

Ministry of Mental Health and Addictions

2019/20 Annual Service Plan Report



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Minister's Accountability Statement



The Ministry of Mental Health and Addictions *2019/20 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2019/20 – 2021/22 Service Plan* created in February 2019. I am accountable for those results as reported.

A handwritten signature in blue ink that reads "Judy Darcy".

Honourable Judy Darcy
Minister of Mental Health and Addictions
June 26, 2020

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Letter from the Minister

As we look back on all we have accomplished this year, I want to recognize the tireless efforts of everyone who is working so hard to make mental health and addictions care better for people in B.C. I am profoundly grateful to the talented and dedicated ministry staff working alongside people with lived experience, parents, mental health and addictions professionals, health care providers and researchers.

When we launched A Pathway to Hope, our roadmap for making mental health and addictions care better for people in B.C., there was no question that youth was where we had to go first. Foundry centres are now available to young people in 11 communities with eight on the way. And we have expanded mental health and substance use services in schools across the province so that young people can get help where and when they need it.

Together, we have also worked across government and with partners in the community to expand access to low or no-cost community mental health and addictions counselling, to support Indigenous-led mental health and addictions services, to provide more than \$900,000 in grants to municipalities across B.C. for their own wellness and harm reduction projects, to roll out new, made-in-B.C. guidelines for the clinical management of alcohol use disorder and to strengthen the quality of care and oversight of supportive recovery services through new regulations and a per diem increase.

And no one is taking their foot off the gas when it comes to responding to the overdose crisis. We have more than doubled the number of supervised consumption and overdose prevention sites and these sites have seen more than one million visits and not one single death. Take Home Naloxone kits are now available at 1,719 locations in B.C. and they have been used to reverse more than 50,000 overdoses. And we have significantly increased access to medication-assisted treatment to help thousands of people manage their withdrawal and stabilize their lives.

The end of this year also brought unprecedented challenges. The COVID-19 pandemic has changed everything – from how we deliver much-needed mental health services to how we respond to not one, but two, public health emergencies. But challenge has never slowed us down. Along with our partners at the BC Centre for Substance Use, we recently announced new guidance that increases access to safe, prescription alternatives for people who use substances and we will continue to work quickly and passionately to make sure that a clear pathway to hope and healing is available for everyone who needs it.



Honourable Judy Darcy
Minister of Mental Health and Addictions
June 26, 2020

Purpose of the Annual Service Plan Report

The Annual Service Plan Report 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 year's 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 responsible for leading and escalating the response to the province's overdose public health emergency. The Ministry also works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces).

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

Strategic Direction

The strategic direction set by Government in 2017 and expanded upon in Minister of Mental Health and Addictions' [Mandate Letter](#) shaped the 2019/20 Ministry of Mental Health and Addictions [Service Plan](#) and the results reported in this Annual Report.

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.

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

The psychological health and safety of British Columbians, particularly in terms of workplace mental health, is proven to have significant economic impact on the province. The COVID-19 pandemic, which resulted in province-wide disruption to daily life, has highlighted the need for ongoing treatment and support of mental health disorders and improved workplace mental health.

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 potential 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 [Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#).

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 brings together key partners – including other government ministries, Indigenous peoples and communities, municipalities, first responders, front-line community agencies, the local recovery community, people and families with lived experience, and local government agencies, 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 and community action teams in hard-hit communities to intervene quickly with life-saving responses, early intervention, and proactive treatment and support.

On March 11, 2020 the World Health Organization declared COVID-19, caused by a novel coronavirus, a pandemic, citing concern over alarming levels of spread and severity across the globe. In British Columbia, a public health emergency due to COVID-19 was declared on March 17, 2020, compounding the province's existing overdose public health emergency that was declared on April 14, 2016.

At the intersection of these dual public health emergencies are a number of risks that have contributed to an increase in overdose related harms and deaths, including an increasingly toxic illicit drug supply, and risks due to withdrawal and unsupervised use for those who must self-isolate or quarantine to prevent the spread of COVID-19.

Report on Performance: Goals, Objectives, Measures and Targets

Goal 1: Deliver an immediate, escalated response to the 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 work in partnership to take immediate action to address the overdose public health emergency. This will be accomplished by continuing to implement and oversee an escalated, coordinated, and sustained plan of action that includes investments and improvements to mental health and substance use services.

Objective 1.1: Ensure people at risk of overdose can access a comprehensive package of essential services for overdose prevention including interventions that save lives and reduce stigma.

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

- Take Home Naloxone (THN) kits are now available at 1,719 locations, including more than 728 community pharmacies.
- There are 31 overdose prevention and supervised consumption locations in B.C. During 2019/20 these sites received 808,334 visits and responded to over 7,131 overdoses with zero deaths.
- Supported pilot projects between local police and health authorities in Vancouver, Abbotsford and Vernon to refer people who are at risk of overdose to treatment and supports instead of the criminal justice system resulting in the creation and ongoing use of referral pathways to local substance use system of care, harm reduction services, overdose prevention services, and other social supports.
- A total of \$945,000 in Community Wellness and Harm Reduction Grants were distributed to 24 municipalities and community partners for initiatives that build on local efforts related to the peer capacity building and employment (including syringe distribution and recovery), adding enhancements to existing community services, and community dialogue and inclusion activities.
- Since the start of the StopOverdoseBC stigma reduction campaign, people in B.C. are significantly more likely to say they would be comfortable accessing health care services (71% comfortable, from 57% in late 2017) and talking with friends or family about the issue (61% from 47% in late 2017).

Performance Measure(s)	2018 Baseline	2018/19 Actuals	2019/20 Target	2019/20 Actuals	2020/21 Target	2021/22 Target
1.1 Number of publicly funded naloxone kits shipped to distribution sites B.C. Take Home Naloxone ¹	140,748	198,901	220,000	241,037	230,000	230,000

¹Data source: BC Centre for Disease Control (BCCDC) Overdose Response Indicators.

Discussion of Results

Results show significant progress on an escalated response to the overdose emergency including ensuring optimal supplies, training, and community-level infrastructure to ensure sustained access to naloxone. The BC Take-Home Naloxone Program provides life-saving training and kits to people at risk of an opioid overdose. There are now more than 1,700 sites providing kits throughout British Columbia including through community agencies, community pharmacies, correctional institutions, hospitals and emergency departments and First Nations sites. This program is complemented by 31 overdose prevention and supervised consumption sites throughout B.C.

Objective 1.2: Ensure people at risk of overdose can access a range of evidence-based treatment and recovery options for opioid use disorder as well as supports to help ensure that they are retained in care.

Key Highlights

- Increased access to a range of opioid agonist treatment (OAT) options, including flexible options such as injectable OAT and tablet OAT. The number of people dispensed any OAT increased from 22,263 in the month of March 2019 to 23,568 in the month of March 2020.
- Supported peer initiatives through investments in the development of a Provincial Peer Network to build the capacity of peer networks throughout B.C. Additionally, \$600,000 was allocated to the regional health authorities and the BC Centre for Disease Control to support implementation of peer coordinators or peer related supports related to substance use services.
- Invested \$5.4 million over three years (2019/21 – 2021/22) to increase rapid access to addictions medicine by adding more prescribing capacity for medical professionals through additional session time and funding for training opportunities.
- Strengthened the safety, quality and oversight of supportive recovery homes through amendments to the [Community Care and Assisted Living Act](#) (CCALA), introducing the new [Assisted Living Regulation](#), and worked in partnership with the Ministry of Social Development and Poverty Reduction to increase per diems for the first time in 10-years.
- Expanded access to no or low-cost counselling services through grants to community organizations across the province to make counselling accessible to those who may have faced barriers to receiving services.

Performance Measure(s)	2017/18 Baseline	2018/19 ² Actuals	2019/20 Target	2019/20 Actuals	2020/21 Target ³	2021/22 Target
1.2 % of people on opioid agonist treatment (OAT) who have been retained for 12 months. ¹	48% (November 2017)	50.4% (September 2018)	2-5% Increase ⁴	TBC ⁵	2-5% Increase	2-5 % Increase

¹ Data source: Piske, M., Zhou, C., Min, J. E., Hongdilokkul, N., Pearce, L. A., Homayra, F., Socias, E., McGowan, G., and Nosyk, B. (2020) The cascade of care for opioid use disorder: a retrospective study in British Columbia, Canada. *Addiction*, <https://doi.org/10.1111/add.14947>

Discussion of Results

Increasing access to range of OAT medications for individuals with opioid use disorder (OUD), including buprenorphine/naloxone, methadone, sustained release oral morphine, hydromorphone, and diacetylmorphine, has been an important part of the overdose response. The number of individuals on OAT and the numbers of providers continues to increase each month. Increases in trained prescribers is supported by continued investment in BC Centre on Substance Use programs to support education of substance use service providers through its Provincial Opioid Addiction Treatment Support Program and its Addiction Care and Treatment Online Certificate program. The proportion of all persons on OAT who were retained in treatment for at least 12 months increased from 48.4% in 2017 to 50.4% in 2018. In 2018, 10,057 persons were retained on OAT treatment for at least 12 months, up from 8,960 in 2017.⁶

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

Objective 2.1: Mental health and addiction services and supports are designed, coordinated and delivered using a whole of government, cross-sector approach.

The Ministry's second goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians. This will be accomplished through the development and implementation of a Mental Health and Addictions Strategy emphasizing prevention and

² Note that in the 2018 refresh, it was estimated that 64,223 people had a diagnosed opioid use disorder in B.C., up from 55,470 persons up to Nov. 2017. In 2017, 18,519 persons received OAT, whereas in March 2018, 19,958 persons had received OAT.

³ In the 2019/20 Service Plan the 2019/20 target was "TBD". After reviewing the data on retention, it was determined that the target of range between 2-5% increase would be the target in 2020/21 and going forward.

⁴ Targets for percentage increase of people retained on OAT are based on changes from 2017 to 2018. 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. In the 2019/20 Service Plan the 2019/20 target was TBD. A 2-5% increase was settled as the target in 2019/20.

⁵ The Cascade of Care data is delayed due to COVID-19 related restrictions.

⁶ Nosyk B, Min JE, Pearce L, Zhou C, Homayra F, Wang L, Piske M. Towards a comprehensive performance measurement system for Opioid Use Disorders in British Columbia 2013 - 2017. MMHA. Cascade of Care. Data refreshed to Sept 2018.

early intervention services and supports, and beginning with a focus on children, youth, and Indigenous peoples.

Key Highlights

- On June 26, 2019, Government released [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#). The Roadmap lays out government's 10-year vision to improve the mental health and wellness of all British Columbians, as well as the most urgent priorities to help people now while reducing demand on services down the road. The immediate focus is on:
 - improving wellness for children, youth and young adults
 - supporting mental health and wellness for Indigenous people
 - improving substance use care, and
 - improving access and quality of care across B.C.
- Expanded access to no or low-cost counselling services through grants to community organizations across the province to make counselling accessible to those who may have faced barriers to receiving services. The \$10 million in grants (over 3 years) is aimed at removing barriers to counselling related to race, ethnicity, religion, gender, age, class, sexual orientation and/or financial means.
- Supported Indigenous-led service delivery models through implementing the Memorandum of Understanding (MOU) among the Province, Canada and the First Nations Health Council for a Tripartite Partnership to Improve Mental Health and Wellness Services. Through the MOU over \$12 million was disbursed by the First Nations Health Authority in 2019/20 for 29 new mental health and wellness initiatives that includes the participation of 120 First Nation communities across B.C.
- Increased access to culturally safe treatment services by working with the First Nations Health Authority to expand land-based healing services and collaborate on renovating, replacing and building First Nations-run treatment facilities.
- Released a new guideline developed by the BC Centre on Substance Use for the [clinical management of alcohol use disorder and high-risk drinking](#). This guideline provides evidence-based recommendations for health care providers to connect individuals – including youth ages 12 to 25 and adults – to services and treatment that suit their needs.

Performance Measure(s)	2019/20 Baseline	2020/21 Target	2021/22 Target
2.1 Digital Front Door monthly average sessions ¹	0	1,000	2,300

Data source: Ministry of Mental Health and Addictions

¹ This performance measure was created in 2019/20.

Discussion of Results

The Ministry is developing a Digital Front Door that serves as an online wellbeing portal to guide British Columbians to credible, government supplied or supported mental health and substance use services and programs in a format that puts people's needs first. In 2019/20, the Ministry set targets for the completion of the Digital Front Door in 2020/21 and for monthly average sessions once it is launched.

Objective 2.2: Children and youth have access to prevention and early intervention services and supports when and where they need it.

Key Highlights

- As part of *A Pathway to Hope*, developed and published a three-year action plan for transforming mental health and substance use care for children, youth, young adults and their families by increasing efforts in prevention and early intervention and weaving together fragmented services in a seamless system of care.
- Supported new and enhanced school based mental health activities through grants made available to all school districts and independent schools. The grants supported schools to provide programming focused on social emotional learning, trauma informed practice, mental health literacy, or activities to raise awareness and capacity for mental health and wellbeing.
- Opened a new Foundry centre and made a commitment to expand the centres from 11 currently operating or in implementation to 19 over the next three years. Foundry centres bring core mental and physical health services, as well as key social services, together in one location where young people aged 12-24 can find the care, connection and support they need.
- Announced and began implementation of a new and innovative model to deliver integrated child and youth mental health and substance use care that connects school-based services with existing health and community services to provide a coordinated and seamless care system for young people and their families. Implementation has begun in two school districts, with three more planned for 2020/21.
- Provided support for pregnant individuals and parents with substance use challenges to help mother/baby attachment after birth in hospitals, aid in breastfeeding, and increase parental confidence by providing an opportunity for mothers to care for their infant with professional caregivers nearby for assistance. Over 500 new mother/baby dyads were supported through eight community organizations across B.C.

Performance Measure(s) ²	2019/20 Baseline	2020/21 Target	2021/22 Target
2.2 Number of Foundry centres operating or in implementation ¹	11	15	19

¹Data source: Internally compiled from Foundry Central Office reporting

²This performance measure was created in 2019/20.

Discussion of Results

At the end of 2019/20, Foundry has nine centres operating (Vancouver Granville, Vancouver North Shore, Prince George, Campbell River, Victoria, Abbotsford, Penticton and Kelowna), and two in implementation (Terrace and Richmond). Foundry Central Office launched an expression of interest process on October 21, 2019, with the goal of selecting the next set of Foundry lead agencies and communities. In March 2020, following a rigorous selection process, eight lead agencies were selected to lead implementation of eight new Foundry centres over the next three years.

Financial Report

Discussion of Results

The Ministry's results ended on target at \$23.039 million with Treasury Board approval to access the Contingencies voted appropriation for \$12.972 million to provide financial support to a range of community organizations to enhance priority mental health and substance use services.

Financial Summary

	Estimated	Other Authorizations ¹	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Policy Development, Research, Monitoring and Evaluation	7,879	0,000	7,879	5,565	(2,314)
Executive and Support Services	2,188	12,972	15,160	17,474	2,314
Total	10,067	12,972	23,039	23,039	0,000
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)					
By Core Business	0,001	0,000	0,001	0,000	(0,001)
Total	0,001	0,000	0,001	0,000	(0,001)

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.