

**Ministry of  
Mental Health  
and Addictions**

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**2017/18  
Annual Service Plan Report**

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## Minister's Message and Accountability Statement



The *Ministry of Mental Health and Addictions 2017/18 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2017/18 - 2019/20 Service Plan* created in September, 2017. I am accountable for those results as reported.

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

Honourable Judy Darcy  
Minister of Mental Health and Addictions  
June 22, 2018

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## Purpose of the Ministry

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

The Ministry leads the transformation of B.C.'s mental health and addictions system by setting the strategic direction for the Province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, the Ministry undertakes a whole-government, multi-systems approach in partnership with other ministries, Indigenous peoples<sup>1</sup>, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived experience.

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

## Strategic Direction

In September 2017, the new government announced its priorities with three key commitments to British Columbians:

- To make life more affordable.
- To deliver the services people count on.
- To build a strong, sustainable, innovative economy that works for everyone.

Integrating with these priorities is government's commitment to true, lasting reconciliation with Indigenous peoples in British Columbia, as we move towards fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples and the Calls to Action of the Truth and Reconciliation Commission.

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

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<sup>1</sup> The term "Indigenous" used throughout this document is intended to include all people of Indigenous ancestry, including First Nations, Métis and Inuit. The term "Indigenous communities" means the diversity of Indigenous communities as defined by Indigenous peoples and includes descriptions such as urban, rural, metropolitan, land-based and reserve.

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

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

In the *2017/18 – 2019/20 Service Plan* the Ministry provided a series of objectives and performance targets from the Minister's [Mandate Letter](#) designed to further the key commitments of government.

## **Operating Environment**

British Columbia is facing a significant and complex set of challenges. In any given year, mental illness and substance use problems directly affect one in five people, and indirectly affect nearly everyone else. Mental illness affects people of all ethnicities, backgrounds, genders, and ages. B.C.'s mental health and addictions services and supports are the responsibility of several ministries. Through the development of a Mental Health and Addictions Strategy, the Ministry will set the strategic direction for system transformation with a focus on improving access, increasing the emphasis on prevention and early intervention, and creating a comprehensive mental health and addictions system for Indigenous peoples, and children and youth.

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

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

## Report on Performance

The following table reports on the objectives and performance targets provided in the 2017/18 – 2019/20 Service Plan along with the Ministry’s achievements.

Objective	Actions Taken Up to March 31, 2018
<p>Work in partnership to develop an immediate response to the opioid crisis that includes crucial investments and improvements to mental health and addictions services.</p>	<ul style="list-style-type: none"> <li>• Established the Overdose Emergency Response Centre in December 2017 to coordinate rapid, targeted action at the local level through Regional Response Teams and Community Action Teams in 20 of the hardest hit communities in B.C.</li> <li>• Established grants for Community Action Teams to support action on the ground and address local gaps in services.</li> <li>• Engaged in consultation with internal and external stakeholders to determine effective strategies to deliver quality mental health and substance use services.</li> <li>• Launched a public awareness stigma reduction campaign in partnership with the Vancouver Canucks – see <a href="http://www.stopoverdoseBC.ca">www.stopoverdoseBC.ca</a>.</li> <li>• Collaborated with the Ministry of Health and First Nations Health Authority to fund 55 Indigenous Harm Reduction Grants across the province to help address the disproportionate impact of the overdose crisis on Indigenous peoples and communities.</li> <li>• Continued expansion of the B.C. Take Home Naloxone Program in collaboration with the Ministry of Health and the BC Centre for Disease Control. Overdose recognition and response training and publicly funded naloxone kits are available to all public through all public health units, emergency departments, harm reduction service locations, supervised consumption and overdose prevention service locations, and provincial corrections facilities, as well as over 80% of community pharmacies and 133 First Nation Health Authority-Funded distribution sites.</li> <li>• Continued expansion of the publicly funded Facility Overdose Response Box Program in collaboration with the Ministry of Health and the BC Centre for Disease Control, providing</li> </ul>

	<p>overdose response supplies including naloxone for employees at community-based organizations.</p> <ul style="list-style-type: none"> <li>• In collaboration with the Ministry of Health, Interior Health, and Vancouver Coastal Health, three supervised consumption service locations established in Kamloops, Kelowna and Vancouver.</li> <li>• Collaborated with the Ministry of Health and the BC Centre for Disease Control towards the release of provincial operational guidelines for overdose prevention services.</li> <li>• Increased the number of overdose prevention services locations to 47 in collaboration with Ministry of Health.</li> <li>• Established the availability of fentanyl test strips at all overdose prevention and supervised consumption service locations. Specialized services using mass spectrometers are also available at two locations in Vancouver.</li> <li>• Collaborated with the Ministry of Health and the BC Centre on Substance Use for the release of clinical guidelines for providers to treat opioid use disorder (which have been adopted nationally), the development of guidelines for injectable opioid agonist treatment, and the development of a free online Addiction Medicine Diploma for providers and others on providing care to patients with alcohol, tobacco, and opioid use disorders.</li> <li>• Collaborated with the Ministry of Health and regional health authorities to increase reach of evidence-based opioid agonist treatment. As of March 31, 2018, 29,667 people were receiving opioid agonist treatments for opioid use disorder in the province.</li> <li>• Increased the number of providers who prescribe opioid agonist treatment by 88% since June 2017. Changes in regulations now allow Nurse Practitioners to prescribe opioid substitution therapy.</li> <li>• Worked with regional health authorities to expand hours and access to treatment clinics in many areas of B.C.</li> <li>• Worked with regional health authorities and the Ministry of Health to support the expansion of</li> </ul>
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	<p>injectable opioid agonist treatment in Vancouver Coastal Health and Fraser Health and plan for scaling up this service in other regional health authorities.</p> <ul style="list-style-type: none"> <li>• Collaborated with the Ministry of Health and the BC Centre for Disease Control to ensure overdose data continues to be available to the public and that weekly surveillance data is available to inform the provincial response.</li> </ul>
<p>Create a mental health and addiction strategy to guide the transformation of B.C.'s mental-health-care system. As a part of this strategy, include a focus on improving access, investing in early prevention and youth mental health.</p>	<ul style="list-style-type: none"> <li>• Developed and commenced implementation of a three phase (engage, validate and approve) approach to strategy development that commits, first and foremost, to collaborative action with Indigenous people and listening to people with lived experience, children and youth, families, and direct service providers.</li> <li>• The engagement phase which includes face-to-face meetings with targeted audiences with lived experience as well as soliciting online feedback from British Columbia residents was launched to inform strategy development.</li> </ul>
<p>Consult with internal and external stakeholders to determine the most effective way to deliver quality mental health and addiction services.</p>	<ul style="list-style-type: none"> <li>• Established cross-government governance to better align and integrate mental health and addictions policy and services and provide advice, identify linkages to improve services and provide leadership to ensure timely and effective implementation of strategic actions.</li> <li>• Launched an Engagement Website <a href="http://engage.gov.bc.ca/mentalhealthandaddictions/">http://engage.gov.bc.ca/mentalhealthandaddictions/</a>.</li> <li>• Created a Ministry email inbox so residents have a direct communication line to share feedback.</li> <li>• Hosted a focused, sprint-style working session to help identify immediate actions and opportunities to improve the mental health and addictions system.</li> <li>• Began work with First Nations Health Council, the First Nations Health Authority and the Government of Canada on the Tripartite agreement to improve mental health and wellness outcomes for First Nations youth and families.</li> <li>• Hosted 'Recovery Community' Roundtable</li> </ul>

	Dialogue with Minister Darcy (the first of several scheduled roundtables.) <ul style="list-style-type: none"> <li>• Consulted with external agencies including the BC Centre on Substance Use, BC Centre for Disease Control and stakeholders across the sector.</li> </ul>
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As committed to in the *2017/18 – 2019/20 Service Plan* tabled in September 2017, the Ministry released fully developed objectives and performance measures in the Ministry’s *2018/19 – 2020/21 Service Plan*, tabled in February 2018.

## Financial Report

### *Discussion of Results*

The Ministry’s financial results ended on target with Treasury Board approval to access the Contingencies voted appropriation to provide financial support in response to unsolicited requests from various community organizations.

### *Financial Report Summary Table*

Core Business Area	Estimated	Other Authorizations <sup>1</sup>	Total Estimated	Actual	Variance
<b>Operating Expenses (\$000)</b>					
<b>Policy Development, Research, Program Monitoring and Evaluation</b>	3,702	6,215	9,917	9,953	36
<b>Executive and Support Services</b>	1,239	0	1,239	1,203	(36)
<b>Total</b>	<b>4,941</b>	<b>6,215</b>	<b>11,156</b>	<b>11,156</b>	<b>0</b>
<b>Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)</b>					
<b>Executive and Support Services</b>	1	0	1	0	(1)
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>(1)</b>

<sup>1</sup> “Other Authorizations” include Supplementary Estimates, Statutory Appropriations and Contingencies. Amounts in this column are not related to the “estimated amount” under sections 5(1) and 6(1) of the *Balanced Budget and Ministerial Accountability Act* for ministerial accountability for operating expenses under the Act.

## **Appendix A: Ministry Contact Information and Hyperlinks**

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