

**Ministry of
Mental Health
and Addictions**

**2022/23 – 2024/25
SERVICE PLAN**

February 2022



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Published by the Ministry of Mental Health and Addictions

Minister's Accountability Statement



The *Ministry of Mental Health and Addictions 2022/23 – 2024/25 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, appearing to read 'SM', with a long horizontal flourish extending to the right.

Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
February 4, 2022

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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 throughout the province. The Ministry is 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 peoples, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived and living experience.

Strategic Direction

In 2022/2023, the Government of British Columbia will continue its whole-of-government response to the COVID-19 pandemic with a focus on protecting the health, social and economic well-being of British Columbians. Building on our economic, environmental, and social strengths while looking to seize opportunities to improve outcomes for all British Columbians will be an important aspect of each ministry's work as we respond to COVID-19 and recover from devastating floods and wildfires. The policies, programs and projects developed over the course of this service plan period will align with the five foundational principles established by Government in 2020: putting people first; working toward lasting and meaningful reconciliation; supporting equity and anti-racism; ensuring a better future through fighting climate change and meeting our greenhouse gas reduction targets; and supporting a strong, sustainable economy that works for everyone.

This 2022/23 service plan outlines how the Ministry of Mental Health and Addictions will support the government's priorities including the foundational principles listed above and selected action items identified in the November 2020 Minister's [Mandate Letter](#).

Performance Planning

Goal 1: Accelerate B.C.'s response to the overdose crisis across a full continuum of substance use care 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 accelerate B.C.'s response to the overdose crisis.

Objective 1.1: People at risk of overdose can access essential life-saving overdose prevention interventions that include harm reduction services, separating people from the toxic drug supply through using prescribed safe supply, reducing stigma, and connecting people to care and treatment.

Key Strategies

- Enhance the capacity of people to provide life-saving support following a toxic drug poisoning 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](#) and reduce substance use-related harms by ensuring that people who use drugs can access overdose prevention and supervised consumption services, including inhalation overdose prevention services and drug checking services.
- Partner with health authorities, prescribers, and people with lived and living experience to expand access to prescribed safer supply, to separate more people from the toxic drug supply.
- Partner with Indigenous governments, leaders, and organizations to identify, implement, and increase access to culturally safe wellness and substance use services and harm reduction services and strategies to reduce the disproportionate impact of overdose on Indigenous peoples. This work is being done in partnership with the First Nations Health Authority to support a range of Indigenous-led health services including First Nation treatment centres which will be located in First Nations' communities across the province.
- Work with Health Canada to decriminalize people in possession of small amounts of illicit substances for personal use and collaborate with internal and external partners to implement B.C.'s decriminalization framework in a way that combats stigma and removes barriers to treatment and support.
- Continue to address stigma and strengthen public understanding of substance use services through broad awareness campaigns and innovative social marketing approaches.

Performance Measure(s)	2020/21 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 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	294,041	400,000	400,000	400,000	400,000

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

¹ Based on order data for naloxone kits shipped to BC Take Home Naloxone 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, and those replacing their kits for a variety of reasons (expired, lost, stolen, or used to reverse an overdose).

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 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.

Discussion

In the first seven months of 2021/22, there was more than a 40% increase in the number of naloxone kits shipped to distribution sites compared to the previous year, with an average of 35,322 kits shipped per month. The program generally observes a 20% increase in kits shipped year-over-year, as THN coverage in the province continues to improve. Recent increases in drug toxicity events, and barriers to use of harm reduction and overdose prevention services, due to COVID-related public health guidance may have heightened demand for THN kits. Increases have been consistent across the province, and in particular in overdose prevention services, pharmacies, and health units. While the target is 400,000 kits shipped to distribution sites per year, this number is scalable based on demand.

Objective 1.2: Support people with substance use challenges to access a range of evidence-based treatment and recovery services.

Key Strategies

- Improve capacity to deliver evidence-based care by training more health care providers, including registered nurses and registered psychiatric nurses, to prescribe opioid agonist treatment, and expanding access to medication assisted treatment.
- Collaborate with the Ministry of Health to expand the role of pharmacists in supporting and participating in opioid agonist treatment and harm reduction programs in order to increase access and improve retention.
- Expand the availability of substance use treatment and recovery services across the continuum, including withdrawal management, transition, treatment, and aftercare services and supports.

- Continue to work with the Ministry of Health, the Ministry of Social Development and Poverty Reduction and other partners to improve the quality and safety of bed-based substance use treatment and recovery services. This includes work to improve oversight of recovery homes.
- Develop a strategic policy framework for the adult substance use system of care to ensure that services are coordinated, integrated, and evidence informed.

Performance Measure(s)	2020/21 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
1.2a % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months ¹	51.9%	2 – 5% Increase	2 – 5% Increase	2 – 5% Increase	2 – 5% Increase

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.](#)

¹ [Opioid Agonist Treatment \(OAT\) is an effective treatment for Opioid Use Disorder \(OUD\) and addiction to opioid drugs such as heroin, oxycodone, hydromorphone \(Dilaudid\), fentanyl, and Percocet. The therapy involves taking the medications methadone \(Methadose\) or buprenorphine \(Suboxone\). These medications work to prevent withdrawal and reduce cravings for opioid drugs.](#)

² The % of people on OAT who have been retained for 12 months is measured on a single date in time.

The 2020/21 figure was measured at the halfway mark for the 2020/21 fiscal year, on September 30, 2020.

³ Targets for percentage increase of people retained on OAT are based on changes from 2017 to September 30, 2020. A 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.

Performance Measure(s)	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
1.2b Median number of days between client referral and service initiation for bed-based treatment and recovery services ¹	N/A	Establish data collection/measurement	TBD	TBD

Data source: Health authority reporting to MMHA and HLTH

¹ Median number of days between client referral and service initiation reflects service wait times for health authority funded bed-based substance use treatment and recovery services.

Linking Performance Measure to Objective

Expanding and enhancing 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.

Supporting people with substance use challenges to access a range of evidence-based treatment and recovery services includes expanding service availability and removing barriers so that British Columbians receive the services and supports they need when they need them. Extended wait times reduce the opportunity for people to connect to care when they feel ready and can increase risks related to substance use.

Measuring median wait times for bed-based treatment and recovery services provides valuable insight into the experiences of British Columbians who seek care, including the gaps and barriers

they face. Additionally, wait time data can help to support well-informed planning for future service investments.

Discussion

This new performance measure will assist the Ministry in understanding the impact of new investments in bed-based substance use treatment and recovery services. These provide a range of treatment and psychosocial recovery supports such as peer support, coaching and life-skills programs to address the needs of individuals with problematic substance use and addiction. These services offer a structured and supportive setting and tend to be more appropriate for clients who are experiencing significant barriers to care, including homelessness and housing insecurity. Improving access to services is an important step towards developing a strong system of care.

In 2021/22, the ministry and partners reviewed regional needs for bed-based services across the province as part of the work to ensure a co-ordinated, integrated, and interdisciplinary system of addiction prevention and care. In Budget 2021, a commitment was made for a \$132-million investment over three years for substance use treatment and recovery. This investment will expand services across the province and includes \$36 million specifically for 123 new youth substance use beds. This investment also adds to the 105 new publicly funded substance use beds for adults that were implemented in 2021.

As a new measure, data collection to establish a baseline for previous years may not be possible. Data from the first year of collection will serve as a baseline going forward and will support the identification of future targets.

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

This goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians.

Objective 2.1: Mental health and addictions 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

- Respond to the impact of COVID-19 on mental health by continuing to provide expanded supports including counselling, on-line coaching, and crisis response services, [Wellbeing.gov.bc.ca](https://www.wellbeing.gov.bc.ca) and workplace mental health.
- Partner with Indigenous peoples to support Indigenous-led service delivery models for mental health and wellness, respond to overdose public health emergency, and advance cultural safety and humility across the provincial system.
- Implement integrated service teams that bring together child and youth mental health and substance use services across the ministries of Mental Health and Addictions, Health,

Education, and Children and Family Development, to better meet the needs of young people and their families.

- Lead work across ministries and with Indigenous, health, housing, and social sector partners to develop and implement complex care housing for those who need more intensive care than is available in supportive housing.
- Work with social sector ministries to provide an increased level of mental health, substance use and social support to help people in crisis and support communities by expanding mental health intervention teams, such as Assertive Community Treatment teams.

Performance Measure(s)	2019/20 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
2.1 Number of communities (school districts) with Integrated Child and Youth Mental Health and Substance Use Teams operating or in implementation ¹	0	5	10	15	15

Data source: Ministry of Mental Health and Addictions

¹ The targets for 2022/23, and 2023/24 are cumulative and include both existing operational teams and new teams being implemented. 2024/25 represents the numbers previously approved and will be amended pending future approvals to expand numbers of communities.

Linking Performance Measure to Objective

Integrated Child and Youth Teams are multidisciplinary and include mental health clinicians, substance use professionals, education counsellors, Indigenous supports, youth and family peer support workers and others to wrap services around young people. Implementing integrated teams that bring together multiple ministries, schools, health authorities, peer support workers, Indigenous supports, and other service providers to meet the needs of children, youth and families seeking services is directly aligned with Objective 2.1, to use a whole of government, cross-sector approach to remove barriers to mental health and well-being.

Discussion

The first five Integrated Child and Youth Teams are in Maple Ridge-Pitt Meadows, Comox Valley, Richmond, Coast Mountains and Okanagan-Similkameen.

The selection process is based on quantitative peer-reviewed population data, qualitative information such as Ministry partner and service delivery organization input, community readiness, Indigenous partners, and reflects impacts from events like the Covid-19 pandemic and climate emergencies. Selection also incorporates health authority regions and a mix of urban and rural areas. Community selection incorporates health authority regions and combinations of urban and rural areas.

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

Key Strategies

- Expand [Foundry](#) centres and the [Foundry Virtual Clinic](#) to bring 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.
- Promote early childhood social emotional development through new tools for parents and families and those who work with young children, and enhanced programming in childhood development centres that deliver early intervention services for children under six years of age.
- Implement a comprehensive substance use system of care for youth, including investing in a range of community-based services, doubling the number of bed-based treatment spaces across the province and leading work to enhance post-overdose care for youth with severe problematic substance use challenges, including measures that prevent future harm through improved connection to services and community within the broader substance use system of care.
- Enhance supports for young people living with psychosis, and their families, by investing in existing Early Psychosis Intervention programs and services across the province.
- Enhance existing eating disorder services in the regional health authorities and increase access to virtual peer support services for those living with eating disorders and their families.

Performance Measure(s)	2019/20 Baseline	2021/22 Forecast	2022/23 Target	2023/24 Target	2024/25 Target
2.2 Number of Foundry centres operating	11	11	15	17	19

Data 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., which is directly aligned with the Objective 2.2 to improve wellness for children, youth, and young adults. Annual targets have increased for future fiscal years since the implementation of 8 new centres will commence over 3-years. Feedback from health partners helped inform this approach, which included Foundry and the lead agencies of the new centres.

Discussion

Currently there are 11 Foundry centres open across the province: Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond and Terrace. There are eight new Foundry centres forecast over the next three years. These will be in: Burns Lake, Comox Valley, East Kootenay, Langley, Port Hardy, Sea to Sky (Squamish), Surrey, and Cariboo Chilcotin (Williams Lake).

Financial Summary

Core Business Area	2021/22 Restated Estimates ¹	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses (\$000)				
Policy Development, Research, Monitoring and Evaluation	18,785	21,554	22,093	22,160
Executive and Supports Services	2,596	3,048	3,057	3,057
Total	21,381	24,602	25,150	25,217
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Supports Services	1	3	3	3
Total	1	3	3	3

¹ For comparative purposes, amounts shown for 2021/22 have been restated to be consistent with the presentation of the 2022/23 Estimates.

* Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates, available from the Ministry of Finance website upon tabling of Budget 2022 in mid-February.

<https://www.bcbudget.gov.bc.ca/default.htm>.