

Escalating BC's Response to the Overdose Emergency

2017-11-23

Introduction:

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

Ministry of Mental Health and Addictions:

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

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

Leading an Effective Response to the Fentanyl Crisis

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

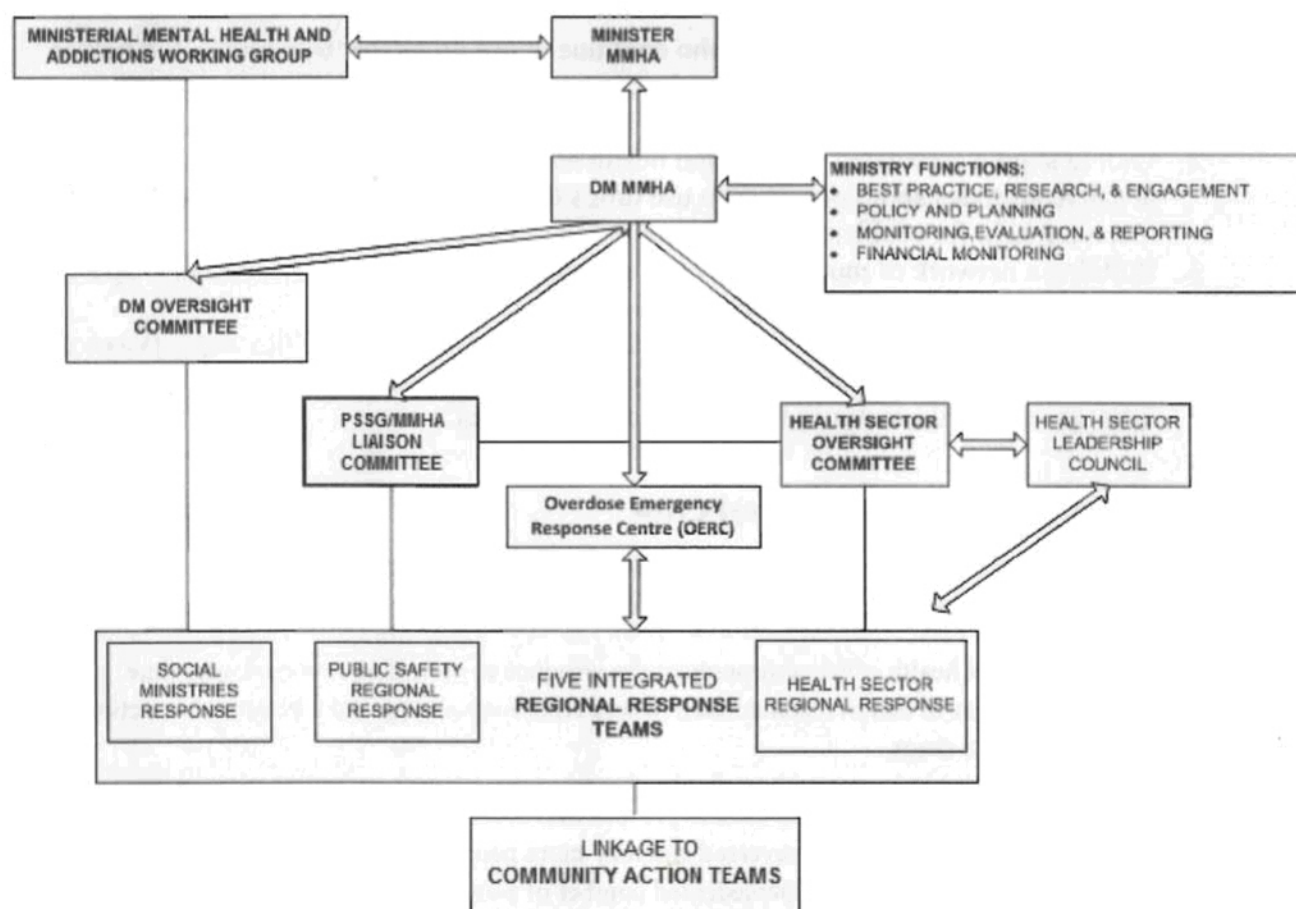
The declaration allowed medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks were arising and take proactive action to warn and protect people who use drugs.

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

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

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

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



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

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

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

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

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

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

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

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

- Working in collaboration with multi-sector public agencies and people with lived experience to escalate the response to the overdose emergency.
- Working with regional committees (see below) to ensure on the ground actions are coordinated and supported, refining and developing action plans with these committees that are provincial and regional in scope.
- Working with the committees to identify opportunities to leverage existing and better use new resources as they are added to support the delivery of a comprehensive package of essential services for overdose prevention, treatment and recovery in BC.

- Working with BCCDC to generate and gather multiple sources of data to monitor the response and report in real time to better understand the emergency and underlying issues
- Conducting analysis and evaluation of current and future initiatives to ensure value for money based on current data and cost benefit analysis. Establish and work with regional health, public safety, and social ministries response teams and assist in removing barriers for local response
- The Overdose Emergency Response Centre (OERC) while part of the MMHA will be co-located with the BC Centre for Disease Control to ensure optimal access to surveillance data that will ensure an enhanced data analytics strategy informs the policy, action plans and implementation strategies to address the high number of overdose deaths.
- Five Regional Response Teams (RRTs) will be developed by Regional Health Authorities, with linkages to other government regional operations staff as well as Regional First Nations and other indigenous organizations to lead and coordinate the implementation of the policy and strategies developed and approved by MMHA. The RRT's will include regional staff from Public Safety and Solicitor General and Social Ministries to ensure an integrated approach in the regions. These are new structures in the system and will require additional funding. The functions of the RRT are:
 - The RRTs will be co-led by a Part Time Medical Health Officer and a Full Time Executive Operational Manager with additional support staff from the Regional Health Authority. It is anticipated each RRT will employ 4 staff.
 - The RRT's will work in collaboration with the PCC to ensure actions and policy development is responsive and targeted.
 - The RRT's will actively monitor community unexpected events and take immediate to support community actions.
 - The RRT's will develop and support implementation plans approved by MMHA within their regions.
 - The RRT's will provide real time information as needed and routine weekly updates to the OERC
 - The RRT's will also support and establish additional **Community Action Teams** in those communities with the most pressing needs and recording a high number of deaths and overdoses. The Community Action Teams will have membership from local municipalities, first responders, front-line ministries and agencies, Divisions of Family Practice, user groups and local government agencies. This group will identify people most at risk in their community and ensure local coordination and communication.

Effective Executive Level Coordination

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

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

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

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

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

The **PSSG/MMHA Liaison Committee** will be comprised of the DM Ministry of Mental Health and Addictions (Chair) and senior executive from PSSG.

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

Where implementation of strategic direction and actions by the Overdose Emergency Response Centre (OERC)

may lead to new fiscal or budget implications for the Ministry of Health or the Ministry of PSSG, this will be identified and brought forward to the appropriate committee for discussion and direction, including potential realignment of resources or requests for additional funding through Treasury Board.

Effective Political Leadership

The Minister of Mental Health and Addictions chairs the Mental Health and Addictions Working Group (MHA WG). The Cabinet Working Group ensures the accountability for results is a cross government responsibility and a one government response. The Minister will report out on a regular basis to the MHA Working Group on actions and results taken to address the high number of overdose deaths. The MHA Working Group will also ensure individual line ministries are mandated to direct resources and staff towards a coordinated and cross-sectoral response. The MHA Working Group will be supported by the Deputy Minister MMHA.

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

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

OVERDOSE EMERGENCY RESPONSE CENTRE

TERMS OF REFERENCE



1. Strategic Mandate

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

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

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

2. Operational Mandate

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

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

3. Functions

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

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

4. Regional Response Teams

The operational mandate of Regional Response Teams is to:

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

5. Community Action Teams

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

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

6. Governance

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

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

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

7. Reporting

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

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

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

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

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

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

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

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

Overdose prevention services

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

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

Peer empowerment and employment

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

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

Acute overdose risk case management

Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care:

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

Cultural safety and humility

In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities:

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

Treatment and recovery

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

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

Addressing stigma, discrimination, and human rights

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

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

10. Decision Making/Accountability

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

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

11. Meeting Frequency/Records of Decision

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

12. Budget

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

13. Expenses

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

14. Term of the Overdose Emergency Response Centre

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

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

Escalating the Overdose Response: Activating a Provincial Level Coordination Centre

BC Emergency Management System

- The BC Emergency Management System (BCEMS) ensures a coordinated and organized approach to emergencies. It is intended to:
 - Provide a structure for a standardized approach to developing, coordinating, and implementing emergency management programs across the province
 - Establish guiding principles, processes, and common definitions that support a range of stakeholders to participate in all phases of emergency management
 - Emphasize integration and partnerships that facilitate communication and coordination on all levels
- Developed under the authority set out in the *BC Emergency Program Act* and the *Emergency Program Management Regulation*, **BCEMS is standard practice for all provincial government ministries and Crown corporations as indicated in the Regulation**. It is recommended as best practice for all emergency management stakeholders in BC and applies to emergencies, disasters, and catastrophic events. All regional health authorities, Health Emergency Management BC (under PHSA), and all first responders align emergency management activities with the BCEMS.
- BCEMS defines structures used for emergency management at the various levels of response:

Response Level	Structure Name	Responsibility
Scene of emergency (e.g., fire)	<i>Incident Command Post</i>	Tactical response management
Community or Regional Level (e.g., health authority)	<i>Emergency Operations Centre (EOC)</i>	Provides support to the scene and coordinates among multiple scene or stakeholders
Provincial Level	<i>Coordination Centre</i>	Provides overall leadership and coordination of response; gathers and disseminates situational awareness data; provides policy direction for regional EOCs; coordinates cross-government support to provincial ministries and emergency management stakeholders; ensures adequate province-wide mobilization and allocation of critical assets; coordinates overall provincial messaging on the status of the emergency/disaster

Activation of a Provincial Level Coordination Centre

- On September 21, 2017, Minister Judy Darcy approved the activation of a provincial-level Coordination Centre to lead the province's escalated cross-sector response to the overdose epidemic.
- The Coordination Centre will operate out of the Ministry of Mental Health and Addictions. The Coordination Centre will receive strategic direction from the Cross-Sector Working Group, and act as a direct link to operations on the ground in the regions.

- The functions of the structure include:
 - Implementing direction
 - Providing consistent cross-sector communication
 - Ensuring accountability across sectors
 - Monitoring progress and report out publicly and internally
 - Identifying and resolving issues
 - Accelerating data collection and analysis

Naming the Provincial-Level Coordination Centre

- Minister Darcy has adopted the term “Command Centre” as the name of the Coordination Centre.
- Emergency management officials have advised that the term “Command Centre” is not consistent with standard emergency management language used in BC (i.e. in the BCEMS) or in Canada.
- While “Command Centre” suggests a strengthened response to the public, emergency management officials are concerned that this term will confuse system partners, including first responders (police, ambulance and fire) and health authorities, who operate under the existing, standardized emergency management language as set out in the BCEMS.
- If the term “Command Centre” is used, there is a risk that system partners will question the competency of the Ministry and the operations of Coordination Centre due to language deviation.
- In addition, the term “Command” is likely to be seen by system partners as too authoritative, and may be damaging to existing relationships and newly forming relationships with partners.
- Ministry staff suggest expanding on BCEMS language for a provincial-level Coordination Centre by adopting the name **“Overdose Emergency Coordination Centre (ODECC)”**

Regional Activation of Emergency Operations Centres

- Ministry staff are determining whether formal Emergency Operation Centre (EOC) activation in regional health authorities is required to meet the objectives of an escalated cross-sector response.
- Currently, Interior Health is the only health authority to activate an EOC in response to the overdose emergency; Interior Health has noted its intention to dissolve this structure and reintegrate work into operations by the end of September.
- Providing clear and consistent direction to regional health authorities on what is expected and providing them the autonomy to structure their response based on the needs of their regions will serve to recognize existing partnerships with other sectors (e.g., MCFD, law enforcement) and support future collaboration.

Overview: Provincial Overdose Emergency Response

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

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

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

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

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

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

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

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

Overview: Provincial Overdose Emergency Response



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

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

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