

**Ministry of
Mental Health
and Addictions**

**2021/22 – 2023/24
SERVICE PLAN**

April 2021



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Minister's Accountability Statement



The *Ministry of Mental Health and Addictions 2021/22 – 2023/24 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

A handwritten signature in blue ink, appearing to read 'SM', with a long horizontal flourish extending to the right.

Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
April 6, 2021

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Purpose of the Ministry

The [Ministry of Mental Health and Addictions](#) (the Ministry) leads the Province of British Columbia (B.C.) in efforts to improve the mental well-being and reduce substance use-related harms for all British Columbians. The Ministry has overall responsibility for the development of a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families throughout the province. The Ministry is responsible for leading and escalating the response to the province's overdose public health emergency. The Ministry also works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces).

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

Strategic Direction

In 2021/22 British Columbians continue to face significant challenges as a result of the global COVID-19 pandemic. The Government of British Columbia is continually evolving to meet the changing needs of people in this province. Government has identified five foundational principles that will inform each ministry's work and contribute to COVID recovery: putting people first, lasting and meaningful reconciliation, equity and anti-racism, a better future through fighting climate change and meeting our greenhouse gas reduction commitments, and a strong, sustainable economy that works for everyone.

This 2021/22 service plan outlines how the Ministry of Mental Health and Addictions will support the government's priorities including the foundational principles listed above and selected action items identified in the November 2020 Minister's [Mandate Letter](#).

Performance Planning

Goal 1: Accelerate B.C.’s response to the overdose crisis across a full continuum of substance use care that keeps people safe and improves the health and well-being of British Columbians.

The Ministry’s first goal is to work in partnership to accelerate B.C.’s response to the overdose crisis. The original Goal was developed when MMHA was first created and was early in its overdose response. Goal 1 is updated to reflect the province’s evolving response to the overdose emergency and MMHA’s expanded ministry mandate.

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

Key Strategies

- Enhance the capacity of people to provide live-saving support following an overdose event by ensuring access to publicly funded naloxone kits as well as overdose recognition and response training through the [BC Take Home Naloxone program](#) (BC THN) and the [Facility Overdose Response Box program](#).
- Reduce substance use-related harms by ensuring that people who use drugs can access overdose prevention and supervised consumption services, including inhalation overdose prevention services and drug checking services, and by enabling prescribers to separate more people from the toxic drug supply through prescribed safe supply.
- Partner with Indigenous governments, leaders, and organizations to identify, implement, and increase access to culturally safe wellness and substance use services, including the construction of healing centres, and harm reduction services and strategies to reduce the disproportionate impact of overdose on Indigenous peoples.
- Work with partners to decriminalize simple possession of small amounts of illicit drugs for personal use, as a way to combat stigma and remove barriers to treatment.
- Continue to address stigma and strengthen public understanding of substance use services through broad awareness campaigns and innovative social marketing approaches.

Performance Measure ²	2019/20 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
1.1 Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone Program ¹	241,037	250,000	250,000	250,000	250,000

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

² Based on order data for naloxone kits shipped to BC Take Home Naloxone distribution sites, based on fiscal period. Program shipping is based on orders from regional sites. Note: Naloxone has a shelf life of 2-3 years so

demand for kits is driven by new kit recipients, and those replacing their kits for a variety of reasons (expired, lost, stolen, or used to reverse an overdose).

Linking Performance Measure to Objective

Providing publicly funded naloxone kits and overdose recognition and response training to those at risk of overdose and those most likely to witness and respond to an overdose is an evidence-based approach to reducing overdose-related harms, including death. Ensuring access to naloxone and overdose recognition and response training increases the likelihood that someone who experiences an overdose will receive life-saving emergency first aid support. The target of 250,000 kits shipped to sites annually is based on monthly demand from distribution sites and is an estimate of the number of naloxone kits that can be effectively utilized and distributed without waste given naloxone has a shelf life of 18 – 24 months.

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

Key Strategies

- Increase the likelihood that people with opioid use disorder receive treatment that meets their needs by ensuring access to a range of evidence-based treatment options.
- Improve capacity to deliver evidence-based care by training more health care providers, including registered nurses and registered psychiatric nurses, to prescribe opioid agonist treatment.
- Link more people to treatment and recovery services by increasing access to multidisciplinary team-based care that is culturally safe and trauma-informed.
- Expand the availability of treatment, recovery, withdrawal management and aftercare services for adults and youth with substance use challenges.
- Continue to work with the Ministry of Health and other partners to enhance the quality and consistency of supportive recovery residences and treatment facilities. This includes work to transfer oversight of recovery homes to the Ministry of Mental Health and Addictions.
- Develop a strategic policy framework for the adult substance use system of care to ensure that services are coordinated, integrated, and evidence informed.

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

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

¹ Note that in the data refreshed as of September 20, 2020 it was estimated that 76,791 people had a diagnosed opioid use disorder in B.C., up from 55,470 persons up to Nov. 2017. In 2017, 18,519 persons received OAT, whereas as of September 30, 2020, 23,492 persons had recently received OAT.

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

³ Targets for percentage increase of people retained on OAT are based on changes from 2017 to September 30, 2020. A 2% increase in this measure as the number of clients on OAT grows, equates to an additional 1,097 persons retained in any given month.

Linking Performance Measure to Objective

Expanding and enhancing the capacity of the treatment system and increasing the number of people who are engaged and retained in opioid agonist treatment are evidence-based approaches to supporting people with opioid use disorder, a medical condition associated with a high-risk for overdose-related harm.

Discussion

Bed-based substance use services provide a range of treatment and psychosocial recovery supports such as peer support, coaching and life-skills programs to address the needs of individuals with problematic substance use and addiction. Bed-based services offer a structured and supportive setting and tend to be more appropriate for clients who are experiencing significant barriers to care, including homelessness and housing insecurity. Improving access to these services is an important step towards developing a strong system of care. In 2021/22, the ministry and partners will be reviewing access to community substance use beds as part of the work to ensure a co-ordinated, integrated, and interdisciplinary system of addiction prevention and care. Strategies to strengthen bed-based services within the continuum may include new policy approaches and/or services targeting the needs of underserved populations. A performance measure will be developed as part of this process to monitor progress on this goal.

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

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

Objective 2.1: Mental health and addictions services and supports are designed, coordinated, and delivered using a whole of government, cross-sector approach to remove barriers to mental health and well-being.

Key Strategies

- Respond to the impact of COVID-19 on mental health by continuing to provide expanded supports including counselling, on-line coaching and crisis response services, launch Wellbeing.gov.bc.ca to help people easily access resources, and create a new digital platform for workplace mental health with tools, training and coaching support to support the mental health of workers in sectors highly impacted by the pandemic.

- Partner with Indigenous peoples to support Indigenous-led service delivery models for mental health and wellness, respond to overdose public health emergency, and advance cultural safety and humility across the provincial system.
- Implement integrated service teams that bring together child and youth mental health and substance use services across the ministries of Mental Health and Addictions, Health, Education, and Children and Family Development, to better meet the needs of young people and their families.
- Lead cross-ministry work to develop and implement complex care housing models for those who need more intensive care than is available in supportive housing.
- Work with social sector ministries to provide an increased level of mental health, substance use and social support to help people in crisis and support communities by expanding mental health intervention teams, such as Assertive Community Treatment teams.

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

¹Data Source: Ministry of Mental Health and Addictions

Linking Performance Measure to Objective

Integrated Child and Youth Teams are multidisciplinary and include mental health clinicians, substance use workers, education counsellors, Indigenous supports and others to wrap services around young people. Implementing integrated teams that bring together multiple ministries, schools, educators, peer support workers, Indigenous support workers and other service providers to meet the needs of children, youth and families seeking services is directly aligned with Objective 2.1, to use a whole of government, cross-sector approach to remove barriers to mental health and well-being.

The previous performance measure for this objective, “digital front door monthly average sessions”, has been discontinued. In the ministry’s response to COVID-19 the digital front door website project was reprioritized to focus on providing information about expanded access to mental health supports. While the project will be relaunched as Wellbeing.gov.bc.ca in 2020/21, the service plan performance measure is being updated to the number of communities implementing integrated child and youth mental health and substance use teams as a stronger measure of taking a whole of government approach to delivering services.

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

Key Strategies

- Expand [Foundry](#) centres and the Foundry Virtual Clinic to bring core health and social services together in a single location where young people ages 12-24 can find the care, connection and support they need, both online and in their community.
- Enhance mental health in schools by supporting evidence-based and culturally safe programs and supports that focus on prevention and promotion activities delivered in K-12 schools province-wide.
- Promote early childhood social emotional development through new tools for educators and schools, and enhanced programming in childhood development centres that deliver early intervention services for children under six years of age.
- Implement a substance use system of care for youth, including investing in expanding prevention, early intervention, counselling, and day programs, as well as doubling the number of bed-based treatment spaces across the province.
- Work with the Ministries of Children and Family Development and Health to implement step up/step down transition services for children and youth with severe mental health or substance use conditions.¹

Performance Measure	2019/20 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
2.2 Number of Foundry centres operating or in implementation ¹	11	15	17	19	23

¹Data Source: Internally compiled from Foundry Central Office reporting

Linking Performance Measure to Objective

Expanding the number of Foundry centres will enhance provincial capacity to provide high quality, integrated care for children and youth aged 12-24 across B.C., which is directly aligned with the Objective 2.2 to improve wellness for children, youth and young adults.

¹ Step up refers to treatment options at a higher lever intensity than regular community services as an alternative to hospitalization. Step down also refers to intensive treatment but for youth transition out of hospital care before returning to community services.

Financial Summary

Core Business Area	2020/21 Restated Estimates ¹	2021/22 Estimates	2022/23 Plan	2023/24 Plan
Operating Expenses (\$000)				
Policy Development, Research, Monitoring and Evaluation	9,956	10,139	10,139	10,139
Executive and Support Services	2,756	2,596	2,604	2,613
Total	12,712	12,735	12,743	12,752
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	1	1	1	1
Total	1	1	1	1

¹ For comparative purposes, amounts shown for 2020/21 have been restated to be consistent with the presentation of the 2021/22 Estimates.

* Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).