

**MEETING MATERIAL
MINISTRY OF MENTAL HEALTH AND ADDICTIONS**

Cliff #: 1114126

PREPARED FOR: Honourable Judy Darcy, Minister of Mental Health and Addictions

TITLE: Meeting with Judith Law, Executive Director, Anxiety BC

MEETING REQUEST/ISSUE:

1. Anxiety BC met with ministerial assistants (MMHA and HLTH) and staff (MMHA) on March 16, 2018 to discuss Anxiety BC's MindShift App. The Outcome Note from this meeting is attached as Appendix A.
2. Anxiety BC received one-time only funding specific to the MindShift App in April 2018.
3. Anxiety BC was in touch with Minister Judy Darcy's office on May 1, 2018 to request another meeting to share information about the organization's early intervention initiatives using virtual tools and to seek guidance related to engagement with First Nations people in BC about the MindShift app.

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes - ADM Nick Grant with staff support TBD

BACKGROUND:

AnxietyBC is a registered charity that has been serving British Columbians since 1999. It is also one of seven provincial organizations that belong to the B.C. Partners for Mental Health and Addictions, a network managed by B.C. Mental Health and Substance Use Services (BCMHSUS). Other partners include the Canadian Mental Health Association BC Division, Mood Disorders Association, BC Schizophrenia Society, Jessie's Legacy, Canadian Institute for Substance Use Research, and the Institute of Families for Child and Youth Mental Health.

Anxiety BC will likely want to highlight a number of virtual early intervention initiatives focused on anxiety. One example is the MindShift app. According to the organization, this app saw almost 85,000 downloads worldwide in 2017, and a total of 650,000 downloads since 2013. The MindShift app is a free app for management of anxiety based on cognitive behavior therapy. The app was developed by AnxietyBC, with expertise from psychologists, and informed by youth with lived experience. For people with anxiety who need treatment options complementary to those of seeing a clinician, the MindShift app provides strategies for helping people take action when faced with challenging situations. Seed funding for MindShift was provided by the Provincial Health Services Authority with the aim of empowering all youth to learn self-management of anxiety. This year, the Ministry has approved a year end grant of \$155,000 to AnxietyBC based on a submitted proposal to update the app.

FINANCIAL IMPLICATIONS: The Ministry of Mental Health Addictions approved a one-time only grant at the end of fiscal year 2017/18 of \$155,000 focused on the MindShift app. It does not appear that Anxiety BC is requesting any additional financial assistance at this time.

DISCUSSION AND ADVICE

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JOINT MINISTER MEETING: N

Program ADM/Division: Nick Grant

Telephone: 250 952 1471

Program Contact (for content): Jonathan Morris

Drafter: Jonathan Morris

Date: May 23, 2018

APPENDIX A: MEETING OUTCOME NOTES

Meeting with Anxiety BC

Date: March 16, 2018	Time: 14:00 – 14:45	Purpose: Anxiety BC requested an introductory meeting so they could learn more about the new MMHA and share information about what Anxiety BC has to offer.
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Attendees

Judith Law, Executive Director, Anxiety BC

Anna Lindsay-Baugh, Ministerial Assistant to Minister of MMHA

Jonny Morris, Director, MMHA

Christine LaForge, Senior Policy Analyst, MMHA

Key Discussion Points

- Anna and Jonny provided introductory information about the role and mandate of the new Ministry of MHA
- Judith presented some background context about Anxiety BC, how the work of Anxiety BC fits in the context of BC Partners.
- In particular, Judith highlighted the App Mindshift and its current uses to support people to prevent and manage anxiety. This App is promoted through BC Partners and is used as a complementary tool for psychosocial treatment or can be used alone to support people living with mild to moderate anxiety.
- Anxiety BC has heard requests for improvements to the App and has begun some enhancements (e.g. improve navigation, track user experiences more, add components such as Dialing down intense emotions, Sleep). They are presenting ideas for improvements to School Districts, School counsellor groups, Doctors of BC and are open to presenting to other interested stakeholders.

Next Steps

- Anxiety BC was encouraged to continue to advocate for enhancing their App and services with operational funders such as the Ministry of Health and the Doctors of BC.
- No further commitments were made for follow-up.

**MINISTRY OF MENTAL HEALTH AND ADDICTIONS
MEETING MATERIAL**

CLIFF #: 1114107

PREPARED FOR: Honourable Judy Darcy, Minister of Mental Health and Addictions

TITLE: Minister of Mental Health and Addictions meeting with SHARE Family and Community Services

MEETING REQUEST/ISSUE: Jodie Wickens, Director of Programs and Services – Early Years at SHARE requested a meeting with Minister Darcy and Clair MacLean, the CEO of SHARE, to provide the Minister with information about the social services that SHARE provides and to discuss what SHARE's needs are from a broader community development lens.

SHOULD MINISTRY STAFF ATTEND THIS MEETING:

Yes – Neilane Mayhew, Associate Deputy Minister will attend the meeting

BACKGROUND:

SHARE is a non-profit, independent, community-based organization providing leadership and programs in response to the social needs of the residents of the Tri-Cities (Coquitlam, Port Coquitlam, Port Moody, Anmore and Belcarra), New Westminster and adjacent communities.

SHARE receives funding and grants through federal, provincial and local partnerships including: Ministry of Child and Family Development (MCFD); Ministry of Public Safety and Solicitor General (PSSG); Fraser Health Authority; Immigration, Refugees and Citizenship Canada; City of Coquitlam; City of Port Moody; Food Banks Canada; Food Banks BC, amongst othersⁱ.

SHARE offers a variety of social services and supports that fall into three general groupings: Inclusive Communities, Social Well-Being, and Uprooting Poverty.

Inclusive Communities are family resources that provide early childhood development programs and newcomer support services. They include:

- Free, drop-in English Practice Groups;
- Programs for Government-Assisted Refugee families to support social development and connections community resources (i.e., health, education, housing, etc.);
- Parent-Tot Drop-in Programs which are open to all parents and provide the space for newcomers to meeting other parents in the community;
- A network of 20 early childhood development centres (7 Family Resource Centre sites and 13 Strong Start Centres) that provide access to free, parent-child interactive programs and other family supports for families.

Social Well-Being Programs are counselling services and supports for all ages, as well as speech, occupational, physical and social emotional therapy for children. They include:

- Supporting seniors to help them live independently and connected to community;

- Community-based children and family supports for family planning and counselling. Referrals are made by MCFD;
- Services that enhance the social skills for children and youth with special needs;
- Opportunities for residents to share recipes and prepare meals together;
- Fee-based counselling services available in Port Moody and Coquitlam;
- Early Intervention Therapy for children under 5 years old;
- Responsible and Problem Gambling Program;
- Substance use services for youth (ages 12 to 18) and adults (19+) that focus primarily on counselling, education, prevention and referrals to community resources.

Uprooting Poverty services including food banks, affordable housing, as well as pre-employment training for people facing multiple barriers. These include:

- 43 Housing is a sister society to SHARE and operates 288 units of social housing for families, people 55+ and adults with disabilities in Coquitlam and Port Coquitlam;
- Food banks, SHARE distributes 5,000 pounds of food to a minimum of 375 families every week, 37% of which are children;
- Tiny Bundles Program provides weekly hampers and fresh food and formula to mothers who have children under one year old and are nursing and/or pregnant;
- Legal advocacy that is intended to assist residents with information, referrals and representation in the areas of income assistance applications/reviews (Ministry of Housing and Social Development), Canada Pension Plan, and Landlord/tenant disputes;
- SHARE'd Treasures Thrift Store located in Port Moody. All net proceeds go towards funding SHARE's community services.

FINANCIAL IMPLICATIONS:

SHARE did not indicate a funding request; however, they want to discuss their "needs from a broader Community Development lens".

ADVICE:

The Ministry is interested in how SHARE Family and Community Services, through the services and supports offered, can be better supported to develop a comprehensive system of mental health and addictions care for children and youth.

The work that is being done by SHARE aligns with the Ministry's commitment to address the mental health and addiction challenges that British Columbians face from a whole-of-society, social determinants of health lens.

SHARE also promotes the Ministry's commitment to community-driven programs and services as an effective way to address community's unique needs.

JOINT MINISTER MEETING: N

IF SO, CAN THIS MATERIAL BE SHARED: N/A

ⁱ <http://sharesociety.ca/funders-grantors-donors/>

**MINISTRY OF HEALTH
MEETING MATERIAL**

CLIFF# 1114338

PREPARED FOR: Honourable Judy Darcy, Minister of Mental Health and Addictions

TITLE: Minister of Mental Health and Addictions meeting with the Health Sciences Association

MEETING REQUEST/ISSUE: The meeting was requested by the HSA to discuss how HSA can work with government to improve patient care and to help build the health science professional team needed to serve patients.

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes

- Doug Hughes, Deputy Minister, MMHA
- Evan Howatson, Director of Labour Relations, MoH

BACKGROUND:

The HSA represents 17,000 professionals working in health care and community social services in BC. Members include physiotherapists, occupational therapists, medical laboratory technologists, diagnostic medical sonographers and pharmacists.

Val Avery is currently the President of the HSA.

Attending the meeting would be a HSA board member and constituent Cheryl Greenhalgh, plus another HSA board member.

In the health sector, HSA is the largest constituent member of the Health Science Professionals Bargaining Association (HSPBA), representing approximately approximately 14,816 members or 85% of the HSPBA FTEs. The HSPBA is established under Section 19 of the *Health Authorities Act*. Other HSPBA members are represented by the BC Government and Service Employees' Union, the Canadian Union of Public Employees, the Professional Employees' Association, and the Hospital Employees' Union. The HSPBA collective agreement with HEABC covers approximately 17,031 active employees, or 12,756 Full Time Equivalents (FTEs), and represents an estimated \$1.2 billion in annual expenditure on compensation.¹

HSA also represents a small number of health employees who are members of the Nurses Bargaining Association (484 FTEs), and the Community Bargaining Association (313 FTEs).²

COLLECTIVE BARGAINING: HSPBA and HEABC reached a tentative agreement on November 13, 2013, and announced ratification of the agreement on December 23, 2013. The agreement was reached under the 2014 mandate. Highlights of the agreement included:

- 5-year term (April 1, 2014 to March 31, 2019).

¹ PSEC Quarterly Report, August 2015 (unreleased). p.21.

² HEABC Annual Report 2016-17

- General wage increases of 5.5%.
- Potential for an Economic Stability Dividend (conditional wage increases tied to the province's GDP growth) starting February 1, 2016.
- Establishment of a Joint Benefits Trust to provide cost certainty for employers and sustainable benefits for employees.
- Continuation of work to streamline and modernize the HSPBA classification system.
- Four new Enhanced Disability Management Program representatives to work with employers to improve implementation of the Program.
- A new Recruitment and Retention Committee to address labour market pressures and keep health science professionals in BC.

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WORKPLACE VIOLENCE PREVENTION:

Workplace Violence Prevention Policy Framework and Directive

The Workplace Violence Prevention Policy Framework and Directive were released by the Ministry of Health on December 29, 2017; The Ministry is currently working with Health Authorities, HEABC and stakeholders to ensure the key actions outlined in the framework are met. s.13,s.17

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Workplace Violence Prevention Working Session 2018

Building on the "*Summit to Prevent Workplace Violence in Health Care*" held in April 2015, a day long workshop with representatives from health authorities, unions, and other stakeholders took place on April 18, 2018, at HEABC. The tone of this session was operational, with an emphasis on promoting dialogue, fostering collaboration and clarifying themes in the violence prevention policy directive. A briefing note will be provided to appropriate stakeholders

summarizing the session in the coming weeks. An executive meeting is in the process of being confirmed through the Ministry of Health. This meeting will enable discussion around the workshop conducted on April 18, 2018, as well as demonstrate high level support for the on-going facilitation and implementation of workplace violence prevention initiatives.

High Priority Sites

- In 2015, the Ministry and British Columbia Nurses Union (BCNU) jointly provided \$1 million each, \$2 million total to fund violence prevention actions at sites that deal with some of the province's most complex patients. The first four priority sites identified were:
 - Forensic Psychiatric Hospital in Port Coquitlam,
 - Hillside Centre in Kamloops,
 - Seven Oaks Tertiary Mental Health in Victoria and
 - Abbotsford Regional Hospital.
- HEABC has been working very closely and collaboratively with the BCNU and the various Health Authorities to close out the four high priority sites.
- Building on the first four sites, the Ministry and Nurses Bargaining Association (NBA) committed a further \$2 million each, \$4million total to expand to 6 additional sites. The BCNU has proposed the following sites:
 1. Royal Jubilee Hospital Psychiatric Emergency Services, PIC, 1S, 2S (Island Health)
 2. The Views at St Joseph's (Island Health Affiliate)
 3. Penticton Regional Hospital (Interior Health)
 4. Mills Memorial – ER and Regional Psychiatric Unit (Interior Health and Northern Health)
 5. Royal Columbian Hospital – ER and Inpatient Psych, 5N, 5S (Fraser Health)
 6. Hilltop Long Term Care (Vancouver Coastal Health)
- While these sites were identified by the Ministry and Nurse Bargaining Association, the focus is greater than Nurses. The work is focussed on the entire site and all health professionals that work at them.

INTERDISCIPLINARY TEAM-BASED CARE: The new integrated model of primary and community care networks being rolled out in a minimum of 15 communicates across BC this year will include the development of interdisciplinary teams. Team-based care is a critical feature of the Ministry's strategy to increase access to urgent primary care services, including the introduction of Urgent Family Care Centres and Community Health Centres. Expansion of team-based care will include adding team members to family practices and health authority primary care clinics to form in-practice teams, and networking clinics and providers into groups that work together as part of a broader community-based team. Teams will be designed using a population data-informed and evidence based approach. They will be sustained by applying quality improvement strategies to optimize collective competence and team productivity. Team design will take into account the patient voice, choice and representation to anchor team behaviours and reflects a culture of person-centeredness. Teams can include, but not be limited to, family physicians, nurse practitioners, nurses, social workers, physiotherapists, pharmacists, dietitians and others working collaboratively and focussed on the needs of the patient.

ADVICE: This meeting has been requested by Val Avery, President of the HSA. The HSA is one of the largest health care unions in the province, s.13
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PREPARED BY: Workforce Planning, Compensation and Beneficiary Services Division
DATE: May 16, 2018