

## **Minister of Mental Health and Addictions**

### **KEY MESSAGES**

- I'm honoured to lead BC's first stand-alone Ministry of Mental Health and Addictions.
- For too long, the BC Liberals neglected people suffering from mental health and addictions:
  - There aren't enough supports for people with mental health challenges
  - Treatment options aren't available
  - Leading to a revolving door of hospital visits and interactions with police
- We have a plan to change the way mental health issues are treated, including a "ask once, get help fast" approach
- We will take decisive action to address the opioid crisis
  - This is a public health emergency
  - We're going to do everything we can to help
- When people with addictions are ready to get help, we need to be ready to support them
  - We'll provide better access to treatment and expand treatment options

### **QUESTIONS AND ANSWERS**

#### **What specific actions are you going to take to address the opioid crisis?**

- The BC Liberals have been too slow getting this crisis under control.
- We're going to do everything we can to help.
- As Minister responsible, this is my highest priority.

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#### **Will you open more safe injection sites?**

- Harm reduction sites help prevent overdoses and provide a gateway for people to seek treatment when they're ready.
- We know In Site saves lives. Let's save more lives.

**What about maintenance treatment/substitution therapy?**

- When people ask for help, we need to be able to respond with treatment options.
- For some, that will mean maintenance treatment, like methadone.
- Addiction treatment saves lives, prevents disability and helps reverse the trajectory of this epidemic.

**Do you support prescription heroin to stop the overdose crisis?**

- This is a public health emergency.
- We're going to do everything we can to help.

**Backgrounder – Supplement to the Mandate Letter**  
**Mental Health and Addictions**  
**July 18, 2017**  
**Transition Team**

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This memo acts as a supplement to your mandate letter by providing background and brief implementation details from the Transition briefing binders for each commitment. This memo also provides additional commitments from the NDP platform that were not included in your mandate letter. The commitments here and in your mandate letter are from the NDP platform and the *Confidence and Supply Agreement* with the B.C. Green caucus; they do not cover the full scope of your responsibilities or policy agenda, nor do the implementation details cover the breadth of advice prepared.

The bullets below use language taken directly from the NDP platform.

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- Create a Ministry of Mental Health and Addictions to improve access, invest in early prevention and provide opportunities for intervention by transforming B.C.'s fragmented mental health care system by working closely with the Ministry of Children and Families, the Ministry of Health, local governments, First Nations and the education and justice systems.

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- Expand access to a wide range of evidence-based and regulated treatment, including licensing our current recovery house system, enhancing supports post-detox, and improving access to harm reduction options that save lives.

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- Increase support for community-based and not-for-profit mental health and addiction services.

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- Reopen facilities on the Riverview lands to provide residential-based treatment for those requiring British Columbians requiring more intensive care.

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- Establish a province-wide strategy to ensure the widest possible availability of life-saving naloxone kits with people trained to use them.
  - Free naloxone kits are available to all persons who use drugs or are likely to witness and respond. Approximately 25,000 kits have been distributed since January of 2016. There are 518 distribution sites, including 77 First Nations sites.

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- Work with the Ministry Public Safety and Solicitor General, Ministry of Health, Ministry of Labour and Ministry of Municipal Affairs and Housing to improve supports for first responders.

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- A Mobile Response Team was established by Health Emergency Management BC on May 31 to provide support for frontline workers, emergency responders, volunteers and staff from community-based organizations impacted by the overdose crisis.
- Improve early intervention and prevention for children and adolescents by providing timely access to full spectrum of mental health and addictions care in every region of the province.
  - The ministry notes that there are a variety of mental health professionals available to students in the school system.

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- Work with the Ministry of Education to ensure students can access specially trained adolescent mental health counsellors and professionals within the school system.

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**Transition Team  
Ministry of Mental Health and Addictions  
Ministry Overview**

**General Comments**

- As this is a new ministry, key aspects will need to be broken out of the ministry of Health, including stakeholder lists, key dates and ongoing strategies. A more comprehensive briefing should be arranged.

**The Transition Team flagged the following issues for the Premier Designate and Minister**

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**Note:** A more comprehensive briefing on these key issues should be arranged quickly.

**Transition Team**  
**Supplement to the Ministry of Mental Health and Addictions Issue Note –**  
**Drug overdose death crisis, mental health and addictions**  
**July 2017**

**Issue**

- Drug overdose death crisis, mental health and addictions

**Description**

- Drug overdose deaths spiked to 967 in 2016.
- Increase caused by contamination of street drugs with potent drug Fentanyl and gaps in addiction system of care.
- Over 80% of street drugs tested contaminated with Fentanyl, with 21% also contaminated with Carfentanyl.
- BC Coroner's Office reports overdose deaths will surpass last year with 1,536 for 2017, and Vancouver's on track for more than 400.

**Analysis**

- April 14, 2016, Provincial Health Officer declared drug overdose crisis a public health emergency. July 27, 2016, Joint Task Force on Overdose Response established, chaired by Dr. Perry Kendall (Provincial Health Officer) and Clayton Pecknold (Assistant Deputy Minister and Director of Police Services). *"The Task Force's Role is to lead and integrated provincial response to the overdose emergency across public health, public safety, and other sectors supported by a comprehensive action plan. The Joint Task Force is developing a series of recommendations for an incoming government to inform the provincial response to the public health emergency as new information comes available."*<sup>s.13</sup>

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- Recognition of a chronically fragmented nature of BC's mental health and addiction services is stated in the Prepared Response to the 2017 Confidence and Supply Agreement. The platform commitment to create an accountable Minister will address this problem.

s.12,s.13,s.17

- Funding appears drawn from several sources. Unclear if spending is for new initiatives or used to fund existing unfunded commitments, such as treatment beds. Specific items include:
  - s.13,s.17 to establish the BC Centre on Substance Use run by Dr. Evan wood<sup>s.13,</sup>  
s.13,s.17
  - **\$10 Million** for Addiction Treatment Spaces – additional program funding for 60 beds to put 240 adults and youth through 90-day program with community support.  
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  - **\$23 Million** dedicated from Ministry of Public Safety in 2016 for new or expanded measures under the Guns and Gangs strategy.  
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  - **\$10 million** announced in February 2017 by the federal Minister of Health to support provincial efforts in responding to the emergency. Funding purportedly to support priority actions identified by the Joint Task Force, including *"expanded access to opioid agonist treatment, support for the anticipated operation of expanded supervised consumption services, and improvements to the capacity of provincial toxicology*

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*laboratory services but no budget or specific allocations have been provided."*

**Next Steps:**

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## ISSUE NOTE

### Issue: Opioid Overdose Public Health Emergency Response

#### Background:

- On April 14, 2016, Provincial Health Officer, Dr. Perry Kendall, declared a public health emergency under the *Public Health Act* in response to a significant and unprecedented increase in the number of opioid overdose deaths across the province.
- On July 27, 2016, Premier Christy Clark announced the creation of the Joint Task Force on Overdose Response (Joint Task Force) chaired by Dr. Kendall and Clayton Pecknold, Director of Police Services, to lead BC's integrated response to the emergency across the health and public safety sectors.
- The Joint Task Force's fifth bi-monthly progress report was released on May 31, 2017.
- The province continues to deliver on its 88-point response plan; as of May 31, 2017, 64 actions have been completed, 14 are in progress, and 10 are nearing completion. The 7 areas of focus are:
  1. Immediate response to an overdose by expanding naloxone availability and the reach of supervised consumption services in the province.
    - BC has rapidly expanded access to naloxone across the province and continues to operate overdose prevention services. The majority of regional health authorities have submitted applications to Health Canada to open supervised consumption sites.
    - Three applications for supervised consumption services were approved by Health Canada on May 26, 2017 (one in Vancouver, two in Surrey).
  2. Preventing overdoses before they happen by improving treatment options for people with opioid use disorder, exploring drug checking services and improving health professional education and guidance.
    - Updated guidelines on treating opioid use disorder have been released, opioid substitution treatments (methadone and Suboxone™) are 100% covered for individuals who experience financial barriers to accessing this treatment, and the province has met its commitment to open 500 new substance use beds by March 31. Focus is shifting to improving the substance use continuum of care and bolstering long-term capacity of the province's treatment system.
  3. Public education and awareness about overdose prevention and response through public awareness campaigns.
    - Public campaigns continue on multiple mediums, and the province's microsite, [www.gov.bc.ca/overdose](http://www.gov.bc.ca/overdose), is regularly updated so the public is well-informed and has access to resources such as school curriculum and HealthLinkBC files.
  4. Monitoring, surveillance, and applied research by improving timely data collection, reporting and analysis to inform action, evaluating implementation, and applied research.
    - BC Centre for Disease Control released updated epidemiological information on March 17, 2017. Detailed surveillance data is reported regularly to the province, and analysis of individuals who have suffered from non-fatal and fatal overdose is underway. A rapid review of how other jurisdictions respond to opioid overdoses is proceeding; these findings will inform an evaluation of BC's response.
    - The next comprehensive epidemiological report will be released by BC Centre for Disease Control in June 2017.

5. Federal Bill C-37 received Royal Assent on May 18, 2017, which improved the scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and the Precursor Control Regulations by regulating drug manufacturing equipment such as pill presses, and regulating precursors.
  - Strengthened the public safety response to the production and trafficking of existing controlled substances and newly identified substances requires a coordinated, national effort.
6. Improving federal enforcement and interdiction strategies by working with the Canada Border Services Agency to increase enforcement activities to interdict the importation of illegal drugs.
  - The RCMP and the Canada Border Services Agency have been working cooperatively to interdict the flow of fentanyl and other opioids with numerous successful seizures and arrests. The RCMP are working with the Chinese Ministry of Public Security to stem the flow of illegal fentanyl and other opioids into Canada. Additional funding has been provided for dedicated enforcement activities, including Combined Forces Special Enforcement Unit Provincial Tactical Enforcement Priority projects.
7. Enhancing the capacity of police to support harm reduction efforts related to street drugs by providing training to police and other first responders to support safe fentanyl identification and handling practices.
  - BC has purchased 7,800 naloxone kits and provided training to the RCMP and municipal police; nearly 7,000 police members and civilian staff have been trained and nearly 100 opioid overdoses have been reversed. Funding has been provided for outreach and awareness strategies, including holding community dialogues through the Centre for Addictions Research of BC, enhancing the "Know your Source" campaign, and developing workshops for first responders through the Justice Institute of BC.
- Provincial funding earmarked for measures supporting the overdose emergency response totals just under \$100 million since the public health emergency was announced in April 2016. The province has dedicated an additional \$5 million in Budget 2017; the federal government has provided \$10 million to support BC's response and identified a further \$100 million to address opioid overdoses and overdose deaths to support the national opioid action plan over the next 5 years.
- In 2016, 935 people died of an apparent unintentional illegal drug overdose in BC, an 80% increase over 2015 (518 deaths). The Coroners Service reports 488 deaths have occurred in the first four months of 2017.
- On May 30, 2017 the BC Coroner Service reported there were 136 suspected drug overdose deaths in April 2017. This is a 97.1% increase over the number of death occurring in April 2016.

Decision required:

- This is a 30, 60, and 90 day issue.

**Transition Team**  
**Supplement to the Issue Notes – Ministry of Mental Health and Addictions Issue Note**  
**Support for First Responders during Opioid Crisis**  
**July 2017**

**Issue**

- Support for First Responders during Opioid Crisis
- Involves Ministries of Health, Labour, Public Safety & Solicitor General

**Description**

- First Responders including police officers, firefighters and ambulance paramedics are experiencing significant stress and trauma in responding to the overdose crisis.
- The volume of calls remains unprecedented (in the case of VFD, over 100 per week at some firehalls) coupled with witnessing and trying to reverse significant medical stress and death have led to significant increase in mental health related issues.
- The volume of calls has been felt across the province by the ambulance service, in which call volumes have left the service shorthanded. All first responders have reported significant increase in work related stress, and PTSD as a result.
- Briefing documents have noted some support for police, fire and ambulance in terms of extra staffing, resources for treatment, training, counselling, and support for other front-line workers (e.g., supportive housing staff) dealing requires attention.

**Analysis**

- **Funding**
  - Government briefing binders note a \$28 million lift to BC Ambulance funding, and in March 2017 the government announced an additional \$91.4 million in funding for emergency health services to quicken response time and improve access to rural communities, going towards at least six new ambulances in the Lower Mainland, as well as other necessary equipment for B.C. Emergency Health Services — including stretchers, visibility gear and carbon monoxide monitors.

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- **WorkSafeBC**
  - Ministry of Labour Briefing notes work on workplace mental health (including the “First Responders Mental Health Steering Committee”). Bill 14, *Workers Compensation Amendment Act, 2011* resulted in “an increase in the number of mental disorder claims accepted by WorkSafeBC, including those for PTSD.” The note also recognizes “considerable public attention has been given to experiences of first responders with PTSD, and their call for presumption. A presumption under Workers Compensation Act would recognize a mental disorder such as PTSD as an injury associated with a specific worker’s compensation.” Government did not support this request for presumption

*"because is favoured a broader approach in the support of mental health in first responders."*

- The current approach would require affected workers to prove their illness (e.g., PTSD) with a medical note from a physician or specialist before accessing treatment resources introducing significant delay and a poorer prognosis.
- WorkSafeBC was tasked with striking the *Supporting Mental Health in First Responders Steering Committee* with a mandate to *"actively promote positive mental health and provide the leadership, resources, awareness, education, training, and supports which first responders, their communities, and leaders might need."*
- Actions to date include development of a best practices document *"Recommended Practices for Supporting Metal Health in First Responders"* as well as a network of practitioners and an anti-stigma campaign. Little in the way of treatment is discussed.
- **Public Safety**
  - Ministry of Public Safety Briefing notes on opioid crisis highlights resources were allocated to *"enhancing capacity of police to support harm reduction efforts related to street drugs including training to police and other first responders to support safe fentanyl identification and handling practices."*
  - The note also mentions *"over 7,300 police members and civilian staff have been trained and as of May 19, 2017 approximately 175 opioid overdoses have been reversed. Funding has been provided for outreach and awareness strategies, including holding community dialogues through the Centre for Addictions Research of BC, enhancing the "Know your Source" campaign, and developing workshops for first responders through the Justice Institute of BC."*
- **Local government response**
  - The City of Vancouver (CoV) increased property tax by 0.5% to increase CoV revenue by \$3.5 million to be allocated to Vancouver Police Department and Vancouver Fire Department to provide more resources to support first responders, specifically including fund additional mobile medic unit and staffing for of the VFD, and PTSD and mental health supports, because of added stress caused by the crisis.

- The issue will be discussed at the September 2017 Federal, Provincial and Territorial (FPT) Ministers meeting of ministers responsible for labour.

### **Next Steps**

#### **Questions for the Ministry**

- How have other front-line staff (including supportive housing staff, nurses, social worker, etc.) been supported by the government in the wake of the overdose crisis?
- What information guided the Ministry of Labour in denying the request of first responders of presumption of mental disorder for workers' compensation?
- How have local governments been involved in forming a comprehensive coordinated approach to supporting first responders and front-line staff?
- What has been the impact of additional funding in both addressing the drug overdose crisis (e.g. response time to overdose calls), as well as impact on workload and moral?
- What is the time line in implementing actions derived from the *Supporting Mental Health in First Responders Steering Committee*?
- What consultation has occurred with first responders and front-line social service staff on the impacts of the drug overdose crisis?

## Corporate Transition Briefing Note

### **Prepared in Response to 2017 Confidence and Supply Agreement between the BC Green Caucus and the BC New Democrat Caucus**

**Issue:** *Respond to the crisis in mental health and addictions with a dedicated Minister responsible for developing and implementing a Mental Health and Addiction Strategy and a Youth Mental Health Strategy.*

- i. Ensure that the Ministry has sufficient funding to provide frontline services, including funding for early intervention, youth mental health initiatives, supervised injection sites, and community-based centres for mental health and rehabilitation.*
- ii. Develop an immediate response to the fentanyl crisis based on successful programs that invest in treatment-on-demand, drug substitution, early-warning monitoring systems, and coordinated response (pg. 6, S3, 3fi, ii).*

**Ministry:** *Health*

#### **Background Information:**

Mental health and substance use (MHSU) services have developed organically over multiple decades and are fragmented. While the Ministry of Health provides the large majority of services (approximate expenditure of \$1.5BN) services are also embedded across Children and Families Development (approximately \$97M) as well as smaller but important services and supports through education, social development, justice ministries and BC Housing.

The fragmentation is reflected in the two main Ministries accountabilities. Currently the Ministry of Health is accountable through the health authorities (including the First Nations Health Authority) to deliver services for adult mental health and substance use services as well as child and youth substance use services (these services are both delivered directly by the health authorities and contracted to agencies through the health authorities). The Ministry of Children and Family Development is accountable to deliver child and youth mental health services (these services are also both delivered by the Ministry but also contracted out to the health authority in Vancouver and to multiple agencies). The overall system has grown incrementally over time without an overall strategic, clinical and delivery framework which contributes to its current fragmented state. Services as configured and operated are not meeting demand.

Significant ground work has been underway across ministries to improve this situation.

In 2015/16 the **Ministry of Health** (MOH) published a discussion policy paper *Establishing a System of Care for People Experiencing Mental Health and Substance Use Issues* (October 2015) and then consulted over the winter on how to improve and develop the MHSU system. Mental health and addictions has been identified as one of six critical priorities for improvement by the Ministry of Health and Health Authorities (along with primary care, seniors care, surgical care, cancer care, and rural health services). It is recognized that the present service delivery system, while having many of the key elements of a quality health delivery system and a range of well-trained health care professionals, is experienced by patients and their families as fractured, difficult to navigate and



access, and in some instances providing an inadequate response to health crises that overwhelm the patient and/or their family. Currently, a large proportion of individuals with moderate to severe mental health and substance use conditions enter the MHSU health system in times of crisis, via emergency departments and/or other emergency services. This consultation resulted in a draft mental health and substance use policy direction being developed and now nearing completion.

The evolving opioid/fentanyl crisis has added a significant new dimension and challenge to both thinking through service delivery and budget required in the face of the horrendous impact in terms of the death toll. Multiple strategies are now underway to respond to the challenges. Notwithstanding the significant effort and resources used to date, the reality of needing to both expand the services available and then building these services into long term, sustainable, integrated service delivery systems with supporting budgets remains a significant challenge. In addition to allocating funding from the health sector's base budget there is currently one time funding of approximately \$30 million (including a federal contribution of \$10M) that has been allocated to service providers for 2017/18. s.12,s.13,s.17

s.12,s.13,s.17

The draft mental health and substance use policy direction lays out the strategic vision for a well-designed, easily understandable, accessible, and integrated health system that works better for patients and providers. The focus is to meet the population health needs in each of the 89 local health service delivery areas across the province and their specific communities. The improved outcomes and service experience will be achieved by improving the design and delivery, continuity of care and linkages; as well as the optimal use of health human resources and digital technology for three key parts of the health system:

- primary care services
- specialized community care services
- a sub-set of hospital and diagnostic, regional and provincial health services

The overall objective is to deliver an integrated primary and community care health system that is person-centred, co-ordinated, seamless and easy to understand for patients, family members and care providers. An integrated primary and community care system that has appropriate access and support from specialized, hospital and diagnostic services.

The foundation of the integrated system of care is the delivery of effective primary care services. The objective is to support the transformation and linkage of what have been traditionally GP based practices into a Primary Care Network of team-based primary care practices (named Patient Medical Homes) serving the primary care health needs of a community. Patients will be attached to a Patient Medical Home, meaning they will have an ongoing care relationship with a primary care provider – a family doctor or a nurse practitioner, who will work in a team-based practice that includes nurse and other health professionals, providing primary care services supported by a broader network of practices that will in total offer a full suite of primary health care services. These services will provide early intervention, and care for mild to moderate mental health and substance use patients.

When patients require more specialized health care services related to mental health and substance use; surgical care; cancer care; managing complex medical issues and/or frailty requiring multiple services they frequently experience multiple independent services, multiple wait lists, and multiple providers leading to sub-optimal, uncoordinated, and inefficient care. The second building block of the integrated system of care is to redesign and link these fragmented services into an integrated and coordinated into four Specialized Community Services Programs linked to Primary Care Networks focused on Adults with Complex Medical Conditions and/or Frailty; Moderate to Severe Mental Health and Substance Use; Cancer Care; Scheduled Surgical Care. These programs will provide effective and holistic care planning; comprehensive and coordinated service delivery wrapped around the needs of the individual needs of patients and providing a quality service experience. Services will be delivered by an inter-disciplinary team.

The third building block of the integrated system of care is for hospitals and more specialized tertiary regional and provincial services to provide expedited access to diagnostics, care and consults to patients from the Specialized Community Services Programs to enhance the quality of care to these patients and reduce pressure on Emergency Departments.

A key input into the development of the policy framework and a valuable input into changing the way we think about and deliver mental health and addiction services is from the Canadian Mental Health Association British Columbia and their work on *b4stage4* (November 2016) calling for (1) a focus on prevention and early intervention, (2) building access to addictions health care, (3) strengthen recovery closer to home, in community, (4) improve crisis care, (5) lead change in mental health and addictions. This could be a valuable input and partner in developing a comprehensive strategy.

In the area of Child and Youth Mental Health, the Ministry of Children and Family Development (MCFD) has undertaken significant work to improve its mental health services for children and youth including a new way of managing intake to reduce wait times and ensure that young people get the services they need faster; and additional investment in front line services to reach more young people; and improved integration of services so that children in care and their families can better take advantage of mental health clinician services.

There have also been efforts to improve cross ministry coordination. In the past year there has been cross ministry work and planning undertaken to better link and integrate service delivery. The content of this work could provide a valuable input into a comprehensive strategy. In addition, both MCFD and MOH in collaboration with the Doctors of BC have completed a ***Child and Youth Mental Health and Substance Use Collaborative*** which was a multi-agency initiative intended to identify and resolve issues between agencies providing mental health services. Most importantly it brought together children and youth with lived experience, their families, care providers and decision makers to work together locally to address issues. Through Local Action Teams, this initiative has been working through service delivery issues to ensure improvements in mental health services at a local community level. Another set of 23 recommendations to improve services was provided in the final report child and youth mental health in British Columbia from the ***Select Standing Committee of Children and Youth: Concrete Actions for Systemic Change*** (January 2016). Most recently, MOH has supported the development of "The Foundry", a joint initiative funded by government and the private sector, is initially implementing 5 youth mental health hubs which will ensure that youth

receive the services they need. The Foundry initiative aims to provide quality, coordinated, and accessible mental health and substance use care, primary care, and access to social services for youth and young adults aged 12 – 24. An additional five centres are planned with funding allocated through the Ministry of Health. The Foundry is seen as a way of integrating services through a hub model – ensuring all service delivery organizations are coordinated and focused on youth needs.

Finally, the recent **funding agreement between the Provinces/Territories and the Federal Government** to collaborate on both home and community care and mental health and addictions will provide valuable additional funding in addition to any net new provincial funding for these areas over the next ten years. <sup>s.13,s.16</sup>

s.13,s.17

This background information sets out the significant ground work that has been done over the past two years that provide a solid foundation and net new resources for a dedicated Minister responsible to shape and implement a focused and comprehensive Mental Health and Addiction Strategy and Youth Mental Health Strategy going forward.

#### **Proposed Implementation Response:**

There are a number of practical ways to move forward with this direction. A key caveat for consideration is to balance the considerable benefit of focused political leadership to move this critically important issue with the value of an integrated and coordinated approach this area of health care, particularly in respect of linkages with other aspects of health care and social support, to avoid unintended further fragmentation of care for individuals and their families. Below are a number of options for consideration presented as three to stimulate thinking but in reality elements can be mixed and matched aligned with political direction.

#### **Implementation Options**

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