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January 7, 2016

Lisa Lapointe, Chief Coroner
Metrotower II
Suite 800 - 4720 Kingsway
Burnaby, BC V5H 4N2

Dear Ms. Lapointe:

Re: Death of Ernest Shawn Moosomin on August 1, 2014
Jury Recommendations

Further to your request, please find Fraser Health's response to the jury recommendations regarding the death of Ernest Shawn Moosomin.

To the Minister of Health, all Health Authorities

4. **Undertake a population-based needs assessment for the full continuum of addiction services including estimates of the number of people requiring each type of service:**

   On a national level, the Needs Based Planning (NBP) model, based on population health statistics, was developed as part of Dr. Brian Rush's work. Representatives from each province were on Advisory and Working groups, including, representing BC. That formula, which estimates service needs across all addiction services, was implemented in BC in 2014, as one of the foundational tools to predict service needs and number of individuals requiring and not receiving addiction health services. As an example of this, Premier Clark announced in 2013 the requirement to add 500 more addiction beds across the province, with each regional Health Authority (HA) being assigned a specific number of beds to implement. The Ministry of Health instructed regional HA's to use the RUSH NBP model as the foundation for doing their estimations. That work has been underway for more than two years. Beds must be implemented by the end of March 2017 and (Fraser Health) has been

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actively engaged in the planning and implementation of new beds within their own geographical area.

5. Review the range and location of services for people with addictions and concurrent conditions to ensure that they are based on best practices:

Further to the response to question four above, the region extends from Burnaby to Boston Bar. Service models and practices are based on evidence informed or best practices including the 23 Principles developed by Fraser Health for Addictions Outpatient/Outreach services. These are based on best practices and the Provincial Standards as outlined in the *BC Ministry of Health Service Model, Standards and Guidelines for Adult Residential Substance Use Services and Support.* Risk factor analysis of communities and populations in terms of the need for substance use services, has also been underway to determine the best placement of different types of services, as resources allow. Every Fraser Health community already has one or more addictions outpatient / outreach clinic; Fraser Health intensive day treatment is built as a mobile model and reaches all communities within Fraser Health. Fraser Health residential substance use services are regional, and located across the Fraser Health region. In the eastern section of (Maple Ridge – Mission, Abbotsford to Boston Bar), Riverstone Home and Mobile Detox and Daytox, provides services to the population.

6. Work with clients and their families to ensure that they have adequate access to these services through clear accessible on-line information and in-person assistance.

85% of Fraser Health addiction services are contracted and online searches for addiction services within is relatively easy. Lists of Fraser Health substance use services are available to any substance use professional that requests this and almost any community services agency in any community are aware of the location of substance use services in the area.

A toll free number is also available that provides 24 hour free telephone consultation on province wide availability of addiction services. Local 604-660-9382 or toll free 1-800-663-1441.

Health Link BC provides Mental Health & Substance Use service information in a searchable format for Fraser Health. Health Link BC also operates the 811 phone line service which connects the caller to a Health Services representative.

Mental Health & Substance Use is in the process of redesigning its website to make it more user friendly. Mental Health & Substance Use will be one of the first

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programs to have the website readily show Mental Health & Substance Use services and resources.

7. **Consider and minimize the impact of health authority boundaries on the continuum of care for people who move frequently between these authorities.**

   Regional Health Authority boundaries are determined by the provincial government. For individuals who frequently "cross" these boundaries, refusal of substance use/addictions health services in Fraser Health is not an issue. More than 50% of Fraser Health funded residential substance use beds are occupied by individuals who are not Fraser Health residents; Fraser Health substance use outpatient/outreach community clinics service the population of the community they are located in and also, do not deny services to any resident of BC. Clients considered "transient" or of "no fixed address" frequently access Fraser Health withdrawal management services.

8. **Coordinate housing services with addiction treatment services and provide mixed housing options for people with substance use disorders and in recovery so that they are not placed in environments where relapse is likely to occur.**

   Fraser Health Mental Health & Substance Use services is responsible for "health treatment" or "health services/supports". As such Fraser Health addictions treatment services does not provide housing per se. Housing and ongoing support is one aspect of discharge and transition planning undertaken for all clients as they progress in their recovery.

   Fraser Health contracts with agencies to provide Stabilization and Transitional Living Residences (STLR's) sometimes referred to as 'support recovery". Agencies who provide this service are required to be licensed under the Continuing Care and Facility Licensing Act and, as such, are subject to inspections and complaints investigations by Licensing. In addition STLR's have to meet a variety of contractual obligations imposed by Fraser Health including staffing, programming, data reporting and various key policies and procedures. This level of monitoring prevents the creation of unsafe environments for vulnerable clients.

   Non Fraser Health support recovery is outside the jurisdiction of Fraser Health and we are unable to speak to issues of safety, programming, staffing and quality.

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9. A First Nations person with status to be appointed to the boards of all Health Authorities.

We are unable to respond to this recommendation as the Ministry of Health is entirely responsible for the membership of Health Authority Boards.

10. Support the work of municipalities to identify and eliminated unlicensed and unsafe facilities labeled as "Recovery Houses".

Identifying and eliminating unlicensed and unsafe recovery houses is outside of the scope and mandate of Fraser Health Mental Health & Substance Use services.

11. Mortality follow-up information shared with all pertinent service providers.

We are unable to respond to this recommendation as a regional Health Authority without additional clarification of intent, purpose, mandate and definition.

Sincerely,

Michelle Allen
Coroners' Liaison
Integrated Risk Management
Fraser Health

cc Michael Marchbank, President and CEO, Fraser Health
Dr. Roy Morton, Vice President, Medicine and Regional Programs
Andy Libbiter, Executive Director, Mental Health & Substance Use

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UBCM Union of BC Municipalities

March 7, 2016

RECEIVED
MAR 09 2016
CHIEF CORONER

Lisa Lapointe
Chief Coroner
Province of BC
PO Box 9272
Stn Prov Govt
Victoria, BC
V8W 9J5

Dear Ms. Lapointe:

Re: Coroner's Inquest into the death of:
Ernest Shawn MOOSOMIN
BCCS Case File # 2014-0364-0143

Thank you for writing to us and providing a copy of the report on findings and recommendations on the above referenced matter.

Specific to UBCM you have highlighted recommendation 15 in the report that states:

15. Provide an opportunity (for example as a presentation or workshop) for the City of Surrey to share their experience with the High Risk Local Initiative in order to ensure that a successful approach based to unlicensed "Recovery Houses" is deployed wherever it may be required in the province.

UBCM staff will endeavour to follow up with officials from the City of Surrey to determine if representatives from the City would be interested in presenting on their "High Risk Local Initiative" as part of our fall annual convention.

Again, thank you for bringing this matter to our attention.

Yours truly,

Al Richmond

Al Richmond
UBCM President

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Provincial Health Services Authority
Province-wide solutions. Better health.

G. (Wynne) Powell Carl Roy

April 1, 2016

Lisa Lapointe
Chief Coroner
BC Coroners Service
Metrotower II, Suite 800 – 4720 Kingsway
Burnaby, BC V5H 4N2

Dear Lisa:

Re: Coroner's Inquest into the death of Ernest Shaw Moosomin
BCCS Case File #2014-0364-0143

We are in receipt of your letter dated February 19, 2016 which outlines the jury's recommendations flowing from the above-referenced Coroner's inquest. In particular, recommendations 4 – 11 were directed to the Minister of Health and all health authorities. These recommendations include the following:

4. *Undertake a population-based needs assessment for the full continuum of addiction services including estimates of the number of people requiring each type of service.*
5. *Review of the range and location of services for people with addictions and concurrent conditions to ensure that they are based on the best practices.*
6. *Work with clients and their families to ensure that they have adequate access to these services through clear accessible online information and in person assistance.*
7. *Consider and minimize the impact of health authority boundaries on the continuum of care for people who move frequently between these authorities.*
8. *Coordinate housing services with addiction treatment services and provide mixed housing options for people with substance use disorders and in recovery so that they are not placed in environments where relapse is likely to occur.*
9. *A First Nations person with status to be appointed to the boards of all health authorities.*
10. *Support the work of municipalities to identify and eliminate unlicensed and unsafe facilities currently labeled as "Recovery Homes".*
11. *Mortality follow up information shared with all pertinent service providers.*

The Provincial Health Services Authority (PHSA) has a provincial mandate for the delivery of specialized health care services to the residents of BC. PHSA operates a select number of specialized hospitals and services, including the programs and services provided by BC Mental Health and Substance Use Services (BCMHSUS). All of our programs and services have a provincial scope and are not limited to specific geographic areas of the province. While PHSA works in partnership with the Ministry of Health (MOH) and regional health authorities to ensure system-wide improvements for health care services, it is not within the mandate of PHSA to provide direct funding or deliver addiction services to the regional health authorities in the province. Given that context, below is our response to the specific recommendations outlined in your letter.

Recommendation 4

The MOH has recently undertaken a needs-based planning initiative with the results provided to regional health authorities, including estimates of demand for various types of substance use services and a description of need by geographic area and amongst sub-populations. This initiative assisted regional health authorities with their planning processes to determine geographic distribution, type and number of substance use beds. The MOH would be able to provide you with additional details on this.

Recommendation 5

It is not currently within the PHSA mandate to conduct population-based needs assessment or to review the range and location of addictions and/or concurrent disorder services across the province. We will continue to work with the MOH and health authorities to plan for and deliver a mental health and substance use system of care in BC. Current BCMHSUS planning for the new Centre for Mental Health and Addiction (CMHA) will consider evidence-based best practice for complex concurrent disorder clients.

Recommendations 6, 7

A purpose-build mental health and substance use facility was recently approved by Treasury Board with a projected opening date in late 2019 to support an enhanced continuum of care for this high needs, difficult to serve concurrent disorders population. The CMHA will provide care for the most severely ill clients in the province, and will include a mix of secure and open units providing evidence-based assessment, stabilization and treatment. We are working actively with regional health authority partners on the development of the model of care, service model and provincial access protocols for this new Centre for Mental Health and Addiction, with consideration for transitions in care between secondary and tertiary specialized levels of care.

The PHSA is currently refreshing its provincial access protocols for the Burnaby Centre for Mental Health and Addiction to ensure transparency in processes associated with access and discharge, including protocols for transitions in care from tertiary specialized services to those provided at the secondary level by regional health authorities.

In addition, specifically regarding recommendation 6, PHSA is updating online and print information to clearly state how clients and families gain access to PHSA tertiary specialized mental health and substance use programs. Access to all PHSA tertiary specialized programs and services are in accordance with established provincial access protocols and through regional health authority channels. Children, youth and families also have access to the Kelty Mental Health Resource Centre, the Parents and Youth in Residence and the Provincial Youth Concurrent Disorders Ambulatory Program.

Recommendations 8, 10

The PHSA has no jurisdiction over these matters.

Recommendation 9

The PHSA has a First Nations representation on its Board of Directors – Chief Clarence Joseph Louie.

Recommendation 11

The PHSA already provides this information as available and consistent with applicable legislation and guidelines governing the sharing of information.

Notwithstanding all of the above, PHSA will continue to collaborate with the MOH and health authority partners on province-wide initiatives.

Sincerely,

Carl Roy
President & CEO

:jld

CITY OF SURREY

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APR 19 2016

CHIEF CORONER

the future lives here.

April 18, 2016

Chief Coroner's Office
Metrotower II Suite 800 – 4720 Kingsway
Burnaby, BC V5H 4N2

Dear Sirs/Mesdames:

Re: Inquest into the death of Ernest Shawn Moosomin

We write in response to your correspondence dated February 19, 2016 regarding the Findings and Recommendations as a result of the Coroner's Inquest into the death of Ernest Shawn Moosomin. Specifically, you have requested consideration of Recommendation number 15, which is as follows:

Recommendation number 15:

> Provide an opportunity (for example as a presentation or workshop) for the City of Surrey to share their experience with the High Risk Location Initiative in order to ensure that a successful approach based to unlicensed "Recovery Houses" is deployed wherever it may be required in the province.

Action:

> The City will be working with the UBCM to communicate and share the City's experiences regarding the High Risk Location Initiative with other communities.

If you require any further information, please contact me at (604-591-4013).

Jas Rehal, CPA, CMA
Manager, Bylaw Enforcement & Licensing Services

c.c. City Manager
City Solicitor

First Nations Health Authority
Health through wellness

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April 5, 2016

Lisa Lapointe
Chief Coroner, British Columbia Coroners Service
Ministry of Public Safety and Solicitor General
5th floor, 910 Government Street
Victoria, BC V8V 1X4

Re: Response to BC Coroner Service Inquest into the death of Ernest Shawn MOOSOMIN (BCCS Case File #2014-0364-0143)

Dear Ms. Lapointe:
Thank you for the opportunity to provide a response to the recommendations made as a result of the recent Coroners Inquest regarding the tragic death of Ernest Shawn Moosomin. It is our hope that the findings of this Inquest, and the responses provided by the First Nations Health Authority and other organizations that provide health services to First Nations peoples, may prevent similar untimely deaths from occurring in the future.

Ernest Moosomin was a First Nations man who struggled with substance use issues, and ultimately died as a result of overdose from a combination of methamphetamines and heroin. His personal history as outlined in the Inquest Report indicates that like many First Nations peoples in Canada, his mother attended residential school and suffered abuse both in school and in her family of origin. Ernest and his seven siblings became involved with the child welfare system at a very early age, and lived with foster families in BC, Ontario, and Alberta. He attempted to access treatment for addiction to a variety of substances including heroin, cocaine, and methamphetamines. At the time of his death, he was waiting to attend a First Nations residential treatment facility in the North. During significant waiting periods for treatment, he encountered issues with complex application processes for receiving financial support for recovery services, as well as issues with communication and support.

Ernest's difficulties in receiving timely, culturally safe substance treatment are unfortunately all too common among First Nations peoples. The First Nations Health Authority recognizes that there is much work to be done in this area to increase access to effective treatment services. As such, we welcome and support the jury's recommendations (no. 12-14) that we:

> *12. Review and report on the availability of funded recovery spaces for First Nations clients and prepare a plan to eliminate financial barriers and address any capacity issues.*
>
> *13. Improve access to information available through the band to clients and service providers.*

14. Improve communication and follow up provided by all client service providers including timely response to all inquiries.

This response is intended to provide an overview of the work that FNHA is currently undertaking towards fulfilling these recommendations. We also anticipate that by identifying existing services, the areas where resources could be strengthened will become more apparent.

Recommendation 12: Review and report on the availability of funded recovery spaces for First Nations clients and prepare a plan to eliminate financial barriers and address any capacity issues.

There are several challenges to fulfilling this recommendation at the present time because support services are not available for the full range of First Nations client needs. For example, cultural supports to assist with navigating treatment and its complexities are not available in many health care settings, both in and outside of community. Dentists, who provide treatment to individuals whose teeth are impacted by substance use, are often not available in community. Supports are also not offered for certain addictions, such as with problem gambling.

FNHA and its partners have identified solutions to these challenges, and are currently developing programs to address these issues. Mental health and wellness program reach is being expanded to offer services to underserved groups, such as youth, women, LGBTQ, court/criminal justice referrals, people in active addiction or utilizing a harm reduction program, and those with concurrent disorders or chronic diseases. Strengthening partnerships between First Nations communities and various ministries of the BC Government has also been identified as key to addressing capacity issues. In addition, bringing together teams to share diverse knowledge and skill set, such as the proposed Joint Project Board "Mobile Support Team" initiative which establishes regional Mental Wellness and Substance Use teams (MST) that offer 'wrap-around' services consisting of community detox and treatment initiatives.

An additional challenge in this area has been a lack of access to clinicians and specialists in community. Potential solutions to this issue have been proposed and include building and maintaining strong relationships with local hospitals, psychiatrists, pharmacists, nutritionists, and dieticians. Providing full-time hours for psychologists and nurses could address a chronic human resource capacity issue in communities, and increase the time that these practitioners are available to provide substance use counselling and treatment. Alternative models of care could be a solution to the issue of lack of clinicians and specialists. The Joint Project Board has several projects currently underway that could serve as templates for increasing service provision in this area.

Barriers also exist to implementing harm reduction approaches, such as physician availability to oversee the development and execution of harm reduction treatment plans for individual First Nations clients. Again, partnerships with doctors and pharmacists are being looked to for a collaborative harm reduction approach.

The final challenge to creating a plan to eliminate financial barriers and address any capacity issues is the provision of safe transportation to and from treatment centers for clients located in remote

areas. Proposed solutions include asking community bands to help fund travel for treatment purposes, and to have health care staff pick up clients where possible (and appropriate). Finally, there is a need to create clear and fair policies that help clients return home in a good way when they have completed their treatment program.

Recommendation 13: Improve access to information available through the band to clients and service providers.

Information management and communication was identified as a key theme during the recent National Native Alcohol and Drug Abuse program review. Currently, there is a paper-based intake, assessment, referral, and discharge system in place that is not linked in a cohesive manner. This lack of coordination in information management makes it challenging to support clients and their care providers in a meaningful way. FNHA has committed to developing an integrated information management system for mental wellness clients, and the development of this project will be a priority over the coming months.

Recommendation 14: Improve communication and follow up provided by all client service providers including timely response to all inquiries.

Aftercare supports and services is another key priority that has been identified in the NNADAP review process for those attending NNADAP and non-NNADAP funded treatment facilities. This challenge is not unique to FNHA's clients and has been experienced by other mental health and wellness programs. Improving communication and follow-up will require multisector collaboration with areas outside of health such as justice, housing, and social services. The First Nations Health Council, a provincial-level political and advocacy organization that is representative and accountable to BC First Nations, are leading the development of collaborative strategies on the social determinants of health and could be an integral partner to FNHA in this work.

The provision of culturally safe, holistic substance use treatment services for First Nations peoples will only be accomplished through a collaborative and sustained effort. We respectfully put forward this response with the sincere hope that it may contribute to the prevention of tragic substance use-related deaths of First Nations peoples in the future, such as that of Ernest Moosomin.

In health and wellness,

Joe Gallagher,
Chief Executive Officer, FNHA

cc: Arlene Paton, ADM, MoH
Doug Hughes, ADM, MoH

POLICE
SOUTH COAST BRITISH COLUMBIA TRANSPORTATION AUTHORITY

Office of the Chief Officer

April 18, 2016

Lisa Lapointe
Chief Coroner
Province of British Columbia
Coroners Service - Ministry of Justice
Suite 800-4720 Kingsway
Burnaby, BC V5H 4N2

RE: Ernest Shawn MOOSOMIN - Inquest Recommendations

Dear Ms. Lapointe:

I am writing in regard to the verdict and Jury Recommendations in the inquest into the death of Ernest Shawn Moosimin. The response of the Transit Police is as follows:

1. **Consult with external emergency response experts including qualified medical practitioners to develop a coordinated program of regular and ongoing training for officers to enable them to provide safe assistance for passengers in distress. This should include:**

   a. **Specific first aid training and equipment tailored to transit circumstances.**

      Coroners Comments:

      The jury heard that the transit police received general police training that did not recognize some of the specific needs of people using transit. In particular, although the transit staff and transit police officers described encountering people with disordered behavior daily during their work, they had no training in the recognition of signs of medical distress.

Transit Police support the recommendation and are committed to providing on-going first aid training and equipment that addresses passengers in distress. Transit Police are trained as first responders by St. John's Ambulance. Members were provided updated training in September of this year.

Metro Vancouver Transit Police

#300 - 287 Nelson's Court, New Westminster, BC V3L 0E7 Telephone: (604) 515-8300 Fax: (604) 515-3103

b. Specialised training from medical professionals at a level appropriate for transit officers in the assessment of people with disordered behaviour. The officers should be trained to recognise and appropriately respond to signs of frequently encountered conditions including medical distress, delirium, psychosis, intoxication, drug overdose and withdrawal.

The Transit Police are currently trained in Critical Incident De-Escalation which is a provincial standard for all police officers in British Columbia. This program includes refresher training on a regular basis. Transit Police officers are also trained in "SafeTalk". SafeTalk prepares officers to identify persons with thoughts of suicide and connect them to suicide first aid resources.

c. Specific training in trauma informed services and cultural competence.

Coroners Comments:

...their training did not specifically recognize the diversity of influences on the behavior of the people served, including approaches to public service such as trauma informed service, nor the development of cultural competence.

The Transit Police support the recommendation and will review methods to enhance current training as described below:

The Trauma Informed Practice (TIP) Guide was developed on behalf of the BC Provincial Mental Health and Substance Use Planning Council in consultation with researchers, practitioners and health system planners across British Columbia.

Training for Transit Police has included resources from this guide as well as other areas as described below.

1. *Transit Police were trained by the Ending Violence Association in "Responding to Sexualized Violence" in a police environment. While the focus of the training is in relation to sexual violence, understanding a trauma informed response was included. The learning outcome for this training included:*
   - *Recognizing the impact of trauma on survivors of sexual violence.*
   - *The trainee will be able to describe the role of the first responder to disclosure and the importance of getting it right including:*
     - ✓ *Ensuring immediate safety of the survivor*
     - ✓ *Conducting a trauma informed response*
     - ✓ *Actively empowering the survivor at all times*
     - ✓ *Facilitating access to continued safety with community supports and services available*
     - ✓ *Assisting the survivor through the reporting options*
     - ✓ *Awareness of the available resources*

2. *Transit Police has trained one member in the PHSA BC: Indigenous Cultural Competency Training Program referred to in the TIP Guide. Transit Police are assessing the training to determine if there is value in a future training of all Transit Police officers.*

3. *In 2013 all Transit Police officers were trained in "The Spirit Has No Colour – changing police/aboriginal relationships". This workshop included a video that was made possible through collaboration between the Police Academy of the Justice Institute of BC (JIBC) and the joint venture of 42nd Street Consulting and Orca Productions Inc. The video is licensed to the Province of British Columbia for use as a training video for BC police officers. This two hour workshop provided an opportunity for police officers to gain a greater awareness of the Aboriginal People's post-colonial history. The goal for this workshop is to change/improve Aboriginal and policing community relationships.*

d. All cell phone conversations to be recorded - incoming and outgoing

Coroners Comments:

All police dispatch and communications conducted over the radio were recorded and available for review at inquest. However, during this incident, cell phone calls between the transit officers and their supervisors were used to communicate important information and there is no record of that communication.

This recommendation raises both technological and privacy challenges, especially given that Transit Police officers are entitled to make personal calls from Transit Police cell phones, but the matter will be reviewed further.

e. Emergency vehicle (transit police and EMS) parked in sight of cameras

Coroners Comments:

The surveillance video of the incident was of value to the jury; however, the period of time that Mr. Moosomin was in the transit police vehicle prior to transport to hospital was not available as the police transit car was parked out of sight of the surveillance cameras.

The Transit Police will review this recommendation and examine if improvements to parking within camera range can be made, understanding however, that parking near the stations and bus loops may not always be available and that ownership and control of the cameras do not belong to the Transit Police.

f. Transit Police to be trained to administer the antidote '"Narcan".

Coroners Comment:

Narcan (naloxone) is an antidote for narcotic overdoses that is increasingly available for administration by people without formal medical training including first responders like the transit police.

The Transit Police agree generally with this recommendation, but support the position taken by other police agencies that Health Canada should approve the nasal inhaler version available in the U.S., which is more suitable for police officers to utilize.

2. **Review policies to ensure that they are directly applicable to the unique policing environment of a transit service. This should include medical guidance on the development of a risk based approach to the application and removal and or repositioning of restraints such as handcuffs and supervision of people during transport.**

The Transit Police support the recommendation and will review relevant policies to ensure that they apply to our unique policing environment.

Current policy requires supervision of persons during transport and does not prevent officers from removing and repositioning restraints. These policies will be re-emphasized during the annual use of force qualifications.

3. **Develop clear protocols for access to specialised police services including Car 67/87.**

   a. **Increase the number of Cars 67/87.**

      Coroners Comment:

      Specialized units have been established to provide assistance in circumstances where mental health professionals can support appropriate crises response by police. The jury heard from the transit police officers that this support was not available to them. They also heard that the number of units available across the lower mainland was limited and thus could only be used in a small percentage of cases where they might be helpful.

The Transit Police will review the recommendation and examine the access to Car 67/87.

Current Practice is as follows:

- *The Transit Police jurisdiction spans 21 different municipalities.*
- *Transit Police use the specialized services of the jurisdictional police departments.*
- *Clear protocols have been established for access to these services including Car 67/87.*
- *Transit Police request these services through police dispatch.*

Thank you for this opportunity to respond.

Yours truly,

Doug LePard, Chief Officer
Metro Vancouver Transit Police