

Ministry of Mental Health and Addictions

2022/23 Annual Service Plan Report

August 2023



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Minister's Accountability Statement



The Ministry of Mental Health and Addictions 2022/23 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2022/23 – 2024/25 Service Plan published in 2022. I am accountable for those results as reported.

A handwritten signature in black ink, which appears to read "J. Whiteside". The signature is fluid and cursive.

Honourable Jennifer Whiteside
Minister of Mental Health and Addictions
August 11, 2023

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Letter from the Minister

British Columbians have faced such unprecedented challenges over the past few years. The COVID-19 pandemic, toxic drug crisis, climate-related emergencies, increasing cost of living and the discovery of mass unmarked graves at residential schools have taken a toll on our mental health. More than ever, it's important to take care of our health and wellbeing.

Since 2017, our government has been urgently working to build a seamless system of mental health and addictions care, expanding treatment and recovery services and life-saving harm reduction, strengthening prevention and early intervention, and breaking down the shame and fear that keeps people from seeking help. As of March 2023, we opened over 360 new substance use beds in this province. Last year, we announced the expansion of youth substance use services across B.C., supported by approximately 130 new health-care workers.

To reach more young people and their families where they are, we expanded Integrated Child and Youth teams across school districts. Teams are now helping children in five communities, and seven more are in development. We also opened four new Foundry Centres this year, which are government programs run by Providence Health Care, that connect young people, ages 12 to 24, to mental-health, addictions, and primary healthcare.

We invested in complex care housing to support B.C.'s most vulnerable residents with the most complex mental health and addiction challenges. This ground-breaking approach connects people with services in their homes, offering stability and connection to break the cycle of homelessness. We are also innovating by scaling up community and outpatient support, as well as bed-based mental health and addictions treatment.

Our government is taking action on the biggest challenges we face to keep people safe and communities thriving. That's why we've introduced civilian-led Peer Assisted Care Teams to support people in distress to 10 B.C. communities, and new Mobile Integrated Crisis Response Teams that pair a police officer with a health-care worker to respond to mental health calls.

This year, British Columbia became the first jurisdiction in Canada to remove criminal penalties for people in possession of small amounts of illegal drugs for personal use. Decriminalization is a critical step in the province's fight against the toxic drug crisis. By breaking down the stigma and shame associated with substance use, we will help create new pathways to life-saving services and care for people struggling with addiction.

The toxic drug crisis and the events of the past few years are undoubtedly some of the biggest challenges this province has faced. We know that there's more to do and we won't stop working until we have an integrated system of mental-health and addictions services to help British Columbians of all ages and backgrounds get the support they need and deserve.



Honourable Jennifer Whiteside
Minister of Mental Health and Addictions
August 11, 2023

Purpose of the Annual Service Plan Report

This annual service plan report has been developed 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 stated in the service plan for the reported year.

Strategic Direction

The strategic direction set by Government in 2020 and Minister [Malcolmson's 2020 Mandate Letter](#) shaped the goals, objectives, performance measures and financial plan outlined in the Ministry of Mental Health and Addictions [2022/23 – 2024/25 Service Plan](#) and the actual results reported on in this annual report.

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 accelerating B.C.'s response to the toxic drug crisis. 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.

Operating Environment

Progress over the past year continued building towards an integrated and seamless system of care that includes access to a full spectrum of treatment and recovery services. We added new substance-use beds, out-patient, and virtual treatment, expanded medication-assisted treatment, and increased access to low- and no-cost community counselling services throughout B.C. We also invested in lifesaving harm-reduction measures, such as prescribed safer supply, drug checking and overdose prevention services.

The toxic drug crisis is impacting every community across B.C., claiming lives at an unprecedented rate driven in part by a continued highly unpredictable and toxic drug supply with high concentrations of illicit fentanyl and its analogues. Cocaine, methamphetamines and/or benzodiazepines are also often present.

Environmental and societal challenges in 2022 had a direct impact on our healthcare system, affecting the implementation of new services and initiatives. Even as B.C. makes progress in recovering from the COVID-19 emergency, the continued worsening of the toxic drug crisis and climate related emergencies created significant challenges, impacting individual mental health and substance use for every age of the population. Other social and economic factors that had an important impact included continuing supply chains disruptions, and challenges recruiting qualified health and social professionals.

In May 2021, 215 unmarked graves were found by the Tk'emlúps te Secwépemc First Nation at the former Kamloops Residential School. Further confirmation of unmarked graves in 2022 reverberated throughout Indigenous communities and were felt across the province and country. This has served as an important reminder of the legacy of colonialism, and that our work towards reconciliation is just beginning.

Support for people with overlapping complex mental health and substance use challenges has become a critical need, as people had historically been left to experience cycles of homelessness, eviction, or the emergency room.

Young people continue to experience mental health and substance use challenges that if left untreated can become lifelong struggles. Early intervention and prevention are key to preventing small problems from becoming bigger down the road. It is critical that mental health supports are available and accessible, meeting youth where they are, with Child and Youth teams across BC to help more young people access health, wellness, and addictions supports.

These challenges have highlighted the urgency of the work of this ministry, and with healthcare providers and communities, we have continued to build a better future for everyone in B.C. More than ever, it is critical for British Columbians to have the care and support they need, when and where they need it. We are committed to continue our work to build an integrated system of care for all British Columbians, one full of healing and hope, where no one falls through the cracks.

Report on Performance: Goals, Objectives, and Results

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.

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.

Improving access for British Columbians at risk of toxic drug poisonings to harm reduction services, including prescribed safer supply, remain key strategic priorities for the Ministry given that deaths due to toxic drug poisoning remain at a record high of approximately seven deaths per day.

Key results

- On January 31, 2023, B.C. became the first province in Canada to decriminalize people who use drugs, removing criminal penalties for people who possess small amounts of illicit substances for personal use.
- The Ministry supported Indigenous led, culturally safe approaches to prevention and harm reduction services. This included one-time funding of \$35 million to First Nations Health Authority to support completion of eight community based First Nations treatment centre projects, and \$4.5 million in 2022/23 in funding to support continued investments in overdose prevention services, including inhalation services, episodic overdose prevention services and drug checking; multidisciplinary outreach teams; and additional nursing personnel, to respond to the toxic drug crisis.
- As of May 2023, there were 75 overdose prevention/supervised consumption services (OPS/SCS) locations in BC, including 17 inhalation sites, representing an increase of 7 OPS/SCS and 4 inhalation sites since March 2022.
- In 2022/23 there were 710,031 visits to OPS/SCS locations, an increase of 72,422 visits from over the previous year. This includes 315,603 visits to inhalation sites, an increase from 190,358 visits in 2021/22.

Summary of progress made in 2022/23

B.C. is expanding access to overdose prevention services that offer observed inhalation services in communities hardest hit by the toxic drug crisis. In March 2023, there were 68,507

visits to 45 overdose prevention services and supervised consumption sites, including 34,626 visits to inhalation overdose prevention and supervised consumption sites. As of March 2023, THN kits were available at more than 2,159 locations, including 833 community pharmacies in BC. High-quality drug checking services also continued to expand across the province, with 25 Fourier Transform Infrared Spectrometers and one Paper Spray Mass Spectrometer (Victoria) operating throughout BC as of March 31, 2023, providing accessible and fast point-of-care analysis. As well, there are more than 90 distributed drug-checking sites which help reduce rural inequalities and improve access to drug checking services for more British Columbians.

The Province is partnering with health authorities, prescribers, and people with lived and living experience to expand access to prescribed safer supply and separate more people from the toxic drug supply. This work is supported by a monitoring and evaluation framework to assess this innovative practice and to monitor unintended consequences. Last year, B.C. introduced the decriminalization framework and will continue to work with Health Canada and other internal and external partners on implementation. Treating substance use as a health issue, not a criminal one helps to break down the barriers that prevent people from getting support and creates new pathways to life-saving services.

Performance measure(s) and related discussion

Performance Measure	2021/22 Actual	2022/23 Target	2022/23 Actual
[1.1] Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone Program ^{1,2}	394,086	400,000	424,390

Data source: BC Centre for Disease Control. Overdose Response Indicators. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>.

¹PM [1.1] targets for 2023/24 and 2024/25 were stated in the 2022/23 service plan as 400,000 and 400,000, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

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).

Between April 1, 2022, and March 31, 2023, 424,390 Take-Home Naloxone (THN) kits were shipped across the province, an increase from 394,086 in the previous reporting period and exceeding the target of 400,000 by 24,390 kits (six percent increase) demonstrating the results of significant efforts to ensure sustained access to naloxone through supplies, training, and community-level infrastructure. The THN program is complemented by a growing number of overdose prevention and supervised consumption services, including observed inhalation 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.

Toxic drugs remain a leading cause of death in B.C. As of March 2023, at least 11,870 people in British Columbia have been lost to the illicit drug supply since the public health emergency was declared in April 2016. Increasing access to evidence-informed programs and services across the full continuum, i.e., prevention, harm reduction, treatment and recovery that are low barrier and tailored to the unique needs of individuals and communities, are critical for reducing the harms associated with the toxic drug crisis.

Key results

- In December 2022, the ministry released the [Adult Substance Use System of Care: Technical Policy Framework](#). The framework provides a shared vision of what the ideal system of substance use care in BC looks like going forward.
- In 2022/23 the Vancouver Junction was established, offering more than 240 recovery focused groups and activities in the first 6 months of operation. Recovery Community Centres are recovery-oriented services that provide longer term support in the community.
- In 2022/23, 133 registered nurses (RNs) and registered psychiatric nurses (RPNs) from all health authorities enrolled in the BC Centre on Substance Use's *Provincial Opioid Addiction Treatment Support Program (POATSP) Education and Training* program and 56 fully completed their training.
- As of March 2023, 60 out of 65 substance use service initiatives funded through Budget 2021 have been partially or fully implemented across the continuum from withdrawal management through to longer-term recovery and aftercare supports, 91 substance use beds have been added, and 125 full-time health care worker positions have been filled.

Summary of progress made in 2022/23

The number of people dispensed any type of opioid agonist treatment (OAT) remains steady ranging from 24,400 to 24,900 in each month. The number of prescribers has steadily increased since mid-2016 with 2,101 prescribers in March 2023, up from 1,746 prescribers in March 2022. Access has also been significantly expanded through Rapid Access to Addictions Care Clinics in all health regions, so more people can access the care they need, where and when they need it.

To increase the number of clinicians who can prescribe medications for opioid-use disorder, particularly in rural and remote parts of the province, registered nurses (RNs) and registered psychiatric nurses (RPNs) can now complete training to begin prescribing opioid agonist treatment. In October 2022, the British Columbia Centre on Substance Use (BCCSU) launched education and training to enable RN/RPN prescribers to offer methadone and slow-release-oral-morphine (Kadian), in a phased approach, in addition to existing education and training focused on buprenorphine/naloxone.

Nurses prescribing for opioid-use disorder is being implemented in collaboration with First Nations communities, and training is underway.

Performance measure(s) and related discussion

Performance Measure	2021/22 Actual	2022/23 Target	2022/23 Actual
[1.2a] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months ^{1,2}	45.4% (Aug 2021)	2-5% Increase	45.2%

Data source: PharmaNet database, Ministry of Health.

¹PM [1.2a] targets for 2023/24 and 2024/25 were stated in the 2022/23 service plan as 2 to 5% increase and 2 to 5% increase, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

²PM [1.2a] the methodology for this measure has been refined to better reflect how well people are connected to and retained in OAT in BC. The 2021/22 Actual (baseline) has been updated from 49.9% to 45.4% to match the methodology that is used to report on 2022/23 progress.

Opioid agonist treatment (OAT) consists of a range of medication-assisted treatment for people with opioid use disorder. Retention data represent clients and clinicians prescribing OAT in BC at a community pharmacy. The continued high concentration of fentanyl and its analogues, including the presence of benzodiazepines, in the toxic drug supply pose a challenge to initiation and retention on OAT. There continues to be an increase in the number of registered nurses (RNs) and registered psychiatric nurses (RPNs) prescribing OAT which contributes to improved OAT retention, particularly in rural and remote parts of the province. The Ministry is continuing to work with the Ministry of Health in developing and implementing a strategic framework to optimize OAT, to improve access and reach of OAT, to improve system capacity to deliver OAT (both prescribing and dispensing), and to improve retention on OAT.

Performance Measure	2021/22 Actual	2022/23 Target	2022/23 Actual
[1.2b] Median number of days between client referral and service initiation for bed-based treatment and recovery service ^{1,2}	29.5 days ³	Wait times maintained or improved.	31.25 ⁴

Data source:

¹PM [1.2b] targets for 2023/24 and 2024/25 were stated in the 2022/23 service plan as wait times maintained or improved, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

² Median number of days between client referral and service initiation reflects service wait times for health authority funded bed-based substance use treatment and recovery services but does not include withdrawal management or stabilization as these may operate quite differently than treatment and supportive recovery and some may not use waitlists or have wait times for services (e.g., if a bed is not available a prospective client is sent to their local hospital). It also does not include wait times for tertiary services such as Red Fish, Heartwood for Women and others.

³ Baseline wait time for treatment and recovery beds reflects median of submitted aggregate data from Vancouver Coastal Health Authority, Provincial Health Services Authority, Fraser Health Authority, Island Health (treatment beds only) and Interior Health Authority only.

⁴2022/23 actual wait times reflects median of submitted aggregate data from all regional health authorities with caveats (NHA reported complete data for the time period Jan. to March 2023 only; IHA reported partial data for the full fiscal year; Island Health reported partial data for supportive recovery but full data for treatment).

Historically, little data has been collected from bed-based treatment and recovery services in BC. In 2021, MMHA implemented a performance measurement framework to monitor and evaluate access (with a focus on wait times). Most health authorities first reported 2021/22 baseline access and utilization data in June 2022. The 2022/23 provincial wait time reflects the first time that all health authorities have provided data on the length of time clients wait for services.

In 2022/23, the median wait time for treatment and recovery beds in BC increased to 31.25 days. There were several reasons for this:

- More health authorities were able to report wait times, and, within health authorities, more service providers were able to provide data to inform reporting.
- Health authorities reported increased demand for services, particularly treatment, as well as an increase in client complexity. Overall, 3,056 clients were served in BC treatment and recovery beds in the 2022/23 fiscal year, an 8% increase over the previous fiscal year.¹

Budget 2021 investments supported health authorities to address service challenges, such as long wait times, by implementing new or enhanced services. By the end of fiscal 2022/23, health authorities had implemented 91 new beds; 72 more beds were implemented between April and June 2023. It is important to note that the positive impacts of these beds on service delivery will not yet be observed in the data as they were not fully implemented during the current reporting period.

The median wait time presents the midpoint between the longest and shortest waits for treatment and recovery services. Wait time data also reflects the many challenges a person can face accessing services beyond available beds. For example, wait times can be impacted by personal readiness to start treatment, release from custody, and access to childcare to name a few. It is a useful metric for representing the most common wait times experienced by those in BC, without being influenced by values that are not typical. However, because of this, it does not represent every client's experience in waiting for services.

MMHA and health authorities have been working to address wait times for treatment and recovery services, targeting the challenges highlighted above. MMHA continues to meet regularly with health authorities to hold them accountable to data collection and reporting and to develop numerical targets and benchmarks. Numerical targets will be developed by end of fiscal 2023/24. Development of technology and infrastructure to support data collection and reporting is ongoing.

¹As NHA did not report in 21/22, this data was excluded from 22/23, to facilitate comparison.

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

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.

Given the complex and multifaceted nature of mental health and substance issues, a cross-government approach is required to ensure people with mental health and/or substance use issues can access the critical supports (i.e., housing, income security) needed to improve and maintain their mental health and well-being.

Key results

- Advanced implementation of Integrated Child and Youth (ICY) teams in five more school districts - Comox Valley (2 teams) Coast Mountains (2 teams), Maple Ridge-Pitt Meadows (3 teams), Richmond (4 teams), and Okanagan-Similkameen (1 team) with hiring continuing in all districts, and announced seven new communities to receive ICY Teams.
- As of March 2023, 16 Complex Care Housing (CCH) projects were partially or fully implemented, providing services for 184 individuals across the province.
- Launched two new Peer Assisted Care Teams (PACT) in Victoria and New Westminster, to respond to people experiencing mental health crises.
- 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 more than 52,400 individuals to services.
- In partnership with CMHA-BC and SafeCare BC, the Ministry provided funding support to develop a range of free online tools, training, and services for employees and leaders in long-term care, tourism and hospitality, and community social services to foster psychologically safe and healthy workplaces. Initiatives include, www.careforcaregivers.ca; www.caretospeak.ca; and www.workmentalhealthbc.ca. Since their launch in 2021, they have received over 230,000 pageviews and delivered over 150 webinars, workshops and training to almost 3,000 people.

Summary of progress made in 2022/23

CCH is a new approach to address the needs of people who have overlapping mental health, substance use and physical health needs and often left to experience homelessness or are at risk of eviction. Implementation has already begun with 16 sites in place now and up to 33 planned in urban and rural communities for the coming year, with support from the Ministries of Health and Housing.

Delivering support for indigenous-led solutions continued to be a priority over the last year, enabling expansion of First Nations-run treatment centres to improve accessibility to culturally safe services. The Ministry continued in its commitment to dismantle systemic racism, focusing on co-creating systems with people with lived and living experience and upholding the Declaration on the Rights of Indigenous Peoples Action Plan.

In 2022, the Province provided funding to Indigenous service providers to address the increased need for culturally safe and trauma-informed mental health and wellness supports for residential school survivors and their families. This includes enhancing the 24/7 cultural support line managed by the [Indian Residential School Survivors Society](#), adding capacity for [Tsow-Tun Le Lum Society](#) to provide more in-person health and wellness and cultural supports, and expanding the [Métis Counselling Connection Program](#) delivered by Métis Nation BC with a specific focus on the experience of Métis survivors.

Peer Assisted Care Teams are strengthening supports for people by providing trauma informed, culturally safe support for people in crisis and follow-up connections to community supports. Through the Safer Communities Action Plan, announced in November 2022, government is supporting expansion of mental health crisis response services, including expansion of PACT from the existing three teams to a total of ten, plus at least two Indigenous-led teams, and expansion of Mobile Integrated Crisis Response Teams (Mobile InCRT), which pair police officers with mental health professionals to respond to people in mental health crisis.

Additional supports, such as tools, training, and counselling have been expanded to support people and community and social service providers in delivering cultural safety and healthy workplaces.

Planning progressed for 20 communities to further the shift to integrated community mental health and substance use services for children, youth and families across the Province. In February 2023, seven additional communities were announced to receive ICY Teams - Fraser-Cascade (1 team), Kootenay-Columbia (1 team), Mission (2 teams), Nanaimo-Ladysmith (4 teams), North Okanagan-Shuswap (1 team), Pacific Rim (1 team), and Powell River (1 team), and community partners in these new communities are benefitting from lessons learned in implementation of the first five communities (total of 12 communities in implementation in 2022/23).

Performance measure(s) and related discussion

Performance Measure	2019/20 Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
[2.1] Number of communities (school districts) with Integrated Child and Youth Mental Health and Substance Use Teams operating or in implementation ^{1,2}	0	5	10	12

Data source: Ministry of Mental Health and Addictions

¹PM [2.1] targets for 2023/24 and 2024/25 were stated in the 2022/23 service plan as 15 and 15, respectively, and has been adjusted to 20 communities by 2025/26. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

Over the last year, MMHA continued collaboration among local and provincial Indigenous partners, other Ministry partners, including Children and Family Development, Education and Child Care, and Health, as well as local partners, including school districts, health authorities and contracted agencies, through established governance tables and working groups to strengthen relationships within the mental health and substance use systems of care. As ICY teams continued to form, clinical and non-clinical team members provided integrated services to children, youth, and families, including those on waitlists, helping ensure that young people and families get to access the kind of help that they need.

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

The earlier people get help managing mental health and substance use challenges, the better the longer-term outcomes tend to be. It's estimated that 75% of mental health challenges have their onset before age 25. Early intervention can prevent these challenges from becoming more severe or developing into lifelong conditions. Integrated, accessible, and culturally safe services for young people will help to minimize service gaps and promote better outcomes, with services that meet children, youth, and families where they are - in their homes, communities, and schools.

Key results

- The Ministry continued to support the expansion of Foundry wraparound health and wellness services for young people and their families, with Phase 4 Foundry centre expansion announced in 2022/23 and the selection of four more communities for new Foundry locations, including Tri-Cities, Kamloops, Fort St. John, and the Sunshine Coast.
- 15 Foundry centres were open by the end of 2022/23, meeting the Service Plan target, with an additional 8 centres in implementation.
- Foundry centres opened and began providing services in 4 new communities, including Comox Valley, Langley, Cariboo Chilcotin (Williams Lake), and Sea to Sky (Squamish). An additional two centres are forecasted to open in 2023/24.
- Opening of an additional 4 youth substance use beds bringing total to 32 since new funding for youth substance beds was announced in Budget 2021.
- Throughout 2022, 32 of 33 youth substance use services funded through from Budget 2021 were operationalized.

Summary of progress made in 2022/23

Foundry supports access to the full spectrum of care for young people ages 12-24, including mental health care, substance use services, physical & sexual healthcare, youth and family peer supports, and social services – both online and in-person in communities across BC.

Foundry centres are now open in urban and rural communities across all regional health authorities.

Foundry Virtual Clinic is available province-wide and is fully integrated within the Richmond Foundry centre. The Ministry is working closely with Foundry partners to fully integrate Foundry Virtual Clinic within all Foundry in-person centres across the province, to support a more seamless, accessible experience for young people and their families.

New youth substance use services have been implemented across the province, for example Fraser Health has expanded Short Term Assessment Response Treatment (START) to provide mental health and crisis intervention and stabilization for youth. Interior Health has expanded youth Intensive Case Management (ICM) to provide wrap-around multi-disciplinary, community-based services to youth. Northern Health has increased capacity at Nechako Youth Treatment Program. The Provincial Health Services Authority has established an inter-professional youth addictions medicine team at BC Children's Hospital. The Vancouver Coastal Health Mobile Team has added staff to the Vancouver Youth Intensive Case Management (ICM) Team. Island Health has created new Youth Short Term Assessment and Response teams (Y-STAR) to provide outreach in community and in-reach into hospitals to work alongside children, youth and families experiencing mental health and substance use related crises.

Over the past year, the Province has created more services for young people, including crisis supports, and will continue to move ahead with culturally safe wraparound services and filling gaps in access for youth substance use care.

Performance measure(s) and related discussion

Performance Measure	2021/22 Actual	2022/23 Target	2022/23 Actual
[2.2] Number of Foundry centres operating ^{1,2}	11	15	15

Data source: Internally compiled from Foundry Central Office reports, received on a quarterly basis by MMHA.

¹PM [2.2] targets for 2023/24 and 2024/25 were stated in the 2022/23 service plan as 17 and 19, respectively. For forward-looking planning information, including current targets for 2023/24 – 2025/26, please see the latest service plan on the [BC Budget website](#).

The Foundry network of services continues to expand into more communities, connecting more young people and their families to the wraparound health and wellness services they need. The service plan target was achieved in 2022/23, with 15 Foundry centres operating by the end of the fiscal year. The centres are in urban and rural locations across all regional health authorities.

Financial Report

The Ministry's financial results ended on target with Treasury Board approval to access the Contingencies voted appropriation to provide financial support to requests from various community organizations, to increase or expand access to mental health, substance use, and treatment and recovery services.

Financial Summary

	Estimated (\$000)	Other Authoriz- ations¹ (\$000)	Total Estimated (\$000)	Actual (\$000)	Variance (\$000)
Operating Expenses					
Policy Development, Research, Monitoring and Evaluation	21,554	172,983	194,537	193,957	(580)
Executive and Support Services	3,048	0	3,048	3,628	580
Sub-total Vote 39	24,602	172,983	197,585	197,585	0
Adjustment of Prior Year Accrual	0	0	0	0	0
Total	24,602	172,983	197,585	197,585	0
Ministry Capital Expenditures					
Executive and Support Services	3	0	3	0	(3)
Total	3	0	3	0	(3)

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.

Appendix A: Progress on Mandate Letter Priorities

The following is a summary of progress made on priorities as stated in Minister Sheila Malcolmson's 2020 Mandate Letter.

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Given the impact of COVID-19 on people's mental health, continue building a comprehensive system of mental health and addictions care, including by implementing A Pathway to Hope, B.C.'s roadmap for making mental health and addictions care better for people, and by expanding access to counselling, using new e-health and other technologies to bring care to more people in all regions of B.C.</p>	<p>In Progress</p> <ul style="list-style-type: none"> • A Pathway to Hope implementation progressed, including expanding access to counselling. • Through the community counselling grants program, more than 52,400 people have received individual, couples, or family counselling as of March 31, 2023. • MMHA worked closely with the Canadian Mental Health Association (BC Division) and safety associations from the long-term care sector, community services sector, and tourism sector to advance psychological health and safety in the workplaces. Together we have launched two digital platforms (www.workmentalhealthbc.ca; www.careforcaregivers.ca) and a peer support line (Care to Speak) for healthcare workers.

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Accelerate B.C.'s response to the opioid crisis across the full continuum of care: prevention, harm reduction, safe prescription medications, treatment and recovery.</p> <p>Explore new ways to help prescribers separate more people from the toxic drug supply through safe prescription alternatives.</p>	<p>In Progress</p> <ul style="list-style-type: none"> • The Province continued to partner with health authorities, prescribers, and people with lived and living experience to expand access to prescribed safer supply. • The number of prescribers has steadily increased since mid-2016 with 2,101 prescribers in March 2023, up from 1,746 prescribers in March 2022. • External provincial Prescribed Safe Supply evaluation is under way. • As of May 2023, there were 75 overdose prevention/supervised consumption services (OPS/SCS) locations in BC, including 17 inhalation sites, representing an increase of 7 OPS/SCS and 4 inhalation sites since March 2022. • In 2022/23 there were 710,031 visits to OPS/SCS locations, an increase of 72,422 visits from over the previous year. This includes 315,603 visits to inhalation sites, an increase from 190,358 visits in 2021/22. • In 2022/23, the number of people dispensed opioid agonist treatment (OAT) in each month ranged between 24,300 and 25,000. • Between April 1, 2022 and March 31, 2023, 424,390 Take Home Naloxone (THN) kits were shipped across the province, an increase from 2021/22 which was 394,086. • As of March 2023, Take Home Naloxone kits were available at more than 2,159 locations, including 833 community pharmacies in BC.

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Work with the Minister of Public Safety and Solicitor General and the Attorney General and Minister responsible for Housing to fast track the move toward decriminalization by working with police chiefs to push Ottawa to decriminalize simple possession of small amounts of illicit drugs for personal use. In the absence of prompt federal action, develop a made-in-B.C. solution that will help save lives.</p>	<p>Complete</p> <ul style="list-style-type: none"> On January 31, 2023, B.C. became the first province in Canada to decriminalize people who use drugs, removing criminal penalties for people who possess small amounts of illicit substances for personal use.
<p>With support from the Minister of Children and Family Development, lead work to continue our government's commitment to addressing mental health problems early by rolling out new mental health and addictions care initiatives for children and youth.</p>	<p>In Progress</p> <ul style="list-style-type: none"> Integrated Child and Youth Teams implemented in 5 school district communities and delivering services to children and families. 7 new school district communities announced to receive ICY Teams. A total of 20 will be implemented through 2025.
<p>Expand the availability of treatment beds for people by building new treatment, recovery, detox and after-care facilities across the province with some beds specifically for British Columbians under age 24.</p>	<p>In Progress</p> <ul style="list-style-type: none"> Opened an additional 4 youth substance use beds bringing total to 32 new beds since new funding was announced in Budget 2021. 32 of 33 youth substance use services have been operationalized.

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>With support from the Minister of Health, transfer oversight of recovery homes and other private treatment providers to Mental Health and Addictions to ensure quality care, accountability, and value for money.</p>	<p>In progress</p> <ul style="list-style-type: none"> • Budget 2023 allocated of \$4.39 million to increase accountability for supportive recovery residences. • This investment will support making registered supportive recovery residences safer by hiring a new team of dedicated investigators within Ministry of Health's Assisted Living Registrar who will be on the ground in our communities, protecting vulnerable people and holding service operators accountable. • Planning for engagements to inform options for a new legislative framework that reflects the needs of bed-based substance use services.
<p>With support from the Attorney General and Minister responsible for Housing and the Minister of Health, lead work to provide an increased level of support – including more access to nurses and psychiatrists – for B.C.'s most vulnerable who need more intensive care than supportive housing provides by developing Complex Care housing.</p>	<p>In Progress</p> <ul style="list-style-type: none"> • Budget 2022 invested \$164 million over three years to support more than 30 Complex Care Housing (CCH) projects across the province. • Began implementation of Complex Care Housing (CCH), with support from the Ministries of Health and Housing. • As of March 2023, 16 CCH projects were partially or fully implemented, providing services for 184 individuals across the province.
<p>With support from the Minister of Public Safety and Solicitor General, lead work to invest more in community-based mental health and social services so there are more trained front-line workers to help people in crisis, and free up police to focus on more serious crimes.</p>	<p>In Progress</p> <ul style="list-style-type: none"> • 2 new Peer Assisted Care Teams (PACT) launched in early 2023 in New Westminster and Victoria. • Announced support to expand civilian-led crisis response teams from 3 to 10 PACTs, plus 2 Indigenous-led teams.

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Support communities in addressing street disorder and public safety concerns by expanding mental health intervention teams like the six new Assertive Community Treatment (ACT) teams recently announced for communities experiencing increased challenges with vulnerable residents.</p>	<p>In Progress</p> <ul style="list-style-type: none"> As part of the funding announced in fall 2020, the Ministry has appointed the Vancouver Coastal Health Authority to lead a Provincial ACT Advanced Practice Initiative. This Advanced Practice has established a province-wide network to facilitate the management of ACT teams across BC, provide direct support to clinicians and managers, and ensure ACT fidelity requirements are met. As of February 2023, there were 32 Assertive Community Treatment Teams in place in BC that have served 1733 people. Through the Complex Care Housing initiative, enhanced select ACT teams in the Fraser region to serve more complex clients.
<p>Support the Minister of Public Safety and Solicitor General and interested municipalities to expand the successful 'situation table' model that connects front-line workers from different health, safety, and social service sectors to identify and help vulnerable people.</p>	<p>Complete</p> <ul style="list-style-type: none"> Initiative led by PSSG Part of the Collaborative Public Safety Program (CPSP), community led tables are in place and ongoing – see Community safety - situation tables - Province of British Columbia (gov.bc.ca)

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Support the work of the Minister of Labour to develop better options for chronic work-related pain, including improving pain management practices for injured workers and providing treatment on demand to those with chronic pain as a result of workplace injuries.</p>	<p>In Progress</p> <ul style="list-style-type: none"> • The Ministry continues to work in partnership with the Ministry of Labour and WorkSafeBC. WorkSafe BC recently (July 2023) launched a policy review with proposed amendment to reflect medical literature and improve consistency in the adjudication, management, and treatment of chronic pain. • The Ministry supported the Vancouver Island Construction Association to expand the Tailgate Toolkit project province-wide to increase harm reduction services and provide resources to those working in construction and at risk of opioid use to address chronic pain.

2020 Mandate Letter Priority	Status as of March 31, 2023
<p>Support the work of the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness, including those living in encampments.</p>	<p>In Progress</p> <ul style="list-style-type: none"> • Through ongoing implementation of the diversity of programs and service enhancements through urgent homelessness response, health authorities report hiring over 266 FTEs and supporting over 9,210 encounters client encounters between April 1, 2022 to December 31, 2022 (Q1-Q3). • Worked with Ministry of Housing and government partners to develop and released, Belonging in BC and the Provincial Response Plan: Supporting the DTES. • Vancouver Coastal Health Authority engaged to provide enhanced health, mental health and substance use services to the temporary modular housing units to support DTES response. • Ministry of Health acted as Lead partner in the development and implementation of the health authority services within the Integrated Support Framework: Supported Rent Supplement Program. • Health authority funding allocated for the <i>Integrated Support Framework: Supported Rent Supplement Program</i>, initial implementation plans approved, and hiring has commenced. Full scale launch and program operationalization will align with BC Housing awards for distribution of the rent supplementation.