

**Ministry of
Mental Health
and Addictions**

**2020/21 – 2022/23
SERVICE PLAN**

February 2020



Minister Accountability Statement



The *Ministry of Mental Health and Addictions 2020/21 - 2022/23 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 5, 2020

Table of Contents

Minister Accountability Statement 2

Purpose of the Ministry 4

Strategic Direction 4

Performance Planning 6

Resource Summary 10

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 throughout the province. The Ministry is also responsible for leading and escalating the response to the province's overdose public health emergency. The Ministry also works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces).

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, Indigenous peoples¹, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived and living experience.

Strategic Direction

The Government of British Columbia remains focused on its three strategic priorities: making life more affordable, delivering better services, and investing in a sustainable economy.

Ministries are actively working to provide quality, cost-effective services to British Columbia families and businesses. By adopting the Gender-Based Analysis Plus (GBA+) lens and Business and Economic Implications Framework to budgeting and policy development, Ministries will ensure that equity is reflected in budgets, policies and programs.

Additional key initiatives underpinning lasting prosperity in 2020/21 and beyond are the implementation of:

- A Framework for Improving British Columbians' Standard of Living which will provide the foundation for quality economic growth in our province and a pathway to a more inclusive and prosperous society,
- The *Declaration on the Rights of Indigenous Peoples Act* and the Truth and Reconciliation Commission Calls to Action, demonstrating support for true and lasting reconciliation, and
- The CleanBC plan, putting B.C. on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water.

This 2020/21 service plan outlines how the Ministry of Mental Health and Addictions will support the government's priorities, including selected action items identified in the July 2017 Minister's [Mandate Letter](#). Over the previous fiscal year, the Ministry of Mental Health and Addictions made progress on these priorities by:

- Releasing [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#) (the Roadmap). The Roadmap lays out government's 10-year vision to improve the mental health and wellness of all British Columbians, as well as the

¹ The term "Indigenous" used throughout this document is intended to include all people of Indigenous ancestry, including First Nations, Métis, and Inuit.

most urgent priorities to help people now while reducing demand on services down the road. The Roadmap also includes a three-year plan that outlines four immediate areas of focus: improved wellness for children, youth, and young adults; supporting Indigenous-led solutions; improving substance use care; and improving access and quality of care. Progress to date includes:

- Improving access to mental health and substance use services in schools across the Province, opening new Foundry Centres for youth, and commencing implementation of a new coordinated approach to delivering comprehensive services and supports for children and youth, beginning in the Comox and Maple Ridge-Pitt Meadows schools districts.
- Expanding access to affordable community counselling through grants to community organizations across the province that provide no or low-cost counselling services, making counselling accessible to those who may have faced barriers to receiving services.
- Supporting Indigenous-led service delivery models for mental health and wellness and substance use, including dedicated funding for responding to the overdose emergency, expanding land-based and culturally safe treatment services, renovating, replacing and building new treatment centres, and supporting community mental health and wellness initiatives.
- Partnering with the Ministry of Health to strengthen the safety and quality of supportive recovery residences through the development of a new Assisted Living Regulation which will allow the Province to improve regulatory oversight for all registered supportive recovery homes.
- Continuing to ensure cross agency coordination and collaboration through the Overdose Emergency Response Centre including expanding Community Action Teams to 35 to spearhead local coordination and communication to mount a robust response to the needs of those most at risk of overdose in high risk communities while continuing to expand life-saving supports like naloxone and overdose prevention services and access to low-barrier treatment for people with opioid use disorder.
- Continuing awareness efforts to address stigma towards substance use and addictions through multiple channels such as [StopOverdoseBC](#), campaigns, web presence, advertising, and strategic partnerships to expand reach and impact including newly available materials translated for Chinese and South Asian populations.

The following performance plan outlines how the Ministry of Mental Health and Addictions will continue to track progress on key mandate letter commitments and other emerging government priorities.

Performance Planning

Goal 1: Deliver an immediate, escalated response to the 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 work in partnership to take immediate action to address the overdose public health emergency.

Objective 1.1: People at risk of overdose can access a comprehensive package of essential health sector interventions for overdose prevention including interventions that save lives and reduce stigma.

Key Strategies:

- Enhance the capacity of people to provide live-saving support following an overdose event by ensuring access to publicly funded naloxone kits as well as overdose recognition and response training through the [BC Take Home Naloxone program](#) (BC THN) and the [Facility Overdose Response Box program](#).
- Reduce substance use-related harms by ensuring that people who use drugs can access overdose prevention, supervised consumption services, and drug checking services in a range of settings in high need communities, as well as pharmaceutical alternatives within existing regulatory and legislative frameworks.
- Partner with Indigenous governments, leaders, and organizations to identify and implement strategies intended to promote wellness and implement a comprehensive response to reduce the disproportionate impact of overdose on Indigenous peoples.
- Continue to strengthen public understanding of harm reduction methods and stigma-reducing actions, creating greater resilience among individuals, families and communities through broad-based awareness campaigns and innovative marketing approaches using targeted content to reach diverse audiences.
- Engage and build capacity for peers and people with lived and living experience to learn from their expertise and ensure the overdose response is effective in saving lives and connecting people to harm reduction, treatment, and recovery services and supports.

Performance Measure ²	2018/19 Baseline	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
1.1 Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone Program ¹	198,901	250,000	250,000	250,000	250,000

¹ Data Source: BC Centre for Disease Control. Overdose Response Indicators. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#THN>.

Linking Performance Measure to Objective:

Providing publicly funded naloxone kits and overdose recognition and response training to those at risk of overdose and those most likely to witness and respond to an overdose is an evidence-based

² Based on order data for naloxone kits shipped to BC THN distribution sites, based on fiscal period. Program shipping is based on orders from regional sites. Note: Naloxone has a shelf life of 2-3 years so demand for kits is driven by new kit recipients, those replacing their kits for a variety of reasons (expired, lost, stolen or used to reverse an overdose).

approach to reducing overdose-related harms, including death. Ensuring access to naloxone and overdose recognition and response training increases the likelihood that someone who experiences an overdose will receive life-saving emergency first aid support. The target of 250,000 kits shipped to sites annually is based on monthly demand from distribution sites and is an estimate of the number of naloxone kits that can be effectively utilized and distributed without waste given naloxone has a shelf life of 18 – 24 months.

Objective 1.2: Support people at risk of overdose to access a range of evidence-based treatment and recovery options for opioid use disorder as well as supports to help ensure that they are retained in care.

Key Strategies:

- Increase the likelihood that people with opioid use disorder receive treatment that meets their particular needs by ensuring access to a range of evidence-based treatment options including opioid agonist treatment [e.g., buprenorphine/naloxone, methadone, Metadol-D, sustained release oral morphine, injectable opioid agonist treatment (iOAT), and tablet injectable agonist treatment (TiOAT)].
- Enhance efforts to link people at risk of overdose to treatment and recovery services by increasing referral pathways for first responders (e.g., police, fire, and ambulance).
- Enhance identification and early treatment of opioid use disorder for individuals seeking emergency care by working with the health authorities to improve immediate access to medication assisted treatment (e.g., OAT) in B.C. emergency departments.
- Partner with the Ministry of Health to continue to strengthen the safety, quality and oversight of supportive recovery services in B.C.
- Improve the capacity of the treatment system to deliver evidence-based care by training more health care providers.

Performance Measure ³	September 2018 Baseline	2019/20 Forecast ⁴	2020/21 Target	2021/22 Target	2022/23 Target
1.2 % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months ¹	50.4%	2-5% Increase ⁵	2-5% Increase	2-5% Increase	Re-evaluate Percentage

¹ Data Source: Piske, M., Zhou, C., Min, J. E., Hongdilokkul, N., Pearce, L. A., Homayra, F., Socias, E., McGowan, G., and Nosyk, B. (2020) The cascade of care for opioid use disorder: a retrospective study in British Columbia, Canada. *Addiction*, <https://doi.org/10.1111/add.14947>.

Linking Performance Measure to Objective:

Expanding the capacity of the treatment system and increasing the number of people who are engaged and retained in opioid agonist treatment are evidence-based approaches to supporting people with opioid use disorder, a medical condition associated with a high-risk for overdose-related harm.

³ Note that in the 2018 refresh, it was estimated that 64,223 people had a diagnosed opioid use disorder in B.C., up from 55,470 persons up to Nov. 2017. In 2017, 18,519 persons received OAT, whereas in September 2018, 19,958 persons had received OAT.

⁴ Forecast for percentage increase of people on OAT are based on changes from 2017 to 2018.

⁵ 2% increase in this measure as the number of clients on OAT grows, equates to an additional 1,097 persons retained in any given month.

Goal 2: Create a seamless, accessible and culturally safe mental health and addictions system of care.

The Ministry’s second goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians.

Objective 2.1: Mental health and addiction services and supports are designed, coordinated and delivered using a whole of government, cross-sector approach to remove barriers to mental health and well-being.

Key Strategies:

- Partner with Indigenous peoples to advance cultural safety and humility across the provincial system and support Indigenous-led service delivery models for mental health and wellness and substance use.
- Develop a digital front door that improves navigation and updates existing government mental health and addictions online content (including self-management, prevention resources, tools) and guides people to relevant system supports by way of mapping local services – the first phase will include a focus on children and youth.
- Work collaboratively across government with key partners and people with lived experience and living experience to design and develop strategies that improve the substance use system of care and support evidence-based and trauma-informed addiction services and supports.
- Work with the Ministry of Health on expanding access to mental health and substance use care through the new Primary Care Networks, and with ministry and community partners to implement new models of integrated, multi-disciplinary, team-based care to improve access to evidence-based treatment and recovery services.
- Partner with the Ministry of Labour, WorkSafeBC and key partners to expand access to workplace mental health training and education to make it easier for organizations to support psychological safety in the workplace.

Performance Measure	2019/20 Baseline	2020/21 Target	2021/22 Target	2022/23 Target
2.1 Digital front door monthly average sessions ¹	0	1000	2300	3100

¹ Data Source: Ministry of Mental Health and Addictions

Linking Performance Measure to Objective:

Measuring the monthly average sessions⁶ of people⁷ accessing the digital front door will provide an indication of the effectiveness of how the web-based platform is helping to remove barriers. Barriers are being addressed by improving online access to coordinated information about government mental health and addictions services.

⁶ Session = person(s) accessing and interacting with the site for 30 minutes or longer.

⁷ External only; internal government usage is excluded from target count

Objective 2.2: Improved wellness for children, youth and young adults

Key Strategies:

- Establish integrated child and youth teams that bring together child and youth mental health service providers, schools, educators, peer support workers, Indigenous support workers and other service providers to meet the needs and preferences of each child, youth and family seeking services.
- Expand [Foundry](#) centres – the “one-stop shop” centres that bring existing core health and social services together in a single location where young people ages 12-24 can find the care, connection and support they need, both online and in their community.
- Enhance mental health in schools by supporting evidence-based and culturally safe programs and supports that focus on prevention and promotion activities delivered in K-12 schools province-wide.
- Promote early childhood social emotional development through new tools for educators and schools and enhanced programming offered in childhood development centres that deliver early intervention services for children under six years of age.
- Work with the Ministry of Children and Family Development to implement step up/step down services⁸ for children and youth with severe mental health or substance use conditions.

Performance Measure	2019/20 Forecast	2020/21 Target	2021/22 Target	2022/23 Target
2.2 Number of Foundry centres operating or in implementation ¹	11	15	17	19

¹Data Source: Internally compiled from Foundry Central Office reporting

Linking Performance Measure to Objective:

Expanding the number of Foundry centres will enhance provincial capacity to provide high quality, integrated care for children and youth aged 12-24 across B.C. who do not access mainstream services, which is directly aligned with the Objective 2.2 to improve wellness for children, youth and young adults.

⁸ Step up refers to treatment options at a higher lever intensity than regular community services as an alternative to hospitalization. Step down also refers to intensive treatment but for youth transition out of hospital care before returning to community services.

Resource Summary

Core Business Area	2019/20 Restated Budget ¹	2020/21 Estimate	2021/22 Plan	2022/23 Plan
Operating Expenses (\$000)				
Policy Development, Research, Monitoring and Evaluation	7,879	7,486	7,485	7,485
Executive and Support Services	2,188	2,226	2,262	2,262
Total	10,067	9,712	9,747	9,747
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 2019/20 have been restated to be consistent with the presentation of the 2020/21 Estimates.

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