

**Ministry of
Mental Health
and Addictions**

**2019/20 – 2021/22
SERVICE PLAN**

February 2019



Minister Accountability Statement



The *Ministry of Mental Health and Addictions 2019/20 - 2021/22 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 that reads "Judy Darcy". The signature is written in a cursive style.

Honourable Judy Darcy
Minister of Mental Health and Addictions
January 31, 2019

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 across the lifespan throughout the province. The Ministry is also responsible for leading an immediate response to the province's overdose public health emergency. The Ministry 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 peoples¹, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived experience.

Strategic Direction

The Government of British Columbia is putting people at the heart of decision-making by working to make life more affordable, improve the services people count on, and build a strong, sustainable economy that works for everyone.

Over the past year, significant government investments in areas including housing, child care and the elimination of fees, such as Medical Service Premiums, have contributed to making life more affordable for British Columbians today and into the future. Ministries are engaged in ongoing work to improve the availability of services citizens rely on including those related to primary medical care, education and training, transportation, the opioid crisis and poverty.

A strong economy that works for all regions of B.C. is diversified, resilient and improves the standard of living for people across the province. With that in mind, government is focusing on sustainable economic growth that strengthens our natural resource sector, continues the development of the emerging economy, supports small business and uses innovation and technology to solve B.C. problems. A key priority in 2019/20 and beyond will be driving economic growth with cleaner energy and fewer emissions. At the same time, ministries continue to build prudence into budgets and plan for challenges.

Underpinning the work of all ministries are two shared commitments: reconciliation with Indigenous peoples and consideration of how diverse groups of British Columbians may experience our policies, programs and initiatives. As part of these commitments, ministries are working to implement the United Nations Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission of Canada's Calls to Action, and Gender-Based Analysis+ policy and budgeting.

¹ The term "Indigenous" used throughout this document is intended to include all people of Indigenous ancestry, including First Nations, Métis, and Inuit.

In July 2017, each minister was given a formal mandate letter that identifies both government-wide and ministry-specific priorities for implementation.

This service plan outlines how the Ministry of Mental Health and Addictions will support the government's priorities, including selected action items identified in the Minister's [Mandate Letter](#). Over the previous fiscal year, the Ministry of Mental Health and Addictions made progress on these priorities by:

- Continuing to ensure access to life-saving supports and services including naloxone, supervised consumption and overdose prevention services, and a range of evidence-based treatment options for people living with opioid use disorder.
- Continuing to ensure cross agency coordination and collaboration through the Overdose Emergency Response Centre for delivery of a comprehensive package of interventions including the creation of Community Action Teams in 20 communities most affected by overdose deaths.
- Securing \$33.98 million in [federal funding](#) that will support initiatives that enhance the network of treatment and recovery services and help connect people at risk of overdose to treatment and care.
- Launching a social marketing campaign intended to reduce the stigma associated with problematic substance use, encourage British Columbians to view substance use as a health issue rather than a moral issue, and inspire British Columbians to engage in compassionate conversations about substance use with family members, friends, and co-workers.
- Engaging key health system partners, service providers, and people with lived and living experience of mental illness and problematic substance use to understand gaps and challenges in existing services to inform the transformation of the mental health and addictions system of care.

The following performance plan outlines how the Ministry of Mental Health and Addictions will continue to track progress on key mandate letter commitments and other emerging government priorities.

Performance Planning

Goal 1: Deliver an immediate, escalated response to the overdose public health emergency that keeps people safe and improves the health and well-being of British Columbians.

The Ministry’s first goal is to work in partnership to take immediate action to address the overdose public health emergency. This will be accomplished by continuing to implement and oversee an escalated, coordinated, and sustained plan of action that includes investments and improvements to mental health and substance use services.

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

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 supervised consumption services, overdose prevention services, and drug checking services in a range of settings in high need communities.
- Partner with Indigenous governments, leaders, and organizations to identify and implement strategies intended to promote wellness and reduce overdose-related harms on Indigenous peoples.
- Develop innovative services to provide a safer supply of regulated opioids so that people who use drugs can have an alternative to the unregulated and highly-toxic drug supply that is driving the public health emergency.
- Develop and implement a range of evidence-informed and innovative strategies intended to promote wellness and reduce the stigma associated with mental illness and substance use disorders including collaborating with key partners to target those disproportionately affected by the public health emergency.

Performance Measure	December 2018 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.1 Number of publicly funded naloxone kits shipped to distribution sites BC Take Home Naloxone ¹	140,748	146,839	220,000	230,000	230,000

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

- Based on orders data for naloxone kits shipped to BC THN distribution sites: actual, forecast and targets based on fiscal period
- Note that the program shipping is based on regional orders/demand and data-informed gaps analysis
- Note that naloxone in shipped BC THN kits has a shelf life of 2-3 years and demand for BC THN kits is partially driven by replacement of expired naloxone

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 potentially life-saving emergency first aid support. A recent evaluation of the BC THN program found that expanding the reach of naloxone saves lives. It is estimated that one overdose death event is averted for every 10 naloxone kits used or every 65 kits distributed.² As of January 15, 2019, more than 36,000 naloxone kits have been reported as used to reverse an overdose and more than 134,000 kits have been distributed to clients.³ It is estimated that approximately 1,560 death events were averted due to naloxone based interventions between April 2016 and December 2017.

Objective 1.2: Ensure people at risk of overdose can access a range of evidence-based treatment and recovery options for opioid use disorder as well as supports to help ensure that they are retained in care.

Key Strategies:

- Increase the likelihood that people with opioid use disorder receive treatment that meets their particular needs by ensuring access to a range of evidence-based treatment options including opioid agonist treatment (e.g., buprenorphine/naloxone, methadone, sustained release oral morphine, and hydromorphone) and injectable opioid agonist treatment (e.g., hydromorphone and diacetylmorphine).
- Enhance efforts to link people at risk of overdose to treatment and recovery services by increasing referral pathways for police and ambulance.
- Partner with the Ministry of Health to strengthen the safety, quality and oversight of supportive recovery services in B.C.
- Improve the capacity of the treatment system to deliver evidence-based care by training more health care providers.

Performance Measure	December 2018 Baseline	2018/19 Forecast	2019/20 Target	2020/21 Target	2021/22 Target
1.2 % of people on opioid agonist treatment (OAT) who have been retained for 12 months	48% (November 2017)	N/A	Percentage Increase	Percentage Increase	Percentage Increase

- Targets for percentage increase of people on OAT who have been retained in treatment for 12 months to be determined by region in collaboration with Health Authorities.

² BC Centre for Disease Control. (2018, April 18). *Estimated impact of the provincial take-home naloxone program on preventing illegal drug-related deaths in B.C., 2012-2016*. Retrieved from: http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/20180419_BCCDC%20Public%20Knowledge%20Summary_Impact_THN_in_%20BC.pdf.

³ BC Centre for Disease Control. (2019, January 15). *BC Take Home Naloxone Program in BC*. Retrieved from: <https://towardtheheart.com/thn-in-bc-infograph>.

Linking Performance Measure to Objective:

Expanding 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. In June 2017, the BC Centre on Substance Use released *A Guideline for the Clinical Management of Opioid Use Disorder* to support health care professionals provide evidence-based care to patients with opioid use disorder and considered at risk of overdose.⁴ The guidelines strongly endorse the use of opioid agonist treatments (e.g., buprenorphine/naloxone, methadone, slow-release oral morphine) as the preferred treatment for opioid use disorder. The number of people with opioid use disorder receiving opioid agonist treatment has increased from 19,371 in July 2017 to 21,549 in December 2018.⁵ Retaining people with opioid use disorder is of critical importance to reducing the burden of disease and of health and social service costs associated with opioid use disorder and the high risk of overdose-related harms associated with relapse.

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

Objective 2.1: Mental health and addiction services and supports are designed, coordinated and delivered using a whole of government, cross-sector approach.

The Ministry's second goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians. This will be accomplished through the development and implementation of a Mental Health and Addictions Strategy emphasizing prevention and early intervention services and supports, and beginning with a focus children, youth, and Indigenous peoples.

Key Strategies:

- Begin transformation of the mental health and addictions system with an initial focus on addressing the needs of Indigenous peoples and children and youth through prevention and early intervention and improving access to evidence-informed and culturally safe mental health and addictions treatment and recovery services and supports.
- Partner with Indigenous peoples to design a strategy for mental health and addictions services that embodies Indigenous perspectives of health and wellness, focuses on the social determinants of health, reflects the connection between the mental, physical, emotional and spiritual dimensions of well-being, and ensures that services are culturally safe and respectful.
- Incorporate a multi-cultural and equity lens into the design and delivery of services and supports to meet the needs of diverse populations when accessing mental health and addictions care.

⁴ BC Centre on Substance Use. (2017, June). *A Guideline for the Clinical Management of Opioid Use Disorder*. Retrieved from: http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf.

⁵ BC Centre for Disease Control. (2019). *Overdose Response Indicators*. Retrieved from: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#OAT>.

- Work across sectors with key system, community, labour and business partners to address societal barriers, such as stigma, and take action to support improved workplace mental health and psychological safety.
- Establish nimble and effective strategies to engage in ongoing dialogue and to invite ongoing input from British Columbians on specific issues related to mental health and addictions.
- Develop and implement a performance monitoring and evaluation framework to ensure accountability towards an improved mental health and addictions system, incorporating approaches to promote gender-equality and meet the needs of diverse populations to address inequities in accessing mental health and addictions care.

Performance Measure:

Performance measures are under development as part of the Mental Health and Addictions Strategy and will be included in future service plans.

Objective 2.2: Children and youth have access to prevention and early intervention services and supports when and where they need it.

Key Strategies:

- Work with the Ministries of Children and Family Development, Health, Education, and Advanced Education, Skills and Training; Indigenous British Columbians; local and federal governments; education, justice, employment, housing systems, advocates, and community organizations to begin implementation of a coordinated system of mental health and addictions services for children and youth in British Columbia.
- Work across government and in partnership with Indigenous peoples to take action on new approaches to mental health and wellness aimed at ensuring Indigenous children and youth have access to mental health and substance use care that is coordinated, culturally safe and incorporates Indigenous approaches to health, healing and resiliency.
- Work with the Office of the Representative for Children and Youth to ensure implementation is responding to the issues and challenges that underlie recommendations.
- Improve surveillance systems, data collection and analytics, and the dissemination of best practice information to inform effective interventions that improve mental health and addictions outcomes for children and youth.

Performance Measure:

Performance measures are under development as part of the Mental Health and Addictions Strategy and will be included in future service plans.

Resource Summary

Core Business Area	2018/19 Restated Estimates ¹	2019/20 Estimates	2020/21 Plan	2021/22 Plan
Operating Expenses (\$000)				
Policy Development, Research, Monitoring and Evaluation	7,803	7,879	7,845	7,845
Executive and Support Services	2,180	2,188	2,180	2,180
Total	9,983	10,067	10,025	10,025
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	1,000	1,000	1,000	1,000
Total	1,000	1,000	1,000	1,000

¹ For comparative purposes, amounts shown for 2018/19 have been restated to be consistent with the presentation of the 2019/20 Estimates.

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

