

Ministry of Mental Health and Addictions

2021/22 Annual Service Plan Report



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Minister's Accountability Statement



The *Ministry of Mental Health and Addictions 2021/22 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2021/22 – 2023/24 Service Plan* created in April 2021. I am accountable for those results as reported.

A stylized, handwritten signature in blue ink, consisting of a large 'S' followed by a series of loops and a long horizontal stroke.

Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
July 29, 2022

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Letter from the Minister

Over the past few years, our province has faced unprecedented challenges. From the COVID-19 pandemic to natural disasters and the effects of the toxic drug crisis – these ongoing challenges have taken a toll on our collective mental health. We have never asked more of our healthcare system, or our frontline workers and I am deeply grateful for their work.

The number of people who have died from the toxic drug supply is not acceptable. We must do more to prevent this tragic loss of life. Illicit drug toxicity poisoning is now the leading cause of unnatural death in B.C., surpassing homicides, suicides, and motor vehicle collisions combined. While we have been adding services and supports in an unprecedented way, British Columbia is facing a rising tide of need.

That's why our government made an historic \$500 million investment in Budget 2021 to build a comprehensive system of mental health and addictions care that people in British Columbia need and deserve.

We know that separating people from the toxic, unpredictable illicit drug supply is the first step to prevent drug poisonings and help people stabilize their lives. In July of 2021, the BC Government released the *Access to Prescribed Safer Supply in British Columbia: Policy Direction*, the first policy of its kind in the country. Providing safer alternatives to the illicit street supply is just part of a much broader harm reduction strategy designed to help stabilize people so they can be linked to treatment, services, and supports.

Another critical part of addressing this ongoing crisis is ending the stigma and shame that prevent many people from accessing support. That's why our province is leading the country to decriminalize people who use illicit drugs.

This year, the Ministry also led the development of complex care housing for people with severe mental health and substance use issues, developing a strategic framework and announcing four initial sites in the Lower Mainland. Budget 2022 will build on these developments, with \$164 million announced for complex care housing over the next three years. The Ministry continues to work with partners in government, health authorities and community partners to plan the next phase of complex care housing.

We are making the large, systemic changes necessary to turn the tide on this crisis. We must confront this emergency from every angle to address both immediate and longer-term needs.

There is more to do, and we won't stop working until we turn this crisis around.



Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
July 29, 2022

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 2020, Minister of Mental Health and Addictions' [2020 Mandate Letter](#), and government's coordinated response to the COVID-19 pandemic shaped the goals, objectives, performance measures and financial plan outlined in the 2021/22 Ministry of Mental Health and Addictions [Service Plan](#) and the actual results reported on in this annual report.

Operating Environment

Since the declaration of an additional public health emergency – the COVID-19 pandemic – the number of deaths due to illicit drug toxicity has continued to increase substantially. People's social support networks have been disrupted, and there were impacts to services that support people who use substances.

Most notably, there has been an increasingly toxic and unregulated illicit drug supply. BC continues to see high concentrations of fentanyl and increasing prevalence of carfentanil within the supply. There are also increases in benzodiazepines and similar substances in the supply.

Unprecedented environmental and societal challenges in 2021 had a direct impact on Health Authority capacity and the implementation of new services and initiatives. Some of the unprecedented challenges include extreme weather events (wildfires, floods, and heat waves), the impact of the COVID-19 pandemic on individual mental health and substance use impacts for every age of the population, and unmarked graves recoveries at residential schools. Other social and economic factors that had an important impact include disrupted supply chains, challenges recruiting qualified health and social professionals and lack of qualified service providers in some regions.

The Ministry acknowledges and continues its commitment to dismantle systemic racism, focus on co-creating systems with people with lived and living experience and uphold the Declaration on the Rights of Indigenous Peoples Action Plan.

Report on Performance: Goals, Objectives, Measures and Targets

Goal 1: Accelerate B.C.'s response to the overdose crisis across a full continuum of substance use care 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 accelerate B.C.'s response to the overdose crisis. The original Goal was developed when the Ministry was first created and was early in its overdose response. Goal 1 is updated to reflect the Province's evolving response to the toxic drug crisis and the Ministry's related mandate letter commitments.

Objective 1.1: People at risk of overdose can access essential life-saving overdose prevention interventions that include harm reduction services, separating people from the toxic drug supply through using prescribed safe supply, reducing stigma, and connecting people to care and treatment.

Key Highlights

- As of March 2022, there were 40 overdose prevention sites (OPS) and supervised consumption sites (SCS) locations in BC, including 13 inhalation sites, up from 38 sites as of March 2021. In fiscal year 2021/22 there were 637,553 total visits and 18,183 visits to inhalation sites. High-quality drug checking services also continued to expand across the province, with 17 Fourier Transform Infrared Spectrometers and one Paper Spray Mass Spectrometer (Victoria) now operating throughout BC providing accessible and fast point-of-care analysis.
- In July 2021, the Province released the Access to Prescribed Safer Supply in British Columbia: Policy Direction – the first of its kind in the country to support the prescribing of a safer drug supply to those at risk of dying from the toxic illicit drug supply. This included \$22.6 million over the next three years to support health authorities in implementing prescribed safer supply, including creation of new programs, increasing staffing capacity and robust, ongoing monitoring and evaluation.

- The Province continues to support Indigenous led, culturally safe approaches to prevention and harm reduction services. Provided \$4.5M in 2021/22 in flexible funding to the First Nations Health Authority to expand initiatives to respond to the toxic drug crisis.
- On November 1, 2021, B.C. became the first province in Canada to apply for an exemption to the federal Controlled Drugs and Substances Act to remove criminal penalties for people who possess small amounts of illicit substances for personal use. Decriminalization is an important step in reducing the stigma that pushes people to use alone and prevents them from accessing treatment and social supports.
- MMHA launched a new province wide Stop the Stigma campaign (www.stopoverdosebc.ca) to shift public perceptions and strengthen understanding about substance use. Partnerships with the Vancouver Canucks and BC Lions helped amplify the message and campaign reach across B.C.

Performance Measure ¹	2019/20 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
1.1 Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone Program ¹	241,037	294,041	400,000	393,086	400,000	400,000

¹Data source: Data Source: BC Centre for Disease Control. Overdose Response Indicators. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#THN>.

² Based on order data for naloxone kits shipped to BC Take Home Naloxone 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, and those replacing their kits for a variety of reasons (expired, lost, stolen, or used to reverse an overdose).

Discussion of Results

Between April 1, 2021, and March 31, 2022, 393,086 Take-Home Naloxone (THN) kits were shipped across the province. Nearly 44,000 kits were shipped in October 2021 alone, surpassing the previous record of 36,000 kits shipped in April 2021.

Since the last Annual Service Plan Report was published, the target has been updated from 250,000 for 2021/22 to 400,000 to align more closely with the actual number of kits being shipped. In 2021/22, the actual number of THN kits shipped to sites almost met the target (-1.72%) demonstrating the results of significant efforts to ensure sustained access to naloxone through supplies, training, and community-level infrastructure. More THN kits were shipped in 2021 than in any other year, and 117 active distribution sites were added. The THN program is complemented by a growing number of overdose prevention and supervised consumption services operating in B.C. health authority regions.

Objective 1.2: Support people with substance use challenges to access a range of evidence-based treatment and recovery services.

Key Highlights

- The number of people dispensed any type of opioid agonist treatment (OAT) clients continues to increase, with 24,992 in March 2022, up from 24,301 in March 2021. The number of prescribers has steadily increased since mid-2016 with 1,745 prescribers in March 2022, up from 1,689 prescribers in March 2021.
- As of March 2022, 143 RNs and RPNs from all health authorities have enrolled and 71 have fully completed their training to begin prescribing medication-assisted treatment (OAT). This follows the Provincial Health Officer (PHO)'s order in September 2020 allowing registered nurses and registered psychiatric nurses to prescribe controlled drugs and substances to reach people who have been traditionally underserved.
- Provincial Standards for Registered Assisted Living Supportive Recovery Services were introduced in September 2021 to improve the quality, safety, and consistency of care in supportive recovery homes. Health authorities were directed to implement standards in contracted services by the end of 21/22.
- New investments in substance use treatment and recovery services have improved access and availability for British Columbians, including the implementation of 105 publicly funded beds administered by Canadian Mental Health Association – British Columbia Division (CMHA-BC), plus \$132M in new investments across the continuum of withdrawal management, transition, treatment and recovery services through Budget 2021.
- Extensive engagement was completed to inform a strategic policy framework for the adult substance use system to ensure that services are coordinated, integrated, and establish an evidence-based continuum of care. The framework will be released in late 2022.

Performance Measure	2018/19 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
1.2 The % of people on opioid agonist treatment (OAT) who have been retained in treatment for at least 12 months. ¹	50.4% (September 2018)	51.9% (September 2020)	2 – 5% Increase	49.9% (August 2021)	2 – 5% Increase	2 – 5% Increase

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*, <https://doi.org/10.1111/add.14947>

¹ Note that in the data refreshed as of August 2021 it was estimated that 73,570 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 as of September 30, 2020, 24,613 persons had recently received OAT.

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

³Targets for percentage increase of people retained on OAT are based on changes from 2017 to September 30, 2020. 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.

Discussion of Results

The number of trained OAT prescribers and average clients continued to increase, with the total number of prescribers rising from 1,689 in March 2021 to 1,745 in March 2022. However, OAT retention is below the projected target. This is due to a combination of factors including: treatment intensity and travel requirements to access OAT, particularly in the context of COVID-19; increased potency of the illicit drug supply making meeting clients' needs harder with current OAT medications; and availability of prescribers to meet the OAT treatment needs. The Ministry is continuing to work with partners to examine the accessibility of OAT to increase both access and retention rates.

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

This goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians.

Objective 2.1: Mental health and addictions 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

- Launched the new digital Hub for [Workplace Mental Health](#) in partnership with CMHA-BC to provide resources and training to support individuals, teams, and organizations to build psychologically healthy and safe workplaces, particularly those in tourism and hospitality and community social services sectors. Continued to enhance supports on careforcaregivers.ca and caretospeak.ca for workers in continuing care/long-term care.
- Partnered with Indigenous peoples to implement Indigenous-led service delivery models for mental health and wellness. The Province provided \$10.75M in 2021/22 to the First Nations Health Authority to expand land-based healing programs, supporting over 147 land-based healing initiatives across all five regions in the province.
- Implementation underway in first five school district communities for integrated service teams that unite child and youth mental health and substance use services across the ministries of Mental Health and Addictions, Health, Education and Child Care, and Children and Family Development and partner organizations, to better meet the needs of young people and their families.
- Led cross-ministry work to develop a strategic framework for Complex Care Housing and announced the first four complex care housing sites in Surrey, Abbotsford, and Vancouver, for 100 people. Three of the first four sites were implemented by the end of the reporting period.
- Increased access to low and no-cost mental health and substance use counselling province-wide through investments in 49 community counselling agencies including rural, remote, and Indigenous communities, connecting 25,000 with help.

Performance Measure	2019/20 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
2.1 Number of communities (school districts) with Integrated Child and Youth Mental Health and Substance Use Teams operating or in implementation ¹	0	5	10	5	15	20

¹Data Source: Ministry of Mental Health and Addictions

Discussion of Results

There are currently five communities implementing Integrated Child and Youth (ICY) teams from Budget 2019 investments - Maple Ridge-Pitt Meadows, Comox Valley, Richmond, Okanagan Similkameen and Coast Mountains. In 2021, the province announced that it will establish an additional 15 ICY teams for a total of 20 communities. The first communities have experienced implementation delays due to COVID-19 and post-pandemic impacts throughout the education and health sectors, climate related emergencies, the recovery of residential school graves and impact on Indigenous and First Nation partners, and ongoing workforce challenges, resulting in 2021/22 targets not being met. Future years targets have been adjusted accordingly starting in the 2022/23. Early lessons learned have created a strong foundation that is being used for additional communities. ICY team policies, processes, job descriptions and roles and responsibilities, technology tools, training and implementation tactics have been fully developed. These elements will streamline and expedite implementation. Lessons learned around change management and communication will improve implementation with the next set of communities.

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

Key Highlights

- Continued expansion of Foundry centres and Foundry Virtual as a one-stop shop for wellness supports and social services for youth, aged 12 to 24 years. This past year, 12,512 unique youth accessed Foundry Centers over 55,210 visits. Foundry Virtual had 4,954 visits during this time.¹
- Made substantive progress towards implementing a substance use system of care for children, youth and young adults, including opening 28 new youth substance use beds, with a further 95 in implementation targeting operation by end of 2022 and worked with a wide range of partners to identify measures to improve hospital-based care for youth and young adults following an overdose, including service providers, Indigenous organizations, and organizations representing those with lived and living experience of substance use.
- Promoted early childhood social emotional development through new tools like the “Feelings First” campaign which promotes capacity of caregivers and educators to foster young children’s social and emotional development in the early years.

¹ Data current as of July 29, 2022.

- Worked with the Ministry of Children and Family Development to implement Step-Up Step-Down services for children and youth with severe mental health or substance use conditions to help avoid or shorten hospitalization and support transitions back to community-based services after hospitalization. High Intensity Outreach Services are now operational and providing service in Maple Ridge, Comox Valley, and Richmond.
- Worked with Ministry of Education and Child Care to continue to invest in a vision and pathway for mental health in the BC K-12 education system, including culture, leadership, and curriculum in all learning environments to improve and align mental health for leaders, educators, students, and families. This included expanded investments to further enhance school-based mental health activities in light of COVID-19 through grants made available to all school districts and independent schools.

Performance Measure	2019/20 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
2.2 Number of Foundry centres operating or in implementation ¹	11	11	17	11	19	23

¹Data Source: Internally compiled from Foundry Central Office Reporting

Discussion of Results

By the end of the 2021/22 reporting period, there were 11 Foundry centres open across the province: Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond, and Terrace. Additionally, at this same point in time, eight previously announced Foundry centres were being implemented in Comox Valley, Burns Lake, East Kootenay, Langley, Port Hardy, Sea to Sky (Squamish), Surrey, and Cariboo Chilcotin (Williams Lake). Several of these eight centres in implementation will be opened during the 2022/23 reporting period.

For 2021/22 the number of Foundry centres operating or in implementation was 19. However, impacts of the COVID-19 pandemic – including supply chain issues, rising construction costs, and labour market shortages – have delayed the opening of some Foundry centres. These unexpected challenges continue to be managed and most of the centres currently in implementation are expected to open their doors by the end of 2022/23. The performance targets listed in 2021/22 Service Plan were based on pre-pandemic plans to roll out the implementation of eight Foundry sites over 3 years (i.e., four in 2021/22, two in 2022/23, and two in 2023/24). The change in the targets reflects the joint decision between Foundry Central Office (FCO) and MMHA to implement all eight centres simultaneously starting in 2020/21. This decision was made in part to respond to the anticipated impact of COVID-19 on communities and lead agencies. For example, health measures restricting gatherings and travelling impacted the onboarding of new Foundry communities. As a result, instead of holding in-person orientations with each lead agency in their communities, these meetings were moved online. This enabled FCO to onboard all eight lead agencies simultaneously through virtual engagement sessions and resulted in reduced travel costs and a more efficient use of project resources.

Financial Report

Discussion of Results

The Ministry's results ended with a surplus of \$2.485M. The surplus is mainly due to regional labour recruitment challenges and delays in the fulfillment of an IT contract caused by the COVID-19 pandemic.

Financial Summary

	Estimated	Other Authorizations ¹	Total Estimated	Actual	Variance
Operating Expenses (\$000)					
Policy Development, Research, Monitoring and Evaluation	10,139	0	10,139	7,466	(2,673)
Executive and Support Services	2,596	0	2,596	2,821	225
Sub-Total Vote 37	12,735	0	12,735	10,287	(2,448)
Adjustment of Prior Year Accrual ²			0	(37)	(37)
Total - Ministry	12,735	0	12,735	10,250	(2,485)
Ministry Capital Expenditures (\$000)					
Executive and Support Services	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.

² The Adjustment of Prior Year Accrual of \$0.037 million is a reversal of accruals in the previous year.