



Notes: Executive Director's Summit PAN Fall Conference 2017

Date & Time: Wednesday, October 25, 2017 from 1:30 to 3:00 pm

Location: Vancouver Airport Marriott Hotel, 7571 Westminster Highway, Richmond, BC

Facilitator: Simon Goff, PAN

Timekeeper: Mona Lee, PAN

Minutes: Heather Picotte, PAN

Welcome and introduction

Evin Jones - This year's ED Summit agenda is structured around 2 key areas that continue to be of critical concern to PAN member organizations (as evidenced by anecdotal conversations and the 2017 pre-conference survey): Funding sustainability and the OD Crisis. Additionally, when building the agenda for today's ED Summit we wanted to allow room for any collective advocacy issues to come forward in the 3rd part of the agenda – and during this time I am looking forward to hearing from Jody Jollimore of CBRC, regarding CBRC's work on PreP.

1. FUNDING SUSTAINABILITY

Evin Jones - Presentation on PAN's work vis-à-vis funding & sustainability since 2016 Fall Conference:

- Large part of PAN's role as a provincial network is to emphasize and articulate the importance and value of the work that member orgs are doing to funders, provincial and federal stakeholders, to the health authorities, etc.
- One year ago at the last ED Summit, we discussed the crisis situation around PHAC funding due to the introduction of the new Community Action Fund (CAF) (and associated re-allocation of federal dollars in BC) and this crisis is ongoing for many – particularly since the one-year transition funding for defunded orgs will come to an end March 31, 2018.
- Since last year's fall conference, PAN has written several letters to the federal Minister of Health; we met face to face with Dr. Mithani, the President of PHAC in January to express our concerns about the CAF process and outcomes; we have met on an ongoing basis to discuss concerns about gaps in service provision with reps from BC's Ministry of Health; we have brought this forward as a standing agenda item at the STOP Collaborative Implementation Committee (CIC) where the health authorities, MoH, BC-CfE and PHAC regional now sits; we

have tried to align our messages where appropriate with that of our sister networks OAN (Ontario) and COCQ-SIDA (Quebec) as well as with federal partners such as CATIE and CAS.

- PAN provided written feedback in August to PHAC regional and national offices on the draft *Framework for Action Toward the Elimination of STBBIs* – this is a key policy document for the federal government that will be replacing the Federal Initiative on HIV/AIDS.
- PHAC Harm Reduction Fund – Then Federal Minister of Health Philpott in the spring announced \$30 million for 5 years (3 million this year, 6 million next year, and then in years 3, 4 and 5 it is \$7 million) for a new Harm Reduction Fund. The purpose of this fund is to target HIV and HCV “hotspots”, high incidence rates and within the overall context of (in BC) the ongoing public health emergency of overdose and overdose deaths. These funds will be designated for community-based programming that is HIV and HCV related. PAN was invited by the Ministry of Health and by PHAC to provide input/a briefing document from the “community based perspective” on geographic and population hot spots in BC; and priorities for the HR fund in the current FY 2018. We hope that some of the PAN member organizations impacted by the PHAC CAF funding re-allocations may end up receiving funding in the current fiscal to support HR work in their communities.
- Looking forward to hearing what our members are doing around funding sustainability since a number of them are on the financial brink; we don’t want this to happen to anyone else that an organization has to “fold” – as was the case this past year with Positive Women’s Network (PWN).
- Also looking at other options for funding – province, health authorities, etc.

Open discussion to room re Funding Sustainability:

- Ross Harvey, Positive Living BC (PLBC) - We reacted to the original PHAC CAF funding decisions by organizing a lobbying effort across the province with numerous orgs (AV, PLFV, ANKORS, PLN, LPRC, especially) to alert BC MPs to what was going on, and pressure them into bringing the matter to the federal health minister as one that urgently needs to be fixed. CAS was also involved as well as other provincial orgs; in terms of the grassroots efforts, BC was most active. Want to recognize Don Davies, MP, who has been a terrier on this issue, especially in questioning then Minister of Health Philpott in the House of Commons. CAF; Philpott was shuffled; Davies couldn’t find evidence of the \$30 million promised; Philpott insisted there was another \$30 million dollars; now we have a new Minister of Health (Petitpas-Taylor) who seems to know nothing about this controversy. Davies has arranged a meeting with Petitpas-Taylor and will raise this again; we are re-activating the campaign to contact MPs and highlight this problem; if you also have a member of the opposition in your riding who seems amenable to fighting this, please go to them with your concerns as well. PLBC, PLFV are still very much at risk of (Prison Outreach program at PLBC, which is doing very well, and the Positive Gathering which is so important in helping positive people live in community); AIDS Vancouver’s volunteer program is also at risk; PLN’s the Firepit has been compromised – the list is long and depressing (please see the printout Ross provided). Also, CAF funding is intended to support both HIV *and* HCV, but none of the grassroots, member driven HCV-specific orgs in BC were funded (HepCBC; PHCN).
- Simon Goff – many of us are on that email train already, with the initiatives being led by Ross/PLBC, with the info to take to MPs and other gov’t officials – if you’re not, please contact Ross at rossh@positivelivingbc.org.

- Bob Hughes, ASK Wellness – Health authorities suggested that they are aware and working with PHAC to mitigate impact to front line services– when we know there’s \$1.4 million loss, what are the implications for the health authorities? How far have we gone with the health authorities (asking the HAs to come up with that shortfall)?
- Ross Harvey – we have attempted to compel the HAs into pressuring the feds. Not realistic to expect them to make up the loss.
- Bob Hughes – this could be perceived as offloading responsibility from the feds to the province.
- Ross Harvey - PLBC is trying to arrange a meeting with newish BC Minister of Health Adrian Dix to make just that point.
- Kari Hackett, Positive Living Fraser Valley (PLFV) – a letter was sent from Fraser Chief of Operations to PHAC but got a standard response.
- Ross Harvey - doesn’t seem that any other HAs have done the same, but that could be because they haven’t been asked. They might if we ask them. After this morning, the HA reps will know to expect that request.
- Bob Hughes - there are a few in immediate jeopardy of losing funding – those are priority as it has massive ramifications for the community; what can we do to help?
- Cheryl Dowden, ANKORS – want to clarify that ANKORS won’t have to close completely, but there are definitely important programs at risk.
- Kari Hackett – PLFV is looking potentially at a partial or full closure, and a move – BoD doesn’t see that as viable so a closure is more likely, but still hopeful something can be done. Will stand to lose more than half of our budget (as an agency that is only 11 years old, we don’t have a lot of reserve funds to fall back on once we are defunded by PHAC come April 1st).
- Ross Harvey - PLFV was originally opened as a partnership between Fraser Health and PHAC – so it is criminal to let it close.
- Monica Verma, SARA – we originally wrote a PHAC proposal with PLFV; \$1.4 million is not a lot of money in terms of gov’t funds; the previous gov’t left a surplus – can we write a letter asking for \$700,000 from province? Go to your MLA/MP, and say as a private citizen that this is important to us; where are the clients going to go? We have to now actively connect with the women and create something for them if we lose our services.
- Erica Thomson, SARA – heard PHAC say that people could apply for funding but in a different capacity; same kind of \$\$, but different funding, but now we have more on our plate/workload. We now have to write more things into our mandates and we don’t get more money for it, while at the higher levels, they’re creating new teams! We don’t have the sustained funding for when that happens.
- Katrina Jensen, AIDS Vancouver Island – PAN and all of us should continue to keep pressure on PHAC and the federal Minister of Health; but we also need to focus on the province and HAs – much of this support and related work in these communities across BC should have been funded originally by the province/HAs.
- Rodney Olinek, Fraser Region Aboriginal Friendship Centre Association – we’ve taken an approach where we recognize the importance of health justice education and holistic provision of services; we need a larger, more holistic foundation when it comes to sustainable services (HIV and addiction is a good example); TRC’s 94 calls to action – an example of an interrelated approach; we don’t have the people to change these practices – we need policy makers at the table because they have the time and capacity to change this; we also need to recognize our

own gaps and deficits and work closely together. There are also some services that are not making a huge difference; with the four pillars, we have an opportunity to offer interrelated services and we need to do that; competition for money – this is a political conversation as well as social.

- Kira Haug, ASK Wellness – as practitioners of hope, the joke is that with this re-allocation, it looks like they're responding to this crisis, but you can't ignore one population and serve another; stigma is coming from the powers that be.
- John Cameron, DTES/HIV IDU Consumers Board – the public isn't interested in HIV anymore; the concern used to be lack of care and infrastructure, now we have those things.
- Cheryl Dowden – if the new federal health minister doesn't know about this, and what is happening to front line HIV and HCV services then going to the MPs is a great idea; I want to thank PAN for their role in supporting the impacted orgs and collating the suggested recommendations to the minister; can we now have PAN represent us and take forward a brief on what occurred, to inform this new minister and also ask what happened to the \$30 million that then Minister of Health Philpott referred to in Question period?
- Evin Jones – **ACTION** yes, PAN can do this piece of preparing some kind of brief for Minister Petitpas-Taylor and working alongside of our partners such as CAS to ensure she is aware of the situation ; re connecting with MPs, we are happy to support PLBC and their efforts and encourage PAN members to do this; we'll keep sharing information on this using our registration list or via other mechanisms.

2. THE OVERDOSE CRISIS

Evin Jones - Presentation on PAN's work vis-à-vis the overdose crisis since 2016 fall conference

- PAN used all the discussions and presentations from the 2016 Fall conference to pull together a drug policy report that we circulated broadly. This was informed by all of your voices from last year's meeting.
- PAN also researched and wrote a Rapid Assessment Report to determine key capacity- and skills-building activities that would support frontline organizations and people with lived experience (PWLE) responding to BC's overdose crisis. This report was presented to: Ms. Theresa Redmond, Director General of Operations of PHAC in April; Various reps from Northern Health in May; reps from PHSA and BCCDC the same month.
- PAN has also been engaged in multiple ongoing conversations and collaborations re: the OD crisis, i.e. In person meeting w Dr. Julio Montaner, Irene Day from the BC-CfE, and Dr. Nadia Fairbairn and Dr. Seonaid Nolan from BCCSU re: shared concerns regarding the Overdose crisis and ways to mutually support and reinforce each other's work trying to advance necessary advocacy and policy change decisions vis-à-vis the federal government as well as the province in June; also in June in person attendance/participation in day-long BC Overdose Action Exchange Meeting – BCCDC and related partners; Ongoing meetings w Gina McGowan, Director of Blood Borne Pathogens, MoH and Carolyn Davison, Director, Problematic Substance Use Prevention, MoH - to collaborate and share communications, strategize in terms of working to realize policy change, secure meetings w newly elected provincial government officials; meeting with Ken

Tupper and Cheyenne Johnson from BCCSU re areas of potential collaboration between PAN, BCCSU and BC-CfE wrt OD crisis including sharing of best practices re peer compensation.

- PAN now also sit on the Advisory Committee for HEMBC's Mobile Response Team (MRT).
- We also have been working on trying to secure a meeting with Ministers Dix and Darcy, including inviting them to this year's fall conference.

Open discussion to room:

- Evin Jones - any key messages you would like us to carry forward if PAN does secure a meeting with either Minister Darcy or Dix; or suggestions regarding other advocacy efforts?
- Melanie Monds, Positive Living North (PLN) - messaging around Narcan, etc. when people think about harm reduction, that's what they think about – we need to make sure that's on the table. Also my concern – with the OD crisis and many of our resources and energies devoted to keeping people alive, are we now going to see new pockets of HCV/HIV infection?
- Cheryl Dowden – importance of bringing forward a truly provincial perspective/lens to the OD crisis and the small community response – to Minister Darcy – interventions will look different in various communities; some of the responses in urban areas may or may not be adaptable to smaller places – whatever the response is that happens in rural communities, outside of the Lower Mainland, they need to be still comprehensive and evidence-based. What do these look like in small communities? What about homelessness in small communities? We don't want to wait for 2 years until a pilot in VCH proves it's a good idea – we need them now.
- Gary Dalton, ANKORS East – lots of ODs that aren't being counted; we need to report **all** uses of Naloxone kits even if a death does not occur.
- Erica Thomson – yes – there is often no follow-up; even just having a doctor is a problem in small communities; what do we do when we can't even get GPs to prescribe safe drugs for folks? We need health professionals (doctors!) on board with that. Again need to be attentive to the needs of persons in small communities, rural locales.
- Bob Hughes – never squander a crisis – we have an opportunity here to break stigma; last Union of BC Municipalities (UBCM) meeting this was actually a key topic; we shouldn't just focus on opiates – we need to look at addictions (all); homelessness, etc. Housing is a critical determinant of health that is having a huge impact on the progress of the OD crisis. We need programs that target lots of substances – crystal meth is incredibly damaging and stigmatized for example.
- Erica Thomson – agreed - people injecting stimulants are at huge risk for HIV and HCV because of frequent injecting; we need to find the hidden populations – GPs would be one way to help address this; how do we give them incentives?
- Kira Haug – agreed – docs aren't always on board to participate in replacement therapies; folks from Merritt have to travel to Kamloops and that's hard and too much of a barrier.
- Katrina Jensen – if we get the opportunity to meet w Min Darcy – need to remind her of the community-based response to HIV, HCV; that needs to be supported better and funded and could have a big impact; funding needs to not be so particular; remind her that under the Liberals, support for PAN member organizations and CBOs was poor.
- Vanessa West, Positive Living North – to add, peers are being treated as a free resource for health authorities. They are having such an essential role in helping to prevent deaths. Peers need to be funded and way better supported (e.g., not connected with care/housing, etc.); they are seeing more trauma on a daily basis than anyone else.

- Erica Thomson – yes, re-traumatization is a big issue, even years down the road – I for one wasn't ready for that; losing people in my recovery community as well as peers I now support – there are both personal and professional implications with this.
- Jody Jollimore, CBRC – I have a question about partnership building – gbMSM communities and issues are different, but I'm hearing this in other places; burden is on HIV/HCV CBOs; can we make partnerships with other orgs – mental health, substance use, poverty reduction orgs? Anyone already doing this?
- Kira Haug – at ASK we have an OD prevention site, and we work in part with MHSU on the mobile safe injection site and there are pros and cons to that, but for the most part it is good.
- Darryl Luster, PHCN – We reached out to the BC Cancer Agency a number of times to try to engage around Hep C and liver cancer to no avail. It is important to have the connection because of the increasing numbers of people with Hep C who are ending up with liver cancer.
- Cheryl Dowden – ANKORS is actively partnering with MHSU for 8-bed recovery program in Nelson; we have also struck/are leading a fentanyl taskforce with financial support from the Community Action Initiative (CAI) that is very much partnership based.
- Bob Hughes – advice - don't have a mobile site in an RV in winter – can't drive in snow!
- Kari Hackett – at PLFV partnerships have been part of coordinated referral and response committee (FHA and city of Abbotsford) – identify the need for wrap-around services; PLFV was identified as anchor agency; this is great but the city wants a 3-5 year lease and without guaranteed funding we can't sign the lease.
- Prairie Chu, Community Action Initiative (CAI) – the CAI has been providing convening and community action grants to orgs; partnerships with MHSU orgs – our grants will support MHSU orgs to make those partnerships – we recognize that is important – question: what are barriers you in this room have been experiencing to forming collaborations with MHSU?
- Katrina Jensen – one barrier is there isn't necessarily wide support for harm reduction; some of the work is about education about HR and its importance, and that Harm Reduction is treatment too.
- Erica Thomson – peer inclusion is either tokenized or not equitable (and there aren't enough peers to represent a diverse population of peers).
- Gary Dalton – we have a partnership with OPTions for Sexual health, the college, East Kootenay addiction services, the First Nation band – we attend each other's events, sit on one another's boards, etc. Developing those relationships takes time and when the funding changes, one thing that gets left is the time it takes for this. Also, you need a commitment to a long-term relationship. With funding at risk, how do we feel confident in making those?

3. OTHER COLLECTIVE ADVOCACY ISSUES (INCLUDING PrEP)

- Jody Jollimore – Pre-exposure prophylaxis (or PrEP) is when people at risk for HIV take HIV medicines daily to lower their chances of getting infected. There have been numerous studies throughout the world of the cost effectiveness and need to make PrEP more widely available to gbMSM to reduce the spread of HIV. Ensuring the access of gbMSM to PrEP is essential, recognizing that MSM still make up the largest portion of new infections here in BC and across Canada; we know based on the evidence that PrEP works in all populations but many don't have access. Now a policy window has opened with the availability of generic drugs (as little as

\$200/month). We need to ensure that all gay guys and MSM have access to PrEP not just those with private health plans. CBRC has done advocacy with YouthCO, PAN; soliciting your support now to ask that you connect with MPs about PrEP as well as PHAC cuts. When Premier Horgan was in opposition he stated that he supported making PrEP available through Pharmacare. Let's make this happen sooner, with 15 gay guys/month being infected here in BC – it is unconscionable to wait! Please: share our social media posts, use the letters we've written to policy makers, contact us for more info.

- Kindra Breau, Positive Living Fraser Valley – Q: what is Ontario doing with PrEP and MSP?
- Jody Jollimore – there is no formal program in ON or PQ, but they've instructed their public insurance to cover negative people for PrEP; recognize that we also need the infrastructure for PrEP so we have a place to send people to actually get the prescriptions and the meds.
- Sarah Chown, YouthCO – PrEP coverage is tied to income in Ontario, which makes it more accessible.
- Ross Harvey – remember you need a prescription for PrEP, which is another issue because docs won't always do that.
- Jody Jollimore – CBRC and allied groups and agencies recognize that there is work needed around physician education and education of patients that don't know they're at risk.
- Sarah Chown – YouthCO released a campaign "PrEP works, stigma doesn't" – please read this; stigma affects funding; have had youth go to doctors, docs don't know, do their research and write the script; youth need to know more about using PrEP, being safe socially with meds in the house
- Janet Madsen – please send all these things mentioned (links, online resources) to me at PAN for distribution in the e-news, etc.

Closing Remarks

Evin Jones – closing and next steps – thanks everyone; PAN will continue to do follow up with th federal minister of health; will collate info on OD crisis for Minister Darcy; will continue to share info about funding, sustainability, PrEP support with CBRC. Please connect to Evin or other PAN staff to get more info on any of these issues and please be sure to send us info on what you are doing on your communities on any of these 3 areas!