

Mental Health – COVID-19 (Green Q – Day 2)

Question 1 (MH Funding):

- We're working to build a mental health system where people get the care they need, when they need it – just like they would for a physical injury.
- We spend an average of 2.5 billion dollars from the province each year on mental health and addictions services for people.
- In addition, we've added \$74M for child and youth mental health (Foundry centres, integrated child and youth teams), \$10M for counselling grants for low and no cost counselling – and much more.
- And when COVID-19 hit, we moved within three weeks to add \$5M in additional resources to allow us to expand services, launch new ones, and help supports go virtual so more people can access care.
- Nearly half of British Columbians report that their mental health has worsened because of COVID-19 [47%, *Your story, Our Future* survey]
- We fully recognize that there will be even more significant mental health needs coming out of the pandemic.
- We're working now on how to support people right now, and into the future. We welcome ideas.

Question 2 (Mental vs. Physical Health):

- Mental health and substance use issues are health care issues – period.
- We're very proud of our universal health care system in Canada – but MHSU is a significant gap that is not covered by the Canada Health Act and funded by the federal government to the provinces.
- We continue to press the federal government to increase the funding to the provinces for mental health and substance use to make it a truly integral part of our health care system.
- But we're working on our end to expand access to publicly funded care too - access to mental health and addictions care should not depend on the size of your bank account.
- We're integrating MHSU care into primary care through our new Urgent Primary Care Centres and Primary Care Networks – to reduce stigma and help more people access publicly funded care.
- We expanded access to low and no cost community counselling with grants to 29 community organizations , and then supported 20 more agencies to go virtual during COVID-19.
- We're going to continue to work toward a system where there is equity between physical and mental health care so people can get the care they need.

Main Message – COVID-19 supports:

- Within three weeks, we announced \$5M to expand existing mental health programs and services and launch new services to support people.
- We had already dramatically expanded access to no-cost or low-cost mental health and addictions counselling, and we supported services to go virtual.
- We're connecting youth to virtual supports by making Foundry services available around the province through voice, video and chat.
- We launched a new 24/7 mental health service for post-secondary students.
- We expanded the BounceBack program – referrals jumped 80% (CMHA-BC)
- We're launched a mental health assessment tool – used by thousands of British Columbians.
- We're supporting front-line health-care workers through a new online hub and providing virtual peer support (CMHA-BC); a new online psychological support service (BC Psychological Association).
- Soon we'll be opening the new MHSU Wellness Centre at Royal Columbian, including Fraser Health's first older adult psychiatric unit & a high acuity unit.

Validators (COVID-19 mental health):

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Mental Health & Addictions

In Front: Key Govt Supports – COVID-19

1. Overdose Crisis
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4. Treatment Beds
5. Support for Recovery Sector – COVID19
6. Support for Children and Youth
7. Mental Health / COVID-19
8. Wraparound Supports (MAH)
9. Decampment (SDPR) + *list of health supports*
10. Top Actions – Indigenous Wellness
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12. CERB & Overdose Crisis (IN)
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16. Stabilization Care – Mental Health Act
17. Alcohol Guidelines (IN)
18. Perry Kendall / Marty Schecter
19. Vernon OPS (IN)
20. Policing and Mental Health (To come)
21. Ellis St (Kelowna Supportive Housing)
22. Premier Horgan's Decrim Quote
23. Interior Health – Top Actions

COVID-19: Key supports

Highlights:

- Key Government supports for people and businesses.

Message:

People

- The **Emergency Benefit for Workers** provides a **\$1,000-dollar payment** to people lost their income.
 - Has helped over 550,000 British Columbians
- A **top up to the BC Climate Action Tax Credit** will provide up to an additional \$451 in July for a family of four. (\$174.50 for adults. \$51.25 for kids)
- Temporary Rental Supplement provides up to \$500/month to reduce the cost of rent and ensure landlords continue to receive income.
 - Over 80,000 renters are benefiting
- A 3-month credit for BC Hydro customers who've lost income. Average credit of \$477
 - Over 100,000 applications have been approved worth more than \$30 million.
- We brought in **job-protected leave** for people unable to work because of COVID-19.
- We got the federal government to commit to providing **two weeks paid sick leave**.
- For the many people who carry student loans, we suspended all repayments until September 30th.

- We secured over 3,000 spaces at hotels and community centres in over 45 communities to support people experiencing homelessness, incl:
 - More than 800 spaces in Vancouver, including 261 for people from Oppenheimer Park.
 - More than 500 spaces in Victoria, including 344 for people who had been living on Pandora Avenue and in Topaz Park.
- We're providing safe hotel rooms for women and children leaving violent relationships.
- \$300 per month COVID-19 crisis supplement for people receiving income or disability assistance.

Businesses

- We cut property tax bills for businesses by 25%, providing \$700 million in immediate relief
 - Average urban business will save \$5,600
- We moved quickly to defer many business taxes until the end of September
 - This includes the EHT, the PST, the tobacco tax, the Municipal and Regional District Tax, the motor fuel tax, and the carbon tax.
- Small businesses that were forced to close can have their hydro bills forgiven for three months – saving an average of \$363.

- We moved to enhance the commercial rent relief program – which provides a 75% reduction in rent for hard hit businesses – by preventing evictions of commercial tenants that could qualify.
- We allowed restaurants to purchase alcohol at wholesale prices, saving them up to 25%.
- We provided \$10 million in grants to tourism organizations, to support marketing campaigns for this summer.
- We brought forward concerns of businesses to improve access to federal programs:
 - the 75% wage subsidy
 - loans for small and medium businesses
- We have provided emergency funding to support child care centres – over \$150 million to support more than 4,500 child care centres.

Support for Recovery Sector – COVID-19

Highlights:

- The Opposition may ask what government is doing to support the recovery sector during COVID-19, especially to address the issue of empty beds.

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Solution:

- We are working with the recovery sector and all our partners to help more people access treatment and recovery and become healthy again.
- We moved quickly to host several roundtable discussions with the recovery sector.
- We gave operators of existing treatment and recovery services \$2.5M to help them maintain critical beds and services through COVID-10.
- We declared recovery an essential service, and helped them get the PPE and guidance they needed to keep operating safely.
- We announced grants for 50 to 70 new treatment and recovery beds (\$13.5M). Applications will open in August and I encourage service providers to apply.
- We worked with the recovery community and brought in tough new regulations to improve care and protect people on their recovery journey.
- We brought in the first per diem increase in 10 years to support operators and improve care for people.
- We gave start up funding to the BC Addiction Recovery Society for the development of a new provincial association for the recovery sector (\$45k).

Because of COVID-19, beds are sitting empty. What are you doing?

- It's frustrating for everyone.
- But Dr. Bonnie Henry has been clear about how critical physical distancing is right now.
- Public health professionals are making decisions about what's safe for people in recovery homes.
- But I know that COVID-19 has been hard on the recovery sector. We're supporting them with \$2.5M to help maintain services.

Validator Quotes:

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BACKGROUNDER:

COVID Support for Businesses, Organizations, Industry

Economic Recovery Planning –

\$1.5 billion in provincial funding will support economic stimulus once the pandemic has passed.

Changes to taxes

Provincial Payment Deferrals –

Businesses with a **payroll over \$500,000** can defer their employer health tax payments until Sept. 30, 2020.

Businesses with a **payroll under \$500,000** are already exempt.

Payments for provincial sales tax (PST), hotel tax, carbon tax, motor fuel tax and tobacco tax are deferred to Sept. 30, 2020.

The scheduled increase to the carbon tax rate, and the application of PST to e-commerce transactions and sweetened carbonated drinks, are delayed until further notice.

Rent Relief

B.C.'s Order under the Emergency Program Act strengthens Canada Emergency Commercial Rent Assistance Program (CECRA) –

Eligible businesses whose landlords choose not to apply for the federal CECRA program will be protected from evictions due to unpaid rent payments through to the end of July 2020, as determined by the federal program timelines.

The Emergency Program Act (EPA) order restricts the termination of lease agreements and the repossession of goods and property.

Supporting Financial Stability

Expansions of applications and earlier deadline for Community Gaming Grants –

Applications for the human and social services sector of B.C.'s Community Gaming Grants (CGG), which includes food banks, shelters, domestic violence supports, hospice, counselling services and others, are opening mid-June 2020, nearly two months ahead of schedule.

Property Owners and Landlords

School Tax Reduction –

School tax rates for commercial properties are reduced for the 2020 tax year.

- Classes 4, 5 and 6 will be reduced by 50%

On April 16, 2020, the school property tax was lowered again and classes 7 and 8 are now included. Overall, the commercial property tax bill for most businesses will be reduced by 25% on average.

Late payment penalties for classes 4, 5, 6, 7 and 8 are postponed to October 1, 2020.

Rural, Remote, Indigenous

Connecting B.C. Internet Funding - Internet service providers throughout the province can apply for grants of up to \$50,000 – or 90% of their expenses – to cover the cost of equipment, including antennas, electronics or other types of devices that relate to the performance or range of their network.

Overdose Crisis – COVID-19

Highlights:

- The Opposition may ask what B.C. is doing to address the record overdose deaths in June, and whether B.C. will conduct clinical trials on safe supply.

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Solution:

- These devastating losses are felt across B.C.
- Before COVID-19, deaths were down 36%. There was more to do, but our plan was working.
- The Coroner has been very clear, people are dying right now because of an incredibly toxic drug supply – and Indigenous people are most impacted.
- Borders are closed and supply chains are disrupted, leading to drugs that are more toxic than ever.
- We have a long and challenging road ahead of us.
- But I'm proud that we're the only province responding by significantly scaling up our response across the full continuum of care.
- We just announced \$10.5M to further accelerate our response with 29 new overdose prevention services, and more nurses and social workers to connect more people to treatment.
- We're working with Dr. Henry to roll out prescription alternatives to separate people from toxic drugs.
- We just opened 20 new youth treatment beds in Chilliwack, and a 75-bed Mental Health and Substance Use Wellness Centre at Royal Columbian.
- We also have 50 to 70 new recovery beds underway.
- We need everyone to join us to keep people safe.

Will you do a clinical trial of safe supply? What about diversion?

- Anything happening in our healthcare system gets rigorously evaluated. The same is true of this.
- I'm sure the Opposition wouldn't intend to imply otherwise.
- In fact, the Member for North Vancouver-Seymour recently said, quote "**We definitely need safe supply.**" (CKNW, June 17, 2020)
- I'm pleased to have support from all sides of the House for these guidelines.
- They are based on robust scientific evidence and were designed by health experts – including Dr. Bonnie Henry's office.
- Healthcare professionals are the ones making decisions with patients about what care is best for them – I think that's as it should be.
- Prescription alternatives save lives AND help connect people to treatment, recovery and other health supports.
 - Dr. Henry says, quote: "We know that being able to access a safe supply...is one way we can connect with people who use drugs, and it is connection that helps us address addiction...and helps us overcome the many reasons why we use drugs...Unless we connect with people, we don't have an opportunity to help them address those underlying causes." (June 11, 2020)

On the ministry budget:

- We've committed \$608M to tackle the opioid crisis.
- Before COVID-19, deaths were coming down.
- The Coroner has been very clear, people are dying right now because of an incredibly toxic drug supply.

What about the high number of overdoses reported?

- The number of overdoses are paramedic-reported overdoses – they're people calling 911.
- We ran an anti-stigma campaign and have done lots of work in B.C. to encourage people to feel safe calling 911 in the event of an overdose.
- We obviously want to see an end to this crisis and the number of overdoses come down.
- But we're encouraged people are calling for help.

Overdose Response Comparison:

- **Since we formed government, we've put significantly more resources into overdose response.**
- The old gov't's Budget 2017 would have allocated only \$5M in new money for overdose response in 2017 [2017/18].
- We came in, and added TWELVE times more new money for that year alone [an additional \$61M in 2017/18].
- Over three years, our first Budget Update had already allocated \$290 million MORE to save lives. That's 19 times more than the old government had planned.
- **We've used that additional money to expand our overdose response to save more lives and connect more people to treatment and recovery.**
- We doubled the number of overdose prevention and supervised consumption sites.
- We've almost tripled the number of sites where people can get free take home naloxone kits.
 - July 2017: 624 sites // June 2020: 1,735 sites
- We've almost doubled the number of clinicians prescribing OAT for people in a given month.
 - June 2017: 773 April 2020: 1,495
- Our expanded response & the work of people across B.C. had us going in the right direction before COVID.
- Overdose deaths were down 36% - a first since 2012.

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Building a Continuum of Care

Highlights:

- The Opposition continues to call for a 'full continuum of care,' claiming that government does not have a strategy for addictions care.

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Solution:

- Every single person in this House wants people struggling with addictions to receive treatment and care so they can become healthy again.
- We are building a continuum of care – it's prevention AND harm reduction AND treatment AND recovery.
- We're increasing the number of beds. We just opened 20 new youth treatment beds in Chilliwack, and a 75-bed Wellness Centre at Royal Columbian.
- We have 50 to 70 new recovery beds underway, and more to come.
- We are working with FNHA to upgrade First Nations-run treatment centres (two new, and six renovated).
- We're launching 7 new and 9 expanded substance use teams help people stay connected to treatment.
(4 out of 5 people that died from OD had contact with the healthcare system in the last year)
- We expanded access to low or no-cost mental health and addictions counselling at 29 orgs across B.C., and expanded it virtually during COVID-19.
- We announced the 8 locations for new Foundry centres – bringing our total to 19. (NEW: Burns Lake, Comox Valley, Cranbrook, Langley, Squamish, Surrey, Port Hardy and Williams Lake.)
- We now have Rapid Access to Addictions Care clinics in all health regions.

- The old government failed to protect vulnerable people in recovery homes and get them good care.
- We've brought in tough new regulations to improve care & protect people on their recovery journey & the 1st per diem boost in 10 years
- We're providing housing and mental health and addictions care for over 2,000 more people who had been experiencing homelessness. We're working to address poverty, and supporting youth in care.
- We're integrating mental health supports in schools.
- We're piloting integrated child and youth mental health teams in five school districts across B.C., starting in Maple Ridge and the Comox Valley.
- We launched a new mental health help line for post-secondary students throughout B.C.
- We've expanded the hours and services at Surrey's Roshni Clinic to cut wait-times and get up to 100 more people culturally safe access to treatment
- We developed B.C.'s first ever guidelines for treating alcohol use disorder to improve care.
- We launched a new MHSU mobile unit in Terrace to take services out to people in outlying communities
- We are embedding MHSU services into team-based primary care at UPCCs and PCNs across B.C.

Quotes:

On new supportive recovery home regulations:

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Facts across Canada:

- This spike in drug toxicity is happening across Canada. (Drugs are being cut with 4x fentanyl than before).
- We're one of the few jurisdictions reporting numbers, but:
 - The Yukon has already doubled the number of deaths they had all of last year *[13 deaths from Jan. to July 2020, vs. 6 deaths in 2019]*.
 - On July 17, Toronto Public Health reported the worst cluster of suspected overdose fatalities since they began monitoring data
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- We have a long and challenging road ahead of us.
- But I'm proud that we're the only province responding by significantly scaling up our response across the full continuum of care.
- As Dr. Henry said:
 - "It has been particularly hard in these last three months, because we had been making such progress in addressing the many underlying causes of the overdose crises. [...] it's a very complex crisis. There is no one single cause, and there is no one single magic bullet that will solve that crisis, but we also know that there are a number of things that we have put in place that were working." *(Jun 11)*

We are building a full continuum of care.

- But as Dr. Henry said, quote: “...**you can't fix a system when there is no system there.** [...] We're not where we need to be yet, but **we are making progress in trying to pull a system together.**” *(June 11, 2020)*

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Treatment Beds

Highlights:

- The Opposition may ask about the number of treatment beds. On June 17, MLA Thornthwaite inaccurately claimed B.C. only has “35 comprehensive mental health and addictions treatment beds.”
- As of Sept., 2019, B.C. had 3,027 community substance use beds, of which 335 are residential treatment – appropriate only for some patients.
- On Sept. 13, 2019, the MLA said “we have seen little action to increase the number of publicly funded recovery beds. [...] The NDP is focusing almost exclusively on harm reduction,” pointing to Alberta’s action on treatment beds.

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Solution:

- We're working to build a full continuum of care to get people the healthcare they need.
- **We *have* increased the number of beds**, including:
 - 20 new youth treatment beds in Chilliwack
 - 75-bed Wellness Centre at Royal Columbian
 - 11 new intensive beds in the Comox Valley
 - 40-bed Our Place therapeutic recovery cmty
 - 30 surge beds responding to the overdose crisis
 - Bringing 25 existing beds into the public system
- **More beds are coming**, including 50 to 70 new treatment and recovery beds across B.C.
- We're supporting existing treatment and recovery services through COVID-19 with \$2.5M to help them maintain critical beds and services.
- **But there are 55,000 people in B.C. with diagnosed opioid use disorder. Beds alone won't solve that.**
- Medical professionals tell us that beds are only one part of the full continuum of care we need to build.
- Many people are better able to heal and recover through community-based treatment.
- That's why we are introducing more beds AND more community-based options. *[Go to: Building a Continuum of Care]*

Do you only have “35 comprehensive mental health and addictions treatment beds”?

- We inherited big challenges, but that’s inaccurate.
- With one facility alone, our government added 40 beds at the Our Place therapeutic recovery community in View Royal.

What are you doing to address unfunded empty recovery beds?

- That has been a challenge in B.C. for many years.
- We’ve been working closely with the recovery sector, and just announced funding for 50 to 70 new treatment and recovery beds.

Because of COVID-19, beds are sitting empty. What are you doing?

- It’s frustrating for everyone.
- But Dr. Bonnie Henry has been clear about how critical physical distancing is right now.
- Public health professionals are making decisions about what’s safe for people in recovery homes.
- For our part, we’re supporting existing treatment and recovery services through COVID-19 with \$2.5M to help them maintain critical beds and services.

Do publicly-funded beds only provide harm reduction?

- In B.C., government funds bed-based treatment facilities that provide a range of treatment options.
- People in treatment beds cannot actively use alcohol and controlled substances, but they can be prescribed medication-assisted treatment.
- That decision is between a patient and their clinician – not government.
- What we do as government is ensure that when you go into a public facility, you receive high quality care and have a variety of treatment options on the table.
- I think that's what British Columbians expect.

Quotes:

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Background:

- There are currently 14,549 community mental health beds and 3,027 community substance use beds throughout the province, according to the September 30, 2019 bed survey.
- These include many beds that are under the responsibility of BC Housing (i.e. supportive housing and low-barrier housing sites). This excludes an additional 30 PHSA surge beds in response to the overdose crisis.
- Of the total community substance use beds in B.C. as of September 30, 2019, 11 per cent (335 of 3,027) are residential treatment.
- In addition to residential treatment, community substance use beds also include: supportive recovery, transitional services, withdrawal management, and beds for sobering and assessment.

Surge beds and supports during overdose crisis

- The Ministry of Health provided \$10 million in one-time funding in 2017/18 to support over 70 residential treatment beds and 50 intensive outpatient spaces to help combat the ongoing overdose crisis and support access to OAT.
- Adult beds:
 - 15: Northern Health and Island Health received operational funding; with NHA opening 4 beds; and VIHA opening 11 beds (in Comox).
 - 30: The PHSA opened 30 beds administered under a new model of care that includes a mix of privately and publicly funded services. Funding is allocated for 20/21. Services are being evaluated to determine whether additional funding will be allocated.
 - 8 new adult treatment beds for individuals coming out of the corrections system (PHSA; implemented as of June 2019)
- Youth beds:
 - Fraser Health expects to have 20 youth beds operational in Summer 2020 at the Chilliwack Youth Treatment Centre.
 - 50 outpatient spaces: Intensive day treatment spaces in Kamloops; and Youth First Response street-based outreach programs teams in Chilliwack, Langley, Aldergrove, Cloverdale and Surrey

Children & Youth (MMHA)

Solution:

- As a Minister, as a mother, nothing is more important than keeping kids safe.
- Families have shared stories about facing huge gaps in the system as they've tried to get their kids help.
- The voices of families, children and young people are at the heart of our new *Pathway to Hope*.
- We're putting an initial three-year priority on transforming mental health and substance use care for young people.
- We're improving and integrating services, and bringing those services to meet youth and families in their homes, communities and schools.
- We're going to be opening 20 new youth treatment beds in Chilliwack this summer.
- We announced the locations for 8 new Foundry centres – for a total of 19 across B.C.
 - Maple Ridge, Penticton, Kelowna, Campbell River, Prince George, Abbotsford, Victoria, Vancouver & North Shore, Richmond
 - New: Surrey, Burns Lake, Comox Valley, Cranbrook, Langley, Squamish, Port Hardy, Williams Lake
 - Coming soon: Terrace
- We launched a new 24/7 mental health service for post-secondary students this spring.

- We announced new guidelines for treating alcohol use disorder, including improving primary care, early screening and intervention for youth aged 12 to 25.
- We're helping train 100 South Asian youth to promote mental wellness and reduce stigma.
- We're launching integrated child and youth mental health teams in five school districts across B.C., starting in Maple Ridge & the Comox Valley.
- We announced almost \$12M for enhanced wellness supports and programs in schools, including new prevention and early intervention supports.
- We supported Dan's Legacy Foundation to add four new therapists and expand mental health and addictions counselling for youth at risk.
- We've launched a new expanded Confident Parents: Thriving Kids program to help support families of children and young people struggling with anxiety.
- Eight community organizations serving pregnant and parenting women using substances were funded in five health authorities to build capacity and supports for families – helping 511 new mothers and babies.
- And very soon the expanded Adolescent Psychiatry Clinic for youth aged 13 to 17 at Royal Columbian Hospital will be operational.

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Mental Health – COVID-19

Solution:

- The COVID-19 pandemic has changed almost every aspect of our lives.
- Many have been living with isolation and loneliness, financial worries & fear of getting sick w/ COVID-19.
- We're experiencing increased anxiety, stress and depression – and sometimes grief and loss. Many of the things that bring us joy have been put on hold.
- Our government worked rapidly to help mental health supports go virtual so more British Columbians can access care.
- On April 9th, we announced \$5 million to expand existing mental health programs and services and launch new services to support people.
- We had already dramatically expanded access to no-cost or low-cost mental health and addictions counselling, and we supported services to go virtual.
- We're connecting youth to virtual supports by making Foundry services available around the province through voice, video and chat.
- We launched a new 24/7 mental health service for post-secondary students.
- We expanded the BounceBack program – referrals jumped 80% (CMHA-BC)

- We've launched a mental health assessment tool – used by thousands of British Columbians.
- We're supporting front-line health-care workers through a new online hub and providing virtual peer support (CMHA-BC); a new online psychological support service (BC Psychological Association).

Other Mental Health Action:

- We opened B.C.'s first mental health and substance use urgent response centre in Surrey.
- We're opening the new MHSU Wellness Centre at Royal Columbian this year, including Fraser Health's first older adult psychiatric unit & a high acuity unit.
- We announced the locations for 8 new Foundry centres – for a total of 19 across B.C.
 - Open: Maple Ridge, Penticton, Kelowna, Campbell River, Prince George, Abbotsford, Victoria, Vancouver & North Shore
 - Coming: Surrey, Burns Lake, Comox Valley, Cranbrook, Langley, Squamish, Port Hardy, Williams Lake, Richmond, Terrace
- Burnaby Hospital's ER has a new MHSU zone with 12 new staff to support over 4,300 people/year.
- We're helping train 100 South Asian youth to as mental health ambassadors in their communities.
- We're launching C&Y MH teams in five school districts, starting in Maple Ridge & the Comox Valley.
- We are working to embed mental health services into team-based primary care.

Validators:

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Wraparound Supports

Highlights:

- The Opposition continues to claim that supportive housing does not provide wrap-around supports for residents.

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Solution:

- These are big challenges. We inherited a crisis from the old government that demanded urgent action.
- COVID-19 has brought new challenges. People who were living precariously may have been pushed into homelessness, and they have become more visible as daily gathering places have been closed.
- But today, there are thousands of people who have 24/7 supports and who are no longer living on the street because of our government's work.
- There are trained mental health professionals in all of these buildings 24 hours a day, along with support accessing additional specialized clinical care in the community.
- Dr. Henry has acknowledged that the supports are working as well: "We know that as well, the safe housing that has been provided with the appropriate supports for many of the people who have been homeless, who have been in some of the very dangerous encampments, are also working to support people." [June 11]
- We're doing this, because we know it works for people and their communities.
- We've learned that it takes a bit of time for residents to stabilize. Then things settle down dramatically – as we've seen in Richmond, Marpole & Vernon.
- It's challenging work, but we're going to keep tackling the big problems that the old gov't ignored.

On concerns from Yaletown neighbours:

- We understand that some living near these hotels and supportive housing locations have concerns.
- As with all new supportive housing buildings, it takes some time for residents to settle into the building.
- Many will be sleeping inside again for the first time in a very long time.
- It is our experience that after an initial period, residents stabilize, and disturbances decrease dramatically.
- BC Housing has launched various engagement options for residents and businesses, incl. a Granville Community Dialogue Group w/ representation from:
 - Community members (5)
 - Downtown Vancouver BIA
 - Nonprofit operators: Atira, Lu'ma, Community Builders Group
 - Vancouver Coastal Health (2), Vancouver Police and City of Vancouver
 - Indigenous community representative
 - People with lived experience (2)
- In our experience, BC Housing engagement has been very effective at helping communities work together to address concerns and build a positive connection with neighbours.
- We are committed to working with these communities to ensure these buildings and their residents integrate into these neighbourhoods.

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Validators:

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Background:

- The services in the Howard Johnson Vancouver include:
 - Staff onsite 24/7 to monitor people going in and out of the building and provide support to residents;
 - Daily meals; Cleaning services; Skills training; Safe consumption space;
 - In addition, a Vancouver Coastal Health nurse regularly visits the building to provide medical care and referral to other health or addiction recovery programs.
- Programs that VCH has in place to support vulnerable community members in the area include:
 - Health services provided by Three Bridges Community Health Centre;
 - City Centre and REACH Urgent and Primary Care Centres;
 - Intensive Housing Outreach Team (a new team designed to support people with complex health needs transitioning into housing);
 - Harm reduction and treatment services as well as access to Providence Health's Rapid Access Addiction Clinic

Supportive Housing Success Metrics

- Reports released in September show that government's supportive housing for people experiencing homelessness is substantially improving the quality of life for residents and reducing their use of emergency health services.
- Led by BC Housing, and in collaboration with the City of Vancouver, the City of Surrey and non-profit housing providers, the reports summarize data collected six months after the first seven modular supportive housing buildings opened in both Vancouver and Surrey.
- With this 'housing first' approach, people experiencing homelessness have access to housing along with the wrap-around services to build a better life.
- Some of the key outcomes include:
 - 94% of residents remain housed in their units after six months
 - 84% of residents report improvements in overall well-being
 - 82% of residents report experiencing positive interactions with neighbours
 - 56% of residents report improvement in their physical health
 - 44% of residents report they had been admitted to hospital less often
 - 44% of residents report improvements to their mental health
 - 39% of residents report improvements to their addictions issues

COVID-19: Decampment

Highlights:

- The Opposition may ask about public safety concerns from residents living around hotels that homeless campers from Oppenheim, Topaz, and Pandora were moved to.
- Specifically, the Opposition is claiming that campers were moved with “no notification” and “without the necessary wrap-around supports and without a community plan to protect existing residents.”

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Solution:

- We inherited a crisis that demanded urgent action.
- Hundreds of vulnerable people living in unsafe tent cities in the middle of a pandemic was completely unacceptable to us.
- And know that especially in difficult times, having a roof over your head, access to food, health care and social support are all essential to finding a pathway to hope.
- That's why we worked with local governments and community groups to transition **over 600 people** to hotels, motels, and supportive housing—in less than a month.
- We also worked with health authorities and service providers to ensure that mental health and substance use supports are provided throughout the move and at the new interim housing sites.
- Providing safe, temporary accommodations and wraparound services for people facing homelessness has been an urgent priority for this government for a long time.
- Now, more than ever, it is time to implement long-term housing solutions that take care of and protect our most vulnerable people.

On concerns from neighbours:

- We understand that some living near these hotels and supportive housing locations have concerns.
- As with all new supportive housing buildings, it takes some time for residents to settle into the building.
- Many will be sleeping inside again for the first time in a very long time.
- It is our experience that after an initial period, residents stabilize, and disturbances decrease dramatically.
- BC Housing is working with local residents and business associations to create community advisory committees.
- In our experience, they have been very effective at helping communities work together to address concerns and build a positive connection with neighbours.
- We are committed to working with these communities to ensure these buildings and their residents integrate into these neighbourhoods.

Validators:

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Background:

Vancouver Decampment:

- From April 25 to May 9, 261 people were moved from Oppenheimer park into temporary indoor accommodation and the park has closed for remediation.
- Everyone who was staying in Oppenheimer Park was offered a place to stay. Oppenheimer Park is now being remediated.
- In Vancouver, 94% of people who were moved into housing from Oppenheimer Park remain housed. The other 6% either left on their own accord or were offered other housing or shelter options.
- The Province worked with hotels in Vancouver to provide temporary accommodation as part of an interim solution to reduce homelessness until more permanent housing solutions can be made.
- The leases were negotiated on a site-by-site basis and the names of the hotels are not public to protect the personal privacy of residents.

Victoria Decampment:

- From April 25 to May 20, 344 people moved from Topaz Park and the Pandora Avenue Corridor in Victoria into indoor accommodation.
- Everyone who was living in Topaz Park or on Pandora Avenue has been offered indoor accommodation. Both sites are now being remediated.
- In Victoria, 95% of people who were housed during the decampment efforts at Topaz Park and Pandora Ave remain in their units/spaces. The remaining 5% left on their own accord or were offered other housing or shelter options.
- The Province purchased the Comfort Inn and Paul's Motor Inn and leased the Save-on Foods Memorial Arena and some other hotels to provide temporary accommodation.
- All the temporary accommodation in Victoria is staffed 24 hours a day, seven days a week, and offer supports to residents on-site such as access to mental health referrals. Daily meals are also provided.
- Overdose prevention and harm reduction services are available in each of the sites, as well as on-call physicians, psychiatry, MHSU outreach services.

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Top Actions – Indigenous Wellness

Main Message:

- I have heard from Indigenous communities across B.C. about the urgent need for culturally safe, community-led mental health and addictions care.
- Our government is working in partnership with First Nations so that they're in the driver's seat with the resources to support their mental health & wellness.
- This is part of our commitment to reconciliation and implementing the United Nations Declaration on the Rights of Indigenous Peoples.
- We signed a ground-breaking new agreement with the FN Health Council and the federal government.
- It empowers First Nations to plan, design and deliver community-based services based on their own health priorities.
- We've made the first significant investment in Indigenous treatment centres in a generation(\$40M)
[see quote, page 3].
- We're working together to build two new urban Indigenous treatment centres and renovate and rebuild six more in rural communities.
- \$23 million land based healing.
- \$30 million for FN designed and delivered mental health and wellness programs flowing directly to FN communities.

- We're supporting the new Urban Indigenous Health & Healing Co-op on the DTES - Elders and clinicians combining Indigenous healing & Western medicine.
- We gave community counselling grants to 10 Indigenous-led organizations to expand access to free and affordable counselling. Rural BC.
 - Carrier Sekani Family Services
 - Yale First Nation
 - Native Courtworker and Counselling Association of BC
 - Métis Community Services Society of BC
 - Lillooet Friendship Centre Society
 - Hiiye'yu Lelum (House of Friendship) Society in Duncan
 - Dze L K'ant Friendship Centre Society in Smithers
 - Circle of Indigenous Nations Society in the West Kootenays
 - Cha Chim Hii Yup Tiic Mis Ahousaht Health Centre
 - Central Interior Native Health Society in Prince George
- We're expanding the Lu'ma Medical Centre in Metro Vancouver to help them serve 1,750 new patients.
 - It's the first First Nations-led project under our primary care strategy and includes wraparound mental health and addictions supports that are culturally safe and trauma informed.
- We're investing in a new Indigenous Wellness and Healing Centres in Sicamous and the Cariboo to help First Nations members that need support for issues such as addiction, mental health, trauma, and abuse.
 - These are funded through the Investing in Canada Infrastructure Plan (MAH).

- Much more must be done. We are working closely with our Indigenous partners to ensure their priorities, wisdom and experience are at the centre of decisions around mental health and wellness.

Quotes:

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ISSUES NOTE: CONFIDENTIAL ADVICE TO MINISTER

Ministry of Social Development and Poverty Reduction
Date: June 11, 2020
Minister: Hon. Shane Simpson

CERB & Opioid Crisis

SUMMARY

Advocates have expressed concerns for income and disability assistance recipients because of the increased amount of funds through provincial support and federal COVID payments, such as CERB. The existing opioid crisis and the COVID-19 pandemic are creating a greater risk of overdoses for clients due to a larger amount of cash in the streets and the toxicity in the illegal drug supply.

ADVICE AND RECOMMENDED RESPONSE

- **Hundreds of thousands of British Columbians immediately lost their source of income due to the pandemic or saw costs for daily essentials go up. They needed emergency relief.**
- **We are dealing with the devastating impacts of two simultaneous public health emergencies.**
- **The Coroner has been clear that people are dying because of an illegal drug supply that is more toxic than ever before.**
- **It is dangerous to ignore that and it fuels stigma at a time when people need our support - not judgement and added stigma - now more than ever.**
- **The Province has been working to keep people as safe as possible during this unprecedented time.**
- **For example, as soon as Health Canada provided exemptions under the Controlled Substances Act, the Province and the BC Centre on Substance Use acted quickly to release new clinical guidance to help people at risk of withdrawal, overdose and/ or COVID-19 infection.**

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ISSUES NOTE: CONFIDENTIAL ADVICE TO MINISTER

BACKGROUND

In the past, concerns have been expressed about potential linkages between cheque-issue day and increase in overdoses. While there is increase in the number of overdoses during cheque-issue week the bigger concern is in the increase in toxicity of the illegal drug supply.

Coroners Data Release – May 2020

- On June 11, the BC Coroner's Service released its latest data on deaths from illicit drugs.
- In May 2020, there were 170 suspected illicit drug toxicity deaths. This represent a 93% increase over the number of deaths seen in May 2019 (88) and a 44% increase over the number of deaths in April 2020 (118).
- The May 2020 total represents the highest number of illicit drug toxicity deaths ever recorded in a month in B.C.
- The number of illicit drug toxicity deaths in May 2020 equates to about 5.5 deaths per day for the year.

Toxic Drug Supply Information

- There are many likely factors contributing to the increase in overdose deaths, but further evidence is still needed to fully understand why. Factors may include:
 - Unpredictable and highly toxic drug supply.
 - Increase in drug toxicity, including high levels of fentanyl, due to decreased availability of the chemicals used to make drugs.
 - Use of safe consumption sites have reduced. This may be due to:
 - Reduced capacity of sites because of COVID-19 physical distancing policies.
 - More people staying home to protect against COVID-19
 - Buddy system may be challenging because of changes to guest policies in some housing sites.
 - People may be choosing to use alone to protect their health from COVID-19.

Community Counselling Grant Recipients

1. **South Cariboo** – Cariboo Family Enrichment Centre Society
2. **Quesnel** - Quesnel Women's Resource Centre
3. **Prince George** – Carrier Sekani Family Services
4. **Prince George** - Central Interior Native Health Society
5. **Surrey/Fraser Region** - Moving Forward Family Services Society
6. **Surrey** - DIVERSECity Community Resources Society
7. **Surrey** - Native Courtworker and Counselling Association of British Columbia
8. **Ahousaht** - Cha Chim Hii Yup Tiic Mis Ahousaht Health Centre
9. **Nelson, Castlegar, Trail, Nakusp, Grand Forks** - Circle of Indigenous Nations Society
10. **Smithers/Houston** - Dze L K'ant Friendship Centre Society
11. **Duncan** - Hiiye'yu Lelum (House of Friendship) Society
12. **Vernon** - Independent Living Vernon Society
13. **Langley/Aldergrove** - Ishtar Women's Resource Society
14. **Kamloops** - Kamloops Family Resources Society (Family Tree Family Centre)
15. **Yale/Hope** - Yale First Nation
16. **Abbotsford** - Kinghaven Peardonville House Society
17. **Lillooet** - Lillooet Friendship Centre Society
18. **Kelowna** - Métis Community Services Society of BC
19. **Maple Ridge/Tri-Cities** - RainCity Housing and Support Society
20. **Mission** - Fraser House Society
21. **Salt Spring and Southern Gulf Islands** Community Services Society
22. **Richmond/Vancouver/North Shore** - Turning Point Recovery Society
23. **Vancouver** - Association of Neighbourhood Houses BC
24. **Vancouver** - Jewish Family Services
25. **Vancouver** - PACE Society
26. **Vancouver** - Watari Counselling and Support Services
27. **Vancouver/Surrey** - Vancouver Association for Survivors of Torture
28. **Victoria** - Vancouver Island Counselling Centre for Immigrants and Refugees
29. **Victoria** - Peers Victoria Resources Society

COVID-19 Community Counselling Grant Recipients

1. **Prince George** – Prince George Native Friendship Centre
2. **Prince George** - Canadian Mental Health Association
3. **Nanaimo** - Snuneymuxw First Nation
4. **North Shore** - Family Services of the North Shore
5. **Sunshine Coast** – Sunshine Coast Community Services Society
6. **Abbotsford** - Archway Community Services
7. **Delta** - Deltassist Family and Community Services
8. **Maple Ridge/Pitt Meadows** - Maple Ridge/Pitt Meadows Community Services
9. **Coquitlam/Port Moody** - SHARE Family and Community Services
10. **Penticton** - OneSky Community Resources
11. **Kelowna** - Canadian Mental Health Association
12. **Cariboo Chilcotin** - Canadian Mental Health Association
13. **Thompson Valley** - Yellowhead Community Services
14. **North and West Vancouver** - Canadian Mental Health Association,
15. **Vancouver-Fraser** - Canadian Mental Health Association,
16. **Vancouver** - Elizabeth Fry Society of Greater Vancouver
17. **Vancouver** - REACH Community Health Centre
18. **Vancouver** - S.U.C.C.E.S.S.
19. **Esquimalt** - Esquimalt Neighbourhood House
20. **Colwood / Greater Victoria** - Pacific Centre Family Services Association

“Recently, CMHA Kelowna was awarded a \$50,000 surge grant through CAI to provide/enhance our counselling services in the Central Okanagan in order to help those who are struggling through the pandemic. This grant has enabled us to leverage our relationship with UBCO in order to be able to provide an effective “learning lab” for practicum students in the counselling fields. Our one counsellor is now able to expand to 4 counsellors through the course of the grant and we are building capacity at the same time [...] **We are so grateful for this initial investment by the provincial government at a time when folks throughout our province are suffering and in need of practical help.**”

- Shelagh Turner, Executive Director, CMHA Kelowna (June 18, 2020)

Foundry Centres (19)

Open:

1. **Maple Ridge** – Maple Ridge/Pitt Meadows Community Services
2. **Penticton** - OneSky Community Resources
3. **Kelowna** – Canadian Mental Health Association Kelowna and District
4. **Campbell River** – The John Howard Society of North Island
5. **Prince George** – YMCA of Northern BC
6. **Abbotsford** – Archway Community Services
7. **Victoria** – Victoria Youth Clinic
8. **Vancouver** – Providence Health Care
9. **North Shore** – Vancouver Coastal Health
10. **Richmond** – Richmond Addiction Services Society

Summer 2020:

1. **Terrace** – Terrace & District Community Services Society

New:

1. **Burns Lake** - Carrier Sekani Family Services
2. **Comox Valley** - John Howard Society of North Island
3. **Cranbrook** - Ktunaxa-Kinbasket Child and Family Service Society
4. **Langley** - Encompass Support Services Society
5. **Squamish** - Sea to Sky Community Services Society
6. **Port Hardy** - North Island Crisis and Counselling Centre Society
7. **Williams Lake** - Cariboo Chilcotin Child Development Centre Association
8. **Surrey** - Pacific Community Resources Society

Prescription Monitoring

Highlights:

- The Opposition may ask for an update on progress on prescription monitoring.
- In June 2020, the Leader of the Opposition wrote to the Premier, calling on him to implement a prescription monitoring program.
- On Oct 3, 2018, the Leader of the Opposition asked Minister Darcy in QP when a prescription monitoring program would be in place.

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Solution:

- We are implementing a prescription monitoring program and making other improvements around prescription medication to keep people safe.
- In January 2019 we signed a contract with the College of Physicians and Surgeons to develop a comprehensive prescription monitoring program.
- We have learned from our experience with PharmaNet, that these types of systems must have buy-in from doctors and health care practitioners.
- That's why we are working in partnership with:
 - The College of Physicians and Surgeons of BC,
 - The College of Pharmacists of BC,
 - The BC College of Nursing Professionals,
 - The College of Dental Surgeons of BC
 - The College of Naturopathic Physicians of BC
 - The College of Midwives of BC
 - and the BC Coroners Service.
- **Work on the planning phase of the project is now complete, and we are moving towards implementation now.**
- There's a lot of work ahead to establish the program, but we're moving forward.
- **We are also preparing to allow all prescribers to view their patients' PharmaNet prescription fill record to help with safer prescribing.**

- PharmaNet review is mandatory at methadone clinics, walk-in, urgent care & multi-physician clinics, if the physician is not providing long-term care.
- The proportion of people prescribed opioids in B.C. continues to decline: 13.6% in 2016, 12.3% in 2018 [CIHI].
- Long term use is also declining: in 2016, 16.8% of people prescribed opioids were on long-term therapy. That's now down to 14.5% in 2018 [CIHI].
- **Everyone agrees a prescription monitoring program will be an important upstream tool in the toolbox.**
- **But prescription monitoring alone is not a magic bullet.**
- According to the College of Physicians and Surgeons:

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- There are no quick fixes. We continue to escalate our response to save lives and help more people find a pathway to hope.

Other Actions:

- We have drafted a new B.C. Controlled Prescription Drug Atlas looking at opioids and benzodiazepines.
 - Government has had this information for a number of years, but it has never been publicly available.
 - The atlas is now available to the public online
 - Prescribers now have more information on how prescribing practices in their communities compare to elsewhere in B.C.
- We are working with pharmacists on a range of initiatives to tackle this crisis.
 - We support the B.C. Pharmacy Association training program about opioid agonist treatment.
 - First of its kind in Canada, aimed at reducing stigma, and improving patient engagement
 - We're partnering with all 84 Save-On-Foods pharmacies across B.C. to tackle stigma & connect people to treatment and recovery
 - Inserts in prescription bags, in-store ads
 - Info for employees on stigma, responding to an overdose, and treatment and recovery services.

Background:

- There is no single co-ordinated prescription monitoring program in B.C.
- There are, however, three separate programs that work to address the prescribing of controlled medications:
 - *PharmaNet*
 - Launched in 1995, PharmaNet is a provincial network that links BC health care practitioners, and all community pharmacies to information systems to promote patient medication safety and provide real-time adjudication.
 - Dispensing history up to 14 months can be viewed in a patient profile.
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- *College of Physicians and Surgeons of BC Prescription Review Program*
 - Administered by CPSBC, the program uses a subset of PharmaNet data to review physician prescribing of opioids, sedatives, and stimulants.
 - Where reviews demonstrate potentially problematic prescribing, individual physicians may be requested to participate in additional education for the prescribing of these medications.
- *PharmaCare's Restricted Claimant Program*
 - A program that limits PharmaCare coverage of certain "at risk" patients to a single prescriber and/or a single pharmacy.
- Additional supports include limiting the supply of covered opioids to 30 days per fill and a trend report to regularly examine the use of covered opioids.
- The College of Physicians and Surgeons of B.C. has also increased its standards around opioid prescribing and updated their Practice Standard in June 2018.

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Key Messages – Alcohol addiction / COVID-19

Updated: June 17, 2020

COVID19 has led to an increase in alcohol consumption and an increase in the challenges that go along with substance abuse. On December 18, 2019, the Province announced the release of a new made-in-BC alcohol guideline. Developed by the BC Centre on Substance Use, the guideline will be used by physicians to connect British Columbians who are dealing with high-risk drinking and alcohol use disorder to services. It also provides support and recommendations for how youth ages 12 to 25, and adults can manage their substance use; and includes recommendations to improve early screening and intervention in primary care settings and new tools for withdrawal management and guidance for continuing care.

Main Messages:

- We know people are struggling with alcohol addiction every day across the province.
- While alcohol addiction is the most common substance use disorder in B.C., it often goes unrecognized and untreated in the healthcare system. The scale of these challenges is enormous.
- We continue to work to ensure people have quick access to the supports they need to find their own pathway to healing and hope.
- The BC Centre on Substance Use created clinical guidelines for healthcare professionals to help reduce the risks - withdrawal, overdose, infection, and other harms – to a vulnerable and often-immune compromised population.
- It is the first time guidelines have been developed for treating youth under 19.
- It also supports the development of a substance use continuum of care that is evidence-based and focuses on early intervention and treatment, because we know that early intervention is key to preventing small problems from becoming bigger down the road.
- The guideline is grounded in current research and includes the perspective of people with lived experience.

COVID related messages:

- We are experiencing two public health emergencies in this province – one on top of the other. COVID-19 and the overdose crisis.
- We are continuing to implement extraordinary measures to meet the healthcare needs of all British Columbians during this time.
- This includes the needs of people with substance use disorder, including alcohol use disorder, as well as people at risk of overdose.

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Interior Health

IH Communications Issues Note

June 18, 2020

Topic

Vernon Downtown Primary Care Centre/Mental Health and Substance Use Services

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Police Reform & Mental Health

Highlights:

- On July 28, the MLAs for Kamloops introduced a petition calling for the hours for the CAR 40 service in Kamloops to be extended beyond business hours.
- The Car 40 team consists of a dedicated psychiatric nurse trained in psychiatric crisis intervention alongside an RCMP officer.
- Prince George city council is also voting on a motion to extend their cars' hours.

Main message:

- Everyone deserves to be treated fairly by the police, and to receive the healthcare they need.
- For many Black, Indigenous and other people of colour, that hasn't always been the case.
- In 2018, we produced a toolkit for police agencies and health authorities to guide them in working together to address the needs of people with mental health issues.
- We launched pilots with police forces in Abbotsford, Vernon and Vancouver where police are connecting people with substance use challenges to healthcare instead of the criminal justice system.
- But after many years of a broken mental health care system and that work falling to police, there is much more to do.
- B.C.'s Police Act is outdated and out of step with our government's approach on important issues—including systemic racism, harm reduction and mental health.

- That's why we've struck an all-party committee to engage with communities and experts on how the 45-year-old Police Act can be modernized.
- There are a number of different ways police and mental health and substance use service providers work together right now to support people:
 - Mobile Crisis Response Services, like the Car programs in Kamloops, Surrey, Prince George and Vancouver
 - Police partnerships with local case management and outreach teams (ex/ ACT Teams)
 - Mental Health Liaison Officers
- The review of the Police Act will include looking at the best ways to improve mental health service delivery to people in crisis.
- That work is getting underway now.
- We all agree that more mental health resources are needed.
- We're going to be listening to communities' feedback and welcome people's ideas about how we can combat systemic racism and improve how we respond to people in crisis.

Ellis St. (MJD)

Message:

- After many years where the old government neglected mental health and addictions care, we have a lot of work to do.
- But we're making progress in building a full continuum of care for people across B.C. – including in Kelowna so more people can access care.
- We expanded access to low and no cost mental health and addictions counselling with grants to organizations across B.C.
- That includes Metis Community Services Society of BC in Kelowna, allowing them to add a mental health and addictions counsellor and a traditional wellness worker and increase clinical supervision.
- We established Overdose Prevention Nurses in the four Interior communities with the highest number of overdose deaths, including Kelowna, to support overdose prevention services and sites.
- Launched an Intensive Day Treatment Program in Kelowna, Kamloops, Penticton and Vernon to provide another recovery option - including structured individual, group and family treatment and support for people with complex substance-use.
- We opened an urgent primary care centre in Kelowna in January 2020.

- We implemented Addiction Medicine Consult Services Kelowna General Hospital, 5 days a week since September 2018.
 - These services provide comprehensive assessments, diagnosis and treatment plans, management of intoxication and/or withdrawal, as well as treatment initiations.
 - They also work with community service providers to facilitate the continuity of treatment during the transition between hospital and community.
- We just announced funding for 50 to 70 new beds – I encourage operators in Kelowna to apply.

Why didn't Kelowna get a substance use team?

- I'm very proud of our announcement of 7 expanded and 9 new substance use teams to help more people connect and stay connected to treatment.
- After so many years where the old government neglected mental health and addictions care, there are big needs in communities across the province.
- We've made significant investments to improve MHSU care in Kelowna, but there's more to do.
- **The Ellis St housing is in the planning stages. We're working with our partners – including Interior Health – to ensure the right supports will be in place for the people this building will serve.**

On the Ellis St. housing project:

- The supports available in any given building vary, according to the needs of the people living there.
- But broadly speaking, it's a combination of trained mental health workers on site 24/7 and access to more specialized clinical supports through the health authorities.
- This housing project is still in the planning stage.
- We're working with all of our partners – including Interior Health – to ensure the right supports will be in place for the people this building will serve.
- These are vulnerable people who are already living in our communities.
- They can either be in safe homes, with 24/7 supports, or they can be on our streets and in our parks, without supports.

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Prémier Quote - Decriminalization

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