

# Ministry of Mental Health and Addictions

## 2023/24 – 2025/26 Service Plan

February 2023



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## Minister's Accountability Statement



The Ministry of Mental Health and Addictions 2023/24 – 2025/26 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 black ink that reads "Jennifer Whiteside". The signature is fluid and cursive, written in a professional style.

Honourable Jennifer Whiteside  
Minister of Mental Health and Addictions  
February 15, 2023

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## Strategic Direction

In 2023/24, the Government of British Columbia will continue our work to make life better for people in B.C., improve the services we all rely on, and ensure a sustainable province for future generations. Government will focus on building a secure, clean, and fair economy, and a province where everyone can find a good home – whether in a rural area, in a city, or in an Indigenous community. B.C. will continue working toward true and meaningful reconciliation by supporting opportunities for Indigenous Peoples to be full partners in an inclusive and sustainable province. The policies, programs and projects developed over the course of this service plan period will focus on results that people can see and feel in four key areas: attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy that can withstand global economic headwinds.

This 2023/24 service plan outlines how the Ministry of Mental Health and Addictions will support the government’s priorities and selected action items identified in the December 2022 Minister’s [Mandate Letter](#).

## 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 accelerating B.C.’s response to the toxic drug crisis. 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.

## Operating Environment

The Ministry recognizes the numerous external factors which may affect the Ministry over the next fiscal and beyond. These include the ongoing overdose public health emergency, COVID-19, economic factors (e.g., inflation), and social issues (e.g., homelessness).

On April 14, 2016, B.C.’s Provincial Health Officer declared a public health emergency under the [Public Health Act](#) in response to the significant increase in toxic drug poisoning deaths and

events. crisis. Since the beginning of the COVID-19 pandemic, the number of events and deaths due to illicit drug toxicity have surged and remained at historic highs. People's social support networks have been disrupted and there were impacts to services that support people who use substances. There has also been an increasingly toxic and unregulated illicit drug supply. BC continues to see high concentrations of fentanyl and increasing prevalence of carfentanil within the supply. There are also increases in benzodiazepines and similar substances in the supply.

The COVID-19 pandemic combined with the current economic environment have also exacerbated mental health and substance issues, with those already experiencing marginalization being most affected. Increased need for services and other factors (e.g., health care worker burnout) have exacerbated issues with maintaining a robust mental health and substance use workforce. Societal concerns with respect to mental health, homelessness and public safety will also have continuing impacts on the Ministry during the next fiscal and beyond.

Healthcare and community harm reduction staff burnout compounded with long-term impacts of the COVID-19 and inflation have placed additional burdens on mental health and substance use patterns for every age of the population. Other social and economic factors that had an important impact include challenges recruiting qualified health and social professionals and lack of qualified service providers in some regions.

The Ministry acknowledges and continues its commitment to address systemic inequities, dismantle systemic racism, focus on co-creating systems with people with lived and living experience, and upholding the Declaration on the Rights of Indigenous Peoples Action Plan.

## Performance Planning

### **Goal 1: Accelerate B.C.'s response to the toxic drug crisis across a full continuum of substance use care that keeps people safe and improves the health and well-being of British Columbians.**

Improving access for British Columbians at risk of toxic drug poisonings to harm reduction services, including prescribed safer supply, remain key strategic priorities for the Ministry given that deaths due to toxic drug poisoning remain at a record high of approximately six deaths per day.

#### **Objective 1.1: People at risk of toxic drug poisoning 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.**

Increasing access to evidence-informed programs and services across the full continuum i.e., prevention, harm reductions, treatment and recovery that are low barrier and tailored to the unique needs of individuals and communities are critical for reducing the harms associated with the toxic drug crisis.

#### **Key Strategies**

- Work with partners to ensure that [BC's plan to decriminalize people](#) who use drugs is implemented in a way that combats stigma and removes barriers to treatment and support for people at risk of illicit drug toxicity.
- Continue to address stigma and strengthen public understanding of the continuum of substance use services through responsive awareness campaigns, partnerships, and innovative social marketing approaches.
- 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 toxic drug poisoning on Indigenous peoples. This includes work 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 are located in First Nations' communities across the province.

## Discussion

The drug supply continues to evolve and grow more deadly, such as through the presence of benzodiazepines and other synthetic sedatives which do not respond to naloxone and can have fatal impacts when mixed with opioids. Together these strategies are intended reduce the stigma that prevents people from accessing critical harm reduction services that are proven effective in saving lives and in reducing the harms associated with substance use. The main goal of this objective is to separate people from using the illicit drug supply, to reduce harms, to encourage people to seek help and to connect people to treatment. Access to drug-checking services is critical for helping people to know what adulterants are in the substances they have and for making informed decisions about consuming those substances in order to reduce the risk of illicit drug poisoning. Drug checking services also play a role in helping to connect people to services. Drug checking data also provides valuable information to clinicians and public health officials about trends in the illicit drug supply, including new toxic and dangerous adulterants or mixtures, which can inform local drug alerts.

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

Improving access to a well-coordinated network of evidence-based treatment and recovery services is essential to ensuring people with substance use challenges receive the support they need in their recovery journey.

### Key Strategies

- Improve access to culturally relevant, trauma-informed treatment and recovery services for First Nations, Métis, and Inuit peoples that promote healing and wellness based on Indigenous ways of knowing.
- Continue to work across government and with other partners to modernize and improve oversight, quality and safety of bed-based treatment and recovery services.
- Implement the [new technical policy framework](#) for the adult substance use system of care in partnership with health authorities by developing and strengthening care pathways. These care pathways will ensure people who are struggling with substance use have their needs met at any point in their wellness journey and are supported in achieving and maintaining their recovery goals.



## Discussion

Opioid Agonist Treatment (OAT) is a first-line treatment for opioid use disorder. However, OAT initiation and retention continues to be challenging due to a combination of factors, including treatment intensity and travel requirements to access OAT in some communities, particularly in the context of COVID-19; increased potency of the illicit drug supply making meeting clients' needs harder with current OAT medications; and availability of prescribers to meet the OAT treatment needs. The number of trained opioid agonist treatment (OAT) prescribers and average clients continues to increase, with the total number of prescribers rising from 1,746 in March 2022 to 1,965 in November 2022. The nurse prescribing initiative allows registered nurses (RNs) and registered psychiatric nurses (RPNs) to complete training for OAT prescribing for opioid use disorder (OUD). The goals of this initiative are to increase access to treatment for opioid use disorder, reduce illicit drug toxicity deaths, and to improve retention on OAT by increasing the number of clinicians able to prescribe medications for OUD – particularly in rural and remote parts of the province. Nurse prescribing is being implemented in all health authorities and in collaboration with First Nations communities. The Ministry is working with the Ministry of Health to improve access and reach of OAT, improve system capacity to deliver OAT (both prescribing and dispensing), and improve patient retention on OAT.

The Ministry is working to improve access to and strengthen the quality of treatment and recovery services across BC in partnership with health service providers, First Nations partners, community services and people with lived and living experience. This includes a new team of dedicated staff in the Ministry of Health's Assisted Living Registry to ensure proactive site visits, timely investigations and enhanced data and monitoring.

This includes continuing to invest in the full range of treatment and recovery services to close critical gaps and build a strong system of care for British Columbians. Government is investing \$149.5 million over the fiscal plan to expand the full spectrum of adult substance-use treatment and recovery services, including new and enhanced withdrawal management services, transition and assessment services, treatment and recovery services and aftercare throughout the province. This includes the 195 new adult substance use beds announced in Budget 2021, to help more people get on a path to recovery. As of January 2023, 103 of these 195 new adult beds are now serving people and more will be implemented over the coming months. New performance monitoring approaches have been developed and implemented to gather the necessary data to understand client outcomes and system impacts going forward, including how these investments are improving access for First Nations people.

Foundational to improving both service quality and access in BC is the new Adult Substance Use System of Care Framework. This technical policy document outlines the core elements necessary to build a substance use system of care that meets people where they are at every stage of their wellness journey. Going forward this Framework will be used by government and health system partners to guide system planning and priorities to develop a substance use system of care that is integrated, coordinated, and evidence-based. The Ministry will continue to work closely with health system partners to support the uptake and implementation of this Framework.

## Performance Measures

Performance Measure	2021/22 Baseline	2022/23 Forecast	2023/24 Target	2024/25 Target	2025/26 Target
[1 a] Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone Program <sup>1</sup>	393,086	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>.

<sup>1</sup>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).

### Discussion

While progress has been made by increasing the number of inhalation overdose prevention services and expanding access to prescribed safer supply, more action is needed to reduce the high death rate. MMHA is working with health authorities to implement prescribed safer supply programs in each region and is supporting an independent provincial evaluation of the implementation. MMHA is working with the Ministry of Health and BC Centre on Disease Control to support the ongoing monitoring of the implementation prescribed safer supply. Providing publicly funded naloxone kits and overdose recognition and response training to those at risk of toxic drug poisoning and those most likely to witness and respond to a toxic drug poisoning, is an evidence-based approach to reducing toxic drug poisoning-related harms, including death. Ensuring access to naloxone and toxic drug poisoning recognition and response training increases the likelihood that someone who experiences a toxic drug poisoning will receive life-saving emergency first aid support.

In the first eight months of 2022/23, 307,491 naloxone kits were shipped to distribution sites, with an average of 38,098 kits shipped per month. This is within 1% of the number of kits shipped to distribution sites for the same period in 2021/22 (n = 308,304). Since data collection began in August 2012, a total of 1,678,392 Take Home Naloxone (THN) kits have been shipped to sites across the province. The continued toxicity of the drug supply and high rates of drug toxicity poisoning events and deaths has contributed to ongoing high demand for THN kits. Increases have been consistent across the province, particularly 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.

Performance Measure	2021/22 Baseline	2022/23 Forecast	2023/24 Target <sup>3</sup>	2024/25 Target	2025/26 Target
[1b] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months <sup>1</sup> .	49.9% (August 2021) <sup>2</sup>	2 – 5% Increase	2 – 5% Increase	2 – 5% Increase	2 – 5% Increase

<sup>1</sup>Data source: Piske, M., Zhou, C., Min, J. E., Hongdilokkul, N., Pearce, L. A., Homyra, 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*.

<sup>2</sup>The % of people on OAT who have been retained for 12 months is measured on a single date in time. The 2021/22 figure was measured on August 31, 2021.

<sup>3</sup>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.

## Discussion

Opioid Agonist Treatment (OAT) is a first-line treatment for opioid use disorder. Enhancing the capacity of the treatment system and increasing the number of people who are engaged and retained on OAT are evidence-based approaches to supporting people with opioid use disorder, a medical condition associated with high-risk for illicit drug toxicity-related harms, including death. A review of the data on retention in 2019/20 determined that the target of a range between 2-5% increase would be appropriate. The measure has not changed because OAT initiation and retention continues to be challenging due to a combination of factors, including treatment intensity and travel requirements to access OAT in some communities; increased and rapidly changing potency and composition of the illicit drug supply making meeting clients' needs harder with current OAT medications; and availability of prescribers to meet the OAT treatment needs. OAT prescribing by a registered nurses (RNs) and registered psychiatric nurses (RPNs) is still underway and when fully implemented will contribute to improved OAT retention, particularly in rural and remote parts of the province. The Ministry is continuing to work with the Ministry of Health in developing and implementing a strategic framework to optimize OAT, partners to improve access and reach of OAT, improve system capacity to deliver OAT (both prescribing and dispensing), and improve patient retention on OAT.

Performance Measure	2021/22 Baseline	2022/23 Forecast	2023/24 Target	2024/25 Target	2025/26 Target
[1c] Median number of days between client referral and service initiation for community bed-based treatment and recovery services <sup>1</sup>	29.5 days <sup>2</sup>	Wait times maintained or improved.	TBD	TBD	TBD

Data source: Health authority reporting to Ministry of Mental Health and Addictions and Ministry of Health.

<sup>1</sup>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 but does not include withdrawal management or stabilization as these may operate quite differently than treatment and supportive recovery and some may not use waitlists or have wait

times for services (e.g., if a bed is not available a prospective client is sent to their local hospital). It also does not include wait times for tertiary services such as Red Fish, Heartwood for Women and others.

<sup>2</sup> Baseline wait time for treatment and recovery beds reflects median of submitted aggregate data from Vancouver Coastal Health Authority, Provincial Health Services Authority, Fraser Health Authority, Island Health (treatment beds only) and Interior Health Authority only.

## Discussion

This performance measure assists the Ministry in understanding the impact of new investments in bed-based substance use treatment and recovery services, which provide a range of supports for 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. Budget 2021 committed \$132 million over three years for substance use treatment and recovery. This is an ongoing funding commitment with government now investing \$149.5 million over the fiscal plan. As part of this expansion in service, health authorities and MMHA are developing the data to measure wait times. The impact of the Budget 2021 investments and new monitoring processes are not yet captured by the data. As newly funded or expanded services become operational, client wait times are expected to decrease over time. Given this context, current targets are to maintain or improve previous year wait times while MMHA waits to see the full impact of Budget 2021 investments on the sector. Targets will be revised to numerical targets for future Service Plans when more data is available to inform that process.

Wait times are complex data to collect and interpret accurately as they can be defined differently across regions and service types. Until now there has been variability in defining and tracking wait times. Wait time data also reflects the many challenges a person can face accessing services beyond available beds. For example, wait times can be impacted by personal readiness to start treatment, release from custody, and access to childcare to name a few. MMHA continues to work with Health Authorities to support greater consistency in data collection and reporting and to understand these broader factors. Over time, MMHA will use these and other data to make policy and funding shifts with the intent that wait times decrease.

## **Goal 2: Create a seamless, integrated, 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.**

Given the complex and multifaceted nature of mental health and substance issues, a cross-government approach is required to ensure people with mental health and/or substance use issues can access the critical supports (i.e., housing, income security) needed to improve and maintain their mental health and well-being.

**Key Strategies**

- Continue to provide expanded care and information including virtual mental health supports, [Wellbeing.gov.bc.ca](https://www.wellbeing.gov.bc.ca) and workplace mental health.
- Work with Indigenous partners to support Indigenous-led service delivery models for mental health and wellness, and advance cultural safety and humility across the provincial system.
- 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 community-based services such as Peer Assisted Care Teams and integrated mobile crisis response teams (Car programs).
- Work with partners to enhance workplace mental health education and training for employees and employers to improve psychological health and safety.

**Discussion**

With increasing demands on all systems of care, it is more important than ever to expand system capacity through better collaboration and integration of mental health and substance use services across the health system, from primary and community care settings through to acute and emergency services.

The Ministry is leading collaboration across all of government, health authorities and with community partners to deliver collaborative and coordinated services for British Columbians living with complex mental health and substance use needs within the broader health system, including integration with primary care and hospitals services and health human resource planning for the recruitment and retention of a highly skilled mental health and substance use workforce. The Ministry also works in partnership with the Ministry of Health, BC Housing, SDPR, and other levels of government to address homelessness, reducing encampments and targeted actions focus on the Downtown Eastside (DTES).

The Ministry is working to advance the implementation of the Declaration on the Rights of Indigenous Peoples Act and Action Plan and support further development of Indigenous-led mental health and wellness services, including the renewal and construction of First Nation-run treatment centres throughout the province.

Complex care housing is one key initiative in the Province's first comprehensive homelessness and housing strategy and brings together health authorities, BC Housing, Indigenous partners, and the non-profit sector to deliver enhanced supportive housing that provides integrated health services to adults with the most complex issues. This new approach removes barriers to services by meeting people where they are at and supporting them to live well in community. The first complex care housing projects launched in 2022, with partners identifying integration of services and improved collaboration as key facilitators to implementation.

The Ministry is working with the Ministry of Public Safety and Solicitor General on priority actions under the Safer Communities Action Plan to deliver integrated supports to people in crisis, which will help improve access to services and support police to refocus on their core mandates. Peer Assisted Care Teams will see mental health professionals and peer workers respond to calls for mental health concerns, providing crisis-counselling, de-escalation, and a critical pathway to services. The Ministry is also expanding integrated mobile community response (Car Programs), which will partner police with health-care workers, ensuring that mental health calls are met with an appropriate level of mental health supports.

Taken together, these strategies will build on and enhance coordination and collaboration across health, housing, Indigenous, and public safety services.

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

Children, youth, and young adults can also experience serious mental health and substance use challenges; therefore, it is critical they have access to rapid, high quality, and appropriate services and programming to support their overall well-being.

### **Key Strategies**

- 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 Child Care, and Children and Family Development, to better meet the needs of young people and their families.
- Expand the Foundry network of centres and online supports that offer young people ages 12 to 24 integrated health and wellness resources and services.
- Implement a comprehensive substance use system of care for youth, including investing in a range of community-based services and bed-based treatment spaces across the province.

- In partnership with the Provincial Health Services Authority and regional health authorities, develop a Wellness Framework for the child and youth substance use system of care that will strengthen care pathways across the province by ensuring services are coordinated, integrated and evidence-informed.

## **Discussion**

The Ministry is leading the development of a more seamless system of mental health and substance use care for children, youth, and young adults. Through implementation of new, innovative initiatives and enhancing existing services the Ministry is modeling an integrated system of care from prevention and wellness promotion to highly specialized services.

Work continues to expand the Foundry network of centres and online supports. Foundry is a provincial network of integrated youth centres and virtual supports, offering free and confidential mental health and substance use services, physical and sexual health services, peer support, and social services to young people aged 12-24 and their families. Young people can receive welcoming and appropriate services – by simply walking into their local Foundry centre, accessing its provincial virtual services through the Foundry BC App, or exploring the tools and resources online at [foundrybc.ca](https://foundrybc.ca).

Integrated Child and Youth Teams are multidisciplinary and include mental health clinicians, substance use clinicians, education counsellors, Indigenous supports, youth and family peer support workers and others to wrap services around young people. These teams aim to provide better coordination of care and ensure timely access to services and supports. To date, 12 communities have been selected for Integrated Child and Youth teams and are at various phases of implementation. The Ministry is working towards further expanding these teams to other communities across B.C.

Further improvements to the system of care are being made through investments into new and expanded youth substance use services ranging from prevention and early intervention to intensive treatment and crisis intervention. Implementation of these services is underway, and all new services will be operational by March 2024. Work is currently underway to establish performance indicators for youth substance use services and beds with the objective to inform future strategies and data collection.

The Ministry is developing a wellness framework to address the opportunities for system improvement to establish a more inclusive, culturally safe, and person- and family-centred approach to care. The framework will guide future planning and decision making for government, health authorities, and service delivery partners.

## Performance Measures

Performance Measure	2022/23 Forecast	2023/24 Target	2024/25 Target	2025/26 Target
[2a] Number of Complex Care Housing (CCH) spaces operational <sup>1</sup>	149	325	500	600

Data source: Ministry of Mental Health and Addictions

<sup>1</sup>Targets are based on 22/23 funding levels. Budget 2023 provides funding to develop additional CCH units over a ten-year plan. Future targets will be amended once implementation planning for these new units has been completed.

### Discussion

This performance measure refers to the total number of new Complex Care Housing (CCH) spaces that are operational and serving residents. While the majority of CCH projects will launch by the end of 2023/24, in most cases projects will not immediately operate at full capacity but will phase services in over time to account for staff recruitment and onboarding. People accessing these spaces will receive much needed services that can improve their mental health and wellness. Targets include both permanent and temporary spaces. Data will be provided by regional health authorities and partners who are responsible for implementing the program.

People will move in and out of CCH spaces for a variety of reasons. Some spaces are intended to be temporary. People may also transition to independent living options or pass away. Each space has the capacity to serve multiple people in a year. Accordingly, the total number of spaces does not reflect the total number of clients who access these specialized services.

Performance Measure	2019/20 Baseline	2022/23 Forecast	2023/24 Target	2024/25 Target	2025/26 Target
[2b] Number of communities (school districts) with Integrated Child and Youth Mental Health and Substance Use Teams operating or in implementation <sup>1</sup>	0	5	12	20	20

Data source: Ministry of Mental Health and Addictions

<sup>1</sup> The targets for 2023/24, and 2024/25 are cumulative and include both existing operational communities and new communities in which teams are being implemented and/or announced. 2025/26 represents the numbers previously approved and will be amended pending future approvals to expand numbers of communities.

### Discussion

Expanding the number of communities offering Integrated Child and Youth team services will enhance access to team-based, wrap-around, and culturally safe, mental health and substance use services for children, youth, and families.

This performance measure refers to the number of communities with Integrated Child and Youth teams that are being implemented in the province. This is an important indicator in



assessing the Ministry’s approach and collective impacts in shifting to integrated community mental health and substance use services for children, youth, and families.

ICY team members are now in place and providing services in Comox Valley, Maple Ridge-Pitt Meadows, and Richmond, with implementation underway in Okanagan-Similkameen and Coast Mountains school districts. ICY teams are being expanded to seven new school district communities: Fraser-Cascade, Kootenay-Columbia, Mission, Nanaimo-Ladysmith, Okanagan-Shuswap, Pacific Rim, and Powell River.

Performance Measure	2019/20 Baseline	2022/23 Forecast	2023/24 Target	2024/25 Target	2025/26 Target
[2c] Number of Foundry centres operating <sup>1</sup>	11	15	17	19	23

Data source: Internally compiled from Foundry Central Office reports, received on a quarterly basis by MMHA.

<sup>1</sup> “Operating” refers to Foundry centres that have officially opened in communities and are actively providing services to young people and their caregivers. Target numbers do not include centres that are in development but not open.

## Discussion

This performance measure refers to the number of Foundry centres that have opened and are actively providing services to communities in the province.

Expanding the number of Foundry centres operating in B.C. will enhance provincial capacity to provide high quality, integrated care for youth and young adults aged 12-24. There are currently 14 Foundry centres open throughout the province in Vancouver-Granville, North Shore (North Vancouver), Campbell River, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Terrace, Comox Valley, Langley, Richmond, and Cariboo Chilcotin.

An additional nine new Foundry centres are in development in Burns Lake, East Kootenay (Cranbrook), Port Hardy, Sea to Sky (Squamish), Surrey, Fort St. John, Tri-Cities, Kamloops, and the Sunshine Coast. Four of the new Foundry centres – Fort St. John, Tri-Cities, Kamloops, and Sunshine Coast – were announced in 2022/23, and are included in the 2025/26 target of 23 centres operating.

## Financial Summary

<b>Core Business</b>	<b>2022/23 Restated Estimates<sup>1</sup></b>	<b>2023/24 Estimates</b>	<b>2024/25 Plan</b>	<b>2025/26 Plan</b>
<b>Operating Expenses (\$000)</b>				
Policy Development, Research, Monitoring and Evaluation	21,554	22,891	23,016	22,803
Executive and Support Services	3,048	3,824	3,930	3,930
<b>Total</b>	<b>24,602</b>	<b>26,715</b>	<b>26,946</b>	<b>26,733</b>
<b>Ministry Capital Expenditures (\$000)</b>				
Executive and Support Services	3	3	3	3
<b>Total</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

<sup>1</sup> For comparative purposes, amounts shown for 2022/23 have been restated to be consistent with the presentation of the 2023/24 Estimates.

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