

**MINISTRY OF MENTAL HEALTH AND ADDICTIONS  
INFORMATION BRIEFING NOTE**

**Cliff: 1219959**

**PREPARED FOR:** Honourable Sheila Malcolmson, Minister - **FOR INFORMATION**

**TITLE:** Pharmascience Injectable Diacetylmorphine Supply

**PURPOSE:** To provide information on the current status of the domestic injectable Diacetylmorphine (DAM) supply manufactured by Pharmascience (PMS)

**BACKGROUND:**

- DAM is a Schedule 1 Narcotic used in British Columbia for injectable Opioid Agonist Treatment (iOAT) in health authority (HA) iOAT programs. It is currently imported into Canada from the Swiss company Diamo via the List of Drugs for Urgent Public Health Need.
- DAM is not a PharmaCare benefit and is not available in BC through any services other than the iOAT HA programs.
- Projections and budget allocations for the HA iOAT programs were done using predominately injectable hydromorphone (HDM), as DAM traditionally has only been available through one iOAT site.
- Based on patient preferences, in 2020, Pharmaceutical Laboratory and Blood Services Division (PLBSD, MoH) staff were directed to project utilization towards a goal of 80 percent of iOAT patients moving to DAM and secure a domestic supply in order to provide DAM to other HAs and ensure ongoing sustainability of the program.
- PMS is a Canadian pharmaceutical manufacturer which, in response to a PLBSD request, has developed a DAM injectable product in 200mg and 5gm vial sizes.
- PMS DAM injectable received Notice of Compliance (NOC) from Health Canada in February 2022. The product will be ready for shipment to BC in <sup>s.13</sup>
- <sup>s.13; s.16</sup>

**DISCUSSION:**

Initial PMS DAM quantities will be sufficient to provide injectable DAM to 200 patients. The company can also increase production capacity, with sufficient notice, to allow for all the current iOAT clinics to provide DAM to their patients ~400 patients or more.<sup>s.12; s.13</sup>

<sup>s.12; s.13</sup>

The Ministry does not purchase or distribute drugs directly, however, it will take an oversight role of injectable DAM access and is setting in place an arms-length process for centralized acquisition and distribution of the DAM. Oversight of the purchasing of stock for the provincial DAM supply will be provided by Lower Mainland Pharmacy Services (LMPS) and distribution will be through a secure process using the BC Product Distribution Centre (PDC).<sup>s.16</sup>

<sup>s.16</sup>

s.13; s.17

s.13; s.17 An early estimated gap of \$3.5 million/year was used for the DAM supply agreement based on current capacity and budget allocations.

s.12; s.13; s.17

**ADVICE:**

- s.12; s.13

- s.12; s.13

- s.12; s.13; s.16

- s.12; s.13; s.17

- s.12; s.13; s.17

**Program ADM/Division:** Mitch Moneo, Pharmaceutical Laboratory and Blood Services Division

**Program Contact (for content):** Susan Bouma, clinical Services and Evaluation

**Drafter:** Lynn Pollock

**Date:** March 3, 2022

**MINISTRY OF MENTAL HEALTH AND ADDICTIONS  
INFORMATION BRIEFING NOTE**

**CLIFF: 1223402**

**DATE OF PREVIOUS NOTE:** February 26, 2021,  
March 17, 2021

**PREVIOUS CLIFF:** 1189299, 1191587

**PREPARED FOR:** Honourable Sheila Malcolmson, Minister - **FOR INFORMATION**

**TITLE:** Suicide Prevention Supports for Campbell River

**PURPOSE:** Update on the response to the youth suicide crisis in Campbell River

**BACKGROUND:**

On February 22, 2021, the Ministry of Mental Health and Addictions (MMHA) received a proposal from the John Howard Society North Island (JHS-NI), lead agency for Foundry Campbell River (FCR). s.13

s.13

In March 2021, MLA Babchuk met with Minister Malcolmson to discuss suicide prevention and crisis intervention services in the North Island region and the JHS-NI proposal.

**UPDATE:**

- Community partners in Campbell River worked together to respond to the suicide crisis and support the school district.
- Ministry of Children and Family Development's (MCFD) Child and Youth Mental Health (CYMH) teams continues to provide supports and services for the youth who are at risk of suicide including assessments, therapy and treatment, education and referrals to specialized programs and resources.
- In the North Island, there are concerns regarding access to psychiatry particularly accessing via CYMH. This provides an opportunity for BC Children's Hospital (BCCH) to expand access to psychiatric support. Compass/BCCH are currently providing high intensity support for high risk youth.

• s.13

- FCR indicates there has been a reduction in the level of suicidality among youth in the 12-15 age group. This age group was of particular concern and the community has not had any further deaths from suicide in this cohort.
- During the summer, this position was beneficial as the counsellor was able to stay connected with the most high-risk youth in the cohort.

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### *Appendix A - Crisis Amongst Middle School Students in Campbell River*

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**Program ADM/Division:** Francesca Wheler, Child, Youth & Mental Health Policy

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**Drafter:** Rupinder Johal, Policy Analyst

**Date:** March 15, 2022

## MINISTRY OF MENTAL HEALTH AND ADDICTIONS INFORMATION BRIEFING NOTE

Cliff # 1223755

**PREPARED FOR:** The Honourable Sheila Malcolmson, Minister of Mental Health and Addictions – **FOR INFORMATION**

**TITLE:** Joint presentation to the Select Standing Committee on Children and Youth scheduled for March 30, 2022.

**PURPOSE:** To provide background regarding MMHA's role in an upcoming cross-ministry presentation to the Select Standing Committee on Children and Youth (SSCCY) on progress towards implementing recommendations from the Representative for Children and Youth's April 2021 report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* (the Excluded Report).

### **BACKGROUND:**

On April 15, 2021, the RCY released the report *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families*. The Excluded Report calls on government to take both immediate and long-term action to improve supports and services to children with Fetal Alcohol Syndrome Disorder (FASD) and their families (*Appendix A – RCY Excluded Report*). The Report included 11 recommendations for change addressed to multiple lead ministries including Ministries of Health (HLTH), Education (EDUC), Children and Family Development (MCFD), Citizen Services (CITZ), Social Development and Poverty Reduction (SDPR), and Mental Health and Addictions (MMHA).

Recommendation #5 is to be led by MMHA, and states: *that the Ministry of Mental Health and Addictions (MMHA), in collaboration with MCFD, DAAs and the Ministry of Health, lead a review, and develop and implement a plan, to provide effective and accessible mental health services for children and youth with special needs, including FASD* (see Addendum below for full text of recommendation). MMHA was also included as one of several collaborative partners in Recommendation #9 led by MCFD and CITZ to develop a cross ministry plan to routinely collect demographic and service data that allows for disaggregation. CITZ is leading this section of the SSCY presentation.

On March 3, 2022, all ministries named as leads for recommendations in the Excluded Report were invited (through MCFD) to provide a joint presentation to the SSCCY regarding progress on meeting the recommendations. The presentation is scheduled for March 30, 2022, and will include staff from MCFD, HLTH, MMHA, CITZ, SDPR and EDUC.

MCFD is leading coordination of the overall presentation to SSCCY, with other ministries supporting content and discussion on individual recommendations.

## DISCUSSION:

MMHA staff have prepared one slide describing MMHA's response to Recommendation #5 (slide #9, Attachment B). This slide will be used as part of the overall presentation regarding each responsible Ministry's response to the Excluded Report's recommendations (*Appendix B – Draft MCFD SSCCY Presentation – MMHA Slide 9*). Each lead ministry is currently in the process of submitting final draft content to MCFD, with the final presentation to be submitted to SSCCY on March 22<sup>nd</sup>. Staff from each lead ministry will speak to their respective slides during the presentation.

On October 27, 2021, MCFD announced a new approach that will transform the way services are provided for children and youth with support needs (CYSN), including those with FASD. The service changes are expected to be fully implemented by 2025. Discussion on this planned transformation will be led by MCFD and is expected to be a primary focus for the SSCCY presentation.

### MMHA Action Plan Status and Overview

MMHA's Action Plan for Recommendation #5 has not yet been finalized. However, work is well underway, and a draft Action Plan has been developed that staff will speak to at the SSCCY presentation.

The Ministry of Health (HLTH) has been named as a collaborator on MMHA's recommendation, as well as a lead for three recommendations in the report (Recommendation #s 6, 7 and 8). MMHA has been working with HLTH to develop a joint action plan in response to RCY's recommendations for both ministries. The draft joint action plan was presented to RCY staff at a joint RCY/HLTH/MMHA meeting on February 25, 2022. Based on RCY's feedback, this joint action plan is being revised and is expected to begin joint approvals process through MMHA/HLTH in the next two weeks; however, approvals are unlikely to be finalized in time for the March 30<sup>th</sup> presentation.

The draft Action Plan for Recommendation #5 leverages and builds on work already underway by MMHA and partners, and includes the following three components:

1. **Research:** Complete a review of MHSU services for CYSN, including FASD, across existing and planned initiatives. Identify promising practice models of care and assess current resourcing. Work on this component is already underway, and anticipated completion date for this action is fall 2023.
2. **A Pathway to Hope (PTH) Initiatives:** Continue to implement and expand child and youth MHSU initiatives to better serve all children and youth across the province, and explore opportunities to further integrate and improve CYSN MHSU supports as part of these initiatives in collaboration with HLTH, MCFD, EDUC, Indigenous partners and service delivery organizations. This work is ongoing.
3. **CYSN System Transformation:** Support implementation and integration of MHSU services as part of MCFD's new CYSN service framework and system transformation. Changes to CYSN services are anticipated to be fully operational provincially by 2025

MMHA recently met with RCY staff and the Children's Health Policy Centre on March 14, 2022 to discuss an upcoming research project on mental health prevalence and interventions for children with diverse needs. This project will be released later in spring 2022 and is expected to

partially meet the research component of Recommendation #5. Further scoping of the research component will be possible once the report is released.

### **Next Steps**

- ADM Francesca Wheler will present the slide content in the attached presentation to SSCCY on March 30, 2022.
- The MMHA/HLTH Joint Draft Action Plan is currently being finalized and will begin approvals before end of March 2022, and is expected to receive final approvals from both ministries before end of April 2022.

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**Program Contact (for content):** Scott Carlson, Director, Child and Youth Partnerships and Planning

**Drafter:** Alex Santos, Senior Policy Analyst, Child and Youth Partnerships and Planning

**Date:** March 16, 2022

### **Attachments:**

*Appendix A – RCY Excluded FASD Report*

*Appendix B – Draft SSCCY Excluded Presentation – MMHA Slide 9*

### **ADDENDUM – Recommendations from Excluded with MMHA as lead or collaborator Excluded Report Recommendation #5: Full Text**

*That the Ministry of Mental Health and Addictions (MMHA), in collaboration with MCFD, DAAs and the Ministry of Health, lead a review, and develop and implement a plan, to provide effective and accessible mental health services for children and youth with special needs, including FASD. This should include a review of evidence-based, culturally attuned and promising practice models of therapy, intervention and care for children and youth with special needs including FASD, who have mental health impacts, as well as an assessment of current resourcing and resource gaps. The findings of this review and planning should be prioritized and built into MMHA's Pathway to Hope for implementation.*

*MMHA to complete the review and plan by March 31, 2022, with MCFD and Health beginning the implementation of new service approaches and enhanced services by Oct. 1, 2023, and completing implementation by March 31, 2024.*

### **Excluded Report Recommendation #9: Full Text (Lead by MCFD and CITZ)**

*MCFD together with the Ministry of Citizens' Services to initiate the development of a cross-ministry plan, in collaboration with the ministries of Health, MMHA, Social Development and Poverty Reduction, and Education, and in association with DAAs, health authorities and Community Living BC, to routinely collect high-quality demographic and service data that allows for disaggregation, providing an essential foundation for more effective policy development, program provision and service monitoring for children and youth with special needs and their families, including those with FASD who are receiving services from these public bodies.*

*The cross-ministry plan to be completed and implemented by April 1, 2022 and fully implemented by March 31, 2024*

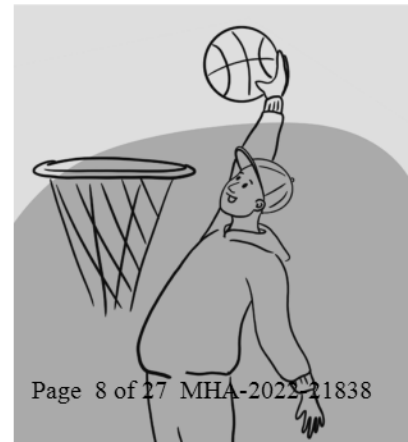
# Excluded:

## Increasing Understanding, Support and Inclusion for Children with FASD and their Families

APRIL 2021



REPRESENTATIVE FOR  
CHILDREN AND YOUTH





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Withheld pursuant to/removed as

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# *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families*

Select Standing Committee for Children and Youth, TBD

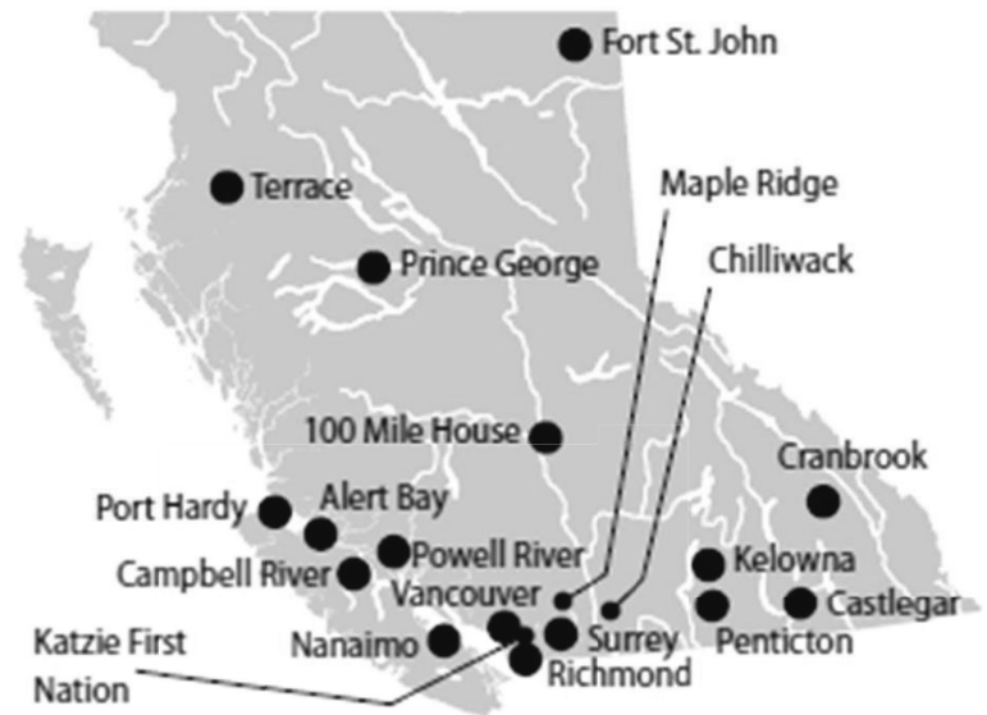
# Overview of Children and Youth with Support Needs: A Journey of Care and Support

## Listening and learning

- 1,500 voices of Indigenous and non-Indigenous children, youth, and families
- Additional 200+ Indigenous voices
- Calls from the Children and Youth Representative

Indigenous Advisory Circle

Delegated Aboriginal Agencies, service providers, advocates, partners, and many others

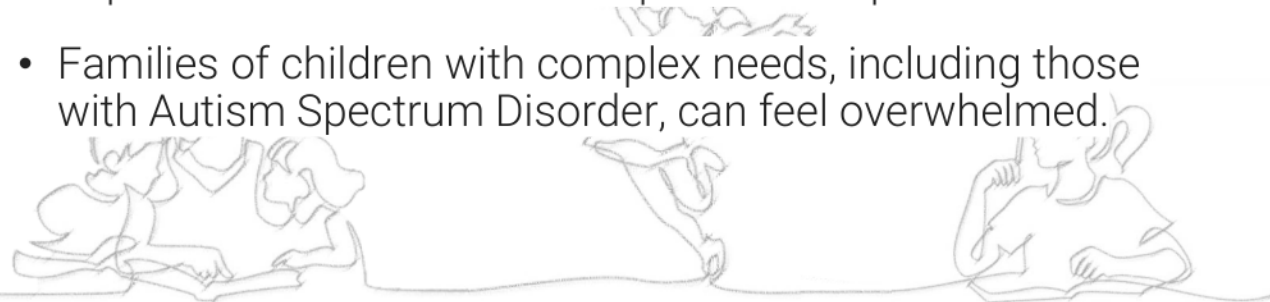




## Overview of Children and Youth with Support Needs: A Journey of Care and Support

### What we heard

- Our existing diagnosis-based system excludes vulnerable children, including those with Fetal Alcohol Spectrum Disorder and Down Syndrome.
- Experiential trauma and racism may prevent Indigenous families from approaching the ministry for help
- Services – including important therapies – are difficult or impossible to access in some parts of the province.
- Families of children with complex needs, including those with Autism Spectrum Disorder, can feel overwhelmed.



# Overview of Children and Youth with Support Needs: A Journey of Care and Support

## Reducing Barriers



### Current System

- Patchwork of services across the province with multiple access points and different eligibility.
- Not all programs and services are culturally safe and/or culturally meaningful and trauma informed.
- Unchanged assistance for mobility and adaptive equipment for more than 20 years.
- Diagnostic based eligibility criteria
- Two-tiered system
- Not always available in every part of B.C.



### New Approach

- Simplifying access through creation of a network of family connection centres that are easy to find and recognizable
- Reduce barriers for families related to racism, sexism, colonization, and other forms of systemic marginalization and oppression in accessing services
- Restructuring into three elements with new processes to enable greater access.
- Based on needs
- Earlier – and easier -- access to interventions and supports- this includes trauma-informed practice and cultural safety)
- Available close to home

*Recommendation 1* - Fully fund and implement a CYSN Service Framework, fully inclusive of children and youth with FASD.

New service model for children and youth with support needs

- Phased in approach with two early implementation areas in early 2023
- Provincially operational in the fall 2024, including:
  - Creation of family connections hubs;
  - Disability Services; and
  - Provincial Services.



*Recommendation 2* - Include suspected or confirmed FASD in the eligibility criteria for CYSN Family Support Services and seek funding to support newly eligible FASD families.

- As the phased implementation begins, children and youth with confirmed or suspected FASD will be able to access services based on their needs.
- The new approach will connect children and youth to services early on offering valuable interventions to support development.



### *Recommendation 3* - Enhance the Key Worker Parent Support Program and review the program to inform the design of CYSN services.

- Key worker functions included in goal focused services at the family connections hubs.
- MCDFD will continue to work with the Canada FASD Research Network to understand evidence-based and promising practices in supporting children and youth with FASD.





*Recommendation 4* - With DAAs, community service agencies and caregivers, review existing FASD awareness training and training needs for front-line staff to support the development of evidence-based, culturally attuned and regularly updated training materials across MCFD service lines.

- MCFD has initiated a review of existing FASD awareness training and the training needs of staff working with children and youth with FASD.



*Recommendation 5* - With MCFD, DAAs and MOH, MMHA to lead a review, and develop and implement a plan, to provide effective and accessible mental health services for children and youth with special needs, including FASD.

- MMHA continues to lead the implementation of A Pathway to Hope, that sets the long-term direction for an integrated and comprehensive system of mental health and substance use care.
- Significant investments have been made in priority child, youth and young adult initiatives including Integrated Child and Youth (ICY) Teams, Foundry, youth substance use beds and services and enhancements to Early Years programming.
- MMHA is scoping research to identify further opportunities to meet MHSU needs for children and youth with support needs and actively engaging with MCFD to align and integrate ongoing and planned services with the CYSN system transformation.



*Recommendation 6* - MOH to reduce wait times for CDBC diagnostic clinics and secure resources to provide for periodic follow-up assessments at key developmental stages through to adolescence.

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*Recommendation 7* - MOH with FNHA and the Task Team, apply learnings from review of systemic bias to referral pathways and assessment processes for CDBC diagnostic clinics.

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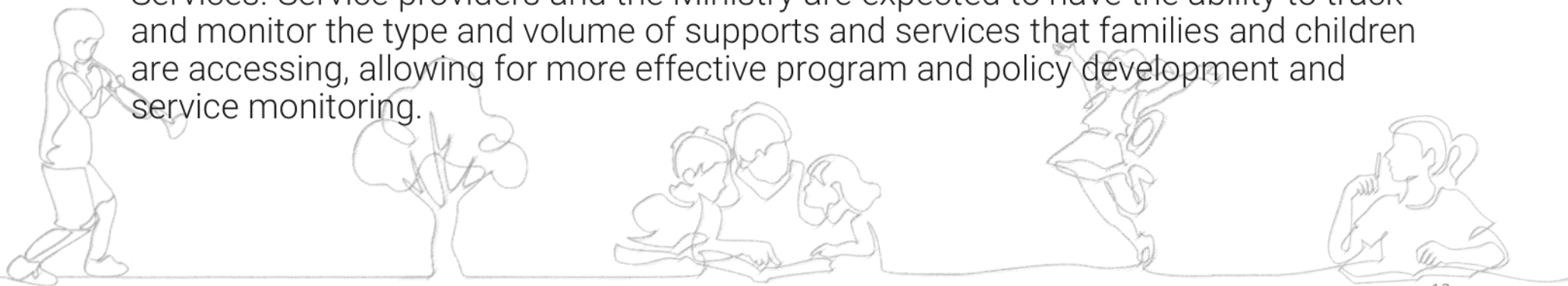
*Recommendation 8* - MOH conduct an assessment of existing FASD awareness training and the training needs of front-line staff to develop evidence-based, culturally attuned, Nation-specific and regularly updated training materials for staff across a range of health services.

- Government priority is to implement culturally safer integrated mental health and substance use care for children, youth and young adults through Pathway to Hope investments and other quality improvement initiatives (i.e. Integrated Child and Youth Teams, Foundry, ICMs...)
- Environmental scan of available FASD training<sup>s.13</sup>
- Assessment of the child, youth and young adult workforce training needs specific to FASD will begin in priority programs with a phased approach: Target<sup>s.13</sup>
- Aim to leverage existing and/or planned CYYA workforce training



*Recommendation 9* - MCFD to collaborate with CITZ to develop and implement a cross-ministry plan (with MOH, MMHA, SDPR and EDU) to routinely collect high-quality demographic and service data that allows for disaggregation.

- The CYSN service transformation will provide supports for children and youth based on their unique needs which include children with FASD and other children and youth with support needs. In preparation for this change, the Ministry of Children and Family Development is working to develop information system solutions that support the collection of accurate and reliable information about children and families accessing supports and services through Family Connections Hubs and Ministry Disability Services. Service providers and the Ministry are expected to have the ability to track and monitor the type and volume of supports and services that families and children are accessing, allowing for more effective program and policy development and service monitoring.



*Recommendation 10* - MOE update its Inclusive Education Policy and supporting documents and incorporate information to increase awareness and understanding of the specific learning needs of children and youth with FASD and related disorders.

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*Recommendation 11* - MOE work with BC Council for Administrators for Inclusive Supports in Education to support staff training and development needs for educators and school staff and build on evidence-based and promising practice approaches to support inclusion and improved learning outcomes.

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Thank You

