Brown, Stephen R HLTH:EX

From: Daly, Patty [VC] <Patricia.Daly@vch.ca>
Sent: September 10, 2019 4:54 PM
To: Brown, Stephen R HLTH:EX
Cc: XT:Ackenhusen, Mary HLTH:IN
Subject: Health Canada Proposal

Hi Stephen

Mary asked me to send you an email about the "Safer" proposal, which is the joint VCH/BCCSU/VIHA submission in response to the Health Canada Substance Use and Addictions Program (SUAP) – Call for Proposals for increasing access to pharmaceutical-grade medications i.e. safer alternatives to the illegal supply.

I know you have already had multiple briefings on this, and a written summary, but I wanted to provide assurance on a few points. First, the final proposal will be sent from our office here in VCH, and we will not submit it if you are not comfortable with it. One of the Health Canada criteria for funding is linkage to the provincial government, so they likely would not fund this anyway if you indicated to them that the province opposes it.

Second, I have just reviewed the latest draft and asked for a number of changes which I think will address concerns you have raised to date. I understand the team has committed to send you the revised version on Sept 16. That still gives us 10 days before the proposals are due to Health Canada so lots of time for additional feedback and revision. Regarding some of the concerns:

1. This program will not be for "occasional" opioid users so that language is being removed; it will only be for those with substance use disorder. This notion came from a review of opioid overdose deaths in VCH which found a significant percentage of people who died used daily stimulants (like crystal meth) or alcohol – and also used opioids. This is not really new information, because the coroner has also found cocaine, crystal meth and alcohol in the systems of a significant percentage of those who died, indicating polysubstance drug use. This group is included because we have found that those with severe crystal meth use disorder or alcohol use disorder who also use opioids do not do well in treatment programs for opioids, because of their other substance use issues for which treatments are not available, and can remain at very high risk of death as a result.
2. The second group of focus is those with opioid use disorder who have failed treatment with opioid agonist treatment (OAT), but I have asked for this language to be changed as well to indicate those for whom repeated attempts have been made to engage and retain them in treatment. Fyi, we already have a safe supply pilot, funded by MMHA, operational at Portland Hotel Society run by Dr. Christy Sutherland for a very similar group – these are patients who have failed opioid agonist treatment repeatedly, including injectable treatment, and who are now being given dilaudid pills that they can crush and inject or consume orally under observation, but they have more control over when and how much they consume compared to the very rigid medical treatment programs. This program has been extremely successful with no deaths to date.

s.13; s.17

I will make sure I review the draft of the proposal before it goes to you on Monday, and then I would be happy to address any concerns.

Patty

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: Erika Bell
Phone: 604-675-3918
E-mail: Erika.Bell@vch.ca

Walsh, Sara M HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 11:40 AM
To: Walsh, Sara M HLTH:EX
Cc: Wilson, Leila HLTH:EX
Subject: RE: Briefing with Steve

Much appreciated Sarah. Thanks.

From: Walsh, Sara M HLTH:EX
Sent: September 17, 2019 11:38 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: RE: Briefing with Steve

OK. Let's go with 2:00-2:30 and hope that MMHA can be made available at that time. I will move Steve's conflict on Friday to Monday to accommodate this meeting.

Thanks Ross.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 11:28 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Subject: FW: Briefing with Steve

Sarah. MMHA connected with me, Nick and Taryn both feel that Monday is actually too late and we should brief Steve Friday if at all possible. Given Steve said he needs to update MAD asap, and MMHA needs to brief their Minister, Friday is likely best. Please check with Steve when you have the chance. Thanks Sara.

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 11:14 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: RE: Briefing with Steve

Monday is fine. Mitch is a nice to have but not a must. Just Taryn and myself are must. Any yes, Monday is OK. Thanks again Sarah.

From: Walsh, Sara M HLTH:EX
Sent: September 17, 2019 11:04 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: RE: Briefing with Steve

Thank you Ross for the email.

I will speak with Steve first chance I get. I did take the liberty of looking at Mitch and Teri's schedule and Teri could be available from 2:00-2:30 however, Mitch will be travelling back from Ontario therefore no available that day.

Should he be a must attend, can this meeting be scheduled for Monday?

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health | 1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 10:51 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: Briefing with Steve

Hi Sarah. Steve is expecting a follow-up briefing on the Safer Supply (SUAP) funding proposal that VCH is leading. There is a deadline for this proposal submission of September 26 so there is some urgency around the briefing with Steve. Steve is well aware of the background. Hoping to find some time on Friday or Monday next week. Meeting invite should include myself, Taryn Walsh and Mitch Moneo. Optional is Teri Collins and Nick Grant. Only time that doesn't work is Friday 12:30 to 2:00 as Taryn who is mandatory at briefing is not available. Material will be provided ahead of meeting.

Thanks Sarah.

Ross Hayward
Executive Director
Mental Health and Substance Use, Ministry of Health
Ph: 250.952.1188 | 6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Ross.Hayward@gov.bc.ca

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff #

PREPARED FOR: Stephen Brown - **FOR DECISION**

TITLE: Vancouver Coastal Health's SAFER (Safer Alternatives for Emergency Response) opioid supply federal funding proposal for overdose response

PURPOSE: Vancouver Coastal Health (VCH), Fraser Health (FH) and partners are seeking Ministry of Health (MoH) endorsement of a federal funding application to pilot a low-threshold safer drug supply program

BACKGROUND:

British Columbia's opioid overdose crisis has continued despite significant investment in treatment and harm reduction interventions. In July 2019, the federal government issued a call for proposals through its Substance Use and Addictions (SUAP) program, with a specific stream inviting proposals that address the need for a "safe supply" (i.e., programs that increase access to pharmaceutical-grade opioid medications). VCH, FH, the BC Centre on Substance Use (BCCSU), the Portland Hotel Society, and a number of provincial groups representing people with lived and living experience (PWLLE) have partnered on developing a proposal to provide eligible individuals low-threshold access to oral morphine and injectable hydromorphone (and possibly other medications, including injectable diacetylmorphine, as the pilot evolves).

VCH and FH are seeking MoH's and Ministry of Mental Health and Addiction's (MMHA) endorsement of the application, with a letter of support to be offered by Minister Judy Darcy. Health Canada's proposal submission deadline is September 26th, 2019.

DISCUSSION:

MoH's Mental Health and Substance Use (MHSU) branch and Pharmaceutical Services Division (PSD) were provided with a most recent draft of the proposal on September 17th (Appendix A) s.13

s.13

s.13

VCH and BCCSU leads on the proposal have assured MoH/MMHA that many of these concerns can be dealt with as part of the process planned to develop the full detailed operational model (e.g., development of clinical assessment processes, refinement of new clinical guidelines, ongoing engagement with health professional colleges).

OPTIONS:

s.13

FINANCIAL IMPLICATIONS:

s.13; s.17

RECOMMENDATION:

s.13

Approved/Not Approved
Stephen Brown
Deputy Minister of Health

Date Signed

Program ADM/Division: Teri Collins, Specialized Services Division
Telephone:
Program Contact (for content): Ross Hayward, Executive Director, Mental Health & Substance Use
Drafter: Kenneth Tupper, Director, Substance Use Prevention & Harm Reduction
Date: September 17th, 2019
File Name with Path:

Walsh, Sara M HLTH:EX

From: Walsh, Sara M HLTH:EX
Sent: September 20, 2019 9:05 AM
To: Collins, Teri HLTH:EX; Hayward, Ross HLTH:EX
Subject: RE: Hi

Hi Ross,

Yes, I did ask him first thing this morning and he advised yes, he did.

Thanks for checking in though, much appreciated.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health | 1515 Blanshard St, Victoria, BC
TeL: 250-952-1590 | Email: Sara.Walsh@gov.bc.ca

From: Collins, Teri HLTH:EX
Sent: September 20, 2019 9:01 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Subject: RE: Hi

Ross, I think he confirmed he wanted to keep it.... When we chatted with him.

From: Hayward, Ross HLTH:EX
Sent: September 20, 2019 9:00 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Cc: Collins, Teri HLTH:EX <Teri.Collins@gov.bc.ca>
Subject: Hi

Hi Sara. Are you able to confirm if Steve still wants to keep the meeting with myself and Tarn at 2 re Safer Supply? I think we can cancel this. Teri and I met with Steve late yesterday and I believe issue has been resolved. Thanks

Ross Hayward
Executive Director
Mental Health and Substance Use, Ministry of Health
Ph: 250.952.1188 | 6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Ross.Hayward@gov.bc.ca

Walsh, Sara M HLTH:EX

From: Sheppard, Jenifer A HLTH:EX
Sent: September 18, 2019 11:06 AM
To: Hayward, Ross HLTH:EX; Walsh, Sara M HLTH:EX; Moulton, Holly HLTH:EX
Cc: Wilson, Leila HLTH:EX; Walsh, Taryn MMHA:EX; Tupper, Kenneth HLTH:EX; Grant, Nick MMHA:EX
Subject: RE: URGENT: SUAP Funding proposal

Received and printed for DM review.

Thank you very much!

Jenifer Sheppard
Senior Executive Assistant to the office of the Deputy Minister
Clinical Leadership | Ministry of Health
Ph: 250 952-1266 |Email: jenifer.sheppard@gov.bc.ca |

From: Hayward, Ross HLTH:EX
Sent: September 18, 2019 10:56 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>; Moulton, Holly HLTH:EX <Holly.Moulton@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>; Walsh, Taryn MMHA:EX <Taryn.Walsh@gov.bc.ca>; Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>; Grant, Nick MMHA:EX <Nick.Grant@gov.bc.ca>
Subject: RE: URGENT: SUAP Funding proposal
Importance: High

Sara/Holly. Please find the DBN, draft letter of approval that I just discussed with Steve. Also included is the original proposal from VCH and BCCSU. Thanks

Walsh, Sara M HLTH:EX

From: Walsh, Sara M HLTH:EX
Sent: September 18, 2019 11:29 AM
To: Hayward, Ross HLTH:EX; Moulton, Holly HLTH:EX
Cc: Wilson, Leila HLTH:EX; Sheppard, Jenifer A HLTH:EX; Walsh, Taryn MMHA:EX; Tupper, Kenneth HLTH:EX; Grant, Nick MMHA:EX
Subject: RE: URGENT: SUAP Funding proposal

Thank you very much Ross. Much appreciated.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Hayward, Ross HLTH:EX
Sent: September 18, 2019 10:56 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>; Moulton, Holly HLTH:EX <Holly.Moulton@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>; Walsh, Taryn MMHA:EX <Taryn.Walsh@gov.bc.ca>; Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>; Grant, Nick MMHA:EX <Nick.Grant@gov.bc.ca>
Subject: RE: URGENT: SUAP Funding proposal
Importance: High

Sara/Holly. Please find the DBN, draft letter of approval that I just discussed with Steve. Also included is the original proposal from VCH and BCCSU. Thanks

Brown, Stephen R HLTH:EX

From:	Hayward, Ross HLTH:EX
Sent:	September 19, 2019 10:51 AM
To:	Brown, Stephen R HLTH:EX
Cc:	Collins, Teri HLTH:EX; Wiman, Holly HLTH:EX; Moulton, Holly HLTH:EX
Subject:	tiOAT info
Attachments:	Phamaceutical alternatives _RRT Leads (002).docx

Hi Steve. Below is some detail on the tiOAT as requested. Furthermore I have included a document from Justine Patterson that describes proposed approach for tioAT situated within a continuum of services. My understanding is that a briefing note is currently being drafted between MMHA and our Pharma folks that will be coming your way in the next week or so.

Tablet to injectable Opioid Agonist Treatment (tiOAT): Briefing note pending

- This is a low barrier injectable treatment model that has been piloted in Vancouver with some significant early success in engaging and reducing overdose in a high risk population. s.13

s.13; s.17

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-

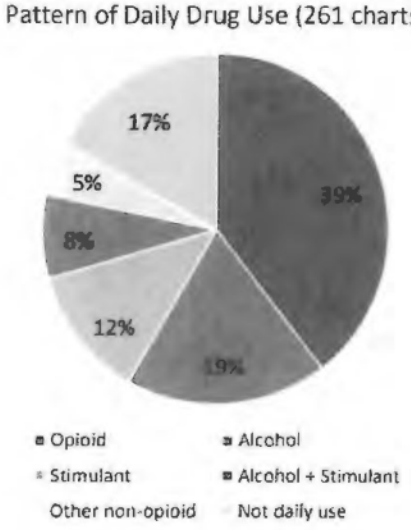
Hope this info assists. Ross

Ross Hayward
Executive Director
Mental Health and Substance Use, Ministry of Health
Ph: 250.952.1188 | 6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Ross.Hayward@gov.bc.ca

Prescribed Pharmaceutical Alternatives for an Emergency Response

Background

- We support increasing access to legal, prescription alternatives to the toxic drug supply that can be provided under medical supervision to save lives.
- Since early 2019, illicit drug deaths in BC have decreased as directly compare to the extremely high mortality experienced in 2017 and 2018, however drug-related mortality remains extremely high relative to longer-term historical trends, and remains the highest in Canada
- Trends in paramedic-attended overdose events, largely non-fatal, are increasing.
- Trends in the severity of patient presentation upon paramedic arrival is extremely high and not declining.
- Initiatives that support access to pharmaceutical alternatives are built on the strong evidence available for the effectiveness of reducing harm through the provision of regulated pharmaceutical-grade opioids to people who use illegal opioids under the supervision of health care providers (eg. OAT, iOAT, emerging evidence from TiOAT).
- Pharmaceutical alternatives reduce harms, reduce the risk of overdose/poisoning by separating people who use illegal drugs from the illegal market, improve social functioning and social integration, increase HIV treatment adherence and can reduce hepatitis C infection.
- At least 55,470 people are diagnosed with OUD (many more undiagnosed). Existing system is not equipped to treat all those who require it.
- VCH Chart Review of opioid deaths in 2017: 61% of people who died were intermittent opioid users and therefore would not be eligible for existing treatment programs (OAT and iOAT). Pharmaceutical alternatives can separate this high risk, underserviced population from the illicit drug supply.



- OUD is a chronic relapsing condition. Pharmaceutical alternatives create a safety net for those who traditional treatment methods have been unsuccessful.

- Support for pharmaceutical alternatives are echoed elsewhere: Provincial Health Officer, addiction and public health physicians, Chief Medical Health Officer Dr Patty Daily (2019 report), City of Vancouver Task Force, the Federal government (Stream II: Increasing access to pharmaceutical grade medications funding call), Vancouver Police Department (2017 position paper), the BC Overdose Action Exchanges (206, 2017 and 2018 reports), Community Action Teams, BCCDC and BCCSU.

Approaches for a Continuum of Care (*language aligns with Health Canada)

- There is a continuum of care for addressing social and health concerns related to the use of substances that ranges from harm reduction approaches to addiction treatment approaches, and pharmaceutical alterative programs exist along this continuum.

- Similarly, pharmaceutical alternatives within the current regulatory and legislative frameworks exist along a continuum, anchored at one end by programs designed with as few barriers as possible (e.g., flexible eligibility requirements, unobserved dosing), and highly-clinical models of opioid agonist treatment on the other end (e.g., multiple witnessed daily doses, illegal drug abstinence).

- We are exploring pharmaceutical alternative programs that will build on medical models that require prescriptions and a degree of monitoring and care from authorized health professionals and that operate within the parameters set by the current legislation and regulations.

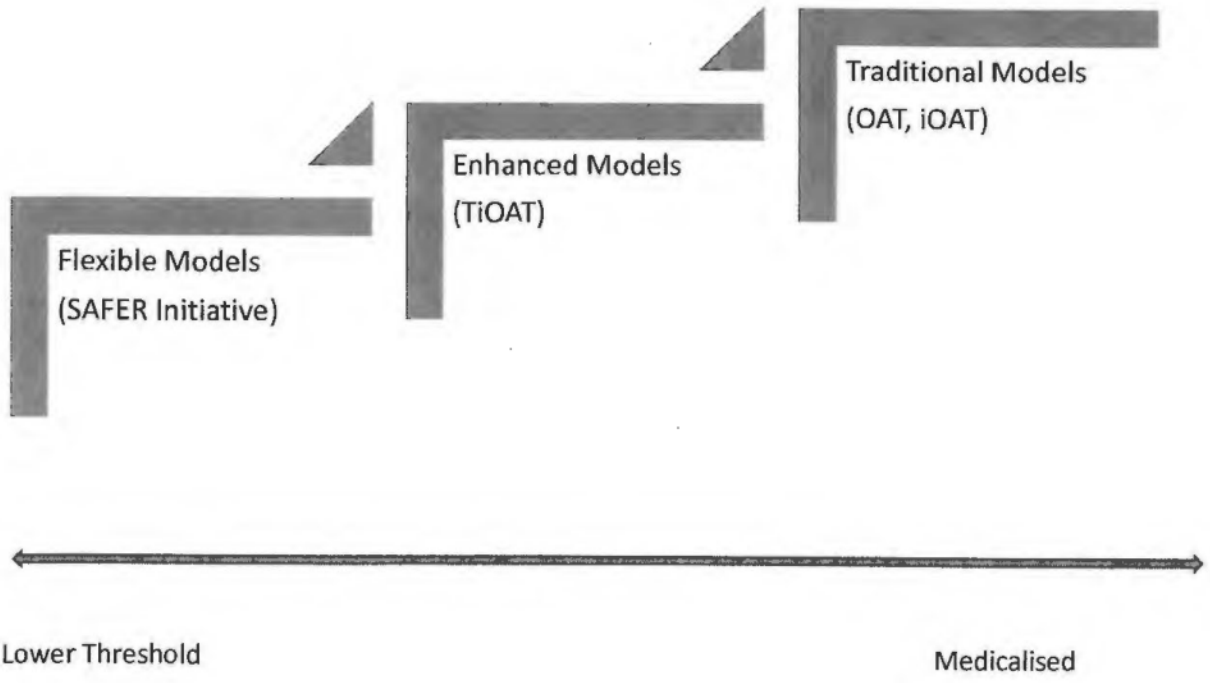


Figure 1: Approaches to pharmaceutical alternatives permissible within current regulatory and legislative framework.

TiOAT

- In January 2019, the PHS Community Services Society launched a pilot program at the Molson OPS in Vancouver using hydromorphone tablets as part of the iOAT continuum of care. This option is available for people who have not benefitted from traditional OAT and iOAT programs, who are at a very high risk of overdose and have experienced multiple overdose events. Patients are also co-prescribed OAT and are supported to move along the continuum of care to meet their clinical needs, with a goal to eliminate illegal drug use and transition to oral treatment.
- Patients take hydromorphone tablets either orally or crushed for injection under medical supervision.
- The pilot has been successful in engaging and retaining patients, reaching full capacity by March 2, 2019, with a retention rate of 90%. Preliminary results from the pilot (n=62) demonstrate that since starting the program, no patients have had an overdose event, reported reduced drug use, increased engagement with primary care and OAT induction and maintenance. Preliminary findings indicate that this model is a cost-effective way of engaging a high-risk population in treatment, saving lives, and engaging patients in care s.13; s.17
- Phase 1 planning is underway to increase patient capacity at the existing site and to expand to two additional sites in Vancouver and the Interior.

s.13

SAFER Initiative (Safer Access For Emergency Response)

- Stream II SUAP Funding proposal
- Health Canada requires:
    - Linkages to provincial health systems, including health authorities, regulatory bodies, and formal commitment from and access to necessary health professionals.
    - Appropriate prescriber/health care provider oversight
    - Ethics review
    - Independent, third party evaluation
- Two implementation sites: Vancouver Coastal Health and Island Health (one model, two SUAP applications)
- Interdisciplinary care management oversight, including peer assessment and navigation, nursing assessment, and physician oversight.
- All medications are prescribed.
- For high risk individuals with both OUD and non-OUD (substance use disorder with intermittent opioid use to address the high-risk population identified in the VCH chart review)
- Observed and take-home dosing (same process for methadone)
- s.13; s.17

Policy Framework for Prescribed Pharmaceutical Alternatives

- Low barrier access within current regulatory and legislative framework
- Requires pilot testing and evaluation to develop an evidence base
- Harm reduction and public health informed approach
- Adhere to the five principles outlined by the BC Provincial Health Officer
    1. Include people with lived experience and seek to hear from those most affected.
    2. Projects should be linked to and supported by health authority public health, substance use, and primary care units and have government support and oversight.
    3. Projects should be subject to an independent health care and research ethical reviews.
    4. Projects should include an independent evaluation process that follows an ethics-approved research protocol.
    5. Public health and health care strategies to reduce community and population wide rates of addiction should be implemented concurrently.

Bauer, Tim HLTH:EX

From: Tupper, Kenneth HLTH:EX
Sent: September 16, 2019 2:38 PM
To: Gauf, Eric HLTH:EX; Bouma, Susan HLTH:EX
Cc: Clow, Holly HLTH:EX
Subject: FW: SAFER Draft SUAP Proposal
Attachments: SAFER High level budget.xlsx; VCH SAFER SEPTEMBER 16 DRAFT Clean.docx

Importance: High

Hi Eric & Sue

Wondering if you've seen this yet, and if you have any thoughts (in particular see "Pharmaceutical Model Working Group" section on pp. 5-6 of Word document)

We're hoping to get some feedback to Ross by end of day today. Anything you can provide from PSD perspective would be helpful.

Thanks!
Ken

-----Original Message-----
From: Hayward, Ross HLTH:EX
Sent: September 16, 2019 2:22 PM
To: Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>
Cc: Clow, Holly HLTH:EX <Holly.Clow@gov.bc.ca>
Subject: FW: SAFER Draft SUAP Proposal
Importance: High

Hi Ken, can you please give me your analysis of this and concerns if any. Sorry but will need asap. Thanks

-----Original Message-----
From: Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>
Sent: September 16, 2019 2:06 PM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Miranda Compton <Miranda.Compton@vch.ca>; Perry Kendall <perry.kendall@bccsu.ubc.ca>; Daly, Patty [VC] <Patricia.Daly@vch.ca>; Walsh, Taryn MMHA:EX <Taryn.Walsh@gov.bc.ca>
Subject: SAFER Draft SUAP Proposal

Hi Ross,

As discussed last week please find enclosed updated draft of the SAFER initiative VCH SUAP application to share with Stephen. Of note, Island and Fraser Health haven't fully confirmed their participation, however we have included their possible interest here as a placeholder.

Happy to answer any questions-- give me a shout 604 376 5089.

Best,
Cheyenne

Bauer, Tim HLTH:EX

From: Tupper, Kenneth HLTH:EX
Sent: September 6, 2019 1:49 PM
To: Wilson, Leila HLTH:EX; Szuch, Clara HLTH:EX
Cc: Clow, Holly HLTH:EX
Subject: FW: Materials for today
Attachments: DRAFT for discussion SAFER Sep 6 .ppt; ATT00001.txt

Hi Leila or Clair

Wondering if one of you could print 2 copies of the attached for Holly and me in advance of a call we're doing with BCCSU at 3:00 today?

Thanks!
Ken

-----Original Message-----
From: Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>
Sent: September 6, 2019 12:31 PM
To: Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>
Cc: Miranda Compton <Miranda.Compton@vch.ca>
Subject: Materials for today

Hi Ken,

Please find enclosed slide deck that we'll walk through later today. Please keep confidential at this time!

Best,
Cheyenne

Health Canada SUAP Funding
SAFER Initiative
Safer **A**ccess **F**or **E**mergency **R**esponse

Cheyenne Johnson, A/Co-Executive Director, BCCSU
Miranda Compton, Director of Prevention, VCH

Vancouver Coastal Health
Promoting wellness. Ensuring care.

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

Page 005 of 172 to/à Page 022 of 172

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Health Canada Santé Canada

Substance Use and Addictions Program (SUAP)
Application for Funding
(Revised July 2019)

Complete the template in full and submit a signed copy to: **hc.SUAP-PUDS.sc@canada.ca**

The SUAP ***Guidelines for Applicants*** is available at:
https://www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-addictions-program-call-for-proposals-guidelines-applicants.html#a15

Health Canada collects information for the purpose of evaluating funding applications for grants and/or contributions. The information contained in the Application for Funding may be accessible under the provisions of the *Access to Information Act*. All personal information will be protected in accordance with the *Privacy Act*.

Section 1 – Project Information

a) Legal Name of Applicant Organization: **Vancouver Coastal Health Authority**

b) Address: **601 W Broadway, Vancouver, BC V5Z 4C2**

c) Primary Contact (include name and title, telephone number and e-mail address):

Miranda Compton
Regional Director, Prevention & Addiction Programs
Office of the Chief Medical Health Officer
T: 604-862-1210
miranda.compton@vch.ca

d) Project Title:

The "Safer Alternatives For Emergency Response" (SAFER) Initiative

e) Project Duration (in months):

51 months

f) Funding amount requested from Health Canada (per year and total):

s.13

g) List other sources of confirmed and/or anticipated funding (cash and/or in-kind contributions) for the project:

Vancouver Coastal Health Authority (VCH): TBC
BC Centre on Substance Use (BCCSU): TBC
Portland Hotel Society (PHS): TBC

h) Please select the primary funding stream / priority area that you are applying under (select one):

☐ Stream 1: Harm Reduction, Community-led and Front-line Initiatives

☒ Stream 2: Increasing Access to Pharmaceutical-Grade Medications

☐ Stream 3: New Approaches to Address Problematic Methamphetamine Use

Section 2 – Project Description

a) Briefly summarize the proposed project **(250 words maximum)**:

The opioid overdose crisis in BC persists despite significant investment in treatment and harm reduction interventions. As indicated by the Health Canada safe supply tool kit, there is a continuum of safer supply models and this application introduces a flexible model with health care provider oversight that several regional health authorities (still to be confirmed – participation of Island and Fraser health authorities yet to be confirmed) in BC have endorsed to pilot. This model aims to integrate harm reduction, public health, social services and addiction medicine to address the overdose risk posed by the increasingly toxic illegal drug market through the prescription of pharmaceutical grade opioids to those at greatest risk of overdose death.

Eligibility for this pilot is based on three core criteria including 1)those living with opioid addiction (or other substance use disorder) who are using illegal opioids; 2) those deemed at risk of overdose or overdose death by a detailed clinical assessment and; 3) those whose treatment has not yet been optimized despite access to evidence-based addiction treatment. Those NOT eligible will include: 1) Under the age of 18 and; 2)No history of addiction or substance use disorder(s) (i.e. those who only use 'recreationally') .

Candidates for program entry will be selected through an eligibility assessment protocol that includes a peer navigator, nursing and physician assessment as to facilitate a shared decision-making process with the potential program participant. This flexible model has been co-developed with people with lived experience (PWLE) and will utilize principles of systems user design to further refine the service delivery model as well as implement an iterative process for feedback and program refinements that puts PWLE at the centre of planning, design and evaluation.

In addition to the primary aim of reducing overdose deaths and related harms (i.e. multiple non-fatal overdoses, anoxic brain injuries), a second aim of this pilot is to provide a low-barrier point of access to wrap-around services including referrals to the full continuum of substance use services, including recovery services, public health and social services (Figure 1. demonstrates the role of the SAFER model within the continuum of substance use services in participating regions). This initiative is a linked application across multiple regional health authorities in BC [note: This is not confirmed – awaiting confirmation of participation of other HA's] with the regional health authorities as primary applicants and multiple health system partners and community organizations engaged. BC has a history of piloting innovation in the area of substance use care and this model will build on expertise in the areas of injectable OAT (iOAT) and tablet programs (TiOAT). As described in the application below, significant progress on an operational model including health care provider oversight and pharmacy supply has been made in a short period of time, indicating the high degree of collaboration and willingness in BC to quickly pilot a safer supply model.

Figure 1. Conceptual model SAFER initiative as a component of the substance use continuum of care for (note: for final application will include a short narrative on this model)

- Describe the goals and objective(s) of the proposed project, including a description of the nature of the problem that the proposed project will aim to address:

In recent years, thousands of British Columbians have lost their lives to overdose and other drug-related harms, causing a decline in the average life expectancy at birth in the province for the first time in decades. This spike in overdose deaths has been primarily attributed to the introduction of illegally manufactured fentanyl analogues in street opioids (e.g., "heroin"). Other harms stemming from the contaminated illegal drug supply, including brain injuries from non-fatal overdoses, also contribute to major morbidity, mortality, loss of productivity, and healthcare costs.

In British Columbia, the coordinated response to the overdose crisis has been largely characterised by the expansion of harm reduction services such as naloxone distribution, overdose prevention and safe drug consumption sites, and drug checking services. Additionally, improving uptake of, and access to, evidence-based treatments for opioid use disorder (OUD), namely oral and injectable opioid agonist treatment (OAT), have been prioritized across the province; recent data indicate that nearly 22,000 people are now receiving medication to treat their opioid addiction. These efforts have yielded significant results to date; a recent study showed that treatment and harm reduction initiatives launched or expanded as part of the provincial overdose response have potentially prevented more than 3000 additional overdose deaths.

However, despite these collective efforts, the number of people who died of an overdose remained unchanged from 2017 to 2018, with only a small decline expected in 2019. Additionally, total numbers of non-fatal overdose remain high, with currently unknown long-term effects to both individual (i.e. anoxic brain injury) and population level health. Significant remaining gaps in the province's continuum of substance use care leave many British Columbians who use drugs critically vulnerable to the risks associated with the contaminated illegal drug market. As demonstrated by point-in-time data from December 2018 (See Section 3), close to one-third of people diagnosed with OUD had yet to

receive OAT, and only half of people with OUD who had been prescribed OAT remained engaged in treatment for at least 12 months. Moreover, according to a Vancouver Coastal Health (VCH) chart review, more than half of those (60%) who died from opioid overdose in 2018 used substances other than opioids on a daily basis and opioids only intermittently, and therefore may not have met the criteria for OAT; however, many would likely benefit from access to addiction treatment for other substance addictions that likely drive their use of illegal opioids and increase overdose risk (e.g. stimulant addiction that drives opioid addiction). SAFER will act as an engagement, assessment and referral point for these people with OUD who may not have been reached through other components of the system of care.

To address these health system gaps during the overdose crisis, the existing continuum of addiction care should be augmented to include flexible, low-barrier public health-oriented services that provide people who are accessing the toxic street drug supply with safer alternatives, while connecting them to other treatments, care and services. Accordingly, the primary objectives of the SAFER initiative include:

- To reduce overdose deaths and related harms (i.e. multiple non-fatal overdoses, anoxic brain injury);
- To connect individuals that have not been reached or retained by traditional substance use services and treatment into care along the full continuum (i.e. harm reduction services, primary care, opioid agonist treatment, recovery services etc.) and;
- To generate evidence for flexible safer supply models.

- Describe the key activities that will contribute to achieving your project objectives:

In order to plan a multi-site and networked flexible safer supply initiative that achieves the primary objectives listed above, three working groups composed of representatives from key project partners and stakeholders have been assembled to lead the planning, design, and implementation of the SAFER initiative. Since July 2019, the working groups described below (see Figure 2) have been meeting on a weekly or as needed basis to develop the model and this application and significant progress has been made in a short period of time. This section provides a high-level overview of the key activities assigned to each working group in reference to the primary objectives of the project:

- **Operational Model Working Group**: Composed of representatives from Vancouver Coastal Health Authority (VCH), Portland Hotel Society (PHS), the BC Centre on Substance Use (BCCSU), and people with lived/living experience (PWLE), and advised by: the Office of the Provincial Health Officer; the Provincial Overdose Emergency Response Centre (OERC); First Nations Health Authority (FNHA); British Centre for Disease Control (BCCDC); Island Health, Fraser Health and; Pivot
  Legal Society, this working group acts as the steering committee this project. As such, the Operational Model Working Group provides oversight to sub-working groups and works to secure funding and other resources to ensure the progress of the overall project as well as its compliance with relevant federal (i.e. Health Canada requirements, the *Controlled Drugs and Substances Act* (CDSA), and Narcotic Control Regulations (NCR)) and provincial regulations. Operational activities conducted to date include:
  - Developing and maintaining overall project workplan (see Section 7 for the summary workplan).
  - Collaborating with sub- working groups to devise an optimal interdisciplinary model in consideration of peer, prescriber and clinician workflows.

- Drafting staffing models and determining staffing mix according to an interdisciplinary care model.
- Working with a system user experience design team to ensure the accessibility and effectiveness of the service, and the inclusivity and dignity of the service users' experience.
- Estimating model capacity (i.e., number of participants) based on funding and drug costs.
- Developing an overall project budget, and securing and allocating budgets for sub-group activities
- Identifying and addressing infrastructural needs. This includes Identifying a suitable venue to house the safer supply program through preliminary communication with possible space partners (e.g., City of Vancouver, Community Impact Real Estate).
- Conducting legal review of the SAFER model to ensure compliance with CDSA and NCR with support of the Pivot legal society.

It is envisioned that this operational working group will continue after the SUAP application is submitted to ensure ongoing work in anticipation of a successful funding decision. Including the priorities noted below:

- Strike a fundraising committee to identify funding sources for capital and renovation costs for the program sites
- Work with system user designers to finalize SAFER work flow (anticipated fall/early winter 2020)
- Oversee ongoing consultation with federal, provincial regulators and provincial government.

- **Lived Experience reference working group:** although people with lived and living experience (PWLE) are participating across the various working groups, it was identified as a need by PWLE to ensure a working group could be brought together for PWLE to share ideas both formally and informally in contribution to the overall model. Peer groups participating this process include BC Yukon Drug War Survivors, BC Association of People on Opioid Maintenance (BCAPOM), BCCSU PWLE reference group, Vancouver Area Drug User (VANDU) and SOLID. Issues, ideas and concerns are relayed by a shared BCCSU/VCH peer clinical advisor to the operational working group and sub-working groups as needed.

Of note, the sub-working groups described below include representative from key project partners and stakeholders listed above and all include PWLE.

- **Pharmaceutical Model Working Group:** As a sub-working group of the Operational Model Working Group, the Pharmaceutical and Supply Chain Working Group is tasked with providing detailed analysis of pharmaceutical opioids available for prescription as part of the program, including considerations pertaining to costs, procurement pathways, and pharmacy operations. Additionally, this working group will review provincial and federal narcotic regulations and handling requirements to ensure compliance and consult with federal and provincial regulatory contacts as necessary. Ongoing activities in this working group include:
  - Developing list of drugs to be used, including quantities, costs, and budget implications.
  - In consultation with health care providers, determine safe and effective drug concentrations and dosages to be available for prescription to program participants.

- Reviewing drug supply chain in terms of compliance with existing legislation and consult with regulatory officials as needed. Pivot legal society is to assist with providing legal opinion regarding compliance with provincial and federal narcotic regulations.
- Developing an operational plan for the pharmacy of the pilot safer supply site(s) to ensure safe and compliant transportation, and dispensing, and provision of medication.

Work to Date of the Pharmacy Working Group:

- **Drug selection:** At this time, drugs under consideration are commercially-available injectable hydromorphone (10 mg/mL) and M-Eslon capsules (60 mg). A phased approach to continue exploring powdered formulations and diacetylmorphine will be considered (and utilizing the revenue generating stream to purchase medications).
- **Drug pricing:** have mapped out different formulations of commercially available products and their cost, manufacture, availability and have developed the pharmacy budget (see budget section).
- **Pharmacy Model:** a preliminary pharmacy model has been designed, utilizing Lower Mainland Pharmacy Services (LMPS), the VCH-linked pharmacy provider, in which the pharmacy receives client specific prescription from the prescriber and delivers the medication on a daily basis to the site nurse who will then administer to the client. Further work will be ongoing to ensure this model adheres to all provincial regulatory requirements, including ongoing consultation with the College of Pharmacists of BC.
- **Initial legal review:** working with Pivot, the working group has identified that as the model is prescription based it meets all the federal regulatory requirements and all provincial pharmacy regulations are anticipated to be met.

- **Eligibility/Health Care Provider Oversight Working Group:** This sub-working group's overall responsibilities are planning the oversight of workflow within the safe supply initiative, and to ensure that protocols are in place for eligibility assessment, medication selection and prescription, and connection to care and support services, including the integral role a peer navigator and overall medical oversight by a physician. This working group is also tasked with ensuring that the operation of SAFER initiative is linked to other health system partners and healthcare services within the health region. Ongoing activities of the Eligibility/Health Care Provider Oversight Working Group include:
  - To develop the SAFER initiative model as it pertains to healthcare provider oversight. This includes making recommendations to the Operational Model Working Group to support budgeting and overall program design in compliance with Health Canada's oversight requirements.
  - To develop plan to further refine eligibility criteria overview and shared decision-making framework for eligibility assessment using evidence-informed decision-making and prescribing best practices (e.g., with reference to injectable OAT programs).
  - Consult with provincial and federal regulators as well as legal reviews (when appropriate) for alignment with CDSA/NCR and relevant provincial regulations. Pivot and other legal representative will provide a legal opinion on planned processes to ensure compliance.
  - Conduct initial consultation (in partnership with other working groups as necessary) with provincial regulatory colleges (e.g., The British Columbia College of Nursing Professionals, the College of Physicians and Surgeons of British Columbia, the College of Pharmacists of British Columbia).

Work to Date of the Health Care Provider/Eligibility Working Group:

- **Work Flow/Oversight Model:** this working group has developed the project work flow (see Figure 3 below) in which:
    - Potential participants will self refer to the program or be referred by service providers including overdose prevention sites, emergency responders and community agencies
    - Overall **medical oversight** of the program will be by PHS Medical Director, Dr. Christy Sutherland**.** Dr. Christy Sutherland oversees PHS primary care program and is Education Physician Lead for the BCCSU. Among other accolades, she was the 2018 BC recipient of the Family Physicians of the Year awards from the College of Family Physicians of Canada
    - Taking an interdisciplinary, collaborative case management approach (including with peer navigators, recovery navigators) the program will include linkages to primary care and recovery services where indicated.
    - Those not eligible for the program will include:
        - Under the age of 18
        - No history of addiction or substance use disorder(s) (i.e. those who use "recreationally")
    - **Assessment process will be** as follows:
        - Peer Assessment: upon intake, program participants will be met by a person with lived experience of substance use for an assessment of:
            - Types of substance used
            - Assessment of current overdose risk and social situation
            - Description of eligibility and rigour of the program participation
            - Discuss treatment experiences and options including assessment by a recovery navigator for both contemplative and pre-contemplative individuals
        - Nursing Assessment: if the peer assessment recommends the next stage, a nurse will complete the following assessments:
            - Addiction history (including previous treatments such as OAT etc.)
            - General health history
            - Medication history (i.e. PharmaNet review)
            - Urine drug testing
            - Vital signs
        - Physician Assessment:
            - Review peer and nursing assessments and confirm information as needed
            - Comprehensive medical and substance use history including addiction treatment history
            - Physical examination
            - Determination of risk of overdose and other harms from ongoing use of illegal substances
            - Overview the program rules, regulations and requirements
            - Make the final determination on program participation **or** referral to other addiction and social services
    - If program participants are issued a prescription by a prescriber, they then undergo an observation and titration period based on their substance use history, whereby their dosages are observed by program staff

- If program participants wish to have 'take home' or 'carry' doses, they will undergo an assessment by the prescriber—to determine whether carries will be issued or participants will continue with observed doses.
- All concerns or issues from any program staff or participants will be managed using interdisciplinary/collaborative case management

- **Consultation with regulators**: the BC College of Nursing Professionals (BCCNP) and the College of Physicians and Surgeons (CPSBC) have been initially consulted on the model. Ongoing consultation will continue.

- **Guideline development**: VCH and the BCCSU in partnership with the Provincial Health Officer, Dr. Bonnie Henry have agreed work in collaboration to develop guidelines for prescribing controlled drugs during this public health emergency that will further describe health care provider oversight and requirements for safer supply models (see section c below for further description)
  - A guideline outline, timeline and medical writer have been contracted for this work.
  - Guideline development will start in October and it anticipated to be completed by March 2020.
  - Members of the health care provider eligibility working group will be invited to participate (as well as additional experts) as members on the development committee and will include PWLE as well as consultation with the provincial government and regulators.

The interim outcomes of the planning activities listed above are reflected in sections 7 and 8, Summary Workplan, and Budget and Narrative.

Figure 2: SUAP Application Project Working Group Structure (note: FHA needs to be represented if they participate)

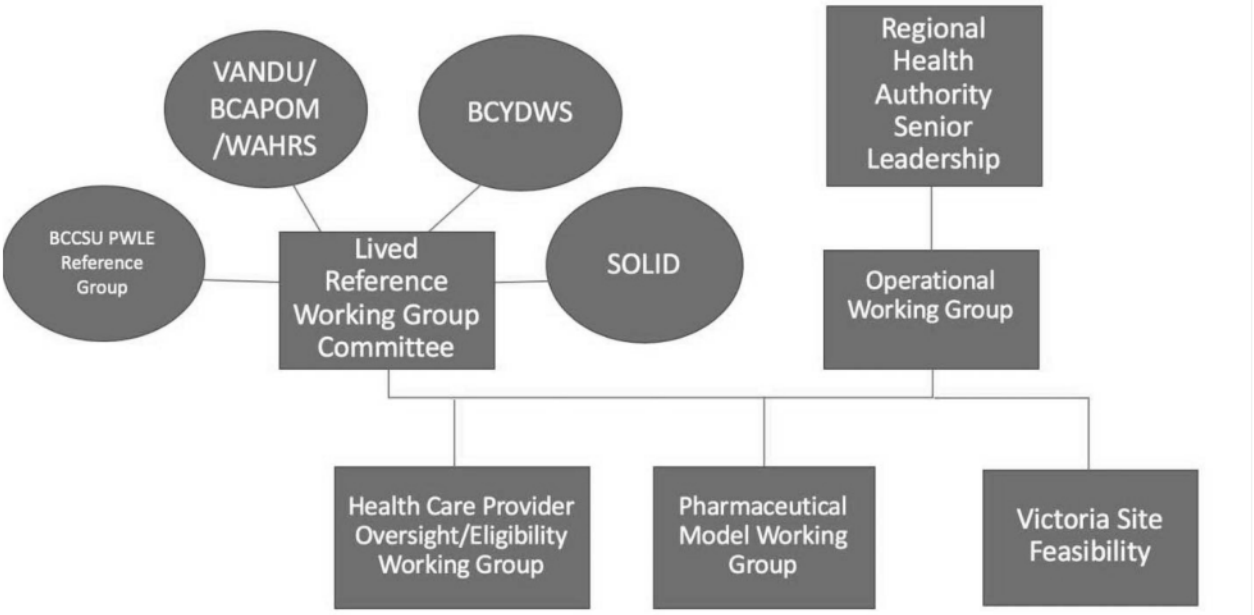
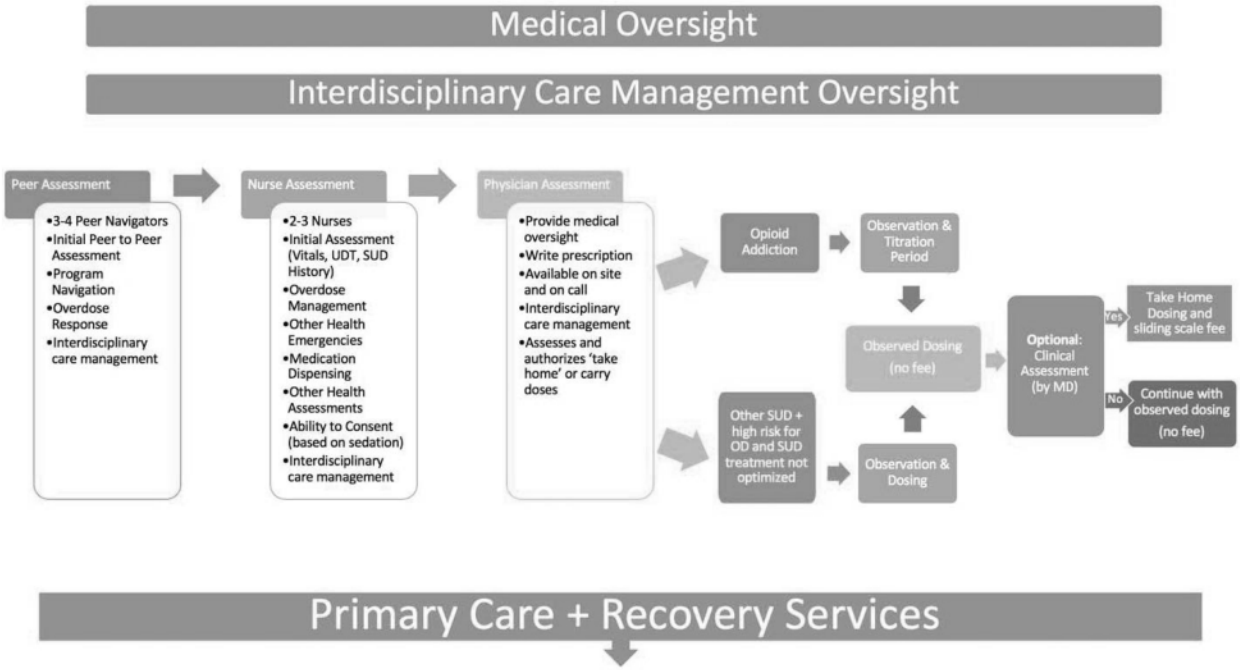


Figure 3: SAFER Work Flow



b) Describe the key outputs (knowledge products and/or learning opportunities)[1] that will be produced:

As the SAFER initiative is the first of its kind, rigorous scientific evaluation and knowledge translation are key components of this pilot. The following are the knowledge products anticipated to result from the implementation and evaluation of the SAFER initiative.

Evidenced-informed clinical guidelines: as noted above, VCH in partnership with the BCCSU and the office of the provincial health officer (Dr. Bonnie Henry) will develop evidence-informed clinical practice guidelines for prescribing controlled drugs during a public health emergency. Initially, these guidelines will focus on prescribing opioids. Through Dr. Bonnie Henry's office it is anticipated that these guidelines will be endorsed and available across all health regions in BC and will provide a comprehensive overview for prescribing including consent, involvement of people with lived and living experience, target patient population and eligibility, dosing, medication formulations and titration, initial and ongoing clinical assessments and diagnostics, program discharge criteria , take home dosing criteria and recommended prescriber competencies. Additionally, a community of practice of peer navigators/recovery navigators and health care providers will be developed to support regional sharing of knowledge.

[1] Knowledge Products refer to policy documents, standards, guidelines, training/curriculum, papers, tools/toolkits, webinars, informational resources, reports, networks/platforms etc. Learning Opportunities refer to training sessions, outreach events, workshops, roundtables, educational events, webinars, conferences, collaborative web spaces, e-learning modules, meetings, presentations, webinars, focus groups, dialogues, harm reduction or treatment service interactions etc.

Implementation guidelines: in addition to clinical guidelines noted above, SAFER initiative partners will collaborate to publish operational/implementation guide. Ideally, this work would include collaboration with other national health systems partners that are piloting safer supply models as well as Health Canada. This guide will include key considerations and recommendations, based on the knowledge gained from the first pilot site in Vancouver and linked sites in Vancouver Island and Fraser Health [locations and confirmation of additional health authorities TBC]. The scope of the guideline is anticipated to include consideration for:

- Program design and development in partnership with people with lived/living experience,
- Integrative design process,
- Linked to clinical guidelines (see above)
- Prescription medication options and supply chain issues,
- Infrastructure requirements,
- Program evaluation and research,
- Legal and regulatory considerations,
- Staffing models (including those with lived experience), and
- lessons learned concerning program implementation.

The program guidelines will be refined through the pilot period, and a final **program guideline** document will be made publicly available.

Peer reviewed journal articles: Lack of evidence on public health-oriented safer drug supply interventions has been one of the systemic barriers to implementation of flexible safer supply models. Thus, in partnership with the BC Centre on Substance Use (BCCSU), when made available a separate research funding grant (i.e. CIHR) will be sought in order to conduct a comprehensive evaluation of both the project implementation and participant outcomes. Of note, the BCCSU is also home to the BC Node of the Canadian Research Initiative in Substance Misuse (CRISM) and is provincially networked so is positioned to support scientific evaluation in multiple BC health regions as well as national collaboration. It is anticipated that this evaluation will yield several publications in peer reviewed journals, significantly contributing to the evidence base supporting this critically needed intervention.

Legal reviews: This project will undergo at least two rigorous legal reviews to inform decisions on medications and program operations. All legal and regulatory findings will be summarized and made available to interested parties.

Training Material and practice tools: All staff and care provider training conducted during the project's implementation phase will be included as appendices in the program implementation and/or clinical guidelines.

Lived and living experience materials: as identified by the PWLE individuals and groups involved in this work, KT materials will be identified through iterative processes and where possible plain language summaries of the above products will be developed and disseminated (i.e. town hall meetings, presentation to drug user groups boards and memberships etc.) in collaboration with PWLE groups.

c) Describe the project target population(s), including both primary and secondary audiences, how they will be involved in the project (*note:* specific reference to the meaningful involvement and engagement of people with lived and living experience of past or current substance use should be included), and anticipated number to be reached:

Target Patient Population

As described above, although deaths have been averted, the overall reduction of overdose deaths continues to remain limited. This project aims to meet the needs of people at high risk of opioid overdose for whom current harm reduction and treatment interventions are inadequate or inaccessible. Specifically, the SAFER initiative will focus on the populations (both unique and overlapping):

1) **Those living with opioid addiction (+/- other substance use disorders) and using illegal opioids:** as the illegal drug market is unregulated, people using illegal opioids are at high risk of overdose and death.

2) **Those deemed at risk of overdose or overdose death by a detailed clinical assessment:** as noted in the section above, this initiative will implement a three phased assessment including assessment with a peer navigator, a nurse and an addiction physician. Through a shared decision-making process and collaborative case assessment and management system, this project with thoroughly and systematically assess each individual for their risk of opioid overdose.

3) **Those whose treatment has not yet been optimized despite access to evidence-based addiction treatment**: People with substance use disorders (i.e. addiction) use substances for a variety of reasons and are at individualized stages and levels of contemplation in accessing health and social services. Additionally, people who use drugs are among the most marginalized and vulnerable populations, with high rates of trauma experienced both directly and indirectly by the health system, institutionalization and stigma. Additionally, in BC, the burden of non-fatal and fatal overdose are not experienced equally between Indigenous and non-Indigenous populations and the significant trauma and ongoing impact of colonization and racism must be taken into consideration. For these and other complex societal issues, many individuals who use drugs have not been successfully engaged or reached by existing health and social services programs. This target group includes both people diagnosed with OUD and those with other substance use disorders (i.e. alcohol, stimulants) who are using illegal opioids intermittently; they may be pre-contemplative in terms of engaging in addiction care, despite attempts by providers. For example, a point-in-time cascade of care analysis demonstrated that close to 30% of the 65,500 British Columbians diagnosed with OUD in December 2018 had never received OAT, and the 12-month retention rate among those previously started on OAT was reported to be only 50%.

(See Section 3 for a comprehensive review of data pertaining to the limitations of the healthcare system in meeting the needs of these populations.)

Based on current budget and capacity estimates, we anticipate serving between 200-250 clients in the first our year in the Vancouver Downtown East side (DTES) site. However, with revenue generated the program has the potential to increase the number of program participants by up to 100 participants per year to a maximum of 550 participants in year 4.

Target audience for knowledge products
Published evaluation results, clinical and operational/implementation guidelines, and related training materials are intended to be a resource for policy makers and healthcare administrators in the development of similar strategies and programs to high rates of opioid overdose in their

respective jurisdiction. Additionally, as described above targeted materials for PWLE will also be developed and disseminated.

Involvement of people with lived experience and people who use drugs in the project
In partnership with VCH and PHS, the SAFER initiative will be co-designed and co-led by representatives of PWLE and people who use drugs (PWUD). As mentioned above, the membership of each of the three core working groups responsible for the design, planning, and implementation of this project include PWLE and PWUD. As also described above, the lived experience working group provides a structure to engage additional PWLE and PWUD for input, issue identification and overall model development. Additionally, the BCCSU's and VCH's shared *Peer Clinical Advisor* and the BCCSU's *Peer Engagement Facilitator* have been involved in all stages of project development. Through this structure, PWLE and PWUD will work closely with the user experience design team which will ensure that the needs and preferences of PWUD are put at the centre of the pilot design to create an accessible and dignified environment within which the proposed interventions are provided effectively.

Individual members and the boards of Vancouver Area Network of Drug Users (VANDU), the BC Association of People on Opioid Maintenance (BC APOM), BC Yukon Drug War Survivors (BCYDW) and SOLID Outreach have also been involved in the initial planning of the SAFER model and will continue co-design, implement, and support evaluation of the program. Similarly, the BCCSU's *PWLE Reference Group* has been consulted throughout the initial planning stage, and continues to provide the Operational Model Working Group with consultation and feedback on various aspect of the project. This reference group includes engagement from PWLE groups across the province including:

- BC Yukon Drug War Survivors (BCYDWS)
- AIDS Network Kootenay Outreach and Support Society (ANKORS)
- Canadian Association of People who Use Drugs (CAPUD)
- Western Aboriginal Harm Reduction Society (WAHRS)
- BC Centre for Disease Control Peer Network representatives
- New Leaf
- Collation of Substance Users in the North (CSUN)
- POUNDS Project
- Northern SunHelpers
- Tenant Overdose Reponses Outreach (TORO)

In terms of measures to ensure that SAFER initiative clients have autonomy in their care, a shared decision-making approach to eligibility assessments and program entry will be employed, which will incorporate input from the potential client, as well as staff members with lived experience (i.e. program peer navigators) and care providers. The clinical staff and peer navigator will also work with potential clients to identify any locally available interventions (e.g., oral or injectable OAT, alcohol addiction treatment) and/or community-based health and social services that could be benefit to the client (i.e. housing, primary care needs). If, through this shared decision-making process, a participant is eligible and willing to enroll in the safe supply program, they will be prescribed pharmaceutical-grade opioids by the program physician. The client's preference and individual circumstances will also be considered in determining the optimal opioid formulation and consumption setting. As a proof that concept that this pilot could be self-sustaining, participants will be charged a fee on a sliding scale, based on ability to pay, for all medications dispensed by the program. Collected fees will be used to purchase additional medications for the program. Medications consumed onsite will be exempted from the fee in order to encourage on-site use and decrease the risk of overdose as well as the risk of diversion. Including fees for medications to be

consumed off-site, and limiting off-site carries to amounts for required for personal use is intended to act as deterrents to diversion. Shared decision-making is a model that is increasingly demanded by PWUD and emerging care guidelines for chronic conditions; as such, it helps mitigate the barriers to program engagement by emphasizing each client's individual preferences and strengths.

d) Describe how the project complies with the Official Language Requirements outlined in the SUAP *Guidelines for Applicants*.

The audiences and target populations for our project will be residents of the Vancouver Coastal Health region who are primarily individuals belonging to the anglophone community. When non-anglophone clients present to the proposed service, translation services will be provided on an as-needed basis by utilizing the Lower Mainland Interpreting Services (LMIS). LMIS offers translation services 24 hours per day, seven days per week, on-site, over the phone, or via video conferencing. Organizations in Vancouver and in the VCH region with whom we will be collaborating operate in English. Therefore, we will provide all related communications in English.

Findings from the evaluation of the project will be made available in both English and French to support knowledge mobilization across Canada.

e) Health Canada funding is time-limited. What aspects of the project would be sustained after funding has ended? What barriers to sustainability or enablers for sustainability can you identify?

Additionally, with potential for revenue generation (i.e. sliding scale stream), this program has the potential to be uniquely sustainable, even in uncertain funding environments on a provincial and federal level. For example, preliminary conceptual revenue generation projections indicate that enough revenue can be generated to increase program participation and required staffing by 100 individuals each year (i.e. Year 1: N=250, Year 2: N=350, Year 3: N=450, Year 4: N=550).

Through a separately funded research grant (i.e. CIHR) or other available funding mechanisms, scientific knowledge will be generated and disseminated to support the health system in the analysis to support decision making for program scale up and the most appropriate place for safer supply interventions as part of the continuum of substance use care in BC. These knowledge transfer activities will include utilizing a knowledge broker and working with the BC government and other stakeholders to (e.g., municipalities, city police departments) and community members to maximize engagement in the program within affected communities. As BCCSU also has a provincial mandate to develop and disseminate evidence-based education, practice guidelines and support tools, knowledge generated will be included in relevant guidelines and educational materials and disseminate through existing provincial networks for interdisciplinary care providers. Processes to develop education and guideline material exist within the BCCSU and involve health system partner review with relevant regulatory colleges (i.e. physicians, pharmacists nurses) and final endorsement and co-branding with the Ministry of Health.

Assessment Criteria:

- To what extent does the project align with the priorities of this call for proposals?
- To what extent are project goals/objectives clear, realistic and achievable?
- To what extent are project activities clear and well-aligned with the objectives of the project and the priorities of the solicitation?
- To what extent are the outputs described and non-duplicative of existing materials?

- To what extent are target population groups well-described, including the project's impact on these populations and the geographic locations (i.e. sites) where the project will be implemented?
- To what extent does the project demonstrate that audiences, including those with lived and living experience, have been or will be engaged to ensure relevance of the intervention to their needs?
- Proposal describes how both linguistic communities will be targeted OR provides a clear justification for why both linguistic communities are not targeted.
- To what extent does the proposal outline or identify: the sustainability process embedded within the project; potential sustainable elements; barriers and enablers?

Section 3 – Evidence and Need

a) Describe the evidence of need (overdose data, service gaps, research evidence, statistics, surveys, literature reviews, needs assessments, etc.) for the project's activities, communities of focus and target populations. Explain, if applicable, how your community is underserved.

British Columbia is in the midst of a drug-related public health crisis. In recent years, thousands of British Columbians have lost their lives to overdose and other drug-related harms.[1] The massive increase in overdose deaths has been primarily driven by the introduction of illegally manufactured fentanyl and its analogues into street-obtained opioids (e.g., "heroin"); other harms stemming from the contaminated illicit drug supply, including non-fatal overdoses, contribute to major morbidity and health care costs.[2]

In 2018, at least 4,460 Canadians died from an opioid overdose, with 94% determined to be unintentional (accidental) overdose. This represents a 9% increase in overdose deaths from 2017 and a 48% increase from 2016.[3] Although every part of Canada has been affected by the overdose crisis, not all provinces and territories have been impacted equally. Specifically, BC has seen the highest number of opioid overdose deaths in Canada, with 1,533 confirmed or suspected illicit overdose deaths in 2018, which is 4.5 times the total number of motor vehicle accident deaths in the same time period. BC has also seen the highest rate since 2016, with a rate of 30.7 deaths per 100,000 in 2018.[1]

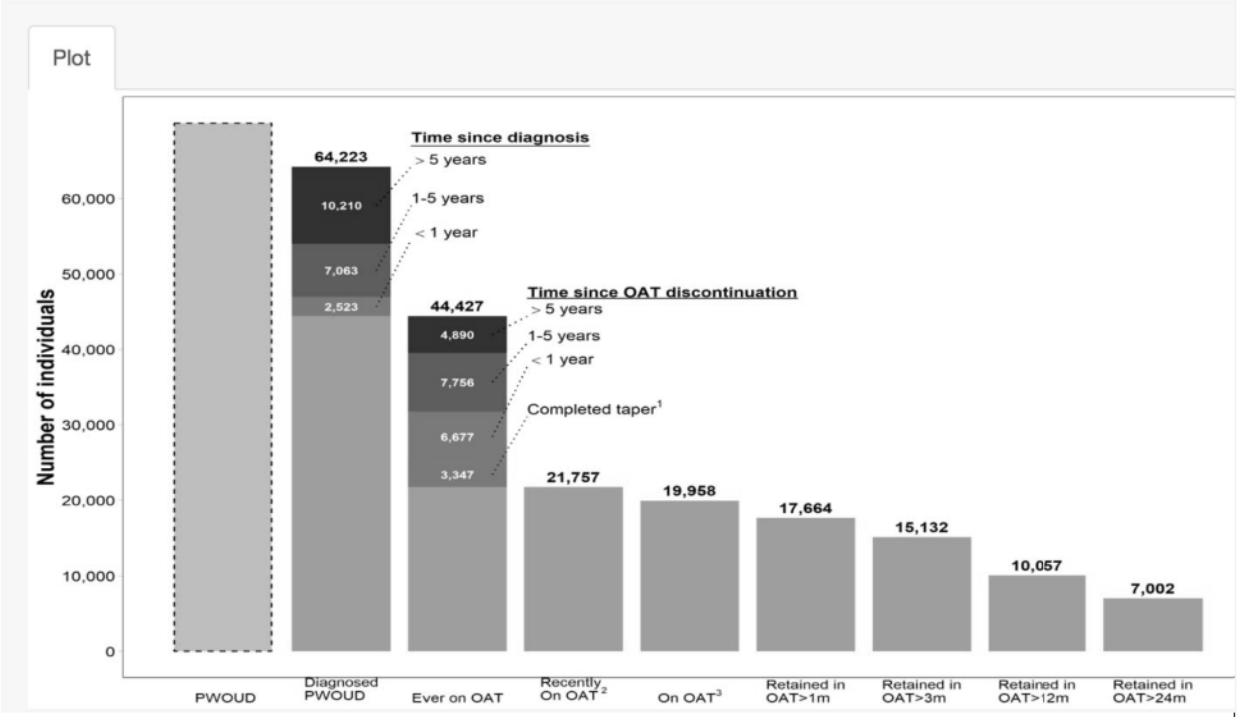
BC Coroners' data indicates that illicit fentanyl was detected in approximately 83% of overdose deaths in 2017 and 87% of overdose deaths in 2018.[1,4] Carfentanil, a highly potent opioid used for large animal sedation, has been detected in 106 overdose deaths so far in 2019, almost three times as many as in 2018 (35).[4] At a population level, BC life expectancy at birth which had steadily increased by three years from 2000 to 2013, actually declined by 0.38 years from 2014 to 2016 as a direct consequence of the overdose crisis. Specifically for Vancouver's downtown eastside (DTES), life expectancy has dropped sharply from 2013 to 2017 from 77.39 years to 75.02 years. Additionally, the discrepancy for life expectancy in 2016-17 men who live in the downtown eastside compared to men who live in the Westside of Vancouver, a few kilometres away, was nearly 15 years.

Despite increased investments in treatment and harm reduction programs, including the ready availability of take-home naloxone in many BC communities, overdose deaths have remained high, with some communities impacted more than others. For example, Vancouver's Downtown Eastside neighbourhood, where harm reduction programs and services are highly concentrated and more accessible than anywhere else in BC, had an estimated death rate of almost 250 per 100,000 individuals—around eight times higher than the BC average.

Even in jurisdictions with highly concentrated and accessible harm reduction programs, significant gaps exist. For example, supervised consumption sites (SCS) are most likely to be used by individuals who would otherwise use drugs in public.[5] However, the vast majority of overdose deaths occur in residences, with 57% of BC overdose deaths in 2019 occurring in private residences, 30% occurring in other residences such as supportive housing, shelters, and single room occupancies (SROs), and 12% of deaths occurring outside in parks, streets, and vehicles.[4] Throughout the province, the majority of opioid overdose deaths occur in private residences. This represents a significant gap and those individuals using in private face high risk of death with low probability of using supervised consumption sites. In addition to the majority of people who inject drugs (PWID) and use SCS (i.e. those who would otherwise inject drugs in public), willingness to use supervised consumption sites decreases significantly as proximity decreases, with 72% of people who use drugs only willing to walk 20 minutes or less.[6] Similarly, a study of Insite in Vancouver, BC, found that 70% of frequent users of the service lived within 4 blocks.[7] In addition, SCS are primarily used by individuals at high risk and facing multiple vulnerabilities, including daily opioid use, recent non-fatal overdose, homelessness or unstable housing, unemployment, hepatitis C infection, and a history of incarceration.[5,8]

While efforts are underway to establish a functioning evidence-based substance use system of care across the province, the reality is that not everybody that died of an opioid overdose would have qualified for treatment with OAT, or were not ready or able to engage with addiction treatment (i.e. pre-contemplative), or had been treated with OAT but not well retained in care. It is estimated that nearly 114, 000 people in BC are living with OUD and only 65,500 of those have been diagnosed with OUD, only 69% have ever received OAT see Figure 3 below).[9] Of the approximately 19,900 individuals currently on OAT, 12-month retention rates were only 50%.[9] Similarly, modelling data suggests that in 2017, nearly 115,000 British Columbians used opioids for non-medical reasons, but of these individuals, it is estimated that over 50% (58,900) have never seen a health care provider for assessment of a possible substance use disorder, and of those who accessed treatment, only 66% (36,483) were ever prescribed OAT.[10] Additionally, retrospective data from the Vancouver Coastal Health Authority indicates that the majority of people who died in 2017 from an opioid overdose may not have used opioids on a daily basis (~60% of 261 deaths where patterns of drug use were noted in the person's chart) and many had evidence of another substance use disorder (i.e. daily alcohol or stimulant use), and may not have qualified for OAT.[11] Additionally, there are currently limited programs and supports for those with other stimulant and alcohol use disorders in the VCH region.

Figure 3: Cascade of OUD Care in British Columbia



The significant unmet need and gaps in access to harm reduction services and addiction treatment detailed above underscore the urgent need for solution-oriented approaches to reduce the impact of the highly toxic illegal drug supply. These approaches must target a broader population at risk of overdose death, including both individuals with opioid use disorder and other substance use disorders who might not access harm reduction, addiction treatment, or recovery support services. These fatal gaps in the current health system cannot be bridged through existing programs and approaches.

Additionally, the cascade of OUD care in BC reveals that over 50% of individuals living with an OUD have not yet been diagnosed. While increasing access to evidence-based care, including screening, diagnosis and improving retention in care is vitally important-- during the ongoing overdose emergency innovative, flexible models that provide pharmaceutical alternatives to the toxic, illegal drug supply are urgently needed. The forthcoming scientific evaluation of this pilot aims to generate evidence that low-barrier flexible models not only reduce overdose death, but improve access to addiction services.

b) If your intervention has been evaluated, include relevant links or attach results and/or supportive documents.

This intervention will be a first of its kind. As such, there are no existing intervention results to include in this section. However, as rigorous evaluation is a crucial component of this project, and in partnership with the BCCSU, a separate research funding grant (i.e. CIHR if available) will be sought in order to conduct a comprehensive and rigorous evaluation of both the project implementation and participant outcomes. Lead by the BCCSU investigators responsible for the scientific evaluation of North America's first supervised consumption service, Insite, a similar methodology will be followed. Of note, the extensive scientific evaluation of Insite eventually led to the scale up of supervised consumption site (SCS) and overdose prevention sites both nationally and provincially. What is currently envisioned is a consent process for all program participants, baseline questionnaire and

linkages to health administrative data sets to monitor long term health outcomes (e.g., health care utilization including follow up addiction treatment, overdose events, criminal justice encounters) In addition, a standardized approach between both multiple sites (VCH, FHA and VIHA) can be explored for research purposes and to strengthen the data set by including more participants.

c) Describe how this project complements or builds on other similar initiatives; or, describe how this project is an innovative/new approach to health promotion, prevention, harm reduction or treatment.

As noted above, this project has been developed in order to meet the needs of populations of people who are living with addiction and using illegal opioids, are at extremely high risk of overdose, for whom current interventions are inadequate and who have been difficult to reach and engage with through traditional public health or addiction treatment measures. A 2017 VCH chart review showed that most of those who died in the 2017 accessed the healthcare system and their addiction was noted by the physician, indicating a point of contact for referrals to SAFER for evaluation and assessment.

For this target population, this project builds on other similar projects that aim to lower the barriers to substance use care. BC is also uniquely positioned for further innovation in this area as BC was the first province to develop treatment guidelines for injectable opioid agonist treatment (iOAT) and over the last several years has scaled up this treatment from one site (Crosstown Clinic in Vancouver) to multiple sites in the Lower Mainland as well as newly opened sites in Vancouver Island (Victoria) and Interior Health (Kelowna). Additionally, the BC Node of CRISM has led the development of national iOAT guidelines, which are scheduled to be released later this fall.

Additionally, the operational service delivery partner for this pilot is the PHS Community Services Society, which is internationally recognized for its innovation in harm reduction, housing and clinical care for marginalized populations. In additional to serving over 2000 unique clients with comprehensive primary care services, the PHS also runs an iOAT and tablet injectable opioid agonist treatment (TiOAT) program in the DTES (as a contracted service by VCH). These services are under the medical supervision of Dr. Christy Sutherland, who is an addiction trained family physician who has been recognized both provincially and nationally for her innovations and quality care delivery. Of note, Dr. Christy Sutherland had agreed to provide the medical direction for the SAFER initiative. The PHS has developed comprehensive practice tools and pathways for the provision of TiOAT care in consultation with the BCCSU, VCH and the regulatory colleges.

The PHS TiOAT program is similar to injectable OAT programs, but rather than providing injectable hydromorphone, participants receive hydromorphone tablets, which may be injected or ingested orally or nasally. Whichever form of ingestion is selected by a participant on a given visit, that ingestion is observed by program staff at the overdose prevention site that houses the program. This program has several features designed to lower the barriers present with treatment approaches like iOAT. Unlike traditional iOAT programs, which require a titration phase involving small initial doses titrated up to a therapeutic dose over several days, TiOAT is a “pro re nata” (PRN) or “as needed” model in which clients come up to five times per day and can start at the maximum dose of up to two 8mg hydromorphone tablets each visit. Avoiding the titration phase, in which individuals may be lost to care if their withdrawal symptoms are not adequately managed, may increase retention and thus decrease risk of overdose from illicit opioid use. Missing days does not result in a reduction of an individual’s maximum dose. Although formal evaluation results of the TiOAT program are not yet available, anecdotal experiences of program participants and staff indicate that no patients have

overdosed to date; illicit drug use, crime, and involvement in sex work have all decreased; and the number of individuals connected with primary care and OAT providers has increased.

In addition to the contracted services of the PHS, VCH delivers several other innovative substance use and harm reduction services including a range of supervised consumption and overdose prevention services, an overdose outreach team to provide proactive follow-up and linkage to care for individuals at high risk of overdose, assertive case management teams, rapid access addiction clinics, home withdrawal management (i.e. detox) programs, evidence-based withdrawal management and supportive recovery services, addiction counselling, managed alcohol and contingency management programs for stimulant use disorder.

Building on VCH and the PHS extensive experience in designing and implementing innovative programs (i.e. Overdose Prevention Services, iOAT and TiOAT) that strengthen the continuum of harm reduction and treatment services to better engage clients at acute risk of overdose crisis, the SAFER initiative aims to implement a flexible model to further lower barriers known to impact participation and retention in substance use services and employ similar approaches even further by providing participants with prescribed pharmaceutical-grade opioids, operating in a peer-led model, and providing the opportunity for unobserved, take-home dosing.

For those individuals who are polysubstance user and who use also use opioids and are at high risk of overdose by a clinical assessment and have lower opioid tolerance as a result of intermittent opioid use, this program would still be expected to reduce the risk of overdose and concurrently referral to treatment of the primary addiction. Currently, there are limited services and supports for these individuals outside of overdose prevention and supervised consumption sites.

A first-of-its-kind program in Canada, this innovative approach will use an evidence-informed, public health, addiction medicine and harm reduction approach to bridge an existing gap in the system that currently leaves a number of people with substance use disorder at high risk of death and other harms. The low barrier approach of this program aims to reach individuals that the system of care is not yet reaching, and act as an entry point to the healthcare system. Embedded in the model will be resources to connect participants to the broader system of primary care, addiction, mental health services, as well as access to social supports including housing/income stabilization, education, training and employment.

In addition to the innovations described above, this flexible model has additional unique features in including:

- Prescribed pharmaceutical opioids: the program will initially be implemented using commercially available pharmaceutical grade opioids (i.e. M-Eslon capsules and injectable hydromorphone). However a phased approach will be employed to explore the use of other opioids (i.e. fentanyl and diacetylmorphine) in powdered formats, as they become available.
- This program also will employ a systems-user-design approach, a design approach traditionally used in corporate models, will put PWLE at the centre of the design and utilize collaborative processes for decision making for the final model as well as a collaborative and timely approach to gathering feedback from program users and making program augmentations. This component is particularly relevant during the overdose crisis at it assumes the proposal model isn't 'perfect' but is ready to implement as soon as funding is made available and through iterative improvements better meets the needs of the patient population it is serving.

Assessment Criteria:

- To what extent is the need for the project supported by evidence that is well documented, including overdose data; research gaps and research evidence/statistics on the communities, target populations and issues being addressed; previous project evaluations as applicable; and/or a theoretical basis for the project?
- To what extent does the proposal describe how the project will complement or build on other similar initiatives OR describe how the project represents an innovative or new approach to substance use prevention, harm reduction or treatment (based on which best applies to the project)?

Section 4 – Performance Measurement and Evaluation

a) Describe how the project would contribute to the SUAP outcomes and performance indicators and contribute to evaluation requirements listed in the SUAP *Guidelines for Applicants*. Please note that some projects may also be required to participate in Health Canada led third-party evaluations as a condition of funding.

The SAFER Initiative will include rigorous performance measurement and evaluation that utilizes a mixed-methods approach. This evaluation will include the SUAP outcomes and performance indicators as indicated in the SUAP *Guidelines for Applicants*. The specific short- and medium-term outcomes, their indicators, and the anticipated data sources are outlined below. This project will evaluate safe supply interventions in the downtown eastside neighbourhood of Vancouver, which is considered to be the epicenter of the opioid overdose crisis, and bring forward the voices and experiences of those most affected. If required, VCH will integrate a Health Canada led third-party evaluation as a condition of funding.

Outcomes	Indicators	Data Source
SHORT-TERM		
Priority populations acquire knowledge	% increase in knowledge of priority population	Baseline and follow-up surveys
Priority populations access services (health, social, support)	# of new services offered	Project data- internal data
	# of target populations accessing services	Project data- client information
	% increase in services available to priority populations	Count of services available before verses during/after project
Priority populations or target audience is equipped with capacity (skills, competence, and abilities)	% increase in skills, competencies, and abilities of priority population	Baseline and follow-up surveys
	% increase in skills, competencies, and abilities of target audience (front-line service providers)	Baseline and follow-up surveys

	% of target audience reporting ability to integrate knowledge into practice	Baseline and follow-up surveys
MEDIUM-TERM		
Uptake of positive personal behaviours that reduce the harms of substance use	% of priority population reporting a positive change in behavior (safer use, access, adherence, and/or retention to health, social and support services etc.)	Baseline and follow-up surveys
Application of knowledge in community-based interventions	% of target audience reporting that they made evidence informed improvements to substance use policies, programs, and practice	Baseline and follow-up surveys

Beyond the SUAP-required performance evaluation indicators, we will collect relevant data to provide insight on our primary and long-term objectives. Our primary objectives are:

- To reduce overdose deaths and related harms (i.e. multiple non-fatal overdoses, anoxic brain injury);
- To connect individuals that have not been reached or retained by traditional substance use services and treatment into care along the full continuum (i.e. harm reduction services, primary care, opioid agonist treatment, recovery services etc.) and;
- To generate evidence for flexible safer supply models.

To report on these outcomes, we will collect demographic, recruitment, engagement, and retention data during the program using surveys and client records. This data will be used in the ongoing monitoring of the SAFER Initiative, ensuring we are not only reaching the intended populations, but engaging and retaining individuals in the program. Clinical data, including prescribed medication, , dosages, route of administration and referral data, including referrals to community-based services, will be collected using client records. We will also collect data on client satisfaction and staff perception through surveys, focus groups, and/or interviews. Collectively, this process data will be continually reviewed, by both VCH and the systems user designer, and it will inform any changes to the program that may be required.

With additional funding for scientific evaluation, and in partnership with the regional health authorities, the BCCSU will lead the research component of the SAFER Initiative. Drawing from their experience evaluating the implementation of Insite, expert researchers at the BCCSU will create a framework for rigorous scientific evaluation of the SAFER Initiative. The evaluation will be designed and conducted in collaboration with VCH, partner organizations, and people with lived experience. Once determined, the methods chosen to evaluate the SAFER Initiative will be reviewed by independent scientists and published in an open-access, peer-reviewed scientific journal to ensure full transparency. Given that the SAFER Initiative will not be conducted as a randomized clinical trial, the evaluation of the program will be structured as a prospective cohort. Consent will be obtained from program participants, with longitudinal data will be collected via a comprehensive questionnaire (i.e. i.e. fatal and non-fatal overdose incidence, participation in substance use disorder care (including traditional opioid agonist therapy), health status, risk behaviours, drug use practices, quality of life,

and social determinants of health) alongside linked health administrative data and qualitative interviews. This data will be collected through client records, surveys, focus groups, interviews, and linkages to individual personal health numbers. We will also link our study data to local criminal data, in order to report on our long-term objective. Research findings will be made available through peer-reviewed journals and academic conferences, and in a manner determined relevant by participants and people with lived experience.

b) If applicable, identify how ethics review will be addressed, including informed consent, confidentiality, and participant safety. If any collaborators are affiliated academic institutions, please identify any corresponding ethics board approval requirements.

If this pilot project is multi-site (based on confirmation of other Health Authority participation), all performance measurement and evaluation activities will undergo an ethics review through Research Ethics BC, which is a harmonized approach to research ethics in BC and an arm of the British Columbia Academic Health Sciences Network. Ethics applications in BC that involve more than one jurisdiction, or are a partnership between a research-intensive university, a regional health authority, or a UBC-affiliated organization are required to submit a joint ethics review application to Research Ethics BC, rather than their institutional research ethics board. The BCCSU is a UBC affiliated institution (a centre within the Faculty of Medicine) and will support the regional health authority primary applications with this ethics submission process as it will be tied in with the scientific evaluation. The BCCSU has strong relationships with Research Ethics BC and has had multiple applications approved through this process or similar evaluations (i.e. the ongoing provincial evaluation of iOAT).

Additionally, performance management and evaluation activities will undergo a separate public health ethics review. Currently the process for a public health ethics review is being planned in BC and will entail [the process for this is still being finalized and will be added to the application].

All performance measurement and evaluation activities will strictly adhere to the Tri-Council Policy Statement 2, as required by Research Ethic BC. As such, informed consent will be solicited prior to any performance measurement and evaluation activities take place. Potential participants will be informed about all aspects of the project and given the opportunity to ask any questions they may have. It will be made clear that participation in the program is voluntary, and that they can withdraw their consent at any time. Informed consent forms will be signed, collected, and securely stored based on Research Ethics BC's requirements. Protecting the confidentiality of the participants is of the utmost importance to VCH. We will strictly follow all confidentiality requirements required by Research Ethics BC, including de-identifying personal data, limiting access to participant data, and securely storing data. All data collection efforts will be compliant with relevant legislation, including but not limited to, the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act. Participant safety is of paramount importance to VCH, PHS and all partners on this project. Before this project begins, a full risk assessment will be conducted to ensure that any potential risks are identified and risk mitigation strategies will be developed. Pre-determined stopping rules consisting of one or more safety criteria will be created that, if met, will warrant a temporary or permanent stop to all of the project or a participant's involvement in the project. Additionally, information on any adverse events will be collected and reported to the ethics board.

Assessment Criteria:

- The project would meaningfully contribute to the performance measurement and evaluation process chosen for this call for proposals.

- To what extent are expected project results (outcomes) well-described, including how the proposed project will positively impact SUAP program outcomes?
- If applicable, ethics considerations and appropriate measures to address them are described.

Section 5 – Organizational and Collaboration Capacity

a) Why is your organization best positioned to lead this project?

VCH is a publicly funded regional health authority in BC, responsible for delivering health care services to over 1.25 million people in part of Metro Vancouver and the Coast Garibaldi area. VCH provides primary, secondary, tertiary, and quaternary care, home and community care, mental health and substance use care, and population and preventive health services. As Vancouver's Downtown Eastside is situated within the VCH region, VCH has been at the forefront of the response to the opioid public health emergency.

VCH is ideally-positioned to undertake the SAFER Initiative. VCH has extensive experience successfully implementing harm reduction initiatives and delivering substance use-related and other health care services in the Downtown Eastside. The most well-known of these initiatives is Insite, which is jointly operated by Portland Hotel Society and VCH. In 2018, VCH launched the DTES Second Generation Strategy, which uses a new model of care to give residents of the Downtown Eastside better access to coordinated and consistent health care services. The model brings together existing programs and services and ensures clients can access integrated primary care, mental health and substance use care, harm reduction services, and specialized care through an interdisciplinary team at a single health facility. VCH has launched one new health centre under this model, the Heatley Community Health Centre, and two other health centres, the Pender Community Health Centre and Downtown Community Health Centre, have transitioned to this new model. In addition, VCH offers substance use-related drop-in services at Powell Street Getaway and low-barrier substance use treatment services at DTES Connections Clinic. Importantly, all VCH staff in the DTES receive training in cultural safety, trauma-informed practice, harm reduction, and recovery-oriented practice. Moving forward, VCH has developed a framework for including people with lived experience in the delivery of DTES programs, ensuring their unique and valuable perspectives are heard and amplified in the health care system.

VCH's Overdose Emergency Response program will lead the planning, implementation, and performance evaluation of the SAFER Initiative, in partnership with VCH's Regional Prevention and Addiction programs. The Overdose Emergency Response program is well-suited to lead the S.A.F.E.R. initiative, as this program coordinates and implements the overdose response in the VCH region with an annual operating budget of $15 million. As part of its goal to prevent overdose deaths and reduce the harms associated with overdoses, the Overdose Emergency Response program has implemented strategies designed to: support people with lived experience employment and empowerment; increase access to naloxone and overdose education; support safe spaces to use substances; expand drug checking; provide overdose case management; and improve access to oral and injectable opioid agonist therapy. The Overdose Emergency Response program has strong experience managing projects and working in collaboration with community partners. In the short time the Overdose Emergency Response program has been established, the department has overseen the implementation of 5 overdose prevention sites, 1 new supervised consumption site, and 1 injectable opioid agonist therapy program.

VCH is able to contribute a significant amount of in-kind support, both human resources and supplies. VCH has interdisciplinary in-house expertise to provide financial management, project management, clinical education, and evaluation support for the SAFER Initiative. As a regional health authority, VCH

receives stable core funding from the Province of BC and is not dependent on time-limited and/or one-time grants for any staff or core programs.

b) In the table below, indicate the names of the partners you will work with during the project and describe their role and contribution. *Note – signed, official letters of support may be requested during Health Canada's review process.*

Name of Partner Organization	Partner's Role	Partner's Contribution (Financial/In-Kind)
Vancouver Coastal Health	The primary SUAP applicant, holder, and distributor of the funding, responsible for reporting requirements to Health Canada	Financial management, project management, clinical education.
PHS Community Services Society	Will be the non-profit operational partner in both Vancouver and possible second site in Victoria. Dr. Christy Sutherland will provide medical oversight of the program (including recruitment and oversight of prescribers and other health care providers in the model.)	Project management, clinical expertise, others TBD
BC Centre on Substance Use	Provides support as a provincial partner for engaging provincial partners for the development of initial planning and SUAP application. Will also lead the research and evaluation efforts via a separate Canadian Institutes for Health Research funding call (anticipated Spring 2020). Additionally, supports networking and engagement of people who use drugs (PWUD) through the BCCSU's PWLE reference group. Will also support provincial and federal knowledge dissemination activities and any relevant updates to provincial clinical guidelines.	Project management, research, guideline development, knowledge translation, scientific evaluation.
VANDU & BCAPOM (WAHRS?)	Members and the boards will continue to be engaged in the development, design and evaluation of the program from the beginning.	PWLE/PWUD expertise in working groups and system user design processes.

City of Vancouver	Municipal partner for the Vancouver site. The city has been briefed and is supportive of exploring safer supply initiatives. More planning around municipal partner roles will need to be further defined if project is successfully funded.	Space procurement, bylaw compliance, municipal permitting.
PIVOT	Will provide legal consultation and opinion for the project duration.	Legal opinion and knowledge dissemination partner.
SOLID	Members and the boards will continue to be engaged in the development, design and evaluation of the program from the beginning.	PWLE/PWUD expertise in working groups and system user design processes.
City of Victoria	Will be the municipal partner for the Victoria site.	TBD
Vancouver Island Health Authority (VIHA)	Has been engaged to discuss a site in Victoria or other location on Vancouver Island.	TBD
Fraser Health Authority (FHA) and relevant municipal partners	Has been engaged to discuss a site in FHA.	TBD
Assessment Criteria: • To what extent does the proposal demonstrate that the applicant is well-positioned to undertake the proposed project? Considerations could include: - Credibility - Relevant skills, interests, experience with the subject matter and target populations - Financial and/or human resource capacity • Identified partnerships are appropriate and sufficient to support the proposed initiative.		

Section 6 – Sex- and Gender-Based Analysis

How has sex- and gender-based analysis (SGBA) been integrated into the project, including data collection? For reference, see the continuum of gender considerations in programs and policies in the SUAP *Guidelines for Applicants*.

Data about the impact of overdose on men and women, as well as the impact on Indigenous peoples, has informed our project planning. This project recognizes and seeks to address the impact of different gender norms, roles, and relations.

Men and Indigenous people are disproportionately impacted by the overdose emergency in BC. Men represent 80% of the people dying of overdose in our region.[1] Status First Nations people have a four times greater risk of overdose death compared to non-status First Nation people. Although women

make up about 20% of people who overdose,[1] given the higher levels of vulnerability and marginalization experienced by some women, this project will aim to recruit women as well as men. Data from iOAT trials in Vancouver, BC, has found that women starting iOAT face additional vulnerabilities compared to men, including higher rates of lifetime physical and sexual abuse, HIV and hepatitis C infections, cocaine use, suicide attempts, past-month sex work, lower age, and lower rates of employment.[21-23] In addition, demographic data from the TiOAT program shows that almost 30% of participants are women, indicating that low-barrier programs providing access to safe, pharmaceutical-grade opioids will attract a significant number of women. For these reasons, gender considerations will be important when selecting the location of this project. Choosing a site that both men and women will feel safe to access will be crucial. Ensuring cultural safety will be critical to ensure access of Indigenous people.

We will be collecting output and outcome data that will allow us to conduct gender-based analyses. For outputs, we will be collecting gender identity information from participants. We will also utilize an Aboriginal self-identfication method for participant data collection. We will be collecting this data and will be reviewing it monthly during the first six months of the project and quarterly thereafter. Should we observe disparities of access (i.e. very few women, very few men, or very few self-identified Aboriginal people accessing the program) then we will take steps to adjust the intervention to better reach those who were not being reached.

Assessment Criteria:

- To what extent have SGBA efforts have been integrated into the proposed intervention, including information on justification, links to evidence, interactions with other relevant determinants/variables, evidence of reference to resource documents on SGBA, description of intents related to analysis, reporting and evaluation?
- To what extent does the proposal respond to the continuum of gender considerations in programs and policies?
- To what extent will data from the project enable analysis of impact on sex and gender?

Section 7 – Summary Work Plan

Activities	Timeline (start/end date)	Outputs
GENERAL		
Stakeholder engagement	July 2019	Draft program model complete
Establish PWLE Advisory Group	July 2019	Advisory committee established
Identify Steering Committee members and determine make-up of Operations, Pharmaceutical, Eligibility and Healthcare Involvement and Research Working Groups	July-August 2019	Steering Committee established
PHS board member engagement and presentation	July 31, 2019	PHS board agreement to partner on this project
Implementation activities with stakeholders	October-January 2019	System user design session TBC
Pilot initial site (pending funding approval)	May 2020	
STEERING COMMITTEE		

Draft Working Groups' Terms of Reference and key objectives	August-September 2019	Terms of reference drafted and key objectives (complete)
Establish membership of Working Groups	August-September 2019	Complete
Identify system user design lead	August 2019	Complete
Identify partner Medical Writer for grant facilitation	August 2019	Complete
Meet with City of Vancouver	July-August 2019	Confirm interest and secure letter of support
Meet with Vancouver Police	August 2019	Confirm interest and secure letter of support
Working Groups meet weekly	August-September 26 2019	Complete
Brief Ministries of Health and Mental Health and Addictions	July-August 2019	TBD
Present to VCH Senior Leadership Team	August 2019	Secure letter of support
Project Steering Committee to review final draft of SUAP applications	September 2019	
SUAP submission	September 26, 2019	
	OPERATIONS WORKING GROUP	
Identify potential space/location (engage with City of Vancouver, BC Housing, Community Impact Real Estate, etc.)		
Draft staffing model	October-November 2019	Draft staffing model developed to be further refined through systems user design consultation
Develop work flows	October-November 2019	Work flows in place
Estimate of model capacity (i.e. # of participants based on funding and drug costs)	November 2019	
Develop an estimate of costs not covered (i.e. capital and renovations)	August 2019	
Develop a fundraising strategy and associated materials	September 2019	
Review of operational model against existing legislation (legal review)	September 2019	
Estimate of model capacity (i.e. # of participants based on funding and drug costs)	November 2019	
Engage with regulatory colleges (as needed)	August/September 2019	Preliminary discussion and identification of provincial regulatory barriers

PHARMACEUTICAL WORKING GROUP		
List of drugs to be used including quantities and costs	August 2019	
Description of possible drug supply chain (for each drug)	September 2019	
Review of drug supply chain against existing legislation (legal review)	September-October 2019	
Develop pharmacy operational planning	October 2019	
Engage with regulatory colleges	August/September 2019	Preliminary discussion and identification of provincial regulatory barriers
ELIGIBILITY AND HEALTHCARE PROVIDER INVOLVEMENT WORKING GROUP		
Develop eligibility criteria overview and shared decision-making framework		
Develop healthcare provider oversight		
Legal review/alignment with CDSA/NCR		
Engage with regulatory colleges (as needed)	August/September 2019	Preliminary discussion and identification of provincial regulatory barriers
RESEARCH WORKING GROUP		
Populate committee and set first meeting date	October 2019	
Develop description of possible research for application (for future grant) and plan for ethical review	September 2019	
Work with Health Canada around funding announcement in the spring	September 2019 and ongoing	
Engage with research ethics board and pubic health ethics review process prior to submission	Date TBD	

Assessment Criteria:

- To what extent does the high-level, summary workplan justify the requested project duration and include feasible key activities, timelines and key outputs?

Section 8 – Budget and Narrative

Complete the Excel-based SUAP **Detailed Budget Template**, provided by Health Canada, and the budget narrative justification form (ATTACHMENT #1), and submit with your application for funding.

- All costs must be directly related to the project.
- The federal government's fiscal year begins April 1 and ends March 31.
- There are two tabs within the budget template:
    - An Expenditure-based Budget sheet (**mandatory**)
    - A description of the budget categories

Assessment Criteria:

- To what extent is the total funding requested from Health Canada (total budget) appropriate to support the proposed activities and demonstrate value for money and ability to leverage multi-sectoral or multi-agency financial and in-kind contributions?
- To what extent are the budget narrative descriptions provided appropriate and clear to assess/support the amount requested in each budget category?

Approval / Declaration

The undersigned on behalf of the organization declares that:

- The information in this application and all accompanying documents are accurate and complete;
- No current or former public servant for whom the *Health Canada Values and Ethics Code,* the *Values and Ethics Code for the Public Sector*, the Treasury Board Secretariat *Policy on Conflict of Interest and Post-Employment* and the *Conflict of Interest and Post-Employment Code for Public Office Holders* applies, shall derive any direct benefit from this funding request including any employment, payment or gifts, unless the provision and receipt of such benefits is in compliance with such codes and policy;
- Project activities will be undertaken in compliance with all applicable statutes, regulations, orders, standards and guidelines;
- Project activities are not being supported, directly or indirectly (including through funding or in-kind contributions), by entities involved in the manufacture, production, advertising or sale of pharmaceutical, tobacco, vaping or cannabis products; and
- The funding request is made on behalf of the organization named in Section 1 with its full knowledge and consent.

I acknowledge that Health Canada may share this funding request with other organizations (including provincial/territorial Ministries of Health) as part of its review and approval process. I acknowledge that should this funding request be approved, funding will be conditional upon the organization signing a written agreement with Health Canada.

Name:
Title:

Signature:
Date:

Tips for Completing This Template

When completing this template please consider the following:

- All projects must be aligned with one or more of the SUAP funding priorities identified in the call for proposals.

- Projects should align with the SUAP principles outlined in the Guide for Applicants and be: evidence-informed; involve those with lived and living experience of past or current substance use; non-stigmatizing; community-led; collaborative and connected; culturally safe; sex, gender and trauma-informed; reduce harms.

- Projects should ensure that not only appropriate knowledge is generated but that it is also put into action. When possible, projects should focus on not only dissemination but also uptake of knowledge in as broad a manner as possible.

- All projects must conduct ongoing performance measurement and complete an outcome evaluation, using SUAP outcomes and performance indicators, that contributes to the evidence-base on what works in health promotion, prevention, harm reduction and treatment related to problematic substance use. Projects may also be required to participate in Health Canada led third-party evaluations as a condition of funding. Health Canada will provide additional information on specific requirements should your project be approved for funding.

- Projects approved for funding are required to complete and submit a performance measurement and evaluation plan, regular performance and progress reports, regular financial / cashflow reports and a final evaluation report using standardized Health Canada templates. Please contact SUAP if you would like to review these templates in advance in order to understand the requirements and project budget implications.

- Projects should demonstrate partnerships and include multi-sectoral or multi-agency collaboration that contribute necessary expertise and capacity to maximize the impact and scope of the activities. Where possible, projects should leverage local resources or connect to larger initiatives such as provincial, territorial or national strategies, networks, etc.

- Outputs or knowledge products (policy documents, standards, guidelines, training/curriculum, papers, tools/toolkits, webinars, informational resources, reports, networks/platforms etc.) created by the project should not duplicate existing products.

- SUAP funding is time-limited. Therefore, a sustainability plan should be embedded within the design and implementation of funded projects. Sustainability can include: maintenance or ongoing impact of project outcomes; maintenance or ongoing impact of partnerships; continuation of project activities; and/or integration of what has been developed or learned at the organizational and/or systems level.

Attachment #1

Budget Narrative Justification Form

Personnel	**Full time employees:** (*position titles, role in the project, salary before deductions)*
	Part time employees: *(position titles, role in the project, number of hours worked per week, hourly rates)*
	Benefits:
Good & Services: Contractors	*Role in the project, number of hours worked per week, hourly rate*
Goods & Services: Meetings / Events	**Room/Space Rental:**
	Hospitality: *(not to exceed Treasury Board rates)*
	Services: *(translation, etc.)*
Travel	**Transportation:** *(type and purpose of travel)*
	Accommodation: *(number of nights, number of participants)*
	Meals and Incidentals: *(number of meals, number of days*)
Materials & Equipment	**Project Materials and Supplies (including pharmaceutical-grade medications):** (*purpose, type, and cost of materials)*
	Printing / Dissemination: *(what, where, how, cost)*
	Office Equipment: (*purpose, type and cost of renting or purchasing)*
	Other (specify):
Rent & Utilities	*Indicate amount and how the portion to be charged to this project was calculated*
Performance Measurement & Evaluation	*Cost of external evaluation, data analysis, etc.*
Other (specify)	Items included under this "other" category should be kept at a minimum.
Other Sources: Financial	Are the activities under this project funded through funds/monies from other funding sources? *If yes, specify name of funder(s) and status of contribution(s) (approved or pending – indicate contingency plan should funding not be available).*
Other Sources – Non-Financial (In-Kind)	Are in-kind contributions being made by **your** organization for the activities of this project? Are in-kind contributions being made by **other** organizations for the activities of this project? *If yes, specify name of organizations providing contributions and status of contribution(s) (confirmed or pending – indicate contingency plan should funding not be available).*
Treasury Board Guidelines	**ACCOMMODATION** - http://rehelv-acrd.tpsgc-pwgsc.gc.ca/index-eng.aspx **TRAVEL DIRECTIVE** - http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/tbm_113/td-dv-eng.asp **MEALS & INCIDENTALS** - http://www.njc-cnm.gc.ca/directive/index.php?sid=98&hl=1&lang=eng **HOSPITALITY** - http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=27228&section=text

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Bauer, Tim HLTH:EX

From: Tupper, Kenneth HLTH:EX
Sent: September 19, 2019 4:11 PM
To: 'Compton, Miranda [VC]'
Cc: Yee, Arthur MMHA:EX; 'Cheyenne Johnson'
Subject: RE: VCH SAFER SEPTEMBER 16 DRAFT Clean (2)

Thanks for this Miranda – this is helpful! Appreciate you pulling together in short order

Ken

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Let me know if this is not sufficient and/or you need further information.
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Thanks again
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- Missed dose protocols with both oral and injectable OAT mean that missing two or more days prompts a dose reduction and the need to re-titrate (see above). Missed dose protocols in the SAFER program will be designed to minimize impact on participants.

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- SAFER aims to engage people in low barrier treatment, retain them in that treatment, and work towards stabilizing their lives so that other evidence-based treatment options become feasible.

DSM-5 Criteria for Opioid Use Disorder

To be eligible for methadone, buprenorphine/naloxone or slow release oral morphine agonist treatment, patients must meet DSM-5 criteria for opioid use disorder. **To be eligible for SAFER, patients must meet the criteria for at least moderate OUD.**

The presence of **at least 2** of these symptoms indicates an Opioid Use Disorder (OUD):

1 Opioids are often **taken in larger amounts or over a longer period** than was intended
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Attachments: SAFER Budget Summary- UPDATE.xlsx; Staffing Model - Safe Supply.xlsx

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Page 064 of 172 to/à Page 067 of 172

Withheld pursuant to/removed as

s.13 ; s.17

Bauer, Tim HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: September 3, 2019 8:54 AM
To: Szuch, Clara HLTH:EX; Emslie, Margaret J HLTH:EX
Cc: Compton, Miranda [VC]; McAlduff, Monica [VC]; West, Jeff [VC]; Dalzell, Kacey [VC]; Ahamad, Keith [VC]; Yatham, Lakshmi [VC]
Subject: Prescriber Enhancements VCH Annual MKC Version
Attachments: Prescriber Enhancements VCH Annual MKC Version.docx

Hello Clara and Meg,
Attached please find VCH's submission for the Prescriber Enhancement Funding.
Please let us know if you have any questions about any components of this submission
We look forward to hearing next steps.
And big thanks for giving us the weekend to finalize our submission!
Miranda

Miranda Compton, MSW, RSW
Regional Director, Prevention
Director, Regional Addiction Program
Office of the Chief Medical Health Officer
Vancouver Coastal Health
T: 604-862-1210
miranda.compton@vch.ca

HEATH AUTHORITY IMPLEMENTATION PLAN TEMPLATE
ROADMAP PRIOIRTY: PRESCRIBER ENHANCEMENTS

A. BACKGROUND:

In June 2019, the province released A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia. The Roadmap includes a number of priority actions related to substance use services, including enhancements to prescriber services.

Expanding rapid access to addiction medicine supports, including prescriber services, is critical to ensuring that people are able to access the right treatment when they are ready. As part of Budget 2019, funding was allocated to support this component of the Roadmap. There are two funding opportunities available for enhancements to prescriber services:

- Annual Enhancements to Rapid Access to Addiction Medicine: Prescriber Services (2019/20 through 2021/22); and
- One Time Funding for Immediate Enhancements to Prescriber Services (2019/20).

Three-year implementation plans should complement and align, to the greatest extent possible, the direction of regional primary care plans, specialized care network priorities, and with overdose priorities. Plans should also consider how these enhancements are supporting the service needs of Indigenous people.

B. INSTRUCTIONS

This template describes your organization's plan to enhance rapid access to addiction medicine **through increased prescriber services**, in alignment with the funding categories established by the Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (MoH).

Please note:

Funded initiatives must add to and/or increase availability of medication-assisted treatment.

Annual Funding

- Must support initiatives/actions that increase access to medication-assisted treatment for substance use disorders through new or enhanced prescriber services
- Is not limited to opioid overdose response but can include OAT or iOAT prescriber enhancements
- Can be used for a percentage of prescriber costs if prescribers have a broader scope of practice/provide additional services

One Time Funding

- Must be used in 2019/20 for prescriber enhancements to address immediate needs such as, increasing sessions at certain locations, addressing backlogs, filling temporary vacancies or testing the impact of additional services such as extended hours.
- Can be used to support training and education opportunities to enhance prescriber capacity (e.g. POATSP training and preceptorship) that is intended to increase access in new or underserved regions or communities.

This funding is not available for general operating costs or other items not specific to substance use prescriber services.

Questions? Please contact Meg Emslie (Margaret.Emslie@gov.bc.ca)

DUE DATE FOR COMPLETED PRESCRIBER ENHANCEMENTS IMPLEMENTATION PLANS: AUGUST 30, 2019

Please send completed templates to CLARA.SZUCH@GOV.BC.CA

C. TEMPLATE

Health Authority :	***Vancouver Coastal Health***
Key Contact:	***Miranda Compton**, Regional Director, Regional Addiction Program* *Monica McAlduff, Regional Director, MHSU*
Email: miranda.compton@vch.ca Monica/McAlduff@vch.ca	**Phone #:** 604-862-1210

NAME OF INITIATIVE:

Prescriber Enhancement to Address Gaps in Treatment Engagement ,

Annual Funding

DESCRIPTION OF ACTIVITIES

To address the gaps in addiction treatment services within the Vancouver Coastal Health Region with a focus on prescribing for Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD, we propose 5 streams of initiatives (Initiative A through E):

Initiative A: **Increasing prescriber capacity in VCH Communities of Care**

The Vancouver Coastal Health Region is divided into 3 Communities of Care (Richmond, Vancouver and Coastal). Each with their own populations and system of care requirements. We will provide 2 physician sessions or .4 FTE NP capacity to each community of care to tailor to the priority needs of the particular community. Priority initiatives might include

- Shared care with mental health psychiatry to ensure optimal addiction care on mental health teams
- Telehealth to support rural remote prescribing
- Additional physician capacity at rapid access treatment hubs
- Increase capacity to address alcohol use disorder within primary care

Initiative B: **Increase prescriber capacity in the Managed Alcohol Program (MAP) at the PHS Drinker's Lounge Program.**

The PHS Drinker's Lounge Program is a community based MAP that operates with a goal to reduce harms of drinking while increasing access to health and social services. The MAP at PHS is a day program that offers prescribed alcohol dispensing and administration for people with severe alcohol use disorder, who are drinking non-beverage alcohol (NBA). The aim is to eliminate NBA use, and the harms associated with it, by replacing it with safer, beverage alcohol through a culturally informed, heart centred approach to engage drinkers lost to service in other continuums of care. In addition to accessing safer alcohol, the program provides connection to community, opportunities for volunteering, nutritional support, connection to Indigenous culture, medication administration and health care. The programs goals include decrease police interaction, decreased violence, maintaining housing, engage in primary care and treating medical condition with decreased hospital room visits.

People with severe alcohol dependence are vulnerable to multiple harms related to drinking. MAP aims to reduce harms of severe alcohol use without expecting cessation of use. Prior to entry into a MAP, clients often have multiple negative and unsuccessful experiences with abstinence based treatment and find abstinence based goals often unattainable. Therefore there is a need for harm reduction strategies such as MAP. There is evidence that MAPs reduce acute and social harms associated with alcohol dependence. As well as, evaluation of programs that tolerate alcohol consumption on site have found reductions in alcohol use and improved quality of life, with decreased use of more costly health and other services.[1]

The proposed additional weekly prescriber session will work alongside the psycho-social programming within MAP to

provide prescribing capacity and clinical case management to ensure optimal access to treatment for alcohol use disorder and relapse prevention, including Naltrexone, Acamprosate, Gapapentin and Topirmate.

Initiative C: Prescriber participation on BCCSU ECHO for Opioid Use Disorder, and ECHO for Alcohol Use Disorder

In collaboration with regional and other stakeholders, and funded by Health Canada, the BCCSU has initiated an opioid use disorder (OUD) Project ECHO, and plans to implement a Project ECHO for Alcohol Use Disorder in January, 2020. Project ECHO aims to help primary care providers and their teams build capacity in the treatment and management of substance use disorder. Through interactive, online, case-based presentations, health care providers will enhance competencies and learn through real-world examples, how to incorporate evidence-based practices into their care setting, to improve outcomes for clients and families.

Topics Covered in the Project ECHO for OUD will be:

- Practical considerations for buprenorphine/naloxone induction in primary care settings (traditional and home induction, microdosing)
- Transitions between pharmacotherapies for opioid use disorder and between care settings
- Prescribing for opioid use disorder in the context of polysubstance use
- Special considerations for youth and pregnancy
- Managing patients with co-occurring chronic pain and OUD
- Working with clients with a variety of severities of co-occurring mental health disorders

Topics covered by Project ECHO for AUD will be based on the AUD Provincial Guidelines once released.

Enhanced prescriber funding will fund Physician/Nurse Practitioner participation in the bi-weekly ECHO sessions. As many Physicians and NP's work part-time at multiple sites, dedicated funding will facilitate their participation in ECHO alongside the nursing and allied health teams with whom they deliver care.

Initiative D: Increase prescriber capacity for addressing OUD, within interdisciplinary pain management approaches.

As part of the Pain Management funding through the Provincial Opioid Emergency Response, VCH has launched a physio-therapist led interdisciplinary pain management team that combines physiotherapy, individual counselling, NP –delivered MyoActivation pain care and group counselling & education as a satellite to Vancouver Community primary care patients. Efforts have been made to extend the impact of this team through expansion of education sessions to the sunshine coast. The enhanced prescriber funding will be to used to further extend the reach of this team, and deepen their support to patients by – providing clinical consultation and education on prescribing for pain in the context of OUD, and clinical consultation for pharmacological treatment for pain for patients who are being supported by this team.

Initiative E: Region-wide weekend prescriber coverage for Supportive Recovery Residences

Opioid Agonist Treatment is the first-line recommended treatment for OUD, and ensuring a strong clinical plan for relapse prevention (that is inclusive of pharmacological treatments) is central to the recovery process. It is an increasing challenge for health authority-funded supportive recovery and residential treatment centres to ensure capacity to address the complexities of ensuring rapid access to treatment and on-going treatment management for patients within their facilities. Ensuring optimal access to prescription treatment is central to the recovery process for both OUD and AUD. The enhancing prescriber funding will provide 2 weekend sessions to provide telehealth prescribing and consultation to supportive recovery centres across the region. The prescriber will work out of one of VCH's mobile or fixed-site withdrawal management teams, to strengthen continuity of care for patients transitioning between withdrawal management and recovery programs.

IMPLEMENTATION

Initiative A: **Increasing prescriber capacity in VCH Communities of Care**

- MHSU and Primary Care leadership in each of the communities of care are actively planning the best possible application of this community of care resource, tailored to the region's priority needs. Please see list of probable enhancements in above section.
- The goal of this funding is to fill priority gaps within the community of care for treatment of substance use disorder.
- Key partners will include mental health teams, primary care centres, urgent primary care centres, hospital ED, rapid access clinics and First Nations communities, who are currently being engaged to help determine best possible application of increased prescriber capacity.
- Priority outcome will be to build on impact of prescriber education/capacity building activities described in one-time only prescriber enhancement funding (section 2 below) to achieve increased capacity for prescribed medication for substance use disorder in area where there was previously little to no prescribing
- Target group will be people living with untreated substance use disorder within each of the communities of care

Initiative B: **Increase prescriber capacity in the Managed Alcohol Program (MAP) at the PHS Drinker's Lounge Program.**

- This funding will provide an additional prescriber's session to MAP at the Drinker's Lounge. This will be a second weekly session, with a total of two sessions per week which can be an additional prescriber or the same prescriber with an extra session.
- The goal of this funding is to increase the medical management of participants of the Drinker's Lounge, and to ensure a treatment plan that addresses relapse prevention and provides clinical management of alcohol dependence.
- Key partners will include primary care providers, the PHS Community Services Society, First Nations Health Authority, community
- Priority outcome will be: Increased clinical stabilization and quality of life for participants of the Drinker's Lounge Program; increased transition to lower acuity services; decreased use of alcohol within patients; increased knowledge translation activities on the role of physician pharmacological prescribing within managed alcohol programs.
- Target clients will be individuals who are consumers of non-beverage alcohol, living with severe AUD and participants in the Drinker's Lounge Programs
- Target consumers of the knowledge exchange component will be other addiction and/or primary care providers.

Initiative C: Prescriber participation on BCCSU ECHO for Opioid Use Disorder, and ECHO for Alcohol Use Disorder

- This funding will support the participation of physicians and Nurse Practitioners in BCCSU bi-weekly Project ECHO
- This opportunity will be provided to prescribers across the VCH region, with a goal to ensure equity and balance across the region, as well as to support providers who are actively prescribing, or have demonstrated willingness to proactively support patients in need of pharmacological management of OUD and AUD.
- Key partner will be BCCSU, along with Community of Care medical and operation leadership across MHSU, Primary Care and Acute settings.
- Priority outcomes will be: increased physician/NP participation in Project ECHO, increased confidence among prescribers, increased prescribing by providers, increased evidence based and quality care received by patients.
- Target participants will be providers who have taken POATSP training and who are committed to advancing their practice through group learning.

Initiative D: Increase prescriber capacity for addressing OUD, within interdisciplinary pain management approaches

- This funding will go toward attaching a physician session, or increasing NP time to incorporate a prescribing and clinical consultation component to the community-based inter-disciplinary pain management team
- Key partners will be the clinicians/members of the existing interdisciplinary pain team (physiotherapist,

counsellor, NP), as well as MHSU and Primary Care providers across the region

- Key outcomes will two fold: 1) increased capacity for prescribing for pain management within the interdisciplinary team's approach to client care; and 2) increased understanding across the primary care system of the role of pharmacological treatments as part of an interdisciplinary approach to pain management in the context of OUD
- Target clients will be clients who have been diagnosed with chronic pain and OUD, who are continuing to access the illicit supply of opioids.

Initiative E: Region-wide weekend prescriber coverage for Supportive Recovery Residences

- This funding will provide one Saturday and one Sunday prescribing session for Supportive Recovery Residences across the VCH region,
- Key partners will be the non-profit operators of the supportive recovery beds, as well as clinical teams in rapid access clinics and withdrawal management services.
- Key outcomes will be to increase support for the medical management of patients in recovery, including access to pharmacotherapies to manage substance dependence and relapse management.
- Target clients will be patients with OUD and AUD within the recovery system of care.

ALIGNMENT WITH EXISTING PRIORITIES

The VCH Regional Addiction Program (RAP) was established in 2018 with the clear mandate to focus on clinical capacity building for the treatment of substance use disorder across the VCH system of care. The Regional Addiction Program is working collaboratively with the VCH Regional Mental Health and Substance Use Program, which is prioritizing capacity building to address the care of patients with concurrent disorders, particularly within acute and community MHSU settings.

All 5 initiatives detailed above are aligned with the RAP and Regional MHSU Programs' collaborative goal to address gaps in substance use care and to build capacity through education and targeted resources,

MILESTONES *Please provide the key milestones for how your health authority will be actioning this initiative.*

Please list below	Location	Target Completion Date
Initiative A: Increasing Prescriber Capacity in VCH Communities of Care (CoC) - Identify optimal application of prescriber GP/NP sessions within each CoC - Set monitoring and evaluation framework - Implement additional sessions - Monitor impact of sessions	Richmond, Vancouver, Coastal Richmond, Vancouver, Coastal	September 30, 2019 September 30, 2019 October 31 2019 On-going
Initiative B: Increase Prescriber Capacity in MAP - Implement additional session at Drinkers Lounge - Set monitoring and evaluation framework - Engage in knowledge-sharing/translation across region - Monitor impact of session on patient outcomes	Vancouver Across Region	October 1, 2019 September 30, 2019 March 2020 On-going
Initiative C:Prescriber Participation in ECHO - Recruit NP/GP/Specialist participants for OAT ECHO	Across Region	September , 2019

- Collect data on number of participants, increase in prescribing practice - Recruit NP/GP/ Specialist participants in AUD ECHO		October 2019 and on-going January 2020
Initiative D: Prescriber Capacity Chronic Pain - Recruit GP/NP for Pain team - Establish monitoring and evaluation framework - Monitor impact - Engage in knowledge sharing/translation across region	Vancouver Across Region	September, 2019 October 2019 Ongoing March 2020 onward
Initiative E: Region-wide weekend coverage, Recovery - Determine location/technology for shared prescribers - Engage stakeholders in planning for sessions - Implement sessions - Monitor and evaluate impact	Across Region	 Sept/Oct 2019 Sept/Oct 2019 November 2019 On-going

s.13; s.17

*notional allocations

PERFORMANCE MEASURES. *[This section describes the metrics that will be gathered to measure the success (i.e. results) of the initiative and to determine that the initiative is having a positive impact for individuals and communities. Please complete the table below that outlines the metrics that you will use to measure success. Include at least one concrete, measurable indicator with current value. Please consider capturing information on Indigenous populations where possible, as there is a strong commitment to understand how initiatives are reaching these populations.]*

Measure /Indicator(s)	Location *(if applicable)*	Target	Data Source*	Data Collection Method**
Initiative A: 2 prescriber sessions per CoC* ***or equivalent cost per NP***	Richmond, Vancouver, Coastal,	2 additional sessions + Increase in	EMR	Data extract quarterly

	(Precise locations TBD)	number of patients being prescribed treatment for OUD/AUD.		
Initiative B: Prescriber session for MAP*	As above	100% of patients Drinkers Lounge have seen doctor and have clinical treatment plan	Electronic Health Record	Reporting template submitted quarterly by non-profit provider
Initiative C: BCCSU ECHO paricipation	Richmond Vancouver Coastal	Minimum of 20 practitioners participating in Echo 100% of participants are prescribing patients OAT/tx for AUD	Provider Billing Participants report	 2x yearly survey of participants
Initiative D: Pain Management	Vancouver	100% of patients have clinical pain management plan documented (either by primary care provider or through enhance prescriber session)	Program reports	Quarterly
Initiative E: Weekend Coverage	Richmond Vancouver Coastal	All Supportive Recovery residences are aware of resource and are accessing consult support as needed	Provider reporting	Monthly

**Data Source indicates where information is stored or found. **Data Collection method indicators how, when, and by whom data is collected (i.e., paper files during clinical interview, case management software, etc.)*

NAME OF INITIATIVE: Prescriber Enhancements: One-Time Funding (2019/20)

DESCRPTION OF ACTIVITIES

A recent review of Tertiary Mental Health and Substance Use Facilities within VCH indicated that approximately 60 – 70% of persons within these adult settings struggle with psychosis and severe substance use concerns. Further, information and data indicates that acute psychiatric settings are also increasingly working with a population struggling with severe concurrent disorders; readmission data indicates that clients being readmitted to hospital are younger aged patients with stimulant use disorder; and a review of reported overdoses in community suggest that a number of clients were already connected with mental health teams for a psychiatric disorder, with further evidence suggesting significant alcohol dependency for clients in community settings. Altogether, concurrent disorders are prevalent across mental health and substance use settings.

In order to meet the needs of clients across Vancouver Coastal Health, the health authority proposes an education blitz for psychiatrist, physicians and Nurse Practitioners in key areas where substance use disorders are prevalent. This one – time education blitz for prescribers is designed to ensure that health care providers currently practicing across regional tertiary, acute and key community teams have the requisite skills (training/ education) to work with a severe substance use population, particularly clients with severe substance use who would benefit from available pharmacological approaches to care. The education will be focussed on enhancing prescriber capacity for persons with substance use addictions, and for persons with concurrent mental health and substance use disorders.

Notably, while there are other opportunities for education through the BC Centre for Substance use, unfortunately the BCCSU training cannot keep up with the current demand for enhanced capacity in the above mentioned settings. Whereas, the one-time education blitz will provide an opportunity to upskill prescribers now, to ensure that clients get the care they need at the time they need it.

The one time education blitz will include:

- Project Management to coordinate educational sessions, communications and material development as necessary
- A Regional Concurrent Disorders Medical Lead to support the development and design of educational sessions evaluation, and ongoing quality improvement (stipend model)
- 2 half day sessions for psychiatrists in each CoC (funding to be used for backfill to ensure participation)
- Ongoing mentoring and consultation via an identified “group of five” peer physician networks; intended to ensure sustainability
- Pre/ Post evaluations
- Ongoing outcome measurement to measure impact

Content areas (designed to increase access to medication assisted treatment) to be addressed in half day sessions include

- Prescriber training for Alcohol Use Disorders (in alignment with soon to be released BCCSU guidelines)
- Prescribing for Tobacco Use Disorder (alignment with smoking cessation clinic)
- Prescribing for the full range of oral Opioid Agonist Therapy (in conjunction with the Provincial Opioid Addiction Treatment Support Program POATSP)
- Prescriber Training for injectable Opioid Agonist Therapy (in conjunction with POATSP)
- Overview of foundational skills that enhance engagement to medication assisted treatment: motivational interviewing, screening, brief intervention and treatment within primary care, trauma informed practice, dialectical behaviour therapy, and contingency management

VCH is currently working on a Concurrent Disorder Strategy to supplement skills across all health care providers in MHSU. Best practice asserts that pharmacotherapy is more successful when augmented with psychosocial approaches to care. The education blitz will be supplemented by additional work by VCH regarding education to nursing and allied health staff and help to ensure multidisciplinary alignment and team based care (not included in this funding).

IMPLEMENTATION

Based on Feedback from each of the Communities of Care, the following prescriber groups will be offered education:

- Tertiary Psychiatry
- Acute Psychiatry
- Community Mental Health and Substance Use Teams (physician leads/ psychiatrists); particularly in Older Adult

and Youth Services
- Nurse Practitioners on outreach teams for youth and young adults
- Infectious Disease physicians (soft tissue clinics)
- Emergency Department Physicians and Psychiatrists
- Nurse Practitioners serving primary care clinics in rural areas (particularly Aboriginal NPs)
- General Practitioners in Urgent Care settings

Use of Resources/ Staffing
- Project manager to work with regional mental health and substance use, and regional addictions staff, and key stakeholders across VCH to develop a compilation of available online education modules to prescribers and interested allied staff (created in house with no additional funding)
- Face-to-face foundational skills training sessions for skills-based practice will be created (2 x 4hr training); multiple options provided to account for availability. Education sessions will be provided by a psychiatrist with an enhanced skill set for provided prescriber education regarding substance use. This will be combined with available online training through the BC Center for Substance Use
- Job aids/tools will be created in collaboration with the project manager, regional addictions and regional MHSU team, to support elbow-to-elbow mentorship in the workplace
- Each CoC will identify physicians trained in providing addictions medicine/ pharmacotherapy –to act as education mentors/ consultants. These individual mentors will be connected with a "Group of Five" other physicians currently receiving training and will lead a supportive peer education model. The intention of this model is to create a sustainable culture of support across VCH; whereby each member of this group of five can create additional groups of five and so on.
- An evaluation will be created to measure impact of delivered education on practice (clinician comfort and competency) by the project manager; this evaluation will also form the basis of outcome measurement for the initiative
- Ongoing evaluation and outcome measurement/ expanded research capacity will be explored and introduced through collaboration between Regional Mental Health and Substance Use, and Regional Addictions Programs.

Key partners
- Regional Mental Health and Substance Use Program
- Regional Addictions Program
- Operational and Medical Leadership across all tertiary, acute and community MHSU settings
- Public Health
- Aboriginal Health
- First Nations Health Authority
- Doctors of BC
- BC Center on Substance Use

Desired outcomes
- Additional provision of available pharmacotherapy for clients with substance use issues
- Improved integration of mental health and substance use treatment options for concurrent clients
- Sustainable enhancement of prescriber capacity across all settings
- Improved continuity of care and engagement with services across all settings

Target client groups were identified in consultation with key stakeholders and a review of data
- Clients struggling with concurrent disorders in inpatient settings
- Youth and young adults with moderate to severe substance use/ concurrent issues
- Youth and young adults requiring tobacco cessation programming. The prevalence of vaping is increasing and some youth then switch to tobacco use with long-term health implications.
- Clients presenting to emergency rooms with substance use concerns, who may not otherwise be admitted for treatment. This is particularly salient for clients using stimulants.
- Clients in rural and remote communities with access to small health centres
- Clients presenting to Infectious Disease clinics for soft tissue care attributable to substance use
- Clients presenting to newly developed urgent care centres
- Clients in *community with alcohol use disorder, there is an increasingly recognized problem, particularly in older*

adults.

ALIGNMENT WITH EXISTING PRIORITIES

The Regional Mental Health and Substance Use Program at VCH, as part of their approach to Specialized Care Services Programs (linked with the Primary Care Strategy) has committed to providing an operational model that supports improved integration between addictions and mental health/ substance use services. The education blitz will support this provincial directive by ensuring that key community team psychiatrists, within this operational model, have the appropriate skills to serve clients struggling with concurrent disorders. Further, VCH has committed to introducing a standardized screening tool for concurrent disorders, where the enhanced skill set of psychiatrists will support access to treatment once a client has been screened.

The VCH Regional Concurrent Disorders Strategy has outlined four key areas of focus for all staff working in mental health and substance use, namely education, treatment, service framework, and policy guidelines. This strategy is intended to improve access to appropriate care for persons with both mental health and substance use/ addiction concerns. This strategy also aims to ensure that all staff across mental health and substance use services feel comfortable working with both mental health and substance use issues – concurrent disorders

Continuity of care is sometimes impacted when physicians may not feel comfortable working with clients on Opioid Agonist Therapy. The education blitz proposed will address this gap in care by removing barriers to clients with opioid use disorders and supporting the broader service system response to the opioid crisis.

In collaboration with the Regional MHSU Program, and as a collaborator on the Concurrent Disorder Strategy, the Regional Addiction Program is focused on ensuring robust, evidence based clinical capacity for screening, assessment and treatment of substance use disorders across the continuum of care. A core component of this program is to ensure accessible education and capacity building opportunities for practitioners to build an “every door is the right door” system of substance us care. The current overdose epidemic has amplified the urgency of these long-needed system improvements. This education blitz provide an opportunity to engage key providers in rapid practice change – to create better access to treatment interventions for individuals at risk of overdose and/or living with problematic substance use.

Each of these strategies will work to incorporate the care needs of indigenous people by: targeting education to rural and remote communities, addressing reconciliation by carefully reviewing, in partnership with aboriginal health, the language used in all materials associated with education, guidelines and policy; as well as requiring all staff to complete cultural competency training. Additionally, as outlined in the implementation section, trauma informed practice will be included, as essential to supporting pharmacotherapy approaches to care – particularly for vulnerable populations such as indigenous people whose substance use concerns may be attributed to historical trauma.

s.13; s.17

PERFORMANCE MEASURES. *[This section describes the metrics that will be gathered to measure the success (i.e. results) of the initiative and to determine that the initiative is having a positive impact for individuals and communities. Please complete the table below that outlines the metrics that you will use to measure success. Include at least one concrete, measurable indicator with current value. Please consider capturing information on Indigenous populations where possible, as there is a strong commitment to understand how initiatives are reaching these populations.]*

Measure /Indicator(s)	Location *(if applicable)*	Target	Data Source*	Data Collection Method**
Number of new sessions for substance use disorder medication assisted treatment	N/A	All participants	Checkbox – online survey	online
Pre/ 3 months/ Post evaluation of education (scale to measure comfort and increase in prescribing practice for all participants)	N/A	All participants	Checkbox – online survey	online
Number of Physician "group of five" consultations/ peer mentoring sessions	N/A	All consulting physicians	Interview & tracking tool	Manual recording

**Data Source indicates where information is stored or found. **Data Collection method indicators how, when, and by whom data is collected (i.e., paper files during clinical interview, case management software, etc.)*

Due date for completed Prescriber Enhancements Implementation Plans: August 30, 2019

Please send completed templates to CLARA.SZUCH@GOV.BC.CA

Bauer, Tim HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: September 19, 2019 5:55 PM
To: Estiverne, Bethany MMHA:EX; Butler, Ally MMHA:EX; Emslie, Margaret J HLTH:EX; Clow, Holly HLTH:EX
Cc: Dalzell, Kacey [VC]; McAlduff, Monica [VC]; West, Jeff [VC]; Compton, Miranda [VC]
Subject: Prescriber Enhancements VCH September 20
Attachments: Prescriber Enhancements VCH September 20.docx

Hi all,
Attached please find our updated application for Prescriber Enhancement funding – for the on-going funding, please find the ECHO section removed, and two new initiatives for this year only: Rural/Remote Prescriber Backfill, and Prescriber sessions for the regional outreach team – to pilot remote OAT initiations.
For the One-time funding, please find an updated budget.

AS always, please let us know if you have any questions.
Thanks
Miranda

HEATH AUTHORITY IMPLEMENTATION PLAN TEMPLATE
ROADMAP PRIOIRTY: PRESCRIBER ENHANCEMENTS

A. BACKGROUND:

In June 2019, the province released A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia. The Roadmap includes a number of priority actions related to substance use services, including enhancements to prescriber services.

Expanding rapid access to addiction medicine supports, including prescriber services, is critical to ensuring that people are able to access the right treatment when they are ready. As part of Budget 2019, funding was allocated to support this component of the Roadmap. There are two funding opportunities available for enhancements to prescriber services:

- Annual Enhancements to Rapid Access to Addiction Medicine: Prescriber Services (2019/20 through 2021/22); and
- One Time Funding for Immediate Enhancements to Prescriber Services (2019/20).

Three-year implementation plans should complement and align, to the greatest extent possible, the direction of regional primary care plans, specialized care network priorities, and with overdose priorities. Plans should also consider how these enhancements are supporting the service needs of Indigenous people.

B. INSTRUCTIONS

This template describes your organization's plan to enhance rapid access to addiction medicine **through increased prescriber services**, in alignment with the funding categories established by the Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (MoH).

Please note:

Funded initiatives must add to and/or increase availability of medication-assisted treatment.

Annual Funding

- Must support initiatives/actions that increase access to medication-assisted treatment for substance use disorders through new or enhanced prescriber services
- Is not limited to opioid overdose response but can include OAT or iOAT prescriber enhancements
- Can be used for a percentage of prescriber costs if prescribers have a broader scope of practice/provide additional services

One Time Funding

- Must be used in 2019/20 for prescriber enhancements to address immediate needs such as, increasing sessions at certain locations, addressing backlogs, filling temporary vacancies or testing the impact of additional services such as extended hours.
- Can be used to support training and education opportunities to enhance prescriber capacity (e.g. POATSP training and preceptorship) that is intended to increase access in new or underserved regions or communities.

This funding is not available for general operating costs or other items not specific to substance use prescriber services.

Questions? Please contact Meg Emslie (Margaret.Emslie@gov.bc.ca)

DUE DATE FOR COMPLETED PRESCRIBER ENHANCEMENTS IMPLEMENTATION PLANS: AUGUST 30, 2019

Please send completed templates to CLARA.SZUCH@GOV.BC.CA

C. TEMPLATE

Health Authority :	***Vancouver Coastal Health***
Key Contact:	***Miranda Compton**, Regional Director, Regional Addiction Program* ***Monica McAlduff**, Regional Director, MHSU*
Email: Miranda.Compton@vch.ca Monica/McAlduff@vch.ca	**Phone #:** 604-862-1210

NAME OF INITIATIVE:

Prescriber Enhancement to Address Gaps in Treatment Engagement

Annual Funding

DESCRIPTION OF ACTIVITIES

To address the gaps in addiction treatment services within the Vancouver Coastal Health Region with a focus on prescribing for Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD, we propose 5 streams of initiatives (Initiative A through E):

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- Shared care with mental health psychiatry to ensure optimal addiction care on mental health teams
- Telehealth to support rural remote prescribing
- Additional physician capacity at rapid access treatment hubs
- Increase capacity to address alcohol use disorder within primary care

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The proposed additional weekly prescriber session will work alongside the psycho-social programming within MAP to provide prescribing capacity and clinical case management to ensure optimal access to treatment for alcohol use disorder

and relapse prevention, including Naltrexone, Acamprosate, Gapapentin and Topirmate.

Initiative C: Increase prescriber capacity for addressing OUD, within interdisciplinary pain management approaches.

As part of the Pain Management funding through the Provincial Opioid Emergency Response, VCH has launched a physio-therapist led interdisciplinary pain management team that combines physiotherapy, individual counselling, NP-delivered MyoActivation pain care and group counselling & education as a satellite to Vancouver Community primary care patients. Efforts have been made to extend the impact of this team through expansion of education sessions to the Sunshine Coast. The enhanced prescriber funding will be used to build on the learnings of these initiatives and further extend the reach of these interventions, and deepen their support to patients by providing increased access to opioid agonist treatment for people with concurrent opioid use disorder and chronic pain.

Initiative D: Region-wide weekend prescriber coverage for Supportive Recovery Residences

Opioid Agonist Treatment is the first-line recommended treatment for OUD, and ensuring a strong clinical plan for relapse prevention (that is inclusive of pharmacological treatments) is central to the recovery process. It is an increasing challenge for health authority-funded supportive recovery and residential treatment centres to ensure capacity to address the complexities of ensuring rapid access to treatment and on-going treatment management for patients within their facilities. Ensuring optimal access to prescription treatment is central to the recovery process for both OUD and AUD. The enhancing prescriber funding will provide 2 weekend sessions to provide telehealth prescribing and consultation to supportive recovery centres across the region. The prescriber will work out of one of VCH's mobile or fixed-site withdrawal management teams, to strengthen continuity of care for patients transitioning between withdrawal management and recovery programs.

Initiative E: Rural & Remote Prescriber Backfill

Rural and remote communities within the VCH region continue to have significant gaps in OAT prescriber coverage. Efforts to offer education, like BCCSU's POATSP course, receive limited uptake because there has not been funding available to backfill those prescribers while they spend time in a larger community receiving the shoulder-to-shoulder mentorship that has been a successful strategy to ensure prescribers who complete POATSP increase their OAT prescribing. VCH will use some of this Prescriber Enhancements funding to pay for sessional locum backfill for 6-10 rural and remote prescribers who will spend 1-2 weeks in Vancouver or another larger community after they complete POATSP.

Initiative F: Prescribers on the Overdose Outreach Team

VCH's Overdose Outreach Team (OOT) is an award winning outreach team consisting of outreach and social workers who connect people who have recently experienced opioid overdose and/or who are at high risk for opioid overdose, to addiction treatment and support. Recently the team has begun working with the Vancouver Fire Department (VFD) on a pilot project that has members of the VFD and OOT follow-up in person with people who have experienced an overdose that the VFD has attended. These collaborations with first responders help OOT identify people at risk of overdose and connect them with treatment. However, there are a significant number of referrals to OOT who cannot connect to existing services, and who would be best served by OOT initiating them on OAT and transitioning them to other community services once they have stabilized. This funding will be used to add 3 sessions each week to OOT to bolster their capacity to prescribe OAT to people on their caseload who are struggling to get connected elsewhere.

IMPLEMENTATION

Initiative A: Increasing prescriber capacity in VCH Communities of Care

- MHSU and Primary Care leadership in each of the communities of care are actively planning the best possible application of this community of care resource, tailored to the region's priority needs. Please see list of probable enhancements in above section.
- The goal of this funding is to fill priority gaps within the community of care for treatment of substance use disorder.
- Key partners will include mental health teams, primary care centres, urgent primary care centres, hospital ED, rapid access clinics and First Nations communities, who are currently being engaged to help determine best possible application of increased prescriber capacity.

- Priority outcome will be to build on impact of prescriber education/capacity building activities described in one-time only prescriber enhancement funding (section 2 below) to achieve increased capacity for prescribed medication for substance use disorder in area where there was previously little to no prescribing
- Target group will be people living with untreated substance use disorder within each of the communities of care

Initiative B: **Increase prescriber capacity in the Managed Alcohol Program (MAP) at the PHS Drinker's Lounge Program.**

- This funding will provide an additional prescriber's session to MAP at the Drinker's Lounge. This will be a second weekly session, with a total of two sessions per week which can be an additional prescriber or the same prescriber with an extra session.
- The goal of this funding is to increase the medical management of participants of the Drinker's Lounge, and to ensure a treatment plan that addresses relapse prevention and provides clinical management of alcohol dependence.
- Key partners will include primary care providers, the PHS Community Services Society, First Nations Health Authority, community
- Priority outcome will be: Increased clinical stabilization and quality of life for participants of the Drinker's Lounge Program; increased transition to lower acuity services; decreased use of alcohol within patients; increased knowledge translation activities on the role of physician pharmacological prescribing within managed alcohol programs.
- Target clients will be individuals who are consumers of non-beverage alcohol, living with severe AUD and participants in the Drinker's Lounge Programs
- Target consumers of the knowledge exchange component will be other addiction and/or primary care providers.

Initiative C: Increase prescriber capacity for addressing OUD, within interdisciplinary pain management approaches

- This funding will go toward attaching a physician session, or increasing NP time to incorporate a prescribing and clinical consultation component to community-based inter-disciplinary team initiatives
- These physicians or nurse practitioners will be focused on prescribing for substance use disorders, especially opioid agonist treatment, for people living with concurrent opioid use disorder and chronic pain
- Key partners will be the clinicians/members of the existing pain team (physiotherapist, counsellor, NP), as well as MHSU and Primary Care providers across the region
- Key outcomes will two-fold: 1) increased capacity for prescribing for substance use disorders and 2) increased understanding across the primary care system of the role of pharmacological treatments for substance use disorders as part of an interdisciplinary approach to pain management, with a particular focus on prescribing OAT for people with OUD
- Target clients will be clients who have been diagnosed with chronic pain and OUD, who are continuing to access the illicit supply of opioids.

Initiative D: Region-wide weekend prescriber coverage for Supportive Recovery Residences

- This funding will provide one Saturday and one Sunday prescribing session for Supportive Recovery Residences across the VCH region,
- Key partners will be the non-profit operators of the supportive recovery beds, as well as clinical teams in rapid access clinics and withdrawal management services.
- Key outcomes will be to increase support for the medical management of patients in recovery, including access to pharmacotherapies to manage substance dependence and relapse management.
- Target clients will be patients with OUD and AUD within the recovery system of care.

Initiative E: Rural & Remote Prescriber Backfill

- Recently circulated expressions of interest for BCCSU educational opportunities for prescribers have identified about 10 prescribers who would take the POATSP training and participate in follow-up mentorship opportunities to consolidate the learning and provide opportunities to gain the confidence required to prescribe OAT in their practices

- Key outcomes will be increased access to OAT prescribers in rural and remote communities
- Target communities will be those currently underserved by OAT prescribers

Initiative F: Prescribers on the Overdose Outreach Team

- This funding will provide 3 sessions per week (Monday, Wednesday and Friday) for a prescriber on the Overdose Outreach Team
- Key outcomes will be increased success initiating OAT and transitioning stabilized clients to existing services
- Target population is people at risk of overdose who struggle engaging with and being retained in clinical services in the community

ALIGNMENT WITH EXISTING PRIORITIES

The VCH Regional Addiction Program (RAP) was established in 2018 with the clear mandate to focus on clinical capacity building for the treatment of substance use disorder across the VCH system of care. The Regional Addiction Program is working collaboratively with the VCH Regional Mental Health and Substance Use Program, which is prioritizing capacity building to address the care of patients with concurrent disorders, particularly within acute and community MHSU settings.

All 5 initiatives detailed above are aligned with the RAP and Regional MHSU Programs' collaborative goal to address gaps in substance use care and to build capacity through education and targeted resources,

MILESTONES *Please provide the key milestones for how your health authority will be actioning this initiative.*

Please list below	Location	Target Completion Date
Initiative A: Increasing Prescriber Capacity in VCH Communities of Care (CoC) - Identify optimal application of prescriber GP/NP sessions within each CoC - Set monitoring and evaluation framework - Implement additional sessions - Monitor impact of sessions	Richmond, Vancouver, Coastal Richmond, Vancouver, Coastal	September 30, 2019 September 30, 2019 October 31 2019 On-going
Initiative B: Increase Prescriber Capacity in MAP - Implement additional session at Drinkers Lounge - Set monitoring and evaluation framework - Engage in knowledge-sharing/translation across region - Monitor impact of session on patient outcomes	Vancouver Across Region	October 1, 2019 September 30, 2019 March 2020 On-going
Initiative C: Prescriber Capacity Chronic Pain - Recruit GP/NP for Pain team - Establish monitoring and evaluation framework - Monitor impact - Engage in knowledge sharing/translation across region	Vancouver Across Region	September, 2019 October 2019 Ongoing March 2020 onward
Initiative D: Region-wide weekend coverage, Recovery - Determine location/technology for shared prescribers	Across Region	Sept/Oct 2019 Sept/Oct 2019

- Engage stakeholders in planning for sessions - Implement sessions - Monitor and evaluate impact		November 2019 On-going
Initiative E: Rural and Remote Prescriber Backfill - Identify prescribers to backfill - Identify locums able to backfill prescribers who attend training outside their home community - Backfill prescribers participating in custom POATSP rotations in Vancouver	Rural and Remote Communities in the Region	Oct/Nov 2019 Oct//Nov 2019 Dec 2019-Mar 2020
Initiative F: Prescribers on the Overdose Outreach Team - Identify and recruit prescriber to work with OOT -	Richmond, Vancouver, Coastal	Oct/Nov 2019 Sept/Oct 2019 November 2019

s.13; s.17

PERFORMANCE MEASURES. *[This section describes the metrics that will be gathered to measure the success (i.e. results) of the initiative and to determine that the initiative is having a positive impact for individuals and communities. Please complete the table below that outlines the metrics that you will use to measure success. Include at least one concrete, measurable indicator with current value. Please consider capturing information on Indigenous populations where possible, as there is a strong commitment to understand how initiatives are reaching these populations.]*

Measure /Indicator(s)	Location *(if applicable)*	Target	Data Source*	Data Collection Method**
Initiative A: 2 prescriber sessions per CoC* ***or equivalent cost per NP***	Richmond, Vancouver, Coastal, (Precise	2 additional sessions + Increase in number of	EMR	Data extract quarterly

	locations TBD)	patients being prescribed treatment for OUD/AUD.		
Initiative B: Prescriber session for MAP*	As above	100% of patients Drinkers Lounge have seen doctor and have clinical treatment plan	Electronic Health Record	Reporting template submitted quarterly by non-profit provider
Initiative C: Pain Management	Vancouver	100% of patients have clinical pain management plan documented (either by primary care provider or through enhance prescriber session)	Program reports	Quarterly
Initiative D: Weekend Coverage	Richmond Vancouver Coastal	All Supportive Recovery residences are aware of resource and are accessing consult support as needed	Provider reporting	Monthly

**Data Source indicates where information is stored or found. **Data Collection method indicators how, when, and by whom data is collected (i.e., paper files during clinical interview, case management software, etc.)*

NAME OF INITIATIVE:

Prescriber Enhancements Education Blitz

One-Time Funding (2019/20)

DESCRPTION OF ACTIVITIES

A recent review of Tertiary Mental Health and Substance Use Facilities within VCH indicated that approximately 60 – 70% of persons within these adult settings struggle with psychosis and severe substance use concerns. Further, information and data indicates that acute psychiatric settings are also increasingly working with a population struggling with severe concurrent disorders; readmission data indicates that clients being readmitted to hospital are younger aged patients with stimulant use disorder; and a review of reported overdoses in community suggest that a number of clients were already connected with mental health teams for a psychiatric disorder, with further evidence suggesting significant alcohol dependency for clients in community settings. Altogether, concurrent disorders are prevalent across mental health and substance use settings.

In order to meet the needs of clients across Vancouver Coastal Health, the health authority proposes an education blitz for psychiatrist, physicians and Nurse Practitioners in key areas where substance use disorders are prevalent. This one – time education blitz for prescribers is designed to ensure that health care providers currently practicing across regional tertiary, acute and key community teams have the requisite skills (training/ education) to work with a severe substance use population, particularly clients with severe substance use who would benefit from available pharmacological approaches to care. The education will be focussed on enhancing prescriber capacity for persons with substance use addictions, and for persons with concurrent mental health and substance use disorders.

Notably, while there are other opportunities for education through the BC Centre for Substance use, unfortunately the BCCSU training cannot keep up with the current demand for enhanced capacity in the above mentioned settings. Whereas, the one-time education blitz will provide an opportunity to upskill prescribers now, to ensure that clients get the care they need at the time they need it.

The one time education blitz will include:

- Project Management to coordinate educational sessions, communications and material development as necessary
- A Regional Concurrent Disorders Medical Lead to support the development and design of educational sessions evaluation, and ongoing quality improvement (stipend model)
- 2 half day sessions for psychiatrists in each CoC (funding to be used for backfill to ensure participation)
- Ongoing mentoring and consultation via an identified “group of five” peer physician networks; intended to ensure sustainability
- Pre/ Post evaluations
- Ongoing outcome measurement to measure impact

Content areas (designed to increase access to medication assisted treatment) to be addressed in half day sessions include

- Prescriber training for Alcohol Use Disorders (in alignment with soon to be released BCCSU guidelines)
- Prescribing for Tobacco Use Disorder (alignment with smoking cessation clinic)
- Prescribing for the full range of oral Opioid Agonist Therapy (in conjunction with the Provincial Opioid Addiction Treatment Support Program POATSP)
- Prescriber Training for injectable Opioid Agonist Therapy (in conjunction with POATSP)
- Overview of foundational skills that enhance engagement to medication assisted treatment: motivational interviewing, screening, brief intervention and treatment within primary care, trauma informed practice, dialectical behaviour therapy, and contingency management

VCH is currently working on a Concurrent Disorder Strategy to supplement skills across all health care providers in MHSU. Best practice asserts that pharmacotherapy is more successful when augmented with psychosocial approaches to care. The education blitz will be supplemented by additional work by VCH regarding education to nursing and allied health staff and help to ensure multidisciplinary alignment and team based care (not included in this funding).

IMPLEMENTATION

Based on Feedback from each of the Communities of Care, the following prescriber groups will be offered education:

- Tertiary Psychiatry
- Acute Psychiatry
- Community Mental Health and Substance Use Teams (physician leads/ psychiatrists); particularly in Older Adult and Youth Services
- Nurse Practitioners on outreach teams for youth and young adults
- Infectious Disease physicians (soft tissue clinics)
- Emergency Department Physicians and Psychiatrists
- Nurse Practitioners serving primary care clinics in rural areas (particularly Aboriginal NPs)
- General Practitioners in Urgent Care settings

Use of Resources/ Staffing

- Project manager to work with regional mental health and substance use, and regional addictions staff, and key stakeholders across VCH to develop a compilation of available online education modules to prescribers and interested allied staff (created in house with no additional funding)
- Face-to-face foundational skills training sessions for skills-based practice will be created (2 x 4hr training); multiple options provided to account for availability. Education sessions will be provided by a psychiatrist with an enhanced skill set for provided prescriber education regarding substance use. This will be combined with available online training through the BC Center for Substance Use
- Job aids/tools will be created in collaboration with the project manager, regional addictions and regional MHSU team, to support elbow-to-elbow mentorship in the workplace
- Each CoC will identify physicians trained in providing addictions medicine/ pharmacotherapy –to act as education mentors/ consultants. These individual mentors will be connected with a "Group of Five" other physicians currently receiving training and will lead a supportive peer education model. The intention of this model is to create a sustainable culture of support across VCH; whereby each member of this group of five can create additional groups of five and so on.
- An evaluation will be created to measure impact of delivered education on practice (clinician comfort and competency) by the project manager; this evaluation will also form the basis of outcome measurement for the initiative
- Ongoing evaluation and outcome measurement/ expanded research capacity will be explored and introduced through collaboration between Regional Mental Health and Substance Use, and Regional Addictions Programs.

Key partners

- Regional Mental Health and Substance Use Program
- Regional Addictions Program
- Operational and Medical Leadership across all tertiary, acute and community MHSU settings
- Public Health
- Aboriginal Health
- First Nations Health Authority
- Doctors of BC
- BC Center on Substance Use

Desired outcomes

- Additional provision of available pharmacotherapy for clients with substance use issues
- Improved integration of mental health and substance use treatment options for concurrent clients
- Sustainable enhancement of prescriber capacity across all settings
- Improved continuity of care and engagement with services across all settings

Target client groups were identified in consultation with key stakeholders and a review of data

- Clients struggling with concurrent disorders in inpatient settings
- Youth and young adults with moderate to severe substance use/ concurrent issues
- Youth and young adults requiring tobacco cessation programming. The prevalence of vaping is increasing and

some youth then switch to tobacco use with long-term health implications.
- Clients presenting to emergency rooms with substance use concerns, who may not otherwise be admitted for treatment. This is particularly salient for clients using stimulants.
- Clients in rural and remote communities with access to small health centres
- Clients presenting to Infectious Disease clinics for soft tissue care attributable to substance use
- Clients presenting to newly developed urgent care centres
- Clients in *community with alcohol use disorder, there is an increasingly recognized problem, particularly in older adults.*

ALIGNMENT WITH EXISTING PRIORITIES

The Regional Mental Health and Substance Use Program at VCH, as part of their approach to Specialized Care Services Programs (linked with the Primary Care Strategy) has committed to providing an operational model that supports improved integration between addictions and mental health/ substance use services. The education blitz will support this provincial directive by ensuring that key community team psychiatrists, within this operational model, have the appropriate skills to serve clients struggling with concurrent disorders. Further, VCH has committed to introducing a standardized screening tool for concurrent disorders, where the enhanced skill set of psychiatrists will support access to treatment once a client has been screened.

The VCH Regional Concurrent Disorders Strategy has outlined four key areas of focus for all staff working in mental health and substance use, namely education, treatment, service framework, and policy guidelines. This strategy is intended to improve access to appropriate care for persons with both mental health and substance use/ addiction concerns. This strategy also aims to ensure that all staff across mental health and substance use services feel comfortable working with both mental health and substance use issues – concurrent disorders

Continuity of care is sometimes impacted when physicians may not feel comfortable working with clients on Opioid Agonist Therapy. The education blitz proposed will address this gap in care by removing barriers to clients with opioid use disorders and supporting the broader service system response to the opioid crisis.

In collaboration with the Regional MHSU Program, and as a collaborator on the Concurrent Disorder Strategy, the Regional Addiction Program is focused on ensuring robust, evidence based clinical capacity for screening, assessment and treatment of substance use disorders across the continuum of care. A core component of this program is to ensure accessible education and capacity building opportunities for practitioners to build an “every door is the right door” system of substance us care. The current overdose epidemic has amplified the urgency of these long-needed system improvements. This education blitz provide an opportunity to engage key providers in rapid practice change – to create better access to treatment interventions for individuals at risk of overdose and/or living with problematic substance use.

Each of these strategies will work to incorporate the care needs of indigenous people by: targeting education to rural and remote communities, addressing reconciliation by carefully reviewing, in partnership with aboriginal health, the language used in all materials associated with education, guidelines and policy; as well as requiring all staff to complete cultural competency training. Additionally, as outlined in the implementation section, trauma informed practice will be included, as essential to supporting pharmacotherapy approaches to care – particularly for vulnerable populations such as indigenous people whose substance use concerns may be attributed to historical trauma.

s.13; s.17

PERFORMANCE MEASURES. *[This section describes the metrics that will be gathered to measure the success (i.e. results) of the initiative and to determine that the initiative is having a positive impact for individuals and communities. Please complete the table below that outlines the metrics that you will use to measure success. Include at least one concrete, measurable indicator with current value. Please consider capturing information on Indigenous populations where possible, as there is a strong commitment to understand how initiatives are reaching these populations.]*

Measure /Indicator(s)	Location *(if applicable)*	Target	Data Source*	Data Collection Method**
Number of new sessions for substance use disorder medication assisted treatment	N/A	All participants	Checkbox – online survey	online
Pre/ 3 months/ Post evaluation of education (scale to measure comfort and increase in prescribing practice for all participants)	N/A	All participants	Checkbox – online survey	online
Number of Physician "group of five" consultations/ peer mentoring sessions	N/A	All consulting physicians	Interview & tracking tool	Manual recording

**Data Source indicates where information is stored or found. **Data Collection method indicators how, when, and by whom data is collected (i.e., paper files during clinical interview, case management software, etc.)*

Due date for completed Prescriber Enhancements Implementation Plans: August 30, 2019

Please send completed templates to CLARA.SZUCH@GOV.BC.CA

Bauer, Tim HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: September 25, 2019 8:26 AM
To: Clow, Holly HLTH:EX
Cc: Dalzell, Kacey [VC]; McAlduff, Monica [VC]; West, Jeff [VC]; Emslie, Margaret J HLTH:EX; Estiverne, Bethany MMHA:EX
Subject: RE: Prescriber Enhancements VCH September 20
Attachments: Prescriber Enhancements VCH September 25.docx

Hi Holly,
Yes. Apologies for our oversight in not adjusting it in the re-submission.
Please see attached updated submission, in which we have reduced the number of sessions down for the Pain Management initiative (so it will be every 2nd week instead of weekly).
s.13; s.17

Thanks
Miranda

From: Clow, Holly HLTH:EX [mailto:Holly.Clow@gov.bc.ca]
Sent: Tuesday, September 24, 2019 1:52 PM
To: Compton, Miranda [VC]
Cc: Dalzell, Kacey [VC]; McAlduff, Monica [VC]; West, Jeff [VC]; Emslie, Margaret J HLTH:EX; Estiverne, Bethany MMHA:EX
Subject: RE: Prescriber Enhancements VCH September 20

Thanks very much for this Miranda,

I believe you and Bethany briefly touched on this over the phone (she is out of the office today) but can you confirm that you would be able to adjust the annual budget down to the[s.13; s.17]

Thanks again!

Holly Clow
A/Manager, Mental Health and Substance Use
Specialized Services Division | Ministry of Health
1515 Blanshard St., Victoria BC
Traditional homelands of the Lekwungen speaking peoples of Esquimalt and Songhees First Nations
(778) 698-1579
Holly.Clow@gov.bc.ca

From: Compton, Miranda [VC]
Sent: September 19, 2019 5:55 PM
To: Estiverne, Bethany MMHA:EX ; Butler, Ally MMHA:EX ; Emslie, Margaret J HLTH:EX ; Clow, Holly HLTH:EX

Cc: Dalzell, Kacey [VC] ; McAlduff, Monica [VC] ; West, Jeff [VC] ; Compton, Miranda [VC]
Subject: Prescriber Enhancements VCH September 20

Hi all,
Attached please find our updated application for Prescriber Enhancement funding – for the on-going funding, please find the ECHO section removed, and two new initiatives for this year only: Rural/Remote Prescriber Backfill, and Prescriber sessions for the regional outreach team – to pilot remote OAT initiations.
For the One-time funding, please find an updated budget.

AS always, please let us know if you have any questions.
Thanks
Miranda

AGENDA

11:00-11:05 am	**Welcome**
11:05-11:20am	**ED buprenorphine/naloxone Initiation Pilot Overview** (Dr. Andrew Kestler, UBC and St. Paul's Hospital and Emma Garrod, Providence Health Care)
11:20-11:25am	**Update: Provincial buprenorphine/naloxone in the ED QI Initiative** (Mirelle Dillon, OERC)
11:30-11:40 am	**Selected Updates** a. Clinical updates (Sam Robinson, BCCSU) i. Compounded methadone ii. Alcohol Use Disorder clinical guideline + supplements iii. Opioid use disorder clinical guideline update b. Funding opportunities (Warren O'Briain, BCCSU) i. Discussion: Opportunities to support provincial quality improvement initiatives c. Stakeholder engagement update (Christine Fei, BCCSU) d. BC ECHO on Substance Use update (Lindsey Kendrick-Koch, BCCSU)
11:50-12:00 pm	**Other updates for discussion + wrap up**
Next meeting:	**Monday, October 28, 2019, 11:00am – 12:00pm**

Provincial Addiction Clinical Leadership Teleconference

Minutes

July 22, 2019 11:00-12:00 pm

Attendees

Health Authority Clinical and Operational Leadership

Leslie Lappalainen (Interior Health), Hancke De Kick (Interior Health), Ramm Hering (Island Health), Greg Whalen (for Meryl McDowell, Fraser Health), Nick Rempel (Northern Health), Nel Wieman (FNHA)

BCCSU

Samantha Robinson (Interim Clinical Director), Warren O'Briain (Clinical Strategies Advisor), Priya Patel (Project Manager, Implementation and Partnerships), Corrina Chase (First Nations Addictions Care Partnership Manager), Katie Mai (Stakeholder Engagement Lead)

OERC

Justine Patterson, Jennifer MacKenzie, Mirelle Dillon

Regrets:
Nader Sharifi (BCMHSU, PHSA), Meryl McDowell (Fraser Health), Sharon Vipler (Fraser Health), Seonaid Nolan (PHC), Keith Ahamad (VCH Regional), Patty Daly (VCH)

Agenda Items

Welcome new members and interim BCCSU leadership changes

- Cheyenne Johnson and Dr. Perry Kendall are Interim Co-Executive Directors at the BCCSU while Dr. Evan Wood is on a planned sabbatical. Sam Robinson is Interim Clinical Director. Interim positions are from June 2019-June 2020
- New member:
  Corrina Chase, Addiction Care Partnership Manager at FNHA and BCCSU (a shared position).
- As a reminder and based on member feedback, we have restructured these meetings to highlight innovative initiatives related to substance use (short presentations) followed by key provincial clinical updates. If interested in presenting, please email Sam.

Presentation and Q&A: Implementation of iOAT Programs in Interior Health

(Dr. Leslie Lappalainen, Medical Lead for Addiction Medicine, MHSU, Interior Health)

- Leslie presented an overview of iOAT programming in Interior Health.
- Question (Sam - BCCSU): What is the plan for clients on the waitlist?
  - Leslie: With additional funding, we could increase the capacity to 30-40 clients.

Might need to look at different space. A lot of clients recruited have been attached to the OAT clinic. In the interim, we've been trying to find other alternative therapies.

- Questions (Corrina – FNHA/BCCSU)
  1) 10 people in the age group 30 to 39. Is there any breakdown in terms of gender and indigenous population?
     - ACTION: Leslie to connect Corrina with Andrew Kerr (Clinic Manager) who will be able to provide the breakdown
  2) Would like to know more about engagement with Indigenous populations, breakdown by gender, age, etc. did you conduct a questionnaire about the needs of those who would use the service?
     - As part of roll-out, ran a number of community stakeholder sessions to let them know about the clinic, get potential referrals, connect to
     - friendship centers in the area
     - One of our team leads used a questionnaire at the outreach clinic as well as our mobile supervised consumption site. It was a survey with potential clients or users of the service by asking what type of service is needed in terms of location and space set up – this informed some of the development of the clinic. Collecting the data on an ongoing basis would be helpful.
- Question (Nick - Northern Health): Have you experienced any pushback from the municipality around creating an iOAT program or was there anything that was done to engage broader community to get buy-in from businesses, etc.?
     - We initially planned to do a media release in advance of the clinic opening however, decided against it and waited until the clinic had been open several weeks
     - Also engaged with key community stakeholders. Tried to demonstrate that the clinic is an important part of the continuum of care (for people with severe opioid addiction), and there was no option of whether it is going to open or not. A lot of evidence around decreasing criminal activities, can be helpful when discussing the approach with businesses

Selected Updates

1) Clinical updates (Sam Robinson, BCCSU)
   a) Provincial planning to scale up ED buprenorphine/naloxone induction protocol

- Ongoing work at various stages around the province to support OAT provision in the ED
- We've been working closely with Drs. Keith Ahamad and Andrew Kestler who have been rolling out suboxone for take-home induction 'bup to go' at St. Paul's Hospital and working on a protocol
- About 6 months ago, spoke with the OERC – quite keen to support standardized roll-out of take-home bup/nlx in EDs across the province and conducting a provincial evaluation

- The current thinking is to work closely with BC Patient and Safety Quality Council on the evaluation, using their well-established 'Improvement Collaborative' framework – around 12 EDs in the province to be engaged, 9-12 months starting in the fall
    - Mirelle Dillon from the OERC team will take a lead on this project as the Project Manager, and mentioned that the OERC is finalizing the proposal

b) Upcoming Health Canada Substance Use and Addiction Program (SUAP) funding call: Safer supply project
    - A new Health Canada SUAP funding call has been announced. Cheyenne and Brian Emerson (from the PHO) have been sitting on a federal safer supply committee.
    - While we were aiming to push forward more progressive models, similar to the heroin compassion club model, there are some specific parameters of this funding call that don't quite align

- Must be within the law (i.e. will not be issuing exemptions)
- Prescription medication
- Health care provider led
    - We're going to be working to submit an application with VCH
    - Would involve a prescription, be peer-led (with a prescriber)
    - PHS would provide operational support, BCAPOM, SOLID, BC Yukon Drug War Survivors involved
    - Still determining: eligibility, PharmaNet?
    - Wanted to mention on this call – application deadline is Sept 26, will likely be reaching out in the coming month for those interested in being more involved

c) Update: Alcohol Use Disorder Clinical Guideline
    - Reviewed and approved by MMHA and currently with Deputy Minister of MoH for final review/approval before public release.

d) Opioid use disorder clinical guideline update
    - Initial BCCSU-MOH clinical guidelines released 2017, we have a commitment to update the guideline every 2 years. The next update/release is planned for spring 2020. Drs. Keith Ahamad, Rupi Brar and Christy Sutherland will co-chair this work.

e) Methadone rapid metabolizer testing
    - A prescriber in Interior sent a sample to the lab for a rapid metabolizer testing, but they don't do the testing anymore due to a lack of a validated assay and an issue with accreditation. Calgary Lab Services is one of the only labs still offering the service in Canada, only offer testing on a monthly basis.
    - We are wondering if people still use this test? If there is a strong need, they could explore how to make it more available.
    - Leslie: We should mention in the guideline that it is no longer available or give better instructions about what wait time for results should be expected. The provider in Interior said that one of the two samples they sent in was discarded – really need to

see the peak and trough for it to be meaningful. Some additional instruction for providers looking to send samples would be helpful as part of the guideline update
- ACTION: Sam to add this to the list of guideline updates

f) Stakeholder engagement update (Katie Mai, BCCSU)
- Survivors Guide has been released (but not officially launched), currently available online (informally sharing the link to download). still working with health authorities to determine how this resource will be disseminated including who is covering the cost. Aiming for end of July but could be August for the official launch.
- We have been hosting 'Stronger Together' dialogue sessions with families across BC, funded by OERC. Completed 5 out of 9 communities so far, including Victoria, Surrey, Powel River, Fort St. John and Prince George. The reports are going to be posted on the BCCSU website.
- Gone to soon – was translated into French and there is a Canadian version available online. (link: English: http://www.bccsu.ca/gone-too-soon-canada-english/ and French: http://www.bccsu.ca/partis-trop-tot-canada-francais/)
- Carson McPherson is taking over Marshall Smith's position as the Senior Advisor for recovery initiatives
- Guy Felicella is the Peer Clinical Advisor at BCCSU/VCH and supporting the safe supply project and Suboxone induction in ED, as well as overall regional and provincial clinical work.

g) BC ECHO on Substance Use update (Lindsey Kendrick-Koch, BCCSU)
- Has been very successful since launch in June. Bi-weekly sessions taking place with 40+ participants at each session
- Starting to develop other pieces of the community of practice. Specifically, finding the best contact person from each region to develop regional newsletters and starting to plan for the podcast series.
- AUD ECHO – Have received funding and working closely with GPSC on the project plans. Posting for a Clinical Project Coordinator up to support this work.

Other updates for discussion + wrap up
- ACTION: Yuko to reach out to everyone's admin support to find out the new possible dates and times starting in the fall.
- No meeting in August
- Any suggestions for meeting agenda or presentations: please reach out to Sam prior to the Sept call.

Next meeting: Monday, September 23, 2019, 11:00am – 12:00pm

Bauer, Tim HLTH:EX

From: Clow, Holly HLTH:EX
Sent: September 25, 2019 10:04 AM
To: Taylor, Stephanie MMHA:EX; Mackenzie, Katherine MMHA:EX
Cc: Emslie, Margaret J HLTH:EX; Butler, Ally MMHA:EX
Subject: FW: Prescriber Enhancements VCH September 20
Attachments: Prescriber Enhancements VCH September 25.docx

Hi you two,

See attached and below—the last piece re: VCH!

Holly Clow
A/Manager, Mental Health and Substance Use
Specialized Services Division | Ministry of Health
1515 Blanshard St., Victoria BC
Traditional homelands of the Lekwungen speaking peoples of Esquimalt and Songhees First Nations
(778) 698-1579
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From: Compton, Miranda [VC]
Sent: September 25, 2019 8:26 AM
To: Clow, Holly HLTH:EX
Cc: Dalzell, Kacey [VC] ; McAlduff, Monica [VC] ; West, Jeff [VC] ; Emslie, Margaret J HLTH:EX ; Estiverne, Bethany MMHA:EX
Subject: RE: Prescriber Enhancements VCH September 20

Hi Holly,
Yes. Apologies for our oversight in not adjusting it in the re-submission.
Please see attached updated submission, in which we have reduced the number of sessions down for the Pain Management initiative (so it will be every 2nd week instead of weekly).
s.13; s.17

Thanks
Miranda

From: Clow, Holly HLTH:EX [mailto:Holly.Clow@gov.bc.ca]
Sent: Tuesday, September 24, 2019 1:52 PM
To: Compton, Miranda [VC]
Cc: Dalzell, Kacey [VC]; McAlduff, Monica [VC]; West, Jeff [VC]; Emslie, Margaret J HLTH:EX; Estiverne, Bethany MMHA:EX
Subject: RE: Prescriber Enhancements VCH September 20

Thanks very much for this Miranda,

I believe you and Bethany briefly touched on this over the phone (she is out of the office today) but can you confirm that you would be able to adjust the annual budget down to the s.13; s.17

Thanks again!

Holly Clow
A/Manager, Mental Health and Substance Use
Specialized Services Division | Ministry of Health
1515 Blanshard St., Victoria BC
Traditional homelands of the Lekwungen speaking peoples of Esquimalt and Songhees First Nations
(778) 698-1579
Holly.Clow@gov.bc.ca

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: September 19, 2019 5:55 PM
To: Estiverne, Bethany MMHA:EX <Bethany.Estiverne@gov.bc.ca>; Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>; Emslie, Margaret J HLTH:EX <Margaret.Emslie@gov.bc.ca>; Clow, Holly HLTH:EX <Holly.Clow@gov.bc.ca>
Cc: Dalzell, Kacey [VC] <kacey.dalzell@vch.ca>; McAlduff, Monica [VC] <Monica.McAlduff@vch.ca>; West, Jeff [VC] <jeff.west@vch.ca>; Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Subject: Prescriber Enhancements VCH September 20

Hi all,
Attached please find our updated application for Prescriber Enhancement funding – for the on-going funding, please find the ECHO section removed, and two new initiatives for this year only: Rural/Remote Prescriber Backfill, and Prescriber sessions for the regional outreach team – to pilot remote OAT initiations.
For the One-time funding, please find an updated budget.

AS always, please let us know if you have any questions.
Thanks
Miranda

HEATH AUTHORITY IMPLEMENTATION PLAN TEMPLATE
ROADMAP PRIOIRTY: PRESCRIBER ENHANCEMENTS

A. BACKGROUND:

In June 2019, the province released A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia. The Roadmap includes a number of priority actions related to substance use services, including enhancements to prescriber services.

Expanding rapid access to addiction medicine supports, including prescriber services, is critical to ensuring that people are able to access the right treatment when they are ready. As part of Budget 2019, funding was allocated to support this component of the Roadmap. There are two funding opportunities available for enhancements to prescriber services:

- Annual Enhancements to Rapid Access to Addiction Medicine: Prescriber Services (2019/20 through 2021/22); and
- One Time Funding for Immediate Enhancements to Prescriber Services (2019/20).

Three-year implementation plans should complement and align, to the greatest extent possible, the direction of regional primary care plans, specialized care network priorities, and with overdose priorities. Plans should also consider how these enhancements are supporting the service needs of Indigenous people.

B. INSTRUCTIONS

This template describes your organization's plan to enhance rapid access to addiction medicine **through increased prescriber services**, in alignment with the funding categories established by the Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (MoH).

Please note:

Funded initiatives must add to and/or increase availability of medication-assisted treatment.

Annual Funding

- Must support initiatives/actions that increase access to medication-assisted treatment for substance use disorders through new or enhanced prescriber services
- Is not limited to opioid overdose response but can include OAT or iOAT prescriber enhancements
- Can be used for a percentage of prescriber costs if prescribers have a broader scope of practice/provide additional services

One Time Funding

- Must be used in 2019/20 for prescriber enhancements to address immediate needs such as, increasing sessions at certain locations, addressing backlogs, filling temporary vacancies or testing the impact of additional services such as extended hours.
- Can be used to support training and education opportunities to enhance prescriber capacity (e.g. POATSP training and preceptorship) that is intended to increase access in new or underserved regions or communities.

This funding is not available for general operating costs or other items not specific to substance use prescriber services.

Questions? Please contact Meg Emslie (Margaret.Emslie@gov.bc.ca)

DUE DATE FOR COMPLETED PRESCRIBER ENHANCEMENTS IMPLEMENTATION PLANS: AUGUST 30, 2019

Please send completed templates to CLARA.SZUCH@GOV.BC.CA

C. TEMPLATE

Health Authority :	***Vancouver Coastal Health***
Key Contact:	***Miranda Compton**, Regional Director, Regional Addiction Program* ***Monica McAlduff**, Regional Director, MHSU*
Email: Miranda.Compton@vch.ca Monica/McAlduff@vch.ca	**Phone #:** 604-862-1210

NAME OF INITIATIVE:

Prescriber Enhancement to Address Gaps in Treatment Engagement

Annual Funding

DESCRIPTION OF ACTIVITIES

To address the gaps in addiction treatment services within the Vancouver Coastal Health Region with a focus on prescribing for Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD, we propose 5 streams of initiatives (Initiative A through E):

Initiative A: **Increasing prescriber capacity in VCH Communities of Care**

The Vancouver Coastal Health Region is divided into 3 Communities of Care (Richmond, Vancouver and Coastal). Each with their own populations and system of care requirements. We will provide 2 physician sessions or .4 FTE NP capacity to each community of care to tailor to the priority needs of the particular community. Priority initiatives might include

- Shared care with mental health psychiatry to ensure optimal addiction care on mental health teams
- Telehealth to support rural remote prescribing
- Additional physician capacity at rapid access treatment hubs
- Increase capacity to address alcohol use disorder within primary care

Initiative B: **Increase prescriber capacity in the Managed Alcohol Program (MAP) at the PHS Drinker's Lounge Program.**

The PHS Drinker's Lounge Program is a community based MAP that operates with a goal to reduce harms of drinking while increasing access to health and social services. The MAP at PHS is a day program that offers prescribed alcohol dispensing and administration for people with severe alcohol use disorder, who are drinking non-beverage alcohol (NBA). The aim is to eliminate NBA use, and the harms associated with it, by replacing it with safer, beverage alcohol through a culturally informed, heart centred approach to engage drinkers lost to service in other continuums of care. In addition to accessing safer alcohol, the program provides connection to community, opportunities for volunteering, nutritional support, connection to Indigenous culture, medication administration and health care. The programs goals include decrease police interaction, decreased violence, maintaining housing, engage in primary care and treating medical condition with decreased hospital room visits.

People with severe alcohol dependence are vulnerable to multiple harms related to drinking. MAP aims to reduce harms of severe alcohol use without expecting cessation of use. Prior to entry into a MAP, clients often have multiple negative and unsuccessful experiences with abstinence based treatment and find abstinence based goals often unattainable. Therefore there is a need for harm reduction strategies such as MAP. There is evidence that MAPs reduce acute and social harms associated with alcohol dependence. As well as, evaluation of programs that tolerate alcohol consumption on site have found reductions in alcohol use and improved quality of life, with decreased use of more costly health and other services.[1]

The proposed additional weekly prescriber session will work alongside the psycho-social programming within MAP to provide prescribing capacity and clinical case management to ensure optimal access to treatment for alcohol use disorder

and relapse prevention, including Naltrexone, Acamprosate, Gapapentin and Topirmate.

Initiative C: Increase prescriber capacity for addressing OUD, within interdisciplinary pain management approaches.

As part of the Pain Management funding through the Provincial Opioid Emergency Response, VCH has launched a physio-therapist led interdisciplinary pain management team that combines physiotherapy, individual counselling, NP-delivered MyoActivation pain care and group counselling & education as a satellite to Vancouver Community primary care patients. Efforts have been made to extend the impact of this team through expansion of education sessions to the Sunshine Coast. The enhanced prescriber funding will be used to build on the learnings of these initiatives and further extend the reach of these interventions, and deepen their support to patients by providing increased access to opioid agonist treatment for people with concurrent opioid use disorder and chronic pain.

Initiative D: Region-wide weekend prescriber coverage for Supportive Recovery Residences

Opioid Agonist Treatment is the first-line recommended treatment for OUD, and ensuring a strong clinical plan for relapse prevention (that is inclusive of pharmacological treatments) is central to the recovery process. It is an increasing challenge for health authority-funded supportive recovery and residential treatment centres to ensure capacity to address the complexities of ensuring rapid access to treatment and on-going treatment management for patients within their facilities. Ensuring optimal access to prescription treatment is central to the recovery process for both OUD and AUD. The enhancing prescriber funding will provide 2 weekend sessions to provide telehealth prescribing and consultation to supportive recovery centres across the region. The prescriber will work out of one of VCH's mobile or fixed-site withdrawal management teams, to strengthen continuity of care for patients transitioning between withdrawal management and recovery programs.

Initiative E: Rural & Remote Prescriber Backfill

Rural and remote communities within the VCH region continue to have significant gaps in OAT prescriber coverage. Efforts to offer education, like BCCSU's POATSP course, receive limited uptake because there has not been funding available to backfill those prescribers while they spend time in a larger community receiving the shoulder-to-shoulder mentorship that has been a successful strategy to ensure prescribers who complete POATSP increase their OAT prescribing. VCH will use some of this Prescriber Enhancements funding to pay for sessional locum backfill for 6-10 rural and remote prescribers who will spend 1-2 weeks in Vancouver or another larger community after they complete POATSP.

Initiative F: Prescribers on the Overdose Outreach Team

VCH's Overdose Outreach Team (OOT) is an award winning outreach team consisting of outreach and social workers who connect people who have recently experienced opioid overdose and/or who are at high risk for opioid overdose, to addiction treatment and support. Recently the team has begun working with the Vancouver Fire Department (VFD) on a pilot project that has members of the VFD and OOT follow-up in person with people who have experienced an overdose that the VFD has attended. These collaborations with first responders help OOT identify people at risk of overdose and connect them with treatment. However, there are a significant number of referrals to OOT who cannot connect to existing services, and who would be best served by OOT initiating them on OAT and transitioning them to other community services once they have stabilized. This funding will be used to add 3 sessions each week to OOT to bolster their capacity to prescribe OAT to people on their caseload who are struggling to get connected elsewhere.

IMPLEMENTATION

Initiative A: Increasing prescriber capacity in VCH Communities of Care

- MHSU and Primary Care leadership in each of the communities of care are actively planning the best possible application of this community of care resource, tailored to the region's priority needs. Please see list of probable enhancements in above section.
- The goal of this funding is to fill priority gaps within the community of care for treatment of substance use disorder.
- Key partners will include mental health teams, primary care centres, urgent primary care centres, hospital ED, rapid access clinics and First Nations communities, who are currently being engaged to help determine best possible application of increased prescriber capacity.

- Priority outcome will be to build on impact of prescriber education/capacity building activities described in one-time only prescriber enhancement funding (section 2 below) to achieve increased capacity for prescribed medication for substance use disorder in area where there was previously little to no prescribing
- Target group will be people living with untreated substance use disorder within each of the communities of care

Initiative B: **Increase prescriber capacity in the Managed Alcohol Program (MAP) at the PHS Drinker's Lounge Program.**

- This funding will provide an additional prescriber's session to MAP at the Drinker's Lounge. This will be a second weekly session, with a total of two sessions per week which can be an additional prescriber or the same prescriber with an extra session.
- The goal of this funding is to increase the medical management of participants of the Drinker's Lounge, and to ensure a treatment plan that addresses relapse prevention and provides clinical management of alcohol dependence.
- Key partners will include primary care providers, the PHS Community Services Society, First Nations Health Authority, community
- Priority outcome will be: Increased clinical stabilization and quality of life for participants of the Drinker's Lounge Program; increased transition to lower acuity services; decreased use of alcohol within patients; increased knowledge translation activities on the role of physician pharmacological prescribing within managed alcohol programs.
- Target clients will be individuals who are consumers of non-beverage alcohol, living with severe AUD and participants in the Drinker's Lounge Programs
- Target consumers of the knowledge exchange component will be other addiction and/or primary care providers.

Initiative C: Increase prescriber capacity for addressing OUD, within interdisciplinary pain management approaches

- This funding will go toward attaching a physician session, or increasing NP time to incorporate a prescribing and clinical consultation component to community-based inter-disciplinary team initiatives
- These physicians or nurse practitioners will be focused on prescribing for substance use disorders, especially opioid agonist treatment, for people living with concurrent opioid use disorder and chronic pain
- Key partners will be the clinicians/members of the existing pain team (physiotherapist, counsellor, NP), as well as MHSU and Primary Care providers across the region
- Key outcomes will two-fold: 1) increased capacity for prescribing for substance use disorders and 2) increased understanding across the primary care system of the role of pharmacological treatments for substance use disorders as part of an interdisciplinary approach to pain management, with a particular focus on prescribing OAT for people with OUD
- Target clients will be clients who have been diagnosed with chronic pain and OUD, who are continuing to access the illicit supply of opioids.

Initiative D: Region-wide weekend prescriber coverage for Supportive Recovery Residences

- This funding will provide one Saturday and one Sunday prescribing session for Supportive Recovery Residences across the VCH region,
- Key partners will be the non-profit operators of the supportive recovery beds, as well as clinical teams in rapid access clinics and withdrawal management services.
- Key outcomes will be to increase support for the medical management of patients in recovery, including access to pharmacotherapies to manage substance dependence and relapse management.
- Target clients will be patients with OUD and AUD within the recovery system of care.

Initiative E: Rural & Remote Prescriber Backfill

- Recently circulated expressions of interest for BCCSU educational opportunities for prescribers have identified about 10 prescribers who would take the POATSP training and participate in follow-up mentorship opportunities to consolidate the learning and provide opportunities to gain the confidence required to prescribe OAT in their practices

- Key outcomes will be increased access to OAT prescribers in rural and remote communities
- Target communities will be those currently underserved by OAT prescribers

Initiative F: Prescribers on the Overdose Outreach Team

- This funding will provide 3 sessions per week (Monday, Wednesday and Friday) for a prescriber on the Overdose Outreach Team
- Key outcomes will be increased success initiating OAT and transitioning stabilized clients to existing services
- Target population is people at risk of overdose who struggle engaging with and being retained in clinical services in the community

ALIGNMENT WITH EXISTING PRIORITIES

The VCH Regional Addiction Program (RAP) was established in 2018 with the clear mandate to focus on clinical capacity building for the treatment of substance use disorder across the VCH system of care. The Regional Addiction Program is working collaboratively with the VCH Regional Mental Health and Substance Use Program, which is prioritizing capacity building to address the care of patients with concurrent disorders, particularly within acute and community MHSU settings.

All 5 initiatives detailed above are aligned with the RAP and Regional MHSU Programs' collaborative goal to address gaps in substance use care and to build capacity through education and targeted resources,

MILESTONES *Please provide the key milestones for how your health authority will be actioning this initiative.*

Please list below	Location	Target Completion Date
Initiative A: Increasing Prescriber Capacity in VCH Communities of Care (CoC) - Identify optimal application of prescriber GP/NP sessions within each CoC - Set monitoring and evaluation framework - Implement additional sessions - Monitor impact of sessions	Richmond, Vancouver, Coastal Richmond, Vancouver, Coastal	September 30, 2019 September 30, 2019 October 31 2019 On-going
Initiative B: Increase Prescriber Capacity in MAP - Implement additional session at Drinkers Lounge - Set monitoring and evaluation framework - Engage in knowledge-sharing/translation across region - Monitor impact of session on patient outcomes	Vancouver Across Region	October 1, 2019 September 30, 2019 March 2020 On-going
Initiative C: Prescriber Capacity Chronic Pain - Recruit GP/NP for Pain team - Establish monitoring and evaluation framework - Monitor impact - Engage in knowledge sharing/translation across region	Vancouver Across Region	September, 2019 October 2019 Ongoing March 2020 onward
Initiative D: Region-wide weekend coverage, Recovery - Determine location/technology for shared prescribers	Across Region	Sept/Oct 2019 Sept/Oct 2019

- Engage stakeholders in planning for sessions - Implement sessions - Monitor and evaluate impact		November 2019 On-going
Initiative E: Rural and Remote Prescriber Backfill - Identify prescribers to backfill - Identify locums able to backfill prescribers who attend training outside their home community - Backfill prescribers participating in custom POATSP rotations in Vancouver	Rural and Remote Communities in the Region	Oct/Nov 2019 Oct//Nov 2019 Dec 2019-Mar 2020
Initiative F: Prescribers on the Overdose Outreach Team - Identify and recruit prescriber to work with OOT -	Richmond, Vancouver, Coastal	Oct/Nov 2019 Sept/Oct 2019 November 2019

s.13; s.17

PERFORMANCE MEASURES. *[This section describes the metrics that will be gathered to measure the success (i.e. results) of the initiative and to determine that the initiative is having a positive impact for individuals and communities. Please complete the table below that outlines the metrics that you will use to measure success. Include at least one concrete, measurable indicator with current value. Please consider capturing information on Indigenous populations where possible, as there is a strong commitment to understand how initiatives are reaching these populations.]*

Measure /Indicator(s)	Location *(if applicable)*	Target	Data Source*	Data Collection Method**
Initiative A: 2 prescriber sessions per CoC*	Richmond, Vancouver,	2 additional sessions +	EMR	Data extract quarterly

or equivalent cost per NP	Coastal, (Precise locations TBD)	Increase in number of patients being prescribed treatment for OUD/AUD.		
Initiative B: Prescriber session for MAP*	As above	100% of patients Drinkers Lounge have seen doctor and have clinical treatment plan	Electronic Health Record	Reporting template submitted quarterly by non-profit provider
Initiative C: Pain Management	Vancouver	100% of patients have clinical pain management plan documented (either by primary care provider or through enhance prescriber session)	Program reports	Quarterly
Initiative D: Weekend Coverage	Richmond Vancouver Coastal	All Supportive Recovery residences are aware of resource and are accessing consult support as needed	Provider reporting	Monthly

**Data Source indicates where information is stored or found. **Data Collection method indicators how, when, and by whom data is collected (i.e., paper files during clinical interview, case management software, etc.)*

NAME OF INITIATIVE:

Prescriber Enhancements Education Blitz

One-Time Funding (2019/20)

DESCRPTION OF ACTIVITIES

A recent review of Tertiary Mental Health and Substance Use Facilities within VCH indicated that approximately 60 – 70% of persons within these adult settings struggle with psychosis and severe substance use concerns. Further, information and data indicates that acute psychiatric settings are also increasingly working with a population struggling with severe concurrent disorders; readmission data indicates that clients being readmitted to hospital are younger aged patients with stimulant use disorder; and a review of reported overdoses in community suggest that a number of clients were already connected with mental health teams for a psychiatric disorder, with further evidence suggesting significant alcohol dependency for clients in community settings. Altogether, concurrent disorders are prevalent across mental health and substance use settings.

In order to meet the needs of clients across Vancouver Coastal Health, the health authority proposes an education blitz for psychiatrist, physicians and Nurse Practitioners in key areas where substance use disorders are prevalent. This one – time education blitz for prescribers is designed to ensure that health care providers currently practicing across regional tertiary, acute and key community teams have the requisite skills (training/ education) to work with a severe substance use population, particularly clients with severe substance use who would benefit from available pharmacological approaches to care. The education will be focussed on enhancing prescriber capacity for persons with substance use addictions, and for persons with concurrent mental health and substance use disorders.

Notably, while there are other opportunities for education through the BC Centre for Substance use, unfortunately the BCCSU training cannot keep up with the current demand for enhanced capacity in the above mentioned settings. Whereas, the one-time education blitz will provide an opportunity to upskill prescribers now, to ensure that clients get the care they need at the time they need it.

The one time education blitz will include:

- Project Management to coordinate educational sessions, communications and material development as necessary
- A Regional Concurrent Disorders Medical Lead to support the development and design of educational sessions evaluation, and ongoing quality improvement (stipend model)
- 2 half day sessions for psychiatrists in each CoC (funding to be used for backfill to ensure participation)
- Ongoing mentoring and consultation via an identified “group of five” peer physician networks; intended to ensure sustainability
- Pre/ Post evaluations
- Ongoing outcome measurement to measure impact

Content areas (designed to increase access to medication assisted treatment) to be addressed in half day sessions include

- Prescriber training for Alcohol Use Disorders (in alignment with soon to be released BCCSU guidelines)
- Prescribing for Tobacco Use Disorder (alignment with smoking cessation clinic)
- Prescribing for the full range of oral Opioid Agonist Therapy (in conjunction with the Provincial Opioid Addiction Treatment Support Program POATSP)
- Prescriber Training for injectable Opioid Agonist Therapy (in conjunction with POATSP)
- Overview of foundational skills that enhance engagement to medication assisted treatment: motivational interviewing, screening, brief intervention and treatment within primary care, trauma informed practice, dialectical behaviour therapy, and contingency management

VCH is currently working on a Concurrent Disorder Strategy to supplement skills across all health care providers in MHSU. Best practice asserts that pharmacotherapy is more successful when augmented with psychosocial approaches to care. The education blitz will be supplemented by additional work by VCH regarding education to nursing and allied health staff and help to ensure multidisciplinary alignment and team based care (not included in this funding).

IMPLEMENTATION

Based on Feedback from each of the Communities of Care, the following prescriber groups will be offered education:

- Tertiary Psychiatry
- Acute Psychiatry
- Community Mental Health and Substance Use Teams (physician leads/ psychiatrists); particularly in Older Adult and Youth Services
- Nurse Practitioners on outreach teams for youth and young adults
- Infectious Disease physicians (soft tissue clinics)
- Emergency Department Physicians and Psychiatrists
- Nurse Practitioners serving primary care clinics in rural areas (particularly Aboriginal NPs)
- General Practitioners in Urgent Care settings

Use of Resources/ Staffing

- Project manager to work with regional mental health and substance use, and regional addictions staff, and key stakeholders across VCH to develop a compilation of available online education modules to prescribers and interested allied staff (created in house with no additional funding)
- Face-to-face foundational skills training sessions for skills-based practice will be created (2 x 4hr training); multiple options provided to account for availability. Education sessions will be provided by a psychiatrist with an enhanced skill set for provided prescriber education regarding substance use. This will be combined with available online training through the BC Center for Substance Use
- Job aids/tools will be created in collaboration with the project manager, regional addictions and regional MHSU team, to support elbow-to-elbow mentorship in the workplace
- Each CoC will identify physicians trained in providing addictions medicine/ pharmacotherapy –to act as education mentors/ consultants. These individual mentors will be connected with a "Group of Five" other physicians currently receiving training and will lead a supportive peer education model. The intention of this model is to create a sustainable culture of support across VCH; whereby each member of this group of five can create additional groups of five and so on.
- An evaluation will be created to measure impact of delivered education on practice (clinician comfort and competency) by the project manager; this evaluation will also form the basis of outcome measurement for the initiative
- Ongoing evaluation and outcome measurement/ expanded research capacity will be explored and introduced through collaboration between Regional Mental Health and Substance Use, and Regional Addictions Programs.

Key partners

- Regional Mental Health and Substance Use Program
- Regional Addictions Program
- Operational and Medical Leadership across all tertiary, acute and community MHSU settings
- Public Health
- Aboriginal Health
- First Nations Health Authority
- Doctors of BC
- BC Center on Substance Use

Desired outcomes

- Additional provision of available pharmacotherapy for clients with substance use issues
- Improved integration of mental health and substance use treatment options for concurrent clients
- Sustainable enhancement of prescriber capacity across all settings
- Improved continuity of care and engagement with services across all settings

Target client groups were identified in consultation with key stakeholders and a review of data

- Clients struggling with concurrent disorders in inpatient settings
- Youth and young adults with moderate to severe substance use/ concurrent issues
- Youth and young adults requiring tobacco cessation programming. The prevalence of vaping is increasing and

some youth then switch to tobacco use with long-term health implications.

- Clients presenting to emergency rooms with substance use concerns, who may not otherwise be admitted for treatment. This is particularly salient for clients using stimulants.
- Clients in rural and remote communities with access to small health centres
- Clients presenting to Infectious Disease clinics for soft tissue care attributable to substance use
- Clients presenting to newly developed urgent care centres
- Clients in *community with alcohol use disorder, there is an increasingly recognized problem, particularly in older adults.*

ALIGNMENT WITH EXISTING PRIORITIES

The Regional Mental Health and Substance Use Program at VCH, as part of their approach to Specialized Care Services Programs (linked with the Primary Care Strategy) has committed to providing an operational model that supports improved integration between addictions and mental health/ substance use services. The education blitz will support this provincial directive by ensuring that key community team psychiatrists, within this operational model, have the appropriate skills to serve clients struggling with concurrent disorders. Further, VCH has committed to introducing a standardized screening tool for concurrent disorders, where the enhanced skill set of psychiatrists will support access to treatment once a client has been screened.

The VCH Regional Concurrent Disorders Strategy has outlined four key areas of focus for all staff working in mental health and substance use, namely education, treatment, service framework, and policy guidelines. This strategy is intended to improve access to appropriate care for persons with both mental health and substance use/ addiction concerns. This strategy also aims to ensure that all staff across mental health and substance use services feel comfortable working with both mental health and substance use issues – concurrent disorders

Continuity of care is sometimes impacted when physicians may not feel comfortable working with clients on Opioid Agonist Therapy. The education blitz proposed will address this gap in care by removing barriers to clients with opioid use disorders and supporting the broader service system response to the opioid crisis.

In collaboration with the Regional MHSU Program, and as a collaborator on the Concurrent Disorder Strategy, the Regional Addiction Program is focused on ensuring robust, evidence based clinical capacity for screening, assessment and treatment of substance use disorders across the continuum of care. A core component of this program is to ensure accessible education and capacity building opportunities for practitioners to build an “every door is the right door” system of substance us care. The current overdose epidemic has amplified the urgency of these long-needed system improvements. This education blitz provide an opportunity to engage key providers in rapid practice change – to create better access to treatment interventions for individuals at risk of overdose and/or living with problematic substance use.

Each of these strategies will work to incorporate the care needs of indigenous people by: targeting education to rural and remote communities, addressing reconciliation by carefully reviewing, in partnership with aboriginal health, the language used in all materials associated with education, guidelines and policy; as well as requiring all staff to complete cultural competency training. Additionally, as outlined in the implementation section, trauma informed practice will be included, as essential to supporting pharmacotherapy approaches to care – particularly for vulnerable populations such as indigenous people whose substance use concerns may be attributed to historical trauma.

s.13; s.17

PERFORMANCE MEASURES. *[This section describes the metrics that will be gathered to measure the success (i.e. results) of the initiative and to determine that the initiative is having a positive impact for individuals and communities. Please complete the table below that outlines the metrics that you will use to measure success. Include at least one concrete, measurable indicator with current value. Please consider capturing information on Indigenous populations where possible, as there is a strong commitment to understand how initiatives are reaching these populations.]*

Measure /Indicator(s)	Location *(if applicable)*	Target	Data Source*	Data Collection Method**
Number of new sessions for substance use disorder medication assisted treatment	N/A	All participants	Checkbox – online survey	online
Pre/ 3 months/ Post evaluation of education (scale to measure comfort and increase in prescribing practice for all participants)	N/A	All participants	Checkbox – online survey	online
Number of Physician "group of five" consultations/ peer mentoring sessions	N/A	All consulting physicians	Interview & tracking tool	Manual recording

**Data Source indicates where information is stored or found. **Data Collection method indicators how, when, and by whom data is collected (i.e., paper files during clinical interview, case management software, etc.)*

Due date for completed Prescriber Enhancements Implementation Plans: August 30, 2019

Please send completed templates to CLARA.SZUCH@GOV.BC.CA

Bauer, Tim HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: September 25, 2019 1:35 PM
To: Walsh, Taryn MMHA:EX
Cc: Patterson, Justine A MMHA:EX; Hayward, Ross HLTH:EX
Subject: RE: Letter of Support

Thanks for the call just now, Taryn.
To confirm – we are welcoming of the letter of support as it is written.
We appreciate all the time and effort that the MMHA/MoH teams have put in to this.
Miranda

From: Walsh, Taryn MMHA:EX [mailto:Taryn.Walsh@gov.bc.ca]
Sent: Wednesday, September 25, 2019 1:05 PM
To: Compton, Miranda [VC]
Cc: Patterson, Justine A MMHA:EX; Hayward, Ross HLTH:EX
Subject: Letter of Support
Importance: High

Hi

This version has been approved by both DMs (MMHA/MoH) so we are not looking to edit further at this point – can you just confirm no serious concerns from your perspective? Then we will get MJD to sign

Taryn Walsh
Assistant Deputy Minister
Strategic Priorities and Initiatives
Ministry of Mental Health and Addictions

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

Health Canada Santé Canada

Substance Use and Addictions Program (SUAP)
Application for Funding
(Revised July 2019)

Complete the template in full and submit a signed copy to: **hc.SUAP-PUDS.sc@canada.ca**

The SUAP ***Guidelines for Applicants*** is available at:
https://www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-addictions-program-call-for-proposals-guidelines-applicants.html#a15

Health Canada collects information for the purpose of evaluating funding applications for grants and/or contributions. The information contained in the Application for Funding may be accessible under the provisions of the *Access to Information Act*. All personal information will be protected in accordance with the *Privacy Act*.

Section 1 – Project Information

a) Legal Name of Applicant Organization: **Vancouver Coastal Health Authority**

b) Address: **601 W Broadway, Vancouver, BC V5Z 4C2**

c) Primary Contact (include name and title, telephone number and e-mail address):

Miranda Compton
Regional Director, Prevention & Addiction Programs
Office of the Chief Medical Health Officer
T: 604-862-1210
miranda.compton@vch.ca

d) Project Title:

The "Safer Alternatives For Emergency Response" (SAFER) Initiative

e) Project Duration (in months):

51 months

f) Funding amount requested from Health Canada (per year and total):

s.13; s.17

g) List other sources of confirmed and/or anticipated funding (cash and/or in-kind contributions) for the project:

Vancouver Coastal Health Authority (VCH): TBC
BC Centre on Substance Use (BCCSU): TBC
Portland Hotel Society (PHS): TBC

h) Please select the primary funding stream / priority area that you are applying under (select one):

☐ Stream 1: Harm Reduction, Community-led and Front-line Initiatives

☒ Stream 2: Increasing Access to Pharmaceutical-Grade Medications

☐ Stream 3: New Approaches to Address Problematic Methamphetamine Use

Section 2 – Project Description

a) Briefly summarize the proposed project **(250 words maximum)**:

The opioid overdose crisis in BC persists despite significant investment in treatment and harm reduction interventions. As indicated by the Health Canada safe supply tool kit, there is a continuum of safer supply models and this application introduces a flexible model with health care provider oversight that several regional health authorities Vancouver Coastal Health and Fraser Health Authority have endorsed to pilot. This model aims to integrate harm reduction, public health, social services and addiction medicine to address the overdose risk posed by the increasingly toxic illegal drug market through the prescription of pharmaceutical grade opioids to those at greatest risk of overdose death.

Eligibility for this pilot is based on three core criteria including 1)those living with opioid addiction (or other substance use disorder) who are using illegal opioids; 2) those deemed at risk of overdose or overdose death by a detailed clinical assessment and; 3) those whose treatment has not yet been optimized despite access to evidence-based addiction treatment. Those NOT eligible will include: 1) Under the age of 18 and; 2)No history of addiction or substance use disorder(s) (i.e. those who only use 'recreationally') .

Candidates for program entry will be selected through an eligibility assessment protocol that includes a peer navigator, nursing and physician assessment as to facilitate a shared decision-making process with the potential program participant. This flexible model has been co-developed with people with lived experience (PWLE) and will utilize principles of systems user design to further refine the service delivery model as well as implement an iterative process for feedback and program refinements that puts PWLE at the centre of planning, design and evaluation.

In addition to the primary aim of reducing overdose deaths and related harms (i.e. multiple non-fatal overdoses, anoxic brain injuries), a second aim of this pilot is to provide a low-barrier point of access to wrap-around services including referrals to the full continuum of substance use services, including recovery services, public health and social services (Figure 1. demonstrates the role of the SAFER model within the continuum of substance use services in participating regions). This initiative is a linked application Fraser Health Authority's application, with the regional health authorities as primary applicants and multiple health system partners and community organizations engaged. BC has a history of piloting innovation in the area of substance use care and this model will build on expertise in the areas of injectable OAT (iOAT) and tablet programs (TiOAT). As described in the application below, significant progress on an operational model including health care provider oversight and pharmacy supply has been made in a short period of time, indicating the high degree of collaboration and willingness in BC to quickly pilot a safer supply model.

Figure 1. Conceptual model SAFER initiative as a component of the substance use continuum of care for (note: for final application will include a short narrative on this model)

- Describe the goals and objective(s) of the proposed project, including a description of the nature of the problem that the proposed project will aim to address:

In recent years, thousands of British Columbians have lost their lives to overdose and other drug-related harms, causing a decline in the average life expectancy at birth in the province for the first time in decades. This spike in overdose deaths has been primarily attributed to the introduction of illegally manufactured fentanyl analogues in street opioids (e.g., "heroin"). Other harms stemming from the contaminated illegal drug supply, including brain injuries from non-fatal overdoses, also contribute to major morbidity, mortality, loss of productivity, and healthcare costs.

In British Columbia, the coordinated response to the overdose crisis has been largely characterised by the expansion of harm reduction services such as naloxone distribution, overdose prevention and safe drug consumption sites, and drug checking services. Additionally, improving uptake of, and access to, evidence-based treatments for opioid use disorder (OUD), namely oral and injectable opioid agonist treatment (OAT), have been prioritized across the province; recent data indicate that nearly 22,000 people are now receiving medication to treat their opioid addiction. These efforts have yielded significant results to date; a recent study showed that treatment and harm reduction initiatives launched or expanded as part of the provincial overdose response have potentially prevented more than 3000 additional overdose deaths.

However, despite these collective efforts, the number of people who died of an overdose remained unchanged from 2017 to 2018, with only a small decline expected in 2019. Additionally, total numbers of non-fatal overdose remain high, with currently unknown long-term effects to both individual (i.e. anoxic brain injury) and population level health. Significant remaining gaps in the province's continuum of substance use care leave many British Columbians who use drugs critically vulnerable to the risks associated with the contaminated illegal drug market. As demonstrated by point-in-time data from December 2018 (See Section 3), close to one-third of people diagnosed with OUD had yet to

receive OAT, and only half of people with OUD who had been prescribed OAT remained engaged in treatment for at least 12 months. Moreover, according to a Vancouver Coastal Health (VCH) chart review, more than half of those (60%) who died from opioid overdose in 2018 used substances other than opioids on a daily basis and opioids only intermittently, and therefore may not have met the criteria for OAT; however, many would likely benefit from access to addiction treatment for other substance addictions that likely drive their use of illegal opioids and increase overdose risk (e.g. stimulant addiction that drives opioid addiction). SAFER will act as an engagement, assessment and referral point for these people with OUD who may not have been reached through other components of the system of care.

To address these health system gaps during the overdose crisis, the existing continuum of addiction care should be augmented to include flexible, low-barrier public health-oriented services that provide people who are accessing the toxic street drug supply with safer alternatives, while connecting them to other treatments, care and services. Accordingly, the primary objectives of the SAFER initiative include:

- To reduce overdose deaths and related harms (i.e. multiple non-fatal overdoses, anoxic brain injury);
- To connect individuals that have not been reached or retained by traditional substance use services and treatment into care along the full continuum (i.e. harm reduction services, primary care, opioid agonist treatment, recovery services etc.) and;
- To generate evidence for flexible safer supply models.

- Describe the key activities that will contribute to achieving your project objectives:

In order to plan a multi-site and networked flexible safer supply initiative that achieves the primary objectives listed above, three working groups composed of representatives from key project partners and stakeholders have been assembled to lead the planning, design, and implementation of the SAFER initiative. Since July 2019, the working groups described below (see Figure 2) have been meeting on a weekly or as needed basis to develop the model and this application and significant progress has been made in a short period of time. This section provides a high-level overview of the key activities assigned to each working group in reference to the primary objectives of the project:

- **Operational Model Working Group**: Composed of representatives from Vancouver Coastal Health Authority (VCH), Portland Hotel Society (PHS), the BC Centre on Substance Use (BCCSU), and people with lived/living experience (PWLE), and advised by: the Office of the Provincial Health Officer; the Provincial Overdose Emergency Response Centre (OERC); First Nations Health Authority (FNHA); British Centre for Disease Control (BCCDC); Island Health, Fraser Health and; Pivot
  Legal Society, this working group acts as the steering committee this project. As such, the Operational Model Working Group provides oversight to sub-working groups and works to secure funding and other resources to ensure the progress of the overall project as well as its compliance with relevant federal (i.e. Health Canada requirements, the *Controlled Drugs and Substances Act* (CDSA), and Narcotic Control Regulations (NCR)) and provincial regulations. Operational activities conducted to date include:
  - Developing and maintaining overall project workplan (see Section 7 for the summary workplan).
  - Collaborating with sub- working groups to devise an optimal interdisciplinary model in consideration of peer, prescriber and clinician workflows.

- Drafting staffing models and determining staffing mix according to an interdisciplinary care model.
- Working with a system user experience design team to ensure the accessibility and effectiveness of the service, and the inclusivity and dignity of the service users' experience.
- Estimating model capacity (i.e., number of participants) based on funding and drug costs.
- Developing an overall project budget, and securing and allocating budgets for sub-group activities
- Identifying and addressing infrastructural needs. This includes Identifying a suitable venue to house the safer supply program through preliminary communication with possible space partners (e.g., City of Vancouver, Community Impact Real Estate).
- Conducting legal review of the SAFER model to ensure compliance with CDSA and NCR with support of the Pivot legal society.

It is envisioned that this operational working group will continue after the SUAP application is submitted to ensure ongoing work in anticipation of a successful funding decision. Including the priorities noted below:

- Strike a fundraising committee to identify funding sources for capital and renovation costs for the program sites
- Work with system user designers to finalize SAFER work flow (anticipated fall/early winter 2020)
- Oversee ongoing consultation with federal, provincial regulators and provincial government.

- **Lived Experience reference working group:** although people with lived and living experience (PWLE) are participating across the various working groups, it was identified as a need by PWLE to ensure a working group could be brought together for PWLE to share ideas both formally and informally in contribution to the overall model. Peer groups participating this process include BC Yukon Drug War Survivors, BC Association of People on Opioid Maintenance (BCAPOM), BCCSU PWLE reference group, Vancouver Area Drug User (VANDU) and SOLID. Issues, ideas and concerns are relayed by a shared BCCSU/VCH peer clinical advisor to the operational working group and sub-working groups as needed.

Of note, the sub-working groups described below include representative from key project partners and stakeholders listed above and all include PWLE.

- **Pharmaceutical Model Working Group:** As a sub-working group of the Operational Model Working Group, the Pharmaceutical and Supply Chain Working Group is tasked with providing detailed analysis of pharmaceutical opioids available for prescription as part of the program, including considerations pertaining to costs, procurement pathways, and pharmacy operations. Additionally, this working group will review provincial and federal narcotic regulations and handling requirements to ensure compliance and consult with federal and provincial regulatory contacts as necessary. Ongoing activities in this working group include:
  - Developing list of drugs to be used, including quantities, costs, and budget implications.
  - In consultation with health care providers, determine safe and effective drug concentrations and dosages to be available for prescription to program participants.

- Reviewing drug supply chain in terms of compliance with existing legislation and consult with regulatory officials as needed. Pivot legal society is to assist with providing legal opinion regarding compliance with provincial and federal narcotic regulations.
- Developing an operational plan for the pharmacy of the pilot safer supply site(s) to ensure safe and compliant transportation, and dispensing, and provision of medication.

Work to Date of the Pharmacy Working Group:

- **Drug selection:** At this time, drugs under consideration are commercially-available injectable hydromorphone (10 mg/mL) and M-Eslon capsules (60 mg). A phased approach to continue exploring powdered formulations and diacetylmorphine will be considered (and utilizing the revenue generating stream to purchase medications).
- **Drug pricing:** have mapped out different formulations of commercially available products and their cost, manufacture, availability and have developed the pharmacy budget (see budget section).
- **Pharmacy Model:** a preliminary pharmacy model has been designed, utilizing Lower Mainland Pharmacy Services (LMPS), the VCH-linked pharmacy provider, in which the pharmacy receives client specific prescription from the prescriber and delivers the medication on a daily basis to the site nurse who will then administer to the client. Further work will be ongoing to ensure this model adheres to all provincial regulatory requirements, including ongoing consultation with the College of Pharmacists of BC.
- **Initial legal review:** working with Pivot, the working group has identified that as the model is prescription based it meets all the federal regulatory requirements and all provincial pharmacy regulations are anticipated to be met.

- **Eligibility/Health Care Provider Oversight Working Group:** This sub-working group's overall responsibilities are planning the oversight of workflow within the safe supply initiative, and to ensure that protocols are in place for eligibility assessment, medication selection and prescription, and connection to care and support services, including the integral role a peer navigator and overall medical oversight by a physician. This working group is also tasked with ensuring that the operation of SAFER initiative is linked to other health system partners and healthcare services within the health region. Ongoing activities of the Eligibility/Health Care Provider Oversight Working Group include:
  - To develop the SAFER initiative model as it pertains to healthcare provider oversight. This includes making recommendations to the Operational Model Working Group to support budgeting and overall program design in compliance with Health Canada's oversight requirements.
  - To develop plan to further refine eligibility criteria overview and shared decision-making framework for eligibility assessment using evidence-informed decision-making and prescribing best practices (e.g., with reference to injectable OAT programs).
  - Consult with provincial and federal regulators as well as legal reviews (when appropriate) for alignment with CDSA/NCR and relevant provincial regulations. Pivot and other legal representative will provide a legal opinion on planned processes to ensure compliance.
  - Conduct initial consultation (in partnership with other working groups as necessary) with provincial regulatory colleges (e.g., The British Columbia College of Nursing Professionals, the College of Physicians and Surgeons of British Columbia, the College of Pharmacists of British Columbia).

Work to Date of the Health Care Provider/Eligibility Working Group:

- **Work Flow/Oversight Model:** this working group has developed the project work flow (see Figure 3 below) in which:
    - Potential participants will self refer to the program or be referred by service providers including overdose prevention sites, emergency responders and community agencies
    - Overall **medical oversight** of the program will be by PHS Medical Director, Dr. Christy Sutherland**.** Dr. Christy Sutherland oversees PHS primary care program and is Education Physician Lead for the BCCSU. Among other accolades, she was the 2018 BC recipient of the Family Physicians of the Year awards from the College of Family Physicians of Canada
    - Taking an interdisciplinary, collaborative case management approach (including with peer navigators, recovery navigators) the program will include linkages to primary care and recovery services where indicated.
    - Those not eligible for the program will include:
        - Under the age of 18
        - No history of addiction or substance use disorder(s) (i.e. those who use "recreationally")
    - **Assessment process will be** as follows:
        - Peer Assessment: upon intake, program participants will be met by a person with lived experience of substance use for an assessment of:
            - Types of substance used
            - Assessment of current overdose risk and social situation
            - Description of eligibility and rigour of the program participation
            - Discuss treatment experiences and options including assessment by a recovery navigator for both contemplative and pre-contemplative individuals
        - Nursing Assessment: if the peer assessment recommends the next stage, a nurse will complete the following assessments:
            - Addiction history (including previous treatments such as OAT etc.)
            - General health history
            - Medication history (i.e. PharmaNet review)
            - Urine drug testing
            - Vital signs
        - Physician Assessment:
            - Review peer and nursing assessments and confirm information as needed
            - Comprehensive medical and substance use history including addiction treatment history
            - Physical examination
            - Determination of risk of overdose and other harms from ongoing use of illegal substances
            - Overview the program rules, regulations and requirements
            - Make the final determination on program participation **or** referral to other addiction and social services
    - If program participants are issued a prescription by a prescriber, they then undergo an observation and titration period based on their substance use history, whereby their dosages are observed by program staff

- If program participants wish to have 'take home' or 'carry' doses, they will undergo an assessment by the prescriber—to determine whether carries will be issued or participants will continue with observed doses.
- All concerns or issues from any program staff or participants will be managed using interdisciplinary/collaborative case management

- **Consultation with regulators**: the BC College of Nursing Professionals (BCCNP) and the College of Physicians and Surgeons (CPSBC) have been initially consulted on the model. Ongoing consultation will continue.

- **Guideline development**: VCH and the BCCSU in partnership with the Provincial Health Officer, Dr. Bonnie Henry have agreed work in collaboration to develop guidelines for prescribing controlled drugs during this public health emergency that will further describe health care provider oversight and requirements for safer supply models (see section c below for further description)
  - A guideline outline, timeline and medical writer have been contracted for this work.
  - Guideline development will start in October and it anticipated to be completed by March 2020.
  - Members of the health care provider eligibility working group will be invited to participate (as well as additional experts) as members on the development committee and will include PWLE as well as consultation with the provincial government and regulators.

The interim outcomes of the planning activities listed above are reflected in sections 7 and 8, Summary Workplan, and Budget and Narrative.

Figure 2: SUAP Application Project Working Group Structure (note: FHA needs to be represented if they participate)

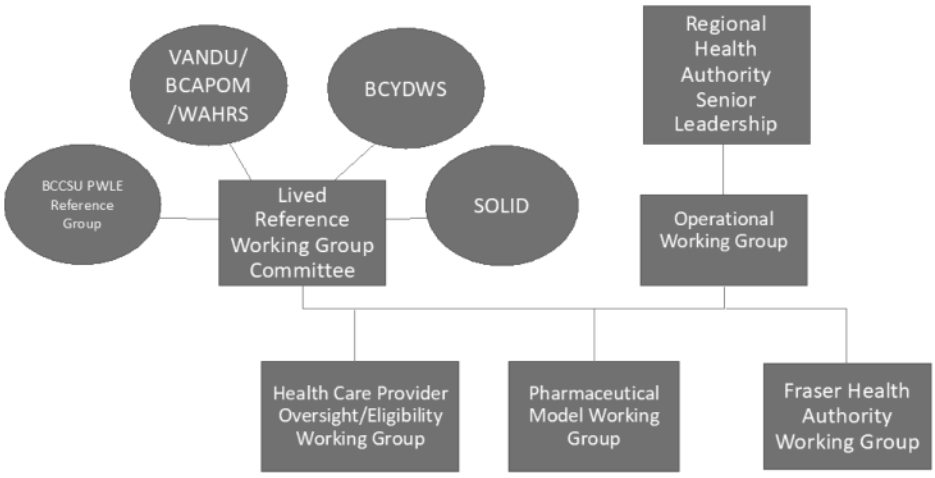
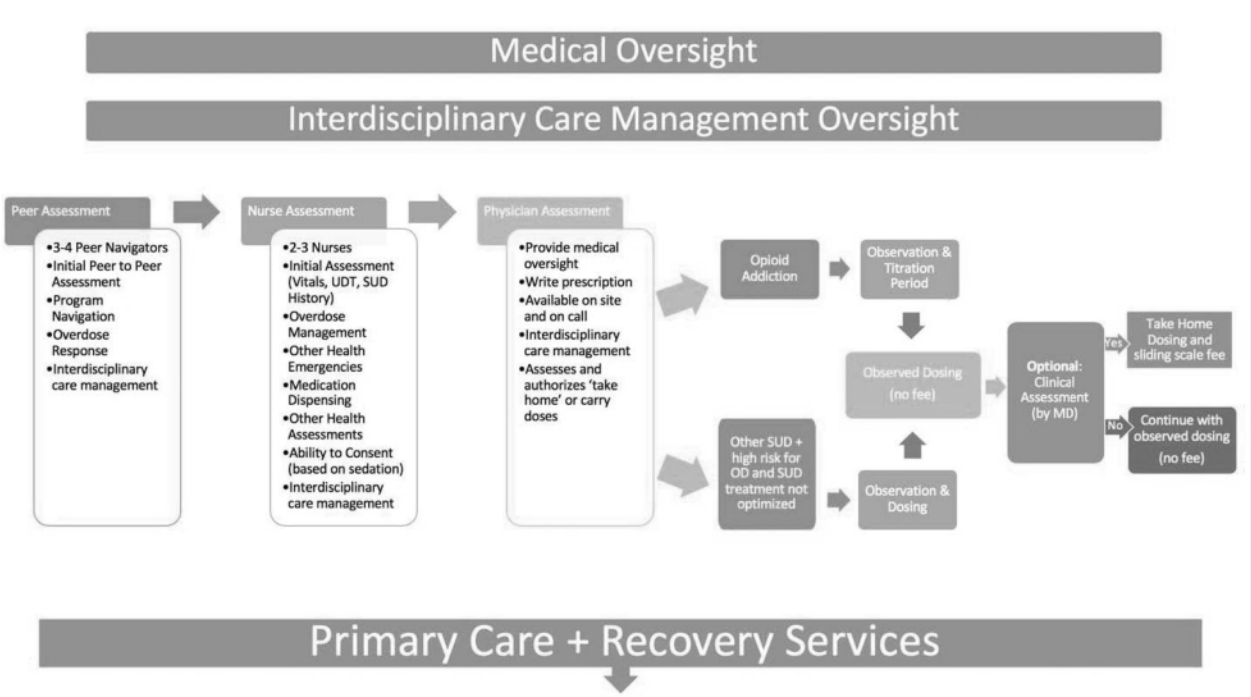


Figure 3: SAFER Work Flow



b) Describe the key outputs (knowledge products and/or learning opportunities)[1] that will be produced:

As the SAFER initiative is the first of its kind, rigorous scientific evaluation and knowledge translation are key components of this pilot. The following are the knowledge products anticipated to result from the implementation and evaluation of the SAFER initiative.

Evidenced-informed clinical guidelines: as noted above, VCH in partnership with the BCCSU and the office of the provincial health officer (Dr. Bonnie Henry) will develop evidence-informed clinical practice guidelines for prescribing controlled drugs during a public health emergency. Initially, these guidelines will focus on prescribing opioids. Through Dr. Bonnie Henry's office it is anticipated that these guidelines will be endorsed and available across all health regions in BC and will provide a comprehensive overview for prescribing including consent, involvement of people with lived and living experience, target patient population and eligibility, dosing, medication formulations and titration, initial and ongoing clinical assessments and diagnostics, program discharge criteria , take home dosing criteria and recommended prescriber competencies. Additionally, a community of practice of peer

[1] Knowledge Products refer to policy documents, standards, guidelines, training/curriculum, papers, tools/toolkits, webinars, informational resources, reports, networks/platforms etc. Learning Opportunities refer to training sessions, outreach events, workshops, roundtables, educational events, webinars, conferences, collaborative web spaces, e-learning modules, meetings, presentations, webinars, focus groups, dialogues, harm reduction or treatment service interactions etc.

navigators/recovery navigators and health care providers will be developed to support regional sharing of knowledge.

Implementation guidelines: in addition to clinical guidelines noted above, SAFER initiative partners will collaborate to publish operational/implementation guide. Ideally, this work would include collaboration with other national health systems partners that are piloting safer supply models as well as Health Canada. This guide will include key considerations and recommendations, based on the knowledge gained from the first pilot site in Vancouver and linked sitesin Fraser Health. The scope of the guideline is anticipated to include consideration for:

- Program design and development in partnership with people with lived/living experience,
- Integrative design process,
- Linked to clinical guidelines (see above)
- Prescription medication options and supply chain issues,
- Infrastructure requirements,
- Program evaluation and research,
- Legal and regulatory considerations,
- Staffing models (including those with lived experience), and
- lessons learned concerning program implementation.

The program guidelines will be refined through the pilot period, and a final **program guideline** document will be made publicly available.

Peer reviewed journal articles: Lack of evidence on public health-oriented safer drug supply interventions has been one of the systemic barriers to implementation of flexible safer supply models. Thus, in partnership with the BC Centre on Substance Use (BCCSU), when made available a separate research funding grant (i.e. CIHR) will be sought in order to conduct a comprehensive evaluation of both the project implementation and participant outcomes. Of note, the BCCSU is also home to the BC Node of the Canadian Research Initiative in Substance Misuse (CRISM) and is provincially networked so is positioned to support scientific evaluation in multiple BC health regions as well as national collaboration. It is anticipated that this evaluation will yield several publications in peer reviewed journals, significantly contributing to the evidence base supporting this critically needed intervention.

Legal reviews: This project will undergo at least two rigorous legal reviews to inform decisions on medications and program operations. All legal and regulatory findings will be summarized and made available to interested parties.

Training Material and practice tools: All staff and care provider training conducted during the project's implementation phase will be included as appendices in the program implementation and/or clinical guidelines.

Lived and living experience materials: as identified by the PWLE individuals and groups involved in this work, KT materials will be identified through iterative processes and where possible plain language summaries of the above products will be developed and disseminated (i.e. town hall meetings, presentation to drug user groups boards and memberships etc.) in collaboration with PWLE groups.

c) Describe the project target population(s), including both primary and secondary audiences, how they will be involved in the project (*note:* specific reference to the meaningful involvement and engagement of people with lived and living experience of past or current substance use should be included), and anticipated number to be reached:

Target Patient Population
As described above, although deaths have been averted, the overall reduction of overdose deaths continues to remain limited. This project aims to meet the needs of people at high risk of opioid overdose for whom current harm reduction and treatment interventions are inadequate or inaccessible. Specifically, the SAFER initiative will focus on the populations (both unique and overlapping):

1) **Those living with opioid addiction (+/- other substance use disorders) and using illegal opioids:** as the illegal drug market is unregulated, people using illegal opioids are at high risk of overdose and death.

2) **Those deemed at risk of overdose or overdose death by a detailed clinical assessment:** as noted in the section above, this initiative will implement a three phased assessment including assessment with a peer navigator, a nurse and an addiction physician. Through a shared decision-making process and collaborative case assessment and management system, this project with thoroughly and systematically assess each individual for their risk of opioid overdose.

3) **Those whose treatment has not yet been optimized despite access to evidence-based addiction treatment**: People with substance use disorders (i.e. addiction) use substances for a variety of reasons and are at individualized stages and levels of contemplation in accessing health and social services. Additionally, people who use drugs are among the most marginalized and vulnerable populations, with high rates of trauma experienced both directly and indirectly by the health system, institutionalization and stigma. Additionally, in BC, the burden of non-fatal and fatal overdose are not experienced equally between Indigenous and non-Indigenous populations and the significant trauma and ongoing impact of colonization and racism must be taken into consideration. For these and other complex societal issues, many individuals who use drugs have not been successfully engaged or reached by existing health and social services programs. This target group includes both people diagnosed with OUD and those with other substance use disorders (i.e. alcohol, stimulants) who are using illegal opioids intermittently; they may be pre-contemplative in terms of engaging in addiction care, despite attempts by providers. For example, a point-in-time cascade of care analysis demonstrated that close to 30% of the 65,500 British Columbians diagnosed with OUD in December 2018 had never received OAT, and the 12-month retention rate among those previously started on OAT was reported to be only 50%.

(See Section 3 for a comprehensive review of data pertaining to the limitations of the healthcare system in meeting the needs of these populations.)

Based on current budget and capacity estimates, we anticipate serving between 200-250 clients in the first our year in the Vancouver Downtown East side (DTES) site. However, with revenue generated the program has the potential to increase the number of program participants by up to 100 participants per year to a maximum of 550 participants in year 4.

Target audience for knowledge products
Published evaluation results, clinical and operational/implementation guidelines, and related training materials are intended to be a resource for policy makers and healthcare administrators in the development of similar strategies and programs to high rates of opioid overdose in their

respective jurisdiction. Additionally, as described above targeted materials for PWLE will also be developed and disseminated.

Involvement of people with lived experience and people who use drugs in the project
In partnership with VCH and PHS, the SAFER initiative will be co-designed and co-led by representatives of PWLE and people who use drugs (PWUD). As mentioned above, the membership of each of the three core working groups responsible for the design, planning, and implementation of this project include PWLE and PWUD. As also described above, the lived experience working group provides a structure to engage additional PWLE and PWUD for input, issue identification and overall model development. Additionally, the BCCSU's and VCH's shared *Peer Clinical Advisor* and the BCCSU's *Peer Engagement Facilitator* have been involved in all stages of project development. Through this structure, PWLE and PWUD will work closely with the user experience design team which will ensure that the needs and preferences of PWUD are put at the centre of the pilot design to create an accessible and dignified environment within which the proposed interventions are provided effectively.

Individual members and the boards of Vancouver Area Network of Drug Users (VANDU), the BC Association of People on Opioid Maintenance (BC APOM), BC Yukon Drug War Survivors (BCYDW) and SOLID Outreach have also been involved in the initial planning of the SAFER model and will continue co-design, implement, and support evaluation of the program. Similarly, the BCCSU's *PWLE Reference Group* has been consulted throughout the initial planning stage, and continues to provide the Operational Model Working Group with consultation and feedback on various aspect of the project. This reference group includes engagement from PWLE groups across the province including:

- BC Yukon Drug War Survivors (BCYDWS)
- AIDS Network Kootenay Outreach and Support Society (ANKORS)
- Canadian Association of People who Use Drugs (CAPUD)
- Western Aboriginal Harm Reduction Society (WAHRS)
- BC Centre for Disease Control Peer Network representatives
- New Leaf
- Collation of Substance Users in the North (CSUN)
- POUNDS Project
- Northern SunHelpers
- Tenant Overdose Reponses Outreach (TORO)

In terms of measures to ensure that SAFER initiative clients have autonomy in their care, a shared decision-making approach to eligibility assessments and program entry will be employed, which will incorporate input from the potential client, as well as staff members with lived experience (i.e. program peer navigators) and care providers. The clinical staff and peer navigator will also work with potential clients to identify any locally available interventions (e.g., oral or injectable OAT, alcohol addiction treatment) and/or community-based health and social services that could be benefit to the client (i.e. housing, primary care needs). If, through this shared decision-making process, a participant is eligible and willing to enroll in the safe supply program, they will be prescribed pharmaceutical-grade opioids by the program physician. The client's preference and individual circumstances will also be considered in determining the optimal opioid formulation and consumption setting. As a proof that concept that this pilot could be self-sustaining, participants will be charged a fee on a sliding scale, based on ability to pay, for all medications dispensed by the program. Collected fees will be used to purchase additional medications for the program. Medications consumed onsite will be exempted from the fee in order to encourage on-site use and decrease the risk of overdose as well as the risk of diversion. Including fees for medications to be

consumed off-site, and limiting off-site carries to amounts for required for personal use is intended to act as deterrents to diversion. Shared decision-making is a model that is increasingly demanded by PWUD and emerging care guidelines for chronic conditions; as such, it helps mitigate the barriers to program engagement by emphasizing each client's individual preferences and strengths.

d) Describe how the project complies with the Official Language Requirements outlined in the SUAP *Guidelines for Applicants*.

The audiences and target populations for our project will be residents of the Vancouver Coastal Health region who are primarily individuals belonging to the anglophone community. When non-anglophone clients present to the proposed service, translation services will be provided on an as-needed basis by utilizing the Lower Mainland Interpreting Services (LMIS). LMIS offers translation services 24 hours per day, seven days per week, on-site, over the phone, or via video conferencing. Organizations in Vancouver and in the VCH region with whom we will be collaborating operate in English. Therefore, we will provide all related communications in English.

Findings from the evaluation of the project will be made available in both English and French to support knowledge mobilization across Canada.

e) Health Canada funding is time-limited. What aspects of the project would be sustained after funding has ended? What barriers to sustainability or enablers for sustainability can you identify?

Additionally, with potential for revenue generation (i.e. sliding scale stream), this program has the potential to be uniquely sustainable, even in uncertain funding environments on a provincial and federal level. For example, preliminary conceptual revenue generation projections indicate that enough revenue can be generated to increase program participation and required staffing by 100 individuals each year (i.e. Year 1: N=250, Year 2: N=350, Year 3: N=450, Year 4: N=550).

Through a separately funded research grant (i.e. CIHR) or other available funding mechanisms, scientific knowledge will be generated and disseminated to support the health system in the analysis to support decision making for program scale up and the most appropriate place for safer supply interventions as part of the continuum of substance use care in BC. These knowledge transfer activities will include utilizing a knowledge broker and working with the BC government and other stakeholders to (e.g., municipalities, city police departments) and community members to maximize engagement in the program within affected communities. As BCCSU also has a provincial mandate to develop and disseminate evidence-based education, practice guidelines and support tools, knowledge generated will be included in relevant guidelines and educational materials and disseminate through existing provincial networks for interdisciplinary care providers. Processes to develop education and guideline material exist within the BCCSU and involve health system partner review with relevant regulatory colleges (i.e. physicians, pharmacists nurses) and final endorsement and co-branding with the Ministry of Health.

Assessment Criteria:

- To what extent does the project align with the priorities of this call for proposals?
- To what extent are project goals/objectives clear, realistic and achievable?
- To what extent are project activities clear and well-aligned with the objectives of the project and the priorities of the solicitation?
- To what extent are the outputs described and non-duplicative of existing materials?

- To what extent are target population groups well-described, including the project's impact on these populations and the geographic locations (i.e. sites) where the project will be implemented?
- To what extent does the project demonstrate that audiences, including those with lived and living experience, have been or will be engaged to ensure relevance of the intervention to their needs?
- Proposal describes how both linguistic communities will be targeted OR provides a clear justification for why both linguistic communities are not targeted.
- To what extent does the proposal outline or identify: the sustainability process embedded within the project; potential sustainable elements; barriers and enablers?

Section 3 – Evidence and Need

a) Describe the evidence of need (overdose data, service gaps, research evidence, statistics, surveys, literature reviews, needs assessments, etc.) for the project's activities, communities of focus and target populations. Explain, if applicable, how your community is underserved.

British Columbia is in the midst of a drug-related public health crisis. In recent years, thousands of British Columbians have lost their lives to overdose and other drug-related harms.[1] The massive increase in overdose deaths has been primarily driven by the introduction of illegally manufactured fentanyl and its analogues into street-obtained opioids (e.g., "heroin"); other harms stemming from the contaminated illicit drug supply, including non-fatal overdoses, contribute to major morbidity and health care costs.[2]

In 2018, at least 4,460 Canadians died from an opioid overdose, with 94% determined to be unintentional (accidental) overdose. This represents a 9% increase in overdose deaths from 2017 and a 48% increase from 2016.[3] Although every part of Canada has been affected by the overdose crisis, not all provinces and territories have been impacted equally. Specifically, BC has seen the highest number of opioid overdose deaths in Canada, with 1,533 confirmed or suspected illicit overdose deaths in 2018, which is 4.5 times the total number of motor vehicle accident deaths in the same time period. BC has also seen the highest rate since 2016, with a rate of 30.7 deaths per 100,000 in 2018.[1]

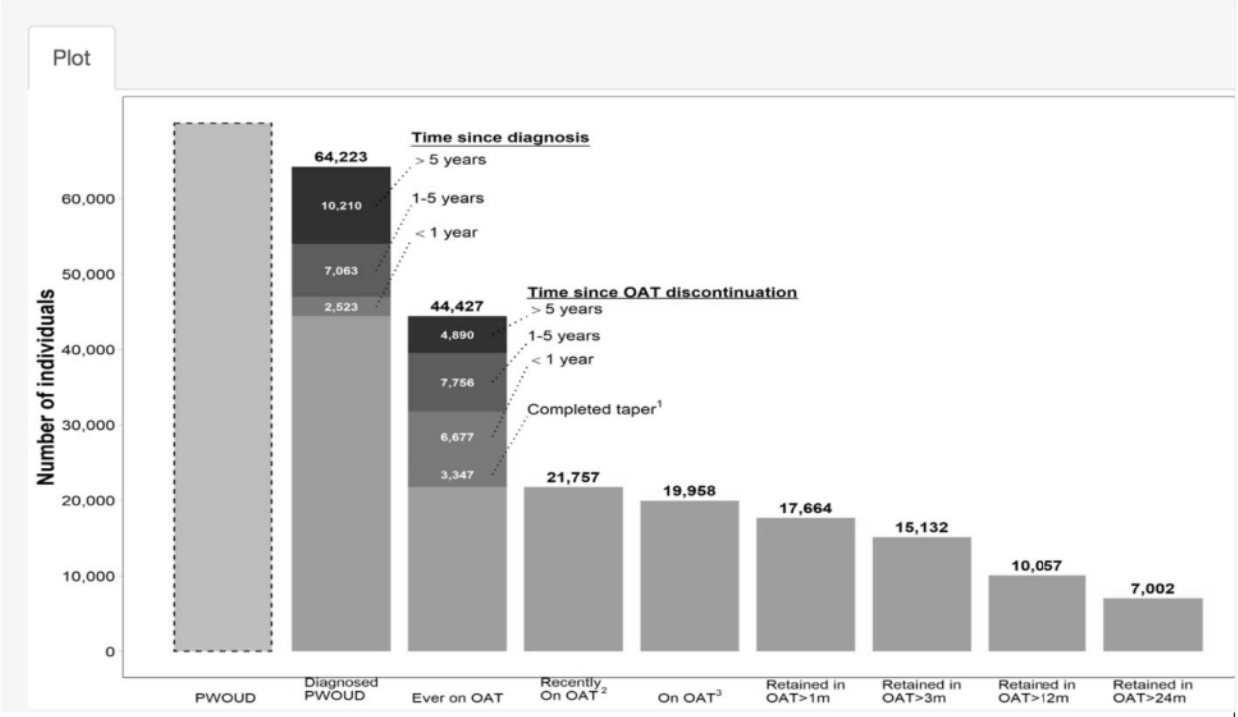
BC Coroners' data indicates that illicit fentanyl was detected in approximately 83% of overdose deaths in 2017 and 87% of overdose deaths in 2018.[1,4] Carfentanil, a highly potent opioid used for large animal sedation, has been detected in 106 overdose deaths so far in 2019, almost three times as many as in 2018 (35).[4] At a population level, BC life expectancy at birth which had steadily increased by three years from 2000 to 2013, actually declined by 0.38 years from 2014 to 2016 as a direct consequence of the overdose crisis. Specifically for Vancouver's downtown eastside (DTES), life expectancy has dropped sharply from 2013 to 2017 from 77.39 years to 75.02 years. Additionally, the discrepancy for life expectancy in 2016-17 men who live in the downtown eastside compared to men who live in the Westside of Vancouver, a few kilometres away, was nearly 15 years.

Despite increased investments in treatment and harm reduction programs, including the ready availability of take-home naloxone in many BC communities, overdose deaths have remained high, with some communities impacted more than others. For example, Vancouver's Downtown Eastside neighbourhood, where harm reduction programs and services are highly concentrated and more accessible than anywhere else in BC, had an estimated death rate of almost 250 per 100,000 individuals—around eight times higher than the BC average.

Even in jurisdictions with highly concentrated and accessible harm reduction programs, significant gaps exist. For example, supervised consumption sites (SCS) are most likely to be used by individuals who would otherwise use drugs in public.[5] However, the vast majority of overdose deaths occur in residences, with 57% of BC overdose deaths in 2019 occurring in private residences, 30% occurring in other residences such as supportive housing, shelters, and single room occupancies (SROs), and 12% of deaths occurring outside in parks, streets, and vehicles.[4] Throughout the province, the majority of opioid overdose deaths occur in private residences. This represents a significant gap and those individuals using in private face high risk of death with low probability of using supervised consumption sites. In addition to the majority of people who inject drugs (PWID) and use SCS (i.e. those who would otherwise inject drugs in public), willingness to use supervised consumption sites decreases significantly as proximity decreases, with 72% of people who use drugs only willing to walk 20 minutes or less.[6] Similarly, a study of Insite in Vancouver, BC, found that 70% of frequent users of the service lived within 4 blocks.[7] In addition, SCS are primarily used by individuals at high risk and facing multiple vulnerabilities, including daily opioid use, recent non-fatal overdose, homelessness or unstable housing, unemployment, hepatitis C infection, and a history of incarceration.[5,8]

While efforts are underway to establish a functioning evidence-based substance use system of care across the province, the reality is that not everybody that died of an opioid overdose would have qualified for treatment with OAT, or were not ready or able to engage with addiction treatment (i.e. pre-contemplative), or had been treated with OAT but not well retained in care. It is estimated that nearly 114, 000 people in BC are living with OUD and only 65,500 of those have been diagnosed with OUD, only 69% have ever received OAT see Figure 3 below).[9] Of the approximately 19,900 individuals currently on OAT, 12-month retention rates were only 50%.[9] Similarly, modelling data suggests that in 2017, nearly 115,000 British Columbians used opioids for non-medical reasons, but of these individuals, it is estimated that over 50% (58,900) have never seen a health care provider for assessment of a possible substance use disorder, and of those who accessed treatment, only 66% (36,483) were ever prescribed OAT.[10] Additionally, retrospective data from the Vancouver Coastal Health Authority indicates that the majority of people who died in 2017 from an opioid overdose may not have used opioids on a daily basis (~60% of 261 deaths where patterns of drug use were noted in the person's chart) and many had evidence of another substance use disorder (i.e. daily alcohol or stimulant use), and may not have qualified for OAT.[11] Additionally, there are currently limited programs and supports for those with other stimulant and alcohol use disorders in the VCH region.

Figure 3: Cascade of OUD Care in British Columbia



The significant unmet need and gaps in access to harm reduction services and addiction treatment detailed above underscore the urgent need for solution-oriented approaches to reduce the impact of the highly toxic illegal drug supply. These approaches must target a broader population at risk of overdose death, including both individuals with opioid use disorder and other substance use disorders who might not access harm reduction, addiction treatment, or recovery support services. These fatal gaps in the current health system cannot be bridged through existing programs and approaches.

Additionally, the cascade of OUD care in BC reveals that over 50% of individuals living with an OUD have not yet been diagnosed. While increasing access to evidence-based care, including screening, diagnosis and improving retention in care is vitally important-- during the ongoing overdose emergency innovative, flexible models that provide pharmaceutical alternatives to the toxic, illegal drug supply are urgently needed. The forthcoming scientific evaluation of this pilot aims to generate evidence that low-barrier flexible models not only reduce overdose death, but improve access to addiction services.

b) If your intervention has been evaluated, include relevant links or attach results and/or supportive documents.

This intervention will be a first of its kind. As such, there are no existing intervention results to include in this section. However, as rigorous evaluation is a crucial component of this project, and in partnership with the BCCSU, a separate research funding grant (i.e. CIHR if available) will be sought in order to conduct a comprehensive and rigorous evaluation of both the project implementation and participant outcomes. Lead by the BCCSU investigators responsible for the scientific evaluation of North America's first supervised consumption service, Insite, a similar methodology will be followed. Of note, the extensive scientific evaluation of Insite eventually led to the scale up of supervised consumption site (SCS) and overdose prevention sites both nationally and provincially. What is currently envisioned is a consent process for all program participants, baseline questionnaire and

linkages to health administrative data sets to monitor long term health outcomes (e.g., health care utilization including follow up addiction treatment, overdose events, criminal justice encounters) In addition, a standardized approach between both multiple sites (VCH, FHA and VIHA) can be explored for research purposes and to strengthen the data set by including more participants.

c) Describe how this project complements or builds on other similar initiatives; or, describe how this project is an innovative/new approach to health promotion, prevention, harm reduction or treatment.

As noted above, this project has been developed in order to meet the needs of populations of people who are living with addiction and using illegal opioids, are at extremely high risk of overdose, for whom current interventions are inadequate and who have been difficult to reach and engage with through traditional public health or addiction treatment measures. A 2017 VCH chart review showed that most of those who died in the 2017 accessed the healthcare system and their addiction was noted by the physician, indicating a point of contact for referrals to SAFER for evaluation and assessment.

For this target population, this project builds on other similar projects that aim to lower the barriers to substance use care. BC is also uniquely positioned for further innovation in this area as BC was the first province to develop treatment guidelines for injectable opioid agonist treatment (iOAT) and over the last several years has scaled up this treatment from one site (Crosstown Clinic in Vancouver) to multiple sites in the Lower Mainland as well as newly opened sites in Vancouver Island (Victoria) and Interior Health (Kelowna). Additionally, the BC Node of CRISM has led the development of national iOAT guidelines, which are scheduled to be released later this fall.

Additionally, the operational service delivery partner for this pilot is the PHS Community Services Society, which is internationally recognized for its innovation in harm reduction, housing and clinical care for marginalized populations. In additional to serving over 2000 unique clients with comprehensive primary care services, the PHS also runs an iOAT and tablet injectable opioid agonist treatment (TiOAT) program in the DTES (as a contracted service by VCH). These services are under the medical supervision of Dr. Christy Sutherland, who is an addiction trained family physician who has been recognized both provincially and nationally for her innovations and quality care delivery. Of note, Dr. Christy Sutherland had agreed to provide the medical direction for the SAFER initiative. The PHS has developed comprehensive practice tools and pathways for the provision of TiOAT care in consultation with the BCCSU, VCH and the regulatory colleges.

The PHS TiOAT program is similar to injectable OAT programs, but rather than providing injectable hydromorphone, participants receive hydromorphone tablets, which may be injected or ingested orally or nasally. Whichever form of ingestion is selected by a participant on a given visit, that ingestion is observed by program staff at the overdose prevention site that houses the program. This program has several features designed to lower the barriers present with treatment approaches like iOAT. Unlike traditional iOAT programs, which require a titration phase involving small initial doses titrated up to a therapeutic dose over several days, TiOAT is a “pro re nata” (PRN) or “as needed” model in which clients come up to five times per day and can start at the maximum dose of up to two 8mg hydromorphone tablets each visit. Avoiding the titration phase, in which individuals may be lost to care if their withdrawal symptoms are not adequately managed, may increase retention and thus decrease risk of overdose from illicit opioid use. Missing days does not result in a reduction of an individual’s maximum dose. Although formal evaluation results of the TiOAT program are not yet available, anecdotal experiences of program participants and staff indicate that no patients have

overdosed to date; illicit drug use, crime, and involvement in sex work have all decreased; and the number of individuals connected with primary care and OAT providers has increased.

In addition to the contracted services of the PHS, VCH delivers several other innovative substance use and harm reduction services including a range of supervised consumption and overdose prevention services, an overdose outreach team to provide proactive follow-up and linkage to care for individuals at high risk of overdose, assertive case management teams, rapid access addiction clinics, home withdrawal management (i.e. detox) programs, evidence-based withdrawal management and supportive recovery services, addiction counselling, managed alcohol and contingency management programs for stimulant use disorder.

Building on VCH and the PHS extensive experience in designing and implementing innovative programs (i.e. Overdose Prevention Services, iOAT and TiOAT) that strengthen the continuum of harm reduction and treatment services to better engage clients at acute risk of overdose crisis, the SAFER initiative aims to implement a flexible model to further lower barriers known to impact participation and retention in substance use services and employ similar approaches even further by providing participants with prescribed pharmaceutical-grade opioids, operating in a peer-led model, and providing the opportunity for unobserved, take-home dosing.

For those individuals who are polysubstance user and who use also use opioids and are at high risk of overdose by a clinical assessment and have lower opioid tolerance as a result of intermittent opioid use, this program would still be expected to reduce the risk of overdose and concurrently referral to treatment of the primary addiction. Currently, there are limited services and supports for these individuals outside of overdose prevention and supervised consumption sites.

A first-of-its-kind program in Canada, this innovative approach will use an evidence-informed, public health, addiction medicine and harm reduction approach to bridge an existing gap in the system that currently leaves a number of people with substance use disorder at high risk of death and other harms. The low barrier approach of this program aims to reach individuals that the system of care is not yet reaching, and act as an entry point to the healthcare system. Embedded in the model will be resources to connect participants to the broader system of primary care, addiction, mental health services, as well as access to social supports including housing/income stabilization, education, training and employment.

In addition to the innovations described above, this flexible model has additional unique features in including:

- Prescribed pharmaceutical opioids: the program will initially be implemented using commercially available pharmaceutical grade opioids (i.e. M-Eslon capsules and injectable hydromorphone). However a phased approach will be employed to explore the use of other opioids (i.e. fentanyl and diacetylmorphine) in powdered formats, as they become available.
- This program also will employ a systems-user-design approach, a design approach traditionally used in corporate models, will put PWLE at the centre of the design and utilize collaborative processes for decision making for the final model as well as a collaborative and timely approach to gathering feedback from program users and making program augmentations. This component is particularly relevant during the overdose crisis at it assumes the proposal model isn't 'perfect' but is ready to implement as soon as funding is made available and through iterative improvements better meets the needs of the patient population it is serving.

Assessment Criteria:

- To what extent is the need for the project supported by evidence that is well documented, including overdose data; research gaps and research evidence/statistics on the communities, target populations and issues being addressed; previous project evaluations as applicable; and/or a theoretical basis for the project?
- To what extent does the proposal describe how the project will complement or build on other similar initiatives OR describe how the project represents an innovative or new approach to substance use prevention, harm reduction or treatment (based on which best applies to the project)?

Section 4 – Performance Measurement and Evaluation

a) Describe how the project would contribute to the SUAP outcomes and performance indicators and contribute to evaluation requirements listed in the SUAP *Guidelines for Applicants*. Please note that some projects may also be required to participate in Health Canada led third-party evaluations as a condition of funding.

The SAFER Initiative will include rigorous performance measurement and evaluation that utilizes a mixed-methods approach. This evaluation will include the SUAP outcomes and performance indicators as indicated in the SUAP *Guidelines for Applicants*. The specific short- and medium-term outcomes, their indicators, and the anticipated data sources are outlined below. This project will evaluate safe supply interventions in the downtown eastside neighbourhood of Vancouver, which is considered to be the epicenter of the opioid overdose crisis, and bring forward the voices and experiences of those most affected. If required, VCH will integrate a Health Canada led third-party evaluation as a condition of funding.

Outcomes	**Indicators**	**Data Source**
SHORT-TERM		
Priority populations acquire knowledge	% increase in knowledge of priority population	Baseline and follow-up surveys
Priority populations access services (health, social, support)	# of new services offered	Project data- internal data
	# of target populations accessing services	Project data- client information
	% increase in services available to priority populations	Count of services available before verses during/after project
Priority populations or target audience is equipped with capacity (skills, competence, and abilities)	% increase in skills, competencies, and abilities of priority population	Baseline and follow-up surveys
	% increase in skills, competencies, and abilities of target audience (front-line service providers)	Baseline and follow-up surveys

	% of target audience reporting ability to integrate knowledge into practice	Baseline and follow-up surveys
MEDIUM-TERM		
Uptake of positive personal behaviours that reduce the harms of substance use	% of priority population reporting a positive change in behavior (safer use, access, adherence, and/or retention to health, social and support services etc.)	Baseline and follow-up surveys
Application of knowledge in community-based interventions	% of target audience reporting that they made evidence informed improvements to substance use policies, programs, and practice	Baseline and follow-up surveys

Beyond the SUAP-required performance evaluation indicators, we will collect relevant data to provide insight on our primary and long-term objectives. Our primary objectives are:

- To reduce overdose deaths and related harms (i.e. multiple non-fatal overdoses, anoxic brain injury);
- To connect individuals that have not been reached or retained by traditional substance use services and treatment into care along the full continuum (i.e. harm reduction services, primary care, opioid agonist treatment, recovery services etc.) and;
- To generate evidence for flexible safer supply models.

To report on these outcomes, we will collect demographic, recruitment, engagement, and retention data during the program using surveys and client records. This data will be used in the ongoing monitoring of the SAFER Initiative, ensuring we are not only reaching the intended populations, but engaging and retaining individuals in the program. Clinical data, including prescribed medication, , dosages, route of administration and referral data, including referrals to community-based services, will be collected using client records. We will also collect data on client satisfaction and staff perception through surveys, focus groups, and/or interviews. Collectively, this process data will be continually reviewed, by both VCH and the systems user designer, and it will inform any changes to the program that may be required.

With additional funding for scientific evaluation, and in partnership with the regional health authorities, the BCCSU will lead the research component of the SAFER Initiative. Drawing from their experience evaluating the implementation of Insite, expert researchers at the BCCSU will create a framework for rigorous scientific evaluation of the SAFER Initiative. The evaluation will be designed and conducted in collaboration with VCH, partner organizations, and people with lived experience. Once determined, the methods chosen to evaluate the SAFER Initiative will be reviewed by independent scientists and published in an open-access, peer-reviewed scientific journal to ensure full transparency. Given that the SAFER Initiative will not be conducted as a randomized clinical trial, the evaluation of the program will be structured as a prospective cohort. Consent will be obtained from program participants, with longitudinal data will be collected via a comprehensive questionnaire (i.e. i.e. fatal and non-fatal overdose incidence, participation in substance use disorder care (including traditional opioid agonist therapy), health status, risk behaviours, drug use practices, quality of life,

and social determinants of health) alongside linked health administrative data and qualitative interviews. This data will be collected through client records, surveys, focus groups, interviews, and linkages to individual personal health numbers. We will also link our study data to local criminal data, in order to report on our long-term objective. Research findings will be made available through peer-reviewed journals and academic conferences, and in a manner determined relevant by participants and people with lived experience.

b) If applicable, identify how ethics review will be addressed, including informed consent, confidentiality, and participant safety. If any collaborators are affiliated academic institutions, please identify any corresponding ethics board approval requirements.

As this project involves 2 sites (one in each participating health region) , all performance measurement and evaluation activities will undergo an ethics review through Research Ethics BC, which is a harmonized approach to research ethics in BC and an arm of the British Columbia Academic Health Sciences Network. Ethics applications in BC that involve more than one jurisdiction, or are a partnership between a research-intensive university, a regional health authority, or a UBC-affiliated organization are required to submit a joint ethics review application to Research Ethics BC, rather than their institutional research ethics board. The BCCSU is a UBC affiliated institution (a centre within the Faculty of Medicine) and will support the regional health authority primary applications with this ethics submission process as it will be tied in with the scientific evaluation. The BCCSU has strong relationships with Research Ethics BC and has had multiple applications approved through this process or similar evaluations (i.e. the ongoing provincial evaluation of iOAT).

Additionally, performance management and evaluation activities will undergo a separate public health ethics review. Currently the process for a public health ethics review is being planned in BC and will entail [the process for this is still being finalized and will be added to the application].

All performance measurement and evaluation activities will strictly adhere to the Tri-Council Policy Statement 2, as required by Research Ethic BC. As such, informed consent will be solicited prior to any performance measurement and evaluation activities take place. Potential participants will be informed about all aspects of the project and given the opportunity to ask any questions they may have. It will be made clear that participation in the program is voluntary, and that they can withdraw their consent at any time. Informed consent forms will be signed, collected, and securely stored based on Research Ethics BC's requirements. Protecting the confidentiality of the participants is of the utmost importance to VCH. We will strictly follow all confidentiality requirements required by Research Ethics BC, including de-identifying personal data, limiting access to participant data, and securely storing data. All data collection efforts will be compliant with relevant legislation, including but not limited to, the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act. Participant safety is of paramount importance to VCH, PHS and all partners on this project. Before this project begins, a full risk assessment will be conducted to ensure that any potential risks are identified and risk mitigation strategies will be developed. Pre-determined stopping rules consisting of one or more safety criteria will be created that, if met, will warrant a temporary or permanent stop to all of the project or a participant's involvement in the project. Additionally, information on any adverse events will be collected and reported to the ethics board.

Assessment Criteria:

- The project would meaningfully contribute to the performance measurement and evaluation process chosen for this call for proposals.

- To what extent are expected project results (outcomes) well-described, including how the proposed project will positively impact SUAP program outcomes?
- If applicable, ethics considerations and appropriate measures to address them are described.

Section 5 – Organizational and Collaboration Capacity

a) Why is your organization best positioned to lead this project?

VCH is a publicly funded regional health authority in BC, responsible for delivering health care services to over 1.25 million people in part of Metro Vancouver and the Coast Garibaldi area. VCH provides primary, secondary, tertiary, and quaternary care, home and community care, mental health and substance use care, and population and preventive health services. As Vancouver's Downtown Eastside is situated within the VCH region, VCH has been at the forefront of the response to the opioid public health emergency.

VCH is ideally-positioned to undertake the SAFER Initiative. VCH has extensive experience successfully implementing harm reduction initiatives and delivering substance use-related and other health care services in the Downtown Eastside. The most well-known of these initiatives is Insite, which is jointly operated by Portland Hotel Society and VCH. In 2018, VCH launched the DTES Second Generation Strategy, which uses a new model of care to give residents of the Downtown Eastside better access to coordinated and consistent health care services. The model brings together existing programs and services and ensures clients can access integrated primary care, mental health and substance use care, harm reduction services, and specialized care through an interdisciplinary team at a single health facility. VCH has launched one new health centre under this model, the Heatley Community Health Centre, and two other health centres, the Pender Community Health Centre and Downtown Community Health Centre, have transitioned to this new model. In addition, VCH offers substance use-related drop-in services at Powell Street Getaway and low-barrier substance use treatment services at DTES Connections Clinic. Importantly, all VCH staff in the DTES receive training in cultural safety, trauma-informed practice, harm reduction, and recovery-oriented practice. Moving forward, VCH has developed a framework for including people with lived experience in the delivery of DTES programs, ensuring their unique and valuable perspectives are heard and amplified in the health care system.

VCH's Overdose Emergency Response program will lead the planning, implementation, and performance evaluation of the SAFER Initiative, in partnership with VCH's Regional Prevention and Addiction programs. The Overdose Emergency Response program is well-suited to lead the S.A.F.E.R. initiative, as this program coordinates and implements the overdose response in the VCH region with an annual operating budget of $15 million. As part of its goal to prevent overdose deaths and reduce the harms associated with overdoses, the Overdose Emergency Response program has implemented strategies designed to: support people with lived experience employment and empowerment; increase access to naloxone and overdose education; support safe spaces to use substances; expand drug checking; provide overdose case management; and improve access to oral and injectable opioid agonist therapy. The Overdose Emergency Response program has strong experience managing projects and working in collaboration with community partners. In the short time the Overdose Emergency Response program has been established, the department has overseen the implementation of 5 overdose prevention sites, 1 new supervised consumption site, and 1 injectable opioid agonist therapy program.

VCH is able to contribute a significant amount of in-kind support, both human resources and supplies. VCH has interdisciplinary in-house expertise to provide financial management, project management, clinical education, and evaluation support for the SAFER Initiative. As a regional health authority, VCH

receives stable core funding from the Province of BC and is not dependent on time-limited and/or one-time grants for any staff or core programs.

b) In the table below, indicate the names of the partners you will work with during the project and describe their role and contribution. *Note – signed, official letters of support may be requested during Health Canada's review process.*

Name of Partner Organization	Partner's Role	Partner's Contribution (Financial/In-Kind)
Vancouver Coastal Health	The primary SUAP applicant, holder, and distributor of the funding, responsible for reporting requirements to Health Canada	Financial management, project management, clinical education.
PHS Community Services Society	Will be the non-profit operational partner in both Vancouver and possible site in Fraser Health. Dr. Christy Sutherland will provide medical oversight of the program (including recruitment and oversight of prescribers and other health care providers in the model.)	Project management, clinical expertise, others TBD
BC Centre on Substance Use	Provides support as a provincial partner for engaging provincial partners for the development of initial planning and SUAP application. Will also lead the research and evaluation efforts via a separate Canadian Institutes for Health Research funding call (anticipated Spring 2020). Additionally, supports networking and engagement of people who use drugs (PWUD) through the BCCSU's PWLE reference group. Will also support provincial and federal knowledge dissemination activities and any relevant updates to provincial clinical guidelines.	Project management, research, guideline development, knowledge translation, scientific evaluation.
VANDU & BCAPOM (WAHRS?)	Members and the boards will continue to be engaged in the development, design and evaluation of the program from the beginning.	PWLE/PWUD expertise in working groups and system user design processes.

City of Vancouver	Municipal partner for the Vancouver site. The city has been briefed and is supportive of exploring safer supply initiatives. More planning around municipal partner roles will need to be further defined if project is successfully funded.	Space procurement, bylaw compliance, municipal permitting.
PIVOT	Will provide legal consultation and opinion for the project duration.	Legal opinion and knowledge dissemination partner.
SOLID	Members and the boards will continue to be engaged in the development, design and evaluation of the program from the beginning.	PWLE/PWUD expertise in working groups and system user design processes.
Fraser Health Authority (FHA) and relevant municipal partners	Has been engaged to discuss a site in FHA.	TBD

Assessment Criteria:

- To what extent does the proposal demonstrate that the applicant is well-positioned to undertake the proposed project? Considerations could include:
  - Credibility
  - Relevant skills, interests, experience with the subject matter and target populations
  - Financial and/or human resource capacity
- Identified partnerships are appropriate and sufficient to support the proposed initiative.

Section 6 – Sex- and Gender-Based Analysis

How has sex- and gender-based analysis (SGBA) been integrated into the project, including data collection? For reference, see the continuum of gender considerations in programs and policies in the SUAP *Guidelines for Applicants*.

Data about the impact of overdose on men and women, as well as the impact on Indigenous peoples, has informed our project planning. This project recognizes and seeks to address the impact of different gender norms, roles, and relations.

Men and Indigenous people are disproportionately impacted by the overdose emergency in BC. Men represent 80% of the people dying of overdose in our region.[1] Status First Nations people have a four times greater risk of overdose death compared to non-status First Nation people. Although women make up about 20% of people who overdose,[1] given the higher levels of vulnerability and marginalization experienced by some women, this project will aim to recruit women as well as men. Data from iOAT trials in Vancouver, BC, has found that women starting iOAT face additional vulnerabilities compared to men, including higher rates of lifetime physical and sexual abuse, HIV and hepatitis C infections, cocaine use, suicide attempts, past-month sex work, lower age, and lower rates of employment.[21-23] In addition, demographic data from the TiOAT program shows that almost 30% of participants are women, indicating that low-barrier programs providing access to safe,

pharmaceutical-grade opioids will attract a significant number of women. For these reasons, gender considerations will be important when selecting the location of this project. Choosing a site that both men and women will feel safe to access will be crucial. Ensuring cultural safety will be critical to ensure access of Indigenous people.

We will be collecting output and outcome data that will allow us to conduct gender-based analyses. For outputs, we will be collecting gender identity information from participants. We will also utilize an Aboriginal self-identfication method for participant data collection. We will be collecting this data and will be reviewing it monthly during the first six months of the project and quarterly thereafter. Should we observe disparities of access (i.e. very few women, very few men, or very few self-identified Aboriginal people accessing the program) then we will take steps to adjust the intervention to better reach those who were not being reached.

Assessment Criteria:

- To what extent have SGBA efforts have been integrated into the proposed intervention, including information on justification, links to evidence, interactions with other relevant determinants/variables, evidence of reference to resource documents on SGBA, description of intents related to analysis, reporting and evaluation?
- To what extent does the proposal respond to the continuum of gender considerations in programs and policies?
- To what extent will data from the project enable analysis of impact on sex and gender?

Section 7 – Summary Work Plan

Activities	Timeline (start/end date)	Outputs
GENERAL		
Stakeholder engagement	July 2019	Draft program model complete
Establish PWLE Advisory Group	July 2019	Advisory committee established
Identify Steering Committee members and determine make-up of Operations, Pharmaceutical, Eligibility and Healthcare Involvement and Research Working Groups	July-August 2019	Steering Committee established
PHS board member engagement and presentation	July 31, 2019	PHS board agreement to partner on this project
Implementation activities with stakeholders	October-January 2019	System user design session TBC
Pilot initial site (pending funding approval)	May 2020	
STEERING COMMITTEE		
Draft Working Groups' Terms of Reference and key objectives	August-September 2019	Terms of reference drafted and key objectives (complete)
Establish membership of Working Groups	August-September 2019	Complete
Identify system user design lead	August 2019	Complete
Identify partner Medical Writer for grant facilitation	August 2019	Complete

Meet with City of Vancouver	July-August 2019	Confirm interest and secure letter of support
Meet with Vancouver Police	August 2019	Confirm interest and secure letter of support
Working Groups meet weekly	August-September 26 2019	Complete
Brief Ministries of Health and Mental Health and Addictions	July-August 2019	TBD
Present to VCH Senior Leadership Team	August 2019	Secure letter of support
Project Steering Committee to review final draft of SUAP applications	September 2019	
SUAP submission	September 26, 2019	
OPERATIONS WORKING GROUP		
Identify potential space/location (engage with City of Vancouver, BC Housing, Community Impact Real Estate, etc.)		
Draft staffing model	October-November 2019	Draft staffing model developed to be further refined through systems user design consultation
Develop work flows	October-November 2019	Work flows in place
Estimate of model capacity (i.e. # of participants based on funding and drug costs)	November 2019	
Develop an estimate of costs not covered (i.e. capital and renovations)	August 2019	
Develop a fundraising strategy and associated materials	September 2019	
Review of operational model against existing legislation (legal review)	September 2019	
Estimate of model capacity (i.e. # of participants based on funding and drug costs)	November 2019	
Engage with regulatory colleges (as needed)	August/September 2019	Preliminary discussion and identification of provincial regulatory barriers
PHARMACEUTICAL WORKING GROUP		
List of drugs to be used including quantities and costs	August 2019	
Description of possible drug supply chain (for each drug)	September 2019	

Review of drug supply chain against existing legislation (legal review)	September-October 2019	
Develop pharmacy operational planning	October 2019	
Engage with regulatory colleges	August/September 2019	Preliminary discussion and identification of provincial regulatory barriers
ELIGIBILITY AND HEALTHCARE PROVIDER INVOLVEMENT WORKING GROUP		
Develop eligibility criteria overview and shared decision-making framework		
Develop healthcare provider oversight		
Legal review/alignment with CDSA/NCR		
Engage with regulatory colleges (as needed)	August/September 2019	Preliminary discussion and identification of provincial regulatory barriers
RESEARCH WORKING GROUP		
Populate committee and set first meeting date	October 2019	
Develop description of possible research for application (for future grant) and plan for ethical review	September 2019	
Work with Health Canada around funding announcement in the spring	September 2019 and ongoing	
Engage with research ethics board and pubic health ethics review process prior to submission	Date TBD	

Assessment Criteria:

- To what extent does the high-level, summary workplan justify the requested project duration and include feasible key activities, timelines and key outputs?

Section 8 – Budget and Narrative

Complete the Excel-based SUAP **Detailed Budget Template**, provided by Health Canada, and the budget narrative justification form (ATTACHMENT #1), and submit with your application for funding.

- All costs must be directly related to the project.
- The federal government's fiscal year begins April 1 and ends March 31.
- There are two tabs within the budget template:
    - An Expenditure-based Budget sheet (**mandatory**)

- A description of the budget categories

Assessment Criteria:

- To what extent is the total funding requested from Health Canada (total budget) appropriate to support the proposed activities and demonstrate value for money and ability to leverage multi-sectoral or multi-agency financial and in-kind contributions?
- To what extent are the budget narrative descriptions provided appropriate and clear to assess/support the amount requested in each budget category?

Approval / Declaration

The undersigned on behalf of the organization declares that:

- The information in this application and all accompanying documents are accurate and complete;
- No current or former public servant for whom the *Health Canada Values and Ethics Code,* the *Values and Ethics Code for the Public Sector*, the Treasury Board Secretariat *Policy on Conflict of Interest and Post-Employment* and the *Conflict of Interest and Post-Employment Code for Public Office Holders* applies, shall derive any direct benefit from this funding request including any employment, payment or gifts, unless the provision and receipt of such benefits is in compliance with such codes and policy;
- Project activities will be undertaken in compliance with all applicable statutes, regulations, orders, standards and guidelines;
- Project activities are not being supported, directly or indirectly (including through funding or in-kind contributions), by entities involved in the manufacture, production, advertising or sale of pharmaceutical, tobacco, vaping or cannabis products; and
- The funding request is made on behalf of the organization named in Section 1 with its full knowledge and consent.

I acknowledge that Health Canada may share this funding request with other organizations (including provincial/territorial Ministries of Health) as part of its review and approval process. I acknowledge that should this funding request be approved, funding will be conditional upon the organization signing a written agreement with Health Canada.

Name:
Title:

Signature:
Date:

Tips for Completing This Template

When completing this template please consider the following:

- All projects must be aligned with one or more of the SUAP funding priorities identified in the call for proposals.

- Projects should align with the SUAP principles outlined in the Guide for Applicants and be: evidence-informed; involve those with lived and living experience of past or current substance use; non-stigmatizing; community-led; collaborative and connected; culturally safe; sex, gender and trauma-informed; reduce harms.

- Projects should ensure that not only appropriate knowledge is generated but that it is also put into action. When possible, projects should focus on not only dissemination but also uptake of knowledge in as broad a manner as possible.

- All projects must conduct ongoing performance measurement and complete an outcome evaluation, using SUAP outcomes and performance indicators, that contributes to the evidence-base on what works in health promotion, prevention, harm reduction and treatment related to problematic substance use. Projects may also be required to participate in Health Canada led third-party evaluations as a condition of funding. Health Canada will provide additional information on specific requirements should your project be approved for funding.

- Projects approved for funding are required to complete and submit a performance measurement and evaluation plan, regular performance and progress reports, regular financial / cashflow reports and a final evaluation report using standardized Health Canada templates. Please contact SUAP if you would like to review these templates in advance in order to understand the requirements and project budget implications.

- Projects should demonstrate partnerships and include multi-sectoral or multi-agency collaboration that contribute necessary expertise and capacity to maximize the impact and scope of the activities. Where possible, projects should leverage local resources or connect to larger initiatives such as provincial, territorial or national strategies, networks, etc.

- Outputs or knowledge products (policy documents, standards, guidelines, training/curriculum, papers, tools/toolkits, webinars, informational resources, reports, networks/platforms etc.) created by the project should not duplicate existing products.

- SUAP funding is time-limited. Therefore, a sustainability plan should be embedded within the design and implementation of funded projects. Sustainability can include: maintenance or ongoing impact of project outcomes; maintenance or ongoing impact of partnerships; continuation of project activities; and/or integration of what has been developed or learned at the organizational and/or systems level.

Attachment #1

Budget Narrative Justification Form

Personnel	**Full time employees:** (*position titles, role in the project, salary before deductions)*
	Part time employees: *(position titles, role in the project, number of hours worked per week, hourly rates)*
	Benefits:
Good & Services: Contractors	*Role in the project, number of hours worked per week, hourly rate*
Goods & Services: Meetings / Events	**Room/Space Rental:**
	Hospitality: *(not to exceed Treasury Board rates)*
	Services: *(translation, etc.)*
Travel	**Transportation:** *(type and purpose of travel)*
	Accommodation: *(number of nights, number of participants)*
	Meals and Incidentals: *(number of meals, number of days*)
Materials & Equipment	**Project Materials and Supplies (including pharmaceutical-grade medications):** (*purpose, type, and cost of materials)*
	Printing / Dissemination: *(what, where, how, cost)*
	Office Equipment: (*purpose, type and cost of renting or purchasing)*
	Other (specify):
Rent & Utilities	*Indicate amount and how the portion to be charged to this project was calculated*
Performance Measurement & Evaluation	*Cost of external evaluation, data analysis, etc.*
Other (specify)	Items included under this "other" category should be kept at a minimum.
Other Sources: Financial	Are the activities under this project funded through funds/monies from other funding sources? *If yes, specify name of funder(s) and status of contribution(s) (approved or pending – indicate contingency plan should funding not be available).*
Other Sources – Non-Financial (In-Kind)	Are in-kind contributions being made by **your** organization for the activities of this project? Are in-kind contributions being made by **other** organizations for the activities of this project? *If yes, specify name of organizations providing contributions and status of contribution(s) (confirmed or pending – indicate contingency plan should funding not be available).*
Treasury Board Guidelines	**ACCOMMODATION** - http://rehelv-acrd.tpsgc-pwgsc.gc.ca/index-eng.aspx **TRAVEL DIRECTIVE** - http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/tbm_113/td-dv-eng.asp **MEALS & INCIDENTALS** - http://www.njc-cnm.gc.ca/directive/index.php?sid=98&hl=1&lang=eng **HOSPITALITY** - http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=27228&section=text

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Withheld pursuant to/removed as

s.13

Bauer, Tim HLTH:EX

From: Walsh, Taryn MMHA:EX
Sent: September 25, 2019 1:05 PM
To: Miranda Compton
Cc: Patterson, Justine A MMHA:EX; Hayward, Ross HLTH:EX
Subject: Letter of Support
Attachments: Letter of support_SAFER SUAP proposal_DRAFT_Sept 25 2019.docx

Importance: High

Hi

This version has been approved by both DMs (MMHA/MoH) so we are not looking to edit further at this point – can you just confirm no serious concerns from your perspective? Then we will get MJD to sign

Taryn Walsh
Assistant Deputy Minister
Strategic Priorities and Initiatives
Ministry of Mental Health and Addictions

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

September 26, 2019

Substance Use and Addictions Program (SUAP)
Health Canada
Address Locator 0900C2,
Ottawa, ON K1A0K9

Re: Letter of Support for Vancouver Coastal Health's SUAP Application entitled "Safer Alternatives For Emergency Response (SAFER) Initiative"

On behalf of the Province of British Columbia, I am pleased to express my support for the SUAP application submitted by Vancouver Coastal Health (VCH) to pilot the expansion of existing continuum of addiction care to include a low-barrier and flexible safer supply of pharmaceutical alternatives to toxic street drugs, while connecting people to wrap around care.

As you are aware, British Columbia is in the midst of an opioid overdose public health emergency. In British Columbia, our coordinated response to the overdose crisis has focused on four key pillars: Prevention; Harm Reduction; Treatment and Other Support Services and Enforcement. Our response has been largely characterized by the expansion of harm reduction services such as naloxone distribution, overdose prevention and safe drug consumption sites, and drug checking services. Additionally, improving uptake of, and access to, evidence-based treatments for opioid use disorder (OUD), namely oral and injectable opioid agonist treatment (OAT), have been prioritized across the province. Our overdose response efforts have yielded significant results. Specifically, research has demonstrated that the combined impact of naloxone distribution, supervised consumption services and overdose prevention services and OAT have averted more than 3000 additional overdose deaths. However, despite significant efforts, the number of people who died of an overdose essentially remained unchanged from 2017 to 2018, with a small decline expected in 2019. As well, the total numbers of non-fatal overdoses remains high. Accordingly, we know that more must be done to expand the continuum of care for people who use drugs.

As shown by point-in-time data from December 2018, it is estimated that there are nearly 114,000 people in BC living with OUD. As noted in the proposal, there is an additional population identified which adds to the 114,000 estimate of potential patients who could benefit from additional substance use health services. Using a Vancouver Coastal Health (VCH) chart review, more than half of those (60%) who died from opioid overdose in 2018 used substances other than opioids on a daily basis and opioids only intermittently, and therefore may not have met the criteria for OAT. Many of these would also likely benefit from access to addiction treatment for other substance addictions that

likely drive their use of illegal opioids and increase overdose risk (e.g. stimulant addiction that drives opioid addiction).

Currently only 65,000 individuals have been formally diagnosed with OUD and only one-third of people diagnosed are receiving OAT at around 22,000 individuals. Further, research shows us that only half of people with OUD who had been prescribed OAT remained engaged in treatment for at least 12 months.

Based on the challenges of providing support to this patient population, the general growth of service development has been to continue to expand service options for OAT and continue to reduce barriers to accessing pharmaceutical-grade opioid medications. The SAFER Initiative offers an innovative approach, that will be compliant with the existing regulatory framework for controlled substances, that aims to pilot the expansion of the existing continuum of addiction care to provide low-barrier access to pharmaceutical-grade opioid medications while also supporting access to the wider array of wrap-around substance use services, including recovery services, public health and social services.

It focuses on both populations noted above, those living with opioid addiction and those with a substance use disorder who are using illegal opioids, where in both case whose treatment has not yet been optimized despite access to evidence-based addiction treatment.

Our understanding is that candidates for program entry will be selected through an eligibility assessment protocol that includes:

- a peer navigator,
- nursing
- physician

who will complete an assessment as to facilitate a shared decision-making process with the potential program participant.

We are appreciative and supportive of the approach taken to developing this flexible model as it has included people with lived experience (PWLE) and will utilize principles of systems user design to further refine the service delivery model as well as implement an iterative process for feedback and program refinements that puts PWLE at the centre of planning, design and evaluation.

The model proposes to start with hydromorphone and then explore fentanyl and diacetylmorphine and would note that it would go beyond current practice that has a strong emphasis on “observation” or “supervision” to include allowing “unobserved” or “take home dosing” (“carries”) as the key element of lowering barriers. We would also note that there is more detailed implementation and operational design work to be completed to address some challenges to the effectiveness of the approach; however, this proposed pilot offers both an opportunity to evaluate if further lowering barriers has a meaningful impact on reducing overdose deaths and enabling patients to access treatment services.

We support the intent of the proposal to try to save more lives through a lower barrier/easier access to pharmaceutical-grade opioid medications within the current legal framework. On this basis, we offer support for the proposal while noting some specific requirements which will need to be addressed before a full endorsement. The Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (Health) will work with the proponents to address these requirements over the balance of the fall and winter in advance of a final decision from Health Canada on which proposals they would recommend for funding. Specifically, our noted requirements are:

- s.13
-
-
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Notwithstanding these requirements, I would like to strongly commend the efforts of the regional health authority (VCH) and health system partners (Portland Hotel Society and BC Centre on Substance Use) in their efforts to innovate better ways to support and protect these patients. Moreover, the partner organizations on this grant have a demonstrated history of providing community-based health services to people who use drugs, engaging with and supporting people with lived experience, and conducting innovative research in the field of substance use.

Once again, on behalf of the Ministry of Mental Health and Addictions, I am pleased to offer my support to VCH for the SAFER Initiative. Please contact me if further clarification is required.

Sincerely,

Judy Darcy
Minister, Ministry of Mental Health and Addictions

C Adrian Dix, Minister, Ministry of Health
C Stephen Brown, Deputy Minister, Ministry of Health
C Neilane Mayhew, Deputy Minister, Ministry of Mental Health and Addictions

Bauer, Tim HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 10:56 AM
To: Yee, Arthur MMHA:EX; Tupper, Kenneth HLTH:EX; Walsh, Taryn MMHA:EX; miranda.compton@vch.ca; cheyenne.johnson@bccsu.ubc.ca
Cc: Edemskaya, Valeriya MMHA:EX; Bryan, Frances HLTH:EX
Subject: RE: Follow-up: Check-in re: SAFER SUAP proposal

Leadership Council is actually Wednesday and Thursday so the earlies we will be briefing Steve now is Friday – perhaps Monday. Trying to book time with him now. We will be able to respond by Monday at the latest.

From: Yee, Arthur MMHA:EX
Sent: September 17, 2019 10:49 AM
To: Hayward, Ross HLTH:EX ; Tupper, Kenneth HLTH:EX ; Walsh, Taryn MMHA:EX ; miranda.compton@vch.ca; cheyenne.johnson@bccsu.ubc.ca
Cc: Edemskaya, Valeriya MMHA:EX ; Bryan, Frances HLTH:EX
Subject: Follow-up: Check-in re: SAFER SUAP proposal

Hello,

Thanks again for making time to connect this morning.

Just sending through some actions/next steps. Please let me know if I've omitted anything.

Actions:

- Miranda to send additional messaging to Ross/Taryn/Ken
- Cheyenne to send SAFER pharmacy working group materials to Frances
- Frances to send drug-related questions directly to Miranda

Ross and Ken – please let us know how the briefing with Steven goes this week, and if any follow-up is needed. I understand Miranda and Cheyenne are looking to confirm any letters of support by end of week, Monday latest.

Regards,
Art

Arthur Yee
Director, Overdose Emergency Response Centre
Ministry of Mental Health and Addictions
201-828 W 8th Ave, Vancouver, BC
Cell: 604.202.2049
Email: arthur.yee@gov.bc.ca

-----Original Appointment-----
From: Yee, Arthur MMHA:EX
Sent: September 16, 2019 3:15 PM
To: Yee, Arthur MMHA:EX; Hayward, Ross HLTH:EX; Tupper, Kenneth HLTH:EX; Walsh, Taryn MMHA:EX; miranda.compton@vch.ca; cheyenne.johnson@bccsu.ubc.ca
Cc: Edemskaya, Valeriya MMHA:EX; Bryan, Frances HLTH:EX

Subject: Check-in re: SAFER SUAP proposal
When: September 17, 2019 9:30 AM-10:00 AM (UTC-08:00) Pacific Time (US & Canada).
Where: teleconference 604-681-0260 or 1-877-353-9184 - participant 6409721# (Arthur to Moderate)

Update: attaching draft proposal documents for reference.

Hi Ross, Ken,

As discussed, pulling together a quick check-in meeting re: SAFER SUAP proposal. Inviting Miranda and Cheyenne to help further clarify any questions from MoH.

Regards,
Art

Bauer, Tim HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: September 25, 2019 1:52 PM
To: Walsh, Taryn MMHA:EX; 'Compton, Miranda [VC]'
Cc: Patterson, Justine A MMHA:EX
Subject: RE: Letter of Support

Thanks for sharing Taryn.

From: Walsh, Taryn MMHA:EX
Sent: September 25, 2019 1:41 PM
To: 'Compton, Miranda [VC]'
Cc: Patterson, Justine A MMHA:EX ; Hayward, Ross HLTH:EX
Subject: RE: Letter of Support

We crossed in cyberspace 😊

Thx Miranda when I have the signed version I will email to you so you can include w the proposal package

Taryn Walsh
Assistant Deputy Minister
Strategic Priorities and Initiatives
Ministry of Mental Health and Addictions

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: Wednesday, September 25, 2019 1:35 PM
To: Walsh, Taryn MMHA:EX <Taryn.Walsh@gov.bc.ca>
Cc: Patterson, Justine A MMHA:EX <Justine.Patterson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Subject: RE: Letter of Support

Thanks for the call just now, Taryn.
To confirm – we are welcoming of the letter of support as it is written.
We appreciate all the time and effort that the MMHA/MoH teams have put in to this.
Miranda

From: Walsh, Taryn MMHA:EX [mailto:Taryn.Walsh@gov.bc.ca]
Sent: Wednesday, September 25, 2019 1:05 PM
To: Compton, Miranda [VC]
Cc: Patterson, Justine A MMHA:EX; Hayward, Ross HLTH:EX

Subject: Letter of Support
Importance: High

Hi

This version has been approved by both DMs (MMHA/MoH) so we are not looking to edit further at this point – can you just confirm no serious concerns from your perspective? Then we will get MJD to sign

Taryn Walsh
Assistant Deputy Minister
Strategic Priorities and Initiatives
Ministry of Mental Health and Addictions

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

Bauer, Tim HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: September 18, 2019 9:23 AM
To: Walsh, Sara M HLTH:EX
Cc: Wilson, Leila HLTH:EX; Sheppard, Jenifer A HLTH:EX; Walsh, Taryn MMHA:EX; Tupper, Kenneth HLTH:EX
Subject: RE: URGENT: SUAP Funding proposal
Attachments: VCH SAFER SEPTEMBER 16 DRAFT Clean.docx; SAFER High level budget.xlsx

Hi Sara, Please find the proposal attached that was provided by BCCSU and VCH. Please note that by end of day I will forward to you a BN with our recommendations based on review of the proposal.

From: Walsh, Sara M HLTH:EX
Sent: September 18, 2019 8:50 AM
To: Hayward, Ross HLTH:EX
Cc: Wilson, Leila HLTH:EX ; Sheppard, Jenifer A HLTH:EX
Subject: RE: URGENT: SUAP Funding proposal
Importance: High

Hi Ross,

As I have to step out of the office for a bit, could you please cc Jenifer copied on this note, so she can print or flag your response to DM.

With thanks.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Walsh, Sara M HLTH:EX
Sent: September 18, 2019 8:28 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: URGENT: SUAP Funding proposal
Importance: High

Hi Ross,

Steve just asked whether you have the proposal you could send him this morning. If it's not ready, could you kindly elaborate, as he has to report back?

Any assistance would be greatly appreciated.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 10:51 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: Briefing with Steve

Hi Sarah. Steve is expecting a follow-up briefing on the Safer Supply (SUAP) funding proposal that VCH is leading. There is a deadline for this proposal submission of September 26 so there is some urgency around the briefing with Steve. Steve is well aware of the background. Hoping to find some time on Friday or Monday next week. Meeting invite should include myself, Taryn Walsh and Mitch Moneo. Optional is Teri Collins and Nick Grant. Only time that doesn't work is Friday 12:30 to 2:00 as Taryn who is mandatory at briefing is not available. Material will be provided ahead of meeting.

Thanks Sarah.

Ross Hayward
Executive Director
Mental Health and Substance Use, Ministry of Health
Ph: 250.952.1188 | 6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Ross.Hayward@gov.bc.ca

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff #

PREPARED FOR: Stephen Brown - **FOR DECISION**

TITLE: Vancouver Coastal Health's SAFER (Safer Alternatives for Emergency Response) opioid supply federal funding proposal for overdose response

PURPOSE: Vancouver Coastal Health (VCH), Fraser Health (FH) and partners are seeking Ministry of Health (MoH) endorsement of a federal funding application to pilot a low-threshold safer drug supply program

BACKGROUND:

British Columbia's opioid overdose crisis has continued despite significant investment in treatment and harm reduction interventions. In July 2019, the federal government issued a call for proposals through its Substance Use and Addictions (SUAP) program, with a specific stream inviting proposals that address the need for a "safe supply" (i.e., programs that increase access to pharmaceutical-grade opioid medications). VCH, FH, the BC Centre on Substance Use (BCCSU), the Portland Hotel Society, and a number of provincial groups representing people with lived and living experience (PWLLE) have partnered on developing a proposal to provide eligible individuals low-threshold access to oral morphine and injectable hydromorphone (and possibly other medications, including injectable diacetylmorphine, as the pilot evolves).

VCH and FH are seeking MoH's and Ministry of Mental Health and Addiction's (MMHA) endorsement of the application, with a letter of support to be offered by Minister Judy Darcy. Health Canada's proposal submission deadline is September 26th, 2019.

DISCUSSION:

MoH's Mental Health and Substance Use (MHSU) branch and Pharmaceutical Services Division (PSD) were provided with a most recent draft of the proposal on September 17th (Appendix A) Based on an initial review of the draft proposal by MoH MHSU and PSD program staff, and a subsequent conversation with VCH & BCCSU, the primary strength of the SAFER service model is its involvement of PWLLE in its development and delivery and its flexible, low-threshold design for engaging people into the broader system of substance use care. However, the following issues are of concern to MoH:

- The proposal lacks details for several key issues, including:
    - How take-away "carry" doses will be overseen to prevent medication diversion and/or economic exploitation (of the program or the participants themselves);
    - How the proposed revenue generation component of the program (by charging clients for "carry" doses on a sliding scale) will work;
    - The applicants note that engagement with health professional regulatory bodies (College of Physicians and Surgeons, College of Nursing Professionals and College of Pharmacists) has begun, but due to the short timeframe for developing the proposal, has not yet been fully completed. As a mitigation, support from MoH would be contingent on the support and sign-off on the final operational model by these regulatory bodies.

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff #

PREPARED FOR: Stephen Brown - **FOR DECISION**

TITLE: Vancouver Coastal Health's SAFER (Safer Alternatives for Emergency Response) opioid supply federal funding proposal for overdose response

PURPOSE: Vancouver Coastal Health (VCH), Fraser Health (FH) and partners are seeking Ministry of Health (MoH) endorsement of a federal funding application to pilot a low-threshold safer drug supply program

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British Columbia's opioid overdose crisis has continued despite significant investment in treatment and harm reduction interventions. In July 2019, the federal government issued a call for proposals through its Substance Use and Addictions (SUAP) program, with a specific stream inviting proposals that address the need for a "safe supply" (i.e., programs that increase access to pharmaceutical-grade opioid medications). VCH, FH, the BC Centre on Substance Use (BCCSU), the Portland Hotel Society, and a number of provincial groups representing people with lived and living experience (PWLLE) have partnered on developing a proposal to provide eligible individuals low-threshold access to oral morphine and injectable hydromorphone (and possibly other medications, including injectable diacetylmorphine, as the pilot evolves).

VCH and FH are seeking MoH's and Ministry of Mental Health and Addiction's (MMHA) endorsement of the application, with a letter of support to be offered by Minister Judy Darcy. Health Canada's proposal submission deadline is September 26th, 2019.

DISCUSSION:

MoH's Mental Health and Substance Use (MHSU) branch and Pharmaceutical Services Division (PSD) were provided with a most recent draft of the proposal on September 17th (Appendix A) s.13

s.13

s.13

VCH and BCCSU leads on the proposal have assured MoH/MMHA that many of these concerns can be dealt with as part of the process planned to develop the full detailed operational model (e.g., development of clinical assessment processes, refinement of new clinical guidelines, ongoing engagement with health professional colleges).

OPTIONS:

s.13

FINANCIAL IMPLICATIONS:

s.13; s.17

RECOMMENDATION:

s.13

Approved/Not Approved
Stephen Brown
Deputy Minister of Health

Date Signed

Program ADM/Division: Teri Collins, Specialized Services Division
Telephone:
Program Contact (for content): Ross Hayward, Executive Director, Mental Health & Substance Use
Drafter: Kenneth Tupper, Director, Substance Use Prevention & Harm Reduction
Date: September 17th, 2019
File Name with Path:

Bauer, Tim HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: September 18, 2019 10:56 AM
To: Walsh, Sara M HLTH:EX; Moulton, Holly HLTH:EX
Cc: Wilson, Leila HLTH:EX; Sheppard, Jenifer A HLTH:EX; Walsh, Taryn MMHA:EX; Tupper, Kenneth HLTH:EX; Grant, Nick MMHA:EX
Subject: RE: URGENT: SUAP Funding proposal
Attachments: 2019-09-18 - DBN on VCH-FH SAFER SUAP Proposal.docx; Appendix A - VCH SAFER SEPTEMBER 17 DRAFT Clean.docx; Appendix B - MJD LoS_SAFER SUAP proposal_DRAFT_Sept 17 2019.docx

Importance: High

Sara/Holly. Please find the DBN, draft letter of approval that I just discussed with Steve. Also included is the original proposal from VCH and BCCSU. Thanks

Bauer, Tim HLTH:EX

From: Walsh, Taryn MMHA:EX
Sent: September 18, 2019 10:44 AM
To: Tupper, Kenneth HLTH:EX; Hayward, Ross HLTH:EX
Subject: RE: URGENT: SUAP Funding proposal

Hi Ross,

s.13; s.17 , s.13; s.16; s.17

s.13; s.16; s.17

s.13; s.17

Thx

Taryn Walsh
Assistant Deputy Minister
Strategic Priorities and Initiatives
Ministry of Mental Health and Addictions

From: Tupper, Kenneth HLTH:EX
Sent: Wednesday, September 18, 2019 9:51 AM
To: Hayward, Ross HLTH:EX ; Walsh, Taryn MMHA:EX
Subject: RE: URGENT: SUAP Funding proposal

Thanks Ross – I just took a quick look and saw one additional edit that I didn't make while scrambling to finish this at end of day yesterday.

I've attached a new clean version (V5) and the edited version 4 (with track changes).

I've also attached both Appendices, so you have the whole package handy Taryn.

Regards
Ken

From: Hayward, Ross HLTH:EX
Sent: September 18, 2019 9:35 AM
To: Walsh, Taryn MMHA:EX <Taryn.Walsh@gov.bc.ca>
Cc: Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>
Subject: RE: URGENT: SUAP Funding proposal

Absolutely. Have you seen BN? Please have a look and let me know if you have any concerns/comments.

From: Walsh, Taryn MMHA:EX
Sent: September 18, 2019 9:25 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>
Subject: RE: URGENT: SUAP Funding proposal

Can you attach the draft support letter to the BN so he has a chance to see that in advance as well? And cc me so I can give the same package to Nick? Thx!

Taryn Walsh
Assistant Deputy Minister
Strategic Priorities and Initiatives
Ministry of Mental Health and Addictions

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

From: Hayward, Ross HLTH:EX
Sent: Wednesday, September 18, 2019 9:23 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>; Walsh, Taryn MMHA:EX <Taryn.Walsh@gov.bc.ca>; Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>
Subject: RE: URGENT: SUAP Funding proposal

Hi Sara, Please find the proposal attached that was provided by BCCSU and VCH. Please note that by end of day I will forward to you a BN with our recommendations based on review of the proposal.

From: Walsh, Sara M HLTH:EX
Sent: September 18, 2019 8:50 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>
Subject: RE: URGENT: SUAP Funding proposal
Importance: High

Hi Ross,

As I have to step out of the office for a bit, could you please cc Jenifer copied on this note, so she can print or flag your response to DM.

With thanks.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Walsh, Sara M HLTH:EX
Sent: September 18, 2019 8:28 AM
To: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: URGENT: SUAP Funding proposal
Importance: High

Hi Ross,

Steve just asked whether you have the proposal you could send him this morning. If it's not ready, could you kindly elaborate, as he has to report back?

Any assistance would be greatly appreciated.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Hayward, Ross HLTH:EX
Sent: September 17, 2019 10:51 AM
To: Walsh, Sara M HLTH:EX <Sara.Walsh@gov.bc.ca>
Cc: Wilson, Leila HLTH:EX <Leila.Wilson@gov.bc.ca>
Subject: Briefing with Steve

Hi Sarah. Steve is expecting a follow-up briefing on the Safer Supply (SUAP) funding proposal that VCH is leading. There is a deadline for this proposal submission of September 26 so there is some urgency around the briefing with Steve. Steve is well aware of the background. Hoping to find some time on Friday or Monday next week. Meeting invite should include myself, Taryn Walsh and Mitch Moneo. Optional is Teri Collins and Nick Grant. Only time that doesn't work is Friday 12:30 to 2:00 as Taryn who is mandatory at briefing is not available. Material will be provided ahead of meeting.

Thanks Sarah.

Ross Hayward
Executive Director
Mental Health and Substance Use, Ministry of Health
Ph: 250.952.1188 | 6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Ross.Hayward@gov.bc.ca

Bauer, Tim HLTH:EX

From: Walsh, Sara M HLTH:EX
Sent: September 18, 2019 11:29 AM
To: Hayward, Ross HLTH:EX; Moulton, Holly HLTH:EX
Cc: Wilson, Leila HLTH:EX; Sheppard, Jenifer A HLTH:EX; Walsh, Taryn MMHA:EX; Tupper, Kenneth HLTH:EX; Grant, Nick MMHA:EX
Subject: RE: URGENT: SUAP Funding proposal

Thank you very much Ross. Much appreciated.

Kind regards,
Sara Walsh
Senior Executive Assistant to Deputy Minister, Stephen Brown
Ministry of Health|1515 Blanshard St, Victoria, BC
TeL: 250-952-1590| Email: Sara.Walsh@gov.bc.ca

From: Hayward, Ross HLTH:EX
Sent: September 18, 2019 10:56 AM
To: Walsh, Sara M HLTH:EX ; Moulton, Holly HLTH:EX
Cc: Wilson, Leila HLTH:EX ; Sheppard, Jenifer A HLTH:EX ; Walsh, Taryn MMHA:EX ; Tupper, Kenneth HLTH:EX ; Grant, Nick MMHA:EX
Subject: RE: URGENT: SUAP Funding proposal
Importance: High

Sara/Holly. Please find the DBN, draft letter of approval that I just discussed with Steve. Also included is the original proposal from VCH and BCCSU. Thanks

Bauer, Tim HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: September 19, 2019 7:36 AM
To: Brown, Stephen R HLTH:EX
Cc: Collins, Teri HLTH:EX; Moulton, Holly HLTH:EX
Subject: SAFER buget
Attachments: SAFER High level budget.xlsx

Steve as requested please see attached a copy of the SUAP proposal budget for the SAFER proposal. They have acknowledged that at this stage this is the most detail they can provide.

Ross Hayward
Executive Director
Mental Health and Substance Use, Ministry of Health
Ph: 250.952.1188 | 6th Floor-1515 Blanshard St. Victoria BC V8W 3C8
Ross.Hayward@gov.bc.ca

Bauer, Tim HLTH:EX

From: Compton, Miranda [VC] <Miranda.Compton@vch.ca>
Sent: September 17, 2019 4:16 PM
To: Hayward, Ross HLTH:EX; Yee, Arthur MMHA:EX; Tupper, Kenneth HLTH:EX; Walsh, Taryn MMHA:EX
Cc: 'Cheyenne Johnson'; West, Jeff [VC]
Subject: FW: VCH SAFER SEPTEMBER 16 DRAFT Clean (2)
Attachments: VCH SAFER SEPTEMBER 17 DRAFT Clean.docx; ATT00001.htm

Hi all,
Thanks for the call today. As follow-up, please see an updated version of the SUAP grant proposal (with Fraser Health's participation confirmed).

As well, please see below, key criteria/messages for the SAFER target population.

Please note that much of the detail re. clinical eligibility criteria will be incorporated into the comprehensive clinical assessment tool that will move in to development following submission of this application.
We are committed to ensuring as thorough an assessment criteria and clinical operations plan as possible with all expert practitioner and regulator input, but as is fairly typical with SUAP and other funding applications, this is not possible to complete prior to the deadline – Health Canada is aware of this and understands that the process of shaping this clinical program does not end with the submission, and will continue in the months following submission.

Please let us know if you have any questions regarding the attached or the below.
Thanks again
Miranda

Miranda Compton, MSW, RSW
Regional Director, Prevention and Addiction Programs
Office of the Chief Medical Health Officer
Vancouver Coastal Health
T: 604-862-1210
miranda.compton@vch.ca

SAFER Target Population

- The target population for SAFER are people with opioid use disorder who have failed OAT/iOAT, are unwilling or unready to try OAT/iOAT

- Titration schedules ("start low and go slow") keep people in withdrawal for a long period of time, meaning that they must continue to access the toxic illicit opioid supply for weeks or months until they

reach a therapeutic dose that eliminates withdrawal symptoms. The target population for SAFER are people who simply cannot make it through that difficult titration period of more structured programs

- Missed dose protocols with both oral and injectable OAT mean that missing two or more days prompts a dose reduction and the need to re-titrate (see above). Missed dose protocols in the SAFER program will be designed to minimize impact on participants.

- Injection schedules with traditional iOAT mean people need to come to a clinic 2-3 times a day, often within narrow windows of time, and there are no protocols for take-home iOAT dosing in current guidelines. SAFER will allow for participants the freedom to choose when they attend the program to receive medication and will allow take-home dosing once a period of supervised consumption and an assessment has been completed.

- Other barriers to seeking care in traditional clinics include such things as security guards, front desk staff who sit behind plexiglas shields and rules/signs that warn people that they will be denied service if they swear or behave aggressively. These are not programs designed in consultation with people with lived experience, and the clinical feel of these locations is a barrier to access for many.

- The Cascade of Care data demonstrates that we don't have the system capacity to treat our way out of the overdose emergency through the currently available OAT/iOAT models alone.

- SAFER is a program that will bridge those with OUD who either have not or cannot be successfully engaged with or retained in more traditional OAT/iOAT approaches into a low-barrier model of OAT/iOAT.

- SAFER builds on the innovative successes of the TiOAT program in Vancouver. Results from the TiOAT program show that the majority of participants begin with TiOAT, then move to supplement their TiOAT doses with a more traditional, longer-acting oral form of OAT, and many then fully transition to less intensive OAT models.

- SAFER aims to engage people in low barrier treatment, retain them in that treatment, and work towards stabilizing their lives so that other evidence-based treatment options become feasible.

DSM-5 Criteria for Opioid Use Disorder

To be eligible for methadone, buprenorphine/naloxone or slow release oral morphine agonist treatment, patients must meet DSM-5 criteria for opioid use disorder. **To be eligible for SAFER, patients must meet the criteria for at least moderate OUD.**

The presence of **at least 2** of these symptoms indicates an Opioid Use Disorder (OUD):

1 Opioids are often **taken in larger amounts or over a longer period** than was intended
2 There is a **persistent desire or unsuccessful efforts to cut down** or control opioid use
3 A great deal of **time is spent in activities necessary to obtain the opioid, use the opioid, or recover** from its effects
4 Craving or a **strong desire to use** opioids
5 Recurrent opioid use resulting in a **failure to fulfill major role obligations** at work, school, or home
6 Continued opioid use despite having **persistent or recurrent social or interpersonal problems** caused or exacerbated by the effects of opioids

7 Important social, occupational, or recreational **activities are given up or reduced** because of opioid use
8 Recurrent opioid use in situations in which it is physically hazardous
9 Continued use despite knowledge of having a persistent or **recurrent physical or psychological problem** that is likely to have been **caused or exacerbated by opioids**.
10 **Tolerance**, as defined by either of the following:
a) Need for markedly increased amounts of opioids to achieve intoxication or desired effect
b) Markedly diminished effect with continued use of the same amount of opioid
11 **Withdrawal**, as manifested by either of the following:
a) Characteristic opioid withdrawal syndrome
b) Same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

The severity of the OUD is defined as:

MILD: The presence of 2 to 3 symptoms
MODERATE: The presence of 4 to 5 symptoms
SEVERE: The presence of 6 or more symptoms

From: Cheyenne Johnson [mailto:cheyenne.johnson@bccsu.ubc.ca]
Sent: Tuesday, September 17, 2019 3:33 PM
To: Compton, Miranda [VC]
Subject: Re: VCH SAFER SEPTEMBER 16 DRAFT Clean (2)

Heres' the updated clean version removing VIHA—are you sending this to Arthur?

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Withheld pursuant to/removed as

NR