

**Ministry of Health**

**2024/25**  
**Annual Service Plan Report**

**August 2025**



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## Minister's Accountability Statement



The Ministry of Health 2024/25 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2024/25 – 2026/27 Service Plan published in 2024. I am accountable for those results as reported.

A handwritten signature in black ink, appearing to read 'JO', followed by a horizontal line and a small flourish.

Honourable Josie Osborne  
Minister of Health  
August 5, 2025

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## Letter from the Minister

Serving as the Minister of Health has afforded me the privilege to work alongside many dedicated professionals who make timely access to high-quality health care possible for people in B.C. each day. In the past year, I've had the opportunity to meet with health-care workers, patients and community leaders across B.C. Their stories, insights and resilience continue to guide our work to strengthen public health care and reflect progress highlighted in the 2024/25 Annual Service Report.

Through B.C.'s Health Human Resources Strategy, we have strengthened our health-care workforce, so people can get the health care they need closer to home. This year, over 900 internationally educated nurses and over 150 health-care assistants registered to practice in B.C., we hired more than 240 family physicians, and established minimum nurse-to-patient ratios in most hospital settings.

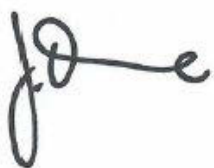
We have made important progress in primary care. In 2024/25, approximately 229,000 people were attached to a family doctor or nurse practitioner, which is more than any previous year.

To provide faster diagnoses and better health outcomes, we delivered more than 351,000 MRI exams and over 1,000,000 CT scans in 2024/25. We're also delivering more surgeries for people. In 2024/25, we completed almost 374,000 scheduled and unscheduled surgeries, an increase of almost 12,000 from 2023/24.

Another important priority is continuing to expand mental health and substance use services across the care continuum, including prevention, early intervention, harm reduction and treatment and recovery, so people get the right care for them.

We have added more complex care units, mental health and substance use beds as well as Foundry centres to deliver mental health and substance use supports for youth, and expanded community crisis response supports such as Mobile Integrated Crisis Response (MICR) and Crisis Response Community Led (CRCL) teams.

Our priority remains to ensure that people in B.C. get the health care they need when they need it. We will continue to work closely with our partners to build on the progress we've made so far.



Honourable Josie Osborne  
Minister of Health  
August 5, 2025

## 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, Minister Dix's [2024 Mandate Letter](#), and Minister Whiteside's [2022 Mandate Letter](#) shaped the goals, objectives, performance measures, and financial plan outlined in the Ministry of Health [2024/25 – 2026/27 Service Plan](#), the Ministry of Mental Health and Addictions [2024/25 – 2026/27 Service Plan](#), and the actual results reported on in this annual report.

## Purpose of the Ministry

The [Ministry of Health](#) (the Ministry) is obligated under [the Medicare Protection Act](#) to preserve a publicly managed and fiscally sustainable health system for British Columbia (B.C.), and to support access to necessary medical care based on need and not the individual's ability to pay. The Ministry has overall responsibility for ensuring that health services meet the needs of all in B.C., through accessible and culturally safe services no matter where you are in the province, and to support timely, high-quality, appropriate, equitable, and cost-effective service delivery.

While the Ministry has overall responsibility for the province's health authorities (HAs), the HAs are the organizations primarily responsible for health service delivery. Five regional HAs deliver a full continuum of health services to meet the needs of the population within their respective geographic regions and are subject to the [Health Authorities Act](#). A sixth health authority, the Provincial Health Services Authority (PHSA), governed by the [Societies Act](#), is responsible for provincial clinical policy, delivery of provincial clinical services, provincial commercial services, and provincial digital and information management and information technology planning and services.

Additional provincial legislation and regulations related to the health system include the [Hospital Act](#), the [Pharmaceutical Services Act](#), the [Laboratory Services Act](#), the [Community Care and Assisted Living Act](#), the [Mental Health Act](#), and the [Health Professions Act](#). Legislation and regulations related to the Ministry's public health role include the [Public Health Act](#), the [Emergency Health Services Act](#), the [Drinking Water Protection Act](#), [Tobacco and Vapour Products Control Act](#), and the [Food Safety Act](#). The Ministry also directly manages a number of provincial programs and services, including the [Medical Services Plan](#), which covers most physician services; [PharmaCare](#), which provides publicly-funded prescription drug benefits;

and the [BC Vital Statistics Agency](#)<sup>1</sup>, which registers and reports on vital events such as a birth, death or marriage.

The Ministry also leads the Province's efforts to improve mental well-being and reduce substance use-related harms for all people in B.C., including advancing the response to the toxic drug crisis and increasing access to the full continuum of mental health and addictions services. The Ministry has overall responsibility for the development and delivery of a seamless, accessible, and culturally safe mental health and addictions system that meets the needs of individuals and families throughout the province. The Ministry of Mental Health and Addictions became part of the Ministry of Health on November 18, 2024.

The Ministry works in partnership with First Nations, Métis, Inuit, and urban Indigenous Peoples, governing bodies, and organizations to improve health and mental health outcomes for Indigenous Peoples in B.C. The Ministry's relationship with the First Nations Health Authority (FNHA), First Nations Health Directors Association and the First Nations Health Council has been in place for more than a decade. The FNHA supports the health and wellness of First Nations people in B.C., and is responsible for the planning, design, management, service delivery, and funding of First Nations health programs, in partnership with First Nation communities in the province.

The Ministry works with [Métis Nation BC](#) (MNBC), as demonstrated through the [Letter of Intent \(2021\)](#), and the [Métis Nation Relationship Accord II \(2016\)](#), to support the health and wellness of Métis people, and with partners such as the BC Association of Aboriginal Friendship Centres to support the health and wellness of urban Indigenous Peoples in the province.

The Ministry has a role in implementing B.C.'s [Declaration of the Rights of Indigenous Peoples Act](#) (Declaration Act) and the goals and outcomes articulated under the Declaration Act [Action Plan](#), which reaffirm the Province's commitments to advance reconciliation in tangible and measurable ways. The obligations and commitments for change necessitate an evolving conversation and meaningful action from the perspectives of the HAs, the Province, and First Nations, Inuit, and Métis People. The Province applies a [Distinctions Based Approach](#) in the development and implementation of its policies, legislation, programs, operations, and funding initiatives, and in its engagement and relationships with First Nations, Modern Treaty Nations, Inuit, and Métis.

The Province recognizes that reconciliation, Indigenous-specific anti-racism, and cultural safety and humility must be a priority within B.C.'s provincial health system. Underpinning this work are the recommendations of the [In Plain Sight Report \(2020\)](#), which highlighted the systemic racism faced by Indigenous Peoples in accessing quality health care and has set out a road map for breaking the cycle of racism. This journey is further guided by the our commitments to the [Truth and Reconciliation Commission Calls to Action](#), and the [BC Cultural Safety and Humility Standard](#). The Ministry is committed to working and collaborating with additional critical partners such as health professionals and their respective professional associations, health unions, local and federal levels of government, health researchers, non-profit agencies, and patients and their families to advance this work.

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<sup>1</sup> The BC Vital Statistics Agency was transferred to the Ministry of Citizens' Services on August 7, 2025

## Operating Environment

Like other jurisdictions in Canada and internationally, there are trends, risks, and opportunities impacting B.C.'s health system. In B.C., and around the world, health needs are increasing and becoming more complex, putting pressure on the health system.

In addition to impacts from health emergencies such as the toxic drug crisis and extreme weather events, the demographics in B.C. are also shifting and fueling unprecedented demand for health care. In 2024/25, the province continued experiencing a high population increase, with most of the population growth a result of people migrating into B.C. The province has also seen its senior population continue to grow and surpass 1.1 million people.

As the population in B.C. ages, a higher proportion of people continue to live with complex conditions and multimorbidity, the co-occurrence of two or more concurrent health conditions, and require a range of supports such as ongoing diagnosis and evaluation of medical conditions, support for basic activities, and interventions to improve their quality of life.

With an aging and growing population, it remains crucial to strengthen the health sector workforce by tackling the training, recruitment, retention, and system redesign needed to make sure our health human resources keep pace with the growing needs of people in B.C. to deliver better, and faster care. Having a diverse, skilled, and engaged workforce is pivotal to improving access to timely, accessible, and culturally safe health services in primary and community care, mental health care, substance use care, hospital services, cancer care, and ambulance services. A strong workforce is at the heart of a robust system that responds to ongoing and new challenges and complexities.

Although many people in B.C. enjoy excellent population health status and are resilient in times of crisis, the Province continues to focus on disease prevention, the quality of the health-system's services, and the social determinants of health. Access to health and mental health and addictions services are made more difficult by social, structural, and economic factors that impact daily lives – like inflation and poverty, access to housing, food, and other basic needs. The Ministry focused on opportunities to support and further strengthen population health, as well as ensure that support and services are accessible, culturally safe, timely, and meet the needs of people in urban/metro, rural, and remote communities.

Given the population distribution across the significant geographic size of B.C., meeting the needs of rural and remote communities continued to remain an area of focus. About 13 percent of people in B.C. live in rural areas<sup>2</sup>, and they have a higher burden of disease than their urban counterparts and live in areas where access to certain services can be challenging.

In addition to increasing access, there remains an urgent need to improve health outcomes for Indigenous Peoples (First Nations, Métis, and Inuit) by breaking the cycles of systemic Indigenous-specific racism in the health system, employing a distinctions-based approach to

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<sup>2</sup> BC Stats P.E.O.P.L.E. V2024.2 people living in rural Community Health Service Areas (CHSAs). Extracted February 7, 2025.



support enhanced understanding that better meets the needs of Indigenous Peoples, and to retain and recruit Indigenous Peoples to work within the health sector.

An additional challenge impacting B.C.'s health system is the financial climate. In the current economic and fiscal context, it is important to ensure that programs and initiatives remain relevant, efficient, sustainable, and help keep costs low for all in B.C.

Emerging trends and the rapid advancement in digital and innovative technology offered opportunities across B.C.'s health system to support health-care workers in providing quality care, and to empower people with ease of access to their personal health information through safe, secure, and trusted systems.

These complex and interconnected pressures require long-term, multi-year solutions. The Ministry continues to be resilient and innovative in its approach to creating and implementing solutions to address challenges facing our health system.

# Report on Performance: Goals, Objectives, and Results

The following goals, objectives, and performance measures have been restated from the 2024/25 – 2026/27 service plan. For forward-looking planning information, including current targets for 2025/26 – 2026/27, please see the latest service plan on the [BC Budget website](#).

**This section has been divided in two. The following section reports on the Ministry of Health [2024/25 – 2026/27 Service Plan](#).**

## Goal 1: Primary and community care services are integrated, accessible, and well-coordinated within the health system

### Objective 1.1: Timely access to team-based, culturally safe, and comprehensive primary care services

#### Key results

- Continued to increase the number of people in B.C. with access to a family physician by:
  - recruiting more new family physicians, with 242 physicians hired in 2024/25.
  - expansion of education and training opportunities, including investments in the New-to-Practice Incentive Program for newly graduated physicians, attracting more than 170 new doctors to primary care in B.C. in 2024/25.
  - attaching approximately 229,000 people to a primary care provider in 2024/25 through the Provincial Attachment System – a record year since the Ministry started tracking attachments.
  - expanding the Longitudinal Family Physician (LFP) Payment Model to allow family physicians that provide LFP clinic services to also bill under LFP for pregnancy and newborn, inpatient, Long-Term Care, and palliative care services provided in facilities.
- Continued to expand team-based primary care, providing people access to additional care through nurse practitioners, registered nurses and licensed practical nurses, and other allied health professionals, with the Nurse in Practice Program embedding more than 100 nurses into family practices.
- Provided timely access to episodic, urgent, and after-hours primary care services through establishing 13 Primary Care Networks in 2024/25, which coordinate primary care and services throughout B.C. Also implemented in 2024/25:

- nine Urgent and Primary Care Centres,
- five Community Health Centres, and
- in cooperation with the FNHA and local partners, the Northern Nations Wellness Centre was opened in Chetwynd B.C. This is the third First Nations-led Primary Care Centre, with ten more in implementation.
- Continued to work with the Parliamentary Secretary for Rural Health, FNHA, MNBC, and other key partners to improve access to culturally safe primary care services for people living in rural, remote, and Indigenous communities throughout our province, recruiting more family doctors, nurse practitioners, and other team-based care support workers to deliver primary care in rural and remote communities.
- Provided access through community pharmacists for 520,000 minor ailments or contraceptive services to over 364,000 patients across the province, and over 870,000 prescription renewals, relieving pressure on clinics and hospitals, and increasing access.

### **Summary of progress made in 2024/25**

The Ministry continued working with partners to improve access to comprehensive and coordinated team-based care, and to integrate culturally safe and equitable primary care services. Other achievements in primary and community care services in 2024/25 include providing virtual and telehealth primary care services:

- more than 13,300 people accessed services through FNHA's [First Nations Virtual Doctor of the Day](#) and [First Nations Virtual Substance Use and Psychiatry Services](#).
- 25,563,115 encounters and calls through [HealthLinkBC](#).
- more than 23,900 people accessed virtual care through [Real-Time Virtual Supports](#) encounters and calls in rural, remote, and First Nations communities in B.C.

## **Objective 1.2: Increase access to community-based care, including specialized services for adults with complex care needs and/or frailty**

### **Key results**

- Increased investment to support seniors to age comfortably and safely in their own homes and maximize their quality of life, including a focus on improving the quality and responsiveness of home health services and stabilizing and expanding Community Based Seniors' Services.
- Continued focus on investing in health human resources through the Health Career Access Program (HCAP) to ensure the home and community care sector has the workforce it needs to enable care that is accessible, high-quality, and person-centred, with 2,101 HCAP positions hired into home and community care in 2024/25.

- Released the [Age Forward: British Columbia's 50+ Health Strategy and 3-Year Action Plan](#) with focused actions to prevent and reduce frailty and falls, and to support autonomy, dignity, and healthy aging at home.
- Implemented the Long-Term Care at Home Program (LTC@Home) across two pilot sites in Island Health in Fraser Health regions. This program leverages technology for 24/7 remote monitoring and supports, and by end of 2024/25 was supporting approximately 135 seniors to age safely in their homes.
- Continued investment in the renewal and expansion of HA long-term care facilities. In 2024/25, the Province announced four new long-term care facilities. This work is now within the Ministry of Infrastructure's mandate.

### **Summary of progress made in 2024/25**

The Ministry continued to focus on delivering health services for adults, including seniors, that are dignified, high-quality, culturally safe, and appropriate. Through prioritized investment in the home and community care sector more people were able to remain living at home and in their community and were less likely to have a stay in hospital or an emergency department visit, delaying or avoiding a move into a long-term care facility.

### **Objective 1.3: Expand with key partners an accessible system of care for mental health and substance use**

Please refer to [Objective 1.2](#) of the Ministry of Mental Health and Addictions (MMHA) section of this report.

### **Performance measures and related discussion**

Performance Measure [\[1a\] Access to Primary Care Services – Number of Visits](#) has been removed. This performance measure, the targets and results derived from this methodology, are no longer applicable as an indicator of primary care access in the context of the new Longitudinal Family Physician payment model (LFP).

The LFP was introduced in February 2023 and led to a change in compensation structure for primary care providers. Physicians operating under LFP now account for four in five primary care providers. LFP compensates physicians on time, encounters, and patient complexity, in contrast to the previous fee-for-service model, which focused on number of visits.

A refreshed performance measurement system, [\[1a\] Number of people newly attached to a primary care provider](#), was introduced in 2025/26.

Performance Measure	2016/17 Baseline	2023/24 Actual <sup>3</sup>	2024/25 Target	2024/25 Actual <sup>4</sup>
[1b] Number of people admitted to hospital for a chronic disease per 100,000 people aged 75 years and older <sup>1,2</sup>	3,360	2,210	<2,650	2,160

Data source: Discharge Abstract Database, P.E.O.P.L.E. 2024

<sup>1</sup>This performance measure was not carried forward in the 2025/26 service plan.

<sup>2</sup>PM [1b] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as <2,650.

<sup>3</sup>Annualized age standardized rate as of Q4 2023/24. Data has been restated since the publication of the 2023/24 Annual Service Plan Report.

<sup>4</sup>Annualized age standardized rate as of Q2 2024/25.

This performance measure tracks the number of people 75 years of age and older admitted to hospital for chronic disease (e.g., asthma, chronic obstructive pulmonary disease, heart disease, diabetes). Lower admission rates in these chronic diseases indicate that people have access to appropriate care in the community, such that they are well supported to manage their chronic condition and avoid being admitted to hospital. The Ministry continued to invest in home and community care and the 2024/25 admission rate has exceeded the target (it is lower). This rate remains lower than those seen prior to COVID-19.

Performance Measure	2017/18 Baseline	2023/24 Actual <sup>3</sup>	2024/25 Target	2024/25 Actual <sup>4</sup>
[1c] Potentially inappropriate use of antipsychotics in long-term care <sup>1,2</sup>	25.4%	29.3%	21.0%	29.3%

Data source: Canadian Institute for Health Information - Continuing Care Reporting System

<sup>1</sup>The targets for this performance measure were restated in the 2025/26 service plan.

<sup>2</sup>PM [1c] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 18.0%

<sup>3</sup>Annualized risk adjusted rate as of Q4 2023/24, data has been restated since the publication of the 2023/24 Annual Service Plan Report.

<sup>4</sup>Annualized risk adjusted rate as of Q3 2024/25.

This performance measure identifies the percentage of long-term care residents who are prescribed antipsychotic medications without a diagnosis of psychosis. Antipsychotic medications may be appropriate in improving quality of life and reducing distress experienced by some long-term care residents who do not respond to non-pharmacological strategies for relief of behavioral symptoms; however, these medications can have dangerous side effects.

Nationally, or internationally, there is no clear optimal target for the current performance measure. Current provincial and territorial results across Canada range from 20 percent to 35 percent. The Ministry has strengthened oversight of the appropriate use of antipsychotic medications in long-term care settings and invested in dementia education resources for care staff.

Over 2024/2025, this performance measure remained stable at 29.3 percent, consistent with the 2023/2024 fiscal year and short of the Ministry's target of 21 percent. While the target was

not met, this stability reflects the Ministry's ongoing and focused efforts to improve performance in this area. In the Fall of 2024, the Ministry implemented a provincial policy requirement that non-pharmacological strategies to manage or modify behavioural symptoms must be exhausted before an antipsychotic medication is considered. To support successful implementation of the policy, the Ministry invested in dementia care education programs, including free access to [U-First!®](#) dementia care education for front-line staff and enhanced ongoing clinical education for health-care professionals. These programs support the care team in the assessment and care planning of long-term care residents with dementia through person-centred care rather than antipsychotic medications.

Performance Measure	2023/24 Actual <sup>3</sup>	2024/25 Target <sup>4</sup>	2024/25 Actual <sup>5</sup>
[1d] Percentage of people admitted for mental illness or substance use who are readmitted within 30 days <sup>1,2</sup>	14.5%	13.7%	14.4%

Data source: B.C. Ministry of Health Discharge Abstract Database

<sup>1</sup>This performance measure was not carried forward in the 2025/26 service plan.

<sup>2</sup>PM [1d] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 13.6%.

<sup>3</sup>As of Q4 2023/24, data has been restated since the publication of the 2023/24 Annual Service Plan Report.

<sup>4</sup>This target was increased since the publication of the 2024/25 Ministry Service Plan from 13.7% to 13.8%.

<sup>5</sup>As of Q2 2024/25.

This performance measure reflects the percentage of patients readmitted to hospital for mental health or substance use challenges within 30 days of initial hospital admission. The Ministry continues to implement a full continuum of mental health and substance use (MHSU) services, including new and enhanced withdrawal management services, transition and assessment services, treatment and recovery services, and aftercare throughout the province. These efforts, along with effective discharge planning, are helping to work towards reducing rehospitalizations for this patient group.

## Goal 2: Regional and provincial health-care services meet the diverse needs of all in British Columbia

Objective 2.1: Provide timely access to ambulance services to meet the needs of all in B.C.

### Key results

- In 2024/25, British Columbia Emergency Health Services (BCEHS) added 18 temporary ground ambulances and one temporary air ambulance to support emergency department closures and service diversions.
- BCEHS Aviation Fleet Operations replaced existing air ambulance resources, by way of new contracts, with new rotary and fixed wing air ambulances.

- The new contracts provide a total of seven new helicopters (six in rotation and one as backup) and 12 new airplanes (nine in operation and three as backup).
- In 2024/25, BCEHS transported 573 patients to Urgent and Primary Care Centre sites across B.C. through Link and Referral Units that would have otherwise been transported to emergency departments. In 2024/25, Link and Referral Units were implemented in Victoria, Nanaimo, and Prince George.
- In 2024/25, BCEHS expanded their Indigenous Health Team and introduced an Indigenous Talent Acquisition Team, made up of First Nations and Métis members. The team's goal is to engage Indigenous communities, promote careers in paramedicine, and build local first responder capacity in underserved rural and remote areas.

### **Summary of progress made in 2024/25**

The Ministry and BCEHS continue to improve patient outcomes through an equitable, culturally safe, and community-based approach. To support communities affected by emergency department closures or reduced hospital services, BCEHS added 18 temporary ground ambulances and one helicopter, and the air ambulance fleet has been upgraded with state-of-the-art aircraft. These new additions increase capacity, speed, and consistency of care – especially for rural and remote regions. The fleet features full power-lift and autoloading capabilities, along with standardized layouts to enhance paramedic efficiency and care delivery.

## **Objective 2.2: Timely access to hospital, surgical and diagnostic services throughout the province**

### **Key results**

- Completed 373,754 scheduled and unscheduled surgeries, including 294,098 scheduled procedures. This represents an increase of 11,795 surgeries compared to 2023/24.
- 34,379 urgent scheduled surgeries were completed within four weeks across the province. This represents an increase of 307 more than in 2023/24.
- 346 surgical specialty nurses completed their training in 2024/25.
- More than 351,000 MRI exams and 1,000,000 CT exams were delivered by HAs in 2024/25.
- Two net-new MRI units and three net-new CT units began operating in B.C. in 2024/25, with one of each type being provincial 'mobile units' with the ability to travel to different sites across the province to support continuity of imaging services during hospital construction activities. Noting these capital investments are now within the Ministry of Infrastructure's mandate.
- Increased access to 99 beds through the Hospital at Home program available in all regional HAs.

## Summary of progress made in 2024/25

The Ministry continues to take a patient-centred approach to providing timely and equitable access to hospital, surgical, and diagnostic imaging services in the province.

There has been a continued focus on reducing wait times for diagnostic imaging by increasing medical imaging staff and by optimizing existing scanners and increasing services where they are needed most, including the addition of new MRI and CT scanners.

To support growing demand for medical imaging services and advance [B.C.'s Health Human Resources Strategy \(2022\)](#) and the [Provincial Allied Health Strategic Plan \(2023\)](#), the Province invested up to \$73.1 million through a broad range of initiatives to strengthen recruitment and retention of allied health staff, including medical imaging professions. Other achievements in 2024/25 include:

- Expanded the [Provincial Rural Retention Incentive](#) to include more occupations and communities. Eligible health-care workers living and working in designated rural or remote areas qualified for annual incentives of up to \$8,000 to encourage continued service in regions facing the greatest staffing challenges.
- To further support recruitment, [Rural and Remote Recruitment Incentives](#) were offered for staff hired into high-needs vacancies. Incentives were scaled based on recruitment difficulty: up to \$30,000 in Northern Health, up to \$20,000 in other rural and remote areas, and up to \$15,000 in urban or metro communities with hard-to-fill roles.

The Province continued to invest in the next generation of medical imaging professionals.

- Tuition credits of up to \$2,000 per program year are available to students enrolled in medical imaging programs at B.C. public post-secondary institutions between September 1, 2023, and October 31, 2025.
- For the 2024 academic year, the University of British Columbia increased its diagnostic radiology postgraduate residency intake from seven to eight positions, followed by a further increase to nine in 2025.

## Objective 2.3: Improve access to cancer care services across the entire continuum of cancer care

### Key results

- Expanded in-province Chimeric Antigen Receptor T-cell (CAR-T) therapy for up to 50 patients in 2024/25, providing specialized cancer treatment to 45 adults and five children/youth in B.C.
- Expanded self-screening for human papilloma virus (HPV) provincewide by mailing over 128,000 kits in 2024/25, supporting more effective cervical cancer prevention efforts. The option for self screening supports increased participation as it removes barriers and improves equity in health care.



- Expanded the provincial gynecologic oncology surgical program to Kelowna and strengthened care teams across the province by adding staff, including new gynecologic oncologists.
- Strengthened the Indigenous Cancer Care team by hiring a second Indigenous Patient Navigator (IPN) at BC Cancer – Abbotsford, bringing the total IPNs in the province to nine, further strengthening the Indigenous Cancer Care team.
- Improved access to life-saving cancer care for those living in rural and remote areas through additional funding in medical-travel supports in 2024/25, helping reduce costs and financial barriers.

### **Summary of progress made in 2024/25**

The Ministry continues efforts to enhance treatment options and expand access to life saving cancer care services for people living in B.C. Budget 2024 reinforced this commitment through an investment of \$270 million over three years to advance implementation of [B.C.'s 10-Year Cancer Action Plan \(2023\)](#), which focuses on preventing, detecting, and treating cancer more effectively.

BC Cancer – Prince George expanded its involvement in research studies by recruiting a dedicated BioCancer research assistant, which has significantly increased patient recruitment for the BioCancer program. This program focuses on consenting patients and collecting biospecimens for translational and clinical research across the province, aiming to address the under-representation of patients from remote areas like Northern B.C. Additionally, BC Cancer – Prince George is collaborating with research groups in Vancouver, providing patients from Northern B.C. access to cutting-edge individualized tumour analyses that could have a significant impact on their treatment plans.

To address the growing demand for care in B.C., a new gynecologic oncology surgery program was established in Kelowna in September 2024, led by three full-time gynecologic oncology surgeons. Existing programs in Vancouver and Victoria were also expanded with additional services and new gynecologic oncology surgeons. To support the expansion, gynecologic oncologists joined multidisciplinary cancer care teams, including family physician oncologists, nurse practitioners, nurses, clinical pharmacists, unit clerks, and other clinical and administrative personnel. As a result of this expansion, the provincial target of 80 percent of urgent patients receiving surgery within 4 weeks has been achieved.

Efforts to enhance cultural competence across cancer care delivery in B.C. have included initiatives such as the Cultural Safety & Design and the Indigenous Community Engagement and Outreach projects. In addition, BC Cancer has strengthened its partnership with First Nations communities and MNBC to support prevention and screening initiatives based on the data linkage project.

BC Cancer continues to expand and enhance its Lung Cancer Screening Program to improve early detection and access to care. Screening recall and results letters were made available through the [Health Gateway](#) application, allowing individuals to view and download copies of their mailed correspondence. Further efforts have been made to increase screening capacity with the launch of two new lung screening sites at West Coast General Hospital and Port Hardy

Hospital, along with the addition of a new radiologist at the Northern Health Authority site in Prince George.

## Performance measures and related discussion

Performance Measure	2023/24 Actual <sup>2</sup>	2024/25 Target	2024/25 Actual <sup>3</sup>
[2a] Ambulance In-Service hours <sup>1</sup>	2,896,590	2,700,000	3,019,539

Data source: BCEHS

<sup>1</sup>PM [2a] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 2,800,000.

<sup>2</sup>Data based on fiscal year 2023/24 (April 1, 2023, to March 31, 2024).

<sup>3</sup>Data based on fiscal year 2024/25 (April 1, 2024, to March 31, 2025).

Ambulance In-Service Hours reflects the total available number of patient care hours provincially for ambulance services. This is inclusive of all BCEHS community response resources including stretcher ambulance, aircrafts, single responder SUV, and supervisors. This measure provides an indication of patient care service and system readiness.

The total ambulance in-service hours for 2024/25 have surpassed the 2024/25 target. This is likely due to the temporary resources (18 ground ambulances and one helicopter) added to BCEHS' fleet to support communities affected by emergency department closures and/or hospital reduction of services.

Performance Measure	2016/17 Baseline	2023/24 Actual <sup>2</sup>	2024/25 Target	2024/25 Actual <sup>3</sup>
[2b] Total Operating Room Hours <sup>1</sup>	545,419	652,845	689,600	670,059

Data source: AnalysisWorks' Lighthouse

<sup>1</sup>PM [2b] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 696,700 and 703,900, respectively.

<sup>2</sup>Data based on fiscal year 2023/24 (April 1, 2023, to March 31, 2024) and includes all NHA hospitals (over fiscal 2023/24, all NHA sites moved to electronic monitoring of OR hours). Total OR hours including only UHNBC for NHA was 635,050.

<sup>3</sup>As of Q4, March 31, 2025.

All HAs have implemented additional surgical capacity required as part of the [Surgical Renewal Commitment \(2020\)](#) to meet the needs of patients. Capacity is increased by extending weekday and weekend operating room (OR) hours, expanding summer capacity and reducing seasonal slowdowns, improving operating room efficiency, opening new and unused operating rooms, and contracting with private surgical centres that agree to follow the Canada Health Act. In 2024/25 HAs performed an additional 124,640 OR hours over the 2016/17 baseline. Surgical activity is highly vulnerable to external forces. The global shortage of health human resources, environmental impacts such as devastating wildfires, floods and mudslides, and a higher number of patients requiring hospitalization, are all factors that continue to impact surgical services and hospital bed availability in all HAs across the province.

## Goal 3: A high-quality sustainable health system supported by a skilled and diverse workforce, and effective and efficient systems and structures

Objective 3.1: A sustainable, skilled and diverse health sector workforce supported by a healthy, safe, and engaging health-care setting

### Key results

- Collaborating with the BC Nurses Union and HAs, established minimum nurse-to-patient ratios for most hospital settings, to improve the delivery of quality patient care, support better working conditions for nurses, and build a stronger health-care system throughout B.C.
- The Ministry relaunched a new recruitment website, [BCHealthCareers.ca](https://bchealthcareers.ca), in March 2025 in alignment with the provincial U.S. health-care recruitment campaign. BCHealthCareers.ca connects interested candidates with careers in the B.C. health system and provides access to tailored recruitment supports and resources for relocating, licensing, and working in the province.
- Through HCAP successfully recruited 2,441 participants in 2024/25 to begin training for careers in health care. HCAP is a low barrier earn-and-learn program, creating a healthy talent pipeline for those wanting to enter the health-care system.
- Implementation of a standardized provincial contract for third-party agency service providers, with language that improves financial transparency and prioritizes patient safety, including standardized pricing and focus on costs, quality care and Indigenous specific anti-racism. The Ministry led a provincial integrated project team with representation from all HAs, FNHA, and the Health Employers Association of BC, to design these one-year contracts that articulate 27 robust terms and conditions.
- The Ministry fulfilled its' commitment to create 320 net-new relational security officer positions in health-care settings, resulting in approximately 781 full-time-equivalent positions across 32 sites. This new relational security model ensures all security personnel have an acute awareness of patients and their surroundings, as well as how to anticipate, de-escalate and ultimately prevent aggression.

### Summary of progress made in 2024/25

The Ministry continues to make progress on the multi-year provincial [Health Human Resources \(HHR\) Strategy](#), with a focus on supporting health sector workforce health and safety, as well as innovative and sustainable short-term and long-term approaches for the recruitment, retention, and training of health-care workers. This includes collaborating with HAs on targeted strategies to support and protect Indigenous people as both patients and service providers, with the goal of eliminating Indigenous-specific racism.

Under the “Retain” cornerstone of the [HHR Strategy](#), the Ministry:

- Prioritized occupational and psychological health and safety, including through a new Provincial Psychological Health and Safety Resource Team, SWITCH BC, Care for Caregivers, and Care to Speak.
- Added 150 nurse clinical mentor positions and \$8 million annually for nurse preceptor premiums as part of our Nurse Policy Fund – developed in collaboration with the BC Nurses Union.
- Partnered with the HAs on a new program that supports recruitment, retention, and career development for Indigenous Employees.

Under the “Redesign” cornerstone, the Ministry:

- Enabled bylaw changes by the College of Physicians and Surgeons of BC to allow physician assistants to work in emergency departments in B.C.
- Supported HAs to hire 75 associate physicians – a role for international medical graduates not otherwise eligible for independent licensure to practice in B.C. under the supervision of an attending physician.
- Expanded scope of practice for Emergency Medical Assistants (EMAs), including paramedics to improve the breadth and quality of care that EMAs can provide.
- Expanded GoHealth BC – our provincial travel resource pool – providing more than 300,000 hours of travel nursing care in 2024 across 34 rural and remote communities in Northern, Interior, and Island Health.

Under the “Recruit” cornerstone, the Ministry:

- Improved credential recognition, training, and registration for Internationally Educated Nurses, and reduced financial barriers – enabling more than 900 new nurses and over 150 new health-care assistants to register for practice in B.C.
- Funded bursaries for Internationally Educated Occupational Therapists, Physiotherapists, and Medical Lab Technologists to reduce the costs associated with licensure and registration – enabling 52 new allied health providers to start work in B.C. with hundreds more en route to licensure.
- Increased seats to 96 in the Practice Ready Assessment program which provides a pathway to licensure for internationally trained Family Physicians in exchange for a three-year return of service in a designated community of greatest need.
- Continued policy and funding support for the New Graduate Transition Program with streamlined hiring processes and clinical mentorship so that new graduates have the resources they need to be practice ready.
- Developed a new B.C.-first approach to health sector recruitment that advances a culture of collaboration between health-system partners, delivers an easy and seamless experience for candidates, and attracts qualified workers from across the world to high-need areas. “Team BC” unites provincial and local governments, Health Match BC,

HAs, regulatory colleges and other partners to recruit more health-care workers from across the world.

Under the “Train” cornerstone, the Ministry:

- Added additional seats, including: 65 new nurse practitioner seats, 40 new undergraduate medical education seats, and up to 160 new residency positions.
- Funded a range of tuition credits and bursaries for students enrolled in priority allied health training programs, Indigenous students, and nursing students.
- Implemented a range of employer-sponsored earn-and-learn opportunities (including the Health Career Access Program, Combined Laboratory and X-Ray Program, Licensed Practical Nurse to Registered Psychiatric Nurse Program, etc.) so that participants can earn a good wage while training for a career in the health sector.

## Objective 3.2: Enable sustainable health sector innovation for quality population and patient health care

### Key results

- Released [British Columbia's Population and Public Health Framework: Strengthening Public Health](#) in September 2024, outlining the long-term vision and strategic direction for population and public health in the province, with commitments to health equity, anti-racism, and truth and reconciliation. The holistic population health approach expressed through the Framework supports high-quality public health programs and services to promote and protect health and wellness, prevent disease and injury, and respond to evolving population needs for people, families, and communities.
- Investment of \$1.07 million in the Health Innovation Pathway program to test front-line developed innovations that have potential for broad system impact within clinical settings in the B.C. health-care system. The program provided funding to support 15 innovation projects that align to one or more Ministry priority areas of focus including health human resources, seniors care, mental health and addictions services, surgical care, primary care, cancer care, diagnostic, and hospital services.
- The Health Technology Assessment program introduced a broader range of products and services, to provide evidence on the clinical effectiveness and/or cost effectiveness for ten technologies in the areas of medical imaging, orthopedic, gynecological, diabetic, and cancer-related surgical procedures and/or devices, to inform decisions around planning and/or policy development.
- In January 2025, the 8<sup>th</sup> edition of [Baby's Best Chance](#) and the 4<sup>th</sup> edition of [Toddler's First Steps](#) were launched online and also made available in print. These resources provide evidence-based health promotion information and education for expecting and new parents/caregivers to support healthy pregnancies, child development, and family well-being. The new editions include expanded and updated health promotion information on core topic areas including nutrition and infant feeding, immunizations, perinatal mental health, community-based resources, and more.

- Released the [BC Provincial Nutrition Standards for Acute Care](#) in September 2024, establishing provincial nutrition standards for the over 80 acute care and rehabilitation hospitals across B.C. to support consistent, quality-focused, patient-centred, culturally relevant meal experiences and nutrition care in hospitals.

### **Summary of progress made in 2024/25**

The Ministry continues to work towards fostering a culture and environment of innovation throughout the health system, modernizing digital health and health resource management information systems, and undertaking research initiatives to improve care.

The Province continued to leverage the “Get Vaccinated” system for immunization notifications and appointment bookings. During the 2024/25 viral respiratory illness season, 1,404,807 doses of influenza vaccine and 1,143,433 doses of COVID-19 vaccine were administered in B.C.

There was also a continued focus on research initiatives to improve efficiency and patient care. These include the launch of 12 Ministry Research Seed Grant projects, of which ten projects were completed, including: estimating the impact of exposure to benzodiazepine on retention in opioid agonist therapy; and a project helping identify pathways that support registration and career progression among nurses and midwives to inform best educational practices. Five strategic Research Projects were also completed, including: the development of indicators to evaluate mobile mental health crisis response from the perspective of people with lived experience; and identifying recommendations to improve care for young people who use drugs and are pursuing recovery from substance use disorders.

The Ministry also developed a Responsible Artificial Intelligence (AI) policy to guide and enable the responsible use of AI throughout the Ministry and HAs. This policy is supported by an implementation toolkit to further support teams to advance AI tools that can ease pressures and enhance care across the health system.

## **Objective 3.3: Modernize digital care services and tools to provide a connected, safe, and trusted system**

### **Key results**

- In partnership with the PHSA, launched the [B.C. Digital Health Strategy](#), incorporating input from across the health sector, including patients. This strategy ensures the implementation of consistent approaches and policies around safe, secure, and equitable access to health information across all care settings.
- Expanded the availability of diagnostic imaging reports in [Health Gateway](#), enhancing patient access to their health information. Health Gateway now includes BC Cancer screening reminder and result letters for Cervix, Lung, Breast, and Colon screening programs; empowering patients to be proactive in their health journey.
- Through [Real-Time Virtual Support](#) services, continued work to improve representation and collaboration with First Nations, Métis, and Inuit partners to increase access and availability to primary care-funded virtual care services, especially to those living in

rural and remote areas of the province and for people who have challenges with travelling.

- Advanced the Environmental Health Information System project, a provincial information system that provides real-time reporting for over 100,000 environmental health facilities (e.g., drinking water systems, food establishments, swimming pools industrial camps) across the province. This system will enable HAs to license, inspect, and analyze environmental health facilities and enhances the Provinces' ability to plan and respond to critical health risk incidents.

## Summary of progress made in 2024/25

In keeping with the [B.C. Digital Health Strategy](#), the Ministry has advanced several key initiatives to enhance the efficiency and effectiveness of health services through modern technology and information systems. This included increasing digital access to personal health records for people living in B.C. in alignment with Health Canada priorities.

A refreshed Health Gateway experience was developed and launched, aligning with the latest provincial design and accessibility standards. In collaboration with BC Cancer, digital screening reminders and result letters were successfully introduced for Cervix, Breast, Lung, and Colon Screening programs. In addition, Health Gateway expanded the availability of diagnostic imaging reports, further enhancing patient access to personal health information.

These enhancements to Health Gateway were informed through engagement with the Patient Advisory Group, health-care providers, and sector partners to shape a shared provincial vision for a connected patient experience.

## Performance measures and related discussion

Performance Measure	2023 Actual <sup>3</sup>	2024 Target	2024 Actual <sup>4</sup>
[3a] Nursing and allied health professionals' overtime hours as a percent of productive hours <sup>1,2</sup>	8.4%	5.7%	8.9%

Data source: Health Sector Compensation Information System; dataset based on a calendar year cycle.

<sup>1</sup>The targets for this performance measure were restated in the 2025/26 service plan.

<sup>2</sup>PM [3a] targets for 2025 and 2026 were stated in the 2024/25 service plan as 4.6%.

<sup>3</sup>As of December 31, 2023.

<sup>4</sup>As of September 30, 2024.

This performance measure focuses on overtime hours as a percentage of productive hours for nurses and allied health professionals; and is one indicator used to assess the overall health of the workforce. Overtime is commonly used as a predictor of burnout; however, the relationship between overtime and burnout is inconsistent. When overtime is voluntary and/or when workers receive fair compensation for their overtime work, burnout effects are significantly mitigated.

In the case of the health sector workforce in B.C., overtime is more reliably used as an indicator of workforce shortages. That overtime utilization continues to increase signifies that HAs are challenged to staff necessary shifts using straight time only. Attempting to reduce



overtime utilization without addressing underlying staffing shortages would impact patient care so the target overtime rate has been re-stated to 8.5 percent in the 2025/26 service plan. The Ministry continues to invest in initiatives to retain, recruit, and train health-care workers while redesigning services and developing innovative models of care to mitigate staffing shortages.

Performance Measure	2023/24 Actual <sup>3</sup>	2024/25 Target	2024/25 Actual <sup>4</sup>
[3b] Percentage of population who access the provincial patient portal <sup>1,2</sup>	35%	60%	37%

Data source: Ministry of Health and P.E.O.P.L.E 2022.

<sup>1</sup>The methodology for this performance measure was updated in the 2025/26 service plan from percentage of population to number registered.

<sup>2</sup>PM [3b] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 75% and 85%, respectively.

<sup>3</sup>As of March 31, 2024.

<sup>4</sup>As of March 31, 2025.

This performance measure varies according to population changes. With the population having grown considerably in the past two years, this did not provide a comprehensive understanding of all aspects of Health Gateway's progress toward its intended goals. A refreshed performance measure, Number of registrants, has been implemented in 2025/26.

A steady increase in Health Gateway registrations demonstrates the expanded access people in B.C. have to their consolidated provincial health history, including lab and imaging results, prescriptions, immunization records, health and hospital visits and more. As of March 31, 2025, 1.68 million people living in B.C. have registered to access their personal health records through Health Gateway.

A coordinated Health Access marketing campaign was also initiated to increase public awareness of the service. These enhancements and initiatives are expected to further increase use of Health Gateway and empower people living in B.C. in managing their health information digitally.



The following section reports on the Ministry of Mental Health and Addictions [2024/25 – 2026/27 Service Plan](#)

## Goal 1: Accelerate B.C.'s response to the toxic drug 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 toxic drug poisoning 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 results:

- Worked to reduce stigma related to drug use and addiction through decriminalization, making it easier for people to reach out and be connected to care. The Ministry and partners implemented substance use navigators and proactive outreach positions to support implementation and connect people to care.
- Continued to build public awareness about mental health and addictions supports through targeted campaigns including the Supports for Substance Use campaign, the Youth Drug Prevention campaign, and an in-language South Asian community campaign in partnership with the South Asian Health Institute. The website [HelpStartsHere.gov.bc.ca](https://helpstartshere.gov.bc.ca) advanced information about mental health and addictions and print and digital materials were distributed across B.C. to promote key resources, including the Opioid Treatment Access Line.
- Continued to increase capacity for life-saving response to toxic drug poisoning events through overdose prevention sites and supervised consumption sites; virtual harm reduction services; anonymous, community-based drug checking; and the publicly funded [BC Take Home Naloxone program](#).
- Collaborated with HAs and other health-system partners to enhance prescribed alternative programs and enhanced the program's robust monitoring and evaluation plan.
- Provided \$12.5 million to the First Nations Health Authority (FNHA) to support Indigenous-led approaches to prevention and harm reduction, and culturally safe substance use care and treatment services, including \$8 million for initiatives to respond to the toxic drug crisis, and allocations to the FNHA to continue development of First Nations run treatment centres funded through the Tripartite Memorandum of Understanding (MOU).

## Summary of progress made in 2024/25

B.C. continued the pilot to decriminalize possession of illegal substances for personal use (under 2.5g) for adults to reduce the fear and shame that keeps people silent and leads so many to hide their drug use and avoid treatment and support. In 2024/25, the Ministry invested \$3.96 million to fund 24 substance use navigators and proactive outreach positions in all B.C. health regions to support implementation, build relationships with law enforcement, and connect people to care. Monitoring and evaluation of these positions continued in 2024/25, leading to expansion of these roles to support broader overdose response and substance use treatment functions and to facilitate connections to care. Police officers had access to training, and Government continued the [Building Relationships in Collaboration: Indigenous-led Connections with Police grant](#) (BRIC) to support decriminalization in culturally appropriate ways. In 2024/25, \$500,000 in BRIC grant funding was awarded by the Public Safety & Solicitor General to support 14 Indigenous-led projects.

In 2024/25, the Ministry continued to engage with communities and partners about decriminalization and heard the need to balance the goals of public health, public safety, and other community interests. Upon B.C.'s request, on May 7, 2024, Health Canada issued a new decriminalization exemption which prohibits possession of illegal substances in most public spaces. Early data suggests that possession-related offences and drug seizures under 2.5g decreased significantly during B.C.'s original decriminalization model but have since increased after implementation of the new exemption.

The Ministry continued public awareness campaigns throughout 2024. The first, Supports for Substance Use campaign highlighted real-life stories of healing and recovery, reinforcing that recovery is possible for all people, no matter their circumstances, and helps people navigate to MHSU services at [HelpStartsHere.gov.bc.ca](https://www.helpstartsbc.ca). Targeted outreach and messaging successfully engaged key at-risk audiences, particularly young men aged 19-34 and Indigenous individuals. In parallel, the Youth Drug Prevention public information campaign effectively highlighted the urgent risks of the toxic drug supply. These coordinated efforts significantly increased engagement with the campaign webpages, helping to inform the public about risks and where to get help and services.

B.C. continued to scale up harm reduction services to save lives. In 2024/25, modelling estimated that between January 2019 and October 2024, 54,700 death events were avoided due to Take Home Naloxone, overdose prevention and supervised consumption services (OPS/SCS), and opioid agonist treatment (OAT) – with 18,700 death events (30 percent) averted by OAT.<sup>3</sup> In 2024/25, the Province added 34 new [Facility Overdose Response Box](#) sites, where naloxone and supplies are available to staff who work at community and non-profit sites. The decriminalization initiative enhanced access to harm reduction supplies, enabling police departments to purchase 1,147 nasal naloxone kits to ensure frontline police officers have timely access to life-saving supplies. As of March 2025, there were 58 known fixed, mobile, and episodic OPS/SCS in B.C., including 33 inhalation sites; and 122 locations where people can

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<sup>3</sup> BC Centre for Disease Control (February 2025). Drug poisoning events prevented from 2019-2024: Harm Reduction & Medically Supported Treatment Saves Lives. [http://www.bccdc.ca/Health-Professionals-Site/Documents/Harm-Reduction-Reports/Drug\\_poisoning\\_death\\_events\\_prevented-2019-2024.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/Harm-Reduction-Reports/Drug_poisoning_death_events_prevented-2019-2024.pdf)

drop off drug samples for analysis, with 57 sites offering immediate results with Fourier Transform Infrared spectrometer (FTR) on some days of the week.

B.C. continued to work with HAs and other health-system partners to enhance access to prescribed alternatives<sup>4</sup> to separate more people from the toxic drug supply and enhance monitoring and evaluation of the program. A recent peer-reviewed study found that the B.C. prescribed alternatives program reduces the risk of death by as much as 91 percent in people with opioid-use disorder (OUD).<sup>5</sup> To support prescribers and increase access, the Ministry continued to fund the [BC Centre on Substance Use](#) to develop [clinical protocols](#), deliver training and education to physicians and nurses, and review emerging evidence.

The Ministry continued to fund Indigenous-led approaches to prevention and harm reduction, and culturally safe substance use care and treatment services with \$8 million in 2024/25 for the toxic drug crisis. FNHA reports publicly<sup>6</sup> on the impact of First Nations-led initiatives. In 2024/25 the FNHA distributed 95 First Nations harm reduction grants, valued up to \$50,000 each; 226 people completed the Not Just Naloxone Training Course; 5,321 nasal naloxone kits were distributed to 109 First Nations communities; there were 1,608 virtual sessions with psychiatrists and addictions specialists; and 1,484 First Nations Health Benefits clients were supported on suboxone and generic buprenorphine/naloxone. Finally, in the latter half of 2024/25 the FNHA supported development or expansion of drug checking and harm reduction supports for First Nations communities through six new initiatives. These initiatives will bring drug testing closer to home and aim to support improved cultural safety around substance use services.

Work to connect Indigenous people to care continued in 2024/25 per commitments in the Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (2018). The Province, Government of Canada, and First Nations Health Council (with FNHA as a supporter) each provided \$20 million in funding to replace six existing First Nation-run treatment centres and build two new ones throughout B.C. Following one-time funding of \$35 million to the FNHA in 2023 to support the completion of the First Nations treatment centre projects, one First Nation-run treatment centre began operations in 2024. The Tsow-Tun Le Lum Healing House Centre in Duncan offers 20 MOU funded treatment beds to support people who have experienced addiction, trauma or grief. In the 12 months since intake began in January 2024, the Tsow-Tun Le Lum Society Helping House Centre has had 71 participants complete the Stabilization program, 201 participants complete the six-week intensive Thuy Na Mut substance use program and 86 participants complete the five-week Kwunatsustul second stage (trauma) program.

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<sup>4</sup> In February 2024, the Ministry retired the term “prescribed safer supply”, shifting to prescribed alternatives, which more accurately reflects the intervention clinicians deliver as part of a continuum of medication options for substance use care. Prescribed alternatives references prescribing medications to prevent toxic drug poisonings and death from the toxic drug supply and is often used alongside OAT as a way of managing and treating OUD.

<sup>5</sup> Slaunwhite, A. et al (2024) Effect of Risk Mitigation Guidance for opioid and stimulant dispensations on mortality and acute care visits during dual public health emergencies: retrospective cohort study. *BMJ* <https://doi.org/10.1136/bmj-2023-076336>.

<sup>6</sup> FNHA Toxic Drug Crisis Data: <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/toxic-drug-crisis-data>

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

### Key results

- Implemented the [Adult Substance Use System of Care Framework](#) by expanding access to opioid agonist treatment (OAT) through the launch of the new Opioid Treatment Access (OTA) Line.
- Continued to build a seamless continuum of addictions care and increase access to adult substance use treatment and recovery beds and services through new models of care like Road to Recovery and by adding 160 new publicly funded adult substance use beds in 2024/25.
- In 2024/25 the Ministry continued investments in Indigenous-led solutions, such as initial funding for the Orca Lelum Youth Wellness Centre in Lantzville, both one-time infrastructure and operational costs for the Tsakwa'lutan Healing Centre (led by the We Wai Kai First Nation), funding for Lheidli T'enneh First Nation to support the consultation and early planning processes for a Northern Centre of Excellence for Children and Youth; and, funding to the Northern First Nations Alliance Legacy Project to help advance culturally focused First Nations-led treatment and recovery services for First Nations communities in the Northwest.
- The Indigenous-led treatment, recovery, and aftercare services launched the Capacity Building Grant in July 2024 in partnership with Community Action Initiative. This grant provides one-time funding up to \$25,000 for First Nations, Métis, Inuit and urban Indigenous-led organizations which deliver bed-based treatment and recovery services.
- Undertook a comprehensive engagement process with stakeholders from the adult bed-based substance use treatment and recovery sector to learn more about what is working well within the current approach to oversight of treatment and recovery services and identify opportunities to improve the safety and service quality.

### Summary of progress made in 2024/25

The Ministry continued to focus on delivering evidence-based treatment and recovery services to ensure people with addictions receive the support they need in their recovery journey. B.C. undertook significant work in 2024/25 to implement the [Adult Substance Use System of Care Framework](#) including two key areas of work – expanding access and reach of OAT, and implementing new models of care that are improving seamless access, and specifically expanding access to bed-based substance use treatment and recovery services.

In August 2024, the Province launched the Opioid Treatment Access (OTA) Line. The OTA Line is a toll-free line (1-833-804-8111), open every day from 9 a.m. to 4 p.m. across B.C. People can speak with a health-care worker, including nurses and doctors, who can prescribe opioid treatment medications over the phone that same day, and connect to regional services for follow up care. As of March 31, 2025, B.C. has 119 Registered Nurses (RNs) and 450 Registered Psychiatric Nurses (RPNs) certified to prescribe OAT via a new class of certified practice,

continuing previous efforts to advance access<sup>7</sup> to OAT, particularly in rural and remote communities. In March 2025, 690 clients received dispenses for buprenorphine injection, buprenorphine/naloxone, methadone, slow-release oral morphine at community pharmacies within B.C., written by 70 RN or RPN Certified Practice-OD prescribers. The total number of all OAT prescribers<sup>8</sup> in B.C. in 2024/25 was 5,053.

In 2024/25, the Ministry continued to make progress on building an integrated, patient-centred continuum of substance use treatment and recovery services. B.C. opened a total of 160 new publicly funded adult substance use beds in 2024/25. New beds implemented in 2024/25 include 91 CMHA beds funded through Budget 2023. B.C. has surpassed the commitment made through Budget 2023 to implement 180 CMHA beds, with a total of 190 now implemented. These beds expand access for under-served populations, such as those in rural and remote areas, Indigenous people, people who are or have been involved with the criminal justice system, and new or pregnant parents.

One part of the Province's work to build a comprehensive system of care includes Road to Recovery (R2R), a made-in-B.C. model of addictions care that establishes a seamless continuum of care from withdrawal management (detox) to treatment and aftercare services for people with moderate to severe substance use disorders. In 2024/25, 26 (11 withdrawal management/detox and 15 treatment) publicly funded beds were opened at B.C.'s initial Road to Recovery site in Vancouver, bringing the total number of beds to 60, with more on the way. In 2024/25 Vancouver's Road to Recovery received over 20,000 calls and more than 2,600 people accessed a withdrawal management bed through R2R, with a median wait time of 1 day for those prioritized as urgent.

In July 2024, the province announced the expansion of Road to Recovery to all HAs. The expansion includes implementation of Access Central in every health region, providing same-day clinical assessment and personalized substance use care planning, and up to 100 new substance use beds over three years, as well as new or expanded outpatient services.

Because recovery does not end with treatment, long-term recovery supports are also being expanded through new aftercare clinicians and Recovery Community Centres, called "Junctions". In addition to the first Junction opened in Vancouver in 2023, 2024/25 saw two more Junctions open in the Vancouver Coastal area – on the Sunshine Coast and on the North Shore. To the end of 2024/25, these locations have served more than 1,400 participants.

In 2024/25, more than 40 aftercare clinicians were hired across B.C. Aftercare clinicians help to connect clients with local services, offer clinical guidance such as recovery coaching and relapse prevention, assist with personalized care planning, and cultural-based healing. The Orca Lelum Youth Wellness Centre in Lantzville opened in August 2024. With support from the FNHA, this Centre is the first on Vancouver Island to offer detox services, specifically for Indigenous youth. Through a phased implementation approach, the centre has 10 substance-use treatment beds, with 10 detox beds in development, and provides culturally informed care

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<sup>7</sup> In 2023, B.C. introduced universal coverage for eligible OAT medications for B.C. residents and enabled registered nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe OAT via a new class of certified practice.

<sup>8</sup> OAT prescribers are clinicians with at least one dispensation from a prescription they have written for a given OAT drug. Even though pharmacists cannot initiate an opioid prescription, they can renew a prescription or dispense opioids as emergency supply and are therefore included in prescriber counts.

to Indigenous people aged 12-18 years who are struggling with substance use and mental health issues, including intergenerational trauma.

The Ministry also committed funding<sup>9</sup> to support both one-time infrastructure and operational costs for the Tsakwa'lutan Healing Centre, led by the We Wai Kai First Nation (Quadra Island). Work began in 2024 to convert the former Tsakwa'luten Lodge into the Tsakwa'luten Healing Centre on Quadra Island and is expected to provide culture-based treatment and supportive recovery programming and 32 publicly funded adult treatment beds.

Funding for Mobile Outreach services was provided to the Northern First Nations Alliance Legacy Project, which will provide culturally appropriate solutions to the toxic drug crisis.

In 2024/25, 11 grantees received one-time funding through the Capacity Building Grant. The granting process provides opportunity for First Nations, Métis, Inuit, and urban Indigenous-led organizations providing bed-based treatment and recovery services to apply for one-time funding of \$25,000.

The Ministry continued their investment of \$10.75 million to the FNHA in 2024/25 to support First Nations land-based healing services grounded in cultural teachings at 130 sites across B.C., supporting 147 communities.

In addition to investing in new services, the Ministry conducted extensive engagement to address gaps in oversight and quality of adult bed-based substance use treatment and recovery services in B.C. Participants included people with lived and living experience, service providers, families, Indigenous partners, and health sector stakeholders. Feedback was gathered through in-person, virtual, and written formats, including a survey focused on equity-deserving groups such as Indigenous and racialized people, women, 2SLGBTQIA+ individuals, and caregivers. More than 2,100 comments were analyzed and are informing future planning.

The Ministry continues to support Métis Nation BC (MNBC) with funding to support Métis-led mental health and wellness initiatives, including the development of a cultural safety and wellness curriculum and a harm-reduction and stigma-reduction campaign. The annual capacity funding provided to MNBC increased by \$125,000 in 2024/25 for a total of \$500,000 annually. The Ministry also continues to support culture-based mental health and wellness capacity for the BC Association of Aboriginal Friendship Centres with \$375,000 in 2024/25.

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<sup>9</sup> News Release: [Province helps more people access Indigenous-led addictions treatment](#)

## Performance measures and related discussion

Performance Measure	2021/22 Baseline	2023/24 Actual	2024/25 Target	2024/25 Actual
[1a] Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone (THN) Program <sup>1,2</sup>	393,086	488,411	430,000	458,591

Data source: BC Centre for Disease Control. Retrieved from: <http://www.bccdc.ca/Health-Professionals-Site/Pages/Overdose-Response-Indicators.aspx>.

<sup>1</sup>PM [1a] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 430,000.

<sup>2</sup>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 a toxic drug poisoning).

This measure reports on the number of Take Home Naloxone (THN) kits that have been shipped to distribution sites across B.C. to save lives in the event of a toxic drug poisoning. In 2024/25, 458,591 THN kits were shipped across the province, a decrease of 6 percent over 2023/24 yet exceeding the 2024/25 target. Demand for THN kits remains high. The slight decrease in the number of kits shipped may be due to the decline in toxic drug poisoning events and deaths in 2024/25 and the one-time distribution of nasal naloxone to workplaces. The THN program is part of a growing number of overdose prevention and supervised consumption services, including observed inhalation services, operating in B.C. health regions.

Performance Measure	2021/22 Baseline	2023/24 Actual	2024/25 Target	2024/25 Actual
[1b] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months <sup>1,2</sup>	45.5%	44.4%	44.0%	44.8%

Data source: B.C. PharmaNet data.

<sup>1</sup>The methodology for this measure was refined in 2024 to better reflect how people are connected to and retained on OAT in B.C. The actual for 2023/24 was stated as 44.1% in the 2023/24 annual service plan report and has since been updated to 44.4%. The revision reflects recent adjustments to correct inaccurately entered data for Sublocade, limiting days supplied to between 26-34 days. This change effectively extends treatment episodes for several clients, consequently affecting the calculation of retention indicators.

<sup>2</sup>PM [1b] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 45.0% and 46.0%, respectively.

This performance measure indicates the number of people on OAT for OUD who have been taking the medication consistently for 12 months dispensed through a community pharmacy. The continued high concentration of fentanyl and its analogues, and the presence of benzodiazepines, in the toxic drug supply pose a challenge to initiation and retention on OAT. Efforts to improve access to OAT continues in B.C.



Performance Measure	2021/22 Baseline	2023/24 Actual	2024/25 Target	2024/25 Actual
[1c] Median number of days between client referral and service initiation for community bed-based treatment and recovery services <sup>1,2</sup>	29.5 days <sup>3</sup>	31.0 days	31.0 days	30.8 days <sup>4</sup>

Data source: Health authority reporting to Ministry of Mental Health and Addictions and Ministry of Health.

<sup>1</sup>Metric is for health authority funded bed-based substance use treatment and recovery services. It does not include sobering and assessment, withdrawal management or stabilization beds as these operate quite differently than treatment and supportive recovery beds and some may not use waitlists (e.g., if a bed is not available a prospective client is sent to their local hospital). Does not include wait times for tertiary services such as Red Fish, Heartwood for Women.

<sup>2</sup>PM [1c] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 31 and 30 days, respectively.

<sup>3</sup>2021/22 baseline reflects median of submitted aggregate data, which does not include Northern Health.

<sup>4</sup>Beginning in 2024/25, the Ministry started to weight median wait time based on the unique clients served at each service provider and report it in service plan report. Enabled by enhanced data collection, this weighted median method calculates the wait time at which more than 50% of unique client are served and provides a more relevant measure of client's experience of the system. Prior to 2024/25, the wait time measures the un-weighted median of aggregate data. Based on the previous method, the median wait time in 2024/25 was 27.8 days.

Substance use beds are an important part of the overall continuum of care, in addition to outpatient and virtual services. Bed-based services offer a structured and supportive setting and are typically most appropriate for people who require a higher intensity of services and support to address complex or acute mental health or addiction problems.

Wait time targets support the Ministry's commitment to provide access to substance use care. In 2024/25, B.C. met the wait time target of 31 days for HA funded treatment and recovery beds with an actual wait time of 30.8 days. This adjustment is enabled through ongoing improvements and investments in the system since 2017, such as the addition of more than 750 new publicly funded substance use beds.

While service access is increasing, it is important to note that wait times are impacted by factors beyond bed availability, including personal readiness to start treatment, travel time to services, and family, childcare and work commitments. In addition, people access other substance use services and supports while waiting for a bed-based service (e.g., they are connected to a MHSU use clinician and/or receive opioid agonist treatment); these services ensure people can access treatment, and recovery supports when they need them.



## Goal 2: Create a seamless, integrated, 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.

### Key results

- Continued to work with Indigenous partners to support Indigenous-led service delivery models for mental health and wellness, and advance cultural safety and humility across the system.
- Continued implementation of new [Complex Care Housing](#) services, with services now in place for up to 581 people in 2024/25, an increase from 460 in 2023/24.
- Launched one new Mobile Integrated Crisis Response team and two new Crisis Response, Community Led teams<sup>10</sup> to respond to people experiencing mental health crises.
- Launched new People Working Well website with workplace mental health resources and training for employees and leaders in tourism and hospitality, and community social services' sectors.
- Accepted 139 participants (from across the province) into the new Health Career Access Program-Mental Health and Substance Use Expansion to receive training to become mental health and addictions workers.

### Summary of progress made in 2024/25

The Ministry is leading the cross-government government approach to ensuring people with mental health and/or substance use issues can access critical supports.

The Ministry continued work, in partnership with the Northwest Working Group<sup>11</sup>, to address immediate service gaps and long-term system needs in B.C.'s Northwest and provide more culturally appropriate resources to better serve First Nations people living with addiction. In 2024/25, the working group identified approaches to ensure that withdrawal-management and treatment-and-recovery services are culturally appropriate and meet the needs of First Nations and people living in the region.

Complex Care Housing (CCH) is a component of, the provincial plan to address homelessness led by the Ministry of Housing and Municipal Affairs. In addition to ongoing implementation of

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<sup>10</sup> Crisis Response, Community Led teams were previously known as Peer Assisted Care Teams.

<sup>11</sup> Northern communities work to improve culturally appropriate addiction supports <https://news.gov.bc.ca/releases/2023MMHA0068-001629>

services funded through Budget 2022, in 2024/25 the Ministry worked with BC Housing, HAs, and other partners to plan the forthcoming implementation of 240 new, purpose-built CCH units. The Province announced<sup>12</sup> the communities in which these units will be in April 2024.

The Ministry also delivered key results under the provincial [Safer Communities Action Plan](#), which committed to expand mobile MHSU response services like [Crisis Response, Community Led \(CRCL\) teams](#) and Mobile Integrated Crisis Response (MICR) teams. In 2024/25, one new MICR team was launched in Squamish. Two new CRCL teams were launched in Prince George and Comox Valley.

In partnership with the Canadian Mental Health Association (CMHA, BC Division) [www.careforcaregivers.ca](http://www.careforcaregivers.ca) continued to add psychological health and safety resources to support health-care workers; The Care to Speak peer service saw a 70 percent increase in use (1,261 compared to 761), from 2023/24. In 2024/25 the [People Working Well](#) website was launched to replace the Workplace Mental Health Hub. The new website includes an expanded training program for employees and leaders in the tourism and hospitality, and community social services' sectors. In 2024/25 the website had over 47,000 pageviews and 900+ training modules were completed, with a satisfaction rating of 97 percent.

The Health Career Access Program (HCAP-MHSU) expanded to train mental health and addictions workers to help increase access across the province. The regional HAs hired 139 participants in 2024/25, who will complete a 7-month certificate program at a participating post-secondary institution, before starting a 12-month return of service. Graduates will be supporting services across the continuum of care.

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

### Key results

- [Announced Integrated Child and Youth \(ICY\) teams](#) for eight new school district communities, bringing the total number of communities with ICY teams operating or in implementation to 20. By March 2025, 15 of the 20 communities were providing services to children and youth.
- Foundry East Kootenay opened in May 2024, bringing the total number of open Foundry centres to 17 across the province. The Foundry BC application platform was implemented at five Foundry centres at the end of the 2024/25 (Foundry Richmond, Foundry Cariboo-Chilcotin, Foundry Port Hardy, Foundry East Kootenay, and Foundry Sea-to-Sky), enhancing the range of options available for young people to access health and wellness services.
- The Ministry funded the opening of 38 new youth substance use beds, including 28 new youth community care beds at Covenant House Vancouver to help young people who are experiencing homelessness and struggling with mental health and addiction challenges. The Ministry worked with HAs to support implementation of new and expanded youth substance use services.

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<sup>12</sup> Supports increased for people with complex care needs <https://news.gov.bc.ca/releases/2024MMHA0021-000556>

## Summary of progress made in 2024/25

ICY Teams bring MHSU services together in a multidisciplinary team setting, making it easier for children and youth to connect to the care they need, where and when they need it – at school and in the community. Throughout 2024/25, community partners who support the implementation of ICY Teams in the first 12 school district communities<sup>13</sup> enhanced cross-community knowledge sharing practices and pursued innovative solutions for implementation challenges. This work benefitted the eight new Phase Three communities<sup>14</sup> announced in April 2024 and is resulting in smoother development in these communities. All Phase One and Phase Two communities were providing services to children, youth and families/caregivers in 2024/25, and three of the Phase Three communities began providing early services to children and youth in 2024/25.

Foundry is a network of integrated youth wellness centres and online supports providing welcoming, free primary care, sexual health care, MHSU supports, peer support, and social services for young people ages 12-24 and their families. As of March 2025, 17 Foundry centres are open in rural and urban communities across all regional HAs, with 18 more centres in development. [Foundry Virtual](#) ensures services are available province-wide, and in 2024/25 Foundry continued to integrate the Foundry BC application platform into five Foundry locations. The platform adds to the range of options available for young people to access health and wellness services, enabling them to schedule in-person appointments online and connect virtually to appointments at Foundry locations.

In 2024/25, B.C. continued to open more services to support young people struggling with substance use across HAs, including 38 new treatment beds for youth and young adults in Vancouver (28) and Lantzville (10). The Ministry also worked closely with HAs to launch new community based-youth substance use services and expanded existing services to support more youth. Examples of progress in 2024/25 included:

- Expansion of the Substance Use Resource and Facilitation team at BC Children's Hospital (BCCH) which provides specialized consultation services, working alongside other BCCH teams to deliver care and provide guidance on best practices for substance use care. The expansion enables outpatient services with extended operating hours, including on-call evening coverage.
- New transition teams in Fraser Health Authority that help connect young people and their families to long and short-term community supports following a mental health or substance use emergency.
- New First Nations Youth Navigators through FNHA, which provide advocacy, support, and guidance for First Nations youth seeking MHSU services.

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<sup>13</sup> Phase One: Coast Mountains, Comox Valley, Maple Ridge-Pitt Meadows, Okanagan-Similkameen and Richmond; Phase Two: Fraser-Cascade, Kootenay-Columbia, Kwsaltknéws ne Secwepemcúl'ecw (North Okanagan-Shuswap), Mission, Nanaimo-Ladysmith, Pacific Rim and qathet

<sup>14</sup> Central Coast, Cowichan Valley, Delta, Gold Trail, Nicola-Similkameen, Peace River South, Qualicum, and Surrey

## Performance measures and related discussion

Performance Measure	2022/23 Actual	2023/24 Actual	2024/25 Target	2024/25 Actual
[2a] Number of Complex Care Housing spaces operational <sup>1,2</sup>	184	460	500	581

Data source: Ministry of Mental Health and Addictions.

<sup>1</sup>PM [2a] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 640 and 720, respectively.

<sup>2</sup>Totals are number of permanent and temporary services from active projects. Figure indicates overall system capacity and does not reflect the number of active clients at any one time.

Complex Care Housing (CCH) services enhances provincial capacity to provide high quality, team-based care for adults with complex mental health, substance use and/or functional needs who are experiencing or at risk of homelessness, or whose needs are not met by their existing housing. In 2024/25, B.C. exceeded the target of 500 spaces with 581 spaces operating and serving clients as of March 31, 2025.

People will move in and out of CCH for a variety of reasons. Some services are intended to be transitional, while others are permanent, offering services for as long as people need it. Every space has the capacity to serve multiple people in a year. As such, the total number of spaces reported does not reflect the total number of clients that have accessed CCH throughout the past year.

Performance Measure	2019/20 Baseline	2023/24 Actual	2024/25 Target	2024/25 Actual
[2b] Number of communities (school districts) with Integrated Child and Youth (ICY) Teams operating or in implementation <sup>1</sup>	0	12	20	20

Data source: Ministry of Health

<sup>1</sup>PM [2b] targets for 2025/26 and 2026/27 were stated in the 2024/25 Ministry of Mental Health and Addictions service plan as 20.

As of March 2025, 39 ICY teams were in implementation or operating across 20 school district communities in B.C. By March 2025, ICY teams in the Phase One and Two communities saw an overall average of 2,937 children and youth per month (Phase One measured April 2024 – March 2025; Phase Two measured October 2024 – March 2025). Implementation progress in 2024/25 included expanding the team composition and hiring of some positions supporting Indigenous children, youth, and families/caregivers. The Ministry also continued to work with Local Employer Table partners in each community to support engagement with First Nations, Métis, and Inuit community partners to create Indigenous support positions that are informed by specific community needs.

Performance Measure	2019/20 Baseline	2023/24 Actual	2024/25 Target	2024/25 Actual
[2c] Number of Foundry centres operating <sup>1,2</sup>	11	16	19	17

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

<sup>1</sup>PM [2c] targets for 2025/26 and 2026/27 were stated in the 2024/25 service plan as 23 and 26, respectively.

<sup>2</sup>“Operating” refers to Foundry centres that have officially opened in communities and are actively providing services to young people and their caregivers. Target numbers do not include centres that are in development but not open.

As of March 2025, Foundry centres were providing services to youth and young adults in 17 communities – Vancouver-Granville, North Shore (North Vancouver), Campbell River, Abbotsford, Ridge Meadows, Kelowna, Prince George, Victoria, Penticton, Terrace, Comox Valley, Langley, Richmond, Cariboo-Chilcotin (Williams Lake), Sea to Sky (Squamish), Port Hardy, and East Kootenay (Cranbrook). In addition, 18 new Foundry centres started or continued development in 2024/25 including Burns Lake, Surrey, Fort St. John, Tri-Cities, Kamloops, Sunshine Coast, Vernon, qathet (Powell River), Burnaby, Chilliwack, Snuneymuxw (Nanaimo), Port Alberni, Quesnel, Vancouver, Kootenay Boundary, Vanderhoof, Sooke-West Shore, and South Surrey. In 2024/25, 17,036 youth and young people accessed Foundry.

Implementation progress in 2024/25 included Foundry East Kootenay – ȩkxawikimik – opening its doors in May 2024, becoming Foundry’s 17<sup>th</sup> operational centre and the first Indigenous-led Foundry centre (operated by Ktunaxa Kinbasket Child and Family Services). The actual number of Foundry centres operating in 2024/25 was two less than the target of 19 centres, as Foundry Burns Lake experienced construction delays related to building in a remote northern community and Foundry Surrey faced extended building permit processing times. Both Foundry Surrey and Foundry Burns Lake are anticipated to open in 2025/26.

# Financial Report

## Financial Summary

	Estimated (\$000)	Other Authoriz- ations <sup>1</sup> (\$000)	Total Estimated (\$000)	Actual (\$000)	Variance (\$000)
<b>Operating Expenses</b>					
Regional Services	23,020,346	417,498	23,437,844	23,542,659	104,815
Medical Services Plan	7,608,887	210,820	7,819,707	8,062,363	242,656
PharmaCare	1,800,569	0,000	1,800,569	1,425,376	(375,193)
Health Benefits Operations	51,690	0,000	51,690	67,952	16,262
Recoveries from Health Special Account	(147,250)	0,000	(147,250)	(147,250)	0,000
Executive and Support Services	375,820	9,947	385,767	399,126	13,359
Policy, Development, Research, Monitoring and Evaluation (Transferred from Mental Health and Addictions)	0,000	35,144	35,144	28,433	(6,711)
Executive and Support Services (Transferred from Mental Health and Addictions)	0,000	1,918	1,918	1,844	(74)
Health Special Account	147,250	0,000	147,250	147,250	0,000
<b>Sub-total</b>	<b>32,857,312</b>	<b>675,327</b>	<b>33,532,639</b>	<b>33,527,753</b>	<b>(4,886)</b>
Adjustment of Prior Year Accrual <sup>2</sup>	0,000	0,000	0,000	(97,650)	<b>(97,650)</b>
<b>Total</b>	<b>32,857,312</b>	<b>675,327</b>	<b>33,532,639</b>	<b>33,430,103</b>	<b>(102,536)</b>
<b>Ministry Capital Expenditures</b>					
Executive and Support Services	30	10,976	11,006	11,006	0
<b>Total</b>	<b>30</b>	<b>10,976</b>	<b>11,006</b>	<b>11,006</b>	<b>0</b>
<b>Capital Plan</b>					
Health Authorities	3,529,550	(3,529,550)	0	0	0
<b>Total</b>	<b>3,529,000</b>	<b>(3,529,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup>"Other Authorizations" include Supplementary Estimates, Statutory Appropriations, Contingencies and Government Reorganization.

<sup>2</sup>The Adjustment of Prior Year Accrual of \$97.650 million is a reversal of accruals in the previous year.

## Operating statement for Health Authorities

As required under the Budget Transparency and Accountability Act, British Columbia's health authorities and hospital societies are included in the Government Reporting Entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's 2024/25 – 2026/27 Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities and Hospital Societies	2024/25 Budget (\$000)	2024/25 Actual (\$000)	Variance (\$000)
<b>Combined Operating Statement</b>			
Total Revenues <sup>1</sup>	26,639,000	29,048,000	2,409,000
Total Expenses	26,639,000	29,123,000	2,484,000 <sup>3</sup>
<b>Net Results<sup>2</sup></b>	<b>0,000</b>	<b>(75,000)</b>	<b>(75,000)</b>

<sup>1</sup>Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, copayments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

<sup>2</sup>Expenses: Provides for a range of health-care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

<sup>3</sup>The health authority and hospital society spending increase is attributed to federal funding, Shared Recovery Mandate, and increased spending to improve health-care services.

## Capital Expenditures

Significant IT Projects (over \$20 million in total)	Targeted Year of Completion	Project Cost to Mar 31, 2025 (\$m)	Estimated Cost to Complete (\$m)	Anticipated Total Cost (\$m)
<b>Immunization BC Digital Platform</b>	2027	64	11	75
<p><b>Objective:</b> The Immunization BC Digital Platform project involves the design and build of the first provincially coordinated, public-facing digital vaccine management platform. The project objectives are to provide a comprehensive digital solution to:</p> <ul style="list-style-type: none"> <li>• Register and book people for vaccination appointments.</li> <li>• Record the clinical administration of the vaccine.</li> <li>• Capture information about adverse effects.</li> <li>• Track inventory.</li> <li>• Report on the vaccine rollout.</li> </ul> <p><b>Costs:</b> The total estimated capital cost of the project is \$75 million, with the entire amount to be funded by the Province.</p> <p><b>Benefits:</b></p> <ul style="list-style-type: none"> <li>• Prioritizing front line workers.</li> <li>• Better management of community outbreaks.</li> <li>• Improved handling of periodic vaccine shortages or over supply</li> <li>• Ability to issue vaccination records to the public.</li> </ul> <p><b>Risks:</b> The major risks associated with the project generally relate to project scope and functionality, schedule, cost and operations and maintenance risk.</p>				



## Appendix A: Public Sector Organizations

As of August 5, 2025, the Minister of Health is responsible and accountable for the following organizations:

### Health Authorities

#### [Fraser Health Authority](#)

FHA delivers public health, hospital, residential, community-based, and primary health-care services in communities stretching from Burnaby to White Rock to Hope.

#### [Interior Health Authority](#)

IHA delivers public health, hospital, residential, community-based, and primary health-care services to residents across B.C.'s Southern Interior.

#### [Northern Health Authority](#)

NHA delivers public health, hospital, residential, community-based, and primary health-care services to residents of Northern B.C.

#### [Provincial Health Services Authority](#)

PHSA works collaboratively with the Ministry, B.C.'s five regional health authorities and the First Nations Health Authority to provide select specialized and province-wide health-care services, ensuring residents have access to a coordinated provincial network of high-quality specialized health-care services.

#### [Vancouver Coastal Health Authority](#)

VCHA delivers public health, hospital, residential, community-based, and primary health-care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

#### [Vancouver Island Health Authority](#)

VIHA delivers public health, hospital, residential, community-based, and primary health-care services to residents across Vancouver Island living in communities from Victoria to Cape Scott.

### Agencies, Boards, Commissions, Tribunals, and Colleges

#### [BC Emergency Health Services](#)

BC Emergency Health Services is continued under the Emergency Health Services Act. It is an agency of PHSA that oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health service.

#### [BC Health Care Occupational Health and Safety Society](#)

The Society (also known as Switch BC) promotes safe and healthy workplaces at all worksites throughout the B.C. health system. In cooperation among unions, employers, and Doctors of

BC, it develops provincial frameworks, systems and programs aimed at improving the health and safety of B.C.'s health-care workers.

#### [Health Quality BC](#)

Health Quality BC (formerly known as BC Patient Safety and Quality Council) provides system-wide leadership in efforts designed to improve the quality of health care in B.C. Through collaborative partnerships, the Council promotes and informs a provincially coordinated, patient-centred approach to quality.

#### [Data Stewardship Committee](#)

The Data Stewardship Committee is established under the [E-Health \(Personal Health Information Access and Protection of Privacy\) Act](#) and is responsible for managing the disclosure of information contained in a health information bank or a prescribed Ministry of Health database. The [Pharmaceutical Services Act](#) also mandates that the disclosure of PharmaNet data for research purposes is adjudicated by the Data Stewardship Committee.

#### [Drug Benefit Council](#)

The Drug Benefit Council is an independent advisory body that makes evidence-based recommendations on whether PharmaCare should include a drug in its formulary.

#### [Emergency Medical Assistants Licensing Board](#)

The Emergency Medical Assistants Licensing Board is responsible for examining, registering, and licensing B.C. emergency medical assistants, including first responders. The board, under the authority of the [Emergency Health Services Act](#), sets license terms and conditions.

#### [Forensic Psychiatric Services Commission](#)

The Commission is part of the PHSA, created in 2001 under the [Societies Act](#). The Commission operates the Forensic Psychiatric Hospital and six community forensic psychiatric services clinics and is responsible for conducting fitness assessments of individuals appearing before the courts.

#### [Health Profession Regulatory Colleges](#)

Regulatory colleges govern the practice of their registrants in the public interest. The following regulatory colleges are currently established under the [Health Professions Act](#): College of Physicians and Surgeons of British Columbia; British Columbia College of Nurses and Midwives; College of Pharmacists of British Columbia; British Columbia College of Oral Health Professionals; College of Complementary Health Professionals of British Columbia; and, College of Health and Care Professionals of British Columbia. The primary function of colleges is to ensure their registrants are qualified, competent, and following clearly defined standards of practice and ethics.

#### [Medical Services Commission](#)

The Medical Services Commission manages MSP in accordance with the [Medicare Protection Act](#) and regulations made under that Act. The responsibilities of the commission are two-fold: to ensure that all B.C. residents have reasonable access to medical care, and to manage the provision and payment of medical services in an effective and cost-efficient manner. The

Commission's audit powers over health-care practitioners are delegated to various special committees, including the [Health Care Practitioner Special Committee for Audit Hearings](#).

#### [Patient Care Quality Review Boards](#)

The Patient Care Quality Review Boards are six independent review boards created under the [Patient Care Quality Review Board Act](#). They receive and review care complaints that have first been addressed by a health authority's Patient Care Quality Office but remain unresolved.

## Appendix B: Progress on Mandate Letter Priorities

The following is a summary of progress made on priorities as stated in [Minister Dix's 2024 Mandate Letter](#).

2024 Mandate Letter Priority	Status as of March 31, 2025
Continue your work with the Provincial Health Officer to control the spread of COVID-19 in B.C. and prepare our province for any future pandemic, including by continuing to provide free COVID-19 boosters and flu vaccines to all British Columbians.	Ongoing; Continuing to work with the Provincial Health Officer; and provide free COVID-19 and flu vaccines to all people in B.C.
Increase the number of British Columbians with access to a doctor by recruiting and supporting more family doctors with the new payment model for family physicians, building new First Nations primary care centres, and building on other methods of delivering health care at the community level in partnership with medical professionals.	Ongoing; see <a href="#">Objective 1.1</a>
Identify and employ best practices related to data-informed health care programs, working with internal and external experts.	Ongoing; see <a href="#">Objective 3.3</a>
Continue work to complete all surgeries postponed because of COVID-19 and then implement new targets to reduce surgical wait times in B.C.	Ongoing; In 2023, all surgeries postponed throughout the COVID-19 pandemic were completed or scheduled; see <a href="#">Objective 2.2</a> for other actions to continue to reduce wait times
Make British Columbia a leader in the full continuum of cancer care by launching a 10-year cancer action plan and identify near-term opportunities to improve services.	Ongoing; plan launched February 24, 2023, see <a href="#">Objective 2.3</a> for actions in place
With support from the Parliamentary Secretary for Gender Equity and in consultation with partners, address gaps in health care services experienced by women, trans, and non-binary people.	Ongoing; see <a href="#">Objective 3.2</a>
Continue to strengthen ambulance services in urban and rural communities.	Ongoing; see <a href="#">Objective 2.1</a>

2024 Mandate Letter Priority	Status as of March 31, 2025
Continue our government's record investments in building and modernizing hospitals in rural and urban communities and work to deliver new facilities as quickly as possible.	Ongoing; see Ministry of Infrastructure Annual Service Plan Report for more information
Make prescription contraception free for all.	Complete; Beginning April 1, 2023, the Province implemented a universal coverage plan making contraceptives free for residents of B.C.
With support from the Parliamentary Secretary for Seniors' Services and Long-Term Care, continue work to improve care for seniors through investments in new public long-term care homes, work toward eliminating multi-bedrooms in public facilities, improve accountability for private operators of long-term care homes, and expand publicly funded home care.	Ongoing; see <a href="#">Objective 1.2</a>
Make it easier and faster for healthcare workers who trained in other countries to work in B.C.'s health care system.	Ongoing; see <a href="#">Objective 3.1</a>
Implement the comprehensive Health Human Resources Strategy to make sure our public health care system has the skilled workers required to provide the care people need now and into the future.	Ongoing; strategy launched in September 2022, see <a href="#">Objective 2.2</a> and <a href="#">Objective 3.1</a> for ongoing achievements
Support the work of the Minister of Housing to better coordinate services to deliver improved outcomes for people living in Vancouver's Downtown Eastside, in collaboration with the Ministers of Mental Health and Addictions, Social Development and Poverty Reduction, and Public Safety and Solicitor General, as well as Indigenous Peoples, external partners, and others.	Ongoing; see progress in table on Minister Whiteside's 2022 Mandate Letter below

2024 Mandate Letter Priority	Status as of March 31, 2025
Support the work of the Parliamentary Secretary for Anti-Racism Initiatives to ensure new measures address systemic racism in the health care system.	Ongoing; The Ministry employs a distinctions-based approach; and the In Plain Sight recommendations, cultural safety, and reconciliation is integrated into each health-system priority and is reflected in all key results
Support the work of the Minister of Post-Secondary and Future Skills to continue to advance work to launch B.C.'s second medical school in Surrey.	Ongoing; Made progress towards the opening of B.C.'s second medical school at Simon Fraser University (the first inaugural class will be welcomed in Fall 2026)
Support the work of the Minister of Mental Health and Addictions to continue to lead and accelerate B.C.'s response to the illicit drug toxicity crisis across the full continuum of care: prevention, harm reduction, safe supply, treatment, and recovery.	Ongoing; see section reporting on the <a href="#">Ministry of Mental Health and Addictions 2024/25 – 2026/27 Service Plan</a>

The following is a summary of progress made on priorities as stated in [Minister Whiteside's 2022 Mandate Letter](#).

2022 Mandate Letter Priority	Status as of March 31, 2025
Strengthen governance, guidelines, and best practices for incorporating evidence-based care in the prevention, treatment, and recovery system.	In progress; see MMHA <a href="#">Objective 1.2</a> <ul style="list-style-type: none"> <li>Increased access to adult substance use treatment and recovery beds and services through new models of care like Road to Recovery.</li> <li>Comprehensive engagement undertaken with stakeholders from the adult bed-based substance use treatment and recovery sector.</li> </ul>
Accelerating B.C.'s response to the illicit drug toxicity crisis, including by separating more people from the toxic drug supply through safe prescription alternatives and opening new treatment beds. Through efforts with the Ministry of Public Safety and Solicitor General, British Columbia will be the first province to decriminalize simple possession of small amounts of illicit drugs for personal use	In progress; see MMHA <a href="#">Objective 1.1</a> <ul style="list-style-type: none"> <li>Added capacity for overdose prevention sites and supervised consumption sites; virtual harm reduction services; anonymous, community-based drug checking; and the publicly funded <a href="#">BC Take Home Naloxone program</a>.</li> <li>Invested \$3.96 million to fund 24 substance use navigators and proactive outreach positions in all B.C. health regions.</li> </ul>

2022 Mandate Letter Priority	Status as of March 31, 2025
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.	<p>In progress; see MMHA <a href="#">Objective 1.2</a></p> <ul style="list-style-type: none"> <li>Budgets 2023 and 2025 continue investments of over \$1 billion, with a focus on responding to the toxic drug crisis across the full continuum of care.</li> <li>Specific metrics can also be found on the <a href="#">Building a Mental Health and Substance Use System of Care Data Snapshot</a> website.</li> </ul>
Developing and launching complex care housing to provide an increased level of support – including more access to nurses and psychiatrists – for those with overlapping mental health, substance use, trauma, and acquired brain injuries.	<p>In progress; see MMHA <a href="#">Objective 1.2</a></p> <ul style="list-style-type: none"> <li>As of March 31, 2025, service providers have the capacity to support 581 people through complex care housing services.</li> </ul>
Taking into account the unanimous recommendations of the Select Standing Committee on Health, and with support from the Minister of Health, continue to lead and accelerate B.C.'s response to the illicit drug toxicity crisis across the full continuum of care – prevention, harm reduction, safe supply, treatment, and recovery.	<p>In progress; see MMHA Objectives <a href="#">1.1</a> and <a href="#">1.2</a></p> <ul style="list-style-type: none"> <li>The average number of lives lost per day from toxic drug poisoning in 2024 was 6.2, down from 7 lives lost per day in 2023. The BC Coroner reports that March 2025 saw fewer still, with 4.6 lives lost per day</li> </ul>
Expand new complex care, treatment, recovery, detox, and after-care facilities across the province; while building a new model of treatment offering seamless care through detox, treatment, and supportive housing so people don't fall through the cracks and can get quality care when and where they need it.	<p>In progress; see MMHA <a href="#">Objective 1.2</a></p>

2022 Mandate Letter Priority	Status as of March 31, 2025
<p>Expand B.C.'s prescribed safe supply programs to separate more people from the toxic drug supply through safe alternatives. Work with regulatory colleges, professional associations, and other levels of government to overcome barriers.</p>	<p>In progress</p> <ul style="list-style-type: none"> <li>Continued Prescribed Alternatives to help clients at risk of harms or death by separating them from the toxic illicit drug supply. 3,393 people were received a dispensation from a community pharmacy to help stabilize their lives in the month of March 2025.</li> <li>On February 19, 2025, changes to the provincial policy were announced that now require all prescribed alternatives to be witnessed by health professionals.</li> <li>Introduced a knowledge hub and prescriber dashboard with resources on prescribed alternatives to support clinicians and inform the public in conjunction with the BC Centre on Substance Use.</li> </ul>
<p>Implement decriminalization of simple possession of small amounts of illicit drugs for personal use, while maintaining focus on establishing rules and guidelines that protect public health and community safety.</p>	<p>In progress; see MMHA <a href="#">Objective 1.1</a></p> <ul style="list-style-type: none"> <li>Monitoring and evaluation to inform implementation and reporting to Health Canada and <a href="#">public reporting</a>.</li> </ul>
<p>Assess and expand supports for people who are causing detrimental harm to themselves and others as a result of mental health or substance use, to increase safety and improve health outcomes while upholding the rights of all British Columbians.</p>	<p>In progress; see MMHA <a href="#">Objective 1.2</a></p> <ul style="list-style-type: none"> <li>November 2024 – Independent Rights Advice Service became available in all MHSU spaces in each facility designated under the Mental Health Act (MHA).</li> <li>March 2025 - Dr. Daniel Vigo, Chief Scientific Advisor for Psychiatry, Toxic Drugs, and Concurrent Disorders, issued a guidance document to the clinical community, including doctors and psychiatrists across all health authorities, to provide clarification on how the MHA can be used to provide involuntary care for adults when they are unable to seek care themselves.</li> </ul>
<p>Work with the First Nations Health Authority to deliver culturally appropriate mental health and substance use services for Indigenous Peoples.</p>	<p>In progress; see MMHA Objectives <a href="#">1.1</a>, <a href="#">1.2</a> and <a href="#">2.2</a></p>



2022 Mandate Letter Priority	Status as of March 31, 2025
<p>With support from the Minister of Public Safety and Solicitor General, work to improve public safety in our communities, including by implementing initiatives to address repeat and violent offending.</p>	<p>In progress in conjunction with the Safer Communities Action Plan.</p> <ul style="list-style-type: none"> <li>• See MMHA Objectives <a href="#">1.2</a> and <a href="#">2.1</a></li> <li>• Mobile Integrated Crisis Response (MICR) teams responded to 6,209 mental health and/or substance use crisis calls in 2024.</li> <li>• Crisis Response, Community Led (CRCL) teams responded to 5,882 mental health and/or substance use related crisis calls in 2024. <a href="#">Community Transition Teams (CTTs)</a> have been expanded to service people transitioning from all BC Correctional Centres to offer support services for people leaving provincial correctional centres. 1,570 unique clients were served by 10 CTT's in 24/25</li> <li>• The median wait time for client referral to service initiation was 5.5 days.</li> <li>• 38.5% of clients reported achieving their goals while retained in service, an improvement from quarters two (19.2%) and three (35.7%).</li> <li>• 74.07% of clients were connected to services such as regional health authority services (49.63%), forensics Regional Clinics (5.56%); bed-based substance use treatment (14.07%), long-term mental health counselling (8.15%); Indigenous specific care/service providers (8.15%); community-based non-profit (32.22%); peer support/groups (14.44%) or others (10.74%).</li> </ul>
<p>With support from the Minister of Children and Family Development and the Minister of Education and Child Care, lead work to continue our government's commitment to addressing mental health problems early by expanding Integrated Child and Youth Teams to 20 school districts.</p>	<p>In progress; see MMHA <a href="#">Objective 2.2</a></p>

2022 Mandate Letter Priority	Status as of March 31, 2025
<p>Support the work of the Minister of Housing to better coordinate services to deliver improved outcomes for people living in Vancouver's Downtown Eastside, in collaboration with the Ministers of Health, Social Development and Poverty Reduction, and Public Safety and Solicitor General, as well as Indigenous Peoples, external partners, and others.</p>	<p>In progress</p> <ul style="list-style-type: none"> <li>• VCH continued to reduce barriers to health services by creating more flexible outreach-based health supports to bridge core health services at three temporary modular housing sites in partnership with the Portland Hotel Society, Lu'ma Native Housing Society, and the VCH-operated Ravensong Community Health Centre.</li> <li>• VCH provided clinical supports for people with complex health needs living in 20 of the 115 new units in the BC Housing purchased building located at 1450 West 12<sup>th</sup> Avenue, Vancouver (residents were relocated from SRO units).</li> <li>• In 2024/25, VCH expanded transitional care for unhoused persons leaving hospital by staffing 12 net new beds and 25 existing beds to provide clinical supports for people not requiring hospital admission.</li> <li>• As of March 18, 2025, VCH reported providing enhanced health services to approximately 2,000 supportive housing units across Vancouver, processing referrals through the VCH Mental Health and Substance Use Supported Housing Intake office. VCH reported the following statistics in the Downtown Eastside in mid-2024 (<i>these do not include long-term care, hospice, assisted living, and supportive housing services</i>):</li> <li>• In-home services saw 1,070 unique clients through 264,000 visits.</li> <li>• Clinic-based services saw 4,260 unique clients through 122,000 visits.</li> <li>• Outreach-based services saw 1,960 clients through 24,600 visits.</li> </ul>