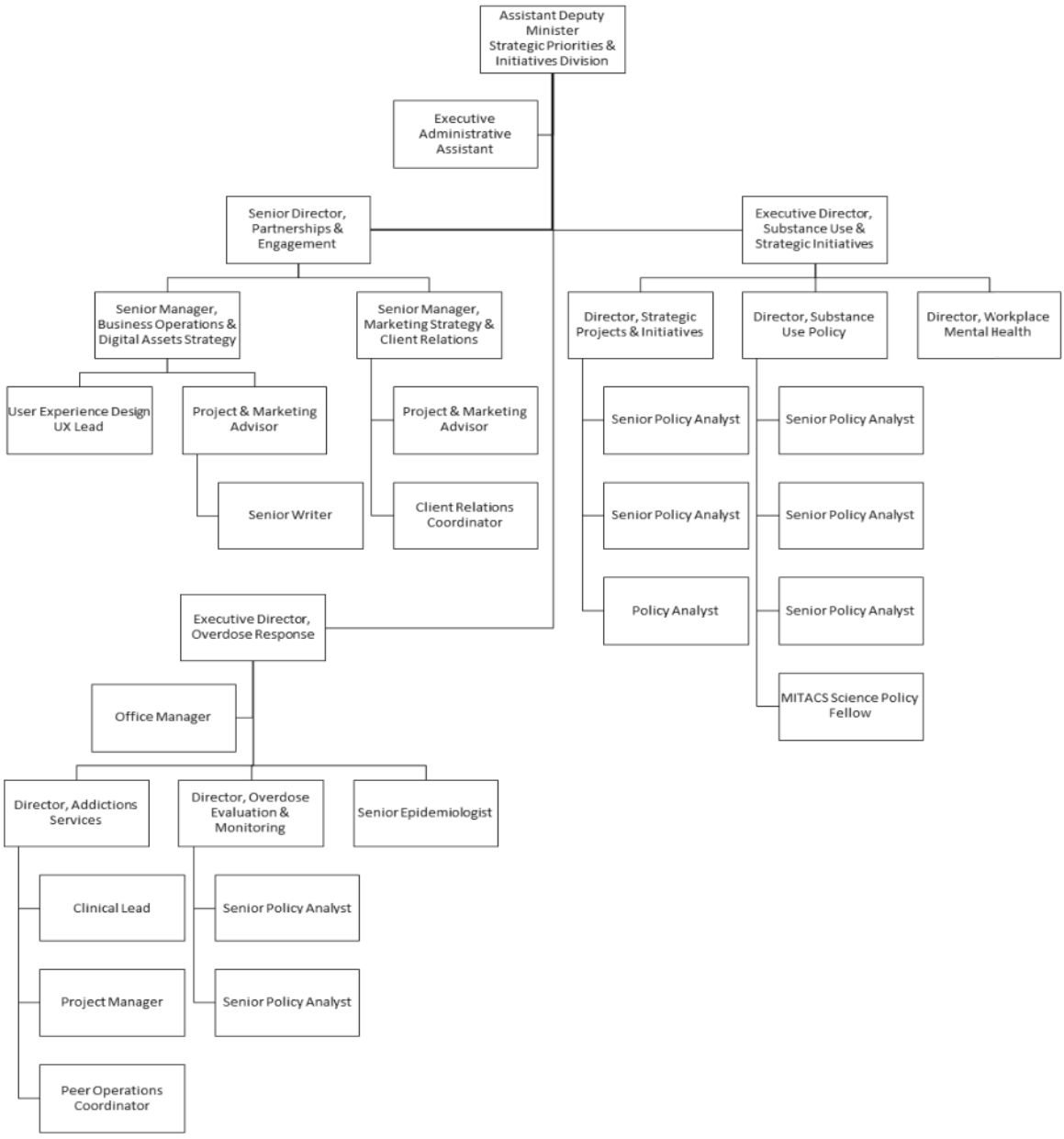
Full Time Equivalents (FTEs):

31 FTEs (including 1 temporary and 5 secondments)

Related Legislation:

N/A

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible:

Dara Landry, Executive Lead and Chief Financial Officer

Core Business / Program Area Description / Critical Business Processes:

The Corporate Services Division partners with ministry leadership to support the ministry's mandate. The Division provides client-focused and solution-driven business services including: strategic and business planning, corporate performance and risk management, strategic human resources and internal communications, financial management and accountability, procurement and contract management advisory services, information management/information technology services, and operations management.

Budget:

Government Financial Information

Full Time Equivalents (FTEs):

10 FTEs (2 temporary, 1 part-time)

Related Legislation:

N/A

Organizational Chart:

Appendix B

MINISTRY OF MENTAL HEALTH AND ADDICTIONS
KEY STAKEHOLDERS

Branch	Organization	Contact	Description	Key Issues
SUSI	**BC Addictions Recovery Association (BCARA)**	Brenda Plant Board Chair Personal info@bc-ara.ca	• BCARA's mission is to support persons in recovery from addiction by improving their access to professional services through the creation of standards, support services placement, training, education, research and advocacy. • BCARA is a relatively new provincial association in BC and is still in the process of formalizing organizational structure, membership and bylaws. • BCARA is quite advocacy-driven and sees their role as a liaison or representative on behalf of substance use recovery service providers in dealings with government.	• Legislation, regulation and policy related to bed-based substance use services • Improving access to and visibility of recovery-oriented services with a focus on bed-based treatment and recovery • Issues of importance to BC's "recovery sector" including government funding, service standards. and the relationship been harm reduction and recovery

Branch	Organization	Contact	Description	Key Issues
SUSI/OERC	**Community Action Initiative (CAI)**	Melinda Markey Executive Director 604-638-1172 mmarkey@caibc.ca	CAI works to strengthen the role and capacity of the community sector to improve mental health and address substance use for British Columbians.	• Providing support to the community-based supportive recovery sector/operators • Administering grant programs on behalf of government/MMHA (substance use beds, Community Action Teams (CATs), rural-indigenous grants, harm reduction grants, Community Initiative Fund (CIF)) • Community capacity development within the mental health and substance use sector
SUSI/OERC	**BC Centre on Substance Use (BCCSU)**	Cheyenne Johnson Interim Co-Executive Director Personal Information cheyenne.johnson@bccsu.ubc.ca Dr. Perry Kendall Interim Co-Executive Director Personal Information perry.kendall@bccsu.ubc.ca	• The BCCSU receives their core funding from the Province and is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. • BCCSU seeks to improve the integration of best practices and care across the continuum of substance use through the collaborative development of evidence-based policies, guidelines, and standards. With the	• Clinical guidance, evidence-based approaches and expertise for substance use (e.g., Pharmaceutical Alternatives Clinical Guidance, nurse prescribing.) • Substance use training and education for medical, clinical and allied health professionals • Research and evaluation of substance use programs and services (e.g., iOAT/TiOAT evaluation)

Branch	Organization	Contact	Description	Key Issues
			support of the Province of BC, BCCSU aims to transform substance use policies and care by translating research into education and care guidance.	
OERC/SUSI	**BC Centre for Disease Control (BCCDC)**	Reka Gustafson VP, Public Health & Wellness Reka.gustafson@bccdc.ca Jane Buxton Clinical lead, harm reduction 604-707-2573 Jane.buxton@bccdc.ca Sara Young Manager, Hepatitis & Harm Reduction Services Personal Sara.young@bccdc Amanda Slaunwhite Senior Scientist Amanda.slaunwhite@bccdc.ca	The BC Centre for Disease Control, a program of the Provincial Health Services Authority, provides provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation.	• Provincial Peer Network • Responsible for managing provincial Take-home Naloxone program and other harm reduction activities • Overdose surveillance and monitoring • Evaluation on the Prescriber Guidance for Risk Mitigation in the Context of Dual Public Health Emergencies
OERC	**BC Centre for Excellence in HIV/AIDS/SFU**	Bohdan Nosyk Principal Investigator, OAT Cascade of Care bnosyk@cfenet.ubc.ca	The BC Centre for Excellence in HIV/AIDS (BC-CfE) is Canada's largest HIV/AIDS research, treatment and education facility—nationally and internationally recognized as an innovative	• Opioid Agonist Treatment (OAT) Cascade of Care • Evaluation on the Prescriber Guidance for Risk Mitigation in the Context of Dual Public Health Emergencies

Branch	Organization	Contact	Description	Key Issues
			world leader in combating HIV/AIDS and related diseases.	
OERC/SUSI	**Canadian Institute for Substance Use Research (CISUR)**	Bernie Pauly Research Scientist 250-472-5915 bpauly@uvic.ca Karen Urbanoski Research Scientist 250-853-3238 urbanosk@uvic.ca	The Canadian Institute for Substance Use Research (CISUR), formerly CARBC, is a network of individuals and groups dedicated to the study of substance use and addiction in support of community-wide efforts to promote health and reduce harm.	• Evaluation on the Prescriber Guidance for Risk Mitigation in the Context of Dual Public Health Emergencies Substance use focused research projects • Alcohol-related substance use research and policy
OERC	**BC Patient Safety & Quality Council**	Colleen Kennedy Executive Director, Health System Improvement & Engagement ckennedy@bcpsqc.ca	Provides system-wide leadership through collaboration with patients, caregivers, the public and those working within the health care system in a relentless pursuit of quality.	• Learning about Opioid Use Disorder (LOUD) in the Emergency Department learning collaborative Project. • Provincial Community Action Team (CAT) Collaborative
OERC	**Moms Stop the Harm**	Leslie McBain momsstopharm@shaw.ca	Moms Stop the Harm (MSTH) is a network of Canadian families impacted by substance use related harms and deaths. They advocate to change failed drug policies and provide peer support to grieving families and those	• Peer/family support and advocacy

Branch	Organization	Contact	Description	Key Issues
			with loved ones who use or have used substances.	
OERC	**BC Yukon Association of Drug War Survivors**	Erica Thomson erica@bcyadws.ca	BC Yukon Association of Drug War Survivors is a group of users and former users who work to improve the lives of people who use illicit drugs through user-based peer support and education.	• Provincial Peer Framework and Support
OERC	**College of Physicians and Surgeons**	Dave Unger Deputy Registrar daunger@cpsbc.ca	The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians who practise medicine in the province must be registrants of the College.	• Pharmaceutical Alternatives • Prescription monitoring
OERC	**BC College of Nurses and Midwives**	Cynthia Johansen Registrar & Chief Executive Officer 604.742.6200 Ext. 6205	Protect the public through the regulation of nursing professionals (LPNs, NPs, RNs, and RPNs), setting standards of practice, assessing nursing education programs in B.C., and addressing complaints about BCCNP registrants.	• Nurse Prescribing • Pharmaceutical Alternatives

Branch	Organization	Contact	Description	Key Issues
OERC	**College of Pharmacists of BC**	David Pavan David.Pavan@bcpharmacists.org	The College of Pharmacists of British Columbia protects the public by ensuring that registered pharmacy professionals provide safe and effective pharmacy care.	• Pharmaceutical alternatives • Prescription monitoring
OERC	**Pain BC**	Maria Hudspith Executive Director maria@painbc.ca	Pain BC aims to enhance the well-being of all people living with pain through empowerment, care, education and innovation.	• Chronic pain strategy and opioid use
PEB	**Vancouver Canucks & Vancouver Warriors**	Alexis Demmery Partnerships Manager Personal Information alexis.demmery@canucks.com Brandon Dhillon Account Executive, Partnership Marketing Personal Information brandon.dhillon@canucks.com	MMHA's partnership with Vancouver Canucks leverages the influence and positive appeal of this high-profile sports team in order to target diverse audiences across BC, including men between the ages of 20 and 60 years. Players provide ambassador support to the ministry's campaigns and in-arena activation events help us reach our audiences.	• Stigma-reduction • Overdose crisis • Men's mental health and substance use (key demographic target for StopOverdoseBC campaign) • Mental health and wellness promotions

Branch	Organization	Contact	Description	Key Issues
PEB	**BC Lions Football**	Jaime Taras Director, Community Partnerships 604-930-5467 jtara@bclions.com George Chayka Vice President of Business Personal Information gchayka@bclions.com	MMHA's partnership with the BC Lions helps expand the reach of the Province's StopOverdose social marketing campaign (the BC Lions have a fan base of approximately 1.6 million people across BC). This partnership gives the Ministry a unique opportunity to reach diverse audiences like men between 20-60 and youth through school-based programming.	• Stigma-reduction • Overdose crisis • Men's mental health and substance use (key demographic target for StopOverdoseBC campaign) • Youth engagement and outreach • Mental health and wellness promotions
PEB	**Overwaitea Food Group**	Julie Dickson Olmstead Director, Public Affairs and Corporate Services (604) 992-2538 Julie_Dickson@saveonfoods.com Gary Jung Manager, Professional Services/Managed Care Personal Information gary_jung@saveonfoods.com	Save-on-Foods has a long history of supporting provincial public health efforts. Recognizing that pharmacists are on the frontline of working with patients prescribed opioids for pain control, they play an essential role in lowering the risks that come with opioid use – like developing an opioid use disorder or having an overdose. MMHA and Save-On-Foods Pharmacies are now working together to expand the reach and impact of the Stop Overdose BC campaign, as	• Overdose crisis • Opioid addiction • Harm reduction, education and awareness • Distribution of naloxone kits

Branch	Organization	Contact	Description	Key Issues
			well as promote safer use of prescription opioids.	
IPW	**First Nations Health Council (FNHC)**	Charlene Belleau Chair Personal Information	The FNHC is a political advocacy body mandated to advance the health and wellness interests of BC First Nations.	• Implementation of the tripartite health plans and agreements, including the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services* (2018) • Implementation of the *Declaration on the Rights of Indigenous Peoples Act* (2019) • Legislation (e.g., amendments to the *Mental Health Act*)
IPW	**First Nations Health Authority**	Richard Jock A/Chief Executive Officer richard.jock@fnha.ca Colleen Erickson Chair, FNHA Board of Directors colleen.erickson@fnha.ca	The FNHA is mandated by BC First Nations to plan, design, manage, fund and deliver First Nation health programs and services.	• Implementation of the tripartite health plans and agreements, including the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services* (2018) • Implementation of priority initiatives identified in *A Pathway to Hope* (2019), including all Indigenous-led initiatives • Provincial response to the overdose emergency • Provincial policy and legislation related to mental health and substance use

Branch	Organization	Contact	Description	Key Issues
				• Implementation of the *Declaration on the Rights of Indigenous Peoples Act* (2019) • Implementation of the *Declaration of Commitment to Cultural Safety and Humility* (2018)
IPW	**Métis Nation BC**	Daniel Fontaine, Chief Executive Officer/Deputy Minister dfontaine@mnbc.ca 604-557-5851 Clara Morin Dal Col, President	MNBC, a political organization that represents the 38 Métis Chartered Communities in BC, is mandated to develop and enhance opportunities for Métis communities by implementing culturally relevant health, social and economic programs and services.	• Implementation of priority initiatives identified in *A Pathway to Hope* (2019) • Provincial policy and legislation related to mental health and substance use • Implementation of the *Declaration on the Rights of Indigenous Peoples Act* (2019) • Implementation of the *Métis Nation Relationship Accord II* (2016)
IPW	**BC Association of Aboriginal Friendship Centres**	Leslie Varley, Executive Director Dr. Sharon McIvor, President, Board of Directors	BCAAFC works with the 25 Friendship Centres in BC to develop and improve resources that support the health, wellness, and prosperity of urban Indigenous people and communities.	• Implementation of priority initiatives identified in the *A Pathway to Hope* (2019) • Provincial policy and legislation related to mental health and substance use • Implementation of the *Declaration on the Rights of Indigenous Peoples Act* (2019)

Branch	Organization	Contact	Description	Key Issues
SPP/SPI	**Canadian Mental Health Association – BC Division (CMHA-BC)**	Jonathan (Jonny) Morris, CEO 604-688-3234 ceobc@cmha.bc.ca	• CMHA is a national charity that helps maintain and improve mental health for all Canadians. • Through over 100 local, provincial and national locations across Canada, CMHA provides a wide range of innovative services and supports tailored to and in partnership with our communities. CMHA-BC Division promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness and problematic substance use.	• Implementation of priority initiatives identified in *A Pathway to Hope* (2019) • Providing expertise, directly delivering COVID-19 mental health supports, and administering funding for increased community-based services during COVID-19. • Strengthening mental health and substance use service in BC • Workplace mental health program design, development, implementation and delivery (careforcaregivers.ca) • Administering grant programs on behalf of government/MMHA (substance use beds)
SPP	**BC Representative for Children and Youth**	Jennifer Charlesworth, Representative for Children and Youth Jennifer.charlesworth@rcybc.ca	• The Representative is a non-partisan, independent officer of the Legislature, reporting directly to the Legislative Assembly and not a government ministry. • The Representative also provides oversight to this system and makes	• RCY investigative reports, *Missing Pieces (2017)* and *Time to Listen (2018)* include recommendations for child and youth mental health and substance use services for MMHA (and partner ministries). • *A Pathway to Hope* (2019) initiatives align with these recommendations.

Branch	Organization	Contact	Description	Key Issues
			recommendations to improve it.	
SPP	**Doctors of BC**	Dr. Matthew Chow, President Elect and Child and Adolescent Psychiatrist president@doctorsofbc.ca	• Doctors of BC is a voluntary association of 14,000 physicians, residents and medical students in British Columbia. • Represents physicians in negotiations with the BC government for the Physician Master Agreement. Advocating on issues of importance to the profession and patients.	• Improving patient quality care and a high standard of health care for the public • Knowledge sharing and knowledge transfer between doctors and government – COVID-19 and Child and Youth Mental Health and Substance Use
SPI	**Nurses and Nurse Practitioners of BC**	Michael Sandler, Executive Director 604-209-1149 Michael.Sandler@nnpbc.com	• Professional association for all nursing designations - RNs, LPNs, NPs and RPNs - that acts on behalf of nursing in order to advance the profession and influence health and social policy.	• Partners in RN and RPN prescribing under PHO order • Pharmaceutical Alternatives to the toxic drug supply

Branch	Organization	Contact	Description	Key Issues
SPI	**BC Pharmacy Association**	Keith Shaw, President president@bcpharmacy.ca	• BCPhA is an organization that supports and advances the professional and economic interests of community pharmacists and pharmacies in the province. • The Association takes a leadership role in supporting and expanding use of pharmacist expertise in the health-care system. • The BCPhA is separate and distinct for the College of Pharmacists of BC, which is the organization that licenses and regulates pharmacist and pharmacies in the province.	• Overdose crisis and pharmacists role in responding
SPP	**Health Sciences Association**	Val Avery, President webpres@hsabc.org	• HSA represents more than 20,000 health care and social services professionals in hospitals, community health settings, child development centres, transition houses, and other community agencies across British Columbia.	• Members provide health care and social services throughout the mental health and substance use system of care

Branch	Organization	Contact	Description	Key Issues
			• HSA works to improve conditions for all working Canadians by advocating for better working conditions, better pay, improved benefits, and public pensions.	
SPP	**The Federation of Community Social Services of BC**	Rick FitzZaland, Executive Director rick@fcssbc.ca	The Federation of Community Social Services of BC represents a fast-growing membership of over 140 agencies who provide support to individuals and communities in BC.	• Members deliver community-based mental health and substance use services • Implementation of priority initiatives identified in *A Pathway to Hope* (2019)
SPP	**Foundry**	Dr. Steve Mathias, Executive Director and Child and Adolescent Psychiatrist smathias@foundrybc.ca	• Foundry (a program of Providence Health Care) is a province-wide network of integrated health and social service centres for young people ages 12-24. • Foundry youth centres provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services and youth and family peer supports. • Foundry Virtual offers online and telephone	• Implementation of priority initiatives identified in the *Pathway to Hope* (2019) • Expanding Foundry Centres to 19 • Virtual care during COVID-19

Branch	Organization	Contact	Description	Key Issues
			counselling, peer support and soon, primary care.	

30 / 60 / 90 / Day Decisions

Appendix C-2

30/60/90 DAY DECISION NOTE

Issue: Overdose Grants

- Overdose Emergency Response (Community Innovation Fund) Grants to support community-based actions in response to the overdose crisis – **A decision is required within 30 days**.

Background:

- Budget Update 2017 provided $138M per year to respond to the overdose emergency - $6M per year is allocated to the Community Innovation Fund to support nimble, innovative, community-based actions with an immediate impact on the ground in responding to the overdose emergency.
- Funding within the Community Innovation Fund is typically provided through grants to community-based organizations and entities to support the actions and projects.

Cabinet Confidences

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Cabinet Confidences; Advice/Recommentations

- A timely funding decision is required to implement these initiatives as soon as possible to address urgent needs in communities across B.C. in their response to the overdose emergency, particularly, during the COVID-19 pandemic.

Decision required:

Cabinet Confidences

30/60/90 DAY DECISION NOTE

Issue: Federal Safe Restart Agreement

- Allocation of Federal Safe Restart Mental Health and Problematic Substance Use Funding to support proposals to address the impacts of COVID-19 on the mental health and wellbeing of British Columbians during the pandemic. – **A decision is required within 30 days**.

Background:

- On June 5, 2020, the Prime Minister announced a $14B commitment to a Safe Restart Agreement. The initial term sheets had a large portion of the funding being spent directly by the federal government, and funding that was available for provinces and territories and the process to obtain that funding was not clear. In the end, First Ministers reached a $20B agreement, almost $13B of which is being provided to provinces and territories in a streamlined, largely equal per capita cash basis – including $1.963B for B.C.
- Of the $500M that is being distributed to provinces and territories for mental health and problematic substance use, B.C.'s per capita share will be about $67.4M.
- Under the Agreement, the funding for Mental Health and Problematic Substance Use is to be used to:
    - Help cover one-time pandemic preparedness costs to provide wrap-around care and mental health supports, including supports for people experiencing homelessness.
    - Help cover one-time pandemic preparedness costs for supports, provided through services from community organizations, to protect people who use substances and those experiencing problematic substance use challenges.
- This funding will be used to offset some of the investments B.C. has already made during the COVID-19 pandemic to increase access to mental health and addictions supports, such as:
    - Enhanced mental health and addictions services (including virtual services), with a focus on adults, youth and front-line health care workers;
    - Introducing the Lifeguard application, which provides individuals with a means to call emergency services if they become unresponsive while using opioids alone; and
    - Increasing funding to service providers developing and delivering evidence-based substance use treatment and recovery services for people with addictions to ensure they can maintain services while addressing additional COVID-19-related costs.

- A decision is required on a timely basis as the funds received by B.C. under the Federal Safe Restart Agreement must be expensed by March 31, 2021.

Decision required:

30/60/90 DAY DECISION NOTE

Issue: Decriminalization

- The decriminalization of people who use drugs in B.C. would be a significant step in responding to the overdose crisis and provide an important opportunity to address the stigma and discrimination faced by people who use drugs. **A decision is required within 30 days.**

Background:

- Canada criminalizes the unauthorized simple possession of drugs under the *Controlled Drugs and Substances Act* (CDSA), section 4(1).
- Possession continues to be the most prevalent drug-related criminal offence in Canada, despite a decreasing rate.[1]
- In B.C., the criminalization of people who use drugs exacerbates stigma associated with substance use and may prevent people from accessing life-saving health and social services. In addition, the long-term impact of a criminal record on obtaining employment, applying for housing/an apartment and certain restrictions related to free movement (e.g., passport rules of various other jurisdictions) are significant.
- On July 9, 2020 the Canadian Association of Police Chiefs endorsed the decriminalization of simple possession of illicit drugs. This endorsement echoes recent recommendations from B.C.'s Provincial Health Officer Dr. Bonnie Henry, Chief Coroner Lisa Lapointe, and others who believe that substance use in our society should be treated as a health issue rather than a moral or criminal issue. Many police agencies in B.C. have adopted policies and/or practices to not refer simple possession offences to the Prosecution Service for charge consideration but rather choose other avenues available for disposition of the offence. Police may refer a matter to Crown for consideration of more serious charges but due to various reasons, the Prosecution Service may reduce the eventual charge to a lesser offence such as simple possession.
- Despite these policies and practices, front-line workers in the overdose crisis and advocacy groups for people with lived and living experience continue to report that fear of arrest and prosecution for the use or possession of drugs or of injecting supplies is deterring people from seeking health and social services.
- On July 20, 2020, Premier John Horgan wrote to the Prime Minister to urge the federal government to develop a national plan to decriminalize the possession of controlled substances for personal use Intergovernmental Communications

Intergovernmental Communications; Advice/Recommentations

[1] Statistics Canada. Table 35-10-0030-01 Adult criminal courts, guilty cases by type of sentence (https://doi.org/10.25318/3510003001-eng)

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Withheld pursuant to/removed as

Advice/Recommentations; Intergovernmental Communications

30/60/90 DAY DECISION NOTE

Issue: Stabilization Care for Youth

- Whether to move forward with amendments to the *Mental Health Act* related to Stabilization Care for Youth. **A decision is required within 30 days.**

Background:

- Government introduced amendments to the *Mental Health Act* (MHA) in the summer 2020 legislative session. Bill 22 proposed to establish a second part of the MHA to enable short-term involuntary stabilization care for youth experiencing severe problematic substance use:
  - Designated hospitals with stabilization facilities would have the ability to involuntarily admit a youth for 48 hours, and when required up to 7 days, provided the youth had recently experienced an overdose, and in the opinion of a physician was engaged in problematic substance use and not stable.
  - Admitted youth would not be compelled to involuntarily enter treatment beyond addressing acute symptoms related to the overdose and other trauma.
  - The stabilization facility director would be responsible to inform the youth of their rights. The youth may request a review of their admission, which would be carried out by another physician, or by the recommending physician if no others are available.
  - The period of admission would allow the youth's decision-making capacity to recover and allow health care providers the time to communicate and plan for the youth's future care with families, communities, and other services.
- There are a wide range of strongly held opinions regarding the use of involuntary admission for youth substance use. The policy work that led to developing the amendments was informed by clinical experts at BC Children's and Kelowna General Hospitals and they support the amendments, as do other clinicians such as the Doctors of BC Child and Youth Community of Practice, front line service organizations such as the Vancouver Aboriginal Child and Family Services Society, as well as a number of parent and family advocates who spoke in favour of the changes. Other stakeholder groups hold the opinion that the amendments did not go far enough and assert a more expansive regime should be introduced in line with the Safe Care Act Bill introduced by the Official Opposition in 2019. A third group of stakeholders were in opposition to the amendments and this group occupied most of the public/media discourse following introduction of Bill 22.

Advice/Recommentations

Advice/Recommentations

- In July 2020, the Minister of Mental Health and Addictions announced that Bill 22 would not proceed in the current legislative session, noting that concerns had been raised and a pause would allow for further consultations.

Advice/Recommentations

- Related to the broader issue of youth substance use, in September 2020 Government announced an investment to double the number of youth substance use beds in the province, and the ministry continues to work with partners and agencies such as Foundry to develop an improved system of care for young people.

Decision required:

- A decision is required on whether to proceed with amendments to the *Mental Health Act* in line with Bill 22, and if so on what timeline. There are a range of approaches that can be pursued including:

Advice/Recommentations; Cabinet Confidences

Appendix C-2

30/60/90 DAY DECISION NOTE

Issue: Pathway to Hope

- Public release of the first annual progress report on *A Pathway to Hope: a roadmap for making mental health and addictions care better for people in British Columbia* – **A decision is required within 60 days**.

Background:

- *A Pathway to Hope: a roadmap for making mental health and addictions care better for people in British Columbia* (the Pathway) was released in June 2019.
- The Pathway lays out a 10-year vision for mental health and addictions care, beginning with 33 priority actions over three years – 2019/20 to 2021/22.
- The four pillars of the Pathway are:
  - Improved wellness for children, youth and young adults
  - Supporting Indigenous-led solutions
  - Substance use: better care, saving lives (including overdose emergency response)
  - Improved access, better quality
- The Pathway includes a commitment to report out annually on progress: "By reporting out annually on our progress, we will be transparent and accountable in evaluating the developments we're making on delivering effective care when and where people need it" (page 11).
- The first annual public report was being targeted for Advice/Recommendations; Cabinet Confidences but was paused due to the election. The report intended to include:

Advice/Recommendations

- There has not been a large amount of attention from stakeholders regarding annual reporting, but there have been occasional media inquiries on the topic. Earlier in the year, the response to media was an annual report would be released in the fall.

Decision required:

- A decision is required to determine the timing of releasing an annual report.

Advice/Recommendations

- As the Pathway was released in June of 2019, to meet the commitment to reporting annually on progress, the first public report would need to be released before the end of 2020. Advice/Recomme

Advice/Recommendations

30/60/90 DAY DECISION NOTE

Issue: Tripartite MOU Extension

- The First Nations Health Council (FNHC) has requested that the Province agree to an extension of the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU') Intergovernmental – **A decision on the extension of the MOU is required within 60 days**.

Background:

- The health partnership between the Province and BC First Nations is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan* (2017), the *Framework Agreement on First Nations Health Governance* (2011) and the *Health Partnership Accord* (2012).
- These health plans and agreements stand as a shared commitment to improve health and wellness outcomes for First Nations in B.C.
- First Nations in B.C. have established a health governance structure that enables engagement and planning at local, regional and provincial levels.
- Since 2015, the FNHC has been engaging B.C. First Nations on strategies to address the social determinants of health (e.g., housing, child welfare, justice, education, etc.). The FNHC has conducted this engagement in the context of its mandate to work with partners to address broader issues that impact the health and wellbeing of First Nations in B.C.
- In March 2016, the FNHC and the Province (represented by the Minister of Aboriginal Relations and Reconciliation) signed a partnership agreement that facilitated engagement on the social determinants of health with a priority focus on children and family wellbeing, justice and education. First Nations identified mental health and wellness as the top priority through this process.
- In July 2018, the FNHC, the Government of Canada (represented by the Minister of Indigenous Services Canada) and the Province of BC (represented by the Ministers of Health, Mental Health and Addictions, Children and Family Development, and Indigenous Relations and Reconciliation) signed the MOU.
- The parties agreed to an initial implementation timeframe of two years from the date of signing of the MOU (July 2018 to July 2020).
- The MOU commits the parties to make immediate improvements to mental health and wellness services while setting a foundation for a long-term strategy aimed at addressing the social determinants of health.
- Each partner committed $10M (for a total of $30M) to support activities associated with the MOU. The Province has transferred $10M to the First Nations Health Authority (FNHA) in fulfilment of this funding commitment. FNHA is administering funding on behalf of the parties.
- A key innovation of the MOU has been the creation of a new and more flexible funding model that provides First Nations more autonomy in the allocation of resources and the ability to design and deliver a full continuum of care.

- This flexible funding model has enabled First Nations to allocate resources based on population need and factors that are specific to their local, historical or cultural contexts. This is intended to support a broader shift from a program- and proposal-based funding model to a funding model that is focused on achieving optimal population outcomes as determined by First Nations.
- In this context, the MOU aligns with and advances the objectives of the *Declaration on the Rights of Indigenous* Peoples (2019).

Intergovernmental Communications

- An early success of the MOU has been the ability to facilitate a high degree of collaboration among communities through a Nation-based approach. This collaboration among communities is critical for achieving economies of scale and sustainability in health service delivery, particularly for smaller communities in rural and remote areas.
- The MOU also committed the parties to develop a ten-year strategy with B.C. First Nations that would replace the MOU when completed.

Intergovernmental Communications

- An extension of the MOU will allow more time to establish pilot projects that demonstrate the efficacy of a fully flexible funding model, enable FNHA to fully expend existing resources, and allow for further engagement with B.C. First Nations on a ten-year strategy.
- There are no financial implications to extending the MOU as commitments can be fulfilled using existing resources.

Intergovernmental Communications

Decision required:

Intergovernmental Communications; Advice/Recommentations

Corporate Issues / Opportunities

CORPORATE ISSUE/OPPORTUNITY NOTE

Issue: COVID-19 and Mental Health Impacts

- The COVID-19 pandemic is having and will continue to have an impact on the mental health of British Columbians. The mental health of the population will be a key factor in B.C.'s social and economic recovery and will require sustained attention and investment.

Background:

Impacts of pandemics and large-scale crises on mental health

- Good mental health enables individuals to effectively cope with stresses and function productively in key roles within their families, communities, and society. The mental health of the population will be critical to society's response to and recovery from the COVID-19 pandemic.
- The World Health Organization (WHO) reports that the COVID-19 pandemic is having an impact on mental health worldwide. Bereavement, isolation, loss of income, and fear are triggering mental health conditions or exacerbating existing ones. At the same time, the pandemic has disrupted or halted mental health services in 93% of countries worldwide.[i]
- In May 2020, a United Nations (UN) Policy Brief: *COVID-19 and the Need for Action on Mental Health*[ii] noted that pandemics and other large-scale crises influence where people are on the continuum of mild, time-limited distress to severe mental health conditions. Because of the stressors associated with the pandemic, those who were previously coping well are now less able to cope; those with mild anxiety and distress may experience it with increased intensity; and those who previously had a mental health condition may experience a worsening of their condition and reduced functioning.
- The UN brief advised that countries should expect a "long-term upsurge in the number and severity of mental health problems" as a result of the pandemic, with frontline healthcare workers, older adults, children and youth, and women likely to be the most impacted.
- While current provincial and federal financial support measures are likely mitigating the impact in the short term, the ongoing financial impacts of COVID-19 can also be expected to take a toll on mental health. Research has shown that previous public health and economic crises have been associated with serious and prolonged negative impacts on individual and collective mental health. For example, the 2008 global financial crisis was associated with increased rates of mood disorders, anxiety disorders and suicides as a result of unemployment, job insecurity, reduced wages and increased workloads.[iii]
- There is a correlation between unemployment rates and suicide rates - as unemployment increases, so does suicide. Researchers have estimated that COVID-19 related unemployment could result in 400-2100 additional suicides in Canada in 2020-2021.[iv]

Impact on British Columbians so far

- Statistics Canada data shows that more than half of British Columbians reported experiencing worse mental health following implementation of social distancing measures.[v] Other data suggests that British Columbians' mental health is worsening as the pandemic progresses.[vi]

- The impact of the pandemic on mental health is not felt equally:
    - Indigenous peoples (64.8%) report higher levels of somewhat or much worse mental health status than non-Indigenous people (52.7%)[vii]
    - Deteriorations in mental health are more common in those with already pre-existing mental health conditions[viii]
    - Those whose gender is transgender, non-binary, or other were 1.5x more likely than females and two-spirit people, and 2x times more likely than males to report feeling quite or extremely stressed[ix]
    - Those with disabilities (47%) are also showing significant deteriorations in mental health[x]
    - Mental health of recent immigrants was self-reported as worse than that of established immigrants and Canadian-born participants[xi]
    - Younger age groups (15-49) are experiencing greater mental health issues than those who are older[xii,xiii]
- In addition to the impacts on mental health, during the COVID-19 pandemic British Columbians are engaging in more legal substance use:
    - 20% of British Columbians are drinking more alcohol than before the pandemic, while 10% are drinking less.[xiv] Nationally, boredom, stress and lack of regular schedule are said to be driving increases in alcohol use.[xv]
    - 40% of British Columbians are binge drinking (≥4 drinks if female, ≥5 drinks if male or other gender) at least once a week.[xvi]
    - 5% of British Columbians are using more cannabis than before the pandemic, while 3% are using less.[xvii]

Mental health supports implemented during the pandemic

- The Province worked quickly in partnership with the Canadian Mental Health Association-BC Division (CMHA-BC), Foundry Youth Centres and community partners to implement new or expanded mental health supports to respond to the pandemic. These include:
    - Expanded online mental health coaching and self-management programs delivered through CMHA-BC, including BounceBack and Living Life to the Full
    - Expanded access to free or low-cost counselling through community organizations, including enabling online counselling sessions (phone/video)
    - Increased access to online peer support and system navigation for those living with mental illness or substance use problems (CMHA-BC)
    - Launched the Foundry Virtual Clinic which provides online (phone/text/chat/video) counselling and other health supports for youth aged 12 to 24 province-wide
    - Created a new online hub to provide information and peer support for front-line health-care workers (CMHA-BC)
- The First Nations Health Authority also launched the Virtual Doctor of the Day program to provide online access to primary care services for First Nations people across BC. The program has more recently been expanded to include specialized mental health and substance use services.
- Additional COVID-specific programs are in the process of being launched, include initiatives to prevent youth suicide (including Indigenous specific initiatives) and support workforce mental health.

Mental health service volumes

- B.C. provincial crisis lines have seen increased calls:

    - 310Mental Health Support: Observed a 26% increase in calls from April – August 2020 compared to the same period in 2019.
    - 1800SUICIDE: Observed a 28% increase in calls from April – August 2020 compared to the same period in 2019.
- B.C.'s expanded online mental health supports have experienced large volumes:
    - CMHA-BC reports significant increases across all its program offerings compared to previous years. The expanded BounceBack resource and coaching program has experienced an over 60% increase in clients.
    - Community counselling organizations all report increases (ranging from 20% to 260%) in interest in counselling programs over last year.
    - Foundry Virtual Clinic has had high demand with the clinical counselling service being fully booked during September.

Issue/Opportunity:

- The COVID-19 pandemic is expected to continue over an extended period of time, with economic, social, and mental health impacts continuing throughout and after the pandemic.
- Experts advocate that investment in mental health will be critical to mitigate the pandemic's long-term social and economic costs to society, recognizing that quality mental health services are necessary to support recovery.
- As B.C. works toward economic recovery, it is important to recognize that mental health and the economy are linked: a struggling economy creates financial stressors that have a negative impact on individuals' mental health, and a strong economy requires that people have the good mental health necessary to fully participate and contribute. The mental health of the population will play a critical role in B.C.'s economic and social recovery from COVID-19.
- In B.C., financial support benefits have likely mitigated some of the more serious stressors associated with the pandemic; however, as these benefits end there is potential for financial strain to negatively impact individuals who are still experiencing reduced income.
- Similarly, immediate investments in mental health services during the pandemic have likely helped individuals to cope in the short-term, but the projected longer-term impacts of the pandemic on the mental health of the population mean that there will be sustained need for enhanced mental health services and supports.
- During the pandemic, B.C. was able to respond to people's immediate needs by quickly putting in place dynamic and innovative mental health services. There is an opportunity now to continue this momentum through sustained investment and attention to mental health, to meet the ongoing needs of British Columbians throughout the province's recovery.

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[xv] Canadian Centre on Substance Use and Addiction. Boredom and Stress Drives Increased Alcohol Consumption during COVID-19: NANOS Poll Summary Report. Conducted by Nanos for the Canadian Centre on Substance Use and Addiction. May 2020.

[xvi] Centre for Addictions and Mental Health. COVID Health Tracker (Wave 4). July 14, 2020.

[xvii] Centre for Addictions and Mental Health. COVID Health Tracker (Wave 4). July 14, 2020.

CORPORATE ISSUE/OPPORTUNITY NOTE

Issue: Overdose Deaths

Background:

- B.C. is at an all-time high for both fatal and non-fatal overdose events. After seeing a steady decline in overdose deaths in 2019, BC Coroners Service data for January to September 2020 show an alarming increase with 1,202 deaths from confirmed or suspected illicit drug toxicity.
- A dramatic increase in deaths month over month has been observed since the advent of the COVID-19 public health emergency in March 2020.
- The highest number of deaths ever recorded in one month occurred in June 2020 at 181. May to July 2020 saw over 170 deaths each month, the first time this many deaths have been recorded in one month.
- In September 2020 there were 127 suspected illicit drug toxicity deaths. This represent a 115% increase over the number of deaths seen in September 2019 (60) and a 15% decrease over the number of deaths in August 2020 (150).
- Overdose deaths are occurring in all regions of B.C. By Health Authority (HA), in 2020, the highest rates were in Northern Health (44 deaths per 100,000 individuals) and Vancouver Coastal Health (37 per 100,000).
- Extremely high overdose events have also been reported across B.C. including in small and mid-sized communities. BC Emergency Health Services volumes of paramedic-attended overdose events have been high and steady since late 2016 to present without reprieve (increased 2% between 2018 and 2019). Paramedic attended overdose deaths have increased from just 1,000 in January 2020 to over 1,600 in August 2020, with a high of 1,785 in June 2020.
- Recent data from the First Nations Health Authority show that First Nations individuals are 5.6 times more likely to die from an overdose than all others – First Nations women are most disproportionally impacted – 8.7X times the rate of other women in BC in 2019.
- Overdose continues to be the leading cause of unnatural death in B.C. surpassing homicides, suicides, and motor vehicle collisions combined; life expectancy at birth is declining in British Columbia largely due to the overdose public health emergency.
- For British Columbians who use substances, the intersection of the public health emergencies of overdose and COVID-19 has exacerbated health inequities, the ongoing risk of overdose, and other harms due to the toxic street drug supply. Additional risks faced by this group include severe illness from COVID-19 infection, due to a higher prevalence of underlying health conditions, and the risk of withdrawal among those who are self-isolating.
- Since COVID-19 measures have been in place, there has been reduced availability of overdose prevention and supervised consumption services, reduced access to these services by people who use drugs, and reduced community drug checking services; increased social isolation, stress, and anxiety; and changes in employment, income, and housing. Attendance at overdose prevention services was down by as much as 50% in May and June 2020.
- While these issues are contributing to the worsening of overdoses in B.C., the key driver of increased mortality is the growing toxicity and unpredictability of street drugs since late March 2020, likely due to disruptions to the drug supply chain. Higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs (e.g., benzodiazepines) have been observed across multiple drug surveillance data sources across the province. BC Coroner's reports also show evidence of "extreme" fentanyl concentrations in at least 14% of cases from April to August, compared to 8% from January 2019 to March 2020.

Escalating the Response to the Overdose Crisis

- Since March 2020, MMHA has led a set of actions to respond to the increase in overdoses fatalities and events:

    - **Risk Mitigation in the Context of Dual Public Health Emergencies**: To reduce the spread of COVID-19, the BC Centre for Substance Use (BCCSU) with the support of the Province of BC, issued the interim clinical guidance document: *Risk Mitigation in the Context of Dual Public Health Emergencies* on March 26, 2020. The guidance supports people who are at risk of COVID-19 infection, people who have a confirmed infection or a suspected case pending diagnosis and people who have a history of substance use, including opioids, stimulants, alcohol, benzodiazepines or tobacco.

    - **Episodic Overdose Prevention**: On May 6, 2020, the *COVID-19: Provincial Episodic Overdose Prevention Services (e-OPS) Protocol* was released to provide step by step guidance to health and social service sectors for safely observing the consumption of substances to support safety and dignity outside of established supervised consumption and overdose prevention service locations.

    - **Lifeguard App:** On May 20, 2020, the Provincial Health Services Authority announced the launch of the Lifeguard mobile application which is intended to reduce the risk of fatal overdose for individuals using alone and for those who have access to a cell phone with WIFI and/or data. As of August 30, 2020, there were 6,215 all-time sessions, with 1,918 unique users. To-date Lifeguard usage has prompted 14 emergency responder calls resulting in all overdoses being successfully attended and reversed.

    - **Accelerated Overdose Services:** On August 4, 2020, BC announced $10.5 million in funding to accelerate the response to an increasingly toxic drug supply due to COVID-19. The funding will further scale up overdose prevention services, expand access to safe prescription alternatives to separate people from toxic street drugs and add new outreach teams to help prevent overdose deaths, save lives and connect more people to treatment and recovery throughout the province.

Issue/Opportunity:

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Advice/Recommentations

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Appendix C-1

CORPORATE ISSUE/OPPORTUNITY NOTE

Issue:

- Expanded Access to Safer Pharmaceutical Alternatives

Background:

- B.C. is at an all-time high for both fatal and non-fatal overdose events. After seeing a steady decline in 2019, BC Coroners Service data for January to September 2020 shows an alarming increase with 1,202 deaths from confirmed or suspected illicit drug toxicity.
- Month over month increases in deaths have been observed since the advent of the COVID-19 public health emergency in March 2020. The highest number of deaths ever recorded in one month occurred in June 2020 at 181. May to July 2020 saw over 170 deaths each month, the first time this many deaths have been recorded in one month.
- The key driver of increased mortality is the growing toxicity and unpredictability of street drugs since late March 2020, likely due to disruptions to the drug supply chain. Higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs (e.g., benzodiazepines) have been observed across multiple drug surveillance data sources across the province.
- In September 2020, the Ministers of Health and Mental Health and Addictions approved new policy direction to provide prescribed pharmaceutical alternatives to the toxic drug supply. Providing low barrier access to a consistent supply of unadulterated opioids will not only prevent overdose events, but can potentially reduce drug-related harms, and improve overall health and well-being, as evidenced by studies demonstrating the effectiveness of prescribed diacetylmorphine and hydromorphone. It also creates an opportunity to connect individuals to other health services and the continuum of substance use care.
- This new policy:
    - Expands eligibility criteria to address the widespread risk of overdose primarily due to an increasingly toxic drug supply.
    - Provides a broader range of medications to address the realities of high potency of illicit fentanyl and the modes of drug use such as inhalation.
    - Provides more specific guidance to support principles of care, prevent diversion and assessment of patient outcomes including harms and benefits.
- The public announcement of the new policy guidance was accompanied by a public health order issued by the Provincial Health Officer authorizing registered nurses and registered psychiatric nurses to prescribe pharmaceutical alternatives to help separate more people from the toxic illicit drug supply to save lives and provide opportunities for ongoing care, treatment and support.
- In the context of dual public emergencies, work on the detailed policy guidance and the clinical guidance and support tools necessary to fully implement the policy direction has continued during September and October 2020. Work has also continued to support implementation of the public health order authorizing registered nurses and registered psychiatric nurses to prescribe.
- A range of health system partners and stakeholders are involved in the development of the clinical and other components of the policy including addiction medicine specialists, public health and harm reduction staff, the First Nations Health Authority, partner ministries, and people with lived and living experience as well as professional colleges and associations.

Cabinet Confidences; Advice/Recommentations

Issue/Opportunity:

Advice/Recommentations

CORPORATE ISSUE/OPPORTUNITY NOTE

Issue: Enhancing the Overdose Response

Background

- On April 14, 2016, the Provincial Health Officer (PHO) declared a public health emergency under the *Public Health Act* following an unprecedented increase in overdose-related harms.
- Since the public health emergency declaration in 2016, at least 6,083 British Columbians have died from illicit drug toxicity. After a significant decrease in illicit drug toxicity deaths in 2019 (981 compared to 1,547 in 2018), 2020 has seen record-breaking numbers of deaths recorded in May, June, and July with 1,202 deaths up to the end of September. Post-mortem toxicology results suggest that April–September 2020 saw a higher number of cases with extreme fentanyl concentrations (approximately 15% of cases, compared to 8% from January 2019 to March 2020).
- For British Columbians who use substances, the intersection of the public health emergencies of overdose and COVID-19 has exacerbated health inequities, the ongoing risk of overdose, and other harms due to the toxic street drug supply.
- The alarming rise in overdose deaths has been accompanied by a host of other drug-related harms affecting communities across the province, including brain injuries from non-fatal overdoses, which have contributed to morbidity and mortality, as well as significant costs to the health care system. The health costs of opioid use in BC are estimated to exceed $90 million annually and the economic costs of lost productivity associated with opioids are close to $1 billion annually.
- Overdose is now the leading cause of unnatural death in British Columbia surpassing homicides, suicides, COVID-19 and motor vehicle collisions combined.
- The primary driver of the overdose emergency is the growing toxicity and unpredictability of illegally manufactured and distributed drugs adulterated with fentanyl and other highly potent synthetic opioids. Higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs (e.g., benzodiazepines) have been observed across multiple drug surveillance data sources across B.C.
- The overdose crisis is a result of complex interactions between individual characteristics and circumstances of people at risk of overdose, an unregulated illegal drug supply, and the environments in which people use psychoactive substances. There is no single or simple solution, and a comprehensive, multi-pronged evidence-based and innovative approach is required.
- As such, the provincial overdose response has focused on the implementation of a comprehensive package of essential health sector interventions and strategies for a supportive environment to reduce overdose deaths and drug related harms. Essential health care interventions have included increasing availability of naloxone, expanding overdose prevention services, including pharmaceuticals alternatives to the toxic drug supply, increasing proactive follow-up support for people at high risk of overdose, and expanding access to evidence based medications and comprehensive treatment and recovery services. The comprehensive package also includes essential strategies for a supportive environment inclusive of social stabilization, peer empowerment and employment, cultural safety and humility, and addressing stigma,

discrimination, and human rights. See Appendix A for more details on the comprehensive package key deliverables.

- Since April 2016, our efforts to expand three essential health sector interventions—take-home naloxone, overdose prevention/supervised consumption services, and to connect people to medication assisted treatment have averted nearly 6,000 deaths. The findings from an independent two-year provincial evaluation have also confirmed the comprehensive package of interventions as an appropriate focus and response to the overdose emergency.
- In response to the escalating overdose deaths and drug related harms resulting from the intersection of two public health emergencies and the increasingly toxic drug supply, accelerated overdose funding was provided to expand overdose prevention services including technological solutions for people using alone, further expanding multidisciplinary outreach teams and the provision of prescribed pharmaceutical alternatives to separate individuals at high risk of overdose from the toxic drug supply.

Discussion/Key Opportunities

- To date, the response to the overdose emergency has focussed on immediate harm reduction interventions aimed at preventing deaths, improving treatment for people with opioid use disorder, and supporting environments that foster individual and community resilience. These actions remain a key priority in the response to decrease morbidity and mortality. Simultaneously, it is imperative that we build a robust and integrated substance use continuum of care.
- Data points to an increasing role of other substances use disorders in the overdose emergency, requiring immediate attention. Data from the BC Coroners Services shows that alcohol and stimulant drug use is exacerbating the overdose crisis and contributing to death - cocaine is present in almost 50% of deaths, methamphetamine is present in 34% of deaths and alcohol is present in almost 35% of deaths.[1]
- Chart reviews were conducted in Vancouver Coastal Health for 424 people who died of illicit drug overdoses in 2017. Among 261 people (62% of the 424 who died) who had a documented drug use pattern in their charts, 39% had documented daily use of opioids alone or with other drugs, and 44% had documentation of daily alcohol, stimulant or other drug use. Regardless of drug use pattern, almost all died of an opioid overdose.
- Substance use disorder is a chronic, relapsing condition, requiring a comprehensive system of care that identifies people with substance use disorder and proactively engages, retains and re-engages them in care. There are opportunities to enhance the overdose response by: (1) building an integrated system of care for people with substance use disorder; (2) expanding addiction workforce education and training and (3) expanding programs that can prevent problematic substance use.

Develop a Robust and Integrated System of Care for People with Substance Use Disorder

- At a time when they are most vulnerable, people with addictions and their families must navigate a complex and fragmented system of care that includes programs that may not make use of evidence-based treatment.

[1] BC Coroners Services. (2020). *Illicit Drug Toxicity Deaths in BC, January 1, 2020 to September 30, 2020.*

- When substance use care is not well integrated and coordinated across systems, patients fall through the cracks, leading to missed opportunities for prevention and early intervention, ineffective referrals, incomplete treatment, high rates of hospital and emergency department readmissions, and increased morbidity and mortality.
- Substance use treatment includes a range of services and programs such as outpatient or inpatient treatment, withdrawal management services and residential recovery. See Appendix B.

Advice/Recommentations

- Opioid agonist treatment (OAT) is an evidence-based treatment for opioid use disorder and is effective at preventing overdose deaths. While provincial guidelines for the management of opioid use disorder have been developed and published by the BC Centre on Substance Use, not all physicians and health care providers who care for patients with opioid use disorder have received the training required to provide appropriate care. Furthermore, OAT is often not available across the health care system and structural barriers continue to exist that prevent initiation or maintenance of OAT.

Advice/Recommentations

Advice/Recommentations

- There are an estimated 83,000 people in BC with opioid use disorder in British Columbia. Of these approximately 22,000 have recently been on OAT recently, indicating that almost three-quarters of high-risk opioid users remain outside of dedicated treatment programs.[2]
- A substantial body of evidence from Australia, Europe and the USA has shown that the introduction of primary care-based management is effective at increasing the availability and uptake of opioid agonist treatment and in reducing overdose-related mortality. Similarly, people with OUD often use the emergency department and more recently urgent primary care centers for medical care, presenting an opportunity for early access to OAT. Other opportunities for initiation of OAT include patients hospitalized for drug associated infections and other chronic illnesses.

Advice/Recommentations

[2] Cascade of Care for Opioid Use Disorder, 2020.

Advice/Recommentations

Workforce Development

Advice/Recommentations

Expand Programs that can Prevent Problematic Substance Use

- There are many complex, often co-existing risk factors for problematic substance use, including early childhood trauma, intergenerational trauma, and acute and chronic pain. Other social determinants such as poverty, homelessness and criminalization of people who use drugs increase the risk of problematic substance use, and these risks must be meaningfully addressed.
- A key component of the comprehensive package includes strategies for a supportive environment that reduce the risks related to substance use including affordable housing, income stability, decriminalization to reduce both social exclusion and the pervasive structural stigma against people who use drugs, and services which are free from discrimination, culturally safe and provided with humility.

Advice/Recommentations

Appendix A: Comprehensive Package of Health Sector Interventions and Strategies for Supportive Environments

Naloxone	Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access, including coverage, supplies, trainers and increasing capacity • 232,312 naloxone kits were distributed in BC in 2019 up from just over 52,000 in 2016; 176, 469 kits have been distributed in 2020 up to September with over 1700 active naloxone kit distribution locations in BC including community service providers, correctional facilities, hospitals and emergency departments, community pharmacies and First Nations sites. • the Facility overdose response box program (FORB)(boxes containing naloxone and supplies distributed to community-based organizations in BC) includes 642 sites in BC with 1,613 overdose reversals reported from these sites.
Overdose Prevention Services	Supporting a diversity of community-level, low barrier services tailored to population/ community needs, such as Overdose Prevention Sites (OPS) and Supervised Consumption Sites (SCS • The number of sites offering witnessed consumption services (OPSs and SCSs) have increased from 1 in December 2016 (InSite) to 32 in September 2020. • In 2019 there were 853,626 visits to Overdose Prevention (OPS) and Supervised Consumption Sites (SCS) with 4,792 overdoses survived at these sites in the same year. Up to June, there have been 285,219 visits to OPS/SCS sites with 1,549 overdoses reversed in 2020. • LifeGuard app usage points to the app's success in saving lives. As of August 30, 2020, there have been 6,215 all-time sessions, with 1,918 unique users, including 14 calls to emergency responders, all of which have resulted in overdoses being successfully attended and reversed. • The interim clinical guidance, *Risk Mitigation in the Context of Dual Public Health Emergencies*, has resulted in an 319% (677 to 2,834) increase in the number of people receiving hydromorphone in September 2020 compared to March 2020. • Policy and clinical guidance development are underway to expand access to pharmaceutical alternatives to the toxic drug supply. • The Protocol document*, COVID-19: Provincial Episodic Overdose Prevention Services (e-OPS) Protocol,* provides guidance to social services staff to observe substance use and respond to overdoses outside of designated or fixed supervised consumption services or overdose prevention services.
Acute overdose risk case management	Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care: • Substance Use Integrated Teams - engage and retain adult clients in treatment and recovery services; and, supporting seamless transitions between services, as well as wraparound care through engagement with multidisciplinary service providers. • Hope Initiative provides multidisciplinary resources to regional health authorities to establish local-level capacity to provide connections to care and system navigation support to help individuals in linking with services. • Community Action Teams have been established in 35 priority communities as part of the escalated response to the overdose emergency. These teams lead and coordinate on-the-ground planning and strategies to address the overdose crisis including access to harm reduction services, and treatment and recovery services.

Treatment and Recovery	Facilitate low-barrier access to the full spectrum of evidence-based medications, treatment and recovery services including rapid access addiction clinics and continuum of opioid use disorder (OUD) treatment including Opioid Agonist Treatment (OAT), injectable OAT and Tablet injectable OAT • OAT prescribers increased by 193% between April 2016 and July 2020; OAT patients has increased by over 40% from 16,324 in April 2016 to 23,067 in July 2020. • In 2019/20 Injectable Opioid Agonist (iOAT) treatment capacity expanded by 40% from 304 across six sites to 400 patients in 8 sites in Vancouver Coastal, Fraser, Interior and Island Health. • Tablet Injectable Opioid Agonist Treatment has been introduced with patient capacity increasing from 50 patients to 360 patients in 2019/20.

Essential Strategies for Supportive Environments

Social Stabilization	Community-level strategies to ensure on-going psycho-social supports, access to housing, income stabilization, transportation, and food. • Government released BC's first-ever Poverty Reduction Strategy, *TogetherBC* in 2019. • *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* was released in 2019 with a focus on wellness promotion and prevention, seamless and integrated care, equitable access to culturally safe and effective care, and Indigenous health and wellness. Community-based programs and support are a key part of this mandate.
Peer Empowerment and Employment	Providing skills and capacity building initiatives within individuals and communities with lived experience with paid peer program opportunities, peer-led initiatives, training opportunities, and involvement in strategic program planning and decision-making. • Peer Coordinators and peer engagement activities in the health authorities are enabling the meaningful engagement of people with lived and living experience (peers) of substance use in health authority-related substance use and harm reduction policy, program development, and implementation. • Funding to build a provincial peer network to support broad-based engagement of people who use drugs in planning and service delivery and to provide employment opportunities. Peers are also engaged with most Community Action Teams as employees, advisors, and service providers.
Cultural Safety and Humility	In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities. • The Province provided funding for the FNHA to implement targeted initiatives related to the overdose emergency response consistent with the

	Framework for Action: Responding to the Overdose Public Health Emergency for First Nations. • FNHA has repositioned its response to address the acute impact of the emergency on First Nation women and First Nations people living in urban centres. For example, the FNHA has provided funding to Indigenous service providers in Campbell River, Chilliwack, Kamloops, Nanaimo, Prince George, Vancouver, Surrey and Victoria to enhance outreach and peer support services for Indigenous peoples. • 2019 Rural and Indigenous Overdose Action Exchange focused on actions to support rural and Indigenous communities to respond to the overdose crisis. $1.2 million in funding provided to rural and Indigenous communities in alignment with the recommendations made during the 2019 Exchange.
Addressing Stigma, Discrimination and Human Rights	Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination. • MMHA led public campaign to reduce stigma and discrimination. • Campaigns in partnership with the BC Lions and the Canucks to reduce stigma and encourage men to talk about substance use. • Stop Overdose website with articles and blogposts aimed at reducing misinformation about substance and reducing stigma. • A public information campaign for Punjabi and Chinese Canadian community members to decrease language barriers that limit access to life-saving information and address the shame and blame often associated with substance-use challenges. • Print resources that address many topics related to the overdose crisis available in multiple languages. • Pacific AIDS Network provided training to CAT Teams to increase capacity to address human rights and reduce discrimination. CAT teams work from a human rights lens to reduce discrimination against people who use drugs.

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ORDER IN COUNCIL APPOINTMENTS REQUIRED WITHIN 90 DAYS

Position	Institution	Authority for Appointment	Expiry Date
Not applicable for MMHA			

Crown Agencies

Not applicable for MMHA

MINISTER'S KEY DATES AND EVENTS

Key Event	Minister's Role	Date	Location
BC Coroner's Service Report*: Illicit Drug Toxicity Deaths:* Monthly Update – October data	Written statement, Minister media availability	Week of Nov. 23, 2020. Date TBC	Web posting online
National Addictions Awareness Week (Canadian Centre on Substance Use and Addiction)	Social media	Nov. 25-Dec. 1, 2020. Date TBC	Online
BC Coroner's Service Report*: Illicit Drug Toxicity Deaths:* Monthly Update – November data	Written statement, media availability	Week of Dec. 14, 2020. Date TBC	Web posting online
BC Coroner's Service Report*: Illicit Drug Toxicity Deaths:* Monthly Update & Year-end – December and 2020-year data.	Written statement, media availability	Week of Jan. 23, 2021. Date TBC	Web posting online
Bell Let's Talk day	Social media	Jan. 29, 2021	Online

2020 BC NDP Platform: Working for You

The following is a high level summary of each platform commitment noting the Ministry currently responsible, the level of policy development required and fiscal and legislative implications. Significant and material issues have also been noted. Ministry executives are available for briefings on any of the commitments. Financial implications for commitments are available from the Ministry of Finance. Financial implications noted below have been provided by the ministry currently responsible for the commitment's implementation. In the majority of instances, these numbers will need to be validated through the Treasury Board process. Commentary in this table is based on the current structure of government. Cost estimates are rounded to the nearest million.

	Commitment	Min	Implementation information
	Saving Lives, healing pain		
1.	**Scale up BC's response to the opioid crisis** Page: 12 *Before COVID-19 hit, BC had its first drop in the rate of overdose deaths since 2012. As we now deal with two public health emergencies, we will keep accelerating BC's response across the full continuum of care: prevention, harm reduction, safe prescription medications, treatment, and recovery.* Estimated Operating: Estimated Capital: TBC	MHA Advice/Recommentatio Advice/Recommentations; Government Financial Information	Cabinet Confidences; Advice/Recommentations; Government Financial Information

2.	**Fast-track move toward decriminalization** Page: 12 *Work with police chiefs to push Ottawa to decriminalize simple possession of small amounts of illicit drugs for personal use, or develop a made-in-BC solution that will help save lives.* Estimated Operating: Advice/Recommendations; Government Estimated Capital: TBC	MHA/AG/ PSSG	Advice/Recommentations Advice/Recommentations; Intergovernmental Communications

» Related Briefing Note

3.	**Expand the availability of treatment beds for people** Page: 13 *Expand the availability of treatment beds for people: Build new treatment, recovery, detox and after-care facilities across the province, including in communities with an expressed need such as Maple Ridge, with some beds specifically for British Columbians under age 24.* Advice/Recommentations Estimated Operating: Advice/Recommentations; Government Estimated Capital: Advice/Recommentations; Government Financial Information	MHA	Advice/Recommentations

» Related Briefing Note

4.	**Step up oversight of recovery homes** Page: 13 *Step up oversight of recovery homes and other private treatment providers to ensure quality care, accountability, and value for money.* Estimated Operating: Advice/Recommentations; Government Financial Information Estimated Capital:	MHA
5.	**New mental health initiatives for kids and young adults** Page: 13 *Establish successful Foundry youth centres in more communities and dedicated mental health teams in school districts.* Estimated Operating: Advice/Recommentations; Government Financial Information Estimated Capital: TBC	MHA

Advice/Recommentations; Government Financial Information

Cabinet Confidences; Advice/Recommentations

» Related Briefing Note

CABINET MEMBERS' REFERENCE GUIDE – OCTOBER 2020

Table of Contents

A. Introduction

Orientation for Ministers 2020

INTRODUCTION

The Orientation for Ministers briefing materials represent advice from the Public Service that provides an overview for ministers respecting their roles and accountabilities as members of the Executive Council.

The materials provide information about key entities and processes of government, including how Cabinet and its committees function; standards of conduct for ministers and other officials; financial management; information management and FOI; and the roles of statutory officers of the Legislature and statutory decision-makers.

Note that the information in these materials does **not** constitute legal advice.

For more information about the Cabinet and Committee process, see the Cabinet Operations intranet site at http://gww.cabops.gov.bc.ca/.

For more information respecting a minister's role as Member of the Legislative Assembly, including Assembly procedures and services; managing a constituency office; and remuneration and benefits, see the "Member's Guide to Policy and Resources" on the Legislative Assembly's website at https://members.leg.bc.ca/.

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C. Cabinet Processes

1. Cabinet and Committee Decision-Making Processes
2. Legislative Process
3. Orders in Council
4. Budget Development Process and Current Year Information
5. Central Agencies of Government

1. CABINET AND COMMITTEE DECISION-MAKING PROCESSES

Cabinet

Cabinet, or Executive Council, is established under section 9 of the *Constitution Act.* It is the ultimate decision-making body for government.

Functionally, Cabinet is a collective body of Ministers deciding significant government issues. Deliberations and decisions are focused on strategic priorities and substantive issues, as well as accepting or rejecting recommendations in relation to such matters. The legal powers of the executive are exercised by those with statutory authority to act (for example the Lieutenant Governor in Council or individual Ministers).

As a matter of course, significant decision or actions are first discussed and collectively agreed on by Cabinet. Cabinet determines and regulates its own procedures. Final decisions on Cabinet procedures rest with the Premier, as chair of Cabinet.

The frequency of meetings of Cabinet is determined according to the wishes of the Premier and according to the volume of material proposed for review. Cabinet's meeting schedule has been both weekly and bi-weekly.

Cabinet Committees

Cabinet could not operate effectively if all proposals were brought directly to the Cabinet table. Accordingly, Cabinet normally establishes committees to discuss and analyze proposals specific to certain sectors. Cabinet committees provide recommendations to Cabinet for review and approval. This helps focus recommendations to Cabinet on a narrower set of policy options and save time at the Cabinet table, while still allowing for a detailed discussion of the matter at the committee.

The Cabinet committee process is designed to move items efficiently and effectively and promote shared decision-making. Membership of all Cabinet committees is determined by the Premier. The Chair of Treasury Board is the Minister of Finance, as per section 3 (1)(a) of the *Financial Administration Act*. Minutes of all Cabinet committees are recommendations to Cabinet and are not final until approved by Cabinet.

Two committees, Treasury Board and the Environment and Land Use Committee (ELUC) are established in legislation and must be properly appointed if authorities under sections 3 and 4 of the *Financial Administration Act* and sections 2, 3 and 4 of the *Environment and Land Use Act*, respectively, are to be exercised. Additional committees may be established to meet general or specific needs.

Prior to the swearing-in of the new cabinet following the October 2020 election, there were 10 Cabinet committees supporting the Executive Council in its decision-making:

Priorities and Accountability

Ensures items moving through Cabinet and committees are government priorities and consistent with government's strategic plan and priorities. This committee considers items and issues that are potentially controversial and divisive; then discusses and determines how to best shape and present items for Cabinet's consideration. It also sets priorities for legislative drafting and assists Government Communications and Public Engagement in establishing key communication objectives for the year.

Treasury Board

Treasury Board is mandated by the *Financial Administration Act* as a committee of the Executive Council in matters relating to government's accounting policies and practices, management practices and systems and financial management and control. Treasury Board also evaluates the economy, efficiency and effectiveness of government programs and examines matters of government personnel management or other matters referred to it by the Executive Council. The majority of members of the Treasury Board must be members of the Executive Council. Treasury Board has prescribed powers under the Act to make regulations or issue directives.

Environment and Land Use Committee

The Environment and Land Use Committee is mandated by the *Environment and Land Use Act* to establish and recommend programs to foster increased public concern and awareness of the environment. It also considers the preservation and maintenance of the natural environment in the administration of land use and resource development and can make recommendations to the Lieutenant Governor in Council on matters relating to the environment and the development and use of land and other natural resources. The Committee may study any matter related to the environment or land use, prepare reports, and, if advisable, make recommendations to the Lieutenant Governor in Council. It has the power to hold a public inquiry, appoint technical committees and make regulations. The majority of members of the Environment and Land Use Committee must be members of the Executive Council.

Legislative Review Committee

Reviews draft legislation clause by clause to ensure it meets the policy intent and direction approved by Cabinet or one of its Committees. Items are scheduled for the Legislative Review Committee agenda once a Certificate of Readiness of the draft legislation has been signed by the responsible Minister or the Minister's designate. It is the final cabinet-level review of draft legislation before introduction in the House.

Cabinet Committee on Sustainable Shared Prosperity

Reviews proposals that contribute to the creation of a vibrant and environmentally sustainable economy in British Columbia.

Cabinet Committee on Social Initiatives

Reviews proposals for making life more affordable and tackling poverty and inequality.

Cabinet Committee on Reconciliation

Reviews proposals for advancing reconciliation with Indigenous peoples in BC such as the new fiscal relationship and the *Declaration on the Rights of Indigenous Peoples Act*.

Cabinet Working Group on Child Care

Reviews proposals related to development and implementation of a universal child care system.

Cabinet Working Group on Mental Health and Addictions

Reviews proposals responding to the opioid crisis and delivering BC's Mental Health and Addictions Strategy.

Cabinet Working Group on Housing

Reviews proposals to develop cross-government solutions and strategies to meet government's objectives for affordable housing.

Annual Planning Cycles

The annual planning cycle of government is comprised of three distinct planning cycles: the Strategic Planning Process, the Budget Planning Process, and the Legislative Planning Process.

Strategic and Performance Planning

Historically, the Strategic Planning cycle begins in preparation for Cabinet's planning session. An analysis of the prior year's public accounts and annual reports is conducted to inform discussions. It is at this session that Cabinet determines the broad objectives and key deliverables for the upcoming year and direction for subsequent years. Decisions and direction are then used by ministries and Crown agencies on the development and annual updating of their individual three-year service plans. Once ministry service plans have been prepared, they are reviewed to ensure they are consistent with the strategic priorities of government as outlined in its strategic plan and to ensure corporate delivery of priorities. Crown agency service plans are reviewed by Crown agency boards. Both are approved by the minister responsible.

The strategic plan and the ministry service plans are tabled in February, as required under sections 12 and 13 of the *Budget Transparency and Accountability Act* and released simultaneously with the budget. The strategic plan provides guidance and direction to the development of ministry plans and corporate initiatives and is directly linked to the budget. The plan is monitored and reported on annually to ensure accountability for delivery and in preparation for the next planning session.

Budget Cycle

Typically, the budget review process begins in the Fall, and involves Treasury Board reviewing ministry requests for additional resources, for new initiatives or to manage funding pressures. Instructions to ministries on government priorities for the coming years and how ministry requests are to be presented (e.g. whether there are any identified thematic envelopes) are normally issued in the summer months. Treasury Board decisions are made in December using the latest economic and fiscal forecasts. In January, there may be minor adjustments made as budget economic and revenue forecasts are finalized. As a matter of budget confidentiality, there are no Cabinet minutes pertaining to budgetary decisions.

It is important to note that, as per section 6(1)(c) of the *Financial Administration Act*, tax policy decisions are the purview of the Minister of Finance and held in strict confidence. As far as implementing tax policy decisions is concerned, that often requires legislation or regulations and the ultimate decision-maker would then be the Legislature or whoever was empowered to make the regulations (generally Cabinet and the Lieutenant Governor in Council). The Minister of Finance, as Chair of Treasury Board, remains in regular communication with the Premier throughout the budget process to ensure decisions are consistent with government priorities.

Legislation Cycle

Each year, Cabinet reviews and approves a list of legislative proposals. Policy changes must be considered by Cabinet before any legislative drafting begins.

If a legislative proposal is approved, the ministry will be asked to develop a formal "Request for Legislation" (RFL). The policy proposed by the RFL will be reviewed by an appropriate Cabinet committee, which will make recommendations to Cabinet. If approved, the ministry will receive written notice confirming they should begin working with legislative counsel to draft legislation. The material should be provided to the drafters as soon as possible, ideally several months before the legislation is scheduled to be introduced. The ministry should ensure that it provides full policy support to legislative drafters. Ministers are responsible for monitoring and ensuring progress in the development of their legislation.

Draft legislation is submitted for review to the Legislative Review Committee to ensure the draft is in accordance with approved policy and priorities. Approved drafts are finalized and prepared for introduction into the House. The timing of introduction is managed by the House Leader.

Orders in Council (OICs) and Regulations

Cabinet also reviews and approves other statutory instruments, such as Orders in Council and regulations, which are made under the authority of a particular Act. An Order in Council may be used to:

- Bring legislation into effect;
- Create or make changes to a regulation; or
- Make or rescind an appointment to a senior position in the public service (e.g. Deputy Minister) and to various agencies, boards and commissions.

The Minister and the ministry are responsible for ensuring that Orders in Council are brought forward well in advance of critical expiry dates and other time pressures.

The Crown Agencies and Board Resourcing Office (CABRO) presents recommendations to Cabinet concerning appointments of heads/ chairs or members of various agencies, boards and commissions. The Minister and the ministry are responsible for ensuring that Orders in Council are brought forward well in advance of critical expiry dates and other time pressures.

For further reference

The following hyperlink is to the government's Strategic Plan for 2020 (pre-COVID):
https://www.bcbudget.gov.bc.ca/2020/pdf/2020_Strategic_Plan.pdf

TREASURY BOARD

Treasury Board is a committee of the Executive Council whose powers, functions and duties are established in section 4 of the Financial Administration Act (FAA), which authorizes Treasury Board to make decisions regarding:

- government accounting policies and practices;
- management practices and systems;
- financial management and control;
- evaluation of government programs as to economy, efficiency and effectiveness;
- government personnel management; and
- other matters referred to it by the Executive Council.

Treasury Board may also make regulations or issue directives to control or limit expenditures or set conditions for any expenditures.

Treasury Board Staff works on behalf of Treasury Board to coordinate with ministries, Crown corporations and agencies to prepare the Province's three-year fiscal plan, and to monitor the management practices and risks and opportunities affecting the operating and debt targets set out in the budget and three-year fiscal plan.

Although Treasury Board is assigned responsibilities under the FAA, it is the primary responsibility of each minister under the general direction of Treasury Board and the Minister of Finance to ensure that the financial affairs of the ministry are properly administered. In addition, ministers may be designated as being responsible for one or more Crown corporations and agencies (including the school districts, universities, colleges, and health organizations, or SUCH sector) whose financial affairs may be subject to Treasury Board regulations, directives and policies, and whose Boards are accountable for ensuring that appropriate financial administration is in place.

The Chair of Treasury Board is the Minister of Finance. The balance of the Treasury Board has been comprised of both Cabinet ministers and Members of the Legislative Assembly. A Cabinet Minister is appointed as Vice-Chair.

TREASURY BOARD STAFF

Treasury Board Staff (TBS) supports the Board and the Minister of Finance by:

- acting as a secretariat for Treasury Board including coordinating and managing Treasury Board meetings throughout the year;
- reviewing and analysing ministry proposals and providing recommendations to Treasury Board which includes assessment of:

- the cost effectiveness and use of financial resources;
- alignment with government priorities and policy approvals;
- the feasibility of implementation plans and use of key performance indicators;
- the legal and accounting treatment and risks and other applicable policies (e.g. procurement policies);
- previous decisions and precedence that could be set; and,
- other relevant factors including confirming that Gender Based Analysis+ (GBA+), the B.*C. Declaration on the Rights of Indigenous Peoples Act,* and consultations with appropriate stakeholders have been considered as part of the proposal.

- preparing the government's annual Budget and Three-Year Fiscal Plan, Estimates, economic forecasts, Quarterly Reports/forecasts and the Financial and Economic Review;
- managing the budget development process and monitoring, forecasting and recommending corrective action related to government revenue, expenditures, capital and debt, and risks and opportunities related to the three-year fiscal plan;
- evaluating and reviewing commercial Crown corporation initiatives, performance measures, investments, budgets, performance management and related financial issues; and
- supporting the development, implementation and management of government's ten-year capital plan consistent with the corporate strategic priorities of government.

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Cabinet Confidences

2. LEGISLATIVE PROCESS

Cabinet Operations, Legislative Counsel and ministry staff support the development of government's legislative agenda aligned with the priorities set by government.

This document describes the process used to set priorities in developing the legislative agenda. It is provided for information purposes only.

Often the demand for legislation outstrips the capacity for development and debate. Tight coordination of the approval and development process ensures that the finite resources are directed to government's highest legislative priorities.

Under the direction of the Cabinet Secretary, and according to the priorities determined by Cabinet and the House Leader, Cabinet Operations coordinates the legislative processes as described below. Tax related budget legislation follows a different process and is described in the Budget Legislation section below.

Setting the Legislative Agenda

Legislative Proposals

Cabinet Operations tracks legislative proposals for upcoming and future legislative sessions. A legislative proposal consists of a short, plain-language description of what the proposed legislation or amendment to existing legislation would do. An estimate of the magnitude of the legislative drafting effort (major/minor/moderate) associated with each proposal is also made. Legislative proposals are used to set priorities for legislative development and allow an early check-in with Cabinet and its advisors before ministries or Legislative Counsel invest in the development of Requests for Legislation.

Benefits of development of legislative proposals include:

- Allowing early notice to prepare legislative agenda items (especially important for major initiatives that may require multi-year development);
- Allowing more optimal timelines for required policy work, consultations and Cabinet and Treasury Board approvals;
- Optimizing planning and resource allocation of finite policy and legislative drafting resources; and
- Providing increased opportunities for strategic coordination and scheduling of Bill Introduction and announcement.

Cabinet Approval of Legislative Plans

Cabinet Operations consults the Cabinet Secretary, Chief of Staff's Office and House Leader's Office to prioritize legislative priorities for upcoming legislative sessions and tracks proposals identified for future

consideration. Priorities are established according to key policy goals of Cabinet, legal and fiscal imperatives. Deputy Ministers are asked to confirm that the legislative proposals associated with their ministry represent the key items required to meet government's priorities. Cabinet is then presented with a proposed corporate priority list for its next legislative session. Legislative Counsel's drafting capacity and available House time are taken into consideration by Cabinet when determining approval of the priority list.

Cabinet's decisions respecting the Legislative Agenda are communicated to Ministers by way of a Cabinet Record of Decision (ROD). Together these decisions comprise Government's Legislative Agenda.

In practical terms, the ROD indicates which items proposed by a ministry are approved to move towards the development of a Request for Legislation (RFL). The ROD may also explicitly indicate which items are not approved or are deferred to a future year.

Cabinet Operations facilitates the preparation of legislative priorities for review by Cabinet, tracks Cabinet's decisions and the assignment of relative priorities. Following the distribution of RODs, approved items are monitored closely, and progress reports are provided to Cabinet.

Development of Legislation

Policy Review and Approval

Policy options should be fully considered and clear policy direction obtained through the regular Cabinet decision-making process before an RFL is submitted for approval. The onus is on the sponsoring Minister to ensure appropriate and timely review (including cross-ministry and Treasury Board approvals) to resolve policy and fiscal issues at the earliest opportunity and ensure progress of the legislative agenda is not delayed. The Ministry is also responsible for addressing any unanticipated policy issues that may emerge during the drafting process.

Cabinet Operations provides information and support to ministries throughout this process and, along with other agencies, coordinates required approvals. Ministries are responsible for ensuring the proposed legislation complies with relevant statutes and agreements. Depending on the purpose and scope of the legislation, examples may include:

- the *Community Charter, Local Government Act or Local Government Grants* Act;
- the *Declaration on the Rights of Indigenous Peoples Act*;
- First Nations with treaties;
- the *Freedom of Information and Protection of Privacy Act*;
- the Canada-United States-Mexico Agreement (CUSMA);
- Canadian Free Trade Agreement;
- the Trade, Investment and Labour Mobility Agreement (TILMA);

- the New West Partnership Trade Agreement; and
- the Public Service Agency, Public Sector Employers' Council Secretariat.

Request for Legislation (RFL)

Ministers are responsible for the timely development and submission of RFLs for all items approved to proceed as communicated in Cabinet's decision respecting the upcoming legislative agenda. The purpose of the RFL is to describe the proposed legislation in sufficient detail for full understanding of the context of the proposal, the problem the legislation is intended to address, and how the legislation is expected to resolve the problem. The RFL also provides detailed drafting instructions to Legislative Counsel.

Ministry staff consult with their solicitor in advance of submitting the RFL to ensure any potential legal issues or conflict of interest that could directly or indirectly affect the initiative are identified.

The RFL is comprised of the following parts:

- Main Body – provides the overview and context, presenting the case for legislation, relevant background details, policy choices and articulates how the proposed legislation will achieve policy objectives;
- Appendix A – Legislative Counsel Comments: legal advice to Cabinet respecting the proposed legislation;
- Appendix B – Treasury Board Staff Comments: assessment of the financial implications, including total cost or benefit to government for implementation of the proposed legislation;
- Appendix C – 3 Column Document: detailed item-by-item breakdown defining the problem, describing the proposed changes and why the proposed approach was chosen; and
- Appendix D – Drafting Instructions: specific details for Legislative Counsel respecting the drafting of the legislative provisions.

Committee Review of RFLs

Cabinet Committees are charged with reviewing the majority of RFLs and making recommendations to Cabinet respecting approvals. Only RFLs most salient to government's key priorities are reviewed by Cabinet or the Priorities and Accountability Committee directly. Approvals are communicated to ministers by way of a Cabinet ROD. This ROD constitutes "approval to draft" legislation and engage Legislative Counsel and other resources as necessary.

Drafting Legislation

Ministers are responsible for monitoring and ensuring progress of their approved legislative items. Ministries are expected to provide full policy support to the drafting process and should be proactive in confirming policy direction or approvals or, where warranted, seek further direction in a timely manner. Legislation drafting teams are led by a ministry Instructing Officer who is responsible for delivery of the

ministry's legislation. Ideally, Instructing Officers should have ready access to ministry decision-makers and keep them well informed respecting development status of the legislative initiative.

Other members of the drafting team include additional policy staff, the ministry's advising solicitor and Legislative Counsel drafters.

Cabinet Operations monitors and tracks the progress of legislation and schedules draft legislation for presentation to the Legislative Review Committee.

Legislative Review Committee Approval

The Legislative Review Committee (LRC) reviews final draft legislation on a clause-by-clause basis to ensure the draft legislation reflects Cabinet's policy intent. All consultations, including Treasury Board review, need to be completed prior to LRC review. LRC is the last Cabinet-level review of legislation before it is introduced in the House.

Once approved by LRC, Legislative Counsel packages the draft legislation for Introduction. The packaging of Bills is directed by the House Leader.

Introduction of Legislation in the House

The timing of Introduction of legislation is directed by the House Leader. Close communication between the House Leader's Office, Cabinet Operations and the Chief of Legislative Counsel is essential to ensuring Bills are ready in accordance with House Leader's schedule for Introduction. Ministries receive information about the timing of introduction from their Minister's Office, who receives the information from the House Leader's Office. Timely communication with the relevant Minister is important to ensure that the Minister's House briefing materials can be prepared by Ministry staff to meet the scheduled introduction date.

Budget Legislation

The Budget legislation (traditionally the *Budget Measures Implementation Act* (BMIA)) is a key part of the provincial government's annual budget package and is a collection of legislative initiatives necessary to implement the budget. This legislation – which may contain both tax and non-tax measures – is part of the Ministry of Finance's budget process and does not follow the regular legislative review process.

What is the *Budget Measures Implementation Act*?

The *Budget Measures Implementation Act* (BMIA) is traditionally tabled on budget day by the Minister of Finance. The bill is composed of initiatives that are necessary to implement the budget or that affect the presentation of the Estimates. The BMIA is typically made up of two parts: tax measures and non-tax measures.

Tax initiatives in the BMIA generally include measures that:

- change tax policy (e.g. changes in tax rates or changes to the tax base including expansions or

contractions such as tax credits, exemptions or refunds);

- change fundamental aspects of a tax scheme; and
- respond to time sensitive or critical issues (e.g. adverse court decisions).

Note: A budget measure to create a new tax would normally be contained in a stand-alone Act separate from the BMIA, but would generally follow the same process as that described below for tax measures contained in the BMIA.

Non-tax initiatives in the BMIA generally include measures that:

- create or eliminate a Special Fund / Special Account / Financing Transaction;
- convert a Vote or a Special Account to a Crown corporation;
- convert a Crown corporation to a new Vote or to be a part of an existing vote;
- provide legislative support required for introduction of a new program that is included in the budget; and
- anything else that affects the Estimates presentation or other aspects of the budget.

Budget Measure Requests

Ministry non-tax budget submissions are submitted by ministries via a Budget Measure Request (modeled after the Request for Legislation). They are reviewed by the Fiscal Planning and Estimates Branch (FPE) of Treasury Board Staff, Ministry of Finance, before being submitted to and vetted by the Deputy Minister of Finance. Ordinarily, only those initiatives considered necessary to the implementation of the budget move beyond this stage. Final approval of budget legislation rests with the Minister of Finance.

Tax-related budget issues are handled internally in the Tax Policy Branch in the Ministry of Finance and do not require a formal budget measure request. These issues are presented by the Branch to the Deputy Minister of Finance and Minister of Finance. The Minister of Finance makes final tax decisions and determines with the Premier how and when to consult Cabinet and others, as part of the decision-making process. The benefits of this inclusive approach have to be weighed against the risks associated with the sensitivity of tax policy information.

All proposals accepted for the budget bill are then forwarded to Legislative Counsel for drafting of legislation. Legislative drafting teams made up of Ministry of Finance staff, sponsoring ministry officials (where applicable), legal counsel and legislative counsel are created to transform the budget measure request into legal text.

Neither tax nor non-tax budget amendments are normally reviewed by the Legislative Review Committee. However, the Premier or Minister of Finance may request that the committee review pieces of significance.

Further details of the Budget legislative process, based on the annual budget cycle for a February Budget, are below.

Stages in the Budget Legislative Process

The following stages of the Budget legislative process are based on the annual budget cycle for a February Budget.

Initiative Identification / Policy Development / Decisions

Tax Measures: August/September to December/January

- *Issue Identification*

  Tax policy issues are identified in a variety of ways, including direction from the Minister to examine particular issues; requests from stakeholders; and issues flagged by provincial tax administrators/tax appeals and/or tax policy experts.

  The analysis of some tax issues will involve knowledge of highly confidential taxpayer information (for example, knowledge of tax liabilities of particular corporations). The use and disclosure of this information is the subject of taxpayer confidentiality provisions in tax acts. In other cases, advance knowledge of proposed or final tax policy decisions may confer unfair benefits to individuals and businesses able to take advantage of the knowledge. In either situation, if information is handled incorrectly there will be calls for the Minister of Finance to resign.

  As a result, and as is the case in other provinces, the approval process for tax decisions is somewhat different than the process used for approval of other policy decisions.

- *Minister of Finance Briefings for Decision*

  An extensive series of staff briefings to review and consider Revenue Binder Notes for decision generally occurs between October and December.

  To facilitate legislative drafting prior to Budget Day, most final decisions are made by mid-December (and earlier, if possible). The Minister of Finance makes final tax decisions and determines with the Premier if, how and when to consult Cabinet and others.

Non-Tax Measures: October - December

- Potential issues that may require legislation / regulation changes are identified throughout the fall. As with tax measures, issues may be identified in a number of ways, including internal Ministry of Finance analysis, requests from other ministries, or as a result of the annual Budget Consultation.

- A Budget Measure Request (BMR) package is completed for each measure put forward. This package includes a briefing note signed by the minister responsible and drafting instructions.

- Final submissions are compiled for review by the Deputy Minister of Finance and the Minister of

Finance for decision. Ministry contacts will be informed of decisions on which proposals have been tentatively accepted into the budget process, and therefore will be moving on to the drafting stage.

Drafting Stage / Signoff / Tabling

Tax Measures: October– February

- Immediately following final decisions being made, a legislation drafting team is assigned to each tax-related budget measure. Drafting teams are responsible for ensuring that the government's policy objectives are accurately and fully reflected in the draft legislation.

- The final tax legislation is reviewed by the Deputy Minister of Finance and the Minister of Finance and a signed Certificate of Readiness is prepared.

- Tax-related budget measures are not reviewed by the Legislative Review Committee.

Non-Tax Measures: January - February

- In early January, a legislation drafting team is assigned to each budget measure selected for inclusion in the bill. Drafting teams are responsible for ensuring that the government's policy objectives are accurately and fully reflected in the draft legislation.

- Measures may be reviewed by the Legislative Review Committee. The sponsoring Minister would ordinarily attend the Legislative Review Committee for this review (ministry staff may attend to deal with technical questions).

Debate of Budget Legislation

Tax Measures: Post Budget

- Budget legislation goes through the same stages of debate as regular legislation.

- The Tax Policy Branch prepares speaking notes and briefing materials regarding the tax measures for each stage of the budget bill's debate (first reading, second reading, committee (section notes), and third reading).

- Staff from the Tax Policy Branch provide support for the Minister of Finance during the committee debates of the tax aspects of the budget bill.

Non-Tax Measures: Post Budget

- Budget legislation goes through the same stages of debate as regular legislation.

- The Fiscal Planning and Estimates Branch (FPE) coordinates the preparation of speaking notes and briefing material for each stage of the budget bill's debate (first reading, second reading,

committee, third reading). These will be based on the information provided in the Budget Measure Request.

- Ministries will be expected to prepare section notes for the committee stage of debates. A template will be provided to ministries to ensure the consistency of section notes.

- A ministry representative may be called upon to provide support during the committee debates of the budget bill.

- The Minister of Finance may also request that the sponsoring Minister respond to questions regarding the sections of the budget bill corresponding to their requested budget measure.

3. ORDERS IN COUNCIL

Orders in Council (OICs) are instruments by which the Province implements a variety of staffing, administrative and regulatory changes. They require approval by Cabinet before being advanced to the Lieutenant Governor for signature and enactment. There is a corporate, cross-government process for developing and scheduling OIC materials for review by Cabinet.

Current Process

Working with ministries, Cabinet Operations schedules OICs for Cabinet review and reviews each OIC for completeness. Ministries submit an information package and "tagged" OIC (see next section on Legal Advice on OICs) to Cabinet Operations. The information package describes why the OIC is needed, timing considerations, engagement with Indigenous Nations, stakeholder feedback and fiscal matters. Cabinet Operations then prepares an OIC summary document for each Cabinet meeting of the OICs scheduled for review and distributes this summary with other Cabinet meeting materials. Deputy Ministers are responsible to ensure their minister is briefed and prepared to speak to their respective OICs at Cabinet.

If approved by Cabinet, each OIC is provided by Cabinet Operations to the Presiding Member of the Executive Council for signature, and then in turn to the Order in Council Office, which obtains the signature of the Lieutenant Governor (LG), or in the LG's absence, the Administrator (Chief Justice of the B.C. Court of Appeal). **The moment the LG's signature is affixed, the OIC becomes law**. The OIC is then posted on Queen's Printer's BC Laws website.

Cabinet may also defer or decide not to approve an OIC and in some cases Ministers may decide to withdraw an OIC prior to a Cabinet meeting. OICs that are withdrawn or deferred can be rescheduled once any follow-up is completed. OICs that are not approved by Cabinet do not advance further.

Legal Advice on OICs

Legislative Counsel in the Ministry of Attorney General draft OICs on instructions from policy and legal staff in the sponsoring ministry and review background materials and authorizing statutes. Legislative Counsel also prepare a brief legal opinion of the content and statutory authority of each OIC and append the legal opinion to the OIC as a "tag". There are three colours of tags:

- Green - no identified legal risks or issues.
- Yellow - timing sensitivities, or some legal risks or issues exist if the OIC is approved.
- Red - represents a strong legal caution as the risks or legalities are significant to the point that Legislative Counsel does not recommend the OIC proceed. If a "red-tagged" OIC proceeds to Cabinet for consideration, the sponsoring ministry may be asked to provide a Cabinet submission explaining the issue and decision in detail.

Corridor Orders

Corridor Orders are OICs that are processed and approved without going to Cabinet for deliberation. Approval is provided by the Premier on behalf of Cabinet. Corridor orders are only used in exceptional circumstances where there would be significant consequences from waiting until the next Cabinet meeting. All corridor orders are reported for information to Cabinet at its next meeting.

Premier's Prerogative

There are certain OICs that are based solely on the Premier's prerogative and are processed as corridor orders. Traditionally, these are *Constitution Act* OICs which involve creating or changing members of Executive Council and the organization of the government, including Cabinet committees and ministry responsibilities. They can also include staffing and appointments to the public service, ministers' offices and the Government Communications and Public Engagement. Approval is provided on behalf of the Premier by either the Chief of Staff, or the Cabinet Secretary, depending on the nature of the appointment.

Proclamations

A proclamation is recognition by the provincial government of events or occasions held by groups on their own behalf or for the general public. During the last few years Cabinet has, by OIC, delegated its approval for proclamations to the Attorney General. Through this delegation the Attorney General has authority to approve and sign provincial proclamations on behalf of Cabinet. Approval of proclamations is required each year or time an event or occasion occurs. Types of events or occasions suitable for proclamations are those that are: apolitical; observe milestones, recognize achievements or direct attention to a worthy cause; and would not be considered offensive or frivolous by the public. Each year, the Order in Council Office receives hundreds of requests from individuals, organizations as well as from within government, requesting a provincial proclamation to mark a special day or event. Individuals or groups can submit requests, including draft wording for the proclamation, to the Order in Council office located in the Ministry of the Attorney General. Such requests should be received at least six weeks before the event or occasion.

OIC Responsibility Table

Participants, and their roles, in the Order in Council development, review and approval process include:

Organization	Role(s)
Office of the Premier	• Approves OICs to be signed outside of the Cabinet process (corridor Orders.)
Cabinet Operations	• Prepares OIC Summary report for Cabinet binder • Supports the Cabinet Secretary to brief the Premier • Receives, quality assures and summarizes OICs and associated documents ready for Cabinet review • Administers the review and approval processes at Cabinet level (maintains schedules, facilitates review, acquires signatures, maintains files, etc.) • Provides Cabinet-approved OICs to Order in Council Office
Ministries	• Maintains inventory of required OICs and renewals • Issues instructions to Legislative Counsel to create an OIC • Obtains DM approval on OIC and associated materials • Briefs minister and acquires ministerial sign off • Provides final OIC and associated materials to Cabinet Operations
Legislative Counsel	• Reviews legal context, drafts and “tags” the OIC, providing legal advice. OICs are “tagged” green, yellow or red.
Order in Council Office	• Receives OICs as approved by Cabinet • Acquires signature of Lieutenant Governor/ Administrator • Uploads completed OICs to BC Laws for publication
Crown Agencies and Board Resourcing Office	• Maintains inventory of agency, board and commission appointments, vacancies • Maintains a candidate list • Assesses candidates and provides recommendations on their suitability • Briefs relevant minister, Deputy Minister of Government Communications and Public Engagement • Prepares CABRO OIC Summary report for Cabinet binder • Provides Cabinet-approved OICs to Order in Council Office

Attachment 1 – Example of OIC Summary Document for Cabinet

ORDERS IN COUNCIL

Cabinet Summary

Month XX, 2020

		FOR DECISION	
	MIN	**PURPOSE OF ORDER**	**STATUTE**
		Non-CABRO Appointments	
1.	AG O1234	Appoints Jane Doe of Nanaimo as a Justice of the Peace in and for the Province of British Columbia. The Chief Judge of the Provincial Court of BC has requested this appointment.	*Provincial Court Act,* R.S.B.C. 1996, s. 30 Approval requested at Cabinet's earliest convenience
		FOR DECISION	
	MIN	PURPOSE OF ORDER	STATUTE
2.	FIN O5678	Approves the remission of property transfer taxes paid in the amount of $10,000 to Jane Doe. Remission of transfer taxes paid is requested on the basis of great injustice. The Ministry of Finance supports this order.	*Financial Administration Act,* R.S.B.C. 1996, s. 19 Approval requested at Cabinet's earliest convenience
3.	IRR O3456	Approves the transfer of a 10 hectare parcel of land to Canada for the settlement of a specific claim in accordance with the associated First Nations settlement agreement. This order affects the constituency of XYZ.	*Land Act,* R.S.B.C. 1996, s. 15 (5) and 31 Approval requested at Cabinet's earliest convenience

4.	AG **+0 Reg Count** R4567	Approves the request by the District of ABC to be added to the Bylaw Notice Enforcement Regulation effective July 30, 2021. This allows them to participate in an efficient system for issuing notices and resolving matters for minor bylaw infractions (e.g. parking tickets or dog licenses). MLAs XXX and XXX support this order.	*Local Government Bylaw Notice Enforcement Act,* S.B.C. 2003, s. 29 Approval required by **July 30, 2021**
		FOR INFORMATION ONLY - CORRIDOR ORDERS	
	MIN	**PURPOSE OF ORDER**	**STATUTE**
5.	PREM 456	Appoints Jane Doe as Administrative Coordinator in the Office of the Minister of XYZ. **- Signed by the Administrator on January 16, 2020**	*Public Service Act,* R.S.B.C. 1996, s. 15
6	PREM 457	Appoints John Doe as Communications Manager with Government Communications and Public Engagement. **- Signed by the Lieutenant Governor on February 1, 2020**	*Public Service Act,* R.S.B.C. 1996, s. 15
		FOR INFORMATION ONLY - PROCLAMATIONS	
	MIN	PURPOSE OF ORDER	STATUTE
7.	AG	Proclaims January 29 to February 4, 2020 as *"Proclamation Week"* in the Province of British Columbia. **- Signed by the Administrator on January 9, 2020**	Prerogative

Attachment 2 – OIC Information Template Currently Used by Ministries

Order in Council
Cabinet Summary Information

This Template Last Updated: March 6, 2020

Ministry:

Date Prepared: **Cliff #:** **OIC Log #:**

The information below will enable Cabinet Ministers to have a clear and complete picture of the decision points, shifts in policy, risks, implications, outstanding issues and timing sensitivities related to the Order in Council and that all necessary consultations have been completed. The ministry is responsible for ensuring the information below will enable an informed decision by Cabinet.

All sections must be completed unless non-CABRO appointment.

1. Type of OIC	☐ Non-CABRO* appointment – *Complete Sections 1 to 5 only* ☐ Not a regulation ☐ Regulation - provide Regulatory Count: ___
* Crown Agency Board Resourcing Office	
2. Timing Requirements for Cabinet review and approval	

a) Select all that apply. Include rationale.	☐ **No Timing Requirements/At Cabinet's earliest convenience** ☐ **RUSH** - Cabinet approval is requested / required by _____ because: (Check all that apply) ☐ Legal requirement - Per Legislative Counsel's comments, the OIC must be made/deposited by the date specified. ☐ Advance Notice - In order to give stakeholders sufficient time to adapt to the proposed change, the ministry would like to provide _____ amount of lead time between when the OIC is approved and when it takes legal effect. ☐ Media requirement. A public announcement is planned. ☐ Other _____
b) Why is the OIC required now and what are the consequences if not approved now?	• •
c) Should this OIC be held after approval?	☐ NO - Process normally ☐ RUSH - Process by__DD/MMM/YYYY. Please explain why. _____ ☐ YES - Hold until__DD/MMM/YYYY. Please explain why . _____
3. Communication	
What, (if any), is the current communication plan?	• • **REMINDER:** A copy of this OIC Summary Information document signed by the Deputy Minister is to be submitted to Nammi Poorooshasb, ADM, Strategic Communications Division, GCPE.

4. Authorizing Act and section number(s)	
5. Purpose, Content and Context (OIC "Essence")	•
a) In plain language, please explain what this OIC does? What problem it solves? What is the effect?	•
b) Are there gender and diversity implications that should be considered? Guidance for Gender Based Analysis Plus (GBA+) in Cabinet and Treasury Board Submissions. Click here for more information	☐ NO - If no, please explain why there are no implications _____ ☐ YES - If yes, what were the findings? _____
c) Is this OIC in response to direction from Cabinet or one of its Committees or Working Groups?	☐ NO ☐ YES - If yes, provide committee & meeting date: _____
d) Who requested this change? Stakeholder, Cabinet direction, legal requirement, Ministry staff? And why?	•
6. Fiscal Management Considerations	•
a) Is Treasury Board review required?	☐ NO - if no, why not? _____ ☐ YES - If yes, provide date of approval: _____

b) Who at Treasury Board Staff reviewed this information and what comments did they provide?	• [Name of analyst]
c) Is there a cost to Government to implement this OIC?	☐ NO ☐ YES - If yes, provide amount, percentage increase or decrease, and description of cost: _____
d) Is there a Fine, Fee or Administrative Penalty? For more guidance: **Click here**	☐ NO ☐ YES - If yes, provide date of Treasury Board approval _____
7. Business and Economic Implications	
a) Has your Ministry submitted/will it be submitting the Business and Economic Implications Form to JEDC?	☐ YES, submission date: _____ ☐ NO - If no, please explain why not _____
Briefly summarize the findings of the assessment. Guidance for the Business and Economic Implications Framework in Cabinet Submissions. Click here for more information	•
8. Indigenous Peoples	

a) Does this OIC advance Government's commitment to reconciliation? For more guidance: **Click here for more information**	☐ NO - If no, please explain _____ ☐ YES - If yes, please indicate how _____
b) Have the Indigenous Peoples and Indigenous organizations who may be impacted by this OIC been engaged?	☐ NO - If no, please explain why not _____ ☐ YES - If yes, what views were expressed? _____
c) Does this OIC potentially affect Indigenous Peoples' rights and title?	☐ NO ☐ YES - If this OIC has the potential to adversely affect rights protected under s. 35 of the *Constitution Act, 1982* (Aboriginal rights and title, treaty rights), **attach opinion from the Indigenous Legal Relations, Solicitors Unit**, as to the sufficiency of the consultation process undertaken. (Contacts at the ILR: Geraldine Hutchings and Paul Yearwood).
d) Does this OIC potentially affect Indigenous Peoples' treaty rights? If a regulation may/will impact a treaty nation, notification and/or consultation should take place in accordance with the treaty. First Nations with treaties. Click here for more information.	☐ NO ☐ YES - If this OIC has the potential to affect treaty rights, indicate whether the advising solicitor from the **Indigenous Legal Relations, Solicitors Unit**, is satisfied he consultation process undertaken is sufficient. (Contacts at the ILR: Geraldine Hutchings and Paul Yearwood).

9. Stakeholder and Affected Party Consultations Who is impacted and when were they consulted? List stakeholders and indicate consultation dates and support or concerns raised. Stakeholders may include local governments, external stakeholders, and Government ministries, Crowns & agencies.	•
10. Application & government MLA support MLA support is required if the OIC affects specific electoral districts that are represented by a Government MLA. MLA support is not required if the OIC applies province wide, or to an electoral district represented by a non-government MLA. Please complete MLA consultations before submitting the OIC to Cabinet Operations.	☐ This OIC applies to all electoral districts. ☐ This OIC applies only to the following electoral districts: _____ If this OIC applies only to specific electoral districts, do you have written confirmation that Government MLAs from affected electoral districts support this OIC ☐ YES ☐ NO - If no, please explain: _____
11. Confidence & Supply Agreement (CASA) Is Consultation with the BC Green Party Caucus required? Confidence and Supply Agreement Consultation Guide. Click here for more information.	☐ NO ☐ YES - If yes, has the consultation occurred/been scheduled and what was/is the date:_____ If consultation has taken place, what was the outcome?

12. Trade Obligations The Trade Policy and Negotiations Branch at JEDC has been consulted and confirms: [select applicable box]	☐ Trade is not affected ☐ The OIC may affect international or domestic trade obligations, and: ☐ Required notifications have been made and any comments received are: ☐ Required notifications have not been made because:

Additional Details

Deputy Minister

Date Signed

Contact Name:

Title:

Phone Number:

Alternate Contact Name:

Title:

Phone Number:

Prepared By:

Phone Number:

Attached Appendices:

- ☐ Distribution Form
- ☐ Regulatory Impact Checklist Exemption Form
- ☐ Regulatory Impact Checklist and Regulatory Count Form
- ☐ Map(s)
- ☐ Other:

4. BUDGET DEVELOPMENT PROCESS

The *Budget Transparency and Accountability Act* (BTAA) requires government table a budget on or before the fourth Tuesday of February, or in election years, on or before March 23, or within 120 days of a in the appointment of the Premier (whichever date is later).

General Budget Development Timelines

Budgeting is a cyclical process, with management and reporting on the current fiscal year happening concurrently with future year budget planning. Cabinet Confidences

Cabinet Confidences

Page 124 of 211 to/à Page 126 of 211

Withheld pursuant to/removed as

Cabinet Confidences

Cabinet Confidences

- In 2020/21, supplementary estimates were passed to create two new Contingencies votes (Vote 52 Contingencies for Pandemic Response and Economic Recovery and Vote 53 for Federal and Provincial Pandemic measures) to provide government with additional spending appropriation to respond to COVID-19. Cabinet Confidences

Cabinet Confidences

BUDGET PREPARATION 2021

Cabinet Confidences

CURRENT FISCAL YEAR: BUDGET MANAGEMENT & PRESSURES

Cabinet Confidences

Ministry budgets as per the Budget and Fiscal Plan for 2020/21 – 2022/23 are shown below:

($ millions)	Updated Forecast 2019/20 [1]	Budget Estimate 2020/21	Plan 2021/22	Plan 2022/23
Office of the Premier	11	11	11	11
Advanced Education, Skills and Training	2,330	2,366	2,372	2,374
Agriculture	98	95	96	96
Attorney General	611	652	654	662
Children and Family Development	2,068	2,228	2,255	2,259
Citizens' Services	561	552	554	554
Education	6,577	6,697	6,758	6,765
Energy, Mines and Petroleum Resources	180	114	92	92
Environment and Climate Change Strategy	247	245	247	246
Finance	1,160	838	883	975
Forests, Lands, Natural Resource Operations and Rural Development	950	844	856	850
Health	20,846	22,190	23,130	23,875
Indigenous Relations and Reconciliation	108	97	108	108
Jobs, Economic Development and Competitiveness	97	93	94	94
Labour	16	17	17	17
Mental Health and Addictions	10	10	10	10
Municipal Affairs and Housing	828	650	842	812
Public Safety and Solicitor General	932	852	857	863
Social Development and Poverty Reduction	3,568	3,683	3,750	3,798
Tourism, Arts and Culture	164	161	161	161
Transportation and Infrastructure	914	929	932	932
Total ministries and Office of the Premier	**42,276**	**43,324**	**44,679**	**45,554**

Contingencies

The Minister of Finance is responsible for managing Contingencies vote(s) that support government in managing uncertain or volatile costs within the fiscal plan. Cabinet Confidences

Cabinet Confidences

In 2020/21, there are three Contingencies Votes as shown in the following table.

Vote Name and Number	Description	2020/21 Appropriation	Current Forecast/ Allocation
Vote 45 Contingencies (All Ministries) and New Program Vote*	Cabinet Confidences		
Vote 52 Contingencies (All Ministries): Pandemic Response and Economic Recovery			
Vote 53 Contingencies (All Ministries): Federal and Provincial Pandemic			

Cabinet Confidences

Cabinet Confidences

Statutory Authority Pressures

A statutory appropriation is an authority to spend out of the Consolidated Revenue Fund through legislation and not a *Supply Act* (i.e. voted appropriation). The general rationale for statutory appropriations is to authorize spending for public policy reasons (e.g., required for immediate health and safety or protection of property such as fighting wildfires or the provision of emergency services in response to natural disasters) for situations that are unpredictable or and difficult to budget for. Cabinet Confidences

Cabinet Confidences

Special Accounts also have statutory authority to make expenditures above the amounts published in the Estimates. A special account is an account in the general fund of the consolidated revenue fund where the authority to spend money from the account is located in an Act other than the *Supply Act*. Legislation specifies the dedicated revenue sources and eligible expenditures/specific purposes for each special account. Cabinet Confidences

Cabinet Confidences

5. CENTRAL AGENCIES OF GOVERNMENT

BC Public Service Agency

The BC Public Service Agency (BCPSA) was formed in April 2003 as a central agency to provide a consolidated human resource management service to the BC Public Service. The organization is responsible for leading a strategic government-wide human resource agenda and supporting the operational business needs of government ministries and agencies through providing human resource management policies, frameworks and guidelines, and a variety of human resource services, products, and programs.

The BC Public Service is one of the largest employers in the province, serving all communities across B.C. The BCPSA is mandated to support this workforce by providing human resources services such as hiring, payroll, labour relations, occupational health and safety, learning and development, workforce planning, and employee engagement supports. The BCPSA also leads corporate human resource strategy and the development of a corporate plan for the BC Public Service that supports a "one-employer" approach to ensure government continues to have the skilled professional public service needed to meet the evolving needs of British Columbians.

As a central agency, the BCPSA most recently fell within the responsibility of the Minister of Finance as the minister responsible for the *Public Service Act*. The Deputy Minister (or Head of the BCPSA) reports to the Minister. Like all deputy ministers, the Head of the BCPSA also has a reporting relationship to the Deputy Minister to the Premier, who is the Head of the BC Public Service. The BCPSA is accountable to government ministries and agencies through its relationship with ministry executives.

Crown Agencies and Board Resourcing Office

The Crown Agencies and Board Resourcing Office (CABRO) is responsible for Public Sector Organization (PSOs) governance support. CABRO provides oversight of and support regarding Crown governance and corporate accountability in relation to public sector organizations.

CABRO co-ordinates the legislated performance, planning and reporting annual cycle for Crown Corporations under the *Budget Transparency and Accountability Act*, oversees the recruitment and recommendation of candidates for appointments to Crown corporations, agencies, boards and commissions and provides public sector governance advice and training for appointees. CABRO is the secretariat for the Appointment Orders Cabinet Committee, issues cross government drafting instructions for appointments and coordinates the Order in Council board appointments for Cabinet agendas.

Governance support includes:

- overseeing appointments to 264 public sector organizations – which encompasses nearly 2,000 appointees, with a firm commitment to reflecting the Province's diversity in Provincial appointments (see diversity statement below);

- overseeing the delivery of mandate letters, service plans and annual service plan reports for PSOs;

- provision of guidance on the creation and dissolution of public sector organizations;

- conducting analysis, establishing best practices, providing advice and recommendations on governance issues;

- providing training on governance, public sector transparency, strategic Government priorities, performance planning and reporting; and

- maintaining and updating the Government's Crown Agency Registry and Shareholder's Expectations Manual for British Columbia Crown Agencies.

CABRO supports government's commitment to diversity in board appointments by ensuring:

- To support strong boards that reflect the diversity of our province, women, visible minorities, Indigenous Peoples, persons with disabilities, persons of diverse sexual orientation, gender identity or expression (LGBTQ2S+), and others who may contribute to diversity in public sector board appointments are encouraged to put their names forward for appointments.
- Consideration will be given to individuals with a broad range of backgrounds in community, labour and business environments. The selection process will recognize lived experience and volunteer roles as well as paid employment and academic achievements.

CABRO is headed by a Senior Executive Lead and is within the mandate of the Ministry of Finance.

Government Communications and Public Engagement

The primary role of Government Communications and Public Engagement (GCPE) is to inform the public about government programs, services, policies and priorities.

GCPE is staffed by professionals with experience and education in government and/or corporate communications, media relations, public relations, marketing, social media and digital content. Employees provide a variety of services and expertise, and work closely with other provincial, federal and municipal government representatives, media, industries, associations, interest groups, and the general public.

Through traditional communications practices and, increasingly, through direct engagement and online services, we provide:

- Communications Services
- Corporate Online Services
- Social Media
- Citizen Engagement

- Marketing Services
- Graphic Design Services
- Emergency Communications
- Ministry Communications Offices
- Media Relations
- Writing & Editorial Services
- Event Planning
- Media Monitoring

GCPE is headed by a Deputy Minister and is part of the mandate of the Ministry of Finance. Communications Directors are embedded within each of the individual ministries but report centrally through GCPE. The priority for the ministry-based communication teams is proactive strategic planning and delivering quality, services and products.

Intergovernmental Relations Secretariat

The Intergovernmental Relations Secretariat (IGRS) provides strategic advice and support to the Premier for meetings with the Prime Minister, other Premiers, U.S. leaders, heads of states and governments, and foreign dignitaries. IGRS gathers intelligence on pertinent issues and interests, participates in intergovernmental negotiations in advance of meetings, ensures that B.C.'s interests are represented in defining the agendas, and creates strategic alliances, as required, to influence the direction of policies or programs that affect the province.

The Secretariat is also responsible for the Francophone Affairs Program which is governed by a federal-provincial cooperation agreement on services in French. Collaboration between the B.C. government and the federal government supports ministries, Crown corporations and municipalities in their investments and efforts to ensure access and delivery of French language services.

The Office of Protocol is a division within IGRS that leads and coordinates ceremonial, protocol, honours and diplomatic activities, and manages and administers the *Provincial Symbols and Honours Act* which establishes the Order of BC and the Medal of Good Citizenship. It is also responsible for relations with the Consular corps.

IGRS is headed by a Deputy Minister and is within the mandate of the Office of the Premier.

Public Sector Employers' Council Secretariat

The Public Sector Employers' Council Secretariat is created under the *Public Sector Employers Act* and reports directly to the Minister of Finance as the Minister Responsible for the Act.

Secretariat Mandate:

The Public Sector Employers' Council Secretariat is the central agency supporting government on all

issues related to public sector collective bargaining, non-union compensation, appointee remuneration, and pension plans.

Labour Relations — provides strategic advice and the development of bargaining mandates, and implements those mandates and strategies through employers' associations by coordinating employers across the provincial public sector, including health, K-12 public schools, Crown corporations, community social services, post-secondary institutions (colleges, institutes, teaching universities) and research universities, as well as the core Public Service.

Non-Union Compensation — works with public sector employers to establish and implement compensation policies and plans for non-union employees such as managers and executives (including CEOs). PSEC Secretariat is responsible for coordinating the two annual statutory disclosures of executive compensation for 123 public sector employers.

Public Sector Pension Plans — represents government in its role as a partner under the *Public Sector Pension Plans Act* and the joint trust arrangements established for the four major public sector pension plans. This includes working with other partners to the pension plans to achieve the goals of the plans in a sustainable manner, monitoring government's risk exposure and providing policy advice to both government and public sector employers.

Board Appointee Remuneration — supports Treasury Board by chairing and providing secretariat support to the Appointee Remuneration Committee established pursuant to the by Treasury Board Directives that set remuneration guidelines for government appointees to Crown agency boards and administrative tribunals.

The Public Sector Employers' Council Secretariat is created under the *Public Sector Employers Act* and led by a President and CEO who reports directly to the Minister of Finance as the Minister Responsible for the Act.

Legal Services Branch

The Legal Services Branch's mandate is to deliver legal services to the Government of British Columbia in accordance with the *Attorney General Act*. The Branch provides comprehensive legal and legislative services to government including alternate dispute resolution services; acting for government in civil suits and tribunal proceedings; drafting all government bills and regulations; and preparing the Revised Statutes of British Columbia.

The Branch is a centralized government service, consisting of lawyers, paralegals and administrative staff. Lawyers in the Branch provide legal and legislative services to the Provincial government. The Branch was recently reorganized to consist of five legal group practices (Central Services Group, Litigation Group, Natural Resource, Transportation and Indigenous Legal Group, Justice, Health, and Revenue Group and the Vancouver Group), and the Office of Legislative Counsel and Director's Counsel. More information is available at L@w Matters at http://gww.legalservices.gov.bc.ca/.

Central Agencies in Support of Cabinet

Cabinet Operations

Cabinet Operations is a non-partisan office that facilitates government decision-making and is the secretariat for Cabinet and its Committees. To fulfil this role, Cabinet Operations acts as the bridge between elected officials and the Public Service, moving information, material and decisions between the two groups. Specific activities include, but are not limited to:

- Providing independent, strategic advice to the Cabinet Secretary on the development of Cabinet agendas.
- Managing the government's strategic policy and legislative processes, including regulations and Orders in Council.
- Liaising with ministries to schedule submissions for review by Cabinet and its Committees and providing advice on appropriate format and content.
- Preparation, scheduling and logistics around all Cabinet and Cabinet Committee meetings (with the exception of Treasury Board).
- Preparation and distribution of Cabinet and Committee materials to members.
- Preparation and distribution of Cabinet and Committee meeting minutes to members and appropriate ministries.
- Office of record for Cabinet and Cabinet Committee meeting documents and decisions.
- Cabinet Operations is also responsible for providing advice and support to ensure continuity of core government operations related to Cabinet during government transition.

Cabinet Operations is headed by a Deputy Cabinet Secretary who reports directly to the Deputy Premier/Cabinet Secretary in the Office of the Premier.

Treasury Board Staff

Treasury Board Staff (TBS) develops, manages, and produces the Budget and Fiscal Plan, the 10-year Corporate Capital Plan, the Estimates, Quarterly Reports, the Financial and Economic Review, and other related documents.

TBS provides financial management advice to support well-informed decisions by Treasury Board and the Minister of Finance, including advice on economic performance, and management of ministry and agency spending, capital plans and spending, revenue and debt. TBS is responsible for developing the economic forecast as well as the 3-year fiscal plan. TBS also develops revenue and spending forecasts and plans; and makes recommendations to Treasury Board and government on expenditure management and related strategies as needed to keep the fiscal plan on track throughout the year.

TBS supports the operations of Treasury Board meetings throughout the year and advises the Board on budgetary requests and spending management issues brought forward by ministries and other government agencies.

TBS is headed by a Deputy Minister who is also the Secretary to Treasury Board.

D. Advice to Ministers

1. Advice to Ministers on Responsibilities and Conduct
    a. Political Staff Standards of Conduct
    b. Public Service Standards of Conduct
    c. Conflict of Interest Disclosure Form
    d. Guide to Gifts and Personal Benefits
    e. Records Management Responsibilities of Ministers
    f. Use of Personal Email Accounts
    g. Are You Lobbying?
2. Ministers' Salaries, Benefits & Expenses

1. ADVICE TO MINISTERS ON RESPONSIBILITIES AND CONDUCT

Introduction

This section sets out the roles and responsibilities of Ministers and outlines some of the key considerations in standards of conduct for Ministers. It discusses conflict of interest, freedom of information and privacy, lobbying, judiciary matters and legal advice and administrative matters. The information is intended to act as a guide to help ministers in conducting their business and in supporting the Premier in managing the business of government.

Roles and Responsibilities

The Transition Process

Following an election, the Premier will be faced with a significant number of decisions. Some of the more important tasks are:

- determine the size of Cabinet;
- determine the scope of different ministerial portfolios;
- select members of Cabinet;
- prepare mandate letters for each Minister;
- prepare an action plan to implement the policy platform; and
- develop an approach to the public service including key appointments.

In this case, the Premier and their team will have already considered many of these issues during the preparatory process leading up to the election. However, some of the tasks - like selecting Cabinet members - can take place only after the election is over.

Many Ministers will be new to political life. Some of the early tasks they face will include:

- establishing a working relationship with other Cabinet members as well as with the Premier;
- understanding the role and structure of Cabinet and its committees;
- setting up their own office;
- getting to know key public servants, including the Deputy Minister and Assistant Deputy Ministers;
- reviewing the briefing documents prepared by the public service; and
- making an assessment of the status of programs and policies in place.

The accomplishment of these tasks depends on having clear understanding of the roles, powers, and limitations of the various actors in the Westminster political system. The following notes provide a quick overview of some of the crucial "building blocks" of the Westminster system.

The Role of the Premier

The role of the Premier is to provide overall political leadership to the government. As head of government, the Premier has both a political role and an administrative one. Political priorities do not always correspond to administrative resources and constraints. As a result, most governments are organized to provide separate but coordinated streams of advice to the Premier.

The political stream of advice normally comes from the Chief of Staff, Office of the Premier, while the administrative (non-partisan) advice comes from the Deputy Minister to the Premier. Both are deliberately located in the Office of the West Annex in order to keep coordination and cooperation to a maximum.

One way of summarizing the difference is that the Chief of Staff and their team are politically driven and administratively sensitive, while the Deputy Minister to the Premier and their team are administratively driven and politically sensitive.

Below is a general description of each office.

The Office of the Premier: Chief of Staff

- is politically driven;
- is the Premier's personal support or service centre;
- is headed by a close personal and political aide to the Premier;
- assists the Premier in their political roles – as the leader of the government and as a member of the legislature;
- plays a lead role in setting the government's agenda;
- determines whether a policy meets the needs and wishes of the government's external constituencies, i.e. its political soundness; and
- develops a strategy and programs to ensure government policy is adequately communicated.

The Office of the Premier: Deputy Minister to the Premier

- is strategically driven, to meet the public policy program set out by Premier and Cabinet;
- is headed by the Deputy Minister to the Premier, who is also the Head of the BC Public Service and the Cabinet Secretary;
- is responsible for managing the decision-making process of Cabinet and ensuring implementation;

- advises on soundness of proposed policy, legislation and expenditures;
- advises the Premier on issues of government organization and structure; and
- advises the Premier on senior full-time appointments to the public service and its agencies.

The Role of the Minister

Cabinet Ministers are accountable to the Premier and to the Legislative Assembly for the exercise of two fundamental responsibilities:

1. individual performance related to their portfolio responsibilities within the government; and
2. the collective performance of the government.

A useful aid to achieving this is a mandate letter to each Cabinet Minister specific to their portfolio from the Premier outlining the main issues the Premier wants the Minister to focus on.

The mandate letter would normally include:

- the Premier's expectations for Cabinet Ministers' conduct;
- priority areas for the Cabinet Minister’s specific portfolios;
- issues to focus on within specific timeframes;
- responsibilities within the portfolios; and
- any immediate action that, in the Premier's view, must be taken in the portfolio.

Individual Responsibility and Accountability

Ministers are:

- sworn to carry out the powers, duties and functions of their portfolios;
- responsible for the policies, programs, and administration of their Ministries;
- a source of policy and program initiatives;
- vested with ministerial powers, duties and functions through various acts (officials have the required knowledge to advise Ministers on the nature and extent of such powers, obligations and constraints);
- individually responsible to the Legislative Assembly for:
    - their own actions;
    - the policies and practices of their Ministry, including the actions of all officials under their management and direction; and
    - the policies and practices of any non-ministerial bodies, such as agencies, boards and

commissions within the Minister's portfolio.

Collective Responsibility

Ministers are:

- appointed by the Premier and serve at the Premier's pleasure;
- expected to participate fully in Cabinet decision making, including appropriate Cabinet committees;
- expected to defend the government's actions and policies; and
- solemnly obliged to uphold the rule of Cabinet confidentiality.

Participation in Cabinet Decision Making

The Cabinet is the forum in which Ministers reach a consensus and coordinate their views and decisions on issues. It is chaired by the Premier and supported by the Secretary to the Cabinet and their staff. It provides a strategic direction and sets priorities for the government, in addition to addressing specific program and policy issues.

Cabinet decision making will also involve Cabinet Committees and, if established, Working Groups, as determined by the Premier. Working Groups are typically very focused Committees of Cabinet and have equal decision-making powers as other Committees of Cabinet. Committees and Working Groups receive and evaluate submissions and make recommendations to Cabinet, which makes the final decision on the issue.

Consensus

- Cabinet works through a process of presentation, discussion and consensus in order to reach decisions.
- Through discussion and debate by Cabinet, and following any final thoughts expressed by Ministers, the Premier will sum up the consensus among the Cabinet members.
- The Secretary to the Cabinet Committee, typically the Deputy Cabinet Secretary, then records the decision and communicates it to appropriate Deputy Ministers for implementation.

Consultation

- Policy and legislation proposals are brought to Cabinet through a formal process and set out in documents called Cabinet Submissions. Cabinet Operations establishes a common format for submissions, and routes the submission to the appropriate Cabinet Committee.
- Meetings are not the forum to verbally introduce new policy issues for decision.
- Consultations among relevant Ministers (or among their ministries) often precedes the submission of a proposal to Cabinet.
- Cabinet focuses on the need to resolve differing points of view, or to confirm the course a Minister proposes to follow.

- Officials are expected to ensure that other ministries are informed in advance so that their Ministers can be prepared for Cabinet discussions.

The Public Service

This section discusses the distinct but complementary roles of public servants and exempt staff in supporting Ministers in performing duties related to their portfolio responsibilities.

The BC Public Service is non-political and non-partisan and is expected to serve the politically elected government of the day to the best of its ability. Its three main roles include:

- Providing policy advice and functional expertise to Ministers;
- Implementing government policy and programs; and
- Delivering government services to citizens.

Public Service versus Political Positions/Roles

There is a distinction between public service employees and employees considered to have political affiliation.

BC Public Service employees are appointed under the *Public Service Act* and are governed by its provisions. Public service employees are expected to be non-political and non-partisan.

Staff in Ministers' Offices, including ministerial assistants, executive assistants, administrative co-ordinators and support staff, are appointed by Order in Council (OIC) under section 15 of the *Public Service Act*, which excludes them as public service employees. Their terms and conditions of employment are established by OIC and they are designated as appointees. As such, application of the merit requirement does not apply in their hiring, nor must they remain non-political/non-partisan in their working roles. However, ministers' office staff must inform themselves about the standards of conduct that apply to them, as well as the standards for public service employees, and their actions must respect the non-partisanship and impartiality of public service employees. (See attached *Standards of Conduct* documents.)

Ministers and Deputy Ministers

For both Ministers and Deputy Ministers to be successful in their respective roles, a good working relationship, based on trust and mutual understanding, is critical. Each Deputy Minister must be well versed in their Minister's priorities and work styles; conversely, in developing a relationship with their Deputy, each new minister should remember that Deputy Ministers are:

- professional, non-partisan public servants who are expected to serve and advise their Ministers with integrity, expertise, and frankness;
- accountable to the Minister, the Premier, and the Cabinet Secretary;
- the official entry point/channel through which the Minister should typically access the public service and its employees; and
- governed by the *Standards of Conduct* for public service employees.

Ministers are also bound by ethical standards, including those outlined in the *Members' Conflict of Interest Act*; however, there are several differences between the provisions of this Act and the *Standards of Conduct* for public service employees. These differences include scope, the non-partisan emphasis of the latter, and mechanisms for addressing potential conflicts/issues as they arise.

Conflict of Interest

The *Members' Conflict of Interest Act* ("*the Act*") prohibits acting in an official capacity if a conflict of interest or an apparent conflict of interest exists. A conflict of interest exists if the Member exercises an official power or performs an official duty or function and at the same time knows that in the performance of the duty or function there is the opportunity to further their private interest. A private interest does not include an interest that applies to the general public or affects a Member as a broad class of people.

The Conflict of Interest Commissioner is an independent, non-partisan Officer of the Legislative Assembly who is responsible for independently and impartially interpreting and administering the Act. Members of the Legislative Assembly are expected to act in the public interest at all times, and must not use their official position for personal gain or advantage. The rules governing conflict of interest for Members are set out in the *Act* and ensure that those who are elected to public office are held to high standards of conduct.

Members must avoid both actual and apparent conflicts of interest, and must arrange their private affairs to prevent such conflicts from arising. Members are expected to resolve any conflicts which do arise promptly and transparently. In determining whether an apparent conflict of interest exists, the Commissioner must consider not only whether the Member is in receipt of a benefit amounting to a private interest, but also whether in all of the circumstances a reasonably well informed person could perceive that this private interest could affect the exercise or performance of an official power, duty or function.

The Act includes the following prohibitions:

- A general prohibition against **conflicts of interest**
- A prohibition against using **insider information**
- A prohibition against using one's **influence** inappropriately
- A prohibition against accepting **extra benefits.**

Section 16(1) of the Act requires that all Members of the Legislative Assembly of BC file a confidential disclosure statement with the Commissioner within 60 days of being elected, and after that annually. Members must complete a confidential disclosure form pursuant to the regulations to the *Act* which contains a statement of the nature of the assets, liabilities and financial interests belonging to the Member and their spouse. Separate disclosure forms are required if the Member has any minor children, and if the Member, their spouse or minor child has a controlled private corporation.

Once the contents of the confidential disclosure statement have been finalized, a Public Disclosure Statement (PDS) is prepared. The PDS contains most, but not all, of the information contained in the Member's confidential disclosure statement. It is filed with the Clerk of the House and is available for public inspection.

The following members' forms can be found on the Conflict of Interest Commissioner's website at www.coibc.ca.

- Member's Confidential Disclosure Statement
- Disclosure Statement for Minor Children
- Controlled Private Corporation Statement
- Member's Statement of Material Change
- Member's Statement of Gifts and Personal Benefits

Declaring a conflict that arises at a Cabinet or Committee of Cabinet meeting

The Act requires that Ministers who have a conflict of interest or an apparent conflict of interest, or have reasonable grounds to believe that they have a conflict of interest must, if present at a meeting of Cabinet or any Committee of Cabinet:

1. Disclose the general nature of the conflict of interest or the private interest; and
2. Withdraw from the meeting without voting or participating in the discussion of the matter.

Ministers should ensure that the Cabinet Secretary or the Secretary to Treasury Board is made aware of any conflict issues that may arise in meetings of Cabinet, Cabinet Committees, or Treasury Board. Cabinet Operations and Treasury Board Staff will provide forms to Ministers and members of Cabinet Committees to ensure that they record their conflict, and their withdrawal from the meeting. (See attached Conflict of Interest Disclosure Form.)

The Cabinet Secretary and the Secretary to Treasury Board are required to file monthly reports with the Conflict of Interest Commissioner that record conflicts of interest that have been identified by members of Cabinet and Treasury Board, and the nature of the conflict. The conflicts identified are only reported to the Commissioner AFTER the matter on which the conflict was identified, becomes public.

Questions should be discussed with the Conflict of Interest Commissioner.

Gifts and Personal Benefits

Members are prohibited from accepting gifts or personal benefits in connection with the performance of their official duties. However, there is an exception for gifts or personal benefits received "as an incident of protocol or social obligations". In most cases this means a token expression of appreciation or complimentary hospitality in the context of some official interaction.

Before accepting a gift, Members must consider whether the donor is someone whose interests could be affected by a decision the Member may be called upon to make, and whether accepting the gift would – or would appear – to place the Member under an obligation to the donor. Generally, if the donor has any official dealings with the government, the gift should not be accepted.

Members are required to disclose and provide details of any gifts or personal benefits they have received, if the value of the gift exceeds $250 or if the combined value of multiple gifts from the same

donor exceeds $250 in a twelve-month period. A summary of gifts received is included in the Member's Public Disclosure Statement.

The Office has published a booklet "Accepting and Disclosing Gifts: A Guide for Members". The Guide provides general information to assist Members to understand their obligations, but Members are still encouraged to seek the Commissioner's advice if in any doubt about the propriety of accepting a gift or personal benefit.

See the attached *Guide to Gifts and Personal Benefits.* It is also available at https://coibc.ca/resources-for-members/

For further information contact the Conflict of Interest Commissioner, Victoria Gray, Q.C., at:

Telephone: (250) 356-0750

Email: **conflictofinterest@coibc.ca**
Web site: www.coibc.ca

Freedom of Information and Protection of Privacy Legislation

The Office of the Information and Privacy Commissioner (OIPC) provides independent oversight and enforcement of B.C.'s access and privacy laws, including:

The *Freedom of Information and Protection of Privacy Act* (FOIPPA), which applies to over 2,900 public bodies, including ministries, local governments, schools, crown corporations, hospitals, municipal police forces, and more.

The Commissioner has the power to:

- Investigate, mediate and resolve appeals concerning access to information disputes, including issuing binding orders;
- Investigate and resolve privacy complaints;
- Initiate Commissioner-led investigations and audits of public bodies or organizations, if there are reasonable grounds of non-compliance or if it is in the public interest;
- Comment on the access and privacy implications of proposed legislation, programs or policies;
- Comment on the privacy implications of new technologies;
- Conduct research into anything affecting access and privacy rights; and
- Educate the public about their access and privacy rights and the relevant laws.

Disclosure

FOIPPA creates a broad-based obligation to disclose information that is in the possession of a ministry or a Minister's Office, upon request for disclosure. It is the duty of a ministry to respond to this request in

a timely way. Normally the time limitation is 30 days. Consideration and coordination of ministry responses to requests to disclose information are supported by the central Corporate Information and Records Management Office.

There are 12 exceptions to the requirement to disclose. Some exceptions are mandatory while others are discretionary and/or require a test to be met. Among the most important exceptions are:

- Any material that could reveal the substance of deliberations of Cabinet or any of its committees, including any advice, recommendations, policy considerations, or draft legislation or regulations submitted or prepared for submission to the Cabinet or any of its committees;
- Personal information;
- Legal advice to a minister or ministry;
- Policy advice to a minister or ministry;
- Information harmful to law enforcement;
- Information harmful to intergovernmental negotiations; and
- Information harmful to government's economic interests, or the business interests of a third party.

Persons denied access to information can appeal the denial to the Information and Privacy Commissioner. While some of the exceptions noted above may appear to be broad, the Commissioner may give them a narrower interpretation. Information Access Operations staff are familiar with the Office of the Information and Privacy Commissioner case law and will work with ministry staff to respond to any requests.

Careful attention should also be paid to private or personal information about third parties. It is never appropriate to disclose such information without the consent of the third party.

Ministers' calendars are proactively disclosed each month and published on Open Information after appropriate severing of information that might be "excepted" under one of the categories noted above. Consider carefully the amount of information contained in a calendar, on the assumption that such information might become accessible to the public.

Guidance on Use of personal Email accounts for Public Business

The Office of the Information and Privacy Commissioner also publishes guidance documents to inform citizens and promote compliance with B.C.'s access and privacy laws. For example, see the attached *Use of Personal Email Accounts*. This document explains the implications under the FOIPPA for use of personal email accounts for work purposes by employees of public bodies.

For further Information Contact Michael McEvoy, the Information Privacy Commissioner at:

Telephone: (250) 387-5629

E-mail: info@oipc.bc.ca

Website: http://www.oipc.bc.ca/

Lobbyists and Lobbying

The Office of the Registrar of Lobbyists ("ORL") is responsible for monitoring compliance with British Columbia's *Lobbyists Registration Act* ("LRA") and the associated regulations. The underlying objective of the LRA is to ensure transparency of legitimate lobbying activities so that members of the public are made aware of who is attempting to influence government decisions. Lobbyists are required by the LRA, to register. This is done by filing a return with the Registrar for Lobbyists.

The LRA regulates lobbying in British Columbia. "Lobbyists" are persons who, on behalf of their employers or clients, communicate with public office holders in an attempt to influence their decisions. The LRA promotes transparency in the lobbying process by requiring lobbyists to declare details of their lobbying effort, including on whose behalf they are lobbying, who they are targeting, on what subject matter and toward what outcome. All of this information is available for the public to view, free, at any time.

Under the Act, lobbying is broadly defined. It includes individuals who are paid to lobby ("consultant lobbyists"), or whose duties as an employee include lobbying as a significant component. The act of lobbying includes communicating with an office holder to influence the development of legislation, regulations, policy and the awarding of contracts or conferral of benefits. In relation to a consultant lobbyist, it can include simply trying to arrange a meeting between office holder and any other person.

Ministers may choose to meet with lobbyists whether they are registered or not. While it is the lobbyist's duty to comply with the Act and ensure appropriate registration, problems may be avoided by asking or having staff ask about registration of any person who might be considered to be "lobbying". For a guide on how to determine if someone is lobbying the attached *Are You Lobbying?*

The Information and Privacy Commissioner for the Province of B.C. is also the registrar of lobbyists. For further information contact Michael McEvoy at the Office of Registrar for Lobbyists at:

Telephone: (250) 387-2686

Email: info@bcorl.ca

Web site: http://www.lobbyistsregistrar.bc.ca

Judiciary/Matters before the Courts

Ministers should not comment publicly on matters that are before the Courts, or before administrative tribunals that are acting in a "judicial" capacity. Comments that are strictly regarding the facts of the matter may be appropriate. Before commenting, however, the Attorney General or Deputy Attorney General should be consulted.

Ministers should not communicate with:

- Members of the judiciary or administrative tribunals that are making judicial decisions concerning any matter that is before the court of tribunal;
- Crown prosecutors (without prior consultation with the Ministry of Attorney General); and
- Police officers or law enforcement agencies (without prior consultation with the Ministry of Attorney General) concerning matters under investigation (unless the Minister has been asked to assist).

Ministers should refrain from writing letters of character reference for persons involved in the proceedings.

Legal Advice and Legal Proceedings

The Attorney General is government's chief law officer. Legal advice to Ministers and their ministries must be obtained from or through Ministry of Attorney General staff. The confidentiality of legal advice is protected by solicitor/client privilege, and should not be shared or discussed with any individual who is not an employee of the Province of British Columbia.

The Ministry of Attorney General represents government in litigation before courts and administrative tribunals. Lawyers who represent government in these proceedings must be employed or retained by the Ministry of Attorney General.

A Minister may be eligible for indemnity coverage under the Excluded Employees (Legal Proceedings) Indemnity Regulation if, as a result of the performance of their ministerial duties, legal proceedings are brought or likely to be brought against the Minister. Legal proceedings covered by the Regulation are civil proceedings (including defamation), professional body proceedings, human rights proceedings, penalty proceedings and criminal prosecutions. Where a Minister becomes aware that proceedings have been or are likely to be commenced, the Minister (in order to obtain coverage) must immediately notify the Deputy Minister to the Premier in writing of the proceedings and that they are likely to be seeking coverage, and, within a reasonable time thereafter, must make a written request for coverage in the form required by the Deputy Minister to the Premier. A Minister may also be eligible for coverage under the Regulation in connection with their ministerial duties if the Minister is to appear as a witness in proceedings or if the Minister wishes to bring proceedings against someone for defamation. For details about the coverage, the Regulation can be found at:

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/62_2012

Members of Executive Council are disqualified from jury duty.

Administrative Matters

Within the Ministry of Finance is the Ministers' Office Support Services (MOSS) group. MOSS provides Ministers with guidance and support on administrative matters. Their intranet site at http://gww.fin.gov.bc.ca/gws/camss/moss/ provides Minister's Offices with information related to financial, human resources, information systems and other administrative policies and procedures on the following subjects:

- Accounts Payable

- Budget Information
- Information Technology (IT)
- Facilities
- Freedom of Information
- Payroll
- Records Management
- Human Resources
- Telecommunications
- Travel
- Vehicles

Standards of Conduct for Political Staff

"Political staff" are persons appointed under section 15(1)(a) of the Public Service Act who report through to the Chief of Staff to the Premier or provide support to a Minister, and who are not assigned job duties of a primarily administrative, technical or communications nature. Most appointees working in the Office of the Premier and supporting Minister's Offices are political staff (e.g., Ministerial Assistants and Executive Assistants). Appointees to Government Communications and Public Engagement are not political staff.

Political staff will exhibit the highest standards of conduct. Their conduct must instill confidence and trust and not bring the Province of British Columbia into disrepute.

The requirement to comply with these standards of conduct is a condition of employment. Political staff who fail to comply with these standards may be subject to disciplinary action up to and including dismissal.

The Standards of Conduct for Political Staff closely resemble the Standards of Conduct applicable to employees of the BC Public Service. However, the Standards of Conduct for Political Staff recognize the unique partisan role performed by political staff and provide guidance on how political staff may exercise their partisan duties while also respecting the non-partisan role of employees in the BC Public Service.

Role of Political Staff

Political staff are generally employed to help Ministers on matters where the non-political and political work of Government overlap and where it would be inappropriate for permanent public servants to become involved. Political staff serve as advisors and assistants who share the ruling party's political commitment, and who can complement the professional, expert and non-partisan advice and support of the permanent public service.

Political staff should ask the manager to whom they report, or the Chief of Staff to the Premier, if they have any questions regarding their role and responsibilities.

Loyalty

Political staff have a duty of loyalty to the government as their employer. They must act honestly and in good faith and place the interests of the employer ahead of their own private interests. The duty committed to in the Political Staff Oath requires political staff to serve the government of the day to the best of their ability.

Confidentiality

Confidential information, in any form, that political staff receive through their employment must not be disclosed, released, or transmitted to anyone other than persons who are authorized to receive the information. Political staff with care or control of personal or sensitive information, electronic media, or devices must handle and dispose of these appropriately. Staff who are in doubt as to whether certain information is confidential must ask the appropriate authority before disclosing, releasing, or transmitting it.

The proper handling and protection of confidential information is applicable both within and outside of government and continues to apply after the employment relationship ends.

Confidential information that political staff receive through their employment must not be used for the purpose of furthering any private interest, or as a means of making personal gains. (See the Conflicts of Interest section below for details.)

Public Comments

Political staff may comment on public issues but must not engage in any activity or speak publicly where this could be perceived as an official act or representation (unless authorized to do so). Staff must not use their position in government to lend weight to the public expression of their personal opinions.

Service to the Public

Political staff must provide service to the public in a manner that is courteous, professional, equitable, efficient, and effective. Staff must be sensitive and responsive to the changing needs, expectations, and rights of a diverse public in the proper performance of their duties.

Workplace Behaviour

Political staff are to treat each other with respect and dignity and must not engage in discriminatory conduct prohibited by the Human Rights Code. The prohibited grounds are race, colour, ancestry, place of origin, religion, family status, marital status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, political belief and conviction of a criminal or summary offence unrelated to the individual's employment.

Further, the conduct of political staff in the workplace must meet acceptable social standards and must contribute to a positive work environment. Bullying or any other inappropriate conduct compromising the integrity of the Province of BC will not be tolerated.

All political staff may expect and have the responsibility to contribute to a safe workplace. Violence in the workplace is unacceptable. Violence is any use of physical force on an individual that causes or could cause injury and includes attempted and threatened use of force.

Political staff must report any incident of violence. Any staff who become aware of a threat must report that threat if there is reasonable cause to believe that the threat poses a risk of injury. Any incident or threat of violence in the workplace must be addressed immediately. Staff must report a safety hazard or unsafe condition or act in accordance with the provisions of the WorkSafeBC Occupational Health and Safety Regulation.

Political staff must conduct themselves professionally, be fit for duty, and be free from impairment (e.g., from alcohol or drugs).

Interactions with the Permanent Public Service

In meeting their responsibility to respect the non-partisanship of ministry staff, political staff have an obligation to inform themselves about the appropriate parameters of conduct set out in the Standards of Conduct for Public Service Employees, and to actively assess their own conduct and any requests they make to ministry employees in light of these parameters.

To the extent possible, relations between political staff and ministry staff should be conducted through the Deputy Minister's Office. The Deputy Minister's Office should be informed about any significant contact between political staff and ministry employees. Ministers, Deputy Ministers, the Chief of Staff to the Premier, and other managers to whom political staff may report should be vigilant in ensuring the appropriate parameters of interaction between political staff and ministry staff are observed.

Political staff may ask ministry employees for information, transmit the Minister's instructions, or be informed of decisions in order to address communications and strategic issues. However, they do not have a direct role in ministry operations and have no legal basis for exercising the delegated authority of Ministers. Nor may political staff give direction to ministry employees on the discharge of their responsibilities.

Examples of appropriate and inappropriate conduct include, but are not limited to, the following:

Appropriate Conduct	Inappropriate Conduct
▸ Convey to ministry employees the Minister's view of issues and direction on work priorities; ▸ Request ministry employees prepare information and analyses; ▸ Hold meetings with ministry employees to discuss advice being prepared for the Minister.	▸ Ask a ministry employee to do anything inconsistent with their obligations under the Standards of Conduct; ▸ Authorize the expenditure of public funds, have responsibility for budgets, or have any involvement in the award of external contracts; ▸ Exercise any power in relation to the management of employees within their ministry (except in relation to other political staff), including but not limited to playing any role in human resource decisions affecting a public service employee; ▸ Suppress or supplant advice prepared for the Minister by ministry employees (although they may comment on such advice); or substitute advice for that of ministry employees.

Conflicts of Interest

A conflict of interest occurs when a political staff member's private affairs or financial interests are in conflict, or could result in a perception of conflict, with the staff member's duties or responsibilities in such a way that:

- the staff member's ability to act in the public interest could be impaired; or
- the staff member's actions or conduct could undermine or compromise:
    - the public's confidence in the staff member's ability to discharge work responsibilities; or
    - the trust that the public places in the Province of BC.

While the government recognizes the right of political staff to be involved in activities as citizens of the community, conflict must not exist between their private interests and the discharge of their employment duties. Upon appointment, political staff must arrange their private affairs in a manner that will prevent conflicts of interest, or the perception of conflicts of interest, from arising.

Political staff who find themselves in an actual, perceived, or potential conflict of interest must disclose the matter to their manager or the Chief of Staff to the Premier. Examples of conflicts of interest include, but are not limited to, the following:

- A staff member uses government property or equipment or their position, office, or government affiliation to pursue personal interests or the interests of another organization;
- A staff member is in a situation where they are under obligation to a person who might benefit from or seek to gain special consideration or favour;
- A staff member, in the performance of official duties, gives preferential treatment to an individual, corporation, or organization, including a non-profit organization, in which the staff member, or a relative or friend, has an interest, financial or otherwise;
- A staff member benefits from, or is reasonably perceived by the public to have benefited from, the use of information acquired solely by reason of their employment;
- A staff member benefits from, or is reasonably perceived by the public to have benefited from, a government transaction over which they can influence decisions (e.g., investments, sales, purchases, borrowing, grants, contracts, regulatory or discretionary approvals, appointments);
- A staff member accepts from an individual, corporation, or organization, directly or indirectly, a personal gift or benefit that arises out of their employment with the Province of BC, other than:
    - the exchange of hospitality between persons doing business together;

    - tokens exchanged as part of protocol;
    - the normal presentation of gifts to persons participating in public functions; or
    - the normal exchange of gifts between friends; or
- A staff member accepts gifts, donations, or free services for work-related leisure activities other than in situations outlined above.

The following four criteria, when taken together, are intended to guide the judgment of political staff who are considering the acceptance of a gift:

- The benefit is of nominal value;
- The exchange creates no obligation;
- Reciprocation is easy; and
- It occurs infrequently.

Political staff will not solicit a gift, benefit, or service on behalf of themselves or other employees.

Conflict of Interest Guidelines for Political Staff

Guidelines have been established to assist political staff, their managers and the Chief of Staff to the Premier in managing conflict of interest issues. Please see the MyHR section of the BC Government website for more information.

Allegations of Wrongdoing

Political staff have a duty to report any situation relevant to their employment that they believe contravenes the law, misuses public funds or assets, or represents a danger to public health and safety or a significant danger to the environment. Staff can expect such matters to be treated in confidence, unless disclosure of information is authorized or required by law (e.g., the Freedom of Information and Protection of Privacy Act). Staff will not be subject to discipline or reprisal for bringing forward, in good faith, allegations of wrongdoing in accordance with this policy statement.

Political staff must report their allegations or concerns in writing to the manager to whom they report or the Chief of Staff to the Premier, who will acknowledge receipt of the submission and have the matter reviewed and responded to in writing within 30 days of receiving the staff member's submission. Where an allegation involves the staff member's manager, the employee must forward the allegation to the Chief of Staff to the Premier. Where an allegation involves the Chief of Staff to the Premier, the allegation must be forwarded to the Deputy Minister to the Premier.

In addition to these reporting requirements, it is expected political staff will also report to the Comptroller General any irregularities related to the expenditure of public funds as outlined in Section 33.2 of the Financial Administration Act.

Where a political staff member believes that the matter requires a resolution and it has not been reasonably resolved by their employer, they may then refer the allegation to the appropriate authority.

If the staff member decides to pursue the matter further, then:

- Allegations of criminal activity are to be referred to the police in accordance with the Procedure for Reporting Employee Misconduct in Non-Emergency Situations to the Police;
- Allegations of a misuse of public funds are to be referred to the Auditor General;
- Allegations of a danger to public health must be brought to the attention of health authorities; and
- Allegations of a significant danger to the environment must be brought to the attention of the Deputy Minister, Ministry of Environment and Climate Change Strategy.

Employees may also report wrongdoing under the Public Interest Disclosure Act to their supervisor, Chief of Staff to the Premier, designated officer or the Ombudsperson. Employees can find information about

what types of wrongdoing may be reported under PIDA and the process for reporting in the HR Policy on Public Interest Disclosure, and the Managing Public Interest Disclosure Procedures for Political Staff.

Employees who are unsure about whether their concerns could be considered under PIDA can seek advice from their supervisor, designated officer or the Ombudsperson.

An employee reporting a wrongdoing under the Public Interest Disclosure Act to the Ombudsperson is not required to report the same wrongdoing to their employer unless the Ombudsperson does not investigate or does not refer their disclosure. Reporting a wrongdoing to the Ombudsperson does not affect an employee's obligations to cooperate in any investigation into the subject matter of the wrongdoing.

Legal Proceedings

Political staff must not sign affidavits relating to facts that have come to their knowledge in the course of their employment duties for use in court proceedings unless the affidavit has been prepared by a lawyer acting for government in that proceeding or unless it has been approved by a ministry solicitor in the Legal Services Branch, Ministry of Attorney General. Political staff are obliged to cooperate with lawyers defending the Crown's interest during legal proceedings.

A written opinion prepared on behalf of government by any legal counsel is privileged and is, therefore, not to be released without prior approval of the Legal Services Branch.

Working Relationships

Political staff involved in a personal relationship outside work that compromises objectivity, or the perception of objectivity, should avoid being placed in a direct reporting relationship to one another. For example, staff who are direct relatives or who permanently reside together may not be employed in situations where:

- A reporting relationship exists where one staff member has influence, input, or decision-making power over the other's performance evaluation, salary, premiums, special permissions, conditions of work, and similar matters; or
- The working relationship affords an opportunity for collusion between the two staff members that would have a detrimental effect on the employer's interest.

The above restriction on working relationships may be waived provided that the Chief of Staff to the Premier is satisfied that sufficient safeguards are in place to ensure that the employer's interests are not compromised.

Human Resource Decisions

Political staff are to disqualify themselves as participants in human resource decisions when their objectivity would be compromised for any reason or a benefit or perceived benefit could accrue to them.

For example, staff are not to participate in staffing actions involving direct relatives or persons living in the same household.

Outside Remunerative and Volunteer Work

Political staff may hold jobs outside government, carry on a business, receive remuneration from public funds for activities outside their position, and engage in volunteer activities provided it does not:

- Interfere with the performance of their employment duties;
- Bring the government into disrepute;
- Represent a conflict of interest or create the reasonable perception of a conflict of interest;
- Appear to be an official act or to represent government opinion or policy;

- Involve the unauthorized use of work time or government premises, services, equipment, or supplies; or
- Gain an advantage that is derived from their employment with the Province of BC.

Political staff who are appointed as directors or officers of Crown corporations are not to receive any additional remuneration beyond the reimbursement of appropriate travel expenses except as approved by the Lieutenant Governor in Council.

Responsibilities

Chief of Staff to the Premier and Deputy Chief of Staff to the Premier

- Advise managers of political staff of the required standards of conduct and the consequences of non-compliance, including providing comprehensive orientation to new managers of political staff regarding the Standards of Conduct for Political Staff;
- Provide timely advice and direction to managers of political staff and political staff respecting the application of this policy statement, including guidance on an appropriate employer response to transgressions of this policy;
- Coordinate the development of awareness, training, and communication programs in support of this policy;
- Seek out advice as required on issues that are complex or cannot easily be resolved (e.g., advice from legal counsel, or the Head of the BC Public Service Agency);
- Where a political staff member has no other direct manager to whom they report, the Chief of Staff to the Premier or Deputy Chief of Staff to the Premier assumes the responsibilities assigned below to managers of political staff; and
- Establish procedures for providing advice and managing investigations of serious wrongdoing under the Public Interest Disclosure Act and reporting annually.

Managers of Political Staff

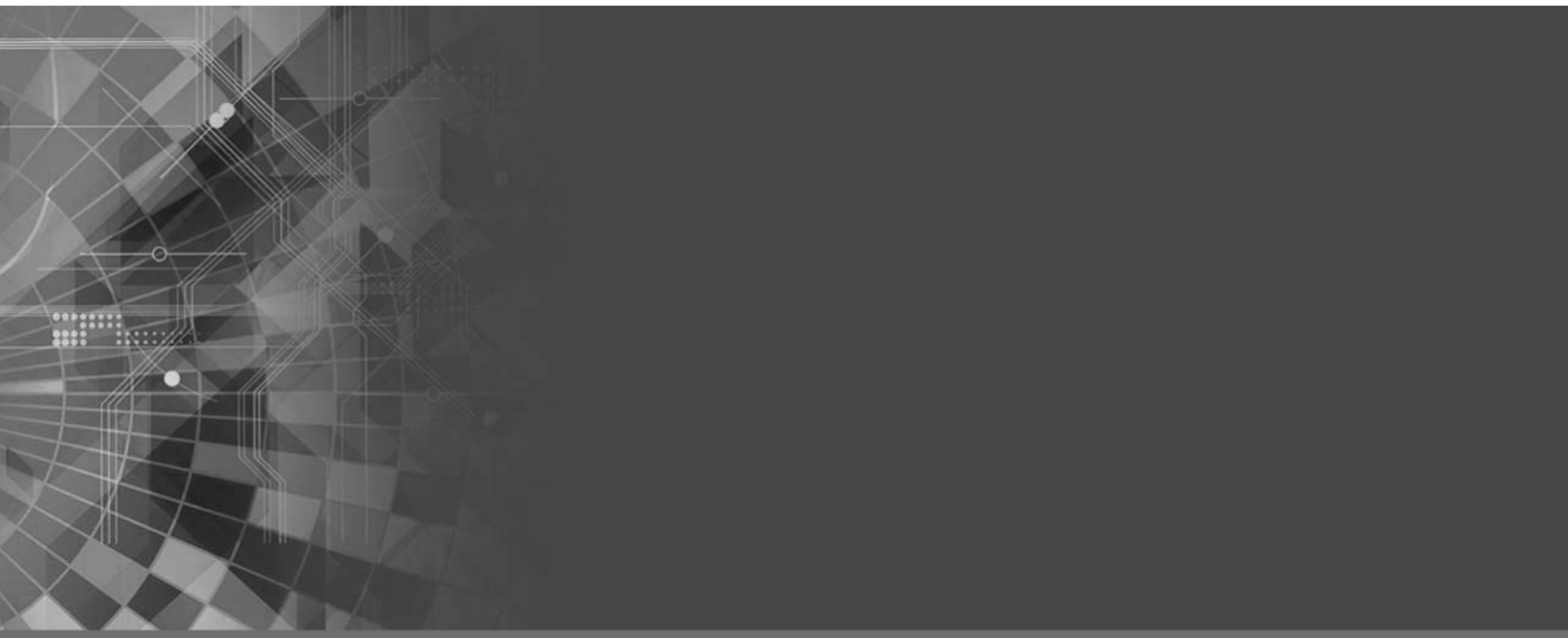
- Provide comprehensive orientation to new political staff regarding the Standards of Conduct for Political Staff;
- Advise political staff of the required standards of conduct and the consequences of non-compliance;
- Promote a work environment that is free of discrimination;
- Respond to reports of bullying, breaches of the Standards of Conduct for Political Staff, and wrongdoing, or refer them to the next level of manager not involved in the manner;
- Deal with breaches of this policy in a timely manner, taking the appropriate action based upon the facts and circumstances, and conferring with the Chief of Staff to the Premier as appropriate;
- Waive the provision on working relationships under the circumstances indicated;
- Delegate authority and responsibility, where applicable, to apply this policy within their organization; and
- Provide advice to and receive disclosures from political staff under the Public Interest Disclosure Act.

Political Staff

- Fulfill their assigned duties and responsibilities, regardless of the party or persons in power and regardless of their personal opinions;
- Disclose and resolve conflicts of interest or potential conflict of interest situations in which they find themselves;
- Maintain appropriate workplace behaviour;
- Report incidents of bullying, breaches of the Standards of Conduct for Political Staff, and wrongdoing.
- Avoid engaging in discriminatory conduct or comment; and,

- Check with their manager or Chief of Staff to the Premier when they are uncertain about any aspect of this policy.

STANDARDS OF CONDUCT



BRITISH COLUMBIA
BC Public Service

Where ideas work

Contents

This policy statement applies to all persons and organizations covered by the Public Service Act. The policy statement supports the core policy objective that "public service employees exhibit the highest standards of conduct."

Employees will exhibit the highest standards of conduct. Their conduct must instill confidence and trust and not bring the BC Public Service into disrepute. The honesty and integrity of the BC Public Service demands the impartiality of employees in the conduct of their duties.

The requirement to comply with these standards of conduct is a condition of employment. Employees who fail to comply with these standards may be subject to disciplinary action up to and including dismissal.

Loyalty

Public service employees have a duty of loyalty to the government as their employer. They must act honestly and in good faith and place the interests of the employer ahead of their own private interests. The duty committed to in the Oath of Employment requires BC Public Service employees to serve the government of the day to the best of their ability.

Confidentiality

Confidential information, in any form, that employees receive through their employment must not be disclosed, released, or transmitted to anyone other than persons who are authorized to receive the information. Employees with care or control of personal or sensitive information, electronic media, or devices must handle and dispose of these appropriately. Employees who are in doubt as to whether certain information is confidential must ask the appropriate authority before disclosing, releasing, or transmitting it.

The proper handling and protection of confidential information is applicable both within and outside of government and continues to apply after the employment relationship ends.

Confidential information that employees receive through their employment must not be used by an employee for the purpose of furthering any private interest, or as a means of making personal gains. (See the Conflicts of Interest section of this policy statement for details.)

Public Comments

BC Public Service employees may comment on public issues but must not engage in any activity or speak publicly where this could be perceived as an official act or representation (unless authorized to do so).

Employees must not jeopardize the perception of impartiality in the performance of their duties through making public comments or entering into public debate regarding ministry policies. BC Public Service employees must not use their position in government to lend weight to the public expression of their personal opinions.

Political Activity

BC Public Service employees may participate in political activities including membership in a political party, supporting a candidate for elected office, or seeking elected office. Employees' political activities, however, must be clearly separated from activities related to their employment.

If engaging in political activities, employees must remain impartial and retain the perception of impartiality in relation to their duties and responsibilities. Employees must not engage in political activities during working hours or use government facilities, equipment, or resources in support of these activities.

Partisan politics are not to be introduced into the workplace; however, informal private discussions among co-workers are acceptable.

Service to the Public

BC Public Service employees must provide service to the public in a manner that is courteous, professional, equitable, efficient, and effective. Employees must be sensitive and responsive to the changing needs, expectations, and rights of a diverse public in the proper performance of their duties.

Workplace Behaviour

Employees are to treat each other with respect and dignity and must not engage in discriminatory conduct prohibited by the Human Rights Code. The prohibited grounds are race, colour, ancestry, place of origin, religion, family status, marital status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, political belief or conviction of a criminal or summary offence unrelated to the individual's employment.

Further, the conduct of BC Public Service employees in the workplace must meet acceptable social standards and must contribute to a positive work environment. Bullying or any other inappropriate conduct compromising the integrity of the BC Public Service will not be tolerated.

All employees may expect and have the responsibility to contribute to a safe workplace. Violence in the workplace is unacceptable. Violence is any use of physical force on an individual that causes or could cause injury and includes an attempt or threatened use of force.

Employees must report any incident of violence. Any employee who becomes aware of a threat must report that threat if there is reasonable cause to believe that the threat poses a risk of injury. Any incident or threat of violence in the workplace must be addressed immediately.

Employees must report a safety hazard or unsafe condition or act in accordance with the provisions of the WorkSafeBC Occupational Health and Safety Regulations.

Employees must conduct themselves professionally, be fit for duty, and be free from impairment (for example: from alcohol or drugs).

Conflicts of Interest

A conflict of interest occurs when an employee's private affairs or financial interests are in conflict, or could result in a perception of conflict, with the employee's duties or responsibilities in such a way that:

- the employee's ability to act in the public interest could be impaired; or
- the employee's actions or conduct could undermine or compromise:
    - the public's confidence in the employee's ability to discharge work responsibilities; or
    - the trust that the public places in the BC Public Service.

While the government recognizes the right of BC Public Service employees to be involved in activities as citizens of the community, conflict must not exist between employees' private interests and the discharge of their BC Public Service duties. Upon appointment to the BC Public Service, employees must arrange their private affairs in a manner that will prevent conflicts of interest, or the perception of conflicts of interest, from arising. Employees who find themselves in an actual, perceived, or potential conflict of interest must disclose the matter to their supervisor, manager, or ethics advisor. Examples of conflicts of interest include, but are not limited to, the following:

- An employee uses government property or equipment or the employee's position, office, or government affiliation to pursue personal interests or the interests of another organization;
- An employee is in a situation where the employee is under obligation to a person who might benefit from or seek to gain special consideration or favour;

- An employee, in the performance of official duties, gives preferential treatment to an individual, corporation, or organization, including a non-profit organization, in which the employee, or a relative or friend of the employee, has an interest, financial or otherwise;
- An employee benefits from, or is reasonably perceived by the public to have benefited from, the use of information acquired solely by reason of the employee's employment;
- An employee benefits from, or is reasonably perceived by the public to have benefited from, a government transaction over which the employee can influence decisions (for example, investments, sales, purchases, borrowing, grants, contracts, regulatory or discretionary approvals, appointments);
- An employee accepts from an individual, corporation, or organization, directly or indirectly, a personal gift or benefit that arises out of employment in the BC Public Service, other than:
    - the exchange of hospitality between persons doing business together;
    - tokens exchanged as part of protocol;
    - the normal presentation of gifts to persons participating in public functions; or
    - the normal exchange of gifts between friends; or
- An employee accepts gifts, donations, or free services for work-related leisure activities other than in situations outlined above.

The following four criteria, when taken together, are intended to guide the judgment of employees who are considering the acceptance of a gift:

- The benefit is of nominal value;
- The exchange creates no obligation;
- Reciprocation is easy; and
- It occurs infrequently.

Employees will not solicit a gift, benefit, or service on behalf of themselves or other employees.

Conflict of Interest Guidelines

To assist employees, managers, ethics advisors and deputy ministers in managing conflict of interest issues, the BC Public Service has established guidelines, tools and other resources. Please see the MyHR section of the BC Government website for more information.

Allegations of Wrongdoing

Employees have a duty to report any situation relevant to the BC Public Service that they believe contravenes the law, misuses public funds or assets, or represents a danger to public health and safety or a significant danger to the environment. Employees can expect such matters to be treated in confidence, unless disclosure of information is authorized or required

by law (for example, the Freedom of Information and Protection of Privacy Act). Employees will not be subject to discipline or reprisal for bringing forward to a Deputy Minister, in good faith, allegations of wrongdoing in accordance with this policy statement.

Employees must report their allegations or concerns as follows:

- Members of the BCGEU must report in accordance with Article 32.13;
- PEA members must report in accordance with Article 36.12; or
- Other employees must report in writing to their Deputy Minister or other executive member of the ministry, who will acknowledge receipt of the submission and have the matter reviewed and responded to in writing within 30 days of receiving the employee's submission. Where an allegation involves a Deputy Minister, the employee must forward the allegation to the Deputy Minister to the Premier.

These reporting requirements are in addition to an employee's obligation to report to the Comptroller General as outlined in Section 33.2 of the Financial Administration Act. Where an employee believes that the matter requires a resolution and it has not been reasonably resolved by the ministry, the employee may then refer the allegation to the appropriate authority.

If the employee decides to pursue the matter further then:

- Allegations of criminal activity are to be referred to the police in accordance with the Procedure for Reporting Employee Misconduct in Non-Emergency Situations to the Police (please see the MyHR section of the BC Government website for more information);
- Allegations of a misuse of public funds are to be referred to the Auditor General;
- Allegations of a danger to public health must be brought to the attention of health authorities; and
- Allegations of a significant danger to the environment must be brought to the attention of the Deputy Minister, Ministry of Environment.

Employees may also report wrongdoing under the Public Interest Disclosure Act to their supervisor, ministry designated officer, Agency designated officer or the Ombudsperson. Employees can find information about what types of wrongdoing may be reported under the Act and the process for reporting in the HR Policy on Public Interest Disclosure and the Procedures for Managing Disclosures. Please see the MyHR section of the BC Government website for more information.

Employees who are unsure about whether their concerns could be considered under the Public Interest Disclosure Act can seek advice from a supervisor, a designated officer or the Ombudsperson.

An employee reporting a wrongdoing under the Public Interest Disclosure Act to the Ombudsperson is not required to report the same wrongdoing to their employer unless the

Ombudsperson does not investigate or does not refer their disclosure. Reporting a wrongdoing to the Ombudsperson does not affect an employee's obligations to co-operate in any investigation into the subject matter of the wrongdoing

Legal Proceedings

Employees must not sign affidavits relating to facts that have come to their knowledge in the course of their duties for use in court proceedings unless the affidavit has been prepared by a lawyer acting for government in that proceeding or unless it has been approved by a ministry solicitor in the Legal Services Branch, Ministry of Attorney General. In the case of affidavits required for use in arbitrations or other proceedings related to employee relations, the Labour Relations Branch of the BC Public Service Agency will obtain any necessary approvals. Employees are obliged to cooperate with lawyers defending the Crown's interest during legal proceedings.

A written opinion prepared on behalf of government by any legal counsel is privileged and is, therefore, not to be released without prior approval of the Legal Services branch.

Working Relationships

Employees involved in a personal relationship outside work which compromises objectivity, or the perception of objectivity, should avoid being placed in a direct reporting relationship to one another.

For example, employees who are direct relatives or who permanently reside together may not be employed in situations where:

- A reporting relationship exists where one employee has influence, input, or decision-making power over the other employee's performance evaluation, salary, premiums, special permissions, conditions of work, and similar matters; or
- The working relationship affords an opportunity for collusion between thetwo employees that would have a detrimental effect on the Employer'sinterest.

The above restriction on working relationships may be waived provided that the Deputy Minister is satisfied that sufficient safeguards are in place to ensure that the Employer's interests are not compromised.

Human Resource Decisions

Employees are to disqualify themselves as participants in human resource decisions when their objectivity would be compromised for any reason or a benefit or perceived benefit could accrue to them.

For example, employees are not to participate in staffing actions involving direct relatives or persons living in the same household.

Outside Remunerative and Volunteer Work

Employees may hold jobs outside government, carry on a business, receive remuneration from public funds for activities outside their position, or engage in volunteer activities provided it does not:

- interfere with the performance of their duties as a BC Public Service employee;
- bring the government into disrepute;
- represent a conflict of interest or create the reasonable perception of a conflict of interest;
- appear to be an official act or to represent government opinion or policy;
- involve the unauthorized use of work time or government premises, services, equipment, or supplies; or
- gain an advantage that is derived from their employment with the BC Public Service.

Employees who are appointed as directors or officers of Crown corporations are not to receive any additional remuneration beyond the reimbursement of appropriate travel expenses except as approved by the Lieutenant Governor in Council.

Responsibilities

Agency Head

- Provide timely advice to managers, ethics advisors and deputy ministers respecting the application of this policy statement including guidance on an appropriate employer response to transgressions of the policy statement;
- Coordinate the development of awareness, training, and communication programs in support of this policy statement; and,
- Establish procedures for managing investigations of serious wrongdoing under the Public Interest Disclosure Act and reporting annually.

Deputy Ministers

- Advise employees of the required standards of conduct and the consequences of non-compliance;
- Designate a senior staff member in their organization as ethics advisor for matters related to the standards of conduct;
- Promote a work environment that is free of discrimination;
- Deal with breaches of this policy statement in a timely manner, taking the appropriate action based upon the facts and circumstances;
- Seek out guidance and advice from the Agency Head on issues that are complex and/or cannot be easily resolved;
- Waive the provision on working relationships under the circumstances indicated; and
- Delegate authority and responsibility, where applicable, to apply this policy

statement within their organization; and,

- Designate a ministry designated officer for the purposes of providing advice to employees and receiving disclosures from employees under the Public Interest Disclosure Act. The designated officer may be the ministry ethics advisor or another senior official.

Ethics Advisors

- Provide advice on standards of conduct issues to employees and managers in their organization, including in regards to assessing and addressing possible conflicts of interest;
- Seek out guidance and advice from the BC Public Service Agency on issues that are complex and/or cannot be easily resolved;
- Determine whether an issue requires consideration and/or decision by the deputy minister and provide briefings to the deputy as necessary;
- Document any advice provided and/or decisions made; and
- Participate as ministry representative in working with the Corporate Ethics Lead to ensure a consistent and coordinated approach to ethics management across the public service.

Ministry Designated Officers

- Receive disclosures and provide advice to employees under the Public Interest Disclosure Act.
- Transfer disclosures to the Agency Designated Officer in a timely manner.

Line Managers

- Provide comprehensive orientation to new employees related to the Standards of Conduct;
- Advise staff on standards of conduct issues, including in regards to assessing and addressing possible conflicts of interest;
- Respond to reports of bullying, breaches of the Standards of Conduct, and wrongdoing, or refer them to the next level of excluded manager not involved in the matter;
- Engage the ministry-designated ethics advisor and seek advice from the BC Public Service Agency as may be appropriate in the circumstances;
- Document any advice provided and/or decisions made;
- Contribute to a work environment that is free of discrimination;
- Provide advice to and receive disclosures from employees under the Public Interest Disclosure Act; and,
- Transfer disclosures to the Agency Designated Officer in a timely manner.

Employees

- Objectively and loyally fulfill their assigned duties and responsibilities, regardless of the party or persons in power and regardless of their personal opinions;

- Disclose and cooperate with the employer to resolve conflicts of interest or potential conflict of interest situations in which they find themselves;
- Maintain appropriate workplace behavior;
- Report incidents of bullying, breaches of the Standards of Conduct and wrongdoing.
- Avoid engaging in discriminatory conduct or comment; and
- Check with their supervisor or manager when they are uncertain about any aspect of this policy statement.

This document has been checked for accessibility.

BRITISH COLUMBIA

Conflict of Interest Disclosure

I, _____, withdrew from the
(Committee Member Name)

discussion of _____
(Topic / Description)

at _____ on _____as I have a conflict
(Committee) *(Date)*

due to_____.
(General nature of the conflict, e.g. personal reasons)

_____
(Signature of person making the disclosure)

Received by: _____ on _____
(Signature of Cabinet Committee Secretary) *(Date)*

Excerpt from the *Members' Conflict of Interest Act*

An excerpt from the *Members' Conflict of Interest Act* is noted below. **Section 10 (1)** outlines the responsibility of the committee member.

Procedure on conflict of interest[1]

10 (1) A member who has reasonable grounds to believe that he or she has a conflict of interest in a matter that is before the Legislative Assembly or the Executive Council, or a committee of either of them, must, if present at a meeting considering the matter,

(a) disclose the general nature of the conflict of interest, and

(b) withdraw from the meeting without voting or participating in the consideration of the matter.

(2) If a member has complied with subsection (1), the Clerk of the Legislative Assembly or secretary of the meeting must record

(a) the disclosure,

(b) the general nature of the conflict of interest disclosed, and

(c) the withdrawal of the member from the meeting.

(3) The Clerk of the Legislative Assembly or secretary of the meeting must file the information recorded under subsection (2) with the commissioner,

(a) in the case of a meeting of the Legislative Assembly or a committee of the Legislative Assembly, as soon as practicable, and

(b) in the case of a meeting of the Executive Council or a committee of the Executive Council, as soon as practicable after the Executive Council's decision on the matter which has been the subject of the disclosure is made public.

(4) The commissioner must keep all information filed under subsection (3) in a central record kept for that purpose and must

(a) make the central record available for inspection by any person without charge during normal business hours, and

(b) on request by any person provide a copy of the record or portion of it on payment of a reasonable copying charge.

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[1] *Members' Conflict of Interest Act*, [RSBC 1996] CHAPTER 287, http://www.qp.gov.bc.ca/statreg/stat/M/96287_01.htm

RECORDS MANAGEMENT RESPONSIBILITIES OF MINISTERS

Government information created and held by BC's Cabinet ministers and their staff is a valuable public asset. The appropriate creation and maintenance of government information supports openness and transparency, facilitates effective decision making, provides evidence of government policies, programs and decisions, and contributes to the historical record for future generations.

Information is considered "Government information" if it is created or received by ministers and their staff *as ministers of the Crown*. Government information comes in many forms and includes books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by any means whether graphic, electronic, mechanical or otherwise. Government information does not include MLA records or personal records.

"Transitory information" is information of temporary usefulness that is only needed for a limited period of time to complete a routine action, enter into a digital system, or prepare an official record. Transitory information does not have ongoing value for supporting or documenting the work of the Minister's Office, and therefore does not need to be maintained as part of the official records of the office. Note that it is the content and use of a record that determines its value, not its form (e.g. an email may be transitory or official.)

Next Steps

Like the rest of government, Ministers' Offices must adhere to legislative and policy requirements regarding information management, freedom of information, and privacy.

Shortly after taking office, Ministers and their staff should:

1. Familiarize themselves with the following:
    a. Appropriate Use Policy
    b. Managing Government Information Policy (MGIP)
    c. CRO Directive and Guidelines on Documenting Government Decisions (also known as "Duty to Document"). A decision must be documented if it describes the evolution of government programs, protection of legal or financial rights or obligations and/or facilitates accountability
2. Develop procedures within their office for keeping government information separate from non-government information, including establishing the practice of using government accounts to conduct government business. More information can be found in Attachment A - Government Records Service Guide to Managing Minister's Office Records.
3. Work closely with their Deputy Minister's Office to clarify what records will be held in the Minister's Office. While practices may vary somewhat among offices, the following are best practices: For most records received by or sent from a Minister's Office, the Office of Primary Responsibility (OPR) is the Deputy Minister's Office (i.e. most records are sent to the Deputy Minister's Office for retention, when no longer needed by the Minister's Office).

4. Develop practices around the regular deletion of transitory information. It is good practice for all offices to regularly dispose of transitory information when it is no longer useful, as this makes it easier to identify and manage the official records. Transitory information can and should be disposed of when it is no longer of value (e.g. deleted from an individual's email account). For further guidance see the Transitory Records Guide.

Summary

The Corporate Information and Records Management Office (CIRMO) is available to assist with Records Management and Freedom of Information questions. They offer dedicated, in-person training for Ministers and their staff and will be in touch in the early days of the administration to schedule a session. If you have questions in the meantime, please do not hesitate to reach out (contact information below).

Attachment(s): A – Government Records Service Guide to Managing Minister's Office Records

Contact: Kerry Pridmore, Assistant Deputy Minister
Corporate Information & Records Management, Ministry of Citizens' Services
778-698-1591

Managing Minister's Office Records

Overview

Government information created and held by British Columbia's cabinet ministers and their staff is a valuable public asset. The appropriate creation and maintenance of government information supports openness and transparency, facilitates effective decision making, provides evidence of government policies, programs and decisions, and contributes to the historical record for future generations.

Like the rest of government, ministers' offices are subject to statutory and policy requirements regarding information management, freedom of information, and privacy. They are also subject to the government-wide directive on appropriate use of information and information technology resources ("Appropriate Use Policy") and the Chief Records Officer Directive on Documenting Government Decisions (CRO 01-2019). Minister's Office employees must also adhere to their Oath and to the Standards of Conduct.

A minister's office typically has three categories of records:

- **Non-government Records** that relate to the private life and personal interests of the minister and staff.
- **Member of Legislative Assembly (MLA) Records**, which are the political and constituency records generated by ministers in their capacity as members of the Legislative Assembly.

  Personal and MLA records should be managed separately from government records, in order to protect privacy and avoid having to separate them later on (it is unlikely that an incoming minister and staff would have access to the personal and MLA records of their predecessors).

- **Government information** that is created or received by ministers and their staff as ministers of the Crown. These include both official and transitory records and are subject to the *Information Management Act (IMA)* and the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.

Official Records

Given the level of responsibility of a minister's office, official records must be maintained in an appropriate recordkeeping system. This includes the master or file copies of records that document decisions, decision-making processes, and substantive activities of the office.

A government body should document a decision where a record would serve one or more of the following purposes:

- Informing the government body or others about the evolution of the government body's programs, policies or enactments;
- Protecting the legal or financial rights or obligations of the government body, the Crown, or any person, group of persons, government or organization that is directly and materially affected by the decision;
- Facilitating the government body's accountability for its decisions, including through internal or external evaluation, audit or review.

For more information on how to identify decisions that should be documented, see the Chief Records Officer *Guidelines on Documenting Government Decisions*. Minister's office records now are increasingly digital (e.g. electronic messages and documents) and are maintained in many locations by multiple responsible bodies. Records are typically received from many offices, acted upon by the minister's office, and then routed to other offices for action and/or retention.

While practices may vary somewhat among offices, the following are best practices: **For most records received by or sent from a minister's office, the Office of Primary Responsibility (OPR) is the deputy minister's office** (i.e. with such exceptions as listed below, most records are sent to the deputy minister's office for retention, when no longer needed by the minister's office).

> *The deputy minister's office is able to provide continuity and appropriate public service administration of the records of successive ministers. In some cases, certain minister's office records are best maintained along with other related records within the appropriate functional area.*

- **Cabinet records go to Cabinet Operations.**
- **Expense records go the Ministry of Finance.**
- **Other types of records** (e.g. approved decision notes) may go to the **relevant ministry program area OPR** for the subject matter.

Recordkeeping Requirements for Official Records

Since ministers' office records are maintained by a variety of responsibility centres, it is important to maintain documentation of where specific types of records are routed. Best practice is to maintain this documentation within the deputy minister's office.

Appendix A provides an overview of the basic routing and documentation requirements, which are:

- **Identify the offices responsible for maintaining official records received from the minister's office**. See the records' location and types list at the end of Appendix A for an example of an easy way to track designated responsibility centres for various types of records.
- **Ensure that offices identified as responsibility centres are aware of their role**. Offices receiving the master "file copies" of minister's office records need to be aware that they are responsible for maintaining the records for the required length of time, in a secure, accessible manner. (Under current information schedules, official records of minister's offices must be retained at least 10 years). See the Recordkeeping Systems guide for more information on appropriate recordkeeping systems and practices.
- Keep Government Records separate from the records related to their personal affairs, caucus or political party work, constituency business, or Legislative Assembly business. This will avoid potential confusion should an FOI request be made for the government information
- **When a freedom of information (FOI) request or litigation search occurs, use the above documentation to provide relevant information about where the requested records are held**.

Transitory Information

Transitory information is information of temporary usefulness that is only needed a limited period of time to complete a routine action, enter into a digital system, or prepare an official record. This information does not have ongoing value for supporting or documenting the work of the minister's office, and therefore does not need to be maintained as part of the official records of the office.

> *Note that it is the content and use of a record that determines its value, not its form (e.g. an email may be transitory or official.)*

It is good practice for all offices to regularly dispose of transitory information when it is not longer useful. This makes it easier to identify and manage the official records. Transitory information can and should be disposed of when it is no longer of value (e.g. deleted from an individual's email account).

For further guidance see the Transitory Records Guide. See **Appendix B** below for scenarios regarding transitory information and official records of minister's offices.

Freedom of Information and Protection of Privacy

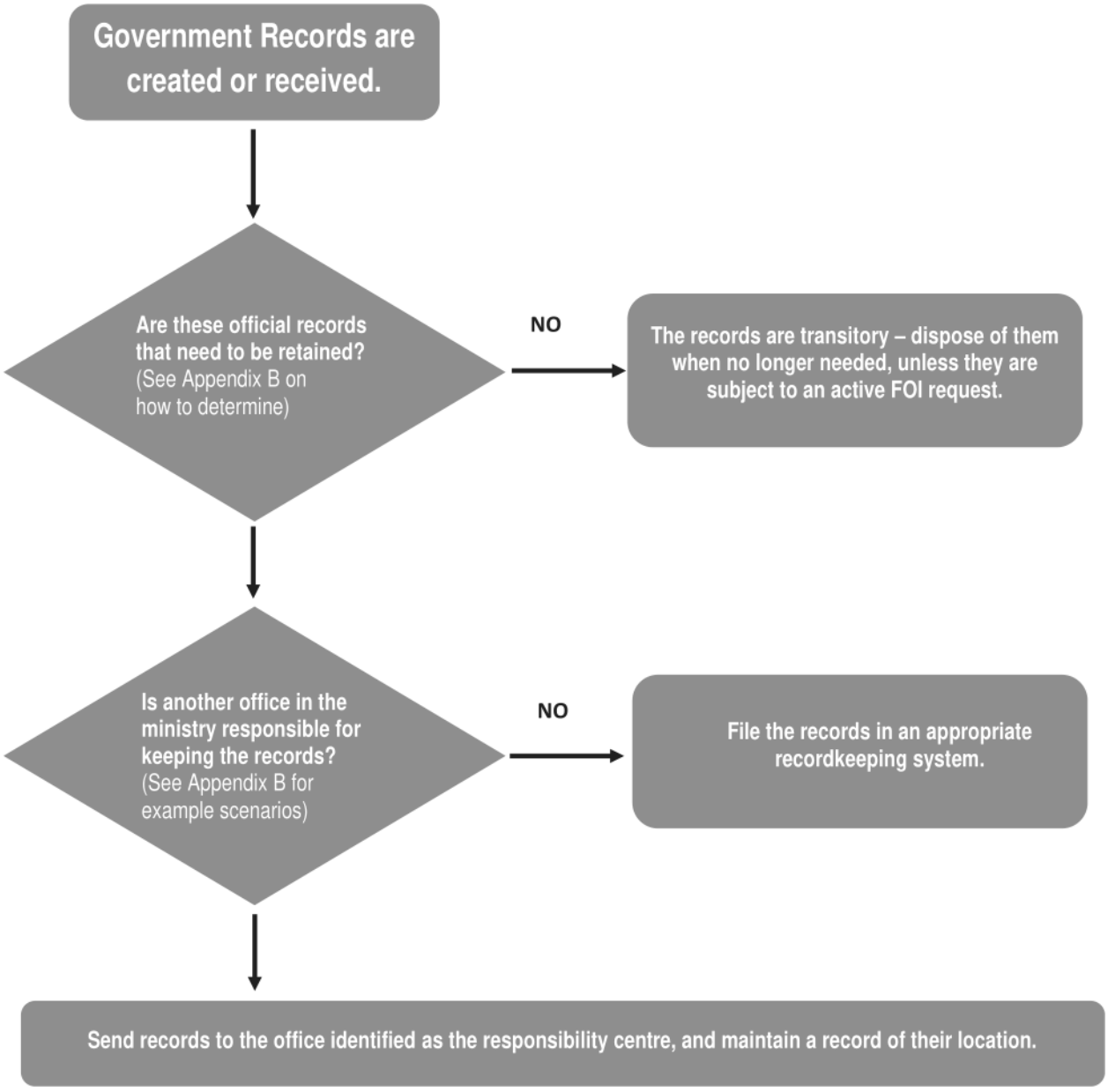
Government records within a minister's office are subject to *the Freedom of Information and Protection of Privacy Act (FOIPPA)* and must be searched in response to an FOI request. Designated FOI contacts for ministers' offices are located within the deputy ministers' office. Ministers' offices are also subject to government-wide privacy policies.

If the minister's office receives a freedom of information or litigation search request, ALL relevant records must be provided, including transitory information. Transitory information that is subject to such requests must be retained pending completion of the applicable FOI response process and review period or the applicable litigation activities (contact Information Access Operations and Legal Services Branch, respectively, for guidance on particular cases).

Where a single record (e.g. an email thread) contains information related to an MLA's personal affairs, caucus or political party work, constituency business, or Legislative Assembly business, and that information is inseparable from and integrated into a government record (e.g. in a single email thread or on the same page of a notebook), the entire record is subject to FOIPPA and must be treated as responsive to an FOI request.

APPENDIX A

Ministers' Office Records Processes



APPENDIX B

Scenarios Regarding Transitory Information and Official Records

The following scenarios illustrate the variety of functions performed by a minister's office (MO) and the types of records it receives and creates. These scenarios assume that many of the official records for a minister's office will typically be filed and saved by the deputy minister's office (DMO) or other appropriate responsibility centre. Under this practice, residual copies remaining in the minister's office are transitory and may be disposed of when no longer needed.

Scenario 1 – Speeches and Presentations

The minister has been asked to speak about a new ministry initiative at a conference at UNBC. The MO works with the ministry program area on the speech/presentation.

Function/Process	Records are
Event planning correspondence (email strings around choices of hotel, flights, government vehicle use)	Transitory • Dispose of when no longer useful.
Official invitations and itinerary (e.g. purpose for minister's attendance, background on the event, venue, dates)	Official records • Retain records in MO or DMO. • Any attachments need to be removed from calendar entry and filed separately.
Minister's speech or presentation (e.g. text, audio-video)	Official Records • Government Communications and Public Engagement (GCPE) retains the official record of the minister's speech or presentation. • Official copies of presentation material may be retained by the originating program area if they are of continuing value to that program. Transitory • Residual copies may be retained by the MO or DMO for reference purposes until no longer useful.

Scenario 2 – Travel Planning and Expenses

The minister is travelling to Ottawa to attend an annual meeting of Federal/Provincial/Territorial ministers.

Function/Process	Records are
Travel planning correspondence (Email strings relating to choice of flights, airport transports, car rentals, hotels etc.)	Transitory • Dispose of when no longer useful.
Travel and meeting itineraries (e.g. purpose of trip, planned meetings, dates, venues, attendees)	Official records • Retain records in either MO or DMO. If the official records are retained in the DMO, then residual MO copies are transitory.
Invitation logged in Outlook calendar	Official records • MO will save a pdf of the calendar each month. • These records will be retained in MO or DMO.
Meeting-related records prepared by ministry (e.g. briefing notes, handouts, slides)	Transitory (residual MO copies) • Official records are retained in DMO and/or other appropriate responsibility centre. • MO copies should be disposed of when no longer needed.
Meeting related records received before or at meeting (agenda, minutes, notes, content provided by other attendees)	Official records • Retain records in either MO or DMO. If the official records are retained in the DMO, then residual MO copies are transitory.
Travel expenses for Minister and accompanying staff (e.g. transportation and accommodation costs, per diem, receipts)	Official records • Travel vouchers and receipts are sent to Ministry of Finance. • Residual MO copies are transitory.
Presentations or speeches by Minister	• See Speeches and Presentations scenario.

Scenario 3 – House briefing materials

Ministry program areas have been asked to provide the Minister with material for the budget estimates debate in the House.

Function/Process	Records are
Briefing materials and questions (e.g. hardcopy binders, documents attached in CLIFF)	Transitory (residual MO copies) • Official records are retained in the DMO or other relevant responsibility centre. • Copies in MO should be disposed of when no longer useful.
Correspondence relating to direction on preparation of budget estimates	Transitory (residual MO copies) • Official records are retained in the DMO.

Scenario 4 – Non-Cabinet Committees/Meetings

The minister is attending a meeting with key stakeholders about progress to date on a ministry-sponsored project.

Function/Process	Records are
Meeting invitation in Outlook Calendar	Official records • The MO will save a PDF calendar each month for filing. • These records will be retained in the MO or DMO.
Meeting preparation (includes background/briefing materials and reports developed by the ministry, content prepared for meeting stakeholders)	Transitory (residual MO copies) • Official records are retained in the DMO or other appropriate responsibility centre. • Minister's office copies should be disposed of when no longer useful.
Meeting records (includes agenda, records received from stakeholders, agenda, minutes, notes)	Official records • These records will be retained in the MO or DMO. If the official records are retained in the DMO, then residual MO copies are transitory.

Scenario 5 – Unfiled Minister's Office E-Mail

Due to volume, MO personnel have accumulated e-mail that has not been disposed of over time as clearly transitory or filed in other systems (e.g. EDRMS Content Manager).

Function/Process	Records are
Accumulation of email messages in Outlook folders	Official records • MO retains these records until they have been either filed in another office system or transferred to the DMO (e.g. when the minister transfers to another portfolio). • MO personnel should continue to dispose of transitory messages (per the Transitory Records Guide) consistent with policy direction, except those identified in FOI and litigation searches, and to remove or dispose of any MLA or personal messages. • DMO will ultimately assume responsibility for these e-mail accumulations.

Additional Information

Contact your Records Team or check out the Records Management website.

Office of the
Information & Privacy
Commissioner
for British Columbia

Protecting privacy. Promoting transparency.

Use of Personal Email Accounts for Public Business

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2. MINISTERS' SALARIES, BENEFITS & EXPENSES

Pursuant to the *Members' Remuneration and Pensions Act*, each Member of the Legislative Assembly (MLA) receives basic compensation, with an additional salary if they hold a ministerial or parliamentary position. Information on Members' compensation is reported publicly on the Legislative Assembly website and annually in the provincial Public Accounts.

Members who hold ministerial or parliamentary office receive an additional salary that corresponds to a percentage of their basic compensation. If a Member holds two or more positions for which an additional salary is granted, the Member will receive only the higher amount.

The following table outlines the amount paid with respect to service in any of the listed positions. The amount is paid in addition to the basic compensation on the bi-weekly payroll and is fully taxable.

Please note that only salaries related to Ministers or parliamentary positions are listed in this Appendix. For MLA-specific information, including pension and other benefits, constituency travel, etc. please see the Legislative Assembly of BC Members' Guide to Policy and Resources at: https://members.leg.bc.ca/home/remuneration-benefits/.

Further information about Ministers' travel/vehicle expenses policies can be found on the website for Ministers' Office Support Services in the Ministry of Finance: http://gww.fin.gov.bc.ca/gws/camss/moss.

Position	% of Basic Compensation	Additional Salary (annual)	(bi-weekly)
	100 %	$111,024.19	$ 4,258.46
Premier	90 %	$ 99,921.77	$ 3,832.62
Minister	50 %	$ 55,512.10	$ 2,129.23
Minister of State	35 %	$ 38,858.47	$ 1,490.46
Speaker	50 %	$ 55,512.10	$ 2,129.23
Deputy Speaker	35 %	$ 38,858.47	$ 1,490.46
Assistant Deputy Speaker	35 %	$ 38,858.47	$ 1,490.46
Government Whip	20 %	$ 22,204.84	$ 851.69
Deputy Government Whip	15 %	$ 16,653.63	$ 638.77

Government Caucus Chair	20 %	$ 22,204.84	$ 851.69
Deputy Chair, Committee of the Whole	20 %	$ 22,204.84	$ 851.69
Parliamentary Secretary	15 %	$ 16,653.63	$ 638.77
Leader of the Official Opposition	50 %	$ 55,512.10	$ 2,129.23
Official Opposition House Leader	20 %	$ 22,204.84	$ 851.69
Official Opposition Whip	20 %	$ 22,204.84	$ 851.69
Official Opposition Deputy Whip	15 %	$ 16,653.63	$ 638.77
Official Opposition Caucus Chair	20 %	$ 22,204.84	$ 851.69
Leader of the Third Party	25 %	$ 27,756.05	$ 1,064.62
Third Party House Leader	10 %	$ 11,102.42	$ 425.85
Third Party Whip	10 %	$ 11,102.42	$ 425.85
Third Party Caucus Chair	10 %	$ 11,102.42	$ 425.85
Chair, Select Standing or Special Committee	15 %	$ 16,653.63	$ 638.77
Deputy Chair, Select Standing or Special Committee	10 %	$ 11,102.42	$ 425.85

E. Statutory Officers of the Legislature

STATUTORY OFFICERS OF THE LEGISLATURE

Table of Contents

Overview of Current Statutory Officers

Position	Incumbent	Appointment and Term	Authority
Auditor General	Michael Pickup	Appointed: Resolution of Legislative Assembly Term: 8 years Start: July 27, 2020 End: July 26, 2028	*Auditor General Act* Ministry of Finance
Chief Electoral Officer	Anton Boegman	Appointed: Lieutenant Governor (Certificate) on recommendation of Legislative Assembly Term: Two elections plus 12 months Start: June 1, 2018 End: TBD	*Election Act* Ministry of Attorney General
Human Rights Commissioner	Kasari Govender	Appointed: Legislative Assembly Term: 5 years Start: September 2, 2019 End: September 3, 2024 (may be reappointed for one further term)	*Members' Conflict of Interest Act* Ministry of Attorney General
Information and Privacy Commissioner and Registrar for Lobbyists	Michael McEvoy	Appointed: Lieutenant Governor (Certificate) Term: 6 years Acting appointment: Lieutenant Governor in Council Start: April 1, 2018 End: March 30, 2024	*Freedom of Information and Protection of Privacy Act* Ministry of Citizens' Services *Lobbyists Registration Act* Ministry of Attorney General
Members' Conflict of Interest Commissioner	Victoria Gray, Q.C.	Appointed: Lieutenant Governor in Council Term: 5 years Start: January 6, 2020 End: January 5, 2025 (may be reappointed for further term or terms)	*Members' Conflict of Interest Act* Ministry of Attorney General
Merit Commissioner	Fiona Spencer	Appointed: Lieutenant Governor in Council Term: 3 years Start: April 5, 2016 End: April 5, 2019	*Public Service Act* Ministry of Finance
Ombudsperson	James (Jay) Michael Chalke, Q.C.	Appointed: Lieutenant Governor (Certificate) Term: 6 years Start: July 1, 2015 End: July 1, 2021	*Ombudsperson Act* Ministry of Attorney General
Police Complaint Commissioner	Clayton Pecknold	Appointed: Resolution of Legislative Assembly Term: 5 years Start: March 1, 2015 End: March 1, 2019	*Police Act* Ministry of Attorney General

Position	Incumbent	Appointment and Term	Authority
Representative for Children and Youth	Jennifer Charlesworth	Appointed: Resolution of Legislative Assembly Term: 5 years Start: October 1, 2018 End: September 30, 2023	*Representative for Children and Youth Act* Ministry of Attorney General

Statutory Officers of the Legislature

Statutory officers help the Members of the Legislative Assembly monitor and assess government programs, procedures and performance, or perform specific functions at arms-length from government. Statutory officers serve for fixed terms that vary according to the statute governing each position. The following section briefly summarizes the role of each statutory officer. There are nine Statutory Officers of the Legislative Assembly. They are:

- Auditor General;
- Chief Electoral Officer;
- Human Rights Commissioner;
- Information and Privacy Commissioner;
- Members' Conflict of Interest Commissioner;
- Merit Commissioner;
- Ombudsperson;
- Police Complaint Commissioner; and
- Representative for Children and Youth.

How the Officers are appointed

Of the nine positions, the four following Officers are appointed by resolution of the Legislative Assembly upon unanimous recommendation by a Special Committee of the Legislative Assembly:

- Auditor General;
- Human Rights Commissioner;
- Police Complaint Commissioner; and
- Representative of Children and Youth.

Of the remaining five Officer positions, three are appointed by the Lieutenant Governor upon unanimous recommendation of a Special Committee and recommendation by the Legislative Assembly:

- Chief Electoral Officer;

- Information and Privacy Commissioner; and
- Ombudsperson.

The last two Officer positions are appointed by the Lieutenant Governor in Council:

- Members' Conflict of Interest Commissioner (motion of the Premier in the Legislative Assembly and recommendation of 2/3 Members present); and
- Merit Commissioner (unanimous recommendation of a Special Committee and recommendation by the Legislative Assembly).

Office Budgets

Unlike government ministries, the independent statutory officers submit three-year rolling budget proposals each year to the Select Standing Committee on Finance and Government Services, which in turn reports to the Legislative Assembly with recommendations for funding.

Detailed information on each Officer follows.

Auditor General

Michael Pickup

Authority

Auditor General Act, Ministry of Finance

Profile

The Auditor General is the Legislative Assembly of British Columbia's independent auditor. Under the *Auditor General Act*, the Office of the Auditor General serves the people of British Columbia and their elected representatives by conducting independent audits and advising on how well government is managing its responsibilities and resources.

Term

Eight years. May not be reappointed.

Term Expiry

July 27, 2028.

Budget and Staff

For 2019/20, the Office's budget was $18.2 million. There are 117 FTEs.

Remuneration, Pension and Expenses

The salary of the Auditor General is equal to the Chief Judge of the Provincial Court of British Columbia and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Public Section Pension Plan applies to the Auditor General.

Mandate

Under the *Auditor General Act*, the auditor general has a mandate to audit the government reporting entity, which includes ministries, Crown corporations and other organizations controlled by, or accountable to, the provincial government. This includes school districts, universities, colleges, health societies and health authorities.

Financial audits are independent opinions on the financial statements of government organizations. Through these audits, the Auditor General can determine if those statements are presented fairly and free of material errors, misstatements and omissions. The largest financial audit is of the Summary Financial Statements of the Government of British Columbia, which encompasses 143 public sector entities and ministries.

Performance audits provide assurance to legislators that provincial programs, services and resources are operating with efficiency, economy and effectiveness. Through these audits, the office also makes recommendations for improvement. Topics include health care, education, transportation, information technology, the environment, financial management, and more. The performance audit team is dedicated to delivering the performance audit coverage plan. Similarly, auditors choose performance audits by considering the direct impact of programs on people in British Columbia, as well as the financial implications for taxpayers.

As well, the office may publicly report on work that is not an audit, such as a review or an examination.

Chief Electoral Officer

Anton Boegman

Authority

Election Act, Ministry of Attorney General

Local Elections Campaign and Financing Act, Ministry of Municipal Affairs and Housing

Profile

The Chief Electoral Officer (CEO) is responsible for the impartial administration of provincial electoral events and referendums, recalls and initiatives in accordance with the *Election Act*. The CEO is also responsible for the maintenance of the provincial voters list and voter education. The CEO ensures the fairness, openness and impartiality of the electoral process and cannot be a member of a political party, cannot give money to a political party or candidate and cannot vote in a provincial election.

Under the *Local Elections Campaign and Financing Act,* Elections BC administers campaign financing, disclosure and election advertising rules for local government elections. Elections BC does not administer voting or candidate nominations for these elections.

Term

The term is from the date of appointment until 12 months after the date set for the return of the last writ for the second general election for which the Chief Electoral Officer (CEO) is responsible. Mr. Boegman was appointed June 1, 2018 and the October 2020 election is Mr. Boegman's first. If the next provincial election is a scheduled election under the *Constitution Act* (i.e. October 2024), term expiry will be November 2025. The CEO may be reappointed to further terms of office.

Term Expiry

Unknown – see "Term".

Budget and Staff

For 2019/20, the budget for Elections BC was $18.2 million. Uniquely among the officers, Elections BC's budget is highly event-driven and may fluctuate dramatically from year to year. For 2020/21 the budget will be significantly increased due to the conduct of the October 2020 general election – the 2017 general election cost $39.45 million to administer. There are approximately 55 permanent employees.

Remuneration, Pension and Expenses

The salary of the CEO is equal to the Chief Judge of the Provincial Court of British Columbia and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Public Section Pension Plan applies to the CEO.

Mandate

Elections BC administers provincial general elections, by-elections, recall petitions, initiative petitions, initiative votes, referenda and plebiscites, and oversee campaign financing and advertising rules at the local level.

Elections BC is an independent and non-partisan Office of the Legislature, and its mandate comes from several Acts, including the *Election Act*, *Recall and Initiative Act*, *Referendum Act* and *Local Elections Campaign Financing Act*. Together, these Acts define the office's responsibilities and set out the duties of the Chief Electoral Officer.

Elections BC administers the most comprehensive range of electoral legislation in Canada, with the *Recall and Initiative Act* being unique in the Commonwealth.

Elections BC is responsible for maintaining the Provincial Voters List and regulating access to it.

The CEO is a member of the independent Electoral Boundaries Commission, and Elections BC has responsibility for maintaining a geospatial database of BC's electoral boundaries.

Human Rights Commissioner

Kasari Govender

Authority

Human Rights Code, Ministry of Attorney General

Profile

The Human Rights Commissioner and her office work to address the root causes of inequality, discrimination and injustice in B.C. by shifting laws, policies, practices and cultures through education, research, advocacy, inquiry and monitoring. The office was created in legislation in 2018.

Term

Five years.

Term Expiry

September 3, 2024.

Budget and Staff

For 2019/20 the budget for the Office of the Human Rights Commissioner was $2 million, increasing to $5.5 million in the current fiscal year as the office assumes its full responsibilities.

Remuneration, Pension and Expenses

The compensation of the Commissioner is set by the Lieutenant Governor in Council and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Public Section Pension Plan applies to the Commissioner.

Mandate

- Identify and promote the elimination of discriminatory practices, policies and programs;
- Develop, deliver and support research and education about human rights;
- Create policies, guidelines and recommendations to prevent discrimination and ensure policies, programs and legislation are consistent with the BC Human Rights Code;
- Promote compliance with international human rights obligations;
- Approve special programs to improve conditions of disadvantaged individuals or groups;

- Intervene or represent complainants in human rights proceedings before the BC Human Rights Tribunal and other courts and tribunals;
- Conduct human rights investigations and inquiries and issue reports and recommendations;
- Make special reports to the Legislature about human rights in B.C.;
- Inquire into matters referred to BC's Human Rights Commissioner by the Legislative Assembly.

Information and Privacy Commissioner and Registrar of Lobbyists

Michael McEvoy

Authority

Freedom of Information and Protection of Privacy Act, Ministry of Citizens' Services

Lobbyists Registration Act, Ministry of Attorney General

Profile

This position is unique amongst the BC statutory officers in that it encompasses two sets of responsibilities. Under the *Freedom of Information and Protection of Privacy Act* ("FOIPPA") and the *Personal Information Protection Act* ("PIPA"), the Office of the Information and Privacy Commissioner is to review public bodies' decisions respecting access to information and protection of privacy, and to comment on information and privacy implications of government legislation and program.

Under the *Lobbyists Registration Act* ("LRA"), the Office of the Registrar of Lobbyists manages the publicly-accessible lobbyists registry and enforces compliance with the LRA.

Term

Six years.

Term Expiry

March 30, 2024.

Budget and Staff

For 2019/20, the Office of the Information and Privacy Commissioner's budget was $6.7 million. There are approximately 40 employees.

Remuneration, Pension and Expenses

The salary of the Commissioner is equal to the Chief Judge of the Provincial Court of British Columbia and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Lieutenant Governor in Council may apply the Public Section Pension Plan to the Commissioner.

Mandate

Under FOIPPA, the Commissioner has the power to:

- investigate, mediate and resolve appeals concerning access to information disputes, including issuing binding orders;
- investigate and resolve privacy complaints;
- initiate Commissioner-led investigations and audits of public bodies or organizations, if there are reasonable grounds of non-compliance or if it is in the public interest;
- comment on the access and privacy implications of proposed legislation, programs or policies;
- comment on the privacy implications of new technologies and/or data matching schemes;
- conduct research into anything affecting access and privacy rights; and
- educate and inform the public about their access and privacy rights and the relevant laws.

The Commissioner's jurisdiction extends to approximately 2,900 public bodies, including the core provincial government, provincial agencies, boards and commissions, and local governments. A full list of public bodies is set out in Schedule 2 of FOIPPA.

Under the Lobbyists Registration Act ("LRA"), the mandate of the Office of the Registrar of Lobbyists is to:

- Promote awareness among lobbyists of registration requirements;
- Promote awareness among the public of the existence of the lobbyists registry;
- Manage registrations submitted to the lobbyists registry; and
- Monitor and enforce compliance with the LRA.

Members' Conflict of Interest Commissioner

Victoria Gray, QC

Authority

Members' Conflict of Interest Act, Ministry of Attorney General

Profile

The Commissioner has three primary roles:

- to provide confidential advice to Members about their obligations under the Act;
- to oversee the disclosure process, including meeting with each Member at least annually to review the disclosure of the Member's financial interests;
- to respond to allegation that a Member has contravened the Act, and conduct an Inquiry if warranted.

Term

The Commissioner is appointed for a five-year term and may be reappointed for a further term or terms.

Term Expiry

January 5, 2025.

Budget and Staff

For 2019/20, the budget for the Office of the Conflict of Interest Commissioner was $718,000. The office has five staff, three of whom are part-time.

Remuneration, Pension and Expenses

The salary of the Commissioner is specified in the appointment by the Lieutenant Governor in Council and is set at $226,800 for 2020, with an annual cost of living adjustment of 2% per year. This initial salary is equal to 75% of the salary of the Chief Judge of the Provincial Court. The legislation does not provide for reimbursement for travelling and out of pocket expenses, nor does it provide for application of the Public Section Pension Plan to the Commissioner. However, the Order in Council provides that all of the benefits received by the Auditor General may be received by the Conflict of Interest Commissioner and the Auditor General receives reimbursement for travelling, out of pocket expenses and that the Public Sector Pension Plan applies.

Mandate

The Commissioner performs three separate but related roles:

First, the Commissioner acts as an advisor to Members of the Legislative Assembly so the Members know what their obligations are and that the steps they have taken or propose to take will fulfill those obligations.

Second, the Commissioner meets with each Member at least annually to review the disclosure of the Member's interests and general obligations imposed by the Act.

Third, the Commissioner will undertake investigations and make inquiries into alleged contraventions of the *Members' Conflict of Interest Act* or section 25 of the *Constitution Act*. The Commissioner may provide written opinions on application by any individual Member, the Executive Council, the Legislative Assembly, or by a member of the public and may at the request of the Lieutenant Governor in Council, or of the Legislative Assembly undertake such special assignments as the Commissioner considers appropriate.

Merit Commissioner

Maureen Baird, QC

Authority

Public Service Act, Ministry of Finance

Profile

The Merit Commissioner provides oversight and insight into the conduct of merit-based hiring in the BC Public Service.

Term

The Commissioner is appointed for three years and may be reappointed for a further three years.

Term Expiry

January 13, 2023.

Budget and Staff

For 2019/20 the Office of the Merit Commissioner's budget was $1.365 million. There are 4 full-time and two part-time employees.

Remuneration, Pension and Expenses

The salary of the Commissioner is specified in the appointment by the Lieutenant Governor in Council and is set at $610 for each full day of work up to a maximum of $79,910 in a calendar year. The legislation provides for reimbursement for travelling and out of pocket expenses. The legislation does not mention a pension plan.

Mandate

The Commissioner has responsibility for oversight which includes examining the extent to which the merit principle is being applied to public service hiring and promotions, whether there is compliance with the *Public Service Act* and related policies and, if not, what remedies exist to address non-compliance. Responsibility for oversight ensures decision-makers are provided with an independent assessment of appointment practices, policies, and results.

Ombudsperson

Jay Chalke, QC

Authority

Ombudsperson Act, Ministry of Attorney General
Public Interest Disclosure Act, Ministry of Attorney General

Profile

The Ombudsperson generally oversees the administrative actions of provincial and local government authorities. Thorough, impartial and independent investigations of complaints are conducted and possible resolutions of complaints are presented.

Term

The Ombudsperson is appointed for six years and may be reappointed for additional 6-year terms.

Term Expiry

July 1, 2021.

Budget and Staff

For 2019/20 the budget for the Office of the Ombudsperson was $8.873 million. There are approximately 61 FTEs.

Remuneration, Pension and Expenses

The salary of the Ombudsperson is equal to the Chief Judge of the Provincial Court of British Columbia and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Public Section Pension Plan applies to the Ombudsperson.

Mandate

The office oversees more than 1,500 provincial, regional and local public sector organizations.

Under the *Ombudsperson Act*, the office:

- Assesses and responds to enquiries and complaints from the public;
- Conducts thorough, impartial and independent investigations;
- Resolves complaints and recommends improvements to policies, procedures and practices;
- Educates citizens and public organizations about how to be fair in the delivery of services; and
- Reports publicly to bring attention to issues that impact the public.

Under BC's new whistleblower protection law (the *Public Interest Disclosure Act*) the Office investigates allegations of wrongdoing and reprisal brought forward by current and former provincial government employees.

Police Complaint Commissioner

Clayton Pecknold

Authority

Police Act, Ministry of Attorney General

Profile

The Office of the Police Complaint Commissioner (OPCC) is a civilian, independent office of the Legislature which oversees and monitors complaints and investigations involving municipal police in British Columbia and is responsible for the administration of discipline and proceedings under the *Police Act*.

Term

The Police Complaint Commissioner is appointed for five years and may be appointed for a second term of up to five years as specified in the reappointment.

Term Expiry

February 14, 2024.

Budget and Staff

For 2019/20 the budget for the Office of the Police Complaint Commissioner was $3.822 million. There are 20 employees in addition to the Commissioner.

Remuneration, Pension and Expenses

The salary of the Commissioner is equal to the Chief Judge of the Provincial Court of British Columbia and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Public Section Pension Plan applies to the Commissioner.

Mandate

The Office of the Police Complaint Commissioner (the OPCC) performs an active oversight function by determining the admissibility of complaints received from the public, initiating investigations and, when appropriate, referring matters for adjudicative review. The OPCC ensures that investigations by police agencies under the *Police Act* are thorough and professional and are undertaken with impartiality and fairness to all parties involved. The OPCC maintains records of all police complaints and *Police Act* investigations involving municipal police officers and the investigation outcomes. The office compiles statistical information and reports regularly to the public about these complaints and investigations.

The Police Complaint Commissioner (the Commissioner) is responsible for advising, informing and assisting all parties involved in the complaint process; this includes complainants, police officers, Discipline Authorities, police boards and adjudicators appointed under the *Police Act*.

Representative for Children and Youth

Dr. Jennifer Charlesworth

Authority

Representative for Children and Youth Act, Ministry of Attorney General

Profile

The Representative's role is to:

- Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services;
- Monitor, review, audit and publicly report on designated services for children and youth;
- Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.

Term

The representative is appointed for 5 years and may be reappointed for a further five years.

Term Expiry

September 30, 2023.

Budget and Staff

For 2019/20 the budget for the Office of the Representative for Children and Youth was $9.75 million. There are approximately 61 FTEs.

Remuneration, Pension and Expenses

The salary of the Representative is equal to the Chief Judge of the Provincial Court of British Columbia and the legislation provides for reimbursement for travelling and out of pocket expenses. The legislation also provides that the Public Section Pension Plan applies to the Representative.

Mandate

The mandate of the Representative for Children and Youth is to improve services and outcomes for children in B.C. through advocacy, accountability and review.

Advocacy: The Representative advocates on behalf of children and youth to ensure services meet their needs. The Representative also advocates for improvements to the system of services for children, youth and their families. It is the responsibility of the Representative to initiate reviews and investigate

government agencies that provide services to children in B.C.

Accountability: The Representative independently reviews and investigates deaths and critical injuries of children and youth receiving services, with an emphasis on preventing children and youth from being harmed in any way. The Representative also has the power to release reports that are independent of government approval and that uniquely focus on the child welfare system.

Review: The Representative holds the system of care to account by conducting independent audits, and monitoring and reviewing government services. The Representative has the power to investigate a child's critical injury or death.

F. Statutory Decision-Makers

STATUTORY DECISION-MAKERS

Introduction

The resolution of disputes involving government laws and how they are applied is called administrative law.

Statutory decision-makers (SDMs), also frequently referred to as "administrative law decision-makers", are a critical component of the civil justice system. SDMs make hundreds of decisions in individual circumstances about:

- licences, permits and benefits;
- compliance with regulations; and
- conduct of members of self-governing professions.

Many SDMs also have the authority to impose penalties.

The courts could not make all these decisions, nor would it be an appropriate use of resources for them to do so.

SDMs do not possess the same level of independence as the judiciary, and may be mandated to implement government policies. But like the courts, SDMs must make their decisions fairly and in accordance with the law. For this reason, and also because these decisions can have significant impacts on the affected individuals and businesses, it is important that the affected persons not only understand *why* a particular decision was made, but can also accept the decision as fairly made, even if they do not agree with the outcome.

Statutory/Administrative Decision-making Bodies and Government

There are many types of statutory decision-making bodies in BC including:

- tribunals;
- boards;
- agencies; and
- commissions.

In addition, there are regulatory branches of government that administer policy, programs, and enforcement in areas such as liquor control and licensing, gaming, the financial services industry, and residential tenancies. Employees of these offices are also decision-makers subject to the rule of law, including the rules of procedural fairness described below.

The number of administrative decision-making bodies in British Columbia varies over time, as the executive branch of government chooses to expand or contract the scope of its statutory delegation of authority. For a list of administrative decision-making bodies, see the BC Directory of Administrative Tribunals & Agencies at https://www.adminlawbc.ca/tribunals.

Most decision-making bodies report to the Legislature, and thus the public, through a government ministry. For example, the Property Assessment Appeal Board, which deals with parties who wish to appeal their property assessments, reports to the legislature through the Ministry of Attorney General. The responsible Minister and ministry are called the decision-making body's "host ministry".

A decision-making body is governed by:

- its enabling legislation (Act and Regulations);
- in BC, the *Administrative Tribunals Act*, a procedural statute of general application for specified decision-making bodies;
- rules enacted by the decision-making body in accordance with its enabling legislation; and
- the common-law requirements of procedural fairness.

Procedural fairness refers to the principles that govern the processes to be followed by administrative decision-makers. They have been described as "fair play in action". There are four fundamental principles:

- a person has the right to be heard before a decision affecting their interests is made;
- a person has the right to an impartial decision-maker;
- the person who hears the issue must decide it; and
- the decision-maker must provide reasons for the decision.

Decisions of SDMs may be subject to review, appeal, or reconsideration, and ultimately will always be subject to judicial review by the courts.

Independence of Decision-making Bodies and Decision-makers

SDMs are expected to ensure that they are not improperly influenced in their decision-making by other members of the body, the government, or external sources. Both decision-making bodies and individual members must have the independence within their statutory framework to decide each case on the basis of the relevant evidence and on its merits. In order to protect independence, there must be safeguards against various institutional pressures, including those resulting from the relationship with a decision-making body's host ministry.

[Source material excerpted from: *BC Administrative Decision-maker's Manual*, B.C. Council of Administrative Tribunals, May 1, 2016]

A Pathway to Hope: A Roadmap for making mental health and addictions care better for people in British Columbia

Introduction:

- *A Pathway to Hope (the Roadmap)* sets the long-term direction for a transformed and seamless system of care, with an emphasis on prevention, promotion and early intervention, that builds on existing initiatives and implements new, innovative approaches to mental health and substance use care

Background:

- The Roadmap lays out government's 10-year vision for mental health and addictions care that gets people the services they need in order to tackle problems early on and support their well-being.
- Ministry of Mental Health and Addictions (MMHA) led the development of the Roadmap in partnership and collaboration with government ministries, mental health and addictions service providers, people with lived experience, Indigenous organizations and other key groups.
- MMHA conducted a review of the current state of mental health and substance use services in BC, as well as a review of over 90 public reports and recommendations. Public roundtables and engagements with diverse stakeholder groups provided essential perspectives and experiences that informed the Roadmap.
- Due to the complexity of the problem facing BC, and the need to be agile as we implement change, this Roadmap looks to both the long and short terms. It lays out government's ten-year vision for mental wellness, improved mental health care and the establishment of an effective substance use prevention, addiction treatment and recovery system, and outlines the priority actions over the first three years. The three-year actions focus on priority needs that will help people now and reduce demand on services down the road, and begin to make tangible progress towards the long-term vision.
- The Roadmap also represents a call to action to all British Columbians to work together, to contribute and be part of the solutions moving forward. Integration of government services and involvement of external partners is a key theme in the Roadmap.
- The Roadmap takes a whole of government, cross-sector approach and was developed collaboratively with system partners including First Nations, Métis and other Indigenous peoples. The Roadmap:
    - Incorporates a strong multi-cultural and equity lens;
    - Embodies Indigenous perspectives of mental health and wellness; and,
    - Aims to ensure that services are culturally safe and respectful
- The three-year plan to begin transforming mental health and substance use care includes a series of actions organized in four pillars:
    1. Improved Wellness for Children, Youth and Young Adults
    2. Supporting Indigenous-Led Solutions
    3. Substance Use: Better Care, Saving Lives
    4. Improved Access, Better Quality

Improved Wellness for Children, Youth and Young Adults

Introduction:

- Child, youth and young adult mental health and addictions care is a priority for government.
- Efforts are focused on wellness promotion and prevention, early identification and access to integrated, high quality care.

Background:

- Approximately 84,000 children and youth aged 4-17 years, are experiencing clinically significant mental health disorders at any given time. Around one-third of these children and youth are receiving specialized mental health services. Approximately 70% of serious mental health issues emerge before the age of 24.
- Due to the poisoned drug supply, overdose is now a leading cause of death for young people aged 10 to 18 in British Columbia.
- Between 2008–2009 and 2018–2019, there was a 61% increase in emergency department (ED) visits and a 60% increase in hospitalizations for mental health disorders for Canadian children and youth age 5-24.
- Indigenous children and youth are at higher risk for mental health and addiction problems due the enduring impacts of colonization, including intergenerational trauma. Indigenous youth aged 10 to 19 years are almost five times more likely to die by suicide compared to non-indigenous youth.
- Extensive reviews of the child, youth and young adult mental health and substance use system of care have consistently identified concerns including:
    - Demand for services exceeds capacity resulting in increased wait times;
    - The fragmented and uncoordinated system is difficult to navigate;
    - A need for an increased focus on prevention and early intervention approaches;
    - A need for increased cultural safety and youth-centered service;
    - A need for youth informed service design and delivery.
- The Ministry of Mental Health and Addictions is working with other ministries, Indigenous partners and service providers to implement the three-year action plan for Improved Wellness for Children, Youth and Young Adults within *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.
- Providing prevention services, intervening early and providing integrated care at the right time can improve outcomes for young people and reduce pressures on more expensive acute care services.

Ministry/Government Actions to date:

- The initiatives within the three-year action plan are intended to begin the transformation of child, youth and young adult mental health and substance use care to a seamless and integrated system in which young people needing support are identified early and connected to culturally safe and effective wrap-around care, closer to home.
- To inform the actions identified in the Improved Wellness for Children, Youth and Young Adults action plan in *A Pathway to Hope*, staff worked closely with experts in child and youth mental health, substance use and early childhood development and people with lived experience. Expert advisors and young people and families with lived or living experience continue to provide input and advice on policy, implementation and evaluation.

- The following priority actions are underway and at various stages of implementation:
    - Support for pregnant and parenting individuals with substance use challenges
    - Promotion of early childhood social emotional development

    - Enhancement of programming in early childhood centres
    - Expansion of Confident Parents: Thriving Kids
    - Expansion of Foundry Centres
    - Development of Mental Health in Schools Strategy
    - Establishment of Integrated Child and Youth Teams
    - Establishment of Step Up/Step Down specialized supports
    - Establishment of Virtual 24/7 counselling for post-secondary students
- Initiatives are being implemented by the Ministries of Mental Health and Addictions, Children and Family Development, Health, Education, and Advanced Education, Skills and Training in partnership with Indigenous governments and peoples, local and federal governments, school districts, health authorities, Divisions of Family Practice, clinicians and community agencies.

Promoting Wellness, Prevention and Intervening Early to Support Families with Young Children

Introduction:

- The foundations of lifelong mental health and wellbeing are formed in the early years. The Ministry of Mental Health and Addictions is working closely with colleagues in the ministries of Education, Children and Family Development, and Health to implement a series of initiatives to improve outcomes and better support families with children under six.

Background:

- Social and emotional development (SED) enables a child to understand and interact with others and to form positive relationships with nurturing adults and their peers. SED is critical to positive infant mental health and lays the foundation for everything that follows, as the ability to modify brain function and behaviour decreases over time.
- BC has an increasing percentage of young children entering kindergarten who are vulnerable in the dimensions of social and emotional development (SED), which indicates that they are not experiencing environments which promote the development of resiliency. This concerning trend was highlighted in a recent report by the Provincial Health Officer[1]. Conclusive research demonstrates that children with social and emotional vulnerabilities may struggle with learning and school achievement, and have an increased risk of developing mental health issues, addictions, and other chronic health conditions.
- Young children with compromised social and emotional development may be identified by those involved in their care (e.g., families and caregivers, child care providers, doctors, nurses) as having developmental delays, behavioral problems, or special needs, without making the link to the child's increased risk of also having or developing mental health and substance use challenges. However, there is a strong link between a child's SED and later mental health and substance use challenges.
- Therefore, early years services can prevent or minimize future mental health and substance use challenges in that young person's life. For example, children with toileting problems, speech and communication challenges, hyperactivity, and/or aggressive behaviour are often identified as requiring developmental or early intervention services, which also support improved mental health outcomes.
- Often there is little interaction between families and the health care system between children's 18-month vaccines and kindergarten entry. This can create challenges in early identification of emerging vulnerabilities. The general lack of understanding of the critical importance of healthy SED can result in children with risk factors or emerging vulnerabilities not being identified until a critical window for effective intervention has passed.
- Perinatal and early childhood health is a strategic investment opportunity, averting ten dollars of health and social service costs for every dollar invested.[2] Furthermore, a robust system of supports for children 0-6 and their families provides the critical foundation to the success of other key *Pathway to Hope* initiatives aimed at children, youth and young adults.

Ministry/Government Actions to date:

The action plan for Improved Wellness for Children, Youth and Young Adults in *A Pathway to Hope* includes the

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[1]Office of the Provincial Health Officer. *Is "Good", Good Enough? The Health & Well-Being of Children and Youth in BC.* 2016

[2] Heckman, J. J. (2010). "The Rate of Return to the High/Scope Perry Preschool Program." Journal of Public Economics, 94(1): 114-128.

following priority actions for the Early Years:

- Enhancement of programming in early childhood centres is being implemented in five school districts alongside the Integrated Child and Youth Teams. Four new FTEs will be hired in each of the five communities and may include Family Support Workers, Behavioural Consultants or an Infant Development Consultant. Each community will also hire an Infant Mental Health Clinician located within the Ministry of Children and Family Development.
- Investments in early childhood SED professional development for those working in early childhood health and childcare settings, as well as the development of policies, social media content and frameworks to improve social emotional development in the early years. Work in this area is still in the planning phase, due to delays related to COVID-19
- Confident Parents: Thriving Kids, operated by the Canadian Mental Health Association – BC Division, is a skill-building program for parents and guardians with weekly telephone sessions with trained coaches to support parents with children aged 3-12 experiencing behavioural or anxiety challenges. Since the release of *A Pathway to Hope*, the program has increased the number of families served and shown positive outcomes for families
- The Provincial Perinatal Substance Use Project (PPSUP), led by the BC Women's Hospital and Health Centre, continues to advance provincial capacity and enhance services and supports for pregnant and newly parenting women using substances and their families.
    - In year one (2019/20) an increase of 511 mother-baby dyads were served, exceeding the goal of 222 mother-baby dyads
    - In Q1 of fiscal year 2020/21 an increase of 131 mother-baby dyads were served
    - Pregnant and newly parenting mothers receive counselling for substance use and related issues (such as trauma), prenatal and parenting information, parenting support, and advocacy for housing, food security, income assistance, employment and training.
    - Other highlights from this project, include increased training capacity, release of Provincial Rooming-In Guidelines, and partnerships with Indigenous-led and Indigenous serving organizations to enhance care for pregnant Indigenous women.

Mental Health in Schools Strategy

Introduction:

- Child, youth and young adult mental health and substance use is a priority for Government.
- Mental Health in Schools (MHiS) strategy is a key initiative in *A Pathway to Hope* and is led by the Ministry of Education to achieve improved mental wellness for students by promoting positive mental health and creating opportunities to focus on vulnerable youth.

Background:

- BC students reporting depression and anxiety has been increasing and social and emotional development for children and youth has been decreasing. There is demonstrated need for promotion, prevention and early intervention efforts for reducing mental illness and promoting mental wellness among school aged children and youth.
- Schools are a highly appropriate context for positive mental health promotion and early recognition of mental health and substance use challenges. By shifting the focus upstream, problems can be prevented before they begin or become more severe; as well, school-based staff and caregivers can identify early the children and youth who require more support from specialized services.
- The COVID-19 pandemic has posed unprecedented challenges for students, caregivers and families, and teachers. It is now more important than ever to strengthen mental health and wellness activities in schools, to help build resiliency and capacity to thrive in challenging times.

Ministry/Government Actions to date:

- In September 2020, the Ministry of Education publicly released the MHiS strategy which embeds positive mental health in all aspects of the education system including culture, leadership, curriculum and learning environments. The strategy is a key component of *A Pathway to Hope*, and parts of the MHiS strategy have been implemented over the past 2 years (prior to the public release).
- In K-12 schools province-wide, MHiS supports the delivery of evidence-based and culturally safe programs focusing on the prevention of mental illness and problematic substance use, social emotional learning, and promotion of positive mental health and wellbeing.
- This three-pronged initiative includes:
    - Grant funding from the Ministry of Education to each of the 60 school districts and independent schools. School districts decide what to do with the grant funding based on the unique needs of each school, within broad parameters around social and emotional development, mental wellness promotion, and prevention of problematic substance use.
    - Compassionate Systems Leadership training for school district leadership (e.g., superintendents, district wide positions and school principals) to create school cultures that promote wellbeing and positive mental health.
    - An annual mental health conference in 2018 and 2019 that brought together over 500 leaders from the K-12 school system, students, policy makers and mental health and substance use service providers to share information and create plans to move forward. The conference was cancelled in 2020 due to COVID-19.
- The Ministry of Education expanded the Expect Respect and a Safe Education (ERASE) strategy during the 2018/19 school year to include an additional focus on mental health

and wellness, as well as substance use, with new information and resources on the *ERASE* website for students, educators, and families. The Ministry of Children and Family Development continues to fund and coordinate the provincial implementation of Every Day Anxiety Strategies for Educators (EASE), a collection of educator workshops and classroom resources focused on anxiety prevention.

Foundry Youth Centres

Introduction:

- Foundry is a network of centres and online supports that offer young people ages 12-24 integrated health and wellness resources, services and supports.
- Each Foundry Centre offers primary care, mental health and substance use services, peer and family support, and social services under one roof, making it easier for youth to get help when they need it.
- As part of *A Pathway to Hope*, the Province has committed to expanding Foundry by an additional eight centres over three years, for a total of 19 centres province wide.
- Foundry Virtual offers drop-in counselling and peer support province wide through voice, video and chat.

Background:

- Foundry Centres are a critical part of the work government is doing to build a seamless, coordinated mental health and addictions system of care that better meets the needs of youth and their families.
- Foundry Centres integrate existing community services under one roof. These services are delivered by local partners including the Ministry of Children and Family Development, Ministry of Social Development and Poverty Reduction, regional health authorities, and community and non-profit organizations.
- Foundry Central Office (a program of Providence Health Care) leads the implementation and oversight for all Foundry Centres and Foundry Virtual.
- Foundrybc.ca provides a one-stop online hub with information and tools related to mental health care, substance use services, primary care and social services.
- Foundry works with the First Nations Health Authority, Aboriginal Friendship Centres and Indigenous communities to ensure that Foundry Centres deliver culturally appropriate and culturally safe mental health and wellness supports.

Ministry/Government Actions to date:

- Currently there are 11 Foundry Centres open across the province (Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond and Terrace).
- On June 12, 2020, MMHA and Foundry announced eight new Foundry centres. These will be in Burns Lake, Comox Valley, East Kootenay, Langley, Port Hardy, Squamish, Surrey, and Williams Lake.
- The Province supported an accelerated launch of Foundry Virtual in response to the COVID-19 pandemic. Foundry Virtual is available for young people and families unable to access Foundry centres due to physical distancing, location, and/or stigma. It offers virtual drop-in counselling and peer support sessions using voice, video and chat, and will soon also offer virtual primary care services.

Integrated Child and Youth Teams

Introduction:

- Integrated Child and Youth (ICY) teams provide wraparound services to children and youth aged 0-18 with mental health and/or substance use challenges and connect young people to other services and supports as needed.

Background:

- Children, youth, young adults and their families often struggle to get the right help at the right time when they are experiencing mental health and substance use challenges. They describe a system of care that is fragmented, unable to meet the demand for services, and focused on those with severe mental health and substance use issues.
- ICY Teams, along with enhancements to early childhood centre programming are being implemented in five school districts over three years, starting in 2019/20.
- The first two school districts selected were Maple Ridge – Pitt Meadows and Comox Valley. The next three districts communities were announced in September 2020: Coast Mountains, Okanagan-Similkameen and Richmond. Criteria for community selection included: effective local leadership, strength of existing collaboration among service providers, readiness of existing service operations and infrastructure, community need, and a combination of geography and demographics.
- The ministries of Education, Health and Children and Family Development are partners in this work.

Ministry/Government Actions to date:

- The ICY teams represent a significant change in the delivery of community-based child and youth mental health and substance use services. While most practitioners work collaboratively, they rarely work in a continuously integrated and inter-connected way. ICY teams bring together service providers to work collaboratively in a structured, multidisciplinary team setting.
- Teams will be established from existing positions in the communities with additional resources added to address specific gaps. Team members include child and youth mental health clinicians, substance use practitioners, case coordinators, education counsellors, peer support workers and Indigenous support workers working together in an integrated way to provide multidisciplinary support.
- Teams will:
    - Deliver integrated and wraparound services to children, youth and their families. This means children and youth with mental health and/or substance use challenges and their families/caregivers have timely, equitable access to a seamless system of care.
    - Meet young people and families where it is safe and comfortable for them, for example, in their home, at school, or at a Friendship Centre.
    - Operate within the geographic boundaries of school districts and maintain close ties with schools.
    - Provide support through stepped care that adjusts to match the needs of children, youth and families. The most effective, yet least intensive services are delivered first, only 'stepping up' to the next level of intensity when needed.
    - Use a collaborative planning process and a common care plan for each child or youth, developed with a family/caregiver-centered approach, with consideration of the child/youth's voice.
    - Employ the following practice principles: cultural safety and humility, trauma-informed practice, child-, youth- and family-centred, community-driven and nation-based.

- Provincial governance structures coordinate decision making and communication across ministry and Indigenous partners. Integrated regional governance structures foster collaborative leadership and accountability at the local level.
- Implementation of the ICY teams in the five communities is underway. This includes ongoing discussions with local service and Indigenous partners to ensure a thorough understanding of the model and how it can be adapted to best fit each community's unique context and needs.

Advice/Recommentations; Government Financial Information

- Performance monitoring through evaluation of client satisfaction and client outcome data will help enable effectiveness, fidelity to the model, and continuous quality improvement.

Advice/Recommentations

- Each school district will have a number of teams (approximately between 1 and 4) based on number of students, geography, existing resources and available budget.

Youth Substance Use

Introduction:

- MMHA is working with partners to improve the availability of, and access to substance use services for youth across the province.
- The ministry is implementing a number of initiatives to prevent problematic substance use and expand treatment programs for youth, and also working to develop a coordinated system of youth substance use care across the province.

Background:

- In Canada, half of all people with a substance use disorder have experienced substance use issues before the age of 20.
- Despite this, public investment in substance use services are focused on providing care to people well into adulthood with severe and acute substance use concerns, while investments in prevention and early intervention have been limited.
- In the absence of a comprehensive system of services and supports from wellness promotion and prevention and early intervention to highly specialized services, young people with substance use challenges are presenting at emergency departments in crises at increasing rates. In 2017-18, 1 out of 20 hospital stays among youth aged 10-24 in Canada were related to harm caused by substance use.
- Existing substance use services and models of care are not always effective in responding to the increasingly complex and concurrent mental health and substance use (MHSU) challenges youth face in BC. National data shows that 69% of youth hospital stays related to substance use also involved care for a concurrent mental health condition. However, services which provide concurrent MHSU care are limited in many areas across BC.
- Youth substance use services have varying levels of availability across the province and differ considerably among health authorities, regions, and municipalities. Many communities, particularly outside of larger urban centres, do not have sufficient services to ensure youth have access to the right service, at the right time, close to home.
- First Nations, Métis, and Inuit children and youth are at higher risk for substance use challenges due to intergenerational trauma and the effects of ongoing colonization and racism.
- Report recommendations and public/stakeholder consultations, including input from youth and families with lived and living experience, have identified the following services gaps in the youth substance use system in BC:
    - Upstream Focus/Early Intervention: need for more social emotional development, early years investments, and emphasis on social determinants of health (income, education, housing, etc.)
    - Availability of Services: demand for services outstrips current capacity, improvement is needed in the coordination of services and in the availability of virtual care.
    - Quality of Services: improvements are required in cultural safety, trauma-informed care, a whole-person approach to care, reducing stigma, and including the youth voice in the design of youth services.
- A comprehensive approach to youth substance use informed by youth and families and based on social determinants of health, equitable access to care, and stigma reduction could have significant and long-lasting effects to prevent and reduce problematic youth substance use.

Ministry/Government Actions to date:

- Starting in fiscal year 2020/21, the Province will add 123 youth-specific substance use treatment

and withdrawal management beds across BC, doubling the provincial youth-specific bed count. The Ministries of Mental Health and Addictions and Health are working with health authorities to allocate funding for beds based on the areas of greatest need and capacity to accommodate new services.

- Through *A Pathway to Hope*, the Province is implementing a suite of evidence-based and culturally safe programs and supports that focus on problematic substance use prevention and improved wellness for children and youth and connecting young people to care early before small problems become large:
    - Support for pregnant individuals and parents with substance use challenges: BC Women's Hospital is leading the Provincial Perinatal Substance Use Project, expanding best practices in the care of pregnant individuals who are using substances with the aim of improving quality and access.
    - Social Emotional Development (SED): The Ministry is working with partners to complete a cross-sector SED Framework, and expand services to parents and families with young children. These actions aim to improve SED and wellness of youth and families, and prevent substance use issues before they start.
    - Integrated Child and Youth (ICY) teams: Multidisciplinary teams in five school districts will include substance use clinicians, ensuring that substance use services are linked with other services, and ensuring that youth have access to outbound and team-based substance use care.
    - Youth Advisory Committees (YACs): The Ministry is establishing YACs in the five ICY school districts to ensure that youth voices with lived experience of mental health and substance use issues continue to be integrated into the implementation and evaluation of the priority actions.
    - Step Up/Step Down: More intensive team-based services will be developed for children and youth with severe mental health and/or substance use conditions to prevent or shorten hospital stays.
    - Expand Foundry Centres: Foundry Centres will expand from 11 to 19 across the province, providing no-cost walk-in substance use and harm reduction services for youth ages 12-24.
    - Mental Health in Schools: School districts and independent schools are receiving funding for programs focusing on problematic substance use prevention, as well as mental health and wellness promotion.
    - Digital Front Door: The Ministry is leading the development of a website which will help people search for information related to mental health and substance use. The first phase of the project will focus on youth content and services.
- Overdose Emergency Response: The Ministry is working with partners to improve availability and access to harm reduction and overdose response services in the province.
- Vaping: The Ministry is coordinating with partners to promote vaping education, prevention, and cessation.

Advice/Recommentations

Partnerships with Indigenous Peoples

Introduction:

- Indigenous peoples have identified mental health and wellness as an important pillar of reconciliation.
- A key focus for MMHA is working with Indigenous peoples to increase access to culturally safe services that are designed with an understanding of the underlying factors that contribute to poorer mental health and wellness outcomes.

Background:

- The mental health and wellness of Indigenous peoples has been deeply disrupted by colonial policies and practices both past and present.
- The dispossession of land, the disconnection from culture, community and language, the forced removal of children from their families, and the disruption of traditional social structures is all part of the harmful history experienced by Indigenous peoples in BC.
- Today this manifests as social, political and economic inequities, including experiences of poverty, overrepresentation in the child welfare and criminal justice systems, and experiences of stigma and discrimination in the health care system.
- This chronic exposure to traumatic experiences can manifest as individual symptoms such as anxiety, depression, substance use and self-destructive behaviours.
- These inequities are most evident in the context of the overdose public health emergency. While First Nations people only represent 3.3 percent of the total population in BC, 16 percent of all overdose deaths between January and May 2020 were First Nations people.
- It is in this context that Indigenous peoples have identified the need to interupt the intergenerational transmission of trauma by not only treating the symptoms of trauma but advancing approaches that facilitate the healing and rebuilding of individuals, families and communities.
- It is acknowledged that Indigenous communities are in the best position to make decisions about the health and wellness of their people and that mental health and substance use services will be most effective when designed and delivered by Indigenous communities. In this way, self-determination is an important determinant of mental health and wellness outcomes.
- To this end, MMHA approaches partnership with Indigenous peoples with an interest to:
    - Address the root causes and risk factors that contribute to poorer health and socio-economic outcomes;
    - Support the self-determination of Indigenous peoples by supporting Indigenous communities to take on a larger role in the design, planning and delivery of mental health and substance use services; and
    - Advance cultural safety and humility in service delivery by supporting health care environments that are free of anti-Indigenous racism and discrimination and that promote relationship-based care.

Ministry Actions to Date:

- A key focus for MMHA is ensuring Indigenous peoples are engaged early and often in the policy development process and that Indigenous peoples benefit from actions taken by the Province to improve the mental health and substance use system in BC.
- MMHA has built relationships with Indigenous partners at the provincial level to facilitate this, including partnerships with the First Nations Health Council (FNHC), the First Nations Health Authority (FNHA), Métis Nation BC (MNBC) and the BC Association of Aboriginal Friendship Centres (BCAAFC).

First Nations in BC:

- The Province and BC First Nations have an established health partnership that is described in a series of legal and political agreements. These agreements stand as a shared commitment to improve health and wellness outcomes of the First Nation population in BC.
- FNHA is the only province wide First Nations health authority in Canada and is mandated by BC First Nations to plan, design, manage, fund and deliver First Nation health programs in BC.
- MMHA and FNHA established a bilateral partnership at an executive and operational level to ensure First Nations are 'hardwired' into the planning, design and implementation of MMHA-led initiatives.
- MMHA and FNHA sign a Letter of Understanding on an annual basis to articulate joint actions and accountabilities to improve mental health and wellness outcomes for First Nations peoples in BC.
- In 2018, MMHA and FNHA signed a *Declaration of Commitment to Cultural Safety and Humility*, which commits the parties to work together to advance cultural safety across the mental health and substance use system.
- In 2018, FNHC, FNHA, the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU'). This MOU is supporting First Nations to design, plan and deliver a continuum of mental health and wellness services and is supporting the construction of a number of First Nation-operated treatment centres throughout the province.
- FNHA has been embedded in the Province's overdose emergency response structure and receives funding from MMHA for targeted actions aimed at addressing the disproportionate impact of the overdose public health emergency on the First Nations population.

Métis Nation BC:

- MNBC is a political organization that represent 38 Métis Chartered Communities in BC. It is one of the five Governing Members of the Métis National Council of Canada.
- About 90,000 people self-identify as Métis in BC, of which about 18,000 are registered citizens of the Métis Nation. MNBC is mandated to develop and enhance opportunities for Métis communities by implementing culturally relevant health, social, and economic programs and services.
- MMHA provided funding to MNBC to advance Métis-specific priorities and to support their participation in the design, planning and implementation of MMHA-led initiatives.
- MMHA and MNBC continue to explore a long-term health and wellness partnership with a shared interest to improve mental health and wellness outcomes for Métis people in BC.

Urban Indigenous Peoples:

- BCAAFC is a not-for-profit association that works with the 25 Aboriginal Friendship Centres across BC that serve Indigenous people who live in urban areas and/or away from their home communities.
- MMHA provided funding to the BCAAFC to engage service providers and service users across BC on mental health and wellness and to participate in the planning and implementation of MMHA-led initiatives at a provincial level.
- COVID-19 continues to expose inequities and vulnerabilities that exist for Indigenous peoples who live in urban areas, and the impact of the overdose emergency on the First Nations population is most acute in urban areas. More discussion with urban Indigenous partners is required to determine actions that can be taken to address these disparities.

Profile of Indigenous Partners

Introduction:

- MMHA has placed an important emphasis on engaging Indigenous partners early and often in provincial planning and priority setting.
- MMHA's primary Indigenous partners at the provincial level are the First Nations Health Council (FNHC), the First Nations Health Authority (FNHA), Métis Nation BC (MNBC) and the BC Association of Aboriginal Friendship Centres (BCAAFC).

Background:

- As described in the *Declaration on the Rights of Indigenous Peoples Act* (2019), the term Indigenous peoples refers to the First Nations, Inuit and Métis peoples of Canada.
- According to the 2016 Census, there were just over 270,000 individuals who identified as Indigenous in BC (representing about 5% of BC's population). More than two thirds (68%) identified as First Nations, 30% as Métis, and 1% as Inuit, with another 1% reporting multiple Indigenous identities.
- While 22% of Indigenous individuals reported living in First Nations communities ('on-reserve'), the majority (78%) lived away from home ('off-reserve'). Almost a quarter (23%) of Indigenous people in BC lived in the Greater Vancouver Area.
- MMHA takes a distinctions-based approach to partnership with Indigenous peoples. This means that MMHA adapts its approach to engagement based on the unique rights, interests and circumstances of First Nations and Métis peoples in BC.

Ministry/Government Actions to Date:

First Nations in BC:

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan* (2007), the *Framework Agreement on First Nations Health Governance* (2011) and the *Health Partnership Accord* (2012)
- BC First Nations have established a health governance structure that facilitates their participation in planning and decision-making at local, regional and provincial levels.
    - The FNHC serves as the political voice for First Nations health and wellness in BC and is comprised of 15 members that are representative of and accountable to BC First Nations.
    - The FNHA is responsible for the planning, design, delivery, management and funding of First Nation health programs in BC and for providing program and policy advice to Canada and BC as it relates to the health of the First Nations population in BC. In 2013, FNHA assumed responsibility for the administration of First Nations health programs and funding through a formal transfer from the federal government.
    - First Nations have established five Regional Caucuses that provide a process for First Nation communities in each health region to develop plans and priorities and to partner with their respective Regional Health Authorities.
- The FNHA is a key partner to MMHA in the context of both its service delivery and policy development role. MMHA and FNHA sign a Letter of Understanding on an annual basis to articulate joint actions and accountabilities to improve mental health and wellness outcomes for First Nations peoples in BC. For 2020/21, key priorities include:
    - Evolving the overdose emergency response to meet the needs of First Nations peoples, particularly First Nations women and First Nations people living in urban areas;
    - Advancing the *Declaration of Commitment to Cultural Safety and Humility* that MMHA and FNHA signed in 2018 with a focus on ensuring cultural safety and humility is embedded as a key accountability across the mental health and substance use system;

    - Advancing the *Declaration on the Rights of Indigenous Peoples Act* (2019) with a focus on supporting the self-determination of Indigenous peoples in the design, planning and delivery of mental health and substance use services; and
    - Ensuring First Nations are engaged in the design and implementation of key initiatives such as the implementation of the Integrated Child and Youth Teams, the expansion of Foundry, and the implementation of Substance Use Integrated Teams.
- FNHA has been embedded into the Province's overdose emergency response structure and MMHA has allocated funding from 2017/18 to 2022/23 to support targeted actions aimed at addressing the disproportionate impact of the public health emergency on the First Nations population.
- MMHA has also provided funding to FNHA to:
    - support the expansion of land-based and culturally safe treatment services designed and delivered by First Nations at local and regional levels;
    - support First Nations to plan, design and deliver a continuum of mental health and wellness services.
    - renovate and replace existing FNHA-funded treatment centres and explore the construction of two new urban treatment centres.
- These investments complement funding FNHA receives from the federal government and facilitates greater integration of services with the provincial mental health and substance use system.

Métis Nation BC:

- MNBC is a political organization that represent 38 Métis Chartered Communities in BC. It is recognized by the provincial and federal governments and the Métis National Council as the official representative of Métis citizens in BC. About 90,000 people self-identify as Métis in BC, of which about 18,000 are registered citizens of the Métis Nation. MNBC is mandated to develop and enhance opportunities for Métis communities by implementing culturally relevant health, social, and economic programs and services.
- MMHA provided funding in 2019/20 to MNBC to support Métis-led mental health and wellness initiatives, including the development of the Métis Cultural Wellness Curriculum that will be integrated into the San'yas Indigenous Cultural Safety Training delivered by the Provincial Health Services Authority, the creation of a Métis-specific crisis support line, and the creation of a Métis Youth Mental Health and Wellness Initiative.
- This capacity funding also assists MNBC to participate as a full partner in discussions with the Province on mental health and wellness initiatives.
- MMHA and MNBC continue to explore a long-term health and wellness partnership with a shared interest to improve mental health and wellness outcomes for Métis people in BC.

BC Association of Aboriginal Friendship Centres:

- BCAAFC is a not-for-profit association mandated to improve the quality of life of Indigenous people by supporting and advocating for the 25 Aboriginal Friendship Centres in BC. While services vary, Friendship Centres are typically community service hubs for Indigenous peoples in urban settings.
- MMHA provided funding in 2019/20 to the BCAAFC to support its capacity for partnership with the Province and to enable engagement with Friendship Centres and their clients on mental health and wellness needs, priorities, gaps and promising practices.
- BCAAFC has recently developed an Urban Indigenous Wellness Framework that provides a basis for ongoing discussions on the priorities of urban Indigenous peoples.

Tripartite Partnership to Improve Mental Health and Wellness Services

Introduction:

- The First Nations Health Council (FNHC), the Government of Canada (represented by the Minister of Indigenous Services) and the Province of BC (represented by the Ministers of Health, Mental Health and Addictions, Indigenous Relations and Reconciliation, and Children and Family Development) signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Social Determinants of Health and Wellness* (the 'MOU') in July 2018.
- The purpose of the MOU is to establish a new and more flexible funding approach that enables First Nations to plan, design and deliver a full continuum of mental health and wellness services.
- The partners agreed to an initial implementation timeframe of two years with the understanding that the service delivery approaches demonstrated as part of the MOU would inform the development of a ten-year strategy. The ten-year strategy would replace the MOU when completed.
- The MOU has seen early success in its ability to support First Nations-led approaches to mental health and wellness and to encourage collaboration among multiple communities, particularly smaller communities in rural and remote regions.

Advice/Recommentations; Intergovernmental Communications

Background:

- Since 2015, the FNHC has been engaging BC First Nations on strategies to address the social determinants of health (e.g. housing, child welfare, justice, education, etc.). The FNHC has conducted this engagement in the context of its mandate to work with partners to address broader issues that impact the health and wellbeing of First Nations in BC.
- In March 2016, the FNHC and the Province (represented by the Minister of Aboriginal Relations and Reconciliation) signed a partnership agreement that facilitated engagement on the social determinants of health with a priority focus on children and family wellbeing, justice and education. First Nations identified mental health and wellness as the top priority through this process.
- In July 2018, FNHC, FNHA, the Government of Canada and the Province signed the MOU. The MOU commits the partners to make immediate improvements to mental health and wellness services while setting a foundation for a long-term strategy aimed at addressing the social determinants of health.
- Each partner committed $10 million (for a total of $30 million) to support activities associated with the MOU. In 2018/19, the Province transferred $10 million to the First Nations Health Authority (FNHA) in fulfilment of this funding commitment.
- A key innovation of the MOU has been the creation of a new and more flexible funding model that provides First Nations more autonomy in the allocation of resources and the ability to design and deliver a full continuum of mental health and wellness services.
- First Nations in BC currently navigate a complex network of federal and provincial funding sources for mental health and wellness services. The MOU addresses this problem by enabling the federal and provincial government to pool funding from all sectors whose mandate is directly or indirectly related to mental health and wellness. FNHA administers the federal and provincial funding as a single, flexible funding arrangement rather than a multitude of funding arrangements that aim to achieve the same results.
- This flexible funding model has enabled First Nations to allocate resources based on population need

and factors that are specific to their local, historical or cultural contexts. Importantly, the flexibility afforded by the funding approach allows First Nations to address the social determinants of health (e.g., housing, child welfare, etc.).

- The partners have established a shared governance structure that enables operational and strategic oversight over the MOU and ensures timely and informed decision-making on funding requests submitted by First Nations.

Government Financial Information

Government Financial Information This funding opportunity remains open and proposals are assessed by partners on a continuous basis.

- An early success of the MOU has been the focus on encouraging collaboration among communities through a Nation-based approach. This is seen as important for achieving economies of scale and sustainability in health service delivery.
    - The Ktunaxa Nation (4 communities) has established a new Mental Health and Wellness Division that has enabled the Nation to embed clinical and traditional supports within its existing primary care and children and family services.
    - The Tsilhqot'in Nation (5 communities) has developed a new Mental Health and Wellness Enhancement Team that supports a team-based and interdisciplinary approach to mental health and wellness service delivery.
    - The Haida Nation (2 communities) is in the process of designing service partnerships with local health and children and family agencies to respond holistically to the mental health and wellness needs of children, youth and their families.
    - The Heiltsuk Nation (1 community) has established a multi-disciplinary wellness team to deliver programming at the Kunsoot Wellness Centre – a remote, land-based wellness health and wellness campus.

Cabinet Confidences; Advice/Recommentations

- A second commitment in the MOU was to develop a plan to renovate, replace and build First Nation-run treatment centres throughout BC. In 2019/20, the Province and the FNHA made a matching capital contribution of $20 million (for a total of $40 million) to fulfil the commitment outlined in the MOU.
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Advice/Recommentations; Intergovernmental Communications

Cultural Safety and Humility

Introduction:

- A priority focus for MMHA is ensuring cultural safety and humility is embedded as a key accountability across the mental health and substance use system in BC.
- MMHA is working with the First Nations Health Authority (FNHA), the Ministry of Health (MOH) and key partners to advance a common agenda and strategy for cultural safety and humility.

Background:

- The term *cultural safety* refers to an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- The term *cultural humility* refers to a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.
- It is understood that cultural safety and humility is an essential dimension of quality and accessibility of services for Indigenous peoples in BC.
- The health partnership between the Province and BC First Nations has long acknowledged the need to address Indigenous-specific discrimination in the health care system. The *Tripartite First Nations Health Plan* (2007), as an example, led to the creation of an online cultural competency training program that continues to be offered by the Provincial Health Services Authority (PHSA).
- In 2015, the Tripartite Committee on First Nations Health (TCFNH) – a senior leadership forum with representatives from FNHA, MOH, MMHA and all of the Health Authorities – agreed to improve cultural safety and humility in health service delivery as a system-wide priority.
- In 2015, FNHA, MOH and the Health Authorities signed onto the *Declaration of Commitment to Cultural Safety and Humility* ('the Declaration of Commitment').
- In March 2017, all 23 health regulators in BC also signed onto the *Declaration of Commitment,* making BC health professionals the first in Canada to pledge their commitment to making the health system more culturally safe. Since then, Doctors of BC, the BC Coroners Service, Indigenous Services Canada, Health Canada and the Public Health Agency of Canada have all signed onto the *Declaration of Commitment*.
- The TCFNH is currently developing a *Cultural Safety and Humility Change Leadership Strategy* to systematically advance commitments to cultural safety and humility with an emphasis on better aligning the efforts of each organization in the health system.
- In April 2018, MMHA officially signed onto the *Declaration of Commitment* with a specific focus on improving the experience of Indigenous peoples with the mental health and substance use system.
- MMHA is advancing the *Declaration of Commitment* by ensuring Indigenous partners are included in the design, implementation and evaluation of MMHA-led initiatives and ensuring that cultural safety is articulated as a core attribute in new service delivery models. In this way, cultural safety has become an overarching consideration in all of the work MMHA pursues.
- As MMHA does not have a mandate for direct service delivery, it largely leverages its relationships with partners both in and outside the heath system to advance cultural safety and humility. Examples of this include:
    - *Integrated Child and Youth Teams* – MMHA worked with Indigenous partners to develop the service delivery framework and core practice principles for the new teams, which includes the principles of cultural safety and humility, trauma-informed practice, child- and youth- centered services and community-driven, Nation-based approaches. MMHA is working with Indigenous partners on cultural safety training that will be specific to and mandatory for all team members.
    - *Community Counselling Grants* – MMHA provided funding to increase access to community-based counselling services. The application criteria required that applicants demonstrate their capacity to

engage Indigenous communities and/or deliver culturally safe services. 1/3 of the community counselling grant recipients focus specifically on serving Indigenous populations.
    - *Foundry* – MMHA is working with Foundry and Indigenous partners to strengthen the cultural safety of Foundry centres and to ensure cultural safety is a core consideration as new centres come online. 2 of the 8 new Foundry centres will be Indigenous-led (e.g. Carrier Sekani Family Services in Burns Lake and Ktunaxa-Kinbasket Child and Family Services in East Kootenays).
    - MMHA provided funding to Métis Nation BC (MNBC) to develop a Métis-specific cultural wellness curriculum that will be integrated into the San'yas Indigenous Cultural Safety Training offered by PHSA.
    - MMHA provided funding to the BC Centre of Substance Use (BCCSU) to establish an Indigenous Substance Use Leadership Professorship with a specific focus on strengthening the cultural safety of the substance use system in BC.
- As an organization, MMHA has developed a cultural safety and humility framework linked to its overall internal organizational development approach and strategies for diversity and inclusion. A key focus of the organization is ensuring all employees have the core competencies to work effectively with Indigenous peoples and to serve as credible champions of change when working with health or social sector partners.
- The San'yas Indigenous Cultural Safety Training is mandatory for all staff. As of October 2020, 94 percent of MMHA staff have completed the program.
- In June 2020, government commissioned Mary Ellen Turpel-Lafond to lead an independent investigation into Indigenous-specific racism in the health care system. This investigation was launched in response to disturbing allegations of racism in emergency departments. The purpose of the investigation is to inquire into and report on alleged incidents of Indigenous-specific racism in emergency departments (situated and examined within a broader context of Indigenous-specific systemic racism in the health care system in BC) and to make recommendations to the Minister of Health by December 31, 2020. It is anticipated this will further inform the strategic direction of the health system as it relates to cultural safety and humility.

Declaration on the Rights of Indigenous Peoples Act

Introduction:

- The Province is committed to true and lasting reconciliation with Indigenous peoples in BC.
- The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) constitutes the minimum standards for the survival, dignity and wellbeing of Indigenous peoples and affirms the right of Indigenous peoples to self-determination and the right to autonomy and self-government.
- The *Declaration on the Rights of Indigenous Peoples Act* ('the Declaration Act') affirms the application of the Declaration to the laws of BC, contributes to the implementation of the Declaration through the development of an annual action plan and a commitment to publicly report on progress, and supports the Province to develop relationships with Indigenous governing bodies.
- MMHA collaborates with Indigenous partners to ensure the inclusion of Indigenous perspectives into the planning, design and implementation of new initiatives and the overall alignment of provincial policy and programs with the *Declaration Act*.

Background:

- While the alignment of provincial laws, policies and programs with UNDRIP is a long-term process, MMHA is in a strong position to advance the articles of UNDRIP through its current approach to partnership with Indigenous peoples.
- MMHA has identified a number of examples to illustrate how current approaches proactively align with and advance UNDRIP.
- *Self-Determination and Self-Government*
    - *Relevant Articles:* 3, 4 and 23
    - *Description:* Indigenous peoples have the right to self-determination and the right to determine and develop strategies for their economic, social and cultural development.
    - *Example:* Our tripartite partnership with First Nations and Canada enables First Nations to develop and implement Nation-based mental health and wellness plans and service delivery models based on their health plans and priorities.
- *Consultation and Cooperation with Indigenous Peoples*
    - *Relevant Articles:* 19
    - *Description:* Cooperating with Indigenous peoples, through their own representative institutions, in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that affect them.
    - *Example:* MMHA regularly engages and partners with Indigenous peoples through their own representative institutions such as the First Nations Health Authority (FNHA) and Metis Nation BC (MNBC).
- *Cultural Practices and Connection to Land*
    - *Relevant Articles:* 24, 25 and 31.1
    - *Description:* Indigenous peoples have the right to implement their traditional wellness practices and to maintain connections to their traditional territories.
    - *Example:* MMHA has provided the FNHA with funding to support the expansion of land-based healing services. These new services provide opportunities for First Nations people to connect to traditional practices and protocols, to share knowledge and stories that promote spiritual, emotional, mental and physical wellness and foster stronger connections to their family, community, culture and territory.

Improved Access, Better Quality

Introduction:

- People in every part of the province need to have access to the full spectrum of evidence-based mental health and substance use care. To better meet those needs, the *Pathway to Hope* action plan includes a number of initiatives to improve access to services and supports and advance building a seamless and integrated system where people are connected to care in a timely way.

Background:

- British Columbians rate their mental health as nearly the lowest in the country.
- B.C. has the country's highest rate of hospitalization due to mental illness and substance use.
- The overdose crisis continues to take a devastating toll on people, families and communities, with deaths increasing since the start of the pandemic.
- Services are fragmented, with people having difficulty navigating their way from one service to the next.
- Lack of services, stigma, and affordability also create barriers to people getting the care they need.
- The Ministry is working with other ministries, Indigenous partners and service providers to implement the three-year action plan to improve access and better quality of care within *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.

Ministry/Government Actions to date:

Pathway to Hope initiatives to improve access and quality and begin to build an integrated system of care include:

Expanding Access to Affordable Community Counselling

- Funding to support increased access and quality of mental health and substance use counselling delivered by community agencies.
- MMHA, in partnership with Community Action Initiative (CAI), developed a Community Counselling Grant (CCG) program to support community-based adult mental health and substance use counselling across the province. Grants are designed to increase access to underserved or hard to reach populations and increase quality of counselling support.

Integrating Team-Based Primary Care and Specialized Services

- The Integrated Primary and Community Care Strategy will help to ensure that people living in BC can access a seamless system mental health and addictions care, when and where they need it.
- Primary Care Networks build a team of professionals to meet the diverse and unique needs of their patients and improve access to early interventions for people experiencing mild to moderate mental health and addictions challenges, and more specialized supports for people in greater need.
- MMHA and the Ministry of Health are working together to ensure the Primary Care Strategy addresses mental health and substance use needs. This work includes expanding hours of primary care to enhance access, adding mental health and substance use workers to primary care teams, and providing individuals and families with support to navigate the system.

Enhancing Provincial Crisis Line Network

- The Provincial Health Services Authority is leading enhancements to the provincial crisis line network that will reduce duplication of services and provide emotional support, information, referral, and crisis and suicide prevention/intervention services to residents of BC.

Developing a Framework and Standards to Improve Care Under the Mental Health Act

- The safe practice of involuntary admissions under the B.C. *Mental Health Act* (the Act) balances the rights of the individual with the obligation to help and protect people living with mental illness.
- MMHA has worked with the Ministry of Health to establish clear and consistent provincial standards to achieve 100% compliance with the Act. The Ministry has also developed a quality improvement framework specific to improving the involuntary admission process.

Implementing Peer Support Coordinators and Developing Peer Support Training Resources

- Peer supports are a valuable part of mental health and substance use services, providing care and advocacy to a range of communities and populations.
- Establishing a peer support coordinator in each regional health authority to work with people with lived experience of mental health and addictions will support those organizations to better coordinate and deliver these services in a culturally appropriate and effective manner.
- MMHA is also working with BCcampus (an organization that supports post-secondary institutions in B.C. evolve teaching and learning practices) to develop, implement and evaluate a provincial peer training curriculum and standards of practice. The goal of this project is to enhance peer support program quality and uniformity across the province by delivering educational resources that are accessible, evidence-based, and consistent with the emerging trends in the field of mental health and addictions.

Expanding Bounce Back

- Bounce Back, an online program available through Canadian Mental Health Association for free throughout BC, teaches effective skills to help individuals (ages 15+) overcome symptoms of mild-to-moderate depression or anxiety, and improve their mental health.

Developing Workplace Mental Health Resources

- Workplaces play an essential part in promoting and maintaining positive mental health.
- Increasingly, workplaces are looking for ways they can create healthy, safe and productive environments for their employees.
- Together with the Canadian Mental Health Association - BC and SafeCare BC, MMHA developed a new website (Care for Caregivers) and peer network (Care to Speak) to support the mental health of employees and managers in the long-term care and continuing care sector who are experiencing increased stress, fear and anxiety as a result of COVID-19. MMHA will continue to work with health and safety associations, unions, employer groups, subject-matter experts, workers and other stakeholders to design a made-in BC training and coaching program and provincial web presence to support psychologically safe workplaces across other sectors, such as tourism and hospitality.

Creating a Web-Based Portal (Focussed on Children and Youth)

- MMHA is working to remove barriers and improve navigation of existing online government resources for mental health and substance use.
- This web-based portal will provide a human-centred, low-barrier approach and will reduce the complexity of online access.

Community Counselling Grant Program

Introduction:

- The Ministry in partnership with Community Action Initiative (CAI), a branch of the Canadian Mental Health Association BC Division, developed a Community Counselling Grant (CCG) program to provide funding to support community-based adult mental health and substance use counselling across the Province.
- Grants are designed to increase access to underserved or hard to reach populations that do not normally have access to counselling. The funding aims to:
    - Increase access to community-based counselling for improved mental health and substance use outcomes; and
    - Increase the quality of counselling to support non-profit, grassroots, and volunteer-run programs focused on counselling for adults in relation to mental health and substance use.

Background:

- Community-based counselling provides an array of counselling services for individuals and families experiencing issues such as depression and anxiety, grief and loss, abuse and violence, separation and divorce, and mental health and substance use problems.
- Depression and anxiety are among the most common mental health problems that can impact participation in the workforce and society. A significant body of evidence shows that counselling (including cognitive behavioural therapy and interpersonal therapy) is effective in treating depression and anxiety.
- In 2012, it was estimated that 1.6 million people in Canada had an unmet mental health-care need, with counselling reported as the highest unmet need. Up to 80% of Canadians rely on their family physician to meet their mental health care needs, but those services are limited. Some individuals rely on emergency room departments as their primary source of mental health care, from which they may be discharged without adequate supports and follow-up.
- Affordable counselling in BC is extremely limited and employer or private pay counselling is beyond the reach for many citizens. Access to treatment is not available for many British Columbians – 2016 research found only 50% of adults diagnosed with depression receive the care they need.

Ministry/Government Actions to date:

- In 2018/19, the Province provided grant funding to be used over 3 years to the Community Action Initiative (CAI), with $10 million available to support community-based counselling programs as part of the provincial *Pathway to Hope* strategy.
- CAI allocated $9.0 million to fund existing adult community-based counselling programs. Applicants were invited to apply for up to $120,000 per year for three years. 29 community organizations (Wave 1) were selected with annual funding of up to $120,000 for a 3-year period.
- CAI earmarked $1.0 million to support quality enhancement initiatives in years two and three of the CCG program.
- With the onset of the COVID-19 pandemic the ministry and CAI supported the organizations to shift service delivery to meet physical distancing measures. Up to $5,000 was provided to each of the 29 organizations to assist in technological upgrades to support virtual services, and digital service delivery training was provided in partnership with the Federation of Community Social Services of BC.
- To ensure British Columbians have increased access to vital mental health supports during the COVID-19 pandemic, the ministry expanded the granting program and provided $2.4 million to CAI for an additional 20 organizations to provide community counselling programs and enable services

to be delivered virtually until March 31, 2021.

Primary Care

Introduction:

- The Integrated Primary and Community Care Strategy (The Primary Care Strategy) is a key priority action of *A Pathway to Hope* that will help to ensure that people living in BC can access a seamless system of mental health and addictions care, when and where they need it.
- The Primary Care Strategy is led by and is a top priority of the Ministry of Health. The Ministry of Mental Health and Addictions works with the Ministry of Health on mental health and substance use services that are provided in primary care and community care.

Background:

- Primary health care provides a critical entry point of contact to the health care system and serves as the vehicle for ensuring continuity of care across the system. Complementary with this, community care provides services designed to help people receive care in non-hospital settings, including at home or at clinics in the community.
- Primary and community care is a major component of the British Columbia health system, delivering over thirty million health care services each year to B.C.'s 5 million residents. Nearly every British Columbian has contact with this part of the health care system each year.
- Patients with moderate to complex medical conditions, mental health and substance use (MHSU) issues and frailty require more time and regular access to a broader range of health care practitioners than just general practitioner physicians.
- Team-based primary care is increasingly recognized as the best approach for delivering effective primary care that is comprehensive, coordinated and continuous.
- Team-based care includes doctors, nurse practitioners, registered nurses and allied health professionals (including physiotherapists, occupational therapists, social workers, mental health and substance use workers and others) working together to deliver integrated and comprehensive care.
- A Primary Care Network (PCN) is a group of primary care service providers that collectively plans, organizes and delivers primary care services to populations in a defined geography.
- PCNs will be the backbone to team-based care, linking family doctor practices, health authority and community providers in a local area. Per direction in the Primary Care Networks Policy, PCNs will:
    - Provide person-centred, interdisciplinary care across the lifespan for individuals experiencing mild to moderate mental health and/or substance use challenges, including screening and management, counselling, pharmacological treatment, harm reduction, and opioid agonist therapy services;
    - Provide primary care providers with the tools, training, or resources to identify MHSU challenges and better support MHSU patients;
    - Improve access to community and specialized services.

- PCNs are expected to be locally planned and governed through partnerships that include health authorities, Divisions of Family Practice (an organization of physicians in a community), First Nations and other partners based on local context.

Ministry/Government Actions to date:

- The Ministries of Health and Mental Health and Addictions have developed a set of practice principles to inform how mental health and substance use services are delivered in primary and community care.
- These principles are aligned with *A Pathway to Hope*'s strategic direction to create a seamless and integrated system of culturally safe and effective care.
- PCNs are being implemented in communities across the province. Communities currently implementing PCNs include:
    - Burnaby, Ridge Meadows, Fraser Northwest, Comox, South Okanagan Similkameen, Kootenay Boundary, Prince George, Vancouver, Richmond, Mission, White Rock-South Surrey, Chilliwack, Central Interior Rural, Central Okanagan, East Kootenay, Cowichan, Oceanside, Western Communities, Saanich Peninsula, North Shore, Vancouver.

Mental Health Act

Introduction:

- The *Mental Health Act* (the Act) regulates voluntary and involuntary admissions to hospitals for those who require treatment due to a mental disorder that seriously impairs their ability to react appropriately to their environment or associate with others.
- While legislative responsibility for the Act lies with the Ministry of Health (HLTH), the Ministry of Mental Health and Addictions (MMHA) collaborates with HLTH on policy development, specific initiatives, issues management and reporting related to the Act.

Background:

- *Mental Health Act* admissions occur in and through designated facilities:
    - 37 psychiatric units located in acute care hospitals, providing inpatient treatment
    - 14 observation units in rural hospitals, providing shorter term stays for stabilization and/or transfer
    - 25 provincial mental health facilities, providing specialized inpatient treatment, tertiary care, and/or treatment of sub-populations such as forensic clients
- In 2017/18, 15,711 patients were admitted for involuntary treatment under the Act, representing 57% of all hospital inpatients treated for mental illness and/or substance use disorder. Involuntary admissions under the Act increased by 70% over the 10-year period from 2007/08 to 2017/18; during the same period other patients receiving treatment for mental illness increased by 11%.
- Actions authorized by the Act (e.g., admission, treatment) must be documented in prescribed forms. These forms provide evidence of the legal authority for an involuntary admission and detention and provide evidence that patients' constitutional rights are protected.

Involuntary Admissions:

- A person with a mental disorder can be detained involuntarily if they are not suitable as a voluntary patient and require care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or others.
- Police officers are authorized to apprehend individuals under the Act if they believe the person has a mental disorder and is acting in a manner likely to endanger their safety or the safety of others. Those apprehended must be taken to a designated facility for assessment.
- When a person is involuntarily admitted under the Act, treatment is authorized under the Act's "deemed consent" provisions (i.e., physicians make treatment decisions without consideration of the patient's capacity to consent).
    - British Columbia is the only province with the "deemed consent" model.
    - Two court cases have been launched since 2016 challenging the deemed consent provisions of the Act. Both cases are still open.
- Involuntary patients may be admitted indefinitely. This includes being admitted in a designated facility or while on an "extended leave" in the community.
- An involuntary patient may request a review of their admission by the Mental Health Review Board. The Mental Health Review Board (MHRB) is an independent tribunal established under the Act, with a mandate to conduct review panel hearings for patients admitted and detained involuntarily in provincial mental health facilities in a manner that is consistent with the principles of fundamental justice and section 7 of the *Charter of Rights and Freedoms*.
- The MHRB is under the responsibility of the Ministry of Attorney General.

Voluntary Admissions:

- While hospitals may admit and treat voluntary psychiatric patients in the same way they admit other patients, an adult (16+) may also request voluntary admission under the Act.
- Youth under the age of 16 years may be admitted as a voluntary patient if their parent or guardian request that they be admitted.
- A youth may request a hearing by a review panel as though they were an involuntary patient.

Reports on the Mental Health Act

- The Act has been subject to two reports since the creation of MMHA.
- Community Legal Assistance Society (CLAS) released "Operating in Darkness: BC's *Mental Health Act* Detention System" in November 2017.
    - CLAS made 54 recommendations related to how involuntary admission decisions are made, the use of restraints and seclusion, psychiatric treatment, access to information/legal representation, review panels, and oversight of the Act.
- The Office of the Ombudsperson released "Committed to Change: Protecting the Rights of Involuntary Patients Under the *Mental Health Act*" in March 2019.
    - The Ombudsperson showed system-wide problems with the timely and adequate completion of involuntary admissions forms.
    - The report outlines 24 recommendations for health authorities, Ministry of Health, Ministry of Mental Health and Addictions, and Attorney General, which focus on:
        - Regular auditing, annual performance targets, improved records management, and increased public reporting;
        - Provincial standards and guidance with mandatory training; and
        - An independent rights advice service for patients.

Ministry/Government Actions to date:

- MMHA has set the strategic direction for legislative compliance and improvement in quality of care by creating the "British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019" (the Framework).
- In response to the Ombudsperson's recommendations, MMHA is supporting HLTH in developing clear and consistent provincial standards for involuntary admissions.
- MMHA monitors government's progress related to the Ombudsperson's recommendations and reports to the Ombudsperson on a bi-annual basis. It also, with HLTH, annually evaluates form compliance and quality improvement measures and reports the results to the Ombudsperson, including the compliance rates for each health authority.
- MMHA is working with the Ministries of Attorney General and Health on addressing recommendations from the Ombudsperson on providing independent rights advice and legal aid to those admitted under the Act.
- The Mental Health Review Board has recently made changes in response to report recommendations, including guidance around restraints and seclusion policies, procedural improvements regarding review panel hearings, and improved oversight and accountability. MMHA provided input to that work.

Digital Front Door

Introduction:

- The Ministry of Mental Health and Addictions is currently developing a website called Advice/Recommentations
- A commitment from A Pathway to Hope, this new site aims to improve navigation to mental health and substance use services and information online.

Government Financial Information

Background:

- The online world is one of the most common starting places for people searching for mental health and substance use information.
- The BC Government's website analytics show that the most frequently searched term on the government web platform is 'mental health'. These searches currently result in a patchwork of results, often requiring the searcher to sift through pages of links and unrelated materials.
- Mental health and addictions services and its related digital information is spread across government, with supports and service directories existing in many ministries.
- This digital information is uncoordinated and often provides a fractured online experience for those searching for information.

Advice/Recommentations will provide a trusted and credible digital front door to mental health and substance use services and information on behalf of government.

- This new website also sets out to improve the end-user experience by providing intuitive wayfinding support, an engaging brand, and peer-reviewed materials focused on fact-based, plain-language and consumable information.

Ministry/Government Actions to date:

- Since project initiation, the following milestones have been achieved:
    - Funding and contractors secured

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Performance Monitoring, Evaluation and Research

Introduction:

- The Ministry of Mental Health and Addiction's mandate includes responsibility for program evaluation and research related to mental health and addictions.
- This includes performance monitoring and reporting on the priority actions within the *Pathway to Hope* (the Pathway), monitoring of long-term population and system measures, and development of a provincial research agenda for mental health and addictions.

Background:

- The aim of MMHA's activities in performance monitoring, evaluation, and research is to generate and identify intelligence that can feed into policy and planning, guide the direction and implementation of strategic initiatives, and support improvement of services.
- Through a consistent and collaborative approach to performance monitoring and evaluation over time, the ministry will be able to illustrate the impact of investments on mental health and substance use care, and how the Pathway has impacted the quality and reach of services in different populations.
- A focus on connection and partnership with BC researchers enables the ministry to influence and inform types and themes of research. High quality evidence obtained through research supports continuous improvement of mental health and addictions services.

Ministry/Government Actions to date:

Performance monitoring and evaluation

- In 2019, following the release of the Pathway, the ministry worked with cross sector partners to develop a performance monitoring and evaluation framework.
- The framework includes short-term measures to track implementation of the Pathway's three-year priority actions as well as long-term population and system measures to assess the impact of the Pathway over ten years. The long-term measures are aligned with measures from the Canadian Institute for Health Information, the Mental Health Commission of Canada, and BC's Provincial Health Officer.
- Baseline data has been collected for the long-term measures and will be reported every two years.

Advice/Recommentations

- This information is used to populate two primary products:
    - An internal performance monitoring report intended to assess progress and inform executive oversight of the strategy. The first edition of this report covers the period of April 1 through September 30, 2020.
    - An annual public progress report, as committed to in the Pathway. Advice/Recommentations

Advice/Recommentations

Research

- *Research Agenda*: The ministry is undertaking a project to create a research agenda for mental health and addictions research in BC. This is in collaboration with cross-government ministry partners, researchers and research institutions, First Nations, Métis and other Indigenous organizations and communities, services providers, funders, and people with lived and living

experience, their families and caregivers. The project aims to:

  - Identify key gaps in knowledge related to system improvements for mental health and substance use and prioritize which are the most relevant and acute for BC over the next 3 years;
  - Improve partnerships among researchers, service providers and cross sector government partners;
  - Capitalize on BC and national funding opportunities for mental health and substance use research; and
  - Improve the adoption of evidence into mental health and substance use policy and planning across sectors.

- *Knowledge translation/mobilization*: The ministry works to translate existing evidence into policy and practice. This evidence informs development and implementation of the Pathway and the overdose emergency response by highlighting the interventions, programs and strategies most likely to improve health outcomes.
- *Attracting research funding*: Ministry staff participate on adjudication advisory teams and/or written support for researchers applying for funding from various external funding partners, including Health Canada, Canadian Institutes of Health Research, Public Health Agency of Canada, and Michael Smith Foundation for Health Research. Currently, the ministry supports multiple COVID-19 mental health and addictions projects that received or are likely to receive funding in 2020.

Peer Support

Introduction:

- *A Pathway to Hope* includes the following initiatives related to peer support and engagement of peers in the mental health and substance use system of care:
    - Provincial Peer Network
    - Peer Coordinators
    - Peer Support Curriculum and Standards of Practice
- In addition, the ministry is developing a Peer Support Framework.
- As part of the Comprehensive Package of Essential Services for Overdose Prevention, Peer Empowerment and Employment is an essential strategy for a supportive environment that helps to form an integrated, comprehensive response to the overdose crisis. Peer Empowerment and Employment is aimed at providing individual skills and capacity building within individuals and communities with lived experience which includes:
    - Diversity of paid peer program opportunities
    - Peer-led initiatives
    - Peer training opportunities
    - Ensuring programs involve people with lived experience in strategic program planning and decision-making

Background:

- In the context of the ministry's work, a "peer" is defined as a person with lived or living experience in mental health, substance use, or addiction. A "peer support worker" is a peer who uses their experience in the provision of direct mental health or substance use care, for example as peer navigators, peer coordinators, or peer educators. "Peer engagement" refers to the practice of engaging and involving peers in the development and implementation of policies and programs related to mental health and substance use.
- Engaging people with lived or living experience provides valuable insights into the context in which people use drugs, the unique needs of this population, and possible barriers that prevent people from using existing low-barrier health services. Further, the inclusion of peer representation can address equity of harm reduction services and interventions by fostering communication, building trust, increasing knowledge, and reducing stigma and discrimination to remove barriers and increase utilization of services and supports.[i]

Provincial Peer Network

- The Peer Network is coordinated under the banner of the BC Yukon Association of Drug War Survivors, which includes membership from numerous peer organizations across the province, including SOLID, VANDU, REDUN, CSUN and many others. The network aims to be inclusive and representative of diverse peer groups from across the province.
- The Provincial PEER Network aims to strengthen province-wide collaboration and information sharing between peer-led organizations through increasing capacity of peer-led organizations and the development of a network structure. The Provincial Peer Network is also working towards having strong linkages to the regional peer coordinators in each Regional Health Authority.

Advice/Recommentations

Peer Coordinators

- Regional Peer Coordinators are working towards enabling the meaningful engagement of people with lived and living experience (peers) of substance use in substance use and harm reduction policy, program development and implementation.
- Regional Peer Coordinators were hired in each of the six Health Authorities (including PHSA).
- Examples of fiscal 2019-2020 Peer Coordinator activities included the following:
    - Peer Coordinator liaises with BCCDC Harm Reduction team on an ongoing basis to inform development, delivery, evaluation/surveillance and quality improvement related to harm reduction strategies and services, naloxone, and overdose emergency response activities.
    - Participate as member of planning tables for transforming and developing specific components of the system of care (rural/remote, acute/ed, low barrier treatment access, sevice redesigns – Insite, Crosstown, Rapid Access Clinics) working in partnership with other members of the Regional Health Authority's program and services, and external community partners.
    - The Peer Coordinator is responsible for facilitating and promoting the meaningful engagement of people with lived experience of substance use (referred to as "peers") in harm reduction policy and program development, implementation, monitoring and evaluation within the regional health authority and partner organizations.

Advice/Recommentations

Provincial Peer Support Curriculum and Standards of Practice

- The aim of the Provincial Peer Support Curriculum and Standards of Practice project is to enhance peer support program quality and consistency across the province by delivering educational resources that are accessible, evidence-based, and consistent with the emerging trends in the field of mental health and addictions.
- The Peer Support Curriculum Guide, the Standards of Practice and the Engagement Report have been completed, and teaching and learning resources are now being drafted. Advice/Recommentations

Advice/Recommentations

Peer Support Framework

- The Peer Support Framework is intended to facilitate a common understanding of the broad practice of peer support and its role in the continuum of mental health and substance use care. Goals of the Framework include: Enhancing quality and consistency in the delivery of peer support services and supporting fair and equitable practices in employing peer support workers.

Advice/Recommentations

Ministry/Government Actions to date:

- As part of the 2020/21 Community Innovation Fund, funding was allocated to the Provincial Peer Network to provide operational funding and capacity building for organizations of people who use drugs (PWUD) to better engage their expertise in the provincial overdose emergency response. Funding was also allocated toward peer coordinators in each Regional Health Authority including BC Centre for Disease Control, PHSA.
- The Ministry provided a $1 million grant to BC Campus to develop and evaluate a provincial peer training curriculum, standards of practice and educational resources.

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[i] http://www.bccdc.ca/our-services/programs/peer-engagement

Substance Use

Introduction:

- Substance use refers to the consumption of psychoactive substances which includes both legal substances such as alcohol and cannabis, and illicit substances such as stimulants (e.g., cocaine) or opioids (e.g., heroin).
- Substance use exists on a spectrum from beneficial to harmful use. In some instances, harmful substance use is diagnosed as a substance use disorder.
- While the Ministry of Mental Health and Addictions (MMHA) is responsible for strategic policy initiatives to improve substance use care in BC, substance use is a cross-sector issue that intersects with health, social services, criminal justice, family services, and education systems.

Background:

- In 2017, almost 300,000 (7.3%) of people over the age of 15 reported illicit drug use within the past year, including misuse of prescription drugs and illegal street drugs.[1]
- Alcohol is the most commonly used substance in BC – over 90% of people over the age of 15 in BC report lifetime alcohol use. According to the most recently available data, 3.2 million people in B.C. (78.5%) reported having consumed alcohol in the past year, with BC reporting among the highest rates of problem drinking in Canada.[2]
    - Of those who drank alcohol in B.C., almost 800,000 (18.2%) engaged in occasional heavy drinking in excess of low risk drinking guidelines.[3]
- The Canadian Centre for Substance Use and Addiction[4] estimates that substance use costs BC over $6.6 billion per year, including[5]:
    - $3.1 billion in lost economic productivity (e.g., premature death, short-term and long-term disability).
    - $1.9 billion in costs to the health care system (e.g., hospitalizations and emergency room visits).
    - $1.2 billion in costs from the criminal justice system (e.g., policing and court system).
- While not all people experiencing harms related to substance use have a substance use disorder, there are approximately 280,000 people in BC with at least one substance use disorder, which include an estimated 202,000 individuals with alcohol use disorders. [6] Over 66,000 individuals are estimated to have an opioid use disorder.[7]
- A substance use disorder is a clinical diagnosis based on the American Psychiatric Associations Diagnostic and Statistical manual (DSM-V). It is not a measure of the amount of a substance consumed, but includes diagnostic criteria related to dependence on a substance as well as on the impacts of the substance use on an individual's overall functioning. Severity of a substance use disorder is determined based on the number of diagnostic criterion that are met, and is usually divided into mild, moderate or severe categories.

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[1] Canadian Tobacco, Alcohol and Other Drugs Survey, 2017: https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t13

[2] https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t18

[3] Heavy drinking (defined as having 5 or more drinks for males or 4 or more drinks for women on one occasion, at least once a month in the past year) https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009611&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2018&cubeTimeFrame.endYear=2019&referencePeriods=20180101%2C20190101

[4] https://www.ccsa.ca/canadian-substance-use-costs-and-harms Canadian Substance Use Costs and Harms, 2015-2017

[5] This figure includes costs associated with tobacco use, which represents $1.37 billion in the total costs. Without tobacco, the costs to BC associated with substance use is $5.25 billion

[6] The Centre for Applied Research in Mental Health and Addiction has led needs-based planning research on mental health and substance use disorders in BC, in collaboration with Ministry of Health, that excludes estimated prevalence of select substance use disorders. This work is still in development, with a final report expected by end of year.

[7] Cascade of Care OUD estimate, June 2020

- Substance use disorders are chronic, relapsing conditions that require a long-term approach to care and management. Many people with substance use disorders cycle through periods of recovery, relapse, and treatment re-entry, which can last for several months, years, and even decades.

Ministry/Government Actions to date:

- Note: The actions taken in response to the overdose public health emergency are described in detail in a separate Overdose note.
- MMHA has taken significant action to strengthen and improve substance use services across the continuum of care. We continue to work with our partners to strengthen the system of care so that people are able to access the services they need on their journey to recovery and wellness.
- Key Actions:
    - Building a full continuum of care
        - Ongoing development of a policy framework to improve the substance use system which will define the key elements needed to ensure that substance use services are coordinated, integrated, and evidence-based
        - Improving access to addiction treatment through the implementation of Rapid Access to Addictions Care Clinics in all health regions
        - Expanding access to first-line medications for opioid use disorder
        - Increasing access to flexible treatment options like injectable opioid agonist treatment (iOAT) and tablet iOAT (TiOAT)
        - Working to integrate mental-health and addictions services into primary care networks throughout the province
        - Supporting therapeutic recovery communities like Our Place in View Royal
    - Ensuring evidence guides care
        - Releasing new, evidence-informed guidelines for the care and treatment of high-risk drinking and alcohol use disorders and for prescribing iOAT
        - Releasing the *Risk Mitigation in the Context of Dual Public Health Emergencies*¸ interim clinical guidance for prescribing substances to support self-isolation or physical distancing
    - Enhancing prescriber services
        - Increase access to addictions medicine by increasing prescribing capacity for physicians and nurse practitioners
    - Strengthening bed-based services
        - Amended the *Community Care and Assisted Living Act* and introduced the *Assisted Living Regulation* to increase the regulatory oversight of supportive recovery homes
        - Investing in bed-based services for adults seeking treatment to create over 70 new residential treatment beds and 50 intensive outpatient treatment spaces
        - Increasing the number of substance use treatment and recovery beds through an investment of approximately $13.5M over three years in grant funding
    - Local harm reduction initiatives
        - Supporting 24 locally led and collaboratively designed community wellness and harm reduction projects across the province through grants of up to $50,000 per community, for a total of more than $933,000
    - Enhancing team-based service delivery
        - Working with Regional Health Authorities to implement the Substance Use Integrated Teams initiative to increase multidisciplinary, wraparound care for adults with a range of substance use challenges through seven new and nine expanded teams

Substance Use Framework

Introduction:

- The Ministry of Mental Health and Addictions (MMHA) is leading the development of a policy framework to improve the adult substance use system of care. This framework will determine and describe the key elements needed to ensure that substance use services are coordinated, integrated and evidence-based.

Background:

- MMHA has made significant investments and efforts to improve and strengthen the system of substance use care in BC;despite this, the current system remains fragmented and diffcult to navigate.
- *A Pathway to Hope* includes a priority action to develop a framework for improving the adult substance use system of care.
- The new framework will build on work that is ongoing within the health sector to improve the substance use system of care, including the provincial response to the overdose emergency.

Advice/Recommentations

- While the health system is the primary component of the framework, it will also take a cross-system perspective that acknowledges the important roles played by the social determinants of health.

Ministry/Government Actions to date:

- To date, a number of key deliverables have been completed:
    - Foundational policy work to support the framework, including:
        - A thematic analysis of past stakeholder engagement, reports, and recommendations;
        - A jurisdictional scan of other substance use systems of care both within and outside Canada;
        - Analysis of the current state of substance use services and gaps underway with health authorities and cross-government partners; and
        - Review of core substance use services through a contract with Dr. Brian Rush, a leading expert on substance use systems of care in Canada.
    - Established a cross-government Executive Director Steering Committee to guide the development of the framework

    - Developed a proposed plan for further engagement to fill information gaps and ensure support for this work among key stakeholders and partners
- Proposed next steps include:

Advice/Recommentations

Substance Use Integrated Teams

Introduction:

- Substance Use Integrated Teams (SUITs) help adults experiencing substance use challenges stay connected to health care supports and treatment services. Through this initiative, Regional Health Authories have implemented 7 new and 9 expanded integrated teams.

Background:

- A 2018 Coroners' report on overdose deaths in 2016 and 2017 found that four out of five people who died were reported to have had contact with health services in the year before their death.
- In response, the *Pathway to Hope* identified a priority action to implement integrated team-based service delivery to connect adults to treatment and support ongoing recovery. Health authorities are implementing this action through the establishment of seven new and nine expanded substance use integrated teams throughout the province.
- The SUITs are intended to ensure that people who use substances have access to the health care system and can stay connected to a range of care options tailored to their needs.
- These teams supports adult clients as well as youth and young adults for whom adult services are more appropriate.
- The teams are tailored to the needs in each community and are comprised of a range of professionals working together, including nurses, counsellors, social workers and peers to provide individualized, person-centred care, such as:
    - Outreach workers that bring services to people and help them get connected to services;
    - A mix of clinical services and social supports including access to prescribers for safe prescription alternatives to the toxic drug supply;
    - Support for people during transitions to ensure continuity of care;
    - In-reach services to provide even more support for people with substance use challenges residing in supportive housing, as well as hotels or emergency response centres during COVID-19; and
    - Connections to primary care.
- Depending on the team, people may be connected through self-referral or referral from service providers.

Ministry/Government Actions to date:

- Budget 2019 provided $13.98 million over three years to support the SUITs initiative.
- The Ministry of Mental Health and Addictions (MMHA) has led the development of the SUITs initiative, in close collaboration with the Ministry of Health (HLTH) and Regional Health Authorities (RHAs).
- MMHA and HLTH collaborated with RHAs, the Overdose Emergency Respones Centre Clinical Advisory Group, the First Nations Health Authority (FNHA), Métis Nation BC, and the BC Association of Aboriginal Friendship Centres to develop a Service Delivery Framework and Community Selection Criteria that supported RHAs in designing and implementing this initiative.
- These teams were publicly accounced on July 13, 2020, and RHAs began their implementation processes in July.
- All RHAs are currently in the process of implementing these new resources, Advice/Recommentations

Advice/Recommentations .

Full list of Team locations:

- New Teams
    - Abbotsford (Fraser Health)

    - Hope/Fraser Canyon (Fraser Health)
    - Nanaimo (Island Health)
    - Cowichan (Island Health)
    - Oceanside (Island Health)
    - Shuswap North Okanagan (Interior Health)
    - South Okanagan (Interior Health)
- Expanded Teams
    - Northeast HSDA - Including North Peace (Northern Health)
    - Northwest HSDA – Smithers/Houston (Northern Health)
    - Northwest HSDA - Prince Rupert, including Haida Gwaii and coastal communities) (Northern Health)
    - Northern Interior HSDA - Prince George and rural communities (Northern Health)
    - Campbell River (Island Health)
    - Sea to Sky (Vancouver Coastal)
    - Powell River (Vancouver Coastal)
    - Northshore (Vancouver Coastal)
    - Vancouver (Vancouver Coastal)

Community Bed-Based Substance Use Services

Introduction:

- In BC there is a wide range of community bed-based services that address the needs of people with substance use disorders.

Background:

- Community bed-based substance use services in B.C. include:
    - *Residential Treatment:* Live-in residential treatment offering clinical supports, psychosocial supports, life-skills training, and may include medical services. Health authority funded treatment beds include the following services:
        - Regional Health Authroty - typically moderate intensity substance use treatment services and psychosocial supports.
        - Provincial Health Services - intensive residential substance use treatment services appropriate for individuals with moderate to severe substance use disorders and mild to moderate mental health needs.
        - Provincial Health Services Concurrent – high intensity residential or hospital-based substance use services suitable for individuals with the most severe concurrent substance use disorders and mental health disorders.
    - *Supportive Recovery*: Low to moderate supports in either a shorter or long-term communal living environment typically offering a range of psychosocial services including peer support groups, coaching, and life skills.
    - *Transitional Services*: A temporary residential setting providing short- to medium-term medical and clinical supports in dedicated stabilization and/or transition beds.
    - *Withdrawal Management:* A hospital or community residential setting where the acute stages of withdrawal can be medically assessed by a physician and monitored by a health-care professional. The average length of stay is seven days.
    - *Sobering and Assessment:* 24-hour stay where a nurse can assess and monitor the sobering process and can offer more intensive programming.
    - *Supported Housing with Substance Use Supports:* Safe, secure and affordable accommodation that support independent living. Residents may have access to some clinical mental health and substance use services, psychosocial supports and some assistance with daily living. These residences may not be "substance free" but many offer harm reduction supports and other substance use services.
- These services may fall under oversight of the *Community Care and Assisted Living Act* (CCALA), *Mental Health Act*, or *Hospital Act* or *Residential Tenancy Act* depending on the service setting and primary focus of services.
- Across B.C. approximately 58 substance use facilities and a further 114 supportive recovery residences are licensed or registered under the *CCALA*. [1]
- There are currently 2,956 health-authority funded adult community substance use beds throughout the province, according to the Mental Health and Substance Use bed survey for March 31, 2020. This includes beds under the responsibility of BC Housing located at supportive housing and low-barrier housing sites.

[1] Ministry of Health- Licensing and Assisted Living Registry data provided to MMHA, accessed September 2020

- Table 1: Publicly funded adult community substance use beds, March 2020 (breakdown)[2]

ADULT SUBSTANCE USE BEDS	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
Residential Treatment	56	158	36	9	0	78	337
Supportive Residential Services	83	188	140	91	71	8	581
Transitional Services	6	24	85	22	8	0	145
Withdrawal Management Facility Based and Supportive Beds (detox)	42	24	61	43	30	0	200
Sobering and Assessment Beds	0	25	15	59	0	0	99
Low Barrier Housing	30	0	898	329	0	0	1257
Supported Housing	0	28	302	6	1	0	337
TOTAL	**217**	**447**	**1,537**	**559**	**110**	**86**	**2,956**

**Private pay and SDPR funding is not included in these figures.*

- Community bed-based treatment and recovery services are funded through a complex model that includes a mix of funding sources: health authority contracts, daily user fees and/or private resources.
- Most services require payment of a daily user fee that can be paid directly by the client or, if a client is a recipient of income or disability benefits, through the Ministry of Social Development and Poverty Reduction. Clients who do not qualify for public funding may qualify for hardship assistance through their local health authority. Access to hardship assistance for user fees is determined at the regional level.

Ministry/Government Actions to date:

Surge Beds

- In 2017/18, the Ministry of Health provided $10 million to all health authorities, including PHSA, in one-time funding to implement over 70 residential treatment beds and 50 intensive outpatient spaces in response to the overdose public health emergency and to support access to Opioid Agonist Treatment (OAT).
- Of those 70 beds, 35 beds delivered through PHSA are administered under a new model of care that includes a mix of privately and publicly funded services, are available to clients from any region, provide a higher tier of care than regional beds and are among the few treatment and recovery beds in BC that do not charge user fees to those accessing the service. These beds are funded to the end of fiscal 2020/21 through the Federal Mental Health and Addictions Services Agreement.

Additional Investments

- In 2020, $13.5 million in funding was provided to Canadian Mental Health Association BC to expand adult treatment and supportive recovery beds by approximately 50-70 beds over the next 3 years (Cross ref: Treatment and Recovery Beds Expansion Grant Sub Note).
- An additional $2.5 million in grants was allocated to support existing supportive recovery operators with financial impacts faced as a result of increased health and safety protocols and ocial distancing requirements relating to COVID-19.
- In 2019, the Province invested $20M to build, repair, renovate and expand First Nations-operated treatment centers in partnership with First Nations Health Authority. A total of eight capital projects have been recommended: two new facilities in the Vancouver Coastal and Fraser Salish regions, and six replacement facilities for aging centres.
- In 2018, the Province provided $4.7 million to support Our Place Society to open 40 new beds at

[2] MoH Community Bed-Based Services sourced from MHSU Bed Survey for March 31, 2020, PAS 3000.0285 MHSU Bed Information 2020-03-31.xlsx.HSIAR Division, accessed October 19, 2020

New Roads Therapeutic Recovery Community on Vancouver Island.

Treatment and Recovery Beds Expansion Grants

Introduction:

- In July 2020, the Province announced it was investing $13.5 million (over 3 years) to increase the number of community-based, publicly funded treatment and recovery beds in BC.
- The funding has been directed to the Canadian Mental Health Association-BC (CMHA-BC) to administer a competitive grant process in consultation with MMHA, health authorities and other partners.
- It is anticipated that the grant process will add 50 to 70 new publicly funded beds, primarily through the additions of "net new" beds or via the transition of private pay beds. Eligible organizations include both public and privately funded services.

Background:

- Bed-based (residential) treatment and recovery services are intended to provide a safe, communal living environment where individuals with substance use challenges have the opportunity and support to focus on their recovery journey. Regulatory oversight for these services is provided under the *Community Care and Assisted Living Act* (CCALA).
- There are currently approximately 58 licensed substance use facilities and 114 registered assisted living supportive recovery residences across BC.[1]
- Improving access to evidence-based addictions care, including treatment and recovery services, is identified as a priority action in the *Pathway to Hope*.
- Since the declaration of the public health overdose emergency in 2016, this is the second notable increase in publicly funded adult substance use treatment/recovery beds (the first being 2017 surge bed funding).
- Where possible, this funding opportunity will prioritize applications that address identified provincial funding priorities:
    - Rural and remote communities or small population centres.
    - Indigenous clients in urban and rural environments.
    - Parents requiring access to services that accommodate children.
    - Regionally specific under-served populations, service gaps and needs where the need for bed-based substance use services exceeds current available services.

Ministry/Government Actions to date:

Key Eligibility and Funding Requirements:

- The application process and guidelines were developed in close consultation with health authority partners, including First Nations Health Authority (FNHA) and Provincial Health Services Authority, to ensure alignment with existing health processes and existing standards for evidence-based or informed care. In particular:
    - Applicant organizations must hold a current license or registration under the *Community Care and Assisted Living Act (CCALA)* for the site(s) where the new bed(s) will be located *or* will be granted a license or registration no later than April 1, 2021.
    - Applicants must have the appropriate experience, organizational capacity, staff expertise and resources to implement the proposed expansion within stated timelines.

[1] Ministry of Health- Licensing and Assisted Living Registry data provided to MMHA, accessed September 2020

    - Newly funded beds must accept and accommodate clients taking prescribed medications, including opioid agonist medication (OAT) and other medication-assisted therapies for substance use disorders.
- The intent of the funding is to support new beds designated for adult clients (aged 19 years or older). It is not intended to incorporate significant capital or infrastructure expenditures, such as constructing a new facility. Furnishings, minor renovations or infrastructure costs may be accepted.

Communications Approach and Stakeholder Involvement

- Application launch for the grants took place on August 27 and closed on October 7 (allowing ~6.5 week application timeframe).
- Throughout the application period, extensive efforts were made to ensure operators were aware of the funding opportunity:
    - Information bulletins and direct email notifications to all eligible licensed and registered operators through Ministry of Health Assisted Living Registry and Health Authority licensing departments and mental health and substance use leads.
    - CMHA and Province of BC social media (blog posts, Twitter, Facebook).
    - Mail-out reminder to all eligible operators.
    - Targeted CMHA phone calls to services operating in underserved regions of Northern Health and Island Health.

Application Review Process and Funding Decisions

- In total, 35 applications requesting total funds of $37.0 million were submitted during the application period.
- Each application will be reviewed by health authority staff, FNHA, community-based service providers, as well as people with lived and living experience. Final decisions will include consultation with MMHA.

Advice/Recommentations

Supportive Recovery Services

Introduction:

- Supportive recovery services have the goal of providing a safe, communal environment where individuals have the opportunity and the support to focus on their recovery journey. These services can be delivered in different environments, including licensed or registered residences, shelters, housing facilities, or in the community.
- Supportive recovery residences continue to garner attention from service providers, community partners like the BC Coroner service and the media due to concerns regarding a lack of sector oversight, safety and accountability. Complaints often focus on the quality of care provided in homes, government oversight and accountability and concerns that operators may take financial advantage of clients.
- The Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (MoH) have partnered on a broad initiative to address these issues with the goal of improving the overall quality, safety and consistency of these services.

Background:

- Supportive recovery residences typically offer services like psychosocial supports, relapse prevention, peer counselling, medication management, meal services and social opportunities to people with substance use challenges. They *do not* provide medical withdrawal management or treatment services.
    - Registered assisted living supportive recovery residences typically offer a range of services and supports including peer support groups, coaching, and life skills.
    - Licensed services typically provide a higher level of care compared to registered services.
- A key aspect of bed-based treatment and recovery includes communal living environments. These services can increase individual stabilization and provide protective factors that contribute to increased safety and ongoing recovery. Clients are also able to access other social services that are key features of a recovery-oriented system of care e.g., employment and vocational services, long-term housing and ongoing psychosocial programming.
- There are currently approximately 114 registered assisted living supportive recovery residences across BC, including approximately 54 residences in Surrey. [1]

Oversight and Legislative Framework

- Most supportive recovery services are required to be licensed or registered under the *Community Care and Assisted Living Act* (CCALA).
- The Ministry of Health (HLTH), Assisted Living Registrar is responsible for the oversight of registered residences and has a team of investigators responsible for inspecting residences when there is a complaint to ensure they are complying with the CCALA and its Regulations or if there is a health and safety concern.
- Health authorities are responsible for oversight of licensed facilities including, inspecting facilities, investigating complaints and publishing information on unlawful residential care facilities and substantiated complaints

Ministry/Government Actions to date:

- In Fall 2018, the Ministry of Mental Health and Addictions (MMHA) along with HLTH began to engage stakeholders to address key priorities aimed at enhancing accountability and oversight of the supportive recovery sector. Project deliverables to date include:
    - *Regulations:* Amendments to the CCALA and the new Assisted Living Regulation which

[1] Ministry of Health- Licensing and Assisted Living Registry data provided to MMHA, accessed September 2020.

improve regulatory oversight for all registered supportive recovery homes and gives the Province new tools to respond more promptly to health and safety complaints. The new Assisted Living Regulation includes new requirements for supportive recovery including enhanced training requirements for staff working in supportive recovery homes. These changes came into force on December 1, 2019.

- *Sector Training*: Creation of a Training Bursary Fund administered by the Community Action Initiative (CAI) to assist operators to come into compliance with new regulations requiring that employees have at least 20 hours of training in one or more of the following areas; counselling, crisis intervention and conflict resolution, psychosocial intervention for substance use disorders and trauma-informed practice. Service providers may apply for funding of up to a maximum of $8,000.
- *Operator Supports:* Development of operator handbook, updated MOH Assisted Living Registry website, and training seminars for operators and health authorities to discuss the new regulatory changes.
- *Funding:* Implemented a per diem increase for eligible income assistance clients accessing registered supportive recovery homes from $30.90 to $35.90 per day, and licensed supportive recovery services from $40.00 to $45.00 per day.

- This work has been guided by a Steering Committee comprised of representatives from First Nations Health Authority (FNHA), health authorities, the BC Centre on Substance Use (BCCSU) and the Ministry of Municipal Affairs and Housing. The Province also engaged with people with lived experience, operators and additional stakeholders to inform this work.

Cabinet Confidences; Advice/Recommentations

Decriminalization

Introduction:

- The decriminalization of people who use drugs in BC would be a significant step in responding to the overdose crisis and provide an important opportunity to address the stigma and discrimination faced by people who use drugs.

Background:

- Canada prohibits the unauthorized simple possession of drugs under the *Controlled Drugs and Substances Act* (CDSA), section 4(1).
- Possession continues to be the most prevalent drug-related criminal offence in Canada, despite a decreasing rate.[1]

Decriminalization

- Decriminalization refers to the process of removing criminal sanctions related to possession for personal use only; drug trafficking and other drug-related offences would remain illegal.
- In 2017, the Global Commission on Drug Policy called for decriminalization of the consumption and possession of small amounts of illegal drugs as a key to addressing the opioid epidemic in North America. The commission stated that "only by decriminalizing the consumption of drugs and their possession for personal use can people in need of health and human services access these services easily, and without fear of legal coercion or social exclusion."[2]
- At least 30 jurisdictions around the world have adopted or are beginning to adopt a shift in drug policy that moves away from criminalizing people who use drugs to one of decriminalization, within the context of supporting human rights. In January 2019, the United Nations Chief Executive Board, which represents 31 United Nations agencies, announced the adoption of a common position on drug policy that endorses decriminalization of possession and use of drugs.[3]
- In British Columbia, the criminalization of people who use drugs exacerbates stigma associated with substance use and may prevent people from accessing life-saving health and social services. In addition, the long-term impact of a criminal record on obtaining employment, applying for housing/an apartment and certain restrictions related to free movement (e.g., passport rules of various other jurisdictions) are significant.

Ministry/Government Actions to date:

- On April 24, 2019, the Provincial Health Officer, Dr. Bonnie Henry, released a report urging the B.C. government to consider decriminalization of people who use drugs.
- On July 9, 2020 the Canadian Association of Police Chiefs endorsed the decriminalization of possession of illicit drugs for personal use. This endorsement echoes recent recommendations from BC's Provincial Health Officer Dr. Bonnie Henry, Chief Coroner Lisa Lapointe, and others who believe that substance use in our society should be treated as health issue rather than a moral or criminal issue.
- On July 20, 2020, Premier John Horgan wrote to the Prime Minister to urge the federal government to develop a national plan to decriminalize the possession of controlled substances for personal use

Intergovernmental Communications

[1] Statistics Canada. Table 35-10-0030-01 Adult criminal courts, guilty cases by type of sentence (https://doi.org/10.25318/3510003001-eng)

[2] Global Commission on Drug Policy. (2017). *The Global Commission Calls for Decriminalization as key to addressing the Opioid Epidemic in North America*. Retrieved from: https://www.globalcommissionondrugs.org/the-global-commission-calls-for-the-decriminalization-of-drug-use-and-possession-as-key-to-addressing-the-opioid-epidemic-in-north-america

[3] United Nations System Chief Executives Board for Coordination. Summary of deliberations, Second regular session of 2018. Manhasset, NY: United Nations System Chief Executives Board for Coordination; 2019 Jan 18 [cited 2019 Mar 26]. Available from: https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf

- On September 18, 2020 the Minister of Public Safety and Solicitor General wrote to the Mayors of Cities with Municipal Police Boards advising that police units must consider pursuing a public health and harm reduction approach, and work to support community efforts to reduce stigma and enhance pathways for those facing substance use challenges into substance use systems of care. Many police agencies in BC have adopted policies and/or practices to not refer simple possession offences to the Prosecution Service for charge consideration but choose other avenues available for disposition of the offence.
- Despite these policies and practices, front-line workers in the overdose crisis and advocacy groups for people with lived and living experience continue to report that fear of arrest and prosecution for the use or possession of drugs or of injecting supplies is deterring people who use drugs from seeking health and social services.

Advice/Recommentations; Intergovernmental Communications

BC Centre on Substance Use

Introduction:

- The BC Centre on Substance Use (BCCSU) is a provincially networked organization of researchers, clinicians, educators, people who use substances, families affected by addiction, the recovery community and other care providers with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction.

Background:

- The BCCSU has three core functions:
    1. Research and evaluation
    2. Education and training
    3. Clinical care guidance
- The BCCSU is also the BC node of the Canadian Institutes of Health Research-funded Canadian Research Initiative in Substance Misuse (CRISM). This national network of researchers, service providers, policy makers and people with lived experience aims to translate evidence-based interventions for substance misuse into clinical practice, community-based prevention, and health system changes.
- Currently, Cheyenne Johnson and Dr. Perry Kendall are the co-interim executive directors of the BCCSU. Business Information

Business Information

- Through the current shared cost agreement with the Ministry of Health, Providence Health Care Society receives Government Financial Information for the BCCSU to undertake activities related to its core functions, including:
    - Implementation of a 24/7 addiction medicine consult line for opioid agonist treatment (OAT) prescribers.
    - Development of clinical care guidelines related to addictions medicine, including for the clinical management of opioid use disorder and alcohol use disorder, as well as prescribing guidelines for opioid agonist treatment.
    - Review of evidence to support improvements within the supportive recovery sector, including accountability and oversight enhancements.
    - Provision of education and training for health care providers, including through the Provincial Opioid Use Disorder Treatment Program, the Provincial Interdisciplinary Addiction Fellowship Program, and the Addiction Care and Treatment Online Certificate Program.
    - Carrying out quality improvement, monitoring, and evaluation initiatives related to OAT.
    - Funding for an expanded evaluation of tablet injectable opioid agonist treatment (TiOAT) was provided through a modification to the Shared Cost Agreement (SCA) over two years 2020/2021 and 2021/2022.
- The BCCSU is also supporting the BC Government's response to the COVID-19 public health emergency within the context of the ongoing overdose emergency, through activities such as the development of interim clinical risk mitigation guidance to support health care providers in serving vulnerable clients at the intersection of these dual public health emergencies. In addition, the BCCSU is supporting two significant priorities during the dual public health emergencies: access to pharmaceutical alternatives for people who use drugs and expanding the scope of practice for nurses to include the ability to prescribe safer pharmaceutical alternatives.
- The BCCSU has also been provided funding through the OERC Community Crisis Innovation Fund for the following initiatives:

    - Learning about Opioid Use Disorder (LOUD) in the Emergency Department: To provide a Learning Collaborative and Evaluation for Emergency Departments (ED) teams across the province, to scale-up and implement a framework for providing buprenorphine-naloxone (Suboxone®) within the ED setting.
    - Construction Industry Project: Strategies for evidence-based harm reduction, treatment and recovery for construction industry workers with opioid and/or alcohol use disorder(s).
    - Indigenous Leadership Professorship: Partnership between the First Nations Health Authority and the BCCSU to identify and implement innovative approaches to address the opioid crisis in First Nations communities.
- While the BCCSU is a key partner for the Province on many key initiatives related to substance use and addictions, it is a separate entity from the Province, and undertakes a number of additional initiatives related to their core functions.

Ministry/Government Actions to date:

- Through the Shared Cost Arrangement, the BC Government will provide the BCCSU with up to Government Financial Information
- MMHA and the Ministry of Health meet with the BCCSU regularly on specific initiatives.
- There is also a formal governance structure between the ministries to monitor the BCCSU's workplan and provide strategic direction on government priorities.
- The OERC Clinical Advisory Group includes representation from the BCCSU. Reporting directly to the Minister of Mental Health and Addictions, the Advisory Group provides strategic advice to the OERC and clinical guidance to the Minister of Mental Health and Addictions and MMHA leadership.
- BCCSU is also a member of the Joint Steering Committee on B.C.'s Overdose Response. The Joint Steering Committee provides strategic advice and works in partnership to provide leadership and direction on a cross-sector, province-wide approach to developing, implementing and maintaining a robust response to the overdose emergency.

Opioid Litigation

Introduction:

- The Province commenced litigation on behalf of Canada's provincial, territorial and federal governments against over 40 manufacturers and distributors of opioid products to recover the health care costs incurred in treating opioid-related disease caused by the industry's wrongful conduct.

Background:

- On August 29, 2018, the Province filed a class action seeking to recover health care costs arising from the treatment of opioid overdose and addiction (the "Action").
- The Province has alleged that the manufacturers and distributors of opioid products engaged in deceptive marketing tactics with a view to increase sales, resulting in increased rates of addiction and overdose. As a result, the Province has incurred significant costs.
- After filing the Action, the Province enacted the *Opioid Damages and Health Care Costs Recovery Act*, which allows the Province to use population-based evidence to establish causation and quantify damages. Five other provinces have since passed parallel legislation: Ontario, Nova Scotia, Newfoundland and Labrador, Saskatchewan and Alberta.
- The Ministry of Mental Health and Addictions (ADM Taryn Walsh) participates on an Instructing Committee that provides instruction on the operation and conduct of the litigation to the Legal Services Branch of the Ministry of Attorney General.

Ministry/Government Actions to date:

- Justice Brundrett was appointed to manage the case and has held three case management conferences to date. On March 19, 2020, Brundrett J. ordered that applications filed by defendants regarding jurisdiction, constitutionality and striking the pleadings will be heard at the same time as the Province's application to certify the Action. This decision is being appealed by two Quebec defendants and is limited to issues of jurisdiction. The hearing date for the appeal has not yet been scheduled.
- The Province has asked Brundrett J. to schedule the hearing to certify the Action as a class action and to define the common issues (the "Application").

Legal Information

Legal Information

- Purdue USA, the creator and manufacturer of OxyContin, filed for Chapter 11 Bankruptcy in the fall of 2019. This resulted in a stay of litigation against Purdue USA and related entities. The order was recognized by the Ontario Superior Court, staying the proceedings against the Purdue entities in Canada. The Purdue entities are privately held corporations largely owned by members of the Sackler family.

Legal Information

Overdose Overview

Introduction:

- British Columbians are experiencing unprecedented rates of overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic and has claimed the lives of over 6,000 people since being declared a public health emergency in 2016.
- The intersection of the public health emergencies of overdose and COVID-19 has exacerbated health inequities and the ongoing risk of overdose and other harms.
- Since late March, the number and severity of non-fatal overdoses and the number of overdose deaths has increased alarmingly. BC is at an all-time high for both fatal and non-fatal overdose events; already exceeding the number of deaths in the first nine months of 2020 (1,202) than in all of 2019 (981).
- Efforts to expand naloxone, overdose prevention services, and to connect people to treatment have averted nearly 6,000 deaths since April 2016.

Background:

- On April 14, 2016, the Provincial Health Officer (PHO) declared a public health emergency under the *Public Health Act* following an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly toxic.[i]
- Since the public health emergency declaration in 2016, at least 6,083 British Columbians have died from illicit drug toxicity.[ii]
- After a decrease in illicit drug toxicity deaths in 2019 (981 compared to 1,547 in 2018), 2020 has seen record-breaking numbers of deaths recorded in May, June, and July with 1,202 deaths up to the end of September 2020.
- Widespread, sustained, and severe overdose activity is being reported across BC, particularly in small and mid-sized communities. Smaller communities are likely to have fewer preventative services and longer emergency response times due to geography.
- The proportion of illicit drug toxicity deaths for which illicit fentanyl was detected (alone or in combination with other drugs) was approximately 80% in 2020 and 85% in 2019.
- Post-mortem toxicology results suggest that April–September 2020 saw a higher number of cases with extreme fentanyl concentrations (approximately 15% of cases, compared to 8% from January 2019 to March 2020).
- In 2020, the highest number of illicit drug toxicity deaths were in Fraser Health (382) and Vancouver Coastal (334) making up 60% of all such deaths during this period. The highest rates were in Northern (44 deaths per 100,000 individuals) and Vancouver Coastal (37 per 100,000).

<u>Factors Related to Illicit Drug Toxicity Deaths</u>

- COVID-19: COVID measures are having unintended, negative consequences for people who use substances that ultimately increase risk of overdose and death with both increased drug toxicity and patterns/context of use disproportionately affecting already marginalized people.
- Sex: Males account for approximately 81% of all overdose deaths.[iii]
- Using Alone: Using alone plays a strong role in fatal outcomes of overdose with most (69%) overdose deaths occurring in private residences where people were using drugs alone.[iv] The 2018 BC Harm Reduction Survey found 81% reported use alone at least once in the last 7 days.
- Mode of Consumption: From 2017 onwards, inhalation has been the most common mode of

consumption implicated in illicit drug toxicity deaths in BC.[v] The 2018 BC Harm Reduction Survey showed inhalation surpassed injection as the preferred mode of consumption of substances (50%).

- Poly-substance use: BC Coroners Service (BCCS) shows that alcohol and stimulant drug use is exacerbating the overdose crisis and contributing to death.[vi] Self-reported polysubstance use was 70% based on the results from 2018 BC Harm Reduction Survey.
- Transport and Trade Industry: BCCS found that more than one-half (55 per cent) of employed individuals who died from an illicit drug overdose in BC between 2016 and 2017 worked in the trades and transport industry.[vii]
- Ethnicity: First Nations peoples in BC are disproportionally affected by overdose-related harms, including death. Between January and May 2020, 89 First Nations people died of overdose, this is 5.6 times the rate of other BC residents during this time period.[viii] In 2019, First Nations women died from overdose at 8.7 times the rate of other women in BC.

Ministry/Government Actions to Date:

- To date, the Province has committed a total of $746M FROM 2017/18 through to 2022/23 to support an escalated response to the overdose emergency.
- In July 2017, MMHA was established, in part, to work in partnership to develop an immediate response to the overdose emergency.[ix]
- The Overdose Emergency Response Centre (OERC) was established in December 2017 to act as a coordination centre in the provincewide overdose emergency response and provide support to health authorities, frontline workers, peers, agencies and organizations and local, regional and First Nations governments.
- The provincial overdose response spearheaded by the OERC has focused on the implementation of a comprehensive package of essential health sector interventions and strategies for a supportive environment to reduce overdose deaths and drug related harms.[x]
- MMHA continues to work closely with the First Nations Health Authority in implementing its *Framework for Action* to respond to the overdose emergency.
- The OERC has established 35 Community Action Teams in high priority communities and has invested in 62 innovation grants to bolster work at the community level.
- In response to dual public health emergencies, the OERC spearheaded a number of initiatives:
    - New clinical guidance published with the BC Centre on Substance Use (BCCSU): *Risk Mitigation in the Context of Dual Public Health Emergencies*
    - *Provincial Episodic Overdose Prevention Services (e-OPS) Protocol*
    - Lifeguard mobile application launched on May 20, 2020.
    - Funding that will accelerate the response to an increasingly toxic illicit drug supply due to COVID-19 and scale up key interventions including OPS, outdoor inhalation OPS, smoking supplies, nurses to support the risk mitigation guidance, and interdisciplinary outreach teams.[xi]
- On September 16, 2020, the PHO issued a public health order under the *Health Professions Act*, authorizing registered nurses and registered psychiatric nurses to prescribe pharmaceutical alternatives to street drugs. In addition to the public health order, MMHA, the BC Ministry of Health and the office of the PHO are working together to develop an updated policy directive to expand access to pharmaceutical alternatives.xii

[i] Government of British Columbia. (2016). Provincial health officer declares public health emergency. Retrieved from: https://news.gov.bc.ca/releases/2016HLTH0026-000568.
[ii] BC Coroners Services. (2020). *Illicit Drug Toxicity Deaths in BC, January 1, 2020 to September 30, 2020*. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf
[iii] Ibid.
[iv] BC Coroners Service. (2018). Illicit Drug Overdose Deaths in BC. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicitdrugoverdosedeathsinbc-findingsofcoronersinvestigations-final.pdf
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[viii] First Nations Health Authority. (2020). *COVID-19 Sparks Surge in Overdose Deaths this year*. Retrieved from: https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year#:~:text=%E2%80%8B%E2%80%8B%E2%80%8BFirst%20Nations,Rise%20during%20COVID-19%20Pandemic&text=%E2%80%8BCoast%20Salish%20Territory%20%E2%80%93%20The,Nations%20Health%20Authority%20(FNHA).
[ix] Mandate Letter for the Honourable Judy Darcy, July 18, 2017 (2017).
[x] BC Government. *Overdose Emergency Response Centre: Terms of reference*. Retrieved from: https://www2.gov.bc.ca/assets/gov/overdose-awareness/terms_of_reference_nov_30_final.pdf
[xi] BC Government. *Overdose response accelerates with treatment prevention supports*. Retrieved from: https://news.gov.bc.ca/releases/2020MMHA0040-001452
[xii] BC Government. *New public health order to help slow B.C.'s overdose crisis*. Retrieved from https://news.gov.bc.ca/releases/2020MMHA0051-001754

Pharmaceutical Alternatives

Introduction:

- Pharmaceutical alternatives increase access to prescribed medications with the goal of separating people from the toxic and unpredictable illegal drug supply. Providing safer alternatives to the illegal street supply is also part of a larger continuum of care for substance use that includes a wide range of harm reduction, treatment and recovery services.

Background:

- After seeing a steady decline in 2019, BC Coroners Service (BCCS) data for January to September 2020 shows an alarming increase with 1,202 deaths from a confirmed or suspected illicit drug toxicity with an increasing number of cases with extreme fentanyl concentrations. Data from BC Emergency Health Services also shows that paramedic attended overdose events remain historically high with a 4-fold increase in less than three years, attributed to the introduction of highly toxic fentanyl in the illegal drug supply.
- The alarming rise in overdose deaths has been accompanied by a host of other drug-related harms affecting communities across the province, including brain injuries from non-fatal overdoses, which have contributed to illness and death, as well as significant costs to the health care system.
- Developing pharmaceutical alternatives to toxic illegal drugs has emerged as a high priority in BC's ongoing response to the overdose emergency and is a key part of a comprehensive approach to escalating the overdose response.
- Providing low barrier access to a consistent supply of unadulterated opioids will not only prevent overdose events, but can potentially reduce drug-related harms, and improve overall health and well-being, as evidenced by studies demonstrating the effectiveness of prescribed diacetylmorphine and hydromorphone. It also creates an opportunity to connect individuals to other health services and the continuum of substance use care.
- Pharmaceutical alternatives provide safer treatment options for people who have been unsuccessful with traditional treatment methods or who are not ready to engage with the treatment system. These alternatives exist along a continuum, anchored at one end by programs designed with as few barriers as possible (e.g., flexible eligibility requirements, unobserved dosing), and highly-clinical models such as the iOAT program described below (e.g., multiple witnessed daily doses).
- Recent calls for pharmaceutical alternatives to street drugs include the BC Provincial Health Officer, the BC Overdose Action Exchange meetings held in 2016, 2017, and 2018, as well as reports from the Health Officer's Council of British Columbia and the Vancouver Police Department, all of whom have recommended establishing a safer opioid supply. The BC Provincial Health Officer has developed a set of guiding principles for pharmaceutical alternatives, described in Appendix A.
- The *Pathway to Hope* includes a commitment to expanding access to safe medication alternatives to the poisoned drug supply.
- Support for pharmaceutical alternatives has also come from the Substance Use and Addictions Program at Health Canada including its 2019 Call for Proposals for Increasing Access to Pharmaceutical Grade Medications.
- A range of pharmaceutical alternatives have emerged in BC and are described below.

Ministry/Government Actions to date:

- Tablet Opioid Agonist Therapy (TiOAT):
  - TiOAT is an innovative model using supervised consumption of hydromorphone tablets via oral intake and/or injection and offers greater flexibility and autonomy than most iOAT clinics, with the aim of providing a treatment option for individuals who have not benefitted from oral OAT or iOAT (see MMHA Note: *Opioid Agonist Treatment*).
  - In January 2019, the Portland Hotel Society (PHS) launched a program at the Molson Overdose

Prevention Site (OPS) in Vancouver using hydromorphone tablets as part of the iOAT continuum of care. A Chart Review of that program showed positive patient outcomes.
    - In November 2019, government approved the expansion of TiOAT from 50 patients to 360 in Vancouver Coastal, Interior Health (Kamloops) and Fraser Health. The BC Centre for Substance use is currently conducting an evaluation of the TiOAT programs in BC.
- MySafe:
    - Canada's first automatic dispensing machine pilot project, MySafe, was launched in December 2019 in Vancouver. MySafe is currently providing 15 clients with hydromorphone tablets on a pre-determined schedule through a biometrically accessible dispensing machine.
    - MySafe is privately funded and does not receive any funding from the province or health authority. The province is awaiting the results of an evaluation before determining if funding will be provided. In August 2020, MySafe announced an expansion into other cities across Canada, with MySafe machines being installed in three new locations in BC.
- Federally Funded Programs
    - Vancouver Coastal Health Authority (VCHA) has received funding from Health Canada's SUAP program of $5M over four years for their Safer Alternatives for Emergency Response (SAFER) proposal to pilot the expansion of the existing continuum of addiction care to include a low-barrier and flexible public health-oriented safer supply of pharmaceutical alternatives to toxic street drugs, while connecting people to wrap around care.

    - In February 2020, Vancouver Island Health Authority also received notification of SUAP funding for a TiOAT program ($2 million over four years) which will serve people in the Comox Valley who have not or cannot be successful with other forms of opioid agonist treatment. The program will be integrated within other substance use services and offer wrap around services such as peer support, linkage with primary care, mental health supports and case management. A public announcement is forthcoming.
- Risk Mitigation in the Context of Dual Public Health Emergencies:
    - This interim guidance document was released by the BC Centre on Substance Use on March 26, 2020, with the support of the Province. In cases where patients' risk cannot be lowered with standard evidence-based approaches, the document provides guidance for prescribing substances to support COVID-19 related self-isolation or physical distancing - including prescription alternatives to the illegal drugs including opioids, stimulants, benzodiazepines, alcohol and nicotine.
    - Dispensing data collected through Pharmanet suggests that there has been considerable uptake of this guidance. Provincially there was an 319% (677 to 2,834) increase in the number of people receiving hydromorphone in September 2020 compared to March 2020.
- Pharmaceutical Alternatives to the Toxic Drug Supply:
    - This policy initiative announced in September 2020, is being co-led by the Ministry of Mental Health and Addictions and Ministry of Health. This policy builds on the interim risk mitigation guidance to: provide a broader range of medications to address the realities of high potency illicit fentanyl and the many modes of drug use; provide more specific guidance to support principles of care, prevent diversion and support assessment of patient outcomes including harms and benefits; and, ensure that medications are available from both community and health authority pharmacies. See: Corporate Note: *Expanded Access to Safer Pharmaceutical Alternatives* for more information.
- Public Health Ethics Review:
    - Public health ethics have been considered for existing pharmaceutical alternative-related programs (e.g., TiOAT). However, given the new policy initiative announced in September will involve new and expanded eligibility and continuum of services, they have potential for unintended harms, and an ethics review of such programs is warranted.

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Withheld pursuant to/removed as

Advice/Recommentations

Appendix A: Provincial Health Officer - Guiding Principles for Pharmaceutical Alternatives

1. **Programs linked to health authority and government oversight.**
   - Unlinked practitioners should not be providing drugs in isolation of the 'system'. Protocols and program approved and supported by a partner health authority and ministries and times for formal review should be set a priori.

2. **Programs subject to independent ethical review**
   - To ensure implementation is done in the most ethical way and in a way that minimizes the potential for harms.

3. **Independent evaluation process that follows an ethics approved research protocol.**
   Programs should have:
   - Clear goals and objectives
   - Methodologic rigor and not influenced by people who either want the program to succeed or to fail
   - Openness to the possibility of unintended consequence (that may be positive or negative) and being prepared to stop initiatives that are not working or to expand those that are.

4. **Include people with lived experience.**
   - Following the maxim of "nothing about us without us", programs should be built from the outset with the intentional inclusion and adequate support for active participation of people with lived experience.

5. **Include public health and health care strategies to reduce community and population wide rates of addiction as well as health harms among persons who use drugs.**

Overdose Surveillance and Monitoring

Introduction:

- The complex and dynamic nature of the overdose emergency demands careful and timely analysis of all available information to understand underlying issues and to ensure effective action.

Background:

- On April 14, 2016, the Provincial Health Officer (PHO) declared a public health emergency under the *Public Health Act* following an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.
- The PHO subsequently issued nine orders to expedite the collection of suspected and confirmed overdose data. This action allows medical health officers across the province to collect more robust, real-time information on overdoses to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs.
- In December 2017 MMHA escalated the response by establishing the Overdose Emergency Response Centre (OERC) to spearhead urgent action to save lives. Surveillance and monitoring of the overdose public health emergency in conjunction with key partners, including the BC Centre for Disease Control, is one of the responsibilities of the OERC.

Ministry/Government Actions to date:

- The OERC coordinates a robust system of provincial data and analysis activities including:
    - Unlinked data streams – BC Coroners data, BC Emergency Health Services data, BC Emergency Department data, BC Take Home Naloxone program data, supervised consumption and overdose prevention services utilization, PharmaNet data on opioid agonist treatment uptake, and toxicology data from various laboratory services;
    - Linked data – BC Provincial Opioid Cohort (ODC), an asset that links data from the BC Coroners Service, Drug and Poison Information Centre, BC Emergency Health Services, emergency department visits at hospitals across BC, BC Corrections, and data from the Ministry of Social Development and Poverty Reduction (SDPR). The data is supplemented with data holdings from the Ministry of Health (HLTH) and the BC Centre for Disease Control (BCCDC). The study details the comprehensive health history of people who have experienced possible fatal and non-fatal opioid overdose. The asset is stewarded and analyzed collaboratively with partners engaged in the response;
    - Weekly and monthly interactive dashboards and reports for the public (BCCDC website);
    - More detailed interactive dashboards for trusted partners engaged in the overdose response (BCCDC stakeholder visualization and other tools);
    - An ongoing mathematical modeling estimating death events averted as a result of the rapid expansion of harm reduction and other services demonstrating that efforts to expand naloxone, overdose prevention services, and to connect people to treatment have averted nearly 6,000 deaths since April 2016.
    - Cascade of Care: A project with Dr. Bohdan Nosyk, Associate Professor at Simon Fraser University and the BC Centre for Excellence in HIV/AIDS (BCCfE) entitled: Towards a comprehensive performance measurement system for Opioid Use Disorder in British Columbia. The project is based on province-wide linkage of health and other administrative databases, including that of BC Perinatal Services, Corrections BC, and SDPR. This data provides insights into uptake and retention in opioid agonist treatment as well as data on clinical adherence to guidelines.

Advice/Recommentations

Advice/Recommentations

Surveillance Update – October 2020:

- After a decrease in illicit drug toxicity deaths in 2019 (981 compared to 1,547 in 2018), 2020 has seen record-breaking numbers of deaths recorded in May, June, and July with 1,202 deaths up to the end of September.
- Paramedic attended overdose events peaked at 1,785 in June 2020 compared to 1,038 in March 2020. Latest data shows that events have declined since June 2020 but have remained overall historically high (1,608 in August).
- Males continue to be overrepresented, surpassing 50 overdoses per 100,000 and 5 deaths per 100,000. This mortality rate has only been seen three times since 2015.
- Drug testing and post-mortem toxicology data support community findings that the toxicity of the drug supply is high and has increased in recent months. Post-mortem toxicology results suggest that there has been a greater number of cases with extreme fentanyl concentrations in April to September 2020 compared with previous months.
- From April to September 2020, approximately 15% of cases had extreme fentanyl concentrations as compared to 8% from Jan 2019 to Mar 2020. Post-mortem toxicology results suggest that April–September 2020 saw a higher number of cases with extreme fentanyl concentrations (approximately 15% of cases, compared to 8% from January 2019 to March 2020).
- Visits to Overdose Prevention Services sharply declined after March 2020 but have begun to increase again; however visits are still not at levels seen before COVID. The monthly number of visits in June 2020 was 37,652 down 54% from June 2019 (70,131).
- Demand for Take-Home Naloxone kits has varied, but continues to increase. As of September 15th, 176,469 THN kits have shipped to sites in 2020. 232,312 kits were shipped in 2019, 195,696 kits in 2018, and 140,748 kits in 2017.
- Monthly counts of opioid agonist treatment (OAT) clients and prescribers are steady or increasing. In the month of July 2020, 23,067 patients were dispensed any form of opioid agonist treatment, compared to 19,207 in June 2017. The number of health care providers prescribing OAT increased from 773 in the month of June 2017 to 1558 in July 2020.
- Provincially there was an 319% (677 to 2,834) increase in the number of people dispensed hydromorphone in September 2020 compared to March 2020, an opioid pain medication which can be used as maintenance therapy for those who have an opioid use disorder, and is one of the medications available under the Risk Mitigation Guidance.

Performance Evaluation of the Provincial Overdose Response

Introduction:

- In partnership with the Michael Smith Foundation, the Ministry of Mental Health and Addictions has led an independent two-year performance evaluation of the overdose emergency response.

Background:

- In 2018, MMHA issued an RFP for an independent performance evaluation of the provincial overdose response. A consortium of three organizations were successful: InSource, Penny Cooper & Associations, and Reichart & Associates.
- The scope of the evaluation covers activity from the declaration of the emergency in April 2016 until June 1, 2020. In July 2019, a draft of the interim evaluation report was provided to government. The interim evaluation contains data and information up to June 2019. Following ongoing discussions between the evaluators and MMHA on the context of the interim report, a finalized interim evaluation report was provided to the Province in March 2020. Advice/Recommentations

Advice/Recommentations

- The evaluation focuses on the Comprehensive Package of Interventions that guides the work of the Overdose Emergency Response Centre including four essential health sector interventions (naloxone; overdose prevention services; acute overdose risk case management; treatment and recovery) and two of the four essential strategies for a supportive environment (peer empowerment and engagement; cultural safety).
- The evaluation drew on multiple data sources including: key informant interviews (including interviews with people with lived and living experience of drug use (PWLLE), a review of implementation documents and provincial and local monitoring data, a survey of Community Action Teams (CATs), and a Social Network Analysis (SNA) of provincial and regional stakeholders connected to the response.
- An interim evaluation was completed in Spring 2020 with the following key findings:

Advice/Recommentations

Ministry/Government Actions to Date:

Advice/Recommentations

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Advice/Recommentations

Take Home Naloxone

Introduction:

- Naloxone is a life-saving medication that can quickly reverse the effects of an opioid overdose.
- The BC Take Home Naloxone program provides people who use drugs and those most likely to witness and respond to an overdose with no-charge naloxone kits and overdose recognition and response training.
- There are currently 1,765 active BC Take Home Naloxone program distribution sites including all emergency departments, public health units, corrections facilities, and 736 community pharmacies and 156 First Nations sites.

Background:

- Naloxone is an opioid antagonist that reverses life-threatening respiratory depression caused by an overdose. Although naloxone only works on opioid overdoses, it causes no harm to someone who does not have any opioids in their system.
- Naloxone has been used by first responders in emergency settings for over 40 years in Canada. It is a safe, non-toxic drug with minimal side effects.[i]
- Naloxone is available in two formulations (i.e. intramuscular and intranasal). Available evidence shows that the formulations are of similar effectiveness. The intranasal formulation is considerably more expensive than the intramuscular formulation (10 times more costly).
- Almost all publicly-funded naloxone kits include the intramuscular (injectable) formulation. However, First Nations Health Authority (FNHA) lists intranasal naloxone as a drug benefit for First Nations peoples. [ii]
- In November 2014, the World Health Organization released guidelines on the community management of opioid overdose that recommended expanding naloxone access to people likely to witness and respond to an overdose in their community.[iii]
- On March 22, 2016, Health Canada removed naloxone from the Prescription Drug List. This allowed for emergency use naloxone to be available without a prescription.

<u>BC Take Home Naloxone (BC THN) and Facility Overdose Response Box (FORB) programs:</u>

- In August 2012, the BC Centre for Disease Control (BCCDC) established the BC THN program. The BC THN offers people who use drugs and those most likely to witness and respond to an overdose publicly-funded naloxone kits and overdose recognition and response training.
- Overdose recognition and response training emphasizes the importance of calling 911 and providing rescue breathing when an overdose occurs.
- As of September 15th, 176,469 THN kits have shipped to sites in 2020. 232,312 kits were shipped in 2019, 195,696 kits in 2018, and 140,748 kits in 2017.[iv]
- As of September 15, 2020, there were 1,765 active BC THN distribution sites including all emergency departments, public health units, and corrections facilities, including 736 community pharmacies and 156 First Nations sites.[v]
- Since the program started, 66,056 kits have been reported to be used to reverse an overdose (as of September 15, 2020).[vi]
- Since April 2016, we know that our efforts to expand naloxone, overdose prevention services, and connect people to treatment has averted more than 6,000 deaths.
- In December 2016, the BCCDC launched the Facility Overdose Response Box (FORB) program whereby eligible community organizations receive boxes with multiple doses of naloxone and other supplies. Site locations include supportive and subsidized housing, drop-in centres, and shelters.
- As of September 15, 2020, the BCCDC reports that there are 642 active FORB program sites across the province and that 1,590 overdoses have been reversed at these sites.[vii]
- In May 2017, the Ministry of Health (MOH) developed a risk assessment tool to support

government and non-government organizations[viii] to determine if staff should have naloxone kits to respond to an overdose. The tool was sent to all Deputy Ministers.

- Public sector organizations that have identified the need to equip staff with naloxone can procure naloxone kits at cost through the Provincial Product Distribution Centre (PDC).
- The Provincial Health Officer (PHO) has advised that schools are not considered high-risk environments for overdose.
- The PHO encourages schools with a known high-risk population (or where drug use is known to occur) to purchase naloxone through the PDC upon completion of a risk assessment and ensure that someone is trained to administer it. Several school districts have purchased kits.
- Paramedics and police officers carry naloxone for responding immediately to an overdose. Local governments have covered the cost of naloxone for the RCMP and municipal police departments with support through a one-time funding arrangement with the province.
- For operational reasons, police have opted for the intranasal formulation.

Ministry/Government Actions to Date:

- On September 16, 2016, emergency use naloxone became unscheduled in BC; thus, naloxone can be available anywhere and purchased by anyone.
- On October 13, 2016, regulations under the *Health Professions Act* and the *Emergency Health Services Act* were amended to enable all healthcare professionals, first responders, social workers, and citizens to administer naloxone outside of a hospital setting.
- Since Budget 2017 Update, Government has committed $746 million towards the Provincial Overdose Emergency Response including $22 million to the Provincial Health Services Authority for the Take Home Naloxone program.
- In December 2017, the Government of British Columbia partnered with the BCCDC and the BC Pharmacy Association to expand the BC THN to include community pharmacies.[ix]
- Planning and pilot projects are underway to expand the BC Take Home Naloxone program to reach more people. For example, Fraser Health is presently piloting and evaluating a mail order Naloxone program.
- Nearly 6,000 deaths have been averted since April 2016 thanks to the life-saving interventions government has been scaling up including access to naloxone, overdose prevention services, and improved access to opioid agonist treatment.

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Overdose Prevention Services

Introduction:

- Overdose prevention and supervised consumption services (OPS/SCS) provide people who use drugs with a safer space to consume their drugs under the supervision of someone trained to administer naloxone and provide other emergency first aid services in the event of an overdose.
- More than 6,000 deaths have been averted since April 2016 thanks to the life-saving interventions government has been scaling up including access to naloxone, overdose prevention services, and improved access to opioid agonist treatment. To date, over 10,000 overdoses have been reversed at SCS/OPS sites, including 1,395 so far in 2020. There has never been a death at an OPS or SCS site in BC.
- Inhalation is the most common mode of consumption implicated in illicit drug toxicity deaths in BC and reported in the 2018 BC Harm Reduction Survey surpassing injection as the preferred mode of consumption of substances (50%).

Background:

- During COVID-19, OPS/SCS are considered essential health services and have remained open with new protocols and safety measures to adhere to Provincial Health Office (PHO) guidance.

Supervised Consumption Services (SCS)

- SCS provide hygienic environments in which people who use drugs can consume controlled substances without the risk of arrest for drug possession and under the supervision of a health care professional, a trained allied service provider, or a peer trained to administer naloxone and provide other emergency first aid services in the event of an overdose.
- Evaluations show that SCS are effective in reducing public disorder, unsafe injecting and public injecting [i], infectious disease risk behaviours (e.g., needle sharing)[ii], and overdose morbidity and mortality[iii], as well as in promoting access to health and social services including increased uptake of substance use treatment[iv].
- In May 2017, the Government of Canada amended the *Controlled Drugs and Substances Act* (CDSA) to simplify the application process for communities who wish to establish and operate SCS.[v]
- Health Canada has provided nine exemptions under the CDSA authorizing the establishment and delivery of SCS in BC.[vi]
- In July 2017, the BC Centre for Disease Control released operational guidelines for SCS based on available scientific evidence, policies, and procedures in place in BC.[vii]
- In April 2020, Health Canada offered Provincial/Territorial (P/T) Ministers of Health a temporary Class Exemption under Section 56 of the CDSA to P/T health ministers to help mitigate the compounded risks of the opioid overdose and COVID-19 public health emergencies. The Class Exemption devolves responsibility to the province for establishing/overseeing SCSs (or OPSs, under a new heading, Urgent Public Health Need Sites (UPHNS)) for 6 months, with a possible extension thereafter.
- As of June 2020, standalone SCS are currently available in 10 locations across the province (Fraser 2; Interior 3; Island 2; Vancouver Coastal 3).

Overdose Prevention Services (OPS)

- OPS provide people who use drugs with a space to consume controlled substances under the supervision of someone trained to recognize and respond to an overdose.
- In January 2017, the BC Centre for Disease Control (BCCDC) released revised operation guidelines

for regional health authorities and service providers related to the provision of OPS.[viii]

- In February 2017, the Provincial Health Officer released guidelines and resources for supportive housing providers, emergency shelter providers, and regional health authorities related to overdose prevention and response including the provision of housing-based OPS.[ix]
- As of June 2020, standalone OPS are currently available at 22 locations across the province (Fraser 5; Interior 3; Island 6; Northern 1; Vancouver Coastal 7). Other forms of OPS exist in a wide range of settings including housing-based services and pop-up/temporary services.[x]
- Data released by the BC Coroner's Service shows inhalation to be the most common mode of consumption implicated in illicit drug toxicity deaths in BC since 2017. Inhalation OPS' are currently offered in outdoor tents at 11 OPS sites. In addition, Island Health is operating four temporary inhalation sites that have been built as refits within shelter locations (hotel or arena) in response to the COVID-19 pandemic. Additional inhalation sites are being planned as part of the accelerated overdose funding announced in August 2020.

Service Utilization

- As of June 2020, there are currently 32 SCS and OPS locations in BC with additional sites being planned as part of the accelerated overdose funding announced in August 2020.
- BCCDC reports service utilization data received from regional health authorities operating SCS and OPS. Data is available for most sites offering SCS and OPS except housing-based OPS as no data exist for these services.
- Locations providing SCS and OPS had more than 240,672 visits in the first five months of 2020, compared to a total of 853,626 visits during 2019 (680,190 in 2018) with 1,395 overdoses survived in 2020, (compared to 4,792 overdoses survived in all of 2019 and 4,117 in 2018).[xi] Health authorities do not track the number of unique individuals accessing SCS or OPS to ensure that these services are low-barrier and anonymous.
- Visits to OPS/SCS were down by 42% between March 1st and April 30th of 2020 compared to the same time period in 2019. The monthly number of visits in June 2020 was 37,652 down 54% from June 2019 (70,131). Decreased visitor volumes may be attributed to COVID-19 measures (reduced capacity of sites to avoid face-to-face contact, longer waits, shorter hours, and clients practicing physical distancing).
- There has never been a death at an SCS or OPS site in BC.

Recent Ministry/Government Actions:

- In May 2020, the BC Government released a protocol to support episodic overdose prevention services (e-OPS). This protocol provides step-by-step guidance for health and social services staff to observe substance use and respond to overdose outside of designated or fixed locations offering SCS or OPS services in the context of COVID-19. Expanding e-OPS will increase availability of observed consumption while addressing safety for all people who use drugs across demographics and populations accessing health care resources.
- On August 4th, 2020, the province announced $10.5 million in funding that will accelerate the response to an increasingly toxic illicit drug supply due to COVID-19. The funding will allow regions to scale up a number of interventions, including increased access to OPS, including outdoor inhalation OPS and safer smoking supplies.

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Opioid Agonist Treatment

Introduction:

- A key priority of the provincial overdose emergency response is increasing the number of people with opioid use disorder who are engaged and retained in treatment using opioid agonist treatment (OAT).

Background:

- Opioid agonist treatment (OAT) is an evidence-based treatment for opioid use disorder (OUD). In BC PharmaCare covers methadone (Methadose®, Metadol-D®, Sterinova®), buprenorphine/naloxone (Suboxone®), slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- Increasing access to OAT, including buprenorphine/naloxone, methadone, and Kadian has been an important part of the overdose response and is a key part of the treatment and recovery component of the comprehensive package of health sector interventions.

Ministry/Government Actions to date:

- The Ministry of Mental Health and Addictions (MMHA) through the OERC continues to work with partners to expand access to OAT, optimize prescribing practices for OAT, and address service gaps including in rural and remote areas of the province.
- In June 2017, the BC Centre on Substance Use (BCCSU) released *A Guideline for the Clinical Management of Opioid Use Disorder*, which replaced the College of Physicians and Surgeons of BC guideline. The guidelines have since been adopted nationally. The BCCSU will begin the process of updating this guidance in early 2021.
- Also in June 2017, the BC Centre on Substance became responsible for the education and training pathways and clinical guidance for prescribers of opioid use disorder treatment in BC.
- Healthcare professionals from various disciplines have benefited from the education opportunities below, including physicians, nurses, pharmacists, social workers, and other allied health care professionals.
    - The Addiction Care and Treatment Online Course (ACTOC) is a comprehensive 22-module online course for health care providers that diagnose and treat patients with substance use disorders using evidence-based treatments along a continuum of care. Although this course is targeted towards health care providers, it is open to the general public. It was designed in partnership by BC Centre for Substance Use, UBC Continuing Professional Development, and UBC School of Nursing.
    - Between February 2019 and June 1, 2020, the ACTOC had more than 16,000 registrants. The previous Online Addiction Medicine Diploma program had more than 13,000 registrants from May 2017 to February 2019 before being redesigned and updated to the ACTOC.
    - BCCSU created a training program called the Provincial Opioid Addiction Treatment Support Program (POATSP) to accompany and support the implementation of the *Guideline for the Clinical Management of Opioid Use Disorder*.
    - Between July 2017 and June 1, 2020, more than 6,000 clinicians have enrolled in BCCSU's POATSP and are supported by 139 preceptors located across the province.
    - Between July 2017 and April 1, 2020, more than 547 practitioners have completed training to prescribe opioid agonist treatments through the BCCSU; and 115 are Nurse Practitioners.
- On February 14, 2018, the College of Registered Nurses of BC introduced new standards that allow nurse practitioners to prescribe OAT. The recent Provincial Health Officer public health order will permit registered nurses and registered psychiatric nurses to prescribe some forms of OAT with appropriate training and clinical protocols.
- In 2014, a commercially prepared formulation of methadone, Methadose®, was approved for use in Canada. All provinces and territories switched to Methadose® to reduce compounding errors, improve

quality control, and to reduce risk of diversion; BC implemented this switch effective February 1, 2014.

- The switch to Methadose worked for some, but some patients who had been on compounded methadone reported experiencing increased withdrawal symptoms or earlier onset of withdrawal symptoms than they experienced with the previous compounded formulation.
- To respond to concerns expressed by stakeholders, as of October 1, 2019 compounded methadone has been made available with exceptional special authority and is covered under PharmaCare, as a treatment option for people living with opioid use disorder. It is expected that patients will try Metadol-D plus one other of the three manufactured methadone products first as they are subject to Health Canada quality control and patient safety mechanisms required of manufacturers in Canada.
- As of April 30, 2020, Sublocade™, a long-acting formulation of buprenorphine, administered monthly via abdominal subcutaneous injection, is a limited coverage Pharmacare benefit. Sublocade must be administered by a prescriber who has completed appropriate training.

Injectable Opioid Agonist Treatment (iOAT)

- Recognizing that a small portion of the OUD patient population will not benefit from these first-line medications, and that the overall system of care for OUD must include a range of pharmacological treatment options, injectable OAT (iOAT) (offering either hydromorphone or diacetylmorphine) provides a more intensive treatment alternative.
- iOAT services in BC are delivered in a program format with careful clinical assessment and daily witnessed dosing under the supervision of qualified health professionals. Many iOAT programs also offer access to co-located ancillary services such as primary care and provide clear referral pathways to other substance use and mental health services.
- In October 2017, the BCCSU released *Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder*, based on reviews of scientific evidence and clinical expertise.
- As of April 2020, 53 prescribers have completed BCCSU-led training in injectable opioid agonist treatment (iOAT).
- In 2019/20, iOAT capacity increased by more than 40% — from 304 across 6 sites (3 in Vancouver, 1 in Surrey, 1 in Kelowna, and 1 in Victoria) to approximately 440 across 8 sites (new sites in Vancouver and in Abbotsford). Additionally, there is an iOAT site at the Dr. Peter Centre funded through Health Canada's Substance Use and Addiction Program which has capacity for 25. Advice/Recommentations

Advice/Recommentations; Intergovernmental Communications; Government Financial Information

- The cost of delivering iOAT varies depending on the approach, Advice/Recommentations Advice/Recommentations Factors impacting cost include the cost for drugs, pharmacy services, supervised injection, prescriber services, and care supports.

Current Utilization/Accessibility of OAT

- In the month of July 2020, 23,067 patients were dispensed any form of opioid agonist treatment, compared to 19,207 in June 2017.
- The number of health care providers prescribing opioid agonist treatment increased from 773 in the month of June 2017 to 1558 in July 2020.

Outreach Teams

Introduction:

- Substance Use Integrated Teams and HOPE Initiatives provide multidisciplinary resources to each of the regional health authorities to establish and/or expand local-level capacity to provide connections to care and system navigation support to help individuals in linking with services that are relevant, accessible and appropriate to their unique needs.

Background:

- The Province leveraged one-time funding through the Federal Emergency Treatment Fund to support HOPE Initiatives to provide multidisciplinary resources to each of the regional health authorities to establish and/or expand local-level capacity.
- Health authorities allocated HOPE funding to expand the reach and capacity of existing and, in some cases, created new teams within the regional health authorities to identify people at risk of overdose or post-overdose, and to connect with them and facilitate a 'warm handover' to appropriate services in community.
- Funding was used to establish robust post-overdose support to facilitate community-level linkage to care for individuals at high risk of overdose (as determined by a clinical assessment of opioid use disorder, or by a history of one or more previous overdoses). This includes creating referral pathways for follow-up, perform care planning, and to coordinate referrals to treatment and care from emergency departments, first responders, and community services.
- Hope Initiatives involve the following types of staff:
    - Peer navigators
    - Social workers
    - Outreach workers
    - Registered Nurses
    - Nurse Practitioners

Ministry/Government Actions to Date:

- The HOPE initiatives funding provided by government to regional health authorities has been used to implement a number of successful projects including:
    - Implementation of an Overdose Outreach Team (Social Workers and Outreach Workers) to provide support and short-term case management for people at high risk of overdose in the Vancouver Coastal Health Authority by region. The added staff capacity in the Overdose Outreach Team (OOT) allowed some team members to continue with the day-to-day client interactions, while others focused efforts on increasing the types and effectiveness and formalizing various referral pathways. OOT in Vancouver Coastal was able to expand to Powell River, Sunshine Coast and the Sea to Sky region.
    - Implementation of a Regional Substance Use Services Access team across the Fraser Health Authority region. Peer workers were added to SUSAT teams to expand the reach of the services.
    - Implementation of a Substance use Outreach Rapid Follow Up team in the Island Health Authority region. For example, a new overdose follow-up team was created in the Victoria region.
    - Additional points of connection to the health system for people use drugs in the Interior Health Authority region. Adding FTEs allowed their staff to meet increasing demands associated with additional referral pathways, such as referrals directly from community services in Interior Health.
    - Establishment of additional support roles to increase capacity and referrals in the

Northern Health Authority region. For example, substance use connections nurses added in Northern Health focus less on direct client interaction and more on providing regional support to teams and expanding the reach of the programs through new referral pathway development. Outreach nurses were added in Prince Rupert and Smithers.

- Across the province, teams have a standard of three business days to follow up with clients referred to the service. Teams across the province were able to respond quickly to client referrals, with teams reporting very high percentages of client contacts within three days. This has been a critical focus of most teams, in recognition that the days following an overdose event are a critical period.
- A key area of focus for the HOPE initiatives at the provincial level was expanding referral pathways from first responders and developing a formal referral portal from BCEHS for people who had experienced an overdose and been attended to by a paramedic but refused transport to hospital. This portal went live at the end of August 2020, though is only operational in some areas, as technical issues in the programming are being addressed. Currently, Vancouver Coastal Health's OOT and the Fraser Health Substance Use Services Access Team are receiving referrals from first responders through the BCEHS portal. OOT is exploring partnerships with the Vancouver Police Department, local jails, and prosecutors to further increase referral pathways through first responders and create alternatives to incarceration for people who use drugs.

Expanded Scope of Nurses

Introduction:

- This initiative expands current scope of practice for registered nurses (RNs) and registered psychiatric nurses (RPNs) to include prescribing of medications for opioid use disorder and substance use conditions.
- This expanded scope has implications for multiple areas in the continuum of addictions care such as treatment for opioid use disorder and provision of pharmaceutical alternatives to the toxic drug supply.

Background:

- Access to opioid agonist treatment (OAT) and to the pharmaceutical alternatives outlined in the *Risk Mitigation Guidance for Dual Public Health Emergencies* has been inequitable provincially.
- As of 2019, there were 66,199 individuals in British Columbia who have been diagnosed with opioid use disorder (OUD); there are currently only 22,403 individuals recently on any form of oral OAT and only 10,292 retained in treatment for over 12 months.
- Expanding the scope of nursing practice will expand the work force involved in overdose prevention and support RNs and RPNs to step into a larger role in the OUD continuum of care.
- Retention of individuals with opioid use disorder on OAT has been shown to be associated with health benefits, including reduction in opioid-related overdose deaths; decreased illegal opioid and other substance use, and decreased risk of blood borne pathogens (e.g., HIV, HCV). Despite these benefits, many individuals who use substances are not currently engaged in treatment and need connection to care.
- This project aims to both increase the capacity of current service points as well as reach underserved communities and reach people in harm reduction settings who may not have regular access to health care providers.
- The Overdose Emergency response Centre (OERC) has joined with the Ministry of Health's Nursing Secretariat to provide oversight and project management through the RN and RPN Prescribing Steering Committee.
- Both an implementation committee which includes representation from provincial agencies and health authorities, and an education and training committee led by BCCSU working with clinical experts have formed and report up to the RN and RPN Prescribing Steering Committee. The work of these committees is focused on consultation, implementation and prescriber training and education needs, and informs next steps for practice under the PHO order.

Ministry/Government Actions to date:

Regulatory:

- In July 2020 the Ministry received an exemption to Section 56 of *the Controlled Drugs and Substances Act* (CDSA) to enable RN and RPN practice to include prescribing the OAT medication buprenorphine/naloxone (Suboxone®).
- On September 16 2020, the office of the Provincial Health Officer (PHO) issued a public health order to authorize RPNs and RNs to prescribe substances currently regulated by the CDSA as it was the opinion of the PHO that there were insufficient health care provider resources to adequately reduce overdose death rates. This order is subject to provincial regulation through the BC College of Nurses and Midwives (BCCNM).
- In October 2020 the *Lab Services Act* was amended to allow RNs and RPNS to order related diagnostics and referrals needed for this new scope of practice.
- On September 24, 2020 the BCCNM posted new standards, limits and conditions that came into effect on October 24, 2020 for RNs and RPNs to prescribe buprenorphine/naloxone for treatment of OUD.

Work is underway to expand the list of medications these nurses can prescribe to support both treatment and new pharmaceutical alternatives programs.

Implementation:

- Provincial implementation for prescribing of buprenorphine/naloxone is complete including setting up new prescriber numbers, Pharmanet access, and the Controlled Prescription Program prescription in line with other provincial prescribing standards.

Cabinet Confidences; Intergovernmental Communications

- Intergovernmental Communications

Intergovernmental Communications there has been confirmation of 24/7 addiction specialist phoneline for RN/RPN use is in place for rapid consultation support.

Intergovernmental Communications

Community Action Teams

Introduction:

- Community Action Teams (CATs) have been established in 35 priority communities as part of the escalated response to the overdose emergency. CATs are comprised of multi-stakeholder groups at the community level which include municipal officials, regional health authorities, Indigenous partners, first responders (police, fire, ambulance), front-line community agencies, Divisions of Family Practice, local provincial ministry offices providing social services and people and families with lived experience.

Background:

- On February 1, 2018, MMHA announced that CATs would be established in 20 priority communities across the province to intervene early and rapidly on the ground with life-saving responses and proactive treatment and support.
- CATs play a crucial role in targeting local resources where they are needed most and in strengthening local partnerships. CATs also play a key role in communities to convene and mobilize multi-sectoral partners to develop action-oriented strategies tailored to local needs in order to address the Overdose Emergency Response Centre (OERC)'s Comprehensive Package of Interventions.
- CATs are focused on the following areas of action to save lives and support people with addictions on a pathway to treatment and recovery:
    - Expanding community-based harm reduction services.
    - Increasing the availability of Naloxone.
    - Addressing the unsafe drug supply through expanded drug-checking services and increasing connections to addiction treatment medications.
    - Proactively supporting people at risk of overdose by intervening early to provide supports like treatment and housing.
    - Providing individual skills and capacity building initiatives within individuals and communities with lived experience which include paid peer employment and training opportunities.
    - Addressing stigma, discrimination, and human rights by creating community action plans to address barriers in access to services for people who use drugs.

- In fiscal 2019/20 an additional 15 CATs were established in high priority communtities hardest hit by the overdose crisis. The OERC worked closely with regional health authorities to review the overdose epidemiology data to identify these additional high-needs communities who would benefit from CAT funding.
- To date, CATs have been established in the following 35 communities:
    - Fraser Health: Abbotsford, Burnaby, Chilliwack, Hope, Langley, Maple Ridge, Mission, New Westminster, Surrey-White Rock, Surrey, Tri-Cities
    - Interior Health: Grand Forks, Kamloops, Kelowna, Nelson-Castlegar, Penticton, Vernon, West Kelowna, Williams Lake
    - Island Health: Campbell River, Comox Valley, Duncan, Nanaimo, Oceanside, Port Alberni, Victoria
    - Northern Health: Dawson Creek, Fort St. John, Prince George, Quesnel, Terrace
    - Vancouver Coastal Health: Powel River, Sea-to-Sky, Sunshine Coast, Vancouver.
- Fiscal 2018/19 CAT activities and key accomplishments include the following:

    - Vernon CAT: Trained 1615 people to administer Naloxone and distributed 1542 Take Home Naloxone Kits
    - Neslon/Castlegar CAT: Established OPS site and an onsite OAT clinic
    - Campbell River CAT: Created an Overdose Prevention and Response Team for community outreach and delivered 248 naloxone training sessions and distributed 426 kits.
    - Powell River CAT: Established OPS Site and hosted 100 Community Harm Reduction and 60 Peer Based Trainings for Naloxone use.
    - Chilliwack CAT: New Matrix Meals, dialogue-driven gatherings joining those with lived experience and community stakeholders and First Nations Historical Impact Training (cultural safety training) cohort for First Responders and other frontline workers
- Fiscal 2019-2020 CATs are in the final stages of completing their grant terms and submitting final reporting. Final reports are expected at the end of November through December for 35 Community Action Teams. Key initiatives and activities for 2019-2020 include the following:
    - Hope CAT: Naloxone distribution for rural and remote areas.
    - Nelson/Castlegar CAT: Support continued operation of Overdose Prevention Site in Nelson and provision of harm reduction services, overdose response, low-barrier access to healthcare.
    - Campbell River CAT: Create a peer-led engagement program focused on training, harm reduction education and wellness for Indigenous and non-Indigenous peers.
    - Quesnel CAT: Expand access to overdose prevention services through mobile outreach.
    - Sea to Sky CAT: Conduct needs assessment for overdose response initiatives – build community knowledge of existing initiatives and identify gaps where CAT could play a role in better coordinating and/or enhancing services (i.e. increasing outreach strategies including transitions (hospital/prison), new OD prevention services in community)

Advice/Recommentations

Ministry/Government Actions to date:

- $2.5 million in funding has been allocated to the Community Action Teams from the Community Crisis Innovation Fund in the Ministry of Health.

Community Crisis Innovation Fund

Introduction:

- The purpose of the Community Crisis Innovation Fund (CCIF) is to support nimble, innovative, community-based actions with an immediate impact on the ground in responding to the overdose emergency.
- Through the CCIF, government supports community-driven, innovative strategies and actions that draw on the expertise of local service providers and people with lived experience.

Background:

- Local communities throughout British Columbia continue to experience harm caused by the toxic and unregulated illicit drug supply and require support to implement local solutions.
- Budget Update 2017 established the Community Crisis Innovation Fund with a budget allocation of $3 million in 2017/18 and $6 million in each of 2018/19 and 2019/20: this investment has been continued in subsequent budgets. This budget is in the budget of the Ministry of Health.
- The Ministry of Mental Health and Addictions (MMHA) escalated the provincial response to the overdose emergency by launching the Overdose Emergency Response Centre (OERC) in December 2017.
- The OERC works with health authorities, community service providers, government partners, people with lived experience and other partners to collaboratively identify, prioritize and recommend programs, projects and grants with funding provided by the CCIF.
- Projects funded through CCIF focus on immediate, community-based action that align with the OERC's Comprehensive Package of Interventions. COVID measures are having unintended, negative consequences for people who use substances in a number of ways that ultimately increase risk of overdose and death. This relates to both increased drug toxicity and the context of use (patterns of use and settings) disproportionately affecting already marginalized people. Accordingly, it remains critically important that we fund community innovation to find new ways to support people who use substances to access harm reduction and treatment services.

Ministry/Government Actions to date:

- To date, the CCIF has been used to establish Community Action Teams (CATs) in the following 35 communities:
    - Fraser Health: Abbotsford, Burnaby, Chilliwack, Hope, Langley, Maple Ridge, Mission, New Westminster, Surrey-White Rock, Surrey, Tri-Cities;
    - Interior Health: Grand Forks, Kamloops, Kelowna, Nelson-Castlegar, Penticton, Vernon, West Kelowna, Williams Lake
    - Island Health: Campbell River, Comox Valley, Duncan, Nanaimo, Oceanside, Port Alberni, Victoria
    - Northern Health: Dawson Creek, Fort St. John, Prince George, Quesnel, Terrace
    - Vancouver Coastal Health: Powel River, Sea-to-Sky, Sunshine Coast, Vancouver.
- Additional highlights from the CCIF include:
    - Rural and Indigenous Overdose Action Exchange[i],
    - Community Wellness and Harm Reduction Grants for Municipalities[ii]
    - Provincial Peer Network and Regional peer Coordinators
    - Family Support Network
    - Improve knowledge about the Good Samaritan Drug Overdose Act
- Funding from the 2020/21 CCIF has been approved and flowed for the following initiatives:
    - 3rd year funding for CATs

- Funding to Island Health for the "Tailgate Toolkits" project
- Regional Peer Coordinators in each regional health authority
- Provincial Peer network

- Funding from the 2020/21 CCIF has been approved but not yet flowed for the following initiatives:

Government Financial Information

[i] Addiction Matters. (2019). *Rural and Indigenous Action Exchange.* Retrieved from: http://www.addictionmatters.peek.csek-labs.com/files/ODAX%20Report%20FINAL%20PREVIEW.pdf. Accessed October 2, 2020

[ii] Community Action Initiative. *Community Wellness and Harm Reduction Grants*. Retrieved from: https://caibc.ca/grants-training/oerc-cai-stream-grants/community-wellness-and-harm-reduction-grants/. Accessed October 2, 2020.

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Withheld pursuant to/removed as

Advice/Recommentations; Government Financial Information

StopOverdoseBC.ca Site

Introduction:

- StopOverdoseBC.ca launched in 2018 as a public facing website for sharing information about how to prevent, identify and respond to an opioid overdose. Citizens are being directed to the website as part of the Ministry of Mental Health and Addictions' anti-stigma social marketing campaigns.
- StopOverdoseBC.ca provides a channel to host pertinent information and reach British Columbians through organic and paid online content promotion.

Background:

- Reducing the stigma people who use drugs face is one of the Ministry of Mental Health and Addiction's key priorities.
- Social marketing plays an important role in helping to influence people's knowledge and beliefs.
- People are talking about substance use online. The conversations range from sharing heartfelt testimonies, to discussing misinformation around addiction and the opioid overdose emergency.[1]
- Through public education on StopOverdoseBC.ca and on digital channels, where these conversations are already happening, MMHA plays a key role by:
    - Helping to reduce stigma which is a barrier preventing people from reaching out for help.
    - Providing life-saving, harm reduction information to people who use drugs and offer helpful tips and content support for their family and friends who are affected.

Ministry/Government Actions to date:

- Since launch, StopOverdoseB.ca has provided MMHA with a dedicated educational website allowing social marketing content, promotions and collateral material to have a strong call-to-action to learn more by visiting StopOverdoseBC.ca.
- The website has also provided a channel to share the Minisry's work with key partners, i.e., the Vancouver Canucks and BC Lions. These efforts include a video series that feature campaign ambassadors and public figures, Kirk McLean, Travis Lulay, and Geroy Simon talking about stigma and substance use. These partnerships were developed using an influencer marketing strategy and attaching key messages to an ambassador who can influence target audience's attitudes and beliefs.
- Visitors to the site can also sign up for the StopOverdoseBC e-Newsletter to receive regular email updates. Our eMarketing efforts launched in January 2020. To date, we have 1,296 subscribers and since launch over 5,500 emails have been delivered to subscribers' inboxes. These emails are opened at a higher rate than government standard (our click open rate is 37% where government standard is 30.5%).
- New, timely content is posted through the website's blog (The Weekly). The Blog includes articles and videos featuring stigma-reduction messages and directing people to resources. This content is shared as social media posts with partners across B.C. for use on their online channels, broadening the reach of the StopOverdoseBC message and adding to the dialogue online.
- Over time, the site has gained over 140,000 sessions (i.e., a visit to the site where a user takes more than one action). Users spend on average 1:19 minutes on the website. In 2020 alone, the site has gained over 58,000 sessions and 79,000 pageviews. Blogpost topics like 'Naloxone Training Online' and 'Addiction is a Health Condition' consistently receive high page views with referral traffic coming from Google and Facebook.

[1] Source: social media listening audit conducted by a group called Feedback

- Website usage goes up significantly when a campaign is running with a clear call-to-action to visit the website. For example, a recent Harm Reduction campaign that was in market for approximately four weeks in August 2020 and included: radio, out-of-home digital billboards and digital ads, resulted in a spike in usage online.
- When there is a paid campaign driving people to the site to learn more, there is high engagement with content. For example, there was a 33% increase in sessions on the website in August 2020 compared the average number of sessions on the website. Most traffic during this time came from Facebook mobile (which accounted for 25% of traffic to the site in August) and Google search (which accounted for 19%).
- Through continued content marketing using StopOverdoseBC.ca, the Ministry of Mental Health and Addictions is able to reach people searching and talking about substance use online, address stigma and educate our target audiences with carefully crafted messages.

Anti-Stigma Public Awareness Campaign

Introduction:

- The Ministry of Mental Health and Addictions leads province-wide social marketing and anti-stigma campaigns to bring awareness to the overdose crisis.

Background:

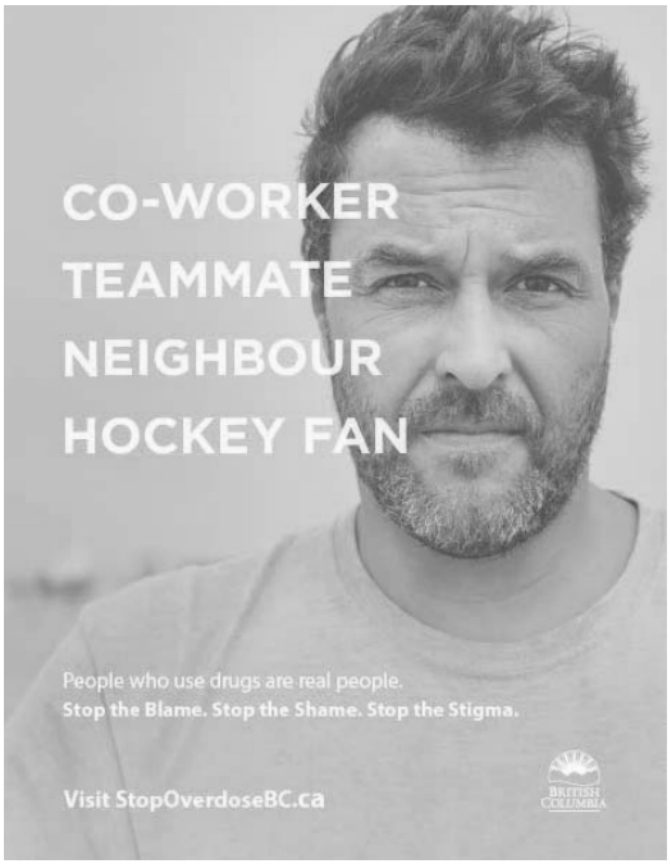
- Substance use, addiction and overdose are topics that are difficult to talk about. They often carry a stigma of shame and guilt.
- This stigma and the associated discrimination of people who use drugs leads to increased vulnerability and risk of overdose death. Stigma also undermines the willingness of people to engage in treatment, to call 9-1-1 in the event of an emergency, and to attend supervised consumption or overdose prevention services.
- Changing behaviour is something that is not done overnight or through a short campaign. It often takes many years of ongoing messaging to move the dial. Successful social marketing strategies should have a long-term plan so that the message is reinforced over time. Social behavioural change messaging is much more effective when it educates the target market and arms them to make their own, informed decisions.
- The Ministry of Mental Health and Addictions' social marketing campaigns, and the many activities associated with them, have challenged false stereotypes of who is at risk and:
    - Serve as a call-to-action for all British Columbians to see addiction as a health condition that deserves the same dignity, respect and treatment as any other.
    - Encourage judgement-free conversations about substance use and what we can all do to get informed, get involved and get help.

Ministry/Government Actions to date:

- *StopOverdose BC "Faces" Campaign (Launched 2016-2020*) – see Appendix: The StopOverdose BC campaign serves as a call-to-action for all British Columbians to reduce the stigma around drug use and perceptions of people who use drugs by challenging stereotypes of who is at risk. This campaign featured various "faces" representing people who use drugs as residing in our families, workplaces and communities, promoting new conversations about what drug users' look like, who their loved ones are and what we can all do to get informed, get involved and get help.
- *Public Engagement Working Group (PEWG):* The Public Engagement Working Group provides the Ministry with recommendations for the development of public messaging and information campaigns informed by available regional data and community-level knowledge to raise awareness of the public health emergency and to drive actions in a manner that reduces stigma for people most at risk of overdose. The PEWG consists of more than twenty-five representatives from across the health and public safety sectors, including the Ministries of Health, Public Safety, Education, Children and Family Development, all health authorities (including the PHSA and FNHA), City of Vancouver Police Department, City of Victoria Police Department, B.C. Coroners Service, Surrey Fire Department and people with first-hand/lived experience of the opioid overdose crisis–all participate monthly.
- *Strategic Partnerships:* In order to reach target audiences, the Ministry has established strategic partnerships with a variety of organizations such as Vancouver Canucks, BC Lions, Vancouver Warriors and Overwaitea Food Group. The Ministry has also worked with Vancouver Transit Police, Translink, BC Restaurant and Food Services Association, Canadian Mental Health Association, WorkSafeBC , BC Building Trades Council, McCreary Centre for Youth, and the South Asian Mental Health Youth Ambassadors to ensure that campaign messaging reaches those who need to hear it most.

- *Courageous Conversations Campaign (Fall 2019) – see Appendix:* Courageous Conversations, an extension of StopOverdose BC, was launched in Fall 2019. This campaign, aimed at South Asian and Chinese populations, represents two comprehensive marketing efforts that included a combination of advertising, editorial coverage and organic (print and digital) stakeholder distribution. Campaign collateral was available in Punjabi, Traditional Chinese, Simplified Chinese and English.
- *Harm Reduction Campaign (Summer 2020) – see Appendix:* In response to the rise in overdose deaths post-COVID in 2020, the Ministry launched a Harm Reduction Campaign focused on a message that "Toxic Drugs are Circulating," encouraging people who use drugs to access harm reduction services. Planning for an extension of the Harm Reduction Campaign is currently underway. There continues to be broad public support for an educational and awareness campaign in light of the ongoing impacts of the overdose crisis being felt across communities in B.C.

APPENDIX



Example creative from StopOverdoseBC "faces" campaign

Example creative from Courageous Conversations campaign

Example creative from Harm Reduction campaign

COVID-19 Response

Introduction:

- To ensure British Columbians have increased access to vital mental health and substance use supports during the COVID-19 pandemic, the Province has provided $25.2 million to expand existing programs and services and launch new services.

Background:

Impacts of pandemics and large-scale crises on mental health and substance use

- Good mental health enables individuals to effectively cope with stresses and function productively in key roles within their families, communities, and society. The mental health of the population will be critical to society's response to and recovery from the COVID-19 pandemic.
- The World Health Organization (WHO) reports that the COVID-19 pandemic is having an impact on mental health worldwide. Bereavement, isolation, loss of income, and fear are triggering mental health conditions or exacerbating existing ones. At the same time, the pandemic has disrupted or halted mental health services in 93% of countries worldwide.[i]
- In May 2020, a United Nations (UN) Policy Brief: *COVID-19 and the Need for Action on Mental Health*[ii] noted that pandemics and other large-scale crises influence where people are on the continuum of mild, time-limited distress to severe mental health conditions. Because of the stressors associated with the pandemic, those who were previously coping well are now less able to cope; those with mild anxiety and distress may experience it with increased intensity; and those who previously had a mental health condition may experience a worsening of their condition and reduced functioning.
- The UN brief advised that countries should expect a "long-term upsurge in the number and severity of mental health problems" as a result of the pandemic, with frontline healthcare workers, older adults, children and youth, and women likely to be the most impacted.
- While current provincial and federal financial support measures are likely mitigating the impact in the short term, the ongoing financial impacts of COVID-19 can also be expected to take a toll on mental health. Research has shown that previous public health and economic crises have been associated with serious and prolonged negative impacts on individual and collective mental health. For example, the 2008 global financial crisis was associated with increased rates of mood disorders, anxiety disorders and suicides as a result of unemployment, job insecurity, reduced wages and increased workloads.[iii]
- There is a correlation between unemployment rates and suicide rates - as unemployment increases, so does suicide. Researchers have estimated that COVID-19 related unemployment could result in 400-2100 additional suicides in Canada in 2020-2021.[iv]
- For people who use substances, the intersection of the dual public health emergencies of overdose and COVID-19 poses a number of risks, including the risk for overdose and other harms related to an increasingly toxic illicit drug supply, the risk of infection and spread of infection among those with underlying health conditions and who face social marginalization, and risks due to withdrawal for those who must self-isolate or quarantine to prevent the onward spread of COVID-19.

Impact on British Columbians so far

- Statistics Canada data shows that more than half of British Columbians reported experiencing worse mental health following implementation of social distancing measures.[v]

Other data suggests that British Columbians' mental health is worsening as the pandemic progresses.[vi]

- The impact of the pandemic on mental health is not felt equally:
    - Indigenous peoples (64.8%) report higher levels of somewhat or much worse mental health status than non-Indigenous people (52.7%)[vii]
    - Deteriorations in mental health are more common in those with already pre-existing mental health conditions[viii]
    - Those whose gender is transgender, non-binary, or other were 1.5x more likely than females and two-spirit people, and 2x times more likely than males to report feeling quite or extremely stressed[ix]
    - Those with disabilities (47%) are also showing significant deteriorations in mental health[x]
    - Mental health of recent immigrants was self-reported as worse than that of established immigrants and Canadian-born participants[xi]
    - Younger age groups (15-49) are experiencing greater mental health issues than those who are older[xii,xiii]
- Recent polling by the Canadian Mental Health Association (CMHA) and University of British Columbia, reports that 14% of people with low income (<$25,000) and 16% of people who are Indigenous report having had suicidal thoughts since the outbreak of COVID-19.
- Self-reported mental health is significantly worse among workers who are most affected by the pandemic resulting in a rise in occupational health and safety complaints due to the heightened anxiety of many employees.
- After a significant decrease in illicit drug toxicity deaths in 2019 (981 compared to 1,547 in 2018), 2020 has seen record-breaking numbers of deaths recorded in May, June, and July with 1,202 deaths up to the end of September. Post-mortem toxicology results suggest that April–September 2020 saw a higher number of cases with extreme fentanyl concentrations (approximately 15% of cases, compared to 8% from January 2019 to March 2020).
- Most organizations providing substance use treatment and recovery services have remained open during the COVID-19 pandemic: despite remaining open, the implications of the public health directives have created significant service and financial impacts for service providers and clients. Waitlists for beds were already high in some areas of the province pre COVID-19. The existing lack of available bed spaces coupled with new stringent intake procedures to meet COVID-19 public health directives have further increased wait times for some clients and exclude some individuals who are symptomatic, have complex medical needs, and require isolation prior to entering the service. Many service providers advise that prior to COVID-19 they were already operating on thin margins and that COVID-19 will have a further financial impact on services, including both a loss of revenue and increased operating costs.

Ministry/Government Actions to date:

Mental health and substance use supports implemented during the pandemic

- The Province worked quickly in partnership with the Canadian Mental Health Association-BC Division (CMHA-BC), Foundry Youth Centres, Provincial Health Services Authority, First Nations Health Authority, Metis Nation BC and community partners to implement new or expanded mental health and substance use supports to respond to the pandemic. These include:
- *Expanded Virtual Mental Health Supports:*
    - Expanded online mental health coaching and self-management programs delivered through CMHA-BC, including BounceBack and Living Life to the Full

    - Expanded access to free or low-cost counselling through community organizations, including enabling online counselling sessions (phone/video)
    - Increased access to online peer support and system navigation for those living with mental illness or substance use problems (CMHA-BC)
    - Launched the Foundry Virtual Clinic which provides online (phone/text/chat/video) counselling and other health supports for youth aged 12 to 24 province-wide
    - Created a new online hub to provide information and peer support for front-line health-care workers (CMHA-BC)
    - Provide a virtual peer support service for frontline health care workers, initially targeting continuing care providers, including continuing long-term care, and home support workers.
    - The First Nations Health Authority also launched the Virtual Doctor of the Day program to provide online access to primary care services for First Nations people across BC. The program has more recently been expanded to include specialized mental health and substance use services.
- *Overdose Emergency:*
    - In response to an increasingly illicit toxic drug supply during COVID-19, the Province has supported the availability of an app developed to mitigate the risks associated with using drugs in self-isolation, expanded a 24/7 support line providing treatment for people with substance use disorder, expanded overdose prevention services & supervised inhalation services/supplies, increased access to nurses' care to support the implementation of the Risk Mitigation Guidance, and increased access to interdisciplinary outreach teams.
- *Financial Support to Community Agencies:*
    - The Province is providing financial support to organizations providing substance use treatment and recovery services through a granting process from which eligible organizations may receive up to $45,000 of funding.
- *Economic Recovery Initiatives:*
    - In support of workplace mental health, funding has been provided to develop an online education platform that will provide information, webinars and workshops to help employees manage stress and anxiety and build resilience, and support managers to lead teams in uncertain times.
    - Funding has been allocated to the CMHA-BC to administer post-secondary institution capacity-building grants and provide expert support to post-secondary institutions. Post-secondary institutions will implement suicide prevention approaches including training, identification, engagement of students at-risk, treatment, referral, and improvement of policies and procedures.
    - Funding allocated to First Nations Health Authority (FNHA) and Métis Nation BC (MNBC) will promote youth wellness throughout BC through initiatives such as health and wellness campaigns; establishing youth community networks; mental health presentations for Indigenous culture camps; speaking at (virtual) conferences and hosting workshops related to Indigenous culture; and suicide intervention skills training.

[i] World Health Organization. The impact of COVID-19 on mental, neurological and substance use services. October 5, 2020. Available from: https://www.who.int/publications/i/item/978924012455

[ii] United Nations. Policy Brief: COVID-19 and the Need for Action on Mental Health. United Nations, May 13, 2020.
Available from: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

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http://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf

[iv] McIntyre, R. S., & Lee, Y. (2020). Projected Increases in Suicide in Canada as a Consequence of COVID-19. *Psychiatry Research*, 113104.

[v] Statistics Canada. Impacts of COVID-19 on Canadians: Data Collection Series. Public Use Microdata File. Prepared by Population Health Surveillance and Epidemiology. Office of the Provincial Health Officer. BC Ministry of Health. July 2020.

[vi] Morneau Shepell. The Mental Health Index Report: British Columbia, August 2020.

[vii] Statistics Canada. Impacts of COVID-19 on Canadians: Data Collection Series. Public Use Microdata File. Prepared by Population Health Surveillance and Epidemiology. Office of the Provincial Health Officer. BC Ministry of Health. July 2020.

[viii] Canadian Mental Health Association. COVID-19 Effects on the Mental Health of Vulnerable Populations. June 2020. Available from: http://news.ubc.ca/wp-content/uploads/2020/06/EN_ubc-mini-report_Final.2.pdf

[ix] BC COVID-19 Speak, 2020. Prepared by: BC COVID-19 Speak Analysis Group. June 2020: Population Health Surveillance and Epidemiology. Office of the Provincial Health Officer, BC Ministry of Health. August 2020.

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[xii] BC COVID-19 Speak, 2020. Prepared by: BC COVID-19 Speak Analysis Group. June 2020: Population Health Surveillance and Epidemiology. Office of the Provincial Health Officer, BC Ministry of Health. August 2020.

[xiii] Statistics Canada. Impacts of COVID-19 on Canadians: Data Collection Series. Public Use Microdata File. Prepared by Population Health Surveillance and Epidemiology. Office of the Provincial Health Officer. BC Ministry of Health. July 2020.

COVID-19 Mental Health and Addictions Initiatives

Initiative	Short Description	Approved Funding	Organization	Announced
Mental Health and Addictions' Response to COVID-19 Pandemic		**$5.875**		**Yes**
Mental Health Self-screen App - $0.100M	*Launch mental health screening self-tests to help British Columbians assess their mental health and wellness considering COVID-19.*		*Canadian Mental Health Association*	
Mental Health Virtual Peer Support (Living Life to the Fullest Course) - $0.171M	*Deliver up to 100 virtual peer support Living Life to the Full course to communities across British Columbia.*		*Canadian Mental Health Association*	
BounceBack Program - $1.000M	*Expand surge capacity for the provincial BounceBack service without need for a physician referral.*		*Provincial Health Services Authority/Canadian Mental Health Association*	
Virtual Community Counselling - $1.000M	*Expand access to virtual community counselling in relation to the mental health and substance use impacts of COVID-19 through provision of grant funding to community organizations.*		*Canadian Mental Health Association/Community Action Initiatives*	
Increasing Access to Online Peer Support and System Navigation - $.0470M	*Provide additional trained peer support and system navigation workers within local Canadian Mental Health Association branches to provide mentoring and goal-oriented supports. Funding also provides virtual access for seniors and adults from across British Columbia living with mental health and/or substance use problems.*		*Canadian Mental Health Association*	
Foundry Virtual Care - $1.000M	*Province-wide virtual care services targeted to young people and their families with a focus on evidence-based early intervention solutions.*		*Providence Health Care*	
On-line Hub for Front-line Health Care Workers - $0.250M	*Develop and launch online hub to provide training and education resources to improve psychological health and wellbeing for healthcare workers responding to COVID-19.*		*Canadian Mental Health Association*	
Front-line Health Care Virtual Peer Support Program - $0.960M	*Provide a virtual peer support service for frontline health care workers, initially targeting continuing care providers, including continuing long-term care, and home support workers.*		*Canadian Mental Health Association*	
LifeGuard App - $0.900M	*This app will assist to mitigate risks associated with using drugs in self-isolation through activation/deactivation of the app. Once activated a the person initiating the app must deactivate the app post consumption, if not deactivated a registered contact is notified and ambulance may be deployed.*		*Provincial Health Services Authority*	
RACE Line - $0.024M	*Expand the Rapid Access Consultative Expert (RACE) Line to provide 24/7 support for all health care providers involved in providing treatment for people with substance use disorder.*		*Provincial Health Services Authority*	
Substance Use Supportive Recovery Services COVID-19 Support		**$2.500**		**Yes**
Various Organizations - up to $0.045M each	*One-time grant funding (up to $45K) to support sector recovery for bed-based substance use treatment and recovery services that have been impacted by COVID-19.*		*Various*	
COVID-19 Impacts: Overdose Response		**$10.497**	**All Regional Health Authorities**	**Yes**
Overdose Prevention Services 17 sites $4.505M	*Expand the availability of overdose prevention services in 17 communities hardest hit by the overdose crisis*			
Inhalation OPS + Supplies 12 sites $3.556M	*Expand the availability of supervised inhalation services in 12 of hardest hit by the overdose crisis and support Regional Health Authorities offset increased cost of smoking supplies.*			
Additional Teams 14 Teams $1.776M	*Increasing access to interdisciplinary outreach teams throughout the province and addition of registered nurses within these teams.*			
Registered Nurses 12 Nurses $0.660M				
One-time Economic Recovery Funding	Government Financial Information		Government Financial Information	**No**
Suicide Prevention - $1.335M	*Funding will be allocated to the CMHA-BC to administer post-secondary institution capacity-building grants and provide expert support to post-secondary institutions. Post-secondary institutions will implement suicide prevention approaches including training, identification, engagement of students at-risk, treatment, referral, and improvement of policies and procedures.*		*Canadian Mental Health Association*	
Suicide Prevention - $0.800M	*Funding allocated to First Nations Health Authority (FNHA) and Métis Nation BC (MNBC) will promote youth wellness throughout BC through initiatives such as health and wellness campaigns; establishing youth community networks; mental health presentations for*		*First Nation Health Authority*	
Suicide Prevention - $0.200M	*Indigenous culture camps; speaking at (virtual) conferences and hosting workshops related to Indigenous culture; and suicide intervention skills training.*		*Metis Nation BC*	

Government Financial Information

Workplace Mental Health (Immediate COVID-19 Response)

Introduction:

- In response to the immediate and significant impacts of COVID-19 on the long-term care and continuing care sector, MMHA responded with new, dedicated resources to support the mental health of employees, managers and administrators.

Background:

- Healthcare workers are significantly impacted by workplace injuries, including those resulting in psychological injury. Between 2016 – 2018, the annual number of mental disorder claims from the health care and social service sector rose from 1,002 to 1,387 accounting for approximately 27% of all mental disorder claims reported to WorkSafeBC.[i]
- Within the healthcare and social service sector, continuing care employees are at an elevated risk of workplace injury. As of 2018, care aides working in long-term care experience the highest rate of workplace injuries in BC at a rate of four times higher than provincial average of all other occupations.[ii]
- The COVID-19 pandemic – compounded by staffing shortages – exacerbated the elevated risk of mental helath issues facing employees in the long-term care sector. Many staff reported increased levels of fear, anxiety, guilt and burnout.
- There are over 860 long-term care and home care organizations in BC that sit outside of the health authorities. These organizations represent two-thirds of all long-term care organizations, and one-third of all home care organizations in BC. The sophistication of these organizations' employee and family assistance programs (EFAP) varies significantly. While some larger organizations may have formal EFAP in place, many small-to-medium size organizations have limited resources to offer formal EFAP.
- The Canadian Mental Health Association (BC Division) was awarded, $250k to launch a dedicated digital resource and $960k for a peer network to support workers and managers in the long-term and continuing care sector.
- This work was undertaken in partnership with MMHA and SafeCare BC, the health and safety association for the long-term care sector.
- The aim of the project is to provide trusted resources for workers and employers so they can easily find the mental health support they need in order to address their unique circumstances during and following the COVID-19 pandemic.
- The services provide reputable and evidence–based mental health resources designed to support workplace mental health and resilience for healthcare workers responding to stressful environments. These include recommended steps to improve psychological and social supports for workers, strategies to take care of mental health and wellbeing, and navigation to counselling, peer support, and other mental health service providers.

Ministry/Government Actions to date:

- MMHA has rapidly stood up a number of services to supports workplace mental health in the long-term care and continuing care sectors. The interventions are not dependent on one another but are interconnected.
- Care for Caregivers (launched May 2020) was developed to serve as an expertly curated online hub of trusted mental health resources, information and webinars designed specifically to support the psychological wellbeing of workers and managers in long-term care sector. To date, Care for

Caregivers has received over 24,000 pageviews and 850+ people have registered for the webinars.

- Care to Speak (Peer Support) (launched June 2020) provides a safe and confidential space for compassionate peer support for continuing care and community health workers amidst COVID-19 response. Peer volunteers are trained to provide psychologically safe support (via phone or virtual chat) and guide individuals to additional resources that match their needs.
    - Care to Speak is guided by a newly formed advisory committee, which includes representatives from, CMHA-BC, SafeCare BC, MMHA, BC Government Employees Union, BC Nurses Union, UFCW 1518, and multiple employer groups.
    - Care to Speak is currently expanding its scope - to include a broader range of workers - to optimize the capacity of the volunteers and increase service use.
- Mobile Response Team (MRT) Expansion (launched April 2020):
    - The MRT is part of Health Emergency Management BC, Provincial Health Services Authority; and helps first responders and other frontline service providers address the cumulative stress of their jobs during the overdose crisis. Workers being exposed to frequent traumatic events may be susceptible to compassion fatigue, trauma, and other stress-related harm.
    - In response to COVID-19, the MRT's mandate was expanded to support the psychological health and safety of workers in the long-term care and community care sectors, who are experiencing exponential distress and mental health concerns resulting from the pandemic.
    - Four crisis intervention specialists were recruited, on temporary contracts, to deliver the expanded scope. The team responds to individual requests, delivers group workshops and webinars, and supports facilities who have experienced an outbreak or who want more structure around their workplace mental health programming.
    - The MRT has connected with every long-term care facility in the province and is now facilitating in-person training.

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[i] WorkSafeBC. Mental Disorder Claims 2016 – 2018.

[ii] SafeCare BC. 2019. 2014-2019: Five Years Supporting Continuing Care in BC. https://www.safecarebc.ca/wp-content/uploads/2019/03/2018-SCBC-Annual-Report.pdf

Workplace Mental Health

Government Financial Information; Advice/Recommentations

Introduction:

Advice/Recommentations; Government Financial Information

Background:

- Ensuring good psychological health and safety in the workplace is vitally important for a healthy population and a thriving economy.[i]
- Each week more than 500,000 employed Canadians are unable to work due to mental health problems.
- Psychological health problems and illness are the number one cause of disability in Canada and psychological health problems cost over $50 billion annually to the Canadian economy, $20 billion of which are directly work related.[ii]
- However, every $1 invested into the treatment and support of mental health disorders sees a return of $4 in improved health and productivity.[iii]
- Workplace mental health initiatives serve as enabling support for other economic recovery initiatives designed to return people to work or create new jobs.
- Early data related to COVID-19 and workplace mental health has shown that:
    - Occupational health and safety complaints have risen across the country due to the heightened anxiety of many employees.[iv]
    - COVID-19 had drastic negative effects on labour market outcomes in Canada, with the largest effects for younger, not married, female, and less educated workers. Reported mental health is significantly lower among the most affected workers during the pandemic.[v]

Ministry/Government Actions to date:

Government Financial Information; Cabinet Confidences; Advice/Recommentations

Advice/Recommentations; Government Financial Information

[i] Employment and Social Development Canada. (2017). Psychological Health in the Workplace

[ii] Mental Health Commission of Canada. (2016). Making a Case for Mental Health.

[iii] ibid

[iv] https://www.hrreporter.com/focus-areas/legislation/safety-complaints-double-in-march-in-ontario/328848

[v] Beland, Louis-Philippe & Brodeur, Abel & Mikola, Derek & Wright, Taylor (2020). "The short-term Economic Consequences of COVID-19: Occupation Tasks and Mental Health in Canada."

Mental Health and Addictions Funding Overview

Introduction:

- Mental health and addictions issues have a significant economic impact.
- B.C. has the country's highest rate of expensive hospitalization care due to mental health and substance use issues.
- B.C. spending on mental health and addictions has been historically low compared to other provinces in Canada.

Background:

- The Mental Health Commission of Canada (MHCC) set out a clear economic argument for investing in mental health and addictions services in Canada. A study commissioned by the MHCC found that mental health problems and illnesses cost the Canadian economy at least $50 billion per year, representing 2.8% of Canada's 2011 gross domestic product: the estimated impact on B.C.'s economy is $6.6 billion annually.
- In August 2018, a review of the B.C. government's spending on mental health and addictions services was completed by the Ministry of Mental Health and Addictions. This review determined that B.C. spent $2.2 billion as at March 31, 2017. Ministry of Health spending represented 77% of this spending. Other ministries that spend on mental health and addictions services are the Ministry of Municipal Affairs and Housing (10%), Ministry of Education (6%), Ministry of Children and Family Development (4%), Ministry of Attorney General and Public Safety and Solicitor General (2%), Ministry of Social Development and Poverty Reduction (1%), and Ministry of Advanced Education and Skills Training (less than 1%).
- This review also determined that 95% of spending was on specialized and acute services with just 4% on prevention services and only 1% on early intervention services.
- Advice/Recommentations; Intergovernmental Communications
- B.C. spending on mental health was 5th lowest as a percentage of health expenditures and 3rd lowest on a per capita basis in Canada in 2013.[i] [ii]

Ministry/Government Actions to date:

Provincial funding

- In response to a public health emergency being declared for the overdose emergency, government committed $322 million over three years in Budget Update September 2017 to fund the comprehensive interventions described in 'Escalating B.C.'s response to the overdose emergency.'
- In Budget 2019, government committed $30 million over three years to further escalate its response to the overdose emergency with further investments in life-saving naloxone kits and emergency services. Government has now committed $746 million from 2017/18 to 2022/23 to the overdose emergency response.
- In Budget 2019, government committed $74 million over three years for the priority actions described in its 10-year strategy *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.* Government has now committed $104 million to the *Pathway to Hope* from 2019/20 to 2022/23.
- Federal funding discussed below has been used to compliment the investments into the Overdose Emergency and *Pathway to Hope*.

Federal funding

- As part of the federal budget in 2017, the Government of Canada committed $11 billion over 10 years in new funding for provinces and territories to improve access to home care and mental-health and addictions services for Canadians. In 2018, the Province and Federal Government signed the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement which committed the Federal Government to provide $269.37 million (from 2017/18 to

2021/22) to B.C. for mental health and addictions services. It is expected this agreement will be renewed for the remaining five years of the 10-year commitment. While developing 'A Pathway to Hope', the ministry worked with partner ministries to design early actions to begin improving the mental health and addictions system of care for everyone in B.C. with an initial focus was on addressing the needs of Indigenous peoples, and children and youth, through prevention, early intervention and improving access to evidence-informed and culturally-safe services and supports. Outcomes from these early action initiatives have been reviewed to ensure they align with 'A Pathway to Hope' announced in June 2019. A few examples of initiatives being funded with this federal funding are: improving mental health in schools; expanding Indigenous land-based cultural and healing services; and, integrating mental health and substance use professionals into team-based primary care.

- The Government of Canada, in its budget in 2018, committed $150 million in one-time emergency funding for provinces and territories to support multi-year projects that improve access to evidence-based treatment services for opioid use disorder. The total funding being provided through the Canada – British Columbia Emergency Treatment Fund Bilateral Agreement is $33.98 million. This funding is to be fully spent by March 31, 2023. A couple of examples of initiatives being funded with this federal funding are: the HOPE initiatives which provide robust post-overdose support by facilitating community-level linkage to care in high priority communities and enhance and improve treatment services by attracting, supporting and engaging new providers to deliver care for people with opioid use disorder in areas of the province where gaps exist.
- On June 5, 2020, the Prime Minister announced a $14 billion commitment to a Safe Restart Agreement. The initial term sheets had a large portion of the funding being spent directly by the federal government, and funding that was available for provinces and territories and the process to obtain that funding was not clear. In the end, First Ministers reached a $20 billion agreement, almost $13 billion of which is being provided to provinces and territories in a streamlined, largely equal per capita cash basis – including $1.963 billion for B.C. Of the $500 million that is being distributed to provinces and territories for mental health and problematic substance use, B.C.'s per capita share will be about $67.4 million. Under the Agreement, the funding for Mental Health and Problematic Substance Use is to be used to:

    - Help cover one-time pandemic preparedness costs to provide wrap-around care and mental health supports, including supports for people experiencing homelessness.
    - Help cover one-time pandemic preparedness costs for supports, provided through services from community organizations, to protect people who use substances and those experiencing problematic substance use challenges.

- This funding will be used to offset some of the investments B.C. has already made during the COVID-19 pandemic to increase access to mental health and addictions supports, such as:

    - Enhanced mental health and addictions services (including virtual services), with a focus on adults, youth and front-line health care workers;
    - Introducing the Lifeguard application, which provides individuals with a means to call emergency services if they become unresponsive while using opioids alone; and
    - Increasing funding to service providers developing and delivering evidence-based substance use treatment and recovery services for people with addictions to ensure they can maintain services while addressing additional COVID-19-related costs.

Grant funding

- Since its inception in 2017, the ministry has issued 38 grants totaling $27.194 million in support of mental health and addictions services and initiatives such as:

    - $13.5 million to the Canadian Mental Health Association – BC Division to support increased substance use treatment beds throughout the province
    - $4.7 million Our Place Society to support the development of a therapeutic recovery centre
    - $1.0 million to St. Paul's Foundation to support Foundry phase III development and $1.0 million to St. Paul's Foundation to support an Indigenous Substance Use Leadership Professorship at UBC
    - $1.0 million to BC Campus to support mental health and substance use peer support training

- The Ministry of Mental Health and Addictions (MMHA) in partnership with Community Action Initiative (CAI), developed a Community Counselling Grant (CCG) program to support community-based adult mental health and substance use counselling across the Province. In 2018/19, the Province provided $10.0 million to the Canadian Mental Health Association to support the CAI's community counselling grant program. Twenty-nine (29) counselling services providers were selected and annual funding ranges from $40,000 to $120,000 each year for a 3-year period:

    - Fraser Health Authority – 7 providers, Government Financial Information
    - Interior Health Authority – 6 providers, Government Financial Information
    - Northern Health Authority – 4 providers, Government Financial Information
    - Vancouver Coastal Health Authority – 5 providers, Government Financial Information
    - Vancouver Island Health Authority – 5 providers Government Financial Information
    - Joint Vancouver Coastal Health Authority and Fraser Health Authority – 2 providers, Government Financial Information

COVID-19 funding

- See the COVID-19 Response note - $25.2 million has been provided to fund mental health and addictions initiatives in response to the pandemic.

Ministry Operations

- The Ministry has an annual operating budget of $9.712 million in 2020/21, and $9.747 million in 2021/22 and 2022/23.
- Included within the annual Ministry operating budget, the Minister's Office has an annual operating budget of $0.643 million in 2020/21, 2021/22, and 2022/23.
- None of the budget is for mental health and addictions programs or services — these budgets are held by other ministries.

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[i] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894915/figure/fig2-0706743717741059/

[ii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894915/figure/fig1-0706743717741059/