

**Ministry of
Mental Health
and Addictions**

**2018/19 – 2020/21
SERVICE PLAN**

February 2018



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Minister Accountability Statement



The *Ministry of Mental Health and Addictions 2018/19 - 2020/21 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

A handwritten signature in blue ink that reads "Judy Darcy". The signature is written in a cursive style.

Honourable Judy Darcy
Minister of Mental Health and Addictions
February 1, 2018

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Purpose of the Ministry

The Ministry of Mental Health and Addictions (the Ministry) leads the Province of British Columbia (B.C.) in efforts to improve the mental well-being and reduce substance use-related harms for all British Columbians. The Ministry has overall responsibility for the development of a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families across the lifespan throughout the province. The Ministry is also responsible for leading an immediate response to the province's opioid overdose public health emergency. The Ministry aims to strengthen social supports and services that impact mental health and well-being (for example, housing, employment, income, education, and childcare).

The Ministry leads the transformation of B.C.'s mental health and addictions system by setting the strategic direction for the Province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, the Ministry undertakes a whole-government, multi-systems approach in partnership with other ministries, First Nations and Indigenous peoples, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived experience.

Further details about the Ministry can be found at the <http://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/mental-health-addictions> home page.

Strategic Direction and Alignment with Government Priorities

The Ministry of Mental Health and Addictions receives its strategic direction from clearly identified government priorities set forth in the Minister's [Mandate Letter](#). This direction calls for improvements to the delivery of mental health and addiction services across the province, and charges the Ministry with leading an immediate response to the opioid overdose crisis.

The Ministry will transform B.C.'s mental health and addictions system through the development and implementation of a Mental Health and Addictions Strategy with a complementary, comprehensive plan for child and youth mental health and addictions services. Critical focus areas will be improving access to services including early intervention, preventing problems before they occur, and improving and protecting the mental health and well-being of children, youth, and Indigenous peoples.

The Ministry continues to actively respond to the overdose public health emergency through targeted investments, innovative interventions, and improvements to services.

Integrated within these strategic directions is the Government's commitment to true, lasting reconciliation with First Nations and Indigenous people in B.C., as we move towards fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Calls to Action of the Truth and Reconciliation Commission (TRC). The Ministry is committed to working collaboratively and in partnership with First Nations and Indigenous people.

The Ministry’s two Goals align with the commitments in the 2017 Confidence and Supply Agreement between the BC Green Caucus and the BC New Democrat Caucus to:

- respond to the crisis in mental health and addictions with a dedicated minister to develop a mental health and addictions strategy with a focus on early intervention, youth, and community-based mental health and addictions services and supports; and
- immediately respond to the fentanyl crisis.

The Ministry is aligned with the Government’s key priorities:

Government Priorities	Ministry of Mental Health and Addictions aligns with these priorities by:
Delivering the services people count on	<p>Goal 1: Deliver an immediate, escalated response to the opioid overdose public health emergency that keeps people safe and improves the health and well-being of British Columbians.</p> <p>Goal 2: Improve access to effective mental health and addictions services and supports through the design development and implementation of a Mental Health and Addictions Strategy and Action Plan that includes a central focus on prevention and early intervention services/supports, and children, youth, and Indigenous peoples.</p>

Strategic Context

British Columbia is facing a significant and complex set of challenges. In any given year, mental illness and substance use problems directly affect one in five people, and indirectly affect nearly everyone else. Mental illness affects people of all ethnicities, backgrounds, genders, and ages.

B.C.’s mental health and addictions services and supports are the responsibility of several ministries. Through the development of a Mental Health and Addictions Strategy, the Ministry will set the strategic direction for system transformation with a focus on improving access, increasing the emphasis on prevention and early intervention, and creating a comprehensive mental health and addictions system for children, youth and Indigenous peoples.

There are also unprecedented challenges with the illegal drug overdose public health emergency. Building on the significant amount of work undertaken across the province to respond to the overdose crisis, the Overdose Emergency Response Centre, established in December 2017, brings together key partners – including other government Ministries, Indigenous peoples and communities, municipalities, first responders, front-line community agencies, people and families with lived experience, businesses, local government agencies, and the local recovery community to escalate local action to save lives and better support people who seek treatment and recovery. The Overdose Emergency Response Centre is closely tracking emerging trends and risk factors in the overdose crisis, using centralized data monitoring and analysis. From this information – and information on the ground – the Centre is working with regional teams and community action teams in hard-hit communities to intervene quickly with life-saving responses, early intervention and proactive treatment and support.

The Ministry works in collaboration on policy and evaluation to improve services and to address the factors that impact mental health and well-being. Community service delivery organizations, First Nations and Indigenous people, researchers, advocates, local and federal levels of government, and people with lived experience, all provide valuable and crucial insights and experience that help to build solutions. Together, we will better meet the needs of individuals and families, will remove barriers to access, will ensure a more positive experience for people receiving services, and improve health outcomes related to mental health and addictions.

Goals, Objectives, Strategies and Performance Measures

Goal 1: Deliver an immediate, escalated response to the opioid overdose public health emergency that keeps people safe and improves the health and well-being of British Columbians.

The Ministry's first goal is to take immediate action to address the opioid overdose public health emergency. This will be accomplished by implementing and overseeing an escalated, coordinated, and sustained plan of action that includes investments and improvements to mental health and addictions services.

Objective 1.1: Strong, responsive, and effective interventions and supports that reduce overdose and overdose deaths.

British Columbians from all walks of life and from all corners of the province are experiencing overdose and overdose deaths, including those who live in metro, urban, and rural and remote areas. Responding effectively requires the Ministry to work in coordination and partnership with other ministries, First Nations, Indigenous leaders and their communities, local and federal governments, health authorities, non-government organizations, community sector organizations, emergency health responders, and public safety agencies.

Key Strategies:

- Develop and implement a Plan of effective, targeted actions informed by evidence and learnings from other jurisdictions, administrative data, and ongoing research and evaluation.
- Provide leadership through the Overdose Emergency Response Centre and its regional and community action teams to ensure accelerated action across the Province.
- Partner with Indigenous leaders and organizations to address and reduce the disproportionate impact of overdose and overdose deaths among First Nations and Indigenous peoples.
- Implement evidence-based strategies designed to reduce stigma and promote meaningful dialogue about substance use.
- Promote help-seeking among those impacted.
- Strengthen key partnerships with ministries, local and federal levels of government, advocates, community sector organizations and other stakeholders, including people with lived experience, their family members, and caregivers, to strengthen, inform, and implement the response plan.
- Continue to expand supervised consumption and overdose prevention services in high need communities.

- Maximize the availability of publicly funded naloxone kits and people trained to use them.
- Increase reach and retention of evidence-informed opioid use disorder treatment services and supports, including a range of opioid agonist treatment (e.g., methadone, suboxone, slow release oral morphine, hydromorphone.)
- Overdose Emergency Response Centre will provide early-warning monitoring and surveillance system.
- Increase psychosocial supports to improve resilience among volunteers, peers, and staff at community organizations and shelters, and others working in community programs reaching vulnerable populations who do not have access to employer-based support programs.

Performance Measure(s)	Dec 2017 Baseline	2017/18 Forecast	2018/19 Target	2019/20 Target	2020/21 Target
1.1a Increase distribution of publicly funded Take Home Naloxone kits ¹	40,677	45,000	50,000	55,000	55,000
1.1b Increase distribution sites for Take Home Naloxone ²	1,028	1,100	1,300	1,500	1,500
1.1c New and innovative interventions are implemented to reduce overdose and overdose death, and connect people with treatment and recovery ³	Drug checking in all OPS and SCS in BC; injectable hydromorphone	Qualitative description of new approaches	Qualitative description of new approaches	Qualitative description of new approaches	Qualitative description of new approaches
1.1d Increase in the number of individuals on opioid agonist treatment ⁴	27,553	30,000	40,000	50,000	58,000
1.1e Increase in number of new BC providers that prescribed opioid agonist treatment ⁵	1,365	1,500	1,800	2,000	2,200

¹ Data Source: BC Centre for Disease Control

² Data Source: BC Centre for Disease Control

³ Data Source: Ministry of Mental Health and Addictions, Overdose Emergency Response Centre

⁴ Data Source: Ministry of Health: PharmaNet

⁵ Data Source: Ministry of Health: PharmaNet

Linking Performance Measures to Objectives:

1.1a – 1.1b

Providing publicly funded naloxone to those at risk of overdose and those most likely to witness and respond to an overdose supports immediate response to overdose events and helps save lives.

1.1c

Although considerable work has been undertaken to address the overdose epidemic in B.C., the number of people who continue to experience fatal and non-fatal overdose events continues to remain at record highs. We need more innovation and we need it quickly.

1.1d – 1.1e

Delivering an accelerated response to B.C.'s opioid overdose emergency requires an integrated approach to building system capacity, which includes ensuring there are enough prepared professionals to meet public demand – getting help fast means ensuring people are trained and ready to provide it. Training more providers will increase the number of individuals engaged and retained in

opioid use disorder treatment services and supports, including a range of opioid agonist treatment (e.g., Suboxone, methadone, slow release oral morphine, and injectable hydromorphone). We know that being on opioid agonist treatment lowers an individual's risk of overdose.

Discussion:

1.1a – 1.1b

The BC Centre for Disease Control distributed more than 40,000 naloxone kits in 2017 through BC Take Home Naloxone program sites; this represents more than half of all kits distributed since the launch of the program in August 2012. Continuing to expand the distribution of publicly funded naloxone kits to those at risk of overdose and those most likely to witness and respond to an overdose means that more people will be trained and equipped to respond to an overdose. Similarly, increasing the number of distribution sites means that naloxone kits will be more readily accessible to British Columbians in more settings. It is anticipated that the number of naloxone kits distributed through the BC Take Home Naloxone program will continue to increase due to the ongoing need for naloxone to reverse overdoses and the expiration of unused supply. The number of BC Take Home Naloxone program sites may reach a ceiling once all identified locations are equipped with naloxone kits.

The BC Centre for Disease Control provides regular public updates regarding the distribution of publicly funded naloxone kits, the use of these kits, and a searchable inventory of BC Take Home Naloxone program sites.

1.1c

The Michael Smith Foundation for Health Research commissioned a rapid review of how other jurisdictions have responded to high rates of overdose fatalities, particularly where fentanyl and related analogues are involved. The findings of the report are both reassuring and daunting. While the report supports intensifying and scaling up B.C.'s existing response efforts, it also indicates a need to explore novel interventions and approaches.

1.1d – 1.1e

The BC Centre on Substance Use delivers integrated professional training initiatives to a wide range of health professionals, and many others who are employed or volunteer in a wide range of roles across health and social service systems. Initiatives include:

- intensive training for physicians, nurses, pharmacists and social workers wishing to dedicate much or most of their work to patients with substance use problems;
- training and support for these and other primary care providers who see patients with substance use problems as one part of their overall responsibilities

Nearly 4,700 individuals enrolled in the online certificate training (with over 400 graduates) between August and November 2017 while fellowships and other intensive training opportunities are at capacity and future placements are highly competitive.

Early results are showing rapid growth among the number of physicians who prescribe opioid agonist treatment (1,365 as of December 31, 2017) and dispensing pharmacies across the province (1,103 as of December 31, 2017) alongside increasing numbers of patients beginning treatment for opioid use

disorder (over 27,500 patients were participating in opioid agonist treatment as of December 31, 2017).

Ultimately, ensuring there is a large pool of care providers trained in evidence based approaches to treatment and support will improve both quality and timeliness of care – the capacity to provide help fast when people ask.

Goal 2: Improve access to effective mental health and addictions services and supports through the design development and implementation of a Mental Health and Addictions Strategy and Action Plan that includes a focus on prevention and early intervention services/supports, and children, youth, and Indigenous peoples

Objective 2.1: A coordinated Mental Health and Addictions Strategy and Action plan is developed

The strategy and action plan sets a vision, identifies gaps, establishes targets, and identifies a plan to transform the mental health and addictions system.

Key Strategies:

- Partner with First Nations and Indigenous people to build a strategy and action plan that embodies Indigenous perspectives of health and wellness, focuses on the social determinants of health and reflects the connection between the mental, physical, emotional and spiritual dimensions of well-being.
- Learn from best and promising practices underway in other jurisdictions, including across Canada, and internationally.
- Learn from reports and recommendations over the past decade.
- Lead the development and implementation of a comprehensive Mental Health and Addictions Strategy and Action plan designed to transform B.C.'s mental health care system and to improve mental health and wellness outcomes at individual and population levels across the lifespan (in partnership with key jurisdictions and stakeholders).
- Develop and undertake a fulsome consultation and engagement plan with stakeholders across the system and the public that ensures that regional, clinical and fiscal interests reflect the spectrum of perspectives that exist provincially across the system to help inform the strategy.
- Improve health surveillance systems, data collection and linkages, and data analytics to inform effective interventions that improve mental health and addictions outcomes for vulnerable populations and the population as a whole.
- Develop and implement a monitoring and reporting framework that allows for continuous service improvement across the spectrum of interests.
- Assess the quantity, quality and reach of mental health and addictions services across the continuum from wellness promotion to highly specialized treatment services.
- Determine the baseline level of implementation of UNDRIP and the Truth and Reconciliation Calls to Action across the province's mental health and addictions system

Performance Measures:

- This is the first Service Plan for the Ministry of Mental Health and Addictions. A key objective for the first year of the Ministry's operation is the development of a provincial mental health and addictions strategy, which will include goals that will inform future performance measures.

Objective 2.2: Ongoing system improvements are informed by an established stakeholder engagement process

Key Strategies:

- To inform the Mental Health and Addictions Strategy, consult with internal and external stakeholders to determine the most effective way to deliver quality mental-health and addiction services.
- Establish nimble and effective strategies to engage in ongoing dialogue and to invite ongoing input from British Columbians on specific issues related to mental health and addictions.
- Establish access via an online platform for stakeholders and the public to continue to inform recommendations for system improvements; and, include establishment of an advisory board that represents a whole-of-society perspective to identify, assess and support the recommendations.
- Use existing engagement pathways, such as the *Memorandum of Understanding – A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC*, to meaningfully and effectively engage with First Nations and Indigenous people.

Performance Measures:

- This is the first Service Plan for the Ministry of Mental Health and Addictions. A key objective for the first year of the Ministry's operation is the development of a provincial mental health and addictions strategy, which will include goals that will inform future performance measures.

Objective 2.3: The full continuum of mental health and addictions services for children and youth in British Columbia are planned and implementation started through a partnership approach

Key Strategies:

- Work with the Ministries of Children and Family Development, Health, Education, and Advanced Education, Skills and Training, First Nations and Indigenous British Columbians, local and federal governments, education, justice, employment, housing systems, advocates, and community organizations to plan and begin implementation of a full continuum of mental health and addictions services for children and youth in British Columbia.
- Work across government and in partnership with First Nations and Indigenous people to identify and action new approaches to mental health and wellness aimed at ensuring Indigenous children and youth have access to mental health care that is coordinated, culturally safe and incorporates Indigenous philosophies of health, healing and resiliency.

- Work with the Office of the Representative for Children and Youth to ensure planning and implementation are responding to the issues and challenges that underlay recommendations.
- Learn from effective and promising practices underway in other jurisdictions, including across Canada, and internationally.
- Improve surveillance systems, data collection and linkages, and data analytics to inform effective interventions that improve mental health and addictions outcomes for children and youth.
- Determine the baseline level of implementation of UNDRIP and the Truth and Reconciliation Calls to Action across the province's mental health and addictions system.

Performance Measures:

- This is the first Service Plan for the Ministry of Mental Health and Addictions. A key objective for the first year of the Ministry's operation is the development of a provincial mental health and addictions strategy, which will include goals that will inform future performance measures.

Resource Summary

Core Business Area	2017/18 Restated Estimates ¹	2018/19 Estimates	2019/20 Plan	2020/21 Plan
Operating Expenses (\$000)				
Policy Development, Research, Program Monitoring and Evaluation	3,702	7,803	7,803	7,803
Executive and Support Services	1,239	2,180	2,180	2,180
Total	4,941	9,983	9,983	9,983
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	1	1	1	1
Total	1	1	1	1

¹ For comparative purposes, amounts shown for 2017/18 have been restated to be consistent with the presentation of the 2018/19 Estimates.

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Appendix A: Ministry Contact Information

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