

Ministry of Mental Health and Addictions

2024/25 – 2026/27 Service Plan

February 2024



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Minister's Accountability Statement



The Ministry of Mental Health and Addictions 2024/25 – 2026/27 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.

Honourable Jennifer Whiteside
Minister of Mental Health and Addictions
February 14, 2024

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Strategic Direction

In 2024/25, the Government of British Columbia will remain focused on providing the services and infrastructure that people depend on to build a good life. Government will continue delivering results that matter to British Columbians including helping people with costs, attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy. Government will continue working collaboratively with Indigenous Peoples as it implements the Action Plan for the Declaration on the Rights of Indigenous Peoples Act and delivers initiatives that advance reconciliation in ways that make a difference in communities throughout the province.

This 2024/25 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 people in B.C. 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 substance use 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. The toxic drug crisis is impacting every community across B.C., claiming lives at an unprecedented rate. The crisis is driven in part by an unpredictable and toxic drug supply with high concentrations of fentanyl and its analogues, along with cocaine, methamphetamines and/or benzodiazepines.

The COVID-19 pandemic has had a lasting impact on the mental health of people in B.C. The continued worsening of the toxic drug crisis and increasing climate-related emergencies such

as wildfires and floods create significant challenges, and these impact the well-being of people across every age group in our communities. This is compounded by other social, structural and economic factors that impact daily lives – inflation and poverty, access to housing, food and other basic needs. For many, these issues prevent access to crucial mental health and substance use services and supports.

In May 2021, 215 unmarked graves were found by the Tk'emlúps te Secwépemc First Nation at the former Kamloops Residential School. Since that time, communities across Canada have announced similar findings, serving as a disturbing awakening to the atrocities committed at residential schools, which is a truth that survivors have always known. Our work towards reconciliation is just beginning. 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 Act by supporting Indigenous-led solutions identified in the Action Plan.

The COVID-19 pandemic resulted in significant stress and anxiety for people working at the front lines of B.C.'s health system with a new pathogen and a struggling health system, compounding the burden on staff in communities on the front lines of the toxic drug poisoning crisis. An ensuing labor shortage in B.C. has resulted in challenges to adequately staff new mental health and substance use supports. B.C. is working to increase training, recruitment and retention of qualified health and social professionals, in addition to supporting the psychological health and safety of workers in those roles. This is fundamental to increasing the number of qualified professionals in key communities across B.C. to provide culturally safe care that meets people where they are at.

These challenges have highlighted the urgency of the work of this Ministry, and with healthcare providers and communities, we have continued to build a better future for everyone in B.C. More than ever, it is critical for people in B.C. to have the care and support they need, when and where they need it. We are committed to continuing our work to build an integrated system of care for all people in B.C., one full of healing and hope, where no one falls through the cracks.

Economic Statement

B.C.'s economy posted modest growth last year as interest rate increases weighed on the economy, and employment continued to expand, supported by immigration. Inflation in the province continued to ease and the Bank of Canada has not raised its policy interest rate since July 2023. The impact of higher rates on borrowing costs and elevated household debt led to lower consumer spending and reduced home sales. Lumber, natural gas and coal prices declined in 2023, reducing the value of the province's goods exports. Meanwhile, there was a record number of housing starts in the province in 2023. There is uncertainty over the transmission of high interest rates to the residential construction sector and the duration of slower growth for the rest of the economy in B.C. and among our trading partners. The Economic Forecast Council (EFC) estimates that B.C. real GDP expanded by 0.9 per cent in 2023 and expects growth of 0.5 per cent in 2024 and 2.1 per cent in 2025. Meanwhile for Canada, the EFC estimates growth of 1.1 per cent in 2023 and projects national real GDP growth of 0.5

per cent in 2024 and 1.9 per cent in 2025. As such, B.C.'s economic growth is expected to be broadly in line with the national average in the coming years. The risks to B.C.'s economic outlook continue to center around interest rates and inflation, including the risk of price increases stemming from geopolitical conflicts, the potential for interest rates remaining higher for longer, and uncertainty around the depth and timing of the impact on housing markets. Further risks include ongoing uncertainty regarding global trade policies, lower commodity prices, climate change impacts and the volatility of immigration levels.

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 health and well-being.

Improving access to life-saving harm reduction services for people in B.C. at risk of toxic drug poisonings remains a key strategic priority for the Ministry given the unacceptable harms, including deaths, from the toxic drug supply in B.C.

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 alternatives¹, reducing stigma, and connecting people to care and treatment.

Evidence-informed and low barrier harm reduction services that are tailored to the unique needs of communities to help save lives. Services such as overdose prevention and supervised consumption services including inhalation services, naloxone, and drug checking reduce harms for people accessing the toxic drug supply. Strategies such as prescribed alternatives and decriminalization seek to reduce harms by separating people from the toxic drug supply and reducing stigma.

Key Strategies

- Continue to work with partners, including people who use drugs, law enforcement, health, local governments, and First Nations, Métis, and other Indigenous partners to implement and monitor [decriminalization of simple possession](#) of small amounts of illegal drugs for personal use.
- Partner with health authorities, prescribers, and people with lived and living experience to improve access to prescribed alternatives to separate more people from the toxic drug supply.
- 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 training to recognize and respond to drug-poisoning through the [BC Take Home Naloxone](#) and the [Facility Overdose Response Box](#) programs.

¹ In February 2024, MMHA retired the term 'prescribed safer supply', shifting to 'prescribed alternatives to the toxic supply' (prescribed alternatives), which more accurately reflects the intervention clinicians deliver as part of a continuum of medication options for substance use care. Prescribed alternatives references prescribing medications to prevent toxic drug poisonings and death from the toxic drug supply and is often used alongside opioid agonist treatment as a way of managing and treating opioid use disorder.

- Reduce substance use-related harms by ensuring that people who use drugs can access culturally safe overdose prevention and supervised consumption services, including inhalation services, and drug checking services.

Discussion

The drug supply continues to evolve. It is unpredictable and toxic with benzodiazepines and adulterants which do not respond to naloxone and can be fatal. Together, the strategies in this plan are intended to reduce the stigma that prevents people from accessing critical harm reduction services that are proven to be effective in saving lives and in reducing the harms associated with substance use.

Prescribed alternatives to the toxic drug supply are part of the substance use system of care and are intended to separate people from the toxic drug supply and to connect them to treatment. Government is closely monitoring the implementation of prescribed alternatives in partnership with the Canadian Institute for Substance Use Research, BC Centre on Substance Use, BC Centre for Disease Control, frontline physicians, and partners in public health. Recently published research shows that prescribed alternatives reduce a person's risk of death, increases engagement and retention in treatment and healthcare, and improves people's overall physical, mental health and wellbeing.

The provincially funded Take Home Naloxone (THN) Program provides free kits and training to people at risk of toxic drug poisoning and those most likely to witness and respond to a toxic drug poisoning. It is an evidence-based approach to save lives and reduce toxic drug poisoning-related harms, including death. In addition, the Province funds the [Facility Overdose Response Box program](#) which provides naloxone, supplies and training for community organizations so that staff can recognize and respond to drug poisonings. This increases the likelihood that someone who experiences a toxic drug poisoning receives life-saving emergency first aid support.

Overdose Prevention Services (OPS) provide on-site monitoring and witnessed consumption of people at risk of toxic drug poisoning and an immediate, emergency response should a drug poisoning occur. These are designated spaces uniquely positioned as a low-barrier point of access to a range of substance use services such as inhalation services, drug checking and THN, as well as health services and social supports. The Ministry will continue to work with partners, service providers, people with lived and living experience and communities to seek opportunities to address the need for these services in communities.

Drug-checking services test illegal drug samples to determine what they contain, so that people can make informed decisions about consuming those substances, such as how much, where, with whom or even whether to use. As an anonymous community-based service, drug checking reaches a broader range of people who use drugs, including people who use intermittently and who are especially vulnerable to fluctuations in the toxic drug supply. Drug-checking data provides valuable information to clinicians and public health officials about changes or trends in the toxic drug supply 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 substance use treatment and recovery services is essential to ensuring people receive the support they need in their recovery journey.

Key Strategies

- Continue work to increase access to a full continuum of substance use services from detox to treatment and aftercare by increasing the availability of evidence-based and culturally sensitive treatment beds and implementing a new seamless model of care.
- Ensure that bed-based treatment and recovery services are safe and high quality through improved supports for operators and new options for an updated approach to sector oversight.
- Improve access to and retention in opioid agonist treatment (OAT). Key strategies include training for prescribers, supporting prescribers with updated clinical guidance based on current evidence, and improving access in rural and remote communities. The Ministry will enhance access to culturally safe care, work to remove health system barriers, and provide a range of medication options for the management and treatment of opioid use disorder that meet the needs of people who would otherwise access the toxic drug supply. Improving access to OAT also includes supporting certified practice registered nurses and registered psychiatric nurses to prescribe OAT and connect more people across B.C. to evidence-based treatment for opioid use disorder.
- Improve access to distinctions-based, culturally sensitive, trauma informed treatment and recovery services for First Nations, Métis, and Inuit Peoples. Budget 2023 provided \$171 million to launch an Indigenous program to support Indigenous-led mental health and wellness approaches to address the deep and ongoing impacts of colonialism, Indigenous-specific racism, intergenerational trauma, and gaps in the existing continuum of care.

Discussion

The Province continues to prioritize investment in a comprehensive system of care to support people along their healing journey. *Budget 2023* included \$586 million for treatment and recovery services across B.C. to ensure people can get the help they need, when and where they need it. Budget 2023 included funding to work with partners and stakeholders to:

- Implement 180 new publicly funded community adult substance use treatment and recovery beds with no out-of-pocket fees for people in B.C. With implementation ongoing, the number of adult and youth treatment beds has increased to 3,596 as of January 2024.

- Create a new model of seamless care, [Road to Recovery](#), to support people through their entire recovery journey, with 95 beds in Vancouver and expansion to three other locations in B.C.
- Expand the [Red Fish Healing Centre](#) model of care, so more people with complex and concurrent mental health and substance use challenges have access to care.
- Implement new community recovery sites, with dedicated workers to make sure people continue to receive the support they need when they leave a treatment facility.

In addition to expanding access to bed-based treatment and recovery services, the Ministry is working with partners and stakeholders ensure these services are safe and high quality. An engagement process is underway which will result in a report out in 2024 identifying opportunities to for system improvements.

The Ministry is working to improve access to and engagement in opioid agonist treatment (OAT). OAT is an effective first-line treatment for opioid use disorder. Consistently taking OAT (retention) is associated with improvements in health outcomes, including reductions in deaths from any cause for people who use drugs. OAT initiation and retention continues to be challenging due to many factors including treatment intensity, requirements to travel to access OAT in some areas of B.C., prescriber capacity, and the increased potency of the toxic drug supply makes it challenging to meet people’s needs. The Ministry will improve system capacity to prescribe and dispense OAT by training additional physician and nurse practitioners to prescribe and supporting registered nurses and registered psychiatric nurses with a certified practice in opioid use disorder.

Across the spectrum of treatment and recovery services, the Ministry is supporting Indigenous-led mental health and wellness approaches for First Nations, Métis and Inuit people and communities. The Ministry leads [Declaration Act Action 4.13](#), which supports healing from trauma through an increase in the availability and accessibility of culturally safe substance use services. This includes the renovation and construction of Indigenous-run treatment centres, and the integration of land-based and traditional approaches to healing. A new program will offer Indigenous-led and culture-informed mental health and wellness services that go beyond treatment, including recovery and aftercare. The Ministry will also continue working with First Nations Health Authority, Indigenous partners, and other health partners to find ways to improve access to treatment services.

Performance Measures

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1a] Number of publicly funded naloxone kits shipped to Take Home Naloxone (THN) distribution sites around B.C. via the BC THN Program	424,390	430,000	430,000	430,000	430,000

Data source: BC Centre for Disease Control Unregulated Drug Poisoning Emergency Dashboard. Retrieved from <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>.

Discussion

Naloxone is a life-saving medication that can quickly but temporarily block the effects of opioids to restore breathing. This performance measure tracks the number of Take Home Naloxone kits shipped to distribution sites for further distribution to people across B.C. who may witness and respond to a toxic drug poisoning. Naloxone has a shelf life of 2-3 years, so demand for kits is driven by new people getting kits, and people replacing kits because they were used, expired, lost, or stolen. As of February 2024, more than 2.15 million THN kits have been shipped to distribution sites since the program started in 2012, with over 159,000 kits reported as used to reverse a drug poisoning. THN kits are available at more than 2,200 locations in B.C, including 877 community pharmacies.

The continued toxicity of the drug supply and high rates of toxic drug poisoning events and deaths has contributed to ongoing record-breaking demand for THN kits. Increases have been consistent across the province, particularly in overdose prevention services, pharmacies, and health units. While the target is 430,000 kits shipped to distribution sites per year, this number is scalable based on demand.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1b] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months ¹	44.9%	43.3%	44%	45%	46%

Data source: PharmaNet data

¹ The Ministry's 2023/24 Annual Service Plan included a target of increasing retention by 2 percent. Actual numbers of 2 percent increase have been included in the current service plan to improve target clarity.

Discussion

Prescribed alternatives are an important tool for separating people from the toxic drug supply. OAT is a key component of the province's comprehensive health system response to the toxic drug crisis. Increasingly, OAT in combination with prescribed alternatives is having an impact on initiation and retention in treatment. As of November 2023, approximately 104,765 people in B.C. are estimated to have opioid use disorder (OUD), with 24,377 people receiving OAT.

Indicator 1b measures the proportion of people on OAT who have been continuously on OAT for 12 months without significant interruption. Consistent adherence to OUD treatment is a validated indicator for associated patient stability, improvements in health outcomes, and reductions in deaths.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1c] Median number of days between client referral and accessing service for community bed-based treatment and recovery services ^{1,2,}	31.25 days	35 days ³	32 days	31 days	30 days

Data source: Health Authority reported data.

¹ “Median number of days between client referral and accessing service” refers to 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 differently than treatment and supportive recovery. For example, 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 Centre for Women and others.

² 2022/23 baseline wait times reflects median of submitted aggregate data from all regional health authorities with caveats: Northern Healthy Authority reported complete data for the time period Jan. to March 2023 only; Interior Health Authority reported partial data for the full fiscal year; Island Health reported partial data for supportive recovery but full data for treatment. MMHA continues to work with health authorities to enhance data completeness and quality.

³ 2023/24 forecast reflects the increase in wait times in Q1 and Q2 2023/24 data. A number of factors can influence final results including increased demand.

Discussion

Substance use beds are important services that provide care appropriate for each person’s unique circumstances, in addition to outpatient and virtual services. These services offer a structured and supportive setting and tend to be more appropriate for people who are experiencing significant barriers to care, including homelessness or housing insecurity. Enhancing access to publicly funded substance use treatment and recovery services is a priority for the Ministry. In 2022/23, 4,167 unique clients² (adults only) were served by bed-based treatment and supportive recovery. This is an increase from 3,679 clients served in 2021/2022, and this increase is forecasted to continue based on data available to-date.

Research suggests that setting targets is one tool that can improve health system performance. However, there is little research specific to setting wait time targets for substance use treatment and recovery. Where jurisdictions have set benchmarks, they were generally 30 days or less but were unlikely to be met.

Given this, the Ministry’s approach to benchmarks is phased and iterative as we enhance data quality, work with partners such as health authorities, and ensure a thoughtful approach to wait time reduction. This will also allow the Ministry to refine benchmarks as new investments begin to open and serve clients in communities across B.C. The Ministry will continue to assess targets as new data is available and as we make progress in building the system of care.

Monitoring wait times and setting targets for maximum waits is one method of supporting access to services. B.C. is the first provincial or territorial government in Canada to publish and report numerical wait time targets for publicly funded bed-based substance use treatment and

² This data has been updated since the Ministry 2022/23 Service Plan Report, with the inclusion of data from Northern Health Authority and Canadian Mental Health Association-BC.

recovery services, and there are no standards of benchmarks in Canada to guide the work. Wait time targets complement the Ministry's commitment to expand the substance use continuum of care across the province.

Wait times are complex data to collect and interpret, and there are numerous factors that contribute to wait times beyond bed availability. For example, wait times can be impacted by personal readiness to start treatment, the need for longer stabilization periods, release from custody, travel time to services, and access to childcare. It is important to note that these wait times reflect waits for bed-based treatment and recovery services only. People are often receiving support while waiting for a bed-based service (e.g., they are connected to a mental health and substance use clinician, receiving opioid agonist treatment, etc).

It is also important to note that bed-based services are only one part of a much broader continuum of substance use services. While people often think of bed-based services when contemplating substance use treatment or recovery, not everyone wants or needs bed-based services; outpatient services are just as important to enhancing access. The Ministry continues work to better understand these broader factors, decrease wait times and improve access to the full range of substance use services for people in B.C.

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

The Ministry continues to focus on building a system of care that is accessible, culturally safe, and seamless across the full range of supports individuals and communities need.

Objective 2.1: Mental health and substance use 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.

A cross-government approach is crucial to ensuring that people with mental health and/or substance use challenges receive a range of person-centred supports (including housing, income supports) that are coordinated and promote engagement in care and well-being.

Key Strategies

- Work with Indigenous partners to create a system of care for mental health and wellness in alignment with the [Declaration on the Rights of Indigenous Peoples Act](#). This includes leading [Action Plan](#) actions 4.12 (address the disproportionate impacts of the overdose public health emergency on Indigenous Peoples) and 4.13 (increase availability and accessibility of culturally-safe substance use services).
- Lead work across ministries and with Indigenous, health, housing, and social sector partners to implement more [Complex Care Housing](#) for those who need more intensive care than is available in supportive housing.

- Continue to implement supports for people experiencing mental health and substance use emergencies by expanding community-based services such as [Peer Assisted Care Teams](#) and Mobile Integrated Crisis Response teams.
- Continue to improve access to mental health care and supports, including virtual supports, information resources like [HelpStartsHere.gov.bc.ca](https://helpstartsbc.ca), and accessible counselling services.
- Work with the Ministry of Health and other partners to increase the number of mental health and addictions workers across the system of care and continue to work with partners to enhance workplace mental health education and training for employees and employers to improve psychological health and safety.

Discussion

Mental health and substance use issues are complex and multi-faceted, requiring collaboration and integration across not just the health system, but across sectors, communities, and levels of government as well. The Ministry collaborates with government partners, Indigenous partners, health authorities, community partners, and service providers to design and implement services that will meet the needs of people living with complex mental health and substance use challenges. This includes key government priorities such as implementing the [Declaration on the Rights of Indigenous Peoples Act Action Plan](#), the [Safer Communities Action Plan](#), and the [Belonging in BC Homelessness Plan](#). The Ministry is working to advance the implementation of the Declaration on the Rights of Indigenous Peoples Act and Action Plan. In 2023, the Ministry continued implementation of Declaration Act Action 4.13, which supports healing from trauma through an increase in the availability and accessibility of culturally safe substance use services, including through the renovation and construction of Indigenous-run treatment centres and the integration of land-based and traditional approaches to healing.

The Ministry continues to guide Complex Care Housing implementation by working with [BC Housing](#), health authorities, Indigenous partners, and the non-profit sector to remove barriers to services, meeting people where they are at, and providing the health, social, and cultural supports people need to live well in the community. The Ministry works with the [Canadian Mental Health Association-BC Division \(CMHA-BC\)](#) to expand Peer Assisted Care Teams, and with the Ministry of Public Safety and Solicitor General, health authorities, and policing partners to expand Mobile Integrated Crisis Response teams. These two approaches ensure people experiencing mental health emergencies in the community are met with health care workers and community members and are connected to the services and supports they need.

The Ministry continues to focus on strategies to bring mental health and substance use services closer to home – this includes improving access to virtual services and developing and promoting online resources to reach people across B.C. and continuing to support low to no cost community counselling. This also includes investing in system capacity and resiliency. Expanding the [Health Careers Access Program](#) will train mental health and addictions workers to add valuable frontline support for people in B.C. In addition, the Ministry is partnering with CMHA-BC and health and safety associations to support employers and employees to build and foster psychologically safe and healthy workplaces.

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. It is critical they have access to rapid, high quality, and appropriate services and programming across the full spectrum of prevention, early intervention, treatment, and recovery to improve their overall well-being and prevent or reduce challenges as they age.

Key Strategies

- Continue to implement [Integrated Child and Youth 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, including a *Budget 2023* investment of \$74.9M. Foundry is a province-wide network of youth wellness centres that removes barriers, and provides free and confidential primary care, mental health and addictions supports, sexual health care, peer support and social services to young people between the ages of 12 to 24 – all in one location. Foundry is a core component of B.C.'s healthcare system, integrating with existing services within communities' primary care networks and providing wraparound services similar to urgent primary care clinics. 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 application, or exploring the tools and resources online at foundrybc.ca.

Integrated Child and Youth (ICY) 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 community-based teams aim to provide better coordination of care and ensure timely access to services and supports. As of late 2023, 12 communities have been selected for ICY teams

and are in different stages of implementation. The Ministry is working towards full implementation of the teams in these communities.

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. *Budget 2023* invested an additional \$105M to create and expand youth substance use services, including culturally safe and wraparound services, crisis supports, and transition supports for young people moving between services. Work continues to establish performance indicators for youth substance use services and beds with the objective to inform future strategies and data collection. The Ministry is collaborating with partners to develop a wellness framework to address the opportunities for system improvement to establish a more inclusive, culturally safe, and person- and family-centred approach to youth substance use care. The framework, expected in 2024/25, will guide future planning and decision making for government, health authorities, and service delivery partners.

Performance Measures

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2a] Number of Complex Care Housing (CCH) spaces operational	184	415 ¹	500	640	720

Data source: Ministry of Mental Health and Addictions, as reported by health authorities and partners.

¹ The 2023/24 forecast has increased from 325 described in the 2023/24 Ministry service plan due to expedited progress.

Discussion

People accessing CCH receive much needed services that can improve their mental health and wellness and housing outcomes. This performance measure refers to the total number of CCH spaces that are operational and serving residents and reflects two phases of implementation. Most Phase 1 projects will launch by the end of 2023/24, phasing in services in over time to account for staff recruitment and onboarding and reaching full capacity in 2025/26. Phase 2, funded through *Budget 2023*, created 240 new purpose-built CCH units over multiple years, with the first services starting to come online in 2025/26. Targets for 2025/26 and 2026/27 have been updated to reflect Budget 2023 funding for purpose-built CCH units. 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	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2b] Number of communities (school districts) with Integrated Child and Youth (ICY) teams operating or in implementation ¹	12	12	20	20	20

Data source: Ministry of Mental Health and Addictions.

Discussion

Expanding the number of communities offering ICY 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 or already operating 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.

The targets are cumulative and include both existing operational communities and new communities in which teams are being implemented and/or announced.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2c] Number of Foundry centres operating ¹	15	17	19	23	26

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

Discussion

Budget 2023 provided for 12 additional Foundry centres, which will result in a total of 35 Foundry centres by 2027/28. This expansion is currently underway, with Foundry accepting community applications in Fall 2023. Communities are selected based on several factors, including the goal of equitable distribution of centres across the province. Communities selected to open a new Foundry centre will be announced in Spring 2024. Precise completion dates for these new Foundry centres will be determined with the communities that are selected through the application process, with consideration to local factors such as whether a new facility must be built. Some of these new Foundry centres will begin opening in 2026/27, with the remainder expected to open in 2027/28.

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. This is a crucial age to connect young people to supports and services that promote lifelong wellness.

This performance measure refers to the number of Foundry centres that have opened and are actively providing services to communities in the province (“operating”). Actual/target numbers do not include centres that are in development.

Financial Summary

(\$000s)	2023/24 Restated Estimates ¹	2024/25 Estimates	2025/26 Plan	2026/27 Plan
Operating Expenses				
Policy Development, Research, Monitoring and Evaluation	22,891	35,144	34,931	34,931
Executive and Support Services	3,824	5,605	5,605	5,605
Total	26,715	40,749	40,536	40,536
Capital Expenditures				
Executive and Support Services	3	3	3	3
Total	3	3	3	3

¹ For comparative purposes, amounts shown for 2023/24 have been restated to be consistent with the presentation of the 2024/25 Estimates.

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