

**Ministry of
Mental Health
and Addictions**

**2018/19
Annual Service Plan Report**



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Minister's Message and Accountability Statement



The Ministry of Mental Health and Addictions *2018/19 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2018/19 – 2020/21 Service Plan* created in February 2018. 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 style.

Honourable Judy Darcy
Minister of Mental Health and Addictions
June 27, 2019

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Purpose of the Annual Service Plan Report

The Annual Service Plan Report (ASPR) is designed to meet the requirements of the *Budget Transparency and Accountability Act* (BTAA), which sets out the legislative framework for planning, reporting and accountability for Government organizations. Under the BTAA, the Minister is required to report on the actual results of the Ministry’s performance related to the forecasted targets documented in the previous years’ Service Plan.

Purpose of the Ministry

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

The Ministry leads the transformation of B.C.’s mental health and addictions system by setting the strategic direction for the Province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, the Ministry undertakes a whole-government, multi-systems approach in partnership with other ministries, Indigenous peoples¹, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived experience.

Strategic Direction

The strategic direction set by Government in 2017 and expanded upon in the Minister’s [Mandate Letter](#) shaped the [2018/19 Service Plan](#) and the results reported in this ASPR.

The following table highlights the key goals, objectives or strategies that support the key priorities of Government identified in the 2018/19 Ministry of Mental Health and Addictions Service Plan:

Government Priorities	Ministry of Mental Health and Addictions Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Goal 1: Deliver an immediate, escalated response to the opioid overdose public health emergency that keeps people safe and improves the health and well-being of British Columbians. • Goal 2: Improve access to effective mental health and addictions services and supports through the design development and implementation of a

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

	Mental Health and Addictions Strategy and Action Plan that includes a central focus on prevention and early intervention services/supports, and children, youth, and Indigenous peoples.
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Operating Environment

British Columbia is facing a significant and complex set of challenges. In any given year, one in five British Columbians experience a mental health or substance use problem or disorder. Many mental health problems in adulthood show their first signs in childhood, and if left untreated, can develop into serious conditions which need ongoing care, support and treatment. Mental health and substance use problems affect people of all ethnicities, backgrounds, genders and ages, and are tied to general social, economic, and physical well-being. Indigenous peoples in B.C. generally experience the adverse effects of these socio-economic factors more than other populations due to the legacy of colonialism.

In the 2019 report [Taking the Pulse of the Population](#), the B.C. Provincial Health Officer reports that British Columbians rate their mental health as nearly the lowest in the country, despite being more physically active, eating more fruits and vegetables, and having generally healthier lifestyles. Additionally, the percentage of British Columbians reporting positive mental health is trending downward – an area where B.C. is falling behind at an international level.

The Ministry is mindful of these factors in delivering on its mandate priorities and takes action to mitigate their impacts. It is uniquely positioned to facilitate cross-government collaboration in addressing mental health and addictions issues by partnering with other social sector ministries, health authorities & agencies, not-for-profit organizations, and stakeholders. Recognizing its unique position, the Ministry is a leader in supporting government’s key commitments, particularly the United Nations Declaration on the Rights of Indigenous Peoples, Calls to Action of the Truth and Reconciliation Commission and the Gender Equity Secretariat. These actions are evident in the Ministry’s [Escalating BC’s Response to the Overdose Emergency](#) and will be in the Mental Health and Addictions Strategy.

Report on Performance

Goals, Objectives, Measures and Targets

Goal 1: Deliver an immediate, escalated response to the opioid overdose public health emergency that keeps people safe and improves the health and well-being of British Columbians.

The Ministry’s first goal is to take immediate action to address the opioid overdose public health emergency. This will be accomplished by implementing and overseeing an escalated, coordinated, and sustained plan of action that includes investments and improvements to mental health and addictions services.

Objective 1.1: Strong, responsive, and effective interventions and supports that reduce overdose and overdose deaths.

British Columbians from all walks of life and from all corners of the province are experiencing overdose and overdose deaths, including those who live in metro, urban, and rural and remote areas. Responding effectively requires the Ministry to work in coordination and partnership with other ministries, First Nations, Indigenous leaders and their communities, local and federal governments, health authorities, non-government organizations, community sector organizations, emergency health responders, and public safety agencies.

Key Highlights

In 2018/19, the Ministry took significant action to escalate and sustain the Province's response to the overdose emergency, including crucial investments and improvements to substance use services and continued prioritization of the BC Take Home Naloxone (THN) Program and Overdose Prevention (OPS) and Supervised Consumption Services (SCS). This was undertaken through collaboration with the federal government, coordination across the provincial government and in partnership with communities, service providers and people with lived experience.

- British Columbia signed a bilateral agreement with the Government of Canada in August 2018 to secure one-time \$33.98 million in federal funding to address local, regional, and system priorities to reduce opioid-related harms including death by further building on and enhancing B.C. treatment services and programs to improve the availability and accessibility of treatment for problematic substance use. Funding is supporting expanded access to youth substance use services, medication-assisted treatment, residential treatment beds, enhanced outreach services and linkages to care, provider training and education, enhancing treatment services across health authorities, and the development of supportive recovery standards.
- Through the Overdose Emergency Response Centre (OERC), Community Action Teams (CAT) have been established and received funding to support local action and community-led responses to the overdose emergency in 20 high priority communities. Additional investments supported 27 community level initiatives to further bolster responses and drive local action.
- The Ministry partnered with regional health authorities, the Ministry of Public Safety and Solicitor General, and local police to launch pilot projects in Abbotsford, Vancouver, and Vernon whereby police can directly refer people at risk of overdose to substance use services. The projects aim to reduce risk of overdose harm by connecting people at risk of overdose to substance use services (e.g., intake services for opioid agonist treatment (OAT) and harm reduction services such as naloxone).
- The Ministry has partnered with First Nations Health Authority to support the implementation of its Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations and ensure the full engagement of First Nations in the multi-sector response to the overdose emergency.

- The Ministry expanded its public awareness anti-stigma campaign that supports the message that “*People Who Use Drugs Are Real People*” through a comprehensive combination of media and outreach channels including TV, radio, transit shelters and online as well as through partnerships with organizations like Save-On-Foods, the Vancouver Canucks and the BC Lions – providing information and supports to people through these messages and with a call to action to visit the StopOverdoseBC website for further tools and links around harm reduction and stigma reduction.

Performance Measure(s)	Dec 2017 Baseline	2017/18 Actuals	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.1a Increase distribution of publicly funded BC THN Kits ¹ Note: This is the number of THN Kits distributed to clients.	40,677	62,420	50,000	42,286* (as of Dec 2018 - On track to meet target)	55,000	55,000
1.1b Increase distribution sites for BC THN ²	1,028	1,307	1,300	1,495	1,500	1,500
1.1c New and innovative interventions are implemented to reduce overdose and overdose death, and connect people with treatment and recovery ³	Drug checking in all OPS and SCS in BC; iOAT	Drug checking services using fentanyl test strips are available at all health authority funded SCS/OPS in B.C. Health authorities submitted plans for expanding iOAT. BCCSU released provincial guidelines for the use of iOAT for the management of opioid use disorder (OUD).	Qualitative description of new approaches	Pilot project launched to provide up to 50 people with severe opioid use disorder and at risk of overdose with access to a regulated supply of oral hydromorphone for consumption under medical supervision. Since 2017, six new iOAT services have opened with capacity for up to 284 patients.	Qualitative description of new approaches	Qualitative description of new approaches

					Preliminary data from the Long-Cycle Evaluation (BCCSU) indicates that iOAT remains a beneficial treatment option for OUD, from the client's perspective (93% of clients reported they found iOAT helpful, 90% had not overdosed while on iOAT and illicit daily drug use was down by 37%).		
1.1d	Increase in the number of individuals on OAT ⁴	20,144 (Dec 2017)	20,826 (Mar 2018)	40,000	22,355 (Mar 2019)	50,000	58,000
1.1e	Increase in number of BC providers that prescribed OAT ⁵	1,178 (Jul-Dec 2017)	1,293 (Jan-Jun 2018)	1,800	1,521 (Jul-Dec 2018)	2,000	2,200

1 BC Centre for Disease Control. *Overdose Response Indicators*. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators>. ***Note:** Data provided up to December 2018 due to lag in reporting in the number of kits distributed to clients by BC THN program sites. On track to meet target.

2. BC Centre for Disease Control. *Overdose Response Indicators*. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators>. **Note:** Performance measure reflects the number of active distribution sites

3 Ministry of Mental Health and Addictions, Overdose Emergency Response Centre. **Note:** As of March 31, 2019 there were now 6 clinics providing iOAT (5x Vancouver, 1x Surrey,) with a capacity to serve 284 patients.

4 BC Centre for Disease Control. *Overdose Response Indicators*. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators>. **Note:** Performance measure has been changed to reflect definitional change to engaged in treatment (see discussion).

5 BC Centre for Disease Control. *Overdose Response Indicators*. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators>. **Note:** Performance measure has been changed to reflect definitional change to active prescribers.

Discussion

1.1a At present, data related to the number of publicly funded naloxone kits distributed to clients is available for the period ending December 2018 due to a lag in reporting by BC THN sites. It is anticipated that the number of kits distributed to clients will likely exceeded the target.

1.1d The number of people engaged in treatment (e.g., receiving OAT) is less than previously stated as a result of definitional changes made by the Overdose Emergency Response Centre (OERC) in consultation with the Surveillance Working Group. Previously, a patient was considered “engaged in treatment” if they had been dispensed any form of OAT at any point during the previous six months. A patient is now considered “engaged in treatment” if they have been dispensed any form of OAT in the previous month. The definition change was made in recognition of the high risk of overdose death in the immediate days following discontinuation of treatment.

The Ministry recognizes that additional work is required to engage people living with opioid use disorder in medication assisted treatment and to engage primary care providers in the delivery of OAT. Funding from the bilateral agreement on the Emergency Treatment Fund will be allocated in 2019/20 to build capacity including providing training, mentoring and fellowship education opportunities to new and existing primary care physicians, nurse practitioners, nurses and social workers throughout the province. As noted in 2019/20 – 2021/22 Annual Service Plan, the Ministry will be focussed on engaging and retaining people in OAT using data from the opioid use disorder cascade of care.

Goal 2: Improve access to effective mental health and addictions services and supports through the design, development and implementation of a Mental Health and Addictions Strategy and Action Plan that includes a focus on prevention and early intervention services/supports, and children, youth, and Indigenous peoples.

Objective 2.1: A coordinated Mental Health and Addictions Strategy and Action plan is developed.

The strategy and action plan set a vision, identifies gaps, establishes targets, and identifies a plan to transform the mental health and addictions system.

Key Highlights

In 2018-19 the Ministry undertook policy and consultation work to develop a plan to begin to transform B.C.'s mental health and addictions system of care. This included making early investments in priority areas:

- The Ministry worked with ministry and Indigenous partners to fund early action initiatives that formed the building blocks for the development of the Mental Health and Addictions Strategy. Dedicated federal government funding of \$263 million over five years (2017/18 – 2021/22) supports investments in improving B.C.'s mental health and addiction system, including prevention and intervention actions.
- Budget 2019 included a new investment of \$74 million to support priority mental health and addictions initiatives with a focus on children, youth, and young adults, and on Indigenous peoples, through prevention and early intervention, and improving access to evidence-informed and culturally safe mental health and addictions treatment and recovery services and supports.
- In July 2018 the Province, Canada and the First Nations Health Council signed a Memorandum of Understanding (MOU) for a Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Social Determinants of Health and Wellness to support greater autonomy and self-determination of First Nations.
- Through the MOU, groups of First Nations are supported to work together to plan, design, and implement a community-driven, Nation-based mental health and wellness initiative that meets

their needs. The British Columbia Ministries of Mental Health and Addictions, Children and Family Development, Indigenous Relations and Reconciliation, and Health work together to coordinate the supports, services and funding they provide to First Nations. The MOU has a two-year term and contains a commitment to develop a 10-year social determinants of health agreement between the Province, Canada and the First Nations Health Council.

- The MOU has also been the mechanism for B.C. ministries to partner with First Nations Health Authority and the First Nations Health Council to renovate, replace, expand and build a number of First Nations-run treatment centres in B.C.

Performance Measures:

2018/19 was the first full Service Plan for the Ministry of Mental Health and Addictions. A key objective for the first year of the Ministry's operation was the development of a provincial mental health and addictions strategy, which will inform future performance measures for all objectives under Goal 2.

Objective 2.2: Ongoing system improvements are informed by an established stakeholder engagement process.

Key Highlights:

In 2018/19 the Ministry conducted a comprehensive partner and stakeholder engagement process to inform priority setting for mental health and addiction initiatives. This process included conducting consultation sessions with those who have direct experience in either delivering or receiving mental health and/or substance use services.

- Between March and August 2018, the Ministry hosted targeted roundtable dialogues around the province with direct service providers, people with lived experience, rural communities, Indigenous people, people who use drugs, representatives from LGBTQ2S+ communities, and people from diverse cultural backgrounds to identify opportunities and challenges in the system and priorities for action.
- In May and June 2018, the Ministry held focus groups with youth, families and service providers across the province. Stakeholder groups included Indigenous and non-Indigenous youth, LGBTQ2S+ youth, young adults with developmental disabilities, service providers working with young people and families: with developmental disabilities, mental health and/or substance use issues, and early childhood development.
- The Ministry collaborated with First Nations and Métis partners in every step of the development of the Strategy. This included engagement through the First Nations Regional Health Caucuses, meetings with First Nations and Métis leaders, and engagement sessions with Indigenous partners and service providers to ensure Indigenous perspectives were embedded in the work of the ministry.

- Between May and August 2018, the Ministry invited public feedback through an online survey (email and mail were also accepted) on the [GovTogetherBC](#).
- The Ministry produced a final [What We Heard Report](#) in October 2018 for reference in the development of priority initiatives and for support of other policy issues.

Objective 2.3: The full continuum of mental health and addictions services for children and youth in British Columbia are planned and implementation started through a partnership approach

Key Highlights:

In 2018/19 the Ministry worked closely with the Ministries of Children and Family Development, Health, Education, and Advanced Education, Skills and Training, Indigenous people, local and federal governments, education, justice, employment, housing systems, advocates, community organizations, and people with lived experience to plan and begin implementation of a full continuum of mental health and addictions services for children and youth in B.C.

- The Ministry worked with key partners to develop a three-year plan to begin transforming mental health and substance use care for a seamless network of services and supports for children, youth, young adults and their families by increasing efforts in prevention and early intervention.
- The Ministry worked with the Office of the Representative for Children and Youth to ensure that child and youth initiatives are responding to the issues and challenges identified by that office.
- The Ministry and Indigenous partners worked to identify approaches to ensure Indigenous children and youth have access to mental health care that is coordinated, culturally safe and incorporates Indigenous philosophies of health, healing and resiliency.

Financial Report

Discussion of Results

The Ministry's results ended on target at \$13.556 million with Treasury Board approval to access the Contingencies voted appropriation for \$3.573 million to provide financial support to unsolicited requests from various community organizations.

Executive and Support Services was overspent by \$0.760 million and Policy Development, Research, Monitoring and Evaluation underspent by the same due to an internal reallocation of resources in the ministry.

Resource Summary

	Estimated	Other Authorizations ¹	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Policy Development, Research, Monitoring and Evaluation	7,803	3,573	11,376	10,616	(760)
Executive and Support Services	2,180	0,000	2,180	2,940	760
Total	9,983	3,573	13,556	13,556	0,000
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
By Core Business	1	0	1	0	(1)
Total	1	0	1	0	(1)

¹ "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.

