

Ministry of Mental Health and Addictions

2020/21 Annual Service Plan Report



For more information on the Ministry of Mental Health and Addictions contact:

Ministry of Mental Health and Addictions
PO Box 9087
STN PROV GOVT
VICTORIA, B.C.
V8W 9E4

250-952-7623

Or visit our website at
gov.bc.ca/mental-health-addictions

Published by the Ministry of Mental Health and Addictions

Minister's Accountability Statement



The *Ministry of Mental Health and Addictions 2020/21 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2020/21 – 2022/23 Service Plan* created in February 2020. I am accountable for those results as reported.

A handwritten signature in blue ink, appearing to read 'SM', followed by a long horizontal flourish.

Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
August 9, 2021

Table of Contents

Minister's Accountability Statement	3
Letter from the Minister	5
Purpose of the Annual Service Plan Report.....	6
Purpose of the Ministry.....	6
Strategic Direction	6
Operating Environment.....	6
Report on Performance: Goals, Objectives, Measures and Targets.....	9
Financial Report.....	15
Discussion of Results.....	15
Financial Summary	15

Letter from the Minister

The past year has been difficult in so many ways – the COVID-19 pandemic isolated us, increased mental health challenges, and deepened the drug poisoning crisis – and this has challenged British Columbians in unprecedented and heart wrenching ways.

Through all of this, thousands of people have been on the frontlines saving lives, putting the health and safety of others first – both in response to the overdose crisis and the pandemic. I am deeply grateful for every healthcare, frontline, and essential worker, and to the people of British Columbia who gave up so much to keep one another safe.

Virtual options and computers have been a lifeline for so many during the pandemic, keeping us connected to loved ones and ensuring we have continued access to the health services people need and deserve. From the Lifeguard overdose prevention app, to the comprehensive Foundry BC app, and the Work Mental Health BC digital hub, for the first time, people living in rural, remote, and Indigenous communities can access many of the same healthcare options as people living in urban centres.

And as much as the past year has forced us to shift our priorities, it has also been instrumental in solidifying the work that was already underway in areas that need our help the most – including children, youth, and their families.

From investing \$56 million in new supports to integrate mental health and substance use services in communities across BC, expanding suicide prevention programs for Indigenous youth and post-secondary students, launching the new Mental Health in Schools Strategy, and enhancing low- and no-cost virtual services available to all British Columbians, we are continuing to fill the gaps that still remain in the current system of care. We're also providing more support to Indigenous communities to back the creation of Indigenous-led solutions to address overdose and mental health challenges.

To better support vulnerable people during the illicit drug poisoning crisis, we have doubled the number of overdose prevention sites, expanded access to safer supply options, and other treatment and recovery supports, and created more than 100 new adult treatment beds. Our efforts have not wavered, and we will continue to do everything in our power to save more lives and connect more people to the services they need.

Looking at the progress we've made while battling two public health emergencies makes me optimistic for what we will be able to accomplish over the next year - together.



Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
August 9, 2021

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 peoples, 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 the Minister of Mental Health and Addictions' [2017 Mandate Letter](#), shaped the goals, objectives, performance measures and financial plan outlined in the [2020/21 Ministry of Mental Health and Addictions Service Plan](#) and the actual results reported on in this annual report.

The global COVID-19 pandemic resulted in many shifts in priorities, structures, and operations across the public sector. Any changes to the Ministry of Mental Health and Addictions' goals, objectives, performance measures or financial plan to align with the strategic direction established by Government in late 2020 are presented in the 2021/22 Service Plan.

Operating Environment

The COVID-19 pandemic has had a sustained and notably negative impact on the mental health of British Columbians, impacted the already severe overdose public health emergency, and changed the way services were provided due to social distancing and other health and safety measures. The pandemic has been a time of increased stress and anxiety for British Columbians, with many experiencing worsened mental health.

During the first wave of the pandemic 46% of British Columbians reported their mental health was worsening and 18% reported they were quite or extremely stressed on most days.¹ Ongoing data reveals that the pandemic continues to have a negative effect on the mental health of British Columbians. For example, in March 2021, 27% reported their mental health as bad or very bad.² Although self-reported well-being is improving as restrictions ease and vaccination rates improve, over the course of 2020 over half of Canadians reported a worsening in mental health since the COVID-19 shutdown.³ Disaggregated data shows that certain populations felt this burden more significantly, including health care workers, post secondary students, people with pre-existing mental health conditions, managers and leaders and individuals reporting reduced working hours.⁴

A public health emergency in response to drug-related overdoses and deaths has been in effect since 2016.⁵ The additional public health emergency caused by COVID-19 pandemic has compounded the risks and harms to people who use drugs. Due in part to COVID-19 response measures, people who use drugs have experienced increased risk for substance use related harms due to public health guidance to self-isolate, which resulted in more people using alone and led to reduced social supports, disrupted routines, and increased housing and income insecurity.

COVID-19 pandemic response measures have also affected access to services, including attendance at overdose prevention (OPS) and supervised consumption sites (SCS) which saw more than a 50% drop in visits in April 2020 (32,531) as compared to April 2019 (71,332). While attendance has been increasing since May 2020, the number of visitors on a monthly basis has not returned to 2019 levels, and April 2021 saw 52,240 visits.⁶ Community substance use services providers have reported challenges as a result of social distancing and public health orders including decreased service capacity, increased cleaning and sanitization requirements, and changes to intake protocols (quarantine etc.). Additionally, many programs delivered in partnership or in person had to be reduced or moved to an online platform, impacting client morale and ongoing connections to transition supports and aftercare.

Also, since the onset of COVID-19, B.C. has experienced an increasingly toxic illicit drug supply. As of March 2021, fentanyl was detected in 86% of illicit drug toxicity deaths. Extreme concentrations of fentanyl have increased from 8% of coroners' cases during the January 2019 to March 2020 period, to 12% of cases from April 2020 to March 2021. In addition, the detection rate of benzodiazepines in expedited toxicology testing has rapidly increased from 15% of samples in July 2020 to 51% of samples in February 2021.⁷ Increased drug toxicity, and the combination of benzodiazepines and opioids increase the likelihood and severity of overdose and reduce the effectiveness of interventions like naloxone, which does not respond to benzodiazepines.

¹ BC Centre for Disease Control (BCCDC); BCCDC Foundation for Public Health. 2020. [BC Covid-19 Speak Results](#).

² Leger (2020). North American Tracker: March 29, 2021.

³ Statistics Canada. [COVID-19 in Canada. A one-year update on social and economic impacts](#). March 2021

⁴ Life Works. [Mental Health Index Report](#). April 2021

⁵ Government of British Columbia. [Provincial health officer declares public health emergency](#). April 14, 2016.

⁶ BC Centre for Disease Control (BCCDC). [Overdose Response Indicators](#). Last updated: July 2021.

⁷ BC Coroners Service (BCCS). [Illicit Drug Toxicity: Type of Drug Data – Data to February 28, 2021](#). Posted Online: April 29, 2021.

The pandemic has also impacted the broader landscape of substance use. During 2020/21, data indicates that alcohol consumption increased significantly. 21% of Canadians aged 18-34 and 25% of Canadians aged 35-54 are drinking more while at home due to the COVID-19 pandemic.⁸ Canadians 55 years of age and older were less likely to report increased alcohol consumption (10%) than younger Canadians. British Columbians reported that they had increased their consumption was due to a lack of a regular schedule, boredom, and to cope with feeling more isolated, lonely, and stressed.^{9,10}

These unprecedented challenges had an important role in shaping the priorities of the Ministry throughout 2020/21. Working to ensure that life saving services were maintained and new supports and policies implemented in response to this rapidly shifting environment was critical in mitigating these challenges and continuing to meet the needs of British Columbians.

⁸ Canadian Centre on Substance Use and Addiction (CCSA). [COVID-19 and Increased Alcohol Consumption: NANOS Poll Summary Report](#), April 2020

⁹ CCSA; Nanos. [Boredom and Stress Drives Increased Alcohol Consumption during COVID-19: NANOS Poll Summary Report](#). CCSA May Omnibus Research. Summary, Submission 2020-1645. May 2020. 2021; University of Victoria. Canadian Institute for Substance Use Research, [Alcohol consumption: Alcohol consumption in BC during COVID-19](#).

¹⁰ Statistics Canada. [Alcohol and cannabis use during the pandemic: Canadian Perspectives Survey Series 6](#). The Daily. Released: March 4, 2021.

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.

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

The Ministry's first goal is to work in partnership to take immediate action to address the overdose public health emergency. This was 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.

Key Highlights

- Between April 1, 2020 and March 31, 2021, 294,041 Take Home Naloxone kits were shipped to distribution sites, an increase of over 50,000 kits from 2019/20 and exceeding the 2020/21 target by more than 40,000.
- Take Home Naloxone kits are available at 1,861 locations, including in community pharmacies, hospitals, and emergency departments, and in First Nation communities.¹¹
- As of March 2021, there are 38 overdose prevention services (OPS) and supervised consumption sites (SCS) in B.C., up from 31 sites as of March 2020. During 2020/21, these sites received 543,762 visits and responded to over 2,617 overdoses.¹² In response to COVID-19, health authorities have also begun to provide episodic observed consumption services in health and social service locations, outside of designated OPS/SCS sites.
- In March 2020, the British Columbia Centre for Substance Use released clinical guidance entitled [Risk Mitigation in the Context of Dual Public Health Emergencies \(RMG\)](#), for health care providers. The guidance is a critical tool for supporting people who use substances, and who are at risk of COVID-19 infection or transmission. Between March 27 and August 31, 2020, 2,780 people were dispensed medications using these guidelines.¹³ This guidance has separated more people from poisoned illicit drugs, connected people to ongoing healthcare and support, and helped stabilize peoples' lives.
- In September 2020, the Province announced development of updated policy direction to support improved access to pharmaceutical alternatives through expanding eligibility

¹¹ BCCDC, [Overdose Response Indicators](#); Toward the Heart, [Take Home Naloxone Program in BC](#). Infographic. Updated June 16, 2021; First Nations Health Authority, [Harm Reduction and Take Home Naloxone in BC First Nations Communities](#), November 17, 2015.

¹² BCCDC, [Overdose Response Indicators](#).

¹³ Slaunwhite A, Palis H, Zhao B, Nosyk B, Pauly B, Urbanoski K, Xavier, C. *Evaluation of the Risk Mitigation Guidance in British Columbia – Interim Findings* (Knowledge Update). Vancouver, BC: BC Centre for Disease Control; 2021.

criteria, providing a broader range of medications, and increasing access points for prescribed safer supply. This policy directive was released in summer 2021.¹⁴

- The overdose response was accelerated through an investment of \$10.5M to expand access to overdose prevention and supervised consumption services, including observed inhalation, increase integrated interdisciplinary outreach teams, and provide improved access to nursing care for people at risk of overdose.

Performance Measure	2018/19 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
[1.1] Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone Program ⁱ	198,901	241,037	250,000	294,041	250,000	250,000

Data source: BC Centre for Disease Control. [Overdose Response Indicators](#).

ⁱ Based on order data for naloxone kits shipped to BC THN distribution sites, based on fiscal period. Program shipping is based on orders from regional sites. Note: Naloxone has a shelf life of 2-3 years so demand for kits is driven by new kit recipients, those replacing their kits for a variety of reasons (expired, lost, stolen, or used to reverse an overdose).

Discussion of Results

The actual number of naloxone kits shipped to sites in 2020/21 exceeds the target by over 17% (44,041), demonstrating the results of significant efforts to ensure sustained access to naloxone through supplies, training, and community-level infrastructure. More Take Home Naloxone kits were shipped in 2020 than in any other year, and more than one hundred active distribution sites were added in 2020/21. The Take Home Naloxone program is complemented by a growing number of overdose prevention and supervised consumption services operating in B.C. health authority regions. With the onset of COVID-19, these sites saw a decreased number of visits and it is possible that the increase in naloxone distribution is related to this decrease.

Objective 1.2: Support people at risk of overdose to 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.

Medication assisted treatment comprises various drug treatments for people with opioid use disorder, including Opioid Agonist Treatment. B.C. has developed evidence-based treatment guidelines which support a variety of treatment options. Medication assisted treatment is part of a comprehensive package of interventions to support the overdose response and is a community-based treatment option which supports people to reduce their use of unregulated drugs.

Medication assisted treatment use in B.C. is effective at reducing the risk of all cause and drug related mortality despite the increased toxicity in the unregulated drug supply.

Community-based substance use supports such as integrated team-based care and bed-based treatment and recovery services are additional important aspects of the substance use continuum

¹⁴ Government of British Columbia. [B.C. introduces new prescribed safer supply policy, a Canadian first](#). Ministry of Mental Health and Addictions. July 15, 2021.

of care in B.C. Access to both medication assisted treatment and a comprehensive range of substance use services and supports is necessary to address the full range of needs of people who use substances, to reduce readmission rates to acute treatment services, improve the outcomes achieved during treatment and support ongoing recovery goals.

Key Highlights

- The range of medicinal treatment options has expanded, and B.C. now offers multiple forms of medication assisted treatment to support a range of treatment needs.¹⁵ The number of people dispensed any type of Opioid Agonist Treatment (OAT) increased from 23,573 in March 2020 to 24,302 in March 2021.¹⁶
- In September 2020, the Provincial Health Officer issued an order to allow registered nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe controlled drugs (e.g., suboxone (buprenorphine/naloxone)) and substances. This represents a significant change in B.C.'s health care system and an opportunity to expand our response – especially in underserved, rural and remote areas.¹⁷ As of March 2021, there were approximately 80 RNs and RPNs enrolled in, or who had completed, specialized training required.
- Continued investment (\$5.4M over 2019/20 – 2021/22) has increased rapid access to addictions medicine by adding more prescribing capacity for medical professionals through additional session time and funding for training opportunities.
- Implemented seven new and nine expanded substance use integrated teams across all regional health authorities to serve adults who are struggling with substance use to get connected and stay connected to care as they work on their wellness goals.
- Supported continued access and expansion of bed-based services, by improving access to publicly funded beds through the beds expansion grant, supporting existing operators offset financial pressures through the COVID-19 relief grant, and supporting ongoing education and training through the operator training grant. A free online public resource listing licensed and bed-based treatment and recovery services operating during COVID-19 was developed in partnership with the BCCSU to assist people looking for available services during the pandemic.

Performance Measure	Sept 2018 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
[1.2] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months ^{i,ii}	50.4%	50.1%	2-5% Increase ⁱⁱⁱ	51.9% ^{iv}	2-5% Increase	Re-evaluate Percentage

Data source: Piske, M., Zhou, C., Min, J. E., Hongdilokkul, N., Pearce, L. A., Homyra, F., Socias, E., McGowan, G., and Nosyk, B. (2020) [The cascade of care for opioid use disorder: a retrospective study in British Columbia, Canada. Addiction.](#)

¹⁵ This includes buprenorphine/naloxone, methadone, Metadol-D, sustained release oral morphine, OAT, injectable opioid agonist treatment (iOAT), and tablet injectable agonist treatment (TiOAT).

¹⁶ BCCDC, [Overdose Response Indicators.](#)

¹⁷ Government of British Columbia, [New public health order to help slow B.C.'s overdose crisis.](#)

ⁱNote that in the 2018 update to refresh the program analysis, 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 September 2018, 19,958 persons had received OAT.

ⁱⁱThe % of people on OAT who have been retained for 12 months is measured on a single date in time. The September 2018 baseline was measured on September 30, 2018. The 2019/20 figure was measured 6 months later on March 30, 2020. The 2020/21 figure was measured at the halfway mark for the 2020/21 fiscal year, on September 30, 2020.

ⁱⁱⁱA 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.

^{iv}September 30, 2020 is the latest date for which these data are available.

Discussion of Results

As measured on September 30, 2020, there was a 1.8% increase in the percentage of people on medication assisted treatment who had been retained for 12 months, as compared to March 30, 2020. The number of trained prescribers continues to increase, with over 80 new OAT prescribers added each month since March 2020, and the total number of OAT prescribers has risen from 1,487 in March 2020 to 1,689 in March 2021.¹⁸ However, OAT retention has not met initial expectations due to a combination of factors, including: treatment intensity and travel requirements to access OAT, particularly in the context of COVID-19; increased toxicity of the illicit drug supply; stigma; availability of prescribers to meet the drug type OAT treatment needs of patients, including in particular regions; clinic and pharmacy hours; clinic fees; and, medication and dispensing costs. The Ministry will work with partners to optimize accessibility of OAT.

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

The Ministry's second goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians.

Objective 2.1: Mental health and addiction 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.

Key Highlights

- Rapidly expanded mental health and substance use supports to meet increased needs due to the COVID-19 pandemic including access to low or no-cost community counselling, coaching and support programs, online peer support and crisis services, as well as online tools and resources to help people assess and manage their mental health.
- Continued to work in partnership to support Indigenous-led solutions to mental health and wellness. The Ministry and First Nations Health Authority allocated a total of \$7.2M in 2020/21 for an additional 17 First Nations-led initiatives that involve 61 communities across B.C. As of March 2021, \$21.1M had been allocated to 41 First Nations-led initiatives with a total of 166 communities participating in the process.

¹⁸ BCCDC, [Overdose Response Indicators](#).

- Worked with partners to release a new supplemental guideline for the treatment and clinical management of alcohol use during pregnancy to provide specific evidence-informed recommendations for health care professionals on how to support people who are struggling with alcohol use during pregnancy and the post-partum period.
- Worked with the Ministry of Health to expand team-based primary care services that brings physicians, nurses, and other health care workers together and expand access to mental health and substance use services have been implemented across the province. There are now 53 Primary Care Networks, 24 Urgent Primary and Community Care Centres and three new Nurse Practitioner Primary Care Clinics implemented in B.C.
- Launched a new digital platform ([Care for Caregivers](#)) and peer support network ([Care to Speak](#)) - in partnership with CMHA-BC and SafeCare BC - to support the psychological health and safety of employees and leaders in the long-term and continuing care sector who were experiencing increased stress, fear and anxiety due to COVID-19.

Performance Measure	2019/20 Baseline	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
[2.1] Digital front door monthly average sessions	0	0	1,000	N/A	2,300	3,100

Data source: Ministry of Mental Health and Addictions

Discussion of Results

The performance measure for this objective was discontinued. In the ministry's response to COVID-19 the digital front door website project was postponed as the Ministry prioritized efforts to ensure that British Columbians had access to information on expanded, virtual mental health and addictions supports. The digital front door will be known as the Wellbeing digital hub ([Wellbeing.gov.bc.ca](#)) which will be launched 2021/22. The 2021/22 Service Plan replaces this performance measure with one that measures the number of communities implementing integrated child and youth mental health and substance use teams. This new performance measure offers a better assessment of a whole of government approach to delivering services.

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

Key Highlights

- Enhanced school based mental health activities at the outset of COVID-19 by expanding the 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.
- Launched [Foundry Virtual](#) services enabling young people aged 12-24 and their families to access Foundry services from anywhere in the province. The new Foundry Virtual App provides access to live clinician chat, clinical content (articles, videos, and podcasts), goal setting, as well as access to counselling, peer support, primary care and family support through voice calls, video, and chat.

- 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 is being implemented in five school districts: Comox, Maple Ridge – Pitt Meadows, Richmond, Coast Mountains, and Okanagan-Similkameen. Expansion to more school districts is planned to begin in 2021/22.
- Announced and began implementation of a doubling of the number of youth substance use treatment beds across the province. A total of 123 new youth substance use beds will be operational across all health authorities by March 2022.
- Launched [Here2Talk](#), a new counselling service for post-secondary students. The confidential counselling and community referral service is accessible 24/7 via app, phone and web and is available free of charge to all B.C. post-secondary students.

Performance Measure	2019/20 Actuals	2020/21 Target	2020/21 Actuals	2021/22 Target	2022/23 Target
[2.2] Number of Foundry centres operating or in implementation.	9	15	19	17	19

Data source: Internally compiled from Foundry Central Office reporting

Discussion of Results

The target was exceeded by 4 for a total of 19 centres operational or in implementation. There are 11 Foundry centres open across the province (Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond, and Terrace) and another eight in development (Burns Lake, Comox Valley, Cranbrook (East Kootenay), Langley, Port Hardy, Squamish (Sea to Sky), Surrey, and Williams Lake (Cariboo Chilcotin). The eight in development will open in stages over the next two years, with a further expansion of an additional four centres due to begin in 2023/24.

Foundry is a network of centres and online supports that offer young people ages 12-24 integrated health and wellness resources, services and supports. Each centre includes primary care, mental health and substance use (MHSU) services, peer and family support, and social services under one roof, making it easier for youth to get help when they need it. The Foundry model integrates existing services in the community as well as adding additional services and coordination. Services are provided out of each centre by local partners from the Ministries of Children and Family Development, Social Development and Poverty Reduction, regional health authorities, and community and non-profit organizations.

Financial Report

Discussion of Results

The Ministry's results ended on target at \$39.115M. Final results include Treasury Board approval to access Contingency vote: Pandemic Response and Economic Recovery for \$29.403M to support COVID-19 response and recovery measures designed to increase or expand access to 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	7,486	0,000	7,486	5,313	(2,173)
Executive and Support Services	2,226	29,403	31,629	33,802	2,173
Total	9,712	29,403	39,115	39,115	0,000
Ministry Capital Expenditures (\$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.