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Stories

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Advice to Minister

Four Pillars

TAB 1

- **Harm Reduction**

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- **Treatment**

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- **Enforcement**

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- **Prevention**

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Top Actions – Treatment & Recovery

Solution:

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- We're working with all our partners to build a full spectrum of treatment & recovery options so more people can find support where & when they need it.

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Top Actions – Overdose Crisis

Solution:

- Over the past year & a half, we are reversing more overdoses, saving more lives in B.C...even as the illegal drug supply has become increasingly toxic.
- Over 4,700 lives are estimated to have been saved.

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Treatment & Recovery

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BC's largest drug addiction rehabilitation centre in C approved for *East Vancouver*

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Background

Treatment and Recovery Investments

- Foundry (2017/18) - Seven centres in operation, four in development.
- Federal/Bilateral Agreement - Emergency Treatment Fund (September 6, 2018)
 - Investment of more than \$71.7 million (\$33.98 million Gov't of Canada, in addition to \$37.76 previously allocated from BC)
- St. Paul's HUB at St. Paul's Hospital in Vancouver (July 17, 2018)
 - Many partners funded, annual operating costs estimated \$3 million, funded through Providence Health Care's operating budget.
- Woodwynn Farms Therapeutic Recovery Community (July 11, 2018)
 - Capital budget of approx. \$6.9M approved for land purchase, renovations, fees, soft costs
- Comox Valley Recovery Centre (July 10, 2018)
 - 11 intensive residentially-based addictions treatment spaces for men living with addictions
- Dan's Legacy Foundation (July 6, 2018)
 - \$200,000 year-end funding for increased counselling support for more at-risk youth ages 15-25 in Metro Vancouver – supports youth at risk of OD, self-harm, homelessness, suicide.
- Mountainside Mental Health HUB, North Vancouver Schools (June 13, 2018)
 - \$225,000 year-end funding for two-year pilot project to expand classroom-to-community mental health and addictions connections in North Vancouver School District.
- Year of Recovery (May 2018)
 - The Province provided The Last Door Recovery Society with \$50,000 to support Year of Recovery events
- Our Place Society Therapeutic Recovery Community (May 14, 2018)
 - \$4.7 million for a recovery-based program for men
- 20 youth substance use beds in Chilliwack (April 5, 2018)

Overdose Crisis

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- **Over the past year & a half, we are reversing more overdoses, saving more lives in B.C...even as the illegal drug supply has become more toxic.**

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- It is estimated over 4,700 lives have been saved.

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Background:

- From July 2017 to June 2018, there were an estimated 2,725 deaths averted in B.C., an average of 227 per month (B.C. Centre for Disease Control)
- From May 2016 to June 2017 there were an estimated 1,768 deaths averted in B.C., an average of 126 per month (B.C. Centre for Disease Control)

Coroner's Report – 2018 Illicit Drug Overdose Deaths in B.C.

- There were 1,489 suspected drug overdose deaths in 2018. This is approximately the same number of deaths seen in 2017 (1,487).
- The number of illicit drug overdose deaths in 2018 equates to about 4 deaths per day for the year.
- There was at least one illicit overdose death in 354 of the 365 days in 2018.
- There were more than 4.5 times as many illicit drug overdose deaths as motor vehicle accident deaths in 2018.
- Preliminary data suggests that the proportion of illicit drug overdose deaths for which illicit fentanyl was detected (alone or in combination with other drugs) was approximately 82% in 2017 and 85% in 2018 (data up to Sept. 30, 2018).
- In 2018, 71% of those dying were aged 30 to 59; individuals aged 19-59 have accounted for 91% of illicit drug overdose deaths.
- Males accounted for 80% of all suspected illicit drug overdose deaths over the same period.
- The three townships experiencing the highest number of illicit drug overdoses in 2018 are Vancouver, Surrey, and Victoria.

Secure Care

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Background:

- Foundry offers young people ages 12-24 health and wellness resources, services and supports – online and through integrated service centres in seven communities across the province.
- These centres – created in partnership with young people and families – offer physical health, mental health and substance use services, peer support, and social services under one roof, making it easier for youth to get help when they need it.
- In addition to the Foundry centres, Foundrybc.ca was launched in January 2018 by BC Children's Hospital to provide a one-stop digital hub designed to simplify access to information, mental health care, substance use services, primary care and social services.
- Between April 2017 and March 2018, more than 3,992 youth visited Six Foundry centres (Campbell River, Kelowna, Prince George, North Shore, Granville and Abbotsford). (Granville data collection is only from March 2018).
- The most requested service at all Foundry centres is mental health services.
- Since the launch of Foundrybc.ca on January 17, 2018, there have been over 51,000 visits to the website.

Location	Announcement Date	Site Opened (Date)
Ridge Meadows (Maple Ridge/Pitt Meadows)	December 4, 2017	Not yet
Penticton	December 15, 2017	Not yet
Victoria	October 19, 2017	May 1, 2018
Campbell River	June 17, 2016	Centred opened April 2017
Abbotsford	June 17, 2016	June 19, 2018
Kelowna	June 17, 2016	September 2017
North Shore	June 17, 2016	September 22, 2017
Prince George	June 17, 2016	October 12, 2017
Vancouver (Granville)	March 18, 2015	Opened as Granville Youth Health Centre - March 18, 2015
Phase 2 - Centre in Vancouver Coastal Health - Richmond	June 25, 2018 at Foundry knowledge exchange event	
Phase 2 - Centre in Northern Health - Terrace	June 25, 2018 at Foundry knowledge exchange event	

Maple Ridge Supportive Housing

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Background:

Current deployment of Fraser Health services supporting people experiencing homelessness or at risk of homelessness in Maple Ridge (\$2,672,000):

- **Intensive Case Management Team** – Contracted service with RainCity Housing Society. Assertive outreach service with a Housing First approach to homeless clients with serious substance use with or without a concurrent mental illness.
- **Nurse Practitioner 1.0 FTE** – Outreach primary care services for homeless/vulnerable individuals at the modular housing development, Anita Homeless camp, ICM clients, Salvation Army Shelter and Mental Health Centre.
- **Mental Health Services: 1.0 FTE** combo of Outreach Nurse (0.6 FTE) and other Mental Health Centre nurses 0.4 FTE; Mental Health Care Worker 0.25 FTE
 - *Nurses*: provision of dedicated service to clients at modular housing, Anita Homeless camp, Salvation Army Shelter and other homeless individuals
 - *Mental Health Worker*: assistance to attend medical appointments, housing searches, recovery-focused interventions, other support.
- **Psychiatrist Services** – psychiatric consultations at Maple Ridge Mental Health Centre on an as-needed basis.
- **Alouette Addictions Services Society** - contracted substance use services in Maple Ridge including counselling, service linkage, education.
- **Opioid Agonist Treatment (OAT) Clinic** –Contracted service with Alouette Addictions Services Society.
- **Public Health Nurse** - 0.75 FTE assigned as overdose lead for Maple Ridge and a proportion of 1.0 FTE Community Health Specialist. Supports Maple Ridge overdose prevention and response broadly with focus on upstream prevention.
 - *Harm Reduction Coordinator* – 1.0 FTE for Maple Ridge, consultation, education & support on harm reduction & overdose service planning.
 - Maple Ridge Public Health Unit provides fixed site harm reduction supply distribution (including THN), immunization services, incl. outreach-based clinics for marginalized populations, communicable disease response.
- **Home Health:**
 - *0.2 FTE Home Care Nurse* - primary care nursing assessments, wound care, palliative care, and some shower and personal care support.
 - *0.2 FTE Home Support Worker* - personal care support

- **Contracted services:**

- *Alouette Addictions Services Society*: Peer-based sharps recovery services seven days per week within a six block radius of Anita Place camp plus harm reduction supply distribution to camp residents.
- *RainCity Housing Society*: Full-time coordinator supporting peer teams at Anita Place & downtown core. Peer teams provide sharps recovery, supply distribution including THN, peer-to-peer-based overdose prevention education & response & linkages to health, social & MHSU services.
- *Stride with Purpose*: mobile harm reduction services in Fraser North.

Background - Housing in Maple Ridge:

- On March 20, Minister Robinson announced 51 units of supportive housing will be built on provincially owned land in Maple Ridge - enough to accommodate all 47 people who until recently were living at Anita Place homeless camp.
- 53 units of temporary Modular Supportive Housing were built in Fall 2018 on Royal Crescent Road but could not accommodate everyone in the camp.
- After a fire safety evacuation order, Minister Robinson stated that unless the City came up with a plan by March 8 the Province would move ahead on its own. The City requested an extension until the March 12th council meeting to submit a plan.
- Maple Ridge staff were told March 6 that Royal Crescent could not accommodate more units and Minister Robinson told the Mayor prior to March 12th council meeting.
- However, the proposal passed unanimously by council March 12th was for additional units at Royal Crescent. There was no mention at the meeting that it was not possible.
- The plan also included building affordable seniors housing on provincially owned land and recovery housing on land to be identified by the city.
- The camp reopened March 11 but Maple Ridge is only allowing people from their list of 14 “verified residents” to return. BC Housing restored heat and electricity on March 18.
- Since the evacuation the province has been supporting a 24 hr shelter - starting March 18 it will only operate 16 hrs with dinner and Breakfast from 5pm-9am until April 1.

Prescription Monitoring

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Background:

- There is no single co-ordinated prescription monitoring program in B.C.
- There are, however, three separate programs that work to address the prescribing of controlled medications:
- *PharmaNet*
 - Launched in 1995, PharmaNet is a pharmacy claim adjudication system and dispensing database. It links all B.C. pharmacies to a central data system and records prescriptions dispensed in community pharmacies.
 - Dispensing history up to 14 months can be viewed in a patient profile.
 - PharmaNet access is mandatory at methadone clinics, walk-in, urgent care, and multi-physician clinics, if the physician is not providing long-term care to the patient.
 - Physicians must use appropriate and available strategies to mitigate risk of harm when prescribing or renew a prescription for opioid or sedatives, including consulting PharmaNet (if available) before prescribing these medications (College of Physicians and Surgeons of BC's Practice Standard on Safe Prescribing of Opioids and Sedatives – June 4, 201).
- *College of Physicians and Surgeons of BC Prescription Review Program*
 - Administered by CPSBC, the program uses a subset of PharmaNet data to review physician prescribing of opioids, sedatives, and stimulants.
 - Where reviews demonstrate potentially problematic prescribing, individual physicians may be requested to participate in additional education for the prescribing of these medications.
- *PharmaCare's Restricted Claimant Program*
 - A program that limits PharmaCare coverage of certain "at risk" patients to a single prescriber and/or a single pharmacy for medications with a potential for abuse.
- Additional supports include limiting the supply of covered opioids to 30 days per fill and a trends report to regularly examine the use of covered opioids.
- The College of Physicians and Surgeons of B.C. has also increased its standards around opioid prescribing, and updated their Practice Standard in June 2018.

BCCSU Report

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Abstinence

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Background:

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Youth Treatment Facility

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Solution:

- Nothing is more important than the well-being of our kids.
- We've put a special focus on children and youth in our work to transform B.C.'s system of mental health and addictions care.
- They're especially vulnerable, and early interventions can make all the difference.

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Background

- Fraser Health continues to support youth across the region through the Youth First Response team.
- This service is provided by Pacific Community Resources Society as an interim support pending the completion of the regional youth substance use treatment facility.
- The original Youth First Response team served only Surrey. Fraser Health has expanded this team to also provide service to youth in Langley and Aldergrove in May 2018 and added a separate team in Chilliwack in April 2018.
- Fraser Health is also working with PCRS to develop and implement an intensive youth outreach program in 2019 in Chilliwack and potentially expanding to other areas in Fraser East.
- In addition to the Youth First Response teams, Fraser Health offers youth in the region access to a number of substance use services and supports including withdrawal management, intensive day treatment, residential substance use treatment for males aged 14-24.
- Youth who could benefit from residential treatment services like those that will be offered at the regional treatment facility in Chilliwack are already engaged and receiving support through community services, so there is no current waitlist.

Main Message – Child & Youth

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Solution:

- Nothing is more important than our kids' well-being.
- You'll hear more to come *in the coming weeks* this spring about our plan for Child and Youth Mental Health.
- We've put a special focus on children and youth in our work to transform B.C.'s system of mental health and addictions care.
- They're especially vulnerable, and early interventions can make all the difference.

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New support for young adults with serious mental health and substance use issues

Vernon Morning Star

Monday, May 06, 2019

By Staff

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Using Alone

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Solution:

- Stigma is a barrier to seeking help. It drives people to use alone – and all too often, die alone.
- We have to break down the walls of silence around drug use so people are willing to reach out for help.
- We developed our Stop Overdose campaign to reach people who are most at risk of overdose.
- We're partnering with the Vancouver Canucks and B.C. Lions to reach men who are most at risk – with ads running at every Rogers Area event until June, and bringing the program to schools with the Lions.
- We've reached over 90% of people in B.C. and places like Toronto are basing their campaigns on ours.

Background:

- On January 29, 2017, MMHA launched a comprehensive province-wide public awareness campaign to reduce stigma and help people help their friends or family struggling with addiction and problematic substance use.
- The campaign humanizes the crisis, and calls on British Columbians to get involved, get informed, and get the help they need.
- The StopOverdoseBC website and print materials provide education related to substance use and addiction, including information about the toxic drug supply, harm reduction and treatment services.
- The campaign includes television, print, online and social media advertisements as well as high-visibility public billboards, which rolled out in phases.
- The Vancouver Canucks are a key partner with the campaign running at all home games and other Rogers Arena events, throughout the year.
- Expanding the reach of the campaign through a partnership with the BC Lions includes a program designed for schools called the BC Lions Pride program, which will help promote and expand the reach of the StopOverdoseBC campaign and its messaging to youth throughout B.C.
- The Ministry most recently entered into a partnership with the Vancouver Warriors, a new professional lacrosse team that was recently created by the owners of the Vancouver Canucks. The partnership has the advantage of expanding reach with continued exposure, but the audience is expected to be quite different from the Canucks and BC Lions.
- The Ministry also had active partnerships with Vancouver Transit Police, Overwaitea Food Group and Corus (Global) to promote the campaign to create more awareness and expand the delivery of the message.
- In May 2018, Toronto Public Health launched their own public awareness campaign based on the Stop Overdose BC campaign.
- The Simcoe Muskoka District Health Unit and Dufferin County has also used elements from the anti-stigma campaign in their own campaigns. Massachusetts Department of Public Health and other jurisdictions have shown interest including the Governor of Washington State, Alberta's Health Ministry and harm reduction staff in Portugal.

Discarded Needles

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Decriminalization

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MMHA Budget

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MMHA Budget

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Solution:

- Our government made addressing the overdose crisis its number one priority when we took office.
- That is why we created the Ministry of Mental Health and Addictions – the first in Canada, and a critical hub for our work across ministries.
- In our government, that means we have one minister whose sole focus is:
 - responding to the overdose crisis,
 - and building a coordinated mental health and addictions system so that people can get the help they need after years of neglect.
- That task could not be more urgent, and it deserves a minister's undivided attention.

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- Over the past year and a half, we are reversing more overdoses, saving more lives – even as the illegal drug supply has become increasingly toxic.
- It is estimated over 4,700 lives have been saved through the interventions in place in B.C. that our government has scaled up.

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Background:

- MMHA has an annual operating budget of almost \$10 million for each of the next three years.
- The September 2017 Budget Update included a commitment of \$322 million over three years (2017/18 – 2019/20) as part of an immediate and integrated response to the opioid crisis. That includes:
 - \$265 million for the Ministry of Health;
 - \$32 million for the Ministry of Public Safety and Solicitor General to increase police resources and address pressures at the BC Coroners Service; and
 - \$25 million to establish the Ministry of Mental Health and Addictions (MMHA).
 - About \$66.5 million of this funding was spent on life-saving actions and measures in 2017/18.
- In 2017, the Government of Canada announced plans to provide targeted funding to provinces and territories to support home and community care and mental health and addictions services. This agreement will provide B.C. with approximately \$656 million over the next 10 years to support mental health and addictions services.
- \$170.6 million of this federal funding, over three years, will be used on key initiatives to build a better system for mental health and addictions care that will focus on prevention, early intervention, treatment and recovery – with supports for children and youth.
- On Aug. 21, 2018, B.C. signed a bilateral agreement with the federal government for a new, one-time agreement for \$33.98 million in 2018/19 for emergency treatment funds.

Cheque Day

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Background:

- On May 20, 2018, the BC Centre on Substance Use released an interim report presenting the preliminary findings from the Impact of Alternative Social Assistance Disbursement on drug-related Harm Study.
- Overall, the study found some evidence that there may be potential for policy or programmatic changes that could moderate or reduce the drug-related harm linked to synchronized once-monthly payments.
- However, these associations were not robust and further analyses are needed to confirm or refute these associations.
- The results also highlighted the complex nature of income assistance systems and the need to carefully consider the impacts of changing disbursement patterns for individuals, service providers and communities.
- Data collection was completed in Fall 2018 and the Research Team is currently analyzing the results. The peer reviewed analysis, along with a community impact report, is anticipated to be completed by mid- to late 2019.
- Previous research suggests that staggering cheque days may change the timing of serious events but not necessarily the number of serious events. While this would reduce the pressure on first responders around payment issue day, there is a risk that they may miss overdoses and deaths may go up. With the current system they know to look for clients that are overdosing during cheque issue week. They can also prepare for it.
- There could also potentially be human rights issues from imposing a payment schedule on people with substance use disorders.
- One of the researchers involved in the BCCSU study, Dr. Lindsey Richardson, wrote a June 18, 2018 editorial in the Vancouver Sun about the potential harmful side effects of changing disbursement days as well as additional potential reforms to the social assistance system.
- Among other concerns, Dr. Richardson states:

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Safe Supply

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Background:

- Dr. Mark Tyndall at the BCCSU has been advocating in media for verified identity dispensing machines as a solution to the overdose crisis.
- The trial was funded over 3 years at \$1.4 million by Health Canada to evaluate the effectiveness of providing low-barrier access to oral hydromorphone pills for people who use opioids.
- The project will roll out in two phases.
- Phase I is the distribution of oral hydromorphone pills to a select group of participants. It is expected to start in early 2019.
- Phase II is to make pills available to participants through secure dispensing machines similar to an ATM. The Health Canada grant does not currently cover the implementation of Phase II with the machines.
- The project distributes only oral hydromorphone pills. One hydromorphone pill costs approximately 32 cents per 8 mg pill and it is estimated that participants would be given between 3 and 9 pills per day. By comparison, injectable hydromorphone costs between \$20 and \$40/dose and is used 3 times a day.
- The machines are to serve registered clients using biometrics technology, reading the blood vessel patterns in a client's finger in order to verify identity.
- By reading a client's biometrics, the machine can tightly control the number of pills that are distributed and can be programmed to the individual's requirements.
- Privacy, risk & legal assessments must be considered acceptable by the Provincial Health Services Authority before the machine is used.
- Project participants will be assessed by a physician to determine eligibility.
- Dr. Tyndall received funding approval for the project from Health Canada in January 2018.
- Experts suggest access to a safer supply of opioids, like hydromorphone, may prevent people from accessing illegal drugs cut with lethal substances such as fentanyl.

Treatment Beds (DRAFT)

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Background

- There are currently 13,011 community mental health beds and 3,047 community substance use beds throughout the province, according to the March 31, 2018 bed survey.
- These are in addition to the many beds that are under the responsibility of BC Housing and are located at a number of supportive housing and low-barrier housing sites.
- Of the total substance use beds in B.C. as of March 31, 2018, 11 per cent (334 of 3,047) are residential treatment.
- In addition to residential treatments, community substance use beds also include: supportive recovery, transitional services, withdrawal management, and beds for sobering and assessment (definitions provided in Appendix)
- Bed-based care is only one treatment option that represents a small portion of a broad continuum of care.
- It is important to also provide community-based services that help prevent people from needing bed-based care.
- There is evidence that community-based treatment is associated with substantially better outcomes than inpatient treatment and care, and that shorter stays in hospital are as effective as longer stays (World Health Organization, 2003).
- Beds are generally appropriate for people who require a higher intensity of services and supports to address complex or acute mental health and/or substance use problems or who require a specific therapeutic care environment in a residential setting.
- In addition to the existing bed stock as described above, the Ministry of Health provided \$10 million in one-time funding in 2017/18 to support 60 residential treatment beds and 50 intensive outpatient spaces to help combat the ongoing overdose crisis and support access to OAT - opioid agonist therapy.
- Out of the 60 beds, 40 are for adults and 20 are for youth.
- The 50 intensive outpatient spaces are not bed-based services, they are services, supports and treatment for people, delivered in the community.

Wildfire & Flooding - Mental Health

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Background:

- After the 2017 wildfire season, the Ministry of Health provided targeted funding for mental health resources for people impacted by the wildfires.
- Just over \$1.0M was provided to the First Nations Health Authority in 2017/18 to facilitate immediate cultural and clinical supports for 7 impacted Nations, and 28 communities to aid mental health and recovery planning.
- In addition, through Emergency Management BC, the Ministry of Health has provided up to \$0.93 million (Interior Health Authority - up to \$0.50 million and the Provincial Health Services Authority - up to \$0.43 million) in 2018/19 to support mental health recovery activities in impacted communities
 - Psychological First Aid (PFA) Training providing those impacted with a practical framework for supporting people impacted by crisis events and disasters in ways that respect their dignity, culture and abilities.
 - Mental Health Recovery Working Groups were established in Ashcroft, 100 Mile House, Williams Lake and Quesnel.
 - Five Community Wellness Managers were hired to support the ongoing work of the mental health and wellness community working groups.
 - Community Mental Wellness Events were organized in communities impacted at times of trigger events and wildfire anniversaries.

Grand Forks

- Through Emergency Management BC, the Ministry of Health will be able to provide up to \$377,600 to support the immediate mental health needs of people in the region for the period of November 2018 – October 2019 with services including:
- Initiatives of the local Health, Wellness and Unmet Needs Working Group that works to support the well-being of flood impacted residents
- Facilitation of Psychological First Aid (PFA) and Mental Health First Aid (MHFA) training for front-line workers
- Hiring of Community Case Managers to reach out to impacted residents and provide much needed support for their complex issues.
- Community Mental Wellness initiatives such as general Wellness Talks for the public and Mental Health First Aid training.

Cannabis

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Fraser Health Referrals

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Background

- On November 1, 2018 Fraser Health introduced a new Residential Coordination Service for its publicly funded substance use residential treatment facilities.
- The new service is centralized, so people can be matched with the level of service they need, regardless of where in the region they live.
- The new system allows clients to be referred (in person or by phone) to a trained clinician to be assessed. This clinician will then work with the patient and guide them through the process, from filling out referral documents to booking, admission and discharged.
- This system is designed to ensure timely and equitable access to residential substance use treatment across the region and improve the existing process.

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Northern Health – Overdose Crisis

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Background:

- Since the declaration of the public health overdose emergency, Northern Health has developed a regional structure to support the Overdose Response.
- It includes an overarching regional committee, Health Service Delivery Area-level committees and local improvement teams in each community.
- The Overdose Prevention Site in Prince George has increased its staffing and hours and there has been consistent use of the site since its initiation (averaging 94.1 visits a week).
- In 2017/18, there were 4,594 visits. For the first three quarters of 2018/19, there have been nearly 6,700 visits
- Increased treatment services:
 - In April 2017, there were 616 unique Opioid Agonist Treatment (OAT) clients in the region. As of Dec. 2018, this has increased to 823 people.
 - The number of unique clients served in funded Adult Detox treatment beds and/or outpatient spaces has increased from 767 in 2017/18, to 1148 in the first three quarters of 2018/19.
 - In April 2017, there were 37 unique OAT prescribers in Northern Health and as of December 2018, this has increased to 66.
- Implementation and expansion of a rapid access stream for opioid agonist therapy (includes induction and maintenance) is underway in Prince George.
- This started in 2018. Previously people had to go to detox before they could get connected to opioid use disorder treatment.
- Partnerships with First Nations Health Authority (FNHA) have been strengthened by:
 - Development of Mobile Support teams with clinicians, nurses and sometimes a nurse practitioner to support access to opioid overdose education and treatment and resources
 - Development of Indigenous Peer Specialist and Intensive Case Management positions (to come)
- NH is focused on expanding the role of peers in education and treatment resources & increasing the education and awareness of drug-checking services.

Opioid Litigation

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Background:

- On August 29, 2018, the Ministries of Attorney General and Mental Health and Addictions publicly announced that B.C. has commenced litigation against opioid manufacturers and distributors, holding them accountable for using deceptive marketing tactics that resulted in the Province incurring significant healthcare costs.
- B.C. alleges there is evidence that the manufacturers and distributors of opioids have marketed their products in a way designed to increase demand while knowing of the addictive and harmful nature of these products and their limited effectiveness in treating chronic non-cancer pain.
- The amount to be recovered through B.C.'s claim is still in the process of being quantified as ministry staff assess the unnecessary costs to B.C. health care plans; costs of treatment of problematic use and addiction, costs of emergency services in response to overdose events, hospital costs, among others.
- This new B.C. led claim is separate from the class action litigation launched in 2007 involving Purdue Pharma.
- BC alleges there is evidence that the manufacturers and distributors of opioids have marketed their products in a way designed to increase demand while knowing of the addictive and harmful nature of these products and their limited effectiveness in treating chronic non-cancer pain.
- The amount to be recovered through B.C.'s claim is still in the process of being quantified as ministry staff assess the unnecessary costs to B.C. health care plans; costs of treatment of problematic use and addiction, costs of emergency services in response to overdose events, hospital costs, among others.
- The Opioid Damages and Health Care Costs Recovery Act was proclaimed on October 31, 2018.
- The legislation will allow the Province to prove its claim in a more efficient fashion, similar to litigation against big tobacco.
- Instead of bringing forward individual expense records for each British Columbian, the legislation would allow government expenditures to be proven by use of population based evidence.

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Background:

- B.C. government employees, including Political Staff, are required to follow the Appropriate Use Policy.
- The Appropriate Use Policy sets out the policy requirements around accessing and storing government information, as well as using government information technology resources.
- The Appropriate Use Policy requires that employees must use their government email accounts when conducting government business.
- If employees have used personal or other non-government email for government business, they must take appropriate steps to ensure these records are transferred from those accounts to a Protected Government System.
 - Step 1: Send a copy of the email to your government email account (GAL). This ensures that the information is stored in a Protected Government System.
 - Step 2: Once confirming the transfer to your government email account, immediately delete the email from your personal or other non-government email account, including from your deleted items folder.
- As per the Appropriate Use Policy, only in extenuating circumstances are employees permitted to use their personal email or other non-government email.

Key Messages – Riverview Lands

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