






















Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	13-Feb-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	Island Health	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			Complete	Island Health (Campbell River)	Project Analyst	s.22	
Decrim Project Manager 2 Name: s.19; s.22			Complete	Island Health (Victoria)	Coordinator	s.22	
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)			Complete		2023-11-16		
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources			Complete		2023-11-07		
Resource Card Proofs- Reviewed			Complete		2023-11-30		
HA Website Enhancements, As Needed			Currently drafting amendments to Island Health Mental Health and Substance Use main page. Just received approval from the owner of the MHSU webpage to begin making changes and enhancements.		2023-03-10		
Reach Out to Law Enforcement Partners			Contact with all local police forces and RCMP has been initiated		2023-01-16		
Cards Distributed to Law Enforcement Detachments			Victoria Police: 2900 Oak Bay Police: 800 Central Saanich Police: 800 Saanich Police: 1350 Combined Forces Special Enforcement Unit: 1000		2023-01-26		

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	01-Apr-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By: _____	<small>s.19, s.22</small>	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	Island Health	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: <small>s.19, s.22</small>			Complete	Island Health (Campbell River)	Project Analyst	<small>s.22</small>	
Decrim Project Manager 2 Name: <small>s.19, s.22</small>			Complete	Island Health (Victoria)	Coordinator	<small>s.22</small>	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Addiction Recovery Worker Name: <small>s.19, s.22</small>			Complete	South Island (Victoria) Serves all Vancouver Island	FT	January	
Position 2 Title: Addiction Recovery Worker Name: <small>s.19, s.22</small>			Complete	South Island (Victoria) Serves all Vancouver Island	PT	February	
Position 3 Title: Addiction Recovery Worker Name: <small>s.19, s.22</small>			Complete	South Island (Victoria) Serves all Vancouver Island	PT	March	
Position 4 Title: Addiction Recovery Worker Name: <small>s.19, s.22</small>			Complete	South Island (Victoria) Serves all Vancouver Island	PT	Janaury	
Position 5 Title: Addiction Recovery Worker Name: TBD			Position is currently posted	South Island (Victoria) Serves all Vancouver Island	FT/PT	TBD	

Decriminalization: Resource Card Tracking

HA Stockpile	750
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[illegible]

Decriminalization: Narrative Reporting

RHA: Island Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

~Disseminated internal communication materials to inform staff about decrim and implementation at Island Health
~Developed mental health and substance use directory accessible to all staff
~Developed orientation and training materials for Addiction Recovery Workers staffing the Service Link phone line
~Connected with FNHA leads to share information and reach with local communities
~Met with 4 local police detachments; made contact with all RCMP detachments in Island Health region for distribution of resource cards and sharing information about accessing services
~Presented decrim and connections to care to 4 CAT groups

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

~Collaborating with departments across the organization to review policies and procedures to align with both decrim and the harm reduction - substance use policy (ongoing)
~Developing Decrim Controlled Substances Guideline (in review) specific to alignment with decrim (similar to other health authority policies)
~Developing an education plan and practice support tools to help staff enhance knowledge of a harm reduction approach and delivery of care for People Who Use Substances

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liaison with the Ministry
-Participation on the Community of Practice

~Created Island Health mental health and substance use resource card with local contacts. Over 10,000 cards have been ordered and shared broadly with internal departments and community partners, including physicians.
~Launched the mental health and substance use Service Link, a central access number to help with service navigation
~Launching a promotional campaign to promote Service Link (late March - early May), including PSA, Black Press ads, and poster
~Participating in CoP, including chairing meetings, establishing a shared drive, and hosting a two-day in-person meeting in Victoria March 27-28
~Establishing evaluation plan for tracking key metrics, including calls to Service Link, resource card distribution, website analytics and presentations

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing policies on possession in care settings

~Implementing decriminalization in Island Health is supported by and furthers the new harm reduction - substance use policy (launched August 2022)
~The provincial decrim policy has prompted necessary discussions in the health authority about how we treat substances and people who bring substances into facilities. Ongoing alignment across the organization includes policy and procedure updates that align to both decrim and the harm reduction policy, and that work to shift the culture within the healthcare system about providing care to PWUS
~Too early to tell whether decrim has had impact in the health authority; however, attention is on a harm reduction approach and connecting people to the right services and care to improve health outcomes

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

~Presented to Westshore RCMP detachment. They express concern for their community, and difficulty with connecting people to services when they are uncertain where to go (especially with no physical locations for people who expressing desire to change).

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

~Bi-weekly virtual CoP meetings and a two-day in-person meeting in Victoria (March 27-28) has yielded valuable information and direction through collaboration. The in-person meeting in Victoria allowed for more in-depth discussion between Health Authorities which resulted in the overall improvement of presentations decks, education roadmaps and potential language to be used within policies/guidelines

Decriminalization: Proactive Outreach Reporting

FTE #1: [Name]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served											
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)											

Narrative Reporting

Please provide as fullsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

Is there anything else you would like to add regarding your experience?

Definitions

of clients served: the number of interactions the FTE had with people who use drugs or people in the community who may benefit from connections to care over the course of the month.

of unique clients served: the estimated number of individual people the FTE connected with over the course of the month.

Approximate % of clients connected to another service: an estimate of the percent of the # of clients served who were connected to care, to capture the possibilities of individual people making more than one connection to care.

Connections to care: defined broadly as direct referrals to any available health service, including but not limited to, harm reduction supplies/programs, group/peer engagement programs, MHSU treatment services, primary care, urgent care clinics, or when appropriate, emergency services or the provision of information about care (i.e. providing a resource card or otherwise assisting with navigating to care).

FTE #2: [Name]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served											
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)											

Narrative Reporting

Please provide as fullsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

Is there anything else you would like to add regarding your experience?

FTE #3: [Name]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served											
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)											

Narrative Reporting

Please provide as fullsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

Is there anything else you would like to add regarding your experience?

FTE #4: [Name]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served											
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)											

Narrative Reporting

Please provide as fullsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

Is there anything else you would like to add regarding your experience?

FTE #5: [Name]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served											
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)											

Narrative Reporting

Please provide as fullsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?











How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

Is there anything else you would like to add regarding your experience?

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	09-May-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.			s.19; s.22	
Health Authority:	Island Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			Complete	Campbell River	Project Analyst	s.22	
Decrim Project Manager 2 Name: s.19; s.22			Complete	Victoria	Coordinator	s.22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	FT	January	
Position 2 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	PT	February	
Position 3 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	PT	March	
Position 4 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	PT	Janaury	
Position 5 Title: Addiction Recovery Worker Name: s.19; s.22			Position is currently posted	South Island (Victoria) Serves all Vancouver Island	PT	April	
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA:	Island Health
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HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
no change from last reporting					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		0	0	0	0

Decriminalization: Narrative Reporting

RHA: Island Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

-Engagement, liaison and outreach to internal health authority partners

-Engagement with people who use drugs (PWUD)

-Engagement with Indigenous partners

-Engagement with law enforcement partners

-Engagement with other health system partners (e.g. CATs)

~ Presented to five Community Action Team CATs, the Downtown Business Service Providers in Victoria, and West Shore RCMP (x3)

~ Attended Campbell River and Greater Victoria municipal council meetings regarding bylaws to support CMHO and MHO in presenting on decrim

~ Ongoing meetings with MHSU operations and services team members to improve collaborations and share decrim info

~ Through CAT: engage with PWUD, Indigenous representative and community partners

~ Delivery of resource cards and info about decrim to internal staff partners

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

~ Decrim Controlled Substances Guideline out for approval

~ Work happening to support development of internal protocols and workflows to support handling of substances in care settings

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

-Administrative activities related to resource cards

-Liason with with the Ministry

-Participation on the Community of Practice

~ Ongoing Bi-weekly meetings with Decrim leads in all health authorities (CoP)

~ Continue to manage decrim email address

~ Continue to mail out Island Health resource cards and posters promoting Service Link

~ Planning digital campaign promoting Service Link to increase awareness of this line

~ Mapped out substance use system of care in the Cowichan Valley to improve delivery and client experience

~ Implimenting innovative harm reduction tools such as Brave Sensors and harm reduction vending machines throughout Island Health sites

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

-Referrals and service access coming via resource cards or law enforcement (where possible)

-Impacts of changing polices on possession in care settings

~ Decriminalization has prompted important conversations in how we deliver care

~ Implementing decrim follows and is supported by the new harm reduction policy

~ Implemented Service Link, which will improve service navigation

~ Developing clinical guideline, protocols and workflows to reflect decrim policy and improve client facing care for PUWD

~ Launced Service Link to connect people to services. This service is effective and working as intended

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.

-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

Feedback from West Shore RCMP after 3 presentations was not overly positive. The information provided as part of the presentation did not answer the questions/comments/concerns, which included: rates of use, measurement framework, involuntary treatment, legalization, central physical location to drop people off, provincial requirement to wait during admission, concerns about removing drugs as the mechanism of investigation












The impression left by the presenters is that decrim is supported by some but that differences of opinion exist about the nature of drug use and how we address PUWD. Recommend ongoing training that informs on the coplexity of substance use and works towards dismantling stigma and providing tools and resources to support law enforcement in their work.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

~ Refer to tab D for Service Link call taker anecdotal feedback

~Earned media: Conducted interviews with CBC and Black Press to speak about and raise awareness Service Link

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	17-Jan-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:							
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			Complete	Island Health (Campbell River)	Project Analyst	s.22	
Decrim Project Manager 2 Name: s.19; s.22			Complete	Island Health (Victoria)	Coordinator	s.22	
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)			Complete		2023-11-16		
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources			Complete		2023-11-07		
Resource Card Proofs- Reviewed			Complete		2023-11-30		
HA Website Enhancements, As Needed			Drafting amendments is underway and will be sent to internal communications team and website development team at the end of the week.		2023-01-30		
Reach Out to Law Enforcement Partners			Contact with all local police forces and RCMP has been initiated		2023-01-16		
Cards Distributed to Law Enforcement Detachments			Cards are being delivered in person by decrim team on January 26th to the municipal police forces in the Greater Victoria Area. The cards will be shipped to the Combined Forces Special Enforcement Unit in Surrey. Quantities can be seen below: Victoria Police: 3000 Oak Bay Police: 800 Central Saanich Police: 800 Saanich Police: 1800 Combined Forces Special Enforcement Unit: 1000		2023-01-26		

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	13-Jun-23
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	§ 19; § 22
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗		§ 19; § 22
Health Authority:	Island Health					
Decriminalization Project Managers						
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date
Decrim Project Manager 1 Name: § 19; § 22		✓	Complete	Campbell River	Project Analyst	§ 22
Decrim Project Manager 2 Name: § 19; § 22		✓	Complete	Victoria	Coordinator	§ 22
Decriminalization Proactive Outreach						
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date
Position 1 Title: Addiction Recovery Worker Name: § 19; § 22		✓	Complete	South Island (Victoria) Serves all Vancouver Island	FT	January
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Position 3 Title: Addiction Recovery Worker Name: § 19; § 22		✓	Complete	South Island (Victoria) Serves all Vancouver Island	PT	March
Position 4 Title: Addiction Recovery Worker Name: § 19; § 22		✓	Complete	South Island (Victoria) Serves all Vancouver Island	PT	Janaury
Position 5 Title: Addiction Recovery Worker Name: § 19; § 22		✓	Position is currently posted	South Island (Victoria) Serves all Vancouver Island	PT	April
Position 6 Title: Name:						

Decriminalization: Resource Card Tracking

RHA:	Island Health
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HA Stockpile	
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[illegible]

Decriminalization: Narrative Reporting

RHA: Island Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

~ continue to promote Service Link, and share resource cards
~ watched FNHA's presentation to RCMP
~ participate in CAT meetings (Comox Valley, Nanaimo and Campbell River)

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

~ waiting approval on two Decrim Guidelines. Education resources will follow in development
~ developed an FAQ re. Decrim and substance use in facilities. Waiting review
~ engaged with Research for knowledge translation support and design for the implementation of the guidelines.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liason with with the Ministry
-Participation on the Community of Practice

~ Chaired CoP meeting. Continue to share material and learning with the group to coordinate and maximize efforts
~ Working on web refresh project to update public facing information and improve ease of access and navigability of mental health and substance use services
~ Developing communications for work underway in Island Health related to the toxic drug crisis, including an article in the magazine
~ Working with communications to establish a regular social media calendar with bi-weekly posts regarding the toxic drug crisis
~ Implementing innovative harm reduction tools in Island Health facilities such as Brave Sensors and Care & Connect Kiosks.
~ Participating in a bi-weekly table of partners meeting in Campbell River to discuss and implement possible solutions to the issues in that community.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing polices on possession in care settings












~ The WorkSafe BC compliance agreement requires education modules that will include decrim content as it relates to practice and staff safety











RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

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			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
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Reach Out to Law Enforcement Partners			Contact with all local police forces and RCMP has been initiated. Presentations have been booked with Oak Bay Police and the Langford RCMP detachment.		2023-01-16		
Cards Distributed to Law Enforcement Detachments			Additional cards have not been requested since initial order. Initial order numbers can be found below: Victoria Police: 2900 Oak Bay Police: 800 Central Saanich Police: 800 Saanich Police: 1350 Combined Forces Special Enforcement Unit: 1000		2023-01-26		

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	13-Jun-23	
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			Implementation plans are at significant risk. Significant mitigation/corrective action required.			s.19; s.22	
Health Authority:	Island Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
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Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	FT	January	
Position 2 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	PT	February	
Position 3 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	PT	March	
Position 4 Title: Addiction Recovery Worker Name: s.19; s.22			Complete	South Island (Victoria) Serves all Vancouver Island	PT	Janaury	
Position 5 Title: Addiction Recovery Worker Name: s.19; s.22			Position is currently posted	South Island (Victoria) Serves all Vancouver Island	PT	April	
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA:	Island Health
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HA Stockpile	
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[illegible]

Decriminalization: Narrative Reporting

RHA: Island Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

~ continue to provide knowledge of and support around decriminalization to internal staff teams requesting information
~ working with FNHA to discuss presentations to communities and groups

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

~ Conversations continue at Executive level re. substance use in facilities. The harm reduction policy launched sept 2022 and created the foundation for decrim. Staff are asking about substance use in facilities which has prompted a deep dive into: concerns about exposure, risk to staff and patient safety, desire to support PWUD in facility but lack organizational policy/procedures, WorkSafe BC orders, risk of patients self-discharging early or not seeking treatment due to substance use.
~ 2 supporting Guidelines specific to Decrim are waiting leader review and approval

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liason with with the Ministry
-Participation on the Community of Practice

~ Continue to distribute Island Health resource cards to external and internal partners
~ Developing digital campaign to promote Service Link
~ Writing communication pieces related to the toxic drug crisis
~ Establishing Care & Connect (harm reduction) kiosks
~ Mapping substance use systems of care in Cowichan Valley and Saanich Peninsula
~ Developing presentations regarding models of care for substance use in facilities for CMHO and Addiction Med leads to deliver to Medical Leaders Townhall and Executive Leaders
~ Participate in and share work and learning with Decrim Lead CoP

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing polices on possession in care settings

~ Decrim prompted necessary discussion about the use of substances in facilities and organizational stance of whether people can use. This was already happening, but Decrim increased awareness of use and discussions about what to do if staff can no longer confiscate or remove people.
~ Staff are being directed to allow possession of substances that fall under the exemption, EXCEPT in care settings that do not allow or when countraindicated to care plans. This is a change in some areas and for some teams who have not been trained in a harm reduction approach or in providing care to people who use substances while in care
~ We are working with WorkSafe BC and the Unions to ensure staff safety and mitigate risks associated with possible exposure to substances

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Decriminalization: Proactive Outreach Reporting

FTEs: MHSU Service Link Addiction Recovery Worker (call takers)

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served	36										
# of unique clients served	Not tracking due to confidential nature of low barrier service										
Approximate % of clients connected to another service	90%										
Other quantitative metrics as applicable (please briefly define)	22% are family members seeking support for someone, 14% are clinicians or social workers seeking information on resources										

Narrative Reporting

Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

Clients who call MHSU Service Link are directly connected with one of our call takers who will then assist the client in directing them to the appropriate service. The continuous distribution of communication materials to internal and external partners aims to expand awareness of this new service to potential future clients.

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

MHSU Service Link is a central access point where clients are directed to MHSU services that best fit their needs. By having a central access point, this limits the risk of the public not knowing who to call when looking for MHSU services. The data provided above shows the connections to care that have been facilitated by this new service.

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)

All of our call takers have assisted in improving and updating the central MHSU Service Link directory that is used to direct clients to care across Vancouver Island.

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

- ~ Lack of services in rural areas.
- ~ Waitlists for MHSU services.
- ~ Limited hours of operation for MHSU services.
- ~ MHSU services having the requirement for clients to receive a doctors referral versus self-referral.
- ~ Limited options for callers wanting to access counselling or see a psychiatrist, especially if they have already come across barriers accessing Island Health MHSU services or don't have a family doctor
- ~ Callers experiencing crisis who feel they have not been supported by the Vancouver Island Crisis Line or their call went to voicemail at the crisis line
- ~ Limited options for callers looking for services on the weekend

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

~A caller was looking for mental health support in ^{s.22} and was concerned there wouldn't be options available to him due to the rural location. He had already tried accessing Island Health MHSU. I was able to give him information for the North Island Crisis and Counselling Centre Society. The caller was unaware this was different than the Vancouver Island Crisis Line which he had previously accessed in crisis. We discussed both resources and that he could also call the crisis line for support even if it wasn't emergent. Factors that contributed to the success include having access to both Island Health and community resources and providing the caller with a direct warm transfer or the contact information. Call takers have knowledge of services and can explain different resources and avenues when callers have difficulty navigating.

~A caller spoke to her doctor about accessing addictions counselling and was given this number. The caller was unsure what this number was and if we could give referrals. I explained that the service link line can connect her with services and gave her contact information and the hours to both Island Health intake and Umbrella Society. She chose to take the phone numbers instead of being transferred. I told her that for some specific services she may need a direct referral from her doctor but she could get specifics from those places. Factors that contributed to success were call takers being informed on the details of multiple resources and information about beginning to navigate substance use resources. The resource line was available to help the caller begin to access treatment and support when her physician was unable to.

~A caller phoned on a Sunday that her husband had come home drunk and was willing to seek alcohol treatment for the first time. The caller didn't know how long he would be willing to access treatment and the caller had recently left the home with her daughter. We discussed types of services and that resources like Island Health intake and Umbrella Society could be contacted Monday to Friday. I gave her information for the sobering and assessment center and the Alcohol and Drug Information Referral Service that could be accessed on the weekend. Factors that contributed to success were the service link line being answered on the weekend as this caller was looking for help as soon as possible, the caller had an opportunity to share her situation in as much detail as she would like to while staying anonymous, and having information on multiple services that covered different hours and levels of accessibility.

~ I had a caller from ^{f.22} who was struggling with alcohol and requested Indigenous specific services. I recommended she call the Virtual First Nations Doctor. She called back later that afternoon to thank me and that she was able to receive help.

Is there anything else you would like to add regarding your experience?

Definitions

of clients served: the number of interactions the FTE had with people who use drugs or people in the community who may benefit from connections to care over the course of the month.
of unique clients served: the *estimated* number of individual people the FTE connected with over the course of the month.
Approximate % of clients connected to another service: an estimate of the percent of the # of clients served who were connected to care, to capture the possibilities of individual people making more than one connection to care.
Connections to care: defined broadly as direct referrals from proactive outreach to any available health service, including but not limited to, harm reduction supplies/programs, group/peer engagement programs, MHSU treatment services, primary care, urgent care clinics, or when appropriate, emergency services or the provision of information about care (i.e. providing a resource card or otherwise assisting with navigating to care).

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	06-Feb-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗			
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22		✓	Hired				
Decrim Project Manager 2 Name: s.19; s.22		✓	Hired				
Resource Cards							
Task/Milestone		Status	Status- Details	Planned Completion Date		Notes - Other	
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)		✓	Complete				
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources		✓	Complete				
Resource Card Proofs- Reviewed		✓	Complete				
HA Website Enhancements, As Needed		✓	Complete				
Reach Out to Law Enforcement Partners		✓	Complete				
Cards Distributed to Law Enforcement Detachments		✓	Please note here which detachments you've sent cards to, and the number to each. Abbotsford Police Department 1000 Delta Police Department 1000 New Westminster Police Department 2000 Port Moody Police Department 1000 Combined Forces Special Enforcement Unit 1000				

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:		
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	§ 19; § 22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗			
Health Authority:	Fraser Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name:		✓	Hired				Identifying replacement in progress. covering
Decrim Project Manager 2 Name:		✓	Hired				

Decriminalization: Resource Card Tracking

RHA: Fraser Health

HA Stockpile

Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
Abbotsford Police	Law Enforcement/PS	1,000	0		1000
Delta Police	Law Enforcement/PS	1,000	0	250	1250
New West Police	Law Enforcement/PS	2,000	0		2000
Port Moody Police	Law Enforcement/PS	1,000	0		1000
Combined Forces Special Enforcement Unit	Law Enforcement/PS	1,000	0		1000
Metro Vancouver Transit Police	Law Enforcement/PS	1,000	0		1000
Langley Community Corrections	Community Org			100	100
Simon Fraser	Community Org			100	100
RCMP - Ridge Meadows	Law Enforcement/PS			250	250
RCMP - Community Policing Services	Law Enforcement/PS			200	200
Abbotsford Police - Operations Support Building	Law Enforcement/PS			250	250
					0
					0
					0
		7,000	0	1,150	8,150

Decriminalization: Narrative Reporting

RHA: Fraser Health Authority

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

-regular engagement with acute care stakeholders (including emergency network) and addictions medicine around concerns about how to address posession and use of substances within hospital settings

- ongoing meetings with shared working group developing policy on substances in care settings

- reached out to law enforcement partners by email offering support (also specific offer of support re: ^{s.22} via email and phone but no response received)

- presented to harm reduction contracted service providers and non-profit housing providers on decrim

- MHOs engaging with municipalities on request - New West has decided not to develop a bylaw around SU

- FH staff that attend CAT meetings provided with key messages on decrim

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activites related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

- meetings continue for policy on providing care to people who use substances with the support of FH Ethics. - Shared Work Team is lead by Toxic Drug Response & Priority Populations and has broad membership including workplace health, human resources, professional practice, risk management, legal, mental health and substance use, acute care, Indigenous Health, pharmacy, assisted living/long-term care

- Shared Work Team is using a systems-level ethical framework to develop the policy

- no documents to share at this time - timeline is June for final policy

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

- active participation on the community of practice

- monitor FH decrim email inbox including responding to inquiries from law enforcement and community partners about resource cards and questions about impact of decrim on FH staff practice

- distributed resource card order to LE partners and community partners (SFU and Langley Community corrections have received cards for the first time)

- continue to support related FH policy development in collaboration with Clinical Nurse Specialist

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

- health authority partners have not noticed an increase in referrals; Fraser Health Virtual Care is not aware of any calls generated by the resource cards

- common theme for staff concerns are how to approach youth in possession of substances and how to manage active substance use at health authority sites - while decriminalization has not changed the approach to either of these issues it has provided an opportunity for staff to voice concerns

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

- have reached out to community partners and frontline service providers - they report no knowledge of any changes in interactions or relationships between law enforcement and people who use drugs - they also have not reported any unintended consequences with respect to law enforcement

- continue to reach out to LE by email to offer support - none requested to date (other than questions about the resource card distribution)

- looking forward to increasing opportunities for proactive LE engagement next month

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

- City of New West has opted not to proceed with bylaws restricting public substance use after extensive engagement with FH MHO with support of the harm reduction coordinator

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	16-Jan-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗			
Health Authority:	Fraser Health	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name:		✓	Hired				
Decrim Project Manager 2 Name:		✓	Hired				
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)		✓	Complete				
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources		✓	Complete				
Resource Card Proofs- Reviewed		✓	Complete				
HA Website Enhancements, As Needed		✓	Complete				
Reach Out to Law Enforcement Partners		✓	Complete				
Cards Distributed to Law Enforcement Detachments		✓	Please note here which detachments you've sent cards to, and the number to each. Abbotsford Police Department 1000 Delta Police Department 1000 New Westminster Police Department 2000 Port Moody Police Department 1000 Combined Forces Special Enforcement Unit 1000 Metro Vancouver Transit Police 1000				

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	05-Jul-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	⚠	Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗		s.19; s.22	
Health Authority:	Fraser Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22		✓	Hired				
Decrim Project Manager 2 Name: s.19; s.22		✓	Hired Note: Decrim PM 2 Position is shared with combined effort = 1 FTE to leverage broader expertise and skillsets and to increase reach. s.19; s.22 s.19; s.22 to be included on meeting invites and distribution lists				
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Harm Reduction Coordinator Name:		✓	Posted	Regional	FT	ASAP	
Position 2 Title: Outreach Worker - Overdose Outreach Team Name:		✓	Posted	Fraser East	FT	ASAP	
Position 3 Title: Outreach Worker - Overdose Outreach Team Name:		✓	Posted	Fraser South	FT	ASAP	
Position 4 Title: Outreach Worker - Overdose Outreach Team Name:		✓	Posted	Fraser North	FT	ASAP	

Decriminalization: Resource Card Tracking

RHA: Fraser Health

HA Stockpile

Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
Abbotsford Police	Law Enforcement/PS	1,000	0		1000
Delta Police	Law Enforcement/PS	1,000	0	250	1250
New West Police	Law Enforcement/PS	2,000	0		2000
Port Moody Police	Law Enforcement/PS	1,000	0		1000
Combined Forces Spe	Law Enforcement/PS	1,000	0		1000
Metro Vancouver Tra	Law Enforcement/PS	1,000	0		1000
Langley Community C	Community Org			100	100
Simon Fraser	Community Org			100	100
RCMP - Ridge Meado	Law Enforcement/PS			250	250
RCMP - Community P	Law Enforcement/PS			200	200
Abbotsford Police - O	Law Enforcement/PS			250	250
Surrey Justice Centre	Sheriff's Office			300	300
					0
					0
		7,000	0	1,450	8,450

Decriminalization: Narrative Reporting

RHA: Fraser Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

-Engagement, liaison and outreach to internal health authority partners

-Engagement with people who use drugs (PWUD)

-Engagement with Indigenous partners

-Engagement with law enforcement partners

-Engagement with other health system partners (e.g. CATs)

-regular engagement with acute care stakeholders (including emergency network) and addictions medicine around concerns about how to address possession and use of substances within hospital settings

- ongoing meetings with shared working group developing policy on substances in care settings

- reached out to law enforcement partners by email offering support (also specific offer of support re:^{s.22} via email and phone but no response received)

- presented to harm reduction contracted service providers and non-profit housing providers on decrim

- MHOs engaging with municipalities on request - New West has decided not to develop a bylaw around SU

- FH staff that attend CAT meetings provided with key messages on decrim

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

- meetings continue for policy/decision support tool on providing care to people who use substances with the support of FH Ethics. - Shared Work Team is lead by Toxic Drug Response & Priority Populations and has broad membership including workplace health, human resources, professional practice, risk management, legal, mental health and substance use, acute care, Indigenous Health, pharmacy, assisted living/long-term care

- Shared Work Team is using a systems-level ethical framework to develop the policy

- no documents to share at this time - timeline is June for final policy

- stakeholder feedback process underway through the Fraser Health Clinical Policy Office

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

-Administrative activities related to resource cards

-Liason with with the Ministry

-Participation on the Community of Practice

- active participation on the community of practice

- monitor FH decrim email inbox including responding to inquiries from law enforcement and community partners about resource cards and questions about impact of decrim on FH staff practice

- distributed resource card order to LE partners and community partners (SFU and Langley Community corrections have received cards for the first time)

- continue to support related FH policy development in collaboration with Clinical Nurse Specialist

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

-Referrals and service access coming via resource cards or law enforcement (where possible)

-Impacts of changing polices on possession in care settings

- health authority partners have not noticed an increase in referrals; Fraser Health Virtual Care is not aware of any calls generated by the resource cards

- common themes for staff concerns continue to be are how to approach youth in possession of substances and how to manage active substance use at health authority sites - while decriminalization has not changed the approach to either of these issues it has provided an opportunity for staff to voice concerns

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.

-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

- have reached out to community partners and frontline service providers - they report no knowledge of any changes in interactions or relationships between law enforcement and people who use drugs - they also have not reported any unintended consequences with respect to law enforcement

- continue to reach out to LE by email to offer support - none requested to date (other than questions about the resource card distribution)

- looking forward to increasing opportunities for proactive LE engagement next month

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

- received executive approval to move forward with stakeholder consultation for our decision support tool on providing care for people who use substances

Decriminalization: Proactive Outreach Reporting

FTE #1: Harm Reduction Coordinator - Law Enforcement Liaison role

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below (Definitions at bottom of tab)

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served	Metrics not relevant to role - see comment below re: alternative metrics										
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define):											
Number of knowledge translation interactions	N/A position vacant	N/A position vacant									

Narrative Reporting

Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?
N/A - hiring in progress

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?
N/A - hiring in progress

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)
N/A - hiring in progress

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?
N/A - hiring in progress

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.
N/A - hiring in progress

Is there anything else you would like to add regarding your experience?
N/A - hiring in progress

FTE #2: Outreach Workers, Overdose Outreach Team - 3.0 FTE combined

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below. (Definitions at bottom of tab)

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served	N/A	N/A									
# of unique clients served	N/A	N/A									
Approximate % of clients connected to another service	N/A	N/A									

Narrative Reporting

Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?
N/A - hiring in progress

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?
N/A - hiring in progress

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization
N/A - hiring in progress

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?
N/A - hiring in progress

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.
N/A - hiring in progress

Is there anything else you would like to add regarding your experience?
N/A - hiring in progress

Definitions for Quantative Metrics






of clients served: the number of interactions the FTE had with people who use drugs or people in the community who may benefit from connections to care over the course of the month.

of unique clients served: the *estimated* number of individual people the FTE connected with over the course of the month.

Approximate % of clients connected to another service: an estimate of the percent of the # of clients served who were connected to care, to capture the possibilities of individual people making more than one connection to care.

Connections to care: defined broadly as direct referrals to any available health service, including but not limited to, harm reduction supplies/programs, group/peer engagement programs, MHSU treatment services, primary care, urgent care clinics, or when appropriate, emergency services or the provision of information about care (i.e. providing a resource card or otherwise assisting with navigating to care).

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	09-Mar-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗			
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22		✓	Hired				
Decrim Project Manager 2 Name: s.19; s.22		✓	Hired				
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)		✓	Complete				
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources		✓	Complete				
Resource Card Proofs- Reviewed		✓	Complete				
HA Website Enhancements, As Needed		✓	Complete				
Reach Out to Law Enforcement Partners		✓	Complete				
Cards Distributed to Law Enforcement Detachments		✓	Please note here which detachments you've sent cards to, and the number to each. Abbotsford Police Department 1000 Delta Police Department 1000 New Westminster Police Department 2000 Port Moody Police Department 1000 Combined Forces Special Enforcement Unit 1000				

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	Apr 11 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19, s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	Fraser Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19, s.22			Hired				s.22
Decrim Project Manager 2 Name: s.19, s.22			Hired				

Decriminalization: Resource Card Tracking

RHA:	Fraser Health
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Fraser Health

HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
Abbotsford Police	Law Enforcement/PS	1,000	0		1000
Delta Police	Law Enforcement/PS	1,000	0		1000
New West Police	Law Enforcement/PS	2,000	0		2000
Port Moody Police	Law Enforcement/PS	1,000	0		1000
Combined Forces Special Enforcement Unit	Law Enforcement/PS	1,000	0		1000
Metro Vancouver Transit Police	Law Enforcement/PS	1,000	0		1000
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		7,000	0	0	7,000

Decriminalization: Narrative Reporting

RHA: Fraser Health Authority

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

-regular engagement with acute care stakeholders (including emergency network) and addictions medicine around concerns about how to address posession and use of substances within hospital settings

- ongoing meetings with shared working group developing policy on substances in care settings

- reached out to law enforcement partners by email offering support (also specific offer of support re: ^{s.22} via email and phone but no response received)

- presented to harm reduction contracted service providers and non-profit housing providers on decrim
- MHOs engaging with municipalities on request
- FH staff that attend CAT meetings provided with key messages on decrim

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activites related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work. Please provide link(s) or a copy of document(s).

Ongoing meetings with shared working group developing policy on substances in care; temporary policy based on VCH policy underwent stakeholder review with considerable feedback received and released on Apr 4 entitled "Possession of Exempted Substances for Personal Use - Adult - Corporate Policy"; meetings continue for permanent policy with the support of FH Ethics.

- Shared Work Team is lead by Toxic Drug Response & Priority Populations and has broad membership including workplace health, human resources, professional practice, risk management, legal, mental health and substance use, acute care, Indigenous Health, pharmacy, assisted living/long-term care
- Shared Work Team is using a systems-level ethical framework to develop the policy
- Timeline is June for final policy

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

- active participation on the community of practice including attendance at in-person meeting in Victoria

- liaise with MMHA re: ^{s.13, s.22}

- monitor FH decrim email inbox including responding to inquiries from law enforcement and community partners about resource cards and questions about impact of decrim on FH staff practice
- distributed initial resource card order to LE partners

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

- health authority partners have not noticed an increase in referrals; Fraser Health Virtual Care is not aware of any calls generated by the resource cards

- common theme for staff concerns are how to approach youth in possession of substances and how to manage active substance use at health authority sites - while decriminalization has not changed the approach to either of these issues it has provided an opportunity for staff to voice concerns

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

- have reached out to community partners and frontline service providers - they report no knowledge of any changes in interactions or relationships between law enforcement and people who use drugs - they also have not reported any unintended consequences with respect to law enforcement

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

We anticipate we will be receiving more anecdotal frontline feedback to share in the coming status reports with the release of the temporary decrim policy this week.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	07-Jun-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By: § 19; § 22		
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗	§ 19; § 22		
Health Authority:	Fraser Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: § 19; § 22		✓	Hired				
Decrim Project Manager 2 Name: § 19; § 22		✓	Hired Note: Decrim PM 2 Position is shared with combined effort = 1 FTE to leverage broader expertise and skillsets and to increase reach. § 19; § 22 § 19; § 22 to be included on meeting invites and distribution lists				
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Harm Reduction Coordinator Name:		▲	Funding confirmed. Posting in progress		FT	TBD	
Position 2 Title: Outreach Worker - Overdose Outreach Team Name:		▲	Funding confirmed. Posting in progress		FT	TBD	
Position 3 Title: Outreach Worker - Overdose Outreach Team Name:		▲	Funding confirmed. Posting in progress		FT	TBD	
Position 4 Title: Outreach Worker - Overdose Outreach Team Name:		▲	Funding confirmed. Posting in progress		FT	TBD	

Decriminalization: Resource Card Tracking

RHA: Fraser Health

HA Stockpile

Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
Abbotsford Police	Law Enforcement/PS	1,000	0		1000
Delta Police	Law Enforcement/PS	1,000	0	250	1250
New West Police	Law Enforcement/PS	2,000	0		2000
Port Moody Police	Law Enforcement/PS	1,000	0		1000
Combined Forces Spe	Law Enforcement/PS	1,000	0		1000
Metro Vancouver Tra	Law Enforcement/PS	1,000	0		1000
Langley Community C	Community Org			100	100
Simon Fraser	Community Org			100	100
RCMP - Ridge Meado	Law Enforcement/PS			250	250
RCMP - Community P	Law Enforcement/PS			200	200
Abbotsford Police - O	Law Enforcement/PS			250	250
					0
					0
					0
		7,000	0	1,150	8,150

Decriminalization: Narrative Reporting

RHA: Fraser Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

-regular engagement with acute care stakeholders (including emergency network) and addictions medicine around concerns about how to address possession and use of substances within hospital settings
- ongoing meetings with shared working group developing policy on substances in care settings
- reached out to law enforcement partners by email offering support
- engagement with Surrey RCMP and Lookout re: enforcement on 135A
- MHOs engaging with municipalities on request
- FH staff that attend CAT meetings provided with key messages on decrim
- Engagement with municipal partners and bylaws re: proposed bylaw in New West

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

- meetings continue for policy on providing care to people who use substances with the support of FH Ethics. - Shared Work Team is lead by Toxic Drug Response & Priority Populations and has broad membership including workplace health, human resources, professional practice, risk management, legal, mental health and substance use, acute care, Indigenous Health, pharmacy, assisted living/long-term care
- Shared Work Team is using a systems-level ethical framework to develop the policy
- no documents to share at this time - timeline is June for final policy
- overdose prevention safety planning DST in development (linked to decrim policy)

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liason with with the Ministry
-Participation on the Community of Practice

- active participation on the community of practice
- monitor FH decrim email inbox including responding to inquiries from law enforcement and community partners about resource cards and questions about impact of decrim on FH staff practice
- distributed resource card order to LE partners and community partners as requested
- continue to support related FH policy development in collaboration with Clinical Nurse Specialist
- in process of organizing meetings with RCMP decrim lead
- enhancement of staysafer webpage in process to include OOT and SAHI

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing policies on possession in care settings

- health authority partners have not noticed an increase in referrals; Fraser Health Virtual Care is not aware of any calls generated by the resource cards
- common theme for staff concerns are how to approach youth in possession of substances and how to manage active substance use at health authority sites - while decriminalization has not changed the approach to either of these issues it has provided an opportunity for staff to voice concerns

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

- have reached out to community partners and frontline service providers - they report no knowledge of any changes in interactions or relationships between law enforcement and people who use drugs - they also have not reported any unintended consequences with respect to law enforcement
- continue to reach out to LE by email to offer support - none requested to date (other than questions about the resource card distribution)
- looking forward to increasing opportunities for proactive LE engagement next month
- in process of organizing meetings with RCMP decrim lead

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

- City of New West has opted not to proceed with bylaws restricting public substance use after extensive engagement with FH MHO with support of the harm reduction coordinator

Decriminalization: Proactive Outreach Reporting											
FTE #1: Harm Reduction Coordinator - Law Enforcement Liaison role											
Quantitative Reporting Measures											
Please provide any applicable data in response to measures listed below (Definitions at bottom of tab)											
Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served	Metrics not relevant to role - see comment below re: alternative metrics										
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)	N/A	Note: Hiring in progress. Appropriate quantitative metrics under development and will be identified on June status report									
Narrative Reporting											
Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.											
How does this position reach new clients?											
N/A - hiring in progress											
How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?											
N/A - hiring in progress											
What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)											
N/A - hiring in progress											
What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?											
N/A - hiring in progress											
What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.											
N/A - hiring in progress											
Is there anything else you would like to add regarding your experience?											
N/A - hiring in progress											
FTE #2: Outreach Workers, Overdose Outreach Team - 3.0 FTE combined											
Quantitative Reporting Measures											
Please provide any applicable data in response to measures listed below. (Definitions at bottom of tab)											
Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served	N/A	Note: positions currently vacant. Manual tracking system under development to support provision of data specific to the work of these FTE. This solution will be in place by the time the positions are filled. Note: overall Overdose Outreach Team reporting (including these FTE) provided quarterly via Substance Use Monitoring Template.									
# of unique clients served	N/A										
Approximate % of clients connected to another service	N/A										
Narrative Reporting											
Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your											
How does this position reach new clients?											
N/A - hiring in progress											
How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?											
N/A - hiring in progress											
What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to											
N/A - hiring in progress											
What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?											
N/A - hiring in progress											
What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.											
N/A - hiring in progress											
Is there anything else you would like to add regarding your experience?											
N/A - hiring in progress											










Definitions for Quantative Metrics

of clients served: the number of interactions the FTE had with people who use drugs or people in the community who may benefit from connections to care over the course of the month.

of unique clients served: the *estimated* number of individual people the FTE connected with over the course of the month.

Approximate % of clients connected to another service: an estimate of the percent of the # of clients served who were connected to care, to capture the possibilities of individual people making more than one connection to care.

Connections to care: defined broadly as direct referrals to any available health service, including but not limited to, harm reduction supplies/programs, group/peer engagement programs, MHSU treatment services, primary care, urgent care clinics, or when appropriate, emergency services or the provision of information about care (i.e. providing a resource card or otherwise assisting with navigating to care).

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	05-May-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	FNHA						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name:			Start Date: ^{s.22} Project Manager, Deciminalization and Toxic Drug Response	Central Team, covering Vancouver Coastal & Fraser Salish		Start Date: ^{s.22}	
Decrim Project Manager 2 Name:							
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:			Job desriptions still under review by each Regional team. Job not yet posted.			unknown	
Position 2 Title: Name:			Job desriptions still under review by each Regional team. Job not yet posted.			unknown	
Position 3 Title: Name:			Job desriptions still under review by each Regional team. Job not yet posted.			unknown	
Position 4 Title: Name:			Job desriptions still under review by each Regional team. Job not yet posted.			unknown	
Position 5 Title: Name:			Job desriptions still under review by each Regional team. Job not yet posted.			unknown	
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA:	FNHA
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FNHA

HA Stockpile	n/a
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n/a

[illegible]

Decriminalization: Narrative Reporting

RHA:

FNHA

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

PM presented to a virtual Vancouver Island Lunch and Learn, which included Nation staff (Health Directors and support staff), internal FNHA staff and community partners. It was a 20 minute presentation on the who, what, when, where and why of decrim followed by a question and answer period. This session was intended for folks with little to no previous understanding/information of decriminalization. Session seemingly went well with positive feedback and no follow-ups yet requested

PM presented at annual FNHA Not Just Naloxone Summit held in person in Vancouver. The NJN Summit audience are Harm Reduction Champions from across the province with a very solid understanding and strong advocacy for decriminalization. A 45-minute time slot turned into 2 hours as everyone was very engaged. Very positive experience. When I present on decrim I go back to the beginning starting at colonial and racist prohibition laws, go into the good work of peers/PWLLE and how their advocacy got us to where we are and ‘Nothing about us without us’ and how PWLLE need to be at the table when it comes to policy that directly effects then. Some concerns that were brought forward was the accumulative amounts that did not echo the requests of advocates, how LE are still approaching folks in parks with the resource cards, and how the stigma is still felt for substance users. This felt like a very safe space to talk about decriminalization.

NOTE: This tab is intended to guide feedback on how regional and local i Decriminalization is proceeding. It is restrict your responses. Please includ information. You may speak to gener related to decriminalization undertak health authority along with specific a undertaken by the Decriminalization Navigators/Project Managers or Proa (note that TAB D focuses on Proactiv specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

Not at this time.

DECriminalization Project Managers (Other Key Activities)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

The FNHA co-branded with PIVOT Legal on their Know Your Rights cards. First round of cards (7000) were distributed across the province to our Toxic Drug Reponse team (approximately 20 people). Distrubuted to Nations, at several events (ie Health & Wellness Summit), to community partners and a couple CAT meetings.

PM and staff support attending CPT, RH Check-in, and RHA Leads CoP.

PM updates internal FNHA Toxic Drug Response team (approximately 50+ staff) in monthly meeting. Echoing any updates, voiced concerns, and to communicate pathways when requests are received.

HEALTH SYSTEM IMPACTS OF DECriminalization

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

none at this time.

RELATIONSHIPS WITH LAW ENFORCEMENT






What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Story from a regional team member where they were in a First Nation community meeting where RCMP was present and discussing decriminalization.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	June 5th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	FNHA	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			Start Date: s.22 Project Manager, Deciminalization and Toxic Drug Response	Central Team, covering Vancouver Coastal & Fraser Salish		Start Date: s.22	
Decrim Project Manager 2 Name: s.19; s.22			Start Date: s.22 Project Manager, Deciminalization and Toxic Drug Response	Central Team, Covering Vancouver Island & Interior		Start Date: s.22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:							
Position 2 Title: Name:							
Position 3 Title: Name:							
Position 4 Title: Name:							
Position 5 Title: Name:							
Position 6 Title: Name:		n/a	n/a	n/a	n/a	n/a	n/a

Decriminalization: Resource Card Tracking

RHA:	FNHA
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FNHA

HA Stockpile	n/a
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n/a

[illegible]

Decriminalization: Narrative Reporting

RHA: FNHA

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

Request from the FNHA Vancouver Island MH&W team to attend 4 Wellness tables for the South Island Coast Salish Families. The in person Wellness tables are meet and greets and knowledge exchanges so communities can see who to connect with for further information. Island Health and FNHA leads will collaborate on this request.

Request from Chilliwack RCMP to present around mental health to whole province in September conference.

Request with Island Health to present to Friendship Centre. (What is harm reduction? July 7th, 2023)

Maa-nulth First Nations presentation- supported MMHA in their engagment with Maa Nulth First Nations to hear their concerns and desired outcomes for engagement. It was a productive conversation that lead to direction for future engagment and good feedback on potential negative outcomes that could impact communities wellness.

Presentation with^{s 19, s 22} RCMP Drug Decriminalization Coordinator: FN and decrim. Approximately 60 people attended including VCH, BCAFN and several FN communities^{s 13}
^{s 19, s 22} screened the questions with only a few that came in, one was about 'kicking dealers" out of communities.

Attended PSSG FN engagement re: Public Use Legislation.- note that FNHA has concerns over the engagment plan for this work and feel like PSSG is not following the direction of nations in engagment and governemnt to government conversations.

Vancouver Island representative sitting at the Campbell River public use sessions.

Attended Tsawwassen Health Fair hosted by Tsawwassen First Nations. Talked to presenters and attendees about decrim and FNHA.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activites related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

PM and staff support attending CPT, RHA Check-in, and RHA Leads CoP.

PM updates internal FNHA Toxic Drug Response team (approximately 50+ staff) in monthly meeting. Echoing any updates, voiced concerns, and to communicate pathways when requests are received.

Working on internal communications, pathways, key messaging

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

RELATIONSHIPS WITH LAW ENFORCEMENT











What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Sitting in the FN engagement sessions re: public use made me realize that more community engagement is necessary. Also made me think how these proposed legislative conversations are really showing that substance use is still not seen as a public health matter as enforcement is still the only solution. I recognize there are public health concerns if used paraphernalia is left unattended and not properly disposed of (but there is solutions for that) and the rest of the concerns (violence and vandalism) already have laws that cover it. so to put laws on use shows that even the government doesn't see SU as a health matter. Also seeing there needs to be a lot more in the realm of anti-stigma campaigns and storytelling to the public. - submitted by^{s 19, s 22}

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	12-Apr-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:		
			Implementation plans are at significant risk. Significant mitigation/corrective action required.			s.19; s.22	
Health Authority:	FNHA						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name:			Not hired yet			s.22	
Decrim Project Manager 2 Name:			Not hired yet			s.22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:			Job descriptions being developed				
Position 2 Title: Name:			Job descriptions being developed				
Position 3 Title: Name:			Job descriptions being developed				
Position 4 Title: Name:			Job descriptions being developed				
Position 5 Title: Name:			Job descriptions being developed				
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA:	Interior Health
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HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CFSEU	Law Enforcement/PS				0
Stl-atl-imx TP	Law Enforcement/PS				0
Nelson PD	Law Enforcement/PS				0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		0	0	0	0

Decriminalization: Narrative Reporting

RHA: FNHA

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

Attended a in person discussion on decrim in partnership with MMHA and IHA in Simpcw First Nation, RCMP also had a representative there. we also held a townhall for First nations Chiefs and leadership to discussion decriminilization, which included a question and answer period. as part of our ongoing approach we included decriminialization in various presenations and community engagment sessions with First nations communities. and scheduled a well attended lunch and learn for staff to learn more about what decriminilization, whihc included a question period.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activites related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

not at this time

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liason with with the Ministry
-Participation on the Community of Practice

We have assigned staff to support the CoP and Core working group until we can bring on new staff who will focus on this work.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing polices on possession in care settings

Nothing to report at this time.

RELATIONSHIPS WITH LAW ENFORCEMENT






What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

s.13, s.16

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

nothing at this time.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	June 5th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19, s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	FNHA	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19, s.22			Start Date: s.22 Project Manager, Deciminalization and Toxic Drug Response	Central Team, covering Vancouver Coastal & Fraser Salish		Start Date: s.22	
Decrim Project Manager 2 Name: s.19, s.22			Start Date: s.22 Project Manager, Deciminalization and Toxic Drug Response	Central Team, Covering Vancouver Island & Interior		Start Date: s.22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:							
Position 2 Title: Name:							
Position 3 Title: Name:							
Position 4 Title: Name:							
Position 5 Title: Name:							
Position 6 Title: Name:		n/a	n/a	n/a	n/a	n/a	n/a

Decriminalization: Resource Card Tracking

RHA:	FNHA
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FNHA

HA Stockpile	n/a
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n/a

[illegible]

Decriminalization: Narrative Reporting

RHA:

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

Request from Maa-nulth First Nations.

Request from the FNHA Vancouver Island MH&W team to attend 4 Wellness tables for the South Island Coast Salish Families. The in person Wellness tables are meet and greets and knowledge exchanges so communities can see who to connect with for further information. Island Health and FNHA leads will collaborate on this request.

Request from ^{s.19, s.22} RCMP Drug Decriminalization Coordinator, date June 28th.

Request from Chilliwack RCMP to present around mental health to whole province in September conference.

Working on internal communications, pathways, key messaging

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

PM and staff support attending CPT, RHA Check-in, and RHA Leads CoP.

PM updates internal FNHA Toxic Drug Response team (approximately 50+ staff) in monthly meeting. Echoing any updates, voiced concerns, and to communicate pathways when requests are received.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

We have some preliminary reports from Indigenous and First Nations individuals during recent engagements in Prince George and Quesnel that the RCMP has returned their unregulated/illicit drugs and prescribed safer supply during recent stops/searches. Anecdotally, this is different than what we heard in 2020-21 where folks frequently reported having their meds and drugs confiscated by law enforcement. Further inquiry is underway.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.



PEER ADVISORY

The Interior Health Peer Advisory Group is a diverse group of people with lived and living experience with substance use who share their voices and perspectives on a wide variety of topics to help improve healthcare for people who use substances.

The purpose of this template is for organizers/designated IH staff to share a summary report of their Peer engagement. Please adapt the template as needed to fit your Peer engagement and email a copy of the completed report to IHPeerAdvisory@interiorhealth.ca.



Details

Title:	Regional Peer Engagement on Decriminalization	
Date:	April 19 – April 26th	
Location:	Virtual:	In-person (<i>include details</i>): In-person meetings facilitated by Peer-led organizations at peer-identified locations.
Purpose of Engagement:	To centre the decriminalization monitoring & evaluation conversation around the experiences of PWUS; to explore opportunities to engage or support PWUD in evaluation.	
Peer Recruitment Details:	Connected with group leaders to schedule face-to-face meeting. Peer leads indicated timing was challenging due to significant loss in community & limited capacity to organize peers.	
Peer Participation Details:	s.22 people with lived or living experience living in the Kootneys/Boundary region of Interior Health.	
Honorarium Details:	\$25.00 honorarium provided by Peer groups (EKNPUD & REDUN) to be reimbursed by IHA.	

Peer Questions and Responses

1.	<p>What has decriminalization looked like in your community?</p> <ul style="list-style-type: none">- More toxic drugs on the street, drug supplied changed and is not being checked by suppliers, selling anything<ul style="list-style-type: none">o People who didn't sell before are selling now and they don't know what they are doing = more chaotic market. Dealers caring less about quality of illicit substances.o Some really reliable long-time sellers who provide consistent product in community.- Big 'crackdown' on encampments, heard Peer-run OPS site was raided in the north.- Increase in media stories involving PWUD and relating to bad outcomes (ie. psychosis, 'running in the street'). Feels like they are brainwashing the public<ul style="list-style-type: none">o Has stoked anti-poverty / anti-homeless sentimento Housing crisis highlighted- Police creating dramatic stories that portray decrim effects negatively, but careful with their own conduct/interactions with PWUD.- Need to legalize drugs.- No resources for people wanting to move towards recovery/abstinence ie. no follow up care after detox- Decrim is just a small step, but every big movement starts small- Media in Grandforks is overseen by city councillor.
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2.	<p>What have interactions with law enforcement looked like since decriminalization?</p> <ul style="list-style-type: none">- Peer staff don't hear a lot about people's drugs being confiscated- Cops respect him – he respects them- Cops already practicing decriminalization- Haven't heard of people weighing drugs in Cranbrook – not busting folks for possession- Heard from one woman that she had less than 2.5g but it was still confiscated. - Police generally leave people alone re: substances- Harassment more geared towards houselessness / encampments- Concern for people who are leaving cell/incarceration as they are at higher risk of fatal overdose- s.22
3.	<p>What have hospital/healthcare experiences looked like since decriminalization?</p> <ul style="list-style-type: none">- s.22 - - Have heard from friends of having drugs confiscated in ambulances- Treated differently (poorer) as soon as staff found out they used drugs- Not offered supports for drug use, ie. No continued methadone while in care- Concerns that pharmacy will incorrectly count missed doses and cut people off their methadone- s.22--
4.	<p>Anything else you think are important for us to be aware of?</p> <ul style="list-style-type: none">- All of the PWUD groups are connected and collecting stories of interactions – thread called RCMP engagement group and are working with Pivot Legal – may be interested in connecting with IHA.- No new people accessing drug checking – but ANKORS has a great long-term presence in town.- Concern that detox centres can't handle benzos, which is in the supply.- Person had to leave his house in another community because there was no pharmacy to do daily dispense, person now lives in a homeless shelter in a neighbouring community. Had to choose between home and medication.<ul style="list-style-type: none">o Grandforks only provider of OAT in the area, so lots of folks staying at the shelter in order to access medications.o City zoning is old and does not allow for social services, always need to request variance – city sets variances too low and so the need isn't met.- People driving from rock creek or greenwood can't purchase in 2.5g quantities. Threshold does not reflect needs of rural folks- Concerned about 'media frenzy' that is negative and fueling anti-poverty sentiments

Respectfully Submitted by: J s.19; s.22

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:		
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	⚠	Completed By:		
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗			
Health Authority:							
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: § 19, § 22		✓	§ 22	Kamloops	N8 1.0 FTE	§ 22	
Decrim Project Manager 2 Name: § 19, § 22		✓	§ 22	Kelowna	N8 1.0 FTE	§ 22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:							
Position 2 Title: Name:							
Position 3 Title: Name:							
Position 4 Title: Name:							
Position 5 Title: Name:							
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA:	Interior Health
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HA Stockpile	450
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[illegible]

Decriminalization: Narrative Reporting

RHA: Interior

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

Internal Partners

- Facilitate an IH cross-portfolio working group to coordinate healthcare service provision in alignment with decriminalization.
- Provided education on decriminalization, collaboration on adjustments to policy and procedures, assistance with staff education, and are supporting the creation of standards of work around decriminalizationinalized substances in care settings. We have specifically engaged with acute care education, risk management, complex care housing, the emergency services network, home health, long term care, healthy communities, medical health officers, tobacco and vapour reduction, inpatient psychiatry, as well as with departments at Kelowna General Hospital, Royal Inland Hospital, and Penticton Regional Hospital.
- Hosted several information sessions open to all staff to learn about and discuss the exemption as it applies to their work.
- Produced several FAQ documents and other informational support tools accessible to all IH staff.
- Supported Medical Health Officers with city council and media engagements pertaining to decriminalization

Engagement with People Who Use Drugs

- Recruited peer advisors specific to decriminalization to assist with both internal knowledge translation, external engagement, and production of resources for PWUD in and out of IH settings.
- Connected with the Rural Empowered Drug Users Network (REDUN), Kelowna Area Network of Drug Users, and the East Kootenay Network of People Who Use Drugs to support both informing PWUD about decriminalization and monitoring/evaluating decriminalization from a PWUD perspective.
- Supplied PWUD with informational cards from PIVOT Legal through Drug User Networks and drug-checking sites.

Engagement with Indigenous Partners

- Supporting MMHA engagement and education about decriminalization to the Simpcw First Nation and the Okanagan Nations Alliance

Engagement with Law Enforcement Partners

- Set up a monthly round table for Law Enforcement Partners across the region to discuss decriminalization and collaborate with Interior Health on feedback, changes to procedure, and outlining referral pathways as they pertain to the exemption.
- Offered to support RCMP officers and detention workers on harm reduction measures for returning potentially toxic drugs to someone leaving their custody.
- Provided education session to gathering of South Okanagan bylaw officers.

Other Health System Partners

- Met with all CAT teams in the Interior to provide education and receive feedback about decriminalization

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

Interior Health has revised two policies related to decriminalization, our Client Valuables and Personal Effects Policy as well as our Controlled Substances Policy (Acute and Community). A reference to the exemption was inserted into the Controlled Substances Policy which spells out the substances and amounts covered by the exemption and categorizes them as permissible possessions, removing the requirement to destroy them unless abandoned or relinquished. The Client Valuables and Personal Effects Policy was revised to categorize these substances as personal effects of the patient, to be left in the clients possession at all times

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

Other Key Activities

- Worked with Nelson Police Department to supply their officers with initial run of cards.
- Coordinated with law enforcement partners to resupply detachments/departments who used up their supply of resource cards.
- Informed MMHA of our activities and referred engagement beyond our scope to them.
- Worked with MMHA to provide information and receive feedback from law enforcement regarding law enforcement training.
- Supported our provincial Community of Practice by sharing chairing duties, providing access to policy and informational resources from Interior Health, attending an in-person meeting in the Island Health Region, and collaborating on joint activities/planning for rolling out decriminalization changes.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing policies on possession in care settings

While it is still early in the process of adopting decriminalization, there have been some impacts reported in care settings. Staff have reported an anecdotal increase in cases of patients using drugs on site, as patients who would have had their drugs taken or destroyed are now permitted to keep them, and patients who would have left against medical advice because they could not keep their substances are now remaining in care settings. We have been working with staff educators, managers, in concert with the rollout of the harm reduction policy to support frontline staff in addressing substance use with people they are caring for. In response to this feedback the health authority has established a working group to assemble clinical guidelines for supporting people with substance use, pain management, and withdrawal management to remove substance use and substance use disorders as a barrier to receiving other medical care.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

Relationship with Law Enforcement

13












KNOWLEDGE EXCHANGE












Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.






Knowledge Exchange

13

- Members of CAT teams and Drug User Networks in our region have reported feeling proud that the government is taking the well-being and autonomy of people who use drugs seriously at a legal and policy level.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	February 13th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.			s.19; s.22	
Health Authority:	VCH						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	s.22	
Decrim Project Manager 2 Name: s.19; s.22			COMPLETE - Second PM hired and working	Vancouver	Project Manager	s.22	
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)			COMPLETE: Peer validation and Indigenous partner consultation completed - feedback provided by peers and partners submitted to MMHA		Fall/2022		
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources			COMPLETE: VCH has opted to list one regional toll free number for service navigation.		Fall/2022		
Resource Card Proofs- Reviewed			UPDATE: Request that we change the toxic drug and health alerts to: Text “JOIN” to get toxic drug alerts for the Vancouver Coastal Region 253787 (ALERTS)		February 13th, 2023		See requested update
HA Website Enhancements, As Needed			COMPLETE: Decrim website is now operational. VCH will continue updating the website in Spring 2023, but current content is sufficient.		January 31st, 2023		See link to website
Reach Out to Law Enforcement Partners			COMPLETE: VCH has successfully connected with all LE partners. This includes: Vancouver Police Dept. s.19; s.22 West Vancouver Police Dept. s.19; s.22 Combined Forces and Special Enforcement s.19; s.22 Metro Vancouver Transit Police s.19; s.22, BC Highway Patrol s.19; s.22 Northern RCMP s.19; s.22 Island RCMP s.19; s.22 LMD RCMP s.19; s.22		January 19th, 2023		
Cards Distributed to Law Enforcement Detachments			COMPLETE: Vancouver Police Dept. - 16,000 Cards West Vancouver Police Dept. - 5,000 Cards Combined Forces Special Enforcement - 1,000 Cards Metro Vancouver Transit Police - 1,000 Cards VCH Acute Settings - 1,000 Cards		January 13th, 2023		Requests for cards (d/m/y): Vancouver Transit Police - 1,000 cards (06/02/23) Vancouver Police Dept. - 16,000 cards (07/02/23) Richmond Bylaw - TBD (10/02/23)

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	06-Feb-23	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.			s.19; s.22	
Health Authority:	Interior Health						
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22				Kamloops		s.22	
Decrim Project Manager 2 Name: s.19; s.22				Kelowna		s.22	
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)			Completed review with Aboriginal Health department in IH.		Nov-22		IHA has brought on three Peer Advisors onto our working group,
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources					Nov-22		
Resource Card Proofs- Reviewed			Completed review with Aboriginal Health department in IH. Was told that peer consultation occurred re: resource cards at the provincial level. This was not requested regionally that we were aware off. Additionally, no timelines were afforded for this.		Nov-22		We have recruited three Peer Advisors as a part of our ongoing working group. We will provide their feedback on the resource cards on an ongoing basis.
HA Website Enhancements, As Needed			https://www.interiorhealth.ca/health-and-wellness/mental-health-and-substance-use/toxic-drug-crisis/overdose-prevention-and-treatment#decriminalization%20		Dec-22		
Reach Out to Law Enforcement Partners			Memo sent to RCMP divisions within Interior Health Region, and Nelson Police.		Dec-22		
Cards Distributed to Law Enforcement Detachments			500 cards have been sent to resupply Barriere RCMP, 550 Cards sent to Nelson Police Department.		Jan-23		We have 2,950 cards remaining to distribute.

<div>Decriminalization</div> <div>Regional Health Authority Funding 2022/23</div>		Legend	Implementation is proceeding as planned.		Date Completed:		
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:		
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:							
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: § 19, § 22			Actual start date § 22	Kamloops	N8 1.0 FTE	§ 22	
Decrim Project Manager 2 Name: § 19, § 22			Actual start date § 22	Kelowna	N8 1.0 FTE	§ 22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:			Implementation planning underway				
Position 2 Title: Name:			Implementation planning underway				
Position 3 Title: Name:			Implementation planning underway				
Position 4 Title: Name:			Implementation planning underway				
Position 5 Title: Name:							
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA:	Interior Health
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HA Stockpile	250
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CFSEU	Law Enforcement/PS	1,000			1000
Stl-atl-imx TP	Law Enforcement/PS				0
Nelson PD	Law Enforcement/PS	550	400		950
Barriere	Law Enforcement/PS		500		500
Castlegar	Law Enforcement/PS		100		100
Kelowna	Law Enforcement/PS		1,000		1000
BC Conservation	Law Enforcement/PS		200		200
					0
					0
					0
					0
					0
					0
					0
					0
					0
		1,550	2,200	0	3,750

Decriminalization: Narrative Reporting

RHA: Interior

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

Internal

- Completed second round of Lunch and Learn education series for all staff
- Collaborated with Peer Advisors to create resource for PWUD within hospital
- Working with Peer Advisors on developing resource for clinical staff on how to engage PWUD
- Completed resources to support safety concerns around second harms relating to exposure to illicit substances.
- Collaborating with communication team on possible public awareness campaign to support increased understanding of decriminalization in general population.
- Ongoing educational support, presentations to Kamloops, Kelowna,
- Supporting development of new RCMP Liaison roles in collaboration with MHSU Network & Operations

PWUD

- Ongoing communication with PWUD to address concerns and feedback; supported connection and follow up with PHSA re: EMS procedures in decrim.

Municipal

- Supporting MHO in responding to proposed bylaw in Grand Forks.
- Community engagement with Kamloops

Law Enforcement

- Ongoing monthly meetings with law enforcement, coordinated education on pathways to care.

13

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

Health System Policies and Procedures

No changes have been made to procedures during this reporting period, but in response to staff concerns about safety when exposed to substance use, two documents were created in partnership with Workplace Health and Safety to refresh and solidify staff understanding of the risks related to substance use and how to mitigate them.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liaison with the Ministry
- Participation on the Community of Practice

Decrim PMs Other Key Activities

- No requests for cards within this reporting period.
- Liaised with the Ministry regarding decrim messaging successes and failures in dialogue with stakeholders in community.
- Continued to support and benefit from the work of other health authorities on harm reduction, decrim, and episodic overdose prevention by participating in the Community of Practice
- Completed media training
- Developed resource to support PWUD attending festivals to understand exemption and limitations of decriminalization
- Support for MHO engagement on new bylaw passed in Grand Forks

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing policies on possession in care settings

Health System Impacts of Decriminalization - Increased and sustained concern from staff regarding harms to secondary exposure, prompting the production of the one-pager documents mentioned in section one.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

Relationships with Law Enforcement

- Engaged IH MHSU Network Director to provide a comprehensive presentation to law enforcement regarding healthcare pathways in the BC Interior. We will be exploring more locally-focused engagements with specific detachments.

13

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Successes:

Created an effective communication pathway to address concerns; ie. PWUD group raised concern about EMS procedures. We were able to escalate this up to practice lead with PHSA/EMS who was able to clarify and provide educational resources to support PWUD to understand what has and hasn't changed from EMS perspective. PHSA established a direct route of communication with us and is now able to follow up with specific sites where concerns are identified.

Challenges:

Ongoing misinformation and confusion from general public and municipalities regarding purpose, goals, impact of decriminalization.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	⚠	Completed By:	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗		
Health Authority:						
Decriminalization Project Managers						
Position	Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: § 19, § 22	✓	Actual start date § 22	Kamloops	N8 1.0 FTE	§ 22	
Decrim Project Manager 2 Name: § 19, § 22	✓	Actual start date § 22	Kelowna	N8 1.0 FTE	§ 22	
Decriminalization Proactive Outreach						
Position	Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:						
Position 2 Title: Name:						
Position 3 Title: Name:						
Position 4 Title: Name:						
Position 5 Title: Name:						
Position 6 Title: Name:						

Decriminalization: Resource Card Tracking

RHA:	Interior Health
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HA Stockpile	450
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CFSEU	Law Enforcement/PS	1,000			1000
Stl-atl-imx TP	Law Enforcement/PS				0
Nelson PD	Law Enforcement/PS	550	400		950
Barriere	Law Enforcement/PS		500		500
Castlegar	Law Enforcement/PS		100		100
Kelowna	Law Enforcement/PS		1,000		1000
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		1,550	2,000	0	3,550

Decriminalization: Narrative Reporting

RHA: Interior

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

Internal

- Facilitated more educational sessions on decriminalization & harm reduction to clinical educators throughout IHA region (13 hospitals at time of reporting).
- Co-facilitated second 'Lunch & Learn' educational sessions alongside MHO to strengthen understanding and implementation of policies and practices related to decriminalization.

PWUD

- Collaborating with Peer Advisors in creating an informational pamphlet for patients to understand the changes to hospital policy regarding personal substances.
- Completed Peer Engagement Report on early impacts of decrim (see attachment)
- Presented impacts of decriminalization on healthcare and harm reduction policy roll out to Kelowna Peer Advisors

Municipal

- Assisted Medical Health Officer in reviewing and responding to bylaw changes in Penticton
- Engaged with Lake Country city staff alongside MHO to discuss and inform re: decriminalization.
- Attended Merritt City Council presentation alongside MHO to regarding decriminalization and bylaws.
- Assisting with preparation for an engagement with Kamloops Mayor and Council on public health issues including substance use and decriminalization.
- Facilitated a discussion/feedback session about decriminalization with several South Okanagan bylaw enforcement departments.
- Presented alongside Harm Reduction coordinators at community education event in Sicamous.

Law Enforcement

- Invited from PSSG to attend this month's law enforcement engagement session to address operational concerns and upcoming changes to training.
- Facilitated 3rd monthly meeting for Law Enforcement, invitation extended to MMHA, PSSG and MHOs to support ongoing discussion and knowledge exchange.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

Health System Policies and Procedures

- Continuing to work with In-Patient Psychiatry and Tertiary Mental Health sites to tailor standards of work to their care environments.
- Created additional resources to address ongoing concerns regarding staff safety re: exposure to substances in acute settings.
- Met with Doctors of BC to discuss opportunities to strengthen physician education and implantation of harm reduction/decrim within acute care settings

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with the Ministry
- Participation on the Community of Practice

Decrim PMs Other Key Activities

- No requests for cards within this reporting period.
- Liaised with the Ministry regarding decrim messaging successes and failures in dialogue with stakeholders in community.
- Continued to support and benefit from the work of other health authorities on harm reduction, decrim, and episodic overdose prevention by participating in the Community of Practice
- Completed media training
- Developed resource to support PWUD attending festivals to understand exemption and limitations of decriminalization

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

Health System Impacts of Decriminalization

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

Relationships with Law Enforcement









- See attached Peer Engagement report for feedback from rural PWLLE

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Knowledge Exchange

- Our training session with bylaw officers was very positive, and one message we took from it was that they want the public to know more about the realities of drug use and harm reduction. Officers reported that even when they know public substance use is not creating a risk, they face immense public pressure to act when someone complains. They suggested that getting some of this information into the public consciousness might help people more accurately recognize when someone is actually being dangerous/disruptive and not just using a drug in public.
- Engagement with Lake Country city staff was a great success! In specific, they said that our messaging about the demographics and misconceptions about who is using drugs really helped to reframe the issue away from public substance use and toward increasing supports to people who use drugs in secret.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	May 8th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	<div><div>s.19, s.22</div>Strategic Lead, Overdose Prevention and Response Program</div>	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.			<div><div>s.19, s.22</div>Regional Harm Reduction Coordinator</div>	
Health Authority:	Northern Health	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: <div>s.19, s.22</div>			Complete	Prince George	Coordinator	<div>s.13</div>	
Decrim Project Manager 2 Name:			We have created another shortlist, but we understand the importance of not rushing the process or compromising on candidate quality, as the nature of the work requires careful consideration to avoid any potential harm.				currently <div>s.19, s.22</div> is supporting this work
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:				Prince George			
Position 2 Title: Name:				Fort St. John			
Position 3 Title: Name:				Smithers			
Position 4 Title: Name:							
Position 5 Title: Name:							
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA: Northern Health

HA Stockpile

Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CSEU	Law Enforcement/PS		500		500
Vandehoof RCMP	Law Enforcement/PS		100	100	100
New Hazelton RCMP	Law Enforcement/PS		500	50	500
Queen Charlottte City	Law Enforcement/PS			100	100
Fraser Lake	Law Enforcement/PS			200	200
Prince George	Law Enforcement/PS			500	500
Northern Rockies Regional Detachment	Law Enforcement/PS			100	100
Houston & Granisle	Law Enforcement/PS			50	50
Dawson Creek	Law Enforcement/PS			100	100
Quesnel	Law Enforcement/PS			2,000	2000
Lisims/Nass Valley/New Aiyansh (Gitlaxt'aamiks(New Aiyansh) Gitwinksihlkw,Laxgal ts'ap(Greenville), Gingolx(Kincolith), Nass Camp)	Law Enforcement/PS			100	100
Atlin	Law Enforcement/PS			60	60
Smithers	Law Enforcement/PS			500	500
Fort St. John	Law Enforcement/PS			100	100
		0	1,100	3,960	4,910

Decriminalization: Narrative Reporting

RHA: Northern Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

NH internal staff are receiving engagement and education sessions on decriminalization policy, and the Northern Peer Network is regularly consulted to discuss decriminalization developments. The NH decriminalization team is monitoring local government responses and working with the MHO team to respond as needed. The team is also working with CATs to ensure successful implementation of decriminalization. Law enforcement engagement has primarily focused on logistical support, such as the distribution of resource cards, but the NH Decriminalization team is available to provide any necessary assistance.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

A new policy called "Possession of Controlled Substances for Personal Use" has been created to align with the provincial decriminalization policy. The policy is currently being implemented through focus groups and stakeholder reviews. Additionally, eOPS is being introduced into acute and LTC settings to support this new policy direction.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liasion with with the Ministry
-Participation on the Community of Practice

The NH Decriminalization project manager is collaborating with the Northern Peer Network and people who use substances to gather feedback and insights on decriminalization. They are also supporting peers to lead engagement sessions with healthcare providers and overseeing the distribution of resource cards to law enforcement while monitoring their distribution. The project manager is closely monitoring local government response and connecting with the MHO team to inform and respond as needed. They are leading engagement sessions with internal staff and sharing resources and updates with the provincial community of practice. They are actively engaging with the regional CAT to ensure successful implementation of decriminalization.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing polices on possession in care settings

We have learned that staff input, harm reduction knowledge, and leadership support are crucial for successful policy implementation. We are integrating the decriminalization policy into our harm reduction/overdose response program to streamline the process and provide multiple touchpoints.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

While our engagement with law enforcement has primarily centered around the logistical aspects of distributing resource cards, the engagement has been positive. Law enforcement officials have been appreciative of having a contact person in NH for ordering cards and have responded positively to any additional support offered.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:		
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:		
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗			
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: § 19; § 22		✓	Completed	Prince George	Coordinator	§ 22	
Decrim Project Manager 2 Name: § 19; § 22		✓	Completed	Smithers	Coordinator	§ 22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Smithers Name:		✓	posted internally with strong pool of candidates				
Position 2 Title: FSJ Name:		✓	posted internally , with need to post externally likely				
Position 3 Title: Quesnel Name:		▲	resubmitted BIP to update request from NH posiiton to contracted position with the municipality				
Position 4 Title: Name:							
Position 5 Title: Name:							
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA: Northern Health

HA Stockpile

Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CSEU	Law Enforcement/PS		500		500
Vandehoof RCMP	Law Enforcement/PS		100	100	100
New Hazelton RCMP	Law Enforcement/PS		500	50	500
Queen Charlottte City	Law Enforcement/PS			100	50
Fraser Lake	Law Enforcement/PS			200	200
Prince George	Law Enforcement/PS			500	500
Northern Rockies Regional Detachment	Law Enforcement/PS			100	100
Houston & Granisle	Law Enforcement/PS			50	50
Dawson Creek	Law Enforcement/PS			100	100
Quesnel	Law Enforcement/PS			2,000	2,000
Lisims/Nass Valley/New Aiyansh (Gitlaxt'aamiks(New Aiyansh) Gitwinksihlkw,Laxgal ts'ap(Greenville), Gingolx(Kincolith), Nass Camp)	Law Enforcement/PS			100	100
Atlin	Law Enforcement/PS			60	60
Smithers	Law Enforcement/PS			500	500
Fort St. John	Law Enforcement/PS			300	300
Tumbler Ridge	Law Enforcement/PS			100	100
Terrace				100	
Valemount				300	
Stewart				100	
Prince George	Law Courts			2,000	
		•	0	1,100	6,760
					5,210

Decriminalization: Narrative Reporting

RHA:

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

Engagement continues on the substance use policy by our risk and policy office. Next steps includes the implementing of this policy and planning and resource development for this work is underway. We have regular bi-monthly meetings with the Northern Peer Network to provide updates on decriminalization progress. Furthermore, we have initiated discussions with the FNHA to explore collaboration opportunities for engaging with the Northern nations. Additionally, we are planning a presentation alongside ^{s.19, s.22} to the RCMP in September.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

Yes,we have developed a new policy titled "The Possession and Use of Controlled Substances." This policy is currently in its final stages of completion and will soon be finalized.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liason with with the Ministry
-Participation on the Community of Practice

The Decrim Project Manager has been actively involved in the provincial Decrim Community of Practice, and playing a key role in the distribution and management of resource cards. They have made themselves readily available to provide support to law enforcement officers whenever needed. Additionally, the Project Manager actively engages with our drug user community, seeking valuable feedback on decriminalization and community response. They ensure thet stay informed about local developments and collaborate closely with the MHO team to ensure appropriate and timely responses.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing polices on possession in care settings

As anticipated, the implementation of a policy of this nature has encountered some resistance. As such we have recognized the significance of addressing the concerns raised. In response, we have developed a comprehensive Frequently Asked Questions (FAQ) document to provide support and guidance to our staff members.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

Recognizing the importance of collaboration, we engage with the RCMP around resource card distribution to enhance our outreach efforts and to offer our support. Furthermore, we have reached out to the Prince George RCMP to foster brainstorming sessions aimed at enhancing our outreach position and to strengthen our collective efforts. Additionally, we are planning a presentation alongside^{s.19, s.22} :o the RCMP in September.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Based on reports received from our drug user community, we have become aware of an escalated police presence at encampments, particularly in Prince George.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	04-Apr-23
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	s.19, s.22 Strategic Lead - Overdose Prevention and Response
Health Authority:			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗		s.19, s.22 Regional Harm Reduction Coordinator
Decriminalization Project Managers						
Position	Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19, s.22	✓					
Decrim Project Manager 2 Name:	▲	s.13				
Decriminalization Proactive Outreach						
Position	Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:						
Position 2 Title: Name:						
Position 3 Title: Name:						
Position 4 Title: Name:						
Position 5 Title: Name:						
Position 6 Title: Name:						

Decriminalization: Resource Card Tracking

RHA:	Northern Health
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HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CSEU	Law Enforcement/PS		500		500
Vandehoof RCMP	Law Enforcement/PS		100		100
New Hazelton RCMP	Law Enforcement/PS		500		500
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		0	1,100	0	1,100

Decriminalization: Narrative Reporting

RHA: Northern Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

The decriminalization policy has been effectively presented to multiple internal committees using a roadshow method (PowerPoints, Memo's, new internal staff decriminalization site). Furthermore, external communication initiatives have primarily concentrated on amplifying government social media posts. Regular check-ins are being performed with the Northern Peer Network to discuss decriminalization developments. In addition, the NH decriminalization team is closely monitoring the response of local governments to the provincial policy and working closely with the MHO team to respond as needed. As far as law enforcement engagement is concerned, it has been mainly logistical in nature, focusing on the distribution of resource cards. The NH Decriminalization team has made themselves available to provide any support that law enforcement may require.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

A new policy called "Possession of Controlled Substances for Personal Use" has been created to align with the provincial decriminalization policy. The policy is currently being implemented through focus groups and stakeholder reviews. Additionally, eOPS is being introduced into acute and LTC settings to support this new policy direction.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liaison with the Ministry
-Participation on the Community of Practice

The NH Decriminalization project manager is actively engaging with people who use substances and the Northern Peer Network to gather vital feedback and input concerning decriminalization. In addition, the project manager is working towards building the capacity of peers to lead engagement sessions with healthcare providers on decriminalization. Furthermore, the project manager is actively engaged with law enforcement, overseeing the distribution of resource cards and carefully monitoring their distribution. Additionally, the project manager is leading engagement sessions around decriminalization with internal staff. Lastly, the project manager is actively involved in the provincial community of practice, sharing essential resources and updates as needed.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing policies on possession in care settings

We have come to recognize that ensuring staff feel heard is crucial for the success of implementing a new policy. A key factor for successful implementation is understanding the harm reduction approach and possessing knowledge regarding it. Additionally, leadership support is imperative when implementing policies of this nature. To ensure a seamless integration into regular work, we are integrating this policy into our larger HR overdose response program, rather than treating it as a separate entity. By doing so, we can provide multiple touch points and streamline the implementation process.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decriminalization.

While our engagement with law enforcement has primarily centered around the logistical aspects of distributing resource cards, the engagement has been positive. Law enforcement officials have been appreciative of having a contact person in NH for ordering cards and have responded positively to any additional support offered.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Our regional peer coordinator brought to our attention that many people who use substances, particularly those facing homelessness challenges, lack knowledge or awareness of the provincial policy change. For instance, one individual who uses substances had an interaction with a police officer who appeared unconcerned about their possession of substances. This interaction, or the lack of punitive response, subsequently frightened the person. Therefore, we recognize the need for increased communication with this population of homeless individuals who use substances

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	June 9th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	§ 19, § 22 Strategic Lead - Overdose Prevention and Response	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗		§ 19, § 22 Regional Harm Reduction Coordinator	
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: § 19, § 22		✓	Complete	Prince George	Coordinator	§ 22	
Decrim Project Manager 2 Name: § 19, § 22		✓	Complete	Smithers	Coordinator	§ 22	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name:							
Position 2 Title: Name:							
Position 3 Title: Name:							
Position 4 Title: Name:							
Position 5 Title: Name:							
Position 6 Title: Name:							

Decriminalization: Resource Card Tracking

RHA: Northern Health

HA Stockpile

Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
CSEU	Law Enforcement/PS		500		500
Vandehoof RCMP	Law Enforcement/PS		100	100	100
New Hazelton RCMP	Law Enforcement/PS		500	50	500
Queen Charlottte City	Law Enforcement/PS			100	100
Fraser Lake	Law Enforcement/PS			200	200
Prince George	Law Enforcement/PS			500	500
Northern Rockies Regional Detachment	Law Enforcement/PS			100	100
Houston & Granisle	Law Enforcement/PS			50	50
Dawson Creek	Law Enforcement/PS			100	100
Quesnel	Law Enforcement/PS			2,000	2000
Lisims/Nass Valley/New Aiyansh (Gitlaxt'aamiks(New Aiyansh) Gitwinksihlkw,Laxgal ts'ap(Greenville), Gingolx(Kincolith), Nass Camp)	Law Enforcement/PS			100	100
Atlin	Law Enforcement/PS			60	60
Smithers	Law Enforcement/PS			500	500
Fort St. John	Law Enforcement/PS			300	300
Tumbler Ridge	Law Enforcement/PS			100	100
Terrace				100	
Valemount				300	
Stewart				100	
		0	1,100	4,760	5,210

Decriminalization: Narrative Reporting

RHA: Northern Health

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

Our Controlled Substance Possession and Use policy has been reviewed by internal stakeholders, and we are currently in the process of preparing a briefing note to communicate the update. As part of our collaboration and staying informed, we regularly engage with our peers through biweekly meetings where discussions on decriminalization are a recurring agenda item.
We actively engage with our indigenous partners through the "decrim leads community of practice." We have also reached out to the Prince George RCMP to foster brainstorming sessions aimed at enhancing our outreach position and finding ways to strengthen our collective efforts.
Further, we have ongoing engagement with the RCMP regarding the distribution of resource cards. To explore further collaboration opportunities, we recently connected with^{s.19; s.22} to discuss potential for collaboration and areas of mutual support.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

Our Controlled Substance Possession and Use policy has been reviewed by internal stakeholders, and we are currently in the process of preparing a briefing note to communicate the update.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liaison with with the Ministry
-Participation on the Community of Practice

The NH Decriminalization project manager is collaborating with the Northern Peer Network and people who use substances to gather feedback and insights on decriminalization. They are also supporting peers to lead engagement sessions with healthcare providers and overseeing the distribution of resource cards to law enforcement while monitoring their distribution. The project manager is closely monitoring local government response and connecting with the MHO team to inform and respond as needed. They are leading engagement sessions with internal staff and sharing resources and updates with the provincial community of practice. They are actively engaging with the regional CAT to ensure successful implementation of decriminalization.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing polices on possession in care settings

We have learned that implementing a policy of this nature can often lead to unrest and resistance among health providers. However, we believe that through proactive measures, such as information/engagement sessions and receiving support from leadership , we can effectively shift perspectives and attitudes. By creating opportunities for open dialogue, we aim to address any concerns and misconceptions that may arise.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

Recognizing the importance of collaboration, we engage with the RCMP around resource card distribution to enhance our outreach efforts and provide valuable tools. Furthermore, we have reached out to the Prince George RCMP to foster brainstorming sessions aimed at enhancing our outreach position and to strengthen our collective efforts. We also recently connected with^{s.19; s.22} to explore potential for collaboration.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

s.13

Decriminalization: Proactive Outreach Reporting

FTEs: [Name(s)]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served											
# of unique clients served											
Approximate % of clients connected to another service											
Other quantitative metrics as applicable (please briefly define)											

Narrative Reporting

Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?

What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.

Is there anything else you would like to add regarding your experience?

Definitions

of clients served: the number of interactions the FTE had with people who use drugs or people in the community who may benefit from connections to care over the course of the month.

of unique clients served: the *estimated* number of individual people the FTE connected with over the course of the month.

Approximate % of clients connected to another service: an estimate of the percent of the # of clients served who were connected to care, to capture the possibilities of individual people making more than one connection to care.

Connections to care: defined broadly as direct referrals from proactive outreach to any available health service, including but not limited to, harm reduction supplies/programs, group/peer engagement programs, MHSU treatment services, primary care, urgent care clinics, or when appropriate, emergency services or the provision of information about care (i.e. providing a resource card or otherwise assisting with navigating to care).

Internal Health Authority Partners

Since the beginning of October, 2022, the VCH project management team have provided several presentations on the topic of decriminalization to the various Mental Health and Substance Use (MHSU) services throughout the region. This includes health care sites in the Lower Mainland, Sunshine Coast, Powell River and Central Coast. Through the presentations, broader messaging on decriminalization was provided as well as information on how the exemption intersects with the healthcare system. Presentations were also made to community outreach teams including the Overdose Outreach Team (OOT), STOP and Priority Populations.

Engagement with PWUD:

Over the last several months, the VCH project management team have connected with PWUD and PWL/LE in numerous ways to support with the implementation of decriminalization. On four occasions, the PMs attended a peer-drop in at Japanese Hall in Vancouver to collect feedback on decrim related materials including the resource card. This past month, our peer coordinator from the Regional Addictions Program (RAP) collected input from the group on educational resources related to VCH's new policy.

In January 2023, VCH contracted the Vancouver Area of Network Drug Users (VANDU) to provide education on decriminalization in the Vancouver community and more broadly. This work remains ongoing. On May 9th, VCH will be co-facilitating a Street Degree presentation with ^{s.19; s.22} from VANDU and ^{s.19; s.22} from PIVOT related to the "know your rights card" and other topics pertaining to decriminalization.

Engagement with Indigenous Partners:

VCH Indigenous Health (IH) and partners from FNHA were consulted in December, 2022 regarding the design, layout and services included on the resource card that is currently being distributed by law enforcement. On March 30th 2023, our project manager made a presentation to IH and FNHA partners regarding the proposed proactive outreach roles and collected input to support with the brief implementation plan. The feedback process is ongoing and comments will be included in the final draft due on April 14th. Following submission of the implementation plan, VCH plans to convene a smaller working group with representatives from the different Nations and their health authority to discuss the finer details of these outreach roles.

Engagement with Law Enforcement:

The VCH project managers have connected with law enforcement representatives from RCMP districts (LMD, North and Island) and municipal detachments (West Vancouver and Vancouver) located within health authority boundaries. Additionally, contact was made with cross-regional agencies such as Metro Vancouver Transit Police, Combined Special Forces and Highway Patrol. These meetings were helpful in building rapport and answering questions related to the logistical implementation of decriminalization. Initially, much of the conversation centred on the resource card and the amounts required by each detachment to comply with the exemption. More recently, the VCH PM has connected with RCMP in the Lower Mainland and Northern districts for feedback on the proactive outreach roles. This feedback will be captured in the brief implementation plan.

The VCH project manager continues to monitor the Substance Use Information Line. The number for this new service is listed at the top of the resource card and was created to support with service navigation during the exemption. A call to the line was received in February 2023 after the recipient engaged with law enforcement. The general details of this call were shared with the ministry at that time.

Engagement with Other Health Systems Partners

The VCH project managers made presentations to the various CAT Teams in the region. This includes Vancouver, Sunshine Coast, Sea-to-Sky, qathet/Powell River and the North Vancouver Steering Committee. In January 2023, a presentation was made to Parents Forever for families who have loved ones that are actively engaged in substance use. Finally, presentations were also made to VCH contracted partners (i.e. recovery and substance use stabilization sites) who are impacted by the VCH's new policy.

Health System Polices and Procedures

VCH have engaged in extensive work to update internal health polices to better align with provincial exemption. On January 31st, the "Possession of Controlled Substances for Personal Use" policy was released and applies to all VCH health care staff. This policy was created over a period of four months. This process was greatly accelerated as a result of decriminalization. The policy was a collaborative undertaking that involved Indigenous Health, Legal, Risk Management, People Safety, and other important stakeholders. It provides guidance to all staff in supporting clients aged 18 years or older who bring controlled substances into health care settings. Under this policy, small amounts of certain substances are now permitted on our sites and treated as personal belongings. It can be viewed here:

<http://shop.healthcarebc.ca/vch/VCHPolicies/D-00-11-30099.pdf>

Additionally, and in consultation with representatives from important partners, an educational package was created to better support those staff who have questions regarding the implementation of the policy. The package includes a slide deck, a substance use self-assessment tool, conversation guides, FAQ and a link to our decriminalization town hall. The town hall can be viewed here:

[Vancouver Coastal Health Virtual Town Hall for Staff and Medical Staff - February 16, 2023 11:00AM - 12:00PM \(mediasite.com\)](#)

VCH is currently providing in-service educational sessions to staff at VGH, Richmond and Lion's Gate Hospital. Presentations were also made to Regional Community Educator Network (RCEN) and Richmond Clinical Educator Committee. The exemption and new policy have served as helpful catalysts for engaging with internal staff on topics related to substance use and stigma. The RAP team is continuing to guide, support and inform the creation of decision support tools (DSTs) as requested by specific sites within VCH.

Decriminalization Project Managers

The project managers in our region continue to engage in several administrative functions related to decriminalization. Some of these tasks include liaising with law enforcement regarding the resource card and regular communication with the ministry. One Project Manager left for another opportunity upon completion of the Decrim policy, and recruitment is underway for the successor for this position. The current VCH project manager is a rotating chair on the Provincial Decrim Project Manager Community of Practice Calls, and prepares meetings/agendas for important debriefs with VCH leadership. They are also

handling all requests for in-service education related to VCH's policy and providing presentations to health care staff on an ad-hoc basis.

Health Systems Impacts of Decriminalization:

The project manager continues to monitor the Substance Use Information Line created to comply with the exemption. Call volumes remain low and, as mentioned above, the details of the call received in February were shared with the ministry at that time. Regarding the possession of substances in care settings, our new policy is clear that small amounts of certain substances are now permitted on our sites and treated as personal belongings.

One other immediate change pertains to the disposal of discarded substances at health care sites. Historically, law enforcement would be called to collect and dispose of discarded and unwanted substances at certain facilities. At Insite, for example, Health Canada requires staff to document, store and contact law enforcement for disposal. Other sites, such as Vancouver Detox, had similar protocols in place. For those sites impacted, interim plans have been created until a more formalized regional disposal policy is created. Some of these plans include the use of Detera Bins to neutralize and dispose of discarded substances.

Relationship with Law Enforcement:




The Project Management team continue to connect with key law enforcement contacts in detachments across the region. For example, the VCH project manager reviewed the brief implementation plan with RCMP from the Lower Mainland and Northern district. This information will be included in the final draft submission.

Knowledge Exchange:

One of VCH's biggest areas of work continues to be education and implementation of the new policy with health care staff. The exemption has been very helpful in terms of opening the door for much larger conversations with internal staff regarding supporting persons who use substances. Episodic Overdose Prevention (e-OPS) and other practices are currently being explored at numerous VCH sites to better support persons who present with substances to our sites. At VGH, it was discovered that some staff are already providing e-OPS, despite being unfamiliar with the term, its origin and practice. In summary, these are some of our key learnings from decriminalization:

- New internal policies and procedures related to decriminalization and substance use are being introduced at an accelerated rate (i.e. VCH's policy was completed in four months when this process typically takes a year).
- Increased levels of interest in implementing e-OPS
- Increased dialogue about building capacity for safer use conversations
- Increase demand for training to address stigma and other impacts of substance use in health care settings.

Attached in this email is the educational package that was created to support with the implementation of the VCH policy.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	April 10th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	VCH		Decriminalization Project Managers				
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	s.22	
Decrim Project Manager 2 Name: TBD			In process of recruiting for second position	Vancouver	TBD	TBD	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name: TBD			Currently in the process of drafting the brief implementation plan in consultation with indigenous partners and law enforcement.	TBD	TBD	June, 2023	The BIP will be submitted on April 14th and will help advise the scope and details of this role.
Position 2 Title: Name: TBD			Currently in the process of drafting the brief implementation plan in consultation with indigenous partners and law enforcement.	TBD	TBD	June, 2023	The BIP will be submitted on April 14th and will help advise the scope and details of this role.
Position 3 Title: Name: TBD			Currently in the process of drafting the brief implementation plan in consultation with indigenous partners and law enforcement.	TBD	TBD	June, 2023	The BIP will be submitted on April 14th and will help advise the scope and details of this role.
Position 4 Title: Name: TBD			Currently in the process of drafting the brief implementation plan in consultation with indigenous partners and law enforcement.	TBD	TBD	June, 2023	The BIP will be submitted on April 14th and will help advise the scope and details of this role.

Decriminalization: Resource Card Tracking

RHA:	VCH	HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
VPD	Law Enforcement/PS	16,000	1,000		17000
West VPD	Law Enforcement/PS	5,000			5000
Combined Forces	Law Enforcement/PS	1,000			1000
Transit Police	Law Enforcement/PS	1,000			1000
VCH Acute Settings	Health System	1,000			1000
					0
					0
					0
					0
					0
					0
					0
					0
					0
		24,000	1,000	0	25,000

*Please note that for the PR1 Restock column, the cards provided to VPD were sent (sent directly by MMHA on February 16th. The request, however, was facilitated by MMHA

Decriminalization: Narrative Reporting

RHA: VCH

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:
-Engagement, liaison and outreach to internal health authority partners
-Engagement with people who use drugs (PWUD)
-Engagement with Indigenous partners
-Engagement with law enforcement partners
-Engagement with other health system partners (e.g. CATs)

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:
-Administrative activities related to resource cards
-Liasion with with the Ministry
-Participation on the Community of Practice

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION






Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:
-Referrals and service access coming via resource cards or law enforcement (where possible)
-Impacts of changing policies on possession in care settings

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):
-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	May 9th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	VCH		Decriminalization Project Managers				
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	s.22	
Decrim Project Manager 2 Name: TBD			In process of recruiting for second position	Vancouver	TBD	TBD	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name: TBD			The BIP was submitted April 14th. Currently awaiting approval from MMHA.	TBD	TBD	September, 2023	
Position 2 Title: Name: TBD			The BIP was submitted April 14th. Currently awaiting approval from MMHA.	TBD	TBD	September, 2023	
Position 3 Title: Name: TBD			The BIP was submitted April 14th. Currently awaiting approval from MMHA.	TBD	TBD	September, 2023	
Position 4 Title: Name: TBD			The BIP was submitted April 14th. Currently awaiting approval from MMHA.	TBD	TBD	September, 2023	

Decriminalization: Resource Card Tracking

RHA:	VCH	HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
VPD	Law Enforcement/PS	16,000	1,000	1,000	18000
West VPD	Law Enforcement/PS	5,000		750	5750
Combined Forces	Law Enforcement/PS	1,000			1000
Transit Police	Law Enforcement/PS	1,000		1,500	2500
VCH Acute Settings	Health System	1,000		150	1150
					0
					0
					0
					0
					0
					0
					0
					0
		24,000	1,000	3,400	28,400

*Please note that for the PR1 Restock column, the cards provided to VPD were sent (sent directly by MMHA on February 16th. The request, however, was facilitated by MMHA

Decriminalization: Narrative Reporting

RHA: VCH

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

- VCH continues to engage with the all of these important community partners. For the month of April, specific areas of focus included:
 - o Presentations at Lion’s Gate Hospital (LGH) to support with the implementation of the Possession of Controlled Substances for Personal Use policy.
 - o Meetings with representatives from PIVOT and VANDU for Street Degree—Decriminalization: “Know Your Rights”.
 - o Engagement with local law enforcement regarding resource card distribution (see previous tab for exact details).
 - o Engagement with IH and FNHA for feedback on the Brief Implementation Plan (BIP).

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

- As discussed in previous reporting, VCH has created the Possession of Controlled Substances for Personal Use policy to better align with the provincial exemption. Details on the policy as well as the implementation resource package were shared with the ministry during the last round of reporting.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liason with with the Ministry
- Participation on the Community of Practice

- The VCH decrim project manager distributed 3,400 resource cards to law enforcement and community partners over the month of April. The PM remains actively involved in the Community of Practice call that meets on a biweekly basis.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing polices on possession in care settings

- Over the month of April, there were two calls to the Substance Use Information Line, one of which was relevant and appropriate.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):












- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.





- The VCH project manager is in regular connection with local law enforcement in the region. Engagement with these partners remains an ongoing and important part of this work.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

- The VCH RAP educators and decrim project manager can report some challenges regarding the implementation and in-service education of VCH’s new policy. The stigma in acute settings remains significant and pervasive. Many frontline health care workers find it morally distressing to treat controlled substances as personal property. At times, this can lead to unpredictable conversations, which can be triggering for all involved. The RAP team and the VCH project manager continue to be strategic in their approach and are working towards a second FAQ document to address new concerns.

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	January 19th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By: _____	§ 19; § 22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:							
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name:			COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	§ 22	
Decrim Project Manager 2 Name:			COMPLETE - Second PM hired and working	Vancouver	Project Manager	§ 22	
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)			COMPLETE: Peer validation and Indigenous partner consultation completed - feedback provided by peers and partners submitted to MMHA				
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources			COMPLETE: VCH has opted to list one regional toll free number for service navigation.				
Resource Card Proofs- Reviewed			COMPLETE: Reviewed by leadership, changes required, feedback provided via email by § 19; § 22				
HA Website Enhancements, As Needed			COMPLETE: VCH will likely continue updating the website in Spring 2023. Current content sufficient.				
Reach Out to Law Enforcement Partners			COMPLETE: VCH has successfully connected with: Vancouver Police Dept § 19; § 22 West Vancouver Police Dept § 19; § 22 Combined Forces and Special Enforcement § 19; § 22 Metro Vancouver Transit Police § 19; § 22 BC Highway Patrol § 19; § 22 Northern RCMP § 19; § 22 § 19; § 22 Island RCMP § 19; § 22, LMD RCMP § 19; § 22		January 19th, 2023		
Cards Distributed to Law Enforcement Detachments			COMPLETE: Vancouver Police Dept - 16,000 Cards West Vancouver Police Dept - 5,000 Cards Combined Forces Special Enforcement - 1,000 Cards Metro Vancouver Transit Police - 1,000 Cards		January 13th, 2023		

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	July 11th, 2023	
Health Authority:	VCH		Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Decriminalization Project Managers							
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	s.22	
Decrim Project Manager 2 Name: TBD			In process of recruiting for second position	Vancouver	TBD	TBD	
Decriminalization Proactive Outreach							
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date	Notes - Other
Position 1 Title: Name: TBD			We are continuing to share updates with community partners and VCH leads throughout the region. We have also drafted a one-pager for the role.	Sunshine Coast	TBD	Fall, 2023	
Position 2 Title: Name: TBD			We are continuing to share updates with community partners and VCH leads throughout the region. We have also drafted a one-pager for the role.	Sea-to-Sky	TBD	Fall, 2023	
Position 3 Title: Name: TBD			We are continuing to share updates with community partners and VCH leads throughout the region. We have also drafted a one-pager for the role.	qathet/Powell River	TBD	Fall, 2023	
Position 4 Title: Name: TBD			We are continuing to share updates with community partners and VCH leads throughout the region. We have also drafted a one-pager for the role.	Central Coast	TBD	Fall, 2023	

Decriminalization: Resource Card Tracking

HA Stockpile	
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Recipient	Type of Org	PR1 Dec 22- Initial	PR1 Restock	PR2 Mar 23	TOTAL
RCMP - Island	Law Enforcement/PS			300	300
VPD	Law Enforcement/PS	16,000	1,000	1,000	18000
West VPD	Law Enforcement/PS	5,000		750	5750
Combined Forces	Law Enforcement/PS	1,000			1000
Transit Police	Law Enforcement/PS	1,000		1,500	2500
VCH Acute Settings	Health System	1,000		150	1150
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
		24,000	1,000	3,700	28,700

Decriminalization: Narrative Reporting

RHA: VCH

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

- Engagement, liaison and outreach to internal health authority partners
- Engagement with people who use drugs (PWUD)
- Engagement with Indigenous partners
- Engagement with law enforcement partners
- Engagement with other health system partners (e.g. CATs)

VCH continues to engage with all of these important community partners. For June, specific tasks completed include:

- Five presentations to front-line staff at Lion’s Gate Hospital (LGH) to support the implementation of the Possession of Controlled Substances for Personal Use policy
- Meetings with professional practice leads from Long-Term Care (LTC) to discuss a presentation on decriminalization and VCH’s policy at the LTC Community of Practice call scheduled for July 25th
- Coordination with FNHA to discuss proactive outreach implementation for the VCH region
- Meetings with West Vancouver Police Department and Metro Vancouver Transit Police to discuss resource card distribution and other updates related to the exemption
- A comprehensive written proposal with recommendations for consideration to Drug Treatment Court Vancouver (DTCV) to update their substance use programming
- Meetings with the various treatment and recovery sites to discuss their internal contraband/search & seizure policies

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activities related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.
Please provide link(s) or a copy of document(s).

As discussed in previous rounds of reporting, VCH has created the Possession of Controlled Substances for Personal Use policy to better align with the provincial exemption. Details on the policy as well as the implementation resource package were shared with the ministry. This past month, two separate Harm Reduction DSTs for acute and community were completed and are available for review on the Shared Health Organizations Portal (SHOP).

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

- Administrative activities related to resource cards
- Liaison with the Ministry
- Participation on the Community of Practice

Other key activities:

- Active involvement in the PM Community of Practice call that meets on a biweekly basis
- Development of a work plan and communication template to support the creation of proactive outreach roles
- Development of a one-pager for the proactive outreach roles (see attachment)
- Coordination of dates/times for presentations to internal staff in acute settings on the Controlled Substances policy
- A written review and evaluation of outcomes from in-service presentations at LGH based on front-line providers’ perceived confidence level on topics related to decriminalization and substance use
- Internal meetings with executive leadership to provide regular updates on decriminalization
- Ministry reporting and narrative reporting for key indicators related to the exemption

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

- Referrals and service access coming via resource cards or law enforcement (where possible)
- Impacts of changing policies on possession in care settings

The VCH project manager continues to monitor the Substance use Information line listed at the top of the resource card. There was one new caller for June.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

- Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.
- General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

The VCH project manager is in regular connection with local law enforcement in the region. Engagement with these partners remains an ongoing and important part of this work. In June, there were two meetings with law enforcement to discuss resource card distribution and other details related to decriminalization.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

Over the past several months, the VCH decrim PM in conjunction with other members of the Regional Addictions Program (RAP) completed several in-service presentations at LGH to support the implementation of the Controlled Substances policy. Before and after each presentation, an evaluation form was provided, which allowed front-line staff to rate their confidence level on topics related to substance use and decriminalization. Upon review, the results indicate that front-line service providers feel significantly more confident with this subject matter following the presentation. This could infer that barriers to care, as well as forms of stigma in certain acute settings, are reducing as a result of this work.

Decriminalization: Proactive Outreach Reporting

FTE #1: [Names]

Quantitative Reporting Measures

Please provide any applicable data in response to measures listed below.

Indicator	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-23
# of clients served	0	0									
# of unique clients served	0	0									
Approximate % of clients connected to another service	0	0									
Other quantitative metrics as applicable (please briefly define)	0	0									

Narrative Reporting

Please provide as fulsome a response as possible to the following questions, including any evaluation or other data if available. Use the Funding Guidelines/Policy Guide to help frame your responses.

How does this position reach new clients?

Since these roles have yet to be implemented, there are no updates to quantitative or qualitative metrics. A brief update on VCH’s progress is detailed in the final question listed below.

How has this service helped people connect people to care AND/OR develop strong connections and relationships with local law enforcement?
N/A

What other activities has this FTE undertaken over the last month? This may include, but is not limited to supporting knowledge translation and communications related to decriminalization (i.e. leading or attending in person or virtual meetings, gatherings, conferences, etc.)
N/A

What factors, barriers or challenges have these roles experienced while providing outreach to clients, communities, police, etc.?
N/A












What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.
N/A

Is there anything else you would like to add regarding your experience?

VCH is in the process of creating Regional Communication Networks (RCNs) for each part of the health region where we intend on locating a proactive outreach worker. These networks will serve as outlets for updates, communication and feedback on these roles. Our internal work plan to support implementation has been updated to ensure we remain on track with implementation for Fall/2023. A one-pager for these roles has also been drafted and included in the attachments with this round of reporting.

Definitions

of clients served: the number of interactions the FTE had with people who use drugs or people in the community who may benefit from connections to care over the course of the month.
of unique clients served: the *estimated* number of individual people the FTE connected with over the course of the month.
Approximate % of clients connected to another service: an estimate of the percent of the # of clients served who were connected to care, to capture the possibilities of individual people making more than one connection to care.
Connections to care: defined broadly as direct referrals to any available health service, including but not limited to, harm reduction supplies/programs, group/peer engagement programs, MHSU treatment services, primary care, urgent care clinics, or when appropriate, emergency services or the provision of information about care (i.e. providing a resource card or otherwise assisting with navigating to care).

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.		Date Completed:	March 17th, 2023	
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.		Completed By:	s.19; s.22	
			Implementation plans are at significant risk. Significant mitigation/corrective action required.				
Health Authority:	VCH	Decriminalization Project Managers					
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date	Notes - Other
Decrim Project Manager 1 Name: s.19; s.22			COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	s.22	
Decrim Project Manager 2 TBD			Recent resignation of Robyn Kelway effective March 10th, 2013	Vancouver	Project Manager	TBD	In process of recruiting for second position
Resource Cards							
Task/Milestone		Status	Status- Details		Planned Completion Date		Notes - Other
Internal Validation of Resources on Card (Peer Validation and Indigenous partners)			COMPLETE: Peer validation and Indigenous partner consultation completed - feedback provided by peers and partners submitted to MMHA		Fall/2022		
Addition of Regional Resources to Card Template and Shared with Ministry Including Indigenous Resources			COMPLETE: VCH has opted to list one regional toll free number for service navigation.		Fall/2022		
Resource Card Proofs- Reviewed			UPDATE: Text "JOIN" to get toxic drug alerts for the Vancouver Coastal Region 253787 (ALERTS)		March 7th, 2023		Confirmation email sent to s.19; s.22 on March 7th, 2023
HA Website Enhancements, As Needed			COMPLETE: Decrim website is now operational including on One VCH portal (internal staff website)		March 9th, 2023		See link below: https://one.vch.ca/Pages/Decriminalization.aspx
Reach Out to Law Enforcement Partners			COMPLETE: VCH has successfully connected with all LE partners. This includes: Vancouver Police Dept. s.19; s.22 West Vancouver Police Dep s.19; s.22 Combined Forces and Special Enforcement s.19; s.22 Metro Vancouver Transit Police s.19; s.22 BC Highway Patrol s.19; s.22 Northern RCMP s.19; s.22 Island RCMP s.19; s.22 LMD RCMP s.19; s.22		January 19th, 2023		
Cards Distributed to Law Enforcement Detachments			COMPLETE: Vancouver Police Dept. - 16,000 Cards West Vancouver Police Dept. - 5,000 Cards Combined Forces Special Enforcement - 1,000 Cards Metro Vancouver Transit Police - 1,000 Cards VCH Acute Settings - 1,000 Cards		January 13th, 2023		Requests for cards (d/m/y): Vancouver Transit Police - 1,000 cards (06/02/23) Vancouver Police Dept. - 16,000 cards (07/02/23) Richmond Bylaw - TBD (10/02/23) *No other updates regarding card distribution or requests since January dashabord

Decriminalization Regional Health Authority Funding 2022/23		Legend	Implementation is proceeding as planned.	✓	Date Completed:	June 12th, 2023
			Delays and/or some issues affecting implementation. Monitoring/mitigating as required.	▲	Completed By:	s.19; s.22
			Implementation plans are at significant risk. Significant mitigation/corrective action required.	✗		
Health Authority:	VCH					
Decriminalization Project Managers						
Position		Status	Status- Details	Location/Community	Classification	Planned Start Date
Decrim Project Manager 1 Name: s.19; s.22		✓	COMPLETE - First PM hired and working	Vancouver	Clinical Case Planner	s.22
Decrim Project Manager 2 Name: TBD		▲	In process of recruiting for second position	Vancouver	TBD	TBD
Decriminalization Proactive Outreach						
Position		Status	Status- Details	Location/Community	Classification FT/PT?	Planned Start Date
Position 1 Title: Name: TBD		✓	The BIP was approved on May 30th. We are now in the process of sharing updates with community partners.	Sunshine Coast	TBD	September, 2023
Position 2 Title: Name: TBD		✓	The BIP was approved on May 30th. We are now in the process of sharing updates with community partners.	Sea-to-Sky	TBD	September, 2023
Position 3 Title: Name: TBD		✓	The BIP was approved on May 30th. We are now in the process of sharing updates with community partners.	qathet/Powell River	TBD	September, 2023
Position 4 Title: Name: TBD		✓	The BIP was approved on May 30th. We are now in the process of sharing updates with community partners.	Central Coast	TBD	September, 2023

Decriminalization: Resource Card Tracking

RHA:	VCH	HA Stockpile	
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[illegible]

Decriminalization: Narrative Reporting

RHA: VCH

ENGAGEMENT

Please provide an overview of any engagement and liaison activities undertaken by the health authority on decriminalization with internal and external partners, including but not limited to:

-Engagement, liaison and outreach to internal health authority partners

-Engagement with people who use drugs (PWUD)

-Engagement with Indigenous partners

-Engagement with law enforcement partners

-Engagement with other health system partners (e.g. CATs)

VCH continues to engage with the all of these important community partners. For the month of May, specific areas of focus included:

• Two presentations at Lion’s Gate Hospital (LGH) to support with the implementation of the *Possession of Controlled Substances for Personal Use* policy.

• Engagement with RCMP regarding resource card distribution (see previous tab for exact details). The PM also met with ^{s.19; s.22} on two occasions to discuss those initiatives involving RCMP in the VCH region.

• Coordination with FNHA pertaining to the proactive outreach roles.

• Feedback provided to Salvation Army/Harbour Light Detox on their contraband policy to ensure it’s aligned with VCH’s policies and language in the provincial exemption.

• Working closely with Drug Treatment Court Vancouver (DTCV) to provide feedback on programming and areas for improvement amidst an era of decriminalization.

NOTE: This tab is intended to guide your narrative feedback on how regional and local implementation of Decriminalization is proceeding. It is not intended to restrict your responses. Please include any relevant information. You may speak to general activites related to decriminalization undertaken within your health authority along with specific activities undertaken by the Decriminalization Navigators/Project Managers or Proactive Outreach (note that TAB D focuses on Proactive Outreach specifically).

HEALTH SYSTEM POLICIES AND PROCEDURES

Has your health authority undertaken any review or revisions to any policies and procedures to align with decriminalization? Please provide details of this work.

Please provide link(s) or a copy of document(s).

As discussed in previous reporting, VCH has created the *Possession of Controlled Substances for Personal Use* policy to better align with the provincial exemption. Details on the policy as well as the implementation resource package were shared with the ministry during the last round of reporting.

DECRIMINALIZATION PROJECT MANAGERS (OTHER KEY ACTIVITIES)

Please provide an overview of any other activities undertaken by the Decriminalization Project Managers in your region, including but not limited to:

-Administrative activities related to resource cards

-Liason with with the Ministry

-Participation on the Community of Practice

Other key activities:

• Distributed an additional 300 resource cards to law enforcement over the month of May.

• Active involvement in the Community of Practice call that meets on a biweekly basis.

• Development of a work plan and communication template to support with the creation of the proactive outreach roles.

• Coordination of dates/times for presentations to internal staff on the Possession of Controlled Substances policy.

• Feedback provided to DTCV on current substance use programming and how that could be changed amidst decrim.

• Development of a second FAQ (rough draft) to address new questions/concerns from health care staff.

HEALTH SYSTEM IMPACTS OF DECRIMINALIZATION

Please share, from a health authority perspective, any impacts of the implementation of decriminalization on the health system, which may include:

-Referrals and service access coming via resource cards or law enforcement (where possible)

-Impacts of changing polices on possession in care settings

The VCH project manager continues to monitor the Substance use Information line listed at the top of the resource card. Additionally, feedback on community and tertiary DSTs was provided to support with on the ground implementation of the Controlled Substances policy.

RELATIONSHIPS WITH LAW ENFORCEMENT

What (if any):

-Impacts have you seen on relationships between local law enforcement, people who use drugs, and health/community services. Please provide 1-3 specific examples, where possible.

-General unintended impacts or changes you are noticing with law enforcement in the context of decrim decriminalization.

The VCH project manager is in regular connection with local law enforcement in the region. Engagement with these partners remains an ongoing and important part of this work. This includes staying in connection with ^{s.19; s.22} on those projects involving RCMP in our health region.

KNOWLEDGE EXCHANGE

Please share any additional anecdotal frontline feedback, news, challenges or success stories from the last month that can be shared with leadership.

VCH is currently working with our various contracted sites to discuss the changing impacts of decriminalization and VCH’s new policy on front line staff. Much of this work is focused on eliminating “black & white” approaches to care and acknowledging that recovery and harm reduction can co-exist in our sites and facilities.

Decriminalization: Proactive Outreach Reporting

FTE #1: [Names]

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Narrative Reporting

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What successes has this position experienced or facilitated? What factors contributed to this success? Specific examples and stories are particularly valuable.
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Is there anything else you would like to add regarding your experience?

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