

Sullivan, Michelle A HLTH:EX

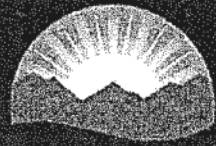
From: Turner, Julie MMHA:EX
Sent: Wednesday, January 31, 2018 7:19 AM
To: Patterson, Ted HLTH:EX; Davison, Carolyn J HLTH:EX; Compton, Miranda [VC]; XT:HLTH
Daly, Patty; XT:Gallagher, Joe HLTH:IN; Henry, Bonnie HLTH:EX; Hughes, Doug J
MMHA:EX; Kendall, Perry HLTH:EX; Mayhew, Neilane MMHA:EX; XT:McDonald, Shannon
HLTH:IN; XT:Roy, Carl EHS:IN; Stevenson, Lynn HLTH:EX; Walsh, Taryn MMHA:EX
Cc: Bracewell, Barb MMHA:EX; XT:Carpenter, Lori HLTH:IN; XT:Chu, Mavis HLTH:IN; Dailly,
Janet; Marsh, Jania HLTH:EX; Thompson, Laurel HLTH:EX; Tom, Janelle; Walker, Leah
MMHA:EX; Wright, Kristin J HLTH:EX
Subject: Additional Slide Deck for today - DM Health Oversight Committee
Attachments: Item #3 - OERC- Health Sector Jan 31.ppt

Good morning – please find the slide deck regarding the Overdose Emergency Response Center, for today's meeting at 9:00.

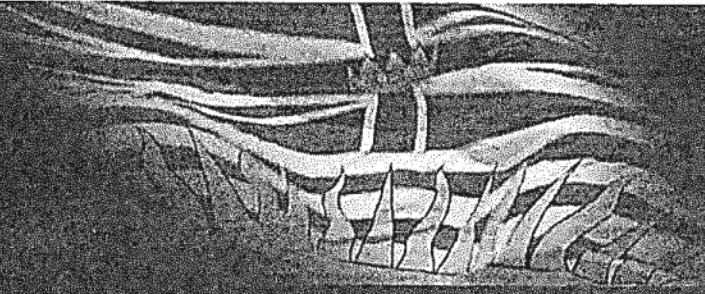
Thank you,
Julie

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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**BRITISH
COLUMBIA**



Ministry of Mental Health and Addictions

Update on the

Overdose Emergency Response

Centre

Health Sector Oversight Committee

January 31, 2018

Overdose Emergency Response Centre

- Core Centre Staff:
 - Executive Lead: Dr. Patty Daly
 - Operations Lead: Miranda Compton
 - HEM BC: Scott Blessing
 - Project Managers: Annelies Becu, Jeff West, Arthur Yee
 - Admin/Logistics: Emily Johnson, Troy Shannon
 - Surveillance: Dr. Mark Gilbert, BCCDC
 - Treatment: Dr. Keith Ahamad, BCCSU
 - Monitoring/Evaluation: Lindsay MacNeil
 - Communication – TBD

Overdose Emergency Response Centre

- Health Authority staff funded by MMH&A:
 - FNHA: Minda Richardson
 - VCH: Chris Van Veen
 - Fraser Health: TBD
 - Island Health: TBD
 - Interior Health: TBD
 - Northern Health: TBD

Overdose Emergency Response Centre

- First Responder Group:
 - PSSG: Lance Talbot (bi-weekly meetings)
 - BCEHS: Joe Acker
 - APBC: Cameron Eby
 - Fire Chiefs: Don Jolley
 - BCAFF: Gord Ditchburn
- Families/Lived Experience Advisors:
 - Dean Wilson
 - Leslie McBain
 - Health Authority reps

Comprehensive Package of Interventions

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u> Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access.</p>	<p><u>Social stabilization</u> Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food.</p>
<p><u>Overdose Prevention Services</u> Supporting a diversity of community-level, low barrier services tailored to population/ community needs.</p>	<p><u>Peer empowerment and employment</u> Providing individual skills and capacity building initiatives within individuals and communities with lived experience.</p>
<p><u>Acute overdose risk case management</u> Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.</p>	<p><u>Cultural safety and humility</u> 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.</p>
<p><u>Treatment and Recovery</u> Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment and recovery services.</p>	<p><u>Addressing stigma, discrimination, and human rights</u> Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination.</p>

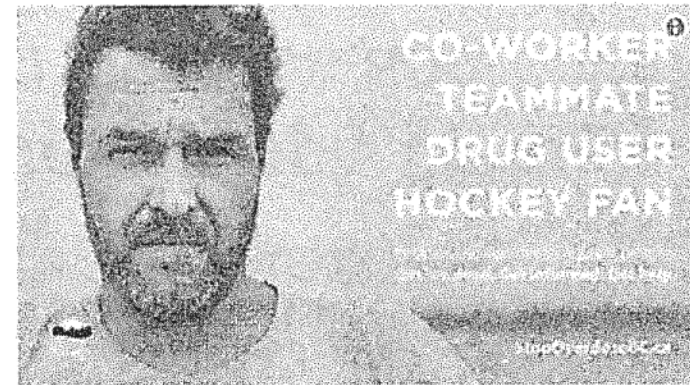
Anti-Stigma Campaign - Vancouver Canucks

- Launched January 29, 2018 by Minister Darcy and former Canuck Kirk McLean



Anti-Stigma Campaign

- Encourages “courageous conversations”
- Link to resources: www.StopOverdoseBC.ca
- Featured at all Canucks home games



Judy Darcy
@DarcyJudy



Today, we are announcing a new public awareness campaign aimed at combatting stigma and encouraging courageous conversations #stopoverdose #supportdontpunish #bcpoli StopOverdoseBC.ca @Canucks @canuckskids @bcgov @CMHABC @ccsa @cpha @camh #cdpc #stopoverdose

1:56 PM - Jan 29, 2018

9 124 191

Community Action Teams

- **Announcement: Feb. 1 in Abbotsford**
- **Priority actions:**
 - Expanding community-based harm reduction services
 - Increasing the availability of Naloxone
 - Addressing the unsafe drug supply through expanded drug checking services and addiction treatment
 - Proactively identifying and supporting people at risk of overdose.

Community Action Teams

- Vancouver
- Richmond
- Powell River
- Surrey
- Langley
- Abbotsford
- Maple Ridge
- Chilliwack
- Victoria
- Campbell River
- Nanaimo
- Duncan
- Port Alberni
- Kelowna
- Kamloops
- Prince George
- Fort St. John

Community Action Team – Innovation Fund

Up to \$100k per community to kick start community action:

Build upon, or facilitate the work of Community Action Teams:

- Focus on activities related to comprehensive package of interventions
- Ensure collaboration with local First Nations communities and local indigenous organizations
- Demonstrate collaboration across multiple stakeholders
- Reflect a multi-sectoral response to the overdose crisis

Funded initiatives must be:

- Endorsed by local Community Action Team led by Regional Health Authority Response team

Successful proposals will include:

- Secretariat/coordination/administrative support to multi-sectoral community action teams to enact community action plans
- Initiatives to enhance a comprehensive response to the overdose crisis

Challenges

- Transition of Overdose Task Groups
 - Underway, tracking of ongoing issues
- Expansion of injectable Opioid Agonist Therapy
- Coordination with Ministry of Health
 - Role of OERC in overseeing planning and response

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Overdose Task Group Transitions

- Naloxone: Annelies Becu
- Drug Checking: Annelies Becu
- Overdose Prevention: Jeff West
- Surveillance: Mark Gilbert/Arthur Yee
- Treatment: Jeff West
- Public Engagement/Using Alone: Arthur Yee

Contact Information

Questions? Comments? Feedback?

Dr. Patty Daly: patricia.daly@vch.ca

Miranda Compton: miranda.compton@vch.ca

Sullivan, Michelle A HLTH:EX

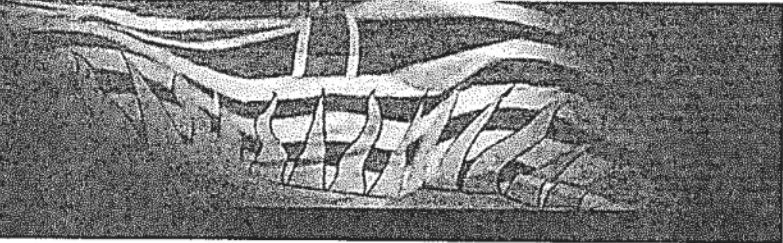
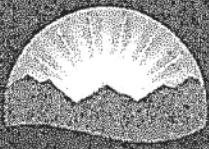
From: Turner, Julie MMHA:EX
Sent: Tuesday, January 30, 2018 10:00 AM
To: Patterson, Ted HLTH:EX; Davison, Carolyn J HLTH:EX; Compton, Miranda [VC]; XT:HLTH Daly, Patty; XT:Gallagher, Joe HLTH:IN; Henry, Bonnie HLTH:EX; Hughes, Doug J MMHA:EX; Kendall, Perry HLTH:EX; Mayhew, Neilane MMHA:EX; XT:McDonald, Shannon HLTH:IN; XT:Roy, Carl EHS:IN; Stevenson, Lynn HLTH:EX; Walsh, Taryn MMHA:EX
Cc: Bracewell, Barb MMHA:EX; XT:Carpenter, Lori HLTH:IN; XT:Chu, Mavis HLTH:IN; Dailly, Janet; Marsh, Jania HLTH:EX; Tom, Janelle; Walker, Leah MMHA:EX; Wright, Kristin J HLTH:EX
Subject: DM Health Sector Oversight Cttee - Jan 31
Attachments: Agenda - Jan 31.docx; Item #1 - Dec 19 action items.docx; Item #1 - Jan 9 action items.docx; Item #2 - Escalating BC Response.DOCX; Item #5 System of Care slides.pptx; Item #7 - Draft ToR.docx

Good morning – please find attached the agenda and materials for the DM Health Sector Oversight Committee meeting tomorrow morning at 9:00. There will be an additional presentation for item #3, which will be sent to you either later tonight or first thing tomorrow morning.

If you have any questions, please don't hesitate to contact me. Thank you.

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

A G E N D A

Wednesday, January 31, 2018
9:00-10:30

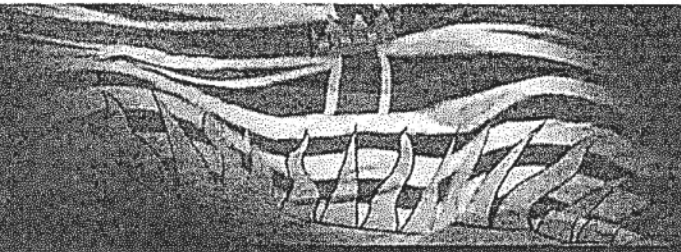
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|----|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------|
| 1. | Approval of December 19 th
and January 9 th minutes
(<i>attachments</i>) | Doug Hughes / All | 5 min |
| 2. | FNHA additions to 'Escalating BC's
Response to the Overdose Emergency'
(<i>attachment</i>) | Carolyn Davison / Joe Gallagher | 15 min |
| 3. | Update on the Overdose Emergency
Response Center | Patty Daly / Miranda Compton | 15 min |
| 4. | Low Barrier Oral Hydromorphone
Pilot Project | Patty Daly / Miranda Compton | 15 min |
| 5. | System of Care Overview
(<i>attachment</i>) | Ted Patterson
(<i>on behalf of Lynn Stevenson</i>) | 15 min |
| 6. | Ongoing Role Clarifications | Doug Hughes / Ted Patterson | 15 min |
| 7. | Draft Terms of Reference for Committee
(<i>attachment</i>) | Doug Hughes | 10 min |

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MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

MINUTES/ACTION ITEMS – DECEMBER 19, 2017

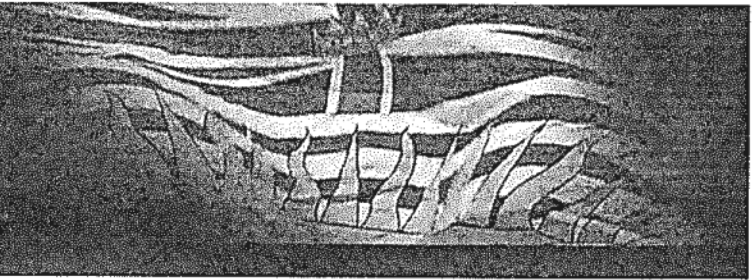
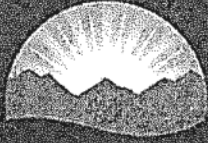
Attendees:

Doug Hughes, DM, MMHA, Chair
Neilane Mayhew, Assoc DM, MMHA
Taryn Walsh, ADM, MMHA
Lynn Stevenson, Assoc DM, Health
Joe Gallagher, CEO, FNHA
Carl Roy, CEO, PHSA, - by phone
Perry Kendall, Chief Medical Officer, Health
Miranda Compton, VCH
Patty Daly, VCH, - by phone
Bonnie Henry, Medical Officer, Health – by phone
Julie Turner, DMO-MMHA

Item	Actions
1. Introductions – round table.	
2. Purpose of Committee :	
(i) The 'Escalating BC's Response to the Overdose Emergency' document was the basis of discussion. The operational function was outlined, including the work of the Overdose Emergency Response Center (OERC).	(i) Include the FNHA within the political and executive structure to ensure regional work is communicated effectively across the FN communities. MMHA and FNHA to provide language to ensure this is noted in document. (Carolyn Davison) – <i>completed</i>
(ii) The purpose of the Committee was outlined, and how it will be used as a communication channel to all the various ministries and agencies. The OERC is connecting with regional staff and those	(ii) The Draft Terms of Reference will be developed and brought forward for discussion at the next Committee meeting. (Julie Turner) - <i>completed</i>

<p>issues will come forward to this Committee. The FNHA advised that a FN health officer representative should be engaged at this level, and be added to this Committee.</p>	
<p>3. Update from the Overdose Emergency Response Center:</p> <ul style="list-style-type: none"> (i) Dr. Patricia Daly provided a status update from the OERC. (ii) Funding and the importance of ensuring MHA and Health are coordinated in their approach for funding, and to ensure alignment of resources are effective for a provincial approach. 	<ul style="list-style-type: none"> (i) The distinction between staff and representatives requires clarification. (Miranda Compton) - <i>completed</i> Slide deck to be circulated to Committee members. (Julie Turner) - <i>completed</i> (ii) MHA and Health to meet and discuss funding plans going forward. (Dara Landry) - <i>ongoing</i>
<p>4. Roles and Responsibilities of Committee:</p> <ul style="list-style-type: none"> (i) Roles and responsibilities of the Committee were discussed and the importance of coordination and collaboration, and communication. (ii) The frequency of the Committee meetings was discussed. It was noted that monthly meetings may not be enough to ensure that information is dealt with in a timely manner. 	<ul style="list-style-type: none"> (i) Conference call to be scheduled for the week of January 8th; as well as the regularly scheduled meeting of January 16th. (Julie Turner) - <i>completed</i> MMHA update should be added as a standing item for Leadership Council. (Julie Turner) – <i>to be confirmed</i>

10:40 Meeting Adjourned.



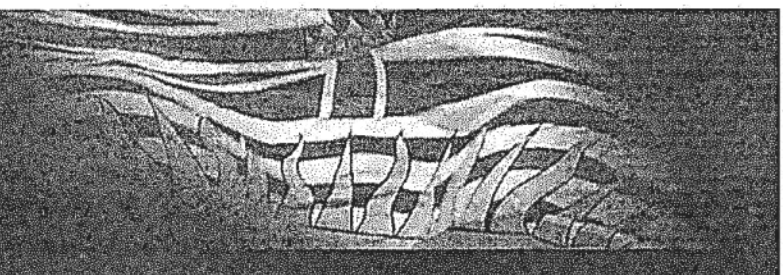
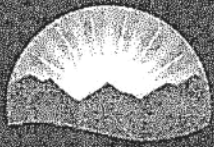
MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

MINUTES/ACTION ITEMS – January 9

Attendees:

Doug Hughes, DM, MMHA, Chair
Neilane Mayhew, Assoc DM, MMHA
Taryn Walsh, ADM, MMHA
Lynn Stevenson, Assoc DM, Health
Joe Gallagher, CEO, FNHA
Dr. Shannon MacDonald, FNHA
Carl Roy, CEO, PHSA
Perry Kendall, Chief Medical Officer, Health
Miranda Compton, VCH / OERC
Patty Daly, VCH / OERC
Bonnie Henry, Medical Officer, Health
Julie Turner, Secretariat, DMO MMHA

Item	Actions
1. Update from OERC (Patty Daly/Miranda Compton: i. Staffing update ii. Expanding opioid agonist therapy iii. Community Action Teams work – opportunity to use Crisis Innovation Funding of \$3m	i. N/A ii. MJD briefing to be scheduled – re Expanding Opioid Therapy. (Julie) – <i>completed</i> iii. Funding plans should come to DM Health Sector Oversight Cttee first; followed by Leadership Council. (Doug/Taryn) - <i>ongoing</i>
2. BCCDC Vending Machine Research Pilot Project (Carl Roy)	• Patty Daly and Miranda Compton to discuss further with Dr. Tyndall to get more information. - <i>completed</i>
3. January 16 th meeting	• To be rescheduled to the week of Jan 29. (Julie) – <i>completed</i>



Ministry of Mental Health and Addictions

Escalating BC's Response to the Overdose Emergency

(updated Jan 30)

Introduction:

The purpose of this document is clarify the policy development, decision-making, and oversight structures to support actions required to escalate the province's response to the high numbers of deaths due to overdoses in British Columbia. To escalate the response requires a coordinated approach across all Ministries that allows for real time information flow and rapid decision making to ensure timely actions are taken to address the Overdose Emergency.

Ministry of Mental Health and Addictions:

The Ministry of Mental Health and Addictions (MMHA) is tasked to work together with other government ministries and community partners to develop an immediate response to the Overdose Emergency based on successful programs that invest in harm reduction strategies, treatment-on-demand, drug substitution therapies, early warning monitoring systems, and an integrated and coordinated response. Specific actions include:

1. Saving lives: Services for people who continue to use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
2. Ending stigma associated with mental health and substance use: Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.
3. Building a network of mental health and substance use services: Services that support treatment of and recovery from addiction.
4. Addressing the range of social supports that influence health: Activities and services that address social factors related to substance use such as housing, income, employment, inter-generational trauma and community development.

Leading an Effective Response to the Fentanyl Crisis

In April, 2016, Provincial Health Officer Dr. Perry Kendall declared a Public Health Emergency under the *Public Health Act* in response to an unprecedented number of overdose deaths.

The declaration allowed medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks were arising and take proactive action to warn and protect people who use drugs.

Over the past year a harm reduction strategy was used to prevent overdoses and deaths. It has been successful as it's estimated that over 11,000 overdoses were reversed and many more people would have died if these actions had not been taken. Despite these efforts, an unprecedented number of people continue to die with projections suggesting BC may see 1,500 overdose deaths in 2017. The data has also shown a disproportionate impact of this crisis on First Nations people, and some unique findings related to age and sex in comparison with the general population. We need new and innovative ways of reaching out and providing options to individuals who continue to be at risk as anyone who uses illicit drugs is not safe. The rate of death due to overdoses is unacceptable and more needs to be done.

Immediate actions are also required to reach out and provide options to individuals who use at home alone and people most at risk of overdoses; understand the impact of overprescribing of Opioids in the Province to treat pain which can often lead to addiction; address social factors including housing, poverty, and stigma which underpin the issues impacting people using illicit drugs. These actions must be designed in a way that supports Indigenous peoples as well as the general population. We also have to ensure limited resources are targeted and effective both in the short and long term.

An escalated approach is required that ensures rapid and effective response to the Overdose Emergency and mobilizes current and new resources at the community level. This can only be enabled by effective cross ministry health and social sector collaboration, innovation, and research supported by the real time flow of information. To date most of the staff who have been working on the Overdose Emergency have also continued to carry other duties either within their respective ministries or in the regional health authorities. The framework set out below will enable the Minister and Deputy Minister of Mental Health and Addictions, in partnership with other government ministries, community partners, the First Nations Health Council and First Nations Health Authority, to direct and oversee an effective, coordinated and timely response to managing the Overdose Emergency.

Enabling Effective Action, Coordination, and Results in Response to the Overdose Emergency

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To respond to the Overdose Emergency, there is need for effective and coordinated action across three levels:

- **effective operational coordination and direction** to ensure alignment of effort, real-time knowledge of events and emerging issues at the front line, rapid response capacity to better meet emergency and urgent needs;
- **effective executive level coordination** to develop policy and strategies in response to the crisis supported by appropriate resource allocation and decision making across a one-government approach; and
- **effective political leadership.**

There is also a pressing need to address the disproportionate impact of the opioid crisis on the First Nations population by ensuring that the scope and capacity of the response outlined in this document is deployed in a manner that considers First Nations needs and outcomes at all levels. The principle of reciprocal accountability will be a key feature of the response, meaning that each component of the response will be deployed in a way that seeks to uphold the goals shared with First Nations for improved outcomes supported by more culturally-safe mainstream services and Indigenous-specific services. This will be achieved by:

- Where possible, the First Nations Health Authority (FNHA) will designate representatives to sit at the various levels of the response structure and particularly will participate at the political and executive levels, and the senior operational coordination level.
- Action plans at all levels of the response structure will include a lens of cultural safety and humility and where appropriate outline Indigenous-specific actions and interventions.
- Reports, data and information at all levels of the response structure will include a specific focus on First Nations and Indigenous populations. This will support regular reporting to the First Nations Health Council and the Minister, and to the Deputy Minister MMHA and the CEO of the FNHA.
- Seeking ways to connect and deploy the overdose response structure in support of agreements and commitments made between the Province of BC and First Nations regarding Mental Health and Wellness and the Social Determinants of Health.

Effective Operational Coordination: An MMHA Overdose Emergency Response Centre (OERC):

To meet its mandate the MMHA will implement a new structure in the form of an **Overdose Emergency Response Centre (OERC)** that will work directly with five **Regional Response Teams (RRT)** across the **health, social, and community sector**. The Regional Response Teams will take an integrated approach to operations by including representatives from health, social and law enforcement.

Reporting through to the Deputy Minister MMHA, the Overdose Emergency Response Centre (OERC) will provide oversight of the implementation of strategic direction and actions approved at the executive level by monitoring week to week implementation, tracking emerging issues and trends, providing rapid feedback and response to mitigate problems. By collecting real-time data on events and issues on the front lines they will provide a source of up to date information on both progress and issues to the Minister and Deputy Minister of Mental Health and Addictions.

The Deputy Minister MMHA will have both routine and rapid access to executive leadership from Health Services, PSSG, and Social Ministries through three Executive Level Committees that will meet monthly and as needed on an emergency basis as determined by the DM MMHA to ensure immediate actions are taken and barriers are removed.

The Minister MMHA will be able to mobilize political action through the Ministerial MHA Working Group that will meet on a regular basis and as needed on an emergency basis as determined by the Minister MMHA.

This lean structure will provide effective and responsive real-time oversight and action to address the overdose emergency on a day to day basis.

The **Overdose Emergency Response Centre (OERC)** will be led by a Part Time Medical Health Officer with operational support from a Full Time Executive Operational Manager with additional staff from the other government ministries and the social sector including staff recruited from police, ambulance and fire. Key mandated accountabilities will include:

- Working in collaboration with multi-sector public agencies and people with lived experience to escalate the response to the overdose emergency;
- Working with regional committees (see below) to ensure on the ground actions are coordinated and supported, refining and developing action plans with these committees that are provincial and regional in scope;
- Working with the committees to identify opportunities to leverage existing and better use new resources as they are added to support the delivery of a comprehensive package of essential services for overdose prevention, treatment and recovery in BC;
- Working with BCCDC to generate and gather multiple sources of data to monitor the response and report in real time to better understand the emergency and underlying issues;
- Conducting analysis and evaluation of current and future initiatives to ensure value for money based on current data and cost benefit analysis. Establish and work with regional health, public safety, and social ministries response teams and assist in removing barriers for local response;
- The Overdose Emergency Response Centre (OERC) while part of the MMHA will be co-located with the BC Centre for Disease Control to ensure optimal access to surveillance data that will ensure an enhanced data analytics strategy informs the policy, action plans and implementation strategies to address the high number of overdose deaths.

Five Regional Response Teams (RRTs) will be developed by Regional Health Authorities, with linkages to other government regional operations staff as well as Regional First Nations and other indigenous organizations to lead and coordinate the implementation of the policy and strategies developed and approved by MMHA. The RRT's will include regional staff from Public Safety and Solicitor General and Social Ministries to ensure an integrated approach in the regions. These are new structures in the system and will require additional funding. The functions of the RRT are:

- The RRTs will be co-led by a Part Time Medical Health Officer and a Full Time Executive Operational Manager with additional support staff from the Regional Health Authority. It is anticipated each RRT will employ 4 staff;
- The RRT's will work in collaboration with the PCC to ensure actions and policy development is responsive and targeted;
- The RRT's will actively monitor community unexpected events and take immediate to support community actions;
- The RRT's will develop and support implementation plans approved by MMHA within their regions;
- The RRT's will provide real time information as needed and routine weekly updates to the OERC;
- The RRT's will also support and establish additional **Community Action Teams** in those communities with the most pressing needs and recording a high number of deaths and overdoses. The Community Action Teams will have membership from local municipalities, first responders, front-line ministries and agencies, Divisions of Family Practice, user groups and local government agencies and may include First Nations organizations. This group will identify people most at risk in their community and ensure local coordination and communication.

Effective Executive Level Coordination

The DM MMHA will use identified issues, information, and reports from the Overdose Emergency Response Centre (OERC) to drive timely and effective research, policy and planning in MMHA. The Policy and Planning Branch of MMHA supported by the BC Centre for Substance Use will use time limited goal oriented working groups comprised of Ministry and front line operations staff to quickly respond to emerging and changing needs. The Policy and Planning branch will develop a stakeholder Advisory Committee including people who use opioids to ensure any new policies and actions are vetted by those most impacted. The Research Branch of MMHA will work with the BC Centre for Substance Use and post-secondary institutions to establish research agendas to address changing and emerging needs.

The DM MMHA will have authority to work directly with a DM Oversight Committee as well as committees established by the two main lead ministries to develop sector specific plans and actions.

Deputy Minister Oversight Committee

The DM Oversight Committee will meet minimally monthly one week in advance of the Ministerial Mental Health and Addictions Working Group or as required by the DM MMHA to respond to emerging urgent issues. The Committee will be comprised of the DMs of the Ministry of Mental Health and Addictions (Chair), Ministry of Children and Family Development, Ministry of Municipal Affairs and Housing (MAH), Ministry of Education (MOE), Ministry of Social Development and Poverty Reduction (MSDPD), Ministry of Health (HLTH). The DM Oversight Committee will also ensure alignment of the Housing and Poverty Reduction strategies with the work to address the Overdose Emergency.

The DM MMHA will actively work with the Health Sector Oversight Committee and the PSSG/MMHA Executive Committee to:

1. Rapidly respond to issues and barriers identified by the Overdose Emergency Response Centre (OERC):
 - The DM MMHA will convene emergency meetings with the Committees as required in response to emerging or urgent issues identified by the OERC. These meetings will be convened within 24 hours to ensure a rapid response to issues as needed.
 - The Committees will be accountable for ensuring compliance within their own organizations and will work with the MMHA to quickly unblock any administrative or bureaucratic barriers to effective service delivery.
2. Support MMHA develop strategies and policy to more effectively respond to the overdose emergency and create an integrated one-government system of effective mental health and addictions services:
 - The DM MMHA will meet monthly with each of the committees to review progress, issues, and go-forward plans. As required the DM MMHA can bring together all the committees to develop and/or review overall strategy and enable cross government action planning. These committees will provide timely response and direction on policy, action plans, and resource allocation. The committees will support the DM MMHA to develop annual and/or emergency funding requests to enable an adequate response to the overdose crisis.

PSSG/MMHA Executive Committee

The PSSG/MMHA Executive Committee will be comprised of the DM Ministry of Mental Health and Addictions (Chair), DM of Public Safety and Solicitor General, PSSG/ADM of Police Services, PSSG/ADM of Corrections, and Chief Coroner. This Committee is a continuation of the commitment to respond to emerging urgent issues with respect to the opioid emergency, which includes issues identified by the Overdose Emergency Response Center.

DM Health Sector Oversight Committee

The Health Sector Oversight Committee will be comprised of the DM Ministry of Mental Health and Addictions (Chair), Associate Deputy Minister Health Services, the Provincial Health Officer, the CEO Provincial Health Services, the CEO and the Chief Medical Officer of the First Nations Health Authority, and representatives from the Vancouver Coastal Health Authority. The Committee will meet minimally monthly or as required on an emergency basis within 24 hours as directed by the DM MMHA. The Committee will also have the ability to meet monthly with the Health Sector Leadership Council as required and/or convene an emergency meeting of the Health Sector Leadership Council within 24 hours in response to an emerging urgent issue identified by the Provincial Command Centre.

Where implementation of strategic direction and actions by the Overdose Emergency Response Centre (OERC) may lead to new fiscal or budget implications for the Ministry of Health or the Ministry of PSSG, this will be identified and brought forward to the appropriate committee for discussion and direction, including potential realignment of resources or requests for additional funding through Treasury Board.

Effective Political Leadership

The Minister of Mental Health and Addictions chairs the Mental Health and Addictions Working Group (MHAWG). The Cabinet Working Group ensures the accountability for results is a cross government responsibility and a one government response. The Minister will report out on a regular basis to the MHA Working Group on actions and results taken to address the high number of overdose deaths.

The MHA Working Group will also ensure individual line ministries are mandated to direct resources and staff towards a coordinated and cross-sectoral response. The MHA Working Group will be supported by the Deputy Minister MMHA.

Summary: Responding to the Overdose Crisis and Ensuring an Effective, Integrated and Coordinated Mental Health and Addictions System

The structure and processes set out above will ensure both effective and timely oversight and direction in response to the fentanyl crisis and a cross government structure to enable MMHA to lead the development and implementation of a refreshed strategy, policy, program evaluation and research agenda to develop an effective, integrated, and coordinated system of prevention, early intervention and long term care for individuals and their families related to mental health and addictions. A refreshed one-government strategy will be developed over the fall/winter 2017-18 under the leadership of the Minister and Deputy Minister for MMHA and direction from the Cabinet MHAWG.

Page 032 to/à Page 033

Withheld pursuant to/removed as

s.13

Sullivan, Michelle A HLTH:EX

From: Hughes, Doug J HLTH:EX
Sent: Wednesday, December 20, 2017 10:37 AM
To: Kendall, Perry HLTH:EX; Henry, Bonnie HLTH:EX
Subject: FW: BC New Emergency Response Centre (teleconference)
Attachments: SUAP Proposals - BC.docx

Fyi. Not sure if you go this info.

Doug Hughes
Deputy Minister
Ministry of Mental Health and Addictions
P: 250-952-1049

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From: McGhie, Ross (HC/SC) [mailto:ross.mcghie@canada.ca]
Sent: Wednesday, December 20, 2017 10:27 AM
To: Hughes, Doug J HLTH:EX
Cc: McDonald, Suzy (HC/SC); Jackson, Heidi (HC/SC); Peplinskie, Kazia (HC/SC); Boudreau, Michelle (HC/SC); Lajeunesse, Lise (HC/SC); Chénard, Carol Anne (HC/SC); Compton, Miranda [VC]; Davison, Carolyn J HLTH:EX
Subject: RE: BC New Emergency Response Centre (teleconference)

Good morning Mr. Hughes,

As discussed during your teleconference yesterday with Suzy McDonald, please find attached the list of proposals from British Columbia for funding under the Substance Use and Addictions Program.

Please don't hesitate to follow-up with Suzy if you would like to discuss further.

Cheers,
Ross

Ross McGhie
Senior Advisor / Conseiller principal
Opioid Response Team / Équipe d'intervention en matière d'opioïdes
Health Canada / Santé Canada
Ross.McGhie@Canada.ca / tel: 613-960-2545 / mob: 819-639-2414

From: Bellefeuille, Sophie (HC/SC)
Sent: 2017-12-20 12:46 PM
To: McGhie, Ross (HC/SC)
Cc: Jackson, Heidi (HC/SC); McCabe, Joanne (HC/SC)
Subject: RE: SUAP Proposal Review // Évaluation des propositions PUDS

Hi Ross,

Here is a list of the opioid-related proposals received from organisations in BC.

Hope this helps!

Sophie Bellefeuille

Gestionnaire principal de programme par intérim | Programme des drogues
Programmes de santé et initiatives stratégiques | Direction générale de la politique stratégique
Santé Canada | Gouvernement du Canada
sophie.bellefeuille@canada.ca | Tél.: 514-283-1765

A/Senior Program Manager | Drugs Program
Health Programs and Strategic Initiatives | Strategic Policy Branch
Health Canada | Government of Canada
sophie.bellefeuille@canada.ca | Tel.: 514-283-1765

From: Adam Briand [<mailto:adam.briand@hc-sc.gc.ca>] **On Behalf Of** PSU-CPS

Sent: 2017-12-04 2:05 PM

To: McDonald, Suzy (HC/SC) <suzy.mcdonald@canada.ca>; Perron, Sony (HC/SC) <sony.perron@canada.ca>; Elmslie, Kim (PHAC/ASPC) <kim.elmslie@canada.ca>; Keva.Glynn@gov.bc.ca; Ness, Kathy (Ext.) <kathy.ness@gov.ab.ca>; graham.statt@gov.ab.ca; Kimberly.Kratzig@health.gov.sk.ca; marcia.thomson@gov.mb.ca; Avis.Gray@gov.mb.ca; Patrick.Dicerni@ontario.ca; carole.marcotte@msss.gouv.qc.ca; karina.cote@msss.gouv.qc.ca; Maillet, Gisele (Ext.) <gisele.maillet@gnb.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Charmaine.McPherson@novascotia.ca; Kimberlee.Barro@novascotia.ca; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; pclark@gov.nl.ca; MonicaBull@gov.nl.ca; Hanley, Brendan (Ext.) <brendan.hanley@gov.yk.ca>; Jeff.ford@gov.yk.ca; Jo-Anne.Hubert@gov.nt.ca; [Corriveau, Andre \(Ext.\) <andre.corriveau@gov.nt.ca>](mailto:Corriveau.Andre@gov.nt.ca); dmulvey@gov.nu.ca; omcinnis@gov.nu.ca

Cc: Jean, Gisele (HC/SC) <gisele.jean@canada.ca>; Sauvé, Brittany (HC/SC) <brittany.sauve@canada.ca>; Jackson, Heidi (HC/SC) <heidi.jackson@canada.ca>; Peplinskie, Kazia (HC/SC) <kazia.peplinskie@canada.ca>; Wild, Lindsay (HC/SC) <lindsay.wild@canada.ca>; Chisholm, Colene (HC/SC) <colene.chisholm@canada.ca>; McGhie, Ross (HC/SC) <ross.mcghie@canada.ca>; Leblanc2, Karen (HC/SC) <karen.leblanc2@canada.ca>; Cesa, Frank (HC/SC) <frank.cesa@canada.ca>; Mattison, Kirsten (HC/SC) <kirsten.mattison@canada.ca>; Briand, Adam (HC/SC) <adam.briand@canada.ca>; Jetha, Nina (HC/SC) <nina.jetha@canada.ca>; Iwasiow, Konrad (HC/SC) <konrad.iwasiow@canada.ca>; Boudreau, Michelle (HC/SC) <michelle.boudreau@canada.ca>; McCabe, Joanne (HC/SC) <joanne.mccabe@canada.ca>; Larkin, Kerry (HC/SC) <kerry.larkin@canada.ca>; Pierce, Susan (HC/SC) <susan.pierce@canada.ca>; Carter, Luke (HC/SC) <luke.carter@canada.ca>; Simpson, Tammy (HC/SC) <tammy.simpson@canada.ca>; Bellefeuille, Sophie (HC/SC) <sophie.bellefeuille@canada.ca>; Conly, Meghan (HC/SC) <meghan.conly@canada.ca>; Bernard, Marie-Luce (HC/SC) <marie-luce.bernard@canada.ca>; Daoust, Kevin (HC/SC) <kevin.daoust@canada.ca>; Cloutier, Constance (HC/SC) <constance.cloutier@canada.ca>; Doidge, Scott (HC/SC) <scott.doidge@canada.ca>; Guindon, Chantal (PHAC/ASPC) <chantal.guindon@canada.ca>; Mead, Jobina (PHAC/ASPC) <jobina.mead@canada.ca>; Fournier, Sarah (PHAC/ASPC) <sarah.fournier@canada.ca>; Robinson, Kerry (PHAC/ASPC) <kerry.robinson@canada.ca>; Michelle.Wong@gov.bc.ca; Warren.OBriain@gov.bc.ca; Gerrit.vanderLeer@gov.bc.ca; Kevin.Samra@gov.bc.ca; leila.wilson@gov.bc.ca; Poilievre, Tricia (Ext.) <tricia.poilievre@gov.bc.ca>; Lynn.Carnegie@gov.bc.ca; Renee.Barnes@gov.bc.ca; Carolyn.Davison@gov.bc.ca; Taylor, Stephanie (Ext.) <stephanie.taylor@gov.bc.ca>; claire.tuttle@gov.ab.ca; deb.droege@gov.ab.ca; michelle.craig@gov.ab.ca; michelle.vinall@gov.ab.ca; shirley.gebhardt@health.gov.sk.ca; kathy.willerth@health.gov.sk.ca; courtney.foster@health.gov.sk.ca; erin.wills@gov.mb.ca; Colleen.Dudar@gov.mb.ca; Panchyshyn, Debbie (Ext.) <debbie.panchyshyn@gov.mb.ca>; Elizabeth.Parsons@gov.mb.ca; margo.warren@ontario.ca;

Virginia.Collins@ontario.ca; sean.court@ontario.ca; Dimitracopoulos, Louis (Ext.) <louis.dimitracopoulos@ontario.ca>; Melancon, Jean-François (Ext.) <jean-francois.melancon@msss.gouv.qc.ca>; marie-krystine.beauregard@msss.gouv.qc.ca; Blinco, Kimberley (Ext.) <kimberley.blinco@gnb.ca>; marisa.frenette@gnb.ca; emily.zalot@gnb.ca; lisa.lussier@gnb.ca; Janice.Moore@novascotia.ca; Cheryl.Provo@novascotia.ca; Meaghan.Haynes@novascotia.ca; lanoonan@gov.pe.ca; hjackman@gov.nl.ca; debbiecurtis@gov.nl.ca; Skylan.Parker@gov.yk.ca; Look, Elaine (Ext.) <elaine_look@gov.nt.ca>; Ada_Elliott@gov.nt.ca
Subject: SUAP Proposal Review // Évaluation des propositions PUDS

(Le français suit)

PSUH Members,

We wish to follow up on a request received at the November meeting regarding the review of opioid-related proposals received by Health Canada's Substance Use and Addictions Program (SUAP), where some PT representatives expressed an interest in reviewing opioid-related proposals from organisations in their jurisdiction.

Health Canada invites PT representatives that wish to participate in the review of proposals from organisations in their jurisdiction to send an email to Sophie Bellefeuille, A/Senior Program Manager for SUAP at sophie.bellefeuille@canada.ca.

Please submit your request to review by Wednesday, December 6, 2017. Please note that Health Canada will expect all reviews to be finalised and submitted within 5 business days after receipt. Please also note that you will also be asked to sign a confidentiality agreement.

Membres du CPSM,

Nous effectuons un suivi auprès de vous, suite à une demande formulée lors de notre rencontre de novembre. Lors de cette rencontre, certains représentants territoriaux/provinciaux ont exprimé le souhait de procéder à l'évaluation des propositions de projets en lien aux opioïdes reçues par le Programme sur l'usage et les dépendances aux substances (PUDS) de Santé Canada.

À cet effet, Santé Canada désire inviter les représentants des territoires et provinces intéressés à évaluer les propositions de projets en provenance d'organisations de leurs territoires de manifester leur intérêt par courriel à Sophie Bellefeuille, gestionnaire principal de programme par intérim du PUDS (sophie.bellefeuille@canada.ca) d'ici mercredi, le 6 décembre 2017.

Pour votre gouverne, veuillez prendre note que Santé Canada demandera à ce que les évaluations des projets soient complétées et qu'elles leur soient envoyées au plus tard 5 jours ouvrables après réception des propositions. De plus, la signature d'une entente de confidentialité sera nécessaire.

Page 037 to/à Page 040

Withheld pursuant to/removed as

s.16;s.17

Sullivan, Michelle A HLTH:EX

From: Turner, Julie MMHA:EX
Sent: Monday, December 18, 2017 9:58 AM
To: 'Compton, Miranda [VC]'; XT:HLTH Daly, Patty; XT:Gallagher, Joe HLTH:IN; Henry, Bonnie HLTH:EX; Hughes, Doug J HLTH:EX; Kendall, Perry HLTH:EX; Mayhew, Neilane X MMHA:EX; XT:Roy, Carl EHS:IN; Stevenson, Lynn HLTH:EX
Cc: Hughes, Doug J HLTH:EX; Mayhew, Neilane X MMHA:EX; Bracewell, Barb HLTH:EX; XT:Chu, Mavis HLTH:IN; Dailly, Janet; Marsh, Jania HLTH:EX; Tom, Janelle; Walker, Leah MMHA:EX; Wright, Kristin J HLTH:EX
Subject: FW: DM Health Sector Oversight Committee - Dec 19
Attachments: Agenda - Dec 19.docx; Escalating BC Response - FINAL Dec 14.docx

Good morning – please find attached a final version of the “Escalating BC’s Response to the Overdose Emergency” paper, for your reference during these Committee meetings.

Thank you,

Julie Turner | Director
Committee Secretariat | Deputy Minister’s Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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From: Turner, Julie MMHA:EX
Sent: Wednesday, December 13, 2017 1:50 PM
To: Stevenson, Lynn HLTH:EX; XT:Roy, Carl EHS:IN; Mayhew, Neilane X MMHA:EX; XT:Gallagher, Joe HLTH:IN; Kendall, Perry HLTH:EX; XT:HLTH Daly, Patty; 'miranda.compton@vch.ca'
Cc: Bracewell, Barb HLTH:EX; Chu, Mavis; Dailly, Janet; Tom, Janelle; Walker, Leah MMHA:EX; Will, Jordan HLTH:EX; Wright, Kristin J HLTH:EX
Subject: RE: DM Health Sector Oversight Committee

Good afternoon – please find attached the agenda for the Committee meeting scheduled for Tuesday December 19th. Location is noted, as well as a conference call number if you are not attending in person.

Thank you,

Julie Turner | Director
Committee Secretariat | Deputy Minister’s Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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From: Casanova, Tamara HLTH:EX **On Behalf Of** Hughes, Doug J HLTH:EX
Sent: Wednesday, December 6, 2017 5:09 PM
To: Stevenson, Lynn HLTH:EX; XT:Roy, Carl EHS:IN; Mayhew, Neilane X MMHA:EX; XT:Gallagher, Joe HLTH:IN; Kendall, Perry HLTH:EX; XT:HLTH Daly, Patty
Cc: Turner, Julie MMHA:EX
Subject: DM Health Sector Oversight Committee

Dear Colleagues,

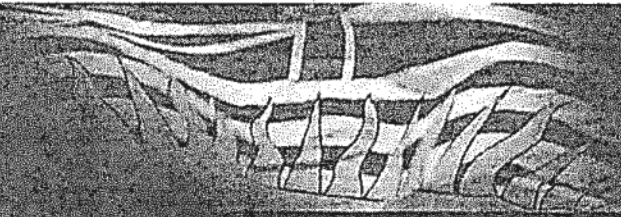
As part of the Task Force work that has been undertaken by the DM Health System Steering Committee, it was determined that a new streamlined Committee would form going forward, called the DM Health Sector Oversight Committee.

At the last DM Health Steering Committee meeting that was held on November 30, we have now completed that series of meetings, and the new Committee will be comprised of your membership with a new series of upcoming meetings. We committed to having an initial meeting this month, then every 4 weeks thereafter. We have tentatively scheduled **December 19, from 9:00-10:30**. My office will act as the Secretariat for these meetings, and more information will be sent out shortly. In the meantime, a calendar invite will be sent to you for the initial meeting time.

This Committee will provide oversight and direction to support a cross-government structure to enable MMHA to lead the development and implementation of a refreshed one-government Mental Health Strategy that supports a coordinated system of services. This Committee will also have the ability to meet monthly with the Health Sector Leadership Council, as required and/or convene an emergency meeting of the Health Sector Leadership Council within 24 hours in response to an emerging urgent issue identified by the Overdose Emergency Response Center.

I look forward to working with you on this important priority for government.

Doug Hughes
Deputy Minister



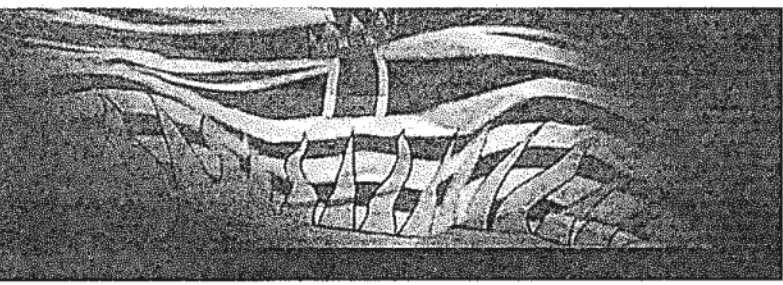
MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

A G E N D A

December 19, 2017
9:00-10:30

s.15,s.17

- | | |
|---------------------------------------------------|----------------------------------------|
| 1. Introductions | Doug Hughes / All |
| 2. Purpose of the Committee | Doug Hughes |
| 3. Update from Overdose Emergency Response Center | Dr. Patricia Daly /
Miranda Compton |
| 4. Role and Responsibility of the Committee | Doug Hughes /
Neilane Mayhew |



Ministry of Mental Health and Addictions

Escalating BC's Response to the Overdose Emergency

Introduction:

The purpose of this document is to clarify the policy development, decision-making, and oversight structures to support actions required to escalate the province's response to the high numbers of deaths due to overdoses in British Columbia. To escalate the response requires a coordinated approach across all Ministries that allows for real time information flow and rapid decision making to ensure timely actions are taken to address the Overdose Emergency.

Ministry of Mental Health and Addictions:

The Ministry of Mental Health and Addictions (MMHA) is tasked to work together with other government ministries and community partners to develop an immediate response to the Overdose Emergency based on successful programs that invest in harm reduction strategies, treatment-on-demand, drug substitution therapies, early warning monitoring systems, and an integrated and coordinated response. Specific actions include:

1. **Saving lives:** Services for people who continue to use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
2. **Ending stigma associated with mental health and substance use:** Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.
3. **Building a network of mental health and substance use services:** Services that support treatment of and recovery from addiction.
4. **Addressing the range of social supports that influence health:** Activities and services that address social factors related to substance use such as housing, income, employment, inter-generational trauma and community development.

Leading an Effective Response to the Fentanyl Crisis

In April, 2016, Provincial Health Officer Dr. Perry Kendall declared a Public Health Emergency under the *Public Health Act* in response to an unprecedented number of overdose deaths.

The declaration allowed medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks were arising and take proactive action to warn and protect people who use drugs.

Over the past year a harm reduction strategy was used to prevent overdoses and deaths. It has been successful as it's estimated that over 11,000 overdoses were reversed and many more people would have died if these actions had not been taken. Despite these efforts, an unprecedented number of people continue to die with projections suggesting BC may see 1,500 overdose deaths in 2017. We need new and innovative ways of reaching out and providing options to individuals who continue to be at risk as anyone who uses illicit drugs is not safe. The rate of death due to overdoses is unacceptable and more needs to be done.

Immediate actions are also required to reach out and provide options to individuals who use at home alone and people most at risk of overdoses; understand the impact of overprescribing of Opioids in the Province to treat pain which can often lead to addiction; address social factors including housing, poverty, and stigma which underpin the issues impacting people using illicit drugs. We also have to ensure limited resources are targeted and effective both in the short and long term.

An escalated approach is required that ensures rapid and effective response to the Overdose Emergency and mobilizes current and new resources at the community level. This can only be enabled by effective cross ministry health and social sector collaboration, innovation, and research supported by the real time flow of information. To date most of the staff who have been working on the Overdose Emergency have also continued to carry other duties either within their respective ministries or in the regional health authorities. The framework set out below will enable the Minister and Deputy Minister of Mental Health and Addictions to direct and oversee an effective, coordinated and timely response to managing the Overdose Emergency.

Enabling Effective Action, Coordination, and Results in Response to the Overdose Emergency

s.13

To respond to the Overdose Emergency, there is need for effective and coordinated action across three levels:

- **effective operational coordination and direction** to ensure alignment of effort, real-time knowledge of events and emerging issues at the front line, rapid response capacity to better meet emergency and urgent needs;
- **effective executive level coordination** to develop policy and strategies in response to the crisis supported by appropriate resource allocation and decision making across a one-government approach; and
- **effective political leadership.**

Effective Operational Coordination: An MMHA Overdose Emergency Response Centre (OERC):

To meet its mandate the MMHA will implement a new structure in the form of an **Overdose Emergency Response Centre (OERC)** that will work directly with five **Regional Response Teams (RRT)** across the **health, social, and community sector**. The Regional Response Teams will take an integrated approach to operations by including representatives from health, social and law enforcement.

Reporting through to the Deputy Minister MMHA, the Overdose Emergency Response Centre (OERC) will provide oversight of the implementation of strategic direction and actions approved at the executive level by monitoring week to week implementation, tracking emerging issues and trends, providing rapid feedback and response to mitigate problems. By collecting real-time data on events and issues on the front lines they will provide a source of up to date information on both progress and issues to the Minister and Deputy Minister of Mental Health and Addictions.

The Deputy Minister MMHA will have both routine and rapid access to executive leadership from Health Services, PSSG, and Social Ministries through three Executive Level Committees that will meet monthly and as needed on an emergency basis as determined by the DM MMHA to ensure immediate actions are taken and barriers are removed

The Minister MMHA will be able to mobilize political action through the Ministerial MHA Working Group that will meet on a regular basis and as needed on an emergency basis as determined by the Minister MMHA.

This lean structure will provide effective and responsive real-time oversight and action to address the overdose emergency on a day to day basis.

The **Overdose Emergency Response Centre (OERC)** will be led by a Part Time Medical Health Officer with operational support from a Full Time Executive Operational Manager with additional staff from the other government ministries and the social sector including staff recruited from police, ambulance and fire. Key mandated accountabilities will include:

- Working in collaboration with multi-sector public agencies and people with lived experience to escalate the response to the overdose emergency;
- Working with regional committees (see below) to ensure on the ground actions are coordinated and supported, refining and developing action plans with these committees that are provincial and regional in scope;

- Working with the committees to identify opportunities to leverage existing and better use new resources as they are added to support the delivery of a comprehensive package of essential services for overdose prevention, treatment and recovery in BC;
- Working with BCCDC to generate and gather multiple sources of data to monitor the response and report in real time to better understand the emergency and underlying issues;
- Conducting analysis and evaluation of current and future initiatives to ensure value for money based on current data and cost benefit analysis. Establish and work with regional health, public safety, and social ministries response teams and assist in removing barriers for local response;
- The Overdose Emergency Response Centre (OERC) while part of the MMHA will be co-located with the BC Centre for Disease Control to ensure optimal access to surveillance data that will ensure an enhanced data analytics strategy informs the policy, action plans and implementation strategies to address the high number of overdose deaths.

Five Regional Response Teams (RRTs) will be developed by Regional Health Authorities, with linkages to other government regional operations staff as well as Regional First Nations and other indigenous organizations to lead and coordinate the implementation of the policy and strategies developed and approved by MMHA. The RRT's will include regional staff from Public Safety and Solicitor General and Social Ministries to ensure an integrated approach in the regions. These are new structures in the system and will require additional funding. The functions of the RRT are:

- The RRTs will be co-led by a Part Time Medical Health Officer and a Full Time Executive Operational Manager with additional support staff from the Regional Health Authority. It is anticipated each RRT will employ 4 staff;
- The RRT's will work in collaboration with the PCC to ensure actions and policy development is responsive and targeted;
- The RRT's will actively monitor community unexpected events and take immediate to support community actions;
- The RRT's will develop and support implementation plans approved by MMHA within their regions;
- The RRT's will provide real time information as needed and routine weekly updates to the OERC;

- The RRT's will also support and establish additional **Community Action Teams** in those communities with the most pressing needs and recording a high number of deaths and overdoses. The Community Action Teams will have membership from local municipalities, first responders, front-line ministries and agencies, Divisions of Family Practice, user groups and local government agencies. This group will identify people most at risk in their community and ensure local coordination and communication.

Effective Executive Level Coordination

The DM MMHA will use identified issues, information, and reports from the Overdose Emergency Response Centre (OERC) to drive timely and effective research, policy and planning in MMHA. The Policy and Planning Branch of MMHA supported by the BC Centre for Substance Use will use time limited goal oriented working groups comprised of Ministry and front line operations staff to quickly respond to emerging and changing needs. The Policy and Planning branch will develop a stakeholder Advisory Committee including people who use opioids to ensure any new policies and actions are vetted by those most impacted. The Research Branch of MMHA will work with the BC Centre for Substance Use and post-secondary institutions to establish research agendas to address changing and emerging needs.

The DM MMHA will have authority to work directly with a DM Oversight Committee as well as committees established by the two main lead ministries to develop sector specific plans and actions.

Deputy Minister Oversight Committee

The DM Oversight Committee will meet minimally monthly one week in advance of the Ministerial Mental Health and Addictions Working Group or as required by the DM MMHA to respond to emerging urgent issues. The Committee will be comprised of the DMs of the Ministry of Mental Health and Addictions (Chair), Ministry of Children and Family Development, Ministry of Municipal Affairs and Housing (MAH), Ministry of Education (MOE), Ministry of Social Development and Poverty Reduction (MSDPD), Ministry of Health (HLTH). The DM Oversight Committee will also ensure alignment of the Housing and Poverty Reduction strategies with the work to address the Overdose Emergency.

The DM MMHA will actively work with the Health Sector Oversight Committee and the PSSG/MMHA Executive Committee to:

1. Rapidly respond to issues and barriers identified by the Overdose Emergency Response Centre (OERC):
 - The DM MMHA will convene emergency meetings with the Committees as required in response to emerging or urgent issues identified by the OERC. These meetings will be convened within 24 hours to ensure a rapid response to issues as needed.
 - The Committees will be accountable for ensuring compliance within their own organizations and will work with the MMHA to quickly unblock any administrative or bureaucratic barriers to effective service delivery.
2. Support MMHA develop strategies and policy to more effectively respond to the overdose emergency and create an integrated one-government system of effective mental health and addictions services:
 - The DM MMHA will meet monthly with each of the committees to review progress, issues, and go-forward plans. As required the DM MMHA can bring together all the committees to develop and/or review overall strategy and enable cross government action planning. These committees will provide timely response and direction on policy, action plans, and resource allocation. The committees will support the DM MMHA to develop annual and/or emergency funding requests to enable an adequate response to the overdose crisis.

PSSG/MMHA Executive Committee

The PSSG/MMHA Executive Committee will be comprised of the DM Ministry of Mental Health and Addictions (Chair), DM of Public Safety and Solicitor General, PSSG/ADM of Police Services, PSSG/ADM of Corrections, and Chief Coroner. This Committee is a continuation of the commitment to respond to emerging urgent issues with respect to the opioid emergency, which includes issues identified by the Overdose Emergency Response Center.

DM Health Sector Oversight Committee

The Health Sector Oversight Committee will be comprised of the DM Ministry of Mental Health and Addictions (Chair), Associate Deputy Minister Health Services, the Provincial Health Officer, the CEO Provincial Health Services, the CEO First Nations Health Authority, and representatives from the Vancouver Coastal Health Authority. The Committee will meet minimally monthly or as required on an emergency basis within 24 hours as directed by the DM MMHA. The Committee will also have the ability to meet monthly with the Health Sector Leadership Council as required and/or convene an emergency meeting of the Health Sector Leadership Council within 24 hours in response to an emerging urgent issue identified by the Provincial Command Centre.

Where implementation of strategic direction and actions by the Overdose Emergency Response Centre (OERC) may lead to new fiscal or budget implications for the Ministry of Health or the Ministry of PSSG, this will be identified and brought forward to the appropriate committee for discussion and direction, including potential realignment of resources or requests for additional funding through Treasury Board.

Effective Political Leadership

The Minister of Mental Health and Addictions chairs the Mental Health and Addictions Working Group (MHAWG). The Cabinet Working Group ensures the accountability for results is a cross government responsibility and a one government response. The Minister will report out on a regular basis to the MHA Working Group on actions and results taken to address the high number of overdose deaths.

The MHA Working Group will also ensure individual line ministries are mandated to direct resources and staff towards a coordinated and cross-sectoral response. The MHA Working Group will be supported by the Deputy Minister MMHA.

Summary: Responding to the Overdose Crisis and Ensuring an Effective, Integrated and Coordinated Mental Health and Addictions System

The structure and processes set out above will ensure both effective and timely oversight and direction in response to the fentanyl crisis and a cross government structure to enable MMHA to lead the development and implementation of a refreshed strategy, policy, program evaluation and research agenda to develop an effective, integrated, and coordinated system of prevention, early intervention and long term care for individuals and their families related to mental health and addictions. A refreshed one-government strategy will be developed over the fall/winter 2017-18 under the leadership of the Minister and Deputy Minister for MMHA and direction from the Cabinet MHAWG.

Sullivan, Michelle A HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: Tuesday, January 23, 2018 2:17 PM
To: Henry, Bonnie HLTH:EX
Subject: FW: Overdose Emergency Response Centre

Hi Bonnie,

It was so good to connect with you today (and much needed). Below is the email I referred to this morning. I see that I sent it out only to the RRT leads, and probably my thinking here was that you and Perry would get updates via the Health Sector oversight meeting – but I see now that there is far too much to cover at those meetings, and including you in messages such as the one below will assist in ensuring you are getting regular updates, so I would be happy to cc-you on these Regional communications as well if you would like. Just let me know and I will err on the side of cc-ing you.

We are in the process of hiring a communications person for the OERC who will be a great help in ensuring that our communications out are much more frequent and streamlined.

I think our bi-weekly meetings will be very helpful as touch bases, but another option is that I have regular weekly meetings set up with Keva and Taryn (MMHA ADM for the OERC) and we could just include you as a standing invitee. Just let me know what you would prefer.

Thanks again
Miranda

Miranda Compton
Operations Director

Overdose Emergency Response Centre

Ministry for Mental Health and Addictions

T: 604-862-1210

miranda.compton@vch.ca

www.vch.ca

IMPORTANT - CONFIDENTIAL INFORMATION

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From: Compton, Miranda [VC]
Sent: Friday, December 22, 2017 1:58 PM
To: [FHA] Lee, Victoria; [FHA] Libbiter, Andy; 'christopher.buchner@fraserhealth.ca'; 'richard.stanwick@viha.ca'; 'richard.crow@viha.ca'; 'cheryl.damstetter@viha.ca'; [IHA] Corneil, Dr. Trevor; [IHA] Goodison, Karin; 'XT:Mema, Dr. Silvina HLTH:IN'; 'Samson, Rae'; [NHA] Allison, Sandra; 'Lawrence, Michelle'; Gustafson, Reka [VC]; Etherington, Caitlin [VC]; Lysyshyn, Mark [NS]; VanVeen, Chris [VC]

Cc: [PHSA] Gilbert, Mark; 'Keith Ahamad'; Daly, Patty [VC]; 'Davison, Carolyn J HLTH:EX'; [FHA] Blessin, Scott
Subject: FW: Overdose Emergency Response Centre

Dear OERC Regional Response Team Leads,

Thanks for your patience and collaboration, as we work on getting the OERC operational during these formative first 3 weeks.

As we head in to the holiday break, we wanted to give you a brief update on some of the key activities on the horizon and staff hiring that has occurred thus far:

Regional Response Team (RRT) positions

As discussed at our initial Regional Response Team meetings, the Ministry for Mental Health and Addictions is funding 1 dedicated lead position for each of the RRT's.

These will be Health Authority hired positions (Special Project Manager or Director or equivalent) for an up to 1 year term, that will be funded via an agreement with the MMHA. We will discuss the details of this position at our first Regional meeting of the new year, but if you would like to have a focused discussion details of this position for your health authority, prior to that meeting please send Miranda an email (miranda.compton@vch.ca).

Innovation fund

As part of this new OERC structure, RRTs and Community Action Teams will have access to a new Community Crisis Innovation Fund - s.13, s.17. The fund is seeking to target municipalities and community-sector organizations working in response to the opioid overdose public health emergency, and are designed to support recipient communities to implement targeted community-based prevention or early intervention programs, support for first responders and front-line service providers, or novel harm reduction and treatment approaches to keep people safe and support people seeking help. We look forward to discussing this fund in more detail with you at our first meeting in January.

Community Action Team (CAT) update

We have confirmed that the Minister of Mental Health and Addictions Judy Darcy would like to coordinate visits with community action teams mid-January 2017. We understand that much of the work building and/or or expanding community action teams is still underway, and look forward to discussing with you opportunities for her visits.

Detailed Implementation Plans

As of end of today, these should be submitted to Dara Landry: dara.landry@gov.bc.ca. As discussed, the Detailed Implementation Plan submissions will be reviewed jointly by the Ministries of Health and Mental Health and Addictions (via the OERC). At the first Regional meetings of the new year, we will review your submission and discuss the planning process for submission of 18/19 and 19/20 plans.

OERC staffing update

Project Managers

We have hired three full-time project managers, who will be supporting identified and emerging priority issues/areas of work, and will act as resources for each region. They are in the process of on-boarding, and will be reaching out to early January 2018.

- **Annelies Becu** comes to us from BCCDC where they were Manager, Special Projects and has been involved in HIV/HEP C projects, peer initiatives and various project management for BCCDC. Annelies will be supporting drug checking, naloxone and peer involvement, among other initiatives: Annelies.Becu@bccdc.ca
- **Jeff West** was involved in developing and managing Insite and a number of supported housing projects, and most recently was project manager for the development of the low barrier OAT clinic, DTES Connections. Jeff will be working with Dr. Keith Ahamad and supporting treatment-related project development, including iOAT, as well as overdose prevention initiatives: jeff.west@vch.ca
- **Arthur Yee** brings with him experience in project management and communication support in myriad health areas, including mental health, HIV/AIDS and capital development projects. Arthur will be supporting activities

related to surveillance, evaluation and knowledge translation. Arthur's email Arthur.yee@vch.ca will be active in January 2018.

Administration

- **Emily Johnson** has joined our team to provide administrative support, including operational/meeting logistics coordination: emily.johnson@vch.ca

Communications and evaluation leads

- The OERC is on track to hire a communications officer and an evaluation lead in the new year.

Meetings for January:

We have sent requesting a meeting with the leads of each RRT in early January to:

- Discuss Regional OERC staff position.
- Discuss the Innovation Fund^{s.13,s.17}
- Review and discuss each health authority's detailed implementation plan.
- Discuss Minister Darcy's request to visit CATs.
- Review any Regional Priorities

Emily Johnson is working on setting up meetings with your administrative assistants.

In the meantime, please feel free to reach out to Miranda: miranda.compton@vch.ca if you have any questions/queries/concerns prior to our meetings in early January.

Wishing you all the best over the holiday season.

The OERC Team

Miranda Compton

Operations Director

Overdose Emergency Response Centre

Ministry for Mental Health and Addictions

T: 604-862-1210

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Sullivan, Michelle A HLTH:EX

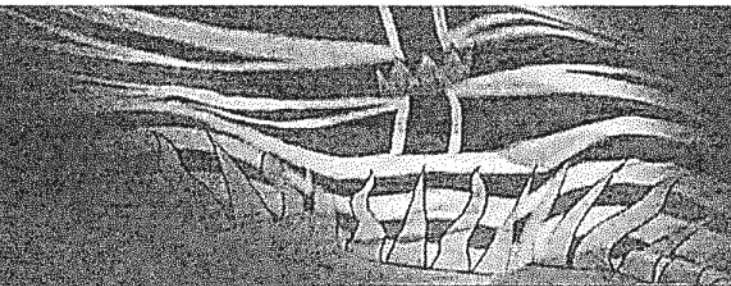
From: Daly, Patty [VC] <Patricia.Daly@vch.ca>
Sent: Tuesday, December 19, 2017 9:08 AM
To: XT:Roy, Carl EHS:IN; Henry, Bonnie HLTH:EX
Subject: Presentation for today
Attachments: MMHA HOC Dec 19 2017 (1).pptx

Attached is for item #3 on the agenda.

Patricia Daly MD, FRCPC
Vice-President, Public Health and
Chief Medical Health Officer
Vancouver Coastal Health
#800-601 West Broadway
Vancouver, BC V5Z 4C2
Phone: 604-675-3924
Fax: 604-731-2756
E-mail: Patricia.Daly@vch.ca
Assistant: Mavis Chu
Phone: 604-675-3918
E-mail: mavis.chu@vch.ca



**BRITISH
COLUMBIA**



Ministry of Mental Health and Addictions

Overview of the Overdose Emergency Response Centre

Deputy Minister's Health Sector Oversight Committee

December 19, 2017

Overdose Emergency Response Centre

- Announced Dec. 1, 2017 by Minister Judy Darcy
- Located at Emergency Operations Centre, Vancouver General Hospital



Overdose Emergency Response Centre

- Ongoing crisis requires streamlined, scaled up strategy
- Builds on work to date, addresses gaps
- Strong focus on local, action-oriented, rapid response

Page 059

Withheld pursuant to/removed as

s.13

Overdose Emergency Response Centre - Staffing

- Initial Staffing:

1. Executive Lead – Dr. Patricia Daly
2. Director – Miranda Compton (seconded from VCH)
3. HEM BC – Scott Blessin (dedicated)
4. Surveillance – Dr. Mark Gilbert (BCCDC)
5. Treatment – Dr. Keith Ahamed (BCCSU)
6. Project Managers – 3 FTEs hired
7. Analyst – 1 FTE hired
8. Admin Support – 1 FTE hired
9. Communications – 1 FTE, hire pending

Overdose Emergency Response Centre - Staffing

- Staffing to be determined:
 1. FNHA representative(s)
 2. Public Safety reps (Lance Talbot)
 3. First Responder rep(s) (Gord Ditchburn, Don Jolley, Joe Acker)
 4. Persons with lived experience^{s.22}
 5. Other Ministries - Reps as required

OLRC - Initial Priorities

1. Meetings with each Regional Response Teams (5)
2. Assistance with funding letters and implementation plans
3. Review of surveillance data and priorities
4. Plans for expansion of Injectable Opioid Agonist Therapy (Minister Darcy priority)

Regional Response Teams

- CEOs identified leads from each health authority
 - Medical and Operational leads

Mandate:

- Develop and lead Regional Response Teams
- Actively monitor community overdose indicators and support response
- Develop Community Action Teams in priority communities

- Funding letters received detailing funding for 17/18, 18/19, 19/20 fiscal years
- Includes resources for:
 - Drug checking
 - Overdose Prevention and Supervised Consumption
 - Addiction treatment (OAT and iOAT) and supports
 - Hospital/Emergency Department scale-up services
 - Surge activities
 - Pain management
 - Professional development
 - Data analysis

MMHIA Funding

- Implementation plans due Dec. 21st for current fiscal year only
- OERC will review plans, work with Heath Authority Regional Response Teams on plans for subsequent years
- Additional planning time required to:
 - Launch Community Action Teams
 - Plan initiatives based on the comprehensive package of interventions

Community Action Teams

- Communities identified from data as having the most urgent need – not yet announced
- Led by Regional Response Teams
- Membership will include or link to:
 - Municipalities and First Nations
 - First Responders
 - Front-line community agencies (NGOs)
 - Divisions of Family Practices
 - Persons with lived experience/family groups

Meetings with Regional Response Teams

- Teleconferences first week of December 2017
- All Health Authorities have work underway already in priority communities
- 2017/18 funding will primarily cover existing commitments, with little left this year for expanded response
- Several innovative ideas suggested

Surveillance Review

Real-time Indicators:

- Provincial surveillance reports of little value in identifying gaps, informing local response
- Indicators required for comprehensive package of interventions

Cohort Analysis:

- All Health Authorities prioritized reviews of local deaths
- Important to identify gaps, target community responses
- Review of provincial cohort priorities and questions required

Injectable Opioid Agonist Therapy

- Currently available only in Vancouver's Downtown Eastside:
 - Crosstown Clinic (Providence Health Care)
 - ~130 SALOME trial participants, 90 on diacetylmorphine, 40 on hydromorphone
 - Operational funding and diacetylmorphine funding included in VCH funding letter; hydromorphone covered by Pharmacare
 - Operational funding for expansion for 50 new spaces for hydromorphone clients (underway)
 - Community Pharmacy Model
 - Physicians at Portland Hotel Society and Vancouver Native Health Society prescribing hydromorphone; injection supervision at Pier Pharmacy
 - ~40-50 current clients, others waiting, others have stopped or switched to OAT
 - Operation funding from VCH; hydromorphone covered by Pharmacare

Page 070 to/à Page 071

Withheld pursuant to/removed as

s.13

Comprehensive Package of Interventions

- World Health Organization/Global Fund approach to program implementation and evaluation
- Capitalizes on evidence-based interventions with proven efficacy
- Ties interventions to standard measures that assist with:
 - Identifying gaps
 - Action planning to address gaps
 - Evaluation
- Address interventions together for an integrated, comprehensive response

Comprehensive Package of Interventions

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u> Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access.</p>	<p><u>Social stabilization</u> Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food.</p>
<p><u>Overdose Prevention Services</u> Supporting a diversity of community-level, low barrier services tailored to population/ community needs.</p>	<p><u>Peer empowerment and employment</u> Providing individual skills and capacity building initiatives within individuals and communities with lived experience.</p>
<p><u>Acute overdose risk case management</u> Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.</p>	<p><u>Cultural safety and humility</u> 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.</p>
<p><u>Treatment and Recovery</u> Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment and recovery services.</p>	<p><u>Addressing stigma, discrimination, and human rights</u> Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination.</p>

Comprehensive Package of Interventions

Essential health sector interventions

1. Naloxone

Ensuring optimal supplies, training and the necessary community-level infrastructure to ensure sustained access:

- Coverage
- Supplies
- Technical capacity (e.g. # of people trained)
- Sustainability (on-going skills/capacity)

Essential health sector interventions

2. Overdose Prevention Services:

Supporting a diversity of community-level, low barrier services tailored to population/community needs

- Overdose Prevention Sites/Services
- Supervised Consumption Sites/Services
- Drug checking
- Housing-based initiatives
- Strategies to reach individuals using alone
- Mobile services
- Access to safe drug supply

Comprehensive Package of Interventions

Essential health sector interventions

3. 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

- Screening for opioid use at healthcare sites
- Clinical follow-up for all individuals at risk
- Fast-track pathways to treatment and care
- System for monitoring patient outcome evaluation and follow-up

Essential health sector interventions

4. Treatment and Recovery:

Ensuring low-barrier access full spectrum of evidence based medications and comprehensive treatment approaches:

- Methadone, Suboxone, oral morphine, injectable hydromorphone
- Continuum of treatment and recovery programs for opioid dependence that combines pharmacological and psychosocial approaches.
- Multi-disciplinary approach to management of pain

Comprehensive Package of Interventions

Essential strategies for an enabling environment

1. Social stabilization and recovery:

Community-level strategies to ensure on-going psychosocial support, access to housing, income-stabilization, transportation, food

- Availability of support groups/healing circles, counselling
- Engagement of families/support systems
- Access to affordable and/or supported housing
- Support programs incorporate capacity to address housing, income, food insecurity

Comprehensive Package of Interventions

Essential strategies for an enabling environment

2. Peer Empowerment and Employment:

Skill development and capacity-building initiatives within communities or for individuals at risk

- Diversity of paid peer program opportunities
- Peer-led initiatives
- Peer training opportunities
- Programs involve people with lived experience in strategic program planning and decision-making

Comprehensive Package of Interventions

Essential strategies for an enabling environment

3. Cultural safety and humility:

In collaboration with First Nations Health Authority and Indigenous organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities

- Cultural safety teachings and support are available to all service providers
- Facility/space and program design are trauma-informed and culturally safe
- Continuum of services and support incorporates Aboriginal approaches to healing and wellness
- Elders are involved in service delivery and planning

Comprehensive Package of Interventions

Essential strategies for an enabling environment

4. Addressing stigma, discrimination and human rights

Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination

- Access to legal team to address discriminatory laws and policies that impact harm reduction
- Public education resources, campaigns re: stigma
- Community-level actions to address barriers in access to services for people who use drugs

Sullivan, Michelle A HLTH:EX

From: Plank, Sarah GCPE:EX
Sent: Thursday, November 30, 2017 10:46 AM
To: Compton, Miranda [VC]; Patty Daly (Patricia.Daly@vch.ca); Kendall, Perry HLTH:EX; Davis McKenzie (davis.mckenzie@fnha.ca)
Cc: Cascaden, Lori R GCPE:EX; Gostelow, Tara GCPE:EX
Subject: FW: Materials - emergency response centre announcement
Attachments: NR_Overdose Emergency Response Centre_30Nov2017_Draft_11am.docx; BG_Overdose Emergency Response Centre_DRAFT_30Nov17_FINAL.docx; QA_Overdose Emergency Response Centre_30Nov2017_FINAL.docx; Emergency_Response_Centre-org_chart_FINAL.pdf; Emergency_Response_Centre-flow_chart_FINAL.pdf; TOR_OERC_30Nov2017_FINAL.pdf; SN_Minister Darcy_OD Emergency Response Centre_30NOV2017_Draft_930am.docx; SN_Emcee Dr. Kendall_OD Emergency Response Centre_30NOV2017_FINAL.docx; Itinerary_OERC_29Nov2017_FNL.docx; Provincial Government Invitation_OD Emergency Response Centre_29NOV2017_FINAL.docx; MA_Overdose Emergency Centre_29NOV2017_Draft.docx

Importance: High

Full package of the latest and greatest for you.

Miranda, there were a few small changes to the table in the two-page backgrounder to plain language it a bit more, per a request from my folks in GCPE HQ. Could you look at it closely to make sure there is nothing amiss there?

Patty/Davis, if you have speaking notes that you/Dr. Adams will be using that you could forward, that would be much appreciated.

Thanks,
Sarah.

From: Plank, Sarah GCPE:EX
Sent: Thursday, November 30, 2017 10:39 AM
To: GPCE Mental Health Ministerial; Rollheiser, Kate MMHA:EX; Hughes, Doug J HLTH:EX
Cc: Cascaden, Lori R GCPE:EX; Wade, Debbie MMHA:EX; Kelly, Mary P MMHA:EX; Mayhew, Neilane X MMHA:EX; Casanova, Tamara HLTH:EX; Gostelow, Tara GCPE:EX
Subject: Materials - emergency response centre announcement
Importance: High

Hi all – here is a package of the materials for the minister. She still needs to review her speech one last time.

Can you please print the whole package out for her in colour? She is expecting it for review at 11am.

Doug, forwarding to you so you have the full package with all the latest materials.

Meaghan, for passing on up your chain, please note that in the media packages we will have the news release, the overview (backgrounder) document, the terms of reference, the organizational chart for the centre and the flow chart for the emergency response structure.

There will also be some visuals displayed on screens in the emergency operations centres – heat maps of overdose rates and such. Happy to share those as well if you would like.

Thanks,
Sarah.

Sarah Plank
Communications Director | Ministry of Mental Health & Addictions
Government Communications & Public Engagement
Office: 250.952.1889 | Mobile: 250.208.9621 | Email: sarah.plank@gov.bc.ca

NEWS RELEASE

For Immediate Release
[release number]
December 1, 2017

Ministry of Mental Health and Addictions

Province escalates overdose emergency response to save lives and support people with addiction

VANCOUVER – The B.C. government is launching a new Overdose Emergency Response Centre to combat the continuing crisis and spearhead urgent action to save lives, Minister of Mental Health and Addictions Judy Darcy announced today.

“Every day, this overdose crisis is devastating families and communities,” said Darcy. “We are escalating our response, not just to prevent overdose deaths today, but to get at the very heart of the crisis so that no one has to lose another loved one.”

A core team of experts and full-time staff at the emergency response centre will bring together provincial, health authority, municipal, Indigenous and law enforcement resources to tackle the overdose crisis at a community level. To maximize local impact, the centre will work closely with five new regional response teams to coordinate and strengthen addiction and overdose prevention programs on the ground with local teams.

The provincial centre and regional teams will prioritize four essential interventions to save lives and support people with addictions on a pathway to treatment and recovery:

- Proactively identifying and supporting people at risk of overdose – including screening for drug use by health care providers, clinical follow-up for people at risk, fast-tracked pathways to treatment and care, and connection to social supports like housing.
- Addressing the unsafe drug supply through wider access to drug checking and substitution drug treatment such as Suboxone and hydromorphone.
- Expanding community-based harm reduction services, such as supervised consumption and overdose prevention sites, and outreach and mobile programs that extend the reach of harm reduction services.
- Increasing availability of naloxone at the community level, and those trained to use the life-saving treatment.

Dr. Patricia Daly, chief medical health officer for Vancouver Coastal Health, will serve as the centre’s executive director and clinical lead for the Overdose Emergency Response Centre.

“We continue to see the tragic loss of life from overdoses across the province, and we need to intensify the response at all levels to turn this crisis around,” said Dr. Daly. “This escalated emergency response strategy draws together and coordinates many partners – at the community, regional and provincial levels – with a common determination to save lives.”

“Our 26-year-old son Ryan Hedican lost his life to a fentanyl poisoning, not an overdose,” said John Hedican, who lives in Courtenay. “To prevent other families from going through the profound grief that we have, we believe this poisoning emergency needs proactive measures rather than just reactive, so that the services people need are there for them before it is too late.”

The provincial emergency centre will closely track emerging trends and risk factors in the overdose crisis, with centralized data monitoring and analysis. From this information – and information on the ground – the centre will work with the regional teams and new community action teams in hard-hit communities to intervene quickly with life-saving responses, early intervention and proactive treatment and support. New community action teams will be in place by January 2018 in communities identified by overdose data as having most urgent need.

“First Nations are disproportionately impacted by this crisis and our collective response must address that. Increasing cultural safety in the province's response efforts is essential for First Nations and Aboriginal peoples to receive more effective health and social services,” said First Nations Health Authority Chief Medical Officer Dr. Evan Adams. “We are encouraged by the new provincial overdose emergency response structure with its ‘Ask Once, Get Help Fast’ approach and look forward to working with our partners to ensure access to these services in all five health regions.”

“The commitment and dedication poured into the provincial response over the past 18 months has saved countless lives. But people continue to die in record numbers, and we need to do more,” said Provincial Health Officer Dr. Perry Kendall, who declared the overdose crisis a public health emergency in 2016. “To date, most of those involved in the response have worked on it off the side of their desk. This new approach will see dedicated staff working in a coordinated way on the ground to get help to people who need it the most.”

The new emergency response structure has been created in close consultation with Health Emergency Management BC, based on emergency management best practices.

As announced in September 2017, the provincial government is investing \$322 million in new funding to address the overdose crisis. The emergency response centre will ensure those resources support effective strategies where they are most urgently needed. As part of this funding, the regional response teams and community action teams will have access to a new Community Crisis Innovation Fund – which includes \$3 million for the remainder of this year, and \$6 million each year in 2018/19 and 2019/20.

Learn more:

Terms of Reference <INSERT LINK WHEN POSTED>

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics>

<https://www2.gov.bc.ca/gov/content/overdose>

Media contact: Lori Cascaden
Ministry of Mental Health and Addictions Communications
778 698-2892

Connect with the Province of B.C. at: www.gov.bc.ca/connect

Top Message:

- With the launch of a new Overdose Emergency Response Centre, we will bring together communities and partners to take urgent local action to save lives and better support people toward treatment and recovery.

Secondary Messages:

- A core team of experts and dedicated, full-time staff at the provincial centre will closely monitor overdose data, risk factors and emerging trends in real time.
- This information will allow the health-authority-led regional response teams and community action teams to intervene quickly in communities to save lives.
- We are escalating our response to the devastating overdose crisis that is leaving families and loved ones in unimaginable pain.
- With the launch of a new Overdose Emergency Response Centre, we will bring together communities and partners to take urgent local action to save lives and better support people toward treatment and recovery.
- The Centre will focus targeted resources where they are needed most, to strengthen life-saving action in communities on the ground.
- Based on enhanced overdose information monitoring, new regional response teams and community action teams will identify people at risk of overdose before it's too late, and intervene early to provide proactive treatment outreach and social supports like housing.
- With this escalated overdose response, we'll be working together to not just prevent overdose deaths today, but to get at the heart of the crisis, so that no one has to lose another loved one.

DECEMBER 1ST, 2017

Q1. What is the structure/model of the Overdose Emergency Response Centre? How will it work?

- A dedicated group of experts and full-time staff within the Overdose Emergency Response Centre will closely monitor provincial overdose data in real time and coordinate with regional response and community action teams to implement life-saving measures on the ground as soon as there is an identified need.
- Five regional response teams led by each regional health authority will work with community action teams – made up of first responders, local and First Nations governments, front-line community agencies, peer groups, businesses, and government agencies – to provide resources and supports like naloxone, overdose prevention services, drug-checking and social supports.
- The centre will be supported by experts from the ministries of Mental Health and Addictions, Public Safety and Solicitor General, Health, Attorney General, regional health authorities, people and families with lived experience, First Nations Health Authority, Office of the Provincial Health Officer, BC Centre for Disease Control, BC Centre on Substance Use, and emergency response sectors including police, fire and ambulance services.

Q2. Why this Overdose Emergency Response Centre now?

- More than 1,000 British Columbian families have been devastated by this crisis this year – we will not let four people dying each day become our new normal.
- Countless dedicated people across the province have been working tirelessly to respond to this crisis – they have saved hundreds of lives, but the crisis has not slowed.
- We need to escalate our response across all sectors, working provincially, regionally and locally to quickly mobilize current and new resources within our communities to save lives and support people with addiction into treatment and recovery.

Q3. When will the centre be up and running?

- The Overdose Emergency Response Centre will be functional as of December 1st.

DECEMBER 1ST, 2017

Q4. Why did it take five months for the new government to set up an emergency response centre? Isn't this too little too late?

- We have been responding to this crisis from day one by making more naloxone available, opening more overdose prevention and supervised consumption sites, and expanding access to medications like Suboxone, methadone and injectable hydromorphone.
- Despite continued action across the system, four people a day are dying, and we are not seeing any indication that rate is slowing – so we know we must do more.
- We established this centre to lead a coordinated response at the provincial, regional and local levels to drive quick, life-saving action on the ground and identify people at risk of overdose so we can intervene early with treatment and social supports like housing, income, and fostering opportunities for peer empowerment.

Q5. When will we start to see action on the ground, which you've been promising since before the election?

- We have been working with our partners including health authorities and community agencies to take life-saving action since the day we took office this summer by expanding access to naloxone and life-saving harm reduction services like overdose prevention and supervised consumption sites.
- In October I approved new guidelines that will make it easier for people struggling with addiction to access medication like injectable hydromorphone, and in November we announced the expansion of a drug-checking pilot project, including making fentanyl test strips available at all overdose prevention and supervised consumption sites in B.C.
- We refuse to let four people dying a day become the new normal, so we're launching this escalated, cross-sector response to act more quickly in our communities and identify what further actions we can take on the ground immediately to save lives.

DECEMBER 1ST, 2017

Q6. How do you expect this centre will change the devastation of this crisis?

- This escalated response at all levels has dedicated resources, improved overdose data tracking and better coordination among provincial, regional and local teams to lead a more rapid, coordinated response to the overdose crisis that will save more lives and better support people on a path to treatment and recovery.
- The dedicated staff within the centre – supported by experts across a number of ministries and agencies – will monitor provincial overdose data that will allow regional and local teams to act quickly to deliver life-saving interventions on the ground, and focus on resolving any barriers to life-saving interventions in those communities where they are needed.
- The coordinated response will ensure people have rapid access to services and supports we know work, such as naloxone, opioid substitution therapies, and overdose prevention and supervised consumption sites, treatment outreach and social supports, like housing.

Q7. What is an example of better data tracking than what you are already doing, which is already the best in the country?

- For example – in Vancouver, Vancouver Coastal Health gets reports weekly from Vancouver Police of suspected overdose deaths, which is much earlier than official coroners' data. This allows public health officials to identify common addresses where overdoses are occurring and if these are multi-unit dwellings (e.g. social housing) to implement harm reduction and overdose prevention activities in those buildings.
- The new regional structures and local action teams will include police and other first responders, so this kind of real-time data can be available for rapid and focused response in other communities as well.

Q8. How will you know if this is working?

- We are collecting robust data to give us real time information about overdose numbers and trends that will allow us to see quickly if strategies are helping save lives, and change course if they aren't.
- We will work with the BC Centre for Disease Control to identify if there are better ways to analyze the data that will help provide a clearer picture of the crisis and lead to faster action on the ground.

Q9. How is this different from the task force and the response the province has undertaken so far?

- This escalated emergency response strategy provides dedicated resources to drive rapid, life-saving actions on the ground in communities through better coordination at the provincial, regional and local levels and improved overdose data monitoring.
- Dedicated staff and a core team of experts will be a centralized point of accountability that will ensure swift, life-saving action – with access to financial resources to support them.
- Dedicated, full-time staff in the centre will bolster and streamline data collection, analysis and evaluation to better target actions by regional and local teams in our communities.
- It sets the response up to be nimble, and to drive new actions that can be tested and evaluated and then spread them to other communities when they are shown to be successful.

Q10. What are you able to do now that you weren't able to do before?

- A more coordinated, cross-sector response means more rapid, life-saving action on the ground, the ability to remove barriers to treatment and services, and an opportunity to identify people at risk of overdose earlier, and provide them with active treatment and supports.
- This centre provides dedicated staffing and funding resources.
- We have pockets of excellence scattered around the province. The centre will support communities to scale up initiatives we know have worked elsewhere.
- We have established a Community Crisis Innovation Fund that will allow us to test and evaluate new ideas to address the emergency.

Q11. How long will the Overdose Emergency Response Centre be in place?

- We will continually evaluate the effectiveness of the escalated response through the centre and review our findings after a year.
- We will keep the Overdose Emergency Response Centre active for as long as needed to save lives during the public health emergency.

DECEMBER 1ST, 2017

Q12. How can you make sure this is not siloing efforts or creating another level of bureaucracy?

- The very function of this centre is to dedicate personnel and resources to eliminate silos and coordinate an escalated emergency response across all sectors in order to save the lives of British Columbians and provide them with life-saving supports before it's too late.

Q13. Will the centre be doing anything to stop the poisoning of the illegal drug supply, which is what is killing so many British Columbians?

- This escalated response means better coordination among all sectors, and this includes the public safety sector. The province has added \$31 million dollars in new funding through the Ministry of Public Safety for enhanced enforcement work.
- That said, police widely agree that we cannot arrest our way out of this crisis.
- New, previously unknown and more toxic substances continue to show up in the drug supply.
- That is why we are focusing significant resources on access to more proactive case management and treatment, including opioid substitution therapies like methadone, Suboxone and hydromorphone.

Q14. The news release says drug checking will be expanded, but the minister has recently expressed caution, pending the outcome of pilots. How will the new emergency centre be expanding drug checking?

- As part of the additional provincial funding allocated to combat the overdose crisis, all health authorities have been allocated funding to expand drug checking, and they will be looking at opportunities to expand to additional drug checking locations.

Q15. What is the Community Crisis Innovation Fund?

- The fund was announced in September as part of the government's \$322 million investment in the overdose response, to support innovative, community-based actions with an immediate impact on the ground.
- \$3 million is available in fiscal 2017/18, and \$6 million each in 2018/19 and 2019/20.
- The fund will support regional response teams and community action teams in introducing targeted community-based prevention or early intervention programs, or innovative harm reduction treatment and approaches to keep people safe and support people seeking help.

DECEMBER 1ST, 2017

Q16. How will you ensure the voices of the vulnerable – First Nations and people at risk of overdose - will be considered?

- We know First Nations communities are disproportionately impacted by this crisis, and the First Nations Health Authority will provide a full-time staff member in the centre, as well as representatives on regional and community action teams, to advance actions that better support Indigenous people.
- In addition, a person with lived experience of addiction will also staff the centre, and peer groups will be involved at the local response level.

Q17. How will data be collected?

- There are established data collection processes with health authorities, Ministry of Health, BC Coroners Service and BC Centre for Disease Control.
- This includes information collected from emergency departments, ambulance, supervised consumption and overdose prevention sites, first responders and community partners, Coroners Service, Medical Services Plan and PharmaNet.
- Staff at the centre will provide enhanced monitoring of all overdose information province-wide.

Q18. Will you be communicating the activities of the Overdose Emergency Response Centre regularly to the public?

- Yes, we are committed to keeping the public informed about the overdose crisis and what we're doing to combat it.
- We will continue to communicate regularly with the public on the overdose crisis.

Q19. How does the Overdose Emergency Response Centre help specific communities?

- Based on real-time analysis of overdose data collected from across the system, the staff in the centre will work with the regional response teams and community action teams to make sure that the right supports are reaching the right people on the ground.
- Community action teams will provide the local expertise required to ensure the most effective solutions for their community are implemented.

DECEMBER 1ST, 2017

Q20. What powers will the Overdose Emergency Response Centre have and can it compel action?

- With all of the partners at the table and directly involved in the emergency response, we don't expect to have to compel action.
- We are all working together with a common goal of saving lives.
- The overdose crisis is a provincial emergency and if there is a need to compel action to save lives, we will do so through organizational leadership.

Q21. What stakeholder consultation process did you go through before setting this up?

- Since I started in this role, I have been talking to British Columbians with lived experience of addiction, our community partners, people across government, clinical experts and people on the frontlines of this overdose crisis.
- This kind of consultation with a broad spectrum of stakeholders and clinical and operational experts has informed the actions we are taking to combat the overdose crisis and save lives, as well as the recommendations from the Joint Task Force.
- It's clear from these conversations that we need to do more to save lives, so we are escalating the response with a new Overdose Emergency Response Centre to coordinate rapid action on the ground, and intervene to support people at risk of overdose.

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KEY MESSAGES, Q&As—OVERDOSE EMERGENCY RESPONSE CENTRE
DECEMBER 1ST, 2017

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Q26. What do you say to those who might criticize spending more money on the overdose crisis?

- Stigma is one of the great challenges of this issue, and even this question points to how prevalent the stigma is.
- Four people a day are dying and this is not acceptable – these are people’s parents, siblings, children, neighbours.
- If four people a day were dying from any other single cause, there would be no question that we put the necessary resources toward it to stop the deaths.

ROLES AND STRUCTURE

Q27. How many dedicated staff will work in the centre and what will their roles be?

- The centre, located at Vancouver General Hospital, will be staffed initially with about 10 full- and part-time positions representing wide-ranging expertise from our partner ministries, agencies and health authorities, First Nations, first responders and people with lived experience.

Q28. What is the role of Minister Darcy?

- The Minister of Mental Health and Addictions is ultimately responsible for the overdose response, given her mandate from the Premier to work in partnership to immediately respond to the overdose crisis and save lives by making crucial investments and improvements to mental health and addictions services.
- The Overdose Emergency Response Centre reports to the deputy minister, who reports to the Minister of Mental Health and Addictions.

Q29. Who is the ultimate decision-maker in the Overdose Emergency Response Centre?

- As the executive director and clinical lead, Dr. Patricia Daly is the head of the Overdose Emergency Response Centre.
- In this role, she reports to the Deputy Minister of Mental Health and Addictions.

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Q30. Why did you choose Dr. Daly and Miranda Compton to lead this Overdose Emergency Response centre?

- Both have a wealth of public health experience, including active management of the overdose crisis in Vancouver since it began, and working on significant public health issues such as the HIV/AIDS crisis.

Q31. Who are the partners in the Overdose Emergency Response Centre?

- All agencies involved with the overdose response provincially, regionally and locally will support this work.
- Within the existing organizational structure at the provincial level, we have personnel from: the Ministries of Mental Health and Addictions, Health, Attorney General and Public Safety and Solicitor General, Office of the Provincial Health Officer, health authorities, First Nations Health Authority, BC Emergency Health Services, BC Centre for Disease Control, BC Centre on Substance Use, Health Emergency Management BC, law enforcement personnel, first responders and people with lived experience.

Q32. Why is this centre based in Vancouver?

- The Emergency Operations Centre at Vancouver General Hospital is well-suited for this purpose as the infrastructure is already in place.
- The Overdose Emergency Response Centre is also near the BC Centre for Disease Control, which will play a central role in tracking overdose information from across B.C., and BC Centre on Substance Use, which will work closely with the centre on policy and guideline development, and much needed training of health professionals to deliver addictions treatment and evaluation.

Q33. Because of location, does it mean the Vancouver Coastal Health is the lead?

- No. The Overdose Emergency Response Centre is located within Vancouver General Hospital because of the availability of an existing emergency operations centre, but it is part of the Ministry of Mental Health and Addictions.

Q34. Who is paying for the space at Vancouver General Hospital?

- Vancouver Coastal Health is providing the space free of charge.” There is no added cost.

DECEMBER 1ST, 2017

Q35. What is the role of the health authorities?

- Each regional health authority has a regional response team and dedicated leader, who will work in collaboration with teams on the ground and with full-time staff in the centre.
- The health authorities continue to have a critical role implementing the health system response to the crisis and delivering treatment and services to those who need them in communities across B.C.

Q36. How will the regional response teams work?

- Regional health authorities are developing five regional response teams to lead and coordinate the implementation of strategies developed jointly with the emergency response centre.
- They will be connected to other government regional operations staff, including Public Safety and social ministries, as well as regional First Nations and other Indigenous organizations to ensure an integrated approach in the regions.
- The regional teams will provide real-time information as well as routine weekly updates to the provincial centre.
- A key component of the work of the regional teams will be to work with local-level community action teams to implement immediate life-saving actions in communities that data tell us have a high number of people at risk of overdose.

Q37. Where will community action teams be?

- As part of the work of the regional response teams, Community Action Teams will be established in communities identified through overdose data as having the highest number of overdoses.
- A more coordinated and strengthened response will support the excellent work that is underway in most of these communities to combat overdoses, and will support rapid, targeted action on the ground as the need arises.

Q38. When will the regional response teams and community action teams be in place?

- The regional response teams are already in place, and community action teams are expected to be established quickly.

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Q39. Who will be on the community action teams?

- They will include agencies from across the front lines responding to the overdose crisis.
- This includes emergency responders, front-line community agencies, First Nations community leadership and responders, local municipal representatives and government agencies, representatives from the public safety sector, Divisions of Family Practice, businesses and groups representing people with lived experience to ensure that at every level of our response, we implement effective and appropriate interventions that will save lives.
- These teams will work with the regional response teams to identify people most at risk in their community and ensure local coordination and communication to support them.

JOINT TASK FORCE

Q40. The previous government announced the Joint Task Force in July 2016 – how is this announcement different, what are you doing that's new?

- *News Release:* <https://news.gov.bc.ca/releases/2016PREM0082-001361>
- This centre has dedicated, full-time staff whose job it will be to support a coordinated, integrated, intensified and resourced response. They will work with new regional response teams and community action teams to ensure life-saving support gets to communities as soon as it's needed.
- These dedicated staff will closely monitor overdose activity across the province to identify where help is needed, and liaise with the appropriate regional response and community action team to get supports on the ground immediately.
- The greater level of monitoring and coordination, with dedicated resources and funding, will give us the ability to provide crucial early intervention and treatment outreach services to those who are vulnerable to overdose before it's too late.

Q41. What happens with the Joint Task Force?

- The provincial Overdose Emergency Response Centre will replace the Joint Task Force on Overdose Response.
- The Joint Task Force has overseen a commendable response to the overdose crisis, and countless lives have been saved as a result of the action taken over the past 18 months – but the crisis has not slowed.
- We need to escalate our response, which is why we have launched the centre.

DECEMBER 1ST, 2017

Q42. Why is Perry Kendall not heading up the provincial centre? Does the government think that Patty Daly can do a better job of managing the response?

- Dr. Kendall's expertise in managing this crisis is invaluable, and will continue to be utilized.
- Dr. Daly has been seconded half-time as a dedicated resource to lead the work of the centre. She also has a wealth of knowledge and experience in managing public health issues and implementing programs at the local level.
- We are fortunate to have some of the best and brightest public health experts in the country right here in B.C. to lead the response to the public health emergency.

Q43. As the head of the task force, does Dr. Kendall have a role in the new Overdose Emergency Response Centre?

- Dr. Kendall will sit on the Ministry of Health Oversight Committee, and he also reports to the Minister of Mental Health and Addictions as well as the Minister of Health.
- Co-chair of the task force, Clayton Pecknold, will sit on the Ministry of Public Safety Oversight Committee.

Q44. How is the Coroner involved in the Overdose Emergency Response Centre?

- The Coroner will continue to provide valuable data to better understand the overall drug overdose trends in B.C. and to inform the emergency response.

OTHER POTENTIAL MEDIA QUESTIONS

Q45. What are your future plans for Riverview? Isn't what's needed to solve this crisis is an expansion of beds and services there?

- Our vision for the Riverview lands is to create a community of care, with critical mental health and addiction supports and services to help vulnerable people.
- We will be looking at this site to see what more can be done – and what opportunities there are – as part of our work to build a comprehensive system of mental health and addictions care in this province.
- This includes the future development of additional mental health supports and services, affordable housing and looking at restoring and repurposing the heritage buildings.

DECEMBER 1ST, 2017

Q46. There are no beds in this announcement – don't you think we need more treatment beds to solve this crisis?

- Beds can be an important part of treatment and care for some people with severe mental health and addictions issues, and while they do provide valuable support, they are only part of the solution for the continuum of care needed to treat mental health and addictions issues.
- People need a continuum of care, and that can take shape in a variety of forms in the person's community through opioid substitution treatment for those who need it, supportive therapies, and cognitive behavioural therapies.
- We also need to ensure that different treatment options and community supports are in place to follow that person through the chances of relapse, which, particularly for opioid addiction, are anywhere between 60% and 80%.

Q47. Mr. Hedican indicates providing a clean drug supply is what will prevent more deaths. What are you doing about that?

- My heart goes out to Mr. Hedican and his family for the loss of their son Ryan – and the many families that have had to go through what they have as the result of a poisoned drug supply
- here have been wide calls for decriminalization of illegal drugs, which is within the purview of the federal government.
- We need to see people with addiction not as criminals, but as people in need of support and treatment – as for any other health condition.
- There is action we can take within the current legal parameters, and we are doing that – including expansion of hydromorphone for opioid addiction at Crosstown and other sites.
- We also support a limited expansion of prescription heroin at Crosstown Clinic, which expects to have an additional 50 patient spaces available for injectable therapy next year.

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Overview: Provincial Overdose Emergency Response

To escalate the response to B.C.'s overdose public health emergency, the Ministry of Mental Health and Addictions launched the new **Overdose Emergency Response Centre** on Dec. 1, 2017. The centre will spearhead urgent action on the ground to save lives and support people with addiction toward treatment and recovery. Located at Vancouver General Hospital, which has a fully equipped emergency operations centre available immediately, the centre will be the provincial hub for new regional and community action teams collaborating on targeted local action.

The emergency centre will have a strong focus on measures to prevent overdoses and provide life-saving supports that are:

- on-the-ground
- locally driven and delivered
- action-oriented
- rapidly implemented

With approximately 10 full- and part-time staff, the Overdose Emergency Response Centre will be supported with a team of experts from:

- BC Centre for Disease Control
- BC Centre on Substance Use
- Ministries of Mental Health & Addictions, Health, Public Safety & Solicitor General, Attorney General, Housing, Social Development & Poverty Reduction, Children & Family Development, Education
- Health Emergency Management BC
- BC Ambulance Service
- Regional health authorities
- First Nations Health Authority
- Office of the Provincial Health Officer
- Police and fire departments
- People and families with lived experience of substance use

Each of the province's five regional health authorities will form a **Regional Response Team** to work closely with the provincial centre to develop and implement comprehensive regional action plans. With close linkages to other regional government social service and public safety agencies and First Nations, these five teams will ensure regional-level actions and policy development are integrated, responsive and targeted. They will actively monitor overdose trends and unexpected events in communities in their region and take immediate steps to support local actions, working with new community action teams in hard-hit communities.

Community Action Teams will be established by January 2018 in communities identified through overdose data as having most urgent need. The community action teams will spearhead local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities. The teams will include representation from municipal government, Indigenous partners, first responders, front-line community agencies, Divisions of Family Practice, people and families with lived experience and local provincial ministry offices providing housing, children and family, and poverty reduction services.

As announced in September 2017, the provincial government is investing \$322 million in new funding to address the overdose crisis. The provincial Overdose Emergency Response Centre will ensure those resources are used for effective strategies where they are most urgently needed. As part of this funding, regional response teams and community action teams will have access to a new Community Crisis Innovation Fund – which includes \$3 million for the remainder of this year, and \$6 million each year in 2018/19 and 2019/20.

The Overdose Emergency Response Centre planning at the provincial, regional and local levels will be structured on a core set of measures and actions that:

- 1) capitalize on proven effective strategies that together form an integrated, comprehensive response to the overdose crisis, and
- 2) are tracked in a standardized way so gaps in services can be identified and addressed.

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u></p> <p>Ensuring optimal supplies, training and community-level supports to provide broad access to naloxone, including:</p> <ul style="list-style-type: none"> • Coverage • Supplies • Trainers • On-going capacity 	<p><u>Social stabilization</u></p> <p>Community strategies to promote access to social and emotional supports. For example:</p> <ul style="list-style-type: none"> • Services to engage and strengthen support networks such as family and friends • Support groups, healing circles & counselling • Affordable and/or supported housing • Integrating access to supports with housing, income, transportation & food security into addictions & harm reduction services
<p><u>Overdose Prevention Services</u></p> <p>Supporting a range of community-level, low-barrier services tailored to local needs, such as:</p> <ul style="list-style-type: none"> • Overdose prevention & supervised consumption sites • Housing-based initiatives • Strategies to reach people using alone • Mobile services • Drug checking • Safe drug supply (e.g. hydromorphone) 	<p><u>Peer empowerment and employment</u></p> <p>Programs that help people with lived experience build skills and experience. For example:</p> <ul style="list-style-type: none"> • Diversity of paid peer program opportunities • Peer-led initiatives • Peer training opportunities • Involving people with lived experience in program planning and decision-making
<p><u>Acute overdose risk case management</u></p> <p>Robust data collection and analysis, as well as a system to identify individuals at risk within communities and ensure they have follow-up connection to care:</p> <ul style="list-style-type: none"> • Proactive screening for problematic opioid use at health care sites • Clinical follow-up • Fast-track pathways to treatment and care • System for monitoring/evaluating patient outcomes and following up 	<p><u>Cultural safety and humility</u></p> <p>Together with Indigenous communities and organizations, ensuring services are rooted in understanding and respect, such as:</p> <ul style="list-style-type: none"> • Services and supports incorporate Indigenous approaches to healing wellness • Cultural safety teachings and support for all service providers • Trauma-informed and culturally safe facility/space and program design • Elders involved in service delivery & planning
<p><u>Treatment and Recovery</u></p> <p>Ensuring low-barrier access to a full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:</p> <ul style="list-style-type: none"> • Methadone, Suboxone, oral morphine, injectable hydromorphone • A range of treatment and recovery programs for opioid addiction that combine medication and social and emotional supports. • Multi-disciplinary pain management. 	<p><u>Address Stigma, discrimination & human rights</u></p> <p>Action to tackle stigma and discrimination and protect human rights for people with addiction:</p> <ul style="list-style-type: none"> • Eliminate barriers to services for people who use drugs caused by stigma and discrimination: • Provide legal support to address discriminatory laws and policies that impact harm reduction • Deliver public education and campaigns

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OVERDOSE EMERGENCY RESPONSE CENTRE

TERMS OF REFERENCE



1. Strategic Mandate

The strategic mandate of the Overdose Emergency Response Centre is aligned with the mandate of the Ministry of Mental Health and Addictions to work in partnership to escalate the response to the opioid crisis that includes crucial investments and improvements to mental health and addiction services.

The strategic mandate of the Overdose Emergency Response Centre is aligned with the following four key areas of focus on addressing BC's opioid overdose epidemic:

1. Saving lives: Services for people who continue to use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
2. Ending stigma associated with mental health and substance use: Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.
3. Building a network of addiction and mental health services: Services that support treatment of and recovery from addiction.
4. Addressing the range of social supports that influence health: Activities and services that address social factors related to substance use such as housing, income, employment, intergenerational trauma and community development.

2. Operational Mandate

The operational mandate of the Overdose Emergency Response Centre is to work in collaboration with multi-sector public agencies, affected communities, and people and families with lived experience, to escalate the response to the overdose emergency:

1. Provide clear direction and coordinate implementation of activities;
2. Develop action and implementation strategies that are provincial, regional and local in scope;
3. Generate and gather multiple sources of data to monitor and adjust the response and report in real time to better understand the underlying issues;
4. Conduct robust evaluation of new and emerging innovative interventions;
5. Leverage and manage resources allocated to the Overdose Emergency Response Centre to oversee a comprehensive package of essential services for overdose prevention in BC;
6. Establish regional and local initiatives with regional health, First Nations partners, public safety, and social ministries to remove barriers for local response.

3. Functions

The main functions of the Overdose Emergency Response Centre are to:

1. Streamline approach to Provincial, regional and local responses;
2. Develop Provincial strategies based on best evidence with robust evaluation including targets, timelines and outcomes;
3. Work with partners to inform resource need and allocation;
4. Work with partners to translate high level direction into action planning at the local level;
5. Maintain consistent and continuous communication with regional operations, local and provincial governments, and the public;
6. Identify and enact plans to resolve barriers to overdose prevention at local, regional and provincial levels;
7. Accelerate data collection and analysis;
8. Monitor, evaluate, and report on progress;
9. Ensure accountability across sectors;
10. Support a human rights approach to overdose prevention in BC.

4. Regional Response Teams

The operational mandate of Regional Response Teams is to:

1. Link to local governments, Indigenous/FN communities and non-governmental organizations;
2. Translate Overdose Emergency Response Centre implementation plans into regional implementation plans;
3. Link with local service delivery areas and communities to build capacity for Community Action Teams;
4. Implement strategies to reach people at risk of overdose;
5. Provide real time information and routine updates to the Provincial Overdose Emergency Centre.

5. Community Action Teams

To provide focused, action-oriented strategies tailored to local community needs, Regional Response Teams will work with stakeholders to establish Community Action Teams to:

1. Create action plans within high priority communities/municipalities (evidence-informed);
2. Develop a multi-sectoral responses that is inclusive of all partners (First Nations communities, Municipalities, first responders, front-line community agencies, people and families with lived experience, businesses, local government agencies (eg. housing, social development, education), and the local recovery community;
3. Escalate barriers to effective response to provincial level as needed.

6. Governance

1. The Overdose Emergency Response Centre is overseen by the Mental Health and Addiction Working Group chaired by the Minister of Mental Health and Addictions.
2. The Provincial Overdose Emergency Centre is accountable to the Deputy Minister of the Ministry of Mental Health and Addictions.
3. The Deputy Minister Ministry of Mental Health and Addictions chairs the Deputy Minister Committee on the Overdoes Emergency, and Oversight committees with the Ministry of Health and the Ministry of Public Safety and Solicitor General (PSSG).
4. The Health Sector Oversight Committee membership includes:
 - o Associate Deputy Minister of the Ministry of Health
 - o CEO of Provincial Health Services Authority on behalf of the other regional health authority CEOs
 - o CEO of First Nations Health Authority
 - o Executive Lead of the Overdose Emergency Response Centre
 - o Provincial Health Officer

The purpose of the Oversight Committee is to address any budget challenges and approve exceptional service changes within the regional health authorities.

5. The Public Safety and Solicitor General Oversight Committee membership includes:
 - o PSSG Deputy Minister and Assistant Deputy Minister
 - o Director of Policing Services
 - o BC Coroner.

7. Reporting

The Overdose Emergency Centre reports regularly to the Deputy Minister of Mental Health and Addictions. The Regional Response Teams report regularly to the Provincial Overdose Emergency Centre.

ROLE	FUNCTION/RESPONSIBILITY	AGENCY
Executive Lead and Overdose Emergency Response Centre (OERC) Lead	<ul style="list-style-type: none"> • Report to and attends briefings and meetings as requested • Chairs Overdose Emergency Response Centre meetings 	<ul style="list-style-type: none"> • Ministry of Mental Health and Addictions
Core (OERC) Members	<ul style="list-style-type: none"> • Gives clear direction to and has direct accountability from public agencies • Develops actions plans, reviews and approve provincial and regional implementation strategies • Monitors for rapid response and reports regularly • Assists in removing barriers for local response • Escalates issues to the Deputy Minister 	<ul style="list-style-type: none"> • Office of the Provincial Health Officer • MoH (Minister of Health) • MMHA (Mental Health & Addictions) • First Nations Health Authority • PSSG (Public Safety/Solicitor General) • BCEHS (BC Emergency Health Services) • BCCSU (BC Centre for Substance Use) • BCCDC (BC Centre for Disease Control) • People with Lived Experience • Family Members • Recovery Community
Emergent Issue OERC Members	<ul style="list-style-type: none"> • Gives clear direction to and has direct accountability from public agencies • Develops and executes action plans and implementation strategies to specific emergent priority issues identified by OERC • Escalates issues to the Deputy Minister 	<ul style="list-style-type: none"> • Fire Commission • MSDPR (Social Dev. & Poverty Red'n) • MCFD (Child and Family Development) • MMAH (Municipal Affairs and Housing) • MOE (Education) • BC MHSU Services

Regional Response Teams	<ul style="list-style-type: none"> • Report into Overdose Emergency Response Centre • Joint accountability with Regional Health Authorities. • Link to local governments, First Nations Health Authority, Indigenous/First Nations communities and non-governmental organizations, affected community members • Translate Provincial Overdose Emergency Centre implementation plans into regional response plans • Link with high need communities to build capacity for local action • Implement strategies to reach people at risk of overdose • Provide real time information and routine updates to the Provincial Overdose Emergency Centre 	<ul style="list-style-type: none"> • Vancouver Coastal Health • Island Health • Fraser Health • Interior Health • Northern Health
Expert Advisors	<ul style="list-style-type: none"> • Provides research, knowledge translation, real-time information and advice to support and inform implementation strategies. Conducts robust evaluation 	<ul style="list-style-type: none"> • BCCDC • BCCSU • HEMBC • Ministry of Attorney General • Law Enforcement • People and families with Lived Experience
Communications Team	<ul style="list-style-type: none"> • Serve as the coordination point for all public information, media relations and internal information sources 	<ul style="list-style-type: none"> • GCPE-MMHA
Project Manager(s)	<ul style="list-style-type: none"> • Coordinates scheduling and logistics of meeting location, prepares the agenda and related documentation for meetings, takes record of decisions, responds to reporting requests, and provides financial analysis 	<ul style="list-style-type: none"> • Administrative Support • Financial Support

Ex-Officio	<ul style="list-style-type: none"> Professional staff from any of the agencies represented in the membership who are required to support the agenda may attend a meeting 	<ul style="list-style-type: none"> As identified
Guests/Expert Advisors	<ul style="list-style-type: none"> Guests may be invited for specific agenda items as required upon approval of the co-chairs 	<ul style="list-style-type: none"> As identified

9. Comprehensive Package of Essential Services for Overdose Prevention in BC

Overdose Emergency Response Centre planning at the Provincial, regional and local levels will be structured upon a core set of interventions that:

- 1) capitalize on evidence-informed, proven effective strategies that together form an integrated, comprehensive response to the overdose crisis, and
- 2) are measurable via a standard matrix that enables the identification of gaps in the continuum of care, and facilitate action plans that address gaps

ESSENTIAL HEALTH SECTOR INTERVENTIONS	ESSENTIAL STRATEGIES FOR A SUPPORTIVE ENVIRONMENT
<p>Naloxone</p> <p>Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access, including:</p> <ul style="list-style-type: none"> Coverage Supplies Trainers On-going capacity 	<p>Social stabilization</p> <p>Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food:</p> <ul style="list-style-type: none"> Services for engagement/capacity building to strengthen support networks such as family/friends Availability of support groups/healing circles, counselling Access to affordable and/or supported housing Support programs incorporate capacity to address housing, income, food insecurity

Overdose prevention services

Supporting a diversity of community-level, low barrier services tailored to population/ community needs, such as:

- Overdose Prevention Sites
- Supervised Consumption Sites
- Housing-based initiatives
- Strategies to reach individuals using alone
- Mobile Services
- Drug Checking
- Safe drug supply (e.g. hydromorphone in supervised settings)

Peer empowerment and employment

Providing individual skills and capacity building initiatives within individuals and communities with lived experience:

- Diversity of paid peer program opportunities
- Peer-led initiatives
- Peer training opportunities
- Programs involve people with lived experience in strategic program planning and decision-making

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:

- Proactive screening for problematic opioid use
- Clinical follow-up
- Fast-track pathways to treatment and care
- System for monitoring/evaluating patient outcomes

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:

- Cultural safety teachings and support are available to all service providers
- Facility/space and program design is trauma-informed and culturally safe
- Continuum of services and support incorporates Aboriginal approaches to healing and wellness
- Elders are involved in service delivery and planning

Treatment and recovery

Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:

- Methadone, suboxone, oral morphine, injectable hydromorphone
- Continuum of treatment and recovery programs for opioid dependence that combine pharmacological and psychosocial approaches.
- Multi-disciplinary approach to pain management.

Addressing stigma, discrimination, and human rights

Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination:

- Access to legal team to address discriminatory laws and policies that impact harm reduction
- Public education resources, campaigns re. stigma
- Community-level actions to address barriers in access to services for people who use drugs.

10. Decision Making/Accountability

The Provincial Overdose Emergency Centre is accountable to the Deputy Minister of the Ministry of Mental Health and Addictions. The Deputy Minister will be supported by the Health Sector Oversight Committee.

The Provincial Overdose Emergency Centre will be reviewed in one year to assess its impact on the Overdose Emergency.

11. Meeting Frequency/Records of Decision

The Overdose Emergency Response Centre will meet at minimum weekly with Regional Health Authority leads; teleconference coordinates will be provided for all meetings. Co-chairs may call additional meetings as required. Time-limited Emergent Issue Units will be formed with relevant stakeholders and will meet to identify and fulfil action plans as required. Meeting materials will be sent in as far as possible in advance of each meeting, recognizing that the unpredictability of the overdose situation may create challenges for timely distribution. A record of decisions and actions will be circulated to all members within a week following a meeting. Members are responsible for sharing records of decisions with their representative organizations.

12. Budget

The Ministry of Mental Health and Addictions will provide the Provincial Overdose Emergency Centre with an operational budget. This will cover administrative costs, such as meeting expenses and working group activities. Other budget items will be determined on an as-needed basis by the Ministry of Mental Health and Addictions.

13. Expenses

It is expected that member travel expenses and time for participating in the Overdose Emergency Response Centre will be borne by their respective organizations. Members not in salaried positions (e.g., people with lived experience) will be paid an honorarium and expenses for attending meetings as per current policy.

14. Term of the Overdose Emergency Response Centre

The Overdose Emergency Response Centre will operate until December 1, 2018. The Overdose Emergency Response Centre will then be evaluated to determine its effectiveness at addressing Provincial Overdose Emergency.

Note: This is a new model and as the Overdose Emergency Response Centre becomes operational this Terms of Reference may evolve.



SPEAKING POINTS FOR

Judy Darcy

Minister of Mental Health and Addictions

Overdose Emergency Response Centre

Vancouver Acute Emergency Operations Centre
Vancouver General Hospital
899 W 12th Ave, Vancouver

Friday, December 1, 2017

1:00 p.m. – 2:00 p.m.

12:40 p.m. (arrival time)

1:02 p.m. (speech)

Event Profile:

Minister Judy Darcy will announce an escalation of the response to the ongoing overdose crisis in B.C. by launching a new provincial Overdose Emergency Response Centre. This emergency response structure will be a provincial hub to coordinate a multi-agency and cross-government response that ensures rapid action and monitoring of the emergency at the provincial, regional and local levels.

Speaking at the event will be: Provincial Health Officer Dr. Perry Kendall, co-chair of the existing Joint Task Force on Overdose Response; and Dr. Patricia Daly, head of the Overdose Emergency Response Centre and Vancouver Coastal Health's Chief Medical Health Officer. Dr. Evan Adams, Chief Medical Officer of the First Nations Health Authority will also speak, bringing a First Nations perspective on the overdose crisis. John Hedican, a family member affected by the overdose of a loved one, will provide the human perspective beyond the numbers, and why the escalated response is so important. His wife Jennifer will join him, but she will not have a speaking role.

The event will be held at the largest of the two emergency operations centres (EOC) in Vancouver General Hospital, followed by a tour for media and guests of the new Overdose Emergency Response Centre (OERC). The OERC is in the smaller EOC just down the hall from where the speeches will be given and where the pre-brief will be held. Dr. Daly and Minister Darcy will lead the tour for the media and participants.

Audience:

There will be about 40 guests, representing a range of stakeholders involved in combatting the overdose crisis and supporting people with addiction, including health, social service and public safety sectors, first responders, municipal government, First Nations and people and families with lived experience. Media will also be in attendance.

What does the audience want to hear?

How the province is escalating the response to the overdose crisis to save lives and better support people with addiction on a path to recovery.

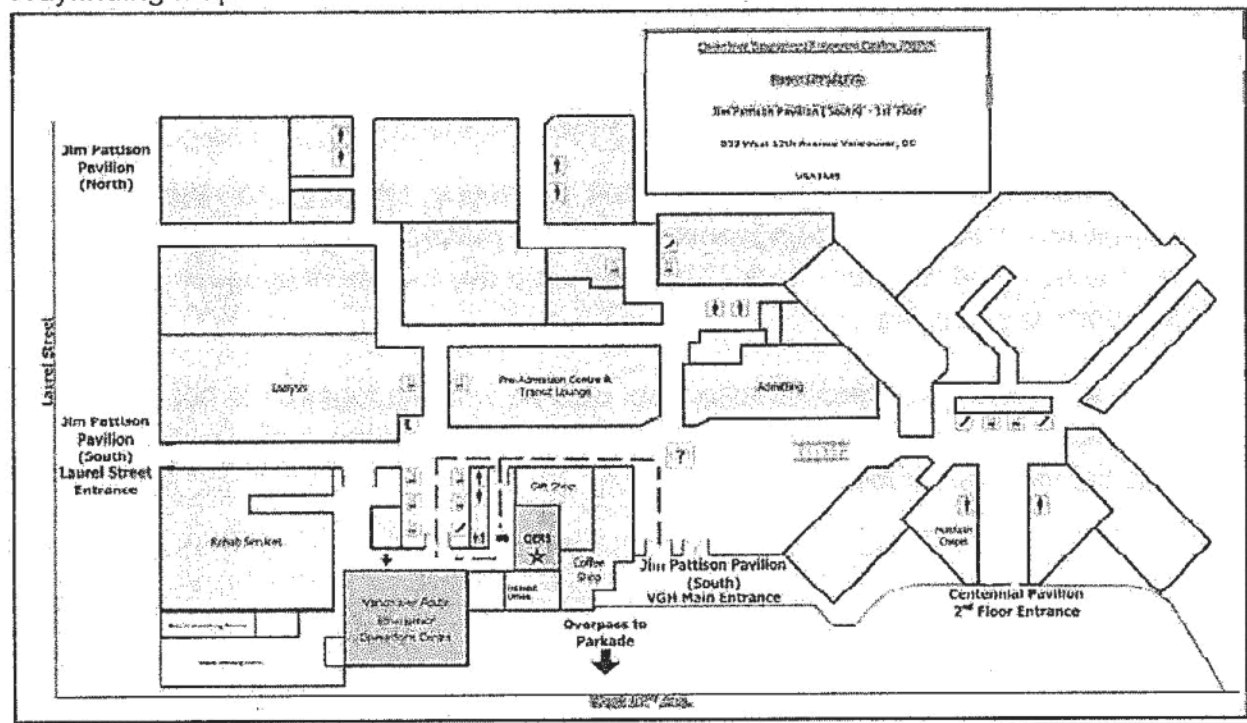
Will anyone from the ministry be in attendance?

- Doug Hughes, Deputy Minister
- Dr. Perry Kendall, Provincial Health Officer

Event Details:

The announcement is taking place in the room known as the Vancouver Acute Emergency Operations Centre. To get there, enter via Vancouver General Hospital Main Entrance at Jim Pattison Pavilion (South). Turn left at Admitting and walk past gift shop, then follow signs to the Ministry of Mental Health and Addictions event.

Wayfinding map:



The event pre-brief will occur in the actual Overdose Emergency Response Centre. Marlene Behrens will meet the Minister upon arrival to show her to the pre-brief room. *Meaghan – please text Marlene five minutes prior to arrival.*

The event room will have a podium for speakers.

Parking: Minister is taking alternate transportation to the event, so no parking arrangements have been made. Please note – if Minister requires parking, please advise Ministry of Mental Health and Addictions Communications immediately.

Event Contact:

Name: Marlene Behrens
Event coordinator, GCPE
cell: 778-584-1253
email: marlene.behrens@gov.bc.ca

Key Messages:

- We are escalating our response to the devastating overdose crisis that is leaving families and loved ones in unimaginable pain.
- With the launch of a new Overdose Emergency Response Centre, we will bring together communities and partners to take urgent local action to save lives and better support people toward treatment and recovery.
- The Centre will focus targeted resources where they are needed most, to strengthen life-saving action in communities on the ground.
- Based on enhanced overdose information monitoring, new regional response teams and community action teams will identify people at risk of overdose before it's too late, and intervene early to provide proactive treatment outreach and social supports like housing.
- With this escalated overdose response, we'll be working together to not just prevent overdose deaths today, but to get at the heart of the crisis, so that no one has to lose another loved one.

Itinerary:

Time	Event Itinerary
Event Summary	Indoor event with announcement by Minister of Mental Health and Addictions in Vancouver General Hospital's (VGH) acute Emergency Operations Centre (EOC), followed by a tour of VGH's community EOC, which will house the Overdose Emergency Response Centre (OERC).
Key contacts	Media relations: Stephanie Sherlock Photographer: Don Craig Videographer: Stephen Hargreaves Event Coordinator: Marlene Behrens
10:15 a.m.	Event Coordinator and AV Specialists on site for technical setup
12:30 p.m.	Guests and stakeholders begin to arrive, are escorted to announcement location
12:45 p.m.	Pre-brief with speakers, led by Event Coordinator Location: OERC room, located around the corner from EOC <ul style="list-style-type: none"> • Dr. Perry Kendall, Provincial Health Officer • Judy Darcy, Minister of Mental Health and Addictions • John Hedican, father of Ryan Hedican, who died due to overdose in April • Dr. Patricia Daly, Vancouver Coastal Health Chief Medical Health Officer • Dr. Evan Adams, Chief Medical Officer, First Nations Health Authority
12:55 p.m.	Speakers move to announcement area
1:00 p.m.	Dr. Perry Kendall welcomes guests and introduces speakers, invites John Hedican to podium
1:02 p.m.	John Hedican delivers remarks on impact
1:04 p.m.	Dr. Kendall thanks Mr. Hedican, introduces Minister Darcy
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1:30 p.m.	Media escorted to OERC for tour of space Tour will be led by Patty Daly and Minister Darcy
1:40 p.m.	Guests led to the OERC to tour space
2:00 p.m.	Event concludes
2:01 p.m.	Minister to do b-roll with videographer on site

- Thank you, Dr. Kendall.
- I would like to begin by acknowledging that we are on the territory of the Coast Salish people, and the Musqueam, Tsleil-Waututh [Sail-wha-tooth] and Squamish Nations.
- I welcome our guests, our partners and stakeholders, and members of the media here today.
- And in particular I'd like to offer a heart-felt thank you to John and Jennifer for your willingness to share your story with us.
- We can never lose sight of the human impact – it must be what we keep at the forefront of our minds always as we grapple with this crisis.
- We are here today in the sobering context of the overdose crisis – a poisoning crisis – which has killed more than 1,100 people this year alone.

- Behind every one of those numbers is a family and loved ones – families like John and Jennifer’s – who have been left in unimaginable pain.
- I also want to acknowledge the concerted effort across the system to date to combat this crisis.
- This work – led by Dr. Kendall under the Joint Task Force – has resulted in wide-ranging action over the past 18 months since he declared the public health emergency...
- And this work has without a doubt saved countless lives.
- In fact, the urgent actions we have taken since our government took office in July have been based on the recommendations of the Joint Task Force.
- Despite all of this work and the lives saved, the reality is that we continue to lose people in record numbers.
- We need to do more.

- It is for families like John and Jennifer's...
- For the eleven-hundred families who have lost a loved one this year...
- And the many more who are terrified of losing someone...
- that we are escalating our response to this devastating public health emergency.
- Today we are launching a new Overdose Emergency Response Centre to combat the crisis.
- This is a public health emergency, and we need to treat it that way in every respect.
- This new Emergency Response Centre will bring the kind of passion, professionalism and dedication we've seen brought to bear in other large-scale emergencies – focused on solving this crisis.

- We are putting this new Emergency Response Centre in place to fuel urgent local action, and rapidly implement locally driven solutions on-the-ground...
- Actions will focus on preventing overdose deaths, and supporting people toward treatment and recovery.
- Our government has committed \$322 million in new funding to escalate our response to the overdose crisis.
- This centre will make sure those resources are targeted on the front lines, in areas where they are needed most.
- The provincial Overdose Emergency Response Centre will work closely with new regional and local teams to direct resources where they will make the most difference in saving lives and supporting people at risk.
- The centre will be located here at Vancouver General Hospital - just down the hall – in a fully equipped Emergency Operations Centre.
- We will tour that space shortly.

- The provincial centre will be headed by Dr. Patricia Daly, who we'll hear more from in a few minutes.
- It will have dedicated staff from the Ministry of Health, Health Emergency Management BC, public safety, first responders – police, fire, ambulance – addiction specialists, First Nations, people with lived experience, and a range of other experts.
- They will be closely tracking data on overdoses so that we can predict, prevent and act quickly to save lives and support people living with addiction.
- We are also creating new regional response teams to lead action on the ground in each health authority.
- The regional teams will be working with communities hardest-hit by overdoses to form local community action teams.

- Right across the province, people have been working really hard to combat this crisis and save lives.
- They've been doing the best they can, but they need more help.
- We need to leverage the work they've been doing, to build on it and to expand what we know has been working.
- Our provincial and regional teams will be working with the local action teams to build those up, focusing on four areas of action:
 1. Expanding community-based harm reductions services.
 2. Increasing the availability of naloxone.
 3. Addressing the unsafe drug supply.
 4. And – perhaps most importantly – proactively identifying and supporting people at risk of addiction.

- More than 2,000 overdoses have been reversed at overdose prevention and supervised consumption sites in the past year.
- That's a lot of lives saved.
- The fact is, we know these sites work.
- There has not been one overdose death at any of them.
- The community action teams will make sure that we expand the reach of these harm reduction services to save more lives.
- Naloxone of course is also critical for saving lives.
- We know more than 12,000 take-home kits have been used to reverse overdoses.
- The new emergency response centre and local teams will work together to make naloxone kits and training even more widely available in communities.

- To address the unsafe, poisoned drug supply, the regional and community teams will also take action to expand drug checking into more sites, and to increase access to substitution drugs such as Suboxone and injectable hydromorphone.
- And these teams will also work together to identify and support people at risk of overdose.
- If someone comes to the hospital after an overdose – there will be follow up to fast track them into treatment.
- I was in Kamloops last month, where this is really working.
- After someone has been in the emergency department for an overdose, their goal is connect that person with a social worker within an hour.
- Sometimes it takes a little longer – but generally not more than a day.

- That person gets offered treatment – like Suboxone – as well as connections to other supports they might need.
- It's also important to say that we can save someone's life, but if they don't have a roof over their head, they have no pathway to hope.
- That's why BC Housing and community agencies will be important partners on community action teams – to make sure anyone in that situation has a roof over their head.
- Because we need to put the supports in place that people need to be able to start down a pathway to recovery.
- The people who will be on the community action teams know their community and know what's needed on the ground.
- The solutions might look different in every community – but they will be locally driven and delivered.

- As I have met with people on the front lines around the province, I have seen many examples of ways we can help to stop this crisis.
- Examples like the one I shared about Kamloops.
- It's about saving lives and helping people to turn their lives around.
- It will take partners across all sectors and entire communities working together to solve this crisis.
- We know that Indigenous people are disproportionately affected by this overdose crisis and are dying in numbers three times greater than the population at large – the result of intergenerational trauma caused by colonization, racism and residential schools.
- That is why First Nations Health Authority representatives will play an integral role at the provincial and regional response centres – to make sure cultural safety and humility is embedded in all of our actions.

- Local First Nations and Indigenous people will be central to the work of the community action teams.
- The emergency response centre will also work to take action to address stigma and discrimination and human rights, because we know this is also a significant barrier for people with addiction.
- Our new emergency response strategy draws together and coordinates an army of partners at all levels – community, regional and provincial – with a common determination to stop the tragic loss of life.
- We know combatting the overdose crisis will take a ‘whole province’ approach.
- This escalated response – supported at all levels by the Overdose Emergency Response Centre – is exactly that.
- I want to thank everyone here for coming – for partnering with us – and for working so hard to take bold, innovative action to stop the needless suffering of so many people in our province.

Ministry of Mental Health and Addictions

Overdose Emergency Response Centre announcement

Date: Friday, December 1, 2017

Time: 1:00 p.m.

Time	Event Itinerary
Event Summary	Indoor event with announcement by Minister of Mental Health and Addictions in Vancouver General Hospital's (VGH) acute Emergency Operations Centre (EOC), followed by a tour of VGH's community EOC, which will house the Overdose Emergency Response Centre (OERC).
Key contacts	Media relations: Stephanie Sherlock Photographer: Don Craig Videographer: Stephen Hargreaves Event Coordinator: Marlene Behrens
10:15 a.m.	Event Coordinator and AV Specialists on site for technical setup
12:30 p.m.	Guests and stakeholders begin to arrive, are escorted to announcement location
12:45 p.m.	Pre-brief with speakers, led by Event Coordinator Location: OERC room, located around the corner from EOC <ul style="list-style-type: none"> • Dr. Perry Kendall, Provincial Health Officer • Judy Darcy, Minister of Mental Health and Addictions • John Hedican, father of Ryan Hedican, who died due to overdose in April • Dr. Patricia Daly, Vancouver Coastal Health Chief Medical Health Officer • Dr. Evan Adams, Chief Medical Officer, First Nations Health Authority
12:55 p.m.	Speakers move to announcement area
1:00 p.m.	Dr. Perry Kendall welcomes guests and introduces speakers, invites John Hedican to podium
1:02 p.m.	John Hedican delivers remarks on impact
1:04 p.m.	Dr. Kendall thanks Mr. Hedican, introduces Minister Darcy
1:05 p.m.	Minister Darcy delivers remarks
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1:40 p.m.	Guests led to the OERC to tour space
2:00 p.m.	Event concludes
2:01 p.m.	Minister to do b-roll with videographer on site

Events Coordinator – Marlene Behrens
Cell: 778-584-1253

Nov. 30, 2017

MEDIA ADVISORY – Ministry of Mental Health and Addictions – Vancouver; Teleconference

VANCOUVER – Judy Darcy, Minister of Mental Health and Addictions, will make an announcement regarding new action to combat the overdose crisis and save lives. She will be joined by Dr. Perry Kendall, Provincial Health Officer, representatives from the health authorities, the BC Centre on Substance Use, and the BC Centre for Disease Control, along with families and community members affected by the overdose crisis.

Event Date: Friday, Dec. 1, 2017

Time: 1:00 p.m.

Location:

Vancouver General Hospital
Jim Pattison Pavilion (South)
1st floor
899 West 12th Ave.
Vancouver

Special Instructions:

Media are advised to meet at the information kiosk at 12:45 p.m. to be escorted to the event location.

Media unable to attend in person may dial in to listen to the event via teleconference, followed by a Q&A.

Dial-in information:

From Vancouver:
From elsewhere in Canada and the U.S., toll-free:
Passcode:

To avoid delays, media are asked to begin dialing in at 12:50 p.m.

Contact:

Lori Cascaden
Ministry of Mental Health and Addictions Communications
778 698-2892
lori.cascaden@gov.bc.ca

Carrie Stefanson
Vancouver Coastal Health Communications
604 312-1148

carrie.stefanson@vch.ca



The Honourable Judy Darcy

Minister of Mental Health and Addictions

Invites you to attend an announcement
on escalating B.C.'s response to the overdose crisis

1:00 p.m.
Friday, December 1st, 2017

Vancouver General Hospital
899 W. 12th Ave
Vancouver

Enter via Vancouver General Hospital Main Entrance at Jim Pattison Pavilion (South). Turn left at Admitting and walk past gift shop, then follow signs to the Ministry of Mental Health and Addictions event.

Please RSVP to Marlene Behrens at:
Marlene.Behrens@gov.bc.ca

Sullivan, Michelle A HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: Thursday, December 14, 2017 4:17 PM
To: Daly, Patty [VC]; Miranda Compton
Cc: Behn Smith, Daniele HLTH:EX; Kendall, Perry HLTH:EX; XT:McDonald, Shannon HLTH:IN; XT:Adams, Evan HLTH:IN; Davison, Carolyn J HLTH:EX; Hughes, Doug J HLTH:EX
Subject: Overdose emergency response centre connection

Hello Patty and Miranda,

We have been strategizing on how we can be better connected to and support the work of the OERC in the important continuing work to effectively address the OD emergency. As you may be aware Dr Daniele Behn Smith (Indigenous Physician Advisor in our Office) is completing her MPH and as part of this she is to do a practicum. To meet both these aims we would like to embed Daniele in your operations team for the next few months. Her role will be to represent the Office of the PHO at that key operational level as well as to provide a direct Indigenous perspective and link to FNHA to support your work. Her focus will be on Indigenous people living in urban centres as we know this is the most disproportionately affected group in the crises. Evan, Shannon and Joe from FNHA are all very supportive of this as a way to enhance their focus on this key population as well as their direct connection to the OERC.

Please let us know how you would like Daniele to connect with you and your team. We are committed to supporting the OERC in any way we can to address this crisis.

My best,
Bonnie

*Dr Bonnie Henry
Deputy Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca*

Phone: 250 952-1330

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

Sullivan, Michelle A HLTH:EX

From: Cascaden, Lori R GCPE:EX
Sent: Thursday, November 30, 2017 8:52 AM
To: Kendall, Perry HLTH:EX
Subject: RE: SN_Emcee Dr. Kendall_OD Emergency Response Centre
Attachments: SN_Emcee Dr. Kendall_OD Emergency Response Centre_30NOV2017_FINAL.DOCX

Hi Dr. Kendall – I made a few changes to the notes in the highlighted section of the document. Looks like Jennifer is joining John. I understand she is going to stand with her husband at the podium, but will not speak. I will let you determine how you want to acknowledge her based on her role.

I also added some background information and the itinerary. Please note that we need your attendance in the pre-brief and I will get you direction to the pre-brief room.

If all is good from your side, I will remove the highlight and send the final back to you.

Nice to work with you on these!

Thanks,

Lori

From: Kendall, Perry HLTH:EX
Sent: Thursday, November 30, 2017 8:21 AM
To: Cascaden, Lori R GCPE:EX
Cc: Kendall, Perry HLTH:EX
Subject: SN_Emcee Dr. Kendall_OD Emergency Response Centre_27NOV2017_Draft

Some suggested edits.



SPEAKING POINTS FOR

Emcee Dr. Perry Kendall

Provincial Health Officer

Overdose Emergency Response Centre

(Vancouver Acute Emergency Operations Centre)

Vancouver General Hospital

899 W 12th Ave, Vancouver

Friday, December 1, 2017

1:00 p.m. – 2:00 p.m.

12:40 p.m. (arrival time)

1 p.m. (speech)

Event Profile:

Minister Judy Darcy will announce an escalation of the response to the ongoing overdose crisis in B.C. by launching a new provincial Overdose Emergency Response Centre. This emergency response structure will be a provincial hub to coordinate a multi-agency and cross-government response that ensures rapid action and monitoring of the emergency at the provincial, regional and local levels.

Speaking at the event will be: Provincial Health Officer Dr. Perry Kendall, co-chair of the existing Joint Task Force on Overdose Response; and Dr. Patricia Daly, head of the Overdose Emergency Response Centre and Vancouver Coastal Health's Chief Medical Health Officer. Dr. Evan Adams, Chief Medical Officer of the First Nations Health Authority will also speak, bringing a First Nations perspective on the overdose crisis. John Hedican, a family member affected by the overdose of a loved one, will provide the human perspective beyond the numbers, and why the escalated response is so important. His wife Jennifer will join him, but she will not have a speaking role. The event will be held at the largest of the two emergency operations centres (EOC) in Vancouver General Hospital, followed by a tour for media and guests of the new Overdose Emergency Response Centre (OERC). The OERC is in the smaller EOC just down the hall from where the speeches will be given and where the pre-brief will be held. Dr. Daly and Minister Darcy will lead the tour for the media and participants. Note: Dr. Kendall – you will need to be at the pre-brief.

Audience:

There will be about 40 guests, representing a range of stakeholders involved in combatting the overdose crisis and supporting people with addiction, including health, social service and public safety sectors, first responders, municipal government, First Nations and people and families with lived experience. Media will also be in attendance.

What does the audience want to hear?

How the province is escalating the response to the overdose crisis to save lives and better support people with addiction on a path to recovery.

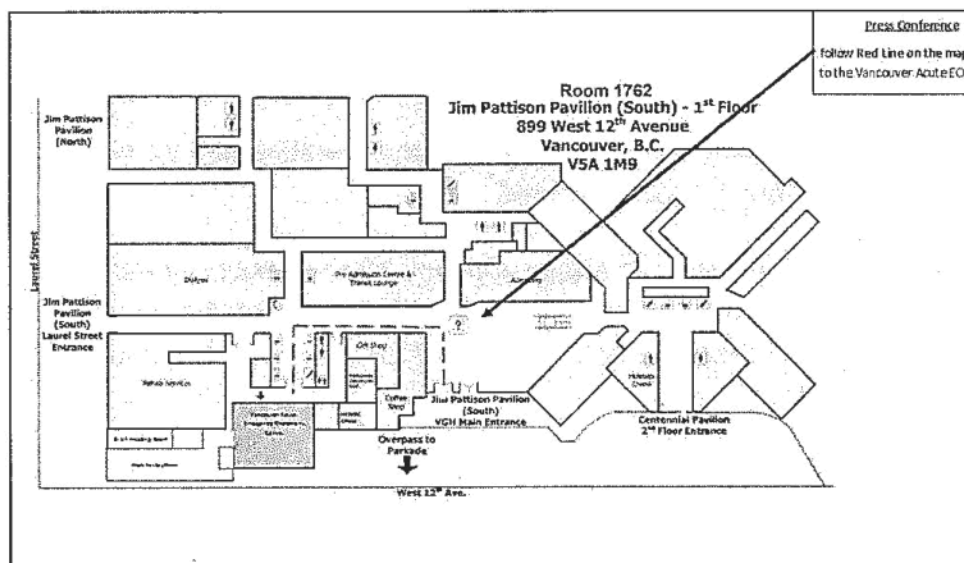
Will anyone from the ministry be in attendance?

- Doug Hughes, Deputy Minister
- Dr. Perry Kendall, Provincial Health Officer – MC for event

Event Details:

The announcement is taking place in the room known as the Vancouver Acute Emergency Operations Centre. To get there, enter via Vancouver General Hospital Main Entrance at Jim Pattison Pavilion (South). Turn left at Admitting and walk past gift shop, then follow signs to the Ministry of Mental Health and Addictions event.

Wayfinding map:



The event room will have a podium for speakers.

Event Contact:

Name: Marlene Behrens
Event coordinator, GCPE
cell: 778-584-1253
email: marlene.behrens@gov.bc.ca

Key Messages:

- We are escalating our response to the devastating overdose crisis that is leaving families and loved ones in unimaginable pain.
- With the launch of a new Overdose Emergency Response Centre, we have created a provincial hub for urgent local action to prevent overdose deaths and better support people toward treatment and recovery.
- The Centre will focus targeted resources on the ground where they are needed most.
- This escalated response will bring together communities and partners to strengthen the life-saving actions on the frontlines.
- Based on enhanced overdose information monitoring, new regional response teams and community action teams will identify people at risk of overdose before it's too late, and intervene early to provide proactive treatment outreach and social supports like housing.
- With this escalated overdose response, we'll be working together to not just prevent overdose deaths today, but to get to the very heart of the crisis by tackling root causes of addiction, so that no one has to lose another loved one.

Itinerary:

Time	Event Itinerary
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2:00 p.m.	Event concludes
2:01 p.m.	Minister to do b-roll with videographer on site

INTRODUCTION:

- Good afternoon.
- I am Dr. Perry Kendall, Provincial Health Officer for B.C.
- I would like to acknowledge that we are on the traditional territory of the Coast Salish people, the Musqueam, Tsleil-Waututh (Sail-wha-tooth) and Squamish Nations.
- I am very pleased to be present at this very significant announcement about the next phase in the province's response to the ongoing overdose epidemic that has taken far too many of our neighbours, our friends and our family members.
- I am reassured by the government's acknowledgement that should more be needed to combat this crisis – that need will be addressed.
- Today is evidence of that commitment, and I believe this announcement, coupled with the commitment of the substantial resources already announced –

\$322M will go a long way to curbing this crisis.

- Today, we are joined by:
 - The Honorable Judy Darcy, Minister of Mental Health and Addictions
 - Dr. Patricia Daly, Vancouver Coastal Health Chief Medical Health Officer
 - Dr. Evan Adams, Chief Medical Officer of the First Nations Health Authority
 - John Hedican, who lost his son Ryan to overdose
- I would like to thank John and Jennifer for joining us today, and on behalf of everyone here, I offer my sincere condolences to you and your family on the loss of your son, Ryan.
- We are all here to learn about the new actions being taken to combat the overdose crisis, to save lives and build a treatment and support system that is evidence-based, accessible and effective.

- In 2016, I declared the overdose crisis a public health emergency.
- Since then, I have been co-leading the Joint Task Force – a group that was established to find innovative ways to combat the overdose crisis that is gripping communities across B.C.
- The Task Force includes representation from the health and public safety sectors, the Coroner's Office and several social ministries.
- It is because of the commitment and conviction of this group of people that we have been able to make great strides in strengthening our ability to fight this crisis, which include establishing life-saving interventions like access to naloxone and harm reduction services in communities across B.C.
- I thank every single person on the Joint Task Force for the work, passion and compassion they have given the past 19 months.
- I also would like to thank all of the other community

members who have been involved in this fight since the beginning.

- To all of you, thank you for your ground-breaking and life-saving work.
- Yet, despite all of these efforts, one thing is still very clear, people continue to die of overdose – and we need to do more – that is what today is about and Minister Darcy will be sharing all of the details with you shortly.
- But, first, I would like to welcome up John Hedican, whose family has been significantly impacted by the overdose crisis – he has some words he would like to share.

[John Hedican (wife Jennifer), who lost their son Ryan Hedican to an overdose, speaks. His wife will likely join at the podium, but she will not have a speaking role.]

- Thank you John for the courage to share your story.

[May want to thank Jennifer too based on the role she plays and if she is up there with John]

- No family should have to go through what your family

has, and additional action must be taken so that no one else has to say goodbye to a loved one.

- To speak more on this, I would like to welcome Minister Judy Darcy

[Minister Darcy speaks]

- Thank you, Minister Darcy – and thank you for your leadership on this escalated response.
- I know that the overdose crisis will benefit from this renewed, collaborative and dedicated focus that is being established through the Emergency Response Centre.
- As I mentioned earlier, Dr. Patricia Daly with Vancouver Coastal Health is here with us today....
- ...Dr. Daly, I would like to welcome you up to say a few words.

[Dr. Daly speaks]

- Thank you, Dr. Daly. I look forward to working with you

and all of the colleagues who will be leading this enhanced response.

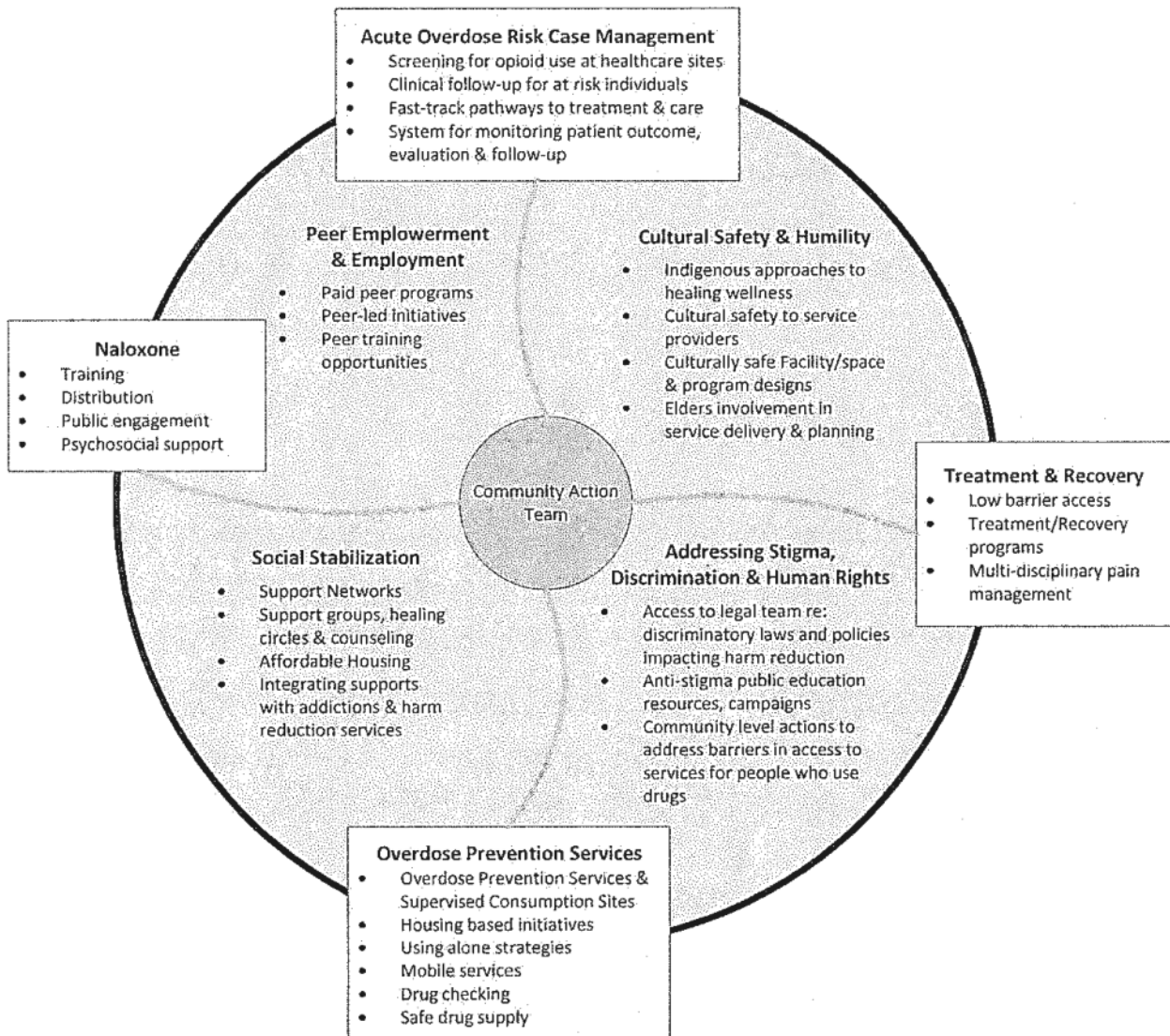
- Our partners in the First Nations Health Authority have played a critical role in the overdose response and they will continue that leadership with the Emergency Response Centre.
- I would like to welcome up Dr. Evan Adams, the Chief Medical Officer with the First Nations Health Authority to share his thoughts.

[Dr. Adams speaks]

- Thank you, Dr. Adams for sharing the First Nations perspective – and underlining the need for innovation in order to save lives during this devastating overdose crisis.
- This concludes speaking part of the event.
- Thank you all for being here today.

- I will turn it over to Stephanie Sherlock with Government Communications and Public Engagement to lead the media Q&A portion of this event.
- She will also share details of the new Overdose Emergency Response Centre tour that will be led by Dr. Daly and Minister Darcy.
- Again, thank you!

Community Action Team Functional Model



Community Action Team members and their level/type of engagement will vary from community to community. Representatives will play one or more roles on the team including: leadership, partnership, informing/advocacy, promotion, licencing, exchange of information

Membership may include:

Community Agencies, Division of Family Practice, First Nations Health Authority & Indigenous Community Agencies, First Responders, Health Authority, Local Government, Peers & Families, Recovery Programs

OERC Record of Discussion – Fraser Health RRT Bi-Weekly Meeting

Date/time: Jan 18th 2018 4:00PM

Participants: Jeff West, Chris Buchner, Andy Libbiter, Patty Daly, Arthur Yee, Emily Johnson, Victoria Lee, Minda Richardson, Annelies Becu, Miranda Compton, Wanda Madill

Recorder: Emily Johnson

Regrets/Absent: Annelies Becu, Mark Gilbert

Agenda Item	Summary of Discussion	Action Items/Decisions/Next Steps
Approve meeting minutes and today's agenda	Approved	
OERC Updates	<p>FNHA partnerships – introducing Minda FNHA senior policy analyst on opioid file.</p> <p>There is a meeting set up for FH to meet with FNHA reps. Jan 26th 11:00am. Minda to attend.</p> <p>Overview of provincial structures and functions FH would like a one-pager on provincial structure. Miranda to share power point. Primary role – to support HAs to move forward with OD response, remove barriers in provincial policy and facilitate communication across levels. Community driven. FHA plans are well aligned with comprehensive package</p> <p>Not really a secondment agreement, position will be accountable to and report to Fraser Health but also be a link to OERC, Fully-dedicated position</p> <p>Meeting Schedule: Remain bi-weekly for the time being. May just meet with one delegate in future (once they've been hired)</p> <p>Fraser Health EOC: Has a draft document articulating structure, FH will circulate for review at a future meeting</p>	<p><i>Action: Minda to be invited to this meeting</i></p> <p><i>Action: OERC to share slide deck (done)</i></p>

	<p>Innovation Fund process</p> <p>Annelies is PM</p> <p>Two streams of funding: One, functioning as a kick-start to the Community Action Teams.(approx.. \$100k/community) With further grants available to communities not designated as a CAT.</p> <p>FHA ideas/urgent needs include anti-stigma campaign, community engagement (i.e. dinner with the mayor), Fraser Valley Association of Friendship Centres, City of Abbotsford</p> <p>Important to include a requirement to connect with health authority; this will be a caveat with any CAI involvement</p> <p>Media event update</p> <p>Feb 1 – Abbotsford</p> <p>Clarity needed re: questions directed through comms. Arthur to connect with Fraser Health comms people and facilitate operational hand-off with GCPE</p> <p>Detailed implementation plan</p> <p>This year's funds will be released. A letter will circulate to outline expectations for future years with respect to the comprehensive package. OERC also to advocate to Ministry on behalf of HA plans</p> <p>Provincial Meeting: Each HA will present on a specific promising initiative or current challenge (10 minutes)</p> <p>IOAT: Minister is very anxious to expand this, Though blockages are not necessarily at the regional level, OERC working on some strategies with respect to IOAT costing.</p> <p>OERC also looking at nesting IOAT within a whole continuum of services.</p> <p>FH looking at neither Crosstown nor Peer-Pharmacy model. But expanding services within existing services that suits the needs of specific community.</p>	
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	Renovation delays mean a late May opening date	
Issues/Barriers	<p>Community engagement</p> <p>Specific municipal barriers.</p> <p>Need a strong message from provincial government stating that local governments must support and not be obstacles to community responses to the overdose emergency (i.e. Langley's by-law prohibiting the opening of an OAT clinic)</p> <p>Need a strong message from provincial government to CATs/police to not let minor warrants prevent PWLE from participating at the same tables as police (i.e. someone having warrants shouldn't be a barrier to a PWLE to participate in community-based responses to the overdose emergency)</p> <p>Some CATs are not able to have those with lived experiences at the same table as police because of existing warrants.</p> <p>Work force plan and implementations</p> <p>FHA has limited numbers of addiction doctors. Expanded scope for NPs isn't a huge benefit given low numbers of NPs who would have the capacity to provide OAT.</p> <p>Solutions to this would include:</p> <ul style="list-style-type: none"> • Improved training for primary care physicians in substance use, mental health and pain management • adjusting fee codes (to reflect the complex nature of patients) • exploring the use of delegated nursing functions to retain more people in treatment <p>BCCSU has engaged FH less than VCH</p> <p>Public awareness</p> <p>Need broader awareness of naloxone and Plan G coverage</p>	<p>Action: include provincial level issues (impacting all RRTs) into OERC issues log for tracking resolution.</p> <p>Action: Keith Ahamad to connect with Nader Sharifi</p>

	<p>Coordination Would like to see greater coordination at regional level with MCFD</p> <p>Coroner's data FH would like same level of data as BCCDC. Patty has spoken with Lisa LaPointe, beginning a process and making sure HAs are at the table</p> <p>Private methadone clinic fees: Need to be abolished. This is a barrier to treatment for working poor. There is a BCCSU briefing note about this.</p> <p>Accommodation fee: People who don't qualify for a treatment bed subsidy (i.e. the working poor) can't afford treatment, and this too is a barrier for low-paid workers.</p> <p>Workplace safety WorkSafe BC's policies unnecessarily preclude people on OAT from working. Even Health Authorities are "abstinence-based workplaces."</p>	
FHA Updates	<p>Using @ home app development Chris attended provincial working group. Found that they were trying to address the needs of too many different populations (ie: supportive housing setting vs. private residences)</p>	
Next Meeting:		

OERC Record of Discussion – Island Health RRT Bi-weekly Meeting

Date/time: Jan 19th 2018 10:00am – 11:00am

Participants: Miranda Compton, Carolyn Davison, Patty Daly, Suzanne Germain, Richard Stanwick, Emily Johnson

Recorder: Emily Johnson

Regrets/Absent: Annelies Becu, Richard Crow, Cheryl Damstetter, Minda Richardson

Agenda Item	Summary of Discussion	Action Items/ Decisions/Next Steps
Approve meeting minutes and today's agenda	Additions: spectrometer purchasing for drug testing, ongoing staffing costs	
OERC Updates	<p>Health Canada exemption for drug checking at SCS sites – still to be confirmed by OERC</p> <p>Suzanne to share exemption request sent to Health Canada on behalf on Island Health as a template</p> <p>Island Health to share evaluation framework with OERC and Mark Gilbert – done</p> <p>Patty to confirm ongoing “public health emergency”</p> <p>Potential topic for IH to present at Provincial meeting OPS model for smaller communities</p> <p>FNHA Partnerships – Introducing Minda FNHA senior policy analyst on opioid file.</p> <p>Innovation Fund Process Earmarking – directing some of this funding to the existing CATs to help them align with Comprehensive Package and support partnership between local community, health authority, prov. Gov.</p> <p>Also launching concurrent to CAT grant, a more general grant so non-named communities can also put forth ideas also in alignment with comprehensive package,</p>	

	<p>with input from HA in some respect to avoid duplication of services</p> <p>Annelies and Miranda working on draft. OERC to send draft for review</p> <p>Some funding could be used to compensate some folks who don't get paid to show up at some of these tables</p> <p>Media Event Update Announcement from Abbotsford on February 1st Island Health: Two things first. Liaise and outreach to local governments and trying to piggyback on existing CAT-like structures within the community. Process is underway to approach these existing community tables.</p> <p>Crucial: Need to be respectful of existing tables that have been ongoing for some time. Rather, an opportunity to provide more focused support and identify some gaps we can help with</p> <p>Victoria: Mayor has endorsed being made a priority community</p> <p>Duncan: highly sensitive community, process in place led by community health network – Health Cowichan – meeting forthcoming</p> <p>Nanaimo: Local gov and committee on board</p> <p>Port Alberni: meeting with local gov today, local team is aware and supportive</p> <p>Campbell River: No info yet</p>	
Island Health Updates	<p>Regional Response Team FTE (Director, special projects)</p> <ul style="list-style-type: none"> - Hired, accepted. Need paperwork. Secondment agreement is being worked on by Troy. To be sent to IH asap 	

Issues/Barriers	<p>Challenge: IH spent some time defending the idea of needle distribution</p> <p>Real vs perceived threat – undermining potential harm reduction initiatives</p> <p>Vancouver initiative (possible solution): Spikes on bikes program, have secure paniers for needle recovery and hand out harm reduction materials</p> <p>IH also has “green teams” and other needle recovery</p> <p>Reinforcing and having a common set of messages would be helpful</p> <p>IH action plan: education, increasing sweeps, needles given IN sharps disposal containers</p>	
Additional Items	<p>Purchase of a spectrometer for drug testing: What value can this bring to drug checking?</p> <p>Has the potential to address issues that are not done ‘</p> <p>Finally giving people information of what it in substances, including those who use alone</p> <p>We would like to work with each HA to figure out how to fund that within the next fiscal year.</p> <p>IH will have one – OERC will work with HAS on how to fund/deploy it. We will make sure they are being used/funded</p> <p>Follow up with Ken Tupper about how many spectrometers are being bought (Miranda)</p>	<p><i>ACTION: Miranda to speak with Ken about deadline, funding ongoing technician position.</i></p> <p><i>Patty and Richard will work together to work out technician funding, deployment plan</i></p>

Next Meeting: February 2 – 10:00am

Overdose Emergency Response Centre (OERC) AGENDA

OERC Provincial Monthly Meeting

01/25/18

10:00am – 12:00pm

Onsite: s.15

Offsite s.15,s.17

participant s.15,s.17

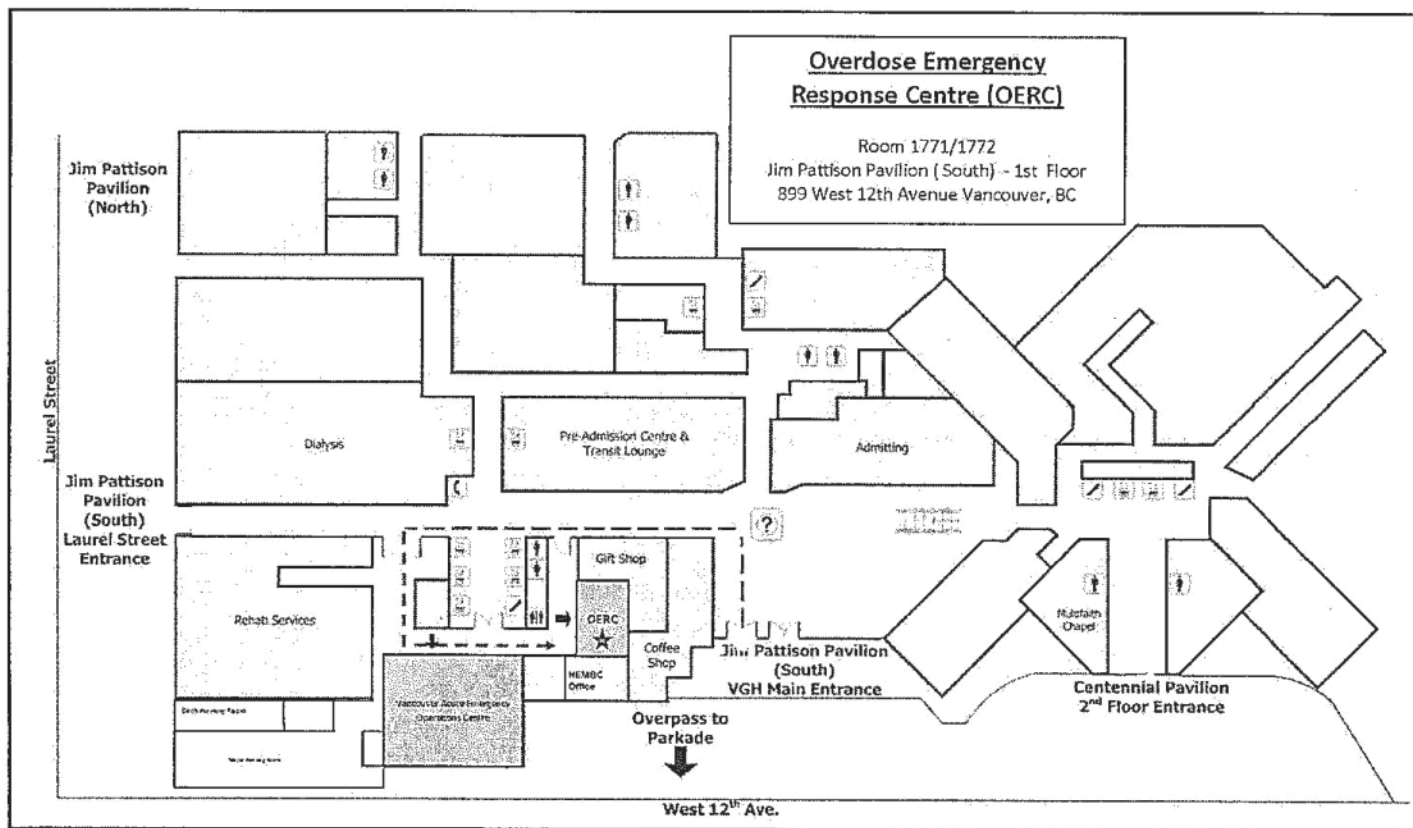
Participants: Victoria Lee, Andy Libbiter, Chris Buchner, Aamir Bharmal, Richard Stanwick, Richard Crow, Cheryl Damstetter, Suzanne Germain, Trevor Corneil, Karin Goodison, Silvina Mema, Rae Samson, Corinne Dolman, Sandra Allison, Michelle Lawrence, Reka Gustafson, Caitlin Etherington, Mark Lysyshyn, Chris VanVeen, Evan Adams, Sonia Isaac-Mann, Patty Daly, Mark Gilbert, Keith Ahamad, Carolyn Davison, Annelies Becu, Arthur Yee, Jeff West, Daniele Behn-Smith, Andrew MacFarlane, Minda Richardson

Chair: Patty Daly

Recorder: Emily Johnson

Regrets/Absent:

Agenda Item	Time	Lead
Introductions, review meeting objectives.	10min	Patty Daly
Regional innovations and issues Each health authority delegate to present a key innovation or issue. <ul style="list-style-type: none"> • FHA: Engaging Building Trades on OD Response • FNHA: overview of FNHA OD plan • IH • IHA • NHA • VCH: Drug Checking • PHSA 	70min	Regional Response Team members
OERC Updates <ul style="list-style-type: none"> • Provincial indicators and status reports • Transition plan for working groups • Issues log • Community action team resources 	40min	Scott Blessin, Miranda Compton, Patty Daly, Mark Gilbert



Overdose Emergency Response Centre (OERC) AGENDA

Fraser Health – Biweekly OERC RRT Meeting

02/01/18

4:00pm – 5:00pm

Onsite: s.15

Offsite: s.15, s.17

participant s.15, s.17

Participants: Chris Buchner, Miranda Compton, Patty Daly, Mark Gilbert, Victoria Lee, Andy Libbiter, Wanda Madill, Minda Richardson, Arthur Yee

Optional: Annelies Becu, Jeff West

Recorder:

Regrets/Absent:

Agenda Item	Time	Lead
Approve meeting minutes and today's agenda. Review actions from prior meeting.	10min	Miranda
OERC updates <ul style="list-style-type: none">Innovation Fund process updateBiweekly meeting frequency feedback2018/19 budget planning and submission process.Issues log escalation and report-back process	25min	Miranda, Minda, Mark
FHA updates <ul style="list-style-type: none">Regional Response Team FTE hiring update CAT formation	15min	Victoria, Andy, Chris
Issues/barriers <ul style="list-style-type: none">TBC	10min	Victoria, Andy, Chris

Overdose Emergency Response Centre (OERC) AGENDA

Island Health – Biweekly OERC RRT Meeting

02/02/18

10:00am – 11:00am

Onsite: VGH – OEC | Offsite: ^{s.15,s.17} participant^{s.15,s.17}

Attendees:

Annelies Becu, Linda Bidese, Miranda Compton, Richard Crow, Cheryl Damstetter, Carolyn Davison, Patty Daly, Suzanne Germain, Mark Gilbert, Richard Stanwick,

Optional: Jeff West, Arthur Yee

Recorder: Emily Johnson

Apologies:

Agenda Item	Time	Lead
Approve meeting minutes and today's agenda.	5 minutes	All
OERC updates <ul style="list-style-type: none">• Innovation Fund process update• Provincial meeting check-in• Bi-weekly meeting frequency feedback	20min	Miranda, Minda
Island Health updates <ul style="list-style-type: none">• Regional Response Team FTE (Director, Special Projects)• CAT formation and stakeholder meetings	10min	Island Health Regional Response Team
Issues/barriers <ul style="list-style-type: none">• Any Island Health issues/barriers requiring OERC escalation	20min	Island Health Regional Response Team
Additional items time permitting	5min	All

Overdose Emergency Response Centre (OERC) AGENDA

Vancouver Coastal Health – Biweekly OERC RRT Meeting

01/31/18

1:00pm – 2:00pm

Onsite: s.15

Offsite: s.15, s.17

participant s.15, s.17

Participants: Miranda Compton, Carolyn Davison, Patty Daly, Caitlin Etherington, Mark Gilbert, Reka Gustafson, Mark Lysyshyn, Minda Richardson, Chris VanVeen, Arthur Yee

Optional: Annelies Becu, Jeff West

Recorder: Emily Johnson

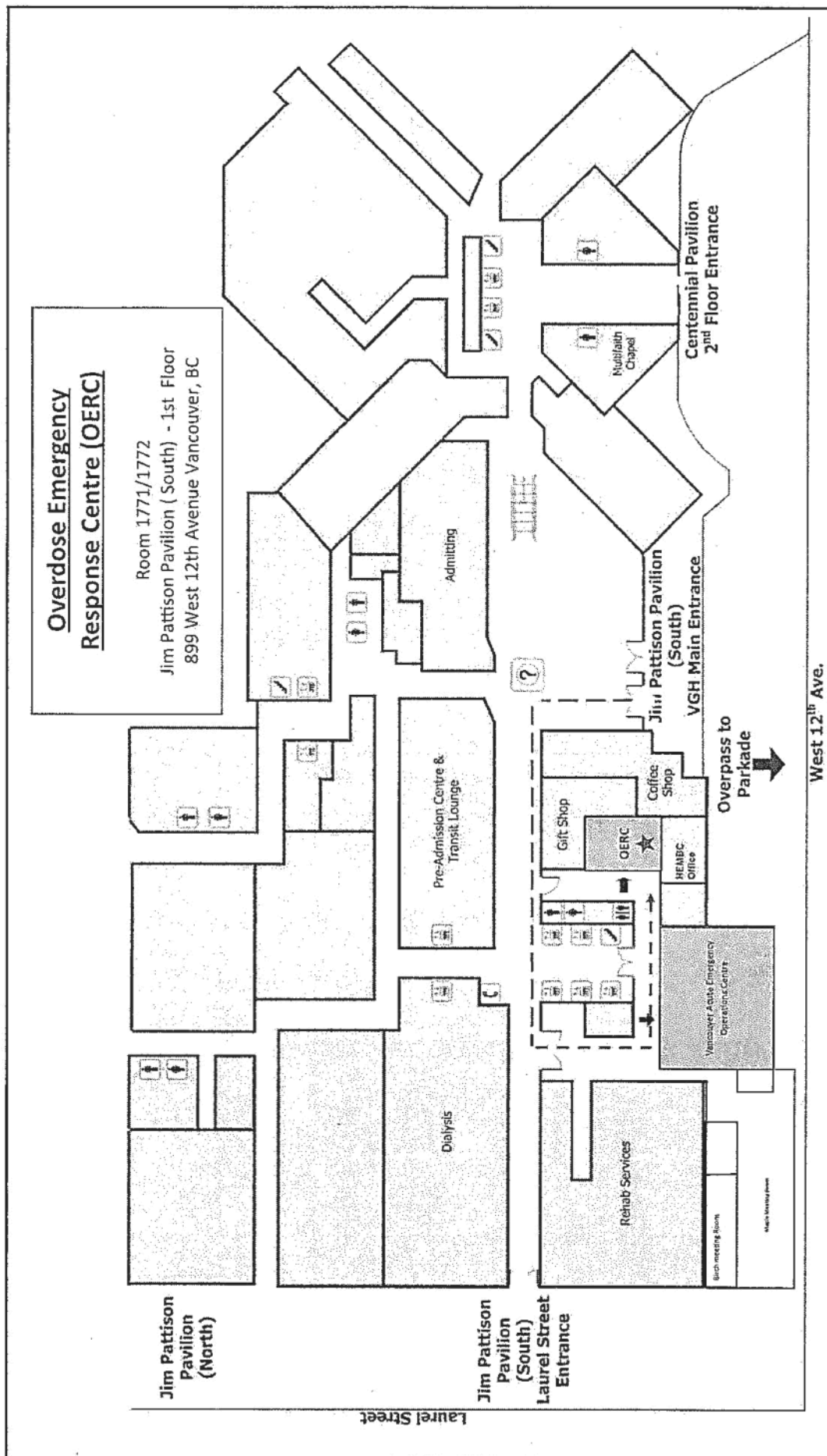
Regrets/Absent:

Agenda Item	Time	Lead
Approve meeting minutes and today's agenda. Review actions from prior meeting.	10min	Miranda/Patty
VCH updates <ul style="list-style-type: none">TBD	20min	VCH Regional Response Team
OERC updates <ul style="list-style-type: none">CAT media eventInnovation fundFeedback re: biweekly meeting frequency	20min	Miranda/Patty
Issues/barriers <ul style="list-style-type: none">Any VCH issues/barriers requiring OERC escalation.	10min	VCH Regional Response Team

Access: Meet at VGH VC EOC. Please find wayfinding instructions embedded below.



OERC-Wayfinding-
map-to-OERC-visito



Monthly OERC Regional Response Team Status Report

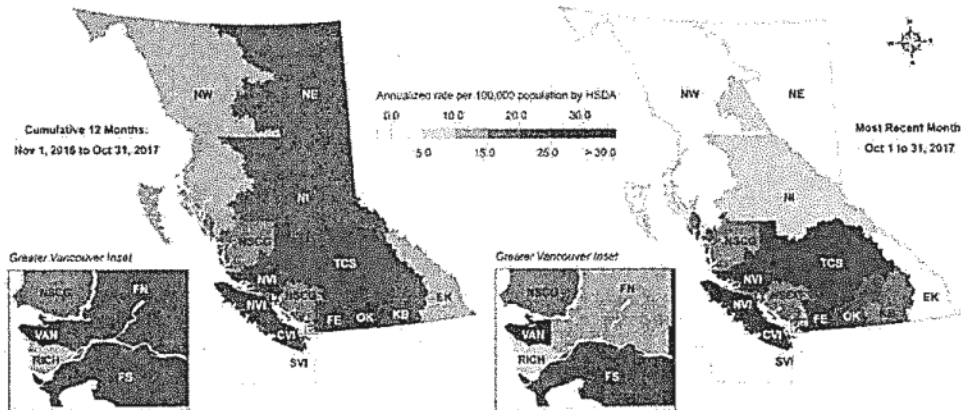
Regional Response Team: Placeholder Health Authority	
Date: Feb 28, 2018	Reporting Period: Jan 1 – 31, 2018
Prepared by:	Contact Info:

Core Reporting Indicators for Placeholder Health Regional Response

Data identified for core reporting indicators below are specific to this regional response team. See end-notes for data source and limitations.

Comment [AY1]: Quantitative data in this section will be auto-populated into this template for each RHA, except OPS data. OPS data will need to be provided by RHA. There will be room for each RHA to provide comment/context for each reporting area.

Illicit Drug Overdose Deaths by Health Service Delivery Area



Source: BC Coroner's Data: (Format of map TBD)

Overdoses

Number of reported overdose deaths:ⁱ

- during this reporting period: _____
- during this reporting period last year: _____
- total year to date: _____

Number of overdoses attended by BC Ambulance:ⁱⁱ

- during this reporting period: _____
- during this reporting period last year: _____
- total year to date: _____

Monthly OERC Regional Response Team Status Report

	<p>Comments:</p> <ul style="list-style-type: none"> (RHA to provide any contextual comments)
Naloxone	<p>Number of take-home naloxone kits distributed:ⁱⁱⁱ</p> <ul style="list-style-type: none"> during this reporting period: _____ during this reporting period last year: _____ total year to date: _____ <p>Number of take-home naloxone kits used to reverse an overdose:ⁱⁱⁱ</p> <ul style="list-style-type: none"> during this reporting period: _____ during this reporting period last year: _____ total year to date: _____ <p>Comments:</p> <ul style="list-style-type: none"> (RHA to provide any contextual comments)
Overdose Prevention Sites	<p>Number of overdose prevention sites:^{iv}</p> <ul style="list-style-type: none"> this reporting period: _____ during this reporting period last year: _____ total for health authority: _____ <p>Number of visits to overdose prevention sites:^{iv}</p> <ul style="list-style-type: none"> during this reporting period: _____ during this reporting period last year: _____ total year to date: _____ <p>Number of overdoses survived at overdose prevention sites:^{iv}</p> <ul style="list-style-type: none"> during this reporting period: _____ during this reporting period last year: _____ total year to date: _____ <p>Comments:</p> <ul style="list-style-type: none"> (RHA to provide any contextual comments)

Monthly OERC Regional Response Team Status Report

Treatment	<p>Number of people on Opioid Agonist Therapy:^v</p> <ul style="list-style-type: none"> • during this reporting period: _____ • during this reporting period last year: _____ • total year to date: _____ <p>Number of prescribers of Opioid Agonist Therapy:^v</p> <ul style="list-style-type: none"> • during this reporting period: _____ • during this reporting period last year: _____ • total year to date: _____ <p>Comments:</p> <ul style="list-style-type: none"> • (RHA to provide any contextual comments)
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Progress Reporting

Qualitative reporting TBD pending RRT feedback.

ⁱ Source: BC Coroner's Data. To include most recent data available.

ⁱⁱ Source: BCEHS. There is a delay in receiving paramedic reports. The data identified here are projections based on suggestions that 45% of calls to 911 for ingestion poisoning turn out to be illegal drug overdoses.

ⁱⁱⁱ Source: BCCDC Take home naloxone program.

^{iv} Source: Regional Health Authorities to provide data.

^v Source: Pharmanet data, agency to provide data analysis TBD.

OERC Record of Discussion – VCH Bi-Weekly RRT Meeting

Date/time: Jan 17th 2018 1:00pm – 2:00pm

Participants: Patty Daly, Miranda Compton, Caitlin Etherington, Reka Gustafson, Mark Lysyshyn, Chris VanVeen, Arthur Yee, Minda Richardson, Carolyn Davison

Recorder: Emily Johnson

Regrets/Absent: Mark Gilbert

Agenda Item	Summary of Discussion	Action Items/ Decisions/Next Steps
	<p>Minda Richardson – FNHA senior policy analyst on opioid file. Will be attending meetings when she can</p> <p>Daniele Behn-Smith - MoH</p>	
OERC Updates	<p>Innovation Fund Process: Annelies working on interim process for this year, and looking at a more involved process for next year.</p> <p>Media Event Update: Focus on one community for public announcement of province-wide CATs, with further communities to follow at a later date.</p> <p>Also to announce Innovation Fund</p> <p>Concerns around tying innovation fund with currently announced community action teams</p> <ul style="list-style-type: none">- anxiety around who is included in the community announcement, who is not. Regional teams need to be prepared. Messaging important.-messaging needed with GCPE and respective regional health authorities that we are going to roll out community action teams in other communities outside of announced list-initial community action teams, there will be more as time goes on - innovation fund will kick start these ones-we are also planning a second arm of the fund, that will be available to all communities, including those not identified	<p>ACTION: following up with Minister's Office and GCPE for Powell River as a potential tour option.</p>

	<p>as CATs at this time.</p> <p>Powell River – potential for visit sometime in February</p> <p>Chris VanVeen has connected with a number of reps from EHS, Municipality, VCH, local first nations health centers.</p> <p>Powell River is extremely enthusiastic about the potential for a team, could benefit from one place for folks to go.</p> <p>Governance structure OK, excited to get going. Should be good to do an in person visit over next couple weeks, and first community action team meeting in February, looking at a Friday in late February. Potential for second meeting?</p> <p>Provincial RRT Meeting: Hoping that each HA can present on a specific promising initiative or current challenge (10 minutes)</p> <p>Overdose outreach initiatives</p> <p>Molson learning lab – overview of all three programs here</p> <p>Agenda in progress</p> <p>Surveillance/Monitoring: Having data for action. Making sure work that is being done at the provincial level is relevant at the community level.</p> <p>Situation reports were previously a lot of work for epis, OERC seeks to minimize extra effort. Will bring this info to the table in future.</p>	<p><i>Action: Chris to collect topics</i></p>
VCH Updates	<p>Powell River: Reps from EHS, Municipality, VCH, First Nation – extremely enthusiastic about the potential for a team. They would benefit from coordinating. Confident that they will be able to get up and running. Minister could visit in-person (likely late</p>	<p><i>Action: solidify date for minister's visit to Powell River</i></p>

	<p>February)</p> <p>Richmond: Met with joint operations team. Buy-in was universal and had some suggestions for organizations to involve. Should be able to hold meeting in Feb</p> <p>Vancouver: Multiple organizations have signed on. Meeting being planned.</p>	
Issues/Barriers	<p>Nurse Practitioner</p> <p>Increasingly OPSs (VANDU) are looking to use other technology to support treatment – (ie oxygen) Restrictions/guidelines from professional practice and first aid groups may present a barrier. In violation of the Health Professions Act</p> <p>Dilaudid Pilot: Heads up: city council suggested an “emergency motion” to expand pilot widely. OERC to try and redirect this energy elsewhere, across other innovative models.</p> <p>Post Secondary Institutions: Concern from city council with respect to students being at risk. Continue to review data for risks of overdose deaths, if this is shown to be a risk, we will address it</p> <p>Implementation Templates: Updates, reallocations – bring new details to Miranda</p>	<p>Action: <i>Patty to talk with David Byers</i></p> <p>Action: <i>Miranda to investigate and circle back at next regional team meeting</i></p> <p>Action: <i>Reka/Mark and Caitlin to develop this briefing note. If this is seen as a risk we will develop an appropriate response.</i></p>
Next Meeting: January 31 st		

Page 001 to/à Page 002

Withheld pursuant to/removed as

s.13

Lewis, Jamie HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: Thursday, November 30, 2017 1:56 PM
To: Stevenson, Lynn HLTH:EX; Patterson, Ted HLTH:EX; Glynn, Keva HLTH:EX
Subject: FW: EMBARGOED - materials for Friday event
Attachments: NR_Overdose Emergency Response Centre_30Nov2017_Draft_11am.docx;
BG_Overdose Emergency Response Centre_DRAFT_30Nov17_FINAL.docx;
QA_Overdose Emergency Response Centre_30Nov2017_FINAL.docx;
Emergency_Response_Centre-org_chart_FINAL.pdf; Emergency_Response_Centre-
flow_chart_FINAL.pdf; TOR_OERC_30Nov2017_FINAL.pdf

FYI and review. Will you let me know in the next few days if we have any concerns otherwise will assume that we are moving ahead to implement in collaboration with MMHA. Thks Steve

From: Plank, Sarah GCPE:EX
Sent: Thursday, November 30, 2017 10:55 AM
To: Leslie, Lisa GCPE:EX; Johnston, Karen GCPE:EX; McAndrews, Caroline GCPE:EX; Fillion, Corinna GCPE:EX; Harris, Megan A GCPE:EX; Anderson, Kristy GCPE:EX; Harbord, Chris GCPE:EX; Anderson, Maryann SDPR:EX; Leslie, Sean GCPE:EX
Cc: Cascaden, Lori R GCPE:EX; Gostelow, Tara GCPE:EX; LeGuilloux, Marg GCPE:EX
Subject: EMBARGOED - materials for Friday event

Hi everyone,

I am attaching materials related to an announcement tomorrow – which I have given a heads up to most of you about already – which your folks will all have some involvement in.

These are not for wide distribution, as they are still subject to change, but please share with your MO and appropriate exec on an embargoed basis and not for further distribution. The release will go out at 1:15pm tomorrow (Dec. 1) and we will share the final version once it goes, so you can share more broadly.

There will be a media dial in, which we will share so you can listen in if you would like.

Note that the org chart is a simplified version for media, and is not the official version – in case any of your folks involved question it.

Please let me know if you have any questions or see any major issues.

Sarah.

Sarah Plank
Communications Director | Ministry of Mental Health & Addictions
Government Communications & Public Engagement
Office: 250.952.1889 | Mobile: 250.208.9621 | Email: sarah.plank@gov.bc.ca

Lewis, Jamie HLTH:EX

From: Hughes, Doug J MMHA:EX
Sent: Thursday, November 30, 2017 4:14 PM
To: Glynn, Keva HLTH:EX; Mayhew, Neilane MMHA:EX; Stevenson, Lynn HLTH:EX
Cc: Patterson, Ted HLTH:EX; Casanova, Tamara MMHA:EX
Subject: RE: Clarification on Overdose Reporting and planning message to HA's

Thanks, we will send out tomorrow with from my email and have it coming from Lynn and myself.

Doug Hughes

Deputy Minister
Ministry of Mental Health and Addictions
P: 250-952-1049

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From: Glynn, Keva HLTH:EX
Sent: Thursday, November 30, 2017 2:06 PM
To: Mayhew, Neilane X MMHA:EX; Stevenson, Lynn HLTH:EX; Hughes, Doug J HLTH:EX
Cc: Patterson, Ted HLTH:EX
Subject: RE: Clarification on Overdose Reporting and planning message to HA's

Looks good to me. I agree with the circulation list you've proposed.
It may be helpful to include a contact name for HAs to follow up if they have questions.

Keva

From: Mayhew, Neilane X MMHA:EX
Sent: Thursday, November 30, 2017 9:01 AM
To: Stevenson, Lynn HLTH:EX; Glynn, Keva HLTH:EX; Hughes, Doug J HLTH:EX
Cc: Patterson, Ted HLTH:EX
Subject: RE: Clarification on Overdose Reporting and planning message to HA's
Importance: High

I have done some work to revise the message below and the template based on the feedback from Keva and Lynn. A couple of additional comments in response:

- *In terms of who this would go to I think that is a decision point for Doug and Lynn but I think at a minimum it needs to be cc'd to the original recipients of the email and the Regional Leads for the OERC.*
- *I have left it at December 22 keeping in mind Keva's comment that pushing it to the following week doesn't make sense but by using December 22 we have given one more day.*
- *On Lynn's comment about working directly, I have modified language slightly to say we are available to work with HAs on this and as well, I had thought that the email would be going from Lynn and Doug together so the "we" refers to both MoH and MMHA.*

Let me know if this hits the mark now and thoughts on who the email should go to. We really need to work to get this out today so that it is out before the announcement of the OERC tomorrow.

Neilane

Message:

We have received some questions regarding the funding template that was distributed last week regarding the use of the funds allocated to Health Authorities to address the Overdose Emergency. That template was first sent to Health Authorities several weeks ago to provide an early heads up and as much time as possible for completion. As you know, \$322 million has been allocated to fund Health Authority delivered services over the next three years and the Ministry of Mental Health and Addictions (MMHA) is required to report to central government on how those funds have been spent and outcomes from that spending. We are aware Health Authorities are waiting for the release of the remaining 50% of Overdose Emergency funding for this fiscal to expand services and the funding can only be released when the Ministry has received detailed overdose emergency service plans (the plans) from each Health Authority. The plans need to include services currently being delivered as well as implementation plans for new services.

To simplify the process and reduce workloads for Health Authority staff, MMHA will only require reporting for this fiscal year at this time. We are available to work with each Health Authority to finalize the reporting for this fiscal by December 22 to ensure Health Authorities receive the remainder of funds quickly. You can use the attached template for reporting.

Going forward, the new Overdose Emergency Response Centre within MMHA will take the lead and work with HA Regional Response Team co-chairs to finalize the plans for 18/19 and 19/20 based on a comprehensive package of interventions and input from your Community Action Teams. Future years' funding allocations will be subject to annual review and approval of these plans by MMHA.

From: Stevenson, Lynn HLTH:EX
Sent: Thursday, November 30, 2017 8:04 AM
To: Glynn, Keva HLTH:EX; Hughes, Doug J HLTH:EX; Mayhew, Neilane X MMHA:EX
Cc: Patterson, Ted HLTH:EX
Subject: RE: Clarification on Overdose Reporting and planning message to HA's

Think these are good suggestions keva...I think the confusing piece (at least for me) is the going forward paragraph which I believe requires more discussion amongst us.. I agree about mmha giving direction and reviewing, signing off, approval and monitoring..not sure I agree with 'working directly with HA" ...so that is the bit I believe we need to dialogue more before we put that particular point out..

From: Glynn, Keva HLTH:EX
Sent: Thursday, November 30, 2017 7:50 AM
To: Hughes, Doug J HLTH:EX; Mayhew, Neilane X MMHA:EX
Cc: Stevenson, Lynn HLTH:EX
Subject: Fw: Clarification on Overdose Reporting and planning message to HA's

Hi Doug and Neilane, a few thoughts and suggestions.

- 1) It may help to clarify who the templates are being sent to.
- 2) Dec 21st was the date originally provided. The following Monday and Tues are holidays and likely you won't get anything that week if plans don't come in on the Thurs.

- 3) For the sake of avoiding panic/concerns by the HAs, I recommend indicating that the attached template is the same as the one originally sent, but the summary page is slightly modified to reflect what has already been expended and what will be expended in 2017/18
- 4) I recommend altering the table on the third page of the template to remove 2018/19 and 2019/20 funding details.
- 5) Language has changed from detailed implementation plans to service plans. Will this be confusing for HAs?

Thanks for the chance to review
Keva

From: Hughes, Doug J HLTH:EX
Sent: Wednesday, November 29, 2017 2:02 PM
To: Stevenson, Lynn HLTH:EX
Cc: Feulgen, Sabine HLTH:EX; Sidhu, Manjit HLTH:EX; Glynn, Keva HLTH:EX; Mayhew, Neilane X MMHA:EX; Casanova, Tamara HLTH:EX
Subject: Clarification on Overdose Reporting and planning message to HA's

Hi, as a follow up to some of the questions we are getting from HA's leads on the Overdose, I am proposing to send the following message to HA leads recently identified as the Regional contacts for the Regional Response Teams. Pls review and let me know if you have concerns. Would be great if it could come from both of us.

We have received some questions regarding the funding template that was distributed last week regarding the use of the funds allocated to Health Authorities to address the Overdoes Emergency. As you know, \$322 million has been allocated to fund HA delivered services over the next three years and the Ministry of Mental Health and Addictions is required to report to central government on how those funds have been spent. We are aware Health Authorities are waiting for the release of the remaining 50% of Overdose Emergency funding to expand services and the funding can only be released when the Ministry has received detailed overdose emergency service plans from each HA. The service plan needs to include services currently being delivered as well as implementation plans for new services.

To simplify the process and reduce workloads for Health Authority staff, MMHA will only require reporting for this fiscal year. We will work with each Health Authority to finalize the reporting for this fiscal by December 22 to ensure Health Authorities receive the remainder of funds quickly. You can use the attached template for reporting.

Going forward, The new Overdose Emergency Response Centre within the Ministry of Mental Health and Addictions will take the lead and work with HA Regional Response Team co-chairs to finalize the service plans for 18/19 and 19/20 based on a comprehensive package of interventions and input from your Community Action Teams. Future years' funding allocations will be subject to annual review and approval of these service plans by the Ministry of Mental Health and Addictions.

Thank you

Doug Hughes

Deputy Minister

Ministry of Mental Health and Addictions

P: 250-952-1049

Doug Hughes

Deputy Minister

Ministry of Mental Health and Addictions

P: 250-952-1049

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please phone or e-mail the sender immediately and delete the message.

Lewis, Jamie HLTH:EX

From: Glynn, Keva HLTH:EX
Sent: Thursday, November 30, 2017 8:11 PM
To: Brown, Stephen R HLTH:EX; Stevenson, Lynn HLTH:EX; Patterson, Ted HLTH:EX
Subject: RE: EMBARGOED - materials for Friday event

The collaborative HLTH/MMHA approach has potential on the public health side. The rub will be the treatment component of the response. s.13

s.13

From: Brown, Stephen R HLTH:EX
Sent: Thursday, November 30, 2017 1:56 PM
To: Stevenson, Lynn HLTH:EX; Patterson, Ted HLTH:EX; Glynn, Keva HLTH:EX
Subject: FW: EMBARGOED - materials for Friday event

FYI and review. Will you let me know in the next few days if we have any concerns otherwise will assume that we are moving ahead to implement in collaboration with MMHA. Thks Steve

From: Plank, Sarah GCPE:EX
Sent: Thursday, November 30, 2017 10:55 AM
To: Leslie, Lisa GCPE:EX; Johnston, Karen GCPE:EX; McAndrews, Caroline GCPE:EX; Fillion, Corinna GCPE:EX; Harris, Megan A GCPE:EX; Anderson, Kristy GCPE:EX; Harbord, Chris GCPE:EX; Anderson, Maryann SDPR:EX; Leslie, Sean GCPE:EX
Cc: Cascaden, Lori R GCPE:EX; Gostelow, Tara GCPE:EX; LeGuilloux, Marg GCPE:EX
Subject: EMBARGOED - materials for Friday event

Hi everyone,

I am attaching materials related to an announcement tomorrow – which I have given a heads up to most of you about already – which your folks will all have some involvement in.

These are not for wide distribution, as they are still subject to change, but please share with your MO and appropriate exec on an embargoed basis and not for further distribution. The release will go out at 1:15pm tomorrow (Dec. 1) and we will share the final version once it goes, so you can share more broadly.

There will be a media dial in, which we will share so you can listen in if you would like.

Note that the org chart is a simplified version for media, and is not the official version – in case any of your folks involved question it.

Please let me know if you have any questions or see any major issues.

Sarah.

Sarah Plank
Communications Director | Ministry of Mental Health & Addictions
Government Communications & Public Engagement
Office: 250.952.1889 | Mobile: 250.208.9621 | Email: sarah.plank@gov.bc.ca

OVERDOSE EMERGENCY RESPONSE CENTRE

TERMS OF REFERENCE



1. Strategic Mandate

The strategic mandate of the Overdose Emergency Response Centre is aligned with the mandate of the Ministry of Mental Health and Addictions to work in partnership to escalate the response to the opioid crisis that includes crucial investments and improvements to mental health and addiction services.

The strategic mandate of the Overdose Emergency Response Centre is aligned with the following four key areas of focus on addressing BC's opioid overdose epidemic:

1. Saving lives: Services for people who continue to use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
2. Ending stigma associated with mental health and substance use: Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.
3. Building a network of addiction and mental health services: Services that support treatment of and recovery from addiction.
4. Addressing the range of social supports that influence health: Activities and services that address social factors related to substance use such as housing, income, employment, intergenerational trauma and community development.

2. Operational Mandate

The operational mandate of the Overdose Emergency Response Centre is to work in collaboration with multi-sector public agencies, affected communities, and people and families with lived experience, to escalate the response to the overdose emergency:

1. Provide clear direction and coordinate implementation of activities;
2. Develop action and implementation strategies that are provincial, regional and local in scope;
3. Generate and gather multiple sources of data to monitor and adjust the response and report in real time to better understand the underlying issues;
4. Conduct robust evaluation of new and emerging innovative interventions;
5. Leverage and manage resources allocated to the Overdose Emergency Response Centre to oversee a comprehensive package of essential services for overdose prevention in BC;
6. Establish regional and local initiatives with regional health, First Nations partners, public safety, and social ministries to remove barriers for local response.

3. Functions

The main functions of the Overdose Emergency Response Centre are to:

1. Streamline approach to Provincial, regional and local responses;
2. Develop Provincial strategies based on best evidence with robust evaluation including targets, timelines and outcomes;
3. Work with partners to inform resource need and allocation;
4. Work with partners to translate high level direction into action planning at the local level;
5. Maintain consistent and continuous communication with regional operations, local and provincial governments, and the public;
6. Identify and enact plans to resolve barriers to overdose prevention at local, regional and provincial levels;
7. Accelerate data collection and analysis;
8. Monitor, evaluate, and report on progress;
9. Ensure accountability across sectors;
10. Support a human rights approach to overdose prevention in BC.

4. Regional Response Teams

The operational mandate of Regional Response Teams is to:

1. Link to local governments, Indigenous/FN communities and non-governmental organizations;
2. Translate Overdose Emergency Response Centre implementation plans into regional implementation plans;
3. Link with local service delivery areas and communities to build capacity for Community Action Teams;
4. Implement strategies to reach people at risk of overdose;
5. Provide real time information and routine updates to the Overdose Emergency Response Centre.

5. Community Action Teams

To provide focused, action-oriented strategies tailored to local community needs, Regional Response Teams will work with stakeholders to establish Community Action Teams to:

1. Create action plans within high priority communities/municipalities (evidence-informed);
2. Develop a multi-sectoral responses that is inclusive of all partners (First Nations communities, Municipalities, first responders, front-line community agencies, people and families with lived experience, businesses, local government agencies (eg. housing, social development, education), and the local recovery community;
3. Escalate barriers to effective response to provincial level as needed.

6. Governance

1. The Overdose Emergency Response Centre is overseen by the Mental Health and Addiction Working Group chaired by the Minister of Mental Health and Addictions.
2. The Overdose Emergency Response Centre is accountable to the Deputy Minister of the Ministry of Mental Health and Addictions.
3. The Deputy Minister Ministry of Mental Health and Addictions chairs the Deputy Minister Committee on the Overdoes Emergency, and Oversight committees with the Ministry of Health and the Ministry of Public Safety and Solicitor General (PSSG).
4. The Health Sector Oversight Committee membership includes:
 - o Associate Deputy Minister of the Ministry of Health
 - o CEO of Provincial Health Services Authority on behalf of the other regional health authority CEOs
 - o CEO of First Nations Health Authority
 - o Executive Lead of the Overdose Emergency Response Centre
 - o Provincial Health Officer

The purpose of the Oversight Committee is to address any budget challenges and approve exceptional service changes within the regional health authorities.

5. The Public Safety and Solicitor General Oversight Committee membership includes:
 - o PSSG Deputy Minister and Assistant Deputy Minister
 - o Director of Policing Services
 - o BC Coroner.

7. Reporting

The Overdose Emergency Centre reports regularly to the Deputy Minister of Mental Health and Addictions. The Regional Response Teams report regularly to the Provincial Overdose Emergency Centre.

ROLE	FUNCTION/RESPONSIBILITY	AGENCY
Executive Lead and Overdose Emergency Response Centre (OERC) Lead	<ul style="list-style-type: none"> • Report to and attends briefings and meetings as requested • Chairs Overdose Emergency Response Centre meetings 	<ul style="list-style-type: none"> • Ministry of Mental Health and Addictions
Core (OERC) Members	<ul style="list-style-type: none"> • Gives clear direction to and has direct accountability from public agencies • Develops actions plans, reviews and approve provincial and regional implementation strategies • Monitors for rapid response and reports regularly • Assists in removing barriers for local response • Escalates issues to the Deputy Minister 	<ul style="list-style-type: none"> • Office of the Provincial Health Officer • MoH (Minister of Health) • MMHA (Mental Health & Addictions) • First Nations Health Authority • PSSG (Public Safety/Solicitor General) • BCEHS (BC Emergency Health Services) • BCCSU (BC Centre for Substance Use) • BCCDC (BC Centre for Disease Control) • People with Lived Experience • Family Members • Recovery Community
Emergent Issue OERC Members	<ul style="list-style-type: none"> • Gives clear direction to and has direct accountability from public agencies • Develops and executes action plans and implementation strategies to specific emergent priority issues identified by OERC • Escalates issues to the Deputy Minister 	<ul style="list-style-type: none"> • Fire Commission • MSDPR (Social Dev. & Poverty Red'n) • MCFD (Child and Family Development) • MMAH (Municipal Affairs and Housing) • MOE (Education) • BC MHSU Services

Regional Response Teams	<ul style="list-style-type: none"> • Report into Overdose Emergency Response Centre • Joint accountability with Regional Health Authorities. • Link to local governments, First Nations Health Authority, Indigenous/First Nations communities and non-governmental organizations, affected community members • Translate Provincial Overdose Emergency Centre implementation plans into regional response plans • Link with high need communities to build capacity for local action • Implement strategies to reach people at risk of overdose • Provide real time information and routine updates to the Provincial Overdose Emergency Centre 	<ul style="list-style-type: none"> • Vancouver Coastal Health • Island Health • Fraser Health • Interior Health • Northern Health
Expert Advisors	<ul style="list-style-type: none"> • Provides research, knowledge translation, real-time information and advice to support and inform implementation strategies. Conducts robust evaluation 	<ul style="list-style-type: none"> • BCCDC • BCCSU • HEMBC • Ministry of Attorney General • Law Enforcement • People and families with Lived Experience
Communications Team	<ul style="list-style-type: none"> • Serve as the coordination point for all public information, media relations and internal information sources 	<ul style="list-style-type: none"> • GCPE-MMHA
Project Manager(s)	<ul style="list-style-type: none"> • Coordinates scheduling and logistics of meeting location, prepares the agenda and related documentation for meetings, takes record of decisions, responds to reporting requests, and provides financial analysis 	<ul style="list-style-type: none"> • Administrative Support • Financial Support

Ex-Officio	<ul style="list-style-type: none"> Professional staff from any of the agencies represented in the membership who are required to support the agenda may attend a meeting 	<ul style="list-style-type: none"> As identified
Guests/Expert Advisors	<ul style="list-style-type: none"> Guests may be invited for specific agenda items as required upon approval of the co-chairs 	<ul style="list-style-type: none"> As identified

9. Comprehensive Package of Essential Services for Overdose Prevention in BC

Overdose Emergency Response Centre planning at the Provincial, regional and local levels will be structured upon a core set of interventions that:

- 1) capitalize on evidence-informed, proven effective strategies that together form an integrated, comprehensive response to the overdose crisis, and
- 2) are measurable via a standard matrix that enables the identification of gaps in the continuum of care, and facilitate action plans that address gaps

ESSENTIAL HEALTH SECTOR INTERVENTIONS	ESSENTIAL STRATEGIES FOR A SUPPORTIVE ENVIRONMENT
<p>Naloxone</p> <p>Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access, including:</p> <ul style="list-style-type: none"> Coverage Supplies Trainers On-going capacity 	<p>Social stabilization</p> <p>Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food:</p> <ul style="list-style-type: none"> Services for engagement/capacity building to strengthen support networks such as family/friends Availability of support groups/healing circles, counselling Access to affordable and/or supported housing Support programs incorporate capacity to address housing, income, food insecurity

Overdose prevention services

Supporting a diversity of community-level, low barrier services tailored to population/ community needs, such as:

- Overdose Prevention Sites
- Supervised Consumption Sites
- Housing-based initiatives
- Strategies to reach individuals using alone
- Mobile Services
- Drug Checking
- Safe drug supply (e.g. hydromorphone in supervised settings)

Peer empowerment and employment

Providing individual skills and capacity building initiatives within individuals and communities with lived experience:

- Diversity of paid peer program opportunities
- Peer-led initiatives
- Peer training opportunities
- Programs involve people with lived experience in strategic program planning and decision-making

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:

- Proactive screening for problematic opioid use
- Clinical follow-up
- Fast-track pathways to treatment and care
- System for monitoring/evaluating patient outcomes

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:

- Cultural safety teachings and support are available to all service providers
- Facility/space and program design is trauma-informed and culturally safe
- Continuum of services and support incorporates Aboriginal approaches to healing and wellness
- Elders are involved in service delivery and planning

Treatment and recovery

Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:

- Methadone, suboxone, oral morphine, injectable hydromorphone
- Continuum of treatment and recovery programs for opioid dependence that combine pharmacological and psychosocial approaches.
- Multi-disciplinary approach to pain management.

Addressing stigma, discrimination, and human rights

Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination:

- Access to legal team to address discriminatory laws and policies that impact harm reduction
- Public education resources, campaigns re. stigma
- Community-level actions to address barriers in access to services for people who use drugs.

10. Decision Making/Accountability

The Overdose Emergency Response Centre is accountable to the Deputy Minister of the Ministry of Mental Health and Addictions. The Deputy Minister will be supported by the Health Sector Oversight Committee.

The Overdose Emergency Response Centre will be reviewed in one year to assess its impact on the Overdose Emergency.

11. Meeting Frequency/Records of Decision

The Overdose Emergency Response Centre will meet at minimum weekly with Regional Health Authority leads; teleconference coordinates will be provided for all meetings. Co-chairs may call additional meetings as required. Time-limited Emergent Issue Units will be formed with relevant stakeholders and will meet to identify and fulfil action plans as required. Meeting materials will be sent in as far as possible in advance of each meeting, recognizing that the unpredictability of the overdose situation may create challenges for timely distribution. A record of decisions and actions will be circulated to all members within a week following a meeting. Members are responsible for sharing records of decisions with their representative organizations.

12. Budget

The Ministry of Mental Health and Addictions will provide the Overdose Emergency Response Centre with an operational budget. This will cover administrative costs, such as meeting expenses and working group activities. Other budget items will be determined on an as-needed basis by the Ministry of Mental Health and Addictions.

13. Expenses

It is expected that member travel expenses and time for participating in the Overdose Emergency Response Centre will be borne by their respective organizations. Members not in salaried positions (e.g., people with lived experience) will be paid an honorarium and expenses for attending meetings as per current policy.

14. Term of the Overdose Emergency Response Centre

The Overdose Emergency Response Centre will operate until December 1, 2018. The Overdose Emergency Response Centre will then be evaluated to determine its effectiveness at addressing Provincial Overdose Emergency.

Note: This is a new model and as the Overdose Emergency Response Centre becomes operational this Terms of Reference may evolve.

Overview: Provincial Overdose Emergency Response

To escalate the response to B.C.'s overdose public health emergency, the Ministry of Mental Health and Addictions launched the new **Overdose Emergency Response Centre** on Dec. 1, 2017. The centre will spearhead urgent action on the ground to save lives and support people with addiction toward treatment and recovery. Located at Vancouver General Hospital, which has a fully equipped emergency operations centre available immediately, the centre will be the provincial hub for new regional and community action teams collaborating on targeted local action.

The emergency centre will have a strong focus on measures to prevent overdoses and provide life-saving supports that are:

- on-the-ground
- locally driven and delivered
- action-oriented
- rapidly implemented

With approximately 10 full- and part-time staff, the Overdose Emergency Response Centre will be supported with a team of experts from:

- BC Centre for Disease Control
- BC Centre on Substance Use
- Ministries of Mental Health & Addictions, Health, Public Safety & Solicitor General, Attorney General, Housing, Social Development & Poverty Reduction, Children & Family Development, Education
- Health Emergency Management BC
- BC Ambulance Service
- Regional health authorities
- First Nations Health Authority
- Office of the Provincial Health Officer
- Police and fire departments
- People and families with lived experience of addictions

Each of the province's five regional health authorities will form a **Regional Response Team** to work closely with the provincial centre to develop and implement comprehensive regional action plans. With close linkages to other regional government social service and public safety agencies and First Nations, these five teams will ensure regional-level actions and policy development are integrated, responsive and targeted. They will actively monitor overdose trends and unexpected events in communities in their region and take immediate steps to support local actions, working with new community action teams in hard-hit communities.

Community Action Teams will be established by January 2018 in communities identified through overdose data as having most urgent need. The community action teams will spearhead local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities. The teams will include representation from municipal government, Indigenous partners, first responders, front-line community agencies, Divisions of Family Practice, people and families with lived experience and local provincial ministry offices providing housing, children and family, and poverty reduction services.

As announced in September 2017, the provincial government is investing \$322 million in new funding to address the overdose crisis. The provincial Overdose Emergency Response Centre will ensure those resources are used for effective strategies where they are most urgently needed. As part of this funding, regional response teams and community action teams will have access to a new Community Crisis Innovation Fund – which includes \$3 million for the remainder of this year, and \$6 million each year in 2018/19 and 2019/20.

The Overdose Emergency Response Centre planning at the provincial, regional and local levels will be structured on a core set of measures and actions that:

- 1) capitalize on proven effective strategies that together form an integrated, comprehensive response to the overdose crisis, and
- 2) are tracked in a standardized way so gaps in services can be identified and addressed.

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u></p> <p>Ensuring optimal supplies, training and community-level supports to provide broad access to naloxone, including:</p> <ul style="list-style-type: none"> • Coverage • Supplies • Trainers • On-going capacity 	<p><u>Social stabilization</u></p> <p>Community strategies to promote access to social and emotional supports. For example:</p> <ul style="list-style-type: none"> • Services to engage and strengthen support networks such as family and friends • Support groups, healing circles & counselling • Affordable and/or supported housing • Integrating access to supports with housing, income, transportation & food security into addictions & harm reduction services
<p><u>Overdose Prevention Services</u></p> <p>Supporting a range of community-level, low-barrier services tailored to local needs, such as:</p> <ul style="list-style-type: none"> • Overdose prevention & supervised consumption sites • Housing-based initiatives • Strategies to reach people using alone • Mobile services • Drug checking • Safe drug supply (e.g. hydromorphone) 	<p><u>Peer empowerment and employment</u></p> <p>Programs that help people with lived experience build skills and experience. For example:</p> <ul style="list-style-type: none"> • Diversity of paid peer program opportunities • Peer-led initiatives • Peer training opportunities • Involving people with lived experience in program planning and decision-making
<p><u>Acute overdose risk case management</u></p> <p>Robust data collection and analysis, as well as a system to identify individuals at risk within communities and ensure they have follow-up connection to care:</p> <ul style="list-style-type: none"> • Proactive screening for problematic opioid use at health care sites • Clinical follow-up • Fast-track pathways to treatment and care • System for monitoring/evaluating patient outcomes and following up 	<p><u>Cultural safety and humility</u></p> <p>Together with Indigenous communities and organizations, ensuring services are rooted in understanding and respect, such as:</p> <ul style="list-style-type: none"> • Services and supports incorporate Indigenous approaches to healing wellness • Cultural safety teachings and support for all service providers • Trauma-informed and culturally safe facility/space and program design • Elders involved in service delivery & planning
<p><u>Treatment and Recovery</u></p> <p>Ensuring low-barrier access to a full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:</p> <ul style="list-style-type: none"> • Methadone, Suboxone, oral morphine, injectable hydromorphone • A range of treatment and recovery programs for opioid addiction that combine medication and social and emotional supports • Multi-disciplinary pain management 	<p><u>Address Stigma, discrimination & human rights</u></p> <p>Action to tackle stigma and discrimination and protect human rights for people with addiction:</p> <ul style="list-style-type: none"> • Eliminate barriers to services for people who use drugs caused by stigma and discrimination: • Provide legal support to address discriminatory laws and policies that impact harm reduction • Deliver public education and campaigns

Lewis, Jamie HLTH:EX

From: Opioid Overdose Secretariat HLTH:EX
Sent: Friday, December 1, 2017 1:38 PM
Subject: RE: Overdose Emergency Response Centre
Attachments: Terms of Reference_Nov_30_FINAL.PDF; BG_Overdose Emergency Response Centre_1DEC17_FINAL.PDF

Hi there,

We are having some issues with a couple of the links below; the news release link works and I have attached the other materials in the meantime.

News Release:
<https://news.gov.bc.ca/releases/2017MH0008-002003>

Thank you very much,

The Overdose Secretariat

From: Opioid Overdose Secretariat HLTH:EX
Sent: Friday, December 1, 2017 1:18 PM
Subject: Overdose Emergency Response Centre

Good afternoon,

As you are aware, today the Ministry of Mental Health and Addictions launched a provincial Overdose Emergency Response Centre to escalate the response to the overdose crisis. Below is a link to the media release and other information for your reference.

News Release:
<https://news.gov.bc.ca/releases/2017MH0008-002003>

Overview:
https://www2.qa.gov.bc.ca/assets/gov/overdose-awareness/bc_overdose_emergency_response_centre_30nov17_final.pdf

Terms of Reference:
https://www2.qa.gov.bc.ca/assets/gov/overdose-awareness/terms_of_reference_nov_30_final.pdf

Thank you,

The Overdose Secretariat

Lewis, Jamie HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: Monday, December 4, 2017 5:24 PM
To: Glynn, Keva HLTH:EX; Wilson, Leila HLTH:EX; Wong, Michelle HLTH:EX
Cc: Daly, Patty [VC]
Subject: OERC- MHSU Dec 5 2017.ppt
Attachments: OERC- MHSU Dec 5 2017.ppt

Hi Keva,
Attached are the slides for tomorrow's meeting.
Not sure who they need to go to – I will bring on a flash drive in case it is too late to send them out.
See you tomorrow!
Thanks
Miranda

Lewis, Jamie HLTH:EX

From: Glynn, Keva HLTH:EX
Sent: Monday, December 4, 2017 5:33 PM
To: Clout, Lisa HLTH:EX
Cc: Wilson, Leila HLTH:EX
Subject: Fw: OERC- MHSU Dec 5 2017.ppt
Attachments: OERC- MHSU Dec 5 2017.ppt

Hi Lisa, here is Miranda's presentation.

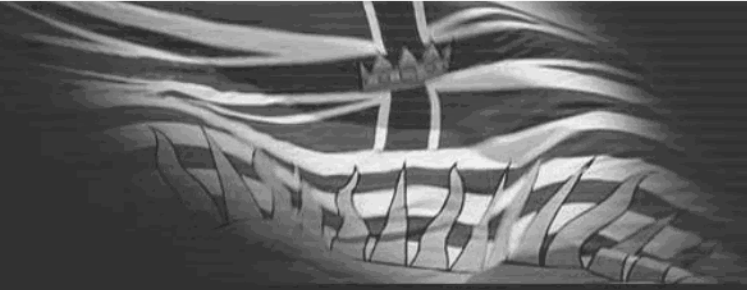
Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Compton, Miranda [VC]
Sent: Monday, December 4, 2017 5:24 PM
To: Glynn, Keva HLTH:EX; Wilson, Leila HLTH:EX; Wong, Michelle HLTH:EX
Cc: Daly, Patty [VC]
Subject: OERC- MHSU Dec 5 2017.ppt

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Attached are the slides for tomorrow's meeting.
Not sure who they need to go to – I will bring on a flash drive in case it is too late to send them out.
See you tomorrow!
Thanks
Miranda



BRITISH
COLUMBIA



Ministry of Mental Health and Addictions

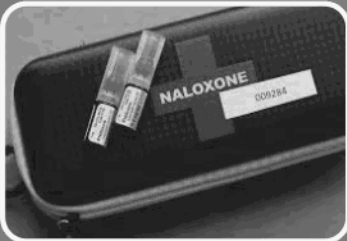
Overview of the

Overdose Emergency Response

Centre

December 5, 2017

Provincial Context



Overdose Emergency Response Centre

- Mandate to reduce opioid overdose deaths
- Includes Opioid Agonist Therapy
- Dedicated funding provided to each health authority



Provincial Mental Health and Addictions Plan

- Responsibility of new Ministry to set strategy
- Planning underway; includes health authorities



Risk Factors for Addiction and Mental Illness

- Housing, poverty, early childhood development, Aboriginal reconciliation
- Broader government approach

Overdose Emergency Response Centre

- Announced Dec. 1, 2017 by Minister Judy Darcy
- Located at Emergency Operations Centre, VGH



Overdose Emergency Response Centre

- On-going crisis requires streamlined, scaled-up strategy
- Builds on work to date and addresses gaps
- Led by the Ministry for Mental Health and Addictions in partnership with Health, Public Safety and Social ministries
- Strong focus on local, action-oriented, rapid response

Page 028

Withheld pursuant to/removed as

s.13

Regional Response Teams

- CEOs identified leads from each health authority
 - Medical and Operation leads
- Funding for one dedicated FTE from MMH&A

Mandate:

- Develop and lead regional implementation plans to ensure comprehensive response
- Actively monitor community overdose indicators and support community actions
- Develop Community Action Teams in priority communities

Community Action Teams

- Established in communities identified via data as having most urgent need
- Led by Regional Response Teams
- Ensure high level of local coordination and on-going communication among community stakeholders.
- Team membership will include representation from: Municipality, First responders, Front-line community agencies, Divisions of Family Practice, lived experience/family groups, Local Government
- Escalates priority issues to Regional and Provincial levels

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MMHA Funding

- Funding letters have been received detailing funding for 17/18, 18/19, 19/20 fiscal years
- Includes resources for:
 - Drug Checking
 - Overdose Prevention and Supervised Consumption
 - Addictions treatment interventions and supports
 - Hospital/Emergency department services
 - Surge activities
 - Pain Management
 - Professional Development
 - Data Analysis

Detailed Implementation Plans

- Implementation plans due December 21st for current year only
- The OERC leadership will be working with the Health Authority Regional Response Teams in early 2018 to develop plans for subsequent years
- The additional time for plans will give HA's time to:
 - launch community action teams,
 - build plans/initiatives based on comprehensive package of interventions.

Comprehensive Package of Interventions

- World Health Organization/Global Fund approach to program implementation and evaluation
- Capitalizes on evidence-based interventions with proven efficacy
- Ties interventions to standard measures that assist with:
 - Identifying gaps
 - Action planning to address gaps
 - Evaluation
- Address interventions together for an integrated, comprehensive response

Comprehensive Package of Interventions

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u> Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access.</p>	<p><u>Social stabilization</u> Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food.</p>
<p><u>Overdose Prevention Services</u> Supporting a diversity of community-level, low barrier services tailored to population/ community needs.</p>	<p><u>Peer empowerment and employment</u> Providing individual skills and capacity building initiatives within individuals and communities with lived experience.</p>
<p><u>Acute overdose risk case management</u> Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.</p>	<p><u>Cultural safety and humility</u> 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.</p>
<p><u>Treatment and Recovery</u> Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment and recovery services.</p>	<p><u>Addressing stigma, discrimination, and human rights</u> Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination.</p>

Comprehensive Package of Interventions

Essential health sector interventions

1. Naloxone

Ensuring optimal supplies, training and the necessary community-level infrastructure to ensure sustained access:

- Coverage
- Supplies
- Technical capacity (e.g. # of people trained)
- Sustainability (on-going skills/capacity)

Comprehensive Package of Interventions

Essential health sector interventions

2. Overdose Prevention Services:

Supporting a diversity of community-level, low barrier services tailored to population/community needs

- Overdose Prevention Sites/Services
- Supervised Consumption Sites/Services
- Drug Checking
- Housing-based initiatives
- Strategies to reach individuals using alone
- Mobile services
- Access to safe drug supply

Comprehensive Package of Interventions

Essential health sector interventions

3. 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

- Screening for opioid use at healthcare sites
- Clinical follow-up for all individuals at risk
- Fast-track pathways to treatment and care
- System for monitoring patient outcome evaluation and follow-up

Comprehensive Package of Interventions

Essential health sector interventions

4. Treatment and Recovery:

Ensuring low-barrier access full spectrum of evidence based medications and comprehensive treatment approaches:

- Methadone, Suboxone, Oral morphine, Injectable hydromorphone
- Continuum of treatment and recovery programs for opioid dependence that combines pharmacological and psychosocial approaches.
- Multi-disciplinary approach to management of pain

Comprehensive Package of Interventions

Essential strategies for an enabling environment

1. Social stabilization and recovery:

Community-level strategies to ensure on-going psychosocial support, access to housing, income-stabilization, transportation, food

- Availability of support groups/healing circles, counselling
- Engagement of families/support systems
- Access to affordable and/or supported housing
- Support programs incorporate capacity to address housing, income, food insecurity

Comprehensive Package of Interventions

Essential strategies for an enabling environment

2. Peer Empowerment and Employment:

Providing individual skills and capacity-building initiatives within communities or individuals at risk

- Diversity of paid peer program opportunities
- Peer-led initiatives
- Peer training opportunities
- Programs involve people with lived experience in strategic program planning and decision-making

Comprehensive Package of Interventions

Essential strategies for an enabling environment

3. Cultural safety and humility:

In collaboration with First Nations Health Authority and Indigenous organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities

- Cultural safety teachings and support are available to all service providers
- Facility/space and program design are trauma-informed and culturally safe
- Continuum of services and support incorporates Aboriginal approaches to healing and wellness
- Elders are involved in service delivery and planning

Comprehensive Package of Interventions

Essential strategies for an enabling environment

4. Addressing stigma, discrimination & human rights

Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination

- Access to legal team to address discriminatory laws and policies that impact harm reduction
- Public education resources, campaigns re. stigma
- Community-level actions to address barriers in access to services for people who use drugs.

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Responding to BC's Overdose Epidemic

Progress Update
November/December 2017

Ministry of Mental Health and Addictions



BACKGROUND

Since BC's Public Health Emergency was declared in 2016, people across the province have mobilized to immediately respond to and prevent overdoses and overdose deaths. Despite these efforts, an unprecedented number of people continue to die. As of October 31, 2017, 1,208 people have lost their lives in 2017 (see Figure 1).

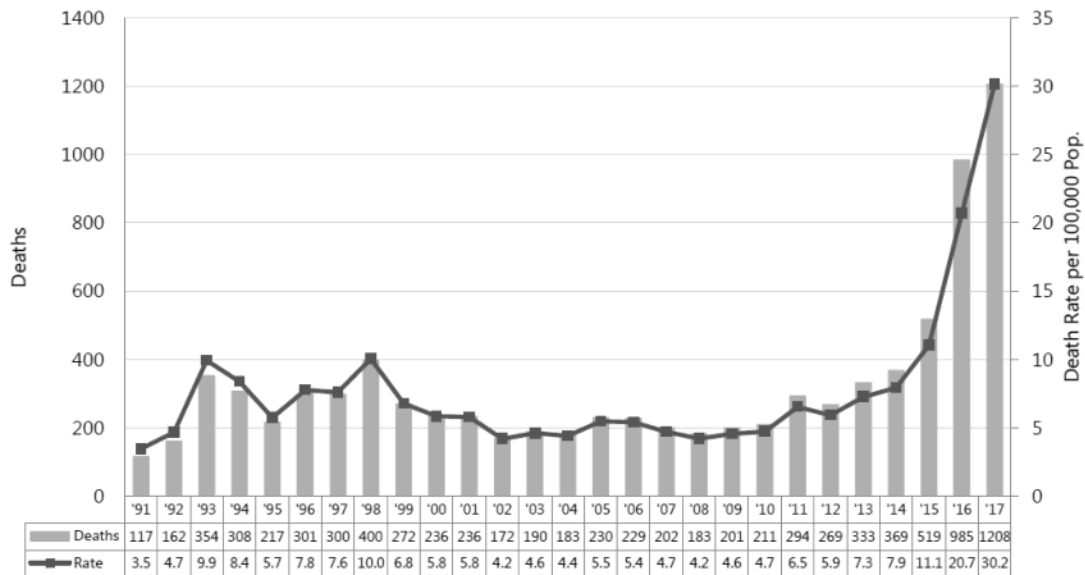


Figure 1: Illegal Drug Overdose Deaths in BC
(BC Coroners Service, January 1, 2007 – October 31, 2017)

BC continues to experience record rates of overdose death in all areas of the province. As of October 31, 2017, BC's overall rate of illegal overdose deaths is 30.2 per 100,000 people, with peaks in Vancouver (53.1), Okanagan (41.2), Fraser East (35.8), and Central Vancouver Island (34.4) Health Service Delivery Areas (see Figure 2).

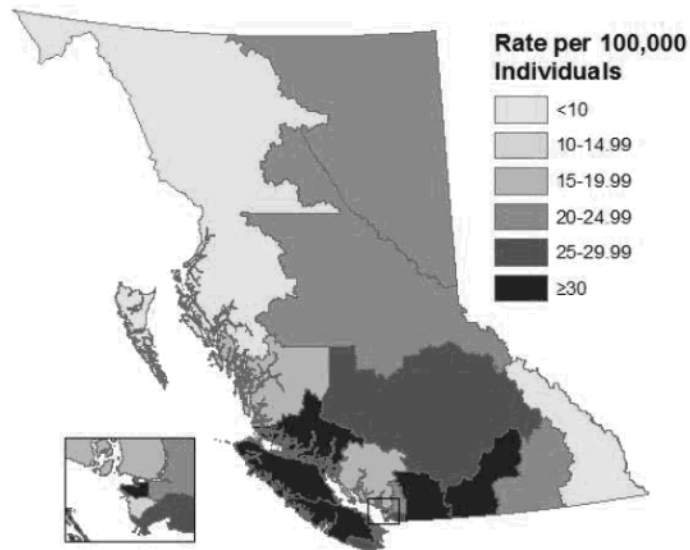


Figure 2: Illegal Drug Overdose Death Rate by Health Service Delivery Area
(BC Coroners Service, January 1, 2017 - October 31, 2017)

BC'S ESCALATED RESPONSE TO THE PUBLIC HEALTH EMERGENCY

BC's overdose epidemic remains complex and dynamic, where the ground is prone to frequent shifts. The situation is complex because there is a wide range of people using illegal drugs for a variety of reasons in different contexts, locations, combinations, and routes of administration. It is dynamic because of the introduction of new substances into the illegal drug supply, which is driven by the enormous financial incentive to manufacture increasingly potent drugs.

Although considerable work has been done since the declaration of BC's public health emergency, urgent and targeted action still needs to be taken to reduce overdose risk and overdose deaths. To facilitate this, the Minister of Mental Health and Addictions announced the establishment of the Overdose Emergency Response Centre on December 1, 2017.

Based on emergency management best practices and in consultation with Health Emergency Management BC, a core team of experts is bringing together provincial, health authority, municipal, Indigenous and law enforcement resources to tackle the overdose crisis at a community level. To maximize local impact, the centre will work closely with five new regional response teams to coordinate and strengthen addiction and overdose prevention programs on the ground with community action teams.

As announced in September 2017, the provincial government is investing \$322 million in new funding to address the overdose crisis. The emergency response centre will ensure those resources support effective strategies where they are most urgently needed. As part of this funding, the regional response teams and community action teams will have access to a Community Crisis Innovation Fund – which includes \$3 million for the remainder of 2017/18, and \$6 million each year in 2018-19 and 2019-20.

To learn more about the Overdose Emergency Response Centre, read the [backgrounder](#) and [Terms of Reference](#).

KEY AREAS OF FOCUS AND SUMMARY OF PROGRESS SINCE OCTOBER 2017

1. **Saving lives:** Services for people who use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.

Progress:

- Drug checking services have been expanded to all overdose prevention and supervised consumption service locations in the province and the City of Vancouver purchased a Fourier-Transform Infrared Spectrometer to rapidly test drug samples at supervised consumption sites at Insite and Powell Street Getaway
- A large-scale investigation concluded with the seizure of a significant amount of illegal street drugs
- \$14 million in funding announced for the Anti-Trafficking Task Force at CFSEU-BC to target mid-level drug traffickers and \$5 million in funding to Provincial Tactical Enforcement Priority projects to increase enforcement against high-level organized crime
- Continued expansion of no-cost naloxone kits and increased usage of overdose prevention services

2. **Ending the stigma around addictions and mental illness:** Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.

Progress:

- Resources to help friends and families who have been affected by overdose or problematic substance use have been developed by people with lived experience
- Fraser Health launched a guide to start a conversation with someone who might be struggling with substance use to help to reduce stigma
- Health Canada announced that it will work in partnership with BC and Nova Scotia to pilot a campaign to raise awareness of the stigma associated with substance use, and has announced funding to develop peer support programs for people with lived experience

3. **Building a network of mental health and addiction treatment services:** Services that support treatment of and recovery from addiction.

Progress:

- Ground was broken for construction of a new mental health and addiction centre on the Riverview lands in Coquitlam
- A new Foundry centre was opened in Prince George to provide mental health and substance use supports to young people, and a future Foundry centre was announced for Victoria to open in the new year
- Health Authorities have submitted plans to scale up access to injectable opioid agonist treatment
- Nearly 4,700 individuals have enrolled in online training on substance use problems provided by the BC Centre for Substance Use and over 400 individuals have completed training
- The number of providers that can prescribe opioid agonist treatment, the number of patients on opioid agonist treatment, and pharmacies that dispense opioid agonist treatment have all increased

4. **Addressing the full range of supports and social factors:** Activities and services that address social factors related to substance use such as housing, income, employment, intergenerational trauma and community development.

Progress:

- The City of Surrey, Statistics Canada and other partners announced a project to better understand the circumstances of those who overdose in that jurisdiction
- 195 agencies and 1,849 people have received psychosocial supports from the Mobile Response Team and more members will be hired to meet demands for support among front-line workers
- A call was issued for communities to request funding to hold dialogues on opioids and other drugs through the Canadian Institute for Substance Use Research (formerly CARBC)
- A guide has been released to support development and implementation of community-level overdose response plans
- Fraser Health has expanded intensive case management to Langley to better support people with severe substance use disorders.

1. SAVING LIVES

Expanding Drug Checking Services

On November 10, 2017, the Minister of Mental Health and Addictions announced that drug checking services, previously piloted at Insite in Vancouver, were being expanded to all supervised consumption and overdose prevention service locations in the province at a cost of \$3 million over the next three years. Drug checking at Insite has been bolstered through the City of Vancouver's purchase of a Fourier-Transform Infrared Spectrometer, a machine that has the ability to rapidly test for multiple substances.

In addition to providing people who use drugs with information to guide a decision on if or how the substance will be used, information gathered from the anonymous drug samples will help to inform what is present in BC's illegal drug supply. The BC Centre on Substance Use will evaluate how drug checking services are used in BC, and whether offering this service reduces the risk of overdose and links people who use them to supports for problematic substance use.

Broader Access to No-Cost Naloxone

Since 2013, more than 56,000 Take Home Naloxone kits have been distributed free of charge (nearly 30,000 kits in 2017 alone), with 616 locations currently distributing kits. Over 11,800 kits have been reported as used to reverse an overdose.

Vancouver Coastal Health has launched a new online course for staff on how to distribute naloxone kits to clients. St. John Ambulance, which developed naloxone training for provincial government staff, foster parents and other interested groups here in BC, is now taking its opioid overdose management course across Canada.

Overdose Prevention Services



From December 2016 to November 30, 2017, there have been 532,102 visits to 26 overdose prevention sites with 2,426 overdoses reversed and zero deaths.

Enforcement Activities to Protect Public Safety

Public safety officials continue efforts to intercept illegal street drugs and protect the public. On November 8, 2017, Vernon North Okanagan RCMP completed an investigation targeting a drug trafficking group that were supplying the Vernon area with illicit drugs including cocaine, methamphetamine and heroin/fentanyl mixed opioid. Two arrests were made after the North Cowichan/Duncan Street Crimes Unit executed a search warrant that resulted in the seizure of significant quantities of drugs and cash, including suspected opioids.

RCMP and municipal police continue to contribute to province-wide efforts to keep people alive. To date, RCMP and municipal police have recorded 265 successful overdose reversals by administering naloxone and almost 7,530 members (sworn and civilian) have received naloxone training.

On November 27, 2017, the Ministry of Public Safety and Solicitor General announced the provision of \$14 million for the creation of a dedicated Anti-Trafficking Task Force at CFSEU-BC that will target mid-level drug traffickers and \$5 million to Provincial Tactical Enforcement Priority projects to increase enforcement against high-level organized crime, fentanyl importers and illegal drug traffickers, including the trafficking of illegal firearms.

2. ENDING THE STIGMA AROUND ADDICTIONS AND MENTAL ILLNESS

Resources from People with Lived Experience

From Grief to Action, a network of families and friends who have been affected by problematic substance use, have developed two resources:

- **The Coping Kit**, which helps families who are coping with mental health and addiction problems
- **Parents in Action**, a manual that has advice on setting up community-based peer support groups for family members

For more information, visit www.fgta.ca.

Starting the Conversation

Fraser Health has launched a guide, *When Words Matter*, to help people start a conversation with someone they think is struggling with substance use. A short companion video is available at <https://youtu.be/T3W6Xx4-gD4> For more information, visit Fraser Health.

Federal Initiatives

On November 15, 2017, the federal government announced a group of actions to address opioid overdoses in the country. One of these actions is to work in partnership with people with lived experience, BC's Ministry of Mental Health and Addictions, and Nova Scotia's Department of Health and Wellness to pilot a project to raise public awareness of the stigma associated with problematic substance use. The federal government also announced that it will provide funding through the Substance Use and Addictions Program to develop peer support programs for those with lived and living experience.

Resources continue to be made available for teachers, parents, friends, family, those who may witness an overdose, and anyone wanting more information on the overdose epidemic. Visit www.gov.bc.ca/overdose for more information.

3. BUILDING A NETWORK OF MENTAL HEALTH AND ADDICTION TREATMENT SERVICES

Mental Health and Substance Use Services for Youth

The Foundry Prince George centre celebrated its official opening, and Victoria was announced as the latest location for the establishment of Foundry centres. The Foundry model provides young people aged 12-24 with enhanced access to primary care, mental health and substance use services, social services and family and youth peer supports. For more information, visit the Children's Health Foundation of Vancouver Island.

Expanding Access to Opioid Agonist Treatment

People who receive appropriate and effective treatment for opioid use disorder are less likely to seek out and use illegal opioids. Therefore, expanding the reach and improving upon the range of existing treatment options for people with opioid use disorder is a key component of preventing overdoses.

In the October 2017 progress report, it was noted that the Minister of Mental Health and Addictions approved a BC Centre for Substance Use guidance document for providers on how to prescribe injectable opioid agonist treatment for patients who have not responded to traditional treatment methods. In response, regional health authorities have submitted implementation plans to scale up access to injectable opioid agonist treatment to ensure this treatment option is made available to those who might benefit from it.

Health Canada has proposed regulatory changes that would allow the administration of injectable diacetylmorphine to patients outside a hospital setting. Health Canada is also funding a pilot project that will provide safer alternatives to illegal opioids to reduce overdose risk. These initiatives form an important component of a comprehensive approach to treating opioid use disorder.

Building Provider Capacity

Delivering an accelerated response to British Columbia's opioid overdose emergency requires an integrated approach to building system capacity, which includes ensuring there are enough prepared professionals to meet public demand—getting help fast means ensuring people are trained and ready to provide it.

The BC Centre on Substance Use delivers integrated professional training initiatives to a wide range of health professionals, and many others who are employed or volunteer in a wide range of roles across health and social service systems. Initiatives include:

- intensive training for physicians, nurses, pharmacists and social workers wishing to dedicate much or most of their work to patients with substance use problems
- training and support for these and other primary care providers who see patients with substance use problems as one part of their overall responsibilities

The results are beginning to show. Since launch of these initiatives in the summer nearly 4,700 individuals have enrolled in online certificate training (with over 400 graduates already) while fellowships and other intensive training opportunities are at capacity and future placements are proving highly competitive.

Early results are showing rapid growth among the number of physicians able to prescribe opioid agonist treatment (1,161 as of October 31, 2017) and dispensing pharmacies across the province (1,061 as of October 31, 2017) alongside increasing numbers of patients beginning treatment for opioid use disorder (over 24,000 patients are on opioid agonist treatment as of October 31, 2017).

Ultimately, ensuring there is a large pool of care providers trained in evidence based approaches to treatment and support will improve both quality and timeliness of care —the capacity to provide help fast when people ask.

PROVINCIAL OPIOID ADDITION TREATMENT SUPPORT PROGRAM	POSTDOCTORAL FELLOW, GRADUATE STUDENT & UNDERGRADUATE STUDENT TRAINING	ADDITION MEDICINE CLINICAL & RESEARCH FELLOWSHIPS	ONLINE ADDITION MEDICINE DIPLOMA	ADDITIONAL EDUCATION & TRAINING OPPORTUNITIES
FOR MORE ON CURRENT ADDITION TREATMENT SUPPORT PROGRAMS VISIT: www.bccsu.ca	ABOUT THE PROGRAMS CURRENT POSITIONS PROCESSES & SUPPORT	ABOUT THE PROGRAMS CURRENT POSITIONS PROCESSES & SUPPORT	ABOUT THE PROGRAMS CURRENT POSITIONS PROCESSES & SUPPORT	ABOUT THE PROGRAMS CURRENT POSITIONS PROCESSES & SUPPORT

New Mental Health and Addiction Centre

On November 17, 2017, the Ministry of Mental Health and Addictions, the Ministry of Municipal Affairs and Housing, and the Provincial Health Services Authority broke ground for construction of a new 105 bed mental health and addiction centre expected to open in late 2019 on the Riverview Lands in Coquitlam. The centre will care for the most severe and complex patients from throughout BC. As a provincial service, it will use telehealth technology to support team-based approaches to care and create improved communication between health-care providers wherever they are in the province, to better care for each patient.

4. ADDRESSING THE FULL RANGE OF SUPPORTS AND SOCIAL FACTORS

Engagement with Indigenous Communities and Organizations

In July 2017, the First Nations Health Authority released preliminary findings on overdose data among Indigenous and First Nations people in BC. In the report, troubling trends showed that although First Nations people comprise 3.4% of the population of BC, both non-fatal overdoses and overdose deaths were higher than other BC residents. In addition, the overdose epidemic has equally affected both Indigenous men and women, although in the general population, men are primarily affected, and the risk of overdose is higher across all ages of Indigenous people compared to other BC residents.

In response to the data, the First Nations Health Authority identified four key areas of focus going forward to address overdose risk and overdose death among Indigenous and First Nations people in BC. Health authorities are working closely with the First Nations Health Authority to ensure actions are aligned with these action areas and that their overdose response strategies support the Indigenous population more broadly, including urban populations and Métis people.



**Figure 3: System-Wide Opioid Public Health Response for First Nations in BC
(First Nations Health Authority, 2017)**

Community-Level Overdose Response Plans

Differences in and across communities in BC mean a range of strategies are required to prevent overdoses. In October 2017, the Canadian Institute for Substance Use Research (formerly known as the Centre for Addictions Research of BC - CARBC) and Island Health published a guide to support the development and implementation of community-level overdose response plans. [A Public Health Guide to Developing a Community Overdose Response Plan](#) is a 16-page document that focuses on four key elements of overdose prevention:

1. System resilience and community capacity
2. Addressing social and personal stigma and discrimination
3. Health promotion and harm reduction interventions
4. Pathways to substance use services and supports

Psychosocial Support for Front-Line Providers

Since the announcement of the Mobile Response Team in May 2017, there have been 195 front-line agencies contacted to provide psychosocial support for over 1,800 helpers, peers, volunteers and staff. Services have been spread across all regions in the province, and include formal and drop-in sessions, assessments, psychosocial education and training, information on how to deal with grief and loss, outreach and referrals, team building, and trauma responses.

Scaling Up Wrap Around Services

Fraser Health introduced a new social services and mental health care team in Langley to better support people with severe substance use disorders. This complements their existing team in Maple Ridge.

Community Dialogues on Opioids and Other Drugs

The Ministry of Public Safety and Solicitor General has provided a second phase of funding (\$650,000) to the University of Victoria's Canadian Institute for Substance Use Research (formerly CARBC) to support community dialogues in response to the opioid overdose crisis in British Columbia. Coalitions from First Nations and other communities in every region of the province are invited to submit a letter of interest in engaging their community in dialogue about opioid and other drug use. The Institute will provide selected communities with grants ranging from \$2,000 to \$15,000 to assist with costs associated with hosting community dialogues. See <https://www.uvic.ca/research/centres/carbc/assets/docs/call-opioid-dialogues-phase-2.pdf>

Understanding Circumstances of Those Who Overdose in Surrey

The City of Surrey has announced a pilot project to better understand people who overdose in Surrey to develop more effective supports. This project brings together the City of Surrey, Fraser Health, BC Ambulance Service, BC Coroners Service, Surrey RCMP, Surrey Fire Services and Statistics Canada to identify risk factors and groups at highest risk of overdose. To learn more, read the [media release](#) by the City of Surrey.

GENERATING INTELLIGENCE

The complex nature and causes of BC's overdose epidemic require generating and gathering together multiple data sources to monitor, analyze, and understand the emergency and its underlying issues. These data provide the best available evidence for implementation and evaluation of effective actions. Enhanced population health monitoring activities are now providing more detailed information about overdoses and risk factors to enable targeted interventions and evaluation. Feeding data back into the health and social system supports staff to better understand and serve their varied populations.

BC Stats and the Integrated Data Office are working in collaboration with the BC Centre for Disease Control on an integrated data analysis approach. This partnership is helping accelerate work with existing health system data sets, and bringing together data sets from other sectors. This is helping to better understand the trajectories of individuals and groups at risk of an overdose event, and supporting more fulsome analysis at the local level in partnership with regional health authorities and other local organizations.

While reports by the BC Centre for Disease Control have emphasized the generalized nature of the overdose epidemic (that is, high rates of overdose death are seen in all parts of BC, unlike other jurisdictions where overdose death occurs primarily in high need, urban neighbourhoods), we now have more detailed data at the community level. For example, while Vernon and Kelowna are separated by just 50 kilometres, there are vast differences in the numbers of overdose deaths reported in these cities, as shown below in Figure 3.

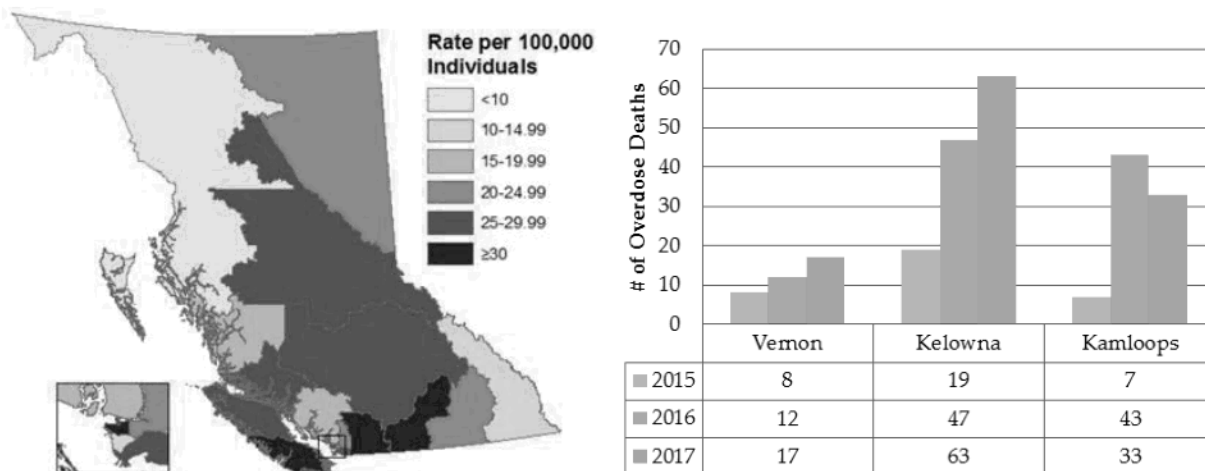


Figure 4: Overall Rate of Overdose Death in BC by Health Service Delivery Area and Comparison of Overdose Deaths in Vernon, Kelowna, and Kamloops (BC Coroners Service, January 1, 2015 – September 30, 2017)

In related analysis, the team at the BC Centre for Disease Control has found that those who overdose at home alone and have no record of treatment for problematic substance use have histories of frequent engagement with the health system for other health issues and at a higher rate than a control group that did not experience an overdose (see Figure 5). Regional health authority staff are using this new information to explore innovative ways to reach people who may be experiencing substance use problems when they access the health system, regardless of the reason for visit.

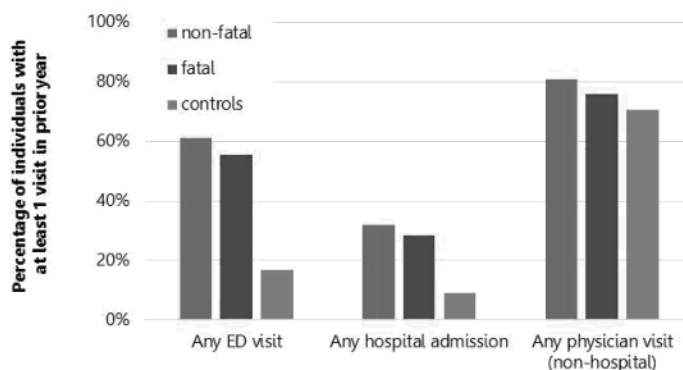


Figure 5: Percentage of people who accessed the health care system within 12 months prior to overdose; fatal and non-fatal overdose compared to control group (BC Centre for Disease Control, cohort analysis 2015-2016)

Overdose Emergency Response Centre Data Monitoring

The provincial emergency centre will closely track emerging trends and risk factors in the overdose crisis, with centralized data monitoring and analysis. From this information – and information on the ground – the centre will work with the regional teams and new community action teams in hard-hit communities to intervene quickly with life-saving responses, early intervention and proactive treatment and support. New community action teams will be in place by January 2018, in communities identified by overdose data as having most urgent need.

CONCLUSION

BC continues to grapple with an overdose epidemic that has complex and dynamic underpinnings, with the rapid introduction of new substances and consistently high rates of unintentional illegal drug overdose deaths affecting all parts of the province. With significant new investments in accelerated cross sector action, the Ministry of Mental Health and Addictions is taking action to ensure a comprehensive and robust response to BC's opioid overdose emergency.

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Agenda

ASSISTANT DEPUTY MINISTER COMMITTEE on MENTAL HEALTH & ADDICTIONS

s.15 | 1515 Blanshard Street | Victoria, BC
 Call Details: s.15, s.17 | Conference ID s.15, s.17
 January 10, 2018
 9:00am – 10:00am

Attendees: Mary Sue Maloughney (Chair), Taryn Walsh, Christine Massey, Jennifer McCrea, Elenore Arend, Tara Faganello, Greg Steves, Lori MacKenzie, Joanne MacMillan, Juanita Jara, Kelly Veillette

Regrets: Ted Patterson, Kurt Sandstrom, Laurel Nash, Molly Harrington, Tony Loughran

Delegates: Keva Glynn (HLTH), Melanie Tucker (JAG), May Mah-Paulson (MIRR), Ian Ross (SDPR), Kelly McConnan (AEST)

Guests: Ashley Walden, Carolyn Davison

#	ITEM	PURPOSE	MATERIAL	LEAD	TIME
1	Welcome <ul style="list-style-type: none"> Review of agenda Review of Record of Decision 			Mary Sue Maloughney	9:00 – 9:05 5 min
2	Ministry of Mental Health and Addictions <ul style="list-style-type: none"> Mental Health and Addictions Strategy <ul style="list-style-type: none"> a. Consultation Plan Update b. Early Actions Plan Update Overdose Emergency Response <ul style="list-style-type: none"> a. Structure and governance 	Information Discussion Information	Presentation None Presentation and Progress update	Mary Sue Maloughney Carolyn Davison	9:05 – 9:25 20 min 9:25 – 9:35 10 min
3	Ministry of Advanced Education <ul style="list-style-type: none"> Options to support mental health for post-secondary students 	Information	None	Kelly McConnan	9:35 – 9:55 20 min
4	Round Table			All	9:55 – 10:00 5 min

Next Meeting: January 24, 2018

Lewis, Jamie HLTH:EX

From: Jara, Juanita MMHA:EX
Sent: Tuesday, January 9, 2018 4:58 PM
To: Arend, Elenore PSSG:EX; Davison, Carolyn J MMHA:EX; Faganello, Tara MAH:EX; Harrington, Molly SDPR:EX; Jara, Juanita MMHA:EX; Loughran, Tony D AEST:EX; MacKenzie, Lori MMHA:EX; MacMillan, Joanne MMHA:EX; Maloughney, Mary Sue MMHA:EX; Massey, Christine MCF:EX; McCrea, Jennifer EDUC:EX; Nash, Laurel IRR:EX; Patterson, Ted HLTH:EX; Sandstrom, Kurt JAG:EX; Steves, Gregory OHCS:EX; Veillette, Kelly MMHA:EX; Walsh, Taryn MMHA:EX; McConnan, Kelly AEST:EX; Ross, Ian SDPR:EX; Mah-Paulson, May IRR:EX; Tucker, Melanie JAG:EX; Glynn, Keva HLTH:EX; Walden, Ashley MMHA:EX
Cc: Andrade, Ana MAH:EX; Charlton, Britney MMHA:EX; Currie, Sylvia PSSG:EX; Leinweber, Rachelle R IRR:EX; Moccia, Margaret SDPR:EX; Moran, Jennifer OHCS:EX; Reeve, Jaclyn AEST:EX; Street, Hilary AEST:EX; Sures, Lauren EDUC:EX; Thomson, Lia MAH:EX; Tran, Kim C (Victoria) MCF:EX; Walker, Leah MMHA:EX; Wilson, Leila HLTH:EX; Youell, Brandie IRR:EX
Subject: ADMC-MHA | January 10th Meeting | Materials
Attachments: PPT CWGMHA Jan 30 Overdose Response Update draft pd2 cd.pdf; ADMC MHA Draft ROD - Dec 13.pdf; Final - Responding to BCs Opioid Overdose Epidemic - Progress Update Nov....pdf; MMHA Engagement Presentation - CWG- DRAFT Final for DMCSI.pdf; ADMC MHA Agenda - Jan 10.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

Please find attached the following materials for the ADM Committee on Mental Health and Addictions (ADEMC-MHA) occurring tomorrow January 10th from 9 to 10 am:

1. Agenda
2. Draft RoD from our last meeting
3. MMHA | Overdose Emergency Response | PPT Presentation
4. MMHA | Overdose Emergency Response | Progress Update
5. MMHA | Mental Health and Addictions Strategy | Engagement Presentation

Warm regards,

Juanita Jara | Manager
Strategic Planning, Partnerships and Research
Ministry of Mental Health and Addictions
Mobile: 250.208.3229

Page 082 to/à Page 104

Withheld pursuant to/removed as

s.13

Lewis, Jamie HLTH:EX

From: Glynn, Keva HLTH:EX
Sent: Friday, January 19, 2018 5:31 PM
To: Brown, Stephen R HLTH:EX; Stevenson, Lynn HLTH:EX; Patterson, Ted HLTH:EX
Subject: PHC/MHSU Slide Deck
Attachments: 2018 01 19 MHSU Continuum of Care - MJD Briefing DRAFT V11.pptx

Hi, as requested the revised deck is attached. I will complete the revisions to the more complicated diagram slides (e.g., slide 13 & 18) after we're clearer on flow and overall message.

Have a great weekend.

Keva

Page 106 to/à Page 135

Withheld pursuant to/removed as

s.13

Lewis, Jamie HLTH:EX

From: Glynn, Keva HLTH:EX
Sent: Wednesday, January 24, 2018 6:08 PM
To: Wong, Michelle HLTH:EX; van der Leer, Gerrit HLTH:EX; Emslie, Margaret J HLTH:EX; Clow, Holly HLTH:EX; Blemings, Roxanne HLTH:EX
Subject: Fw: Primary Care and MHSU
Attachments: 2018 01 23 MHSU Continuum of Care - MJD Briefing DRAFT V13_with notes.pptx

Here is the final that I sent forward. The final is about ten slides - I will fwd if I receive an e-copy.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Glynn, Keva HLTH:EX
Sent: Tuesday, January 23, 2018 8:17 PM
To: Stevenson, Lynn HLTH:EX; Brown, Stephen R HLTH:EX
Cc: Stearn, Anne HLTH:EX; Will, Jordan HLTH:EX
Subject: Primary Care and MHSU

Hi Steve and Lynn, I've attached the revised deck with speaking notes.
I will standby for further edits.
Keva

Lewis, Jamie HLTH:EX

From: Morris, Jonny MMHA:EX
Sent: Wednesday, January 24, 2018 6:57 PM
To: Wong, Michelle HLTH:EX; Glynn, Keva HLTH:EX
Subject: FW: DBN Community Crisis Innovation Funds Package
Attachments: Community Crisis Innovation Funds - Key Messages for Estimates.docx;
DBN_COMMUNITY_CRISIS_INNOVATION_FUNDS_VERSION_1.0_240118.docx

Importance: High

FYI – please note these documents are under review with my ADM so subject to change. But keeping you in the loop.

JM

From: Morris, Jonny HLTH:EX
Sent: Wednesday, January 24, 2018 6:55 PM
To: Walsh, Taryn MMHA:EX
Cc: Landry, Dara M MMHA:EX; Davison, Carolyn J HLTH:EX; 'Compton, Miranda [VC]'
Subject: DBN Community Crisis Innovation Funds Package
Importance: High

Dear Taryn (and team) –

I have prepared a DBN plus package based on conversations with Miranda/Carolyn.

Given the time sensitivity and need to secure executive endorsement, I'd like to suggest Dara/Miranda/Carolyn review and track changes ASAP. Taryn – you have the option of reviewing in parallel or waiting until the team have weighed in.

- The DBN outlines disbursement options prior to year-end FY1718 for consideration;
- I've attached a key messages document prepared for the UBCM announcement + Estimates back in the Fall that can likely be adapted and updated by GCPE once the DBN is finalized. It's attached for reference.

I've socialized with HLTH – that went well. The key question to answer is the anticipated lifespan of each Community Action Team. Miranda – do you have a sense of that?

Would it be possible to get your first cut of feedback no later than 12:00pm tomorrow (Thursday) – I can then integrate and return to Taryn for her to review/approve/route up the chain.

Thank you –
Jonny

Jonny Morris | Director, Planning & Strategic Priorities
Ministry of Mental Health and Addictions
ph: 250-952-1471 c: 250-213-9567 | jonny.morris@gov.bc.ca

Page 138 to/à Page 139

Withheld pursuant to/removed as

s.13;s.17

Lewis, Jamie HLTH:EX

From: Glynn, Keva HLTH:EX
Sent: Monday, January 29, 2018 2:57 PM
To: Patterson, Ted HLTH:EX
Subject: Fw: DBN Community Crisis Innovation Funds Package
Attachments: Community Crisis Innovation Funds - Key Messages for Estimates.docx;
DBN_COMMUNITY_CRISIS_INNOVATION_FUNDS_VERSION_1.0_240118.docx

Importance: High

Hi Ted, This is the info on the crisis innovation fund.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Glynn, Keva HLTH:EX
Sent: Wednesday, January 24, 2018 7:15 PM
To: Patterson, Ted HLTH:EX
Subject: DBN Community Crisis Innovation Funds Package

Hi Ted, a heads up on the proposed approach to the Community Action Teams under the Overdose Emergency Response Centre. They are proposing 17 teams located in high risk communities.^{s.17}

^{s.17} . The focus for the teams will be on the implementation of the comprehensive suite of interventions for the OD response.

I've suggested that we consider lining up the location of the MHA Centres with the CATs. Also, it might be worth looking at the potential locations for the Wave 1 PCN/SCSP work and thinking about how all three could complement each other, particularly wrt the linkages between primary care, public health and MHSU services.

The BN isn't for broad circulation as it hasn't yet been reviewed by the ADMs on the MMHA side.

Keva

Lewis, Jamie HLTH:EX

From: MMHA OERC MMHA:EX
Sent: Wednesday, January 31, 2018 9:31 AM
Subject: Invitation to Overdose Technical Briefing this afternoon

Good morning,

We are committed to keeping our partners informed about how we're combating the overdose crisis.

You are receiving this email because you or your agency has been identified as a key stakeholder in the province's response to the ongoing illegal drug overdose epidemic. We would like to invite you to join a short stakeholder technical briefing teleconference held by the Overdose Emergency Response Centre to provide you with an overview of plans to implement Community Action Teams. A public announcement is planned for Thursday, February 1st at 10:00a.m.

As we will be providing embargoed information, if there is someone else you feel should attend, please notify us by responding to this email address (OERC@gov.bc.ca) so we can send a meeting invitation directly.

Please dial into the call using the time and coordinates below. Where possible, agencies with multiple attendees are asked to please dial in from one line to allow space for others to join.

Date: January 31, 2018
Time: 4:00 – 4:30 pm PST
Phone number, Toll-Free: +s.15,s.17
Conference ID: s.15,s.17

Miranda Compton
Operations Director
Overdose Emergency Response Centre
Ministry for Mental Health and Addictions

Lewis, Jamie HLTH:EX

From: Rebecca Zappelli <RZappelli@communityactioninitiative.ca>
Sent: Wednesday, January 31, 2018 8:08 PM
To: Andrea Duncan; Annie Smith; Anthony Kupferschmidt; Bev Gutray; Clara Chalifour; Connie Easton; Erika Mundel; Fred Dawe; Janine Stevenson; John Higenbottam; Morris, Jonny MMHA:EX; Glynn, Keva HLTH:EX; Wong, Michelle HLTH:EX; Nichola Hall; Shelagh Turner ; Smith, Stephen HLTH:EX; Tanya Davoren; Warren Clarmont
Cc: Mira Farrage; Dakota Fayant; Anna Harcourt; Prairie Chiu; Jennifer Alsop
Subject: Confidential - Ministry plans to implement Community Action Teams
Importance: High

Hi all,

I wanted to let you all know that at the end of last week, CAI was approached by the Ministry of Mental Health and Addictions to explore working in collaboration with the Overdose Emergency Response Centre's (OERC) for the first year of their work relating to the Community Crisis Innovation Fund. As you may recall from the last LC, \$3 million is available through this fund in 2017/18.

The exciting news is that we received confirmation today that they want CAI to be a key partner in this work!! Tasking us with the responsibility for the administration of the \$3 million in close partnership with the OERC.

The funds have been divided into 2 dedicated streams, \$1.5 million from the OERC Community Action Team Grants, and another \$1.5 million will be available to all B.C. communities, through a general application process. This work is scheduled to be announced by the Minister tomorrow, in Abbotsford. Whilst this has happened very quickly, the co-chairs have been abreast of all rapidly developing plans.

The details of this process are yet still to be worked out but we will commence working on an MOU with the Ministry and the OERC asap. My hope is that we will have a draft of the MOU to with the LC at the February 22 meeting. While there are still many questions, this is without doubt a really great opportunity for CAI to strengthen our work in community and ensure that the work being led through OPEN and our community partners is integrated into other provincial efforts.

Please don't hesitate to reach out with any questions. I will be attending the Abbotsford event so will have ample time to respond to email on the commute! 😊

Regards,

Rebecca

Rebecca Zappelli, MHM

Secretariat Director



Community Action Initiative

1183 Melville Street | Vancouver, BC V6E 2X5

t: 604-637-8294 | 1-877-456-9085

c: 604-754-2982

e: RZappelli@communityactioninitiative.ca

w: www.communityactioninitiative.ca

The CAI office is located within the traditional territory of the Coast Salish people.

🌲 please consider the environment before printing this email

Lewis, Jamie HLTH:EX

From: MMHA OERC MMHA:EX
Sent: Wednesday, January 31, 2018 9:31 AM
Subject: Invitation to Overdose Technical Briefing this afternoon

Good morning,

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As we will be providing embargoed information, if there is someone else you feel should attend, please notify us by responding to this email address (OERC@gov.bc.ca) so we can send a meeting invitation directly.

Please dial into the call using the time and coordinates below. Where possible, agencies with multiple attendees are asked to please dial in from one line to allow space for others to join.

Date: January 31, 2018
Time: 4:00 – 4:30 pm PST
Phone number, Toll-Free: s.15,s.17
Conference ID s.15,s.17

Miranda Compton
Operations Director
Overdose Emergency Response Centre
Ministry for Mental Health and Addictions

From: Patterson, Ted HLTH:EX
Sent: Wednesday, January 31, 2018 10:38 AM
To: Glynn, Keva HLTH:EX
Subject: Fwd: Invitation to Overdose Technical Briefing this afternoon

Sent from my iPhone

Begin forwarded message:

From: "MMHA OERC MMHA:EX" <OERC@gov.bc.ca>
Date: January 31, 2018 at 9:31:13 AM PST
Subject: Invitation to Overdose Technical Briefing this afternoon

Good morning,

We are committed to keeping our partners informed about how we're combating the overdose crisis.

You are receiving this email because you or your agency has been identified as a key stakeholder in the province's response to the ongoing illegal drug overdose epidemic. We would like to invite you to join a short stakeholder technical briefing teleconference held by the Overdose Emergency Response Centre to provide you with an overview of plans to implement Community Action Teams. A public announcement is planned for Thursday, February 1st at 10:00a.m.

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Date: January 31, 2018

Time: 4:00 – 4:30 pm PST

Phone number, Toll-Free: s.15,s.17

Conference ID: s.15,s.17

Miranda Compton
Operations Director
Overdose Emergency Response Centre
Ministry for Mental Health and Addictions

Lewis, Jamie HLTH:EX

From: Turner, Julie MMHA:EX
Sent: Wednesday, January 31, 2018 7:19 AM
To: Patterson, Ted HLTH:EX; Davison, Carolyn J MMHA:EX; Compton, Miranda [VC]; XT:HLTH Daly, Patty; XT:Gallagher, Joe HLTH:IN; Henry, Bonnie HLTH:EX; Hughes, Doug J MMHA:EX; Kendall, Perry HLTH:EX; Mayhew, Neilane MMHA:EX; XT:McDonald, Shannon HLTH:IN; XT:Roy, Carl EHS:IN; Stevenson, Lynn HLTH:EX; Walsh, Taryn MMHA:EX
Cc: Bracewell, Barb MMHA:EX; XT:Carpenter, Lori HLTH:IN; XT:Chu, Mavis HLTH:IN; Dailly, Janet; Marsh, Jania HLTH:EX; Thompson, Laurel HLTH:EX; XT:Tom, Janelle HLTH:IN; Walker, Leah MMHA:EX; Wright, Kristin J HLTH:EX
Subject: Additional Slide Deck for today - DM Health Oversight Committee
Attachments: Item #3 - OERC- Health Sector Jan 31.ppt

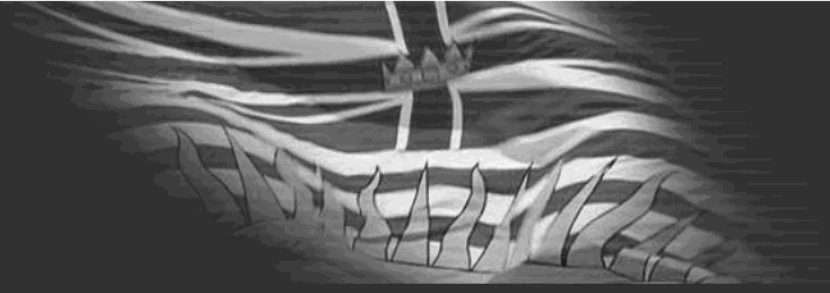
Follow Up Flag: Follow up
Flag Status: Flagged

Good morning – please find the slide deck regarding the Overdose Emergency Response Center, for today’s meeting at 9:00.

Thank you,
Julie

Julie Turner | Director
Committee Secretariat | Deputy Minister’s Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

***Warning:** This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please phone or e-mail the sender immediately and delete the message.*



Ministry of Mental Health and Addictions

Update on the

Overdose Emergency Response

Centre

Health Sector Oversight Committee

January 31, 2018

Overdose Emergency Response Centre

- Core Centre Staff:
 - Executive Lead: Dr. Patty Daly
 - Operations Lead: Miranda Compton
 - HEM BC: Scott Blessing
 - Project Managers: Annelies Becu, Jeff West, Arthur Yee
 - Admin/Logistics: Emily Johnson, Troy Shannon
 - Surveillance: Dr. Mark Gilbert, BCCDC
 - Treatment: Dr. Keith Ahamad, BCCSU
 - Monitoring/Evaluation: Lindsay MacNeil
 - Communication – TBD

Overdose Emergency Response Centre

- Health Authority staff funded by MMH&A:
 - FNHA: Minda Richardson
 - VCH: Chris Van Veen
 - Fraser Health: TBD
 - Island Health: TBD
 - Interior Health: TBD
 - Northern Health: TBD

Overdose Emergency Response Centre

- First Responder Group:
 - PSSG: Lance Talbot (bi-weekly meetings)
 - BCEHS: Joe Acker
 - APBC: Cameron Eby
 - Fire Chiefs: Don Jolley
 - BCAFF: Gord Ditchburn
- Families/Lived Experience Advisors:
 - Dean Wilson
 - Leslie McBain
 - Health Authority reps

Comprehensive Package of Interventions

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u> Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access.</p>	<p><u>Social stabilization</u> Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food.</p>
<p><u>Overdose Prevention Services</u> Supporting a diversity of community-level, low barrier services tailored to population/ community needs.</p>	<p><u>Peer empowerment and employment</u> Providing individual skills and capacity building initiatives within individuals and communities with lived experience.</p>
<p><u>Acute overdose risk case management</u> Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.</p>	<p><u>Cultural safety and humility</u> 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.</p>
<p><u>Treatment and Recovery</u> Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment and recovery services.</p>	<p><u>Addressing stigma, discrimination, and human rights</u> Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination.</p>

Anti-Stigma Campaign - Vancouver Canucks

- Launched January 29, 2018 by Minister Darcy and former Canuck Kirk McLean



Anti-Stigma Campaign

- Encourages “courageous conversations”
- Link to resources: www.StopOverdoseBC.ca
- Featured at all Canucks home games



Community Action Teams

- **Announcement: Feb. 1 in Abbotsford**
- **Priority actions:**
 - Expanding community-based harm reduction services
 - Increasing the availability of Naloxone
 - Addressing the unsafe drug supply through expanded drug checking services and addiction treatment
 - Proactively identifying and supporting people at risk of overdose.

Community Action Teams

- Vancouver
- Richmond
- Powell River
- Surrey
- Langley
- Abbotsford
- Maple Ridge
- Chilliwack
- Victoria
- Campbell River
- Nanaimo
- Duncan
- Port Alberni
- Kelowna
- Kamloops
- Prince George
- Fort St. John

Community Action Team – Innovation Fund

Up to \$100k per community to kick start community action:

Build upon, or facilitate the work of Community Action Teams:

- Focus on activities related to comprehensive package of interventions
- Ensure collaboration with local First Nations communities and local indigenous organizations
- Demonstrate collaboration across multiple stakeholders
- Reflect a multi-sectoral response to the overdose crisis

Funded initiatives must be:

- Endorsed by local Community Action Team led by Regional Health Authority Response team

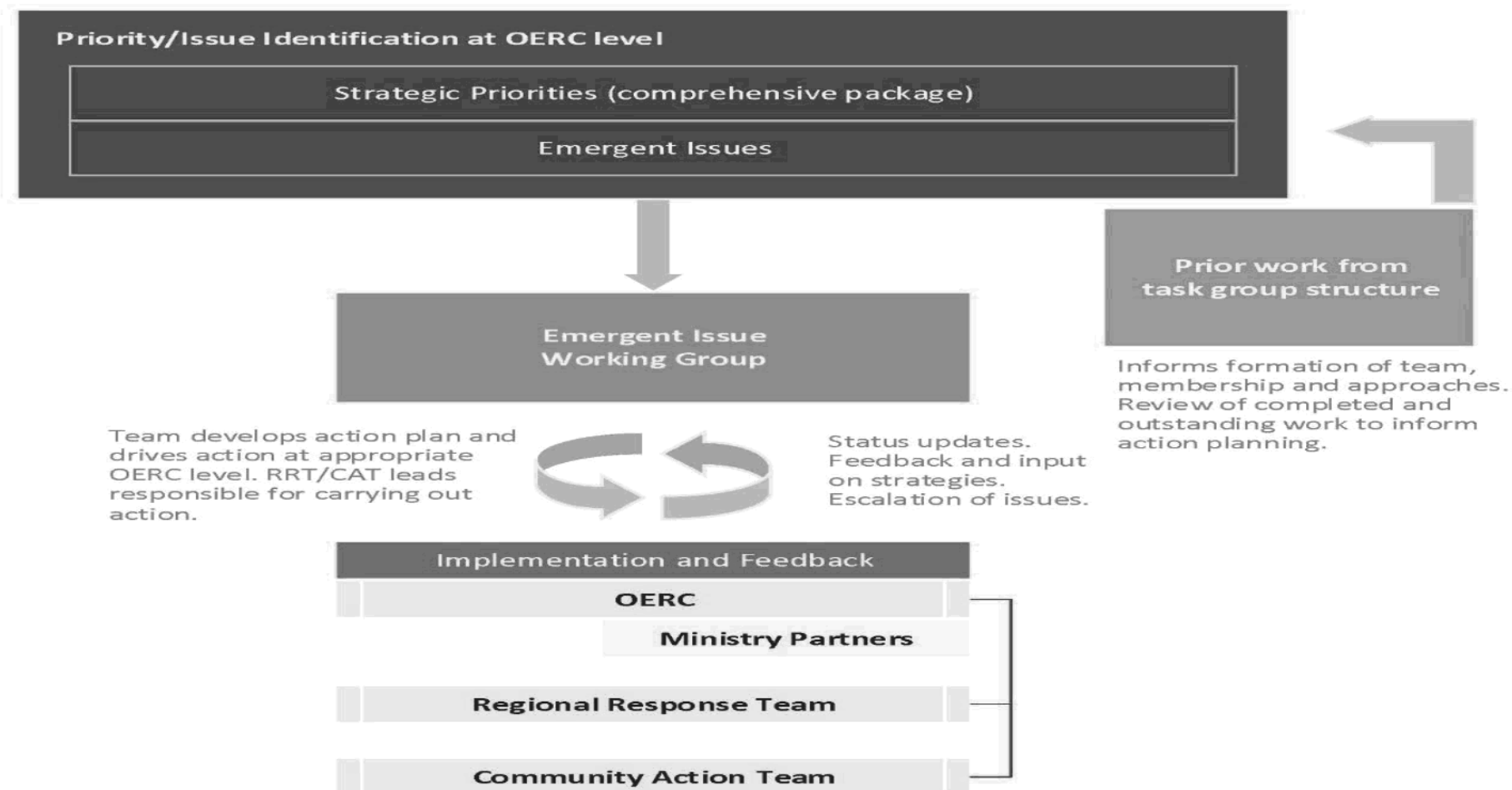
Successful proposals will include:

- Secretariat/coordination/administrative support to multi-sectoral community action teams to enact community action plans
- Initiatives to enhance a comprehensive response to the overdose crisis

Challenges

- Transition of Overdose Task Groups
 - Underway, tracking of ongoing issues
- Expansion of injectable Opioid Agonist Therapy
- Coordination with Ministry of Health
 - Role of OERC in overseeing planning and response

Overdose Task Group Transitions



Overdose Task Group Transitions

- Naloxone: Annelies Becu
- Drug Checking: Annelies Becu
- Overdose Prevention: Jeff West
- Surveillance: Mark Gilbert/Arthur Yee
- Treatment: Jeff West
- Public Engagement/Using Alone: Arthur Yee

Contact Information

Questions? Comments? Feedback?

Dr. Patty Daly: patricia.daly@vch.ca

Miranda Compton: miranda.compton@vch.ca



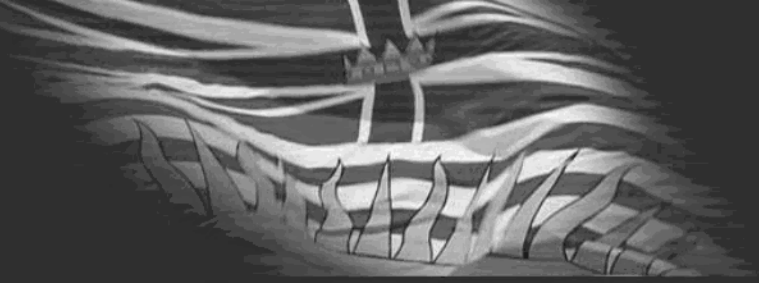
MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

A G E N D A

Wednesday, January 31, 2018
9:00-10:30

s.15,s.17

- | | | | |
|----|-----------------------------------------------------------------------------------------------|------------------------------------------------|--------|
| 1. | Approval of December 19 th
and January 9 th minutes
(attachments) | Doug Hughes / All | 5 min |
| 2. | FNHA additions to 'Escalating BC's
Response to the Overdose Emergency'
(attachment) | Carolyn Davison / Joe Gallagher | 15 min |
| 3. | Update on the Overdose Emergency
Response Center | Patty Daly / Miranda Compton | 15 min |
| 4. | Low Barrier Oral Hydromorphone
Pilot Project | Patty Daly / Miranda Compton | 15 min |
| 5. | System of Care Overview
(attachment) | Ted Patterson
(on behalf of Lynn Stevenson) | 15 min |
| 6. | Ongoing Role Clarifications | Doug Hughes / Ted Patterson | 15 min |
| 7. | Draft Terms of Reference for Committee
(attachment) | Doug Hughes | 10 min |



MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

MINUTES/ACTION ITEMS – DECEMBER 19, 2017

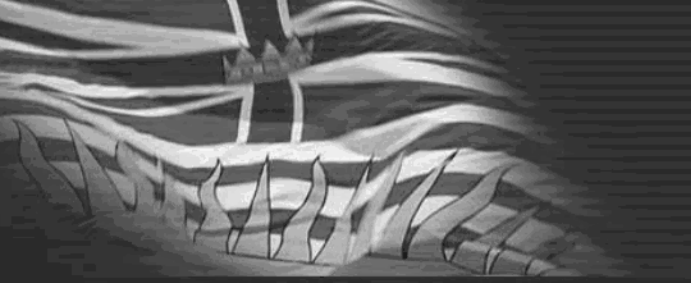
Attendees:

Doug Hughes, DM, MMHA, Chair
Neilane Mayhew, Assoc DM, MMHA
Taryn Walsh, ADM, MMHA
Lynn Stevenson, Assoc DM, Health
Joe Gallagher, CEO, FNHA
Carl Roy, CEO, PHSA, - by phone
Perry Kendall, Chief Medical Officer, Health
Miranda Compton, VCH
Patty Daly, VCH, - by phone
Bonnie Henry, Medical Officer, Health – by phone
Julie Turner, DMO MMHA

Item	Actions
1. Introductions – round table.	
2. Purpose of Committee :	
(i) The 'Escalating BC's Response to the Overdose Emergency' document was the basis of discussion. The operational function was outlined, including the work of the Overdose Emergency Response Center (OERC).	(i) Include the FNHA within the political and executive structure to ensure regional work is communicated effectively across the FN communities. MMHA and FNHA to provide language to ensure this is noted in document. (Carolyn Davison) – <i>completed</i>
(ii) The purpose of the Committee was outlined, and how it will be used as a communication channel to all the various ministries and agencies. The OERC is connecting with regional staff and those	(ii) The Draft Terms of Reference will be developed and brought forward for discussion at the next Committee meeting. (Julie Turner) - <i>completed</i>

<p>issues will come forward to this Committee. The FNHA advised that a FN health officer representative should be engaged at this level, and be added to this Committee.</p>	
<p>3. Update from the Overdose Emergency Response Center:</p> <ul style="list-style-type: none"> (i) Dr. Patricia Daly provided a status update from the OERC. (ii) Funding and the importance of ensuring MHA and Health are coordinated in their approach for funding, and to ensure alignment of resources are effective for a provincial approach. 	<ul style="list-style-type: none"> (i) The distinction between staff and representatives requires clarification. (Miranda Compton) - <i>completed</i> Slide deck to be circulated to Committee members. (Julie Turner) - <i>completed</i> (ii) MHA and Health to meet and discuss funding plans going forward. (Dara Landry) - <i>ongoing</i>
<p>4. Roles and Responsibilities of Committee:</p> <ul style="list-style-type: none"> (i) Roles and responsibilities of the Committee were discussed and the importance of coordination and collaboration, and communication. (ii) The frequency of the Committee meetings was discussed. It was noted that monthly meetings may not be enough to ensure that information is dealt with in a timely manner. 	<ul style="list-style-type: none"> (i) Conference call to be scheduled for the week of January 8th; as well as the regularly scheduled meeting of January 16th. (Julie Turner) - <i>completed</i> MMHA update should be added as a standing item for Leadership Council. (Julie Turner) – <i>to be confirmed</i>

10:40 Meeting Adjourned.



MINISTRY OF MENTAL HEALTH AND ADDICTIONS
DEPUTY MINISTER'S HEALTH SECTOR OVERSIGHT COMMITTEE

MINUTES/ACTION ITEMS – January 9

Attendees:

Doug Hughes, DM, MMHA, Chair
Neilane Mayhew, Assoc DM, MMHA
Taryn Walsh, ADM, MMHA
Lynn Stevenson, Assoc DM, Health
Joe Gallagher, CEO, FNHA
Dr. Shannon MacDonald, FNHA
Carl Roy, CEO, PHSA
Perry Kendall, Chief Medical Officer, Health
Miranda Compton, VCH / OERC
Patty Daly, VCH / OERC
Bonnie Henry, Medical Officer, Health
Julie Turner, Secretariat, DMO MMHA

Item	Actions
1. Update from OERC (Patty Daly/Miranda Compton: i. Staffing update ii. Expanding opioid agonist therapy iii. Community Action Teams work – opportunity to use Crisis Innovation Funding of \$3m	i. N/A ii. MJD briefing to be scheduled – re Expanding Opioid Therapy. (Julie) – <i>completed</i> iii. Funding plans should come to DM Health Sector Oversight Cttee first; followed by Leadership Council. (Doug/Taryn) - <i>ongoing</i>
2. BCCDC Vending Machine Research Pilot Project (Carl Roy)	• Patty Daly and Miranda Compton to discuss further with Dr. Tyndall to get more information. - <i>completed</i>
3. January 16 th meeting	• To be rescheduled to the week of Jan 29. (Julie) – <i>completed</i>

Page 164 to/à Page 176

Withheld pursuant to/removed as

s.13

Lewis, Jamie HLTH:EX

From: Turner, Julie MMHA:EX
Sent: Tuesday, January 30, 2018 10:00 AM
To: Patterson, Ted HLTH:EX; Davison, Carolyn J MMHA:EX; Compton, Miranda [VC]; XT:HLTH Daly, Patty; XT:Gallagher, Joe HLTH:IN; Henry, Bonnie HLTH:EX; Hughes, Doug J MMHA:EX; Kendall, Perry HLTH:EX; Mayhew, Neilane MMHA:EX; XT:McDonald, Shannon HLTH:IN; XT:Roy, Carl EHS:IN; Stevenson, Lynn HLTH:EX; Walsh, Taryn MMHA:EX
Cc: Bracewell, Barb MMHA:EX; XT:Carpenter, Lori HLTH:IN; XT:Chu, Mavis HLTH:IN; Dailly, Janet; Marsh, Jania HLTH:EX; XT:Tom, Janelle HLTH:IN; Walker, Leah MMHA:EX; Wright, Kristin J HLTH:EX
Subject: DM Health Sector Oversight Cttee - Jan 31
Attachments: Agenda - Jan 31.docx; Item #1 - Dec 19 action items.docx; Item #1 - Jan 9 action items.docx; Item #2 - Escalating BC Response.DOCX; Item #5 System of Care slides.pptx; Item #7 - Draft ToR.docx

Good morning – please find attached the agenda and materials for the DM Health Sector Oversight Committee meeting tomorrow morning at 9:00. There will be an additional presentation for item #3, which will be sent to you either later tonight or first thing tomorrow morning.

If you have any questions, please don't hesitate to contact me. Thank you.

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

***Warning:** This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please phone or e-mail the sender immediately and delete the message.*

Lewis, Jamie HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Thursday, February 1, 2018 2:45 PM
To: Glynn, Keva HLTH:EX
Subject: Fwd: Additional Slide Deck for today - DM Health Oversight Committee
Attachments: Item #3 - OERC- Health Sector Jan 31.ppt; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: "Turner, Julie MMHA:EX" <Julie.Turner@gov.bc.ca>
Date: January 31, 2018 at 7:19:15 AM PST
To: "Patterson, Ted HLTH:EX" <Ted.Patterson@gov.bc.ca>, "Davison, Carolyn J HLTH:EX" <Carolyn.Davison@gov.bc.ca>, "Compton, Miranda [VC]" <Miranda.Compton@vch.ca>, "XT:HLTH Daly, Patty" <Patty.Daly@vch.ca>, "XT:Gallagher, Joe HLTH:IN" <ceo@fnha.ca>, "Henry, Bonnie HLTH:EX" <Bonnie.Henry@gov.bc.ca>, "Hughes, Doug J MMHA:EX" <Doug.Hughes@gov.bc.ca>, "Kendall, Perry HLTH:EX" <Perry.Kendall@gov.bc.ca>, "Mayhew, Neilane MMHA:EX" <Neilane.Mayhew@gov.bc.ca>, "XT:McDonald, Shannon HLTH:IN" <Shannon.McDonald@fnha.ca>, "XT:Roy, Carl EHS:IN" <croy@phsa.ca>, "Stevenson, Lynn HLTH:EX" <Lynn.Stevenson@gov.bc.ca>, "Walsh, Taryn MMHA:EX" <Taryn.Walsh@gov.bc.ca>
Cc: "Bracewell, Barb MMHA:EX" <Barb.Bracewell@gov.bc.ca>, "XT:Carpenter, Lori HLTH:IN" <lori.carpenter@fnha.ca>, "XT:Chu, Mavis HLTH:IN" <mavis.chu@vch.ca>, "Dailly, Janet" <janet.dailly@phsa.ca>, "Marsh, Jania HLTH:EX" <Jania.Marsh@gov.bc.ca>, "Thompson, Laurel HLTH:EX" <Laurel.Thompson@gov.bc.ca>, "Tom, Janelle" <janelle.tom@fnha.ca>, "Walker, Leah MMHA:EX" <Leah.Walker@gov.bc.ca>, "Wright, Kristin J HLTH:EX" <Kristin.Wright@gov.bc.ca>
Subject: Additional Slide Deck for today - DM Health Oversight Committee

Good morning – please find the slide deck regarding the Overdose Emergency Response Center, for today's meeting at 9:00.

Thank you,

Julie

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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Lewis, Jamie HLTH:EX

From: Very, Carole HLTH:EX
Sent: Friday, February 2, 2018 2:06 PM
To: Glynn, Keva HLTH:EX
Cc: Wilson, Leila HLTH:EX; Patterson, Ted HLTH:EX
Subject: DM Health Sector Oversight Committee - Jan. 31 @ 9:00 am
Attachments: FW: Additional Slide Deck for today - DM Health Oversight Committee; FW: 2018 01 30 - Health System Steering Committee iOAT Update_ January 31; Fwd: DM Health Sector Oversight Cttee - Jan 31 ; FW: iOAT update - consolidated in one email

Hi Keva,

Ted requested that I send you the documents from the above meeting. Please ensure you use the most current version of your iOAT doc.

If you require anything else, please do not hesitate to contact me.

Have a lovely afternoon Keva! 😊

Carole Very

Exec. Admin. Assistant to Ted Patterson, Assistant Deputy Minister
Primary and Community Care Policy Division
Ministry of Health | 6-2 1515 Blanshard St. | Victoria BC V8W 3C8
Tel.: 250 952-3594 | Email: carole.very@gov.bc.ca

Mailing Address:
Ministry of Health | PO Box 9638 STN PROV GOVT | Victoria BC V8W 9P1

Lewis, Jamie HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Wednesday, January 31, 2018 7:29 AM
To: Very, Carole HLTH:EX
Subject: FW: Additional Slide Deck for today - DM Health Oversight Committee
Attachments: Item #3 - OERC- Health Sector Jan 31.ppt

For 9:00

Ted Patterson
Assistant Deputy Minister
Primary and Community Care Policy
Ministry of Health
(250) 952-3465
(250) 514-5455

From: Turner, Julie MMHA:EX
Sent: Wednesday, January 31, 2018 7:19 AM
To: Patterson, Ted HLTH:EX; Davison, Carolyn J HLTH:EX; Compton, Miranda [VC]; XT:HLTH Daly, Patty; XT:Gallagher, Joe HLTH:IN; Henry, Bonnie HLTH:EX; Hughes, Doug J MMHA:EX; Kendall, Perry HLTH:EX; Mayhew, Neilane MMHA:EX; XT:McDonald, Shannon HLTH:IN; XT:Roy, Carl EHS:IN; Stevenson, Lynn HLTH:EX; Walsh, Taryn MMHA:EX
Cc: Bracewell, Barb MMHA:EX; XT:Carpenter, Lori HLTH:IN; XT:Chu, Mavis HLTH:IN; Dailly, Janet; Marsh, Jania HLTH:EX; Thompson, Laurel HLTH:EX; Tom, Janelle; Walker, Leah MMHA:EX; Wright, Kristin J HLTH:EX
Subject: Additional Slide Deck for today - DM Health Oversight Committee

Good morning – please find the slide deck regarding the Overdose Emergency Response Center, for today's meeting at 9:00.

Thank you,
Julie

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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Lewis, Jamie HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Wednesday, January 31, 2018 7:57 AM
To: Very, Carole HLTH:EX
Subject: FW: 2018 01 30 - Health System Steering Committee iOAT Update_ January 31
Attachments: 2018 01 30 - Health System Steering Committee iOAT Update_ January 31.docx; 2018 01 23 MHSU Continuum of Care - MJD Briefing DRAFT V13_with notes.pptx

Ted Patterson
Assistant Deputy Minister
Primary and Community Care Policy
Ministry of Health
(250) 952-3465
(250) 514-5455

From: Glynn, Keva HLTH:EX
Sent: Tuesday, January 30, 2018 7:37 PM
To: Patterson, Ted HLTH:EX
Cc: Very, Carole HLTH:EX; Wong, Michelle HLTH:EX
Subject: 2018 01 30 - Health System Steering Committee iOAT Update_ January 31

Hi Ted, the bullets for the iOAT update are attached, as is the PHC/MHSU deck. Nargis didn't have a copy of Steve's final deck.

The attached iOAT update focuses on the Ministry's recent work. We will provide an update on the status of implementation in the regions first thing tomorrow morning.^{s.17}
s.17

Thanks to Michelle for drafting the update.

Keva

Lewis, Jamie HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Tuesday, January 30, 2018 10:55 AM
To: Very, Carole HLTH:EX
Subject: Fwd: DM Health Sector Oversight Cttee - Jan 31
Attachments: Agenda - Jan 31.docx; ATT00001.htm; Item #1 - Dec 19 action items.docx; ATT00002.htm; Item #1 - Jan 9 action items.docx; ATT00003.htm; Item #2 - Escalating BC Response.DOCX; ATT00004.htm; Item #5 System of Care slides.pptx; ATT00005.htm; Item #7 - Draft ToR.docx; ATT00006.htm

Sent from my iPhone

Begin forwarded message:

From: "Turner, Julie MMHA:EX" <Julie.Turner@gov.bc.ca>
To: "Patterson, Ted HLTH:EX" <Ted.Patterson@gov.bc.ca>, "Davison, Carolyn J HLTH:EX" <Carolyn.Davison@gov.bc.ca>, "Compton, Miranda [VC]" <Miranda.Compton@vch.ca>, "XT:HLTH Daly, Patty" <Patty.Daly@vch.ca>, "XT:Gallagher, Joe HLTH:IN" <ceo@fnha.ca>, "Henry, Bonnie HLTH:EX" <Bonnie.Henry@gov.bc.ca>, "Hughes, Doug J MMHA:EX" <Doug.Hughes@gov.bc.ca>, "Kendall, Perry HLTH:EX" <Perry.Kendall@gov.bc.ca>, "Mayhew, Neilane MMHA:EX" <Neilane.Mayhew@gov.bc.ca>, "XT:McDonald, Shannon HLTH:IN" <Shannon.McDonald@fnha.ca>, "XT:Roy, Carl EHS:IN" <croy@phsa.ca>, "Stevenson, Lynn HLTH:EX" <Lynn.Stevenson@gov.bc.ca>, "Walsh, Taryn MMHA:EX" <Taryn.Walsh@gov.bc.ca>
Cc: "Bracewell, Barb MMHA:EX" <Barb.Bracewell@gov.bc.ca>, "XT:Carpenter, Lori HLTH:IN" <lori.carpenter@fnha.ca>, "XT:Chu, Mavis HLTH:IN" <mavis.chu@vch.ca>, "Dailly, Janet" <janet.dailly@phsa.ca>, "Marsh, Jania HLTH:EX" <Jania.Marsh@gov.bc.ca>, "Tom, Janelle" <janelle.tom@fnha.ca>, "Walker, Leah MMHA:EX" <Leah.Walker@gov.bc.ca>, "Wright, Kristin J HLTH:EX" <Kristin.Wright@gov.bc.ca>
Subject: DM Health Sector Oversight Cttee - Jan 31

Good morning – please find attached the agenda and materials for the DM Health Sector Oversight Committee meeting tomorrow morning at 9:00. There will be an additional presentation for item #3, which will be sent to you either later tonight or first thing tomorrow morning.

If you have any questions, please don't hesitate to contact me. Thank you.

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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Lewis, Jamie HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Wednesday, January 31, 2018 8:35 AM
To: Very, Carole HLTH:EX
Subject: FW: iOAT update - consolidated in one email
Attachments: 2018 01 30 - Health System Steering Committee Update - HA iOAT implementation.docx

Please print this version

Ted Patterson
Assistant Deputy Minister
Primary and Community Care Policy
Ministry of Health
(250) 952-3465
(250) 514-5455

-----Original Message-----

From: Glynn, Keva HLTH:EX
Sent: Wednesday, January 31, 2018 8:03 AM
To: Patterson, Ted HLTH:EX
Cc: Very, Carole HLTH:EX; Wilson, Leila HLTH:EX
Subject: iOAT update - consolidated in one email

Hi Ted, HA updates are attached, MoH process updates are below. Please don't circulate the attachment as communication on the topic is sensitive with the HAs and I'd prefer it doesn't get into circulation ahead of our next conversation with them.

MoH Process Update:

1. MoH has contracted a dedicated 0.5 FTE Project Director (Jennifer Duff) in place as of Friday, January 19th .
- Jen comes from Providence health care as the Corporate Director for Clinical Integration and Transformation and was previously the regional director for mental health and substance use at VCH. Jen's role is to establish the project structures and processes required to provincially implement iOAT as quickly as possible.
2. There is an iOAT Project Team consisting of representation from MMHA, Overdose Emergency Response Centre (OERC), and MOH (cross-divisional representation). Meets weekly.
3. Key activities of Project Director and iOAT Project Team to-date:
 - a) Meetings with stakeholders in the lower mainland have occurred to shape how the work moves forward
 - b) planning to consult with other Health Authority leads (FHA, VIHA, etc.) as next step.
 - c) Working on completion of Project Charter and Gaant Chart including defining key leads for each project deliverable and formalizing a process to address issues.

Requests for Health System Steering Committee:

1. How often with the Health System Steering Committee like to receive status updates?
 - a. Can you specify type and frequency of updates (see note below on reporting templates)

Next Steps:

- Confirm/convene working groups to flush out project interdependencies

Lewis, Jamie HLTH:EX

From: Grewal, Preet GCPE:EX
Sent: Friday, February 2, 2018 7:43 AM
To: Grewal, Preet GCPE:EX
Cc: Grewal, Preet GCPE:EX
Subject: MMHA - Morning Media Summary - Friday, February 02, 2018

Today's News Online - MHA

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Page 186 to/à Page 188

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Overdose surge makes 2017 'most tragic year': coroner

Vancouver Sun

Thursday, February 01, 2018

Page A02

By Nick Eagland

Page 190

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B.C. health officer calls for greater focus on opioid crisis

Globe and Mail

Thursday, February 01, 2018

Page A08

By Andrea Woo

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Page 192

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Overdose toll 150 in Valley last year

The Daily Courier (Kelowna)

Thursday, February 01, 2018

Page A01

By Andrea Peacock

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Fentanyl-related deaths up by 30 per cent in Maple Ridge

Maple Ridge News
Thursday, February 01, 2018

By Phil Melnychuk

Thursday, February 01, 2018, 07:12

By CBC Daybreak South

Copyright

Corneil - Kamloops opioid crisis figures

CBYK

Thursday, February 01, 2018, 07:40

By CBC Daybreak Kamloops

Copyright

O'Connell - overdose deaths

CKNW

Thursday, February 01, 2018, 08:49

By CKNW Jon McComb

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Overdose deaths reduce 25% in the last four months last year, could be related to the distribution of naloxone

Sing Tao Daily

Thursday, February 01, 2018

Page A11

Copyright

Community action team coming to Kamloops to fight OD crisis
Kamloops This Week
Thursday, February 01, 2018

By Kamloops This Week

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Langley one of 18 B.C. communities to get dedicated opioid help

Langley Advance

Thursday, February 01, 2018

By Heather Colpitts

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Nanaimo gets community action team, funding to tackle overdose crisis

Nanaimo News Bulletin

Thursday, February 01, 2018

Chilliwack is getting a community action team to tackle opioid crisis

Chilliwack Progress

Thursday, February 01, 2018

By Jennifer Feinberg

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Five Island communities get funding to tackle overdose crisis

Vancouver Island Free Daily

Thursday, February 01, 2018

By staff

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Province announces \$1.5 million in funding to combat overdose epidemic

Abbotsford News

Thursday, February 01, 2018

By Staff

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Province announces \$1.5 million in funding to combat overdose epidemic

Mission City Record

Thursday, February 01, 2018

By staff

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Opioid action teams

CHAN

Thursday, February 01, 2018, 17:07

By Global BC Early News

Darcy - opioid overdose crisis

CIVT

Thursday, February 01, 2018, 17:35

By CTV News at Five

Community action teams

CFJC

Thursday, February 01, 2018, 17:03

By CFJC Evening News

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Tully - illicit drug overdoses

CFJC

Thursday, February 01, 2018, 17:00

By CFJC Evening News

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Henry - first day and opioid crisis

CHNL

Thursday, February 01, 2018, 09:30

By CHNL Jim Harrison

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Daly - overdose crisis

CKNW

Thursday, February 01, 2018, 06:00

By CKNW

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Darcy - community action teams

CBYG

Thursday, February 01, 2018, 12:04

By CBYG

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Darcy - community action teams

CHNL

Thursday, February 01, 2018, 12:01

By CHNL

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One in five organ donors connected to fentanyl

Vancouver Courier

Thursday, February 01, 2018

Page A06

By Mike Howell

Chilliwack is getting a community action team to tackle opioid crisis

Chilliwack Progress

Thursday, February 01, 2018

By Jennifer Feinberg

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Darcy - opioid overdose crisis

CIVT

Thursday, February 01, 2018, 17:35

By CTV News at Five

Darcy - community action teams

CBYG

Thursday, February 01, 2018, 16:34

By CBYG

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Darcy - community action teams

CHNL

Thursday, February 01, 2018, 12:01

By CHNL

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War on opioids
Castanet
Thursday, February 01, 2018

By Castanet

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Overdose team sent to Okanagan

The Daily Courier (Kelowna)

Friday, February 02, 2018

Page A02

Fentanyl found in 237 study participants

Globe and Mail

Friday, February 02, 2018

Page A13

By Andrea Woo

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Fentanyl use grows in Downtown Eastside

Times Colonist (Victoria)

Friday, February 02, 2018

Page A06

By Gemma Karstens-Smith

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Fentanyl Testing

CP News

Thursday, February 01, 2018

Copyright

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Honer - fentanyl use

CHNL

Thursday, February 01, 2018, 14:04

By CHNL

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Baitz - destigmatizing addiction language

CHNL

Thursday, February 01, 2018, 09:50

By CHNL Jim Harrison

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Johnston - overdose deaths

CBU

Thursday, February 01, 2018, 07:42
By CBC Early Edition

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New mental health centre to be built in Surrey

Sing Tao Daily

Thursday, February 01, 2018

Page A08

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RCMP roll out anti-gang 'outreach vehicle'

The Province

Friday, February 02, 2018

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By Nick Eagland

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King - overdose crisis update

CIVI

Thursday, February 01, 2018, 17:03

By CTV News Live @ 5

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Plan for OD prevention site?

Castanet

Thursday, February 01, 2018

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Woodwynn sale looming, treatment centre ending

Times Colonist (Victoria)

Thursday, February 01, 2018

Page A01

By Carla Wilson

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BCHL Today: Mental health talk for BCHL players and Clips making move

Chilliwack Progress

Thursday, February 01, 2018

By Eric Welsh

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Darcy/Newby - care home dispute
CHAN
Thursday, February 01, 2018, 17:06
By Global BC Early News

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Darcy/Newby - care home services

CHAN

Thursday, February 01, 2018, 18:04

By Global BC News Hour

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Fransoo - farmers and mental health

CBYK

Thursday, February 01, 2018, 06:45

By CBC Daybreak Kamloops

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Senger - winter depression/SAD

CFJC

Thursday, February 01, 2018, 12:44

By CFJC Noon News

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Bags, pouches, boxes - cannabis packaging offers opportunity

Globe and Mail

Thursday, February 01, 2018

Page B10

By Kathy Kerr

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Cannabis investors get healthy dose of volatility; Pot stocks plunge to lowest levels since December

National Post

Friday, February 02, 2018

Page FP6

By Mark Rendell

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Licensed stores hope for spot in new pot regime

Vancouver Sun

Friday, February 02, 2018

Page A12

By Laura Kane

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More volatility forecast as pot plunges back to earth

Vancouver Sun

Friday, February 02, 2018

Page C01

By Mark Rendell

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Overdose toll rises
Times Colonist (Victoria)
Friday, February 02, 2018
Page A13
By Editorial
Copyright

EDITORIAL Addiction: no shame and no blame

Similkameen Spotlight

Thursday, February 01, 2018

By Andrea DeMeer

LETTER TO THE EDITOR: Pot enforcement was pointless

Nanaimo News Bulletin

Thursday, February 01, 2018

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Chase River residents oppose supportive housing proposal

Nanaimo News Bulletin

Thursday, February 01, 2018

By Greg Sakaki

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'Everybody out here has some form of mental illness'

Langley Times

Thursday, February 01, 2018

By Troy Landreville

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Public must overcome stigma associated with mental illness

The Delta Optimist

Friday, February 02, 2018

Stop blaming victims in drug overdoses

Times Colonist (Victoria)

Friday, February 02, 2018

Page A13

By Joanne Thibault

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Horgan looks slick over transport of oil

Vancouver Sun

Friday, February 02, 2018

Page A15

By Vaughn Palmer

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Liberal vote begins with Stone predicting battle with Watts

Vancouver Sun

Friday, February 02, 2018

Page A03

By Rob Shaw

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Stone predicting a two-horse race

The Province

Friday, February 02, 2018

Page A06

By Rob Shaw

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The pipeline war no politician will win

Globe and Mail

Friday, February 02, 2018

Page A17

By Gary Mason

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Trudeau backs Alberta on B.C.'s Trans Mountain freeze
Globe and Mail
Friday, February 02, 2018

Page 250 to/à Page 251

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Lewis, Jamie HLTH:EX

From: Turner, Julie MMHA:EX
Sent: Friday, February 2, 2018 1:57 PM
To: Patterson, Ted HLTH:EX; XT:HLTH Daly, Patty; Compton, Miranda [VC]
Cc: Davison, Carolyn J MMHA:EX; Walsh, Taryn MMHA:EX; XT:Chu, Mavis HLTH:IN
Subject: Follow-up from DM Health Sector Oversight Cttee
Attachments: Action Items - Jan 31.docx

Hi Ted, Patty, and Miranda – I've attached the draft Minutes/Action Items from Wednesday's Committee meeting, for your reference. I've highlighted a couple items that requires some follow-up by you in preparation of the next Committee meeting on February 27th.

I'll connect with you prior to the next meeting to find out the status of the items, but in the meantime, happy to chat further with you if you have any questions or comments.

Thanks,
Julie

Julie Turner | Director
Committee Secretariat | Deputy Minister's Office
Ministry of Mental Health and Addictions
C: (250) 889-4643

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Page 253 to/à Page 255

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s.13

Lewis, Jamie HLTH:EX

From: Constance Easton <ceaston@sd38.bc.ca>
Sent: Friday, February 2, 2018 8:52 AM
To: Duncan, Andrea; Rebecca Zappelli
Cc: Annie Smith; Anthony Kupferschmidt; Bev Gutray; Clara Chalifour; Erika Mundel; Fred Dawe; Janine Stevenson; John Higenbottam; Morris, Jonny MMHA:EX; Glynn, Keva HLTH:EX; Wong, Michelle HLTH:EX; Nichola Hall; Shelagh Turner; Smith, Stephen HLTH:EX; Tanya Davoren; Warren Clarmont; Mira Farrage; Dakota Fayant; Anna Harcourt; Prairie Chiu; Jennifer Alsop
Subject: Re: Confidential - Ministry plans to implement Community Action Teams

This is wonderful news and a reflection of the hard work of the CAI staff team and Rebecca's leadership! I was able to attend the knowledge exchange earlier this week and was so impressed with the work being done and the respect CAI has in the sector.

Well done team!

Connie Easton
Consultant for Mental Health and Social Emotional Learning SD 38 Richmond
Co-Chair CAI

No significant learning can happen without a significant relationship...

From: Duncan, Andrea
Sent: February 1, 2018 6:58 AM
To: Rebecca Zappelli
Cc: Annie Smith; Anthony Kupferschmidt; Bev Gutray; Clara Chalifour; Constance Easton; Erika Mundel; Fred Dawe; Janine Stevenson; John Higenbottam; Jonny Morris (jonny.morris@gov.bc.ca); Keva Glynn; Michelle Wong; Nichola Hall; Shelagh Turner; Stephen Smith; Tanya Davoren; Warren Clarmont; Mira Farrage; Dakota Fayant; Anna Harcourt; Prairie Chiu; Jennifer Alsop
Subject: Re: Confidential - Ministry plans to implement Community Action Teams
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This is wonderful news! I seemed to have sent out an invite to some of you while I was organizing my calendar. Please disregard. Apologies. Looking forward to seeing you all soon.

Best

Andrea

Sent from my iPhone

On Jan 31, 2018, at 8:09 PM, Rebecca Zappelli <RZappelli@communityactioninitiative.ca> wrote:

Hi all,

I wanted to let you all know that at the end of last week, CAI was approached by the Ministry of Mental Health and Addictions to explore working in collaboration with the Overdose Emergency Response Centre's (OERC) for the first year of their work relating to the Community Crisis Innovation Fund. As you may recall from the last LC, \$3 million is available through this fund in 2017/18.

The exciting news is that we received confirmation today that they want CAI to be a key partner in this work!! Tasking us with the responsibility for the administration of the \$3 million in close partnership with the OERC.

The funds have been divided into 2 dedicated streams, \$1.5 million from the OERC Community Action Team Grants, and another \$1.5 million will be available to all B.C. communities, through a general application process. This work is scheduled to be announced by the Minister tomorrow, in Abbotsford. Whilst this has happened very quickly, the co-chairs have been abreast of all rapidly developing plans.

The details of this process are yet still to be worked out but we will commence working on an MOU with the Ministry and the OERC asap. My hope is that we will have a draft of the MOU to with the LC at the February 22 meeting.

While there are still many questions, this is without doubt a really great opportunity for CAI to strengthen our work in community and ensure that the work being led through OPEN and our community partners is integrated into other provincial efforts.

Please don't hesitate to reach out with any questions. I will be attending the Abbotsford event so will have ample time to respond to email on the commute! 😊

Regards,
Rebecca

Rebecca Zappelli, MHM
Secretariat Director

Community Action Initiative
1183 Melville Street | Vancouver, BC V6E 2X5
t: 604-637-8294 | 1-877-456-9085
c: 604-754-2982
e: RZappelli@communityactioninitiative.ca
w: www.communityactioninitiative.ca

The CAI office is located within the traditional territory of the Coast Salish people.
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Richmond School District No. 38, Richmond, BC, Canada

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Lewis, Jamie HLTH:EX

From: Karen McCrae <kmccrae@cfenet.ubc.ca>
Sent: Friday, February 2, 2018 12:55 PM
To: Hay, David I MMHA:EX; Miller, Haley MMHA:EX; Davison, Carolyn J MMHA:EX; Wong, Michelle HLTH:EX; O'Briain, Warren W MMHA:EX; Glynn, Keva HLTH:EX; Emerson, Brian P HLTH:EX; Gauf, Eric HLTH:EX; Louie, Betty HLTH:EX; Fazlagic, Tijana HLTH:EX; Capelli, John HLTH:EX; Torban, Mikhail N MMHA:EX; Emslie, Margaret J HLTH:EX; Estiverne, Bethany MMHA:EX; Cheyenne Johnson; Kenneth Tupper; Kevin Hollett; Lindsay Farrell; Samantha Robinson; Keith Ahamad
Subject: Secretariat Agenda: February 7, 2018
Attachments: 2018-02-07 Secretariat Agenda Final.docx

Hello all,

Attached please find the agenda for the next Secretariat meeting scheduled for Wednesday, February 7, 11:00 a.m. – 12:00 p.m.

Join by Phone
Local - Victoria: s.15,s.17
Local - Vancouver: s.15,s.17
Toll-Free: s.15,s.17

Conference ID: s.15,s.17

Please let me know if you have any questions or would like anything added!

Best regards,

Karen McCrae, MA
Program Coordinator, Implementation & Partnerships
British Columbia Centre on Substance Use
C: 236-888-5370
E: kmccrae@cfenet.ubc.ca
W: www.bccsu.ca

BCCSU Secretariat Agenda

Agenda:

February 7, 2017

11:00 a.m. – 12:00 p.m.

Local - Victoria: +1.604.255.1517

Local - Vancouver:

Toll-Free: +1 (800) 363-7828

Conference

Secretariat: David Hay, Haley Miller, Carolyn Davison, Michelle Wong, Warren O'Briain, Keva Glynn, Brian Emerson, Eric Gauf, Betty Louie, Tijana Fazlagic, John Capelli, Mikhail Torban, Margaret Emslie, Bethany Estiverne

BCCSU Staff: Cheyenne Johnson, Kenneth Tupper, Kevin Hollett, Lindsay Farrell, Karen McCrae, Samantha Robinson, Keith Ahamad

Meeting function and purpose: Biweekly teleconference to discuss and follow up on action items related to BC Centre on Substance Use activities and challenges

1. Action items from January 24, 2017:

Action Item	Responsible Person	Comments on Progress	Status ¹
a. Development of BCCSU Governance Framework and ToRs for Advisory Committee	BCCSU	BCCSU Governance Framework complete and shared with secretariat (Nov 15 th) Meeting with MMHA to discuss Advisory Committee establishment (Dec 1 st) Governance Framework slightly revised following Dec. 1 st meeting; BCCSU and MMHA/MoH leadership to meet to finalize governance Feb 19 th	Ongoing
b. Information sharing agreement process	BCCSU	Erin Eydt (BCCSU) has connected with Carolyn Davison at MMHA and Liz Keay at MoH; work ongoing	Pending

¹ Green (complete)

Yellow (pending with challenges identified)

Red: Not yet started/significant challenges

c. List of drugs for urgent public health need follow up	BCCSU MoH	Internal meetings at MoH are ongoing to identify population estimates for each drug; various follow-up actions are underway BCCSU has drafted Sublocade (extended-release buprenorphine) application forms for two different dosage strengths; to set up a meeting with Pharmaceutical division to talk next steps	Pending
d. MoH to send external reviewer recommendations for guideline supplements to BCCSU	MoH	BCCSU is still accepting recommendations for reviewers & contributors on alcohol (please make suggestions by Feb. 9 th) and cannabis use disorder treatment guidance documents Alcohol disorder guideline steering committee will meet sometime in the first half of February Cannabis guideline discussions are pending further conversations with MoH	Complete Received from Michelle for EtOH guidance
e. Provincial Opioid Addiction Treatment Support Program (POATSP) Committee	MoH/MMHA	BCCSU scheduling first meeting for Feb. 6 th from 1:00 – 2:00 p.m.; will bring together preceptors from HAs, clinical leads from BCCSU, reps from regulatory colleges (pharmacists, physicians, and nurses), and people with lived experiences. Meg and Michelle will represent MoH/MMHA pending further discussion	Ongoing
f. BCCSU Clinical Advisory Committee	MoH/MMHA	Representation from MMHA and MoH requested (BCCSU looking to MoH/MMHA to co-chair monthly provincial clinical calls)	Ongoing
g. Provincial Addictions Leadership Committee	MoH/MMHA and BCCSU	For discussion on role of MoH/MMHA as potential co-chairs	Ongoing
h. Supplement and guideline review process	MoH/MMHA	Pregnancy and youth supplements have been circulated; external review process for both has been	ASAP

		completed; BCCSU looking for clarity on timelines and process for review and release	
		MoH/MMHA to discuss internal review process	
i. Future of Secretariat wrt new OERC and evolving MMHA/MoH internal structures & functions		Meeting between Keva and Miranda set up with additional Feb. 19 th meeting to follow BCCSU recommends rep from the OERC on Secretariat	Pending meetings between MoH and OERC

2. Agenda

- a. XR-NXT health authority study/OERC
 - i. Final version sent to Secretariat on Jan. 29th
- b. Implementation activities
 - i. iOAT Training Pathway and CPA
 1. Discussing potential to license POATSP material to the Pharmacy Association so they can develop pharmacist training
 - ii. Provincial Opioid Addiction Treatment Support Program (POATSP)
 1. CRNBC OAT standards, limits and conditions come into full effect (Feb 14th?)
 2. BCCSU is requesting a “go-live” date for internal planning purposes
 - a. BCCSU is putting together finishing touches to support NPs through this process and would be useful for our internal planning to have a go-live date
 - iii. OAT potential shortages -- updates?
 1. SROM
 2. HDM 50 mg/mL
 - iv. Methadose vs. Methadone formulation
 - v. Guideline activities
 1. Rx guidance – in revisions; final draft expected to be released first half of Feb
 2. Package of supports for buprenorphine/naloxone primary care being consolidated
 3. Urine drug testing – developed, aligning with GPAC summary; release expected Feb; meeting with BCCSS on Feb. 9th (Brian, Michelle and/or Meg, Angela, Cheyenne, and Keith to join); Cheyenne to send out current draft of the guidance in advance of this meeting
 4. Supplement guidelines

- a. Youth – Final version circulated to Secretariat on Jan. 29th
 - b. Pregnancy – Final version circulated to Secretariat on Jan. 29th
 - c. Corrections – in revisions; looking to update based on conversations with PHSA; updates will be forthcoming
- 5. GPAC opioid addiction treatment guideline – finalized version approved by Medical Services Commission on Jan. 17th, release pending OAT fee schedule amendments
- 6. Alcohol Use Disorder treatment guideline
 - a. BCCSU steering committee, larger committee to meet in March, guideline release for September
 - b. GPAC collaboration
- 7. Cannabis Use Disorder treatment guideline
- vi. Drug Checking
 - 1. SUAP-funded project in development
 - 2. Provincial drug checking meeting on March 15th
 - 3. Health Canada DAS labs MOU in development (immunoassay strip testing and confirmatory analysis of point-of-care samples)
- vii. Development of OAT Provider Network
 - 1. Awaiting funding announcement from Health Canada re: SUAP proposal
- viii. MSDSI supplement brief – draft sent to MoH/MMHA/MSDPR for Jan. 22nd meeting
- ix. Nursing briefs
 - 1. Nursing-led models of care – under working group review
 - 2. SUD among health care providers – working group reviewing first draft
- x. Brief on expansion of the fellowship program – Updates from Ministry?
- c. Communications
- d. New Business