

ESTIMATES NOTE

TOPIC: Ministry Overview and Mandate

Issue: Enquiries and questions have been raised by the media, public, and major mental health and addictions stakeholders in B.C. about the role of the new Ministry of Mental Health and Addictions.

Key Messaging and Recommended Response:

- **Providing better access to mental health and addictions care is precisely why we created the Ministry of Mental Health and Addictions.**
- **By focusing exclusively on mental health and addictions program and service needs - we intend to make sure that resources are there for people where and when they are required.**
- **A comprehensive system will require a comprehensive resourcing plan - one that touches all agencies and ministries delivering programs and services.**
- **The ministry is leading the transformation of B.C.'s mental health and addiction system by setting strategic direction through cross-sector planning and driving system-level improvement through research, policy development, and evaluation.**
- **We are working across government developing a comprehensive strategy to improve mental health and addictions services and supports, focused on prevention, early intervention, treatment and recovery.**
- **This strategy will be informed by feedback from people from many perspectives, including Indigenous people, people with lived experiences, families, and health care professionals on how to deliver mental health and addictions services and supports more effectively.**
- **We are also working with all partners to strengthen social supports and services that impact mental health and well-being.**

If asked what is the role of the Ministry of Health/Children and Family Development in the context of our ministry:

- **The Ministry of Mental Health and Addictions is not the service delivery arm for mental health and addictions services, therefore other ministries such as the Ministry of Health and Children and Families have dedicated MHA staffing.**

ESTIMATES NOTE

- **The Ministry of Health remains responsible for overseeing addictions services for people of all ages and mental health services for adults through the health authorities and their funded agencies and is responsible for the implementation of strategic direction provided by the Ministry of Mental Health and Addictions.**
- **The Ministry of Children and Family Development provides the mental health services for children and youth across the province.**
- **The Ministry of Mental Health and Addictions is working closely with the ministries of Health and Children and Family Development to monitor and evaluate the access and quality of mental health and substance use services to ensure that people are receiving timely access to the services they need.**

KEY FACTS

Background/Status:

- The Minister of Mental Health and Addictions (MMHA) was appointed on July 18, 2017 by Order in Council, stating:
 - The Ministry of Mental Health and Addictions is established.
 - The duties, powers and functions of the Minister of Health respecting policy development, program evaluation and research in relation to mental health and addiction, including in relation to designated facilities within the meaning of the Mental Health Act, are transferred to the Minister of Mental Health and Addictions.
- The role of MMHA, as outlined in the mandate letter issued by the Premier of B.C., dated July 18, 2017, states:
 - Work in partnership to develop an immediate response to the opioid crisis that includes crucial investments and improvements to mental-health and addictions services.
 - Create a mental health and addiction strategy to guide the transformation of B.C.'s mental health care system. As part of this strategy, include a focus on improving access, investing in early prevention and youth mental health.
 - Consult with internal and external stakeholders to determine the most effective way to deliver quality mental-health and addiction services.
- MMHA has a mandate to develop policies, standards, guidelines and strategies and monitor and evaluate programs across the sectors, using a multi-system level, "whole-of-government" approach in relation to mental health and substance use services, working with the Ministry of Health, social ministries, Indigenous peoples and organizations, local and federal levels of government, service delivery partners, researchers, families, youth, advocates and people with lived experience in supporting the development of a cross sector approach.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 21, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Ministry FTEs

Issue: How many staff does the ministry currently have? Permanent?
Temporary?

Key Messaging and Recommended Response:

- The Ministry of Mental Health and Addictions (MMHA) was established on July 18, 2017 and continues to staff up to meet its mandate
- As of April 16, 2019 there were 40 permanent and 15 temporary staff
- Temporary staff are hired to address emergent and continuing priorities

KEY FACTS

Background/Status:

- As of April 16, 2019, the ministry has 55 staff not including the Minister's Office staff.
- Temporary staffing includes roles that are filled by auxiliary employees, interns, those on a temporary appointment from other ministries, or by secondment from an external organization such as Vancouver Coastal Health.
- The ministry has 1 part-time employee.

INFORMATION

	Deputy Minister's Office	Corporate Services*	Strategic Policy & Planning Division	Strategic Priorities & Initiatives Division	Total
Permanent	5	8	16	11	40
Temporary	1	3	3	8	15
Total	6	11	19	19	55

*Including 4 staff for Performance Monitoring, Evaluation & Research

Approvals:

April 16, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: MMHA Service Plan

Issue: The Ministry of Mental Health and Addictions 2019/20 – 2021/22 Service Plan makes public the Ministry's goals, objectives, strategies and performance measures for the period, and also includes the Ministry's financial information, as required under the *Budget Transparency and Accountability Act*.

Key Messaging and Recommended Response:

- Providing better access to mental health and addictions services so people can ask once, and get help fast, is a key priority for our government, and this is precisely why we created the Ministry of Mental Health and Addictions.
- The ministry has two urgent priorities: responding to the overdose crisis and creating a seamless, accessible and culturally safe mental health and addictions system of care.
- Through this ministry, we are addressing important gaps that have led to the fragmented mental health and addictions system we have today.
- The ministry is leading the transformation of B.C.'s mental health and addiction system by setting strategic direction through cross-sector planning and driving system-level improvement through research, policy development, and evaluation.
- We are working across government developing a comprehensive strategy to improve mental health and addictions services and supports, focused on prevention, early intervention, treatment and recovery.
- This strategy will be informed by feedback from people from many perspectives, including Indigenous peoples, people with lived experiences, families, and health care professionals on how to deliver mental health and addictions services and supports more effectively.
- We are also working with all partners to strengthen social supports and services that impact mental health and well-being.

If asked why there are no performance measures related to the Strategy:

ESTIMATES NOTE

- **Performance measures are under development as part of the Mental Health and Addictions Strategy and will be included in future service plans.**
- **Over the next year our focus will be on actioning new initiatives that set the stage for a better system of care and improved outcomes for the people of British Columbia.**
- **Transforming the system will take time and the impact of these efforts may not be seen until well after the initiatives have been implemented.**
- **During this time, we will also focus our efforts on developing a performance monitoring and evaluation framework to ensure accountability towards an improved mental health and addictions system.**

KEY FACTS

Background/Status:

- The service plan is intended to provide a high-level overview of the Ministry's direction. It clearly identifies and communicates to the public and other stakeholders the purpose of the Ministry, key priorities, and the results it expects to achieve with the use of its financial resources.
- The February service plan was tabled in the Legislature and released publicly on Budget Day, February 19, 2019.
- The 2019/20 Service Plan goals reflect government's broader commitments to make life more affordable to British Columbians, deliver and improve services people count on, and build a strong, sustainable, innovative economy.
- The Service Plan confirms the Ministry's top priorities as outlined in the Minister's mandate letter of July 18, 2017, to:
 - **Goal 1:** Deliver an immediate, escalated response to the overdose public health emergency that keeps people safe and improves the health and well-being of British Columbians.
 - **Goal 2:** Create a seamless, accessible and culturally safe mental health and addictions system of care.
- The Ministry's two Goals align with the commitments in the 2017 Confidence and Supply Agreement between the BC Green Caucus and the BC New Democrat Caucus to:
 - respond to the crisis in mental health and addictions with a dedicated minister to develop a mental health and addictions strategy with a focus on early intervention, youth, and community-based mental health and addictions services and supports; and
 - immediately respond to the fentanyl crisis.
- MMHA is working in partnership with the Office of the Provincial Health Officer in responding to the overdose crisis.

ESTIMATES NOTE

- MMHA will transform B.C.'s mental health and addictions system through the development and implementation of a strategy focussed on improving access and increasing the emphasis on prevention and early intervention, as well as a complimentary, comprehensive plan for child and youth mental health and addiction services across the province.
- MMHA is working with Indigenous peoples, people with lived experiences, direct service providers including physicians, social workers, and first responders, and with federal, provincial and local governments, including the education, justice, employment and housing systems to provide more culturally-safe and effective mental health and addictions services that better meet the needs of all British Columbians.
- MMHA employs research, monitoring, evaluation, and public reporting regarding progress and outcomes to support continuous improvements to the system.
- The 2019/20 – 2021/22 Service Plan does not include any performance measures regarding the MHA Strategy and states:
 - Performance measures are under development as part of the Mental Health and Addictions Strategy and will be included in future service plans.

FINANCIAL IMPLICATIONS

Budget 2019 provides:

- Continued funding of \$578 million from 2017/18 to 2021/22 for the overdose emergency response including \$45 million for the Ministry of Mental Health and Addictions operations budget (see Ministry Operations Budget note)
- \$74-million over three years to enhance mental health and addictions services for children, youth and young adults
- An additional \$30 million over three years to help with the overdose crisis

Approvals:

February 25, 2019 – Nick Grant, ADM, Strategic Policy & Planning

March 27, 2019 – Dara Landry, Executive Lead, Corporate Services

April 4, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Relationships with Indigenous Peoples (Draft Principles/TRC/UNDRIP)

Issue: Commitment to implement the *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples*

Key Messaging and Recommended Response:

- On May 22nd, 2018, Government released ten *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples*, and directed Ministries across government to develop implementation plans for the *Draft Principles* as well as participate in a whole-of-government approach to coordinate and align these implementation plans.
- The *Draft Principles* align with the government's commitments to fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* and the *Truth and Reconciliation Commission of Canada's Calls to Action*.
- We are committed to transforming Crown-Indigenous relationships with Indigenous Peoples, including First Nations, Métis and Inuit, in order to advance reconciliation and, ultimately, improve the mental health and wellness of Indigenous Peoples in BC.
- To achieve this, our implementation plan adopts an approach to support Indigenous self-determination, partner with Indigenous Peoples in the development, implementation, and governance of mental health and wellness services and supports, and embed cultural safety and humility across the provincial mental health and wellness system.

KEY FACTS

Background/Status:

- The Government of British Columbia is committed to true and lasting reconciliation with Indigenous peoples, including First Nations, Métis, and Inuit peoples, in BC.
- The Ministers' mandate letters commit to fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) and the *Truth and Reconciliation Commission of Canada's Calls to Action* (TRC Calls to Action).
- In May, 2018, the Province of BC released the *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples* (Draft Principles) to the Public Service and Ministries were directed to develop plans to implement the Draft Principles.

ESTIMATES NOTE

- The Draft Principles are intended to remain as draft to represent a starting point for dialogue with Indigenous partners, recognizing that these principles will be evolving and changing as BC's relationship with Indigenous partners grow and progresses.
- The Draft Principles align with Government commitments to fully adopt and implement UNDRIP and the TRC Calls to Action. The 10 Draft Principles recognize:
 1. And implement Indigenous rights to self-determination and self-government.
 2. That reconciliation is a fundamental purpose of section 35 of the *Constitution Act, 1982*.
 3. That the honour of the Crown guides the conduct of the Crown in all its dealings with Indigenous peoples.
 4. That Indigenous self-government is part of Canada's evolving system of cooperative federalism and distinct orders of government.
 5. That treaties, agreements, and other constructive arrangements between Indigenous peoples and the Crown are acts of reconciliation based on mutual recognition and respect.
 6. That meaningful engagement with Indigenous peoples aims to secure their free, prior and informed consent.
 7. That respecting and implementing rights is essential and that any infringement of section 35 rights must by law meet a high threshold of justification.
 8. That reconciliation and self-government require a renewed fiscal relationship.
 9. That reconciliation is an ongoing process that occurs in the context of evolving Crown-Indigenous relationships.
 10. That a distinctions-based approach is needed to acknowledge, affirm, and implement the unique rights, interests and circumstances of Indigenous peoples.
- The Ministry of Mental Health and Addictions' Draft Principles Implementation Plan's objectives align with all 10 Draft Principles as follows:
 - Indigenous governments self-determine and self-govern the mental health and wellness services and supports in their communities (Draft Principles 1,2,4,5,6,8,9)
 - MMHA is a culturally safe workplace and produces all work in a culturally safe way. (Draft Principles 2, 3)
 - Cultural safety and humility are embedded into the provincial mental health and addictions system. (Draft Principles 2, 3)
 - Indigenous partners feel that their perspectives are well integrated into the mental health and addictions system. (Draft Principles 2, 6, 7, 10)

FINANCIAL IMPLICATIONS

N/A

Approvals:

March 11, 2019 - Nick Grant, ADM, Strategic Policy and Planning Division

March 11, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Budget Update – September 2017

Issue: Funding for the Overdose Emergency

Key Messaging and Recommended Response:

Our government has taken swift action to help address the overdose emergency including:

- **Launching the Overdose Emergency Response Centre to respond, identify and address gaps at the local level by actively monitoring trends and risk factors highlighted in provincial data.**
- **Investments to establish 20 Community Action Teams that work to save lives and connect people to treatment and recovery services, and dedicated grants to other communities that need resources to fight the overdose emergency.**
- **Undertaking a public awareness campaign, partnering with the Vancouver Canucks and BC Lions as champions to help challenge false stereotypes of people who are at risk of overdose and encourage courageous conversations.**
- **Working with Indigenous partners to prevent overdose and save lives, and ensure that supports and services are delivered in a culturally safe and relevant manner. For example, we have supported the First Nations Health Authority in implementing its Framework for Action to address the disproportionate effect of the overdose emergency on First Nations and Indigenous Peoples.**
- **Working to save lives by improving access to naloxone and ensuring that people can access supervised consumption and overdose prevention services. Drug checking services are now available at all of those sites.**
- **Increasing the number of people connected to the treatment system by providing a range of evidence-based treatment options such as buprenorphine/naloxone (Suboxone®), methadone, slow-release oral morphine, and hydromorphone.**

ESTIMATES NOTE

KEY FACTS

Background/Status:

- \$322 million in funding was provided in Budget Update 2017 from 2017/18 to 2019/20 in response to the Overdose Emergency.
- Budget 2019 continued these investment through to 2021/22 and provided an additional \$30 million over the same time period to expand programs to meet increased demand for paramedics in rural and remote areas and broaden distribution of life-saving naloxone kits.

FINANCIAL IMPLICATIONS

Approved Overdose Response Funding Allocations (\$millions)	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	5 Year Total Allocation
Goal 1: Save Lives						
Overdose Prevention and Supervised Consumption Services	\$ 6.14	\$ 12.27	\$ 12.27	\$ 12.27	\$ 12.27	\$ 55.23
Drug checking	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 5.00
Take Home Naloxone	\$ 2.00	\$ 2.00	\$ 4.50	\$ 4.50	\$ 4.50	\$ 17.50
Psychosocial Supports for first line responders	\$ -	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 6.80
Overdose Emergency Services	\$ -	\$ -	\$ 7.50	\$ 7.50	\$ 7.50	\$ 22.50
Specialized Substance Use Centres	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ 9.14	\$ 16.97	\$ 26.97	\$ 26.97	\$ 26.97	\$ 107.03
Goal 2: End Stigma						
Communication and Public Engagement	\$ 2.00	\$ 2.37	\$ 2.37	\$ 2.37	\$ 2.37	\$ 11.48
Subtotal	\$ 2.00	\$ 2.37	\$ 2.37	\$ 2.37	\$ 2.37	\$ 11.48
Goal 3: Build a Network of Addiction and Treatment Recovery						
Plan B suboxone/methadone change	\$ 4.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 36.00
Slow Release Oral Morphine (SROM)	\$ 3.00	\$ 7.50	\$ 8.66	\$ 8.66	\$ 8.66	\$ 36.48
Opioid Use Disorder Treatment	\$ 11.97	\$ 18.09	\$ 18.09	\$ 18.09	\$ 18.09	\$ 84.31
Current Injectable OAT services (includes Pharmacare costs)	\$ 4.74	\$ 4.74	\$ 4.74	\$ 4.74	\$ 4.74	\$ 23.70
Injectable OAT expansion	\$ 2.99	\$ 3.93	\$ 3.93	\$ 3.93	\$ 3.93	\$ 18.71
Access to Pain Management	\$ 1.03	\$ 1.96	\$ 1.97	\$ 1.97	\$ 1.97	\$ 8.90
Hospital /ED Services (Other)	\$ 2.95	\$ 5.90	\$ 5.90	\$ 5.90	\$ 5.90	\$ 26.56
Surge Activities (residential treatment beds and outpatient treatment services)	\$ -	\$ 6.56	\$ 6.56	\$ 6.56	\$ 6.56	\$ 26.23
OAT in Correctional Facilities	\$ 1.90	\$ 3.79	\$ 3.79	\$ 3.79	\$ 3.79	\$ 17.06
Roundry Centres	\$ 1.50	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 13.50
Professional Education and Training	\$ 1.54	\$ 3.09	\$ 3.09	\$ 3.09	\$ 3.09	\$ 13.90
Pharmacists OAT Training	\$ 0.50	\$ 0.20	\$ 0.06	\$ 0.06	\$ 0.06	\$ 0.88
Subtotal	\$ 36.12	\$ 66.76	\$ 67.79	\$ 67.79	\$ 67.79	\$ 306.23
Goal 4: Create a Supportive Environment						
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Goal 5: Advance Prevention						
Enhanced prescription monitoring system	\$ 0.75	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$ 6.75
Data Analysis	\$ 0.96	\$ 1.91	\$ 2.09	\$ 2.09	\$ 2.09	\$ 9.14
Subtotal	\$ 1.71	\$ 3.41	\$ 3.59	\$ 3.59	\$ 3.59	\$ 15.89
Goal 6: Improve Public Safety						
PSSG Opioid secretariat	\$ -	\$ 0.68	\$ 0.68	\$ 0.68	\$ 0.68	\$ 2.72
Public Safety and Solicitor General	\$ 5.58	\$ 12.91	\$ 12.81	\$ 12.81	\$ 12.81	\$ 56.92
Subtotal	\$ 5.58	\$ 13.59	\$ 13.49	\$ 13.49	\$ 13.49	\$ 59.64
Initiatives Addressing all Goals						
Indigenous health and culture-based services	\$ 4.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 36.00
Community Crisis Fund	\$ 3.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 27.00
Subtotal	\$ 7.00	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00	\$ 63.00
Total	\$ 61.55	\$ 117.10	\$ 128.21	\$ 128.21	\$ 128.21	\$ 563.27
Ministry of Mental Health and Addictions Operations Budget	\$ 4.94	\$ 9.98	\$ 10.07	\$ 10.03	\$ 10.03	\$ 45.04
Grand Total	\$ 66.49	\$ 127.08	\$ 138.27	\$ 138.23	\$ 138.23	\$ 608.31

Approvals:

April 29, 2019 – Dara Landry, Executive Lead, Corporate Services, MMHA

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Budget 2019

Issue: Budget 2019

Key Messaging and Recommended Response:

- **Budget 2019** provides more than **\$30M** over three years to:
 - fund increased emergency services to meet rising demand due to high volumes of overdoses,
 - increase the distribution of life-saving naloxone kits across the Province.
- **Budget 2019** also provides **\$74M** over three years to fund mental health initiatives for children and youth across the province.
- **Budget 2017 Update** provided crucial investments to address the emergency including scaled up distribution of naloxone, more overdose prevention sites and better access to opioid agonist treatment and emergency services. Those investments continue in this fiscal plan.
- As well, **\$33.98M** of federal funds is being used to improve the treatment and recovery care system in the province.
- In addition, the Province has an agreement in place with the federal government for federal funding of **\$263M** over fiscal years **17/18 to 21/22** to invest in improving BC's mental health and addictions system.
- All of these investments are being used to begin the enormous task of transforming the system.

If asked...

We continue to experience an unprecedented overdose crisis. What is government doing? How do you know that any of your actions are making a difference?

- We know that interventions are working. Estimates from the BC Centre for Disease Control show our strategies have averted 4,700 deaths in the last year and a half due to life-saving supports in place around the province.
- Nearly 1,500 overdose deaths occurred in 2018 – approximately the same number as in 2017. The rate of deaths – which was previously an increasing trend – appears to have plateaued.

ESTIMATES NOTE

You have been talking about transforming the mental health and addictions system of care, but in Budget 2019 you have provided only \$74M over three years. How will you transform a system with this low investment?

- We know more needs to be done and we have begun the enormous task of transforming the system. This will not happen overnight, and in order to be sure we get it right and generate lasting change we are taking our time to develop a whole-government approach.
- As we develop a whole-government approach, investments are being made to change the system of care for mental health and addictions.

When will the Mental Health and Addictions Strategy be released?

- In order to be sure we get it right and generate lasting change we are taking our time to develop a whole government approach.
- BC has never before had a cross government mental health and addictions strategy that is tied to *action* across government.
- From 2007- 2017 there have been approximately 86 reports about mental health applicable to BC, with more than 340 recommendations, most of which have sat on the shelf without action.
- All this valuable information gathered to date is informing B.C.'s new Mental Health and Addictions Strategy.
- Our initial focus has been on children and youth, Indigenous people and improving access and we will release our plan in the coming months. This will begin the enormous but essential task of changing the mental health and addictions system of care in British Columbia for the better.
- It will build on the significant actions our government has already taken to help address mental health and addiction in this province.

KEY FACTS

Background/Status:

- Key actions to date in responding to the overdose emergency include:
 - Take Home Naloxone kits available at over 1,480 locations, including almost 600 community pharmacies.

ESTIMATES NOTE

- 21 overdose prevention sites and 9 supervised consumption sites run by regional health authorities: visited more than 1 million times, thousands of overdoses survived.
- Supporting organizations to implement safer supply programs for people most at risk of overdose, example: (PHS Molson Overdose Prevention Site).
- Investment of \$1.7 million into Community Innovation Projects driven by organizations in 27 communities, focused on local action to save lives, address stigma and connect more people to treatment and recovery.
- Signing of a historic tripartite agreement with First Nations and the federal government that fundamentally changes our relationship around addiction and mental health and wellness, putting First Nations communities in the driver's seat in shaping and delivering programs.
- Funding of \$20 million over three years for First Nations communities and Indigenous peoples to help address the overdose crisis.
- Signing an agreement with federal gov. to secure \$33.98 million in funding to improve capacity of the treatment system and facilitate better links between people at risk of overdose.
- 6 injectable OAT clinics that have the capacity to serve 314 clients (5 in Vancouver and 1 in Surrey). Further expansion planned with health authorities is underway. Two additional sites are expected to be in operation by April 2019 with capacity to serve 40 clients (20 in Victoria, 20 in the Interior).
- The number of people receiving oral OAT grew from 19,240 in June 2017 to 21,549 in December 2018, an increase of 10%.

FINANCIAL IMPLICATIONS

Table 1: Summary of Mental Health & Addictions Provincial and Federal Funding - 2017/18 to 2021/22

	2017/18	2018/19	2019/20	2020/21	2021/22	Total
1 Overdose Emergency Response ¹	\$66.49	\$127.08	\$ 128.01	\$128.01	\$ 128.01	\$577.61
2 Federal Mental Health & Addictions Services Agreement ²	\$13.09	\$32.81	\$ 59.05	\$ 78.74	\$ 78.74	\$262.43
3 Federal Emergency Treatment Agreement ³		\$16.33	\$ 10.15	\$ 7.50	\$ -	\$33.98
4 Mental Health & Addictions Strategy ⁴			\$ 18.05	\$ 25.95	\$ 30.00	\$74.00
5 Opioid Emergency Response ⁵			\$ 10.18	\$ 10.18	\$ 10.18	\$30.53
Total	\$ 79.58	\$ 176.22	\$ 225.44	\$250.38	\$ 246.93	\$ 978.54
<i>OD response subtotal</i>	<i>\$66.49</i>	<i>\$143.41</i>	<i>\$ 148.34</i>	<i>\$145.69</i>	<i>\$138.19</i>	<i>\$642.11</i>
<i>MHA subtotal</i>	<i>\$13.09</i>	<i>\$32.81</i>	<i>\$77.10</i>	<i>\$104.69</i>	<i>\$108.74</i>	<i>\$336.43</i>
<i>Combined subtotals</i>	<i>\$79.58</i>	<i>\$176.22</i>	<i>\$225.44</i>	<i>\$250.38</i>	<i>\$246.93</i>	<i>\$978.54</i>

Notes:

1. Funding provided in the September 2017 Budget Update targeting overdose response
2. Funding allocated through a 5-year bilateral agreement with the federal government from 2017/18 to 2021/22
3. "One-time" funding allocated through a bi-lateral agreement with the federal government - funds must be disbursed by Mar. 31/23
4. Budget 2019 decision by Treasury Board and the Minister of Finance
5. Budget 2019 decision by Treasury Board and the Minister of Finance - notional contingencies access of \$20m per year has been approved in 2019/20 and 2020/21

Approvals:

March 11, 2019 – Dara Landry, Chief Financial Officer

March 29, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Federal Funding

Issue: Early Actions Initiatives

Key Messaging and Recommended Response:

Primary Messaging:

- The federal funding for mental health and addictions services, totaling \$262M from 2017/18 to 2021/22, is the first phase of a new 10-year funding stream to BC.
- The Ministry of Mental Health and Addictions has worked with partner ministries to design initiatives with a focus on prevention, early intervention and treatment and recovery.
- **Budget 2019** provides \$74M over three years to fund mental health initiatives for children and youth across the province.
- The Ministry of Mental Health and Addictions will make public its mental health and addictions strategy in 2019, which will describe future strategic direction.
- Outcomes from the initiatives supported by the Federal funding will be aligned to ensure support of this strategy.

Secondary Messaging:

The following five priority action areas have been identified for the investment using this federal funding:

- Strengthen the capacity of primary care to respond to mental health and addictions, with a focus on prevention/early intervention and children/youth;
- Expand access to culturally safer and trauma-informed mental health and addictions services for Indigenous communities across BC;
- Improve seamlessness across systems of care so that people can ask once and get help fast;
- Increase access for students to mental health and addictions prevention and early prevention services; and
- Expand access to evidence-based treatment and recovery options

ESTIMATES NOTE

for vulnerable populations.

KEY FACTS

Background/Status:

- In Budget 2017, the Federal Government announced \$656 million in ten-year funding to support mental health and addictions services – BC will receive \$262 million over five years.

FINANCIAL IMPLICATIONS

BRITISH COLUMBIA FUNDING PROFILE												
BC	17-18	18-19	19-20	20-21	21-22	5-yr Total	22-23	23-24	24-25	25-26	26-27	10-yr Total
Home Care	26.19	78.74	85.30	85.30	118.11	393.64	78.74	78.74	78.74	78.74	78.74	787.34
Mental Health	13.09	32.81	59.05	78.74	78.74	262.43	78.74	78.74	78.74	78.74	78.74	656.13
Total	39.28	111.55	144.35	164.04	196.85	656.07	157.48	157.48	157.48	157.48	157.48	1,443.47

Approvals:

March 11, 2019– Dara Landry, Chief Financial Officer

April 4, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Federal Agreement - Emergency Treatment Fund

Issue: How is BC improving access to evidence-based treatment services for opioid use disorder through \$34-million in federal funding from the Emergency Treatment Fund?

Key Messaging and Recommended Response:

- In its Budget 2018, the Government of Canada committed \$150 million in one-time emergency funding to help provinces and territories to respond to the overdose emergency through support for multi-year projects that improve access to evidence-based treatment services .
- BC's share of the Emergency Treatment Fund (ETF) funding is approximately \$34-million.
- In September 2018, BC and the federal government signed a bilateral agreement to enable the flow of funds to the BC Ministry of Health. The Ministry of Health and the Ministry of Mental Health and Addictions have jointly identified funding priorities.
- BC's allocation of the ETF funding will support expanded access to youth treatment, residential treatment beds, injectable opioid agonist therapy, community-level linkage to care, enhanced treatment services across health authorities, provider education and recruitment for opioid agonist therapy, and supportive recovery standards.

KEY FACTS

Background:

- In Budget 2018, the Government of Canada committed \$150 million in one-time emergency funding for provinces and territories to support multi-year projects that improve access to evidence-based treatment services for opioid use disorder.ⁱ
- Eligible services must fall into one of three categories:
 - Enhancing existing treatment approaches;
 - Supportive innovative treatment solutions; and
 - Strategies to enhance access to treatment services.
- Funds were allocated to provinces and territories based on a weighted formula that accounted for the severity of the overdose emergency and the population of the jurisdiction. BC's share of the ETF funding envelope amounts to \$33,980,570.
- Provinces and territories are required to match any federal ETF funds beyond the initial \$250,000.

ESTIMATES NOTE

- In September 2018, Adrian Dix, the BC Minister of Health, and Ginette Petitpas Taylor, the federal Minister of Health, signed a bilateral agreement to enable the flow of the ETF funds to the BC government.

Interventions:

- As part of the bilateral agreement with Health Canada, BC submitted an Action Plan, which identifies the priority interventions, funding allocations, and performance measures.
- The following interventions will receive funding through BC's ETF allocation:
 - \$1-million to support the expansion of Foundry, which will provide youth with problematic opioid use with supports and services across all Foundry sites;
 - \$2-million to expand injectable opioid agonist treatment (iOAT);
 - \$3-million to operate and evaluate the impact of 25 adult residential treatment beds that provide opioid agonist treatment (OAT);
 - \$12-million to support HOPE initiatives, which provide robust post-overdose support by facilitating community-level linkage to care in high priority communities;
 - \$4.43-million to enhance and improve treatment services by attracting, supporting and engaging new providers to deliver care for people with opioid use disorder in areas of the province where gaps exist;
 - \$11-million to enhance treatment services across all health authorities; and
 - \$550,000 to enhance supportive recovery services, which ensure that British Columbians experiencing problematic substance use are protected and receive safe, appropriate, and supportive recovery-oriented housing while on their path to recovery.

Reporting:

- BC has prepared an ETF report to Health Canada, which provides baseline data for performance indicators and outlines activities undertaken in 2018-19.
- BC will provide two annual reports to Health Canada for the duration of the bilateral agreement as part of its ETF monitoring activities:
 - A public report highlighting progress and outcomes as a result of both Health Canada's and BC's investments under the ETF. These reports will continue until March 31, 2023.
 - A financial statement, including revenues received from Health Canada and total ETF funding used for programs and services.
- The first annual reports must be submitted to Health Canada no later than October 1, 2020.
- Health authorities have developed Detailed Implementation Plans, which outline priority activities, plans for Indigenous engagement, milestones and funding allocations for the HOPE initiatives and enhanced treatment capacity across health authorities. Officials with the Ministry of Health and the Ministry of Mental Health and Addictions are working with health authorities to finalize these plans.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

	Name of Initiative	Expected Outcome/Results	Performance Measurement	Expenditure Plan (in millions)			
				2018/19	2019/20	2020/21	TOTAL
1	Foundry	Improved mental health, substance use, and primary care access for youth in B.C.	Reporting source: Foundry Central Reporting frequency: quarterly Performance indicator: <ul style="list-style-type: none"> # of youth that have accessed SU services through Foundry (in the reporting period) % of youth requiring SU services who accessed them the same day of first visit <i>Note: indicators above may be inclusive of MH and SU</i>	1.00	0.00	0.00	1.00
2	Injectable Opioid Agonist (iOAT) Treatment Expansion	Reduced overdose related harms due to initiation on iOAT	Reporting source: Regional health authorities (MoH) Reporting frequency: Quarterly Performance indicator: <ul style="list-style-type: none"> # of iOAT clients # of <i>new</i> iOAT clients (in the reporting period) 	2.00	0.00	0.00	2.00
3	Treatment Beds	The system's capacity to provide OAT will be maintained to support this treatment option	Reporting source: Provincial Health Services Authority Reporting frequency: Quarterly Performance indicators: <ul style="list-style-type: none"> # of unique clients served (in funded treatment beds) # of unique <i>new</i> clients served (in the reporting period in funded treatment beds) Median wait time (in days) from referral to admission 	3.00	0.00	0.00	3.00
4	HOPE Initiatives	People at high risk of overdose will be identified and supported to engage with the treatment system People at the front line of the overdose	Reporting source: BCCfE/OERC Reporting frequency: Quarterly Performance indicators: <ul style="list-style-type: none"> # of people connected to OAT treatment and care # of people retained in 	4.00	4.00	4.00	12.00

ESTIMATES NOTE

		response will be able to connect those in need of care	OAT care @ 3 months				
5	Strategies to: <ul style="list-style-type: none"> • Enhance and support front line treatment services • Improve access to care for people with opioid use disorder • Improve post-care for people with opioid use disorder 	Build capacity in primary care to create a sustainable workforce to deliver quality opioid use disorder care	Reporting source: Regional Health Authorities, Ministry of Health, BC Centre on Substance Use Reporting frequency: quarterly/monthly Performance indicator: <ul style="list-style-type: none"> • # and type of providers receiving addictions care training, by provider (BCCSU) • # and type of providers prescribing OAT, by region • # of patients initiated on OAT for the first time, by region • # of patients on OAT, by region 	2.28	2.15	0.00	4.43
6	Enhancing treatment services at the Health Authority level across the province	Increased access to enhanced treatment services for people living with opioid use disorder	Reporting source: Regional health authorities, Provincial Health Services Authority, Ministry of Health Reporting frequency: quarterly/monthly Performance indicators: <ul style="list-style-type: none"> • # of OAT clients, by region • # of <i>new</i> OAT clients (*dispensed OAT for the first time via Pharmanet), by region • # of OAT prescribers, by region • # of <i>new</i> OAT prescribers, by region 	4.00	3.50	3.50	11.00
7	Supportive Recovery	More British Columbians experiencing problematic substance use will be protected and receive safe, appropriate, and supportive recovery-oriented housing while on their path to recovery.	Reporting source: Regional health authorities, supportive recovery homes/service providers, Ministry of Health Reporting frequency: quarterly/monthly Performance indicators: <ul style="list-style-type: none"> • # of providers/staff receiving regulatory training 	0.05	0.50	0.00	0.55

ESTIMATES NOTE

			• # of implementation material downloads				
				16.33	10.15	7.50	33.98

ⁱ Finance Canada. (2018). *Equality and Growth – A Strong Middle Class: Budget 2018*. Finance Canada Catalogue no. F1-23/3E-PDF. Ottawa, Ontario. Retrieved from: <https://www.budget.gc.ca/2018/docs/plan/budget-2018-en.pdf>.

ESTIMATES NOTE

TOPIC: Operations Budget

Issue: What is the Ministry of Mental Health and Addictions operations budget?

Key Messaging and Recommended Response:

- The Ministry leads the Province in efforts to improve the mental well being and reduce substance use related harms for all British Columbians.
- The Ministry guides the transformation of BC's mental health and addictions system by setting strategic direction for the province and driving system level improvements through policy development, research and evaluation.
- The Ministry is also responsible for escalating the Province's response to the overdose emergency – the Overdose Emergency Response Centre was launched in December 2017 and will be funded up to \$2 million per year by the Ministry operations budget.
- To achieve its mandate, the Ministry has an annual operating budget of \$10,067,000 in 2019/20, and \$10,025,000 in 2020/21 and 2021/22 – most of the Ministry's operations budget is for salaries/benefits reflecting the nature of the Ministry's work (strategic policy development, performance monitoring, evaluation, and research)
- None of the budget is for mental health and addictions programs or services – program and service delivery accountability rests with other ministries and agencies and therefore these budgets are held by those ministries

KEY FACTS

Background/Status:

- The Ministry was established with funding of \$24,907,000 over three years (2017/18 to 2019/20) in the September 2017 Budget Update –the Ministry's initial 2017/18 budget was \$4,941,000.
- Given the Ministry's role is strategic policy development, program monitoring, evaluation and research and not delivery of programs and services, the majority of the Ministry budget is for salaries/benefits.
- The Ministry currently has 60 staff including the Minister's Office (5).

ESTIMATES NOTE

- The Minister's Office has an annual operating budget of \$643,000 in 2019/20, and \$641,000 in 2020/21 and 2021/22.
- The Ministry's budget has increased in 2019/20 and 2020/21 from Budget 2018 due to government-wide Economic Stability Mandate (ESM) and Sustainable Services Mandate (SSM) adjustments and is higher in 2019/20 due to a benefits rate of 25.4% returning to 24.8% in 2020/21 and 2021/22.

FINANCIAL IMPLICATIONS

	2019/20	2020/21	2021/22
Salaries/benefits	\$8,654,000	\$8,612,000	\$8,612,000
Travel	\$471,000	\$471,000	\$471,000
Professional Services	\$300,000	\$300,000	\$300,000
Information Systems	\$234,000	\$234,000	\$234,000
Office & Business Expenses	\$387,000	\$387,000	\$387,000
Other	\$21,000	\$21,000	\$21,000
Total	\$10,067,000	\$10,025,000	\$10,025,000

Approvals:

April 17, 2019 – Dara Landry, Chief Financial Officer

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Community Action Teams and Regional Response Teams

Issue: BC communities hardest hit by the overdose crisis are supported by Community Action Teams

Key Messaging and Recommended Response:

- **Community Action Teams have been established in 20 priority communities as part of the escalated response to the overdose emergency**
- **Community Action Teams work to intervene quickly to save lives and deliver proactive and comprehensive support to people at risk of overdose**
- **The goal is to save lives and to connect people to treatment and recovery services as soon as possible**
- **Each team received up to \$100,000 in funding through the Community Crisis Innovation Fund Overdose Emergency Response Centre Community Action Team Grants**
- **Future consideration will also be given to the creation of Community Action Teams in additional communities as the need arises**

KEY FACTS

Background/Status:

- On December 1, 2017, the Ministry of Mental Health and Addictions (MMHA) established the Overdose Emergency Response Centre (OERC) as part of ongoing efforts to escalate the provincial response to the public health emergency (XREF: 38673 – Overdose Emergency Response Centre).ⁱ
- The OERC is responsible for overseeing planning and implementation of a comprehensive package of essential services for overdose prevention that includes essential health sector interventions (naloxone, overdose prevention services, acute overdose risk case management, and treatment and recovery) and essential strategies for a supportive environment (social stabilization, peer empowerment and employment, cultural safety and humility, and addressing stigma, discrimination, and human rights).ⁱⁱ
- On February 1, 2018, MMHA announced that Community Action Teams (CATs) would be established in priority communities across the province to intervene early and rapidly on the ground with life-saving responses and proactive treatment and support.ⁱⁱⁱ
- To date, CATs have been established in the following 20 communities:
 - Vancouver, Richmond, Powell River, Surrey, Burnaby, New Westminster, Langley, Maple Ridge, Abbotsford, Chilliwack, Victoria, Duncan, Nanaimo, Port Alberni, Campbell River, Kelowna, Kamloops, Vernon, Prince George, and Fort St. John.
- To provide focused, action-oriented strategies tailored to local community needs, Regional

ESTIMATES NOTE

Response Teams (RRTs) work with CATs to:

- Create action plans within high priority communities/municipalities;
- Develop a multi-sectoral response 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, housing, social development, education, and the local recovery community; and
- Escalate barriers to effective response to provincial level as needed.
- An overview of CAT activities in each community is provided in Appendix A.
- CATs are comprised of multi-stakeholder groups at the community level which include municipal officials, regional health authorities, Indigenous partners, first responders (police, fire, ambulance), front-line community agencies, Divisions of Family Practice, local provincial ministry offices providing social services and people and families with lived experience.
- CATs are spearheading local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities, with the support of RRTs and the OERC.
- CATs translate RRT implementation plans into action on the ground.
- CATs are focused on four areas of action to save lives and support people with addictions on a pathway to treatment and recovery:
 - Expanding community-based harm reduction services.
 - Increasing the availability of naloxone.
 - Addressing the unsafe drug supply through expanded drug-checking services and increasing connections to addiction treatment medications.
 - Proactively supporting people at risk of overdose by intervening early to provide supports like treatment and housing.
- Barriers are escalated to the OERC and beyond as they arise.
- Planning is underway with RRTs to determine funding allocations for year two CAT grants. Consideration will be given to proposed activities, need (i.e. capacity among existing CATs as well as need in other communities/regions), and epidemiological data.

FINANCIAL IMPLICATIONS

- \$2.0 million (up to \$100,000 per community) in one-time, dedicated funding was allocated in 2017/18 to support CATs based on the size and scope of their communities and overdose response action plans. Initial investment was \$1.5 million plus \$0.5 million in year end funding to support additional communities and activities.
- An additional \$2.0 million in funding for 2018/19 is committed to support Phase II CAT activities.

Approvals:

April 30, 2019 – Taryn Walsh, ADM Strategic Priorities and Initiatives

April 30, 2019 – Dara Landry, Executive Lead, Corporate Services

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

APPENDIX A: CAT Overview

Funding Recipient	Team	Description
Abbotsford Police Department	Abbotsford Opioid Working Group	Develop referral pathway for First Responders in the community of Abbotsford who encounter individuals who overdose and elect not to follow-up in hospital, or who may be seeking substance use services. Includes team of peer support workers. Project involves formation of Substance Use Access Team, a single point of entry, developing pathways for care, and training peer support workers.
Stó:lō Nation	Chilliwack Overdose CAT	Fund a full time coordinator to coordinate and implement the community action framework, which was developed by Overdose Community Action Team (OCAT) stakeholders. Support convening stakeholders, hire peer project team. Main project involves peer-led employment project, focusing on harm reduction supply distribution, housing-related opportunities, and other peer-identified priorities.
Stepping Stone Community Services Society	Langley Overdose CAT	Creation of a replicable educational toolbox, which can be tailored for use with various community members. Includes job site lunch and learn sessions, community info events, advertising campaigns and peer-led engagement sessions. Peer involvement in program planning and development. Includes integration of naloxone training into education sessions.
City of Surrey	Surrey CAT	Host a community workshop series on indigenous healing practices and enhance knowledge for service providers to embrace indigenous healing practices. Provide naloxone training to individuals residing at Freedom House Recovery Society, Keystone Recovery, Revolution Recovery, Trilogy Housing Society and Launching Pad in Surrey. Education series on the impacts of childhood trauma on substance use and mental illness through story-telling and resource distribution. This series of events will provide skills and techniques to build resilience in those who may have high ACEs scores to prevent the long-term harms of trauma that can lead to substance use. To recruit an external project consultant to assist with the coordination and implementation of the Surrey CAT and associated projects related to the stated OERC objectives.
Alouette Addictions Services	Maple Ridge Overdose CAT	Hire external project consultant to support coordination and implementation of Maple Ridge Cat and associated meetings and projects. Ridge Meadows Hospital Compassion (stigma reduction) Campaign/Peer Advisor project to address barriers in service access, while providing opportunities to meaningfully involve PWLE. Public communications/social marketing campaign. Coffee van pilot project (providing OD prevention info and refreshments to youth, including building trade sites). "Pop up" overdose training sites. Funding drug user groups and community resiliency conference. Event acknowledging lives lost since beginning of overdose emergency.
Lower Mainland Purpose Society	New Westminster CAT	Hire a CAT coordinator to facilitate CAT meetings, coordinate community asset and gap analysis, and develop action plan and supporting communication strategy. Hire a peer coordinator to establish and coordinate a peer network. Anti-stigma initiatives, which will be determined based on CAT, community partner and peer consultation – could include a photovoice project and training.
Burnaby Family Life	Burnaby CAT	Hiring CAT project coordinator to coordinate stakeholders and meetings, and develop strategic plan. Hiring a peer engagement coordinator to conduct outreach, develop a peer network, providing opportunities for mentorship for PWLE. Community asset mapping and gap analysis. Educational toolkit to support engagement with different community populations. Public overdose awareness event. Compassion campaign partnership with Burnaby School District focusing on engagement of youth and families.
Social Planning Council for the North Okanagan	Vernon HART (Harm Reduction Team)	Develop a three-year Opioid Crisis/Harm Reduction Strategy. Develop a communications plan for the project/strategy, including community dialogues via Downtown Vernon Association. Conduct a community mapping exercise that outlines the current and upcoming services and identifies the links and gaps. Provide support to existing, new and emerging HART "action teams" that fall within the eight core interventions. Conduct a peer audit of services and programs (including access to harm reduction supplies and disposal). Conduct a cultural audit of programs and services in conjunction with First Nation groups, Indigenous health professionals and Elders. Support the Provincial Anti-

ESTIMATES NOTE

		Stigma Campaign at the local level. Develop and launch final strategy document/evaluation framework.
City of Kamloops	Kamloops CAT	Community roundtables, discussion panels and forums to address stigma, and increase social support networks. Work with Tk'emlups te Secwepemc (TteS) and Urban Aboriginal organizations to provide cultural wellness activities. Develop resource information and communication materials to support knowledge, awareness, and de-stigmatization. Continue to build capacity of current peer programs with a focus on community clean ups related to improperly discarded sharps. Explore and pilot alternative opiate replacement programs in community. Enhance and increase local approaches to supporting youth exiting street life and/or drug use including their access to sterile drug using paraphernalia outside of injection kits.
Urban Matters CCC	Kelowna CAT	Host a minimum of two (2) large-scale community events that will bring together in celebration people with lived experience, Indigenous groups, the business sector and the broader community. Develop and implement a peer support and mentoring framework, and paid employment for PWLE. Host a minimum of 3 joint training sessions to provide a combination of naloxone training, Mental Health First Aid or similar training for a combined audience comprised of those with lived/living experience, bylaw offices, local business owners, and RCMP. Support community level implementation of recommendations from the 'Use Safe' Campaign. Fund Urban Matters to facilitate Kelowna Community Action Team, develop and implement a measurement framework.
City of Nanaimo	Nanaimo CAT	Crowdsource local strategies to reach people using alone, including identifying opportunities for enhancing linkages to services, promoting cultural safety and humility, and addressing stigma and discrimination. Capacity building for PWLE. Enhance coordination of local overdose response efforts.
AVI Health & Community Services Society	Victoria CAT	Private Housing Tenant Outreach Project - seeks to identify and increase capacity for peers to provide harm reduction supplies and Overdose Prevention and Response Services within their private Residences (based on Tenant Overdose Response Organizers (TORO) model). Family to Family Peer Support Project, providing support and education to family members in Greater Victoria area supporting loved ones with substance use challenges. Community Overdose Risk Management Project aims to decrease the risk of overdose for vulnerable individuals during care transitions (i.e., release from jail or detox facilities). Comprehensive Harm Reduction Workforce Development training series to build capacity for harm reduction approaches within frontline workers and agencies. International Overdose Awareness Day - host large event in August 2018. Expanded Oxygen Response Training – provide training and equipment.
City of Campbell River	Campbell River CAT	Enhance coordination/facilitation of local overdose response efforts. Facilitate community trauma assessment. Naloxone training and distribution. Provide outreach in private housing settings, including providing training, harm reduction materials, naloxone training and kits, and mobile OPS services, and referrals to care. Outreach and advocacy with community services and partners, including coordination with Kwakwilt District Council (KDC). Street outreach to provide education, harm reduction materials, Naloxone kits, mobile OPS services and referral to care.
Port Alberni Shelter Society	Port Alberni CAT	Extend reach of OPS via expanded evening hours and enhanced peer supports. Series of community consultation/forums promoting understanding on issues related to substance use and overdose. Training and support for peer support workers.
Our Cowichan Communities Health Network	Cowichan Community Response Team	Formalize roles of peers in CAT through design of peer-led strategies. Enhance community-level infrastructure through increasing training of trainers for naloxone kit distribution in Cowichan communities, and increasing naloxone outreach and training to peers residing in "camps" around Duncan. Drug alerts based on drug testing results at OPS, "egg-timer" style app to reach those using alone. Peer-led advocacy, presentation to high school groups. Shower and laundry program, and breakfast program. CMHA youth outreach exam rooms. Healing circles and support group via Elder in residence. Connecting individuals to supported housing, outreach and counselling.
Fort St. John Women's Resource	Fort St. John CAT	Prevention of opioid-related critical incidences (e.g. multiple overdoses and/or death) through community education and awareness building, Naloxone discussion and education, and the importance of not using alone. Engage peers and front line

ESTIMATES NOTE

Society		responders and staff in intervention planning. Identify treatment & recovery capacity in Fort St. John through community mapping and gap analysis. Explore Community after care needs following an opioid critical incident. Strengthen cohesion and collaboration of the Fort St. John community action team.
Positive Living North	Prince George CAT	Prevention of opioid-related critical incidences (e.g., multiple overdoses and/or death) through community education and awareness building, Naloxone discussion and education, and the importance of not using alone. Engage peers and front line responders and staff in intervention planning. Strengthen cohesion and collaboration of the Prince George community action team.
PREP Society	Powell River CAT	Develop community-based strategies to improve housing and outreach services to support people at risk of overdose and support links to full- spectrum evidence-based treatment programs. Expand peer employment and training opportunities in Powell River beyond existing Health Authority peer program. Conduct needs and feasibility assessment for overdose prevention services in Powell River. Provide coordination support and enhancements to anti-stigma and public education campaigns, in partnership with SUSTAIN peer network.
City of Richmond	Richmond CAT	Decrease stigma of drug use in Richmond through facilitating dialogue, engaging with PWLE and their families/friends in the community, and providing education and info to front line workers and other stakeholders in the community. Promote collaboration and services alignment between cross sectoral partners through data sharing and joint planning. Collaborate with local housing providers to ensure non-market housing programs are responsive to the needs of drug users. Explore supporting enhancement of existing peer support networks in Richmond. Explore strategies to implement OPS in Richmond. Work with CAT members and first responders to expand naloxone distribution network in Richmond.
City of Vancouver	Vancouver CAT	Develop more targeted strategies to prevent people from using alone, targeting key neighborhoods outside the DTES based on data from Vancouver Fire and Rescues Services call volume and where there are few OPS services. Create advocacy campaigns to raise awareness of the role of drug policy in the OD crisis. Lend CAT support/ endorsement to expand low-barrier opioid distribution pilots. Create more peer training programs and programs to support the wellbeing of the peer workforce.

ESTIMATES NOTE

REFERENCES

ⁱ Ministry of Mental Health and Addictions. (2017, December 1). *Province escalates overdose emergency response to save lives, support people with addictions*. Retrieved from: <https://news.gov.bc.ca/releases/2017MH0008-002003>.

ⁱⁱ Ministry of Mental Health and Addictions. (2017). *Overdose Emergency Response Centre – Terms of Reference*. Retrieved from: https://www2.gov.bc.ca/assets/gov/overdose-awareness/terms_of_reference_nov_30_final.pdf.

ⁱⁱⁱ Ministry of Mental Health and Addictions. (2018, February 1). *B.C. communities hardest hit by overdose crisis supported through community action teams, funding*. Retrieved from: <https://news.gov.bc.ca/releases/2018MMHA0002-000137>.

ESTIMATES NOTE

TOPIC: Community Crisis Innovation Fund

Issue: Community Crisis Innovation Fund

Key Messaging and Recommended Response:

- In September 2017, we launched the Community Crisis Innovation Fund to ensure immediate impact through nimble, innovative and community-based actions as part of our escalated response to the overdose emergency.
- Our government set aside \$3 million in funding for its first year and \$6 million in 2018-19 and beyond.
- To date \$2 million has been provided to support 20 Community Action Teams in communities most impacted by the overdose crisis. These teams facilitate life-saving responses and early intervention, and support people in getting treatment.
- In addition, \$1.7 million has been provided to 27 communities and organizations to support local action to save lives, address stigma and connect more people to treatment and recovery. Examples of funded projects range from peers taking an active leadership role in the development and delivery of overdose prevention services in Quesnel, to involving peers in partnerships around single-room-occupancy resources to support socially isolated people in Vancouver.
- Collaboration and coordination are at the heart of our response to the overdose emergency. Through the Community Crisis Innovation Fund we continue to support community-driven actions that draw on the expertise of local service providers and people with lived experience.

KEY FACTS

Background/Status:

- In the Fall 2017 budget update, government committed \$15 million over three years to the Community Crisis Innovation Fund to support nimble, innovative, community-based actions with an immediate impact on the ground.
 - \$3 million in funding for 2017/18 and \$6 million in each of 2018-19 and 2019-20 – this level of funding continues across the fiscal plan to 2021/22.
- Led by the Overdose Emergency Response Centre (OERC), the fund is used to introduce targeted community-based prevention or early-intervention programs, or innovative harm-reduction and treatment approaches to keep people safe and support people seeking help.

ESTIMATES NOTE

- The OERC works with health authorities, community service providers, government partners, people with lived/living experience and other partners and to collaboratively identify, prioritize and recommend programs, projects and grant streams for Community Crisis Innovation Funds.
- In the first year, funds were made available through:
 - *Community Action Team Grants*: \$2 million for the initial 20 Community Action Teams in the communities with the most urgent need. Each team received up to \$100,000 in one-time funding to facilitate life-saving responses and early intervention, and support people in getting evidenced-based treatment.
 - *Community Crisis Innovation Fund – Stream 2 Innovation Projects*: Grants totaling approximately \$1.7 million were provided to 27 communities and organizations in BC to support local action to save lives, address stigma and connect more people to treatment and recovery.
- The OERC worked with Community Action Initiative to distribute both grant streams.

Community Crisis Innovation – 2018/19

- Grants for 2018/19 continue to escalate the Ministry's overdose response. The OERC is working closely with partners to distribute grants in priority areas:
 - *Community Action Team Grants* – \$2.2 million to support the ongoing work of Community Action Teams.
 - *Harm Reduction Grants* - \$1.05 million for community grants focused on enabling municipalities to work in partnership with health authorities to implement harm reduction initiatives (e.g. sharps recovery initiatives, forums to address stigma/educate community members on harm reduction).
 - *Other Community Innovation Initiatives* – \$1.75 million for grants supporting:
 - Forums for dialogue amongst communities and service providers to help build capacity in rural communities and advance local action.
 - New partnerships with the building trades Sector to address overdose rates amongst workers in the construction industry.
 - Innovative approaches to oral and injectable treatment options to engage and retain people on opioid agonist treatment (OAT).
 - Engagement of peers to ensure their expertise is more deeply embedded within the provincial overdose emergency response.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Funding of \$322 million over three years was announced in the September Budget Update 2017 to support the provincial response to the overdose emergency.
- As part of this funding, \$15 million was allocated to the Community Crisis Innovation Fund:
 - \$3M in 2017/18
 - \$6M in 2018/19
 - \$6M in 2019/20

ESTIMATES NOTE

Table 1: Community Crisis Innovation Funding Allocation, 2017/18 to 2019/20

	2017/18	2018/19	2019/20
Community Action Team Grants	\$ 1.50	\$ 2.20	TBD
Stream 2 Innovation Projects ¹	\$ 1.50	\$ 1.00	TBD
One-time Harm Reduction Community Grants ²		\$ 1.05	TBD
Other Community Innovation Initiatives ²		\$ 1.75	TBD
To be Determined			\$ 6.00
Total	\$ 3.00	\$ 6.00	\$ 6.00

Note

1. Stream 2 issued grants were funded from \$1.5M from 2017/18 and \$1M from 2018/19.

2. As of March 12, 2019 - pending Treasury Board approval

- This funding continues at \$6M annually across the fiscal plan until 2021/22

Approvals:

February 28, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives

March 19, 2019 – Dara Landry, Chief Financial Officer

April 10, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Drug Checking Services

Issue: Expanding access to drug checking services remains a priority in the provincial response to the overdose emergency

Key Messaging and Recommended Response:

- **Drug checking services provide life-saving information to people who use drugs about the substances they plan to consume, especially in the context of an unregulated drug supply that is unpredictable and highly toxic.**
- **Available evidence suggests that drug checking services can reduce harms as people who check their drugs before consumption and had a positive result for fentanyl are more likely to reduce their dose and are less likely to overdose.**
- **Government has invested \$3 million over three years to expand access to drug checking services at all health authority-funded locations offering supervised consumption and overdose prevention services.**

KEY FACTS

Background/Status:

- On April 14, 2016, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in response to an unprecedented increase in overdose harms due to an unregulated drug supply that is unpredictable and highly-toxic.ⁱ
- At least 1,510 people died from a suspected illicit drug overdose in 2018, an increase from 1,486 in 2017.ⁱⁱ The rate of fentanyl detection in overdose deaths has increased from 4% in 2012 to 87% in 2018.ⁱⁱⁱ
- Drug checking services provide technology (e.g., fentanyl test strips and Fourier-Transform Infrared Spectroscopy [FTIR] machines) for people who use drugs to test the composition of their drugs for possible contaminants.
- In 2017, the BC Centre on Substance Use (BCCSU) conducted an evidence review of models, techniques, and benefits/risks associated with drug checking. The BCCSU concluded that drug checking services provide real-time, street-level data that may help inform harm reduction service design and have potentially life-saving implications for people who use drugs.^{iv}
- Advocates have called for expanded access to drug checking services in response to the overdose emergency to enable people to test their drugs anonymously.^v

Fentanyl Test Strips:

- As of March 2019, fentanyl-test strips are currently available at all locations across the province offering supervised consumption services (SCS) and overdose prevention services (OPS), excluding housing-based OPS.
- A 2017 pilot study conducted by Vancouver Coastal Health at Insite found fentanyl in 79% of samples voluntarily tested using fentanyl test strips. People who checked their drugs before

ESTIMATES NOTE

consumption and had a positive result for fentanyl were 10 times more likely to reduce their dose, and people who reduced their dose were 25% less likely to overdose.^{vi}

- On June 22, 2018, Health Canada issued a statement regarding the limitations of fentanyl test strips including that they only detect certain substances and not others, the sample of the drug tested may not be representative of what the person intends to consume due to uneven mixing, the presence of other substances may interfere with the accuracy of the test, and the quantity of the sample tested may be too limited to detect a specific substance (sensitivity).^{vii}
- Fentanyl test strips are being validated for their accuracy on drug samples as they are validated only for urine samples currently.

Fourier-Transform Infrared Spectroscopy [FTIR]:

- In 2018, the BCCSU received funding through Health Canada's Substance Use and Addiction Program to implement and evaluate drug checking services using FTIR as a complementary service to fentanyl test strips.
- As of March 2019, FTIR machines are available at 10 sites in the Lower Mainland and Interior:
 - Vancouver Coastal Health in partnership with BCCSU: Insite, Powell Street Getaway, Molson OPS, Overdose Prevention Society, St. Paul's Hospital OPS, Health Initiative for Men, SisterSpace, and select public gatherings.
 - Fraser Health: Safe Point
 - Interior Health in partnership with AIDS Network Kootenay Outreach and Support Society (ANKORS) at the Nelson OPS and in partnership with ASK Wellness at the Kamloops SCS.
- A 2018 peer-reviewed pilot study conducted by the BCCSU at two SCS locations between November 2017 and April 2018 using FTIR as a complementary service to fentanyl test strips found that:
 - 1,714 samples were tested during the study period where the sites were visited 69,733 times during the same period. This represents about 2.5% of total visits.
 - Of 907 samples expected to be heroin, only 160 (17.6%) contained the expected substance while 822 (90.6%) tested positive for fentanyl.
 - Of 99 samples expected to be an opioid other than heroin, only 26 (26.3%) contained the expected substance while 66 (66.7%) tested positive for fentanyl.
 - Of 396 samples expected to be a stimulant (e.g., "crystal meth," "cocaine," or "crack"), 353 (89.1%) contained the expected substance and 18 (4.5%) tested positive for fentanyl.
 - Of 141 samples expected to be a psychedelic (e.g., DMT, GHB, ketamine, LSD, MDMA, MDA, mushroom extract, 4-MMC, DiPT, 5-MeO-DiPT), 122 (86.5%) contained the expected substance and none tested positive for fentanyl.^{viii}

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Government of British Columbia is providing \$3.0M over the next three years (\$1.0M in 19/20, \$1M in 20/21, and \$1M in 21/22) to support improved access to drug checking services.
- In 2018, the BCCSU received \$2,972,595 over five years through Health Canada's Substance Use and Addiction Program to implement and evaluate drug checking services using FTIR.

Approvals:

February 28, 2019 – Taryn Walsh, Assistant Deputy Minister, Strategic Priorities & Initiatives

March 20, 2019 – Dara Landry, Executive Lead, Corporate Services

April 2, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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- ^{viii} Tupper, McCrae, Garber, Lysyshyn, and Wood. (2018). Initial results of a drug checking pilot program to detect fentanyl adulteration in a Canadian setting. *Journal of Drug and Alcohol Dependence*, 190: 242-245.

ESTIMATES NOTE

TOPIC: Drug Policy (Decriminalization)

Issue: The criminalization of people for the consumption, acquisition, and possession of controlled substances causes and exacerbates stigma associated with substance use and prevents people from accessing life-saving health and social services.

Key Messaging and Recommended Response:

- **Addiction is not a moral issue, it is not a criminal issue, it is a health issue.**
- **We cannot arrest our way out of this crisis. People who face addiction are our family members, co-workers, neighbours – they are real people who need real care.**
- **That’s what we and everyone who is responding to this crisis is delivering – real compassionate care.**
- **As the Criminal Code is a federal matter, the Minister of Mental Health and Addictions continues to encourage the federal government to open a “courageous conversation” on decriminalization.**

KEY FACTS

- On April 14, 2016, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in response to an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.ⁱ
- At least 1,487 people died from a suspected illicit drug overdose death in 2017 and at least 1,489 died in 2018.ⁱⁱ The rate of fentanyl detection in overdose deaths has increased from 4% in 2012 to 85% in 2018.ⁱⁱⁱ Investigations of suspected overdose deaths found that 77% were reported to have been regular users of illegal drugs and 69% used alone.^{iv}
- Canada criminalizes the simple possession of drugs under the *Controlled Drugs and Substances Act (CDSA)*, section 4(1).^v
- In 2017, of the 2.2 million federal-statute violations reported to police in Canada, 4% involved an offence against the CDSA as the most serious violation.^{vi} For non-cannabis violations there were 26,586 for possession out of a total of 42,633^{vii} (i.e. 62% were for possession in 2017, up from 53% in 2013).^{viii}
- Many police agencies in BC have adopted policies and/or practices to not refer simple possession offences to the Prosecution Service for charge consideration but choose other avenues available for disposition of the offence. Police may refer a matter to Crown for consideration of more serious charges but due to various reasons, the Prosecution Service may reduce the eventual charge to a lesser offence such as simple possession.

Decriminalization

- Decriminalization is a regulatory category on a continuum of drug policy that ranges from criminalization to legalization. Decriminalization involves the de facto (informal, unlegislated)

ESTIMATES NOTE

or de jure (formal, legislated) removal of a behavior (i.e. simple drug possession) from the scope of criminal sanctions – it does not preclude other types administrative sanctions.

- According to the World Health Organization (WHO), “laws criminalizing the use or possession of drugs or of injecting supplies can deter people who use drugs from seeking health and social services because of their fear of arrest and prosecution. These laws may deter harm reduction service providers from offering assistance due to concerns about their liability. Criminalization also reduces the future employment prospects of those who have been convicted and can lead to financial instability.”^{ix}
- The WHO recommends jurisdictions “work for the decriminalization of drug use, and for the implementation and enforcement of anti-discrimination and protective laws, based on human-rights standards, to eliminate stigma, discrimination, social exclusion and violence against young people who inject drugs based on actual or presumed behaviours and HIV status.”^x
- Criminalization of possession is not required by the international drug control conventions to which Canada is a signatory.^{xi}

Portugal

- In July 2001, Portugal decriminalized people for the consumption, acquisition, and possession for personal consumption of all controlled substances. Drug possession in Portugal is still illegal, but possession for personal use is not subject to criminal sanctions.^{xii} Possession for personal use may still be subject to administrative penalties.
- Simultaneously, Portugal implemented a coordinated public health-oriented approach to problematic substance use complemented by investments in health and other services based on 5 pillars: prevention, harm reduction, treatment, reintegration, and dissuasion.
- Dissuasion refers to an administrative process whereby people who may have been dealt with by police under the previous regime are referred to Dissuasion Commissions, which are regional panels consisting of legal, health, and social work professionals who decide on a course of action.
- Results of the Portugal experience show: small increase in reported illegal drug use among adults; reduced illegal drug use among problematic drug users and adolescents; reduced burden of drug offenders on the criminal justice system; increased uptake of drug treatment; reduction in opioid-related deaths and infectious disease transmission; increased amount of drugs seized by authorities; and reductions in the retail price of drugs.^{xiii}

De-facto Decriminalization in British Columbia

- The numbers of people who are calling for a shift away from the criminal justice approach of addressing people who use drugs continues to grow. The 2016, 2017, and 2018 BC Centre for Disease Control reports summarizing the findings from the annual Overdose Action Exchange included recommendations related to the decriminalization of currently controlled substances.^{xiv}
- As part of the legislated responsibility of the Provincial Health Officer to provide independent advice to the government on public health issues, a Special Report will be released in coming months that provides the evidence, onus, and call to action for the government to consider de-facto decriminalization of people who use drugs.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 28, 2019 – Taryn Walsh, Strategic Priorities and Initiatives
March 11, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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- ^{vi} Statistics Canada. Table 35-10-0177-01 Incident-based crime statistics, by detailed violations, available via: <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=3510017701>.
- ^{vii} Ibid.
- ^{viii} For cannabis there were 47,992 total police-reported offences in Canada in 2017, 38,498 (80%) of which were for possession, and while this proportion is relatively unchanged from 2013 (81%) the total number of cannabis-related offences decreased 35% during that time (from 73,539 in 2013 to 47,992 in 2017).
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ESTIMATES NOTE

TOPIC: First Nations and Indigenous Peoples – Overdose Response

Issue: Indigenous Peoples are impacted by the overdose emergency disproportionately. Meaningful partnerships are required to ensure the response meets the needs of First Nations and Indigenous Peoples.

Key Messaging and Recommended Response:

- We know that colonization introduced devastating impacts to First Nations and Indigenous people's health through forcible displacement from the land and disconnection from culture, family and community, ceremony, language, knowledge, and traditions.
- The resulting loss, intergenerational trauma, and institutionalized racism continue to be experienced today through symptoms of ongoing colonialism that is manifested in substance use and harmful behaviors that result in early loss of life and other health outcome disparities for First Nations and Indigenous peoples.
- Available data show that the overdose emergency disproportionately impacts First Nations and Indigenous peoples.
- Government is supporting First Nations Health Authority to implement its Framework for Action with \$24 million over the next three years to help address the disproportionate impact of the overdose emergency on First Nations and Indigenous peoples.
- Budget 2018 also included more than \$200 million over three years to support Indigenous peoples including expanding access to culturally-based child care, creating 1,750 new units of supportive housing targeted to Indigenous people, and providing additional funding for Aboriginal Friendship Centre's.
- As well, the Province signed a new historic tripartite agreement with First Nations and the federal government that fundamentally changes our relationship around addiction and mental health and wellness, enabling First Nations communities to assert greater sovereignty in shaping and delivering programs. Genuine reconciliation demands nothing less.

ESTIMATES NOTE

KEY FACTS

Background/Status:

Disproportionate Impact of the Overdose Emergency on First Nations Peoples in BC

- In August 2017, FNHA released the report *Overdose Data and First Nations in BC: Preliminary Findings* that presented data highlighting the disproportionate effect of the public health emergency on First Nations living in BC.ⁱ The report covers January 2015 to November 2016.
- Official surveillance data is limited to status First Nations people only (i.e. excludes those who self-identify but are not registered under the *Indian Act*, and does not include Métis or Inuit individuals); however, anecdotal evidence suggests that overdoses and overdose deaths affect self-identified First Nations and Indigenous people throughout BC.ⁱⁱ
- Colonization introduced devastating impacts to First Nations peoples' health through forcible displacement from the land and disconnection from culture, family, ceremony, language, knowledge and traditions. The resulting loss and trauma, intergenerational trauma and institutionalized racism continue to be experienced today through symptoms such as substance use and harmful behaviours that result in early loss of life and other health outcome disparities for First Nations and Indigenous Peoples.
- Despite making up 3.4% of the population in BC, status First Nations people account for 14% of all overdose events and 10% of all overdose deaths.
- First Nations people were five times more likely than other residents to experience an overdose event and three times more likely to experience a fatal overdose.
- First Nations men and women are being equally impacted by the overdose emergency. The sex ratio is 52% male/48% female in First Nations populations across BC for overdose events.

FNHA Initiatives

- In August 2017, FNHA released the report *Overdose Data and First Nations in BC: Preliminary Findings* that presented data highlighting the disproportionate effect of the public health emergency on First Nations living in BC.ⁱⁱⁱ The report included a *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations* outlining a set of shared cross-system goals and recommended actions to address the public health emergency. Areas of action include: 1) prevent people who overdose from dying 2) keep people safe when using substances 3) create an accessible range of treatment options 4) support people on their healing journeys.
- In December 2017, the Province committed to support FNHA to implement its Framework for Action:^{iv}
 - The funding supports immediate initiatives including expansion to naloxone training for First Nations communities; peer to peer engagement to support persons using substances with better health care access and stigma reduction; increased access to opioid agonist therapy in rural and remote communities; telehealth services to increase access to culturally safe pharmacy services; and peer support and outreach program to assist men and women transitioning from corrections to community.
 - In February 2018, FNHA announced a \$2.4 million investment to support 55 community-driven, Nation-based innovative and culturally-relevant projects, focused on both urban and in community First Nations. Successful projects are supporting a range of non-judgmental approaches and strategies to enhance the knowledge, skills, resources, and supports for individuals, their families, and communities to make informed decisions to be safer and healthier. Projects were assessed based on incorporation of harm reduction principles, involvement of people with lived experience, cultural relevance, and geographic equity.

ESTIMATES NOTE

- On April 4, 2018, FNHA added intranasal naloxone as a drug benefit for First Nations Peoples.^v
- In 2018, FNHA partnered with Providence Health Care to embed Indigenous Wellness Workers within their inpatient and outpatient teams.
- As of February 1, 2019, FNHA began reimbursing opioid agonist treatment clinic fees to private clinics serving First Nations clients. Reimbursement, up to a maximum of \$70/month per client, will be provided until March 31, 2020. Clients must have First Nations status to be eligible.
- In July 2018, Province of BC, Government of Canada, and First Nations Health Council (FNHC) signed the *MOU on Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (the MOU).
 - The MOU commits the Province of BC, Government of Canada, and FNHA to each invest \$10 million over two years to support a community-driven, Nation-based approach to design, planning, and delivery of mental health and wellness services.
 - The MOU confirms that the partners will build, renovate, replace, and expand access to First Nations treatment centers. This is a separate commitment from the \$30 million investment.

FNHA Engagement in the Overdose Emergency Response

- In November 2016, FNHA along with federal, provincial government and organization representatives signed a Joint Statement of Action at the Ottawa Opioid Summit.
- In December 2017, MMHA further escalated the provincial response by establishing the Overdose Emergency Response Centre.
 - Both the FNHA CEO and Chief Medical Officer are members of the Joint Steering Committee - BC's Overdose Response.
 - FNHA is a member of the Overdose Emergency Response Centre and works with each of the five regional response team leads and 20 community action teams.

Other Initiatives

- In September 2018, Métis Nation BC (MNBC) received \$77,275 from the Community Crisis Innovation Fund to support education about opioids for Métis people living in B.C.
 - Funds will support hiring of a Métis Youth Coordinator who will identify Métis participants from the 38 Métis chartered communities to participate in all 20 Community Action Teams. The Youth Coordinator will engage with regional health authorities to provide harm reduction education and naloxone training to the Métis chartered communities in a culturally safe way.
- The BCCDC continues to partner with FNHA to expand the reach of naloxone. As of March 15, 2019, there are 147 BC Take Home Naloxone sites in First Nations communities across the province.^{vi}

FINANCIAL IMPLICATIONS

- The September 2017 Budget Update provides \$578.0 million over 5 years (from 2017/18 to 2021/22) to support the provincial strategy to improve mental health and addictions services. This funding is included in the MoH's budget and includes \$36.0 million over the five years allocated to FNHA to implement its Framework for Action to respond to the overdose emergency.
- The Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement provides \$262.0 million over five years (2017/18 to 2021/22) to enhance mental health and addictions services in BC. This funding is included in the MoH's budget and includes approximately \$25.75 million for FNHA to expand indigenous land

ESTIMATES NOTE

based cultural treatment and healing services, and \$2.0 million (\$1.0 million in each of 2018/19 and 2019/20) for Indigenous mental health and wellness services.

- The MOU on Tripartite Partnership commits the Province of BC, Government of Canada, and FNHA to each invest \$10 million over two years (2018/19 and 2019/20) to support Social Determinants on Mental Health and Wellness, including a commitment to improve access to First Nations treatment centers (see below).
- The Ministry of Health provided \$20 million to the FNHA in March 2019 to fulfill its commitment to support to build and renovate up to 8 Indigenous addiction treatment centres (this has not yet been announced).

Approvals:

February 28, 2019 - Taryn Walsh, ADM, Strategic Priorities and Initiatives

April 29, 2019 – Dara Landry, Executive Lead, Corporate Service

April 30, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services Division

May 1, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Harm Reduction

Issue: Expanding the reach of harm reduction supports and services such as naloxone, supervised consumption services, overdose prevention services, and drug checking services remain a priority in the provincial response to the overdose emergency.

Key Messaging and Recommended Response:

- **Harm reduction refers to public health policies, programs, and practices that aim to reduce the adverse social and/or physical outcomes associated with potentially dangerous human behaviours such as substance use.**
- **Expanding the reach of harm reduction supports and services such as naloxone, supervised consumption and overdose prevention services, and drug checking services remain a priority in the provincial response to the overdose emergency.**
- **We have to bring everything we can to bear on this crisis. We need to move past “or,” as in harm reduction or recovery. This is the era of “and.”**
- **Harm reduction and recovery and substitution treatment and, above all else, respect and compassion for the individual waging this struggle.**

KEY FACTS

- Harm reduction refers to public health policies, programs, and practices that aim to reduce the adverse social and/or physical outcomes associated with potentially dangerous human behaviours such as substance use.
- Harm reduction is grounded in justice and human rights - it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
- The goals of harm reduction interventions include keeping people alive and encouraging positive change in their lives; reduce the harms of drug laws and policy; and offer alternatives to approaches that seek to prevent or end substance use.ⁱ
- Expanding the reach of harm reduction services and supports including, but not limited to, naloxone, needle distribution and recovery, supervised consumption services, overdose prevention services, and drug checking services can help prevent transmission of blood borne infections, save lives, and provide essential health services for people who use drugs.

Naloxone

- Naloxone is a life-saving medication that can reverse the effects of an opioid overdose quickly (XREF: 38668 – Naloxone).

ESTIMATES NOTE

- The BC Take Home Naloxone (BC THN) program provides people who use drugs and those most likely to witness and respond to an overdose with publicly funded naloxone kits and overdose recognition and response training.
- As of January 15, 2019, there are 1,484 active BC THN distribution sites including all emergency departments, public health units, and corrections facilities, as well as 582 community pharmacies and 145 First Nations sites.ⁱⁱ
- The BC Centre for Disease Control (BCCDC) reports that 134,732 naloxone kits have been distributed through the BC THN and 36,214 kits have been used to reverse an overdose.ⁱⁱⁱ
- In December 2016, the BCCDC launched the Facility Overdose Response Box (FORB) program whereby eligible community organizations receive boxes of multiple doses of naloxone and other supplies. Site locations include supportive and subsidized housing, drop-in centres, and shelters.
- As of January 15, 2019, the BCCDC reports that there are 561 registered FORB program sites across the province and that 842 overdoses have been reverse at these sites.^{iv}

Supervised Consumption Services (SCS) and Overdose Prevention Services (OPS)

- SCS and OPS provide people with a space to consume their drugs under the supervision of someone trained to administer naloxone and provide emergency first aid support if an overdose occurs (XREF: 38677 – Supervised Consumption Services and Overdose Prevention Services).
- Evaluations show that SCS are effective in reducing public disorder, unsafe injecting and public injecting^v, infectious disease risk behaviours (e.g., needle sharing)^{vi}, and overdose morbidity and mortality^{vii}, as well as in promoting access to health and social services including increased uptake of substance use treatment^{viii}.
- Health Canada has provided nine exemptions authorizing the establishment of SCS.^{ix}
- In December 2016, the Minister of Health issued Ministerial Order M488 under the authority of section 5.2 of the *Emergency Health Services Act* and section 7.1 of the *Health Authorities Act* that allowed for the establishment of OPS to prevent overdose associated mortality.^x
- Standalone OPS are currently available at 22 locations across the province. Other forms of OPS exist in a wide range of settings including housing-based services and pop-up/temporary services. For example, there are over 25 housing-based OPS in Vancouver Coastal Health.^{xi}
- Locations providing SCS and OPS had more than 603,335 visits during the first 11 months of 2018 with 3,808 overdoses survived.^{xii} No deaths have occurred at a SCS or OPS site in BC.

Drug Checking Services

- Drug checking services provide technology for people who use drugs to test the composition of their drugs and identify potential adulterants (XREF: 38660 – Drug Checking Services).
- Available evidence suggests that drug checking services can save lives as people who check their drugs before consumption and had a positive result for fentanyl are much more likely to reduce their dose and are less likely to overdose.^{xiii}
- Drug checking services using fentanyl test strips are available at all health authority-funded locations providing SCS and OPS across the province.^{xiv}

Harm Reduction Supplies

- The distribution and recovery of sterile syringes for people who inject drugs is an effective strategy for preventing the transmission of blood-borne pathogens (e.g., HIV and hepatitis C) as well as complex and costly related infections (XREF: 38669 – Needle Distribution and Recovery).
- The BCCDC Harm Reduction Supplies Program distributes supplies that can reduce the risk of blood-borne and other infections to people who use illegal drugs, including:
 - needles and syringes
 - tourniquets
 - sterile water for injection
 - acidifier
 - sharps containers
 - condoms and lubricant

ESTIMATES NOTE

- cookers
- alcohol swabs
- s.13; s.17

However, no funding decision has been made to date.

FINANCIAL IMPLICATIONS

See cross-referenced estimates notes.

- 38660 – Drug Checking Services
- 38667 – Supervised Consumption Services and Overdose Prevention Services
- 38668 – Naloxon
- 38669 – Needle Distribution and Recovery

Approvals:

February 27, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

March 11, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Injectable Opioid Agonist Treatment Hydromorphone and Diacetylmorphine (iOAT)

Issue: Injectable opioid substitution therapy for patients who do not respond well to first-line treatments

Key Messaging and Recommended Response:

- We need to provide as many treatment options as possible for people with opioid use disorder – because we know different people have different pathways to hope and recovery.
- Opioid agonist treatment is the first-line treatment for opioid use disorder.
- We understand that there is a small population of people for whom traditional opioid substitution therapy options don't work. For these people, we have been offering injectable formulations of opioid substitution therapies.
- All regional health authorities have submitted plans for implementation of iOAT and identified different approaches to delivering iOAT. Some approaches are feasible for current and immediate expansion, and work is underway to support other models.
- We are committed to expanding injectable opioid agonist treatment to those who need it to prevent overdose and overdose death, and to ensure those who are living with opioid use disorder have access to a range of options that work for them.

KEY FACTS

Background/Status:

Opioid Use Disorder and Treatment

- Opioid use disorder (OUD) is one of the most challenging forms of substance use disorder facing the health care system in British Columbia, and a major driver of the current public health emergency.
- The continuum of care for OUD includes pharmacological (oral and injectable OAT) and non-pharmacological (e.g. structured psychotherapies) treatment interventions and supports, to meet individual and population needs.
- In February 2017, the British Columbia Centre on Substance Use (BCCSU) released a provincial guideline for the clinical management of OUD, recommending buprenorphine/ naloxone (i.e. Suboxone®), methadone, and, slow-release oral morphine (SROM) as first, second and third line treatments for OUD.

ESTIMATES NOTE

- A small portion of the OUD patient population will not respond successfully to treatment with oral medications (i.e. methadone, buprenorphine/naloxone, and slow-release oral morphine). Injectable OAT (iOAT) treatments (i.e. injectable diacetylmorphine or hydromorphone) are identified as a specialized, intensive last line treatment option for these individuals.
- iOAT should be understood by both patients and prescribers as the highest intensity treatment option available for people with severe OUD who have not experienced successful reduction or cessation of their non-medical use of opioids with the assistance of adequately dosed lower-intensity treatment options (i.e. oral treatments).
 - Patients must be prepared to attend for supervised injection two to three times daily.
 - Patients who are stable on iOAT, and have been engaged in substance use treatment and primary health care should be assessed for readiness to transition to less intensive and invasive treatment regimens at regular intervals.
- Providence Health Care's Crosstown Clinic was the site of the clinical trial, SALOME, which demonstrated that treatment with hydromorphone generates comparable outcomes to treatment with diacetylmorphine, without the same regulatory or supply barriers as there are with diacetylmorphine.
- Crosstown Clinic in Vancouver currently offers hydromorphone and diacetylmorphine treatment to the patient cohort who remained in treatment after the conclusion of the SALOME trial.
- In October 2017, the BCCSU released a provincial guidance document for the use of iOAT for the management of OUD, which focused on the use of injectable hydromorphone.

Provincial Implementation

- The Ministries of Health (MoH) and Mental Health and Addictions (MMHA) and the Overdose Emergency Response Centre are working together to expand access to iOAT across the province.
- Provincial expansion of iOAT has been underway since April 2017, with an original goal of expanding access to iOAT to an additional 150 individuals.
- In November 2017, regional Health Authorities (HAs) submitted plans in response to a request from the Minister of Mental Health and Addictions to expand injectable hydromorphone treatment as an additional option for OAT. These plans identify different approaches for delivering iOAT. Some approaches are feasible for current and immediate expansion, and work is underway to enable others.
- As of December 2018, the current provincial capacity for iOAT is 314 patients across six sites (five in Vancouver and one in Surrey). Further expansion planning with health authorities is underway. Two additional sites are expected to be in operation by April 2019 with capacity to serve 40 clients (20 in Victoria and 20 in the Interior).
- Actual numbers of individuals receiving iOAT fluctuates and varies frequently. Therefore, capacity is a more accurate measure of iOAT expansion progress.
- The Crosstown Clinic has continued to maintain approximately 100 individuals in treatment receiving injectable diacetylmorphine following the conclusion of the SALOME trial.
- The cost of delivering iOAT varies depending on the approach, ranging from approximately \$38,000 to \$85,000 per patient per year. Factors impacting cost include: Drugs, pharmacy services, supervised injection, prescriber services and care supports.
- The MoH and MMHA are working hard with HAs to ensure that the cost of all iOAT programs is as affordable and cost-efficient as possible.
- Work is underway to better understand the cost variation and identify cost mitigation strategies.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Over the next three years, the Province is providing approximately \$14 million for support of iOAT at the Crosstown Clinic and approximately \$12 million for expansion of iOAT in the lower mainland from the funding announced in Budget Update 2017 for the overdose emergency.
- Additionally, \$34 million of federal funding has been allocated to further iOAT expansion over the next three years.

Approvals:

February 22, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

April 24, 2019 - Dara Landry, Executive Lead, Corporate Services

April 26, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Methadone, Methadose® and Metadol-D®

Issue: Coverage of Methadone for Opioid Use Disorder

Key Messaging and Recommended Response:

- We are listening to people with lived experience, to families, to prescribers about how we can address the devastating overdose crisis, and that includes talking to people using and prescribing methadone. We know that the switch to Methadose® has worked for some people, but not for others.
- Since we formed government, we have been working closely with key partners, including in consultation with the BC Association of People on Methadone, through the Overdose Emergency Response Centre (OERC) to address concerns about the formulation switch.
- Patient and prescriber feedback on Metadol-D® indicates that it might be an effective alternative to Methadose® for some patients.
- Metadol-D® is now a Limited Coverage benefit and PharmaCare is working closely with the manufacturer to ensure there is a sufficient supply to meet the demand in B.C.
- Metadol-D® is an example of another tool in our toolbox that we can use to help people get onto their own pathway to hope and recovery.

KEY FACTS

Background/Status:

- Opioid agonist treatment (OAT) is an effective treatment for opioid use disorder (OUD). In BC, PharmaCare covers methadone, buprenorphine/naloxone, slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- Health Canada's Policy on Manufacturing and Compounding Drug Products in Canada (POL-0051) indicates that "compounding should only be done if there is a therapeutic need or lack of product availability" and "must provide a customized therapeutic solution to improve patient care without duplicating an approved drug product".
- The BC College of Pharmacist's Professional Practice Policy-66 on Opioid Agonist Therapy supports the principles outlined in POL-0051 and indicates that compounding is only permissible when commercially prepared product is not available.
- In 2014, a commercially prepared formulation of methadone, Methadose®, was approved for use in Canada. All provinces and territories switched to Methadose® to reduce compounding errors, improve quality control, and to reduce risk of diversion; BC implemented this switch effective February 1, 2014.

ESTIMATES NOTE

- In 2014, following the policy change, the MoH received informal complaints from patients that experienced differences in the effectiveness of Methadose®.
- The College of Physicians and Surgeons of BC completed a survey in early 2015 that found a high percentage of respondents (84% of 130) had patients that complained about a lack of sustained effectiveness with the use of Methadose®. Some patients were found to be taking other substances (e.g. cocaine) that are known to reduce the bioavailability of methadone. There were 83 general comments covering a variety of concerns including: unpleasant taste, difficulties tapering to low doses, wearing-off of effect, rapid onset of effect, nausea, one allergic reaction, and a report of no problems from pharmacies considered “professional”.
- From early 2015 until now there have not been any formal complaints received nor coverage requests made to PharmaCare for compounded methadone.
- BCAPOM has issued a paper on methadone, dated March 2, 2018. Within the paper, three studies^{1,2,3} are referenced regarding the impact of BC’s policy change. The studies indicate a psychosocial component to the ability to cope with the transition, as well as an increase in illegal heroin injection use, a decrease in adherence to HIV treatment, an increase in methadone dose, an increase in withdrawal and pain symptoms, and other pronounced negative effects among those who are structurally vulnerable.
- Of note, the McNeil paper indicates that the stopping of pharmacy delivery services led to an interruption in methadone and HIV medication availability for some patients, which was not part of the coverage change. The Socias et al article indicates a gradual increase in methadone maintenance treatment enrolment after the policy change and no change in viral suppression rates.
- On March 2, 2018, Minister Darcy met with representatives of the BCAPOM.
- On March 2, 2018, Dr. Christy Sutherland, Medical Director of the Portland Hotel Society and Education Physician Lead at the BCCSU wrote to Minister Darcy requesting the government provide access to the compounded methadone formulation, citing the same three studies.
- The MoH and the MMHA are committed to engaging with stakeholders, including BCAPOM, to review the previous policy change and determine if compounded methadone can be prescribed, dispensed, and covered by PharmaCare under special authority as well as ensure future policy decisions are evidence informed and reviewed appropriately.
- In the summer of 2018, the government offered Metadol-D® 10mg/mL oral solution as an alternative to Methadose® solution. Based on the positive feedback from prescribers and patients, the use of Metadol-D® as an alternative in BC has grown.
- Prescribers can apply on behalf of eligible patients through PharmaCare’s Special Authority branch for Metadol-D® coverage. Recently, New Brunswick and Prince Edward Island delisted Methadose® and listed Metadol-D®.
- On February 6, 2019, the BC Centre on Substance Use (BCCSU) noted on its website that the supply of Metadol-D® in B.C. is limited and to address this, a supply of Metadol® is available, an interchangeable product⁴. BCCSU recommends prescribers be in direct contact with pharmacies that are dispensing Metadol® and Metadol-D® to ensure adequate supplies for current and new patients.
- If the supply continues to be limited, it is anticipated that BCAPOM will continue to advocate for a contingency plan to provide compounded methadone in the interim.
- Approximately 4625 patients in B.C. used Metadol-D® 10mg/mL solution in FY2018/19. ¹

ESTIMATES NOTE

The current estimate of the number who may want to switch from Methadose® to Metadol-D® is approximately 12,500 patients.

- The province listed Metadol-D® on March 26 2019 as a limited coverage benefit which improves access and makes it an option for eligible patients. It is listed as limited coverage because of the limited availability of the drug from the supplier. The plan is to move to regular benefit in May pending drug availability. Currently, the estimate is up to 2,500 patients could be supplied by May and up to 7,500 by summer and through to the end of December.

FINANCIAL IMPLICATIONS

The costs associated with both Metadol-D® and Methadose® is covered under the PharmaCare Budget. The cost of Metadol-D® costs the same as Methadose® at \$0.162/ml.

Approvals:

February 27, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

May 1, 2019 – Neilane Mayhew, Deputy Minister

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ESTIMATES NOTE

TOPIC: Mobile Response Team

Issue: People working on the frontline of the overdose emergency are reporting stress and burn out and are in need of psychosocial supports.

Key Messaging and Recommended Response:

- Responding to overdoses, especially repeat overdose events, takes a devastating emotional toll on those who play an essential role in the front line response to the overdose crisis.
- The Mobile Response Team was launched in May 2017 to provide disaster psychosocial support services to those on the front line.
- The Team's 12 professionals are the front-line workers for the front-line workers.
- Those on the front line are doing heroic work and are deeply deserving of the professional support provided by the Mobile Response Team.
- In 2018, over 7,600 people from 689 agencies received a variety of services to build resiliency and support capacity to continue to care for those who need help.
- The Government is also supporting front line workers through changes to WorkSafeBC compensation that provide coverage for mental disorders, including post-traumatic stress disorder, without requiring proof that the disorder is job-related.

KEY FACTS

Background/Status:

- Responding to overdose events, especially repeat overdose events, takes a devastating emotional toll on those who play an essential role in the front line response to the overdose crisis.
- Families, volunteers at community organizations, those working in programs reaching vulnerable populations, and first responders are reporting extreme stress, burnout, and trauma.
- The Justice Institute of BC has provided training and in-person support to peers (people who use drugs), front line workers, emergency responders, volunteers, and staff from community organizations.
- The BC Coroners Service has increased capacity to support families who have lost loved ones to an overdose by staffing a dedicated Affected Persons Liaison and Community

ESTIMATES NOTE

Outreach position. This position provides emotional support to family members and facilitates referrals to resources in the community.

- First responders and health authority staff that have employer-provided crisis service programs are encouraged to utilize these programs; however, it has been reported that employees are reluctant to use these programs due to their short-term nature and the perception that counselors cannot relate to the lived experience of the employees.
- Health Emergency Management BC's (HEMBC) Disaster Psychosocial Program completed a needs assessment with community organizations and front-line responders in early 2017. The needs assessment identified a range of practical and proactive supports that will be most helpful to staff and volunteers working on the front lines.
- In May 2017, HEMBC deployed a Mobile Provincial Psychosocial Response Team to support front line workers who do not have any other type of employer-provided psychosocial support programs.
- This team is composed of skilled workers who lead outreach, deliver customized training, and help build local capacity in support of staff resilience.
- Team members are available to all regions of the province. An advisory council, with representation from health authorities and community partners, has been established to provide guidance and direction to the team.

	Agencies Contacted (YTD)	People Served (YTD)	Services Provided (YTD)
Interior Health	31	192	84
First Nations Health Authority	21	67	70
Fraser Health	60	942	235
Northern Health	28	300	152
Vancouver Coastal	67	1,054	527
Island Health	87	640	354
Provincial Health Services Authority	7	14	19
Multiple Health Authorities	73	1,021	522
First Responders	125	1,170	520
Other	190	2,223	591
TOTALS	689	7,623	3,074

January 1 – December 31, 2018

- People served include: first responders, front line workers, people with lived experience/peers, shelter workers, street workers, bylaw officers, police, fire, paramedics and helpers.
- Services provided include: assessment, education and training, overdose prevention, overdose first aid, outreach, referrals, team building, trauma informed practice, Psychological First Aid, CIS defusing and debriefing, dealing with death and dying, and grief and loss.
- In May 2018, the *Workers Compensation Amendment Act, 2018* added a mental disorder presumption for first responders, including correctional officers, emergency medical assistants, firefighters, police officers and sheriffs, who are seeking compensation from WorkSafeBC. Through this change, mental health conditions, including post-traumatic stress

ESTIMATES NOTE

disorder, are presumed to have been caused by the nature of the named professions, rather than having to be proven to be job related. In April 2019, the mental disorder presumption was extended to emergency dispatchers, nurses and health care aides.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- In 2017/18, the Ministry of Health provided \$1.7 million in one-time funding to the Provincial Health Services Authority (PHSA) to support psychosocial counselling services for front-line workers. Beginning in 2018/19, PHSA's base funding was increased by \$1.7 million to support the Mobile Provincial Psychosocial Response Team on an ongoing basis.

Approvals:

February 22, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives.

March 19, 2019 - Dara Landray, Executive Lead Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Naloxone

Issue: Ensuring access to naloxone remains a priority in the provincial response to the overdose emergency

Key Messaging and Recommended Response:

- **Naloxone is a life-saving medication that can quickly reverse the effects of an opioid overdose**
- **The BC Take Home Naloxone program provides people who use drugs and those most likely to witness and respond to an overdose with no-charge naloxone kits and overdose recognition and response training**
- **There are currently 1,519 active BC Take Home Naloxone program distribution sites including all emergency departments, public health units, and corrections facilities, as well as 584 community pharmacies and 149 First Nations sites**
- **The BC Centre for Disease Control has distributed 144,131 naloxone kits through the BC Take Home Naloxone program and reports that 39,126 kits have been used to reverse an overdose**

KEY FACTS

- Naloxone is an opioid antagonist that reverses life-threatening respiratory depression caused by an overdose. Although naloxone only works on opioid overdoses, it causes no harm to someone who does not have any opioids in their system.
- Naloxone has been used by first responders in emergency settings for over 40 years in Canada. It is a safe, non-toxic drug with minimal side effects.ⁱ
- Naloxone is available in two formulations (i.e. intramuscular and intranasal). Available evidence shows that the formulations are of similar effectiveness. The intranasal formulation is considerably more expensive than the intramuscular formulation (~10 times more costly).
- Almost all publicly-funded naloxone kits include the intramuscular (injectable) formulation.
- In November 2014, the World Health Organization released guidelines on the community management of opioid overdose that recommended expanding naloxone access to people likely to witness and respond to an overdose in their community.ⁱⁱ
- On March 22, 2016, Health Canada removed naloxone from the Prescription Drug List. This allowed for emergency use naloxone to be available without a prescription.
- On September 16, 2016, emergency use naloxone became unscheduled in BC; thus, naloxone can be available anywhere and purchased by anyone.
- On October 13, 2016, regulations under the *Health Professions Act* and the *Emergency Health Services Act* were amended to enable all healthcare professionals, first responders, social workers, and citizens to administer naloxone outside of a hospital setting.
- On April 4, 2018, First Nations Health Authority listed intranasal naloxone as a drug benefit for First Nations Peoples.ⁱⁱⁱ

ESTIMATES NOTE

BC Take Home Naloxone (BC THN) and Facility Overdose Response Box (FORB) programs

- In August 2012, the BC Centre for Disease Control (BCCDC) established the BC THN program. The BC THN offers people who use drugs and those most likely to witness and respond to an overdose publicly-funded naloxone kits and overdose recognition and response training.
- Overdose recognition and response training emphasizes the importance of calling 911 and providing rescue breathing when an overdose occurs.
- As of April 15, 2019, there are 1,519 active BC THN distribution sites including all emergency departments, public health units, and corrections facilities, as well as 584 community pharmacies and 149 First Nations sites.^{iv}
- As of April 15, 2019, the BCCDC has distributed 144,131 naloxone kits through the BC THN and reports that 39,126 kits have been used to reverse an overdose.^v
- In December 2017, the Government of British Columbia partnered with the BCCDC and the BC Pharmacy Association by expanding the BC THN to include community pharmacies.^{vi}
- In January 2018, the BCCDC launched a pilot program whereby ambulance services can distribute naloxone kits following an overdose event.
- A recent peer-reviewed study (2018) found that the distribution of publicly-funded naloxone kits through the BC THN resulted in an estimated 298 death events averted between the program launch and October 31, 2016.^{vii} The BCCDC estimates that one death event is averted for every 10 naloxone kits used and every 65 kits distributed.^{viii}
- A subsequent study (unreleased) found that the continued expansion of the BC THN resulted in an estimated 1,560 death events averted between April 2016 and December 2017.
- In December 2016, the BCCDC launched the FORB program whereby eligible community organizations receive boxes multiple doses of naloxone and other supplies. Site locations include supportive and subsidized housing, drop-in centres, and shelters.
- As of April 15, 2019, the BCCDC reports that there are 575 registered FORB program sites across the province and that 924 overdoses have been reversed at these sites.^{ix}

Naloxone in other settings

- In May 2017, the Ministry of Health developed a risk assessment tool to support government and non-government organizations^x to determine if staff should have naloxone kits to respond to an overdose. The tool was sent to all Deputy Ministers.
- Public sector organizations that have identified the need to equip staff with naloxone can procure naloxone kits at cost through the Provincial Product Distribution Centre (PDC).
- The Provincial Health Officer (PHO) has advised that schools are not considered high-risk environments for overdose.
- The PHO encourages schools with a known high-risk population (or where drug use is known to occur) to purchase naloxone through the PDC upon completion of a risk assessment and ensure that someone is trained to administer it. Several school districts have purchased kits.
- Paramedics and police officers carry naloxone for responding immediately to an overdose. Local governments have covered the cost of naloxone for the RCMP and municipal police departments with support through a one-time funding arrangement with the province.
- For operational reasons, police have opted for the intranasal formulation.

FINANCIAL IMPLICATIONS

- The 2017 Budget Update provides \$578M over five years (2017/18 to 2021/22) to support the overdose emergency response. This includes \$10M over the five years to support the THN program, including expansion to community pharmacies.

ESTIMATES NOTE

- Budget 2019 provides an additional approximately \$8.0M over three years (2019/20 to 2021/22) to support THN program expansion, including data surveillance.

Approvals:

February 22, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

March 25, 2019 – Dara Landry, CFO, Corporate Services and Financial Accountability (CSFA)

April 23, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 26, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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- ^x Ministry of Health. (2017). *Naloxone risk assessment tool: For non-public sector organizations*. Retrieved from: http://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone_risk_assessment_-_non-governmental_sectors.pdf.

ESTIMATES NOTE

TOPIC: Needle Distribution and Recovery

Issue: The distribution of sterile needles and syringes is an evidence-based harm reduction approach shown to prevent the transmission of blood-borne pathogens such as HIV.

Key Messaging and Recommended Response

- **Needle distribution helps protect the health of people who use drugs and connects them to the health services they need.**
- **The distribution of sterile needles and syringes for people who inject drugs is among the most effective measures for preventing the transmission of infectious diseases such as HIV and hepatitis C, as well as other complex and costly infections.**
- **The highest rates of HIV infection are observed among people who inject drugs for non-medical purposes and who report sharing drug preparation or injection equipment. Hepatitis C is most often transmitted through shared injection equipment.**
- **When the issue of discarded needles arises in a community, we work with health authorities, municipal officials and community partners on strategies to improve clean up and safe needle disposal options. There has never been a case of infectious disease transmission in BC due to contact with a discarded needle.**
- **The BC Centre for Disease Control ordered 17.75 million sterile needles and syringes in 2018/19, up from 16.85 million in 2017/18.**

KEY FACTS

- The distribution of sterile syringes for people who inject drugs is among the most effective measures for preventing the transmission of blood-borne pathogens such as HIV and hepatitis C, as well as complex and costly related infections.ⁱ In Canada, hepatitis C is most often transmitted through shared injection equipment.ⁱⁱ
- The World Health Organization, the Joint UN Programme on HIV/AIDS, and the UN General Assembly endorse sterile needle distribution programs.^{iii,iv} Research shows that the distribution of sterile syringes decreases the risk of HIV^{v,vi} and hepatitis C infection^{vii,viii}, increases opportunities for accessing additional health services such as primary care and treatment for drug dependence or mental illness^{ix}; reduces the number of discarded syringes found in public spaces^{x,xi}; and does not result in increased crime rates in the neighbourhoods where they are located, when operated using best practice guidelines.^{xii}
- No cure or vaccine exists for HIV. A 2006 United States study estimated that the average lifetime costs of treatment for a case of HIV infection are \$385,200^{xiii}. The lifetime costs of

ESTIMATES NOTE

providing HIV treatment for people who use injection drugs greatly exceed the costs of harm reduction services.

- The highest rates of HIV infection are observed among people who inject drugs for non-medical purposes and who report sharing drug preparation or injection equipment. In Canada and British Columbia, hepatitis C is most often transmitted through shared injection equipment.^{xiv} Substance use, especially injection drug use, is a widespread health and social issue in BC that requires a comprehensive and coordinated response.
- The BC Centre for Disease Control (BCCDC) is responsible for the Harm Reduction Supplies Program, which bulk purchases and distributes harm reduction supplies across the province and supports regional health authorities in planning and expanding harm reduction services.
- In 2002, the BCCDC introduced a needle distribution policy replacing one-for-one needle exchange programs.^{xv}
- Evidence shows that limiting the number of needles distributed increases the likelihood of people sharing or re-using needles, and thus increases the risk of infectious disease transmission.
- Strict exchange policies, such as “one-for-one”, are not necessary to achieve high needle return rates, and can reduce the effectiveness of needle distribution programs. A review of international needle distribution programs found the overall needle return rate was 90%.
- Though sharps recovery is a vital component of harm reduction efforts, the actual risk of infection/ transmission of blood-borne infections from discarded sharps in the community is almost zero and there has never been a recorded incident of somebody contracting HIV from an unintentional needle stick injury in the community.
- The BCCDC and the Provincial Health Officer (PHO) have issued a public statement^{xvi} recommending against the creation of needle buy-back programs because there is no evidence that they are effective and they may cause unintended harm and consequences (e.g., increased risk of needle stick injury; risks associated with breaking into or removing community disposal boxes, and wastage).
- The BCCDC and the PHO recommend engaging with peers as many communities have effective peer needle recovery programs.
- Peer workers are best situated to know where needles are being discarded, and to engage others who use needles about safe disposal.
- People should be encouraged to take their needles back to harm reduction distribution sites and public health units where they can get further supplies, including sharps containers, and be connected with other services.
- The BC Ministry of Health document *Harm Reduction: A British Columbia Community Guide*^{xvii} provides policy guidance to communities initiating and operating needle distribution and recovery and other harm reduction services.
- The BCCDC ordered 17.75 million sterile needles and syringes in 2018/19, up from 16.85 million in 2017/18.^{xviii}

FINANCIAL IMPLICATIONS

- The Ministry of Health provides base funding for the Provincial Health Services Authority (PHSA), which includes funding for BCCDC harm reduction supplies (this is not funded by the Overdose Emergency Response funding). The total harm reduction supply expenses are \$7.0 million for FY 2018/19.

ESTIMATES NOTE

Approvals:

March 5, 2019 – Taryn Walsh, ADM, Strategic Priorities & Initiatives Division

April 15, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 17, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Opioid Litigation/Legislation

Issue: Litigation against opioid manufacturers and distributors

Key Messaging and Recommended Response:

- **Nothing should come before the health and welfare of people – that includes profit. We believe opioid manufacturers and distributors deceptively marketed their products and that the Province has incurred significant costs as a result.**
- **The Province has commenced legal action against pharmaceutical companies to recover its health care costs. In addition, the Attorney General introduced enabling legislation “The Opioid Damages and Health Care Costs Recovery Act” last fall.**
- **This litigation will not take resources away from mental health and addictions treatment and services nor will it interfere with government’s actions to address the overdose crisis.**
- **This action is another step in our continued effort to take action in response to the profound impact that opioids have had on communities across B.C.**
- **We have a responsibility to hold these companies to account given the devastating impact that has resulted from their deceptive marketing and distribution practices.**

KEY FACTS

Background/Status:

- On August 29, 2018, the Ministries of Attorney General and Mental Health and Addictions publicly announced that BC 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.
- In Fall 2018 BC tabled enabling legislation to assist the court process for this legal action.
- 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 Province believes that there is sufficient evidence of wrongdoing by opioid manufacturers and distributors to warrant bringing litigation against these companies.
- The amount to be recovered through BC’s claim is still in the process of being quantified as ministry staff assess health care costs, including costs of addiction treatment, emergency services in response to overdose events, emergency room visits, hospitalizations, etc.

ESTIMATES NOTE

- This BC led claim is separate from the class action litigation launched in 2007 involving Purdue Pharma:
 - The proposed settlement of the 2007 litigation was not approved by the Saskatchewan Court of Queen's Bench citing insufficient evidence was provided to demonstrate that the settlement amount allocated to class members was fair and reasonable.
 - BC is of the view that, as a result of the Saskatchewan Court's refusal to approve the proposed settlement of the 2007 litigation, that entire agreement is nullified and BC is no longer bound to any of the previously agreed upon terms.

Legislation:

- 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.
- This will help to reduce pressure on the courts and promote expediency and efficiency.

Opioid Prescribing and Litigation:

- Pain management medications, including opioids, can be an important tool in helping people cope.
- While the BC College of Physicians standards and guidelines on safe prescribing of drugs with potential for misuse/diversion provide doctors with detailed information on prescribing opioid medications, physicians still have the ability to recommend what treatments, including opioids, are best for their patients.
- The standards and guidelines aim to reduce the risks of inappropriate prescribing and better protect patients.
- Government is working with the College of Physicians and Surgeons of BC to develop an enhanced prescription monitoring program.
- BC supports physicians being more careful about how they prescribe opioids to patients, and cautioning patients around unintended consequences so that people using opioids for long-term pain management aren't put at risk if they are suddenly or inappropriately cut off.
- Chronic pain management strategies and the overdose crisis are very complex issues and the ministry continues to work with its partners to support people living with chronic pain while minimizing risks from potentially harmful drugs.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 21, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives

March 7, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Opioid Overdose Data and Surveillance

Issue: The complex and dynamic nature of the overdose emergency demands careful analysis of all available information to understand underlying issues and to ensure effective action.

Key Messaging and Recommended Response

- **The complexity and dynamic nature of the overdose emergency demands careful analysis of all available information to understand underlying issues and to ensure effective action.**
- **The public health emergency declaration allows for the collection of more robust, real-time information to identify immediate risks and take proactive action to warn and protect people who use drugs.**
- **The Overdose Emergency Response Centre continues to work with partners such as the BC Centre for Disease Control, BC Coroners Service, the Ministry of Health, health authorities and local communities to enhance data analytics capacity to inform policy, action plans, and implementation strategies.**

KEY FACTS

- On April 14, 2016, the Provincial Health Officer (PHO) declared a public health emergency under the *Public Health Act* following an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.ⁱ
- The PHO subsequently issued two orders to expedite the collection of suspected and confirmed overdose data. This action allows medical health officers across the province to collect more robust, real-time information on overdoses to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs.
- The Overdose Emergency Response Centre is coordinating provincial data and analysis activities including:
 - Unlinked data streams – BC Coroners data, BC Emergency Health Services data, BC Emergency Department data, BC Take Home Naloxone program data, supervised consumption and overdose prevention services utilization, PharmaNet data on opioid agonist treatment uptake, and toxicology data from various laboratory services;
 - Linked data – BC Provincial Opioid Cohort (ODC), an asset that links data from the BC Coroners Service, Drug and Poison Information Centre, BC Emergency Health Services / Ambulance Service, and emergency department visits at hospitals across BC. The data is supplemented with data holdings from the Ministry of Health and the BC Centre for Disease Control. The study details the comprehensive health history of people who have experienced possible fatal and non-fatal opioid overdose. The asset is stewarded and analyzed collaboratively with partners engaged in the response; and
 - Weekly and monthly interactive dashboards and reports for the public (BCCDC website)

ESTIMATES NOTE

- More detailed interactive dashboards for trusted partners engaged in the overdose response (BCCDC stakeholder visualization and other tools). The BC Coroners Service reports that at least 1,510 people died from a suspected illicit drug overdose death in 2018 up from 1,486 in 2017, 991 in 2016, and 530 in 2015.ⁱⁱ
- The increase in overdose deaths is largely the result of the introduction of highly-toxic synthetic opioids such as fentanyl and carfentanil into the drug supply. Toxicology examinations detected fentanyl in 87% of overdose deaths in 2018, an increase from 4% in 2012.ⁱⁱⁱ
- Overdoses and overdose deaths are widespread and include urban, suburban, rural, and remote communities throughout the province. The provincial annualized rate of overdose death in 2018 was 31.0 per 100,000 and ranged from 28.0 per 100,000 in Fraser Health to 36.8 per 100,000 in Vancouver Coastal Health.^{iv}
- Although the overdose emergency affects people from all walks of life, available data shows that the emergency affects the following groups disproportionately: status First Nations; men (80%); regular substance users (77%); people between the ages of 30 and 59 (71%); people who use drugs alone (69%); people under community corrections supervision or within two years of release from a correctional facility (30%).^{v,vi,vii,viii}
- Despite representing 3.4% of the population of British Columbia, status First Nations account for 14% of all overdose events and 10% of all illicit drug overdose deaths in British Columbia. First Nations people are five times more likely than non-First Nations to experience an overdose event and three times more likely to die from an overdose event (XREF: 38662 – First Nations and Indigenous Peoples – Overdose Response).^{ix}
- The majority of opioid overdoses, both non-fatal and fatal, occur in adults aged 30–59 years. Youth make up 1–3% of illicit drug overdose deaths each year and this proportion is not increasing over time.
- Overdoses are being experienced across all socioeconomic strata but deaths are more likely to occur in deprived groups. Opioid overdose patients interviewed in emergency departments are more likely than the general population to experience housing instability.

FINANCIAL IMPLICATIONS

- The September 2017 Budget Update provided \$578M over five years (2017/18 to 2021/22) for the overdose emergency response: \$8.61 million in funding was allocated for data analysis to support the overdose emergency response.
- Budget 2019 provides an additional \$0.469M over three years (2019/20 to 2021/22) to enhance data analysis capacity for the BC Centre for Disease Control (BCCDC) through the Provincial Health Services Authority (PHSA) to support the overdose emergency response.

Approvals:

February 27, 2019 – Taryn Walsh, ADM, Strategic Priorities & Initiatives Division

March 25, 2019 – Dara Landry, CFO, MMHA

April 8, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Opioid Agonist Treatment

Issue: Increasing the number of people with opioid use disorder who are engaged and retained in treatment using opioid agonist treatment is a key priority in the provincial response to the overdose emergency.

Key Messaging and Recommended Response:

- **Opioid use disorder is one of the most challenging forms of substance use disorder facing the health system and a driver of overdose death.**
- **Opioid agonist treatment (i.e. buprenorphine/naloxone and methadone) is the first-line treatment option for opioid use disorder.**
- **Increasing the number of people with opioid use disorder who are engaged and retained in treatment using opioid agonist treatment is a key priority in the provincial response to the overdose emergency.**
- **The number of patients receiving opioid agonist treatment increased 10% from 19,240 in June 2017 to 21,956 in February 2019.**
- **The number of health care providers prescribing opioid agonist treatment increased from 605 in June 2017 to 963 in February 2019.**

KEY FACTS

Opioid Agonist Treatment (OAT) as a First-Line Treatment for Opioid Use Disorder (OUD)

- OUD is one of the most challenging forms of substance use disorder facing the health care system in BC. It is a major driver of overdose death.
- OAT refers to oral medications such as buprenorphine/naloxone (i.e. Suboxone®), methadone, methadose, Metadol-D, and slow-release oral morphine used to treat OUD.
- New analysis has shown that as of November 2017, only 33 percent of people diagnosed with opioid use disorder were dispensed first-line treatment (methadone/ Suboxone®) and only 24 percent had been retained in that treatment for more than 3 months.ⁱ
- Evidence shows that the risk of overdose drastically increases after discontinuing this treatment.ⁱⁱ Due to the chronic relapsing nature of opioid use disorder and the toxicity of the unregulated drug supply, the Ministry of Mental Health and Addictions is working with the Ministry of Health to use this analysis to improve the quality of care across the province.
- In June 2017, the BC Centre on Substance Use (BCCSU) released clinical guidelines for the treatment of OUD. The guidelines:
 - Strongly recommend against a strategy involving withdrawal management alone, as this approach has been associated with elevated risk of HIV and hepatitis C, elevated rates of overdose death, and nearly universal relapse when implemented without plans for transition to long-term evidence-based addiction treatment (e.g., OAT).
 - Strongly endorse the use of buprenorphine/naloxone as the preferred first-line treatment when OAT is being considered and when contraindications have been ruled out. Beyond possible first- and second-line approaches using buprenorphine/naloxone or methadone,

ESTIMATES NOTE

the guidelines also review the international evidence regarding slow-release oral morphine and describe when and how it could be considered for use.ⁱⁱⁱ

- Induction on OAT requires physician or nurse practitioner support. Maintenance doses are dispensed by a pharmacy, often requiring witnessed ingestion by a pharmacist.
- A small portion of the OUD patient population will not respond successfully to these medications. Injectable OAT (iOAT) using diacetylmorphine or hydromorphone administered in a highly-structured clinical setting may be beneficial in terms of reducing problematic substance use, criminal activity, incarceration, mortality, and treatment drop-out (XREF: 38665 – Injectable Opioid Agonist Treatment – Hydromorphone and Diacetylmorphine).
- In October 2017, the BCCSU released a guidance document on iOAT for the management of OUD. The document notes that the primary aim of iOAT is to improve the health of the individual, by reducing overdose risk and other imminent health and social harms associated with injection drug use. The second aim is to engage individuals in treatment who have not benefited from less-intensive treatments or who have been unable to access other treatments.^{iv}

Actions Completed and Underway to Expand Access to OAT

- As of January 2017, coverage for methadone and buprenorphine/naloxone is available to individuals eligible for Plan G, PharmaCare's Psychiatric Medications Drug Plan.
- As of June 5, 2017, the BCCSU became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat OUD. Healthcare professionals from various disciplines have benefited from the education opportunities below, including physicians, nurses, pharmacists, social workers, and other allied health care professionals.
- As of August 1, 2018, 2,361 clinicians have been reached through 65 Provincial Opioid Use Disorder Guideline Seminars across British Columbia.^v
- Over 11,000 people have registered in the program, and 1,956 have received their diploma (762 from BC) since the Online Addiction Medicine Diploma Program was launched in May 2017.^{vi}
- Since the free Continuing Medical Education (CME) accredited Provincial Opioid Addiction Treatment Support Program was launched in July 2017, there have been 2,066 registrants and 183 new authorizations to prescribe opioid agonist treatment have been processed.^{vii}
- The Interdisciplinary Addiction Fellowship Program is training 27 new clinicians that will help to lead the treatment of substance use disorders in their communities upon completion of the program.^{viii}
 - As of February 14, 2018, prescribing OAT is within the scope of nurse practitioners in BC. Nurse practitioners who wish to prescribe opioid agonist treatment must meet the requirements set out in the College of Registered Nurses of British Columbia (CRNBC) Scope of Practice for Nurse Practitioners, which includes completion of online education and in-person preceptorships through the BCCSU.
- The Provincial Health Services Authority continues to expand access to OAT in corrections facilities and established transition teams to support people leaving corrections or under community supervision living with OUD transition to community to increase the likelihood of treatment retention.

Current Utilization/Accessibility of OAT

- The number of patients receiving opioid agonist treatment increase from 19,240 in June 2017 to 21,956 in February 2019.^{ix}
- The number of health care providers prescribing opioid agonist treatment increased from 605 in June 2017 to 963 in February 2019.^x

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- In 2017/18, the Ministry of Health (MoH) provided \$7.0 million in one-time funding to health authorities to support increased access to OAT (from the Federal one-time funding of \$10M).
- The September 2017 Budget Update provides \$578.0 million over 5 years (from 2017/18 to 2021/22) to support the provincial strategy to improve mental health and addictions services. As part of this and included within the MoH's budget is \$41.36 million over the five years allocated to Vancouver Coastal (including Providence Health Care (PHC)) and Fraser Health Authorities to support injectable OAT expansion in the lower mainland, and the current injectable OAT program at the Crosstown Clinic in PHC. This also includes \$17.06 million allocated to the Provincial Health Services Authority to provide OAT in correctional facilities over the five-year period.
- The Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement provides \$262.0 million over five years (2017/18 to 2021/22) to enhance mental health and addictions services in BC. This funding is included in the MoH's budget and includes approximately \$39.3 million notionally allocated to support increasing injectable OAT services over the five-year period.
- The Canada-British Columbia Emergency Treatment Fund Bilateral Agreement provides \$33.98 million over five years (2018/19 to 2022/23) to enhance/increase access to quality treatment services for substance use disorder. Also included within the MoH's budget, approximately \$11.0 million is notionally allocated for enhancing and expanding targeted regional plans for treatment, including OAT, and \$2.0 million for injectable OAT expansion.

Approvals:

February 27, 2019 - Taryn Walsh, ADM, Strategic Priorities and Initiatives

April 30, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

May 1, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Overdose Emergency Response Centre

Issue: Escalating the response to the overdose epidemic by establishing the Overdose Emergency Response Centre and Community Action Teams

Key Messaging and Recommended Response:

- In 2018, more than 1,500 people died from overdose – losses that have a profound impact on families and communities throughout B.C.
- We have escalated our response across all sectors through the launch of the Overdose Emergency Response Centre (OERC) in December 2017.
- The OERC will continue to help us escalate our response to the overdose crisis, and will be a fundamental part of our work for as long as required.
- The goal is to save lives and to connect people to treatment and recovery services as soon as possible.
- The OERC oversees 5 Regional Response Teams and 20 Community Action Teams that are working collaboratively to intervene quickly to save lives and deliver proactive support and comprehensive care to people at risk of overdose before it's too late.

KEY FACTS

Background/Status:

- The Ministry of Mental Health and Addictions (MMHA) escalated the provincial response to the overdose crisis by launching the Overdose Emergency Response Centre (OERC) on December 1, 2017.
- Located in Vancouver, the OERC is staffed by a core group of dedicated individuals, including substance use and public health experts, Indigenous partners, emergency management advisors, professionals from the law enforcement and first responder sectors, and people with lived experience of addiction.
- The OERC coordinates work to identify and address gaps at the local level by actively monitoring emerging trends and risk factors in provincial overdose data.
- The OERC works with Regional Response Teams (RRTs) in each of the five health authorities, and Community Action Teams (CATs) in high need communities to intervene early and rapidly on the ground with life-saving responses and proactive treatment and support (XREF: 38658 – Community Action Teams and Regional Response Teams).
- The role of the Regional Response Teams is to develop regional implementation plans, support Community Action Teams in implementing their action plans, and facilitate real-time information flow to the OERC to inform and adapt the province's response.
- The OERC is focused on local, action-oriented, rapid response and is guided by a comprehensive package of health sector interventions and social sector strategies, including:
 - Optimal access to naloxone, including training and broad distribution

ESTIMATES NOTE

- Supporting overdose prevention services, including supervised consumption and drug checking services, and housing-based initiatives
- Acute overdose risk case management that identifies individuals at risk of overdose
- Fast track pathways to treatment and care that is appropriate and available
- Social stabilization, through family engagement and support programs that address the social determinants of health
- Peer empowerment and employment to support skill development and capacity building
- Cultural safety and humility that ensures services are rooted in an understanding of the social and historical context of health and healthcare inequities
- Addressing stigma, discrimination and human rights
- Building a comprehensive surveillance and data analytics system to ensure decisions are made on the best evidence available

Community Action Teams

- To date, the OERC has established 20 CATs in high priority communities and has invested in 27 innovation grants to bolster work at the community level.
- The communities were identified by the OERC as having the most urgent need, and include:
 - Vancouver, Victoria, Richmond, Surrey, Langley, Maple Ridge, Abbotsford, Chilliwack, Duncan, Nanaimo, Port Alberni, Campbell River, Powell River, Kelowna, Kamloops, Vernon, Fort St. John, Prince George, Burnaby, and New Westminster.
- CATs are comprised of multi-stakeholder groups at the community level which include municipal officials, regional health authorities, Indigenous partners, first responders (police, fire, ambulance), front-line community agencies, Divisions of Family Practice, local and provincial ministry offices providing social services, and people and families with lived experience.
- CATs are spearheading local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities, with the support of RRTs and the OERC.
- CATs translate RRT implementation plans into action on the ground.
- CATs are focused on four areas of action to save lives and support people with addictions on a pathway to treatment and recovery:
 - Expanding community-based harm reduction services.
 - Increasing the availability of naloxone.
 - Addressing the unsafe drug supply through expanded drug-checking services and increasing connections to addiction treatment medications.
 - Proactively supporting people at risk of overdose by intervening early to provide supports like treatment and housing.
- Barriers are escalated to the OERC and beyond as they arise.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The OERC is funded from MMHA's operating budget - \$2 million per year.
- Health Authorities are recovering costs from MMHA for staff seconded to the OERC.

Approvals:

February 27, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities & Initiatives

March 25, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Prescription Monitoring Program

Issue: Implementing an enhanced prescription monitoring program is a key strategy to assist in the safe use of controlled prescription drugs that are associated with a significant risk of overdose death.

Key Messaging and Recommended Response:

- We recognize the need to put measures in place to improve patient safety regarding prescription medication across the health system.
- That's why we are working with the College of Physicians and Surgeons of BC to develop a single comprehensive prescription monitoring program.
- Prescription monitoring programs enhance patient care, assist in the safe use of controlled prescription drugs, help reduce the harms associated with prescription drug use, and reduce diversion to the illegal market.
- Elements of a prescription monitoring program may include standards, bylaws, data collection, evaluation and education related to the distribution, prescribing, dispensing and use of a predefined list of controlled drugs (mainly based on the schedules of the federal *Controlled Drugs and Substances Act* and the Drug Schedules Regulation in BC).

KEY FACTS

- Prescription psychotropic medications are important therapeutic options in clinical practice and can bring significant improvements to the quality of life of patients. However, some of these medications also have the potential to cause significant harms.
- Prescription opioids (e.g., morphine, oxycodone, codeine) have pharmacological properties that can lead to addiction and are associated with a significant risk of overdose death.
- Other prescription psychotropic medications with properties that can lead to misuse and cause addiction include sedative-hypnotics (e.g., diazepam, alprazolam, lorazepam) and stimulants (e.g., methylphenidate, dextroamphetamine).
- Prescription monitoring programs (PMP) refer to public programs which collect and distribute data about the prescription and dispensation of controlled substances and other potentially harmful prescription medications.
- Elements of a PMP are multi-faceted and may include establishing standards, bylaws, data collection, evaluation and education related to the distribution, prescribing, dispensing and use of a predefined list of controlled drugs, mainly based on the schedules of the federal *Controlled Drugs and Substances Act* and the Drug Schedules Regulation in BC. Other elements of a PMP may include clinician interventions (point of care access to patient

ESTIMATES NOTE

information), program interventions (notifications to prescribers, pharmacists, and patients), quality improvement programs and public reporting.

- In 2016, the creation of an enhanced PMP was identified as a key priority of the provincial response to the overdose emergency.

Existing Prescription Monitoring Activities

- BC currently has three separate programs involved in monitoring the use of prescription opioids, sedative, and stimulants. Collectively, existing prescription monitoring activities in BC do not fully meet the recommendations outlined by the Canadian Centre on Substance Use and Addiction in its best practice review of prescription monitoring programs.ⁱ Programs include:
 - **PharmaNet** - Links all BC community retail pharmacies to a central database and records all prescription dispenses. Patient medication histories can be accessed in community pharmacies, physician offices, hospitals and emergency departments, and health authority facilities. When PharmaNet access is available, physicians must review a patient's current medication history before prescribing opioids, sedatives, or stimulants. PharmaNet access is mandatory at methadone clinics, urgent care clinics, and multi-physician clinics. Pharmacists must review a patient's current medication history before dispensing any prescription medication.
 - **College of Physicians and Surgeons of BC's (CPSBC) Prescription Review 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** - Restricts the PharmaCare coverage of individuals identified by a physician or pharmacist as having risky prescription medication use to prescriptions written by a single prescriber and/or dispensed by a single pharmacy.
- CPSBC encourages their members to review PharmaNet as part of managing patients who receive any kind of prescription medication.
- Accessing PharmaNet is mandatory in community pharmacies through *Pharmacy Operations and Drug Scheduling Act* section 35(1). CPSBC also requires a PharmaNet review at walk-in, urgent care, and multi-physician clinics, if the physician is not providing long-term care to the patient.ⁱⁱ
- Otherwise, access to PharmaNet by authorized individuals, as defined by the Information Management Regulation under the *Pharmaceutical Services Act*, is voluntary.
- Other regulatory colleges with registrants prescribing opioids, sedatives, and/or stimulants (e.g., College of Dental Surgeons of BC, College of Midwives of BC, and College of Veterinarians of BC) will become PMP partners at a future date.

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ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- The September 2017 Budget Update provided \$578 million over five years (2017/18 to 2021/22) for the overdose emergency response which includes \$6.75 million for the Ministry of Health to enhance the prescription monitoring system over the five year period.

Approvals:

February 27, 2019 - Taryn Walsh – Assistant Deputy Minister, Strategic Priorities and Initiatives

April 15, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 17, 2019 – Dara Landry, Executive Lead, Corporate Services, MMHA

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Responding to the Overdose Emergency in British Columbia

Issue: British Columbians continue to experience unprecedented rates of overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.

Key Messaging and Recommended Response:

- **British Columbians are experiencing unprecedented rates of overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.**
- **We are taking bold and innovative action – and escalating our response – every day, every week, and every month in order to save lives.**
- **Since Budget 2017 Update, the Government of British Columbia has committed \$608 million to support an escalated response to the overdose emergency that saves lives, reduces stigma, and builds a network of treatment and recovery services.**
- **The Overdose Emergency Response Centre spearheads urgent action on the ground to save lives and connect people with opioid use disorder to treatment and recovery services.**
- **The evidence suggests that our approach is working. It is estimated there were 4,700 deaths averted between April 2016 and June 2018 due to the expansion of naloxone, overdose prevention services, and opioid agonist treatment.**
- **However, we know that more needs to be done to prevent people from dying such as a providing a safer alternative to the unregulated drug supply.**

KEY FACTS

- On April 14, 2016, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in response to an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.ⁱ
- At least 1,487 people died from a suspected illicit drug overdose death in 2017 and at least 1,489 died in 2018.ⁱⁱ Fentanyl detection has increased from 4% in 2012 to 85% in 2018.ⁱⁱⁱ
- Data show that the overdose emergency disproportionately affects status First Nations^{iv}, men, people between 30 and 59 years old, and people who use drugs indoors, alone, and regularly^v.

Provincial Response to the Overdose Emergency

ESTIMATES NOTE

- In July 2017, the Ministry of Mental Health and Addictions (MMHA) was established, in part, to work in partnership to develop an immediate response to the overdose emergency that includes crucial investments and improvements to mental health and substance use services.^{vi}
- Priority actions since July 2017 include: Saving Lives, Ending Stigma, Building a Network of Treatment and Recovery Services, Creating a Supportive Environment, Advancing Prevention, and Improving Public Safety.
- In Budget Update 2017, the Government of British Columbia committed \$322 million over three years to support an escalated response to the overdose emergency that prioritizes actions that save lives, reduce stigma, and build a network of treatment and recovery services.
- In December 2017, MMHA further escalated the response by establishing the Overdose Emergency Response Centre (OERC) to spearhead urgent action on the ground to save lives and connect people with opioid use disorder to treatment recovery services through the implementation of a comprehensive package of essential services for overdose prevention in British Columbia (XREF: 38673 – Overdose Emergency Response Centre).^{vii}
- The package includes the following essential health sector interventions: naloxone; overdose prevention services; acute overdose risk case management; and treatment and recovery.
- The package includes the following essential strategies for a supportive environment: social stabilization; peer empowerment and employment; cultural safety and humility; and addressing stigma, discrimination, and human rights.
- The OERC also oversees 5 Regional Response Teams as well as 20 Community Action Teams established in high-need communities across the province.
- In December 2017, the Government of British Columbia committed \$20 million over three years to support FNHA implement its Framework for Action (XREF: 38662 – First Nations and Indigenous Peoples – Overdose Response).^{viii}
- In September 2018, the Government of British Columbia signed a bilateral agreement with the federal government to secure \$33.98 million in federal funding through the emergency treatment fund to support actions that enhance existing treatment approaches, support innovative treatment solutions, and strategies to enhance access to treatment services.^{ix}
- In October 2018, MMHA and the OERC, using funds from the Community Innovation Fund, in collaboration with the Community Action Initiative, awarded \$1.7 million to 27 communities and organizations to support local action and innovation to save lives, reduce stigma, and connect people to treatment and recovery services.^x

Key Interventions

- The BC Centre for Disease Control reports that 134,732 naloxone kits have been distributed and 36,214 kits have been used to reverse an overdose (XREF: 38668 – Naloxone).^{xi}
- Locations providing supervised consumption services and overdose prevention services had more than 603,335 visits during the first 11 months of 2018 with 3,808 overdoses survived.^{xii} (XREF: 38677 – Supervised Consumption Services and Overdose Prevention Services).
- The number of patients receiving opioid agonist treatment increase from 19,240 in June 2017 to 21,549 in December 2018.^{xiii}

Measuring Success

- Available evidence suggests that our approach is working. It is estimated that 4,700 death events were averted between April 2016 and June 2018 due to the expansion of naloxone, overdose prevention services, and opioid agonist treatment.
- The Michael Smith Foundation for Health Research is conducting a developmental evaluation of the provincial response to inform MMHA and partners of the effectiveness of response activities, inform course corrections, and identify lessons learned for related strategies.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- Since Budget 2017 Update, the Government of British Columbia has committed \$608 million to support an escalated response to the overdose emergency that saves lives, reduces stigma, and builds a network of treatment and recovery services.

Approvals:

February 28, 2019 – Taryn Walsh, Assistant Deputy Minister, Strategic Priorities & Initiatives

March 19, 2019 – Dara Landry, Executive Lead, Corporate Services

April 4, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC Medication Assisted Treatment

Issue: British Columbians continue to experience unprecedented rates of overdose-related harms due to an unpredictable and toxic illegal drug supply. Providing a safer alternative could reduce overdose-related harms.

Key Messaging and Recommended Response:

- **The overdose crisis in B.C. is being driven by an unpredictable and highly toxic illegal drug supply.**
- **People living with substance use challenges deserve access to effective medical treatment. That's why we're working with doctors, nurses and pharmacists on improving care for people at risk of overdose.**
- **That includes actively looking at expanding legal, prescription alternatives to the toxic drug supply that can be provided under medical supervision to save lives.**
- **Patient and community safety is at the core of this work.**
- **There is no silver bullet to end this crisis, but we're exploring all options to save lives, help people stabilize and connect them to treatment and recovery.**

KEY FACTS

Background/Status:

Public Health Emergency in BC

- On April 14, 2016, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in response to an unprecedented increase in overdose harms due to an unregulated drug supply that is unpredictable and highly-toxic.ⁱ
- At least 1,510 people died from a suspected illicit drug overdose death in 2018.ⁱⁱ The rate of fentanyl detection in overdose deaths has increased from 4% in 2012 to 87% in 2018.ⁱⁱⁱ
- In December 2017, the Ministry of Mental Health and Addictions (MMHA) escalated BC's response by establishing the Overdose Emergency Response Centre (OERC) to oversee the implementation of a comprehensive package of essential services for overdose. The package includes supporting a diversity of community-level, low barrier services tailored to population/ community needs such as a safer drug supply.^{iv}
- A number of groups have made public calls for a safer opioid supply, including the BC Overdose Action Exchange^v, the Vancouver Police Department^{vi}, and the Canadian Association of People Who Use Drugs.^{vii}
- On February 21, 2019, the BC Centre on Substance Use released a report recommending the adoption of "heroin compassion clubs", based on the cannabis compassion club model. The model would allow patients who meet eligibility requirements to purchase personal amounts of diacetylmorphine (XREF: EN – Heroin Compassion Clubs).^{viii}

ESTIMATES NOTE

BC Centre for Disease Control (BCCDC) Pilot Project

- In March 2018, Health Canada awarded the BCCDC approximately \$1.5 million to support a pilot project providing oral hydromorphone to people who use drugs to reduce overdose deaths among individuals at high-risk due to their use of toxic illegal opioids. This pilot project will connect people who are at high-risk and who are not currently accessing conventional harm reduction and treatment services to health and social supports.^{ix}
- This project is focused on distributing oral hydromorphone in a supervised setting at a location providing supervised consumption or overdose prevention services. The BCCDC is working with Vancouver Coastal Health to identify a specific location and project partner (likely Powell Street Getaway).
- The research team is developing a protocol whereby participants can 'graduate' from witnessed consumption to carries (take-home).
- An ethics application has been submitted to the University of British Columbia and is under review.
- The project has a tentative launch date for Summer 2019.

A previous proposal whereby oral hydromorphone tablets would be distributed through secure vending machines is not under consideration for Health Canada funding at this time. Dr. Mark Tyndall is exploring funding opportunities for a separate pilot project using this model.

Portland Hotel Society (PHS) Community Services Society Pilot Project

- In January 2019, PHS Community Services Society launched a pilot project whereby people at high risk of overdose can access oral hydromorphone tablets at the Molson Overdose Prevention Services (OPS) and the Alexander Street Community supportive housing project.
- Targeting people with severe OUD who have not been successful on other Opioid Agonist Treatment (OAT), including injectable OAT (iOAT), this program will provide up to 50 registered participants with oral hydromorphone tablets for crushing and injection under supervision at the Molson OPS.
- Tablets are paired with oral treatment, so patients can choose to have their oral OAT administered along with their tablets at the OPS or in their housing. All doses are witnessed by a nurse and a mental health worker. This is a fixed dose program with no titration schedule, making it a lower barrier option than traditional iOAT programs.

Consultations

- Recognizing a need to identify innovative options and approaches to respond to the unregulated drug supply that is unpredictable and highly toxic, the Minister and MMHA have sought advice from a group of representatives from the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the BC College of Nursing Professionals, the Office of the Provincial Health Officer, and the Ministry of Health.
- This work focused on the following key priorities:
 - Expanding treatment options;
 - Removing barriers to harm reduction approaches to providing safer opioids to people with OUD;
 - Addressing barriers and finding ways to support clinicians working with people with OUD; and
 - Addressing the supply chain of diacetylmorphine in the province.

FINANCIAL IMPLICATIONS

- In March 2018, Health Canada awarded the BCCDC approximately \$1.5 million through the Substance Use and Addictions Program to fund a pilot project.

ESTIMATES NOTE

- In 2018/19, Vancouver Coastal Health received one-time funding of \$905,000 from the Ministry of Health's Community Crisis Innovation Fund, established as part of the \$578M funding over five years (2017/18 to 2021/22) from the September 2017 Budget Update for the overdose emergency response, to support the PHS Community Services Society project.

Approvals:

February 28, 2019 – Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

March 25, 2019 – Dara Landry, Executive Lead, Corporate Services

April 8, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services

April 30, 2019 – Neilane Mayhew, Deputy Minister

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ESTIMATES NOTE

TOPIC: Supervised Consumption Services and Overdose Prevention Services

Issue: Ensuring access to supervised consumption services and overdose prevention services remains a priority in the provincial response to the overdose emergency.

Key Messaging and Recommended Response:

- **Overdose prevention and supervised consumption services provide people who use drugs with a space to consume their drugs under the supervision of someone trained to administer naloxone and provide other emergency first aid services in the event of an overdose.**
- **Evidence shows that supervised consumption services reduce overdose-related harms, public disorder, unsafe injecting and public injecting, and infectious disease risk behaviours, and promote access to health and social services including increased uptake of substance use treatment.**
- **There are currently 9 supervised consumption services and 21 overdose prevention services across the province.**
- **Locations providing observed consumption had more than 603,335 visits during the first 11 months of 2018 with 3,808 overdoses survived.**
- **There has never been a death at a health authority-funded site.**
- **Our estimates tell us that 4,700 deaths were averted thanks to the life-saving interventions we have been scaling up including access to naloxone, overdose prevention services, and improved access to opioid agonist treatment.**

KEY FACTS

Supervised Consumption Services (SCS)

- SCS provide hygienic environments in which people who use drugs can consume controlled substances without the risk of arrest for drug possession under the supervision of a health care professional, a trained allied service provider, or a peer trained to administer naloxone and provide other emergency first aid services in the event of an overdose.
- Evaluations show that SCS are effective in reducing public disorder, unsafe injecting and public injectingⁱ, infectious disease risk behaviours (e.g., needle sharing)ⁱⁱ, and overdose morbidity and mortalityⁱⁱⁱ, as well as in promoting access to health and social services including increased uptake of substance use treatment^{iv}.
- A peer-reviewed economic evaluation of Insite found that the service was cost-effective due to improved health outcomes primarily due to averted cases of HIV infection.^v

ESTIMATES NOTE

- There are more than 90 SCS facilities throughout Western Europe, Australia, and Canada.^{vi}
- In May 2017, the Government of Canada amended the *Controlled Drugs and Substances Act* to simplify the application process for communities who wish to establish and operate SCS.^{vii}
- The amendment simplified the application and renewal process and added in new transparency provisions including reducing the application criteria from 26 to 8, aligned with the 5 factors set out by the Supreme Court of Canada in *Canada v. PHS Community Services Society*: 1) Impact on crime rates; 2) Local conditions indicating need; 3) Regulatory structure in place to support the facility; 4) Resources available to support its maintenance; and 5) Expressions of community support or opposition.
- Health Canada no longer requires a complete application to begin a review if information about the physical site and key components such as community consultations and policies and procedures are included. Renewals of existing SCS no longer require a new application.
- Health Canada has provided nine exemptions under the *Controlled Drugs and Substances Act* authorizing the establishment and delivery of SCS.^{viii}
- SCS have been established in Vancouver (x3), Surrey (x2), Victoria (x2), Kamloops (x1 mobile operating in two locations), and Kelowna (x1 mobile operating in two locations).
- In July 2017, the BC Centre on Substance Use released operational guidelines for SCS based on available scientific evidence, policies, and procedures in place in BC.^{ix}
- In November 2017, the Public Health Agency of Canada awarded the Dr. Peter Centre \$1.5 million over five years to provide support and training to new SCS across Canada.^x

Overdose Prevention Services (OPS)

- OPS provide people who use drugs with a space to consume their illegal drugs under the supervision of someone trained to recognize and respond to an overdose.
- In December 2016, the Minister of Health issued Ministerial Order M488 under the authority of section 5.2 of the *Emergency Health Services Act* and section 7.1 of the *Health Authorities Act* that allowed for the establishment of OPS to prevent overdose associated mortality.^{xi}
- The order ensures that BC Emergency Health Services and health authorities can provide OPS on an emergency basis for the duration of the public health emergency. However, OPS are no longer seen as a temporary measure.
- In January 2017, the BC Centre for Disease Control (BCCDC) released operation guidelines for regional health authorities and service providers related to the provision of OPS.^{xii}
- In February 2017, the Provincial Health Officer released guidelines and resources for supportive housing providers, emergency shelter providers, and regional health authorities related to overdose prevention and response including the provision of housing-based OPS.^{xiii}
- Standalone OPS are currently available at 22 locations across the province. Other forms of OPS exist in a wide range of settings including housing-based services and pop-up/temporary services. For example, there are over 25 housing-based OPS in Vancouver Coastal Health.^{xiv}

Service Utilization

- The Overdose Emergency Response Centre reports service utilization data received from regional health authorities operating SCS and OPS. Data is available for most sites offering SCS and OPS except housing-based OPS as no data exist for these services.
- Locations providing SCS and OPS had more than 603,335 visits during the first 11 months of 2018 with 3,808 overdoses survived.^{xv} Health authorities do not track the number of unique individuals accessing SCS or OPS to ensure that these services are low-barrier and anonymous.
- There has never been a death at an SCS or OPS site in BC.

ESTIMATES NOTE

- Mathematical modelling conducted by the BCCDC shows that the provision of SCS and OPS resulted in an estimated 394 death events averted between May 2015 and June 2018.
- Furthermore, this same modelling showed that 4,700 deaths were averted thanks to the combination of life-saving supports now in place including scaling up distribution of naloxone, establishment of more overdose prevention services, and improved access to opioid agonist treatment.

FINANCIAL IMPLICATIONS

- Since September 2017 Budget Update, the Province has provide \$578.0 million over 5 years (from 2017/18 to 2021/22) to support an escalated response to the overdose crisis including improving mental health and addictions services.
- This includes \$55.23 million over 5 years for overdose prevention and supervised consumption services within the Ministry of Health's budget.

Approvals:

March 5, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities and Initiatives

April 25, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 29, 2019 – Dara Landry, Executive Lead, Corporate Services, MMHA

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC: Children, Youth and Young Adults Mental Health and Addictions - Overview

Issue: Strategic Investment in Children, Youth, and Young Adult Mental Health and Addictions

Key Messaging and Recommended Response:

- **There is nothing more pressing than ensuring children, youth and young adults receive all the supports they need so they have the greatest chance for success and wellbeing.**
- **We are taking action to better support children, youth, young adults and families in our province by promoting mental wellness, preventing the onset of mental health and substance use challenges, identifying those who are struggling with mental illness or addiction early and connecting them to effective and culturally safe services and supports.**
- **This government is also expanding the “one-stop shop” Foundry youth centres, which bring mental health and substance use and core health and social services together in a single location so that young people ages 12-25 can find the support they need.**
- **BC students will benefit from investments that begin implementing a coordinated mental health and addictions system for children and youth that has strong links to schools, where there is a focus on prevention, wellness promotion and early intervention.**

KEY FACTS

Background/Status:

- Approximately 84,000 children and youth aged 4-17 years, are experiencing clinically significant mental disorders at any given time. Around one-third of these children and youth are receiving specialized mental health services. Approximately 70% of serious mental health issues emerge before the age of 24.
- B.C. is facing an increased demand for services, with more than 28,000 children and youth receiving community mental-health services each year – over double the number who received support in 2003.
- Indigenous children and youth are at higher risk for mental health and addiction problems due to intergenerational trauma. Indigenous youth aged 10 to 19 years are almost five times more likely to take their own lives compared to non-Indigenous youth.
- Budget 2019 will provide \$74 million to begin implementing a coordinated mental health and addictions system for children and youth with strong linkages to schools, community services and team-based primary care; support parent-child social and emotional

ESTIMATES NOTE

development programs for young children, school based mental wellness promotion, prevention activities and early identification of students at risk or experiencing early signs of mental health or substance use challenges; and intensive day programs and bed based services for children and youth whose mental health needs cannot be met by community based services..

- We are focusing on prevention and early intervention with investments in services for children, youth and young adults because we know most mental health and substance use challenges start before age 24. Intervening early can prevent problems from becoming more severe or developing into lifelong conditions. Effective prevention and early intervention programs are imperative to lessen the burden of avoidable mental disorders and to reduce the need for treatment services over time.
- We are taking a whole of government, cross-sector approach and working collaboratively with system partners including First Nations, Métis and other Indigenous peoples. This includes a strong multi-cultural and equity lens and emphasizes the importance of the social and economic factors that impact mental health and wellbeing, such as poverty, housing, involvement with the criminal justice system, education, employment and stigma.
- The Ministry has worked with Ministries of Children and Family Development, Health, Education, and Advanced Education, Skills and Training, as well as Indigenous governments and peoples, local and federal governments, education, justice, employment, housing systems, advocates, and community organizations to design and begin implementation of a coordinated system of mental health and addictions services for children and youth in British Columbia.
- Recommendations from the Representative for Children and Youth (RCY) have informed the development of the child and youth component of the strategy, as have the community engagement sessions and focus groups the Ministry undertook in Spring and Summer 2018. We have integrated the wisdom shared by people with first hand experiences of mental illness and addictions – families, health-care providers, community agencies, local governments and First Nations.

FINANCIAL IMPLICATIONS

- Budget 2019 provides \$74 million over three years to enhance mental health and addictions services for children, youth and young adults.
- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions.

Approvals:

April 30, 2019 - Nick Grant, ADM, Strategic Planning, Partnerships and Research Division

April 30, 2019 - Dara Landry, Chief Financial Officer

April 30, 2019 - Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Consultations and Engagement Plan Overview

Issue: The Ministry of Mental Health and Addictions designed a comprehensive engagement process that provided British Columbians with the opportunity to shape the Province's Mental Health and Addictions Strategy.

Key Messaging and Recommended Response:

- Since July 2017 when the new Ministry of Mental Health and Addictions was announced, public and stakeholder interest has been significant.
- I have been actively engaged with the community since the beginning, listening to understand what's working and what's not in the current mental health and addictions system.
- The Ministry engaged in meaningful, targeted dialogue with stakeholders across B.C. to shape how to deliver quality mental health and addiction services in the community.
- This was an opportunity for dialogue that included those directly impacted, and those working on the ground promoting a "whole-of-society" approach.
- The work focused on the how, building on knowledge from previous consultation efforts, to get to the *actions* that will help shape the mental health and addictions strategy.
- By engaging with the community we were able to hear what people need, and raise awareness about mental health and addictions so that we can reduce stigma and discrimination and improve the quality of services.

KEY FACTS

- There were two phases to this project. Phase one included a targeted engagement by invitation to a broad spectrum of individuals, organizations and service providers across the province.
- Phase 1: Between March to September 2018, the Minister and ministry hosted full day dialogues with direct services providers, people with lived experience, youth, people living and working in rural communities, representatives from LGBTQ2S+ communities and people from diverse cultural backgrounds to listen and learn about the strengths and challenges in the mental health and addictions system and their priorities for action.

ESTIMATES NOTE

- Ministry staff held focus groups as a supplement to the Minister-led sessions to ensure additional input from relevant government ministries and sectoral stakeholders for the children and youth component and to provide a social determinants approach.
- Over 350 people were consulted in small focus groups across the province to discuss what is currently working well in the mental health and addictions system, what challenges exist and areas of focus.
- Online engagement supplemented in person opportunities to provide feedback (via GovTogetherBC). 750 submissions received; 5400 people visited the website.
- The Ministry works in partnership with First Nations through their health governance structure and with Métis Nation BC on mental health and wellness initiatives to ensure ongoing engagement in and validation of the work we do. First Nations and Métis Nation engage with their communities, which informs our collaborative work.
- Indigenous organizations, like the BC Association of Aboriginal Friendship Centres also inform our work on an ongoing basis. MMHA is providing support to build capacity for engagement, both within the communities Friendship Centres operate in as well as with service providers in Friendship Centres.
- Phase Two included validating the findings with key decision-makers including health authorities, leadership from NGO and community organizations, GPs, NPs, RNs and other allied health professionals.
- The consultations were complete in fall 2019 and individual reports for the Minister's Roundtable can be found on GovTogetherBC.
- s.13

FINANCIAL IMPLICATIONS

- Total expenditure for the Public Engagement Series is projected to be \$300,000 for 2018/19

Approvals:

Feb 21, 2019 - Nick Grant, ADM, Strategic Policy & Planning

March 19, 2019 – Dara Landry, Executive Lead, Corporate Services

April 4, 2019 – Neilane Mayhew – Deputy Minister

ESTIMATES NOTE

TOPIC: Mental Health and Addiction Strategy and Action Plan Overview

Issue: Mandate commitment to create a Mental Health and Addictions Strategy to guide the transformation of B.C.'s mental health and addictions system.

Key Messaging and Recommended Response:

- Our government is taking action to give British Columbians what they so desperately need and deserve: a seamless network of mental health and addictions services and supports where people *ask for help once and get the help they need fast*.
- We have been listening to all British Columbians, including First Nations, Métis and other Indigenous people, persons with lived experience, families, direct service providers, young people and their families, to hear how to deliver services more effectively.
- We have also worked with our partner ministries and Indigenous partners to fund early action initiatives that form some of the building blocks for the Strategy. These initiatives are focussed on prevention, early intervention and treatment and recovery.
- Budget 2019 supports initiatives that focus on the needs of Indigenous peoples and children, youth, and young adults through prevention and early intervention, and improving access to evidence-informed and culturally safe mental health and addictions treatment and recovery services and supports.
- The Strategy will take a whole of government, cross-sector approach and is being developed collaboratively with system partners including First Nations, Métis and other Indigenous peoples to:
 - incorporate a strong multi-cultural and equity lens;
 - embody Indigenous perspectives of mental health and wellness; and,
 - ensure that services are culturally safe and respectful.

KEY FACTS

Background/Status:

- The Mental Health and Addictions Strategy (the Strategy) will improve access to culturally safe, effective, seamless and integrated services and supports, include a focus on

ESTIMATES NOTE

prevention and early intervention, and start the work to create a coordinated and comprehensive mental health and addictions system for all people living in British Columbia with an initial focus on First Nations, Métis people and other Indigenous peoples and children, youth, and young adults.

- The Ministry of Mental Health and Addictions (the Ministry) is working with all levels of governments including First Nations and Métis, to address the social and economic factors that impact mental health and wellbeing – such as poverty, housing, the criminal justice system, education, and employment – and stigma.
- Last spring and summer, the Ministry undertook a comprehensive engagement that provided British Columbians with the opportunity to help reduce stigma and shape the Province's Mental Health and Addictions strategy. Multiple opportunities for input was provided including Minister roundtables, focus groups, email, and online submissions.
- To make an immediate difference and to create building blocks for the strategy, the Ministry has been implementing an Early Actions Plan over the last year, utilizing Federal funding with a focus on prevention, early intervention and treatment and recovery and to help strengthen mental health and addictions services for vulnerable populations and Indigenous communities and in schools and primary care settings.
- The Ministry has committed to reconciliation and to fully adopting and implementing the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and the Truth and Reconciliation Commission (TRC) Calls to Action. Both documents stress the importance of working in collaboration with Indigenous peoples to develop services and supports they will access.
- In July 2018 the Province, Canada and First Nations Health Council signed a *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Social Determinants of Health and Wellness* (MOU) to support greater autonomy and self-determination of First Nations. Through the Tripartite MOU, groups of First Nations are supported to work together as collectives to plan, design, and implement a community-driven, Nation-based mental health and wellness initiative that meets their needs, and is outcomes based as prioritized by the Nation.
- The Ministries of Mental Health and Addictions, Children and Family Development, Indigenous Relations and Reconciliation, and Health signed the MOU, and will work together to coordinate the supports, services and funding they provide to First Nations. The MOU has a two-year term and contains a commitment to develop a 10-year social determinants of health agreement between the Province, Canada and the First Nations Health Council.

FINANCIAL IMPLICATIONS

- Budget 2019 provides \$74 million over three years to enhance mental health and addictions services for children, youth and young adults.
- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions.

Approvals:

March 15, 2019 - Dara Landry, Executive Director/CFO

February 25, 2019 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Practice

February 26, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Mental Health and Addictions Monitoring and Evaluation

Issue: Performance Monitoring and Evaluation for Mental Health and Addictions in BC

Key Messaging and Recommended Response:

- A comprehensive monitoring and evaluation framework has been developed to ensure Government continues to improve mental health and addictions system outcomes in BC.
- The forthcoming Mental Health and Addictions strategy will be assessed through a range of tools, including a series of short, medium, and long-term indicators, use of cross-ministry integrated data to guide detailed analyses and evaluation of new interventions.
- Using an equity and diversity lens, evaluation will ensure Government continues to narrow the gap in outcomes among key population groups.
- Monitoring and evaluating the effectiveness of the overdose response is being coordinated through the Overdose Emergency Response Centre, in collaboration with other partners and organizations (see OERC surveillance note).

KEY FACTS

Background/Status:

- Performance monitoring and evaluation are crucial to understanding the impact of new interventions on outcomes for people, as well as measuring improvements in how programs and services reach, engage and respond to people, families and communities.
- BC has some of the best health system data in the country, with robust knowledge in the Ministry of Health and in partner organizations about how data can be used to improve public policy and demonstrate improved health outcomes for British Columbians.

Monitoring

- There is a lack of understanding in BC on how well people living with other mental health and addictions issues are reached, engaged and retained in services and supports.
- To this end, the Ministry of Mental Health and Addictions (MMHA) has developed a performance monitoring framework to accompany the forthcoming mental health and addictions strategy. The framework will monitor improvements in outcomes for people as elements of the strategy are implemented.

ESTIMATES NOTE

- This work aligns with measures being developed through federal and provincial/territorial partners, such as the Canadian Institute for Health Information; as well, it incorporates new and novel measures such as retention in care for opioid use disorder.
- Key elements of the approach include new data collection processes to better understand people's lived experience of services and supports, as well as using integrated data to understand the impact of the social and structural determinants of health such as income, education and housing.
- This approach is being developed in collaboration with cross-government partners, as well as Indigenous partners and experts in the province.

Evaluation

- Robust evaluation of system responses to mental illness and addictions will identify interventions that improve mental health outcomes for people and identify their relative cost-effectiveness in a BC context.
- MMHA expects to use client reported outcomes and integrated data to evaluate the impact of the forthcoming mental health and addictions strategy and assess outcomes for people in BC.
- Some existing program evaluations can help inform BC's response, including:
 - Scientific evaluation led by the Ministry of Health and Simon Fraser University of the Nurse Family Partnership program, to validate the outcomes of this intensive program for young, pregnant first-time mothers and their children.
 - Confident Parents: Thriving Kids, a family-focused coaching service aiming to reduce behavioral problems and promote healthy child development children 3-12 years of age; conducted by the Canadian Mental Health Association, BC Division and the University of British Columbia.¹
 - Evaluation of the overdose response (Ref 38675 – Responding to the overdose emergency).
 - Evaluations by the BC Centre on Substance Use on injectable Opioid Agonist Treatment (OAT) and drug checking technology.

FINANCIAL IMPLICATIONS

- The Ministry of Health provided \$0.4 million (\$0.25 million in 2017/18, and a further \$0.15 million in 2018/19) to the Michael Smith Foundation for Health Research (with an additional \$0.25M provided by the Foundation) to contract with a team to evaluate the overdose response: a preliminary report is due to MMHA July 2019, with a draft final report due July 2020.
- Budget 2019 includes \$2.4M over three years to the Ministry of Health for a client experience and outcomes survey in community, acute and tertiary mental health and substance use services. The funding will support a baseline survey in 2019/20 and a follow up in 2021/22.
- The Ministry of Health has provided \$0.196M to the McCreary Centre Society to engage with diverse Indigenous and non-Indigenous youth in across BC to support them having an active role in evaluating mental health and substance use services, and providing input into the province's mental health and addictions strategy.

¹ CMHABC (2017) CMHABC Annual report 2016. Available from https://cmha.bc.ca/wp-content/uploads/2016/06/CMHABC_AnnualReport_2016-17_WEB.pdf

ESTIMATES NOTE

Approvals:

April 15, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services; Ministry of Health

April 17, 2019 – Dara Landry, Executive Lead, Corporate Services

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Addressing Full Range of Supports and Social Factors

Issue: A coordinated approach is needed to address those social factors that impact peoples' mental health and wellbeing.

Key Messaging and Recommended Response:

- Our government is making historic investments focused on critical supports, such as housing and childcare, to transform lives and create a better future for everyone in British Columbia.
- This investment is critically important to the work we are doing in the Ministry of Mental Health and Addictions, as actions on social factors such as secure housing and childcare can improve people's mental and physical well-being.
- Upstream investments really make a difference in helping people avoid mental health and substance use issues.
- Our investments for British Columbians include quality, safe and affordable child care; secure housing; enhanced income; and supports for children and youth.
- The Ministry of Mental Health and Addiction's work includes actions from multiple sectors to address a range of social and economic determinants of mental health, supporting crucial investment decisions and local responses.

KEY FACTS

Background/Status:

- The Ministry of Mental Health and Addictions (the Ministry) is responsible for working across government and across sectors to address the overdose emergency and to create a mental health and addictions strategy.
- The strategy will include an initial focus on addressing the needs of Indigenous peoples and children and youth through prevention and early intervention, and improving access to evidence-informed and culturally safe mental health and addictions treatment and recovery services and supports.
- The Strategy takes a whole of government, cross-sector approach and is being developed collaboratively with system partners including First Nations, Métis and other Indigenous peoples.
- The Strategy includes a strong multi-cultural and equity lens and emphasizes the importance of the social and economic factors that impact mental health and wellbeing, such as poverty, housing, involvement with the criminal justice system, education, employment and stigma.

ESTIMATES NOTE

- Government has committed to implementing the new policy and budgeting tool, Gender-Based Analysis Plus (GBA+) to assess how diverse groups of people may experience policies, programs, and initiatives put forward by the government and its partners.
- The GBA+ tool will support the Ministry in ensuring that the Strategy and other ministry work acknowledges and supports the diverse needs of British Columbians.
- In July 2018, B.C., the Government of Canada, and the First Nations Health Council (FNHC) signed a *Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (Tripartite MOU).
- The Tripartite MOU commits each party to invest \$10 million over two years to support First Nations to come together to plan, design, and implement a community-driven, Nation-based mental health and wellness initiative that meets their needs, and is outcomes based as prioritized by the Nation.
- This Tripartite MOU represents a 2-year approach to inform the development of a 10-year social determinants of health strategy.
- The Mental Health and Wellness Table, co-chaired by FNHA and MMHA, was established in fall 2018 to advance this work.
- Data analysis reinforces the importance of a broad lens to inform the work of the Ministry, e.g.:
 - sex and gender influence on overdose risk
 - income and social status influence on survival rates
 - adverse experiences in infancy and early childhood can increase drug use in later life
 - stigma and discrimination restrict the development of social support networks and housing and employment opportunities
- Adequate housing and income are key factors that help people to maintain good mental health and avoid substance use problems. While housing and income have health implications, the primary responsibility for these areas rests with other ministries.
- The Province has committed investments in the social sector that help support mental health and addictions clients, such as funding in the Employment Assistance program, support payments for the Extended Family program, and a new Homelessness Action Plan.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions.
- Budget 2019 provides \$74M over three years to fund mental health initiatives for children and youth across the province and improvements in access to quality care.

Approvals:

March 7, 2019 – Nick Grant, ADM, Strategic Policy and Planning

March 19, 2019 – Dara Landry, Chief Financial Officer

March 29, 2019 – Neilane Mayhew, Associate Deputy Minister

ESTIMATES NOTE

TOPIC: Child and Youth Mental Health and Substance Use Collaborative

Issue: Current status of the Collaborative since winding down (Dec. 2017)

Key Messaging and Recommended Response:

- **The Child and Youth Mental Health and Substance Use Collaborative (the Collaborative) made a significant impact upon child and youth mental health and substance use in this province, particularly through the work of Local Action Teams (LATs). The formal structure of the Collaborative ended on December 31, 2017.**
- **We are incorporating the learnings generated through the Collaborative into the child and youth component of the Mental Health and Addictions Strategy.**
- **A physician-led Child and Youth Mental Health and Substance Use (CYMHSU) Community of Practice (CoP) was established, with funding and support from Shared Care (Doctors of BC) to sustain the knowledge exchange and collaborative approach to decision making stemming from the work of the Collaborative. MMHA participates in this CoP.**

KEY FACTS

Current Status:

- The objective of the Child and Youth Mental Health and Substance Use Collaborative was to increase the number of children, youth, and their families receiving timely access to integrated mental health and substance use services and supports in BC.
- The Collaborative was initially funded for a period of three years; it was able to utilize unexpended funds from 2016/17 to extend the local and provincial work to December 2017.
- MoH, with MMHA as co-lead, has convened regular cross-ministry meetings with the CYMHSU CoP on system priorities and improvements. The initial meeting was held February 2018 and meetings have continued into 2019.
- As of January 2018, 45 Local Action Teams were continuing to meet and work locally on strengthening access and integration service delivery to children, youth and their families.
- A network to connect communities with ongoing LATs is being trialed with the BC Children's Hospital as host. One provincial meeting was held and a survey administered by BC Children's Hospital to inform next steps.

ESTIMATES NOTE

Background:

- In June 2013, MoH, the Doctors of BC, MCFD, MoE, the Interior Health Authority, and children, youth and families developed a CYMHSU Collaborative to improve access to child and youth mental health, and substance use services.
- The Collaborative was based on an established "structured collaborative" change model as a method of rapid, continuous quality improvement in health care, and brought together children and youth with lived experience, their families, care providers and decision makers, to address important local issues, while contributing to the larger regional and provincial picture.
- The Collaborative encompassed over 2,600 participants and 64 LATs across a large number of communities.
- The majority of the Collaborative's success occurred at the local level through the LATs. Significant community MHSU literacy and skill building transpired through the support of the LATs.
- Working groups were established to create solutions for both structural and clinical system issues such as: Emergency Department Protocol, Information Sharing, Physician Compensation, Transitions – Youth to Adult, Youth and Young Adult Services, Specialist Support, Physician Recruitment and Retention, Telehealth/Rural and Remote, Evaluation and Measurement, and Schools.
- The Collaborative Leadership co-developed a set of "Legacy Priorities" for continued focus and future action with the MoH, MMHA, MCFD and MoE. These include:
 - Care Pathways for Young People Experiencing Mental Health and Substance Use: clarifying roles and developing guiding principles at community, regional, and provincial levels to wrap care around children, youth, and their families;
 - Adverse Childhood Experiences (ACEs): Implementing evidence-based policy and practice to respond to children's experiences of potentially traumatic events that can have lasting effects on health and well-being;
 - Virtual Care: Improving access through the use of telehealth services and support;
 - Addressing Mental Health and Substance Use in School Settings: reinforcing schools as a key setting to promote mental wellbeing, prevent the onset of MHSU problems, and intervene early when symptoms first appear;
 - Information Sharing: improving timely wraparound care between sectors (e.g. schools and primary care) through effective and appropriate exchange of personal health information between schools/districts, health authorities, MCFD, and families.
- Federal Early Actions 2018/19 – 2021/22 funding was notionally allocated to the Collaborative to support the Legacy Priorities. This funding has since been repurposed to other initiatives given that the Mental Health and Addictions Strategy incorporates the policy and strategies described within the Legacy Priorities.

FINANCIAL IMPLICATIONS

Past Budget/Expenditures:

- From April 1, 2013 to March 31, 2018, through the Shared Care Committee, a partnership between the Ministry and the Doctors of BC, the MOH invested approximately \$20 million in the CYMHSU Collaborative.

ESTIMATES NOTE

Approvals:

March 7, 2019 – Nick Grant, ADM, Strategic Policy and Planning Division

April 1, 2019 - Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services

April 9, 2019 – Dara Landry, Executive Lead, Corporate Services

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Community Substance Use Treatment Beds – Youth and Adults

Issue: The availability of community-based substance use treatment beds across the province.

Key Messaging and Recommended Response:

- **Treatment and recovery is not a one-size-fits-all solution.**
- **Providing a range of options is important so that people have access to the most appropriate treatment for their specific circumstances, when they need it.**
- **It's important to note that residential treatment beds are one component of a broad continuum of care, and that providing community-based services can help prevent people from needing bed-based care.**
- **The Ministry continues to review the availability of mental health and substance use supports and services for people, including the number of appropriate treatment beds.**
- **We have a responsibility to people who are struggling with substance use to make sure that they are safe, treated with dignity and respect, and receive quality, effective support to help them along their journey to hope and healing.**
- **To this end, we are working with Ministry of Health to strengthen the safety, quality and oversight of services, where needed, along the continuum of care.**

KEY FACTS

Background/Status:

- There are currently 13,534 publicly funded community mental health beds and 3,030 publicly funded community substance use beds throughout the province, according to the September 30, 2018 bed survey. This includes 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 community substance use beds, there are currently 2,913 adult substance use beds for adults and 117 youth substance use beds. As of September 30, 2018, approximately 10 percent (287 of 2,913) are residential treatment
 - This number excludes an additional 30 surge beds opened by PHSA in response to the overdose crisis (see separate section below).
- Funded adult substance use beds are located in all health authorities as follows:

ESTIMATES NOTE

ADULT SUBSTANCE USE BEDS	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
Residential Treatment	56	158	36	9	0	28	287
Supportive Residential Services	89	215	141	87	71	0	603
Transitional Services	6	24	86	22	6	0	144
Withdrawal Management (detox)	42	24	73	43	30	0	212
Sobering and Assessment Beds	0	25	15	50	0	0	90
Low Barrier Housing	30	0	878	336	0	0	1,244
Supported Housing	0	25	302	6	0	0	333
TOTAL	223	471	1,531	553	107	28	2,913

- As of September 30, 2018, these are the numbers of funded youth substance use beds located in all health authorities:

YOUTH SUBSTANCE USE BEDS	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
Residential Treatment	0	0	18	0	7	22	47
Supportive Residential Services	0	4	16	8	0	0	28
Transitional Services	0	0	0	4	0	0	4
Withdrawal Management (detox)	5	6	10	13	1	0	35
Supported Housing	0	0	0	3	0	0	3
TOTAL	5	10	44	28	8	22	117

- Fraser Health expects to have 20 new youth beds operational in Spring 2020. It was initially expected they would be operational in Spring 2019, but the project was delayed due to soil contamination and BC Housing is working to remediate the site.
- 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.
- Out of the surge beds, currently, 45 adult beds have been implemented:
 - 4 beds in Northern Health and 11 in Island Health are now open and are included in the bed survey.
 - The Provincial Health Services Authority (PHSA) opened 30 beds (funded for 25; PHSA opened an additional five beds without additional cost). The beds are administered under a new model of care that includes a mix of privately and publicly funded services. Funding has been provided to allow them to continue operating through fiscal 2019/20.
 - To ensure the best outcomes and most effective use of public funds, the model is being evaluated while services are being delivered. The Province will be using the evaluation to inform decisions going forward.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- In 2017/18, the Ministry of Health provided \$10 million to all health authorities (including PHSA) in one-time funding 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).
- The September 2017 Budget Update provided \$578.0 million over 5 years (from 2017/18 to 2021/22) to support the provincial strategy to improve mental health and addictions services.
- This funding includes \$26.23 million over the 5 years to maintain surge residential treatment beds allocated to intensive outpatient treatment services implemented by the regional health authorities.
- In 2018/19, the Ministry of Health provided one-time funding of \$3.0 million to PHSA through the Canada – British Columbia Emergency Treatment Fund Bi-lateral Agreement to extend the operation of the surge residential treatment beds.
- The Ministry of Health has notionally allocated \$3 million in fiscal 2019/20 from the Canada – British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement funding to PHSA to continue the operation of the surge beds.

Approvals:

February 28, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives Division

April 25, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 29, 2019 – Dara Landry, Executive Lead, Corporate Services, Ministry of Mental Health and Addictions

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Community Substance Use Treatment Beds – Youth and Adults

Issue: The availability of community-based substance use treatment beds across the province.

Key Messaging and Recommended Response:

- **Treatment and recovery is not a one-size-fits-all solution.**
- **Providing a range of options is important so that people have access to the most appropriate treatment for their specific circumstances, when they need it.**
- **It's important to note that residential treatment beds are one component of a broad continuum of care, and that providing community-based services can help prevent people from needing bed-based care.**
- **The Ministry continues to review the availability of mental health and substance use supports and services for people, including the number of appropriate treatment beds.**
- **We have a responsibility to people who are struggling with substance use to make sure that they are safe, treated with dignity and respect, and receive quality, effective support to help them along their journey to hope and healing.**
- **To this end, we are working with Ministry of Health to strengthen the safety, quality and oversight of services, where needed, along the continuum of care.**

KEY FACTS

Background/Status:

- There are currently 13,534 publicly funded community mental health beds and 3,030 publicly funded community substance use beds throughout the province, according to the September 30, 2018 bed survey. This includes many beds that are under the responsibility of BC Housing and are located at a number of supportive housing and low-barrier housing sites.
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 - This number excludes an additional 30 surge beds opened by PHSA in response to the overdose crisis (see separate section below).
- Funded adult substance use beds are located in all health authorities as follows:

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TOTAL	5	10	44	28	8	22	117

- Fraser Health expects to have 20 new youth beds operational in Spring 2020. It was initially expected they would be operational in Spring 2019, but the project was delayed due to soil contamination and BC Housing is working to remediate the site.
- 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.
- Out of the surge beds, currently, 45 adult beds have been implemented:
 - 4 beds in Northern Health and 11 in Island Health are now open and are included in the bed survey.
 - The Provincial Health Services Authority (PHSA) opened 30 beds (funded for 25; PHSA opened an additional five beds without additional cost). The beds are administered under a new model of care that includes a mix of privately and publicly funded services. Funding has been provided to allow them to continue operating through fiscal 2019/20.
 - To ensure the best outcomes and most effective use of public funds, the model is being evaluated while services are being delivered. The Province will be using the evaluation to inform decisions going forward.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- In 2017/18, the Ministry of Health provided \$10 million to all health authorities (including PHSA) in one-time funding 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).
- The September 2017 Budget Update provided \$578.0 million over 5 years (from 2017/18 to 2021/22) to support the provincial strategy to improve mental health and addictions services.
- This funding includes \$26.23 million over the 5 years to maintain surge residential treatment beds allocated to intensive outpatient treatment services implemented by the regional health authorities.
- In 2018/19, the Ministry of Health provided one-time funding of \$3.0 million to PHSA through the Canada – British Columbia Emergency Treatment Fund Bi-lateral Agreement to extend the operation of the surge residential treatment beds.
- The Ministry of Health has notionally allocated \$3 million in fiscal 2019/20 from the Canada – British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement funding to PHSA to continue the operation of the surge beds.

Approvals:

February 28, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives Division

April 25, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 29, 2019 – Dara Landry, Executive Lead, Corporate Services, Ministry of Mental Health and Addictions

April 30, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Supportive Recovery Homes

Issue: Residential supportive recovery services for people recovering from substance use problems.

Key Messaging and Recommended Response:

- **People living with addiction need a safe place to receive services and supports – especially at such a vulnerable time in their lives. They need to know that the supportive recovery residence they are considering for themselves or their loved one will put their health and safety first and provide the right level of services.**
- **We are working with the Ministry of Health to strengthen the safety, quality and oversight of supportive recovery services in B.C.**
- **As a first step, the Province launched an online resource that can help people make better, more informed choices about supportive recovery services.**
- **In addition, legislative changes will increase the Province’s ability to monitor and inspect supportive recovery resources and to create additional regulations in order to hold operators accountable.**
- **Work is also underway to address concerns that have been raised about:**
 - **The training and qualifications of people who operate and work in supportive recovery residences;**
 - **Access to evidence-based treatment;**
 - **The need to safely transition those leaving supportive recovery residences to other services; and**
 - **The need for consistent service quality across the province, balanced with the need for a continuum of substance use services and respect for people’s choices.**
- **There is no one path to recovery and hope, so we need a full range of services and treatments – assisted living supportive recovery residences are one option that many people choose.**

ESTIMATES NOTE

KEY FACTS

Background/Status:

- Supportive recovery residences provide time-limited support to people recovering from substance use problems.
 - They are designed to provide access to low to moderate substance use services and supportive housing for people who have left more intensive residential treatment or are preparing to enter residential treatment.
 - Services typically include lay/peer-based counselling or other personal assistance programs. They do not provide withdrawal management or treatment services.
- Under the *Community Care and Assisted Living Act* (CCALA), operators must register their supportive recovery homes through the Ministry of Health Assisted Living Registry if they offer one or two assisted living (prescribed) services, such as psycho-social supports, medication management, and five hospitality services (inclusive of meals, housekeeping, laundry, social or recreational opportunities, and a 24-hour emergency response). Registered homes are listed by community on the Ministry website.
- If supportive recovery homes offer more than two assisted living services, they are required to be licensed by the Health Authority Community Care Licensing.
- All registered assisted living supportive recovery residences are inspected before they are registered and subject to regulations under the CCALA.
- As of January 11, 2019, there are 116 assisted living supportive recovery residences registered across B.C. Another 23 residences have submitted applications for registration, which are being processed. Currently, recovery homes are disproportionately distributed throughout BC, with 74 residences in the Fraser Health Authority and 48 in Surrey alone.
- On September 1, 2018, Bill 5 amendments to the CCALA came into effect. The amendments ensure that information on facilities is posted online and that information is consistent across all regions of BC. Information includes summaries of inspection reports and of substantiated complaints.
- In 2016, government amended the CCALA to increase flexibility and protections for residents of assisted living by including enhancements to the Registrar's inspection and enforcement powers. When these changes come into effect, they will enable greater powers to protect individuals seeking supportive recovery services.
 - Amendments to the Act will be brought into force following the implementation of the assisted living regulations.
 - Work is underway on the regulations, with ongoing consultation with the sector. The regulations are currently in draft and are expected to be in place by Fall 2019.
- A small number of recovery homes are funded through Health Authority contracts.
- Registered recovery homes receive a daily user fee of \$30.90 from the Ministry of Social Development and Poverty Reduction (MSDPR) for each resident who is in receipt of income assistance or disability assistance benefits. Individuals not in receipt of income assistance are responsible for this fee, which helps to cover the cost of room and board.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 27, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives Division

March 11, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Creation of a Regulatory College for Counselling Therapists

Issue: The Federation of Associations for Counselling Therapists in British Columbia (FACT BC) has called upon government to create a regulatory college for counselling therapists

Key Messaging and Recommended Response:

- I have met with FACT BC and I recognize the important work that counselling therapists do every day, working with individuals, couples, and families experiencing a full range of life experiences, including mental health and substance use problems
- Any decision to regulate counselling therapists rests with the Ministry of Health
- Recent discussions between Ministry staff and FACT BC have focused on the role of counselling therapists in the mental health and substance use workforce and the range of options to drive quality and safety in counselling for the public

KEY FACTS

Background/Status:

- In April 2018, FACT BC initiated a letter writing campaign urging members to contact their local MLA to voice support for a college of counselling therapists. FACT BC published an online petition asking for support for the regulation of counselling therapists. The petition results were presented in the Legislature in Victoria on October 22, 2018.
- In November 2018, FACT BC met with the Minister of Mental Health and Addictions.
- Ministry of Mental Health and Addictions staff have met with FACT BC representatives on four occasions since January 2019.
- The focus of these meetings has been learning about FACT BC, the current profession oversight functions performed by the organization, and additional options to drive quality and safety for the public.
- The Ministry of Mental Health and Addictions has also met with the BC College of Psychologists who have signaled support for the regulation of counselling therapists.
- Regulation of counselling therapists remains complicated due to the wide variety of professions delivering counselling therapy, varied entry to practice competencies and levels of education and the range of types of practice within the counselling umbrella. Significant analysis is required to determine whether regulation is appropriate for any, some or all of the counsellors or therapists within FACT BC.
- To date the Ministry of Health has not committed to the development of a counselling professional oversight mechanism for the diverse range of professional groups represented by FACT BC.

ESTIMATES NOTE

FACT BC and Member Organizations

- FACT BC has 13 member organizations that collectively represent 5,000 counsellors and therapists practicing in BC.¹ This membership number may be inflated as some therapists belong to more than one of the FACT BC member organizations.
- FACT BC continues to actively advocate for regulation of counselling therapists with a focus on ‘title protection’ under the *Health Professions Act*. It is FACT BC’s position that ‘title-protection’ would assist the public to more readily determine who is a regulated health care professional. Unregulated counselling therapists would continue to provide similar services as regulated counselling therapists; however, they would not be permitted to use the title reserved exclusively for the regulated counselling therapists.
- There are currently some mechanisms in place to assist the public in identifying qualified clinical counsellors. Some of the current member organizations within FACT BC have processes in place to protect the public including complaints processes and minimum standards for education and training.
- For example, the BC Association of Clinical Counsellors (BCACC) represents over 3,800² Registered Clinical Counsellors (RCC) across BC. BCACC requires members to undergo a criminal record check prior to designation as a RCC. Designation also requires a master’s degree and supervised clinical training. The BCACC has processes in place to investigate complaints against members. Commitment to follow a code of conduct and standards of practice is also required.

Jurisdictional Scan

- There is currently no province that regulates all the types of counsellors or therapists represented within FACT BC. For example, Ontario regulates psychotherapists; Quebec (QC) regulates family and marriage therapists and psychotherapists; and, New Brunswick (NB) and Nova Scotia (NS) regulate counselling therapists. Alberta passed legislation to create a College of Counselling Therapy of Alberta in December 2018.
- Where counselling professionals are regulated, entry to practice requires master’s level education. On October 22, 2018, the Nova Scotia College of Counselling Therapists (NSCCT) wrote to the Ministry of Mental Health and Addictions to raise concerns about the competency-based approach being advanced by FACT BC.

Inquiry into the College of Dental Surgeons of British Columbia (“Cayton Report”)

- The Honourable Adrian Dix, Minister of Health, has released the report, *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*. The report is authored by Mr. Harry Cayton of the United Kingdom’s Professional Standards Authority. The report contains two parts:
 - Part 1 makes recommendations to College of Dental Surgeons of British Columbia; and,
 - Part 2 suggests possible approaches to modernization of BC’s overall health regulatory framework.
- In response to Part 2, the Honourable Adrian Dix, Minister of Health has established an all-party steering committee to consider options and draft a proposal on how to modernize the regulatory framework for health professions in B.C.

¹ <http://www.factbc.org/> Who we are. Accessed online February 5, 2019.

² <https://bc-counsellors.org/about-us/about-bcacc/> About BCACC. Accessed online February 6, 2019

ESTIMATES NOTE

- Additionally, health professional colleges have been asked to look at proposals where it makes sense to come together. The amalgamation of colleges, where appropriate, is part of the shift towards team-based care, improved efficiency and the delivery of comprehensive care.
- This move was recently successful with the amalgamation of the three nursing colleges and is beneficial both to the college, to registrants and to patients.

Professionalization and Quality in Counselling Therapy

- The Ministry of Mental Health and Addictions, in partnership with the Ministry of Health, is undertaking a review (Health Technology Assessment) focused on delivery models for evidence-based interventions for depression and anxiety.
- The ministries are looking at stepped models of care where treatment intensity and the type of practitioner can be either stepped up or down depending on the level of client need. This type of care model helps drive consistency and quality in the delivery of proven therapies for common mental health disorders, and define the roles of different practitioners.

FINANCIAL IMPLICATIONS

N/A

Approvals:

March 22, 2019 - Lori MacKenzie, Acting ADM, Strategic Policy and Planning

April 16, 2019— Dara Landry, Executive Lead, Corporate Services

April 26, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Indigenous - Culturally Appropriate Supports

Issue: What is the Ministry doing to ensure culturally appropriate mental health and addiction supports for Indigenous Peoples?

Key Messaging and Recommended Response:

- **This Government works in collaboration with First Nations, Métis and other Indigenous peoples to increase cultural safety in mental health and addiction services and supports, which recognize and strive to address power imbalances in the health-care system.**
- **The goal of this work is to create an environment free of racism and discrimination, where all Indigenous peoples feel safe and respected when receiving mental health and addiction services.**
- **Government has made progress on culturally safe services, including:**
 - **On April 20, 2018, signing the *Declaration of Commitment – Cultural Safety and Humility in Provincial work to improve mental health and wellness services accessed by Indigenous people in British Columbia*, which will require Ministry of Mental Health and Addictions staff to familiarize themselves with United Nations Declaration of Indigenous Peoples and the Truth and Reconciliation Commission Calls to Action and participate in cultural safety and humility training.**
 - **The Provincial Health Services Authority has developed the San'yas Indigenous Cultural Safety online training program. The San'yas training has become mandatory for all Ministry of Mental Health and Addictions staff.**
 - **Signed a Letter of Understanding with the First Nations Health Authority, which includes Commitments to Joint Actions regarding collaboration on the development of the provincial mental health and addictions strategy, partnering on data sharing and research and strategic operations.**

KEY FACTS

Background/Status:

- Preliminary data showed overrepresentation of First Nations Peoples in the overdose public health emergency in BC. First Nations women were experiencing eight times more overdose events and five times more deaths from overdose than non-First Nations women. First

ESTIMATES NOTE

Nations men were experiencing three times more overdose events and deaths than non-First Nations men

- Indigenous peoples have higher rates of hospitalization for mental wellness issues and behavioral disorders – such as rates of hospitalization for delusional disorders, stress-related disorders, schizophrenia disorders.
- First Nations peoples report reduced access to mental health and addiction treatment. First Nation people who use substances have also reported reduced access to addiction treatment, such as methadone maintenance therapy and suboxone.
- Many factors have contributed to the current mental wellness and substance use realities and concerns for Indigenous people; some of these factors include: colonization, residential schooling, assimilation, systemic discrimination and a loss of tradition, territories, language and culture.
- This Government is committed to fully adopting and implementing the United Nations Declaration of Indigenous Peoples and the Truth and Reconciliation Calls to Action. Both documents stress the importance of working in collaboration with Indigenous peoples to support the self-determination of the services and supports they will access.
- This Government recently released Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples and has asked each Ministry to develop an implementation plan to adopt these principles.
- The Ministry of Mental Health and Addictions' Implementation Plan for the Draft Principles includes supporting Indigenous governments to self-determine and self-govern the mental health and wellness services and supports available in their communities, as well as supporting the embedment of cultural safety and humility throughout the provincial mental health and addictions system.
- The Letter of Understanding between the Ministry and the First Nations Health Authority (FNHA) is currently in the process of being renewed to reflect the current and ongoing collaborative governance structure.
- Through the Early Action Initiative with MNBC, a Memorandum of Understanding is being developed between the Ministry and MNBC to support MNBC's Mental Health and Wellness Planning, including the development of cultural safety and wellness curriculum, harm reduction and anti-stigma campaign, and mental health promotion materials.

FINANCIAL IMPLICATIONS

- The September 2017 Budget Update provides \$578.0 million over 5 years (from 2017/18 to 2021/22) to support the provincial strategy to improve mental health and addictions services. This funding is included in the MoH's budget and includes \$36.0 million over the five years allocated to FNHA to implement its Framework for Action to respond to the overdose emergency.
- The Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement provides \$262.0 million over five years (2017/18 to 2021/22) to enhance mental health and addictions services in BC. This funding is included in the MoH's budget and includes approximately \$25.75 million for FNHA to expand indigenous land based cultural treatment and healing services, and \$2.0 million (\$1.0 million in each of 2018/19 and 2019/20) for Indigenous mental health and wellness services.
- The MOU on Tripartite Partnership commits the Province of BC, Government of Canada, and FNHA to each invest \$10 million over two years (in 2018/19 and 2019/20) to support Social

ESTIMATES NOTE

Determinants on Mental Health and Wellness, including a commitment to improve access to First Nations treatment centers (see below).

- The Ministry of Health provided \$20 million to the FNHA in March 2019 to fulfill its commitment to support to build and renovate up to 8 Indigenous addiction treatment centres (this has not yet been announced).

Approvals:

March 11, 2019 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning

April 30, 2019 – Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services Division

May 1, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Foundry Youth Centers

Issue: Development of Foundry Youth Centres

Key Messaging and Recommended Response:

- We are taking action to improve access to mental health and addictions services for young people through the expansion of Foundry centres.
- At Foundry, young people can access health care, mental health and substance use supports, and social services – all under one roof - making it easier for children and youth to get help when they need it.
- These centres are a critical part of the work our government is doing to build a seamless, coordinated mental health and addictions system of care that better meets the needs of our youth and their families.
- To date, Foundry centres have opened in seven communities: Vancouver (Granville), North Vancouver, Prince George, Campbell River, Kelowna, Abbotsford, and Victoria.
- Foundry centres are currently being established in an additional four communities: Ridge Meadows, Penticton, Richmond and Terrace. The Ministry of Health provided \$6.8 million in 2017/18 and allocated \$10.3 million in 2018/19 to support Foundry.
- Budget 2019 provides \$74 million over three years to improve access to a coordinated mental health and addictions system for children, youth, and young adults including opening additional Foundry centres.

KEY FACTS

Background/Status:

- Foundry offers health and wellness resources, services and supports for young people ages 12-24 – online and through integrated service centres in communities across the province.
- These centres – created in partnership with young people and families – offer primary care, mental health and substance use services, peer support, and social services under one roof.
- Services are delivered by the ministries of Children and Family Development, Social Development and Poverty Reduction, regional health authorities, lead agencies, and community and non-profit partners.
- The original BC prototype for Foundry, the Granville Youth Health Centre, opened in March 2015 and was developed on international evidence-based models. An additional six centres were opened in 2017 and 2018: Campbell River, Kelowna, North Shore Vancouver and Prince George, Victoria and Abbotsford.

ESTIMATES NOTE

- Foundry centres are currently being established in an additional four communities: Ridge Meadows and Penticton (open by summer 2019), and Richmond and Terrace (open early 2020).
- Budget 2019 includes investments to further expand Foundry. (Note: the number and type of sites have not been publicly announced – but expansion will be up to 8 sites, consisting of 5 full sites and 3 smaller rural sites.)
- 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 related to mental health care, substance use services, primary care and social services.
- The ministries of Mental Health and Addictions and Health are working with Foundry and BC Children's Hospital to develop a virtual clinic as part of \$5 million from the TELUS Strategic Investment Fund.
- Providence Health Care hosts and provides support to the Foundry Central Office, which provides leadership and strategic direction for all province-wide Foundry initiatives and Centres.
- Foundry's Governing Council includes representation from MMHA, MoH, MCFD, Graham Boeckh Foundation, St. Paul's Foundation, Providence Health Care and Michael Smith Foundation for Health Research.
- Evaluation findings are promising and show an increase in accessibility to services for young people.

FINANCIAL IMPLICATIONS

- The Ministry of Health has provided a total of \$22.6 million to support the Foundry initiative from 2014/15 to 2018/19 (\$3.0 million in 2014/15, \$2.5 million in 2016/17, \$6.8 million in 2017/18, and \$10.3 million in 2018/19).
- The Ministry of Mental Health and Addictions provided \$1.0 million to support Foundry in 2017/18.
- The Ministry of Health has notionally allocated \$9.3 million in 2019/20 to support Foundry.
- Budget 2019 provides \$74.0 million over three years (2019/20 to 2021/22) to improve access to a coordinated mental health and addictions system for children, youth, and young adults, including opening additional Foundry centres. The allocation of this funding over the next three years is still under review.

Approvals:

February 25, 2019 – Nick Grant, ADM

April 30, 2019 - Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 29, 2019 - Dara Landry, Executive Lead, Corporate Services, MMHA

May 1, 2019– Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

Appendix: Foundry Centres as of February 2019

#	Location	Announcement Date	Open Date
1	Vancouver (Granville)	March 18, 2015	Opened as Granville Youth Health Centre in March 2015
2	Campbell River	June 17, 2016 as part of initial provincial announcement of Phase 1 centres; no local announcement held	April 2017
3	North Shore	June 17, 2016; local announcement Feb. 9, 2017	September 2017
4	Abbotsford	June 17, 2016; local announcement Apr. 5, 2017	June 2018
5	Kelowna	June 17, 2016; local announcement December 12, 2016	September 2017
6	Prince George	June 17, 2016; local event January 13, 2017	October 2017
7	Victoria	October 19, 2017	May 1, 2018
8	Ridge Meadows (Maple Ridge/Pitt Meadows)	December 4, 2017	Late 2019
9	Penticton	December 15, 2017	Spring 2019
10	Richmond	June 25, 2018 at Foundry knowledge exchange event	Anticipated early 2020
11	Terrace	June 25, 2018 at Foundry knowledge exchange event	New construction with anticipated completion Summer 2020

ESTIMATES NOTE

TOPIC: Homeless Encampments

Issue: People living in homeless encampments experience challenges accessing mental health and addictions services and safe and supported housing

Key Messaging and Recommended Response:

- **People need the opportunity to thrive and get ahead. That starts with having an affordable place to call home.**
- **Many people who live with mental illness and problematic substance use experience challenges in accessing and maintaining safe and affordable housing.**
- **While homeless encampments may initially provide advocacy and security for people experiencing homelessness, they often become unsafe and put the most vulnerable people at risk.**
- **The Ministries of Social Development and Poverty Reduction and Municipal Affairs and Housing have developed a coordinated response to encampments, as part of the Homelessness Action Plan.**
- **Government is working with other levels of government, the health authorities and our community partners to help us deliver mental health and addictions services and supports for people living in encampments and provide pathways to safe and supportive homes.**
- **We are also increasing follow-up and connections to support and treatment for people at high risk of overdose through strengthened system coordination, and expanded capacity for outreach and community-based case management.**
- **Our government is taking bold steps to tackle the housing crisis and deliver affordable housing throughout B.C. Budget 2018 saw the launch of Homes for BC, government's 30-point housing plan and the largest investment in housing affordability in B.C.'s history — more than \$6 billion over 10 years.**

ESTIMATES NOTE

KEY FACTS

Background/Status:

- Many people who are chronically homeless have histories of trauma, addiction, or mental illness; they may also have been impacted by socio-economic factors, such as high unemployment and the lack of affordable housing.
- On September 27, 2018, the BC Coroners Service released findings that nine per cent of overdose deaths were people who were unsheltered (experiencing homelessness).
- Municipalities, business owners and residents express concern that encampments are not safe for the occupants or surrounding community. This includes fire risks and an increase in property crime.
- Municipalities have also called for coordinated housing and support options including detox, treatment and long-term recovery services, and access to safe and supported housing.
- As part of the Homelessness Action Plan, an encampment prevention and response strategy is being implemented by the Ministry of Social Development and Poverty Reduction (SDPR) for a coordinated, cross-ministry response to encampments.
- The Ministry of Municipal Affairs and Housing and SDPR are working in collaboration to support encampment responses, policy direction and oversight of BC Housing and housing – including the Rapid Response to Homelessness modular program and Building BC: Supportive Housing Fund.
- This includes the provision of a full spectrum of housing options (housing-first model to recovery) and supports to help people in need, and to strengthen the overall response to the persistent homelessness and housing challenges.
- Responses have included BC Housing outreach, supplies, shelter and new modular housing spaces (See Ministry of Municipal Affairs and Housing Estimates note “Responding to Encampments” for more information regarding response in homeless encampments.) Health authorities have also increased public health, harm reduction and mental health and addictions services and supports such as Intensive Case Management (ICM) teams.
- MMHA, in partnership with the Ministry of Health and other key stakeholders, will prioritize safety by aligning supportive recovery services and supportive housing with provincial guidelines and culturally-safe, evidence-based care.
- The housing plan, announced in Budget 2018, includes investments of more than \$6 billion over the next 10 years toward affordable housing, and increases in rental assistance available for low-income families and seniors.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.’s mental health and addiction system, including prevention and intervention actions.
- Budget 2019 provides \$74M over three years to fund mental health initiatives for children and youth across the province and improvements in access to quality care.

Approvals:

March 11, 2019 - Nick Grant, ADM, Strategic Planning, Partnerships and Research Division

March 19, 2019 - Dara Landry, Chief Financial Officer

March 29, 2019 - Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Marketing Campaign Overview

Issue: Public education campaign to help address the stigma around drug use and perceptions of people who use drugs by challenging false stereotypes of who is at risk. The province wide multi-faceted campaign is online, in broadcast and on out of home platforms.

Key Messaging and Recommended Response:

- **We want this campaign to knock down the walls of silence so that people are not afraid to talk about substance use and addiction, and to ensure they are not afraid to reach out for help to begin the recovery process.**
- **The campaign serves as a call to action for all British Columbians to see addiction not as a moral failing, but as a health condition that deserves the same dignity, respect and treatment as any other kind of illness.**
- **People who use drugs are real people – the campaign shows that they are in our families, workplaces and communities.**
- **We are challenging stereotypes and encouraging conversations about who is at risk, why they need our support and what we can all do to get informed, get involved and get help.**

KEY FACTS

Background/Status:

- On January 29, 2017, the Ministry of Mental Health and Addictions (the Ministry) 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 campaign directs people to www.stopoverdosebc.ca where they can find resources on how to talk with loved ones who may be struggling with problematic substance use and addiction, how to access treatment and recovery services, including culturally appropriate support services, and where to locate harm reduction supports.
- 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.

ESTIMATES NOTE

- 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 Warriors players are mostly B.C. young men who are also employed in the trades. The fan base is also an important demographic for us to reach with our messaging. The investment for 2018/2019 will include exposure in all Warriors games and in-arena and community activities.
- 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.
- The Ministry is in the process of developing a targeted campaign for Chinese Canadian and South Asian Canadian audiences, to help combat stigma in these communities. Key resources are also being translated for the StopOverdoseBC website to help ensure that language is never a barrier to getting the information and help needed.
- 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.
- Campaign print materials are distributed to key stakeholder organizations and groups throughout the year, with more than 350 stakeholders and partners who have requested over 40,000 campaign posters, and 130,000 rack/wallet cards, distributed across B.C. to date.
- Public opinion research (670 B.C. adults) was conducted in December 2017 to establish baseline data of British Columbian's attitudes and beliefs relating to the opioid overdose crisis. The public opinion research was repeated to measure changes from baseline. The agencies that worked on the campaign were selected from a list of pre-qualified suppliers as per the standard BC Government procurement process.
- Ongoing quantitative survey work has been conducted (pre-campaign, mid-campaign and post) to gauge feedback and recall on the campaign.
- From the quantitative survey, campaign recall is very strong. Over two-thirds (69%) of BC adults have seen/heard at least one element of the campaign.
 - Since the start of the campaign, people in B.C. are significantly more likely to say they would be comfortable accessing health care services (65% comfortable) and talking with friends or family about the issue (53%).
- In addition, the media plan through television, radio and transit and restaurant, bar and outdoor postings (out-of-home ads) reached 93.2% of the population of B.C.
 - TV: 14 spots per day, reaching 63.2% of the population
 - Radio: Minimum of 3 spots per day, reaching of 68.7% of the population
 - Out of Home: reaching 68% of the population.
- Facebook and Instagram ads: reached close to 1 million people.
- Campaign digital ads received over 21.2 million views.
- Over 2.3 million people watched the full 15-second commercial online.
- The overdose website (StopOverdoseBC.ca), with the anti-stigma messaging, reached over

ESTIMATES NOTE

50,000 users – 86% of which were located in British Columbia – since its launch in spring 2018. The website has gained over 99,000 page views to-date and published 50 blogposts that have gained over 26,000 unique page views.

- As part of the partnerships with the BC Lions and the Vancouver Canucks, the Ministry developed the “Why This Matters” video series. These launched in late November and to date the Travis Lulay (BC Lions quarterback) anti-stigma 15 second video has had 1,173,449 views; Geroy Simon (former Lion) overdose prevention 15 second video (466,063 views); Geroy Simon, overdose response 15 second video (715,183 views); Kirk McLean talking about toxic drug supply 15 second video (170,685 views); Kirk McLean on courageous conversations 15 second video (551,626).

FINANCIAL IMPLICATIONS

- The Ministry of Health provided \$2 million in 2017/18:
 - \$0.5M of the funding was spent on research, strategy, creative development and production of all elements (including TV, radio, print, online and website development);
 - \$1.5M of the funding was spent on advertising on TV, online, radio, out of home (including transit, restaurants, bars, campuses and arenas) and partnerships.
- The Ministry of Health allocated \$2.37 million in 2018/19:
 - \$0.57M of the funding is projected to be spent on research, strategy, creative development and production of creative production of all elements (including videos, print, translations, and website development)
 - \$1.8M of the funding is projected to be spent on advertising on TV, online, radio, targeted social media campaigns, and through partnerships.
- The Ministry of Health has allocated \$2.37 million over the next three years to support the ongoing annual public awareness campaign.

Approvals:

February 21, 2019 – Taryn Walsh, Assistant Deputy Minister, Strategic Priorities & Initiatives

April 1, 2019 - Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services

April 5, 2019 – Dara Landry, Executive Lead, Corporate Services

April 10, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Mental Health and Addictions Workforce

Issue: Planning for an integrated workforce to deliver effective mental health and substance use services.

Key Messaging and Recommended Response:

- We know a well-prepared workforce will be critical to transforming the province's mental health and addictions systems. This work is critical to ensuring people in B.C. have access to appropriate, timely, and effective care.
- My Ministry is working to enhance the workforce of care providers who work hard to give people the mental health and substance use support they need when and where they need it.
- Planning for the mental health and addictions workforce requires a cross-sector approach to training, recruiting and retaining the broad array of occupations providing services to people.
- The Ministry, Indigenous partners and partner ministries will collaborate with service delivery organizations, post-secondary institutions, regulatory bodies, unions and professional associations in this important work.
- We have integrated the wisdom shared by people with first hand experiences of mental illness and addictions – families, service providers, community agencies, local governments and First Nations and Métis people.

KEY FACTS

Background:

- Building on the workforce planning already underway, an integrated workforce plan will identify strategies to attract, prepare, deploy and retain skilled mental health and substance use service providers.
- Beyond hospitals, clinics, and medical professional services, the mental health and substance use workforce is spread across the K-12 school system, post-secondary, corrections and justice, and community agencies.
- Workforce challenges include high levels of stress, burnout and trauma, particularly for front-line in addictions and supervised injection centres, as well as first-responders to overdose and repeat overdose events.
- We know that community agencies experience challenges with attracting and retaining service providers due to wage inequities and funding uncertainties from year to year.

ESTIMATES NOTE

- Attracting and retaining service providers in rural and northern communities continues to be a challenge.
- The workforce is aging rapidly and will need investment to train, recruit, and retain new workers.
- Strategies are needed to upskill the existing workforce so they can effectively collaborate in multidisciplinary teams providing evidence-based mental health and substance use services and supports.
- The Ministry is using an equity lens to analyze how workforce, policy and service delivery changes affects different groups of people including Indigenous peoples and women, among others.

Status:

- Investment in mental health and substance use services will focus on services to support the health and wellbeing of young children, enhancing mental health for those at school age, and expanding access for children and youth seeking mental health and addictions services.
- K-12 school system occupations providing mental health and substance use services include teachers, counsellors, guidance and resource teachers, behaviour mentors, nurses, and youth workers.
- Gaps in data and information present a barrier to effective, cross-sector workforce planning, including insufficient and unreliable data specific to Indigenous communities.
- The Ministry utilizes recommendations and findings from Indigenous partners, First Nations Health Authority, the BC Representative of Children and Youth, the Minister's Round Table, and multiple focus and advisory groups.

Work Ahead:

- The Ministry is working with its partners, including Children and Family Development, Health, Education and Advanced Education, Skills and Training to assess hiring practices and education and training needs, including ongoing professional development.

FINANCIAL IMPLICATIONS

- Budget 2019 provides \$74 million over three years to enhance mental health and addictions services for for children, youth and young adults.

Approvals:

March 19, 2019 – Lori Mackenzie, A/ADM Strategic Policy and Planning

April 16, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Mountain View

Issue: Mountain View Home is an owner-operated licensed residential care facility in Abbotsford funded by the Fraser Health Authority (FHA) for over 25 years. In August 2015, FHA announced the closure of Mountain View Home by August 1, 2016. Subsequently, Mountain View Home remains open as a licensed residential care facility with no acute care, and has been sold to new operators.

Key Messaging and Recommended Response:

- **The mental health and substance use challenges that people face vary greatly, and we know we must ensure a broad spectrum of holistic support and care options are available to meet people's individual needs.**
- **We are committed to ensuring that people receive the appropriate care for them in the most appropriate setting according to their needs.**
- **Regional Health Authorities continuously review the service system including the number and appropriateness of community services and treatment beds to ensure patients receive high quality of care.**
- **The Mountain View facility remains open and continues to provide care to its residents, having been sold to new operators.**

KEY FACTS

Background/Status:

- In early 2018, there was substantial media interest around Mountain View Home in Abbotsford and Fraser Health's decision to terminate their contract with the facility, which resulted in the home remaining open but not receiving any new client referrals.
- Mountain View Home is a privately-operated mental health home in Abbotsford with capacity for 25 beds. Currently, there are 19 residents in the facility. Twenty beds are currently funded by Fraser Health. The residents were previously informed that they can stay in the facility unless and until they choose to leave.
- In August 2017, Mountain View Home's operators sent a letter to Minister Darcy noting she supported the facility when in opposition, informing her of four vacancies at the facility and inviting her on a tour. In addition, Global News picked up on Minister Darcy's support of Mountain View Home when she was MLA and wanted to know if she would reverse the decision now that she is Minister of Mental Health and Addictions.
- On Jan. 31, 2018 Fraser Health wrote to Mountain View Home, thanking them for their Jan. 12, 2018 letter asking Fraser Health to reconsider their decision to not fill vacancies. Fraser Health advised that they would not be reconsidering their decision.

ESTIMATES NOTE

- Ministry of Mental Health and Addictions wrote back to the Mountain View Home operators on June 7, 2018, including a statement that data from Fraser Health Authority indicates there was one person actively on a waiting list for a facility like Mountain View in Abbotsford or the surrounding area.
- To serve the population of Abbotsford, including residents at Mountain View Home, Fraser Health opened a 50-bed facility on Marshall Road in 2016 which provides mental health services and supports to clients. The Marshall Road facility has 20 mental health assisted living units and 30 licensed residential care units as well as 18 mental health housing subsidies with support for clients who can live independently but need some level of support in the community.
- Marshall Road is a new facility that provides care, quality housing and greater options in line with the needs and desires of this population.
- All residents of Mountain View Home were invited to move to the new Marshall Road facility. One client accepted and three others chose facilities in different communities that suited their needs. According to Fraser Health, as of January 14, 2019, there was no one in acute care or in the region waiting for a bed in a facility such as Mountain View Home.
- On March 9, 2018, Skipton Holdings Ltd. provided Fraser Health with notice of their intent to sell Mountain View Home. Potential purchasers submitted a complete application in November 2018 to Fraser Health for approval as a service provider. The completion date for the sale was February 1, 2019.
- The owners of Mountain View Home, Skipton Holdings Ltd., have sold the facility and the new purchasers have been approved as licensed service providers. The purchasers were required to undergo an approval process for funding as well as for a license to operate the facility. These are separate processes from the real estate transaction between the two parties.
- This means that Mountain View Home, a licensed mental health residential facility in Abbotsford, will be transitioning to a new service provider. The new service providers are experienced health care professionals with an individualized, recovery-oriented approach to care.
- The new service providers assumed responsibility for day-to-day operations on February 1, 2019 after a two-week transition period with the current service provider. The location, staff and existing name will remain the same.
- The focus is on a process that is not disruptive to the residents. Fraser Health, the new providers, and Skipton Holdings Ltd. will meet with residents and families to ensure residents are informed and assured about their care during this transition.
- Residents and families were advised of the change in service provider the week of January 21, 2019

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

N/A

Approvals:

March 22, 2019 Lori MacKenzie, acting ADM, Strategic Policy and Planning Division

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Partnerships Overview – Stigma Campaign

Issue: Engaging with public and private partners to expand the campaign reach, aiming to help combat the stigma around drug use and increase awareness about how to get involved, get informed and get help.

Key Messaging and Recommended Response:

- **This campaign is about knocking down the walls of silence surrounding substance use and addiction so that people are not afraid to reach out for help to begin the recovery process.**
- **By working with multiple partners across BC in both the private and public sectors, we will reach key target audiences and gain new avenues of support in our effort to challenge stereotypes, change attitudes and perceptions about people who use drugs.**

KEY FACTS

The following partnerships have been formed to expand the reach of the anti-stigma / public information campaign.

Vancouver Canucks

- Since January 2018 to present: print and digital ads are running throughout Rogers Arena, including digital concourse signage, washroom posters, LED ring and halo ads
- Canucks alumnus, Kirk McLean acting as campaign ambassador to deliver key messages
- On January 29, 2018: Campaign Launch Event with Kirk McLean and the Minister
- On March 2, 2018: Activation Event (during Canucks home-game)
 - Ministry of Mental Health and Addictions (the Ministry) staff distributed “5 Ways to Get Involved” postcards with campaign creative
 - Kirk McLean, Minister Darcy and Premier Horgan engage with fans and hand out materials and gain interview time with Canucks media, including Sportsnet, reaching prime time audiences with this important message
- Ongoing promotion of the campaign through Canucks digital and social media channels, including the “Why This Matters video series” that was posted on the stopoverdosebc.ca website in late November 2018.
- The video series featured Kirk McLean in two videos, both a long and a shorter shareable version (15 seconds) talking about the toxic drug supply (15 second version with 170,685 views) and the importance of courageous conversations (15 second version with 551,626).
- On January 16, 2019, the Vancouver Canucks annual “Hockey Talks” event took place to promote mental wellness and reduce stigma. Minister Judy Darcy and Canucks alumni Kirk McLean attended to engage with fans and promote the campaign.
- This game night was dedicated to increasing awareness and encouraging conversation about mental health. Fans were given #YouCanTalkToMe pledge cards and asked to hold

ESTIMATES NOTE

them up during opening ceremony as a symbol to let others know they are a safe person to talk to. The evening generated solid media coverage – including an interview with Minister Darcy on SportsNet 650 – and over 1500 original posts shared on social media with #YouCanTalkToMe and #HockeyTalks.

- Canucks hosted an online contest as part of the run up to Hockey Talks for a British Columbian to win four tickets to the Vancouver Canucks vs. Edmonton Oilers game in Vancouver on January 16, 2019. The prize included a meet and greet with former NHL goaltender Kirk McLean. The Canucks contest page also included an invite to sign up for a ministry e-newsletter.
- The contest received 2,200 entries with 59% signing up for the e-newsletter (i.e., 1,300 entrants).

Vancouver Warriors

- The Ministry recently entered a partnership with the Vancouver Warriors, a new professional lacrosse team that plays in Rogers arena (in family of Vancouver Canucks).
- The partnership has the advantage of expanding reach with continued exposure, but with a new audience -- different from the Canucks and BC Lions.
 - The Warriors players are mostly B.C. young men who are also employed in the trades. The fan base is also an important demographic for us to reach with our messaging. The investment for 2018/2019 will include exposure in all Warriors games and in-arena, social media and community activities (TBD).
- Campaign materials are featured throughout the arena and are promoted to create more awareness and expand the delivery of our key messages.

BC Lions

- 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, promoting and expanding the reach of the StopOverdoseBC campaign and its messaging to youth throughout B.C. The program covers communication, resiliency and messaging about the importance of communication and resiliency. Messaging includes that “it’s ok not to be ok,” and encourages youth to reach out for help when they need it.
- As part of the partnerships with the BC Lions, the Ministry developed the “Why This Matters” video series. These launched in late November 2018 and to date the Travis Lulay (BC Lions quarterback) anti-stigma 15 second video has had 1,173,449 views; Geroy Simon (former Lion) overdose prevention 15 second video (466,063 views); Geroy Simon, overdose response 15 second video (715,183 views) driving much awareness to our campaign and messaging.

Corus Entertainment

- Throughout 2018, advertising and awareness was featured as part of the ongoing partnership.
- Feb 26, 2018: 2-3 minute segment on Global News, premiering the 30 second TV-spot
- TV interviews (Global News, CKNW News) and four radio interviews (CFOX and CFMI)
 - Interviewees included Minister Darcy, “Change-Makers” (i.e. people working in the field), and people with lived experience to humanize the public health emergency and promote campaign messaging.

ESTIMATES NOTE

- TV, radio and digital public service announcement (PSA) spot run + bonusing as part of the media partnership, the awareness campaign was featured on Global BC News, CKNW, CFOX, CFMI, BC1 and BC CHAN, CHAN Van/Vic, and the Global News Home and Facebook pages.

Overwaitea Food Group

- The Ministry formed a partnership with Overwaitea Food Group to highlight and leverage the role of pharmacists.
- Overwaitea Food Group provided a media-trained pharmacist (Malcolm Yan) interviewed on the overdose crisis for Global with Minister Darcy.
- The print and digital materials – which included information on how to prevent and respond to an overdose were distributed to over 80 pharmacies in 48 rural and urban communities.
- The campaign was also featured in the Save On Foods newsletter, which was distributed to over 1.4 million households across B.C.

Transit Police / Translink

- Ran a combination of 260 platform station posters, vertical vehicle posters, and LCD digital ads in high-traffic transit areas between Feb 26, and Mar 31, 2018.
- Promoted the campaign through Transit Police and Translink digital/social media channels.

Canadian Mental Health Association

- In 2018, ad placement in *Visions: BC's Mental Health and Addictions Journal* (both online and print).
- Promoting the campaign through digital/social media channels, including the HeretoHelp website.

WorkSafeBC and BC Building Trades Council partnerships are currently in development.

FINANCIAL IMPLICATIONS

- Ministry of Health expenditures in 2017/18 relating to the partnership initiatives included:
 - s.13; s.17
 -
- The Ministry of Health's estimated expenditures in 2018/19 relating to the partnership initiatives include:
 - s.13; s.17
 -
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- The Ministry of Health has allocated \$2.37 million over the next three years to support the ongoing annual public awareness campaign. A portion of this allocation may be provided for partnership initiatives..

ESTIMATES NOTE

Approvals:

February 21, 2019 – Taryn Walsh, Assistant Deputy Minister Strategic Priorities & Initiatives

April 1, 2019 - Gordon Cross obo Peter Pokorny, ADM, Finance and Corporate Services;

April 5, 2019 – Dara Landry, Executive Lead, Corporate Services

April 10, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Primary Care

Issue: How the work of the Ministry aligns with Primary Care Networks (PCN) and Specialized Community Service Programs (SCSPs).

Key Messaging and Recommended Response:

- **Our government's primary health-care strategy to better support access to every-day health care, very importantly, includes mental health and addiction services.**
- **What we are saying by embedding mental health and substance use supports into primary care is that these services are mental health and addictions health care issues, period.**
- **The Ministry of Health continues to develop and implement community-based Primary Care Networks and Specialized Community Services Programs. These networks build a team of professionals around patients and their needs, and improve access to early interventions for individuals with mild to moderate mental health and addictions issues, and more specialized supports for people in greater need.**
- **These networks will also enable better integration of health system services and better coordination with other social sector supports including criminal justice, housing and employment support, and child welfare.**
- **We continue to work with the Ministry of Health to align the PCNs with my Ministry's mandate and to ensure that British Columbians can access a seamless network of mental health and addictions services and supports where people ask for help once and get the help they need fast.**
- **Budget 2019 includes \$74 million over three years to improve access to mental health care for children and youth.**
- **We are opening more one-stop Foundry sites providing primary care, mental health, substance use and social services for young people.**

ESTIMATES NOTE

KEY FACTS

Background/Status:

- The Ministry of Health is continuing its efforts to develop and implement community-based primary care networks to enhance access to team-based care for individuals with mild to moderate mental health and substance use issues. Team-based care will also help free up family doctors, so they can take on new patients.
- Primary Care Networks (PCN) and Specialized Community Service Programs (SCSP) are intended to:
 - Provide care for individuals with mild to moderate mental health and/or substance use disorders;
 - Better connect primary care providers with specialized services;
 - Provide primary care providers with the tools, training, or resources to identify mental health and substance use (MHSU) challenges and better support MHSU patients;
 - Connect individuals struggling with MHSU concerns with a primary care provider; and,
 - Enhance specialized services to meet demand.
- A PCN is a unified system of primary care consisting of patient medical homes that are networked with each other and provide the primary health care needs of the population within the geographic area:
 - Primary care networks are the backbone of team-based care, linking family practices, health authority and community providers and services in a local geographic area with each other and with SCSPs;
 - Clients have a primary care provider (family physician or nurse practitioner) who provides and coordinates their medical care; and,
 - Care is holistic and person - and family-centred.
- SCSPs will consolidate existing MHSU programs and services into a single program structure with a designated leader who has overall fiscal and operational responsibility. Specialized MHSU services support individuals with moderate to severe mental health and/or substance use issues, including:
 - A commonly known, single point of contact for patients and health care providers within Primary Care Networks; an SCSP may serve more than one PCN, depending on geography;
 - Efficient and timely access to pharmacy, diagnostic, hospital outpatient, emergency, and inpatient hospital services;
 - Person-centred care, provided by interdisciplinary teams that include professionals such as social workers, through a bio-physical-psycho-social-spiritual focus; and
 - Ministry of Health has directed Health Authorities (HA) to develop and must establish and develop, at minimum, one Specialized Community Services Program (SCSP) for individuals with moderate to severe mental health (MH), substance use (SU) and concurrent MHSU disorders or conditions in each Local Health Service Delivery Area.
- Implementation is structured around a phased approach over three years (2018/19-2020/21), building on services that are already available (e.g., rapid access addiction clinics), and scaling up quickly where possible.
- Primary and Community Care principles provide guidance to the Ministry of Health regarding how people with mental health and substance use challenges should receive and experience care when accessing primary care services and supports (see appendix).

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions - \$34.7M has been allocated to increasing mental health capacity in Primary Care over these five years.
- Budget 2019 provides \$74 million over three years to fund mental health initiatives for children and youth across the province and improved access to quality care.

Approvals:

March 7, 2019 – Nick Grant, ADM, Strategic Policy & Planning

March 19, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister of Mental Health and Addictions

ESTIMATES NOTE

TOPIC: Research Overview

Issue: Supporting the Ministry of Mental Health and Addictions mandate through evidence and partnerships with BC researchers

Key Messaging and Recommended Response:

- **The ministry is in discussion with a number of leading research institutions to understand how B.C. can strengthen mental health and addictions programs and services.**
- **We are seeking and using scientific evidence to shape policy and planning to improve care for children and youth, Indigenous populations, and people vulnerable to overdose.**
- **Sound research evidence will allow for continuous improvement of mental health and addictions services and supports.**

KEY FACTS

- The Ministry of Mental Health and Addictions (MMHA) is working with the BC mental health and substance use research community to inform both the mental health and addictions strategy and the immediate response to the overdose emergency.
- MMHA is focused on translating existing evidence, and generating new intelligence through a number of mechanisms.
- Research will enable the continuous improvement of mental health and addictions services and supports, and improve the experiences of British Columbians interacting with the mental health and addictions system of care.

Knowledge translation/mobilization

- Research has identified highly effective interventions to prevent, intervene early and treat mental health and addictions.
- There are a number of interventions focused in pregnancy, infancy, early and middle childhood, and adolescence that rigorous evaluations have been shown to improve resilience, and reduce these health issues later in life.
- MMHA worked through the Summer/Fall 2018 to translate evaluation evidence to assess the “real-world” effectiveness of these interventions, and identify approaches that would most benefit British Columbians in different geographies and populations.
This evidence informed work on the mental health and addictions strategy by highlighting the high quality interventions, programs and strategies that are likely to improve outcomes for people.

Identifying and closing gaps in the current knowledge base, and attracting research funding

- While there is robust evidence for some key interventions, an opportunity exists to identify key knowledge gaps for both mental illness and addictions, and work to fill them. MMHA is starting to work with BC mental health and substance use researchers and institutions to create a mental health and addictions research agenda to address those gaps.

ESTIMATES NOTE

- MMHA will convene researchers from multiple BC academic institutions who contribute to mental health and addictions research, service providers and government partners, people with lived experience and others to collaboratively develop a mental health and addictions research agenda for BC and work with research-funding agencies to promote this agenda.
- In the meantime, study proposals developed in partnership among researchers, policy formulators, service providers and people with lived experience will ensure BC continues to attract funding to support the development of BC-relevant solutions to mental health and substance use issues.
- MMHA will accelerate translating this new knowledge into policy and practice through existing knowledge translation structures, ensuring BC's mental health and substance use response continues to be rooted in the latest, high quality, BC-based evidence.
- MMHA is supporting numerous research projects that are providing evidence to inform BC's response to substance use issues and overdose.

Engaging with researchers to promote innovation in the overdose response

- MMHA is taking a lead role in collaborating with partners on two projects to allow researchers to use overdose response-focused data to create innovative approaches to the overdose emergency.
 - MMHA is collaborating with the Provincial Health Officer, the City of Surrey and Statistics Canada on a project to link overdose data with Statistics Canada to better understand the socio-economic characteristics of people who experience an opioid overdose. Analyses are expected later this fiscal year.
 - MMHA in collaboration with the Provincial Health Officer, BC Centre for Disease Control and other partners is working to make the Provincial Overdose Cohort data accessible through the secure environment at Population Data BC. This will allow researchers to access and contribute to the public health emergency response using the Cohort data. Two research projects have been approved to date, with data access starting in April 2019.

FINANCIAL IMPLICATIONS

- Currently, MMHA staff participate on advisory teams or have lent written support to research funded by various funding partners, including Health Canada's Substance Use and Addictions Program, Canadian Research Initiative in Substance Misuse, US National Institutes of Health, and Vancouver Foundation. In 2018, these sources provided \$12.2 million to research projects supported by MMHA.

Approvals:

March 13, 2019 – Nick Grant, ADM, Strategic Priorities & Planning

April 16, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Riverview Lands

Issue: A vision for renewing the Riverview Lands includes a comprehensive mixed-use community and the relocation of the Burnaby Centre for Mental Health and Addiction, the Maples Adolescent Treatment Centre, and the Provincial Assessment Centre to the site.

Key Messaging and Recommended Response:

- These state-of-the-art centres will provide people with complex mental health and addictions challenges and their families with the environment, support and services they need to help stabilize their illness and create pathways to hope and wellness.
- The new Provincial Assessment Centre/Maples Building is complete, with clients moving into the facility as of February 2019.
- The new Centre for Mental Health and Addiction is under construction with an estimated completion date of late 2021.
- I have met with people from across the province who work in the system – municipal officials, and families affected by mental health and addictions – and I have heard over and over about the gaps in services for some of our most vulnerable people that were left by the closure of Riverview in 2012.
- It's very clear that we also need to put more community-based resources in place for people with mental illness to make up for the closure of Riverview and the diverse needs of the growing population.
- Mental health and addictions services are a core vision for the Riverview lands, and this expansive property is a significant asset, with great potential for building more supports for people who need our help.

KEY FACTS

Background/Status:

- Riverview Lands is a 244-acre site in Coquitlam, home to 75 buildings. The Province has held the title to the land since 1904, and its primary use since 1913 has been to provide mental healthcare (Riverview Hospital).
- In 2013, the Province of British Columbia announced a vision consultation process on the future of the Riverview lands, and directed BC Housing with a mandate to create a plan for the future of Riverview.

ESTIMATES NOTE

- Establishing mental health care facilities on the Riverview lands received strong public and stakeholder support. Two years of consultation with British Columbians and multiple stakeholders resulted in *A Vision for Renewing Riverview Lands*, released in December 2015.
- The vision was designed to balance the priorities and objectives of a wide range of stakeholders in the community, non-profit and health care sector, Kwikwetlem First Nation and the Province. The BC Housing report lays out a master development plan for a comprehensive mixed-use community that would include a health care district as well as different types of housing.
- The Province intends to review the current plan for redevelopment of Riverview, including the principles that were previously established to guide the reuse of these public lands.
- The review of the current plan will contribute towards addressing the housing needs of people experiencing homelessness as well as severe mental illness and addiction, in support of the work of the Ministry of Mental Health and Addictions.
- The Province aspires for a balanced approach to the principles and objectives of a wide range of stakeholders and parties and continues to work in the spirit of partnership with the Kwikwetlem First Nation who have made a land claim for the Riverview Lands.
- The Province's intention is to create an integrated community of care with critical mental health and addiction supports and services, and affordable, safe and functional housing to help vulnerable people.
- Mental health services continue to operate on the Riverview site. There are currently 64 residential beds operated by Fraser Health and 82 beds operated by Provincial Health Services Authority (BC Mental Health and Substance Use Services).
- Two new buildings for mental health services are also complete or under construction:
 - The new Provincial Assessment Centre/Maples building (Valleyview/Healing Spirit House) has been completed and clients will begin moving into the facility in February 2019. This purpose built 38-unit building will be operated by the Ministry of Children and Family Services and Community Living BC.
 - The new Centre for Mental Health and Addictions building is under construction with an estimated completion of late 2021. This purpose-built 105-bed mental health facility will be a centre of excellence in the care and treatment of adults with complex mental health and substance use challenges. The CMHA will be operated by the Provincial Health Services Authority (via BC Mental Health and Substance Use Services).
- These state-of-the-art centres will provide people with complex mental health and addiction challenges and their families the environment, support and services they need to help stabilize their illness and create pathways to hope and wellness.

FINANCIAL IMPLICATIONS

- The anticipated cost of the Centre for Mental Health and Addictions is \$101 million.
- The anticipated cost of the Maples Adolescent Treatment Centre and Provincial Assessment Centre is \$64 million.

Approvals:

March 15, 2019 – Nick Grant, ADM, Strategic Priorities & Planning

April 25, 2019 – Kirk Eaton obo Peter Pokorny, ADM, Finance and Corporate Services

April 29, 2019 – Dara Landry, Executive Lead, Corporate Services

April 30, 2019, Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Rural and Remote

Issue: British Columbians living in rural and remote regions are faced with unique challenges to accessing appropriate mental health and addiction services and supports.

Key Messaging and Recommended Response:

- **We recognize that British Columbians who reside in rural and remote areas are faced with many unique challenges and barriers to accessing appropriate and culturally-safe mental health and addictions services and supports.**
- **Our government understands that alternative and flexible approaches are often required to address the needs of British Columbians living in rural and remote regions.**
- **For example, this government is working on technological solutions involving virtual care, to bridge existing gaps by providing individuals timely access to appropriate supports and before they reach a crisis.**
- **We recognize that there are sometimes barriers to telephone and internet service depending on the location in BC. These barriers are a key part of our planning for service delivery.**
- **Our commitment is to develop a Mental Health and Addiction Strategy to transform the mental health and addictions system so that it works for all British Columbians across the entire province and therefore we are working to address barriers and challenges for rural and remote communities accessing services.**
- **We know that a large portion of British Columbians that reside in rural or remote areas identify as Indigenous. We are partnering with Indigenous organizations, communities and governments to ensure that culturally safe and appropriate services are available across the province.**

KEY FACTS

Background/Status:

- Rural and remote regions make up a considerable amount of the Province; about 95% of the provincial land base is non-urban.
- The populations of rural BC communities are often small, dispersed and fluctuating. Many areas of the province have less than five people per square kilometer.

ESTIMATES NOTE

- A large percentage of the rural population identifies as Indigenous; approximately 11.3% of the rural population self-identifies as Indigenous, compared to 3.7% of the urban BC population.
- Providing mental health and addictions services and supports in rural and remote communities is a challenge. Challenges stem from: geographic remoteness; long distances; low population densities; less availability and lower recruitment and retention of service providers; inclement weather conditions; lack of transportation and technology infrastructure; lack of broadband access; absence of culturally-safe services and social isolation. These challenges present barriers for rural and remote residents to receiving appropriate, culturally-safe services.
- Rural and remote residents are often faced with challenges that have an impact on their overall health status including: higher incidence of social disadvantage; limited local education and employment opportunities; poor access to and quality of housing; and, food security challenges.
- The Province provides MHSU services to rural and remote communities through mobile MHSU clinical teams, e-Mental Health, tele-health, and travel assistance programs for both patients and physicians.
- Accessing mental health and substance use services and navigating the system, particularly from rural and remote areas, are two key issues identified by patients, families and service providers.
- To support this, the Ministry, with the Ministry of Health, is investing in innovative technology to provide individuals and physicians with free, user-friendly access to reliable information, screening tools, and psychological support.
- Community connectedness and resilience are often hallmark characteristics of rural communities and their residents.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2019 provides \$74M over three years to fund mental health initiatives for children and youth across the province and to make improvements in access to quality care.
- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions.
- The Province is providing the First Nations Health Authority with \$22.5-million over five years from 2018/19 to 2021/22 to support land-based healing initiatives. A significant portion of this funding will be to support rural and remote First Nations to enhance the mental health and wellness of their youth, families and communities.

Approvals:

March 7, 2019 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning

March 19, 2019 – Dara Landry, CFO, Corporate Services and Financial Accountability (CFSA)

March 29, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: School-Based Mental Health

Issue: Mental health and addictions services in BC schools

Key Messaging and Recommended Response:

- **Budget 2019 provides \$74 million to enhance mental health and addictions services for children, youth and young adults. This investment focuses on services to support the health and wellbeing of young children, enhancing mental health for school age children and youth, and expanding access for children and youth seeking mental health and addictions services.**
- **Government is ensuring schools are welcoming and inclusive by making sure all school districts have resources and supports for mental health and wellness.**
- **BC students will benefit from a \$3-million investment that will support new school-based mental health programs focused on prevention, wellness promotion and early intervention.**
- **More than 160 teacher psychologists and counsellors were hired throughout the province since March 2017 so that students have the supports they need to succeed.**

KEY FACTS

Mental Health

- Ministry of Education is allocating \$3-million in federal mental health and addictions funding for new school-based mental health programs through grants for all 60 schools districts and independent schools for: staff training, parent information, new resource materials for educators, families, and community organizations, and student workshops. Funding also supports the 2019 School Community Mental Health Conference, and a scan of mental wellness programs conducted by the Human Early Learning Partnership (HELP) at UBC.
- MCFD invested \$1 million in a partnership with Anxiety Canada to develop *Everyday Anxiety Strategies for Educators (EASE)*, a collection of educator resources focused on anxiety prevention, specifically designed for use with students in Grades K-7. Resources became available to educators at no cost through workshops beginning January 2019.
- The Ministry of Education has expanded the ERASE strategy during the 2018/19 school year to include an additional focus on mental health and wellness, and substance use.
- New curriculum for Grades 11 & 12 will go live in fall 2019. It will include elective course offerings in Physical and Health Education that focus on active living and physical health, including analyzing health messages from a variety of sources and describing their potential influences on health and well-being.

ESTIMATES NOTE

Addictions

- To date, there have been no fatal overdoses reported in BC schools. There have been reports of non-fatal overdoses in schools by media and/or parents; these have not been officially confirmed. For example, CHEK News reported a non-fatal overdose by a student at Oak Bay High School (Victoria School District) Fall 2017.
- The Public Health Agency of Canada reports that childhood trauma can contribute to harmful substance use. The Ministry is developing trauma informed practice resources, currently being piloted by SD79, Cowichan Valley and SD28, Quesnel and will be ready for release in Spring 2019.
- The Ministry of Education has taken a number of other steps to support prevention and awareness related to opioid overdoses including training for school personnel on substance use and opioid overdose; flexibility in the curriculum to explore substance use topics; inclusion of concepts related to substance use in K-12 physical and health education; and, harm reduction supports including tools for assessing risk for overdose; and where needed, naloxone kit distribution and training. The decision to put naloxone, the anti-overdose medication, into schools is made at a school/school district level.

Mountainside Secondary School (North Vancouver)

- The Province and community partners are supporting a two-year project at Mountainside, to expand classroom-to-community mental health and addictions connections in the North Vancouver School District (NVSD).
- Services provided in school include physician (1 day/week), public health nurse (1.5 days/week), therapeutic day program (1-2 clinicians and a teacher), concurrent disorders clinician (1-2 days/week), MCFD Interpersonal Therapy Group, North Shore Restorative Justice, and Music Therapy.
- The project, supported by \$225,000 of provincial funding in 2017/18, will build on the school's mental health and addictions hub and community partnerships. This allows other schools in the district similar access to integrated mental health and addictions supports and services. The project is scheduled to run from September 2018 to September 2020.

FINANCIAL IMPLICATIONS

- Budget 2019 provides \$74M to fund mental health initiatives for children and youth across the province.
- \$263 million of dedicated federal government funding, over five years (2017/18 to 2021/22) will support investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions.

Approvals:

February 25, 2019 – Nick Grant, ADM

March 27, 2019 -- Dara Landry, Chief Financial Officer

February 26, 2019 – Neilane Mayhew, Associate Deputy Minister

ESTIMATES NOTE

TOPIC: Secure or Safe Care

Issue: The involuntary care of youth, at high risk of harm, due to severe substance use disorder.

Key Messaging and Recommended Response:

- **Nothing is more important to our work than keeping young people safe. It is what I think about every single day when I wake up and go to work building a better system of care for mental health and addictions.**
- **I've talked with many parents who fear for the safety of their children who use drugs but refuse treatment. Parents feel helpless, and their entire focus is on keeping their child alive. We take their concerns very seriously.**
- **The Ministry of Mental Health and Addictions, in partnership with the Ministry of Health and the Ministry of Children and Family Development, is working to address the gaps in the mental health and addictions system.**
- **We are looking at B.C.'s Mental Health Act and all related statutes, the suite of services that would be provided before and after any kind of involuntary admission, and the appropriateness and need for separate involuntary admission legislation.**
- **Our priority is to build and expand programs, supports and services to address mental health and substance use issues before they become more complex and acute.**
- **We know that there is not one single solution and we are working to build a seamless and coordinated mental health and addictions system that works for everyone.**
- **The Ministry of Mental Health and Addictions, in partnership with the Ministry of Health and the Ministry of Children and Family Development is working to address the gaps for this population by:**
 - **Strengthening voluntary services and supports;**
 - **Better engaging families in the care of young people with severe substance use disorder;**

ESTIMATES NOTE

- Closing policy and practice gaps in the use of the *Mental Health Act* for substance use disorder; and
- Effectively using data through the Opioid Emergency Response Centre to better understand and improve care for this population across the Province.

KEY FACTS

Background/Status:

- There are youth who are living with severe substance use disorder who are at an ongoing risk of injury, disability, or death, and concern has grown in light of the opioid overdose emergency.
- There are also growing concerns about the welfare of this vulnerable population and repeated calls from some parents and family members, the Opposition, and some clinicians for Government to enact legislation so that youth can be detained and receive involuntary care.
- Other stakeholders (e.g. B.C. Civil Liberties Association; Ending Violence Association) have advised against involuntary care in the absence of a comprehensive and complete voluntary system of care
- A comprehensive and complete voluntary system of care would help ensure a youth gets the right care at the right time, well before they and their families find themselves in crisis
- BC has explored secure care options in the past but legislative proposals have never been passed into law largely based on concerns about the scope and application of proposed legislation, infringement of youth's rights, impact on Indigenous youth, and the significant fiscal impact
- Currently, the BC *Mental Health Act* (MHA) enables the involuntary admission and treatment of adults and youth who have a mental disorder and a concurrent disorder (e.g. alcohol use disorder where features of a mental disorder like depression are present)
- In 2018, the BC Government commissioned independent research, led by the Centre for Applied Research in Mental Health and Addictions at SFU, focused on the harms and benefits of involuntary care for substance use disorder and concluded:
 - There is a lack of robust research regarding the effectiveness of involuntary care for people with severe substance use disorder, especially about the long-term impacts;
 - The available research evidence is inconclusive with evidence pointing to both harmful and beneficial outcomes associated with involuntary care; and
 - s.13

- In 2018, the Office of the Child and Youth Advocate in Alberta investigated 12 youth opioid overdose deaths; 6 of those youth had experience of confinement under Alberta's secure care legislation.

ESTIMATES NOTE

- The Advocate states that some of the six who died made “harmful connections with peers that increased their risk-taking behaviours,” and, “others spent much of their time physically withdrawing from substances, with little time to engage in services.”
- The Office of the Child and Youth Advocate in Alberta recommended that Alberta Health undertake a review of the Protection of Children Abusing Drugs (PChAD) Act and its policies, so the related services better meet the needs of young people and their families.
- Alberta Health accepted this recommendation and will “conduct an internal review of the PChAD Act and its related policies over the next 18-24 months and recommend policy and amendments based on findings from the review.”

FINANCIAL IMPLICATIONS

Potentially significant but no firm estimates at this time.

Approvals:

March 14, 2019 – Nick Grant, ADM, Strategic Policy & Planning

April 16, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: Wildfire and Flood Recovery – Mental Health Wellness

Issue: B.C. Wildfire and Flood Mental Health and Wellness Recovery.

Key Messaging and Recommended Response:

- **Our hearts go out to all the residents and responders in communities that have been affected by wildfires and floods. The Province is committed to supporting them and their mental health.**
- **It is critical that people experiencing mental health challenges in the wake of wildfires, flooding or any natural disaster, know they are not alone in how they are feeling and that there are a variety of mental health supports in place at the community level, on the ground, and online.**
- **The Provincial Health Services Authority's disaster psychosocial program is available to anyone who has been impacted by wildfires or floods.**
- **This program supports communities and first responders by helping them to emotionally process their experiences, and also supports them to become more resilient and prepared to respond to other emergency events that may occur.**

KEY FACTS

Background/Status:

Wildfires

- 2017 and 2018 were the worst years on record for wildfires in BC.
- The wildfires in the summer of 2017 were particularly disastrous in terms of human impact, forcing the evacuation of approximately 65,000 people, including from 100 Mile House and Williams Lake, Ashcroft and Quesnel.
- In 2018, BC faced the largest fire season ever recorded, the province declared a provincial state of emergency for 23 days. In total, over 2,092 fires displaced over 5,400 residents, burned 1.3 million hectares and cost the province over \$560 million.
- 31 First Nations were impacted during the 2018 wildfire season.
- After the 2017 wildfire season, the Ministry of Health provided targeted funding for mental health resources for people impacted by the wildfires.
- Just over \$1.0 million was provided to the First Nations Health Authority in 2017/18 to facilitate the delivery of immediate cultural and clinical supports for the seven impacted Nations, and 28 communities to aid mental health and recovery planning.
- In addition, through Emergency Management BC, the Ministry of Health provided 1.01 million (Interior Health Authority - \$0.50 million and the Provincial Health Services Authority

ESTIMATES NOTE

- \$0.51 million) in 2018/19 to support mental health recovery activities in impacted communities, some of these services include:

- **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 several impacted communities – 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 such as freshet and wildfire anniversaries.

Flooding

- In 2018, the Regional District of Kootenay Boundary, including the city of Grand Forks, experienced a catastrophic flood, roughly two feet (0.6 metres) higher than ever recorded. About 1,500 buildings were evacuated across the region and more than 500 were damaged.
- Many families will not be able to return to their homes permanently due to future risk of flooding which will result in relocation of some neighbourhoods.
- About 23 First Nations were impacted by flooding in 2017 and/or 2018. Several of these communities also experienced wildfire alerts/evacuations.
- 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 (emotional, mental, physical, spiritual and financial).
 - **Facilitation of PFA and Mental Health First Aid (MHFA) training** for front-line workers to enhance their education and understanding of how best to support people impacted by crisis events and disasters and to care for themselves.
 - **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.

Provincial Interim Disaster Recovery Framework

- In October 2018, the province adopted the United Nations' Sendai Framework for Disaster Risk Reduction. Emergency Management BC (EMBC) has been tasked with developing recommendations to modernize the *Emergency Program Act* to support of the Sendai Framework.
- In November 2018, EMBC was tasked with leading the development of a Provincial Interim Disaster Recovery Framework to define a strategy, prioritize actions, and serve as a central coordination, accountability, and oversight mechanism for cross-sectoral and integrated disaster recovery.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- Budget 2019 announced adding \$111 million over three years to continue strengthening the province's efforts to combat and prevent wildfires.¹

Approvals:

March 15, 2019 - Nick Grant, ADM, Strategic Policy & Planning

April 30, 2019 - Dara Landry, Chief Financial Officer

April 30, 2019 - Neilane Mayhew, Deputy Minister

¹ <https://www.bcbudget.gov.bc.ca/2019/news-release-01.htm>

ESTIMATES NOTE

TOPIC: WorkSafeBC

Issue: Promoting workplace mental health in partnership with WorkSafeBC

Key Messaging and Recommended Response:

- **Workplaces play an essential part in maintaining positive mental health. Since most adults spend more of their waking hours at work than anywhere else, ensuring good psychological health and safety in the workplace is vitally important for all British Columbians.**
- **Today, more and more workplaces are looking at different ways they can create healthy, safe and productive environments for their employees.**
- **However, we also know there are gaps and that in many offices and work sites, mental health is not a regular part of the conversation.**
- **My ministry is working collaboratively with the Ministry of Labour, WorkSafeBC and key partners including the Canadian Mental Health Association, BC Federation of Labour and trade unions to explore ways we can make it easier for organizations to support workplace mental health.**
- **While still in the early planning stages, our goal is to build from existing training and education programs to increase accessibility and expand the reach of prevention-orientated, evidence-based workplace mental health training across BC.**

KEY FACTS

Background/Status:

- Workplaces play an essential part in maintaining positive mental health, as they provide people with an opportunity to feel productive and are a strong contributor to employee wellbeing.
- MMHA is working collaboratively with the Ministry of Labour, WorkSafeBC and key partners including the Canadian Mental Health Association, BC Federation of Labour and trade unions on the development of a multi-faceted, voluntary workplace training and awareness initiative that will prevent workplace mental health injury and foster psychologically healthy and safe workplaces.
- This work is still in the initial phases and as the project evolves the Ministry will be working in partnership with key union and non-union industry partners.
- Research tells us that:

ESTIMATES NOTE

- 1 in 5 Canadians experience a psychological health problem or illness in any given year.¹
- Psychological health problems and illnesses are the number one cause of disability in Canada.²
- Psychological health problems cost the Canadian economy ~\$51 billion per year, \$20 billion of which results from work-related causes.³
- 47% of working Canadians consider their work to be the most stressful part of daily life.⁴
- Only 23% of Canadian workers would feel comfortable talking to their employer about a psychological health issue.⁵
- In BC, employers interested in supporting a psychologically healthy workplace may choose to engage with a variety of mental health organizations that provide training and tools for workers, supervisors and leaders. For example:
 - Canadian Mental Health Association and the BC Federation of Labour Health and Safety Centre both offer a variety of courses, such as Mental Health FirstAid, to support workplace mental health. These courses enhance awareness of mental health at work, and support workers, supervisors, managers and leaders to recognize and respond appropriately to colleagues experiencing workplace-related mental health concerns.
 - WorkSafe has been working with First Responders in BC to remove barriers, address stigma, provide resources and actively promote positive mental health.
- However, we also know there are gaps and that in many offices and work sites mental health is not a regular part of the conversation. Common barriers include cost of training, overcoming stigma related to workplace mental health, a lack of sector-specific educational materials, and the challenge of ensuring organizational leaders prioritize the issue.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 21, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives

March 7, 2019 – Neilane Mayhew, Deputy Minister

¹Centre for Mental Health and Addiction. Crisis is Real. 2018.

² Mental Health Commission of Canada. Making the Case for Investing in Mental Health in Canada. 2013.

³ Mental Health Commission of Canada. Case Study: The Standard. 2015.

⁴ Ibid.

⁵ Canadian Centre for Occupational Health and Safety. Psychological Health in the Workplace. 2016.

ESTIMATES NOTE

TOPIC: Woodwynn Farms

Issue: Province's purchase of Woodwynn Farms in Central Saanich to operate a therapeutic recovery community.

Key Messaging and Recommended Response:

- We are proud to support this innovative project.
- This is another example of how we are changing the system of mental health and addictions care in B.C.
- We look forward to seeing this community come together to help people living with addiction along their unique pathway of hope and healing.
- Therapeutic recovery communities are a proven way of supporting people's ability to maintain their housing, and eventually, move on to independent housing.
- It will provide opportunities for people to work on the farm, giving them a meaningful purpose, and better connections to their community.
- We appreciate the agricultural and historic importance of this farm to the surrounding community.

If asked about who will be eligible for the program:

- There are more than 1,400 supportive housing units in the CRD for people who are experiencing homelessness or are at risk of homelessness, many of whom are dealing with mental wellness and addiction issues.
- BC Housing and Island Health will work with non-profit partners to identify people who can benefit from the therapeutic nature of the farm activities.

KEY FACTS

Background/Status:

- On July 11, 2018, the Province announced the purchase of Woodwynn Farms in Central Saanich, a 193-acre organic farm.
- The province made the purchase after a previous non-profit treatment program operated at the farm collapsed.

ESTIMATES NOTE

s.16

- BC Housing will comply with the land use bylaws and ALR regulations.

History:

- Woodwynn Farms previously operated as a therapeutic community for the homeless. Participants were offered an opportunity to change their lives through work and education programs based on responsibility, dignity, independence and the principles of peer-to-peer help.
- Activities included assisting with crops and livestock, providing structure and routine, with a shared experience of community.
- In addition to feeding participants, organic produce and products were sold at an on-site market, and distributed to local grocers, markets and restaurants. Funding for the program came from local businesses, donations and revenue from produce sales.
- The Creating Homefulness Society previously owned the property, but it never paid any money on its mortgage and the lenders moved to foreclose, prompting the sale of the farm.
- The society wanted to build housing on the site, but that was not approved by the municipality or the Agricultural Land Commission. A number of participants were living in trailers, which were deemed unsafe by Central Saanich.

FINANCIAL IMPLICATIONS

- A capital budget of approximately \$6.9 million was approved to purchase the site. This includes \$5.8 million for the purchase of the land (appraised value \$6 million), and renovations, fees and soft costs of \$1.1 million.

Approvals:

March 15, 2019 – Nick Grant, ADM, Strategic Policy & Planning
April 17, 2019 – Dara Landry, Executive Lead, Corporate Services
April 26, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: BC Coroners Service - Death Review Panel Report on Illicit Drug Overdose Deaths in BC

Issue: Coroners Service Death Review Panel on Overdose Deaths

Key Messaging and Recommended Response:

- The BC Coroners Service - Death Review Panel Report on Illicit Drug Overdose Deaths in BC provides valuable information regarding the circumstances and risk factors associated with overdose deaths in British Columbia. This information continues to support and guide the provincial response to the overdose emergency.
- The Ministries of Mental Health and Addictions, Health, and Public Safety and Solicitor General are working with the Provincial Health Officer, Provincial Health Services Authority, First Nations Health Authority, as well as regional health authorities to take action on the recommendations included in the Death Review Panel Report.
- Considerable work is underway to implement the priority actions related to each of the recommendations.
- Collectively, the implementation of the priority actions identified by the death review panel will contribute to better outcomes for people at risk of overdose by ensuring accountability in the substance use system of care, expanding access to Opioid Agonist Treatment (OAT) and assessment of substance use disorders, and expanding drug use safety options.

KEY FACTS

Background/Status:

- On October 11, 2017, the BC Coroners Service (BCCS) convened a death review panel consisting of professionals with expertise in public health, health services, substance use, mental health, Indigenous health, education, income assistance, child welfare, regulatory colleges, corrections, and policing.
- The Death Review Panel reviewed 1,854 overdose deaths occurring between January 1, 2016 and July 31 2017 to analyze the facts and circumstances of overdose deaths to provide the chief coroner with advice on medical, legal, social welfare, public health and safety matters, and prevention of deaths.
- The Death Review Panel identified three areas to reduce drug overdoses that focus on safe and effective services as well as coordinated transitions between services:

ESTIMATES NOTE

- The need to provincially regulate and appropriately oversee treatment and recovery programs and facilities.
- The need to expand access to evidence-based addiction care across the continuum, including improved opioid agonist therapies and injectable opioid agonist therapies.
- The need to improve safer drug-use through the creation of accessible provincial drug checking services using validated technologies.
- Government has accepted the three recommendations including 11 priority actions and established an Assistant Deputy Minister Committee chaired by the Ministry of Mental Health and Addictions (MMHA). The Committee consist of representatives from the Ministry of Health (MoH) , Ministry of Public Safety and Solicitor General (PSSG), the First Nations Health Authority, the Overdose Emergency Response Centre (OERC), the Provincial Health Officer and the Provincial Health Services Authority (PHSA).
- Considerable work is underway to implement the priority actions related to each of the recommendations. For example:
 - Each regional health authority has identified a dedicated lead responsible for the overdose emergency, and three health authorities have established a clinical addiction medicine lead for substance use while two other health authorities have a clinical lead for the combined areas of substance use and mental health.
 - MoH and MMHA have begun updating policies and developing regulations to improve oversight of assisted living residences and enhance safety for residents.
 - New models of care have been implemented to provide dedicated, tailored and timely services to those attending emergency departments for mental health and substance use care, such as the HUB and the Rapid Access Addictions Centre (RAAC) at St. Paul's Hospital.
 - PHSA has established access transition nurse positions at all 10 correctional centres, and is implementing enhanced community transition teams in each of the regional health authorities to support inmates who have been initiated on OAT while incarcerated to transition to health services upon release.
 - s.13
- A draft update to the BCCS is in progress and a further update will be provided in April 2019 followed by a final report in September 2019.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The September 2017 Budget Update provided \$578 million over five years (2017/18 to 2021/22) for the overdose emergency response including \$17.06 million which the Ministry of Health has allocated to the PHSA to expand access to OAT in correctional facilities over the five year period.

Approvals:

February 21, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives

April 15, 2019 – Gordon Cross, obo P. Pokorny, ADM, Finance and Corporate Services, Ministry of Health

April 17, 2019 – Dara Landry, Executive Lead, Corporate Services, MMHA

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: BCSSU Report - *Heroin Compassion Clubs*

Issue: The BC Centre on Substance Use released a report proposing a cooperative model for people who use drugs to purchase legal diacetylmorphine, modelled on cannabis compassion clubs.

Key Messaging and Recommended Response:

- We are working every day to escalate our response to save lives and turn the tide on the overdose emergency.
- There is no silver bullet to ending this devastating crisis, and patient safety and community safety remain at the core of our work.
- Our focus in BC right now is on actively scaling up existing models for physician-prescribed safer supply as an alternative to unpredictable toxic street drugs.
- This work is being undertaken with health authorities, the College of Pharmacists, College of Physicians, College of Registered Nurses, addictions specialists and others.
- Patients who receive access to a safer supply of opioids through existing pilot projects are carefully monitored by medical professionals to ensure their safety and that of the public, as well as to evaluate results.
- Decisions about approvals for this kind of project are ultimately up to the federal government.

KEY FACTS

Background/Status:

- On February 21, 2019, the BC Centre on Substance Use released a paper outlining a proposal for the establishment of “heroin compassion clubs”, whereby members would pool resources to purchase diacetylmorphine for personal, non-medicinal use.ⁱ
- In addition to reducing opioid overdose deaths, the compassion club model is also intended to disrupt the role of organized crime in fentanyl distribution, money laundering and housing unaffordability.
- Compassion clubs and buyers clubs first emerged in the 1980s and 1990s in response to the AIDS epidemic. Compassion clubs functioned as a safe space for patients to access medical cannabis and health services, while buyers clubs procured HIV/AIDS treatment that was not provided through the health system.
- In the BCSSU’s compassion club model, individuals would go through an informed consent process and undergo screening and assessment by a healthcare professional before

ESTIMATES NOTE

becoming members. Members would also be required to complete overdose prevention and naloxone training, as well as receive education regarding risks associated with diacetylmorphine use.

- Diacetylmorphine purchased through compassion clubs would be limited to personal amounts in order to avoid diversion to the black market.
- Compassion clubs could be established alongside easily accessible and free addiction treatment and trauma-informed recovery services for those with an interest in opioid agonist therapy or other treatment.
- The BCCSU recommends the compassion club model be accompanied by a robust evaluation strategy.
- The report calls on the provincial government to provide start-up funding and support for operations and evaluation. In particular, the report states that the Overdose Emergency Response Centre could provide governance and operational support to compassion clubs, in addition to addressing questions related to diacetylmorphine acquisition and storage.
- Health Canada's *Drugs for Urgent Public Health Need* regulation allows for provinces and territories to import otherwise unavailable drugs, such as diacetylmorphine, to respond to an urgent public health need. However, this regulation only authorizes the importation of diacetylmorphine for opioid agonist treatment, and not for off-label use.
- The federal Minister of Health could also issue a Section 56 exemption to the *Controlled Drugs and Substances Act*, allowing for the importation of diacetylmorphine for off-label use and purchase by compassion clubs.
- According to the report, underground heroin compassion clubs already operate within the province. However, these groups operate outside of the law and do not have access to a reliable supply of diacetylmorphine.
- s.13
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FINANCIAL IMPLICATIONS

- N/A

Approvals:

February 27, 2019 - Taryn Walsh, Assistant Deputy Minister, Strategic Priorities & Initiatives

April 4, 2019 – Neilane Mayhew – Deputy Minister

References

ⁱ BC Centre on Substance Use (2018). *Heroin Compassion Clubs: A cooperative model to reduce opioid overdose deaths & disrupt organized crime's role in fentanyl, money laundering & housing unaffordability*. Accessed from <http://www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf>.

ESTIMATES NOTE

TOPIC: Community Legal Assistance Society Report with Recommendations
Focused on the B.C. *Mental Health Act*

Issue: In November 2017, the Community Legal Assistance Society (CLAS) released a report, *Operating in Darkness: BC's Mental Health Act Detention System*.

Key Messaging and Recommended Response:

- British Columbians receiving mental health services and supports deserve to be treated with dignity and respect. Anything less is unacceptable.
- We take these matters seriously and we understand the need to balance the rights of the individual with our obligation to help and protect people living with mental illness.
- I appreciate the work CLAS has done. They are a respected organization advocating for and providing legal services to people under the Mental Health Act.
- There is a lot of common ground in the findings in both this report and the Ombudsperson's. They remind us of the need to ensure the dignity, safety, and rights of people living with mental illness and addiction.
- Work on a number of CLAS's recommendations has been underway.
- As we respond to the Ombudsperson's recommendations, we will also make further progress in responding to CLAS' concerns. For example, overall oversight and accountability related to the Act and improvements in policies and processes so that people can better understand their course of treatment.
- The Ministry of Mental Health and Addictions is committed to building a seamless and coordinated system of voluntary services to help people get the help they need, when they need it, reducing the need for involuntary admission and treatment under the Act.
- There is an active Charter Challenge, led by the Community Legal Assistance Society, focused on Deemed Consent to Treatment (S.31 of the B.C. Mental Health Act) – given that this is before the courts – no

ESTIMATES NOTE

comment can be made on this particular recommendation at this time.

KEY FACTS

- CLAS is a nationally recognized, non-profit legal aid society that specializes in legal issues concerning housing, income security, workers' rights, mental health and human rights law.
- The CLAS Report made 54 recommendations noted below under seven themes to the BC Government and others regarding the BC *Mental Health Act (Act)*.
- The Ministry of Mental Health and Addictions will be working with the Ministry of Health and the Attorney General to better understand the CLAS issues/recommendations and responses.
- CLAS identified a focus on five priorities:
 - Protections for patients in relation to the issues of clothes and clothing removal for detainees;
 - Attention to the use of seclusion and restraints;
 - Address issue of treatment following an involuntary admission;
 - Improvements to access to legal representation; and
 - Improvements to process to access a review panel hearing.
- Actions have already been taken against each of the five priority areas. For example:
 - The Mental Health Review Board has addressed multiple recommendations regarding restraints and seclusion policies, procedural improvements regarding review panel hearings, and improved oversight and accountability.
 - The Ministry of Health has developed standards for seclusion rooms in designated facilities under the Mental Health Act, including alternative options such as quiet and sensory rooms, and is supporting health authorities to implement them.
- Continued work responding to the CLAS report and the ombudsperson's recommendations will be strengthened by the cross-government collaboration and oversight.
- The quality of improvement framework and provincial operational standards in currently under development will further address the CLAS recommendations regarding policies related to seclusion and restraints, treatment, improved review hearing panel processes and rights advice.
- The Council of Canadians with Disabilities, represented by the Community Legal Assistance Society launched a Charter Challenge against the BC Government in September 2016.
- The Charter Challenge is focused on Section 31 of the BC *Mental Health Act* which deems that patients have consented to treatment when involuntarily admitted under the legislation.
- Specifically, a person who is involuntarily admitted to a designated psychiatric facility is deemed to consent to all psychiatric treatment authorized by a director appointed by the health authority.
- The Supreme Court dismissed the Charter Challenge (October 2018), however, the Council of Canadians with Disabilities has since filed an appeal (November 2018) that is before the courts.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

N/A

Approvals:

March 15, 2019 – Nick Grant, ADM, Strategic Policy & Planning

April 17, 2019 – Dara Landry, Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

ESTIMATES NOTE

TOPIC: BC Coroner Recommendations

Issue: Provide an overview of BC Coroners Service recommendations following coroner investigations, inquests and death review panels into the deaths of people with mental health and addiction issues.

Key Messaging and Recommended Response:

- **The BC Coroners Service is responsible for investigating all unnatural, sudden and unexpected, unexplained or unattended deaths in the province.**
- **It makes recommendations to improve public safety and prevent death in similar circumstances.**
- **Ministries and government agencies named in BC Coroners report must review and respond to its recommendations.**
- **BC Coroners Service recommendations are important as they identify opportunities to improve systems of care and prevent future loss of life.**

KEY FACTS

Background/Status:

- The British Columbia Coroners Service (BCCS) is responsible for investigating all unnatural, sudden and unexpected, unexplained or unattended deaths in the province. It makes recommendations to improve public safety and prevent death in similar circumstances.
- The role of the coroner is to investigate each individual death to determine who has died, as well as when, where, how and by what means a person came to their death. The coroner may also make recommendations to prevent future deaths in similar circumstances.
- Following an investigation, a coroner's report sets out the findings, including a cause of death and, whenever possible, recommendations to prevent future deaths.
- A public inquest may be held if the Chief Coroner determines that it would be beneficial for: addressing community concern about a death, assisting in finding information about the deceased or circumstances around a death, and/or drawing attention to a cause of death if such awareness can prevent future deaths.
- Inquests are formal court proceedings held to publicly review the circumstances of a death. Following an inquest, a Verdict is prepared that includes the classification of the death and any jury recommendations on how to prevent deaths in similar circumstances. Verdicts containing recommendations are forwarded to the relevant party for response.
- When a death investigation does not result in an inquest, a coroner may still forward recommendations in a Coroner's Report to relevant parties identifying recommended actions to prevent additional deaths.

When the BCCS identifies a group of deaths with similar factors these may be investigated in aggregate through a Coroners' Death Review Panel. **Coroner Reports Related to Mental Health and Substance Use:**

ESTIMATES NOTE

- Since the establishment of the Ministry of Mental Health and Addictions, one coroner inquest has resulted in recommendations to the ministry.
- In July 2018, the BCCS conducted an inquest into the death of Juan Carlos Salvany Sailes who died from a cardiac arrest due to self-inflicted stab incise wounds of the neck and chest. A Toxicology analysis detected methamphetamine and prescription medication.
- The verdict of the coroner's inquest included two recommendations to MoH and MMHA, in collaboration with the Health Authorities and BCCSU:
 - Implement a standard practice of care in addressing addiction and addiction recovery; and
 - Offer addiction recognition training and continued education in addiction medicine to all health care professionals.
- Recommendations have also been forwarded to MMHA in a number of coroner reports:
 - Report into the death of s.22 dated s.22, who died in a s.22 s.22. The coroner recommended that MMHA work MoH, SDPR and Community Living BC to develop standardized naming conventions for transitional houses; publish a registry of facilities; draft regulations to increase oversight of transitional housing registrants; and develop standardized intake and assessment tools and referral pathways for admissions to treatment and recovery services.
 - Report into the death of s.22 s.22. The coroner recommended that MMHA collaborate with MoH and regional health authorities to develop standardized emergency department intake and monitoring protocols for treatment of stabilized overdose symptoms, with specific options for departments experiencing high volumes.
- The ministry has also responded to a Coroner's Death Review Panel: A Review of Illicit Drug Overdose that was released on April 5, 2018 (Please see note: BC Coroners Service – Death Review Panel Report – Illicit Drug Overdose Deaths in BC).
- Over the last three years, the Ministry of Health has responded to six major Coroner's Inquests related to mental health and/or substance use (MHSU) services.
- **Adriana Falcon:** A young woman with MHSU challenges who had difficulty engaging in child and youth mental health services. The inquest recommended MoH identify and address barriers to access mental health services, including the perspective of what young people identify as barriers to services.
- **Kevin Seiji Mukuyama:** A 42 year old man, who struggled with MHSU issues, including anxiety and depression. Mr. Mukuyama died as a result of being tasered by Chilliwack RCMP. The inquest jury developed two recommendations for MoH and the Fraser Health Authority (FHA): a) to provide more counselling for people with MHSU problems; and b) to implement mental health police patrol cars in more communities.
- **Brandon Juhani Jansen:** A client at the Sunshine Coast Health Centre in Powell River where he received support for an opioid addiction. The inquest jury produced 21 recommendations. Of these, 12 are directed to the MoH and Health Authorities.
- **Deanna Renee Desjarlais:** Deanna Renee Desjarlais from the Kawacatoose First Nation. She had several contacts with police and social services in 2016. On May 17, 2016 her body was found in park in an advanced state of decay. The coroner's inquest produced

ESTIMATES NOTE

recommendations to MoH to engage in cooperative inter-ministerial action; to foster communication and information sharing; and to include increased culturally appropriate supports for Indigenous women.

- **Abdi, Charles and Geisheimer:** Reviewed the deaths of three people (Abdi, Charles and Geisheimer) who were discharged from mental health facilities and died shortly after leaving these facilities. The inquest jury developed eleven recommendations for MoH: a) To expand the use of critical incident stress debriefing; b) Implement systematic suicide safer care; c) revise the provincial Guide to the Mental Health Act; d) Increase staffing in emergency departments and psychiatric programs; e) Implement a case management communication system; f) increase evidence-based therapy; g) Increase community mental health teams; and h) Adopt trauma-informed care principles.
- **Rhett Victor Patrick Mutch:** Mr. Mutch was shot by police during an attempted suicide intervention. The jury recommended that MoH provide more funding to Integrated Mobile Crisis Response Teams (IMCRT) and to work with MCFD and Prime BC on an information sharing agreement.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 21, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives

April 2, 2019 – Neilane Mayhew – Deputy Minister

ESTIMATES NOTE

TOPIC: Ombudsperson Report on the *Mental Health Act*

Issue: Administrative fairness compliance with involuntary admissions under the B.C. *Mental Health Act*

Key Messaging and Recommended Response:

- I would like to thank the Ombudsperson for this report, and for his commitment to ensuring the safety and rights of people living with mental illness and addiction in British Columbia.
- Government accepts the recommendations, and we are working together with the health authorities to address them.
- That work is underway and has already led to changes.
- As soon as we learned about this report and its findings, we acted with our partners to address the recommendations.
- We take these matters seriously and we understand the need to balance the rights of the individual with our obligation to help and protect people living with mental illness.
- We are committed to taking the appropriate steps to ensure patients are involuntarily admitted and detained in accordance with the requirements of B.C.'s *Mental Health Act*.
- Nothing is more important to our government than keeping people safe and ensuring people are treated with dignity and respect.
- The Ministry of Mental Health and Addictions will include the findings of this report as we move forward to improving B.C.'s mental health and addictions system of care.

KEY FACTS

Background/Status:

- On March 7, 2019, the Office of the Ombudsperson (OoO) released its report titled "Committed to Change: Protecting the Rights of Involuntary Patients under the *Mental Health Act*".
- The OoO conducted an investigation into the involuntary admissions process under the BC Mental Health Act, specifically focusing on whether the facilities designated under the Act were admitting individuals in a manner consistent with the legislation and in a way that was administratively fair (timely).
- The investigation reviewed patient records relating to 1,468 involuntary admissions that occurred in 71 designated facilities across B.C. in June 2017 to ensure:
 - The required forms were present on each patient's file;

ESTIMATES NOTE

- The forms were completed within required timelines or within a reasonable time after the patient's admission; and
- If the form records a decision for which reasons were required, those reasons were adequate.
- The investigation found system-wide problems with the timely and adequate completion of five forms:
 - Medical Certificate (Form 4);
 - Consent for Treatment (Form 5);
 - Medical Report on Examination of Involuntary Patient (renewal certificate- Form 6);
 - Notification to Involuntary Patients of Rights under the Mental Health Act (Form 13); and
 - Nomination of Near Relative (Form 15 and Form 16).
- These forms provide evidence of the legal authority for an involuntary admission and detention and, when properly completed, provide evidence that facilities are safeguarding patients' constitutional rights in the admissions process.
- The investigation reported that the compliance rate for the completion of all forms in each file ranged from 42% (Fraser Health Authority) to under 20% (Provincial Health Services Authority (6%) and Northern Health Authority (13%)).
- The report outlines 24 recommendations which focus on:
 - Regular auditing, annual performance targets, improved records management, and increased public reporting;
 - Provincial standards and guidance with mandatory training; and
 - Independent rights advice service.
- Three of the recommendations are specifically directed at the Ministry of Mental Health and Addictions. The Ministry is supportive of the principles they identify, accepts their intent, and is taking action.
- The Ministry is working with the Ministry of Health to establish clear and consistent provincial standards aimed at achieving 100% compliance with the involuntary admissions procedures under the Mental Health Act with respect to the timely and appropriate completion of all required forms.
- The Ministry will set the strategic direction and create an appropriate quality improvement framework (the "Framework") to support these standards, while the Ministry of Health will work with Health Authorities to develop and implement provincial standards.
- The Framework will provide guidance for quality improvement and compliance with legislation, policy, practice and standards which play a significant role in improving the quality and safety of patient care.
- Once the Framework and standards are complete, the Ministry will collaborate with Government partners to determine the most appropriate and effective mechanism, including potential regulatory amendments, to ensure compliance, transparency and accountability.
- Starting in June 2020, the ministry will review the effectiveness of the provincial standards and publicly report the results of each of their reviews, including the compliance rates for each health authority for the previous fiscal year.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

The financial implications of accepting these recommendations have not been determined as yet.

Approvals:

March 15, 2019 – Nick Grant, ADM, Strategic Policy & Planning

April 17, 2019 – Executive Lead, Corporate Services

April 18, 2019 – Neilane Mayhew, Deputy Minister

Page 170 of 306 to/à Page 301 of 306

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ESTIMATES NOTE

TOPIC: Representative for Children and Youth Reports Overview

Issue: Overview of the themes and implications of RCY Reports.

Key Messaging and Recommended Response:

- **Our Ministry is pleased to accept recommendations in recent reports from the Representative for Children and Youth, to lead improvements to the system of mental health and substance use services for children and youth in BC.**
- **We have reviewed at least a dozen reports released by the RCY since 2012 to really understand the issues the Representative and multiple stakeholders have consistently identified as problems.**
- **The RCY has repeatedly identified a need for comprehensive system improvements that create child, youth and family centred team based care.**
- **In Budget 2019, our Government is taking action on a coordinated mental health and addictions system of care for children and youth.**
- **New investments include: “one-stop shop” Foundry centres; early childhood programs; school-based programs for mental wellness promotion; prevention and early identification for students at risk or experiencing early signs of mental health or substance use challenges; and, specialized service teams of educators, counsellors, mental health practitioners, substance use workers and others to support children, youth and their families.**
- **We are focusing on prevention and early intervention with investments in services for children, youth and young adults because we know most mental health and substance use challenges start before age 24.**

KEY FACTS

Background/Status:

- The RCY is an independent officer of the legislature with the authority to:
 - Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services
 - Monitor, review, audit and publicly report on designated services for children and youth
 - Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services

ESTIMATES NOTE

- Since 2012, the RCY has released ten child-death investigative reports and three service reviews that contain findings and recommendations related to child and youth mental health and substance use (MHSU) services. One service review examined mental health services and two others looked at substance use services. The most recent report was released in Nov. 2018, “Time to Listen: Youth Voices on Substance Use,” and focuses on the voices of youth with substance use challenges.
- Consistent themes in RCY reports with respect to needed improvements to child and youth mental health and addictions services include:
 - Lack of a single point of accountability for both mental health and substance use services negatively impacts system enablers, including workforce planning, information sharing, research, and integrated service planning and delivery.
 - Most mental health and addiction services are not integrated with each other resulting in service fragmentation for youth and their families. Some components of the system of care, such as step-up-step down services, are insufficient. Harm reduction services are not consistently available to all youth throughout BC and youth need more unbiased information on substance use and more culturally safe services.
 - Transitions between some service types are often not well handled. Pathways to mental health and substance use services from family physicians, schools, and hospital emergency departments are often not clearly defined.
 - Services are not consistently available for older youth and young adults up to 25 years old. Transitions from youth to adult services are often not well handled resulting in older youth and young adults not getting the services they need.
 - Lack of attention to health promotion and prevention efforts designed to support healthy social, emotional and behavioral development and reduce stigma about mental illness and addiction.
 - Lack of support for the families caring for a young person with mental health problems.
 - An Indigenous perspective on mental wellness needs to be more integrated into service governance, planning and delivery.
 - Greater input from children, youth and emerging adults with lived experience and their families would increase service accessibility and effectiveness.
 - Rural and remote communities are underserved and access to services is hampered by transportation and other issues.
 - Long wait times exist for many assessment and treatment programs and services, including for specialized and in-patient MHSU care.
 - Information sharing between service providers is neither effective nor person and family-centred.
 - The absence of systematic performance reporting on service utilization, quality, and outcomes using established indicators and measures results in a lack of meaningful data for system and service planning.

FINANCIAL IMPLICATIONS

- Budget 2019 provides \$74-million over three years to enhance mental health and addictions services for children, youth and young adults.

ESTIMATES NOTE

Approvals:

February 25, 2019 – Nick Grant, ADM, Strategic Policy & Planning

April 5, 2019 – Dara Landry, Executive Lead, Corporate Services

April 10, 2019 – Neilane Mayhew, Deputy Minister of Mental Health and Addictions

ESTIMATES NOTE

TOPIC: PHO Report on Decriminalization

Issue: Provincial Health Officer's Report – *Stopping the Harm: Decriminalization of People Who Use Drugs in BC*

Key Messaging and Recommended Response:

- We can all agree on supporting police and first responders to connect more people to the treatment and the care they need.
- We recognize that addiction is a health issue. People struggling with substance dependence should receive the help they need – just like any other health condition.
- However, possessing these substances is still illegal under federal law. No provincial action can change that – that remains up to the federal government.
- There are already police forces working within the current parameters to reduce fear of reporting overdoses and connect people to care.
- For example, we have three pilots underway with police in Vancouver, Abbotsford and Vernon referring people to treatment instead of the criminal justice system.
- A number of police forces in B.C. have responded to this crisis by introducing policies and protocols so that 'simple possession' is not the focus of investigations, and by prioritizing drug trafficking and the supply of illegal drugs.
- Police operate independently of government and the Police Act prevents the Minister from directing police around the enforcement of existing laws.
- We're going to keep escalating our response to this crisis, including looking at legal, prescription alternatives to the toxic drug supply that can be provided under medical supervision to save lives.

KEY FACTS

Background/Status:

- On April 24th, BC's Provincial Health Office (PHO) released a report recommending that the Province of BC urgently move to decriminalize people who possess controlled substances for personal use.
- The report contained 2 options for implementation in BC:

ESTIMATES NOTE

- *Amend Provincial Policing Policy* - Use the powers under the provincial Police Act that allow the Minister to set broad provincial priorities with respect to people who use drugs. The provincial priority could be explicitly focused on a harm reduction approach, including alternatives to criminal charges and incarceration and de-stigmatization of people who use drugs.
- *Amend Provincial Policing Regulation* - Enact regulation under the provincial Police Act to include a provision that prevents any member of a police force in BC from expending resources on the enforcement of simple possession offences under Section 4(1) of the CDSA.

Working with Policing Partners to Connect People to Care:

- We continue to work with our partners to look at how police and first responders can be more involved in connecting people to care.
- The Ministry is working with health authorities and policing partners to pilot different ways for police to directly refer people at high risk of overdose to the local substance use system of care in:
 - *Abbotsford*: A team of peers/people with lived experience, called “Angels,” provide peer support and navigation to those who have overdosed or are at high risk of overdose. The Angel team is embedded within the Abbotsford Police Department and receive referrals by phone or email.
 - *Vancouver*: Vancouver Police Department (VPD) officers refer people who have overdosed or are at risk of overdose to the Vancouver Coastal Health Overdose Outreach Team who then provide proactive follow-up and connections to care.
 - *Vernon*: Local RCMP facilitate referrals of people who have overdosed or are at high risk of overdose to an Interior Health substance use treatment nurse.
- The policing pilots highlight the importance of police referrals to connect people to local systems of care for substance use. The pilots have been developed in response to locally-determined priorities and the police forces’ own independent decisions about how to deploy their resources.
- The Ministry will be looking at the evaluation results (anticipated Fall 2019) and working with local police departments and health authorities to explore whether the pilots could be scaled up and adopted by other communities.

FINANCIAL IMPLICATIONS

N/A

Approvals:

April 30, 2019 – Taryn Walsh, ADM, Strategic Priorities and Initiatives

April 30, 2019 – Neilane Mayhew, Deputy Minister