

OVERDOSE EMERGENCY RESPONSE CENTRE

TERMS OF REFERENCE

1. Strategic Mandate

The strategic mandate of the Overdose Emergency Response Centre is aligned with the mandate of the Ministry of Mental Health and Addictions to work in partnership to escalate the response to the opioid crisis that includes crucial investments and improvements to mental health and addiction services.

The strategic mandate of the Overdose Emergency Response Centre is aligned with the following four key areas of focus on addressing BC's opioid overdose epidemic:

1. Saving lives: Services for people who continue to use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
2. Ending stigma associated with mental health and substance use: Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.
3. Building a network of addiction and mental health services: Services that support treatment of and recovery from addiction.
4. Addressing the range of social supports that influence health: Activities and services that address social factors related to substance use such as housing, income, employment, intergenerational trauma and community development.

2. Operational Mandate

The operational mandate of the Overdose Emergency Response Centre is to work in collaboration with multi-sector public agencies, affected communities, and people and families with lived experience, to escalate the response to the overdose emergency:

1. Provide clear direction and coordinate implementation of activities;
2. Develop action and implementation strategies that are provincial, regional and local in scope;
3. Generate and gather multiple sources of data to monitor and adjust the response and report in real time to better understand the underlying issues;
4. Conduct robust evaluation of new and emerging innovative interventions;
5. Leverage and manage resources allocated to the Overdose Emergency Response Centre to oversee a comprehensive package of essential services for overdose prevention in BC;
6. Establish regional and local initiatives with regional health, First Nations partners, public safety, and social ministries to remove barriers for local response.

3. Functions

The main functions of the Overdose Emergency Response Centre are to:

1. Streamline approach to Provincial, regional and local responses;
2. Develop Provincial strategies based on best evidence with robust evaluation including targets, timelines and outcomes;
3. Work with partners to inform resource need and allocation;
4. Work with partners to translate high level direction into action planning at the local level;
5. Maintain consistent and continuous communication with regional operations, local and provincial governments, and the public;
6. Identify and enact plans to resolve barriers to overdose prevention at local, regional and provincial levels;
7. Accelerate data collection and analysis;
8. Monitor, evaluate, and report on progress;
9. Ensure accountability across sectors;
10. Support a human rights approach to overdose prevention in BC.

4. Regional Response Teams

The operational mandate of Regional Response Teams is to:

1. Link to local governments, Indigenous/FN communities and non-governmental organizations;
2. Translate Overdose Emergency Response Centre implementation plans into regional implementation plans;
3. Link with local service delivery areas and communities to build capacity for Community Action Teams;
4. Implement strategies to reach people at risk of overdose;
5. Provide real time information and routine updates to the Overdose Emergency Response Centre.

5. Community Action Teams

To provide focused, action-oriented strategies tailored to local community needs, Regional Response Teams will work with stakeholders to establish Community Action Teams to:

1. Create action plans within high priority communities/municipalities (evidence-informed);
2. Develop a multi-sectoral responses that is inclusive of all partners (First Nations communities, Municipalities, first responders, front-line community agencies, people and families with lived experience, businesses, local government agencies (eg. housing, social development, education), and the local recovery community);
3. Escalate barriers to effective response to provincial level as needed.

6. Governance

1. The Overdose Emergency Response Centre is overseen by the Mental Health and Addiction Working Group chaired by the Minister of Mental Health and Addictions.
2. The Overdose Emergency Response Centre is accountable to the Deputy Minister of the Ministry of Mental Health and Addictions.
3. The Deputy Minister Ministry of Mental Health and Addictions chairs the Deputy Minister Committee on the Overdoes Emergency, and Oversight committees with the Ministry of Health and the Ministry of Public Safety and Solicitor General (PSSG).
4. The Health Sector Oversight Committee membership includes:
 - o Associate Deputy Minister of the Ministry of Health
 - o CEO of Provincial Health Services Authority on behalf of the other regional health authority CEOs
 - o CEO of First Nations Health Authority
 - o Executive Lead of the Overdose Emergency Response Centre
 - o Provincial Health Officer

The purpose of the Oversight Committee is to address any budget challenges and approve exceptional service changes within the regional health authorities.

5. The Public Safety and Solicitor General Oversight Committee membership includes:
 - o PSSG Deputy Minister and Assistant Deputy Minister
 - o Director of Policing Services
 - o BC Coroner.

7. Reporting

The Overdose Emergency Centre reports regularly to the Deputy Minister of Mental Health and Addictions. The Regional Response Teams report regularly to the Provincial Overdose Emergency Centre.

ROLE	FUNCTION/RESPONSIBILITY	AGENCY
Executive Lead and Overdose Emergency Response Centre (OERC) Lead	<ul style="list-style-type: none"> Report to and attends briefings and meetings as requested Chairs Overdose Emergency Response Centre meetings 	<ul style="list-style-type: none"> Ministry of Mental Health and Addictions
Core (OERC) Members	<ul style="list-style-type: none"> Gives clear direction to and has direct accountability from public agencies Develops actions plans, reviews and approve provincial and regional implementation strategies Monitors for rapid response and reports regularly Assists in removing barriers for local response Escalates issues to the Deputy Minister 	<ul style="list-style-type: none"> Office of the Provincial Health Officer MoH (Minister of Health) MMHA (Mental Health & Addictions) First Nations Health Authority PSSG (Public Safety/Solicitor General) BCEHS (BC Emergency Health Services) BCCSU (BC Centre for Substance Use) BCCDC (BC Centre for Disease Control) People with Lived Experience Family Members Recovery Community
Emergent Issue OERC Members	<ul style="list-style-type: none"> Gives clear direction to and has direct accountability from public agencies Develops and executes action plans and implementation strategies to specific emergent priority issues identified by OERC Escalates issues to the Deputy Minister 	<ul style="list-style-type: none"> Fire Commission MSDPR (Social Dev. & Poverty Red'n) MCFD (Child and Family Development) MMAH (Municipal Affairs and Housing) MOE (Education) BC MHSU Services

<p>Regional Response Teams</p>	<ul style="list-style-type: none"> • Report into Overdose Emergency Response Centre • Joint accountability with Regional Health Authorities. • Link to local governments, First Nations Health Authority, Indigenous/First Nations communities and non-governmental organizations, affected community members • Translate Provincial Overdose Emergency Centre implementation plans into regional response plans • Link with high need communities to build capacity for local action • Implement strategies to reach people at risk of overdose • Provide real time information and routine updates to the Provincial Overdose Emergency Centre 	<ul style="list-style-type: none"> • Vancouver Coastal Health • Island Health • Fraser Health • Interior Health • Northern Health
<p>Expert Advisors</p>	<ul style="list-style-type: none"> • Provides research, knowledge translation, real-time information and advice to support and inform implementation strategies. Conducts robust evaluation 	<ul style="list-style-type: none"> • BCCDC • BCCSU • HEMBC • Ministry of Attorney General • Law Enforcement • People and families with Lived Experience
<p>Communications Team</p>	<ul style="list-style-type: none"> • Serve as the coordination point for all public information, media relations and internal information sources 	<ul style="list-style-type: none"> • GCPE-MMHA
<p>Project Manager(s)</p>	<ul style="list-style-type: none"> • Coordinates scheduling and logistics of meeting location, prepares the agenda and related documentation for meetings, takes record of decisions, responds to reporting requests, and provides financial analysis 	<ul style="list-style-type: none"> • Administrative Support • Financial Support

Ex-Officio	<ul style="list-style-type: none"> Professional staff from any of the agencies represented in the membership who are required to support the agenda may attend a meeting 	<ul style="list-style-type: none"> As identified
Guests/Expert Advisors	<ul style="list-style-type: none"> Guests may be invited for specific agenda items as required upon approval of the co-chairs 	<ul style="list-style-type: none"> As identified

9. Comprehensive Package of Essential Services for Overdose Prevention in BC

Overdose Emergency Response Centre planning at the Provincial, regional and local levels will be structured upon a core set of interventions that:

- 1) capitalize on evidence-informed, proven effective strategies that together form an integrated, comprehensive response to the overdose crisis, and
- 2) are measurable via a standard matrix that enables the identification of gaps in the continuum of care, and facilitate action plans that address gaps

ESSENTIAL HEALTH SECTOR INTERVENTIONS	ESSENTIAL STRATEGIES FOR A SUPPORTIVE ENVIRONMENT
<p>Naloxone</p> <p>Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access, including:</p> <ul style="list-style-type: none"> Coverage Supplies Trainers On-going capacity 	<p>Social stabilization</p> <p>Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food:</p> <ul style="list-style-type: none"> Services for engagement/capacity building to strengthen support networks such as family/friends Availability of support groups/healing circles, counselling Access to affordable and/or supported housing Support programs incorporate capacity to address housing, income, food insecurity

Overdose prevention services

Supporting a diversity of community-level, low barrier services tailored to population/ community needs, such as:

- Overdose Prevention Sites
- Supervised Consumption Sites
- Housing-based initiatives
- Strategies to reach individuals using alone
- Mobile Services
- Drug Checking
- Safe drug supply (e.g. hydromorphone in supervised settings)

Peer empowerment and employment

Providing individual skills and capacity building initiatives within individuals and communities with lived experience:

- Diversity of paid peer program opportunities
- Peer-led initiatives
- Peer training opportunities
- Programs involve people with lived experience in strategic program planning and decision-making

Acute overdose risk case management

Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care:

- Proactive screening for problematic opioid use
- Clinical follow-up
- Fast-track pathways to treatment and care
- System for monitoring/evaluating patient outcomes

Cultural safety and humility

In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities:

- Cultural safety teachings and support are available to all service providers
- Facility/space and program design is trauma-informed and culturally safe
- Continuum of services and support incorporates Aboriginal approaches to healing and wellness
- Elders are involved in service delivery and planning

Treatment and recovery

Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:

- Methadone, suboxone, oral morphine, injectable hydromorphone
- Continuum of treatment and recovery programs for opioid dependence that combine pharmacological and psychosocial approaches.
- Multi-disciplinary approach to pain management.

Addressing stigma, discrimination, and human rights

Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination:

- Access to legal team to address discriminatory laws and policies that impact harm reduction
- Public education resources, campaigns re. stigma
- Community-level actions to address barriers in access to services for people who use drugs.

10. Decision Making/Accountability

The Overdose Emergency Response Centre is accountable to the Deputy Minister of the Ministry of Mental Health and Addictions. The Deputy Minister will be supported by the Health Sector Oversight Committee.

The Overdose Emergency Response Centre will be reviewed in one year to assess its impact on the Overdose Emergency.

11. Meeting Frequency/Records of Decision

The Overdose Emergency Response Centre will meet at minimum weekly with Regional Health Authority leads; teleconference coordinates will be provided for all meetings. Co-chairs may call additional meetings as required. Time-limited Emergent Issue Units will be formed with relevant stakeholders and will meet to identify and fulfil action plans as required. Meeting materials will be sent in as far as possible in advance of each meeting, recognizing that the unpredictability of the overdose situation may create challenges for timely distribution. A record of decisions and actions will be circulated to all members within a week following a meeting. Members are responsible for sharing records of decisions with their representative organizations.

12. Budget

The Ministry of Mental Health and Addictions will provide the Overdose Emergency Response Centre with an operational budget. This will cover administrative costs, such as meeting expenses and working group activities. Other budget items will be determined on an as-needed basis by the Ministry of Mental Health and Addictions.

13. Expenses

It is expected that member travel expenses and time for participating in the Overdose Emergency Response Centre will be borne by their respective organizations. Members not in salaried positions (e.g., people with lived experience) will be paid an honorarium and expenses for attending meetings as per current policy.

14. Term of the Overdose Emergency Response Centre

The Overdose Emergency Response Centre will operate until December 1, 2018. The Overdose Emergency Response Centre will then be evaluated to determine its effectiveness at addressing Provincial Overdose Emergency.

Note: This is a new model and as the Overdose Emergency Response Centre becomes operational this Terms of Reference may evolve.