

BOARD OF DIRECTORS REGULAR MEETING

DRAFT MINUTES

April 28, 2021, 5 – 7 PM

Virtual Meeting

Board Members

Doug Cochrane, Chair
Karen Hamling
Spring Hawes
Diane Jules
Selena Lawrie
Allan Louis
Cindy Stewart

Resource Staff

Susan Brown, President & CEO (Ex Officio)
Karen Bloemink, VP Pandemic Response & Surgical Strategy
Dr. Albert de Villiers, Chief Medical Health Officer
Roger Parsonage, Interim VP, Clinical Operations North
Carolyn Courtemanche, Interim Board Resource Officer (recorder)

Guests/Presenters

2.2 Dr. Paul Carey, Medical Director
Mental Health Substance Use
Debi Morris, Network Director,
Mental Health Substance Use

ITEM	DISCUSSION	ACTION
1.0 CALL TO ORDER	Chair Cochrane called the meeting to order at 5:00 pm.	
1.1 Acknowledgement of Traditional Territories	Chair Cochrane recognized with gratitude that the Board and staff are collectively gathered on the traditional territories of the seven Interior First Nations, and the 15 Metis Chartered Communities of the Interior, where we are privileged to live, learn, collaborate and work together. He is grateful to participate from the traditional territory of the Syilx Nation.	
1.2 Declaration of Conflict of Interest	There were no changes to the conflict of interest declarations on file.	
1.3 Approval of Agenda	The agenda was adopted as presented. Moved by Director Louis, seconded by Director Jules, moved and carried unanimously.	
1.4 Adoption of Consent Agenda	The consent agenda was adopted as presented. Moved by Director Stewart, Seconded by Director Lawrie, moved and carried unanimously.	
1.5 Follow Up from Previous Meeting	None	
2.0 NEW BUSINESS		
2.1 COVID-19 Update	Dr. A. De Villiers, Chief Medical Health Officer and K. Bloemink, VP Pandemic Preparedness and Surgical Strategy provided an overview of current COVID-19 situation and key updates on the ongoing response. Highlights include: <ul style="list-style-type: none"> • Current status and focus of vaccine campaign, both the province and Interior Health is on track to have the vaccination for all who want it complete by Canada Day • Overview of current public health measures in place • Review and comparison of graphs showing BC and Interior Health 7 day moving average • Update on current outbreaks 	

	<ul style="list-style-type: none"> • Community case growth is monitored on a daily basis for potential impact on health services, such as elective surgeries <p>Questions:</p> <ul style="list-style-type: none"> • How will the vaccine program work for tree planters and forest fire fighters, many who are from out of province? <ul style="list-style-type: none"> ○ Dr. A. de Villiers confirmed that public health has been working with all tree planting companies to ensure they have solid COVID-19 plans reviewed by WorkSafeBC for their operations • Will teachers be considered front line workers and be eligible to receive vaccine soon? <ul style="list-style-type: none"> ○ Dr. A. de Villiers said work is underway and we can expect an announcement soon • What is the time between being eligible to make an appointment and the appointment? <ul style="list-style-type: none"> ○ K. Bloemink provided an overview of the calculation that includes vaccine supplies, clinic capacity and community interest, always working to vaccinate sooner when circumstances permit • How will people know when to register for the second dose of vaccine? <ul style="list-style-type: none"> ○ K. Bloemink confirmed that one of the new features of the provincial system is it will automatically generate an email or text message for everyone in the system • What are the travel boundaries and restrictions within IH? <ul style="list-style-type: none"> ○ Dr. A. de Villiers advised that officially all of Interior Health and Northern Health are seen provincially as one region, but British Columbians are encouraged not to travel outside of their own community except for essential reasons • For communities that had whole community vaccine clinics, will the second doses be handled in the same way? <ul style="list-style-type: none"> ○ K. Bloemink confirmed that the second doses will be managed the same way for these communities • Do workers who work outside need to wear a mask? Does it make a difference if they are in a private or public area? <ul style="list-style-type: none"> ○ Dr. A. de Villiers advised that public or private did not matter, indoor workers should wear masks, outdoor workers should wear a mask if they are within 6 feet of other people <p>Chair Cochrane expressed appreciation for the remarkable work going on in Interior Health to manage the pandemic.</p>	
<p>2.2 Mental Health Substance Use Services in Interior Health</p>	<p>R. Parsonage, Interim Vice President Clinical Operations North provided an overview of Mental Health & Substance Use Services in Interior Health. The presentation is attached to the agenda package. Highlights include:</p> <ul style="list-style-type: none"> • Much work has been done and underway to make our services more accessible and welcoming • To be successful, we need to remove barriers of stigma and confusion about where and how to access services • Mental health is a journey as unique as each individual we serve • Overdose was identified as a public health emergency 5 years ago, earlier gains have been lost as we deal with dual health emergencies • Behind the numbers, for the loved ones left behind there is ongoing pain and costs to this emergency 	

- Approach to care includes 3 main areas: ease of access, person and family centered and team based care to create a better experience
- New youth treatment beds: 10 opening now and an additional 10 in the near future, this will be first time we have been able to offer this service in IH
- 20 – 80% of clients have a co-occurring mental health and substance use disorder. Each patient will have a Most Responsible Clinician to provide linkage to other providers for smooth transitions between services with a single point of contact, and ensures the client is continually assessed
- Bounceback Program (<https://bouncebackbc.ca/>) is a free online resource intended to provide self guided support for mild to moderate anxiety, low mood and depression. There has been an increase in call volumes during the pandemic
- One number access, 310 MHSU, provides one stop access, M-F during business hours and automatically connects callers to local their local office. This program is based on the philosophy that any door is the right door for clients whoa re seeking treatment and support. There are some 24/7 services and all services are described on our website:
<https://www.interiorhealth.ca/YourCare/MentalHealthSubstanceUse/Pages/default.aspx>
- To address stigma, we have worked with people with lived experience with substance use to tell there stories in a series of videos available on our website. These are the faces of this crisis
- We continue to develop a peer network to engage those with lived experience to help us design programs and services that are both relevant and accessible. A Pilot project is being developed to embed peers in emergency departments to help create a more welcoming experience for care.

Chair Cochrane expressed sincere appreciation for the compassion that Roger brings to MHSU services. “We all join with you in the sorrow for families and communities for what they are going through.”

Questions

- Is the Bounceback Program new and are we doing enough to publicize it? And will some people be reluctant to speak with their care provider about a MHSU issue?
 - The program is not new and additional investments in 2020 expanded access. D. Morris advised that much work has been done to raise awareness through the Divisions of Family Practice.
 - The feedback was appreciated about some patients being reluctant to speak with a care provider about MHSU issues and broader promotion can be considered
- Can you talk a bit more about the family connections and family involvement policy and how it works?
 - R. Parsonage confirmed that we are in the process of implementing a policy to encourage families to be connected and involved in the care of loved ones
 - D. Morris advised it can be challenging to balance patient confidentiality and still ensure all providers of wraparound care get the relevant information
- How do people access bed-based care in IH?
 - S. Brown confirmed that a client may already be working with a care team and any member can help them navigate the system for needed

	<p>services and that would include bed-based care. You can also call the 310-MHSU number and the team will connect you with the service you need. Bed-based services are an important part of the continuum of services offered, but there are many other services available</p> <ul style="list-style-type: none"> ○ R. Parsonage confirmed that we keep track of bed inventory so team members know what is available at sites and admission criteria. It's important for people to have a place to go to transition out of bed-based care and the teams work with community services ● What resources are available for children and adult children who have to transition to adult services? <ul style="list-style-type: none"> ○ D. Morris confirmed that this is a real challenge for the youth population and we work with outreach case management teams, but we know mental health services are provided by provincial teams. We are working concurrently on a process to tighten up transitions ○ Director Lawrie suggested the Compass Program (https://compassbc.ca/) for care providers to access information for this age cohort ● How does IH work with supportive housing programs? <ul style="list-style-type: none"> ○ R. Parsonage advised that we have close partnerships with community agencies across the health authority. With the outreach team model, we are out in community providing care in settings that include supportive housing, shelters and to those without homes. There is one new house in Kelowna with an embedded intensive case management team ● Why did IH make the decision to not review the contract with Pathways? <ul style="list-style-type: none"> ○ R. Parsonage confirmed that we made the decision to bring counselling services in-house as part of a broader effort to provide a comprehensive continuum of care. There have been a number of investments in the South Okanagan in treatment teams, Urgent Primary Care Services and we are working with a model for seamless transition to some of the specialized care services ● What is IH doing to address the lack of availability of physicians in rural communities, resulting in impacts to mental health and physician health? <ul style="list-style-type: none"> ○ Dr. P. Carey confirmed that physician resource planning is a challenge nationally, especially in rural and remote communities. Work is underway with universities, including UBC, increase intake of residents for psychiatric programs and to train students in the communities we hope to recruit them to which has met with success ○ Transition to virtual care has presented opportunities for more outreach into rural and remote communities from larger centers ○ Chair Cochrane advised that training strategies are being developed for other professions to support teams of care. <p>Chair Cochrane expressed sincere appreciation for this presentation and we will invite them back for updates in the future.</p>	
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3.0 STANDING REPORTS		
3.1 Chair Report	<p>Chair Cochrane provided a high level overview of recent activities. Highlights include:</p> <ul style="list-style-type: none"> • The Provincial Budget included a number of areas supporting new developments in MHSU and issues with pandemic, surgery, medical imaging and long-term care services • Planning that the IH management team led by Roger has been well received and is helping to inform MHSU strategies province wide • There were 24 recommendations to address Indigenous racism in health care in the Mary Ellen Turpel-Lafond report, “In Plain Sight,” and provincial task teams have been formed to address each recommendation • Funding was included for Cultural Safety & Humility education through the First Nations Health Authority and in support of the First Nations Health Advocates • Acknowledgement given to the impressive achievements by our pandemic response and public health teams led by K. Bloemink and Dr. A. de Villiers • Consider what COVID-19 will leave us with legacies in long-term care, preparation for personal protective equipment, made in Canada vaccines, better surveillance systems for awareness of what is happening elsewhere in the world • Staff, the Senior Executive Team, Board members will need to consider and take time to recover from what has been an extraordinary and stressful time <p>Chair Cochrane extended appreciation and acknowledgement to Susan Brown, Sylvia Weir, the business management and clinical teams whose efforts allowed IH to end the year with a balanced budget will accruing directed funding for capital projects from the Ministry of Health.</p>	
3.2 President & CEO Report	<p>S. Brown provided an overview of IH activities since the last public meeting in February. Highlights include:</p> <ul style="list-style-type: none"> • Thanked Chair Cochrane for his kind words. • It was a challenging year for clinical and other staff, and she is also very grateful for the tremendous efforts, including retirees who came back as volunteers, board members who volunteered. It took a lot of people make the vaccine roll-out a success • IH will soon be launching 2 new policies on racism to foster a culturally safe, anti-racist environment for patients, families and staff. Thank you to our Metis and First Nations partners in development of these policies. It will be on ongoing journey, but this is an important foundational piece • Very proud of the work teams have done over the last year to catch up and exceed last year’s volumes in surgery, and noting that additional capacity and successful anesthesia and clinical staff recruitment • Hospital capacity is monitored daily and we are holding our own at this time • Vaccine roll-out is going well. Reminder to everyone 18 and over to get registered and it’s very simple and quick to do on-line 	

	<ul style="list-style-type: none"> Starting Sunday this week, health care workers who had the first vaccine dose prior to implementation of the provincial on-line platform can register in the system to receive texts or email notification when they can make appointments for the second dose <p>Chair Cochrane shared that he felt that we in BC are so very fortunate to have the BC Centre for Disease Control. It is the Canadian leader in basic microbiology, virology and epidemiology. It is the trusted source of information for professionals and the public on COVID and other public health issues. S. Brown echoed his comments and noted that although there have been start-up hiccups with the vaccination rollout, it is now a well integrated provincial response that will keep us all safe in BC.</p>	
4.0 ADJOURNMENT	The meeting adjourned at 6:18 pm.	

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