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ESTIMATES NOTE

TOPIC: Ministry Overview and Mandate

Issue: Enquiries and questions have been raised by the media, public, and major mental health and addictions stakeholders in BC about the role of the Ministry of Mental Health and Addictions.

Key Messaging and Recommended Response:

- Providing better access to mental health and addictions care is precisely why we created the Ministry of Mental Health and Addictions.
- The ministry is leading the transformation of B.C.'s mental health and addiction system by setting strategic direction through cross-sector planning and driving system-level improvement through research, policy development, and evaluation.
- With a focal point on mental health and addictions program and service needs, we intend to make sure resources are there for people where and when they are needed.
- On June 26, 2019, we launched *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, and we've been working hard to deliver impactful progress on issues that matter most to British Columbians.
- In January 2022, we introduced Complex Care Housing, with ground-breaking support for people with overlapping complex mental health and substance use challenges, with a suite of services to lead to better outcomes for people.
- B.C. took a vital step in our fight against the toxic drug crisis on January 31st of this year, becoming the first jurisdiction in Canada to decriminalize people in possession of small amounts of illegal drugs for personal use.
- Decriminalization will help break down the stigma – the fear and shame associated with drug use – that so often prevents people from reaching out for life-saving supports.
- Our award-winning “Stop the Stigma” campaign, developed in collaborating with people with lived and living experience, is helping to shift perceptions about people who use drugs and making it easier for them to get the help they need.

ESTIMATES NOTE

- We are working across government to improve mental health and addictions services and supports, focused on prevention, early intervention, treatment, and recovery.
- A comprehensive system requires a comprehensive resource plan — one that touches all agencies and ministries delivering programs and services.
- We are working with all partners to strengthen social supports and services that impact mental health and well-being.

If asked what is the role of the Ministry of Health/Children and Family Development in the context of our ministry:

- Our goal is not to create additional bureaucracy, but to implement a system where mental health and addictions services are integrated into our existing system of care.
- That's why the Ministry of Mental Health and Addictions does not deliver services. Instead, we utilize the infrastructure in places like the ministries of Health and Children and Family Development to deliver life-saving services and programs to the people who need it.
 - The Ministry of Health remains responsible for overseeing the health authorities and their funded agencies. Our health authorities are critical partners in delivering addictions services for people of all ages and mental health services for adults.
 - Each health authority is responsible for operational planning and delivering the full range of health services in its region. Government has given them the flexibility and mandate to make decisions about how best to do so.
 - The Ministry of Children and Family Development provides mental health services for children and youth across the province.
 - The Ministry of Mental Health and Addictions is working closely with the ministries of Health and Children and Family Development to monitor and evaluate the access and quality of mental health and substance use services to ensure that people are receiving timely access to the services they need.

ESTIMATES NOTE

KEY FACTS

Background/Status:

- The Minister of Mental Health and Addictions (MMHA) was appointed on July 18, 2017, by Order in Council, stating:
 1. The Ministry of Mental Health and Addictions is established.
 2. The duties, powers, and functions of the Minister of Health respecting policy development, program evaluation, and research in relation to mental health and addiction, including in relation to designated facilities within the meaning of the *Mental Health Act*, are transferred to the Minister of Mental Health and Addictions.
- The Premier's mandate letter to the Minister of Mental Health and Addictions, dated December 7, 2022, identifies the following key deliverables:
 1. 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.
 2. 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.
 3. Strengthen governance, guidelines, and best practices for incorporating evidence-based care in the prevention, treatment, and recovery system.
 4. 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.
 5. 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.
 6. 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.
 7. Work with the First Nations Health Authority to deliver culturally appropriate mental health and substance use services for Indigenous Peoples.
 8. 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.
 9. 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.

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10. 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.
 11. And continue to make progress on items in the previous mandate letter (see Appendix A).
- 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.
 - MMHA has a mandate to develop policies, standards, guidelines, and strategies, and monitor and evaluate programs across the sectors, using a multi-system level, "whole-of-government" approach in relation to mental health and substance use services, working with the Ministry of Health, social ministries, Indigenous Peoples and organizations, local and federal levels of government, service delivery partners, researchers, families, youth, advocates, and people with lived experience in supporting the development of a cross-sector approach.

FINANCIAL IMPLICATIONS

N/A – see Ministry Budget notes.

Approvals:

January 27, 2023 – Tamara Casanova, Director

February 20, 2023 – Tracee Schmidt, Executive Financial Officer and Executive Lead, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A:

- The Premier's mandate letter to the Minister of Mental Health and Addiction, dated November 26, 2020, identifies the following key deliverables:
 1. Given the impact of COVID-19 on people's mental health, continue building a comprehensive system of mental health and addictions care, including by implementing A Pathway to Hope, BC's roadmap for making mental health and addictions care better for people, and by expanding access to counselling, using new e-health and other technologies to bring care to more people in all regions of BC.
 2. Accelerate BC's response to the opioid crisis across the full continuum of care: prevention, harm reduction, safe prescription medications, treatment, and recovery.
 3. Explore new ways to help prescribers separate more people from the toxic drug supply through safe prescription alternatives.
 4. Work with the Minister of Public Safety and Solicitor General and the Attorney General and Minister responsible for Housing to fast track the move toward decriminalization by working with police chiefs to push Ottawa to decriminalize simple possession of small amounts of illicit drugs for personal use. In the absence of prompt federal action, develop a made-in-BC solution that will help save lives.
 5. With support from the Minister of Children and Family Development, lead work to continue our government's commitment to addressing mental health problems early by rolling out new mental health and addictions care initiatives for children and youth.
 6. Expand the availability of treatment beds for people by building new treatment, recovery, detox, and after-care facilities across the province with some beds specifically for British Columbians under age 24.
 7. With support from the Minister of Health, transfer oversight of recovery homes and other private treatment providers to Mental Health and Addictions to ensure quality care, accountability, and value for money.
 8. With support from the Attorney General and Minister responsible for Housing and the Minister of Health, lead work to provide an increased level of support – including more access to nurses and psychiatrists – for BC's most vulnerable who need more intensive care than supportive housing provides by developing Complex Care housing.
 9. With support from the Minister of Public Safety and Solicitor General, lead work to invest more in community-based mental health and social services so there are more trained front-line workers to help people in crisis, and free up police to focus on more serious crimes.
 10. Support communities in addressing street disorder and public safety concerns by expanding mental health intervention teams like the six new Assertive Community Treatment (ACT) teams recently announced for communities experiencing increased challenges with vulnerable residents.
 11. Support the Minister of Public Safety and Solicitor General and interested municipalities to expand the successful 'situation table' model that connects

ESTIMATES NOTE

- front-line workers from different health, safety, and social service sectors to identify and help vulnerable people.
12. Support the work of the Minister of Labour to develop better options for chronic work-related pain, including improving pain management practices for injured workers and providing treatment on demand to those with chronic pain as a result of workplace injuries.
 13. Support the work of the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness, including those living in encampments.

ESTIMATES NOTE

TOPIC Ministry FTEs

Issue: An overview of the ministry's staffing complement (FTEs)

Key Messaging and Recommended Response:

- The ministry has a total of 136 staff, including the Minister's Office.
- The ministry has an annual salaries/benefits budget of \$16.27 million in 2023/24, \$16.44 million in 2024/25 and \$16.44 million in 2025/26.

KEY FACTS

Background/Status:

- As of March 1, 2023, the ministry has 136 FTEs, which includes six staff in the Minister's Office; 20 of these positions are filled through temporary assignments.
- Last year the Ministry FTE count was 92, there has been an increase of 44 FTEs since February 1, 2022.
- The ministry has grown on average 21% per year over the last four years.
- Employees in the Child, Youth and Mental Health Policy division are dedicated to priorities such as the development of integrated child and youth MHSU services, complex care housing, Indigenous partnerships and wellness, mental health community crisis response and youth substance use supports and services.
- Employees in the Treatment and Recovery division are focused on priorities related to decriminalization, implementing new adult treatment and recovery services and strengthening the quality and oversight of bed-based substance use services.
- Employees in the Substance Use Policy division are focused on priorities related to the overdose emergency response and transforming substance use policy and legislation.
- Employees who work for Government Communications and Public Engagement (GCPE) are not included in the ministry's staffing count.

	Total 2023 FTE Count*
Minister's Office	6
Deputy Minister's Office	6
Corporate Services Division	20
Child, Youth & Mental Health Policy Division	49
Treatment & Recovery Division	32
Substance Use Policy Division	23
Total	136

*As of March 1, 2023

FINANCIAL IMPLICATIONS

Budget/Expenditures:

ESTIMATES NOTE

- The ministry has an annual salaries/benefits budget of \$16.27 million in 2023/24, \$16.44 million in 2024/25 and \$16.44 million in 2025/26.

Salary and Benefits Estimates Details (Millions):

Core Business	2023/24 Estimates	2024/25 Planned	2025/26 Planned
Minister's Office	0.600	0.600	0.600
Deputy Minister's Office	0.684	0.684	0.684
Corporate Services Division	2.060	2.166	2.166
Child, Youth & Mental Health Policy, Substance Use Policy and Treatment and Recovery Divisions	12.922	12.989	12.989
Total	16.266	16.439	16.439

Approvals:

March 13, 2023 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

March 13, 2023 – Ally Butler, A/ADM, Treatment and Recovery

March 20, 2023 – Darryl Sturtevant, ADM, Substance Use Policy

March 22, 2023 – Tracee Schmidt, Executive Financial Officer and Executive Lead, Corporate Services Division

March 24, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC MMHA Service Plan

Issue: The Ministry of Mental Health and Addictions 2023-24 Service Plan makes public the Ministry's goals, objectives, strategies and performance measures for the period, and also includes the Ministry's financial information, as required under the *Budget Transparency and Accountability Act*.

Key Messaging and Recommended Response:

- **Providing better access to mental health and addictions services is a key priority for our government, and this is precisely why we were the first government in Canada to create a Ministry of Mental Health and Addictions.**
- **Through this ministry, we are addressing important gaps that have led to the fragmented mental health and addictions system we have today.**
- **The ministry is building an integrated system of care for mental health and addictions by setting strategic direction through cross-sector planning and driving system-level improvement through targeted investments supported by research, policy and evaluation.**
- **We are working across government to build a system that is focused on prevention, early intervention, treatment, and recovery.**
- **Building this system will take time and the impact of some of these efforts may not be seen until well after the initiatives have been implemented.**
- **The 2023-24 Service Plan aligns with the strategic priorities embedded in the *Pathway to Hope* and the Minister's mandate letter, updated in December 2022 and establishes a series of performance and monitoring measures to ensure we are effectively and efficiently improving the mental health and addictions systems of care.**

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KEY FACTS

Background/Status:

- The service plan is intended to provide a high-level overview of the ministry's direction. It clearly identifies and communicates to the public and other stakeholders the purpose of the ministry, key priorities, and the results it expects to achieve with the use of its financial resources.
- The 2023/24 service plan was tabled in the Legislature and released publicly on Budget Day, February 28, 2023.
- The Plan outlines that the Province will continue its work to make life better for people in B.C., improve the services, and ensure a sustainable province.
- The 2023/24 Service Plan goals reflect government's broader four key areas of focus: attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy.
- The Service Plan confirms the ministry's top priorities as outlined in the Minister's mandate letter of December 7, 2022, to:
 - **Goal 1:** Accelerate BC'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.
 - **Goal 2:** Create a seamless, integrated, accessible, and culturally safe mental health and addictions system of care.
- MMHA is transforming BC's mental health and addictions system through the development and implementation of the priority actions and initiatives detailed in *A Pathway to Hope*. These priorities establish a three-year plan to begin transforming mental health and substance use care for children, youth, young adults, and their families and outline four immediate areas of focus, including improved wellness for children, youth, and young adults; supporting Indigenous-led solutions; improving substance use care; and improving access and quality of care.
- MMHA is working with Indigenous peoples, people with lived and living experience, direct service providers including physicians, social workers, and first responders, and with federal, provincial and local governments, including the education, justice, employment and housing systems to provide more culturally-safe and effective mental health and addictions services that better meet the needs of all British Columbians.
- The 2023-24 Service Plan includes performance measures related to the toxic drug emergency, safer communities and *A Pathway to Hope*:
 - **Toxic drug emergency performance measures:**
 - 1) Projections for the number of naloxone kits to be shipped to Take Home Naloxone distribution sites.
 - 2) Increasing the percentage of people on opioid agonist treatment who have been retained for 12 months.
 - 3) Median number of days between client referral and service initiation for bed-based treatment and recovery services (new measure).
 - **A Pathway to Hope/Safer Communities performance measures:**
 - 1) Number of Complex Care Housing (CCH) spaces that are operational and serving residents (new measure).

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- 2) Number of communities (school districts) with Integrated Child and Youth Mental Health and Substance Use Teams operating or in implementation.
- 3) Establishing target numbers for the expansion of Foundry centres across the province.

FINANCIAL IMPLICATIONS

Budget/ Expenditures:

- The Ministry's restated operating budget is \$24.62 million in 2022/23, \$26.72 million in 2023/24, \$26.95 million in 2024/25 and \$26.73 million in 2025/26 – over 60% is for salaries/benefits for ministry staff.
- The Ministry's operating budget in Budget 2023 compared to Budget 2022 has increased by \$2.11 million primarily due to the new work to support Decriminalization and Beds Modernization. (see Ministry Operating Budget EN or Ministry FTE EN for further details).
- The majority of the budget for mental health and addictions programs or services is in the budgets of ministries delivering the programs or services.

Approvals:

March 13, 2023 – Tamara Casanova, Director, Operations

February 20, 2023 – Tracee Schmidt, EFO, Corporate Services Division

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Budget 2023 Fact Sheet

Issue: Budget 2023 Investments

Key Messaging and Recommended Response:

- **Budget 2023 invests \$1 billion in new funding over three years for mental health, addictions and treatment services for people in British Columbia.**
- **This includes \$586 million to expand treatment and recovery beds, the development of new recovery community centres to support the long-term recovery of those who have gone through treatment, Indigenous treatment centres, and wraparound service for youth.**
- **Budget 2023 accelerates the Province's response to the illicit drug toxicity crisis across the full continuum of care with \$184 million to support enhanced prevention and early intervention services for children, youth and young adults, safer prescription alternatives to the toxic drug supply, and for the expansion of Mobile Integrated Crisis Response Teams.**
- **Budget 2023 provides \$97 million in operating funding to provide people staying at complex-care facilities with health-focused supports and services.**
- **Budget 2023 dedicates \$169 million over three years in capital funding to help create additional complex-care beds to support people with complex mental-health and substance-use issues, including those who are homeless or whose needs are not met by existing supportive housing.**

KEY FACTS

Background/Status:

- Budget 2023 includes \$867 million in operating and \$169 million in capital funding.
- Of the \$867 million, \$187.7 million is funding that was previously in contingencies and has been moved into HLTH's base budget for:
 - Complex Care Housing
 - Youth substance use

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- Prescribed safer supply
 - Nurse prescribing
 - Accelerated overdose
- The \$867 million does not include funds that were flowed in 2022/23 to be utilized starting in 2023/24 for:
Advice/Recommendations; Government Financial Information
- It also does not include the approved funding for policy enablers:
Advice/Recommendations; Government Financial Information
 - Decriminalization (\$19 million)
- Budget 2023 includes planning dollars to support future capital requests.
- Capital funding for the following projects is subject to future Treasury Board decisions:
Advice/Recommendations; Cabinet Confidences

FINANCIAL IMPLICATIONS

Budget/ Expenditures:

Total Budget 2023 Investments by Initiative (\$millions):

Initiative	2023/24	2024/25	2025/26	Total
Treatment & Recovery	126.650	<small>Advice/Recommendations; Government Financial Information</small>		586.420
Full Continuum of Care	44.885			183.503
Complex Care Housing Operating	27.135	30.097	39.501	96.733
Complex Care Housing Capital	19.680	67.747	81.417	168.844
Total Treatment & Recovery	218.350	364.667	452.483	1,035.500

Approvals:

April 2, 2023 – Tracee Schmidt, EFO, Corporate Services Division

April 5, 2023 – Christine Massey, Deputy Minister

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TOPIC \$3.3 Billion Investment

Issue: Cross Government Mental Health and Substance Use – Financial Overview

Key Messaging and Recommended Response:

- **MMHA was created in 2017 to provide strategic leadership and policy direction.**
- **MMHA works with ministries across government to augment services and create greater cohesion and integration.**
- **It is estimated that, government-wide, the Province spends approximately \$3.3 billion annually on mental health and substance use-related service delivery.**
- **The majority of this is spent in the health care system, but also includes services delivered in the justice sector, education, and social sector.**
- **Since 2017, MMHA has been responsible for adding \$622 million annually to support MHSU funding across all sectors.**

KEY FACTS

Background/Status:

- In 2018, Treasury Board Staff led a review of mental health and substance use (MHSU) spending across government.
- Of the \$3.3 billion, baseline MHSU spending is \$2.7 billion. Baseline spending includes MHSU programs that were started prior to the Ministry of Mental Health and Addictions (MMHA) in 2017.
- The majority of MHSU spending, approximately 75%, is in HLTH. The remaining 25% is spread across HOUS, AG, PSSG, CFD, SDPR, ECC, and PSFS.
- Base HLTH spending includes a wide variety of program expenditures for:
 - Community MHSU services
 - Physician Services (Fee for Service, Salaried, Sessional)
 - Acute and Tertiary Inpatient
 - Pharmacare
 - Health Prevention & Promotion
- Examples of base spending initiatives in other ministries are:
 - Mental Health Law Program (AG)
 - Special education funding for students requiring Intensive Behaviour Interventions or students with Serious Mental Illness (ECC)
 - Community-based child and youth mental health programs (MCFD)
 - Maples Adolescent Treatment Centre (MCFD)

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- Per diem funding for clients to receive mental health and substance use services free of charge (SDPR)
- Since 2017, MMHA has worked collaboratively with partner ministries to obtain additional funding to augment MHSU support services and respond to the illicit toxic drug crisis.
- MMHA has supported obtaining funding for a wide-variety of initiatives spanning prevention, harm reduction, treatment and recovery, community counselling, programs for children and youth, and supports for Indigenous-led mental health and substance use programs.
- MMHA does not deliver programs and services directly but is responsible for providing leadership in building a comprehensive system of care.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

MHSU Annual Operating Investments (\$billions)	2023/24
Base MHSU spending (all sectors)	\$2.675
Incremental MHSU Funding since 2017	\$0.622
Total	\$3.297

- Of the \$622 million incremental annual funding, \$209 million was announced in Budget and Fiscal Plan 2023.
- In addition, Budget 2023 provided \$169 million in capital investment for complex care housing.

Approvals:

April 4, 2023 – Tracee Schmidt, EFO, CSD

April 5, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Ministry Operations Budget

Issue: What is the operating budget for the Ministry of Mental Health and Addictions?

Key Messaging and Recommended Response:

- The Ministry has an annual operating budget of \$26.72 million in 2023/24, \$26.95 million in 2024/25 and \$26.73 million in 2025/26.
- The Minister's Office has an annual operating budget of \$0.72 million in 2023/24, \$0.72 million in 2024/25 and \$0.72 million in 2025/26.
- The Ministry has an annual salaries/benefits budget of \$16.27 million in 2023/24, \$16.44 million in 2024/25 and \$16.44 million in 2025/26.
- The Ministry budget increases by \$2.11 million in 2023/24, by \$2.34 million in 2024/25, and by \$2.13 million in 2025/26, from *Budget 2022*, primarily due to the new work to support Decriminalization and Beds Modernization.
- The majority of the budget for Mental Health and Addictions programs or services continues to be held within the budgets of ministries delivering the programs or services.

KEY FACTS

Background/Status:

As of March 1, 2023, the Ministry has 136 FTEs, including the Minister's Office (6) and Deputy Minister's Office (6) staff. This is an increase of 44 FTEs since last Estimates. The FTE count does not include secondments, or Government Communications & Public Engagement (GCPE) staff.

FINANCIAL IMPLICATIONS

Compared to *Budget 2022*, the Ministry's operating budget has increased by \$2.11 million:

- **New Funding for new initiatives (\$0.80 million)**
 - *Budget 2023* funding for Decriminalization and Bed Modernization
- **Shared Recovery Mandate (SRM) wage increases (\$0.70 million)**
 - *Budget 2023* funding for unionized and excluded staff compensation
- **Minister's Office (\$0.08 million)**
 - *Budget 2023* (\$0.07): Salaries & benefits, changes to staffing complement & training

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- *Budget 2021*(\$0.01): Minor increases for salaries & benefits
- **Other Previous Budgets' decisions (\$0.53 million)**
 - *Budget 2022* top up to funding provided for Ministry resourcing, Provincial Support Office and Complex Care Housing. Funding supports staffing and other operational requirements such as travel, and office expenses.

Minister's Office budget by Major Expense category (\$ millions):

Expenses	2023/24	2024/25	2025/26
Salaries & Benefits	0.600	0.600	0.600
Travel	0.075	0.075	0.075
Information Systems	0.010	0.010	0.010
Office & Business Expenses	0.020	0.020	0.020
Legislative Assembly	0.010	0.010	0.010
<i>Budget 2023</i>	0.715	0.715	0.715

Approvals:

February 25, 2023 – Brad Williams, CFO, Corporate Services Division

March 24, 2023 – Tracee Schmidt, EFO, Corporate Services Division

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Overdose – Financial Overview

Issue: What funding has Government provided in response to the Overdose Emergency?

Key Messaging and Recommended Response:

- **The 2023 Budget and Fiscal Plan allocates \$445 million over three years to support initiatives that save lives, end stigma, provide medication-assisted treatment, advance prevention, and improve public safety.**
- **This investment is a continuation of investments made as part of Budget 2017, Budget 2019 and the historic investment in mental health and addictions services as part of Budget 2021.**
- **Since Budget 2017 and through this fiscal plan, this government will have committed more than \$1.2 billion towards the overdose emergency.**

KEY FACTS

Background/Status:

- The 2023 Budget and Fiscal Plan continues previously announced funding of approximately \$143.20 million per year and includes an additional \$5 million per year for overdose prevention, bringing the Budget 2023 annual funding to approximately \$148.20 million per year:
 - Saving Lives - \$46.97 million
 - Overdose prevention, drug checking, Naloxone kits, psychosocial supports, BC Health Services.
 - Ending Stigma - \$2.37 million
 - Communications and public engagement.
 - Medication-Assisted Treatment - \$67.79 million
 - Medications such as suboxone, methadone to support opioid agnostic treatment, hospital services, and professional education and training.
 - Advancing Prevention - \$3.59 million
 - Data analysis and enhanced prescription monitoring.
 - Improving Public Safety - \$12.81 million
 - Via Public Safety and Solicitor General.
 - Initiatives that address all goals - \$14.68 million
 - Indigenous health and culturally based services, community crisis fund, and regional Health Authority Lead supports.
- Through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement the Province has been able to

ESTIMATES NOTE

expand access to evidence-based treatments and recovery options for vulnerable populations including:

- Mother/Baby Substance Use Program
- Increased access to iOAT services and tablet iOAT
- BC Centre Substance Use Cost Pressures
- Needs Based Gap Analysis
- Adult Surge Substance Use Treatment Beds
- Social Emotional Development in the Early Years
- Through the Federal Emergency Treatment Fund, the Province has undertaken the following priority interventions:
 - Support the expansion of Foundry, which will provide youth with problematic opioid use with supports and services across all Foundry sites;
 - Expand injectable opioid agonist treatment (iOAT);
 - Operate and evaluate the impact of adult residential treatment beds;
 - Support HOPE initiatives, which provide robust post-overdose support by facilitating community-level linkage to care in high priority communities;
 - Enhance and improve treatment service where gaps exist;
 - Enhance treatment services across all health authorities; and
 - Enhance supportive recovery services.

FINANCIAL IMPLICATIONS

Budget / Expenditures:

- The 2023 Budget and Fiscal Plan allocates \$445 million over three years to support initiatives that save lives, end stigma, provide treatment and recovery, advance prevention, and improve public safety.
- This Budget 2023 investment is a continuation of investments made as part of Budget 2017, Budget 2019 and the historic investment in mental health and addictions services as part of Budget 2021.
- The Federal Government has provided \$350 million over 6 years (2017/18 to 2022/23). through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services agreement. The agreement for the remaining 4 years of funding is in progress.
- The Federal Government has provided approximately \$34 million over 5 years (2018/19 to 2022/23) through the Emergency Treatment Fund agreement. This agreement has ended.

Approvals:

April 2, 2023 – Brad Williams, CFO, Corporate Services Division

April 2, 2023 – Tracee Schmidt, EFO, Corporate Services Division

April 5, 2023 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION – ESTIMATES NOTE

Canada Health Transfer and Bilateral Funding Agreements

Topic: Status of the Canada Health Transfer (CHT) and other bilateral funding agreements, including the Home and Community Care and Mental Health and Addictions Services (HCCMHAS) Funding Agreement.

Key Messaging and Recommended Response:

- In Budget 2023, BC is investing \$6.4 billion over three years to strengthen our health care system, including mental health services, cancer care, primary care, and to support the doctors, nurses, and health care workers we depend on for care every day.
- This builds on the significant investments made since 2107 to improve health care for all British Columbians.
- Former Premier John Horgan and the BC government alongside the other Provinces advocated tirelessly for an increase in health care funding from the federal government.
- In February 2023, the federal government presented Premiers with a new federal health funding plan, including new bilateral agreements to support health care.
- In March 2023, BC announced agreement in principle to support new bilateral funding, which includes over \$3.3 billion over 10 years for targeted funding in priority areas such as:
 - Expanding access to family health services, including in rural and remote areas;
 - Reducing backlogs and better support BC's health-care workers;
 - Modernizing how we track and report health data; and,
 - Improving access to mental health and addictions services.
- Investments will further support long-term care (LTC), home care and improving credentialing pathways for both Canadian graduates and internationally educated health professionals.

LEGISLATIVE SESSION – ESTIMATES NOTE

CURRENT SITUATION

- For BC's Budget 2023, the revenue assumptions for the Canada Health Transfer and other health related federal government transfers total **\$6.9 billion**, including:
 - \$6.733 billion for the Canada Health Transfer;
 - \$82 million for Home and Community Care; and
 - \$82 million for Mental Health and Substance Use
- Recent announcements about increased federal government transfers to support health care services are **not** included in the revenue assumptions for Budget 2023 due to timing.
- The Prime Minister presented Premiers with a federal health funding plan on February 7, 2023, and on March 1, 2023, the BC government announced agreement in principle to support new bilateral funding of **\$3.3 billion** over 10 years to help address shared health care priorities.¹
- The federal government announced further details on planned federal funding of \$27.5 billion over 10 years in BC, including the \$3.3 billion for a new bilateral agreement and a one-time \$273 million CHT top-up in 2023/24.
- Further details regarding federal plans for both Personal Support Workers Wage Support and the Indigenous Health Equity Fund are still being communicated to Provinces and Territories.
- The announced federal funding is still subject to completing agreements with Provinces and Territories as well federal government approvals and authorities through their budget process.
- The 1 year extension to the existing HCCMHAS expired on March 31, 2023. The next 4 years of the HCCMHAS will be rolled into the new bilateral agreements.

FINANCIAL IMPLICATIONS

- In 2022/23, the Ministry received over \$6.17 billion from the CHT, and approximately \$205.5 million in additional federal funding, which accounted for just under 23% of health spending.
- In 2023/24, the Ministry will receive about a 1% increase in total federal funding due to the February 7, 2023 announcement; making the federal contribution to health spending in BC about 24%.

KEY BACKGROUND

- Federal funding for health care is primarily provided through the CHT.
- Since 2017, the CHT growth rate/escalator has been based on Gross Domestic Product growth (with a floor of 3%).

Intergovernmental Communications

- The HCCMHAS 10-year Agreement started in 2017/18 and, in August 2021, BC and Canada agreed to amend the HCCMHAS to allow for a one-time payment of approximately \$135 million in Safe Long-Term Care funding.
- The first 5-year term of the HCCMHAS Agreement was set to expire on March 31, 2022. To ensure continuity of existing programs, Health Canada and PTs negotiated a 1 year extension of the HCCMHAS, with \$163.966 million in BC funding for 2022/23.
- On February 7, 2023 Premiers were presented with a federal offer on health care spending, including tailored bilateral agreements including the remaining 4 years of HCCMHAS, and Premiers accepted the offer on February 13, 2023, subject to final bilateral agreements.

Intergovernmental Communications

¹ <https://pm.gc.ca/en/news/news-releases/2023/02/07/working-together-improve-health-care-canadians>

LEGISLATIVE SESSION – ESTIMATES NOTE

Advice/Recommendations; Government Financial Information; Intergovernmental Communications

- The first bilateral agreement will cover the 4 shared health priorities and deliver new funding in tandem with the remaining 4 years of funding from the mental health and substance use portion of the HCCMHAS.
- The second agreement will focus on the separate fifth priority of aging with dignity, combining the funds offered for LTC with the remaining 4 years of the home and community care portion of the HCCMHAS. It will also include the funding to support personal support workers.

LAST UPDATED

The content of this fact sheet is current as of April 5, 2023 as confirmed by Darlene Therrien.

APPROVALS

2023 03 13 – Rob Byers, Finance and Corporate Services

2023 04 06 – Darlene Therrien, Intergovernmental Relations

2023 04 12 – Jonathan Dubé, Associate DM, Health System Operations

³ Government of Canada, February 7, 2023

LEGISLATIVE SESSION – ESTIMATES NOTE

Ministry of Health Confidential: Advice to Minister - Canada Health Transfer

(\$ millions)	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Canada Health Transfer	5,004.00	5,204.00	5,467.00	5,678.00	5,865.00	6,176.00	7,107.00	Government Financial Information	
Additional Federal Funding			9.783	1,628.65	357.73	205.50	577.00		
Total Federal Funding (note 1)	5,004.00	5,204.00	5,476.78	7,306.65	6,222.73	6,381.50	7,684.00		
Year over Year % Change		4.00%	5.24%	33.41%	-14.83%	2.55%	20.41%		
Total Health Sector Spend (note2)	20,927.00	22,151.00	23,449.00	25,605.00	27,584.00	27,737.00	29,906.51		
Year over Year % Change		5.85%	5.86%	9.19%	7.73%	0.55%	7.82%		
Canada Health Transfer as a percentage of Health Sector Spend	23.9%	23.5%	23.3%	22.2%	21.3%	22.3%	23.8%		
Total Federal Funding as a percentage of Health Sector Spend	23.9%	23.5%	23.4%	28.5%	22.6%	23.0%	25.7%		

Note 1

Additional Federal funding is recognized in the year received

2023/24 Federal funding amounts are agreement in principle as identified in the Feb 7, 2023 First Ministers' Meeting

2023/24 amounts may vary from amounts reported by the Ministry of Finance on Budget Day

Note 2

2022/23 is Quarter 2 Forecast

Reduction in expenditures in 2022/23 due to COVID

2023/24 includes Ministry of Health Budget (\$28.673 billion) and Contingencies Access (\$1.233 billion including \$875 million for COVID)

2024/25 includes Ministry of Health Budget (\$29.877 billion) and Contingencies Access (\$472 million)

Health Canada: Working To

Working Together to Improve Health Care for Canadians

British Columbia¹

(\$Millions)	23-24	24-25	25-26	26-27	27-28	5-Year total	28-29	29-30	30-31	31-32	32-33	10-Year total
Canada Health Transfer²	Government Financial Information					Government Financial Information						
Growth since 2022-23	657					6,602						21,449
CHT top-up for paediatric hospitals and emergency rooms ³	273					273						273
CHT 5% guarantee ⁴	0					686						2,436
Total CHT	931					7,561						24,158
Tailored Bilateral Agreements												
Bilateral agreements	329					1,654						3,321
Sub-total: CHT and bilateral agreements	1,259					9,215						27,479
PSW wage support												
PSW						To be determined						
Other Bilateral Agreements	Government Financial Information					Government Financial Information						
Mental health and substance use	83					334						334
Home and community care	83					334						334
Long-term care	82					413						413
Sub-total	248					1,081						1,081
TOTAL	1,507					10,296						28,560

¹ Provincial / territorial allocations are based on the M1 Scenario of Statistics Canada's population projection, released on August 22, 2022 (Table 17-10-0057-01), unless otherwise noted.

² All Canada Health Transfer amounts starting in 2024-25 are notional, estimated based on December private sector nominal GDP forecast, and are subject to change.

³ Federal payment to be recorded in 2022-23, using Statistics Canada's June 1, 2022 population data.

⁴ Provides participating jurisdictions top-up payments to ensure 5 per cent growth for five years, to rolled into the CHT base after 2027-28.

LEGISLATIVE SESSION – ESTIMATES NOTE

Overview of Mental Health and Substance Use Services

Topic: Overview of mental health and substance use (MHSU) services in BC.

Key Messaging and Recommended Response:

- We've been through a lot as British Columbians, from the ongoing COVID-19 pandemic, the toxic drug crisis, climate related challenges and the findings of unmarked graves on the grounds of former residential school sites.
- And through two concurrent health emergencies, we have never asked as much from our health authorities and front-line workers.
- Young people are seeking support for mental health concerns, such as eating disorders and anxiety at unprecedented rates
- Highly toxic and unpredictable illicit drugs are everywhere and far too many people are at risk of fatal toxic drug poisoning.
- The number of people who died from the toxic drug supply is tragic. We must do more to prevent this tragic loss of life.
- Our government is making historic investments to improve access to mental health supports, so that when people ask for help, help is available.
- Budget 2023 invests one billion dollars to expand services across the continuum of care.
- Our government is transforming mental health and substance use services in the province, including enhancements across the full spectrum of treatment and recovery and increasing access to harm reduction measures, like drug checking.

CURRENT SITUATION

- The COVID-19 pandemic has impacted all aspects of health care, including MHSU services and compounded the challenges associated with BC's ongoing illicit drug toxicity crisis.
- There were 2,272 suspected illicit drug toxicity deaths in 2022, the second largest number of suspected deaths ever recorded, behind 2021 (2,306).¹
- Current, data reported by the Ministry of Health through MSHU Service - Health System Performance Portal Report ², indicates that the number of mental health and substance use clients in BC has increased from 179 per 1,000 population to 186 per 1,000 population between FY 2021/22 and FY 2020/21.

¹ BC Coroners Service. (2022). Illicit Drug Toxicity Deaths in BC January 1, 2012 – December 31, 2022. Retrieved February 16, 2023 from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

² Ministry of Health Health Systems Performance Portal Embargoed version: <https://hspp.hlth.gov.bc.ca/framework/service-delivery/specialized-community-services/embargo-mental-health-substance-use-service>, retrieved on March 10, 2023 at 10:00.

LEGISLATIVE SESSION – ESTIMATES NOTE

- All health authorities (HAs) report increasing, year over year demand resulting in higher caseloads, wait times, waitlists for service, particularly for services that support the needs of complex individuals.³ Vulnerable populations, including those experiencing homelessness, have been increasing in BC impacting demands on services (see Homelessness and Encampment Fact Sheet for additional information).

FINANCIAL IMPLICATIONS

- The Ministry funded approximately \$2.066 billion on MHSU in 2021/22 to HA operated services as well as partner organizations to support MHSU across the following subsectors: acute and tertiary MHSU services, community-based MHSU, physician services, pharmacare, health prevention and promotion activities, and targeted initiative funding.
- Of this, HAs reported expenditures of \$1.394 billion in 2020/21 and \$1.476 billion in 2021/22 for the MHSU sector

KEY BACKGROUND

- In 2021/22, 1,011,405 unique individuals in BC received treatment from Ministry funded services because of MHSU conditions⁴. Of these individuals, more than 112,092 individuals⁵ were reported in MHA Minimum Reporting Requirements (MHA MRR) receiving MH or SU services from facilities owned and operated by the regional health authorities (e.g. case management services).
- 163,512 community visits for MHSU conditions were reported in MSHU Service - Health System Performance Portal Report⁶ for fiscal year 2021/22.
- 44,972 hospital stays related to MHSU conditions were reported in MHSU Service – Health System Performance Portal Report⁶ for Fiscal Year 2021/22.
- The most commonly reported mental health conditions in BC are anxiety and depression. To address the need of people with MHSU disorders, the Ministry of Health provides the following core MHSU services for children, youth and adults.

Inpatient Acute Care and Tertiary Care Services, including:

- Hospital inpatient psychiatric services, such as Psychiatric Emergency Units.
- Observation Units in rural hospitals.
- Specialized inpatient psychiatric units.
- Specialized MHSU Tertiary Care Units which provide specialized assessments, treatment and rehabilitation services for people with complex MHSU disorders.
- Tertiary eating disorders services.
- Hospital outpatient psychiatric services.
- Neuropsychiatry services.
- Psychogeriatric services.
- Forensic Psychiatric services.
- Correctional MHSU services in custody services.

³ As reflected in requested health authority utilization data to inform system planning in 2022

⁴ Ministry of Health. RMS 2450. Mental Health & Substance Use Report Embargoed version: <https://hspp.hlth.gov.bc.ca/framework/service-delivery/specialized-community-services/embargo-mental-health-substance-use-service>, retrieved on March 10, 2023 at 10:00

⁵ MHA MRR data extracted on March 10, 2023. Government Financial Information; Security Concern
Government Financial Information; Security Concern

⁶ Ministry of Health Health Systems Performance Portal Embargoed version. : <https://hspp.hlth.gov.bc.ca/framework/service-delivery/specialized-community-services/embargo-mental-health-substance-use-service>, retrieved on March 10, 2023 at 10:00

LEGISLATIVE SESSION – ESTIMATES NOTE

Community-based MHSU Services, including but not limited to:

Mental Health	Substance Use
<ul style="list-style-type: none"> ○ Crisis Intervention services such as crisis lines, mobile crisis outreach, crisis stabilization units ○ Clinical Case Management services, including psychiatric assessment, treatment and rehabilitation ○ Mental health Home Treatment services and support linked with acute care psychiatric services ○ Community Forensic Clinical services ○ Assertive Community Treatment teams ○ Early Psychosis Intervention services ○ Community Eating Disorders Services ○ Counselling services such as Cognitive Behavioral Interventions (CBT) ○ 24 hour staff licensed mental health residential care facilities ○ Mental health supported housing units ○ Psychosocial rehabilitation services, providing supported employment and supported education services, Club Houses, wellness support services addressing nutrition and exercise ○ Elderly community MHSU assessment and treatment services including assessment and support services for people with early signs of dementia ○ Peer and Family Support ○ Integrated Child and Youth Teams 	<ul style="list-style-type: none"> ○ Withdrawal management services, including home detox withdrawal management ○ Substance use community-based outpatient care ○ Intensive Case Management Teams (ICMTs), which are community outreach-based model of wrap-around service provision for individuals and their families, impacted by complex, severe substance use ○ Community substance use treatment/care beds, including supportive recovery, transitional services, medically supervised withdrawal management, and beds for sobering and assessment ○ Overdose Prevention Sites, injection and inhalation ○ Drug checking ○ Safer supply distribution and prescribing ○ Opioid Agonist Treatment (OAT) and Injectable OAT clinics ○ Risk mitigation prescribing ○ Peer and Family Support ○ Youth Concurrent Disorders inpatient treatment ○ Proactive Outreach⁷

Physician Services, including:

- Shared care MHSU services integrated with community clinical MHSU case management services.
- Primary care networks where physician with support from allied health clinicians such as social workers and nurses that provide MHSU assessment, treatment and follow up.
- Access Centres providing clinical MHSU assessment for people with high levels of MHSU acuity.
- Medication-assisted treatments, such as opioid agonist treatment, and pharmaceutical alternatives to the illicit toxic drug supply.

Health Prevention and Promotion including:

- Suicide Prevention services.
- Perinatal MHSU services.
- MHSU Health Literacy such as the provincial HeretoHelp.bc.ca website.
- Harm Reduction and Overdose Prevention Services, including drug checking.

LAST UPDATED

The content of this fact sheet is current as of February 21, 2023 as confirmed by Gerrit van der Leer, Acting Executive Director, Mental Health and Substance Use Division.

APPROVALS

2023 02 21 – Gerrit van der Leer, Mental Health and Substance Use Division

2023 03 04 – Darryl Sturtevant, Mental Health and Addiction Division

2023 03 13 – Christine Voggenreiter obo Martin Wright, Health Sector Information, Analysis & Reporting Division

2023 03 25 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

⁷ New announcement in Budget 2023

LEGISLATIVE SESSION – ESTIMATES NOTE

Indigenous Health Funding

Topic: The Ministry of Health allocates annual funding to health authorities, the First Nations Health Authority (FNHA), the BC Association of Aboriginal Friendship Centres, Métis Nation BC (MNBC), and Nations and communities to support the advancement of Indigenous health and wellness initiatives.

Key Messaging and Recommended Response:

- Ensuring that First Nations throughout BC have the capacity to provide culturally safe services, tailored to the unique needs of the diverse experiences of over 200 First Nations communities, is crucial to the government's ongoing efforts to promote meaningful, nation-to-nation reconciliation.
- The Ministry is committed to supporting Indigenous health and wellness through financial contributions to various initiatives, reflecting its legal obligations and dedication to improving health outcomes for Indigenous communities.
- The Tripartite Framework Agreement on First Nation Health Governance (2011) serves as a cornerstone for Ministry support, fostering collaboration between Indigenous communities, the provincial government, and health authorities to enhance health services.
- The Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (2018) emphasizes the Ministry's focus on mental health and wellness in Indigenous communities.
- The Ministry provides funding to health authorities and other organizations to ensure that Indigenous health services and initiatives are accessible, culturally safe, and effective.
- The implementation of the In Plain Sight (IPS) recommendations demonstrates the Ministry's commitment to addressing Indigenous-specific racism and discrimination in healthcare and working towards a culturally safe healthcare system for all Indigenous Peoples.

LEGISLATIVE SESSION – ESTIMATES NOTE

CURRENT SITUATION

The Ministry of Health provides ongoing financial supports for Indigenous-specific health and wellness initiatives through mandated Ministry service planning and its legal obligations including; the *Tripartite Framework Agreement on First Nation Health Governance* (2011); the *Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (2018); and funding to health authorities and other organizations for Indigenous health services and initiatives including implementation of the *In Plain Sight* (IPS) recommendations.

FINANCIAL IMPLICATIONS

In 2022/23 the Ministry committed the following funding as identified above to support Indigenous Health:

- \$55.7 million to the FNHA,
- \$10.4 million to health authorities.
- \$0.200 million to the BC Association of Aboriginal Friendship Centres.
- \$0.825 million to Métis Nation BC.

KEY FACTS

Health Authorities

A total of \$10.4 million of base funding was allocated to HAs (\$4.9M in 2020/21 and \$5.5 in 2021/22) for priorities aligned with the IPS Sight recommendations including: 1) Indigenous recruitment and retention; 2) improving the complaints system; 3) furthering Cultural Safety and Humility and, 4) an additional 32 Indigenous Health Liaison positions.

FNHA

- The Ministry supports the *Tripartite Framework Agreement on First Nations Health Governance* (2011) with contributions to FNHA of \$100 million from 2006/07 to 2019/20. The Ministry provided a further lump sum of \$22 million in 2019/20 to further support the FNHA.
- Initially developed in support of the 2013 “*Agreement in Lieu of Medical Services Plan (MSP) Premiums on Behalf of First Nations People Resident in the Province of BC*” the Ministry commits up to \$15.33 million annually to support 27 primary care projects overseen by the Ministry-FNHA Joint Project Board.
- For 2019/20 – 2020/21, annual funding of \$595,000 was provided to support the enhancement of cultural safety and humility through the implementation of the Change Leadership Strategy endorsed under the Tripartite Committee on First Nations Health.
- The Ministry provided FNHA \$3.6 million in 2021/22 for virtual Doctor of the Day programs and for Substance Use and Psychiatry programs and service delivery.
- The FNHA funding letter supports the Ministry-FNHA annual Letter of Mutual Accountability (LMA). The 2022/2023 LMA covers the period from April 1, 2022, to March 31, 2023.
- Provincial funding to FNHA in 2020/21 included support for Indigenous Land-based substance use services, Indigenous Suicide and Critical Incident Response Team Expansion, and Indigenous health and culturally appropriate services as part of *A Framework For Action: Responding to the Toxic Drug Crisis for First Nations*.
- The Ministry also committed \$1.0 million per year to FNHA starting in 2021/22 through 2023/24 for the development and implementation of a Traditional Healing and Wellness Strategy, and to support continued efforts identified in the Letter of Mutual Accountability and the implementation of the IPS recommendations.
- In 2020/21 the Ministry provided FNHA \$1.23 million for COVID-19 pandemic response. In 2021/22, the Ministry provided FNHA with \$16.68 million in COVID-19 funding, including \$5.88 million to support COVID-19 contact tracers and \$10.8 million to support the Rural Remote Collaborative.

BC Association of Aboriginal Friendship Centres

- In fiscal 2022/23, the Ministry provided the BC Association of Aboriginal Friendship Centres with a grant of \$200,000 to support projects and initiatives benefiting urban and off-reserve Indigenous populations.

LEGISLATIVE SESSION – ESTIMATES NOTE

MNBC

The Ministry provided MNBC with a grant of \$825,000 in 2022/23 to support health and wellness initiatives including partnership development; supporting the Métis Public Health Surveillance Program to help monitor health status of Métis peoples; facilitating Métis participation across the spectrum of Indigenous engagement, access, decision-making, and working relationships with health partners and participation in the provincial response to the IPS report with a focus on building human resource capacity to strengthen MNBC capacity for Métis engagement on IPS recommendations.

National Collaborating Centre for Indigenous Health (NCCIH)

The Ministry provided \$550,000 in 2020/21 to support NCCIH's work with health system partners to develop tools, strategies, training, and resources to enhance culturally safe service delivery and practices across the BC health system. Support for the NCCIH aligns with Rec. #19 from the IPS report. The Ministry provided \$850,000 in 2021/22 to NCCIH through the University of Northern BC to work with the VPs of Indigenous Health and health system partners to advance initiatives related to the implementation of the new Cultural Safety and Humility standard, Indigenous Cultural Safety measurement and education and training.

Memorandum of Understanding (MOU) on the Determinants of Health and Wellness

- The 2018 tripartite *MoU – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* provides provincial support through the Ministry, Ministry of Mental Health and Addictions (MMHA), Ministry of Children and Family Development (MCFD), and Ministry of Indigenous Relations and Reconciliation (MIRR).
- The Ministry (representing contributions from MoH, MIRR, MCFD, and MMHA) provided the FNHA \$5.0 million in 2018/19 and 2019/20 to support the Tripartite Partnership to Improve Mental Health and Wellness, as part of BC's \$10 million commitment to support planning and implementation of Nation-based plans and initiatives. The implementation period for this funding has been extended until October 1, 2023.
- In 2019, the Province provided \$20 million (matched by FNHA totaling \$40 million) to build and revitalize First Nations treatment centres across the Province. Federal Budget 2021 provided an additional \$20 million from the Government of Canada to support this initiative, for a final combined allocation of \$60 million.¹

University of BC (UBC)

The Ministry provided one time funding of \$550,000 to UBC (through the Ministry of Advanced Education and Skills Training) to support core elements of UBC's proposal for expanding their Indigenous Cultural Safety program in response to the Truth and Reconciliation Commission's Calls to Action #23 and #24.

LAST UPDATED

The content of this fact sheet is current as of February 27, 2023, as confirmed by Teresa Dobmeier, Associate Deputy Minister, Indigenous Health and Reconciliation.

APPROVALS

February 27, 2023 – Teresa Dobmeier, Indigenous Health and Reconciliation.

March 24, 2023 – Peter Klotz, obo Rob Byers, ADM Finance and Corporate Services Division

¹ Indigenous Services Canada. (2021, August 14). *Government of Canada highlights funding for Indigenous communities to support critical infrastructure*. Retrieved September 15, 2021 from: <https://www.canada.ca/en/indigenous-services-canada/news/2021/08/government-of-canada-highlights-funding-for-indigenous-communities-to-support-critical-infrastructure.html>

ESTIMATES NOTE

TOPIC A Pathway to Hope Overview

Issue: An overview of *A Pathway to Hope*: A roadmap for making mental health and substance use care better for people in British Columbia

Key Messaging and Recommended Response:

- ***A Pathway to Hope*, launched in June 2019, is B.C.'s road map to build an integrated and comprehensive system of mental health and addiction care that works for all British Columbians – from the ground up.**
- **When we became government in 2017, a system for mental health and addiction care did not exist, and we've been working hard to build one.**
- **The *Pathway* sets out our plan to transform the mental health and addictions care for children, young people, adults, families, and Indigenous populations to reach them where they are – in their homes, communities, and schools.**
- **Working with partners and communities, we've taken some major steps forward over the last four years.**
 - **We're breaking down the shame and stigma associated with drug use that keeps people from reaching out for help through decriminalization.**
 - **We're investing in wellness promotion and early intervention for young people by opening new Foundry centres and ICY teams throughout BC.**
 - **We're making sure people with complex mental health and addictions issues can stabilize their lives through complex care housing.**
- **While these important services have been critical, we know there is more to do.**
- **That's why we have made a historic \$1 billion investment through Budget 2023 to continue this work.**
- **This investment accelerates our efforts to build the integrated system of care in our province.**
- **Our government is committed to supporting people. That's been our priority since 2017 and continues to be our priority now.**

ESTIMATES NOTE

- The *Pathway* is a critical part of supporting people and building a system they can count on.
- The fiscal plan will see government invest \$2.38 billion over three years across all pillars of the *Pathway to Hope* allowing real progress on true systems of care and coordinated services for mental health and substance use.

KEY FACTS

Background/Status:

- On June 26, 2019, government released *A Pathway to Hope* (PTH), a strategy that lays out government's 10-year vision for mental health and substance use care, in which people living in B.C.'s mental health and well-being are supported from youth to adulthood and programs and services are available to tackle challenges early on.
- Work towards the 10-year vision began with an initial three-year action plan covering 2019/20 through 2021/22.
- The three-year plan included 33 priority actions across four key pillars:
 - Improving Wellness for Children, Youth and Young Adults;
 - Supporting Indigenous-Led Solutions;
 - Substance Use: Better Care, Saving Lives; and
 - Improved Access, Better Quality.
- *A Pathway to Hope* actions worked together to improve access to culturally safe, effective, seamless and integrated services and supports, and focus on prevention and early intervention.
- It set the direction to create a coordinated and comprehensive mental health and substance use system for all people living in BC. To accomplish this the ministry has partnered with Indigenous governments and organizations as well as other provincial ministries, local and federal governments, education, justice, employment, and housing sectors, advocates, community organizations, and people with lived/living experience to advance this work.
- The *Pathway to Hope* actions and associated investments intended to ensure people receive the mental health and substance use services they need to tackle problems early on and support their well-being.
- Results of the first three years of *A Pathway to Hope* included groundbreaking initiatives such as:
 - Opening 14 Foundry centres across the province to connect people ages 12 to 24 and their families to mental health and substance use supports. There are currently nine centres in development, for a total of 23 province-wide when complete. In addition, supports can be virtually through the Foundry BC app.
 - Launching Here2Talk, a free, and confidential 24/7 mental health counselling and referral service for all post-secondary students registered at public and private post-secondary institutions in BC.

ESTIMATES NOTE

- Funding for the First Nations Health Authority (FNHA) to expand Indigenous land-based cultural and healing services which strengthen connection to the land while supporting the learning, revitalizing, and reclaiming of traditional wellness practices.
- Announcing Complex Care Housing - a ground-breaking approach to support people with overlapping complex mental health and substance use challenges. Complex Care Housing provides an enhanced suite of services that work with people, right in their homes, to help establish stability and connection, and to break the cycle of homelessness leading to better outcomes for people
- Decriminalizing people who use drugs to help break down the stigma – the fear and shame around substance use – that prevents so many people from reaching out for life-saving supports.
- Shifting perceptions about people who use drugs by collaborating with people with lived and living experience of substance use and their families to develop the award-winning “Stop the Stigma” campaign.
- Providing grants for community counselling services which fill a gap in services available to people who cannot access essential mental health care.
- Working with people with lived experience of substance use to develop a first-of-its-kind, provincially approved curriculum, standards of practice and program delivery tools for Peer Workers, employers, and post-secondary institutions, free of charge.
- As we have reached the end of the three-year action plan, we are taking the time to review government’s progress and take stock of the initial impacts we have made on individuals, communities, and the mental health and substance use system.
- Government is monitoring progress on *A Pathway to Hope* to understand the impact of new interventions on outcomes for people and systems. Evaluation of these results will inform our next steps in working to achieve the ten-year vision set out in *A Pathway to Hope*.
- Implementation and near-term impacts of priority actions under *A Pathway to Hope* are measured through internal monitoring reports. Government is committed to reporting publicly on progress.
- The first public report on progress, *A Pathway to Hope Progress Report* was released in September 2021.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- There is \$2.38 billion committed to supporting *A Pathway to Hope* over the next three years.

Approvals:

April 4, 2023 - Tracee Schmidt, EFO, Corporate Services

April 5, 2023 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Children, Youth and Young Adults Mental Health and Addictions -
Overview

Issue: Improving Wellness for Children, Youth, and Young Adults

Key Messaging and Recommended Response:

- We are working hard to make sure children, youth and young adults receive the supports they need so they have the greatest chance for success and wellbeing.
- Through government investments made in *A Pathway to Hope*, we are continuing to build an integrated network of services to support children, youth, young adults and their families by promoting mental wellness, preventing the onset of mental health and substance use challenges, and identifying those who are struggling with mental illness or addiction early and connecting them to effective and culturally safe services and supports.
- This government has implemented multi-disciplinary Integrated Child and Youth Teams in Maple Ridge-Pitt Meadows, Comox Valley, and Richmond with ongoing implementation happening in Coast Mountains and Okanagan-Similkameen School Districts. Seven new communities are now implementing ICY Teams, including: Fraser- Cascade (Hope, Harrison, Agassiz, Boston Bar) Kootenay – Columbia (Castlegar/Trail), Mission, Nanaimo-Ladysmith, Okanagan – Shuswap (Salmon Arm), Pacific Rim (Port Alberni) and Powell River. And ICY teams will expand to another 8 school district communities for a total of 20 communities by 2025/26.
- Government continues our investment in Foundry Virtual and Foundry site expansion towards 23 centres province-wide by 2025/26.
- Ministry of Education and Child Care has implemented the Mental Health in Schools Strategy (MHIS), embedding positive mental health and wellness programs and services for students in all school districts.
- Young people aged 12 to 24 who are struggling with substance use disorder and their families will benefit from 123 new beds for

ESTIMATES NOTE

youth substance-use treatment and withdrawal-management, helping fill a long-standing gap in treatment services.

- **Building on the historic Budget 2021 investments in youth substance use services, Budget 2023 provides \$236.42 million over three years to increase services for young people, including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning, along with \$74.9 million for Foundry expansion and enhanced services.**

KEY FACTS

Background/Status:

- At any given time, an estimated 12.7% (nearly 95,000) children and youth in BC between the ages of 4 to 18 experience mental health issues that warrant intervention and only 44.2% of these youth receive services.
- Between 2012/13 and 2021/22, inpatient hospitalizations for children and youth ages 0-19 with MHSU concerns as the most responsible diagnosis increased by 53% across BC.
- In 2020, 66.6% of youth (ages 12-17) in BC self-rated their mental health as very good or excellent, which is a decrease from 74% in 2019 and 79.3% in 2016.
- An estimated 26.5% of children (ages 4-18) with mental health disorders have two or more disorders concurrently.
- Indigenous children and youth are at higher risk for mental health and substance use challenges due to systemic inequities and the historical and ongoing impacts of colonialism.
- In 2021/22 Ministry of Children and Family Development (MCFD) served almost 30,000 children and youth experiencing moderate to severe mental health challenges through Child and Youth Mental Health (CYMH) Services.
- The emphasis on prevention and early intervention with investments in services for children, youth, and young adults is critical because we know that approximately 75% of mental health challenges have their onset during childhood or adolescence. Intervening early can prevent problems from becoming more severe or developing into lifelong conditions. We are taking a whole of government, cross-sector approach and working collaboratively to implement a coordinated system of mental health and substance use services for children and youth, and young adults.
- The Ministry is partnering with Indigenous governments and organizations as well as the Ministries of Children and Family Development, Health, Education and Child Care, and Post-Secondary Education and Future Skills, local and federal governments,

ESTIMATES NOTE

education, justice, employment, and housing sectors, advocates, community organizations, and people with lived experience to advance this work.

Priority Actions

- Through *A Pathway to Hope*, and key investments in Budget 2021, we are implementing the following priority actions for children, youth, young adults, and families:
 - Begun implementation of Integrated Child and Youth Teams in 5 initial Pathway to Hope (PTH) communities (Maple Ridge-Pitt Meadows, Richmond, Comox Valley, Coast Mountains and Okanagan-Similkameen) and expanded to 7 new communities, with plans for a total of 20 communities with ICY teams province-wide by 2025/26.
 - Expanded early childhood services in 5 initial PTH communities.
 - Begun implementation of Step up/Step down high-intensity outreach services in 5 initial PTH communities (MCFD).
 - Expanded Foundry centres, with 15 now open and plans for a total of 23 open province-wide by 2025/26.
 - Launched the Foundry BC App and expanded access to Foundry Virtual services.
 - Launched Mental Health in Schools Strategy (MHIS), embedding positive mental health and wellness programs and services for students in all school districts (ECC).
 - Enhanced support for pregnant and parenting individuals with substance use challenges.
 - Implemented the Feelings First Project, promoting early childhood social emotional development.
 - Expansion of Confident Parents: Thriving Kids which supports parents with children aged 3-12 experiencing behavioural or anxiety challenges.
 - Implemented and expanded Everyday Anxiety Strategies for Educators, providing training and resources for educators of K-12 students.
 - Launched Here2Talk, a 24/7 mental-health counselling and referral service for post-secondary students (PSFS).
 - Refreshed Wellbeing Site (www.wellbeing.gov.bc.ca) with resources for children, youth, young adults and families, and which now includes additional features.
- In addition, work is underway on the following commitments:
 - Enhancing and expanding Early Psychosis Intervention services through an increase in geographic reach and health authority capacity to offer virtual supports. In addition to hiring 100+ FTEs to improve client to clinician ratio, and improve the response to demand.
 - Adding 123 new youth substance use beds across the province and investing in youth substance use services in each health authority (regional Health Authorities, PHSA); 43 of the 123 beds are prioritized for Indigenous youth.
 - Supporting MCFD's implementation of new Step Up/Step Down specialized bed-based services.

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- Supporting the development of urgent care guidelines and other initiatives for young people who present to emergency departments in B.C. with a substance use emergency.
- Implementing 19 concurrent disorder clinicians province-wide to support transition-age youth, with a focus on youth transitioning from care to adulthood (regional Health Authorities).
- Budget 2023 invests new funding for increased youth mental health and substance use services across the province, including:
 - Crisis supports;
 - Culturally safe wrap around services;
 - Enhanced transition services;
 - Improved emergency room hospital-based care and discharge planning for treatment and recovery services; and,
 - Foundry expansion and enhanced services.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2023 provides \$236.42 million over three years to increase services for young people, including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning. This funding includes \$74.90 million for Foundry expansion and enhanced services.
- Budget and Fiscal Plan 2023 continues previous investments to improve Wellness for Children, Youth, and Young Adults.
- Highlights include:
 - Early Psychosis Intervention - \$75.00 million
 - Foundry - \$78.27 million
 - Integrated Child and Youth Teams - \$54.50 million
 - Mental Health in Schools - \$15 million
 - Early Childhood Services - \$6.00 million
 - Step up/Step down - \$22.40 million

Approvals:

April 4, 2023 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

April 4, 2023 – Tracee Schmidt, EFO, Corporate Services

April 5, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Foundry

Issue: Expansion of Foundry Integrated Youth Services

Key Messaging and Recommended Response:

- **Expanding Foundry centres is one of many actions we are taking to build a seamless, integrated system of care and improve access to mental health and substance use services for young people.**
- **Foundry BC is a network of integrated youth centres and online supports that removes barriers and increases access to health and wellness services for young people ages 12-24 and their caregivers.**
- **At Foundry, young people can get access to mental health and substance use supports, as well as primary and sexual health care, peer support and social services.**
- **Foundry makes it easy for young people to find youth-friendly, welcoming and appropriate services – by simply walking into their local Foundry centre, accessing its provincial virtual services through the Foundry BC App, or exploring the tools and resources online at foundrybc.ca.**
- **Province-wide Foundry Virtual supports include counselling, peer support, primary care and family support through the Foundry BC mobile app, desktop browser, or by calling 1-833-FØUNDRY.**
- **To date, Foundry centres have opened in 15 communities: Vancouver-Granville, North Vancouver, Prince George, Campbell River, Kelowna, Abbotsford, Ridge-Meadows, Victoria, Penticton, Richmond, Terrace, Comox Valley, Langley, Williams Lake (Cariboo Chilcotin) and Squamish (Sea to Sky).**
- **An additional 8 Foundry centres are in development in Burns Lake, Cranbrook (East Kootenay), Port Hardy, Surrey, Fort St. John, Sunshine Coast, Kamloops, and Tri-Cities, for a total of 23 centres province-wide.**
- **Budget 2023 provides \$236.42 million over three years to increase services for young people, including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning.**

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- **This investment also includes, \$74.9 million for Foundry expansion and enhanced services. {NOT ANNOUNCED}**

KEY FACTS

Background/Status:

- Foundry BC, a program of Providence Health Care (PHC) is a provincial network of centres and virtual supports, offering young people ages 12-24 and their families integrated health and wellness services and resources. Each centre includes primary care, mental health and substance use (MHSU) services, peer and family support, and social services under one roof.
- Foundry Central Office (FCO), hosted by PHC, provides leadership and support for the development, implementation, and evaluation of all Foundry initiatives.
- The Foundry model integrates existing services in communities. Services are provided out of each centre by local partners from the Ministries of Children and Family Development, Social Development and Poverty Reduction, regional health authorities, lead community agencies, and community and non-profit organizations.
- Foundry Virtual was launched early in the pandemic, enabling access to services from anywhere in the province.
- Employment services (Foundry Works!) was launched in 2021 and are available both virtually and at centres. Additional health and social service offerings will be added as new positions are recruited and hired.
- In February 2023, the Ministry of Social Development and Poverty Reduction announced a \$16.2 million grant for Foundry to expand its youth peer support services. Funding will also evaluate the effectiveness of youth peer support as a core service in primary health-care.

Foundry BC Expansion:

- There are currently 15 Foundry centres open and operating across the province (Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond, Terrace, Comox Valley, Langley, Cariboo Chilcotin (Williams Lake), and Sea to Sky (Squamish)).

Budget 2019

- Through Budget 2019, and as part of *A Pathway to Hope*, the Province committed to expanding Foundry from 11 centres by a further eight centres. Four of these eight centres are now open (Comox Valley, Langley, Cariboo Chilcotin and Sea to Sky (Squamish)). The remaining four centres will be in: Burns Lake, East Kootenay, Port Hardy, and Surrey.
- In 2019/20, Foundry led a process to determine the location and lead agency for these eight new centres and received 40 submissions from community agencies across BC. Final selection was determined by two independent panels of youth, families/caregivers, and subject matter experts.
- Budget 2019 also included stable, ongoing funding for Foundry Central Office, the 11 existing Foundry centres at that time, and for Foundry BC to increase its capacity to deliver culturally safe services.

Budget 2021

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- Budget 2021 committed funding for four additional Foundry centres, for a total of 23 centres implemented by 2025/26.
- This next phase of Foundry's growth was built upon the previous selection process. Recognizing the work that communities, youth, and families put into that process and the ongoing impact of the pandemic on capacity, Foundry reviewed the evaluations from 2019/20 to help identify the next Foundry centre locations.
- Based upon this multi-level process, Foundry selected 4 lead agencies and communities.
- See *Appendix A* for a complete list of Foundry centre locations and lead agencies.

Budget 2023

- Invests new funding to increase youth mental health and substance use services across the province, including:
 - Crisis supports;
 - Culturally safe wrap around services;
 - Enhanced transition services;
 - Improved emergency room hospital-based care and discharge planning for treatment and recovery services; and,
 - Foundry expansion and enhanced services.

Foundry Virtual

- In January 2018, Foundry and BC Children's Hospital launched foundrybc.ca, a digital hub to simplify access to health and wellness resources, tools and supports for youth and families.
- The Province supported an accelerated launch of Foundry Virtual in April 2020.
- The Foundry BC App launched in March 2021 and an announcement was made in May 2021. Youth can also access supports online at foundrybc.ca/virtual or by phone.
- The Foundry BC App incorporates features such as live clinician chat, clinical content (articles, videos and podcasts), goal setting, scheduling and other tools co-designed by clinicians and users.
- Foundry is also working to integrate the virtual platform into its centres, and is first piloting it at Foundry Richmond.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget and Fiscal Plan 2023 continues previous funding commitments to support Foundry, with \$78.27 million over the fiscal plan.
- Budget 2023 invests \$74.90 million over the fiscal plan to support Foundry with expansion and enhanced services. This brings the total investment in Foundry to \$153.17 over the next three years.

Approvals:

2023-03-15 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-04-04 – Tracee Schmidt, Executive Lead, Corporate Services

2023-04-05 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A: Foundry Centres; Open and In Development (as of February 2023)

Name / Location	Region	Lead Agency	Open Status
Phase 1 and 2 Centres (2015-2018)			
Abbotsford	FHA	Archway Community Services	June 2018
Campbell River	VIHA	The John Howard Society of North Island	April 2017
Kelowna	IHA	Canadian Mental Health Association	Sept. 2017
North Shore (North Vancouver)	VCHA	Vancouver Coastal Health	Sept. 2017
Penticton	IHA	OneSky Community Resources	July 2019
Prince George	NHA	YMCA of Northern BC	Oct. 2017
Richmond	VCH	Vancouver Coastal Health	July 2020
Ridge Meadows	FHA	Maple Ridge/Pitt Meadows Community Services	March 2020
Vancouver-Granville	VCHA	Providence Health Care Society	March 2015
Victoria	VIHA	Victoria Youth Clinic	May 2018
Terrace	NHA	Terrace & District Community Services Society	August 2020
Phase 3 Centres (Budget 2019 Funding initiated 2020/21)			
Comox Valley	VIHA	John Howard Society of North Island	June 2022
Langley	FHA	Encompass Support Services Society	July 2022
Cariboo Chilcotin (Williams Lake)	IHA	Cariboo Chilcotin Child Development Centre	December 2022
Sea to Sky (Squamish)	VCHA	Sea to Sky Community Services Society	March 31, 2023
Burns Lake	NHA	Carrier-Sekani Family Services	<i>est. 2024</i>
East Kootenay (Cranbrook)	IHA	Ktunaxa-Kinbasket Child & Family Services	<i>est. 2023/24</i>
Surrey	FHA	Pacific Community Resources Society	<i>TBD</i>
Port Hardy	VIHA	North Island Crisis & Counselling Centre Society	<i>est. 2023/24</i>
Phase 4 Centres (Budget 2021 Funding initiated 2023/24)			
Fort St. John	NHA	Fort St. John Friendship Society	<i>2025/26</i>
Sunshine Coast	VCHA	Sunshine Coast Community Services Society	<i>2025/26</i>
Kamloops	IHA	Interior Community Services	<i>2025/26</i>
Tri-Cities	FHA	SHARE Community Services	<i>2025/26</i>

ESTIMATES NOTE

TOPIC Integrated Child and Youth Teams

Issue: Expansion of Integrated Child and Youth Teams

Key Messaging and Recommended Response:

- **Families in BC are facing big challenges right now.**
- **Young people and families deserve strong health care services, including access to mental health and substance use supports, prevention and early intervention.**
- **The Province is building an integrated continuum of care for mental health and substance use services, with an important focus on services for children, youth and their families that did not exist six years ago.**
- **We know that wellness promotion, prevention of mental health needs and early intervention can provide support to young people to help small problems from becoming bigger down the road, and the earlier we provide support, the better the outcome. =**
- **Integrated child and youth (ICY) teams provide children and youth with the right care, where and when they need it — at school, in their homes and in the community.**
- **The Province is committed to expand ICY teams to a total of 20 school district communities.**
- **Teams are currently in five school districts: Maple Ridge-Pitt Meadows, Comox Valley, Richmond, Coast Mountains, and Okanagan-Similkameen (12 teams).**
- **Selection and implementation of the next 15 ICY communities is taking place in phases.**
- **We are expanding ICY teams to seven new communities including: Fraser-Cascade (Harrison/Agassiz/Hope), Kootenay-Columbia (Castlegar/Trail), Mission, Nanaimo-Ladysmith, Okanagan-Shuswap (Salmon Arm), Pacific Rim (Port Alberni) and Powell River school districts (an additional 11 teams for a total of 23 teams).**
- **Selection for the remaining eight locations will be informed by Indigenous and ministry partners.**
- **All 20 school district teams will be operational by 2025/26.**

ESTIMATES NOTE

KEY FACTS

Background/Status:

- Approximately 95,000 children and youth aged 4-18 years, or an estimated 12.7%, are experiencing a mental health or substance use disorder causing significant symptoms and impairment. Only approximately 44.2% of these children and youth are receiving specialized mental health services.
- Between 2012/13 and 2021/22, inpatient hospitalizations for children and youth ages 0-19 with mental health and substance use concerns as the most responsible diagnosis increased by 53% across BC.
- The emphasis on prevention and early intervention with investments in services for children, youth and young adults is critical because we know that approximately 75% of serious mental health and substance use challenges start before age 25. Intervening early can prevent problems from becoming more severe or developing into lifelong conditions.
- As part of A Pathway to Hope, the Province is implementing evidence-based and culturally safe programs and supports that focus on prevention and wellness promotion activities for children and youth, including ICY teams.
- ICY teams are community-based multidisciplinary teams that deliver wraparound mental health and substance use services and supports for children and youth aged 0-19 – with the flexibility to continue care up to 21 years old, if needed, to ensure smooth and appropriate transitions.
- ICY team members coordinate with each other and take on the responsibility of system and service navigation so that children/youth and families/caregivers can access appropriate services earlier, minimizing repeated story-telling.
- ICY teams provide outbound/outreach services, work closely with schools, early years services, and primary care, and connect children and youth to specialized and higher intensity services when needed.
- To ensure an integrated approach, the Ministry of Mental Health and Addictions (MMHA) works across government with the three key employer organizations for core team members: the Ministry of Children and Family Development (MCFD), School Districts (Ministry of Education and Child Care), and Health Authorities (Ministry of Health), along with Indigenous governments, communities, and organizations, and other service providers such as Foundry and local community organizations.
- Core ICY team members include child and youth mental health clinicians and family peer support workers (MCFD), youth substance use or concurrent disorder clinicians (Health Authorities), school-based clinical counsellors and youth peer support workers (School Districts), ICY Program Leaders and administrative support (Health Authorities) and Indigenous support or multicultural support.
- ICY teams work with local First Nations, Métis communities, and urban service partners, including the First Nations Health Authority, Métis Nation BC and the BC Association of Aboriginal Friendship Centres, to ensure services and supports for Indigenous children and youth are culturally safe and Indigenous led. This is underpinned by Government's commitment to reconciliation and the implementation of the Declaration on the Rights of Indigenous Peoples Act.
- Implementation of ICY teams in communities are supported through the Provincial Support Office, housed within MMHA.

ESTIMATES NOTE

- Governance of the ICY teams and other Pathway to Hope initiatives include provincial and local-level employer committees. Community collaboration is broad and integrates work on other Pathway to Hope initiatives including Foundry.
- Maple Ridge-Pitt Meadows (three teams) and Comox Valley (two teams) were announced in summer 2019 as the first school district communities for ICY teams.
 - Maple Ridge and Comox Valley are operational. ICY Program Leaders are working with team members hired through MCFD, the School District and Health Authority to connect children, youth and families to ICY team services. They are also working with Early Years, contracted services, Foundry, First Nations, Indigenous services, specialized services and primary care providers to ensure appropriate services are being delivered in a timely way.
- Three additional communities were announced in fall 2020 including Coast Mountains (two teams), Okanagan-Similkameen (one team) and Richmond (four teams), completing one community in each health authority region and a total of twelve teams.
 - Richmond – The service delivery model is integrated with MCFD’s Child and Youth Mental Health services contracted through Vancouver Coastal Health Authority. Hiring and onboarding of ICY leadership and school-based positions are nearly complete, and the community is in initial operations.
 - Coast Mountains (Terrace/Hazelton) and Okanagan-Similkameen (Osoyoos) – Although recruitment challenges have delayed ICY team implementation timelines, community partners are working collaboratively to determine mitigation strategies and have successfully filled several positions in each community enabling them to serve young people.
- Seven additional communities were announced in February 2023, including Fraser-Cascade (one team), Kootenay-Columbia (one team), Mission (two teams), Nanaimo-Ladysmith (4 teams), Okanagan-Shuswap (one team), Pacific Rim (one team) and Powell River (one team).

Advice/Recommendations

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- An ongoing investment of \$55 million is committed to support the planned expansion over the next three years.

Approvals:

2023-02-14 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-02-20 – Tracee Schmidt, EFO, Corporate Services

2023-03-15 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Youth Substance Use System of Care

Issue: Addressing Gaps in Access to Youth Substance Use Beds and Services to Build a Comprehensive System of Care

Key Messaging and Recommended Response:

- **We know that wellness promotion, prevention of mental health problems and early intervention can stop small problems from becoming bigger down the road, and the earlier support is provided, the better the outcome.**
- **That's why we made important investments to create more prevention and early intervention support services for children, youth and young adults.**
- **Budget 2023 builds upon this important work as we continue to fill critical gaps in services and treatment, recovery and aftercare options for children, youth, and young adults in British Columbia.**
- **Budget 2023 provides \$236.42 million over three years to increase services for young people, including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning.**
- **This builds on a previous investment in the youth substance use system of care of \$50.55 million over three years to support 123 new youth substance use beds and enhanced provincially-accessible specialized beds.**

KEY FACTS

Background/Status:

- According to recent international research, the peak age of onset of substance use or addictive behaviour disorders was 19.5 years old, with 15.2% experiencing onset by age 18 and 48.8% by age 25.¹
- The COVID-19 pandemic has compounded the ongoing illicit drug toxicity public health emergency and led to record highs in substance use harms and death. In 2022, 361 BC young people under the age of 30 died due to drug

¹ Marco Solmi et al., "Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies," *Molecular Psychiatry* 27 (2022): 281-295, <https://doi.org/10.1038/s41380-021-01161-7>

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toxicity. (There were 34 deaths for youth under 19 years old – the most recorded in a year - and 327 for 19-29 years old.)²

- First Nations, Métis, and Inuit youth are at higher risk for substance use challenges due to intergenerational trauma and the ongoing effects of colonization and racism³.
- The illicit drug toxicity crisis has disproportionately impacted Indigenous peoples, who are overrepresented in overdose deaths. First Nations people represented 15% of toxic drug poisoning deaths in 2021, despite making up only 3.3% of the population in BC⁴.
- Through *A Pathway to Hope*, the focus has been on investments that ensure youth have access to the right service, at the right time, close to home.
- The province is implementing a suite of evidence-based and culturally safe programs and supports that focus on problematic substance use prevention for children, youth, and young adults, and connecting young people to integrated care early before small needs become large. Under PTH this includes:
 - Foundry centres and Foundry virtual;
 - Integrated Child and Youth (ICY) teams;
 - Step up/step down High Intensity Outreach and bed-based services (MCFD);
 - Mental Health in Schools (MHiS) strategy (ECC);
 - Primary Care Networks (HLTH); and
 - Expansion of youth substance use beds and services (regional Health Authorities, PHSA).

Expanding Youth Substance Use Treatment Beds:

- In 2017/18, government allocated one-time funding of \$3.7 million to the Fraser Health Authority (FHA) to implement 20 youth residential treatment beds and intensive outpatient treatment services at Traverse, a new youth substance use treatment centre in Chilliwack, which opened in August 2020.
- Since 2017, government has also provided additional base funding for specialized youth treatment beds and services and one-time funding for specialized substance use treatment surge beds for adults and youth.
- In August 2020, government announced 123 new youth substance use beds across the province:
 - 115 community-based treatment and withdrawal management beds allocated to regional health authorities, increasing access to bed-based services closer to home.

² BC Coroners Service. (July 2022). Illicit drug toxicity deaths in BC January 1, 2012 – December 31, 2022. Retrieved February 21, 2023 from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

³ Retrieved from: [Policy-Brief-Substance-Use-Interventions-for-FNMI-Populations-Final-Web.pdf \(utoronto.ca\)](#)

⁴ FNHA. (2021). First Nations and the Toxic Drug Poisoning Crisis in BC – Jan-Dec, 2021

ESTIMATES NOTE

- 8 provincially accessible specialized treatment beds through the Provincial Health Services Authority (PHSA) and service enhancements to 37 existing provincially-accessible beds across the province.
- Of the 123 new beds, 43 are prioritized for Indigenous youth. Additionally, 34 of the 123 beds have been implemented, and an additional 34 to 42 are expected to open in spring/summer 2023.
- The Ministry is working with the Ministry of Health, health authorities, and Indigenous partners to implement the remaining beds in targeted phases.

Youth Substance Use Services:

- Starting in 2021/22, government made an historic investment in 33 new and expanded substance use programs for youth across the continuum of care across all health authority regions, including:
 - School- and community-based prevention and early intervention resources.
 - Community-based youth substance use and concurrent disorder services.
 - Crisis intervention services and intensive treatment.
 - Wraparound youth substance use services to support the ongoing expansion of youth substance use bed-based services.
 - System supports, which will help create a more seamless system of care for youth substance use.
- Of the 33 new and expanded services, 32 are operational, and as of December 2022, over 105 of 130 FTEs (over 80%) have been hired. Examples of services include:
 - Fraser Health: Adding family therapists and more clinicians to the Short Term Assessment Response Treatment Program (START) which provides mental health and substance use crisis intervention and stabilization for children and youth aged 6-18.
 - Interior Health: New and expanded Intensive Case Management (ICM) teams, providing wrap-around multi-disciplinary, community-based services to youth, including individualized support, assertive engagement/street outreach, crisis response, recovery and psychosocial rehabilitation, and linkages to other services.
 - Island Health: 6 new or expanded Youth Short Term Assessment and Response Teams (Y-STAR) providing outreach in community and in-reach into hospitals. Teams will work alongside children and youth age 12-21 and families experiencing mental health and substance use-related crises.
 - Vancouver Coastal Health: Expanded staffing for 4 Intensive Case Management (ICM) clinician teams including a new mobile Vancouver Downtown Eastside Youth Outreach team.

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- Northern Health: Day treatment programs and expanded youth substance use services in the Northeast, Northwest, and the Northern Interior. This includes new clinicians, social program officers, and life skills workers.
- Provincial Health Services (BC Children's Hospital): New Substance Use Response and Facilitation (SURF) team consisting of an interprofessional team of physicians, nurses, social workers, peer support workers and Indigenous wellness liaison workers that provides timely assessment, recommendations, brief treatment and planning.
- Government is also supporting the development of urgent care guidelines and other initiatives for young people who present to emergency departments in B.C. with a substance use emergency.
- The BC government has invested in a comprehensive range of harm reduction services and programs aimed at reducing harms and saving lives of people, including youth and young adults, who use illicit substances. Some of the services available to youth include distribution of safer use supplies, naloxone kits and training, drug checking, overdose prevention services, the Lifeguard app, or a visit with a primary care provider to discuss safer use.
- Budget 2023 invests new funding for increased youth mental health and substance use services across the province, including:
 - Crisis supports;
 - Culturally safe wrap around services;
 - Enhanced transition services; and,
 - Improved emergency room hospital-based care and discharge planning for treatment and recovery services.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2023 provides \$236.42 million over three years to increase services for young people, including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning.
- This builds on a previous investment in the youth substance use system of care of \$50.55 million over three years to support 123 new youth substance use beds and enhanced provincially-accessible specialized beds

Approvals:

February 23, 2023 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

March 24, 2023 – Tracee Schmidt, EFO, Corporate Services

April 2 - 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Declaration on the Rights of Indigenous Peoples Act and Action Plan

Issue: Advancing reconciliation through the implementation of the
Declaration on the Rights of Indigenous Peoples Act and Action Plan

Key Messaging and Recommended Response:

- **Our Government is committed to true and lasting reconciliation with Indigenous peoples in BC.**
- **MMHA is in a strong position to advance the articles of UNDRIP through its current approach to partnering with Indigenous peoples to deliver expanded mental health and substance use services and treatment.**
- ***A Pathway to Hope* sets a strong foundation for partnership by ensuring Indigenous cultural and traditional perspectives are included in provincial planning and promoting opportunities for Indigenous peoples to take on a larger role in service delivery.**
- **This approach supports self-determination by ensuring Indigenous peoples are full and equal partners in decision-making on their priorities for mental health and wellness supports and services.**
- **The commitments in the Declaration Act Action Plan build on our ongoing work with Indigenous partners, and reflect shared priorities, including for Indigenous-led solutions in mental health and wellness.**

KEY FACTS

Background/Status:

- The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) is an international human rights instrument that sets minimum standards for the survival, dignity, and wellbeing of Indigenous peoples and affirms the rights of Indigenous peoples to self-determination, autonomy, and self-government.
- In December 2015, the Truth and Reconciliation Commission (TRC) released its final report which included a call for federal, provincial, and territorial governments to adopt UNDRIP as the framework for reconciliation with Indigenous peoples in Canada.
- In November 2019, British Columbia passed the *Declaration on the Rights of Indigenous Peoples Act* ('Declaration Act'), the first jurisdiction to do so, to establish UNDRIP as the framework for reconciliation with Indigenous peoples in BC.
- The *Declaration Act* requires the Province, in consultation and cooperation with Indigenous peoples, to:
 - Ensure new and existing laws are consistent with UNDRIP;

ESTIMATES NOTE

- Implement an Action Plan to achieve the objectives of UNDRIP and to monitor progress on implementation of this plan through annual public reporting; and,
- Support shared decision making by allowing the government to enter into agreements with a broader range of Indigenous governments on matters that impact their citizens.
- The *Declaration Act Action Plan* ('*Action Plan*') was released on March 30, 2022, with 89 actions to implement over the next five years. MMHA is part of 8 actions: 3.11, 4.7, 4.8, 4.11, 4.12, 4.13, 4.14, 4.26 (see Appendix A).

Action Plan Reporting

- Ministry of Indigenous Relations and Reconciliation (MIRR) leads a cross-government action plan implementation process to identify a timeline for when actions are anticipated to progress over the five years.
 - Not all actions will be "complete" at the end of the 5-year plan; rather, actions must begin implementation during that timeframe. MIRR has worked with all ministries to set out an Action Plan reporting sequencing on each of the 89 actions. Once an action has begun reporting, there is a requirement to continue reporting on that action for subsequent years.
 - MMHA solely leads one action, 4.12, and this action has been designated for year one progress reporting (for June 2023 report release). MMHA's other actions, led by partner ministries, (Health, Public Safety and Solicitor General) are forecasted to be reported on as follows:
 - Year 1 (2022-23): 4.14; 4.26
 - Year 2 (2023-24): 3.11; 4.11
 - Year 3 (2024-25): 4.8; 4.13
 - Year 4 (2025-26): n/a
 - Year 5 (2026-27): 4.7
 - Action 4.12 addresses the disproportionate impacts of the overdose public health emergency on Indigenous Peoples through several components: decriminalization, prescribed safer supply/harm reduction, accessibility of recovery beds, and culturally relevant and safe services, including for youth.
 - As per direction provided by MIRR, year one reporting focuses on short term output- and activities-based measures, and reports on the status of actions. In subsequent years, reporting will focus on medium- and long-term indicators that include "reconciliation" outcomes and impacts that require more time to develop with Indigenous partners.
- MMHA is working with colleagues and Indigenous partners to identify how reporting on the various component initiatives within 4.12 can be structured to best reflect each component's stage of development/implementation.

FINANCIAL IMPLICATIONS

Budget/ Expenditures:

- N/A

Approvals:

2023-02-15 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-03-15 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A – Declaration Act Action Plan – MMHA Commitments

3.11 Develop and implement comprehensive policing reforms to address systemic biases and racism. This will include: updating the Police Act, BC Provincial Policing Standards and mandatory training requirements; enhancing independent oversight; clarifying the roles and responsibilities of police officers in the context of complex social issues such as mental health, addiction and homelessness; and contributing to the modernization of the federal First Nations Policing Program. **(Ministry of Public Safety and Solicitor General, Ministry of Attorney General, Ministry of Mental Health and Addictions)***

4.7 Demonstrate a new and more flexible funding model and partnership approach that supports First Nations to plan, design and deliver mental health and wellness services across a full continuum of care and to address the social determinants of health and wellness. **(Ministry of Health, Ministry of Mental Health and Addictions)**

4.8 In alignment with the tripartite health plans and agreements, continue to strengthen and evolve the First Nation health governance structure in BC to ensure First Nations are supported to participate as full and equal partners in decision-making and service delivery at local, regional and provincial levels, and engage First Nations and the Government of Canada on the need for legislation as envisioned in the tripartite health plans and agreements. **(Ministry of Health, Ministry of Mental Health and Addictions)**

4.11 Increase the availability, accessibility and the continuum of Indigenous-led and community-based social services and supports that are trauma-informed, culturally safe and relevant, and address a range of holistic wellness needs for those who are in crisis, at-risk or have experienced violence, trauma and/or significant loss. **(Ministry of Public Safety and Solicitor General, Ministry of Health, Ministry of Mental Health and Addictions)**

4.12 Address the disproportionate impacts of the overdose public health emergency on Indigenous Peoples by:

- applying to the Government of Canada to decriminalize simple possession of small amounts of illicit drugs for personal use, and continuing campaigns and other measures to help end the stigma and shame associated with addiction;
- expanding prescribed safer supply and other harm reduction measures; and
- ensuring accessibility of recovery beds, and evidence-based, culturally relevant and safe services to meet the needs of Indigenous Peoples, including youth.

(Ministry of Mental Health and Addictions, Ministry of Public Safety and Solicitor General, Ministry of Attorney General)

4.13 Increase the availability and accessibility of culturally safe substance use services, including through the renovation and construction of Indigenous-run treatment centres and the integration of land based and traditional approaches to healing. **(Ministry of Health, Ministry of Mental Health and Addictions)**

ESTIMATES NOTE

4.14 Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Framework to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home. (**Ministry of Health**, Ministry of Mental Health and Addictions)

4.26 Strengthen the health and wellness partnership between Métis Nation British Columbia, the Ministry of Health and the Ministry of Mental Health and Addictions, and support opportunities to identify and work to address shared Métis health and wellness priorities. (**Ministry of Health**, Ministry of Mental Health and Addictions)

** Note: lead ministry for each action is listed first.*

ESTIMATES NOTE

TOPIC Indigenous-led Solutions

Issue: Supporting Indigenous communities to plan, design and deliver their own models of mental health and wellness care

Key Messaging and Recommended Response:

- Over the last three years, Indigenous communities in BC have been disproportionately impacted as the result of the global pandemic, intense heat waves and wildfires, and devastating floods and mudslides. This, of course, on top of the toxic drug supply crisis and the findings of unmarked graves.
- We are committed to working together to support Indigenous communities and to renewing and strengthening our relationship with Indigenous peoples in BC.
- BC has the only First Nations Health Authority in Canada and it works directly with First Nations to plan and deliver health and wellness programs.
- We are working in partnership with the First Nations Health Authority to support a range of Indigenous-led health services in First Nation communities across the province.
- Our government has made unprecedented investments to support Indigenous-led solutions, including the construction of new First Nation-run treatment centres throughout the province.
- As part of Budget 2023 this government committed \$171M towards a new investment fund for Indigenous-led treatment, recovery and aftercare services.

KEY FACTS

Background/Status:

Partnership with BC First Nations

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan* (2007), the *Framework Agreement on First Nations Health Governance* (2011) and the *Health Partnership Accord* (2012).
- In 2018, the First Nations Health Council (FNHC), the First Nations Health Authority (FNHA), the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU'). This MOU is

ESTIMATES NOTE

supporting First Nations to plan, design and deliver a continuum of mental health and wellness services.

- The Province, the Government of Canada and the FNHA each committed \$10 million (for a total commitment of \$30 million over 3 years) to support the implementation of the MOU. As of February 2023, the partners have allocated \$25.5 million. There are 61 projects representing 173 of the 203 First Nation communities in BC.

Intergovernmental Communications

- A key feature and early success of this new approach has been the ability to provide First Nations flexible funding to fill service gaps across a continuum of care and to integrate clinical and traditional approaches to mental health and wellness.
- As per commitments in the MOU, the Province and FNHA made a matching capital contribution of \$20 million (for a total commitment of \$60 million) to renovate, replace and build First Nation-run treatment facilities throughout BC. The Tsow-Tun-Le-Lum centre will reach substantial completion in spring 2023.
- The MOU implementation has been extended twice due to the impact of public health emergencies, natural disasters, and legacy of residential schools, now extended to October 1, 2023. Strategic discussions are ongoing on how the partners will continue implementation.
- Government has also provided targeted federal funding to FNHA for the expansion of land-based and culturally safe treatment services. FNHA has provided funding to First Nations to increase the number of treatment options available to First Nation clients with a focus on land-based, family-based, or group-based treatment services.
- In Budget 2023, the Province announced a new \$171-million investment fund for Indigenous-led treatment recovery and aftercare services. Details of the new program will be provided in the coming months.

Partnership with Métis Nation BC (MNBC)

- MMHA provides funding to MNBC to advance Métis-specific priorities and to support their participation in the planning, design, and implementation of MMHA-led initiatives.
- MMHA and MNBC continue to explore a long-term health and wellness partnership with a shared interest to improve mental health and wellness outcomes for Métis people in BC.

ESTIMATES NOTE

- MMHA participates on a Mental Health and Wellness table that is led by the Ministry of Indigenous Relations and Reconciliation (MIRR). This table brings MNBC, MMHA, MIRR and the Ministry of Health together to discuss MNBC priorities related to mental health and wellness.

BC Association of Aboriginal Friendship Centres (BCAAFC)

- MMHA has provided funding to the BC Association of Aboriginal Friendship Centres (BCAAFC) to build capacity and support implementation of recommendations outlined in the *Urban Indigenous Wellness Report (2020)* to address priorities and support needs for urban Indigenous peoples in BC.
- BCAAFC is embedded in MMHA priority initiative work through program-specific planning tables and working groups.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2023 provides \$171 million for an investment fund for Indigenous-led treatment, recovery and aftercare services.
- Government is also investing \$35 million of one-time funding to support the completion of eight First Nation Treatment Centres throughout the province.

Approvals:

2023-03-16 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-03-27 – Tracee Schmidt, Executive Lead, Corporate Services

2023-04-03 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC First Nations Treatment Centres

Issue: Under a tripartite Memorandum of Understanding, BC, Canada, and the First Nations Health Authority (FNHA) have provided funding to replace six existing First Nation-run treatment centres throughout BC and build two new ones.

Key Messaging and Recommended Response:

- **Our government supports Indigenous-led health and wellness programs and has made unprecedented investments to support Indigenous-led solutions.**
- **In 2018 under a tripartite MOU, the Province, Government of Canada, and the First Nations Health Authority made a joint capital commitment of \$60M to replace six existing First Nation-run treatment centres and build two new centres throughout BC.**
- **The First Nations Health Authority administers the funding and has been working with communities on the progress of these projects.**
- **Through the Tripartite MOU funding, some First Nations have received support to explore the development of treatment centres in their region through feasibility studies and needs assessments.**
- **We remain committed to supporting the implementation of these important projects and to expanding access to treatment and recovery services for Indigenous peoples across the province.**
- **Since 2018, inflation, delays due to COVID-19 and other impacts have driven capital costs up for these projects.**
- **Through Budget 2023, the Province is providing additional one-time funding of \$35 million to First Nations Health Authority to support the completion of the eight community-based First Nations treatment center projects.**

KEY FACTS

Background/Status:

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan* (2007), the *Framework Agreement on First Nations Health Governance* (2011) and the *Health Partnership Accord* (2012).

ESTIMATES NOTE

- The compounding trauma from the dual public health emergencies, residential school graves, and natural disasters have had a disproportionate impact on Indigenous Peoples and increased need for treatment services.
- In 2018, the First Nations Health Council (FNHC), the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU'). The MOU is to establish a new and more flexible funding approach that enables First Nations to plan, design, and deliver a continuum of mental health and wellness services.
- As per commitments in the MOU, the FNHA developed the *First Nations Treatment Centre Investment Plan*, which outlined an approach and an estimated capital investment need of \$60M to replace six existing National Native Alcohol and Drug Abuse Program (NNADAP) treatment facilities and build two new facilities. This investment was intended to fully cover capital construction costs for the projects. See the table below for project status. Each partner committed \$20M in funding to complete these projects.
- Construction costs have risen steeply over the course of the pandemic beyond anticipated contingency funds (39% increase). Additionally, FNHA has identified that new building code requirements resulting from COVID-19 Infection Control Measures have had a significant impact on project costs (5% increase in project cost for infection prevention and 16% increase in cost for additional site servicing requirements attributable), including reduced occupancy loads (number of occupants in bedrooms), increased HVAC requirements, increased space to meet WorksafeBC standards – change rooms, lockers and showers for staff, etc. The estimated overall shortfall for all eight projects is \$35 million.
- Consequently, the provincial government is providing one-time funding of \$35 million in 2023/24 to FNHA for the completion of the eight First Nations treatment centres.
- Some treatment centre projects have turned to public fundraising (i.e., Tsow-Tun-Le-Lum) to cover increased costs.
- FNHA continues to provide funding for the operations and maintenance, emergency, and cyclical repairs for the ten NNADAP treatment centres in BC, including the six projects that will be replaced through this initiative.
- Communities have expressed a priority need for additional treatment beds as well as wrap-around services that consider the full continuum of care [i.e., detox (pre-treatment) and recovery (post-treatment)] that are not currently funded by FNHA.

Current Status of Treatment Centre Projects:

- The FNHA manages all aspects of this investment, including feasibility and design, construction project management, discussions with communities, funding allocations, etc.
- The table below represents the most recent status update from the FNHA (January 2023).

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Status of Treatment Centre Projects for Initial Project Scope (as of January 2023)

Centre (Project)	Town / City	Planned Beds (Requested)	Current State	Funding Approved	Project shortfalls	Comments
Vancouver Coastal Region	Sechelt	20	New Build: feasibility phase	\$8.97M	\$6.03M	Host community will be Shishalh (Sechelt). Target completion is fall 2026.
Fraser Salish Region	Maple Ridge	20	New Build: feasibility phase	\$7.39M	\$4.71M	Host community will be Katzie First Nation. Target completion is fall 2026.
Tsow-Tun-Le-Lum Healing Centre, Vancouver Island Region	Lantzville	20 (+multi-purpose room)	Replacement: construction phase	\$8.17M	\$5.23M	Substantial completion of the new facility is scheduled for March 2023.
North Wind Wellness Centre, Northern Region	North of Chetwynd	15 (120)	Replacement: design phase	\$8.03M	\$0.97M	Seeking additional funds for expanded scope of capital project and wrap-around services. Targeting to break ground Summer 2023. Target completion is winter 2024.
Telmex Awtexw Treatment Centre, Sts'ailes First Nation, Fraser Salish Region	Agassiz	20	Replacement: financial planning phase	\$7.39M	\$5.01M	Seeking additional funds for wrap-around services. Received additional federal funding from Canadian Human Rights

ESTIMATES NOTE

Centre (Project)	Town / City	Planned Beds (Requested)	Current State	Funding Approved	Project shortfalls	Comments
						Tribunal Order 41. Targeting to break ground in 2024. Target completion is 2027.
7 Nations Soaring Eagles, Ktunaxa Nation, Interior Region	Creston	12	Replacement: financial planning phase	\$4.90M	\$3.10M	FNHA is the primary funder and partner on the project. Targeting construction start summer 2023. Target completion is winter 2024.
Namgis Treatment Centre, Namgis First Nation, Vancouver Island Region	Alert Bay	15	Replacement: design phase	\$7.59M	\$4.81M	This project is in the design phase. FNHA anticipates the earliest possible construction start is Fall 2023, and the most probable start is Spring 2024.
Carrier Sekani Family Services Treatment Centre, Northern Region	Vanderhoof	15 (60)	Replacement: design phase	\$7.56M	\$5.14M	Received additional federal funding from Canadian Human Rights Tribunal Order 41 to expand scope. Target completion is summer 2024.
TOTAL				\$60.00M	\$35.00M	

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget / Expenditures:

- One-time funding of \$35 million in 2023/24 to be provided to First Nations Health Authority to address the capital costs overrun for community based Indigenous treatment funds.

Approvals:

2023-02-15 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

2023-03-13 – Kimberley Gardner, A/EFO, Corporate Services Division

2023-03-15 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Investments in Treatment and Recovery

Issue: Investments supporting improved access to adult and youth treatment and recovery services.

Key Messaging and Recommended Response:

- **Treatment and recovery is not a one-size-fits-all solution. We know that recovery is possible and ensuring people have access to the right treatment services when they need them is critical.**
- **Since 2017, our government has added over 360 new publicly funded adult and youth substance use beds (as of January 2023).**
- **Budget 2021 made a historical investment to support the development of a full spectrum of substance use treatment and recovery services including withdrawal management, intensive treatment, and longer-term aftercare supports.**
- **This included the implementation of 65 new and/or enhanced initiatives resulting in approximately 195 net new adult beds.**
- **Continuing this commitment to build an integrated system of care in BC, Budget 2023 includes \$1 billion for mental health, addictions and treatment services for people struggling with substance use disorder.**
- **This includes \$586 million to expand treatment and recovery beds, the development of new recovery community centres to support the long-term recovery of those who have gone through treatment, Indigenous treatment centres, and wraparound services for youth.**
- **Government will also develop and roll out a new model of seamless care – the Road to Recovery - to support people through their entire recovery journey from detox to treatment to aftercare.**

KEY FACTS

- The Province is investing in treatment and recovery services across four types of services corresponding to each of the phases of the recovery journey:
 - Withdrawal Management: Enhancing and expanding access to bed-based withdrawal management services, sobering and assessment services and outpatient models.
 - Transition and Assessment Services: Expanding access to transition beds and stabilization services.
 - Treatment and Recovery: New investments include bed-based treatment and recovery

ESTIMATES NOTE

programs as well as initiatives targeting alcohol and stimulant use disorders.

- Aftercare: Increasing availability of follow up services, post treatment and community-based recovery focused supports as well as peer supports and peer-led initiatives.
- Funding is distributed to Health Authorities who are responsible for the implementation and delivery of substance use services.
- These investments are responsive to requests from families, communities, service providers and health system partners to strengthen the substance use system of care and are comprised of bed-based and non-bed-based services such as outpatient withdrawal management, day treatment programs, virtual addictions services and many more.
- Significant progress has been made in the last year alone:
 - As of January 2023, 106 new adult beds have been implemented and 117 healthcare workers have been hired across the province.
 - Thirty-four youth substance use beds have been implemented as of January 2023, with work underway with partners to implement the remaining beds.
- Budget 2023 builds on this work and will establish a much-needed provincial continuum of treatment and recovery services that allow people, including youth, to access services when they need them, quickly, and without financial burden. Investments include:
 - Community-based treatment and recovery services, including those specific to youth, services for marginalized adults, and supports for First Nations communities and Indigenous peoples living in urban settings.
 - A seamless continuum of care for people with moderate to severe substance use (Road to Recovery).
- The Province will also commence planning with PHSA to expand services for people with concurrent disorders (Red Fish Healing Centre model of care).

FINANCIAL IMPLICATIONS

Budget / Expenditures:

- Budget 2023 invests \$586.42 million over the fiscal plan across the spectrum of services and supports for people struggling with substance use disorder. This builds on previous ongoing investments of \$149.50 million bringing the total investment in treatment and recovery services to \$735.92 million over the fiscal plan.

Approvals:

February 27, 2023 - Darryl Sturtevant, ADM, Substance Use Policy

March 13, 2023 - Kimberley Gardner, A/EFO, Corporate Services

March 15, 2023 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Substance Use Treatment Beds

Issue: The availability of community-based substance use treatment beds.

Key Messaging and Recommended Response:

- **Treatment and recovery is not a one-size-fits-all solution. We know that recovery is possible and ensuring people have access to the right treatment services when they need them is critical.**
- **BC is implementing a provincial approach to treatment and recovery services that will allow more people to access the care they need quicker and closer to home.**
- **As of January 2023, there are 3,260 publicly funded substance use beds.**
- **Since 2017, our government has added over 360 new adult and youth substance use beds (as of January 2023). We have made progress in the last year alone, including 106 new adult beds.**
- **Budget 2023 invests \$586 million across the spectrum of services and supports for people struggling with substance use disorder with a focus on expansion of treatment and recovery beds, including 195 new treatment beds and a new model of seamless care.**

KEY FACTS

Background/Status

- Substance use services in British Columbia are delivered as part of a broad continuum of care that includes case management services, outreach programs, community counselling, day treatment, home, and community-based withdrawal management (detox), harm reduction services and supports, crisis intervention services, medication assisted treatment and prescribed safer supply as well as bed-based services.
- Bed-based services represent a small portion of substance use services and are generally appropriate for people who require a higher intensity of services to address complex or acute mental health and/or substance use problems and/or those who are experiencing significant barriers to care (including homelessness or housing insecurity).

Bed Counts

- As of January 2023, there are 3,260 publicly funded adult and youth community substance use beds. This includes:
 - 3,155 health authority funded beds (2,996 for adults and 159 for youth) health authority funded beds

ESTIMATES NOTE

- 105 adult Canadian Mental Health Association of BC (CMHA BC) grant funded beds
- There are an additional 135 health authority funded tertiary substance use/concurrent services beds for adults and 10 for youth.

New Community-based Treatment and Recovery Beds

- The Province has implemented over 360 new adult and youth substance use treatment and recovery beds since 2017.
- In Budget 2023, the Province has committed to doubling the beds funded through the Canadian Mental Health Association of B.C. beds initiative which launched in 2021. An additional 100 new publicly funded beds will start to open in 2023/24.
- Budget 2023 also includes funding for a new model of seamless, addictions care at St. Paul's Hospital. The Road to Recovery Initiative is a partnership between Providence Health Care and Vancouver Coastal Health. This new, made-in-B.C. model will include 95 new substance use beds for people with moderate to severe substance use disorder - 45 withdrawal management, stabilization and short stay beds will be implemented in 2023/24 with an additional 50 treatment and recovery beds to come online in 2024/25.
- Further, over the next year the province will be working with health authorities to develop plans to expand innovative models like the Road to Recovery and services for British Columbians with severe and complex substance use disorders and concurrent mental illness such as the Red Fish Healing Centre for Mental Health and Addiction.

FINANCIAL IMPLICATIONS

Budget/ Expenditures:

- Budget 2023 invests \$586 million across the spectrum of services and supports for people struggling with substance use disorder, included in this investment is funding for the expansion of treatment and recovery beds.

Approvals:

February 27, 2023 – Darryl Sturtevant, ADM, Substance Use Policy

March 13, 2023 – Kimberley Gardner, A/EFO, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Oversight of Substance Use Beds

Issue: Enhancing oversight of recovery homes

Key Messaging and Recommended Response:

- **For too long, supportive recovery services were neglected in BC – resulting in many system gaps and a lack of regulation and oversight.**
- **People living with addiction and their families need to know that recovery homes are safe and that they will receive the respectful, high quality and evidence-informed support they need and deserve.**
- **Since 2018, the government has been working to strengthen regulations and standards for treatment and recovery services, while adding capacity with historic investments.**
- Government Financial Information
- **Over the next year, we will make registered supportive recovery residences safer by hiring a new team of dedicated investigators who will be on the ground in our communities, protecting vulnerable people and holding service operators accountable.**
- **We will also be undertaking engagement to inform options for a new legislative framework that reflects the needs of bed-based substance use services.**

KEY FACTS

Background/Status:

- Supportive recovery residences are bed-based substance use services that provide a safe, communal environment where individuals have the opportunity and support to focus on their recovery journey.
- Residences offer people with substance use challenges services like psychosocial support, relapse prevention, peer counselling, medication management, meal services and social opportunities.
- The *Community Care and Assisted Living Act* (CCALA) provides the legislative framework for these services and requires most supportive recovery residences and community substance use treatment facilities to be licensed or registered:
 - The Ministry of Health (HLTH), Assisted Living Registrar (ALR) is responsible for the oversight of **registered** residences.
 - Health authorities are responsible for the oversight of **licensed** facilities.

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- Historically there were fewer regulatory requirements applied to registered residences than licensed facilities, and these services have received attention from the media and other stakeholders regarding concerns of a lack of sector oversight and accountability.

Actions to Strengthen the Sector to date:

- Regulations:* Amendments to the CCALA and the new Assisted Living Regulation came into force on December 1, 2019, improving regulatory oversight for all registered supportive recovery residences and giving the Province new tools to respond more promptly to health and safety complaints.
- Provincial Standards:* Provincial Standards for Registered Assisted Living Supportive Recovery Services (Standards) were introduced in September 2021. The Standards build off the Regulation by expanding minimum health and safety requirements and setting expectations of services in areas including evidence-based care. Health authorities have been directed to incorporate compliance with the Standards into contracts.
- Operator Supports:* Development of an operator handbook, updated ALR website, creation of a Training Bursary Fund administered by Community Action Initiative (CAI) and training seminars for operators and health authorities to support the new regulatory changes as well as the introduction of the Standards.

Budget 2023 Investment – Modernizing Oversight of the Sector:

- Despite the positive changes introduced, long-standing sector challenges persist. Budget 2023 enhancements of oversight of supportive recovery residences include:
 - Establishing a new, dedicated supportive recovery team in HLTH's Assisted Living Registry to undertake registration and inspection activities.
 - Implementing a sector-specific oversight policy that includes minimum site visits, case load maximums and other enhancements to protect the health, safety, and wellbeing of people residing in supportive recovery residences.
 - Undertaking engagement to inform the development of new substance use specific legislation to ensure lasting solutions to current legislative barriers to quality care (Phase 2).
- This will be a complex, multi-year project that requires significant collaboration and engagement with many stakeholders.

FINANCIAL IMPLICATIONS

- The total Budget 2023 investment in Oversight of Substance Use Beds is Government Financial Information

Ministry	23/24	24/25	25/26	Total
MMHA	\$0.125	<small>Government Financial Information</small>		
HLTH	\$1.344			
Totals	\$1.469			

ESTIMATES NOTE

Approvals:

February 23, 2023 – Darryl Sturtevant, ADM, Substance Use Policy

March 1, 2023 – Tracee Schmidt, EFO, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Road to Recovery

Issue: The Road to Recovery Initiative

Key Messaging and Recommended Response:

- Through Budget 2023, the Province is implementing a new, made-in-B.C. model of addictions care.
- The Road to Recovery initiative will establish a seamless continuum of care for addictions care from withdrawal management (detox) through to treatment and after care.
- The new model bridges gaps and reduces the risks of people falling through the cracks at transition points between services.
- The initial Road to Recovery site will be located at St. Paul's Hospital and implemented in partnership with Providence Health Care (PHC) and Vancouver Coastal Health (VCH).
- Road to Recovery will establish 95 new substance use beds in Vancouver, 45 of which will open this fall (2023/24).
- This investment builds upon our work to create an integrated continuum of care for mental health and addictions services in BC – a system that did not exist six years ago.
- The Premier has asked me to enhance services through a new model of treatment offering seamless care through detox, treatment, and supportive housing so people don't fall through the cracks.
- These new services were also identified in many of the recommendations made through the LePard-Butler report: Prolific Offender Report and the Select Standing Committee on Health Report, Closing Gaps, Reducing Barriers.
- In addition to the location at St. Paul's Hospital, we will be working with regional health authorities to expand this service at 3 additional sites.

KEY FACTS

Background/Status:

- In November 2022, Premier Eby announced the Safer Communities Action Plan including the intent to implement a new model of care at St. Paul's Hospital, the Road to Recovery Initiative (R2RI).

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- R2RI was developed by Providence Health Care, with support from the BC Centre on Substance Use and Vancouver Coastal Health. It will bring a new model of care into the continuum of substance use treatment and recovery services in BC.
- This new model implements a seamless continuum from withdrawal management to treatment, reducing the risk of becoming disconnected from care and vulnerabilities to harms and toxic drug poisoning that people encounter when transitioning between services.
- Budget 2023 includes an investment in the initial Road to Recovery Initiative site at St. Paul's Hospital with direction to return with plans for a further expansion.
- Services will initially be provided at the existing St. Paul's hospital, with plans to move services to the new St. Paul's.
- The initial site will be implemented in 2023/24 and will include 95 new substance use beds for people with moderate to severe substance use disorders.
 - 45 withdrawal management, acute stabilization and short stay beds will be implemented in 2023/24 with an additional 50 treatment beds to open in 2024/25.
- PHC and VCH will work together to establish a coordinated process and single point of access to ensure all people seeking bed-based withdrawal management services in the Vancouver area are being matched with the best service to meet their needs.
- In addition to the new services located at St. Paul's Hospital, R2RI also includes Provincial Addiction Recovery and Treatment Support Network which will have a provincial scope that provides expertise to health authority partners and supports regional health authorities in identifying opportunities and approaches to developing regionally specific R2RI models.
- A monitoring and evaluation plan will be developed for the Vancouver R2RI site to evaluate system impacts and client outcomes and help inform the provincial expansion.

FINANCIAL IMPLICATIONS

- Budget 2023 includes an operating investment of \$157.52 million over three years to implement the Vancouver Road to Recovery Sites:

Initiative	2023/2024	Government Financial Information	Total
Road to Recovery	\$14.107		157.523

Advice/Recommendations: Cabinet Confidences

Approvals:

February 23, 2023 – [ADM] Darryl Sturtevant, Substance Use Policy

February 26, 2023 – [CFO] Brad Williams, Corporate Services

March 1, 2023 – [EFO] Tracee Schmidt, Corporate Services

March 15, 2023 – [DM] Christine Massey

ESTIMATES NOTE

TOPIC Red Fish Healing Centre

Issue: Provincial expansion of the Red Fish Healing Centre model of care.

Key Messaging and Recommended Response:

- **Budget 2023 includes an expansion of the Red Fish Healing Centre model so more people have access to these services closer to home.**
- **The Red Fish Healing Centre for Mental Health and Addiction opened in 2021.**
- **It is a purpose built, innovative and specialized provincial service for individuals with complex and severe substance use and concurrent mental health disorders.**
- **Red Fish provides 105-beds and several levels of care within the same facility to help people progress in their recovery journey and eventually reintegrate into their home communities.**
- **The Red Fish model of care fills a critical service gap for individuals who often end up in custody or emergency departments instead of getting the help they need.**
- **We know that more supports are needed for people with concurrent mental health and addiction challenges across the province.**
- **The Ministry is working closely with the Provincial Health Services Authority and other health system partners to plan the expansion – this work is underway.**

KEY FACTS

Background/Status:

- Initially opened in October 2021, the Red Fish Healing Centre for Mental Health and Addiction (RFHC) is a 105-bed centre that provides several levels of care within the same facility.
- RFHC replaced the former Burnaby Centre for Mental Health and Addictions.
- RFHC uses an evidence-based, innovative model of care to treat people across the province who live with the most severe, complex substance use and mental health issues.
 - The model prioritizes trauma-informed and person-centred practice, dignity, therapeutic spaces and programs, and virtual health care. Programming focuses not only on mental wellness and substance-free living, but also on

ESTIMATES NOTE

clients' wellness and their eventual transition to care in their home communities.

- The site also includes a 15-bed enhanced care unit that provides assessment, stabilization, and treatment with an additional focus on behaviour management and de-escalation of violence.
- Since opening in October 2021, there has been an increase in referrals to treat clients with concurrent disorders, leading to increased wait times for admissions to RFHC. In addition, client retention within the program is increasing. As a result of improved retention and increased referrals, RFHC is experiencing longer-than-usual wait times for admissions.
 - In 2021/22, 201 clients were admitted to Red Fish Healing Centre.
 - At the end of Sept. 2022, there were 102 clients waiting for admission and the average wait time for clients was 107.2 days.
 - While waitlisted, the regional health authority access team ensures the client's care team is up to date on admission timelines to provide continuity and a seamless transition into care.
- Expanding the RFHC model of care will reduce wait times and bring specialized services closer to home for many British Columbians.
 - Advice/Recommendations
- Due to the specific needs of this population, purpose-built new construction is required both for the safety of staff and clients and will require significant planning in collaboration with the Provincial Health Services Authority.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The total approved Budget 2023 investment in the expansion of the RFHC model of care is \$1.107M over three years. This funding is to support the planning and business case development.

Approvals:

March 28, 2023 – Ally Butler, A/ADM, Treatment and Recovery

March 31, 2023 – Tracee Schmidt, Executive Financial Officer, Corporate Services

April 5, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Alcohol Use and Response

Issue: Supports and services available to people in BC who are struggling with problematic alcohol use and alcohol use disorders.

Key Messaging and Recommended Response:

- **Alcohol use disorder is the most common substance use disorder in BC, but it often goes unrecognized and untreated.**
- **As part of our work through the *Pathway to Hope*, BC released guidelines to support health care professionals in providing evidence-informed care for people struggling with alcohol use.**
- **Following the implementation of these guidelines in 2019, the number of people accessing medication-assisted treatment for alcohol use increased by over 26%.**
- **BC continues to support Managed Alcohol Programs across the province. These programs balance harm reduction and public health interests while safeguarding public safety concerns.**
- **We remain committed to building an integrated system of care that serves people struggling with addictions, so that people have access to the support they need when they need it.**

KEY FACTS

Background/Status:

- Alcohol use disorder (AUD) and high-risk drinking are the most common substance use challenges in BC.
- Alcohol is linked to over 200 health conditions, including 8 types of cancer.
- In 2017, alcohol-attributable costs in BC totaled \$2.38 billion.
- In 2020, an average of 7.32 deaths/day in BC were alcohol related, exceeding daily mortality averages from both COVID-19 (3.81) and opioids (4.84) in that same period.
- Alcohol-related mortality is 5.4 times higher among First Nations men and 10.1 times higher for First Nations women compared to non-First Nations.

Alcohol Treatment and Supports

- BC's continuum of care includes a range of treatment options for AUD and problematic alcohol use, including withdrawal management services, medication-assisted treatments, outreach programs, and beds-based services.
- In 2019, the BC Centre for Substance Use (BCCSU), in conjunction with MMHA, released evidence-based guidelines for treatment and clinical management of AUD and high-risk drinking by health care professionals.

ESTIMATES NOTE

- Prescribing of first-line AUD medications has increased over 26% since 2020.

Managed Alcohol Programs (MAPS)

- Through Budget 2021, BC committed to expanding and strengthening the availability of Managed Alcohol Programs (MAPs) across the province through the implementation of three new and two expanded community MAPs.
 - **New:** Nanaimo; two communities in Vancouver Coastal Health (VCH)
 - **Expanded:** Vancouver; Port Hardy (in partnership with Gwa'sala-'nakwaxda'xw First Nation).
- MAPs have a strong body of evidence to support their harm reduction approach. They provide controlled access to beverage alcohol, reducing risks of non-beverage alcohol consumption, over-intoxication and withdrawal.
- Currently, there are at least 10 established MAPs operating in BC providing services in 6 communities, as well as several being implemented in complex care housing projects throughout the province.
- As of April 2022, MAPs are exempted from oversight under the *Liquor Control and Licensing Regulation* (LCLR) and now only require approval by a health authority to operate lawfully.
- MMHA, the Ministry of Health, and health authority partners are currently developing new minimum standards for the design and delivery of MAPs.

Canada's Guidance on Alcohol and Health

- Canada's new *Guidance on Alcohol and Health* was released in January 2023.
- The previous *Low-Risk Drinking Guideline* was published in 2011. Since then, new evidence has emerged on the risks associated with alcohol consumption, which is reflected in the updated guidance.
- The new guidance advises the low risk threshold is no more than 2 drinks per week, with risks increasing exponentially for each additional drink.
- Canadian Centre for Substance Use and Addiction (CCSA) is developing communication materials to help raise awareness of the new guidance.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Budget 2021 commitment of \$4.8M over three years is continued to support three new and two expanded MAPs in VCH and Vancouver Island Health Authority.

Approvals:

February 21, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy
March 1, 2023 – Tracee Schmidt, Executive Financial Officer, Corporate Services Division
March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Adult Substance Use System of Care Framework

Issue: The development of a framework to improve the substance use system of care for adults in BC.

Key Messaging and Recommended Response:

- Our government is working as quickly as possible to build an integrated system of care for substance use that British Columbians deserve.
- As part of *A Pathway to Hope*, we have developed a technical policy Framework that outlines a shared vision for a coordinated and integrated adult substance use system of care.
- The Framework was released in December 2022 and will guide future action and long-term system transformation for adult substance use care and will have a meaningful impact on service delivery and care experiences.
- This work was developed to ensure that adults with substance use challenges experience seamless and cohesive care, where every door is the right door.
- We worked closely with key partners including health authorities, people with lived and living experience, and experts throughout the development process.
- We continue to work with our partners in the health system to build the adult system of substance use care outlined in the Framework.

KEY FACTS

Background/Status:

- A Pathway to Hope includes a priority action to create a new policy framework to support the development of an integrated, coordinated, and cross-sector substance use system of care. *The BC Coroners Service Death Review Panel Review of Illicit Drug Toxicity Deaths*, issued in March 2022, called on MMHA to prioritize completion of the Adult Substance Use Framework (Framework).
- The Framework was developed through (1) foundational policy work and the development of a Core Services Model, that defines the key elements required to build the system, in partnership with Dr. Brian Rush; and (2) extensive engagement and consultation with cross-government partners, health authorities, Indigenous partners, research institutes, clinicians, family members, health and social service

ESTIMATES NOTE

providers, and people with lived and living experience.

The Adult Substance Use Framework (Framework):

- While significant work has been done to build the system of care over the last several years, the Framework provides a shared vision of what the ideal system looks like going forward and guides future policy and investment planning.
- The Framework acknowledges the social determinants of health and includes connections to key sectors such as housing and employment.
- The Framework describes the current state of the system, lays out a vision for a strong, integrated system of care, and summarizes the feedback, ideas, and input identified by our partners, both for the high-level system transformation required, as well as specific service gaps and areas of opportunity.
- Government has taken action to address the current gaps in the adult system of substance use care and implemented new initiatives. Key actions include:
 - Investment of \$149.5 million over three years to expand adult substance use treatment and recovery services across the care continuum, including 195 new substance use treatment and recovery beds.
 - Expanding harm reduction services, such as overdose prevention sites, drug checking, and naloxone.
 - Implementing prescribed safer supply, providing pharmaceutical grade alternatives to illicit drugs to people at risk of drug toxicity events and deaths to help separate people from the toxic illicit drug supply, save lives, reduce harms, and enhance connections to health and social supports.
 - Expanding and optimizing medication assisted treatment by increasing the number of physicians and nurses who can prescribe opioid agonist therapy.
 - Investment of \$164 million over three years through Budget 2022 to provide phase 1 complex care housing services to approximately 500 people throughout BC.
 - Budget 2023 invests an additional \$75.11 million over three years for phase 1 complex care housing services, bringing the three year total for phase 1 to \$238.25 million.
 - Expanding team-based care by adding new Assertive Community Treatment (ACT) teams and implementing new substance use integrated teams.
 - Funding through Budget 2022 to support a rent supplement program that will include mental health and substance use supports.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- With the addition of Budget 2023 of \$586.42 million, the three-year treatment and recovery investment has grown from \$132 million to \$735.92 million.
- Budget 2023 invests an additional \$97 million over three-years for complex care housing services, including \$75.11 million for phase 1, bringing the three-year total to \$238.25 million.
- The Province is providing \$169 million in capital funds over the fiscal plan to deliver more units of complex care housing. These units will be operationally supported by

ESTIMATES NOTE

\$22 million from the Budget 2023 \$97 million investment.

- Budget 2022 invested \$633 million in preventing and reducing homelessness, including \$170 million over three years for a wraparound support rent supplement program that will include mental health and substance use supports.

Approvals:

February 13, 2023 - Darryl Sturtevant, ADM, Substance Use Policy Division

March 28, 2023 – Tracee Schmidt, EFO, Corporate Services Division

April 5, 2023 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION - FACT SHEET

Prescription Monitoring Program

TOPIC

A provincial prescription monitoring program that regularly reviews general dispensing and prescribing trends for controlled substances and other problematic drugs is needed to help reduce harms from misuse of these medications.

CURRENT SITUATION

- BC currently has three mechanisms for monitoring the use of prescription opioids, sedatives, and stimulants: PharmaNet data which allows clinicians to access and review their patient's medication record, College of Physicians and Surgeons of BC (CPSBC) routine prescription review of its registrants, and the Restricted Claimant Program which monitors for signs of a patient's overuse of problematic medications.
- A drug atlas as part of the Prescription Monitoring Program (PMP) is intended to present general trends of prescribing and dispensing practices of relevant health care professionals which appear to be outside of best practice guidance for controlled substances or other drugs of concern.
- The Ministry of Health and CPSBC have reached an agreement on the terms of the Shared Cost Agreement (SCA) for BC Prescription Monitoring Program (PMP) and both parties have signed off on the SCA as of March 31, 2022.
- A draft PMP drug atlas was presented to the BC PMP Advisory Committee for review on January 19, 2023.

FINANCIAL IMPLICATIONS

The approved budget for BC PMP Phase 2, 3-year contract, is \$2.3 million with an additional \$1.5 million retained by the Ministry for Health Sector Information, Analysis & Reporting (HSIAR) analytics staffing and \$1.7 million for HSIAR's development and maintenance of a secure provider reporting portal for BC PMP.

KEY BACKGROUND

- In January 2019, a service contract was signed between the Pharmaceutical, Laboratory and Blood Services Division of the Ministry and the CPSBC to develop a proposal for implementation of an enhanced provincial Prescription Monitoring Program (BC PMP – Phase 1).
- A BC PMP Advisory Committee was struck to guide the development of the proposal. Members include representatives of CPSBC, the Ministry, the Ministry of Mental Health and Addictions, the College of Pharmacists of BC, the BC College of Nurses and Midwives, the BC College of Oral Health Professionals, the College of Naturopathic Physicians of BC and the BC Coroners Service.
- Their Summary Report was submitted to the Ministry in January 2020 and formed the basis of the SCA that the Ministry presented for consideration to the CPSBC in September 2021; the SCA was signed off on March 31, 2022.
- PMP provides a publicly available drug atlas detailing prescribing and dispensing trends in BC, which enables further scrutiny of data to identify or investigate irregular prescribing practices of various prescribers. Various regulatory colleges can use this information to better recognize areas of focus among registrants for appropriate prescription opioid and controlled substance prescribing.
- Prescriber snapshots via a login portal of PMP will enable prescribers with individual access to PharmaNet to securely view their prescribing statistics and benchmarks compared to other peers.
- CPSBC currently has access to PharmaNet reports that provide details about their registrants' prescribing.
- The reports facilitate both pre-determined and ad hoc requests for information by CPSBC.
- We anticipate being able to provide the same reporting capacity to BC College of Nurses and Midwives (BCCNM) by March 31, 2023; the associated information sharing agreement is under review by BCCNM.
- We will develop suitable reporting for other colleges in future (no timeline is established as yet).

LAST UPDATED

The content of this fact sheet is current as of March 3, 2023, as confirmed by Sue Bouma.

LEGISLATIVE SESSION - FACT SHEET

APPROVALS

2023 03 08 - Sue Bouma, Pharmaceutical, Laboratory and Blood Services Division

2023 03 10 - Mitch Moneo, Pharmaceutical, Laboratory and Blood Services Division

2023 03 10 - Christine Voggenreiter obo Martin Wright, Health Sector Information, Analysis & Reporting Division

2023 03 16 – Brenda Rafter obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

Topic: CAPUD LITIGATION

Issue: BC's Participation in CAPUD *Charter* Challenge of the *Controlled Drugs and Substances Act*

Key Messaging and Recommended Response:

- Substance use is a public health matter – not a criminal justice one.
- B.C. is the first province to receive and implement a s.56 exemption from the federal *Controlled Drugs and Substances Act* (CDSA) to remove criminal penalties for people who possess small amounts of illegal drugs for personal use.
- B.C.'s s.56 exemption came into effect on January 31, 2023.
- Canadian Association of People who Use Drugs has filed a lawsuit against the Government of Canada with the BC Supreme Court, arguing that sections of the CDSA violate sections of the *Canadian Charter of Rights and Freedoms*.
- CAPUD is requesting the federal decriminalization of drug possession as well as drug trafficking due to necessity or the provision of safe supply.
- Our Government agrees with decriminalization of simple possession of small amounts of illegal drugs for personal use, either through an exemption or through changes to federal law.

Legal Information

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Legal Information

BC has filed a Response to Civil Claim, advancing the Province's position that simple possession should be decriminalized, and that safe supply and use should be governed through appropriate regulation and policy approaches, with a clear role for criminal law in addressing unregulated supply and trafficking.

KEY FACTS

Background/Status:

- The Canadian Association of People who Use Drugs (CAPUD) is a non-profit advocacy organization comprised of and representing people with lived and living experience (PWLLE) of substance use. It has approximately 560 members across all provinces and two territories. CAPUD advocates for a range of public policies,

ESTIMATES NOTE

including safe supply and decriminalization of personal possession.

- On August 31, 2021, CAPUD filed a Notice of Civil Claim (NOCC) in the BC Supreme Court against the Government of Canada.
- The NOCC alleges that the sections of the *Controlled Drugs and Substances Act* (CDSA) pertaining to the criminalization of simple possession violate section 7 (rights to life, liberty, and security of the person), section 12 (rights to not be subjected to cruel and unusual treatment or punishment), and section 15 (equality rights) of the Canadian Charter of Rights and Freedoms (the Charter).
- CAPUD is also seeking the removal of the CDSA's criminal penalties for trafficking due to necessity (or "subsistence trafficking") or provision of a safe supply.
- While the NOCC is national in scope, a majority of the plaintiffs reside in BC.
- The federal government filed a Response to Civil Claim on November 30, 2021, defending the constitutionality of the impugned sections of the CDSA.
- On April 14, 2022, the Province filed a Response to Civil Claim, which supports some aspects of CAPUD's NOCC and advances the Province's position that simple possession should be decriminalized.
- The Province differs from CAPUD's position in arguing that safe supply should be governed through appropriate regulation and policy approaches, with a clear role for criminal law in addressing unregulated supply and trafficking.
- Participation by the Province in the CAPUD challenge is complementary to the Province's Health Canada-approved s.56(1) exemption for decriminalization of possession of small amounts of illicit substances for personal use, which came into effect on January 31, 2023. While an exemption has already proven to be a faster path towards decriminalization, it would be susceptible to change on political grounds. A legal decision striking down the relevant sections of the CDSA would provide more stable protections for people who use drugs from the harms of criminalization, thereby ensuring that BC is able to mount an effective long-term strategy to reduce harms associated with substance use.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 5, 2023 - Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 13, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Decriminalization

Issue: Decriminalization is one tool to reduce stigma and encourage access to life-saving health and social services.

Key Messaging and Recommended Response:

- Addictions is a health matter – not a criminal justice one.
- Criminalization can drive people to hide their drug use and use alone. Given the toxicity of the drug supply, using alone can be fatal.
- On January 31, 2023, decriminalization came into effect in BC. This means that adults (18 years and older) are not subject to criminal penalties for possessing small amounts of certain illegal drugs for personal use.
- Decriminalization will help break down the barriers that prevent people from getting support and create new pathways to life-saving services.
- Decriminalization is not legalization. Drug trafficking and other activities involving any illegal substances in any amounts remain illegal.
- By reducing stigma around drug use, decriminalization complements BC's broader work to build an integrated and comprehensive system of mental health and substance use care for people throughout the province.
- We know that there is no one solution to ending the toxic drug crisis. We need to use all the options available to us, and that includes decriminalization.

KEY FACTS

- There are approximately 30 other countries that apply some form of drug decriminalization.
- Several national and BC-based public health experts, advocacy organizations and professional associations (including the BC and Canadian Associations of Chiefs of Police) have voiced support for the decriminalization of personal possession.

Actions to Date

ESTIMATES NOTE

- The Province successfully met all its obligations under the Letter of Requirements that was issued by Health Canada along with the exemption. This included meeting obligations related to health system readiness, stakeholder engagement, law enforcement readiness, monitoring and evaluation, and communications.
- Pre-implementation work focused on law enforcement training, resource card development and distribution, hiring of Health Authority Substance Use Navigators, First Nations and Métis town halls, general and targeted communications activities, and development of a monitoring and evaluation framework.
- The cross-sectoral Core Planning Table that helped the Ministry develop BC's s.56 submission continues to meet to inform post-implementation decision-making.

Decriminalization

- Under B.C.'s decriminalization framework, adults aged 18 and older are no longer subject to criminal penalties for possessing up to 2.5g cumulative of opioids, cocaine, methamphetamine, and MDMA.
- Police are not allowed to seize exempted drugs at or below this threshold, when the person is abiding by the terms of the exemption.
- Possession for the purposes of trafficking remains illegal, even below the threshold.
- In place of criminal penalties, police are now providing individuals found in possession of illicit substances at or below the threshold with a resource card, which includes contact information for local health and social services.
- When requested by an individual, a police officer may assist with a referral to these services (e.g. facilitating a referral through a phone call, or navigating the <https://wellbeing.gov.bc.ca/> website).
- This exemption does not apply on the premises of K-12 schools and licensed childcare facilities, at certified airports, on Canadian Coast Guard vessels and helicopters, in a motor vehicle or watercraft operated by a minor, or when illegal substances are within reach of the operator of a motor vehicle or watercraft.
- The exemption also does not apply to youth aged 17 or younger or to Canadian Armed Forces members subject to the *Code of Service Discipline*.

FINANCIAL IMPLICATIONS

Budget/ Expenditures:

- Budget 2023 commits \$18.92M over three years for activities related to decriminalization. This funding is for MMHA, PSSG and the Ministry of Health, with MMHA receiving \$1.95M over three years.
- Funding is allocated to: MMHA and PSSG staffing, stakeholder engagement, decriminalization Project Managers, resource cards; law enforcement training, communications activities, and monitoring and evaluation.

Approvals

February 27, 2023– Darryl Sturtevant, ADM, Substance Use Policy

March 1, 2023 – Tracee Schmidt, EFO, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Community Counselling Grants

Issue: Improved access to community counselling

Key Messaging and Recommended Response:

- When people make the decision to seek help for their mental health and wellbeing, we want them met with care, compassion, and efficiency, regardless of their location or bank account.
- That's why the government has created free or low-cost counselling services in BC.
- In the early days of the pandemic, community counselling groups helped us transform mental health care delivery, and – with our funding – reached thousands of people.
- \$15 million has been provided to 49 community counselling agencies through the Community Action Initiative (CAI) for the next 2 years, to March 2025.
- Our priority is to make sure counselling remains accessible for people who need it, including funding for Indigenous organizations to provide culturally safe services to Indigenous peoples.
- Community counselling provides flexibility for counsellors to truly meet clients where they are at, whether that's through outreach, in person counselling or through virtual supports.

KEY FACTS

Background/Status:

- About 17% of British Columbians – around 800,000 people – are experiencing a mental illness or substance use issue today.¹
- By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental health challenge.² *A Pathway to Hope* identifies the cost of counselling as a significant barrier to accessing this important, early intervention service.
- In 2020, the Ministry of Mental Health and Addictions (MMHA) was mandated to expand “access to counselling, using new e-health and other technologies to bring care to more people in all regions of B.C.”

¹ Canadian Mental Health Association – British Columbia Division. Retrieved from <https://cmha.bc.ca/impact/facts-and-figures/> (February 2022)

² Ibid.

ESTIMATES NOTE

- Beginning in 2019, MMHA in partnership with Community Action Initiative (CAI), developed the CCG program to increase access to low and no-cost community-based adult mental health and substance use counselling across the Province (Appendix A).
- These grants made counselling more accessible across the province including in rural, remote, and Indigenous communities and are intended to increase access to underserved or hard to reach populations who do not typically have access to other counselling opportunities.
- Annual grants are issued and administered by CAI. The 49 counselling services organizations receive annual funding ranging from \$40,000 to \$120,000 over 3 years.
- Since the CCG began, funded organizations have supported more than 46,000 individuals and families with low-barrier, inclusive counselling services across urban and rural geographies, of which at least 24,000 individuals had not previously accessed counselling services with those organizations.
- From April through December 2022, the agencies funded through this program delivered more than 45,000 counselling sessions reaching more than 13,000 unique individuals.
- Grantees have hired more than 140 counsellors, Elders, and traditional Knowledge Keepers; and trained and mentored more than 170 counselling interns and practicum students using CCG funds.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Since 2018/19 the province has provided a total of \$35 million to support the CAI's community counselling grant program.
 - 2018/19 - \$11.0 million to support 29 counselling services providers.
 - 2020/21 - \$4.8 million to expand supports to an additional 20 counselling service providers (COVID-19 surge funding).
 - 2021/22 - \$4.2 million to continue grant funding through March 2023 for all 49 counselling services providers.

In 2022/23, MMHA provided \$15 million to continue funding community counselling to 49 organizations through to March 2026.

Approvals:

2023-02-23 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-03-02 – Tracee Schmidt, EFO, Corporate Services

2023-03-15 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Complex Care Housing

Issue: Services and supports for people with complex mental health and substance use needs who are not adequately served by supportive housing in BC.

Key Messaging and Recommended Response:

- **Every person in British Columbia deserves a home – somewhere they can feel safe and live with dignity.**
- **Many people living with serious mental health and addictions challenges have been left behind and neglected.**
- **Their complex needs often led to a cycle of evictions, shelters, and even emergency rooms and jail cells.**
- **Complex care housing is a first-of-its-kind approach that connects people with the supports they need right in their homes to help establish stability, connection and break the cycle of homelessness.**
- **Complex care housing is just one action government is taking to build a comprehensive system of mental health and addictions care that people need.**
- **Budget 2022 invested \$164million over three years to deliver Phase 1 of complex care housing.**
- **Budget 2023 builds on this initial investment, providing an additional \$75.11 million over three years to increase services in Phase 1.**
- **Together, these investments will bring complex care housing to more than 600 individuals living across BC.**
- **However, we know more is needed.**
- **As part of Budget 2023, government is investing additional funding to support Phase 2 of complex care housing:**
 - **\$21.63M over three years in operating funding through Ministry of Health**
 - **\$168.84M over three years in capital funding through Ministry of Housing**
- **This investment represents the first three years of a ten-year plan to build 240 new, purpose built complex care housing units in BC.**

ESTIMATES NOTE

KEY FACTS

Background /Status:

- In November 2020, the Minister of Mental Health and Addictions was mandated to lead the development of complex care housing (CCH) to provide an increased level of support for BC's most vulnerable individuals, who have complex mental health and substance use challenges and who are unstably housed or homeless.
- CCH is a part of the provincial Homelessness Strategy led by the Ministry of Housing.
- CCH provides enhanced health, mental health and substance use, and social services in housing settings. Services vary across projects, but may include team-based primary care, clinical counselling, psychiatry and mental health treatment, overdose prevention, case management, addictions medicine, Indigenous cultural supports, occupational therapy, and medication management support.
- CCH will use a mix of service delivery models:
 - Services co-located in a supportive housing site or smaller setting
 - In-reach to multiple supportive housing sites or market rentals
 - Transitional or respite spaces for temporary periods of heightened need
- MMHA is working with implementation leads (the five regional health authorities, Provincial Health Services Authority [PHSA], the Aboriginal Housing Management Association [AHMA], and Ktunaxa First Nation) to implement CCH.

Budget 2022/Phase 1

- The first phase of CCH, funded through Budget 2022, includes 33 projects that will serve more than 600 people in 23 communities across BC.
- As of February 1, 2023, eight projects are operational, with additional projects anticipated to launch in 2023.
- Projects will scale up as staff are hired and trained. Similar to other health services, staff recruitment for clinical positions is challenging.
- In addition to the service-based projects, Budget 2022 investments support training and capacity-building projects led by PHSA and AHMA.
- MMHA is developing a multi-year evaluation that will assess impacts, outcomes, and experiences for CCH clients, as well as the partnerships and system changes required to support this innovative program.

Budget 2023/Phase 2

- As part of a broader Housing Strategy led by the Ministry of Housing, government is funding a second phase of CCH.
- Phase 2 invests new operating and capital funding over 10 years to create 240 new, purpose-built CCH units across the province.
- Health, social and cultural supports will be co-located at these sites to provide enhanced services and help people thrive in housing.
- MMHA will work with the Ministry of Housing, BC Housing, health authorities, municipalities, and Indigenous partners to plan and develop these new sites.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget / Expenditures:

Phase 1

- Budget 2022 invested \$164 million over three years into Phase 1 of CCH.
- Budget 2023 invests an additional \$75.11 million over three years into Phase 1.
- The total Phase 1 investment is \$238.25 million over three years.

Phase 2

- Budget 2023 invests in Phase 2 through:
 - \$21.63 million in Health Services funding through Ministry of Health.
 - \$168.84 million in Capital through Ministry of Housing.

Budget 2023

- The total **new** Budget 2023 investment in CCH is \$96.73 million over three years (operating) and \$168.84 million (capital) over three years.

Approvals:

2023-03-02 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-03-01 – Tracee Schmidt, EFO, Corporate Services

2023-03-15 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Workplace Mental Health Initiatives

Issue: Supporting the psychological health and safety of workers

Key Messaging and Recommended Response:

- **Workplaces play a crucial role in maintaining and promoting positive mental health.**
- **Our Ministry is working across government, and with partners like, the Canadian Mental Health Association BC Division, WorkSafeBC, Health and Safety Associations, and labour groups, to improve the culture of workplaces in BC.**
- **Early in the pandemic, we responded rapidly to assist workers by launching resources for healthcare workers (careforcaregivers.ca and Care to Speak) and those working in the tourism, hospitality and community social services sector (the Hub for Workplace Mental Health and the CARE Training Program).**
- **Following the success of these programs, the Province has committed to providing over \$6.6 million of additional funding to sustain and expand these programs up to April 2026.**
- **In partnership with SDPR, we are also developing resources to support employers in building psychologically safe workplaces for employees living with mental illness(es).**

KEY FACTS

Background/Status:

- Over two million Canadians have a mental health-related disability and nearly 50% of employees are experiencing at least one work-related mental health risk factor.¹
- The economic burden of mental illness in Canada is significant - most recently estimated at \$51 billion per year² and predicted to rise to \$2.5 trillion by 2041.³
- According to a 2019 study by Deloitte, for every \$1 invested in workplace mental health initiatives there is a median return of \$1.62 after three years.⁴

Work to Date

- Early in the pandemic, actions focused on providing support to meet the urgent needs of people working in long-term and continuing care including:

¹ Statistics Canada (2020). *Canadians with mental health related disabilities*.; Manulife (2021). *The Wellness Report*.

² Lim et al. (2008). *A new population-based measure of the economic burden of mental illness in Canada*.

³ Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. and Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011-2041*. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.

⁴ Deloitte (2019). *The ROI in workplace mental health programs: Good for people, good for business*

ESTIMATES NOTE

- [CareforCaregivers.ca](https://www.careforcaregivers.ca) – this website provides tailored content for workers and managers. As of March 1, 2023, the site has had over 190,000 pageviews and over 3,800 people have registered for webinars.
- [Care to Speak](#) – a peer-based text, chat, and phone service for healthcare workers that provides emotional support and service navigation. As of March 1, 2023, they have received 600+ calls/text.
- [Mobile Response Team](#) (MRT) – provides short-term psychological first aid to healthcare workers. Between April 2020 - March 2023, the MRT had over 1,700 interactions with organizations and connected with over 7,000 workers.
- In April 2021, MMHA invested to expand workplace mental health support to the tourism & hospitality and social service sectors. They include:
 - [BC's Hub for Workplace Mental Health](#) – this website provides free workplace mental health resources. As of March 1, 2023, the Hub has had 40,000+ pageviews and delivered 53 webinars.
 - [CARE Training Program](#) - three levels of self-paced training in workplace mental health for employees, managers, senior leaders, and human resource professionals. Over 380 people have completed CARE to-date.
 - [Learning Coaches](#) - embedded in sector specific health and safety associations (go2HR and the Federation of Community Social Services). They provide free support to employers – in tourism & hospitality and community social services - who are interested in advancing psychological health and safety in their workplace.
- In January 2023, the Ministry of Social Development and Poverty Reduction granted CMHA-BC \$0.700 million - to work with MMHA - to develop resources for employers to better support employees living with mental illness(es).

FINANCIAL IMPLICATIONS

Budget/Expenditures:

2020/2021

- The Province provided funding to CMHA-BC to launch Care to Speak (\$0.960 million) and Care for Caregivers (\$0.250 million), as part of wider COVID-19 response measures.

2021/2022

- MMHA provided a \$0.735 million year-end grant to CMHA-BC to continue operations of Care to Speak and Care for Caregivers.

2022/2023

Government Financial Information

2023/24

Government Financial Information

Approvals:

February 21, 2023 – Darryl Sturtevant, ADM, Substance Use Policy

ESTIMATES NOTE

April 3, 2023 – Ally Butler, A/ADM, Treatment & Recovery

March 31, 2023 – Tracee Schmidt, Executive Financial Officer, Corporate Services

April 5, 2023 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION – ESTIMATES NOTE

Wildfire/Flooding – Mental Health and Substance Use Supports

- **Topic:** Health and mental health and substance use support for the Village of Lytton and surrounding First Nations communities post 2021 wildfire.

Key Messaging and Recommended Response:

- **Extreme weather events have powerful impacts on our physical health, the environment and our mental health – for those affected today, and those living through these experiences again.**
- **It's critical that we do all we can to help people access mental health supports following a disaster.**
- **That's why the Province is working with community partners to co-ordinate and strengthen resources to help people cope with these circumstances. These include:**
 - **Free and low cost counselling**
 - **Workplace mental health supports**
 - **Supports for young people**
 - **Supports for students, educators and parents**
 - **Supports for seniors**
 - **Supports for Indigenous Peoples**

With the recent extreme weather our province has faced, our government and health authorities are working tirelessly to keep people connected to vital treatments and services.

CURRENT SITUATION

- As part of provincial recovery efforts relating to the 2021 Lytton wildfire, the Ministry of Health (MoH) in partnership with Interior Health Authority (IHA), First Nations Health Authority (FNHA) and Provincial Health Services Authority (PHSA) has supported the coordination of both physical health and mental health and substance use recovery planning in the Village of Lytton and surrounding First Nations communities.
- During the 2021 wildfire in the Village of Lytton and surrounding First Nations communities all health facilities operated by IHA were destroyed.
- IHA has worked with the Village of Lytton and local First Nations communities to establish a temporary primary care centre (TL'Kemtsin Health Centre) with the following services available:
 - Home Health one day a week with LFN and FNHA helping to support additional client needs;
 - Mental Health and substance use services twice a month; (every second Tuesday from 9:30 – 15:30 hours)
 - And primary care services five days per week including virtual primary health care options.
- On August 30th, 2022, participants from the Nlaka'pamux community, health organization representatives, including IH leadership, Nlaka'pamux leaders and various Provincial and Federal government and entities met to identify immediate mental health issues resulting from the Lytton Creek fire in 2021. Ways to move forward on short term mental health needs, identified through discussions on Aug 28th and 29th, were explored. Discussions and recommendations of this event have been compiled into a report and a business case is under development by Nlaka'pamux leaders to support the implementation of this report.

LEGISLATIVE SESSION – ESTIMATES NOTE

- In May 2023, IH primary care services will move to an interim modular primary care clinic to be located next to the Tl'Kemstin Health Centre (Lytton First Nation Health Centre). This interim clinic will be utilized until a permanent centre is built in the village in three to five years time. Planning for a permanent structure in the Village of Lytton is underway with further engagement with the community and key stakeholders. This engagement will help inform what ongoing health services will be established for the residents in and around Lytton.
- PHSA, BC Emergency Health Services has set up a temporary modular ambulance station with planning underway to build a new station. Furthermore, work is underway with the community to recruit emergency responders within the community to ensure response times are minimized.
- Additionally, IHA, PHSA, and FNHA have been providing outreach and support programs, including counselling, consultation and dialogue, and support for traditional cultural Indigenous healing approaches. Interventions such as disaster psychosocial supports, post-disaster needs assessment, and mental health and substance use supports are provided.

FINANCIAL IMPLICATIONS

- N/A

KEY BACKGROUND

- To support recovery planning provincially, in 2019 the MoH developed a Mental Health and Substance Use Disaster Recovery Guide (Guide) and Toolkit which includes a cross government, coordinated and timely approach to mental health recovery following a disaster. The Guide, a deliverable in the Ministry of Mental Health and Addictions (MMHA) strategic Pathway to Hope¹, is currently being updated to support the coordination of future wildfire recovery efforts. The toolkit has been in use since 2020.
- The 2021 Lytton wildfire was unprecedented and marks the first time in province's history that a community was almost entirely destroyed.
- In August 2021, after the wildfire in the Village of Lytton and surrounding First Nation communities, the provincial and federal governments signed letters outlining commitments supporting disaster recovery for the Nlaka'pamux Nation Tribal Council (NNTC) located in the Lytton area and significantly impacted by the 2021 wildfire. The NNTC represents Lytton, Snepa, Nteq'em, Skuppah, and Boothroyd Nations. The commitment letter stated that the province will work with NNTC and First Nations Health Authority to develop an enhanced health and mental health plan that would include funding to build on the current supports.
- NNTC and EMCR have convened a task force including senior representation from NNTC and MMHA. The task force has been supporting the coordination of the enhanced health and mental health plan. A sub working group was convened in 2022 to specifically support the enhanced health and mental health plan.
- The MoH, IHA and FNHA continues to work with NNTC to support recommendations that are brought forward by the NNTC task force.

LAST UPDATED

- The content of this fact sheet is current as of February 23, 2023, as confirmed by Gerrit van der Leer, A/Executive Director, Mental Health and Substance Use Division.

¹ Pathway to Hope, a roadmap for making mental health and addictions care better for people in BC.
https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

LEGISLATIVE SESSION – ESTIMATES NOTE

APPROVALS

2023 02 23 – Gerrit van der Leer, Acting Executive Director, Mental Health and Substance Use Division

2023 03 13 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

2023 03 26 – Darryl Sturtevant, Assistant Deputy Minister, Mental Health and Addictions Division

LEGISLATIVE SESSION – ESTIMATES NOTE

Assertive Community Treatment Services (ADM)

Topic: Assertive Community Treatment (ACT) is an evidenced-based, client-centred, recovery-oriented service delivery model that facilitates community living support and psychosocial rehabilitation for persons with severe and persistent mental illness, and/or substance use disorders. This community-based service addresses the complex needs of individuals who have difficulty maintaining access to traditional office-based mental health and substance use services.

Key Messaging and Recommended Response:

- **Everyone deserves to feel safe in their community.**
- **Government is committed to supporting communities in addressing street disorder and public safety concerns by expanding mental health intervention teams, like the ACT teams announced in 2020.**
- **There are now 32 ACT teams province wide.**
- **ACT teams provide flexible, individualized support for adults with serious, complex and often persistent mental health challenges that make it difficult to manage day-to-day activities.**
- **ACT teams are mobile and deliver 24/7 services in the community, such as in clients' homes, at work, parks, or recreation locations.**
- **These teams are the highest standard for delivering community based mental health services for people with serious challenges, and result in improved outcomes for people and communities where they live.**

CURRENT SITUATION

- In 2020/21, an estimated 121,400 people in BC lived with severe addictions and/or mental illness. These individuals have been receiving treatment for substance use or have one or more psychiatric diagnosis that may have required recent hospitalization.¹
- Across the province, the number of ACT teams has increased from 0 in 2007 to 32 teams by 2023.²
- As of January 31, 2018, the 21 ACT teams within BC at that time served a total of approximately 1733³ persons with severe mental health and concurrent substance use challenges.

FINANCIAL IMPLICATIONS

- In 2020/21, the Ministry provided the regional health authorities (RHAs) with \$3.5 million to begin implementing 6 additional ACT teams. Funding was used to create a total of 8 new ACT teams.
- Since 2021/22, the Ministry has provided the RHAs with \$17.0 million in annual funding to support the additional 8 ACT Teams, as well as the expansion of other ACT teams.

¹ HSIAR Division, Ministry of Health. Health System Matrix Version 13.0, table AHIP.HSM_BASIC_INFO, as of Feb 21, 2023

² Ministry of Health. (2023) Survey of ACT Teams in BC: *Estimates Response Template*. 2018. (Individual HA reports appended to eApprovals and see footnote 8 for sources of new ACT teams).

³ Ministry of Health. (2018). *Estimates Response Templates*.

LEGISLATIVE SESSION – ESTIMATES NOTE

KEY BACKGROUND

- ACT is an evidence-based model of care, primarily for individuals who have a history of severe mental illness such as psychosis, significant functional challenges, and multiple complex needs which may or may not include substance use issues.
- ACT has demonstrated significant impacts for the system, and for people with mental illness and/or substance use problems. For example, as of October 2019, 345 clients in Vancouver received ACT team supports. The Vancouver ACT teams reported an approximately 50% average reduction in hospital emergency room visits, approximately 80% average reduction in acute care bed-days, and approximately 50% reduction in criminal justice involvement.
- Many clients with severe substance use and/or mental illness have had difficulty maintaining access to traditional community mental health and substance use services, and have high utilization rates of emergency, acute, and tertiary care services.⁴
- ACT operates 24 hours a day, 7 days a week and provides a low staff-to-client ratio (1:10), frequent contact with clients, and an integrated multi-disciplinary team approach.⁵
- ACT teams are comprised of nurses, nurse practitioners, social workers, peer support workers, occupational therapists, vocational rehabilitation specialists, concurrent disorder clinicians and psychiatrists, as well as partnerships with local law enforcement, housing providers, primary care physicians and other clinical specialists, as needed.
- In 2008, the Ministry of Health (the Ministry) developed Standards of Care for ACT in order to ensure high quality services consistent with a proven program model. The standards guide ACT program start-up, implementation and ongoing operations, including definitions for the minimum program and staffing requirements.
- In 2009, a provincial ACT Evaluation Framework was developed by the Ministry to guide team data collection and outcome reporting.

The Ministry's *Integrated Models of Primary Care and Mental Health & Substance Use Care in the Community* (2012) identifies ACT as a BC best practice in wrap-around, integrated team care services for individuals with severe and persistent mental illness, and concurrent substance use disorders.

Number of Assertive Community Treatment Teams by Health Authority as of February 2023 in BC⁶

Health Authority	# of ACT teams	Location	Number of Clients Served
Interior Health	3	<ul style="list-style-type: none"> • Kelowna (2 teams) • Kamloops 	107
Fraser Health	7	<ul style="list-style-type: none"> • Surrey • Surrey/North Delta • Abbotsford/Mission • New Westminster/Tri-Cities • Burnaby • Maple Ridge • Langley 	428

⁴ Ministry of Health. (2008). *British Columbia Program Standards for Assertive Community Treatment (ACT) Teams*. (P 6). Available from http://www.health.gov.bc.ca/library/publications/year/2008/BC_Standards_for_ACT_Teams.pdf. Last accessed on October 5, 2018.

⁵ Ibid. (P 11).

⁶ Email, Karen Omelchuck, INT MHSU Network Director, October 11, 2019, Roger Parsonage, Interim VP, Clinical Operations, IH, October 22, 2020

Email, Meryl MacDowell, FHA Executive Director, Clinical Programs and Operations, October 8, 2019, and October 21, 2020

Email, Suhail Nanji, VCHA Regional Lead MHSU, October 7, 2019, and Andrew MacFarlane, November 13, 2020

Email, Monica Flexhaug, VIHA Director Special Projects, October 11, 2019, and Kelly Reid, VIHA Interim Executive Director, April 20, 2021

Email, Michelle Lawrence, NHA Executive Lead MHSU, October 9, 2019, and October 28, 2020

LEGISLATIVE SESSION – ESTIMATES NOTE

Vancouver Coastal Health	7	<ul style="list-style-type: none"> • Vancouver (6 teams) • Richmond 	345
Island Health	13	<ul style="list-style-type: none"> • Victoria (5 teams) • Nanaimo (2 teams) • Comox Valley • Duncan/Cowichan (2 teams) • Campbell River • Port Alberni • Port Hardy/Mount Waddington 	767
Northern Health	2	<ul style="list-style-type: none"> • Prince George • Quesnel 	86
BC Provincial Total	32		1733

- As part of the funding announced in fall 2020, the Ministry has appointed the Vancouver Coastal Health Authority to lead a Provincial ACT Advanced Practice Initiative. This Advanced Practice has established a province-wide network to facilitate the management of ACT teams across BC, provide direct support to clinicians and managers, and ensure ACT fidelity requirements are met.

LAST UPDATED

The content of this fact sheet is current as of February 17, 2023 as confirmed by Gerrit van der Leer, Acting Executive Director, Mental Health and Substance Use Division, Ministry of Health.

APPROVALS

2023 02 17 – Gerrit van der Leer, Mental Health and Substance Use Division

2023 03 26 – Darryl Sturtevant, Mental Health and Addiction Division

2023 03 21 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

2023 03 13 – Christine Voggenreiter obo Martin Wright, Health Sector Information, Analysis & Reporting Division

ESTIMATES NOTE

TOPIC Safer Communities Action Plan

Issue: An overview of the Safer Communities Action Plan focusing on items led by or closely involving MMHA

Key Messaging and Recommended Response:

- **Everyone deserves to feel safe in their community.**
- **The Safer Communities Action Plan invests in stronger enforcement to address repeat violent offending and strengthens services to build safe, healthy communities for everyone.**
- **We are expanding mental health crisis response teams into more communities so people in crisis can get supports from health care workers and community members.**
- **We are also investing to help people living with brain injuries, including those resulting from toxic drug poisoning.**
- **The majority of people experiencing mental health and addictions challenges pose no risk to others' safety.**
- **However, for the small number of people who are at risk of harm to themselves or others due to their illness, access to the right support at the right time can be transformative – for themselves and their families and communities.**
- **These expanded services reinforce our work to support our province's most marginalized people, ensure police resources are being used where needed most, and continue building a comprehensive system of mental health and addictions care.**

KEY FACTS

Background/Status:

- The Safer Communities Action Plan (the Plan), announced by Premier Eby in November 2022, committed to immediate measures to promote safety for all British Columbians.
- The Plan is focused on strengthening enforcement for individuals with repeat criminal justice encounters and strengthening services for individuals with mental health and substance use (MHSU) challenges.
- Key initiatives led by or closely involving MMHA include:
 - Peer Assisted Care Teams (PACT): \$9.9 million to CMHA-BC for a total of 10 PACTs. These are BC's first civilian-led (non-police) teams that provide a mobile community-led response to crisis calls related to mental health and/or substance use. The program pairs a mental health professional and a peer worker to provide trauma-informed support to youth aged 13+ and adults.

ESTIMATES NOTE

- Indigenous-led Crisis Teams: \$0.2 million to begin development of Indigenous-specific civilian-led crisis response teams.
- Integrated Mobile Crisis Response Teams, or Car programs: \$3 million for police and health authority partnerships. These are teams that partner police officers and mental health clinicians to respond to 911 calls involving a mental health crisis.
- The Seamless Continuum of Care (Initiative: Through Budget 2023 the Province is investing \$157.5 million in a new model of treatment, offering seamless care from withdrawal management (detox) to treatment. The initial site will be at St. Paul's Hospital through a partnership between Providence Health Care and Vancouver Coastal Health. Going forward, the Province will be working with health authorities to develop regional models to expand this approach across the B.C.
- Brain Injury Alliance: \$4.5 million was provided in 2022/23 to expand services to people living with brain injury.
- Health IM: A related initiative led by PSSG, this is a digital public safety system designed to improve emergency police response in mental-health and substance-use situations.
- Strategic drivers behind the MHSU initiatives in the plan include key recommendations from 3 recent reports (the Special Committee on Reforming the Police Act, the Rapid Investigation into Repeat Offender and Random Stranger Violence in BC, and the Select Standing Committee on Health) to fund a continuum of MHSU care from crisis response, to stabilization, to ongoing treatment and support.

The Safer Communities Action Plan is also guided by MMHA and PSSG mandate commitments.

FINANCIAL IMPLICATIONS

Budget/Expenditures (in millions):

- Building on investments in 2022/23 of \$14.44 million, Budget 2023 is investing an additional \$160.72 million over three years towards the Safer Communities Action Plan in MMHA and HLTH-led initiatives.

Initiative & Ministry	2022/23	2023/24	2024/25	2025/26	3-year Total
PACT (MMHA)	9.944	0.200			0.200
Integrated Mobile Response (Car) (MMHA)		3.000			3.000
Seamless Continuum of Care (HLTH)		14.107	Government Financial Information		157.523
Brain Injury Alliance (MMHA)	4.500				
Total	14.444	17.307			160.723

Approvals:

2023-03-02 – Francesca Wheler, ADM, Child & Youth and Mental Health Policy
 2023-02-25 – Brad Williams, CFO, Corporate Services
 2023-03-03 – Tracee Schmidt, EFO, Corporate Services
 2023-03-15 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Hypoxic and Anoxic Brain Injury (Illicit Drug Poisoning)

Issue: British Columbians living with hypoxic or anoxic brain injury (HBI/ABI) due to non-fatal toxic drug poisoning.

Key Messaging and Recommended Response:

- We know that the increasingly toxic drugs supply means more people are at a risk of brain injury after they survive a toxic drug poisoning event.
- That's why we're working to identify ways to better understand the size of the population with hypoxic or anoxic brain injury, and to screen, diagnose, treat, and support individuals with brain injury due to toxic drug poisoning.
- We're working with our partners to collect input from health service providers, including neurologists, addiction physicians, psychiatrists, as well as social-service providers, and people with lived and living experience.
- Our aim is to improve the system of care for people with brain injury due to toxic drug poisoning while also creating effective monitoring and performance measures for ongoing planning and response.
- In 2023 MMHA provided \$4.5 million to the Brain Injury Alliance to support 3 years of delivery of services to those living with brain injury.

KEY FACTS

Background/Status:

- When a person experiences a toxic drug-related poisoning, their normal breathing rate is decreased, resulting in a partial deficiency or a total loss of oxygen supply to the brain (hypoxic and anoxic brain injury respectively – HBI/ABI). Without enough oxygen, brain cells begin to deteriorate, which may lead to significant cognitive, physical, and psychological impairments.
- Data from the BC Centre for Disease Control (BCCDC) indicates that of the 44,965 toxic drug poisoning events that were documented between January 2015 to December 2020, the vast majority were not fatal – approximately 19% died with 81% surviving.¹
- Limited but robust clinical and research evidence indicates that for some individuals there are enduring, often lifelong, consequences of experiencing non-fatal toxic drug poisoning. HBI/ABI is one such consequence.^{2,3}

ESTIMATES NOTE

- Accurate epidemiological estimates of the number of people with HBI/ABI due to non-fatal drug poisoning (e.g., incidence and prevalence) in British Columbia are not readily available.
- Some estimates (data from the years 2015 to 2017) indicate a high occurrence of HBI/ABI (2.3%), mostly among older males in British Columbia who experience non-fatal toxic drug poisonings as compared to the general population (0.06%).⁴
- In a national-level analysis using more recent data (from 2019 to 2020), the prevalence of opioid-related hospitalizations with co-diagnosed HBI/ABI was found to be 4.2%, primarily among younger (median age = 36 years) males (67%) across the country.⁵
- The mortality rate is high among British Columbians hospitalized for an initial toxic drug poisoning and a co-diagnosis of anoxic or hypoxic brain injury, with approximately half of the people succumbing to death during their hospitalization.

Limitations in our knowledge

- Current estimates likely significantly underestimate the true prevalence of HBI/ABI, given the historical nature of the data, the administrative data capture limitations (e.g., only capturing those receiving healthcare services), and a bias towards severe cases.
- Few Brain Injury or Mental Health and Substance Use programs administered through Health Authorities or university-based clinics have specific expertise and capacity to serve those with HBI/ABI due to toxic drug poisoning – even academic and clinical research on this phenomenon is limited.

Estimated cost of care

- The negative health and social impacts associated with HBI/ABI increase the burden of care for this population. Those co-diagnosed with HBI/ABI and toxic drug poisoning require longer stays at the hospital (20.1 days, as compared to 7.3 days for toxic drug poisoning alone).⁶
- National estimates for the annual medical costs associated with non-traumatic brain injury (e.g., HBI/ABI) in the first year following injury is significantly higher (\$38,018 per patient) as compared to the care costs for traumatic brain injury (\$32,132 per patient).⁶
- Provision of care may be further complicated by pre-existing comorbid conditions (e.g., mental illness, congenital cognitive impairments such as Fetal Alcohol Spectrum Disorder, other disabilities, etc.), and may increase both the cost and duration of services required for specialized care, which can be life-long.

Key Initiatives

- In March of 2022, the Ministry of Mental Health and Addictions (MMHA) grant funded \$345,000 to Constable Gerald Breese Centre for Traumatic Life Loss to support research into the intersections of brain injury and mental health and addictions.
- In March of 2022, the Ministry of Health awarded a seed grant of \$25,000 to Drs. Colette Smart, Jodie Gawryluk, and Brian Christie at the University of Victoria to conduct a qualitative research study with people with opioid-related anoxic brain injury and healthcare professionals to identify opportunities and barriers to serving this population.
- In September of 2022, a Mitacs Canadian Science Policy Fellow, neuroscientist Dr. Aysha Basharat, joined the Ministry of Health to scope HBI/ABI through engagement with health-service and social-service provision partners, researchers, and people with lived and living experience. The project aims to understand and improve epidemiology

ESTIMATES NOTE

metrics and to identify ways to better screen, diagnose, treat, and determine the needs for long-term support for those living with HBI/ABI.

FINANCIAL IMPLICATIONS

- In 2023 MMHA provided \$4.5 million to the Brain Injury Alliance to support 3 years of delivery of services to those living with brain injury.

Approvals:

February 21, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 27, 2023 – Brad Williams, CFO, Corporate Services

March 1, 2023 – Tracee Schmidt, EFO, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

¹ BC Centre for Disease Control: Provincial Overdose Cohort; January 2023. <http://www.bccdc.ca/provincial-overdose-cohort>

² Hong, J. S., et al. Neurologic, cognitive, and behavioral consequences of opioid overdose: a review; October 2019. <https://link.springer.com/article/10.1007/s40141-019-00247-2>

³ Zibbell, J., Howard, J., Clarke, S. D., Ferrell, A., & Karon, S. Non-fatal opioid overdose and associated health outcomes: Final summary report; September 2019. <https://aspe.hhs.gov/reports/non-fatal-opioid-overdose-associated-health-outcomes-final-summary-report-0>

⁴ BC Centre for Disease Control: Provincial Overdose Cohort; January 2023. <http://www.bccdc.ca/provincial-overdose-cohort>

⁵ Opioid-related poisoning and anoxic brain injury in Canada: a descriptive analysis of hospitalization data. Public Health Agency of Canada; March 2021. <https://www.canada.ca/en/health-canada/services/opioids/opioid-related-hospitalizations-anoxic-brain-injury.html>

⁶ Chen et al. Direct cost associated with acquired brain injury in Ontario. August 2012. <https://bmcneurol.biomedcentral.com/articles/10.1186/1471-2377-12-76>

ESTIMATES NOTE

TOPIC Mobile Integrated Crisis Response Teams (Car Programs)

Issue: Police/health mobile mental health crisis response teams

Key Messaging and Recommended Response:

- **Everyone deserves to feel safe in their communities.**
- **Through the Safer Communities Action Plan, we are investing in stronger services to build safe, healthy communities for everyone.**
- **That's why we are creating new Integrated Crisis Response Teams, often called "Car programs."**
- **These teams pair a police officer with a health-care worker to respond to mental health calls.**
- **The program provides on-site emotional and mental health assessments, crisis intervention and referrals to appropriate services.**
- **Budget 2023 provides \$3 million in 2023/24 to support the expansion of this service model in BC.**
- **This new funding will help to ensure that people experiencing mental health crisis in communities are met by health-care workers and connected to the services and supports they need.**

KEY FACTS

Background/Status:

- Integrated Mobile Response Teams, often called Car Programs (e.g., Car 87, Car 22), are mobile crisis response units that partner police officers and health care workers, often a psychiatric nurse, to respond to mental health-related 911 calls for service.
- Historically, these programs have been developed locally by health authorities and police departments, funded out of their existing budgets.
- Total costs for these programs vary depending on community size and service model. As an example, in 2021, Car 87 and 88 in Vancouver cost approximately \$1.4 million.
- In November 2022, Premier Eby announced \$3 million to expand Car programs as part of the Safer Communities Action Plan. This will be the first time these programs have dedicated funding from the Province.
- MMHA is working with PSSG to develop and launch an application and evaluation process for this funding, to ensure the \$3 million contributes to improved outcomes for people requesting immediate help with a mental health crisis.

Advice/Recommendations

Advice/Recommendations

ESTIMATES NOTE

- Car programs are popular with municipalities. In recent years, several municipalities and police departments have called for expansions to Car programs and similar services.
- Since December 2022, multiple new programs or program expansions have been announced. These are all outside of the \$3 million Safer Communities investment:
 - Expansion and renaming of existing programs in Kelowna and Kamloops (announced December 2022);
 - New Nanaimo Car 54 (announced January 2023);
 - New Victoria Co-Response Team (announced January 2023); and
 - City of Vancouver funding to increase capacity of Vancouver Car 87/88, along with other mental health response services (February 2023).
- Integrated Mobile Response teams, or similar programs with different names, exist in each region in BC:
 - Vancouver Coastal Health: Car 87/88 (Vancouver), Car 22 (North Shore), Fox 80 (Richmond);
 - Fraser Health: Car 67 (Surrey);
 - Interior Health: Integrated Response Teams (Kamloops & Kelowna) (previously known as Car 40 in Kamloops and Police and Crisis Team in Kelowna);
 - Northern Health: Car 60 (Prince George and Fort St. John), Northwest Specialized Response Team (Terrace); and,
 - Island Health: Integrated Mobile Response Team (IMCRT) (Capital region), Co-Response Team (Victoria & Esquimalt), Car 54 (Nanaimo), Car 60 (Duncan & North Cowichan).
- Current programs are not standardized. Variations include:
 - IMCRT in the Capital region staffs not only nurses but also allied health professionals and child and youth clinicians. IMCRT also dispatches police officers only if public safety may be at risk.
 - The North Shore's Car 22 spans more than one municipality and includes a focus on culturally sensitive policing that is responsive to needs of local First Nations
 - Programs also differ in their use of uniforms and marked police cars.
- Mobile response teams exist on a spectrum of police involvement: from police-only response, to joint police/health response (e.g., Car programs), to civilian-led teams (no police involvement by default).
- Expanding mental health crisis response services is recommended in 3 recent reports: the final report of the Special Committee on Reforming the Police Act (April 2022); the Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia (LePard-Butler report, September 2022); and the Select Standing Committee on Health report (November 2022).
- The Safer Communities Action Plan also announced funding to support 12 civilian-led crisis response teams, including Peer Assisted Care Teams and Indigenous-led teams. Like Car Programs, civilian-led crisis response teams aim to provide appropriate and safe care to individuals experiencing mental health crises.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The total Budget 2023 investment in Integrated Mobile Response teams is \$3 million in 2023/24. No funding has been committed to date for future years.

Approvals:

2023-02-20 - Francesca Wheler, ADM, Child, Youth and Mental Health Policy

2023-02-25 – Brad Williams, CFO, Corporate Services Division

2023-03-01 – Tracee Schmidt, EFO, Corporate Services Division

2023-03-31 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION – ESTIMATES NOTE

East Hastings Encampment Response

(formerly Downtown East Side Homelessness – Mental Health and Substance Use Supports)

Topic: Overview of the Province's response to Vancouver's East Hastings encampment.

Key Messaging and Recommended Response:

- **Everyone in the Downtown Eastside deserves a safe, stable and supportive place to call home.**
- **Over the past several months, the Province has led work with Indigenous, community and government partners to develop and implement a new coordinated response plan to support people in the Downtown Eastside and build on the community's strength and resilience.**
- **It's focused on helping people get off the streets and into homes to resolve encampments, and on strengthening health, social and cultural supports to make the Downtown Eastside a healthier, safer place for everyone.**
- **One of the key measures of the response plan is strengthening access and co-ordination for health, mental-health and substance use services for people in the Downtown Eastside, including through:**
 - **establishing a new multidisciplinary team that will work to identify the needs of people facing homelessness so they can quickly access health and social services and support transitions to indoor spaces as a pathway to appropriate housing options;**
 - **expanded addiction treatment options, such as the new Road to Recovery model of addictions care at St. Paul's Hospital; the first 45 beds are expected to open by fall 2023; and**
 - **expanded mental-health crisis response teams.**

CURRENT SITUATION

- On July 25, 2022, Vancouver Fire and Rescue Services issued a Fire Order to remove tents and structures along East Hastings Street due to imminent structure and life safety dangers. The City of Vancouver (CoV) developed a phased Hastings Structure Removal plan that commenced on August 9, 2022. This plan, which was quickly halted and paused until January 2023 when CoV resumed activities with a measured approach to provide clean-up, storage and outreach.
- In September 2022, A Provincial Executive Steering Committee (PESC), led by AG, was established to provide oversight of the planning and implementation of the encampment response. This committee includes executive representatives from CoV (fire, police, and CoV), BC Housing, Ministry of Health (HLTH), Ministry of Social Development and Poverty Reduction (SDPR), Emergency Management BC, Ministry of Public Safety and Solicitor General, Ministry of Mental Health and Addictions (MMHA) and Vancouver Coastal Health Authority (VCHA).

LEGISLATIVE SESSION – ESTIMATES NOTE

- To enhance cross sectoral demographic data on the population residing on Hastings, VCHA conducted an informal mapping exercise in early October 2022 to assess attachment to health services and level of wellness in the DTES. Key findings include¹:
 - ~60% of the 180 people surveyed were attached to a clinic/health team.
 - ~60% assessed as having low health needs, 30% as medium, and 5% as high.
 - Hastings blocks generally had higher acuity and lower attachment.
- HLTH has been supporting VCHA to provide community members impacted by the structure removal with health care and other supports, including ²:
 - Access to 6 existing Assertive Community Treatment teams in the Vancouver area;
 - provision of harm reduction supplies and overdose response training to encampment residents;
 - surveillance with partners for evidence of increased overdoses;
 - health and wellness checks during declared heat warnings;
 - periodic walk throughs to check in on clients and connect them to primary and addictions care;
 - and periodic inspections by Environmental Health Officers to monitor provision of safe drinking water, sanitation, and food services.
- Since the Fire Order was first issued in late July 2022, BC Housing has opened 139 spaces in Vancouver, which is a combination of recently renovated single room occupancy hotel rooms and new shelter spaces.**Error! Bookmark not defined.**
- Under a renewed 2022 mandate, the Ministry of Health (the Ministry) continues to work with the Ministries of Housing (HOUS), the Attorney General (AG), Mental Health and Addiction (MMHA), Social Development and Poverty Reduction (SDPR), Public Safety and Solicitor General (PSSG), Children and Family Development (MCFD), and Indigenous Relations and Reconciliation (MIRR) as well as with BC Housing, health authorities (HAs) and Indigenous Partners to address the needs of people experiencing homelessness, including those living in encampments.
- Since the refreshed mandate, the province has led the development of a draft *Provincial Response Plan: Supporting the Downtown Eastside* (the Plan). Announcement of the Plan is anticipated in March 2023.
- The Plan outlines the provincial government's approach to restoring community health and safety in the DTES, as well as the prevention of encampments in the DTES from growing and becoming entrenched long-term.
- On February 14, 2023, CoV approved the proposal from VCHA for a \$2.8M grant to enhance urgent mental health services, including expanding the Car 87/88 program, establishing moderate de-escalation services, and strengthening Indigenous approaches across all VCHA Urgent and Mental Health and Substance Use services. Grant funding was enabled by the Council motion to hire 100 new police officers and nurses.^{3,4}
- To expand housing options for the decampment of Hastings, VCHA will be submitting a proposal to provide enhanced health supports to the temporary modular units with expected tenancy beginning in March 2023.
- The request for proposal was endorsed by PESC and will be supported through early investments in the implementation of the Homelessness Strategy, Integrated Support Framework for supportive housing units through Budget 2023.
- A January 2023, CoV outreach summary showed that 92 people sheltering along Hastings Street need housing, 69 of whom have been sheltering there for at least five months. As of January 24th; 77 structures remained along Hastings St., the lowest amount since reporting began with more than 180 in August 2022.⁵

¹ Ministry of Attorney General and Minister Responsible for Housing. (October 18, 2022). East Hasting Encampment Response Issues Note.

² Email communication from VCH. September 20, 2022

³ CoV (accessed Feb 17, 2023). [Council receives proposal to expand collaborative partnerships on mental health and public safety in Vancouver.](#)

⁴ CoV Meeting Minutes – Council meeting – February 14, 2023. <https://council.vancouver.ca/20230214/documents/regu20230214mins.pdf>

⁵ Ministry of Housing (February 10, 2023). East Hasting Encampment Response Issues Note.

LEGISLATIVE SESSION – ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- In 2020/21, HLTH provided \$2.263M to VCHA to reimburse costs incurred to support the decampment initiatives related to Oppenheimer Park in Vancouver.
- In 2021/22, HLTH allocated \$13.04M to VCHA to support urgent homelessness and decampment initiatives.
- In 2022/23, HLTH allocated \$18.12M to VCHA to support ongoing urgent homelessness and decampment initiatives, and \$2.5M for the Supported Rent Supplement Program.
- Budget 2023 provides \$228 million over three years to establish new regional multi-disciplinary teams to support rapid response for regions responding to substantive encampments.

KEY BACKGROUND

- In January 2023, the province approved a refreshed Homelessness Strategy, *Belonging in BC* (the Strategy), that sets a framework for government's actions to address homelessness, with a move towards a greater focus on prevention and stability as well as immediate response.
- Health needs in the Vancouver Downtown Eastside (DTES) are complex, with the client population experiencing mental health & substance use challenges, history of trauma, and Indigenous-specific issues.⁶
- With Urgent Homelessness Response and decampment funding, VCHA implemented health, and mental health and substance use services to support individuals moving from encampments into indoor spaces in Vancouver, including low barrier home support, outreach mental health and substance use, and primary care for homeless and newly housed individuals, intensive housing outreach teams, inner city Public Health Outreach to homeless/precariously housed, and housing-based overdose prevention.
- A new report from the Office of the Federal Housing Advocate says that Canada's approach to homeless encampments is a human rights violation and that Vancouver's response to the increasing encampments has led to serious harm and lawsuits, adding that tearing down encampments amount to forced eviction.⁷

LAST UPDATED

The content of this fact sheet is current as of February 21, 2023, as confirmed by Gerrit van der Leer, Acting Executive Director, Mental Health and Substance Use Division, Ministry of Health.

APPROVALS

2023 02 21– Gerrit van der Leer, Mental Health and Substance Use Division

2023 03 31 – Darryl Sturtevant, Mental Health and Addictions Division

2023 03 21 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

⁶ Vancouver Coastal Health. (December 12, 2022). Proposed Framework for Vancouver Inner City MHSU Supports.

⁷ Flynn, A. et al. 2022. Overview of Encampments Across Canada: A Right to Housing Approach. The Office of the Federal Housing Advocate.

2023/24 ESTIMATES NOTE

Last updated: April 4, 2023

BELONGING IN BC – PROVINCIAL HOMELESSNESS STRATEGY

KEY MESSAGES:

- Belonging in BC is the first comprehensive framework for the Province to prevent and reduce homelessness, that encapsulates initiatives led by several ministries.
- It aims to prevent and reduce homelessness by focusing on root causes of homelessness, systems change and actions to help people become stably housed through collaboration across government and with partners.
- Budget 2022 announced \$633 million over three years to support individuals experiencing or at risk of homelessness, with actions underway.
- Budget 2023 includes additional funding of \$1.6 billion to: provide more homelessness and housing supports, establish regional coordination and temporary housing for rapid encampment response, and expand Complex Care Housing.
- Belonging in BC recognizes the importance of Indigenous-led solutions to Indigenous homelessness; and includes Indigenous-led initiatives.
- There is significant alignment between Belonging in BC and the recommendations of the BC Indigenous Homelessness Strategy released in October 2022. An Indigenous advisory committee is being established to ensure engagement is ongoing and meaningful.
- Belonging in BC was released publicly on April 3, 2023, and it includes significant input from Indigenous and community partners – as well as people with lived experience.
- The Ministry of Housing has a mandate commitment to expand on homelessness supports launched in Budget 2022 through additional funding to prevent and address homelessness. This includes the development of a Provincial Plan for the Downtown Eastside to address immediate safety concerns and support the long-term health, safety, vibrancy, and unique culture of the neighbourhood.

FINANCES:

- Budget 2023 will expand on the investments made in 2022 through allocations in the Housing Strategy for:
 - \$69.5 million in new funding for the Homeless Encampment Action Response for Temporary Housing (HEARTH), which includes funding for emergency housing, shelter options, and immediate coordinated supports to assist people in encampments or sheltering in public spaces.

Confidential

- \$0.48 million in new funding for the new Provincial Homeless Encampment and Action Response Team (HEART), which will establish regional multidisciplinary teams for rapid response to encampments and is based on the award-winning model in Greater Victoria.
- Mental Health and Addictions/Health: \$169 million over three years to build 80 new, purpose built Complex Care Housing Units.
- \$7.3 million in funding to Ministry of Health to provide health supports under the Homelessness Action Plan.
- \$44.2 million in funding for modular housing to reduce homelessness.
- \$2.48 million in funding to BC Housing to support non-profit staffing levels.

STATISTICS:

- The 2020/21 BC Point in Time (PiT) count identified a total of 8,665 individuals experiencing homelessness during their respective point-in-times. PiT counts provide a snapshot of people who are experiencing homelessness within specific communities in a 24-hour period.

BACKGROUND:

- Belonging in BC is a mandate commitment for the Ministry of Housing and is supported through the mandate letters of other Ministers.
- The framework outlines four sets of priority actions:
 - Transform systems – Build integrated, culturally safe, inclusive, just, and welcoming systems.
 - Enhance partnerships and strengthen collaboration – Between other levels of government, community service providers, Indigenous peoples, and people with lived/living experience.
 - Promote equitable service design and delivery – Address unique and intersecting needs of priority populations.
 - Strengthen data-driven, evidence-informed policy and programs – Enhance the available data on homelessness, use data and evidence to implement wise and innovative practices.
- Work is underway on further development, implementation planning and evaluation of the Belonging in BC, including on the Integrated Support Framework and Rent Supplement Program, Engagement, Encampment Response Coordination and the expansion of health and Complex Care Housing services.

Contact: Meghan Will, A/ADM, HPHSD

Mobile: Government Financial Information

LEGISLATIVE SESSION – ESTIMATES NOTE

Provincial Homelessness – Mental Health and Substance Use Supports

Topic: Overview of the Province's response to homelessness and encampments with a focus on wraparound mental health and substance use (MHSU) supports and services.

Key Messaging and Recommended Response:

- Homelessness is growing in BC, made worse by the housing affordability and drug toxicity crises.
- In Budget 2023, government committed \$272M over 3 years to build on the additional measure to address homelessness announced in Budget 2022, including additional housing and health supports for vulnerable people, and new teams and new housing units to address the needs of people living in encampments.
- In Budget 2022, government committed \$633M of new funding to help thousands of people maintain and access housing and supports over 3 years
- *Belonging in BC* is the first comprehensive Homelessness Strategy for the Province led by the Ministry of Housing in collaboration with several Ministries including the Ministry of Health

CURRENT SITUATION

- Under a renewed 2022 mandate, the Ministry of Health (the Ministry) continues to work with the Ministries of Housing (HOUS), the Attorney General (AG), Mental Health and Addiction (MMHA), Social Development and Poverty Reduction (SDPR), Public Safety and Solicitor General (PSSG), Children and Family Development (MCFD), and Indigenous Relations and Reconciliation (MIRR) as well as with BC Housing, health authorities (HAs) and Indigenous Partners to address the needs of people experiencing homelessness, including those living in encampments.
- In January 2023, the province approved a refreshed Homelessness Strategy, *Belonging in BC* (the Strategy), that sets a framework for government's actions to address homelessness, with a move towards a greater focus on prevention and stability as well as immediate response.
- Budget 2022 allocated \$633M over 3 years to fund initiatives under an initial draft of this strategy.
- Strategy actions include implementation of an Integrated Support Framework (ISF) that defines and provides for health and housing supports to help people stabilize in market housing with a rental supplement, ongoing implementation of Complex Care Housing, and planning for expansion of ISF to supportive housing and encampment response teams.
- Also included in the Strategy is the commitment to develop a Provincial Encampment Response Framework to support, reduce and resolve encampments.
- The Strategy announcement is scheduled for April 3, 2023.

Urgent Homelessness Response (UHR) and Encampment Response

- Through UHR funding, health authorities (HAs) have implemented services to support the health needs of people experiencing homelessness, services include:
 - Low barrier team-based primary health care with addiction medicine
 - Harm reduction and overdose prevention services
 - Specialized community MHSU services (such as Intensive Case Management Teams)
 - Traditional healing and cultural wellness supports,
 - Home support services for those transitioning into/residing in supportive housing

LEGISLATIVE SESSION – ESTIMATES NOTE

- UHR initiatives help alleviate pressure on higher levels of care, such as Complex Care Housing services, emergency departments and acute care services. UHR also provide a foundation for the expansion of ISF across settings.
- The Ministry continues to monitor HAs ongoing implementation of approved initiatives, supporting the transition of UHR initiatives to ISF through 2024/25.
- The Province is also taking a cross-sector coordinated approach to addressing encampments as they arise. A recent focus has been to support unsheltered people in the DTES, ensuring community members impacted by structure removal have access to health care and supports (for additional information, see Fact Sheets Provincial Plan: Supporting Downtown Eastside and Downtown Eastside Homelessness: Mental Health and Substance Use Supports).
- *Provincial Response Plan: Supporting the Downtown Eastside* (the Plan) to be announced March 26, 2023.

Supported Rent Supplement Program (SRSP)

- The SRSP pairs rent supplements with wrap-around supports for people experiencing, or at risk of, homelessness who have mild to moderate health needs and who require additional assistance to maintain or transition to stable housing.
- The Ministry is overseeing the planning, implementation, and evaluation of the SRSP health-related wraparound supports.

Complex Care Housing

- In November 2020, the Minister of Mental Health and Addictions was mandated to lead the development of complex care housing (CCH) to provide an increased level of support for BC's most vulnerable individuals, who have complex mental health and substance use challenges and who are unstably housed or homeless.
- CCH provides enhanced health, mental health and substance use, and social services in housing settings. Services vary across projects, but may include team-based primary care, clinical counselling, psychiatry and mental health treatment, overdose prevention, case management, addictions medicine, Indigenous cultural supports, occupational therapy, and medication management support.
- MMHA is working with implementation leads (the five regional health authorities, Provincial Health Services Authority [PHSA], the Aboriginal Housing Management Association [AHMA], and Ktunaxa First Nation) to implement CCH (for details, see MMHA Estimates Note: Complex Care Housing).

FINANCIAL IMPLICATIONS

- In 2020/21, HLTH provided \$2.26 million to VCHA to reimburse costs incurred to support the decampment initiatives related to Oppenheimer Park in Vancouver.
- In 2021/22, HLTH allocated \$13.04 million to VCHA to support urgent homelessness and decampment initiatives.
- In 2022/23, HLTH allocated \$18.12 million to VCHA to support ongoing urgent homelessness and decampment initiatives and \$2.5M for the Supported Rent Supplement Program
- Budget 2023 commits \$272 million over 3 years to build on the \$633 million over three years to address homelessness announced in Budget 2022. including additional housing and health supports for vulnerable people, and new teams and new housing units to address the needs of people living in encampments.
- Complex Care Housing:
 - Budget 2022 invests \$164 million over three years to provide health-focused services within the complex care housing program.
 - Budget 2023 builds on this initial investment, providing an additional \$97 million in operating funding to support health-focused services and resources at complex care sites..
 - Budget 2023 also provides \$169 million in capital funding (through the Ministry of Housing) over the fiscal plan to deliver more units of complex care housing..

LEGISLATIVE SESSION – ESTIMATES NOTE

KEY BACKGROUND

- Homelessness is growing in BC. According to the 2020/21 *Point-in-Time Homelessness Count*, over 8,665 people experience homelessness in BC.¹ According to the 2021 *BC Preventing & Reducing Homelessness Integrated Data Project*, 23,400 people experienced homelessness at one time between January and December 2020, with over half experiencing chronic homelessness (for a period of 6 months or more).²
- Homelessness disproportionately impacts Indigenous people; life expectancy is lower for people experiencing homelessness than the general population; and many people experiencing homelessness live with complex health issues including chronic disease, MHSU issues, and physical disability.³
- Drafted in 2022, the ISF is a model and system of health, social, cultural, and housing supports for people experiencing or at risk of homelessness across unsheltered and housing settings. It is committed to providing wrap-around supports required to support individuals experiencing homelessness to maintain housing that are accessible, culturally safe, and trauma-informed. The Ministry is responsible for the coordination and integration of physical health and MHSU supports across settings.
- The ISF expands on the work and partnerships initiated in response to COVID-19, such as when healthcare and housing providers came together to deliver health and housing supports for people experiencing homelessness in alignment with the *COVID-19 Joint Provincial Framework for Emergency Response Centres*.

LAST UPDATED

The content of this fact sheet is current as of March 21, 2023 as confirmed by Gerrit van der Leer.

APPROVALS

2023 02 21 – Gerrit van der Leer, Mental Health and Substance Use Branch

2023 03 04– Darryl Sturtevant, Mental Health and Substance Use Division

2023 03 31– Peter Klotz obo Rob Byers, Finance and Corporate Services Division

¹ Homelessness Services Association of BC, Urban Matters and BC Non-profit Housing Association. 2020/21 Report on Homeless Counts in BC. Burnaby, BC: Metro Vancouver. Retrieved from: <https://www.bchousing.org/research-centre/housing-data/homeless-counts>

² Province of BC. (2021). Preventing & Reducing Homelessness Integrated Data Project.

³ Frankish JC, Hwang SW & Quantz D. 2009. The relationship between homelessness & health: An overview of research in Canada. In: Hulchanski JD; Campsie P; Chau S; Hwang S; Paradis E (eds.) *Finding Home: Policy Options for Addressing Homelessness in Canada*. Chapter 2.1. Toronto: Cities Centre, UofT. Retrieved from: <https://www.homelesshub.ca/resource/21-relationship-between-homelessness-health-overview-research-canada>

LEGISLATIVE SESSION – ESTIMATES NOTE

Supporting the Downtown Eastside - Provincial Partnership Plan

Topic: Overview of the Supporting the Downtown Eastside: Provincial Partnership Plan Working Document.

Key Messaging and Recommended Response:

- Residents living in the Downtown Eastside deserve a safe, stable and supportive place to call home.
- Over the past several months, the Province has led work with Indigenous, community and government partners to develop and implement a new coordinated response plan to support people in the Downtown Eastside and build on the community's strength and resilience.
- On March 26, 2023 the Province released the Supporting the Downtown Eastside: Provincial Partnership Plan Working Document.
- It's focused on helping people get off the streets and into homes to resolve encampments, and on strengthening health, social and cultural supports to make the Downtown Eastside a healthier, safer place for everyone.
- One of the key measures of the response plan is strengthening access and co-ordination for health, mental-health and addictions services for people in the Downtown Eastside, including through:
 - establishing a new multidisciplinary team that will work to identify the needs of people facing homelessness so they can quickly access health and social services and support transitions to indoor spaces as a pathway to appropriate housing options;
 - expanded addiction treatment options, such as the new Road to Recovery model of addictions care at St. Paul's Hospital; the first 45 beds are expected to open by fall 2023; and expanded mental-health crisis response teams.
- On April 3, 2023, the Province released Belonging in BC: A collaborative plan to prevent and reduce homelessness.
 - Belonging in BC is a comprehensive Homelessness Plan for the Province, grounded in prioritizing cultural safety, Indigenous¹ and community partnerships, and the inclusion of people with diverse identities and

LEGISLATIVE SESSION – ESTIMATES NOTE

needs. Since 2017, Government has taken significant actions to address homelessness through multiple ministries and partners. This Plan brings together ministry, Indigenous and community partners on a shared path with a plan and policy framework to guide coordinated actions.

CURRENT SITUATION

- According to a count conducted in mid-July 2022, there was an estimated 460 people sheltering along East Hastings in Vancouver. Of those, about half were identified as requiring housing. The number of individuals sheltering along East Hastings is fluid and fluctuates from day to day and not all tents seen on the street have individuals residing within them.¹
- A January 2023 outreach summary showed that 92 people sheltering along Hastings Street are in need of housing, 69 of whom have been sheltering there for at least five months. As of January 24th; 77 structures remained along Hastings St., the lowest amount since reporting began with more than 180 in August 2022.²
- Health needs in the Vancouver Downtown Eastside (DTES) are complex, with the client population experiencing mental health & substance use challenges, history of trauma, and Indigenous-specific issues.³
- The *Supporting the Downtown Eastside: Provincial Partnership Plan Working Document* outlines the provincial government's approach to restoring community health and safety in the DTES, as well as the prevention of encampments in the DTES from growing and becoming entrenched long-term. Announcement of the Plan is anticipated in March 2023.
- The Plan outlines several goals on how to respond to the needs of the DTES. These goals include:
 - Goal 1: Clear, coordinated, and regular communication with the DTES community,
 - Goal 2: Transition of the DTES back to a safe area by addressing encampment and Single Room Occupancy safety, and providing trauma-informed services,
 - Goal 3: Provision of coordinated transitions and access to integrated health, social, and community services to people sheltering outdoors, and
 - Goal 4: Coordinated access to accessible shelter and housing options.
- In support of the Province's goals of providing coordinated access to health and social services in the DTES, the Plan outlined various actions implicating the health sector such as:
 - The implementation of a coordinated team to engage those sheltering outdoors, facilitate timely connection to health and social services, and support transitions to indoor housing with Vancouver Coastal Health Authority (VCHA) as a partner,
 - Ensuring that health supports move with people to interim and long-term spaces,
 - Expanded treatment and intervention services supporting the DTES such as mental health crisis response teams and a new model of addictions care at St. Paul's Hospital,
 - The provision of health supports and transition planning through existing teams so that supports follow individuals from encampments to indoor spaces and housing.
- There is alignment between the Plan and existing and planned initiatives that can be leveraged to support the DTES response (see Fact Sheet: Downtown Eastside Homelessness: Mental Health and Substance Use Supports).
- A new Supported Rent Supplement Program (SRSP) will provide up to 150 individuals in Vancouver, with rent supplements supported by wraparound health and other mental health/substance use services.

¹ Ministry of Attorney General and Minister Responsible for Housing. (September 06, 2022). East Hasting Encampment Response Issues Note.

² Ministry of Housing (February 10, 2023). East Hasting Encampment Response Issues Note.

³ Vancouver Coastal Health. (December 12, 2022). Proposed Framework for Vancouver Inner City MHSU Supports.

LEGISLATIVE SESSION – ESTIMATES NOTE

- On February 14, 2023, the City of Vancouver (CoV) approved VCHA's funding proposal for the implementation of an *Urgent Mental Health Services Framework* to support the Downtown Eastside.^{4 5}
- The proposed framework identifies the expansion of the Car 87/88 police partnership service, moderate de-escalation intervention, and a strengthened Indigenous approach across VCHA urgent mental health services as priority for implementation in 2023.
- Subsequent phases of implementation of the framework would involve priority mental health outreach to individuals not currently engaged in health services, expansion of Intensive Case Management teams, and dedicated clinicians to support transitions off MHSU services and connections with community supports where appropriate.

FINANCIAL IMPLICATIONS

- In 2020/21, the Ministry of Health (HLTH) provided \$2.26 million to VCHA to reimburse costs incurred to support the decampment initiatives related to Oppenheimer Park in Vancouver.
- In 2021/22, HLTH allocated \$13.04 million to VCHA to support urgent homelessness and decampment initiatives.
- In 2022/23, HLTH allocated \$18.12 million to VCHA to support ongoing urgent homelessness and decampment initiatives and \$2.5M for the Supported Rent Supplement Program.

KEY BACKGROUND

- Key priorities from the 2022 Minister of Health mandate letter: Support the work of the Minister of Housing to better coordinate services to deliver improved outcomes for people living in Vancouver's Downtown Eastside; 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.
- In Vancouver the 'Housing First' approach is supported through a 2021 Memorandum of Understanding signed by the Attorney General and Minister Responsible for Housing, City of Vancouver and Vancouver Park Board to establish roles and responsibilities in encampment response.
- In 2020/21 and 2021/22 HLTH contingency funding was allocated to VCHA to support decampment activities and new housing sites. VCHA implemented health, and mental health and substance use services to support individuals moving from encampments into indoor spaces in Vancouver.
- On July 25, 2022, Vancouver Fire and Rescue Services issued a Fire Order to remove tents and structures along East Hastings Street due to imminent structure and life safety dangers.
- The City of Vancouver developed a phased Hastings Structure Removal plan that commenced on August 9, 2022, was paused due to a police incident and concern in the community about the approach.
- From July 2022 to January 2023 the fire order for the encampment remained in effect without full enforcement by the City, who have been working with the ministries and other partners to minimize the dangers that prompted the fire order and to assist people sheltering on the streets to move indoors.
- A Provincial Executive Steering Committee (PESC), led by the Ministry of Housing, provides oversight of operational planning and implementation of the encampment response and to ensure the health and safety of unhoused people through access to health and social supports and connections to housing. This committee includes executive representatives from the City of Vancouver, BC Housing, Ministry of Health, Ministry of Social Development and Poverty Reduction, Emergency Management BC, Ministry of Public Safety and Solicitor General, Ministry of Mental Health and Addictions (MMHA) and Vancouver Coastal Health Authority.

⁴ <https://vancouver.ca/news-calendar/council-receives-proposal-to-expand-collaborative-partnerships-on-mental-health-and-public-safety-in-vancouver.aspx>

⁵ CoV Meeting Minutes – Council meeting – February 14, 2023. <https://council.vancouver.ca/20230214/documents/regu20230214mins.pdf>

LEGISLATIVE SESSION – ESTIMATES NOTE

LAST UPDATED

The content of this fact sheet is current as of April 3, 2023, as confirmed by Gerrit van der Leer. Acting Executive Director, Mental Health and Substance Use Division, Ministry of Health.

APPROVALS

2023 02 21 – Gerrit van der Leer, Mental Health and Substance Use Division

2023 03 04 - Darryl Sturtevant, MHSU

2023 03 21 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

TOPIC Peer Assisted Care Teams (PACTs)

Issue: Civilian-led mental health crisis response

Key Messaging and Recommended Response:

- **Everyone deserves to feel safe in their community.**
- **Often, the first responders to a person in mental health crisis are police.**
- **We know that in many situations a person in crisis may be better served with a mental health or social service-led response, with a focus on de-escalation and connection to supports.**
- **That's why government is expanding Peer Assisted Care Teams, or PACT.**
- **PACT pairs a mental health professional and a peer worker to provide trauma-informed support to people experiencing a mental health crisis.**
- **PACT is already operating in three communities in BC: Vancouver's North Shore, New Westminster, and Victoria.**
- **Through the Safer Communities Action Plan, government is expanding PACT to seven more communities for a total of 10 PACTs.**
- **We are also investing in Indigenous-led civilian response teams.**
- **By expanding mental health crisis response teams into more communities, police will be able to focus on crime while people in crisis can get supports from health care workers and community members that they need.**

KEY FACTS

Background/Status:

- Peer Assisted Care Teams (PACT) are a civilian-led mobile crisis response model that respond over the phone and in person to people who are having a mental health crisis.
- The aim of PACT is to provide an alternative to police by offering a community-based, client-centered, trauma-informed crisis response centered on the mental health and well-being of the affected individual, their family, and their community.
- Currently, PACT is not integrated into 911, but accessed via a dedicated phone number.
- Response teams include two trained individuals offering culturally safe and trauma-informed responses to people experiencing a mental health crisis:

ESTIMATES NOTE

- One trained peer (civilian/community member) with lived and living experience of mental health and/or substance use challenges; and
- One mental health professional (e.g., social worker, psychiatric nurse).
- Police back-up can be called as needed.
- Currently there are three PACTs operating in BC. The teams are led by the Canadian Mental Health Association – BC Division (CMHA-BC) in partnership with local non-profit operators.
- North Shore, operated by the CMHA North and West Vancouver Branch, has been operational since November 2021.
 - As of December 2022, North Shore PACT had responded to 808 calls and texts, dispatched their mobile response team 91 times, and called police only 10 times.
- New Westminster, operated by Purpose Society, launched in January 2023.
- Victoria, operated by AVI Health and Community services, launched in January 2023.
- The Safer Communities Action Plan committed support to expand to a total of 10 PACTs in BC and to support at least two Indigenous-led civilian crisis response teams.
- CMHA-BC will be leading the expansion of PACTs in phases. The next three PACT communities will be announced in late Spring 2023.

Background – civilian-led crisis response

- 1 in 5 interactions with police in BC involve someone with a mental health problem, according to CMHA-BC.
- Many Indigenous, racialized and LGBTQ2S+ communities in BC experience mistrust and fear of police.
- 44% of people in BC who describe their mental health as poor would be unwilling to call 911 during a mental health crisis (polling from Insights West, August 2021).
- Police agencies, communities, health and social service providers, families, and people with lived experience have indicated that police response in mental health crisis can:
 - Lead to apprehension under the *Mental Health Act* and unnecessary involvement with the criminal justice system; and
 - Contribute to stigma and existing misconceptions linking mental illness and criminality, limiting people's ability to both seek and receive quality care.
- Other jurisdictions, including Toronto, Eugene and Portland, Oregon, and Stockholm, Sweden, have successful civilian crisis response models.
- Expanding mental health crisis response services beyond police-only response is recommended in 3 recent reports: the final report of the Special Committee on Reforming the Police Act (April 2022); the Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia (September 2022); and the Select Standing Committee on Health report (November 2022).

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- 2022/23 funding for PACT includes:
 - \$1.261M in Budget 2022 to expand the North Shore pilot and launch the Victoria and New Westminster teams.
 - \$9.944M, announced in November 2022, to begin further expansion of PACT to seven additional communities.

ESTIMATES NOTE

- Budget 2023 provides \$0.200M to MMHA to begin development of Indigenous-led civilian crisis response services.

Approvals:

2023-02-22 – Francesca Wheler, ADM Child, Youth and Mental Health Policy

2023-02-23 – Brad Williams, CFO, Corporate Services Division

2023-02-24 – Tracee Schmidt, EFO, Corporate Services Division

2023-03-15 – Christine Massey, Deputy Minister

2023/24 ESTIMATES NOTE**Repeat Violent Offending
Intervention Initiative****Suggested Response:**

- To address concerns about an increase in violent and repeat offending in B.C., the Province commissioned the report *"A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia"* which recommended the adoption of the Prolific Offender Management model to address repeat violent offending.
- As a result, the Premier announced the Safer Communities Action Plan, through which BC Corrections, the BC Prosecution Service (BCPS) and Policing and Security Branch (PSB), are creating a multi-agency response called the Repeat Violent Offending Intervention Initiative (ReVOII).
- ReVOII brings together police, dedicated prosecutors and probation officers to address repeat violent offending through enhanced investigation, enforcement and monitoring of individuals in communities throughout B.C.
- ReVOII will be structured to meet the unique needs of each community and designed to work with local stakeholders and other existing programs through collaborative information sharing, such as situation tables and Assertive Community Treatment teams, to provide enhanced release planning that connects individuals to tailored support services.
- Twelve hubs, led by BC Corrections, that will support surrounding communities within their geographic region will begin operating in early May 2023. Each hub will have members who live and work in the communities in the region so they are familiar with local issues and concerns.
- Hubs will be located in Nanaimo, Victoria, Vancouver, Surrey, New Westminster, Abbotsford, Kamloops, Kelowna, Cranbrook, Prince George, Williams Lake and Terrace. Locations were determined based on the greatest number of individuals under supervision and/or incarcerated that met the criteria for ReVOII, and the ability of those sites to support surrounding communities.
- Once implemented, the hubs will work to identify an initial cohort of 400 priority cases for investigation/intervention and compile materials to assist dedicated prosecutors in making informed decisions about charge assessments, bail release and prosecutions.
- ReVOII will be supported by the new Special Investigation and Targeted Enforcement Program (SITE) that provides expanded resources through \$16 million in funding over three years to strengthen targeted police investigations of repeat violent offending cases and enhance coordination between police agencies.

- BC Corrections, BCPS, and PSB are committed to the core principles and recommendations of the First Nations Justice Strategy and the draft Métis Nation Justice Strategy. Consultations have begun taking place with the BC First Nations Justice Council and Métis Nation BC during the development phase to ensure Indigenous perspectives inform the resulting model.
- For those that are committing repeated crimes that do not involve violence, the Safer Community Action Plan provides more resources to support individuals with substance use and mental health issues, such as expanding mental health crisis response hubs into more communities so police can focus on crime and people in crisis can get supports from trained health care workers and community members.
- Other supports include:
 - Expanded Peer Assisted Care Hubs.
 - Establishing new Car programs.
 - Additional funding for the B.C. Brain Injury Alliance.
 - Developing a scalable model of addiction care.
 - Expanding Community Transition Teams that connect people who are leaving a provincial correctional centre with mental health and substance use supports.
- Budget 2023 invests \$462 million to help build safer communities, improve access to justice, and to create connected, cohesive support for people with mental health and addictions challenges.

Resources

- Treasury Board has provided contingency funding for ReVOII as follows:
 - BC Corrections
 - \$0.175 million in 2022/23;
 - \$3.936 million in 2023/24 plus \$0.687 million for vehicle costs; and
 - \$3.974 million in 2024/25.
 - BC Prosecution Service
 - \$2.378 million in 2022/23;
 - \$8.162 million in 2023/24; and

- \$8.553 million in 2024/25.
- Funding will support the following dedicated staff resources:
 - BC Corrections:
 - Four FTEs (director, program manager, policy and program analyst, and senior researcher) to centrally develop, coordinate, and evaluate ReVOII;
 - Nine correctional supervisors and nine probation officers based in correctional centres for release planning; and
 - Twelve probation officers to support each community hub.
 - BC Prosecution Service:
 - 21 Crown Counsel and 21 BCPS professional staff to establish and support the dedicated prosecution teams.

Background:

- Appendix A Repeat Violent Offending Intervention Initiative: Inclusion Criteria.
- Appendix B Hub Locations and Communities Served.

Advice/Recommendations

Contact: Blair Spencer (BCCORR)	Phone: 778-974-3968	Mobile: <small>Government Financial Information</small>
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Appendix A

Repeat Violent Offending Intervention Initiative: Inclusion Criteria

Inclusion Criteria – To qualify for inclusion in the program, individuals MUST possess the following criteria:

- a.) **A recent history of violent offending**ⁱ
- b.) **A predicate violent offence**ⁱⁱ
The definition of “violent offences” includes:
 - i.) Actual and/or perceived violence, threat of violence, or the use of/possession of a weapon; OR
 - ii.) Property and other offences which contain a component of violence, intimidation, or the threat of violence; OR
 - iii.) Administrative offences resulting from an alleged or substantiated violation of an order where the substantive offence is a violent offence.

Note – This inclusion criteria will apply to all locations. A prioritisation tool will be developed to assist locations in selecting a group where the number of referrals exceeds the maximum capacity.

Exclusions – One or more of the following factors will disqualify an individual from inclusion in the program:

- a.) Individuals, who by virtue of their age at the time they committed the predicate offence, would be prosecuted pursuant to the *Youth Criminal Justice Act*.ⁱⁱⁱ
- b.) Individuals who have committed a homicide or commit any offence that results in the death of another human being.^{iv}
- c.) Individuals whose predicate offence is an intimate partner violence offence and whose criminal history is comprised primarily of intimate partner violence offences.^v
- d.) Individuals whose predicate offence and criminal history are primarily related to organized crime or gang conflict.^{vi}
- e.) Individuals who do not have a history of violent offending OR where the history of violent offending is outdated.^{vii}
- f.) Individuals whose predicate offence does not include an element of violence or threat of violence.^{viii}

Rationale for inclusion/exclusion criteria

ⁱ **RECENT HISTORY OF VIOLENT OFFENDING:** The Program recognizes that people can have a criminal history that is outdated and that a person who is substantially rehabilitated may for a variety of reasons re-offend at some date in the distant future. The Program is geared towards intervening in circumstances involving the highest risk individuals to public safety. If the predicate offence is not coupled with a criminal history that is recent then it risks unnecessarily capturing the wrong group and risks not intervening in the circumstances involving the most high-risk individuals. A prioritization tool will be developed that will provide sites with metrics that will assist in selecting individuals based upon the relative recency and severity of past violent offending.

ⁱⁱ **PREDICATE OFFENCES:** A predicate offence can include a violent offence currently before the Courts or violent offences which are no longer actively before the courts but have resulted in a custodial sentence or community supervision order. A predicate offence is necessary to ensure that justice agencies, aside from policing, have a mandate for involvement with the participant.

ⁱⁱⁱ **YOUTH EXCLUSION:** There are currently existing programs in place within communities and amongst police, corrections and the BCPS to manage and address the unique personal and legal needs of young people as well as the risk they pose to the community. The *Youth Criminal Justice Act* contains a declaration of principles that guides policy and practice when it comes to intervening and holding young people accountable for offences they commit and engages resources and procedures unique to youth involved in the criminal justice system which are beyond the scope of the Program.

^{iv} **HOMICIDES AND OFFENCES THAT RESULT IN THE DEATH OF A HUMAN:** The investigation, management and enforcement of homicide offences and those that result in the death of another human being is complex and multifaceted. Investigative teams are often comprised of specialist and experienced police officers. Prosecution teams also involve specialist and experienced prosecutors. While pre-trial management of the individual who committed the offence is done through corrections, the post sentence supervision is most often done by the Correctional Service of Canada (CSC) and the person's release is within the purview of the Parole Board of Canada (PBC). Additionally, there are other mechanisms and procedures in place that can be used to manage the risk of those individuals not within the purview of the CSC/PBC including s. 810.2 orders. The resource needs that these types of offences bring are significant and there are currently processes in place to investigate, prosecute and manage individuals who commit these offences.

^v **INTIMATE PARTNER VIOLENCE** - While the impacts IPV to victims and society are very serious, it is noted that police/BCPS/and corrections have existing programs and partnerships in place to manage the unique needs and risk of these individuals (ie. IPV investigative teams, IPV prosecution teams, IPV Courts, integrated correctional teams, highest risk protocols, etc.)

^{vi} **ORGANISED CRIME/GANG VIOLENCE** - While the impacts of gang violence and organized crime to society are very serious, it is noted that police/BCPS/and corrections have existing programs and partnerships in place to manage and address the unique needs and risk of these individuals.

^{vii} **NO HISTORY OF VIOLENCE OR HISTORY OUTDATED** – The Program's objective is to respond to the public safety issue currently facing British Columbians that involves repeat violent offending. By its very definition, a history of repeat violence is necessary and focuses on a specific subset of individuals who pose greatest risk to the community. The Program also recognizes that a person may have a history of violent offending and that history may be largely outdated as the person was substantially rehabilitated. In those circumstances, the individual may not present a high risk for future violence to the community and a prioritization tool will assist in determining whether a record is too outdated to be relevant. It is those individuals who have a history of recent violent offending and who continue to violently offend that pose the greatest risk to the community and who the Program is attempting to intervene with.

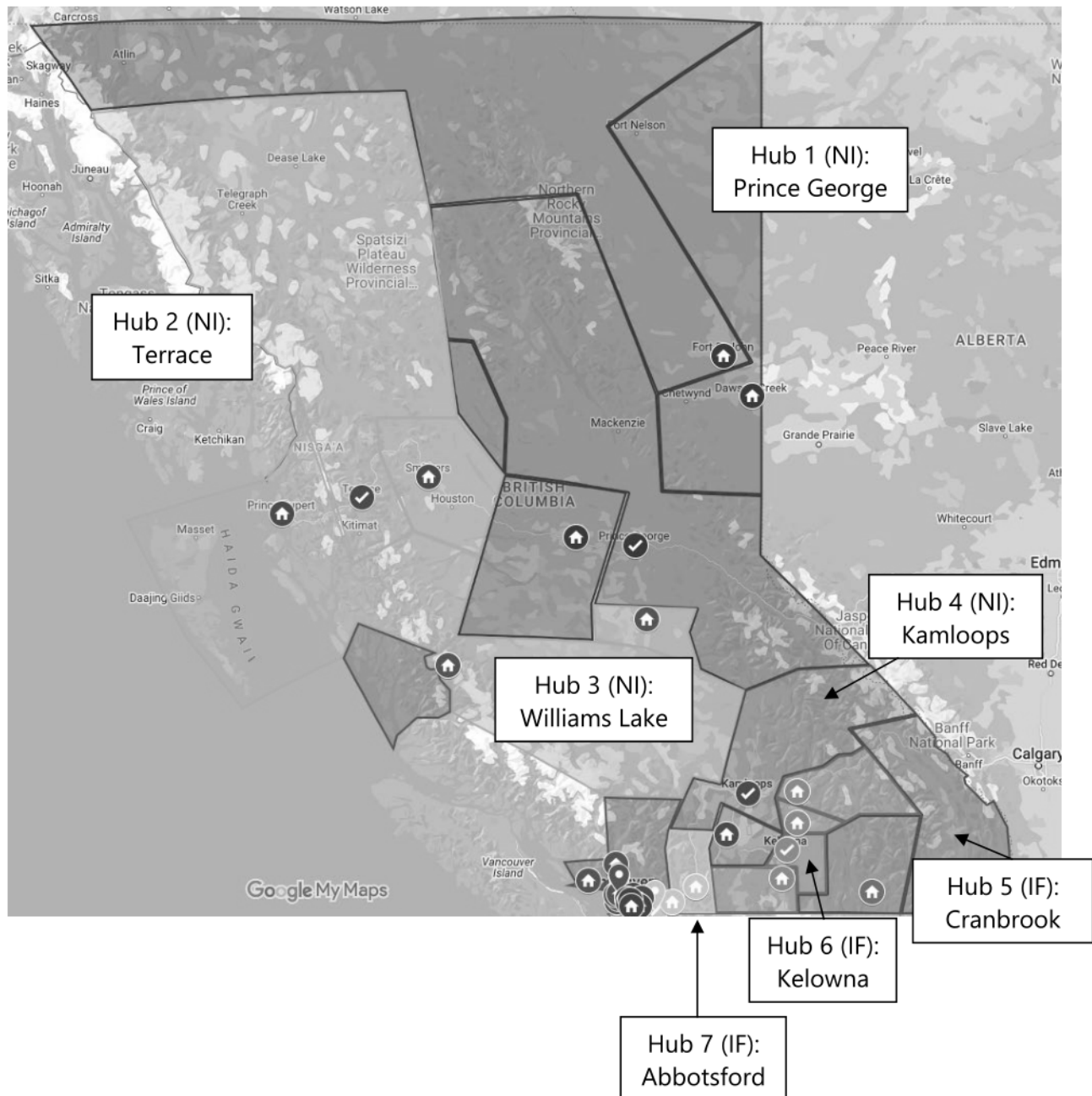
viii NO ELEMENT OF VIOLENCE OR FEAR IN PREDICATE OFFENCE - This program does not seek to include individuals who are primarily committing non-violent crimes as a mean of survival; many of whom struggle with drug addiction, mental illness and/or poverty.

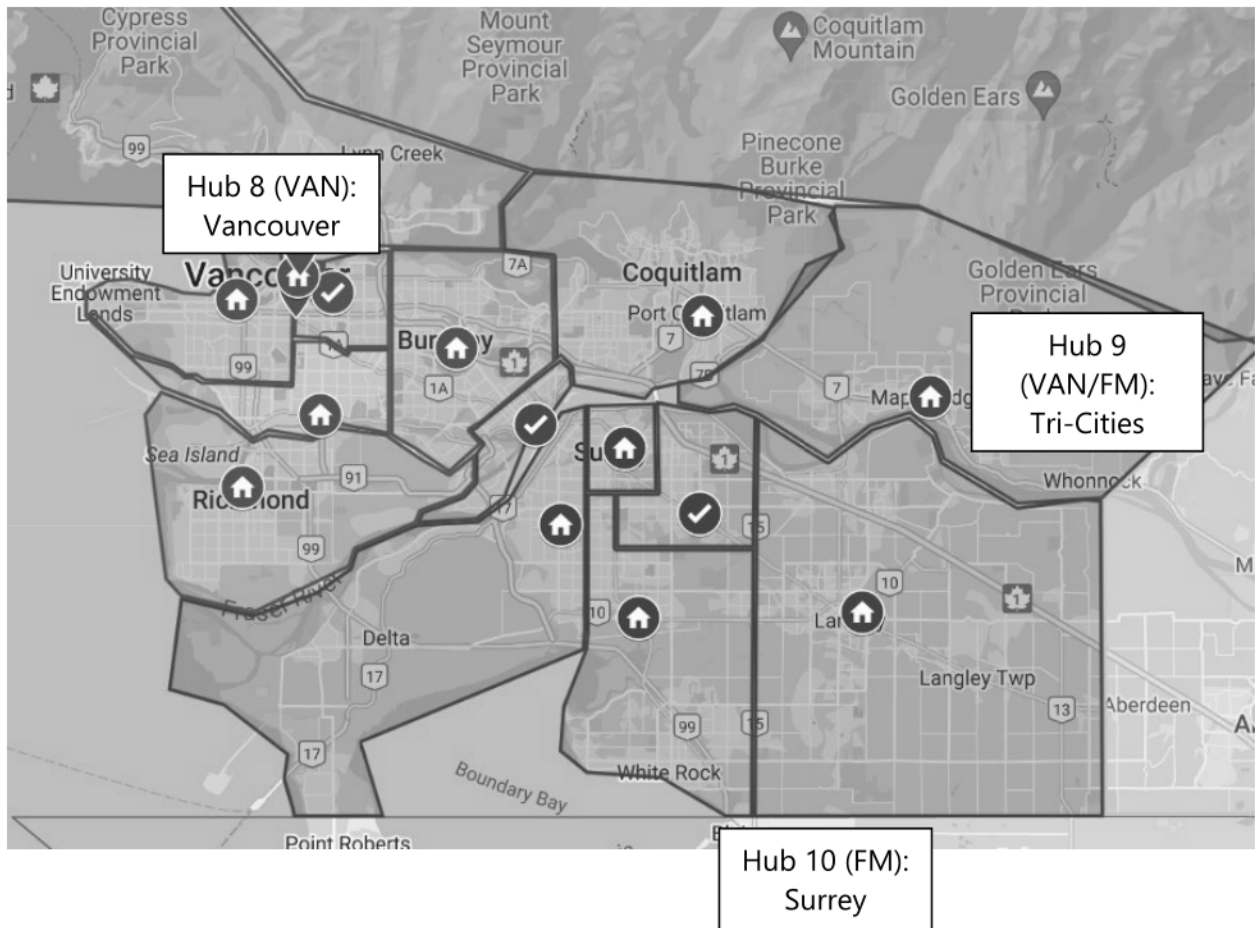
CONFIDENTIAL DRAFT

Appendix B

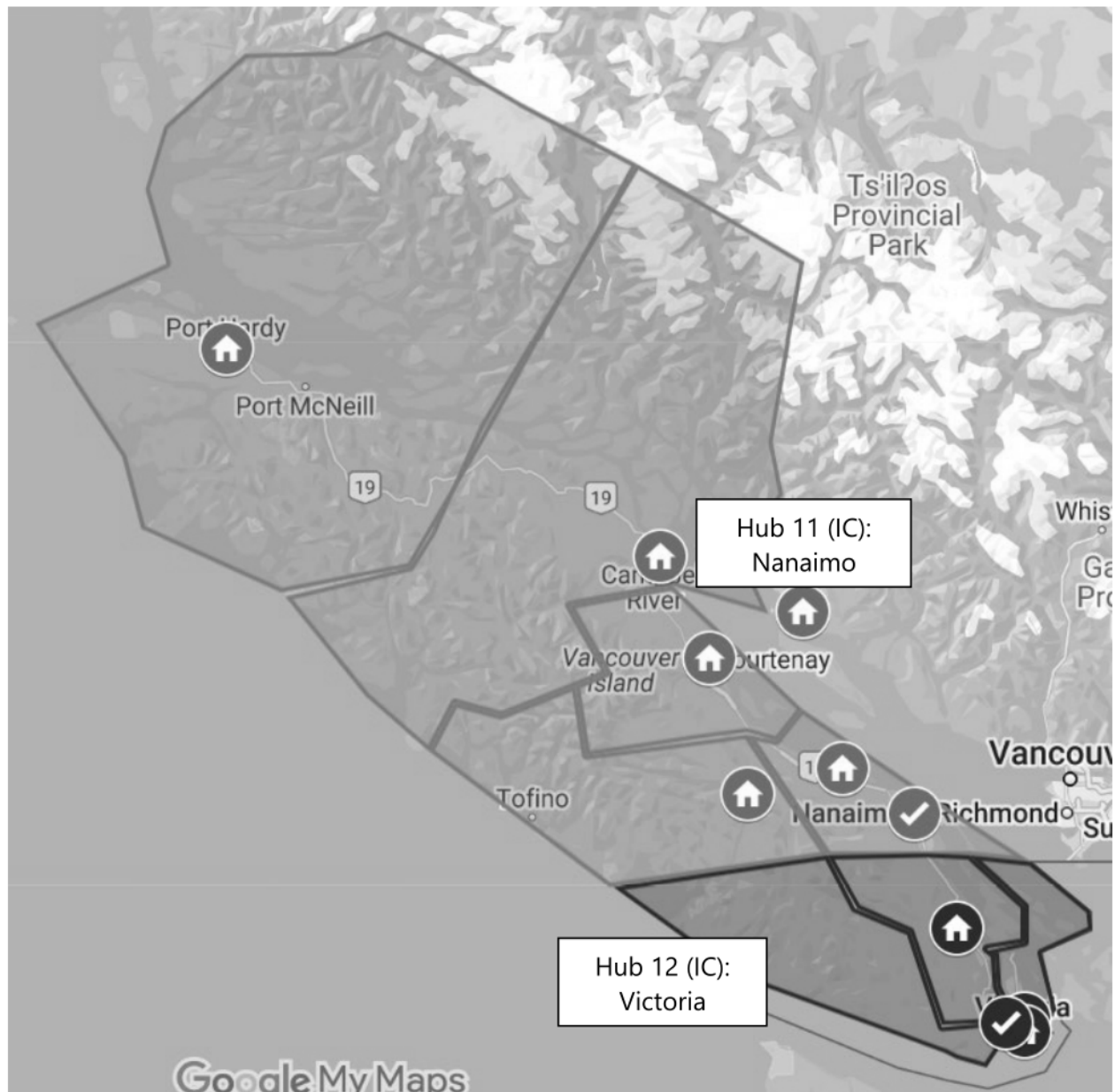
Hub Locations and Communities Served

Vancouver, Northern/Interior, Fraser/Metro, & Interior Fraser Regions

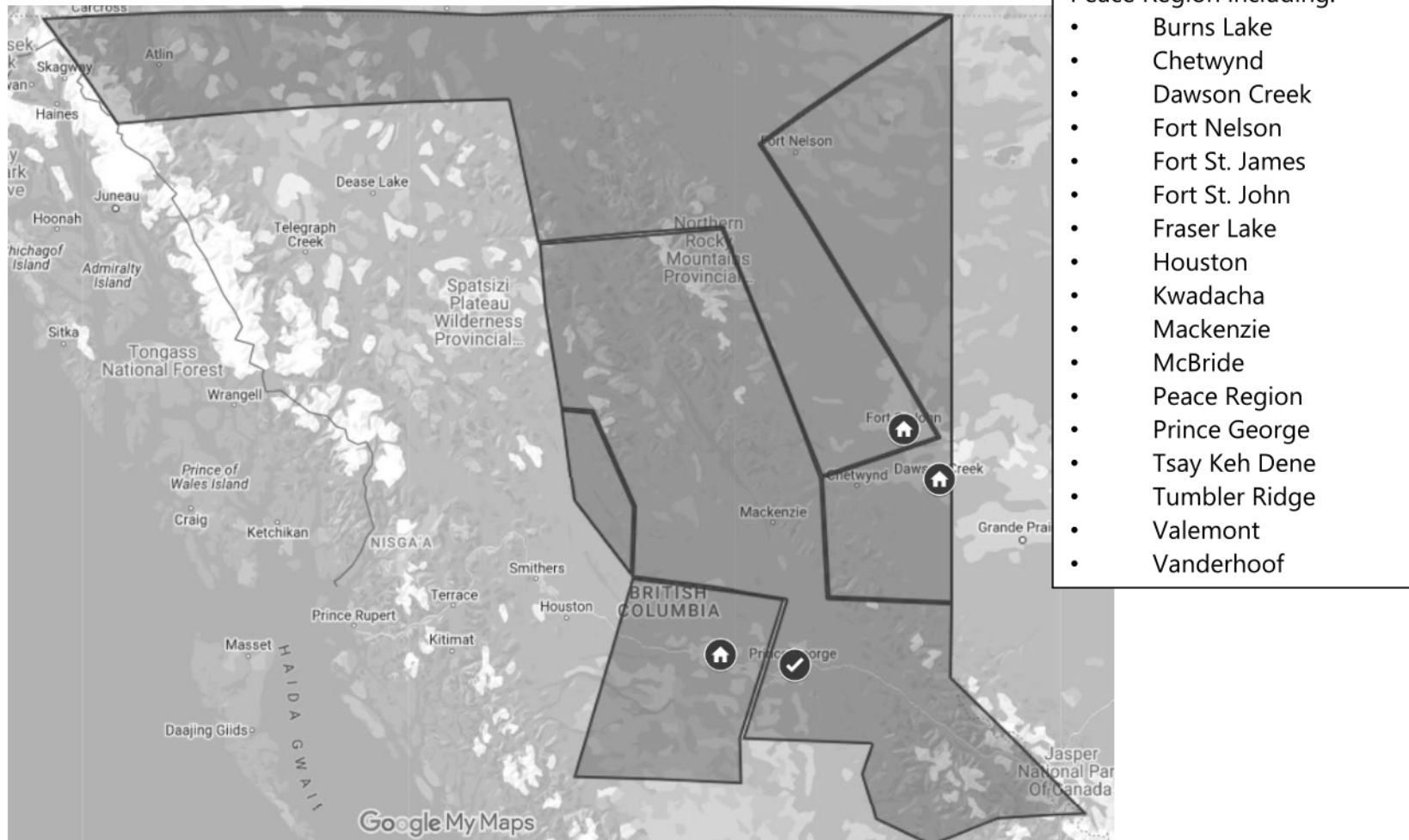




Island/Coastal Region



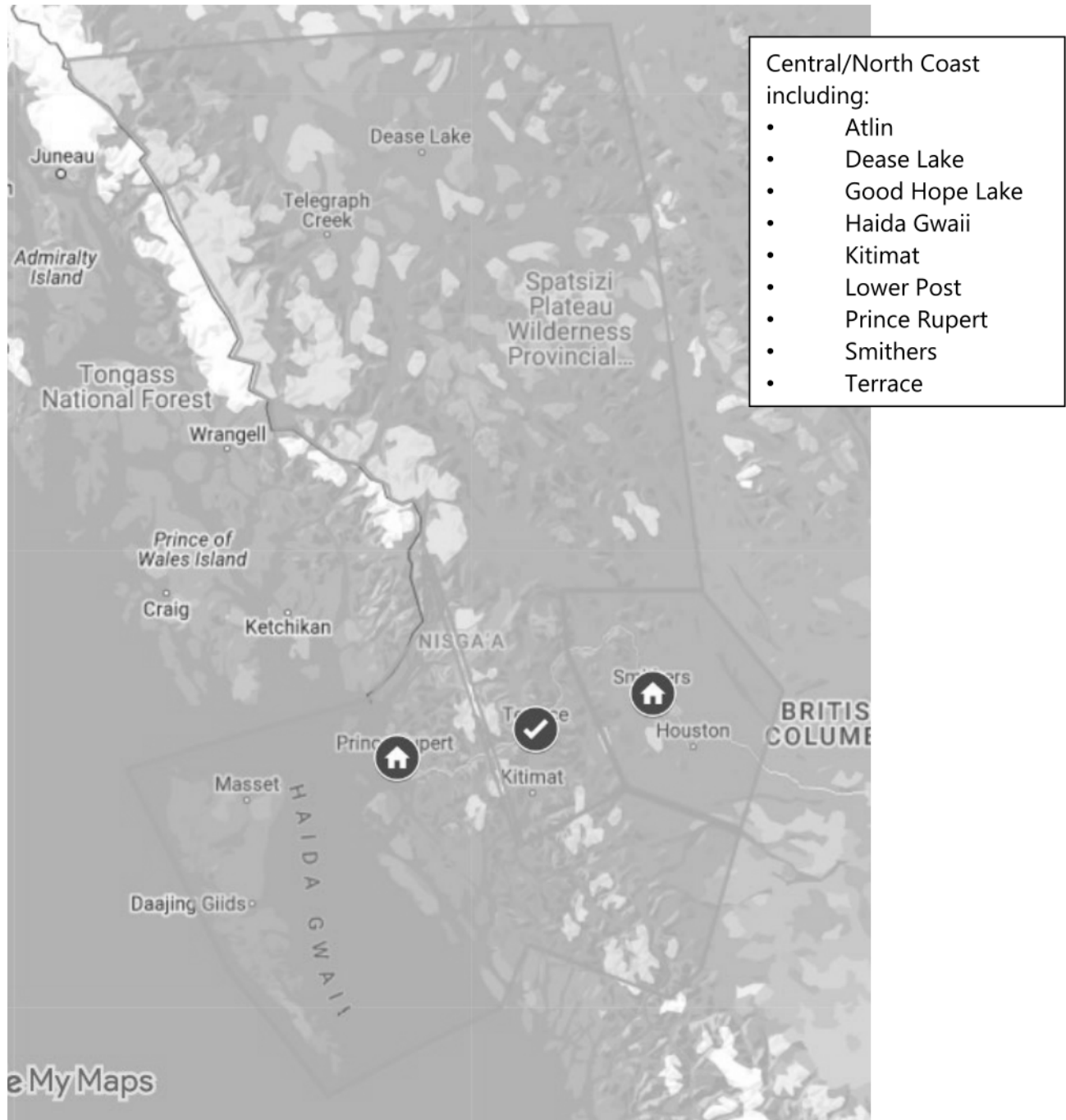
1 Prince George Hub (Northern/Interior Region)



Includes 4 Community Corrections offices: Prince George* (Hub Coordinator), Fort St. John, Dawson Creek, and Vanderhoof.

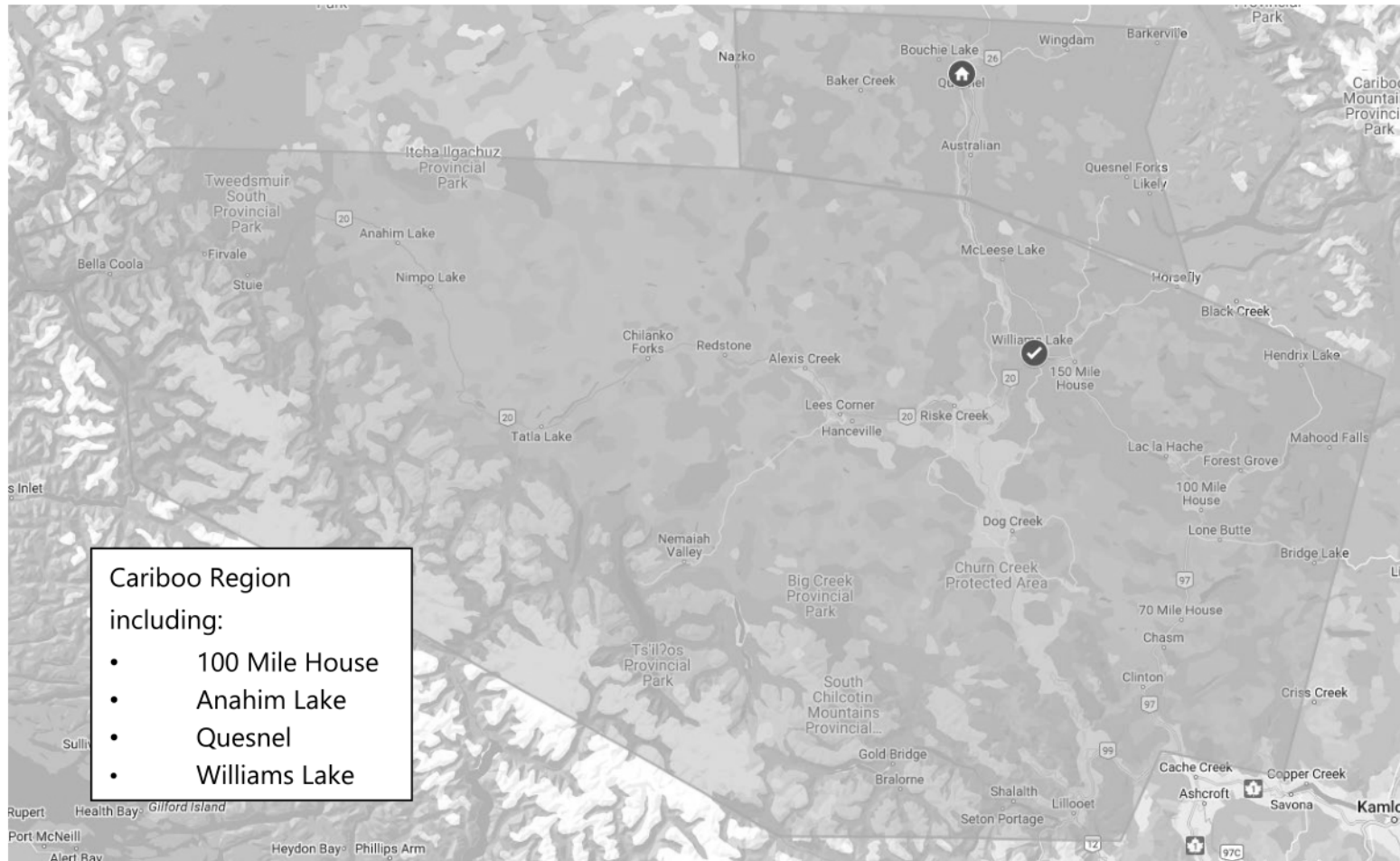
2 Terrace Hub

(Northern/Interior Region)



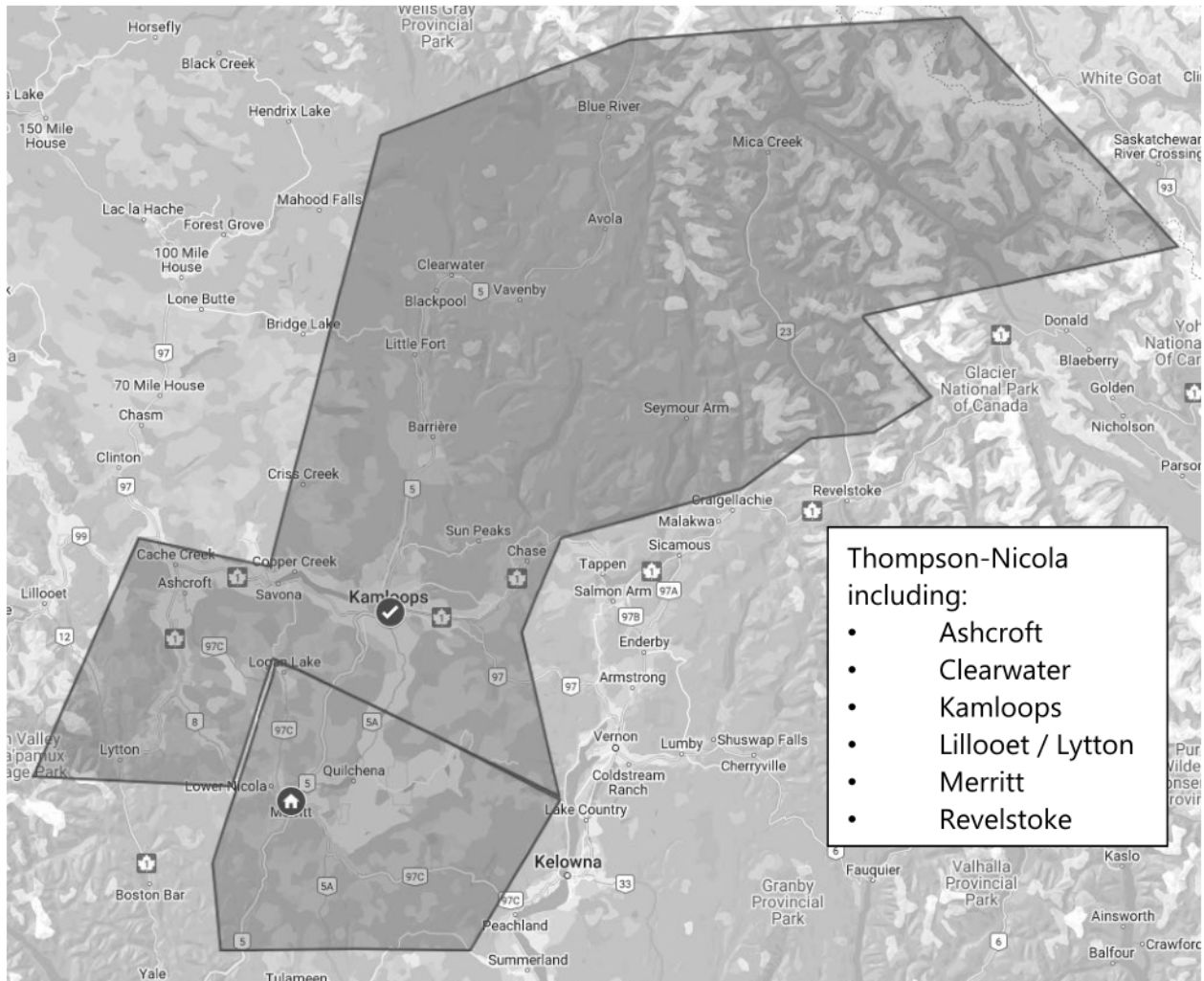
Includes 3 Community Corrections offices: Terrace* (Hub Coordinator), Prince Rupert, and Smithers.

3 Williams Lake Hub (Northern/Interior Region)



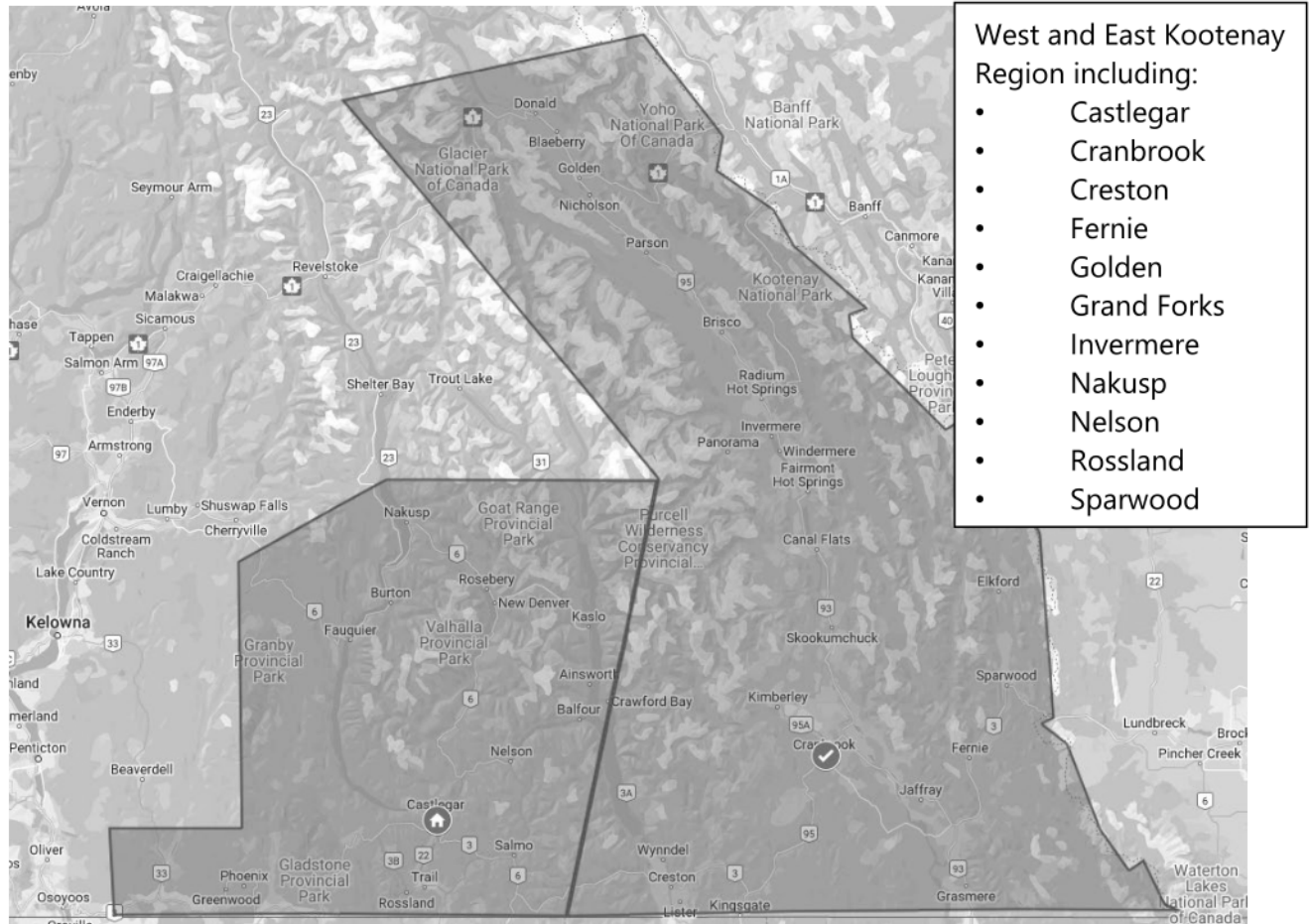
Includes 2 Community Corrections offices: Williams Lake* (Hub Coordinator) and Quesnel.

4 Kamloops Hub (Northern/Interior Region)



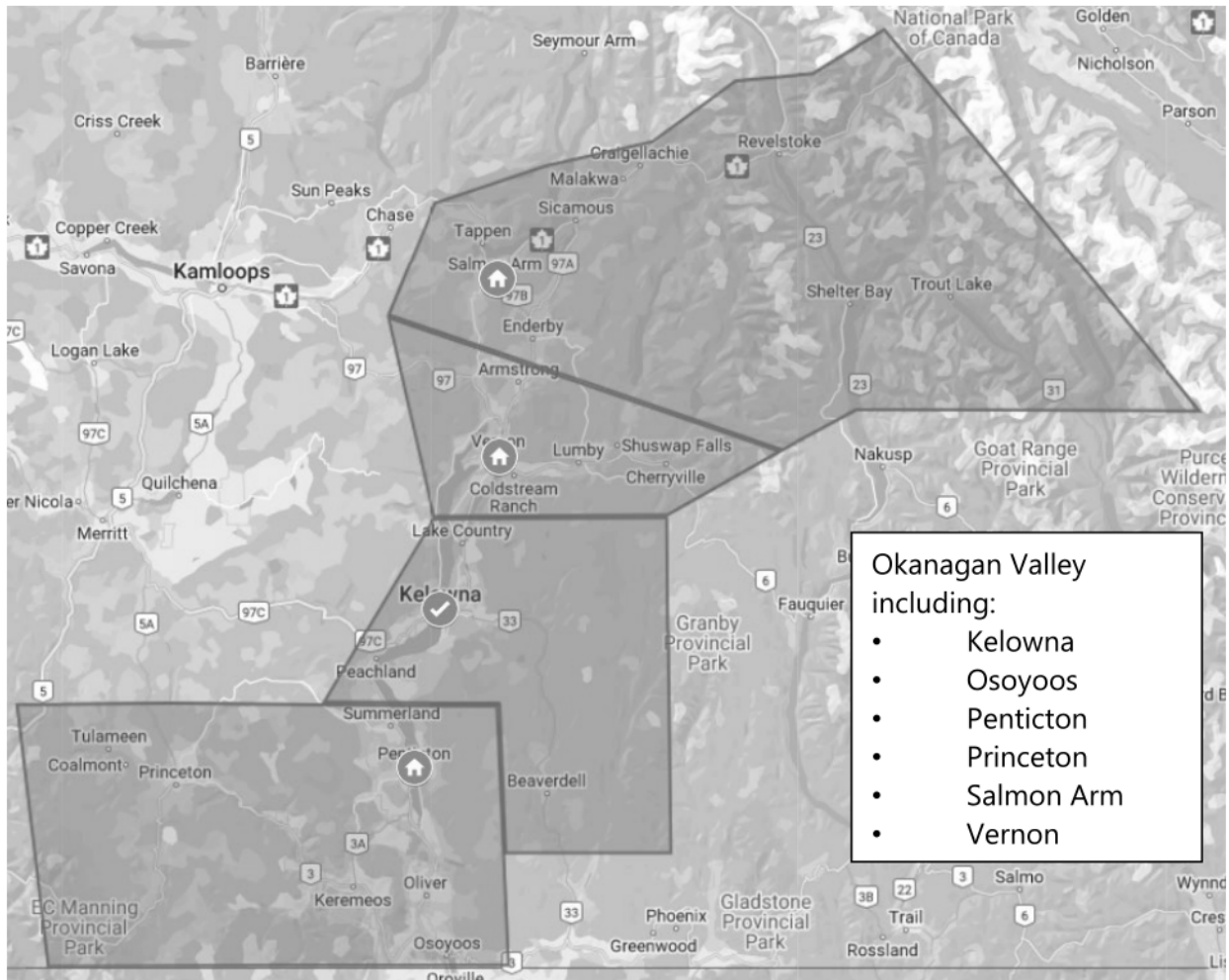
Includes 2 Community Corrections offices: Kamloops* (Hub Coordinator) and Merritt.

5 Cranbrook Hub (Interior/Fraser Region)



Includes 2 Community Corrections offices: Cranbrook* (Hub Coordinator) and Castlegar.

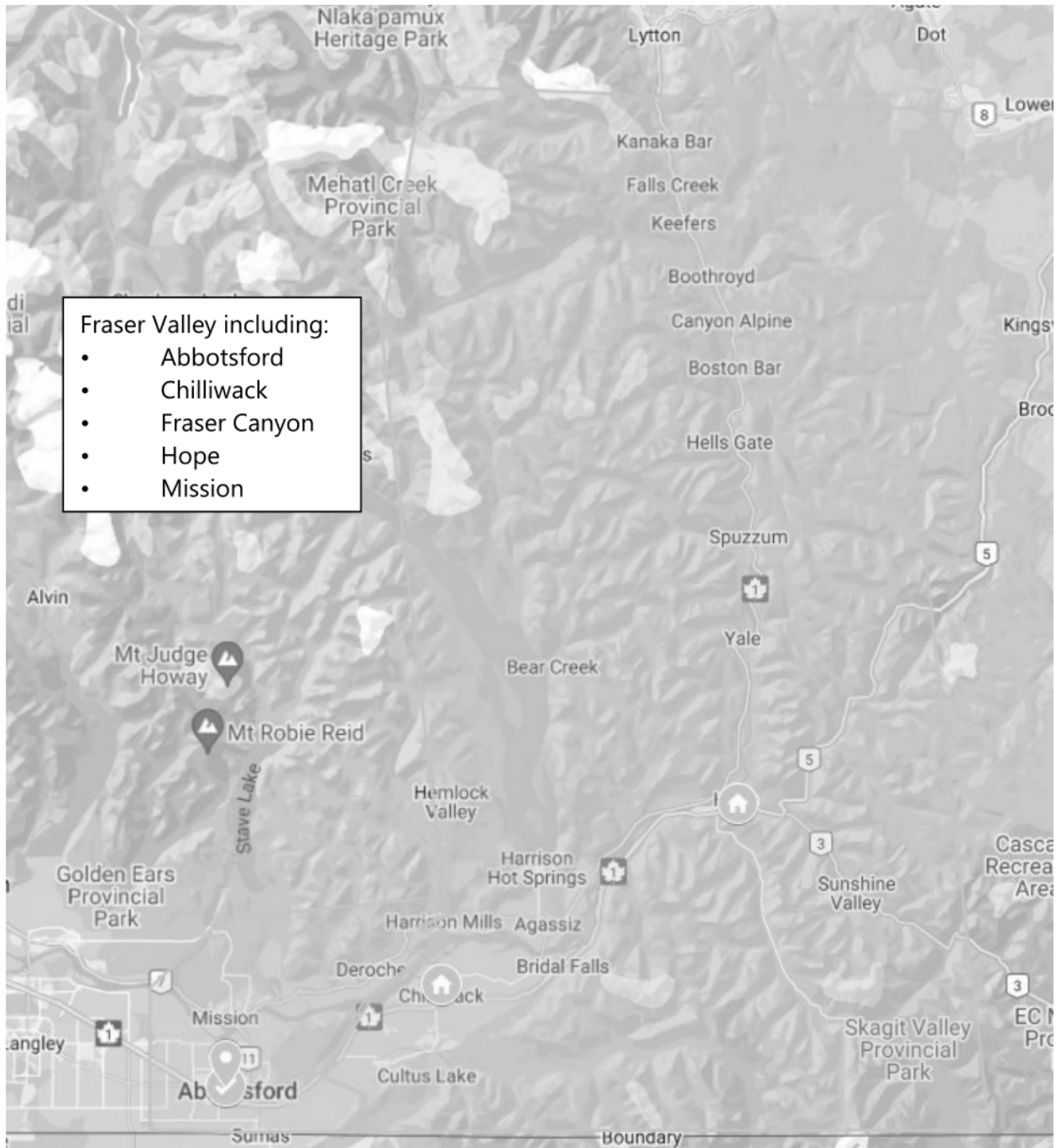
6 Kelowna Hub (Interior/Fraser Region)



Includes 4 Community Corrections offices: Kelowna* (Hub Coordinator), Penticton, Vernon, and Salmon Arm.

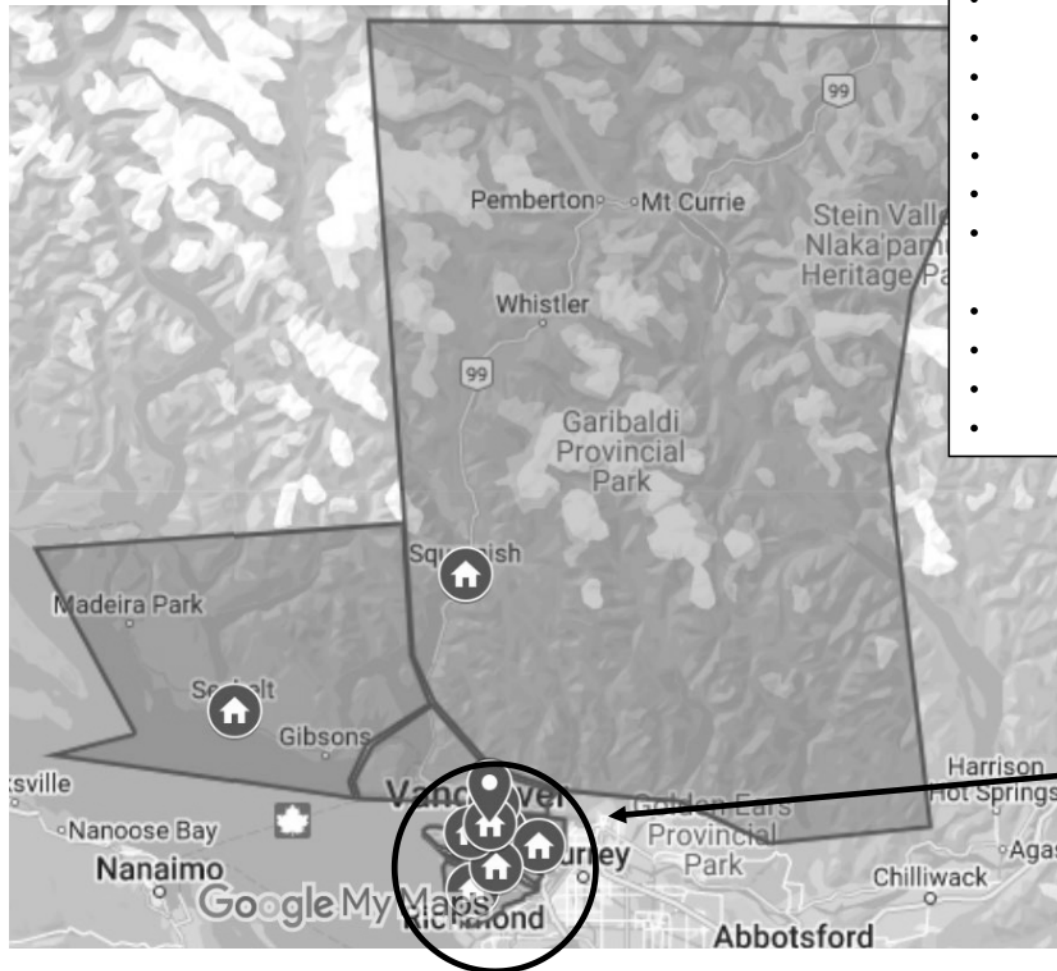
7 Abbotsford Hub

(Interior/Fraser Region)



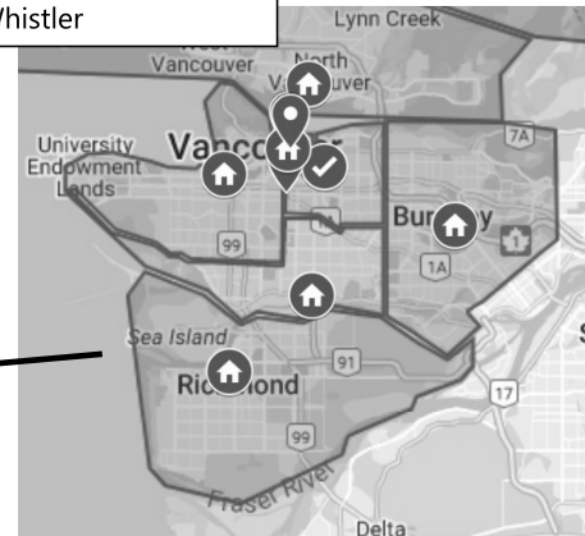
Includes 4 Community Corrections offices: Abbotsford* (Hub Coordinator), Chilliwack, Hope, and Mission and Community Outreach.

8 Vancouver Hub (Vancouver Region)



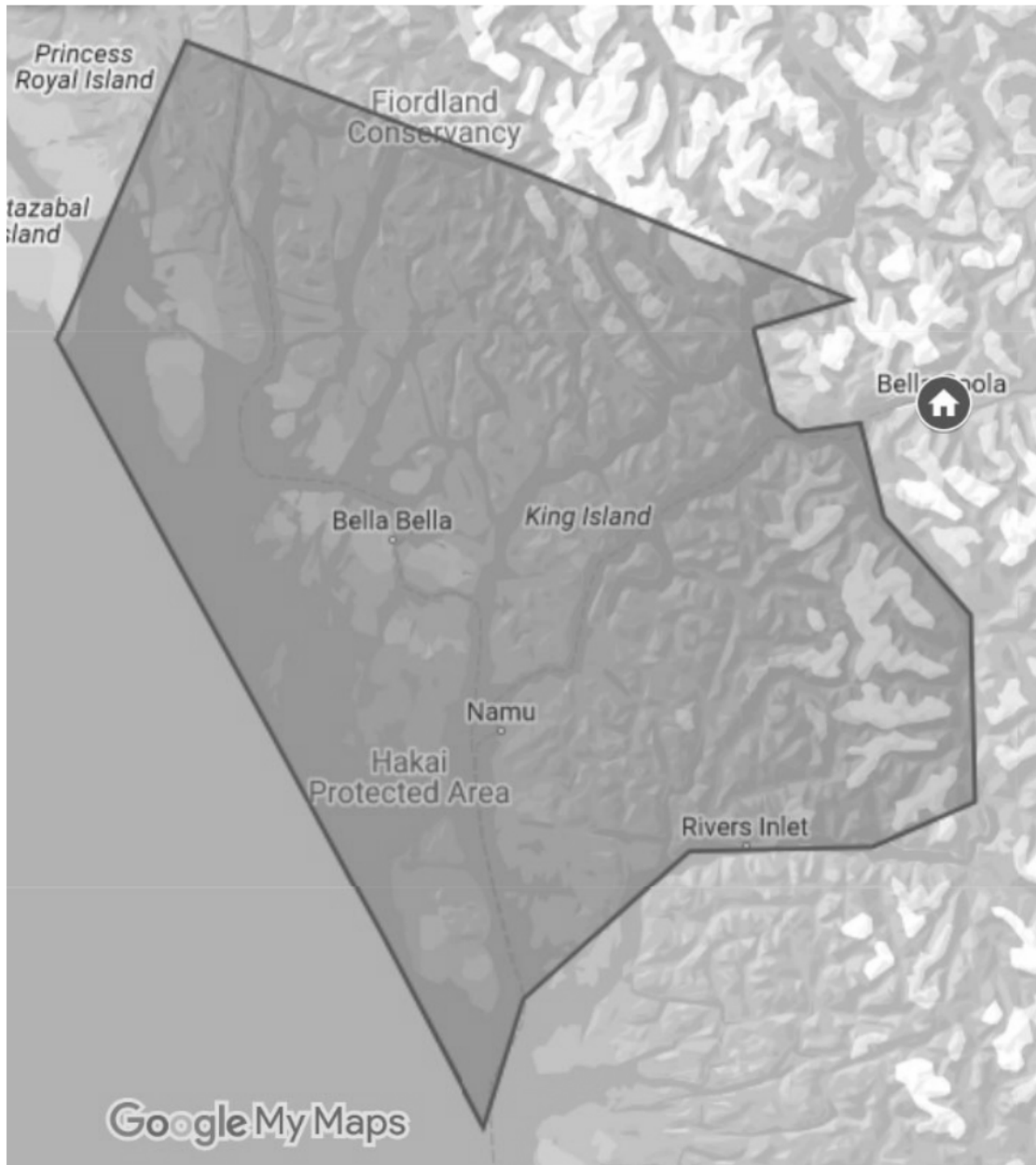
Metro Vancouver (West)
including:

- Burnaby
- North Shore
- North Vancouver
- Pemberton
- Richmond
- Sea to Sky
- Sechelt
- Squamish
- Sunshine Coast
(except Powell River)
- UBC
- Vancouver
- West Vancouver
- Whistler



Includes 13 Community Corrections offices: Vancouver East* (Hub Coordinator), Vancouver Court, Downtown Community Court, Vancouver South, Vancouver West, North Shore, Burnaby, Richmond, Vancouver Integrated Supervision Unit, Sechelt, Squamish, Drug Treatment Court of Vancouver, and Bella Coola.

8 Vancouver Hub Continued



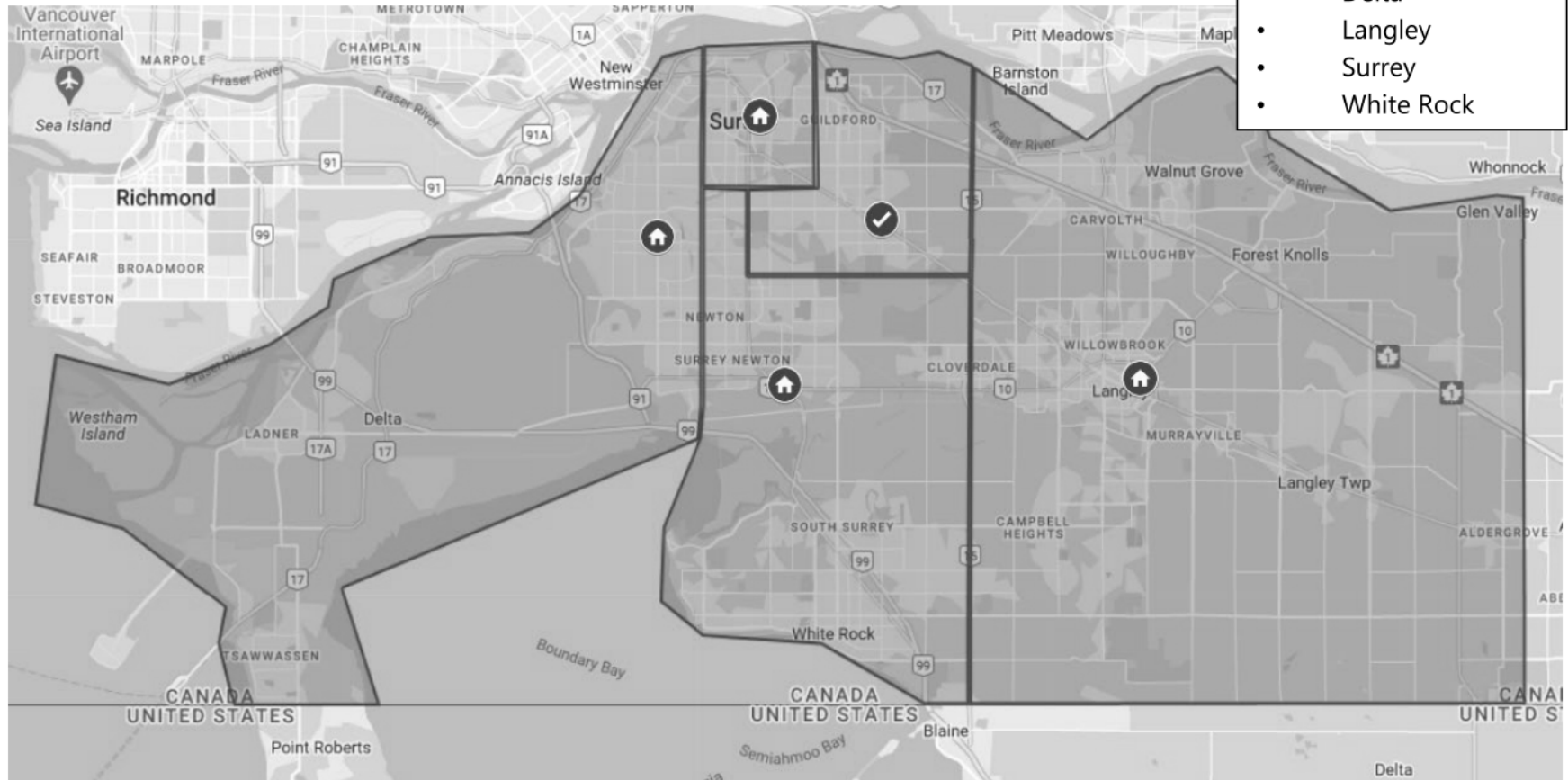
9 New Westminister Hub

(Fraser/Metro & Vancouver Region)



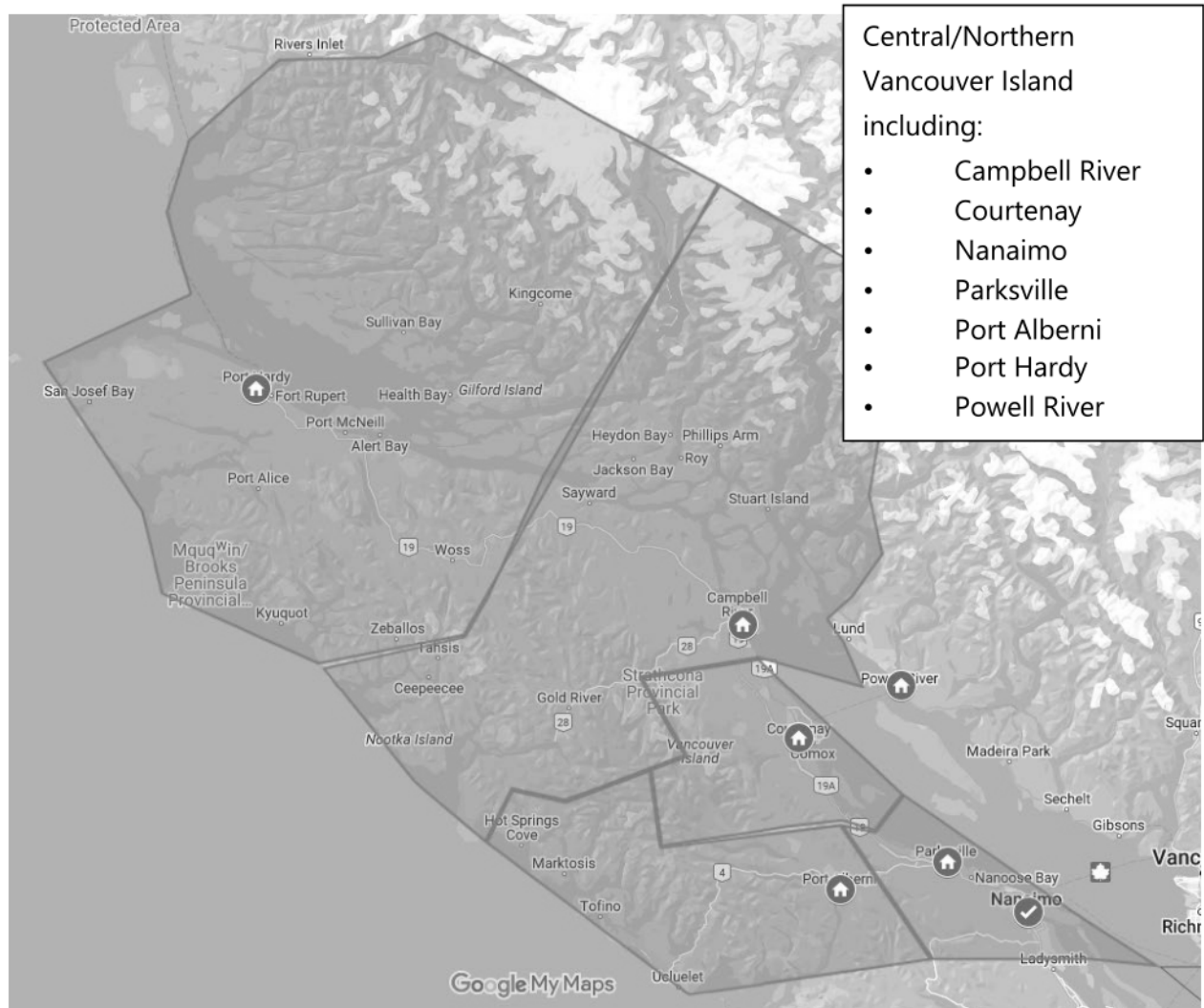
Includes 3 Community Corrections offices: New Westminister* (Hub Coordinator), Tri-Cities, and Maple Ridge.

10 Surrey Hub (Fraser/Metro Region)



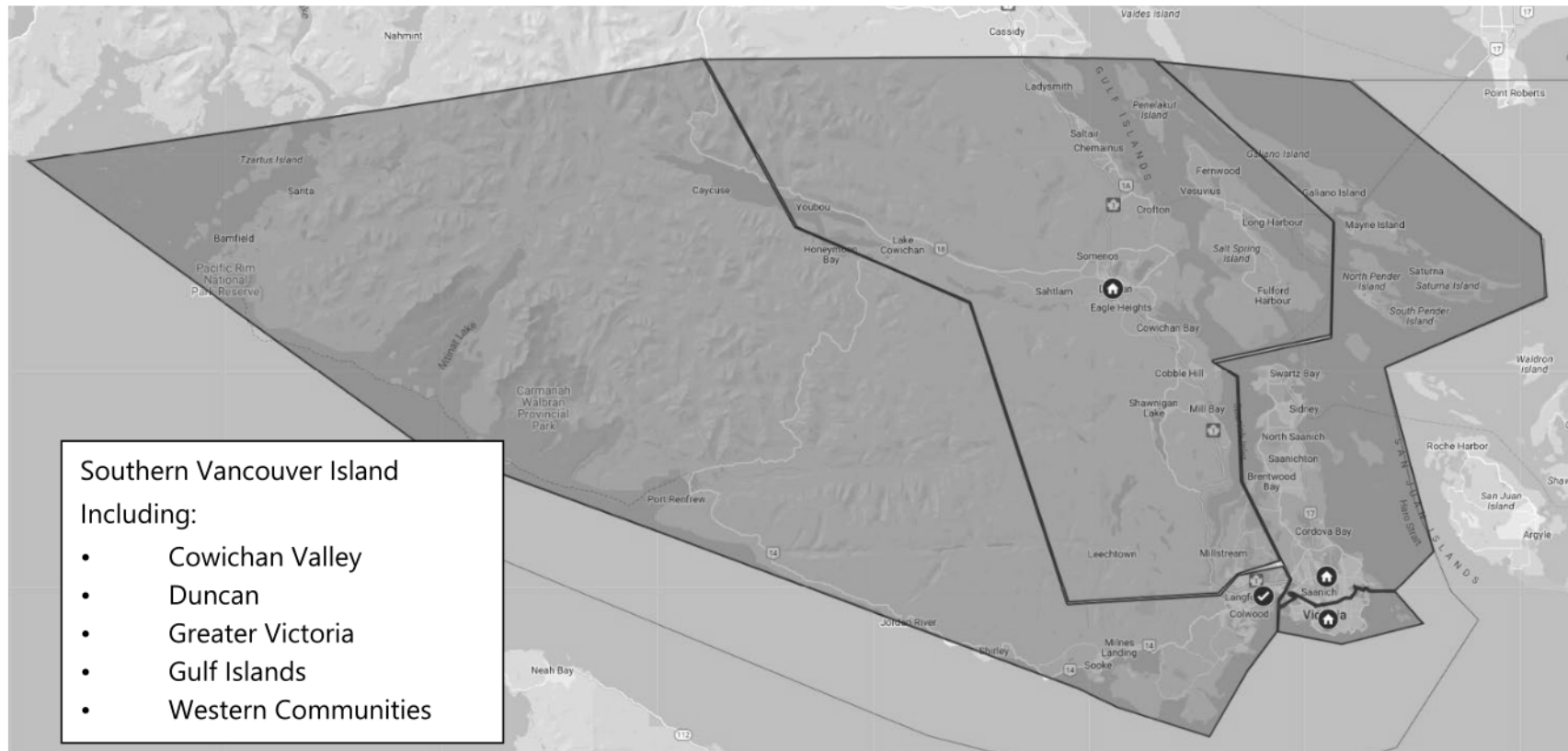
Includes 5 Community Corrections offices: Surrey East* (Hub Coordinator), Surrey North, Surrey South, Delta West Surrey, and Langley.

11 Nanaimo Hub (Island/Coastal Region)



Includes 7 Community Corrections offices: Nanaimo* (Hub Coordinator), Port Alberni, Courtenay, Campbell River, Port Hardy, Powell River, and Parksville.

12 Greater Victoria Hub (Island/Coastal Region)



Includes 4 Community Corrections offices: Western Communities* (Hub Coordinator), Victoria, Saanich, and Duncan.

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ESTIMATES NOTE

TOPIC Indigenous Peoples – Toxic Drug Crisis and FNHA Response

Issue: Indigenous peoples are disproportionately impacted by the toxic drug crisis. Meaningful partnerships are required to ensure the response meets the needs of Indigenous peoples.

Key Messaging and Recommended Response:

- **First Nations people continue to be disproportionately represented in toxic drug deaths.**
- **We know that from January 2021 through to June 2022, First Nations people died at a rate 5.3 times higher than other non-Indigenous populations in BC; meanwhile, First Nations women died at a rate 8.8 times higher than other female residents in BC.**
- **These higher rates of death are unacceptable, and our government continues to work with the First Nations Health Authority to address the disproportionate rates of illicit drug toxicity events and deaths among First Nations populations.**
- **Budget 2023 continues funding to support Indigenous-led approaches to prevention and harm reduction as well as culturally safe substance use care and treatment services.**
- **Budget 2023 invests \$171.10 million over three years for Indigenous-led treatment, recovery and aftercare services and supports founded on the strengths of culture, language and identity to build resiliency and overcome unresolved trauma.**

KEY FACTS

- First Nations people are 5.3 times more likely to experience a drug toxicity death than non-First Nations people in B.C.
- From January to September 2022, 266 First Nations people died of toxic drug poisoning, an increase from 247 deaths in the same period in 2021.
- In September 2022, First Nations people represented 21% of all toxic drug poisoning events in the month.
- From January to June 2022, First Nations women were 8.8 times more likely to die from toxic illicit drug poisoning than non-First Nations women.
- The widening gap between First Nations people and other BC residents can be attributed, in part, to:
 - insufficient access to culturally safe mental health and addiction treatment
 - systemic racism in health care
 - intergenerational trauma

ESTIMATES NOTE

- Surveillance data is limited to status First Nations people only.
- Anecdotal evidence indicates that toxic drug events and deaths also disproportionately affect Métis, Inuit, and non-status First Nations people throughout B.C.

Actions to Address Impact on the First Nations Population

- In 2017, the First Nations Health Authority (FNHA) released *A Framework for Action: Responding to the Toxic Drug Crisis for First Nations* which includes the following four goals:
 1. Prevent people who experience drug poisoning from dying
 2. Keep people safer when using
 3. Create an accessible range of treatment options
 4. Support people on their healing journey
- In keeping with *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, the Ministry of Mental Health and Addictions (MMHA) is working to support cross government and health authority action on recommendation 17 to increase access to culturally safe mental health and wellness and substance use services, including harm reduction.
- FNHA is an active member of the MMHA Joint Steering Committee on BC's Overdose Response and is embedded in the planning and decision-making tables of the Overdose Emergency Response Centre.
- FNHA is implementing Nurse Prescribing for medication assisted treatment to increase access to evidence based treatment for opioid use disorder.
- In 2022-2023, MMHA provided \$4.54 million in flexible funding to FNHA to support initiatives to respond to the toxic drug crisis, including:
 - A harm reduction hub, a centralized service for community workers, with easy access to harm reduction services and supplies.
 - Distribution of 8011 nasal naloxone kits to approximately 100 First Nations communities between January and December, 2022.
 - Provision of substance use, community connection, and naloxone training (Not Just Naloxone) to 559 individuals.
 - Continued work with First Nations and health authorities to implement new Overdose Prevention Site services in two First Nations communities, and to maintain two existing overdose prevention sites.
 - Supported individuals, families and communities to honour their loved ones lost, remember their stories, encourage conversations, and reduce stigma.
- Regional health authorities are also working to add a minimum of 43 youth substance use treatments and withdrawal management beds that will provide priority access for Indigenous youth province-wide, including working with local First Nations on the approach to prioritization.

FNHA Community Situation Reports

- FNHA regularly publishes Community Situation Reports summarizing drug toxicity data and key actions that FNHA has taken in response.
- Below is a summary of key actions taken by FNHA included in the September 2022 situation report:

ESTIMATES NOTE

- 2,506 First Nations people were dispensed Opioid Agonist Treatment (OAT) in September 2022.
 - 375 nasal naloxone kits were distributed to First Nations and community organizations, 288 doses of nasal naloxone sprays were distributed to FNHA clients through community pharmacies and 1,675 injectable naloxone kits were ordered for First Nations sites or Friendship Centres.
 - Efforts are underway to increasing access to OAT:
 - Nurse prescribing is underway at four sites, with 25 nurses enrolled in or have completed prescribing training.
 - FNHA is supporting 18 rural and remote First Nations communities to improve access to OAT for their members.
 - Eight First Nations treatment and healing centres operate across BC and two new facilities are being planned – one in the Vancouver Coastal region and the other in the Fraser Salish region.
 - 147 sites across BC provide Indigenous land-based healing services grounded in cultural teachings.

Role of Métis Nation BC and BC Association of Aboriginal Friendship Centres

- MMHA is working with Métis Nation BC (MNBC) to support Métis-specific harm reduction and anti-stigma campaigns, and community-led initiatives, including supports and prevention for opioid/fentanyl use.
- MMHA also works with the BC Association of Aboriginal Friendship Centres (BCA AFC) for capacity building and community engagement.

FINANCIAL IMPLICATIONS

Budget / Expenditures:

- Budget 2023 invests new funding of \$171.10 million over three years for Indigenous-led treatment, recovery and aftercare services and supports founded on the strengths of culture, language and identity to build resiliency and overcome unresolved trauma.
- Budget and Fiscal Plan 2023 continues previous investments of \$37.62 million over three years to support Indigenous-led approaches to prevention and harm reduction as well as culturally safe substance use care and treatment services, which includes \$24 million to support the FNHA with the drug-poisoning emergency response.
- \$20 million of capital funding from the Government of B.C. matched by \$20 million from each of the federal government and the FNHA for a total \$60 million commitment, to support the renovation and replacement of 8 First Nation-run treatment centres throughout B.C.
- The Province, the Government of Canada and the FNHA committed \$10 million each, for a total of \$30 million, to support the implementation of the MOU.
- Through the federal mental health and addictions services agreement, the Province is allocating \$36.66 million over the fiscal plan to support Land Based Cultural Treatment and Healing Services, First Nations liaisons in health authorities, and partnerships to support Métis and urban indigenous mental health and wellness. Federal funding confirmation is subject to agreement renewal for the final 5 years of the 10 year agreement, currently in negotiations.

ESTIMATES NOTE

Approvals:

February 24, 2023 – Francesca Wheler, Assistant Deputy Minister, CYMHP

March 3, 2023 – Tracee Schmidt, EFO, Corporate Services Division

March 20, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC New Community Response

Issue: Community-driven responses to the drug toxicity crisis are supported through the Community Crisis Innovation Fund.

Key Messaging and Recommended Response:

- **Through the Community Crisis Innovation Fund, we continue to support community-driven actions that draw on the expertise of local community leaders and people with lived experience.**
- **The fund has been used to support priority projects including:**
 - **the development of a Provincial Peer Network;**
 - **peer coordinators/work with peers in the health authorities;**
 - **work to engage local governments to support the response to the toxic drug crisis;**
 - **innovative initiatives that support emerging opportunities.**
- **The fund also supports Community Action Teams that have been established in 36 priority communities as part of the escalated response to the drug toxicity emergency.**
- **Community Action Teams lead and coordinate multi-sectoral, on-the-ground planning and strategies to address the toxic drug crisis.**
- **The goal is to build on community strengths and address local challenges to save lives, address stigma, and enhance community capacity to support people who use substances.**

KEY FACTS

Background/Status:

- The Community Crisis Innovation Fund (CCIF) is a \$6 million annual investment that supports innovative, community-based responses to the toxic drug crisis.
- The Overdose Emergency Response Centre (OERC) works with a range of community partners to collaboratively identify, prioritize and recommend programs and projects to receive CCIF funding.
- The Community Action Teams (CATs), Provincial Peer Network, Moms Stop the Harm, and Local Leadership United are examples of some of the priority projects funded through the CCIF.

Community Action Teams

- CATs are multi-stakeholder community groups including: municipal officials and staff, regional health authorities, First Nations and Indigenous partners, first responders (police, fire, ambulance), front-line community agencies, Divisions of

ESTIMATES NOTE

Family Practice, local provincial ministry offices providing social services, businesses, local government agencies, education providers, the local recovery community, and people and families with lived and living experience of substance use.

- CATS develop multi-sectoral responses and action-oriented strategies to address the toxic drug crisis tailored to local community needs.
- CATs are focused on four areas of action to save lives and support people who use substances:
 - Expanding community-based harm reduction services, including the availability of Naloxone, overdose prevention services, and drug checking.
 - Increasing connections to other harm reduction services and addiction treatment medications.
 - Proactively supporting people at risk of drug toxicity events by intervening early to provide service navigation, support, and advocacy.
 - Reducing stigma towards people who use substances, in all areas of community, as it impacts the care, inclusion, safety, and empowerment of people who use drugs.
- CATs have assisted BC communities in their response to the dual public health emergencies with innovative and flexible solutions, including distributing harm reduction supplies, providing flexible outreach services, and disseminating up to date public health information.

Provincial Peer Network

- The Provincial Peer Network is a provincial network of drug user-led organizations that serves to strengthen collaboration and information sharing between the organizations through regional and provincial capacity building and the development of a network structure.
- *See separate Estimates Note for further details specific to Provincial Peer Network.*

Moms Stop the Harm: Stronger Together

- Moms Stop the Harm is a network of Canadian families impacted by substance-use related harms and deaths.
- They are committed to reforming drug policies and providing peer support to grieving families and those with loved ones who use or have used substances.
- Among their programs, the Stronger Together initiative offers peer-led groups to support families to access resources and mutual support through two interconnected streams:
 - *Healing Hearts* - for people whose family members have died of substance use-related harms; and
 - *Holding Hope* - for people whose family members are using substances.

Local Leadership United: Municipal Harm Reduction Education

- The Local Leadership United – Municipal Harm Reduction Education project, jointly run by the Community Action Initiative and the BC Centre for Disease Control, was launched in April 2021 to develop and implement a new, province-wide harm reduction education and training program for regional district and municipal staff.

ESTIMATES NOTE

- This work is intended to improve the quality, quantity, and equitable delivery of harm reduction efforts in municipalities throughout the province by highlighting the powers available to municipal governments and working with directly-impacted communities to identify how best to operationalize government tools.
- The project team convenes municipal, health, and social partners within health regions to build capacity and partnerships to support harm reduction, and provides trainings to planners, bylaw officers, and other municipal partners to enhance knowledge and skills for harm reduction and engagement of people who use substances.

Actions to date:

- To date, CATs have been established in 36 communities across all five regional health authorities, an increase from 20 CATs in 2018, with more in development.
- Provincial Peer Network funding currently supports 25 peer-led organizations throughout the province, and information sharing and linkages continue to grow.
- CCIF funding supports the delivery of the *Stronger Together* programs through funding administration and capacity building costs and coordinators to engage, train, and support peer facilitators to lead families through grief, loss, and navigation of substance use systems of care.
- The Local Leadership United project has developed and offered harm reduction trainings and resources to communities and local governments throughout BC.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- *Budget 2023* supports the continued annual CCIF investment of \$6 million.
- The CCIF has been fully committed for the past three fiscal years.
- In the 2022/23 fiscal year, funding for the key initiatives is allocated as follows:
 - CATs – \$2.926 million
 - CAT Convening event - \$0.018 million
 - Provincial Peer Network – \$2.400 million
 - Local Leadership United – \$0.371 million
 - Moms Stop the Harm - \$0.285 million

Approvals:

February 21, 2023 – Darryl Sturtevant, ADM, Substance Use Policy

March 10, 2023 – Tracee Schmidt, EFO, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Responding to the Toxic Drug Crisis in BC

Issue: British Columbians continue to experience unprecedented rates of harm due to the toxic drug supply.

Key Messaging and Recommended Response:

- The unpredictable and highly toxic illicit drug supply continues to put many British Columbians at risk.
- My ministry is accelerating B.C.'s response to the illicit toxic drug crisis by, separating more people from the toxic drug supply, breaking down the shame and stigma that prevents people from reaching out for help and expanding treatment and recovery throughout the province.
- Through our work with health authorities and community partners, the Province has invested in building up the full continuum of services including prevention, harm reduction, treatment and recovery services.
- This includes working with five Regional Response Teams – with membership from across the continuum of care – and standing up 36 Community Action Teams for on the ground response to the toxic drug crisis.
- From January 2015 to March 2022, 7,542 death events are estimated to have been avoided due to overdose prevention and harm reduction services.
- Budget and Fiscal Plan 2023 continues previous investments, allocating \$445 million over the fiscal plan to provide a full spectrum of treatment and recovery services for individuals experiencing issues with substance use, including \$60 million to support ongoing critical overdose prevention services.
- Budget and Fiscal Plan 2023 provides an additional \$67.69 million over three years to expand prescribed safer supply and provide safe prescription alternatives, like diacetylmorphine, to save lives.

ESTIMATES NOTE

KEY FACTS

- In 2022, there were 2,272 suspected illicit drug toxicity deaths. This is the second largest number of suspected deaths ever recorded in a calendar year, behind 2021 (2,306).¹
- The illicit drug supply has become increasingly toxic since the onset of COVID-19. This is evidenced by an increase in deaths where extreme fentanyl concentrations, carfentanil and benzodiazepines are implicated.

Overdose Emergency Response Centre

- In December 2017, MMHA established the Overdose Emergency Response Centre (OERC) to coordinate the province's response to the drug toxicity emergency and implement a comprehensive package of essential services for overdose prevention in B.C.
- The OERC works in partnership to accelerate the response to the toxic drug crisis, and collaborates with the regional health authorities including five Regional Response Teams, First Nations Health Authority and other Indigenous-serving organizations and communities, Provincial Health Services Authority, people with lived and living experience, as well as 36 Community Action Teams established in priority at risk communities across the province.

Key Initiatives

- The government has made historic investments in a range of services and supports aimed at reducing harms and saving lives.
- **Naloxone** is a life-saving medication that can quickly reverse the effects of an opioid-related poisoning.
 - The BC Take Home Naloxone (THN) program provides people who use drugs and those most likely to witness illicit drug poisoning with no-charge naloxone kits and training.
 - As of January 2023, over 1.71 million naloxone kits have been shipped through this program.²
 - 151,795 THN kits have been reported as used to reverse a drug poisoning.³
 - THN kits are available at more than 2,119 locations, including 828 community pharmacies in B.C.⁴
- **Overdose Prevention Services (OPS) and Supervised Consumption Services (SCS)** provide a space to consume drugs under the supervision of someone trained to administer naloxone and provide other emergency first aid services.
 - As of January 2023, there are 44 OPS/SCS locations in BC.
 - Interior: 7 OPS and 1 SCS locations; Fraser: 11 OPS and 1 SCS; Vancouver Coastal: 10 OPS and 2 SCS; Island: 8 OPS; Northern: 4 OPS.
 - 16 of these OPS services support inhalation.
 - In the month of January 2023, there were 65,995 visits to OPS/SCS.⁵
- **Drug Checking** services provide life-saving information to people who use drugs about the composition of the substances they plan to consume.

¹ BC Coroners Service (2023) Illicit Drug Toxicity Deaths in BC. <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>. Accessed February 20, 2023

² Take Home Naloxone in BC Infograph (February 2023). Retrieved on February 23, 2023. <http://towardtheheart.com/thn-in-bc-infograph>

³ Take Home Naloxone in BC Infograph (February 2023). Retrieved on February 23, 2023. <http://towardtheheart.com/thn-in-bc-infograph>

⁴ Take Home Naloxone in BC Infograph (February 2023). Retrieved on February 23, 2023. <http://towardtheheart.com/thn-in-bc-infograph>

⁵ BCCDC Overdose Response Dashboard. Retrieved on February 20, 2023: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#OAT>

ESTIMATES NOTE

- In June 2021, Health Canada issued a subsection 56(1) class exemption to the *Controlled Drugs and Substances Act* in relation to urgent public health need sites (UPHNS) in BC for the purposes of enabling distributed models of drug checking. In effect, this exemption allows for illicit drug samples to be transported between harm reduction or overdose prevention sites for the purpose of drug checking or analysis.
- More than 90 distributed drug checking sites have opened around the province: 26 in Fraser Health, 30 in Interior Health, 23 in Island Health, 11 in Northern Health, and 2 in Vancouver Coastal Health.
- Point-of-care drug checking, with immediate results from FTIR spectrometers, are accessible at over 36 locations: 9 in Fraser Health, 16 in Interior Health, 5 in Island Health, 2 in Northern Health, and 4 in Vancouver Coastal Health
- **BC Toxic Drug Health Alerts** are an important source to disseminate risk information on drug poisonings via text alerts and are now available in all health authorities.
 - The BC Centre of Disease Control (BCCDC) established a Toxic Drug Health Alerts service in 2022 currently available in Interior, Fraser, and Vancouver Island, and Northern Health Regions.
 - Vancouver Coastal Health Authority continues to use the RADAR alert system, established in 2017.
 - 2,710 people have subscribed to BCCDC's toxic drug alerts since May 2022.⁶
- **The Mobile Response Team** is an initiative administered by Provincial Health Service Authority to provide psychosocial support for frontline workers and peers impacted by the toxic drug crisis.
- **The Lifeguard App** automatically contacts emergency responders if an app user becomes unresponsive in the event of an overdose.
 - Since its launch in May 2020 and up to the end of December 2022, the app has been used 114,305 times by 16,100 app users. To date, no drug-poisoning deaths have been reported through the app.⁷
- **Prescribed Safer Supply** is an initiative to expand access to pharmaceutical alternatives to the illicit drug supply (*cross ref: Prescribed Safer Supply*).
 - The number of people dispensed opioid prescribed safer supply in the month of December 2022 was 4,535. Of these, 263 people were dispensed opioid prescribed safer supply for the first time.⁸
- **Nurse Prescribing** is an initiative to train registered nurses and registered psychiatric nurses to prescribe Opioid Agonist Treatment (*cross ref: Nurse Prescribing*)
 - As of February 2023, 233 RNs and RPNs from all health authorities have enrolled in training and 112 have fully completed their training.⁹

FINANCIAL IMPLICATIONS

- Budget and Fiscal Plan 2023 continues the previous investments, with \$445 million over the fiscal plan to provide a full spectrum of treatment and recovery services for individuals experiencing issues with substance use. This funding includes \$60 million to support harm

⁶ Provincial TDHA Bi-weekly Dashboard (February 12, 2023). BC Centre for Disease Control, Provincial Health Services Authority

⁷ Toxic Drug Crisis Response Data (February 2023). Overdose Emergency Response Centre, Ministry of Mental Health and Addictions

⁸ Toxic Drug Crisis Response Data (February 2023). Overdose Emergency Response Centre, Ministry of Mental Health and Addictions

⁹ Toxic Drug Crisis Response Data (February 2023). Overdose Emergency Response Centre, Ministry of Mental Health and Addictions

ESTIMATES NOTE

reduction services and supports and increased access to nursing care and interdisciplinary outreach teams.

- Budget 2023 invests \$67.69 million over the fiscal plan to expand prescribed safer supply and provide prescription alternatives like diacetylmorphine.

Approvals:

April 5, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

April 4, 2023 – Tracee Schmidt, EFO, Corporate Services Division

April 5, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC OAG Audit

Issue: The Office of the Auditor General (OAG) is undertaking an audit of the Ministries of Health and Mental Health and Addictions to ensure effective implementation of two harm reduction initiatives: overdose prevention/supervised consumption services and prescribed safer supply.

Key Messaging and Recommended Response:

- **Our government is unwavering in our commitment to address the ongoing toxic drug crisis and prevent future deaths due to drug poisoning.**
- **We know that one of the most important ways to do this is by supporting a diversity of community-level low barrier harm reduction services that help to separate people from the toxic illicit drug supply.**
- **I welcome the Office of the Auditor General's examination of two key harm reduction services: overdose prevention and supervised consumption services, and the Prescribed Safer Supply initiative.**
- **We look forward to the Auditor's report.**

KEY FACTS

Background/Status:

- The OAG is an independent office of the legislature authorized to conduct financial and performance audits of all government reporting entities, including ministries. Pursuant to the *Auditor General Act*, responsibilities of the OAG include assessing the efficiency, effectiveness, and economy of provincial programs and services.
- In the Spring of 2022, the OAG informed the Ministries of Mental Health and Addictions (MMHA) and Health (HLTH) they were resuming their performance audit as per performance Audit Coverage Plan 2021/22 – 2022/23 (published March 2021) of Substance Use Services, with a focus on harm reduction services.
- Between May and November 2022, the OAG undertook consultation with staff in MMHA/HLTH to plan the audit.
- On February 8, 2023, the OAG shared a summary of their plan with DMs of HLTH and MMHA for the forthcoming audit of two harm reduction initiatives: overdose prevention/supervised consumption services (OPS/SCS) and prescribed safer supply (PSS). Audit Objectives include:
 1. To determine whether the MMHA and HTLH ensured effective province wide implementation of OPS/SCS by the health authorities.

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2. To determine whether the MMHA and HLTH effectively monitored the initial implementation of PSS province wide.

Advice/Recommendations

FINANCIAL IMPLICATIONS

N/A

Budget/Expenditures:

- MMHA and HLTH will need to determine the financial implications of the final recommendations when they are published.

Approvals:

February 21, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Nurse Prescribing

Issue: B.C. is the first jurisdiction in Canada to implement nurse prescribing of opioid agonist treatment.

Key Messaging and Recommended Response:

- A first in Canada initiative, nurse prescribing increases the number of clinicians who can prescribe medications for opioid use disorder.
- To date, 244 registered nurses and registered psychiatric nurses across all health authorities have enrolled in training that allows them to prescribe life-saving medications for opioid-use disorder. Of these, 120 have fully completed their training.
- Nurse prescribing is being implemented in collaboration with health authorities and First Nations communities to support increased access to evidence-based treatment for opioid use disorder across the province, with a focus on rural communities.
- Nurse prescribers are providing opioid agonist treatment in a variety of settings across our province including in mental health and substance use programs, outreach, virtual care, and harm reduction services.
- Nurse prescribing was originally established under a public health order and we are now transitioning to become a permanent, certified practice in BC.

KEY FACTS

Background/Status:

- In September 2020, the Public Health Officer (PHO) issued an order temporarily authorizing registered nurses (RNs) and registered psychiatric nurses (RPNs) to diagnose and treat a problem substance use condition or substance use disorder, as part of the provincial response to the toxic drug crisis.¹
- The goals of nurse prescribing align with efforts to optimize OAT provision across BC; to increase the available workforce for substance use care across BC; to provide broader provincial access to pharmacotherapy to reduce illicit drug toxicity poisonings and separate people from the toxic drug supply; and to increase initiation and retention in treatment.

¹ Order of the Provincial Health Officer. *Registered Nurse and Registered Psychiatric Nurse Public Health Pharmacotherapy* (2020). Available at [covid-pho-order-rn-pharmacotherapy.pdf \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/health/communicable-diseases/substance-use-toxic-drug-crisis/covid-pho-order-rn-pharmacotherapy.pdf).

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Actions to Date:

- To date, implementation of nurse prescribing under the public health order has been co-led by the Ministry of Mental Health and Addictions and the Ministry of Health, and in collaboration with the Office of the PHO, First Nations Health Authority (FNHA), BC College of Nurses and Midwives, Nurses and Nurse Practitioners of BC, and the BC Centre on Substance Use (BCCSU).
- Implementation is proceeding in a phased: phase one – prescribing buprenorphine/naloxone (Suboxone) - is complete; phase two –prescribing additional opioid agonist treatment (OAT) medications, such as methadone and slow-release oral morphine, is in progress; phase three - prescribed safer supply – has not yet been implemented as current focus is on treatment for opioid use disorder.
- Clinical guidance and training for nurse prescribing is provided by the BC Centre on Substance Use (BCCSU).
- Nurse prescribing is being implemented in all five regional health authorities, Provincial Health Services Authority (PHSA) and First Nations Health Authority (FNHA). FNHA is supporting implementation in collaboration with First Nations communities.
- As of March 2023, 244 RNs and RPNs from all health authorities have enrolled in training. Of these, 120 have fully completed their training (Interior (48), Northern (12), Island (12), Fraser (5), Vancouver Coastal (20), PHSA (11), FNHA (12)).
- In November 2022, 248 patients were dispensed buprenorphine/naloxone, methadone, or slow-release oral morphine at community pharmacies within B.C., prescribed by 28 RN or RPN prescribers.

Next Steps for Nurse Prescribing

- A procurement process is underway, led by MMHA, to identify independent evaluators for a provincial evaluation of nurse prescribing.
- Due to the ongoing illicit drug toxicity crisis and health human resources challenges, a scope of practice change for RNs and RPNs through amendments to the nursing regulations, Laboratory Services Regulation, and the Medical Health and Care Regulation is in development to permanently allow a new category of certified practice RNs and RPNs to diagnose opioid use disorder (OUD) and prescribe OAT for the treatment of OUD.
- The process is underway to implement regulatory amendments, and, for the BC College of Nurses and Midwives to establish the required certification programs for RNs and RPNs authorized in the regulations.
- The BCCSU education and training pathway will be transitioned to support RN/RPN prescribing training for the certified practice.
- The new certification programs are expected to be operational in Fall 2023.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2023 provides \$14.48 million in funding to support nurse prescribing implementation over the fiscal plan.

ESTIMATES NOTE

Approvals:

April 5, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

April 5, 2023 – Tracee Schmidt, EFO, Corporate Services

April 5, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Opioid Agonist Treatment- OAT (includes oral and injectable OAT)

Issue: Increasing the number of people with opioid use disorder who are engaged and retained in opioid agonist treatment is a key priority in our response to the overdose emergency.

Key Messaging and Recommended Response:

- **There is no one-size-fits-all treatment and recovery model for people living with substance use challenges.**
- **Options are key to meeting people where they're at and making sure they can access treatment and recovery services that are appropriate for their unique circumstances.**
- **That is why we are working to expand access to life-saving medications for treatment of opioid use disorder.**
- **Opioid Agonist Treatment (OAT) is an approach that has been proven to save lives and help patients overcome opioid use disorder.**
- **Opioid use disorder is one of the most challenging forms of substance use disorder.**
- **Increasing the number of people with opioid use disorder who are engaged and retained in OAT is a key priority in the provincial response to the toxic drug crisis.**
- **In December 2022, there were 2,001 OAT prescribers across BC, a 12.5% increase from December 2021 (1,778).**
- **In December 2022, 24,429 patients received OAT.**

KEY FACTS

Opioid Use Disorder

- Opioid Use Disorder (OUD) is characterized by a dependency on opioid drugs, typically short-acting formulations circulating in the illicit drug supply.
- The number of people with a diagnosed OUD increased by almost 15% between September 2018 (64,019 persons) and August 2021 (73,570 persons); it is estimated this number could be as high as 101,306, though many people may not be formally diagnosed.¹
- OUD is a challenging form of substance use disorder, and given the highly toxic illicit drug supply, can increase an individual's risk of toxic drug poisoning if they are not engaged and retained in OAT.

¹ OERC Monthly Data Sheet (January, 2023)

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Opioid Agonist Treatment

- OAT is considered a gold-standard of care for the treatment of OUD to prevent opioid withdrawal symptoms and support the elimination of cravings.
- OAT first emerged as a treatment in British Columbia for OUD in the 1990s through Methadone maintenance treatment (MMT).
- In response to emerging research, medication options have expanded to meet patient needs and to address the increasingly toxic and unpredictable illicit drug supply.
- Buprenorphine/naloxone and methadone are the most commonly prescribed treatments.
- The Ministry of Health's PharmaCare program covers methadone (Methadose® and Metadol-D®), buprenorphine/naloxone (Suboxone®), slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment, currently under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- As of October 1, 2019, compounded methadone is available on a case by case, exception basis for coverage under PharmaCare as a treatment option for people with a diagnosed OUD. To be eligible patients must first received and experienced treatment failure with Metadol-D plus one other manufactured methadone product.
- As of April 30, 2020, Sublocade®, a long-acting formulation of buprenorphine, administered monthly via abdominal subcutaneous injection, is a limited coverage Pharmacare benefit.
- Sublocade must be prescribed by a physician or nurse practitioner who has completed the manufacturer's training course.
- In January 2022, BCCSU released an OUD Practice Update which provides updated guidance on the provision of OAT as well as guidance on prescribing certain opioids as a harm reduction option outside COVID-19 risk.²

Efforts to Expand the Availability of OAT

- MMHA and HLTH continue to work with partners to expand access to OAT and to address service gaps.
- The monthly counts of total OAT clients steadily increased between 2015 (from 14,743 patients) to early 2021 (24,309 patients in March 2021) but counts have plateaued in the past two years (24,429 patients in December 2022).³
- The number of clinicians prescribing any form of OAT per month increased steadily in the past five years, from 773 prescribers in June 2017 to 2,001 in December 2022.⁴
- In September 2020, the Provincial Health Officer issued an order authorizing registered nurses (RN) and registered psychiatric nurses (RPN) to prescribe OAT, beginning with buprenorphine/naloxone.⁵ As of February 2023, 233 RNs and RPNs from all health authorities have enrolled training and 112 have fully completed their training.¹
- In June 2017, the BC Centre on Substance Use (BCCSU) released *A Guideline for the Clinical Management of Opioid Use Disorder*,⁶ which replaced the College of Physicians and Surgeons of

² Opioid Use Disorder Practice Update (January, 2022). Retrieved from <https://www.bccsu.ca/wp-content/uploads/2022/02/Opioid-Use-Disorder-Practice-Update-February-2022.pdf>

³ BCCDC Overdose Response Dashboard. Retrieved from <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>

⁴ BCCDC Overdose Response Dashboard. Retrieved from <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>

⁵ MMHA News (2020, September 16). Retrieved from <https://news.gov.bc.ca/releases/2020MMHA0051-001754>

⁶ Provincial Guidelines for the Clinical Management of Opioid Use Disorder. Retrieved from https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

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BC guideline. The guidelines have been adopted nationally and are currently being updated (with projected completion/release in May 2023).

- An *Opioid Use Disorder Practice Update* was completed in January 2022,⁷ which provides updated guidance on the provision of opioid agonist treatment, as well as guidance on prescribing certain opioids as a harm reduction option.
- As of June 5, 2017, the BCCSU assumed responsibility for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat OUD.

Injectable Opioid Agonist Treatment (iOAT)

- A small portion of the OUD patient population do not respond successfully to first-line medications.
- In October 2017, the BCCSU released a provincial guidance document for the use of iOAT (injectable hydromorphone or diacetylmorphine (DAM)) as a specialized, intensive treatment option for patients who do not respond successfully to oral OAT.⁸
- Currently, iOAT is available in high-need communities as determined by overdose surveillance data, including Surrey, Abbotsford, Kelowna, Victoria, and multiple Vancouver locations.
- In December 2022, 180 patients were receiving iOAT in British Columbia⁹, of which 154 received DAM.²
- DAM is an evidence-based option to reduce illicit opioid use that has been identified as a preferred medication option by people who use illicit opioids.
- A domestically manufactured injectable DAM product was approved by Health Canada in February 2022.

Tablet Injectable Opioid Agonist Therapy (TiOAT)

- TiOAT is an alternative OAT model first developed by Vancouver Coastal Health Authority (VCHA) and the Portland Hotel Society in 2019, using supervised consumption of hydromorphone tablets via oral intake and/or injection.
- In 2019, the government approved the expansion of TiOAT to additional sites in Vancouver, Kamloops (2), Surrey, and Prince George.
- As of December 2022, there were 175 patients in British Columbia receiving TiOAT.²

OAT optimization

- HLTH and MMHA are currently engaging key health system partners on OAT Optimization and actions to increase the capacity of British Columbia's health system to diagnose people with OUD and effectively engage and retain them in OAT.
- The work of OAT optimization has involved discussions with health authorities, stakeholders, Indigenous rights-holders, PWLLE, patient groups, and other health system partners.
- Issues such as fees (\$60-\$100/month) charged to patients by private OAT clinics—particularly in Fraser and Vancouver Coastal Health—as well as common clinical tools used by OAT prescribers—such as daily witnessed ingestion and random urine drug screens—have been flagged as barriers to patient engagement and retention on OAT.

⁷ Opioid Use Disorder Practice Update. Retrieved from <https://www.bccsu.ca/wp-content/uploads/2022/02/Opioid-Use-Disorder-Practice-Update-February-2022.pdf>

⁸ Guidance for iOAT for OUD. Retrieved on Aug 31, 2020: https://www.bccsu.ca/wp-content/uploads/2021/07/BC_iOAT_Guideline.pdf

⁹ PharmaNet, Healthideas, Health Sector Information, Analysis and Reporting, February 24, 2023

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FINANCIAL IMPLICATIONS

Budget / Expenditures:

- The Ministry of Health has provided \$27.53 million in 2022/23 to health authorities for OAT, iOAT, and TiOAT.
- HLTH's BC PharmaCare program covers most of the province's OAT and iOAT drug costs.
- Budget and Fiscal Plan 2023 continues the investment in OAT and iOAT, with \$36.75 million provided over the fiscal plan.
- The Canada-British Columbia Mental Health and Addictions Services Funding Agreement also allocates \$48 million over the fiscal plan to support injectable OAT services.

Approvals:

March 19, 2023 – Darryl Sturtevant, ADM, Substance Use Policy Division

March 13, 2023 – Kimberley Gardner, A/EFO, Corporate Services

April 4, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Opioid Litigation/Legislation

Issue: Litigation against opioid manufacturers, distributors, and consultants

Key Messaging and Recommended Response:

- Nothing should come before the health and welfare of people — that includes profit.
- BC is continuing its efforts to address the damage deceptive marketing of opioids has had on the province.
- The Province has commenced legal action against more than 40 opioid distributors and manufacturers to recover its health care costs. In addition, the Attorney General introduced enabling legislation *The Opioid Damages and Health Care Costs Recovery Act* in 2018.
- This litigation will not take resources away from mental health and addictions treatment and services nor will it interfere with government's actions to address the toxic drug crisis.
- This action is another step in our continued response to the ongoing public health emergency.
- We have a responsibility to hold these companies to account given the devastating impact that has resulted from their deceptive marketing and distribution practices.

If asked what the province will do with this settlement and if it will be invested in new services:

- This litigation is just part of the work that we're undertaking every day to address the ongoing illicit drug toxicity crisis and build a better system of care and support for British Columbians.
- We are currently focused on holding all of the wrongdoers accountable and we will have more to say in the coming months on how this money will be invested.

KEY FACTS

Background/Status:

- On August 29, 2018, the Ministries of Attorney General and Mental Health and Addictions publicly announced that BC had commenced litigation against opioid

ESTIMATES NOTE

manufacturers and distributors, holding them accountable for using deceptive marketing tactics that resulted in the Province incurring significant healthcare costs.

- In Fall 2018, BC tabled enabling legislation to assist the court process for this legal action.
- A \$150M settlement between the Canadian Governments and Purdue Pharma Canada received court approval on December 16, 2022. In addition to the Purdue Canada settlement, B.C.'s application to certify its class-action lawsuit in the B.C. Supreme Court is scheduled for fall 2023. BC alleges there is evidence that the manufacturers and distributors of opioids have marketed their products in a way designed to increase demand while knowing of the addictive and harmful nature of these products and their limited effectiveness in treating chronic non-cancer pain.
- The amount to be recovered through BC's claim is still in the process of being quantified as expert economists and researchers assess health care costs, including costs of addiction treatment, emergency services in response to overdose events, emergency room visits, hospitalizations, etc.

Legislation:

- The *Opioid Damages and Health Care Costs Recovery Act* was proclaimed on October 31, 2018. Amendments to the Act were made in the fall 2022 session to create a cause of action against consultants, to include the Federal Crown as a potential class member, and to clarify the methodology for calculating market-share.
- The legislation allows the Province to prove its claim in a more efficient fashion, similar to litigation against big tobacco.
- Instead of bringing forward individual expense records for each British Columbian, the legislation would allow government expenditures to be proven by use of population-based evidence.

Opioid Prescribing and Litigation:

- Pain management medications, including opioids, can be an important tool in helping people cope.
- While the BC College of Physicians and Surgeons provides guidelines on safe prescribing of drugs with potential for misuse/diversion, physicians still have the ability to recommend what treatments, including opioids, are best for their patients.
- Government is working with the College of Physicians and Surgeons of BC to develop an enhanced prescription monitoring program.
- BC supports physicians being more careful about how they prescribe opioids to patients and cautioning patients around unintended consequences so that people using opioids for long-term pain management aren't put at risk if they are suddenly or inappropriately cut off.
- Chronic pain management strategies and the toxic drug crisis are very complex issues and the ministry continues to work with its partners to support people living with chronic pain while minimizing risks from potentially harmful drugs.

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

Approvals:

February 7, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 17, 2023 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION - FACT SHEET

PharmaCare's Response to the Opioid Overdose Crisis

TOPIC

Rising number of unintended overdose deaths due to the poisoned street opioid supply.

Key Messaging and Recommended Response:

- We know that one of the most important ways to save lives during this ongoing public health emergency is to separate people from the toxic illicit drug supply.
- That's why in March 2020, at the start of the COVID-19 public health emergency, the Province implemented the first phase of prescribed safe supply in BC and expanded it in July 2021 – the first and only province in Canada to do this.
- Budget 2023 builds on this work, providing \$184 million over the next three years to support safer substance use to separate people from toxic drugs.
- Over the last year, health authorities have been working on establishing and expanding prescribed safer supply programs throughout the province under this policy.
- We are doing this work while making sure patient safety is protected, and prescribers have the supports they need.
- At the same time, government is working to advance monitoring and evaluation of Prescribed Safer Supply implementation in the Province.
- Prescribed safe supply is a critical part of the broader continuum of care and the treatment of addiction as a health issue.
- However, we know that safe supply will not solve the toxic drug crisis on its own. That's why the province is transforming mental health and addictions services in British Columbia.
- Through historic investments, the government is building a seamless system of care where there wasn't one six years ago, including enhancements across the full spectrum of treatment and recovery, leading the country on decriminalization and investing in life-saving harm reduction measures, like overdose prevention services, supervised consumption sites, and naloxone.

CURRENT SITUATION

- Unintended overdose deaths due to the poisoned street opioid supply have reached historical levels, with 6.8 people dying daily according to the BC Coroner's latest statistics as of January 31, 2023, mainly because of street opioids being laced with the extremely potent opioid fentanyl and its analogues.¹ This increase began in 2016 and has risen to unprecedented levels over the past couple of years.
- PharmaCare has responded by actively assisting with the identification of and access to pharmaceutical alternatives that support people who use street drugs, to separate from that toxic supply.
- Coverage has been expanded for drugs outlined in the BC Centre on Substance Use (BCCSU) Risk Mitigation in the Context of Dual Health Emergencies (RMG); the opioid option hydromorphone 8mg tablets were

¹ Illicit Drug Toxicity Deaths in B.C., March 7, 2023 <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

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added to the Plan G (Psychiatric Medications Plan) formulary to allow for coverage for substance use support.

- Coverage has also been expanded for pharmaceutical alternatives as part of the Prescribed Safer Supply policy (PSS). Risk of harm from the use of street opioids has been added to the fentanyl patch limited coverage criteria, and the patches are now available for coverage under Plan G. Fentanyl buccal (absorbed in the mouth under tongue or via the cheek) tablets were added as Limited Coverage drugs with the same criteria for substance use as the patch, and coverage is now available via all regular plans, including Plan G. Plan G coverage was added to sufentanil injection to ensure that an injectable fentanyl-type option was available for substance use disorder.
- Pharmaceutical Laboratory and Blood Services Division (PLBSD) has also been pivotal in encouraging a Canadian pharmaceutical manufacturer to develop the first domestic supply of injectable diacetylmorphine (DAM). Health Canada approved this product in February 2022 and the Supply Agreement with Provincial Health Services Authority (PHSA) and Pharmascience was signed August 2022. This will significantly expand access to DAM as a treatment for substance use disorder as well as a possible safer supply option. The Product Distribution Centre (PDC) managed by Ministry of Citizen's Services will be the licensed dealer to enable distribution of DAM which meets all the security requirements for the storage of controlled substances. Construction of the PDC vault is slated to be completed in March of 2023.
- PLBSD pharmacists work closely with members of the Overdose Emergency Response Centre and also with the Mental Health and Substance Use branch of the Ministry to proactively respond to emerging needs of those at risk of harm from the street supply.
 - Current active work involves facilitating access to a compounded smokeable opioid option, e.g. fentanyl compounded capsules, as 78% of opioid users prefer smoking to injecting their drug.²
- PLBSD pharmacists are actively involved in planning the implementation and monitoring/evaluation of PSS as it evolves and expands scope.
- PLBSD pharmacists are actively monitoring the national supply of opioids used for PSS to ensure supply is available as patient numbers increase and opioid options expand.
- PLBSD pharmacists are working with clinicians, people who use drugs, other government groups, and the regulatory Colleges as needed to lower or remove barriers to access to PSS for patients.

FINANCIAL IMPLICATIONS

- The estimated PharmaCare spend on PSS policies for opioids³ in 2021/2022 was \$6.62m for 7,506 patients.⁴
- PSS estimates are not clearly established as the target population is broad and dosing of drugs within this policy is not yet available. An initial estimate for this policy is \$10-15,000/year/patient or \$40-90 million a year for the target population reach of 4-6,000 people/year.
- The two-year agreement between Pharmascience and PHSA funded by Ministry of Health costs \$15.31M over two years.

KEY BACKGROUND

- Fentanyl or one of its more potent analogues such as carfentanil was detected in 84% of illicit drug toxicity deaths in 2022.¹ The high potency of fentanyl and analogues makes small amounts lethal if the user is not tolerant to that level due to prolonged use.
- In March 2020, the BCCSU published RMG, which outlined ways to support people who used the street drug supply to mitigate their risks during COVID-19. The guidance included the provision of prescription opioids e.g. hydromorphone 8mg tablets to opioid users so that they did not have to seek out a street supply during times of self-isolation/quarantine. This was the beginning of the concept of a safer supply in BC.

² 2021 BC Harm Reduction Client Survey, April 20, 2022 http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2021%20-%20BC_Overall_HR%20Survey%20%28Apr%2020%29.pdf

³ Also includes dispenses under RMG for opioids.

⁴ PharmaNet, Health Sector Information, Analysis and Reporting, March 9, 2023.

LEGISLATIVE SESSION - FACT SHEET

- While there was some success with the use of hydromorphone tablets, it was identified that for many people other opioid options needed to be made available to help separate them from the toxic street supply. As a result, PSS was developed with the support of BC Public Health Officer Dr. Bonnie Henry.
- In July 2021, BC's PSS policy went into effect, opening the door to the provision of medical-grade opioid products to people who used street drugs. Fentanyl products were the first to be offered due to the high level of fentanyl in the street supply.
- Research shows that 64% of people who use drugs prefer to smoke or inhale their drug versus inject it.² Very few commercial opioid products can be used in this fashion; therefore, compounded options are being sought. Compounded, pre-measured, pharmaceutical-grade fentanyl powder in capsules that can be opened is one innovative option being tried to assist with the need for smokeable products. Cocaine and DAM may also be provided in this fashion.

LAST UPDATED

The content of this fact sheet is current as of, March 3, 2023 as confirmed by Susan Bouma.

APPROVALS

2023 03 03 - Susan Bouma, Pharmaceutical, Laboratory and Blood Services Division

2023 03 07 - Mitch Moneo, Pharmaceutical, Laboratory and Blood Services Division

2023 03 10 - Christine Voggenteiter obo Martin Wright, Health Sector Information, Analysis and Reporting Division

2023 03 28 - Brenda Rafter obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

TOPIC Provincial Peer Network (PPN)

Issue: People who use drugs are leaders in the response to the toxic drug crisis, supported through the Provincial Peer Network funding.

Key Messaging and Recommended Response:

- **For too long, people with lived and living experience have been excluded from providing input into their own care and policies related to substance use.**
- **People who use drugs are critical in helping to address the toxic drug crisis, providing policy advice to support solutions that work, and implementing innovative peer-driven responses in their communities.**
- **The lived and living experience of people who use drugs is essential when it comes to the drug poisoning response.**
- **Our government supports people who use drugs to be leaders in the drug toxicity crisis response by funding the Provincial Peer Network.**
- **We recognize that the actions taken by people who use drugs to respond to the toxic drug crisis are part of a comprehensive, evidence-based, substance use system of care.**

KEY FACTS

Background/Status:

- Since 2019 and through *A Pathway to Hope*, Government has supported and provided funding for a Provincial Peer Network (PPN) through the Community Crisis Innovation Fund (CCIF).
- The PPN is a provincial network of drug user-led organizations that serves to strengthen collaboration and information sharing between the organizations through regional and provincial capacity building and the development of a network structure.
- It helps ensure that the provincial emergency response is effective in saving lives and by providing policy input on the provincial response by identifying and supporting community needs, and engaging directly with the Overdose Emergency Response Centre and health authorities.
- PPN groups are also providing direct harm reduction services, including episodic overdose prevention services, drug checking, and systems navigation.
- Peer-led services are an evidence-based approach to providing harm reduction supports to save lives.

ESTIMATES NOTE

- The PPN has grown from six funded groups in the 2018/19 fiscal year, to 25 in the 2022/23 fiscal year.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- In the 2022/23 fiscal year, the Ministry of Mental Health and Addictions invested \$2.4 million to support the PPN through to the end of fiscal 2024.

Approvals:

February 21, 2023 – Darryl Sturtevant, ADM, Substance Use Policy

March 28, 2023 – Tracee Schmidt, EFO, Corporate Services Division

March 31, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Prescribed Safe Supply

Issue: Prescribed safe supply is a critical program for helping to separate people who use substances from using illicit toxic drugs and providing connections to health and social services.

Key Messaging and Recommended Response:

- **Our government is urgently working to address the ongoing toxic drug crisis and prevent future deaths due to drug poisoning.**
- **We know one of the most important ways to do this is by separating people from the illicit drug supply.**
- **That's why we introduced a prescribed safe supply policy – the first of its kind in Canada.**
- **Through this policy, our health authority partners are expanding access to this life-saving support for people at risk of drug toxicity events and deaths.**
- **We are doing this work while making sure patient safety is protected, and prescribers have the supports they need.**
- **Prescribed safe supply is a critical part of the broader continuum of care and the treatment of addiction as a health issue.**

KEY FACTS

Background/Status:

Phase One – Risk Mitigation in the Context of Dual Public Health Emergencies:

- The interim Risk Mitigation Guidance was released by the BC Centre on Substance Use (BCCSU), in partnership with the Province, in March 2020 and updated in January 2022.
- It provides guidance for prescribing substances, including opioids, stimulants, benzodiazepines, alcohol and nicotine, to support individuals who may be at increased risk of overdose, withdrawal, craving, and other harms related to their substance use, due to COVID-19 restrictions such as isolation.
- The BCCSU released the *Opioid Use Disorder Practice Update* (January 2022) and *Stimulant Use Disorder Practice Update* (June 2022). These practice updates allow for harm reduction prescribing to occur outside the context of COVID-19.

Phase Two – Prescribed Safe Supply (PSS):

- In July 2021, the Province released the *Access to Prescribed Safer Supply in British Columbia: Policy Direction*.
- The policy builds on the Risk Mitigation Guidance and is a broad public health-oriented, health system-level intervention to reduce illicit drug toxicity deaths; it is part of a

ESTIMATES NOTE

comprehensive package of health sector interventions to address the toxic illicit drug crisis.

- The PSS policy is currently being implemented in B.C. in a phased approach, starting in health authority settings.
- In addition to health authority PSS access sites, there are federally funded safer supply projects in B.C., that provide access to PSS consistent with the provincial policy.
- The number of people dispensed opioid prescribed safer supply in the month of December 2022 was 4,535. With 11,933 people dispensed opioid prescribed safer supply between March 2020 and December 2022.
- The number of clinicians prescribing opioid prescribed safer supply in the month of December 2022 was 731.
- BC Coroners Service reported that there is no indication that PSS is contributing to illicit drug deaths.
- Preliminary findings suggest opioid PSS prevents mortality.

Clinical Supports

- To support prescribers and increase access to PSS, clinical protocols and education sessions are being developed by the BCCSU based on emerging evidence and clinical expertise.
- The first prescribing protocol for fentanyl patches was released in October 2022.

Evaluation and Monitoring

- Because PSS is the first-of-its-kind policy in Canada, the Province is supporting robust evaluation and monitoring and building evidence to better understand patient outcomes.
- A provincial evaluation of the PSS policy is being led by external contracted researchers and will continue until March 2024.
- In addition to the external evaluation, the Province is partnering with BC Centre for Disease Control (BCCDC) to monitor PSS prescribing.
- The BCCDC will be publishing this data on their public facing website in early 2023

Next Phase – Expansion of PSS

- In the next phase of PSS, the Province is increasing access to PSS through Budget 2023 investments in additional models and settings.
- Work is also underway to include diacetylmorphine (medical grade heroin) as an additional medication option for prescribed safer supply to help separate individuals from the illicit toxic drug supply.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Government is investing \$26.6 million over the next three years to support health authorities in continuing the implementation of PSS.
- In addition, government has invested \$67.69 million to continue to expand PSS, including access to additional pharmaceutical options.
- Funding will support expansion of existing and creation of new programs, increasing staffing capacity through hiring new positions, and robust monitoring and evaluation of this policy.

ESTIMATES NOTE

Approvals:

February 24, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 1, 2023 – Tracee Schmidt, EFO, Corporate Services Division

March 15, 2023 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION – ESTIMATES NOTE

Registered Nurse - Registered Psychiatric Nurse Opioid Agonist Therapy (OAT) Prescribing

Topic: Enabling Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) prescribing to increase access to evidence-based treatment for opioid use disorder, reduce barriers, and mitigate the risk of illicit drug toxicity death for British Columbians related to the increasingly toxic drug supply in B.C.

Key Messaging and Recommended Response:

- In September 2020 we announced a new public health order issued by Dr. Bonnie Henry, provincial health officer, to increase the number of health professionals authorized to prescribe safer pharmaceutical alternatives to the toxic street drug supply.
 - This expansion included registered nurses and registered psychiatric nurses with the aim of making sure B.C.'s health system is well equipped to meet people's needs to save more lives amidst the growing overdose crisis
- This order aimed to reduce substance use harms by reducing people's reliance on the illicit drug supply, and improving access to ongoing care, treatment and support.
 - The first prescriptions were written in March 2021 and the program continues to expand.
 - As of January 2023, 226 RNs and RPNs from all health authorities have enrolled and 105 have fully completed their training.
 - Additional RN/ RPN prescribers will continue to be trained across the health authorities support increased access to evidence-based treatment for opioid use disorder across the province, with a focus on rural communities.
 - Since 2020/21, we've allocated up to \$2.09 million to the health authorities that support access to RNs and RPNs who prescribe pharmaceuticals to reduce the risk of overdose.
- These actions have the potential to save lives in the context of dual public health emergencies and helps to address inequities in access to treatment and substance use care for opioid use disorder, particularly in rural and remote communities with limited or no access to prescribers.

LEGISLATIVE SESSION – ESTIMATES NOTE

CURRENT SITUATION

- In September 2020, in response to an increase in the number of illicit drug toxicity deaths, the Provincial Health Officer (PHO) issued an order temporarily expanding the scope of practice of Registered Nurses (RNs) and Registered Psychiatric Nurses to prescribe controlled drugs and substances including OAT and pharmaceutical alternatives to the illicit drug supply
- This order aimed to reduce substance use harms by reducing peoples' reliance on the illicit drug supply, and improving access to ongoing care, treatment and support.
- Implementation of nurse prescribing is proceeding in a phased approach and is currently focussed on nurse prescribing for the treatment of opioid use disorder. Phase one focused on prescribing buprenorphine/naloxone (Suboxone); phase two expands to prescribing other opioid agonist treatment (OAT) medications, such as methadone and slow-release oral morphine. Future phases will include prescribed safer supply medications.
- The first prescriptions were written in March 2021 and the program continues to expand.
- As of January 2023, 226 RNs and RPNs from all health authorities have enrolled and 105 have fully completed their training.¹
- Additional RN/ RPN prescribers will continue to be trained as health authorities support increased access to evidence-based treatment for opioid use disorder across the province, with a focus on rural communities.
- Nurse prescribing is being implemented in collaboration with First Nations communities.
- Due to the ongoing illicit drug toxicity crisis and health human resources challenges, a permanent scope of practice change for RNs and RPNs is being worked on to permanently allow a new category of certified practice RNs and RPNs to treat Opioid Use Disorder using the prescription of controlled drugs.
- The process is underway to make the required regulatory amendments, and for the BC College of Nurses and Midwives to establish the required certification programs for RNs and RPNs authorized in the regulations. The new certification programs are expected to be operational in the fall of 2023.

FINANCIAL IMPLICATIONS

- Since 2020/21, the Ministry has allocated up to \$2.09 million to the HAs support access to RNs and RPNs who prescribe pharmaceuticals to reduce the risk of overdose.
- The Ministry has allocated Providence Health Care \$10.8 million from 2020/21 to 2022/23 to support BCCSU to provide clinical management for substance use disorders.

KEY BACKGROUND

- Providing people with low barrier and accessible opioid agonist treatment has the potential to save lives in the context of dual public health emergencies and helps to address inequities in access to treatment and substance use care for opioid use disorder, particularly in rural and remote communities without or limited access to prescribers.
- In February 2021, the first cohort of RN/RPN prescribers began prescribing buprenorphine/naloxone (Suboxone®), a first in Canada.²
- To enable this practice, the Ministry of Health in partnership with the Ministry of Mental Health and Addictions (MMHA), and health authority (HA) clinical operations leads, developed clinical guidance and education to support RNs/ RPNs in management of persons with opioid use disorders.
- In March 2021, the BC College of Nurses and Midwives (BCCNM) released prescribing standards, limits and conditions, along with limits and conditions to enable "prescribing treatment for opioid use disorder" by RNs/ RPNs³. This expands on the BCCNM standards, limits, and conditions, to

¹ Ministry of Mental Health and Addictions. February 10, 2023. Jill Murray, Director, Strategic Director Overdose Strategic Priorities personal communications.

² <https://news.gov.bc.ca/releases/2021MMHA0003-000219>

³ BC College of Nurses and Midwives. Retrieved from: www.bccnm.ca/RN/learning/scope/prescribing/Pages/oud.aspx

LEGISLATIVE SESSION – ESTIMATES NOTE

regulate RNs and RPNs in prescribing buprenorphine/ naloxone which came into effect on October 26, 2020.

- In November 2021, a new training pathway was also launched to support prescribing of additional OAT medications (methadone and slow-release oral morphine (Kadian).
- Nurse prescribers are working in multiple settings including mental health and substance use programs, outreach, and harm reduction services where they engage with people who are often not formally connected to care.
- Oversight for this initiative is supported by fulsome governance structures including a
 - **Steering Committee** -led by the Ministry and MMHA with representation from Office of the Provincial Health Officer, BC College of Nurses and Midwives, and BC Centre for Substance Use (BCCSU);
 - **Implementation Committee** – led by the Ministry and MMHA, composed of diverse representation inclusive of BCCSU, BCCNM and health authority leads;
 - **Scope and Education Committee** - led by BCCSU and composed of clinical addiction experts, operational stakeholders, MMHA, HLTH and BCCNM; and an
 - **Evaluation Working Group** – led by MMHA. Monthly meetings with health authority operation leads to support evaluation planning at a regional level.

LAST UPDATED

The content of this fact sheet is current as of February 13, 2023 as confirmed by Zachary Matieschyn, Executive Director, Nursing Policy Secretariat.

APPROVALS

2023 02 22 - Stephanie Power obo Mark Armitage, Health Sector Workforce and Beneficiary Services

2023 03 09 - Peter Klotz obo Rob Byers, Finance and Corporate Services Division

LEGISLATIVE SESSION – ESTIMATES NOTE

Access to Psychiatric Services

Topic: Access to psychiatry in BC.

Key Messaging and Recommended Response:

- Our government is making historic investments to improve access to mental health supports, so that when people ask for help, help is available.
- Access to psychiatrists can make a profound impact on the lives of individuals, families, and communities by empowering people to lead healthy and fulfilling lives.
- Psychiatrists operate in various settings including in private practice (private pay and/or funded by MSP Fee for Service), in hospitals, and in publicly funded Mental Health and Substance Use programs operated by health authorities such as Adult Community Support Services, Adult Short-Term Assessment and Treatment Services, Assertive Community Treatment, Early Psychosis Intervention, and Eating Disorder programs.
- Psychiatrists can be accessed via a referral from an emergency room doctor in a hospital. In non-emergency situations patients generally require a referral from a family doctor.
- The health authorities enable access to psychiatry services for children, youth, and adults through primary care, community mental health centres, and Foundry Centres, in addition to urgent, acute, and tertiary in-patient/outpatient care. MCFD delivers psychiatry supports to young people through community-based mental health services.
- Expanding access to mental health and substance use services continues to be a priority for our government.
- Since we formed government, we've been improving access to low or no-cost mental health and substance use care – virtually and in-person - through different initiatives, like Foundry centres, Integrated Child & Youth Teams and new Urgent and Primary Care Centres.
- We know there is more to do and we are working hard to make sure when people make the brave decision to come forward for help, supports and services are there to meet them.

LEGISLATIVE SESSION – ESTIMATES NOTE

CURRENT SITUATION

- Access to psychiatrists varies throughout BC and wait times can range from one day to one year depending on location, type of program, and level of acuity of a patient's condition.
- Psychiatrists work in various settings including in private practice (through private pay and through MSP Fee for Service), in hospitals, and in publicly funded mental health and substance use (MHSU) programs operated by Health Authorities such as Adult Community Support Services, Adult Short-Term Assessment and Treatment Services, Assertive Community Treatment, Early Psychosis Intervention, and Eating Disorder programs.
- Child and youth mental health services have multiple points of entry. The Ministry of Children and Family Development (MCFD) has the primary mandate to deliver community-based mental health services for children and youth including psychiatry supports. In 2021/22, 72 psychiatrists were contracted with MCFD, and 3198 psychiatric consultation sessionals were provided.¹
- MCFD also delivers Youth Forensic Psychiatric Services providing court-mandated forensic assessments and interventions to youth involved in the justice system and support youth who are on community or custody supervision via:
 - in-Patient Assessment Unit in Burnaby
 - outpatient clinics in Vancouver, Burnaby, Langley, Victoria, Nanaimo, Prince George, Kamloops, and Kelowna.²
- The health authorities enable access to psychiatric services for children and youth through community mental health centres and Foundry Centres, in addition to urgent, acute, and tertiary in-patient/outpatient MHSU care.
- Some psychiatrists providing services to children and youth operate within a private practice model, including some MSP Fee for Services, while others are integrated within publicly funded MHSU programs operated by health authorities and/or MCFD.
- In emergency circumstances psychiatrists can be accessed via a referral from an emergency room doctor in a hospital. In non-emergency situations patients generally require a referral from a family doctor or nurse practitioner³.
- In 2021/22, a total of 859 psychiatrists received BC MSP⁴ fee-for-service payments for patient care.

Fraser Health Authority (FHA)

- Most urgent psychiatric care, other than emergency department care, is delivered via Rapid Access Clinics, which are accessed via referral from a family doctor. They provide quick access to a psychiatrist and nurse from a MHSU Centre. The psychiatrist provides diagnoses, treatment, and follow-up recommendations to a family doctor or nurse practitioner.
- Specialized psychiatric services such as reproductive psychiatry, early psychosis intervention, group psychotherapy are also available through family doctor referrals.
- Wait times vary depending on location and severity of symptoms. Wait times for initial psychiatrist assessments in most community MH teams vary from 6 weeks to 6 months and for initial assessments for patients referred by family and ER physicians there are sites where waits are 9 months or longer.⁵
- There are 144 psychiatrists who hold contracts with FHA; many are part-time and several work in other HAs. There are 7 FTE child and youth (CY) psychiatrists supporting the entire region.⁶
- There is currently need for 124 psychiatrists across FHA in hospital care, community mental health team care, and community-based private psychiatric care to serve family physicians seeking consultation and follow-up for those with mild to moderate MHSU needs.⁷

¹ Pawar, D. (2023). Email communication from MCFD on April 4, 2023.

² MCFD (2023). 4.1 Overview of CYMH. Estimate note shared by Deborah Pawar, April 4, 2023.

³ BC College of Nurses and Midwives NP Scope of Practice. April 4th, 2023. https://www.bccnm.ca/NP/ScopePractice/part2/Pages/consult_refer.aspx

⁴ B.C. Ministry of Health. Health Sector Information, Analysis, & Reporting Division. MSP Information Resource Manual (IRM) Fee-For-Service Payment Statistics 2021/2022. Table 1.1. https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp_information_resource_manual_20212022.pdf

⁵ Koo, A. (2023). Email communication re information on psychiatry from FHA on April 4, 2023.

⁶ Ibid.

⁷ Ibid.

LEGISLATIVE SESSION – ESTIMATES NOTE

Island Health Authority (VIHA)⁸

- Access to psychiatrists usually occurs via referrals from primary care or acute care, though in some areas primary care refers clients to MHSU support teams who decide if a psychiatric referral is required. All referrals come through the local Intake Team, where triaging determines who is best fit for the referred client.
- In all Local Health Areas, clients can self refer to MHSU services and request a psychiatric referral. They would see a walk-in counsellor, where it would be determined if a psychiatric referral is required. If the client does not have a primary care provider, they would help clients access primary care referrals which are needed to access psychiatry services. If they have a primary care provider, the client would need to see their provider who would then send a referral to see a psychiatrist.
- Some regions use a shared care system where psychiatrists provide recommendations for recovery and return a patient to their family doctor for monitoring and follow-up. Depending on client acuity, once a psychiatry consult has occurred, many clients can be managed by their primary care provider. It isn't possible for psychiatrist to manage all clients with MH concerns, as they would have no capacity to see new clients.
- Non-urgent wait times to access a psychiatrist range from one week to one year.
- Most regions have systems in place to fast-track referrals submitted by a primary care provider to psychiatrists based on client needs.
- Psychiatric Emergency Services at Royal Jubilee Hospital in Victoria and Nanaimo Regional General Hospital provide 24/7 specialized emergency psychiatric and substance use care to adults (17-75 years) experiencing emergent MHSU crises.
- As of April 2023, there are 56.2 FTE filled and 20.4 FTE vacant psychiatry positions. There are 12.3 FTE CY psychiatrists, however only 9.4 FTE filled and 2.9 FTE vacant. There are 15.9 FTE geriatric psychiatrists with 13.9 FTE filled and 2 FTE vacant.

Vancouver Coastal Health Authority (VCHA)⁹

- Clients with psychiatric concerns are triaged through a central intake system depending on clinical urgency.
- A clinical intake assessment is conducted by a master's level mental health clinician who uses applicable risk assessment screens such as overdose risk assessment, suicide risk assessment, medication side effects, etc.
- For clients deemed low risk, average wait time is three weeks to about three months. High risk/urgent cases can access assessment via referral to mobile assessment through Fox 80 in Richmond, Car 87/88 in Vancouver, and Fox 22 on the North Shore.
- Acute Home Based Treatment provides urgent access to acute psychiatry and nursing at home for voluntary clients in Richmond.
- In Vancouver, the Access and Assessment Centre (AAC) provides support for non-life-threatening MHSU concerns. Staff include registered nurses, registered psychiatric nurses, social workers, and psychiatrists.
- As of February 2023, there are 171.9 FTE psychiatrists practicing in VCHA. There are 21 psychiatrists delivering 10.4 FTE CY psychiatric services at VCHA, including 3FTEs at BC Children's Hospital that support CY psychiatry in VCHA.
- As of April 2023, there are 18 vacant psychiatry positions in VCHA.¹⁰

Interior Health Authority (IHA)

- The standard process for referral to a psychiatrist is for family doctors to send a referral to their local MHSU office. Referrals are reviewed and prioritized based on urgency.
- Wait times across the region can range from one week up to a year, with an average wait time of 70 days in 2022. While waiting for an appointment, clients are supported by community mental health services.

⁸ Leadbetter, S (2023) VIHA Email Communication re Information on psychiatry received April 11, 2023.

⁹ Welsh, K. (2023). Email communication re information on psychiatry (1) from VCHA on Apr 5, 2023

¹⁰ Welsh, K. (2023). Email communication re information on psychiatry from VCHA on Apr 5, 2023.

LEGISLATIVE SESSION – ESTIMATES NOTE

- As of February 2023, IHA has 59 active/provisional providers with psychiatry privileges,¹¹ There are currently 6.25 CY psychiatrist FTEs¹²
- There are 36 vacant FTEs for psychiatry, including 10 vacant FTEs specific to CY psychiatry.

Northern Health Authority (NHA)

- As of February 2023, there are 20 psychiatrists practicing in NHA and support is also available via tele-health appointments from psychiatrists who live in other parts of the province.¹³
- Wait times are approximately 3-6 months with access to urgent assessment in some areas in under 2 weeks.
- Generally, family physicians refer clients to interprofessional teams or direct to psychiatry.
- Support from interprofessional teams is often available while clients await psychiatry.
- Currently, there are no CY Psychiatrist in NHA other than through the BC Children's Hospital on call services and through the Compass program.
- There are 9 posting for psychiatrists: 2 general psychiatry (Dawson Creek), 3 adult psychiatrists (Terrace & Prince Rupert), and 2 child and youth psychiatrists (Prince George).¹⁴

BC Children's Hospital (BCCH)¹⁵

- Psychiatrists are involved in most clinical, educational, research and administrative aspects of the Provincial Child, Youth and Young Adult Mental Health and Substance Use Program at BCCH.
- Often as members of interdisciplinary teams, psychiatrists provide both direct and indirect (e.g., supporting family physicians and paediatricians in the community, or supervising learners) clinical assessment, consultation and treatment on outpatient, inpatient, emergency room and day treatment programs.
- Most psychiatrists are compensated through a "blended billing" model, which combines MSP fee-for-service and sessional support, while a few programs support psychiatric care through service contracts (e.g., Compass and the Youth Substance Use service known as SURF).
- BCCH's Compass program is a province-wide interdisciplinary service that supports evidence-based care for all children and youth in BC and the Yukon living with MHSU concerns, including telepsychiatry consultation, and continues to pilote a project with NHA of direct assessments for CY patients accessing the rural and remote emergency departments.
- There are 37 psychiatrists under contract with BCCH and a 0.4 FTE vacancy for the Child and Adolescent Psychiatric Emergency (CAPE) program.

FINANCIAL IMPLICATIONS

Psychiatrists billed for \$192.24 million fee for service work for fiscal year 2021/22 as of September 30, 2022.⁴

KEY BACKGROUND

Psychiatry Education, Training, and Recruitment in BC

- The University of BC (UBC) has the only Faculty of Medicine in BC.
- In BC and the rest of Canada, medical education is a 2-step process:
 - Doctor of Medicine (MD) Undergraduate Degree – A 4-year long program, offered at 4 university campuses and at hospitals, clinics and in community settings throughout BC
 - Residency Training – UBC's psychiatry residency is a 5-year program accredited by the Royal College of Physicians and Surgeons of Canada
- Entry-level Psychiatry residency positions at UBC have been expanded from 22 total positions in 2018/19 to 26 projected total positions in 2022/23.¹⁶
- Recruitment strategies across Health Authorities include advertising on Health Match and Better Here, attending psychiatry conferences in Canada and internationally, outreach to recruit residents into

¹¹ Morris, D. (2023). Email communication from IHA received on Feb. 23, 2021.

¹² Morris, D. (2023). Email communication re information on psychiatry from IHA received on April 5, 2023.

¹³ Lawrence, M. (2021). Email communication from NHA on Feb, 23, 2023.

¹⁴ Lawrence, M. (2023). Email communication re information on psychiatry (3) from NHA on April 6, 2023.

¹⁵ Burke, S. (2023). Email communication re information on psychiatry from BCCH on April 5, 2023.

¹⁶ Feraru, Loredana. (2022) Senior Policy Analyst, Physician Workforce Development Branch. Email communication. April 12, 2022.

LEGISLATIVE SESSION – ESTIMATES NOTE

psychiatrist positions during their training in BC and from other provinces, international recruitment (3 recent hires in FHA from the US), recruiting family physicians with an interest in psychiatry to work in community mental health settings, and placing return of service residents in underserved communities.

Re-entry In Psychiatry¹⁷

- In July 2022, the Ministry directed funding to implement a new 'Re-entry into Residency' psychiatry position, providing an accelerated education pathway for licensed physicians to re-train in psychiatry in exchange for a return of service commitment upon training completion.
- This July 2022 re-entry psychiatry position further supported introduction of a net new UBC Department of Psychiatry training site in the Interior Health Authority.
- Effective July 2023, the Ministry further increased the re-entry in psychiatry from 1 to 2 positions with a return of service contract upon training completion.

LAST UPDATED

The content of this fact sheet is current as of April 5, 2023, as confirmed by Gerrit van der Leer, Acting Executive Director, Mental Health and Substance Use Division.

APPROVALS

2023 03 13 – Eric Larson obo Martin Wright, Health Sector Information, Analysis and Reporting Division

2023 03 13 – Brenda Rafter obo Rob Byers, Finance and Corporate Services Division

2023 04 12 – Darryl Sturtevant, Mental Health and Addiction Division

¹⁷ Feraru, Loredana. (2023) Senior Policy Analyst, Physician Workforce Development Branch. Email communication. March 22, 2023.

LEGISLATIVE SESSION – ESTIMATES NOTE

Regulation of Clinical Counsellors and Diagnostic and Therapeutic Occupations

Topic: Counselling therapists and diagnostic and therapeutic health occupations seeking to become regulated health professions under the *Health Professions Act* (HPA).

Key Messaging and Recommended Response:

- Health professional regulation measures are vital for ensuring both health-care workers and patients are supported. We are committed to ensuring ethical, professional, and competent Diagnostic and Therapeutic (D&T) professions throughout British Columbia.
- Four D&T professions: respiratory therapists, radiation therapists, clinical perfusionists, and medical laboratory technologists were designated as health professions by Cabinet in 2017.
 - The Ministry of Health is currently working with partners to develop the four D&T profession-specific regulations.
 - These regulations will come into force following the implementation of the *Health Professions and Occupations Act* (HPOA).
 - These professions will be regulated by a future amalgamated college of allied health professionals.
- In addition, the Ministry of Health is currently gathering information needed to inform a decision by Cabinet about which counselling disciplines will be regulated.
- Health care professional regulations help us protect the public during some of their most vulnerable moments accessing health care.

If asked about the HPOA

- This legislation is about keeping people safe. That's always been the role of regulatory colleges and that's what this legislation allows us to do better. It takes a proactive approach to eliminating discrimination in B.C.'s health care system.
- The HPOA came out of a very significant report conducted by an expert in the field of health profession regulation, Harry Cayton. The report was the result of an inquiry into possible approaches to modernize BC's

LEGISLATIVE SESSION – ESTIMATES NOTE

overall health regulatory framework and an inquiry into the College of Dental Surgeons of BC.

CURRENT SITUATION

- Four Diagnostic & Therapeutic (D&T) professions (respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists) have been designated and will be regulated by a future amalgamated college of allied health professionals.
- The Minister of Health has also stated his interest in regulating clinical counsellors.
- Work is underway to gather the information necessary to inform a decision by Cabinet respecting which counselling disciplines will be regulated.
- Those counselling disciplines which are designated will be regulated by a future amalgamated college of allied health professionals.

FINANCIAL IMPLICATIONS

N/A

KEY BACKGROUND

Diagnosics and Therapeutics (D&T)

- Four D&T occupations (respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists) were designated by Cabinet as health professions in 2017.
- The four designated D&T professions were previously slated to be regulated under their own regulatory college however, this work was paused as the Ministry focused on the Cayton Report, the resulting work of the Steering Committee, and the development of the *Health Professions and Occupations Act*.
- Work is underway to develop the D&T profession-specific regulations, which will come into force following the implementation of the *Health Professions and Occupations Act*.

Clinical Counsellors

- A wide variety of counselling disciplines deliver counselling therapy, with diverse competencies, levels of education to enter practice, and preferred treatment modalities.
- Counsellors are not currently regulated in BC.
- Counsellors in BC may be members of associations such as the British Columbia Association of Clinical Counsellors (BCACC) and the Federation of Associations for Counselling Therapists in British Columbia (FACTBC).
- BCACC is a professional association that represents Registered Clinical Counsellors (RCCs) who meet the association's defined educational and competency requirements. By virtue of being a "RCC" with the BCACC, most members can bill private insurance plans for their counselling services.
- FACTBC is a society which represents thirteen counselling associations including those for art therapy, music therapy, family counselling, hypnotherapy, spiritual therapy, Christian counselling, cooperative counselling, and psychotherapy.
- Ministry staff are working with both counselling associations to gather the information necessary to inform a Cabinet decision on which counselling disciplines to regulate.
- Some counselling disciplines in BC may not meet the definition of a health profession.

LAST UPDATED

The content of this fact sheet is current as of February 14, 2023, as confirmed by Mark MacKinnon.

APPROVALS

2023 02 25 - Mark Armitage, Health Sector Workforce and Beneficiary Services Division

LEGISLATIVE SESSION - FACT SHEET

Emergency Department Access

TOPIC

Access to timely acute care emergency services is important to both patients and health care providers. The ongoing impact of the COVID-19 pandemic has increased access demands on emergency departments (EDs).

CURRENT SITUATION

- ED visits dropped significantly in 2020/21 with the onset of the COVID-19 pandemic; however, during the current fiscal year, the number of ED visits returned to pre-pandemic growth trend, surpassing previous volumes.
- The emergence of the Omicron variant in late 2021, followed by the BA.2 subvariant in early 2022, meant that EDs experienced increased patient volume, staffing shortages (including increased staff sick time due to COVID-19) and increased staff fatigue due to the strain of the ongoing pandemic. Staffing shortages have resulted in service impacts, particularly in some rural EDs.
- Current ED wait times are impacted by increased volume of ED visits and increased overall hospital occupancy rates which result in patients waiting longer in the ED for treatment and can create delays in admitting ED patients to hospital, sometimes resulting in admitted inpatients being cared for in the ED. When admitted patients await transfer in the ED, it decreases the space available to care of new emergency patients seeking care and can contribute to crowding.

ED Diversions in Rural Communities (Please refer to ED Diversion Fact Sheet)

- When safe staffing levels cannot be reached, patients may be temporarily diverted to another ED. The type of diversion is dependent on the staffing resources available and could include diversion of ambulances only, diversion of walk-in patients, triage and transfer of some higher acuity patients, diversion of all patients, etc.
- Temporary diversions occur periodically in all health authorities when there is a gap in service at 1 facility that can be filled using BC's extensive network of hospitals and health care services.
- When a hospital is under diversion, patients are sent to other available sites within the region. Every effort is made to divert a patient to the closest hospital.
- While diversions are never ideal, they are sometimes necessary when safe staffing levels cannot be reached.
- Health authorities take steps to prepare for diversions, including advising BC Emergency Health Services as diversions may impact demand for ambulances in the area experiencing a diversion. Additionally, communities are advised via public service announcements which include information on how to safely access care.
- Health authorities continuously work to recruit across all their vacancies, particularly in rural and remote communities, where a very small number of vacancies, annual leave or sick time can significantly disrupt the delivery of services.

Emergency Department and Hospital Capacity Task Group

- In light of current capacity challenges facing EDs and hospitals, the Ministry of Health launched a time-limited ED and Hospital Capacity Task Group to develop a provincially coordinated approach to enable the rapid identification, development and implementation of strategies to address ED and hospital congestion.
- The Task Group is time-limited and will meet weekly in Fall 2022.
- Membership includes Doctors of BC, including Co-Presidents, Section of Emergency Medicine; health authority leadership and clinical representation, the Ministry and subject matter experts.
- The Task Group will focus on strategies that can be implemented in Fall 2022 and Winter 2023

ED Visit Volumes

- Between 2016/17 and 2019/20, prior to the COVID19 pandemic, the average annual growth rate for provincial ED visits was 1.6%.
- In 2020/21, with the onset of the COVID-19 pandemic, ED visits dropped significantly. Province-wide, the number of ED visits decreased by 12.4% compared to 2019/20.

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- During the previous fiscal year, 2021/22, the number of ED visits has returned to its pre-pandemic growth trend, with the provincial daily average number of ED visits increasing by 2.3% compared to 2019/20.

Daily Average ED Visits 2018/19 to 2021/22						
HA	Pre-COVID		During COVID		Change 2019/20-2020/21	Change 2019/20-2021/22
	2018/19	2019/20	2020/21	2021/22		
IHA	1,382	1,423	1,443	1635	1.4%	14.9%
FHA	1,925	1,919	1,606	1897	-16.3%	-1.1%
VCHA	1,192	1,178	986	1195	-16.3%	1.5%
VIHA	1,138	1,210	1,072	1237	-11.4%	2.2%
NHA	747	744	593	670	-20.3%	-10.0%
PHSA	131	126	83	117	-34.4%	-7.2%
BC	6,514	6,600	5,783	6751	-12.4%	2.3%

Data source: Daily Average ED Visits were calculated based on HSIAR SharePoint File: 2021_22 - Period 14 - ED Visits

- Specific actions have been taken to reduce the number of patients presenting to EDs who did not require emergent care during the pandemic and it is expected the Task Group will identify additional strategies. Example of strategies to support appropriate use of ED resources include:
 - Expansion of HealthLink BC 8-1-1 services to include HEiDi (High Emergency iDoctors in assistance):** HEiDi is real-time virtual support service that provides nurses working on the 8-1-1 line access to full-service doctors to assist with more complex cases, decision support on whether the patient needs to go to the ED or can be managed in the community, and assistance with call volumes.
 - Urgent follow-up outside of ED:** Many EDs worked with nearby Urgent and Primary Care Centres (UPCCs) to provide urgent follow-up appointments at those UPCCs for patients who did not require emergent care.

FINANCIAL IMPLICATIONS

N/A

KEY BACKGROUND

N/A

LAST UPDATED

The content of this fact sheet is current as of September 26, 2022, as confirmed by Leah Smith, Acting Executive Director.

APPROVALS

2022 09 26 – Leah Smith, Hospital & Provincial Health Services Division

2022 09 26 – Kristy Anderson, Hospital & Provincial Health Services Division

2022 10 06 – Eric Larson obo Martin Wright, Health Sector Information, Analysis & Reporting Division

LEGISLATIVE SESSION – ESTIMATES NOTE

Provincial Health Human Resources Strategy

Topic: Provide an update on BC's Provincial Health Human Resources Strategy including 70 actions organized under four cornerstones: retain, redesign, recruit, and train.

Key Messaging and Recommended Response:

- **Our Health Human Resources (HHR) Strategy, announced in fall 2022, has 70 concrete actions focused on training, recruitment, and retention of health care workers.**
- **We began work on these actions in 2022 and will continue implementation through 2023.**
- **These actions address staffing capacity issues throughout the health-care system and will help alleviate the burden on our health-care workers.**
- **Budget 2023 provided investments of \$1 billion over three years to support the actions laid out in our HHR workforce strategy.**
- **We've opened up several avenues to increase the numbers of nurses, physicians, and allied health care professionals, both those trained here in BC and those trained in other provinces and countries.**
- **New education programs are being created, and current programs expanded, for more than 20 different health occupations. For example:**
 - **In February 2023, the Province expanded the midwifery program at the University of BC by 20 seats, which is an increase of over 70%.**
 - **The further expansion of UBC's medical school (beginning in 2023) and its postgraduate medical residency training programs to deliver a combined 128 new seats annually.**
 - **In addition, we've funded a significant expansion of nursing seats – a total of 602 - at public post-secondary institutions across BC.**
- **We have also added a total of 270 new ongoing allied health seats to BC's public post-secondary institutions, as well as additional one-time support to meet immediate training needs for Medical Laboratory Assistants and a new program to help internationally educated Advanced Care Paramedics join the workforce.**

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- **Growing these programs, investing in, and increasing BC's supply of highly skilled graduates will ensure the province has the right health professionals in the right places so that British Columbians can access the health services they need now and in the future.**

CURRENT SITUATION

- In September 2022 the Ministry of Health received Cabinet endorsement and released BC's Provincial Health Human Resources Strategy.
- The Ministry was invited to Treasury Board to seek funding to support implementation of the strategy. A significant investment was approved by Treasury Board on December 1, 2022 – to be publicly communicated on February 28, 2023 as part of the Budget 2023 announcement.
- To provide governance and oversight of the Strategy and coordinate action on urgent and long-term health workforce issues, the Ministry of Health established the Provincial Health Human Resources Coordination Centre (PHHRCC).
 - PHHRCC includes membership from the Ministry of Health, regional health authorities (HAs), the Provincial Health Services Authority, the Health Employers Association of BC (HEABC), Providence Health Care, and the First Nations Health Authority.
- Government has announced early actions to address immediate workforce pressures:
 - 01 – Occupational Health and Safety Resources – October 24, 2022
 - 03 – Relational Security Officers – October 24, 2022
 - 09 – Wage Levelling in Long Term Care and Assisted Living – December 16, 2022
 - 23 – Associate Physician Deployment Expansion – November 27, 2022
 - 25 – Emergency Medical Assistant Scope of Practice Expansions – September 29, 2022
 - 26 – Optimize Pharmacy Services to Support Primary Care – September 29, 2022
 - 36 – Internationally Educated Nurse Assessment and Nurse Re-Entry Support Program – January 9, 2023
 - 37 – Internationally Educated Allied Health Assessment Support Program – July 19, 2022
 - 41 – Practice Ready Assessment Program Expansion – November 27, 2022
 - 43 – New to Practice Incentive Program – October 31, 2022
 - 59 – Post Graduate Medical Education Expansion – September 29, 2022
 - 60 – Develop Second Medical School – November 28, 2022
 - 63 – Undergraduate Medical Education Expansion – September 29, 2022
 - 69 – Health Education Expansion Implementation – February 20, 2022 (Nursing); July 19, 2022 (Allied Health); February 17, 2023 (Midwifery)
- The Ministry of Health has committed to annual public reports on progress against this strategy as well as regular internal reports to support monitoring and evaluation. These reports will be endorsed by PHHRCC and developed in collaboration with key system partners including action implementation leads.

FINANCIAL IMPLICATIONS

Budget 2023 provides targeted investments of \$1 billion over three years to support the Province's health workforce strategy as announced in September 2022.

KEY BACKGROUND

- Government has made significant investments in the health workforce over the past 5 years – resulting in an increase of over 38,000 employees since 2017. However, new investments are required to continue growing the workforce to meet current and future needs for health services.
 - Health sector workers are experiencing rising levels of stress and burnout, high turnover, increasing time to fill vacancies, early retirements, elevated overtime, and short staffing. Recently, media and

LEGISLATIVE SESSION – ESTIMATES NOTE

public attention has highlighted pressures across the health system, including in primary care, emergency departments, ambulance services, in patient care, and critical care.

- BC's health sector employs more than 222,000 people (45% of public sector workers) and health workforce compensation exceeds \$19.6B (80% of BC's health budget and 51% of public sector compensation).¹
- Health services are a major driver of the economy and must keep pace with economic growth to ensure that new entrants to the labour force have access to a strong, responsive health care system.
- WorkBC estimates that by 2031 there will be more than 142,900 job openings in BC's health sector² and HLTH estimates that demand for health services will grow by 26% as populations age and health conditions become more complex.³
- 80% of BC's health workforce are women⁴ and only 2.5% are Indigenous⁵ – both currently earn less than men for the same work.⁶ Investments are needed to improve working conditions, wages, and representation for women, Indigenous people, and other equity seeking groups.
- BC's health workforce grew by 20.7% over the last 5 years (an increase of 38,312 employees since 2017).⁷ However, new investments are required to continue growing the workforce to meet current and future needs for health services.
- The Strategy articulates the framework, vision, principles, and objectives needed to help address these issues, including 70 actions under four cornerstones:
 - Retain: Foster healthy, safe, and inspired workplaces
 - Redesign: Optimize and Innovate
 - Recruit: Attract and Onboard
 - Train: Create accessible career pathways
- Indigenous Health and Reconciliation is as one of the foundational principles of the Strategy – underlying all other principles and governing the implementation of all 70 actions.
 - PHHRCC is committed to implementing the Declaration on the Rights of Indigenous Peoples Act and recommendations outlined in In Plain Sight (IPS), as embedding anti-racism in all work.
- The Strategy, which was endorsed by Cabinet on September 21, 2022, and released to the public on September 29, 2022, **envisioning a health system that puts people first – fostering workforce satisfaction and innovation to ensure health services are accessible to everybody in BC, now and into the future.**

LAST UPDATED

The content of this fact sheet is current as of February 22, 2023 confirmed by Miranda Mason, Executive Director, Health Workforce Planning and Strategic Initiatives Branch.

APPROVALS

2023 02 24 - Stephanie Power obo Mark Armitage, Health Sector Workforce and Beneficiary Services Division

2023 03 02 - Heather Richards obo Martin Wright, Health Sector Information, Analysis & Reporting Division

2023 03 21 - Peter Klotz obo Rob Byers, Finance and Corporate Services Division

¹ Public Sector Employers Council. (2022). Public Sector Annual Compensation Forecast

² Work BC. (2021). 2021 Labour Market Outlook.

³ Health Sector Information Analytics and Reporting Division – BC Ministry of Health. (2021). Health System Matrix version 13

⁴ BC Women's Health Foundation. (2020). Unmasking Gender Inequity.

⁵ Mary Ellen Turpel-Lafond (Aki-kwe). (2020). In Plain Sight.

⁶ Statistics Canada. (2022). 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016294.

⁷ Public Sector Employers Council. (2022, 2021, 2019, 2018). Public Sector Annual Compensation Forecast

LEGISLATIVE SESSION – ESTIMATES NOTE

Mental Health Act

Topic: The *Mental Health Act* (the Act) outlines the legislative requirements for involuntary care for individuals with severe mental disorders and designated facilities under the Act. The main purpose of the Act is to provide authority, criteria and procedures for involuntary admission and treatment of mental disorders, while safeguarding individuals' rights.

Key Messaging and Recommended Response:

- **Nothing is more important than keeping people safe and ensuring people are treated with dignity and respect.**
- **We know that there are situations when someone is experiencing a mental health emergency where involuntary admissions under the Mental Health Act can be necessary to protect health and save lives.**
- **We understand the gravity of these situations and take seriously the need to balance the rights of the individual with our obligation to help and protect people living with mental illness.**
- **It is always necessary to ensure that legislation is meeting the needs of people in B.C. We regularly receive suggestions to improve the Mental Health Act and are in the early stages of reviewing sections of the Act.**
- **While we know the Mental Health Act is vital in certain situations to save lives, we also know that voluntary services are the most effective, when possible.**
- **Through Budget 2023, we are making historic investments into treatment, prevention and early childhood initiatives to prevent small challenges from becoming more severe later in life.**
- **Providing access to quality care, balanced with the need for a voluntary continuum of services and respect for people's choices continues to be a primary focus for our work.**

CURRENT SITUATION

- In June 2017, the Office of Ombudsperson (OoO) conducted a review of involuntary admissions under the Act within 39 designated facilities. The review focused primarily on the requisite completion of the *Mental Health Act* forms, according to the Act Regulations, and education of staff in designated mental health facilities including education regarding the role of the appointed Act Directors.
- In March 2019, the OoO released the report: *Committed to Change: Protecting the Rights of Involuntary Patients Under the Mental Health Act*, which contained 24 recommendations for implementation by the Ministries of Health (HLTH), Mental Health and Addictions (MMHA), and the Ministry of Attorney General (MAG), as well as provincial and regional health authorities.
- The Ministry's progress to date includes:
 - Provincial *Mental Health Act* standards were developed and endorsed by a provincial advisory committee comprised of senior representatives of health authorities, MCFD, CLBC, MMHA and the First Nation Health Authority. The Ministry approved the standards in October 2020 which were released on December 9, 2020.

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- Quantitative and qualitative provincial audit measures for the completion of the *Mental Health Act* forms are included in the provincial *Mental Health Act* standards. Since 2019 quarterly audits are undertaken by Health Authorities of each designated facility to measure improvements in form completion.
- An update of the provincial guide to the Act is underway and expected to be released in the fall of 2023.
- The OoO released a follow-up to their 2019 report in the Spring of 2022. While the Ombudsperson acknowledged the work done to date, they also indicated that further improvement is needed in compliance and additional work is necessary to meet recommendations related to rights advice.
- In spring 2022 government introduced legislation to establish a province-wide independent rights advice service for all patients who are involuntarily admitted to designated facilities under the Act, including patients under 16 admitted by a parent or guardian and those patients discharged from the designated mental health facility on Extended Leave provisions under the Act. The legislation received Royal Assent on June 2, 2022.
- The role of the rights advice service will be to explain rights and options available under the MHA, assist individuals to exercise these rights, and refer individuals to a lawyer or advocate if a court hearing or Mental Health Review Board hearing is requested. The service will be primarily virtual, using videoconferencing and phone, with some in-person services available in certain circumstances.
- The service is anticipated to begin rolling out on an on-request basis in the fall of 2023, and automatic notification of the rights advice service at key points is expected to start in the second phase of implementation.
- In February 2023 sections 9-12 of the *Nurse Practitioners Statutes Amendment Act, 2011* was brought into force to enable nurse practitioners to complete medical certificates under the *Mental Health Act* for purposes of voluntary and involuntary admission of individuals to designated mental health facilities. This permits nurse practitioners to conduct examinations and complete medical certificates for involuntary admission of individuals with severe mental disorders into designated facilities for the initial 48-hour period (i.e., the first medical certificate). This would also allow them to complete medical certificates for purposes of sections 28 (involuntary admission following police apprehension) and section 29 (transfer from a correctional facility to a provincial mental health facility).

FINANCIAL IMPLICATIONS

Legal Information

KEY BACKGROUND

- The Act was last updated in 2005.
- 76 Facilities are designated under the Act, as of February 2023, including:
 - 25 Provincial mental health facilities, providing specialized inpatient treatment, tertiary care, and/or treatment of sub-populations such as forensic clients;
 - 37 Psychiatric Units located in acute care hospitals, providing inpatient treatment; and
 - 14 Observation Units in rural hospitals, providing short stay for stabilization and/or transfer.¹
- In 2021/22, 30,922 inpatients were treated within acute care facilities or selected tertiary care facilities for mental illness and/or substance use challenges as the most responsible diagnosis for their hospital stay.
- An additional 31,030 patients received treatment for mental illness and/or substance use challenges during hospital stays where the most responsible diagnosis was another condition. These additional

¹ Designations under the *Mental Health Act*. Retrieved from: <http://www.health.gov.bc.ca/library/publications/year/2018/facilities-designated-mental-health-act.pdf>, Accessed February 21, 2019.

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patients were not previously included in reporting but have been added to provide complete information on mental health and substance use hospitalizations.

- The total number of patients treated for mental illness and/or substance use challenges was 61,952. This total was an increase of approximately 8% over 2020/21 (57,504 patients) and an increase of 33% over 2012/13 (46,532 patients)².
- In 2021/22, 19,974 patients received involuntary mental health treatment. Of these, 89% had mental health and/or substance use challenges as the most responsible diagnosis for their hospital stay (17,968 patients with involuntary status) and 8% received treatment for mental illness and/or substance use challenges during hospital stays where the most responsible diagnosis was another condition (1,615 patients with involuntary status). The remaining 391 patients received involuntary care, though abstraction of patient diagnosis did not include a specific mental health diagnosis, rather external causes such as self-harm were common².
- A patient can only be involuntarily admitted under the Act if the following criteria are met:
 - a) Suffer from a mental disorder that seriously impairs their ability to react appropriately to their environment, or to associate with others.
 - b) require psychiatric treatment in or through a designated facility.
 - c) require care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration, or for their own protection or the protection of others; and
 - d) are not suitable as a voluntary patient.
- To provide legal authority for an involuntary admission for an initial 48-hour period, a medical certificate must be completed by a physician. The completed medical certificate provides authority to take the person to a designated mental health facility. A second medical certificate by a different physician must be completed within 48 hours of admission; otherwise the patient must be discharged or admitted as a voluntary patient. Medical certificates must be renewed by the end of the first, second and fifth months of admission, and at subsequent 6-month intervals.
- Section 37 of the Act permits the director of the designated mental health facility to place an involuntary patient on Extended Leave from the facility. Leave means that a patient is authorized to be absent from the facility to live in the community, providing appropriate support services exist to meet the conditions of Extended Leave.
- The Act also includes protections to ensure the provisions are applied in an appropriate and lawful manner. For example, hospital staff must inform involuntary patients verbally, and also provide subsequent written notification, of their rights promptly upon admission.
- The Mental Health Review Board is an independent, quasi-judicial administrative tribunal established in 2005, which conducts review panel hearings under the Act upon client request.
- Legal Information

² Mental Health Hospitalizations in BC, Involuntary Under the Mental Health Act (MHA) and Other Legal Status. PAS #3000-0220 CROSS MH Act Involuntary Voluntary Care; Health System Information, Analysis and Reporting Division. Data provided February 2022. Note that comparisons to 2019/20 data cannot be made for legal status data due to changes in data collection methodology for DAD.

LEGISLATIVE SESSION – ESTIMATES NOTE

Legal Information

LAST UPDATED

The content of this fact sheet is current as of February 21, 2023 as confirmed by Gerrit van der Leer, Acting Executive Director, Mental Health and Substance Use Division, Ministry of Health.

APPROVALS

2023 02 21 – Gerrit van der Leer, Mental Health and Substance Use Division

2023 03 19 – Darryl Sturtevant, Mental Health and Addictions Division

2023 02 26 – Eric Larson obo Martin Wright, Health Sector Information, Analysis and Reporting Division

2023 03 09 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

TOPIC Mental Health and Addictions Workforce

Issue: Workforce providing mental health and substance use care

Key Messaging and Recommended Response:

- **We recognize and acknowledge the skilled and dedicated providers that care for people every day, including doctors, nurses and nurse practitioners, social workers, counsellors, peer support workers, youth outreach workers, mental health and substance use workers and Indigenous cultural experts and Elders.**
- **We know that workers in the health and social service sectors are experiencing a heightened level of pressure and strain, and that there are challenges with recruitment and retention throughout the care economy.**
- **My Ministry is working with other ministries and employers to better understand the existing workforce challenges and opportunities as we implement actions under *A Pathway to Hope*.**
- **We are also exploring opportunities to better integrate workforce planning across the sectors that deliver mental health and substance use care to ensure a resilient and well supported workforce continues to deliver the culturally safe and trauma-informed care people need.**

KEY FACTS

- The entire mental health and substance use (MHSU) system of care relies upon a skilled and empowered workforce and a healthy workplace environment—one that is psychologically and culturally safe—to provide integrated services across a life span.
- The workforce that delivers MHSU services comes from a variety of settings: K-12, post-secondary, health, and justice system. Beyond doctors and nurses, our workforce includes counsellors, social workers, peer support, Elders and cultural leaders, youth outreach workers, and mental health and substance use workers.
- Current workforce challenges include:
 - High levels of stress, burnout, and trauma, particularly for front-line harm reduction services, and for first responders to overdose events;
 - Challenges attracting and retaining service providers in the community and not-for-profit sector due to wage inequities and funding uncertainties from year to year;
 - Recruitment and retention in rural and northern communities; and,

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- An aging workforce pointing to the need to continue focusing on training, recruiting, and retaining new workers.
- Gaps in data present a barrier to effective, cross-sector workforce planning.
- The Ministry has recently engaged a consultant to complete an initial mental health and substance use labour market analysis, which aims to review and analyze existing data on BC's mental health and substance use workforce; identify trends, trajectories and challenges; and recommend actions. A final report is anticipated to be complete in June 2023.
- The Ministry is connected to initiatives in other ministries:
 - Ministry of Post-Secondary Education and Future Skills' Future Ready Skills Plan;
 - Ministry of Social Development and Poverty Reduction's Care Economy work; and
 - Ministry of Health's Health Human Resource Strategy. Health workforce considerations and priorities include:
 - Primary Care Strategy links primary care services for mild-to-moderate mental health challenges with specialized community service programs for moderate-to-severe challenges. The strategy makes progress towards addressing the barriers patients face in receiving adequate mental health treatment such as affordability, accessibility, stigma, lack of culturally safe care, and difficulty navigating the system.
 - A focus of our work to address homelessness is the provision of integrated health and social support for people experiencing or at risk of homelessness.
 - The toxic drug supply crisis was officially declared a public health emergency in 2016. Given the significant interdependencies and occupational overlap, workforce considerations for this service area must be viewed within the larger context.
 - Move forward key workforce strategies in alignment with A Pathway to Hope and focus on Indigenous-led initiatives.
 - Provide opportunities to enhance their training, skills, and knowledge to feel confident and qualified in providing culturally sensitive and trauma-informed care.
 - Expand recruitment strategies to hire and retain a workforce that is reflective of the communities they serve and recognizing the important contributions peer support workers (people with lived experience of mental health and substance use) can make in delivering mental health and substance use services.
- Developing workforce capacity includes embedding cultural safety and humility, trauma informed practice, and person-centered care as principles of practice as well as developing skills to effectively collaborate in team-based care.
- Peer support initiatives complement traditional clinical mental health and addictions services and can be effectively implemented in every setting along the continuum of care.
- Government provided \$1 million in 2019 to BCcampus to lead work in developing the Provincial Peer Support Worker Training Curriculum. The curriculum was launched on July 16, 2021, and is available for anyone in BC to take or deliver, free of charge.

ESTIMATES NOTE

Initiatives supporting the health workforce

- CareforCaregivers.ca was launched in May 2020. The website provides tailored content for workers and managers in long-term and continuing care.
- Care to Speak was launched in June 2020. This peer-based text, chat and phone service provides emotional support to healthcare and community social sector workers and assists with service navigation.
- The Mobile Response Team (MRT) provides psychological first aid to individuals and teams on the frontline of the toxic drug crisis and healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19 and other workplace stressors.

FINANCIAL IMPLICATIONS

- N/A

Approvals:

2023-03-16 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023-03-17 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION - FACT SHEET

Mental Health and Substance Use in Primary Care

Equitable access to quality, culturally safe, person-and-family-centred mental health and substance use (MHSU) primary care services is a key focus within the primary care strategy. This strategy was put in place to improve services for people with mild to moderate MHSU challenges, whether it be through addressing gaps in access and/or ensuring increased attachment.

Key Messaging and Recommended Response:

- **Our government is making historic investments to improve access to mental health supports, so that when people ask for help, help is available.**
- **This includes significant investments in low and no-cost counselling – including for women, Indigenous people, LGBTQ2SI+ and other underserved populations, so more people can get the help they need.**
- **BC is integrating mental health care into primary care, as of December 2022, through 32 Urgent and Primary Care Centres and 61 Primary Care Networks across BC.**
- **Both Ministries of Health and Mental Health and Addictions are committed to ongoing dialogue regarding the role of the psychologist in team-based primary care settings and how their integration into primary care networks may add capacity to improve gaps in service.**
- **To that end, both ministries have partnered together to identify options for publicly-funded counselling services, with the future support of an Advisory Committee. The BCPA was formally requested to join this Advisory Committee, to better integrate mental health and addiction services into the primary care system. This Advisory Committee, with BCPA representation, have been meeting since October 2022, and have been actively providing their insights towards informing a service model design for publicly funded counselling services. The Ministry of Health, in partnership with the Ministry of Mental Health and Addictions, is responsible for community, acute and tertiary child, youth and adult Mental Health and Substance Use (MHSU) services, along with services provided by general practitioners and psychiatrists.**
- **To address the needs of people with MHSU disorders, the ministry provides a range of services for adults in community and inpatient settings, and health prevention and promotion services. Examples include:**
 - **Hospital inpatient psychiatric services, such as Psychiatric Emergency Units;**
 - **Designated Observation Units in rural hospitals;**
 - **Specialized MHSU Tertiary Care Units which provide specialized assessments, treatment and rehabilitation services for people with complex MHSU disorders; and**

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- **Primary Care Networks (PCNs) where physicians with support from allied mental health clinicians such as social workers and nurses provide MHSU assessment, treatment and follow-up.**
- **PCNs are intended to bring together the various partners and organizations providing longitudinal and episodic primary care services in a geographic area and support them to work together to meet the needs of people in their communities, including those who need MHSU services.**
- **To ensure British Columbians are getting the comprehensive care and supports they need, the Province has launched 63 PCNs throughout BC, resulting in 236,000 new attachments since the launch of our primary care strategy.**
 - **We will continue to launch more PCNs and hire more FTEs to join them.**
- **And across all our primary health care initiatives, we have hired over 1,292 new full-time equivalent health care providers with nearly a thousand more on the way, building the health care workforce required to staff our primary care strategy.**

CURRENT SITUATION

- In a December 2020 study, 86% of British Columbians supported publicly funded psychological services in the healthcare system. Further, 41% of British Columbians believe current wait times to see publicly funded mental health care providers are unreasonable.¹
- In September 2021, the Ministry of Health (the Ministry) began working directly with the Ministry of Mental Health and Addictions (MMHA) to support MMHA's Mandate Letter which focuses on the need to continue to build a comprehensive system of mental health and addictions care, including by implementing *A Pathway to Hope*. The intersection of the Ministry's primary care strategy with MMHA's *A Pathway to Hope* has led both Ministries to collaborate on MMHA's deliverable of expanding access to counselling services.
- As of January 2023, the Ministry and MMHA have met five times with a specially convened Advisory Committee with the objective of informing Ministry and MMHA of service needs of people with lived and living experience and to hear from other organizations on how to effectively deliver services.
- As part of the primary care strategy, as of January 2023, 63 Primary Care Networks (PCNs) are now in implementation with 59 of these (94%) successfully recruiting staff with MHSU specific classifications to ensure increased access to MHSU services. Further, primary care initiatives funded under the strategy have recruited 1,416 full-time equivalents (FTEs) of 2,189.3 (68.5%) approved FTEs across 260 clinics and regional hubs.² Of those, 232 FTEs (e.g., see table) are delivering dedicated MHSU services, with more expected as the number of PCNs, Urgent and Primary Care Centres (UPCCs), Community Health Centres (CHCs) and others continues to grow.³

As of January 2023 (P10), the 232 FTE hires offering MHSU services are, by initiative and by region:

	PCN		CHC		FNPCC		NPPCC		UPCC	
FTE	Approved	Actual	Approved	Actual	Approved	Actual	Approved	Actual	Approved	Actual
Clinical Counsellor	7.5	50.0	1.5	1.5	1.5	0.0	0.0	0.0	12.0	5.0
Life Skills Worker	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

¹ Strong majority want improved access to psychologists: British Columbia.

<https://cpa.ca/docs/File/Media/BC%20Access%20to%20Services%20CPA%20CPAP%20Nanos%20Survey.pdf>

² FY2022/23 Period 10 Workforce Hiring Report, Results Management Office, Primary Care Division, Ministry of Health, January 5, 2023.
Intergovernmental Communications

LEGISLATIVE SESSION - FACT SHEET

MHSU Clinician	48.3	34.8	1.0	8.8	4.4	0.0	3.0	1.4	25.4	11.3
MHSU Support	0.0	20.0	0.0	0.5	0.0	0.0	0.0	0.0	0.9	4.3
Outreach Worker	0.0	5.4	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychologist	2.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Prog. Officer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.6
Social Worker	77.6	57.5	5.5	3.5	2.5	1.8	3.0	1.4	31.9	0.0
Grand Total	135.4	168.7	8.0	16.3	8.4	1.8	6.0	2.8	70.2	42.2

Regional highlights of focused MHSU strategies in primary care:

- **Vancouver Coastal Health:** RISE CHC provides services to patients with mild to moderate MHSU including counselling and therapy programs, case management, support groups, and advocacy; Lu'ma Medical Centre (First Nations Primary Care Centre) provides MHSU support for primarily urban Indigenous people; the North Shore PCN has the Health Connections Clinic and Foundry Centre; all UPCCs in the region include MHSU support.
- **Fraser Health:** The Fraser Northwest PCN has a Rapid Access Mental Health Program; Burnaby PCN has a Mild to Moderate Mental Health Program; Ridge Meadows PCN has developed a Wellness Centre which offers Adult Mental Health Services; White Rock South Surrey PCN has a Primary Care Access Clinic which provides support to vulnerable patients; and all UPCCs in the region include MHSU support.
- **Interior Health:** The Penticton UPCC in the South Okanagan Similkameen PCN offers primary care, specialized services for those experiencing moderate to severe MHSU challenges; the Vernon UPCC provides specialized services to support those experiencing MHSU challenges; 3 PCNs (Cranbrook, Kelowna, and Penticton) have Foundry Centres; and all UPCCs and PCNs in the region include MHSU support.
- **Island Health:** Island Sexual Health CHC offers brief short-term counselling, conducts assessments, and offers referrals to community services for those presenting with MHSU issues; the Nanaimo UPCC includes timely access to Opioid Agonist Therapy; the Victoria PCN has direct linkages to Foundry Victoria to provide primary care for the youth population; the Campbell River and District PCN has been approved resources to support primary care for the youth population at Foundry; and all UPCCs and PCNs include MHSU support.
- **Northern Health:** interprofessional teams offer mental health in community settings in 23 communities in the North. Funding has been provided to support hiring of MHSU health care professionals in the Prince George and Northern Interior Rural (NIRD) PCNs and the Quesnel UPCC. As well, the Carrier Sekani Family Services Foundry has been provided funding for MHSU through the NIRD PCN.

FINANCIAL IMPLICATIONS

Budget 2022 provides \$102M over three years to continue advancing the primary care strategy, including an additional \$57M over two years (\$17M in 2023/24 ^{Government Financial Information} for 10 additional UPCCs, and an additional \$45M over three years (\$12M in 2022/23; \$16M in 2023/24; ^{Government Financial Information} for Indigenous primary care. This builds on the \$253M allocated in *Budget 2021* (\$63M- 2021/22; \$95M- 2022/23; \$95M- 2023/24) to continue to expand team-based and urgent primary care, and funding to support recruitment of primary care staff (incl. additional Family Physicians and Nurse Practitioners). *Budget 2018* Year 3 (2020/21) allocation of \$153M continues as part of the Ministry's base budget.

KEY BACKGROUND

- Major depressive disorder and generalized anxiety disorder are recurring mental health conditions affecting approximately 450,000 British Columbians each year.⁴ In fiscal year 2020/21, 338,024 people in BC received services for anxiety disorders and 229,333 received services for depression.⁵
- The Ministry's PCN policy direction outlines a requirement to provide comprehensive primary care services, which includes MHSU services such as screening, assessment, and management of mild to moderate

⁴ Centre for Clinical Epidemiology and Evaluation, Abridged HTA [Health Technology Assessment] for psychotherapy, April 15, 2021

⁵ Health Sector Information, Analysis and Reporting Health System Performance Portal. <https://hspp.hlth.gov.bc.ca/framework/service-delivery/specialized-community-services/mental-health-substance-use-service>

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conditions, as well as outlining the expectation to ensure effective transitions of care as appropriate to the nearest specialized community services program when more specialized care is needed.

- The primary care strategy has already enabled new MHSU resources and better integration of services for those with mild to moderate MHSU, and via linkages with specialized community service programs.

LAST UPDATED

The content of this fact sheet is current as of March 7, 2023, confirmed by Shana Hall obo Shana Ooms, and Jennifer Gough.

APPROVALS

2023 03 31: Ted Patterson, ADM, Primary Care Division

2023 03 28: Lenore Ogilvy obo Martin Wright, ADM, HSIAR

2023 03 29: Brenda Rafter obo Rob Byers, ADM, Finance and Corporate Services

LEGISLATIVE SESSION – ESTIMATES NOTE

Nurse Practitioners

Topic: Demand for NPs has remained high since their introduction in 2005. As of January 2023, there are 869 NPs working in the Province.¹

Key Messaging and Recommended Response:

- We are dedicated to actions that grow, retain, and support nurse practitioners.
 - Under this government, the number of NP education seats at post-secondary institutions in B.C. has more than doubled, to 100 seats.
 - Most recently, in February 2022 we announced that the province is adding 20 nurse practitioner seats across post-secondary institutions in B.C., including a new program for NPs at Thompson Rivers University.
 - It's worth noting that the number of NP seats remained static at 45 seats (in 2006) until its rapid increase under this government.
 - The government has committed to further NP seat expansions beyond the current 100 seats as part of the Provincial HHR Strategy.
- These actions to grow the NP workforce are making a difference to British Columbians:
 - The NP workforce in BC has more than doubled under the current government, from 418 NPs in 2017 to 869 NPs as of January 2023.
 - The NP workforce in BC has quadrupled since 2011. For reference, the population of BC grew by just 17% during the same period.
 - This rapid growth has resulted in BC's NP workforce growing at a rate that is faster than any other Canadian jurisdiction other than Quebec, where NPs have a much narrower scope of practice.
 - In 2020, 3 NP primary care clinics (NPPCCs) were opened in Nanaimo, Surrey, and Victoria, communities where a significant percentage of the population lacks access to a most responsible provider (MRP).
 - These clinics are expected to collectively attach ~20,225 previously unattached patients.

¹ Provider and Location Registry data extract, January 11, 2023. NPs registered in BC but practicing outside of the province are filtered out, as are NPs with status code "terminated" or "suspended" (only "active" NPs are included).

LEGISLATIVE SESSION – ESTIMATES NOTE

- Independent research on the clinics conducted by the University of Victoria has shown that patients experience dramatic improvements in access to care, as well as improvements in their health, after attaching to an NP at an NPPCC.
- Increasing NP training seats and investing in NP PCCs are just some of the ways we are taking action to increase health system capacity and service delivery in the province, ensuring that the people in British Columbia receive the care that they need.

CURRENT SITUATION

- Nurse Practitioners (NP) are an integral part of the new model of team based primary health care.²
- NPs have a background as registered nurses. Once they have gained a minimum of 2-3 years of clinical experience they then complete a clinically focussed master's degree which allows them to serve as autonomous practitioners in both primary and acute care.
- NPs have a broad scope of practice that includes:
 - Attaching, managing, and treating patients;
 - Conducting health assessments;
 - Ordering and interpreting diagnostic tests;
 - Managing acute and chronic illnesses or injuries;
 - Prescribing medication and other interventions; and
 - Referring patients to specialists and other care providers if needed.
- Primary care NPs are generally expected to carry a panel of 1,000 patients. Reductions to this target may occur if the NP serves rural/remote or priority populations.
- ~80% of NPs work in primary care, while ~20% serve in specialized acute and specialty care roles.³ For example, this includes post-surgical cardiac care, oncology, NICU, etc.
- Standards, limits, and conditions for BC NPs are set by the BC College of Nurses and Midwives (BCCNM). These are found in the Scope of Practice for Nurse Practitioners section of the BCCNM website.⁴
- The vast majority of NPs work in publicly funded positions. NPs are paid a salary or hourly wage and do not submit fee-for-service claims like most physicians in BC. However, they must still submit encounter codes to the Ministry of Health (MoH) documenting their activities.
- Demand for NPs has remained high since their introduction in 2005. As of January 2023, there are 869 NPs working in the Province.⁵
- NPs in BC currently have two main compensation options: working as employees of health authorities (HAs) or, since 2018, as independent contractors on PCN service contracts. The latter is designed for providing longitudinal primary care and offers greater independence and remuneration in place of the extended benefits, leave, and coverage offered by HAs.
- The majority of NPs are employed by HAs, with approximately 220 currently working as contractors.⁶

² For more information on MoH primary care policy, see the Primary Care Networks fact sheet.

³ Based on an analysis of data submitted to the Ministry. B.C. Ministry of Health. Health Sector Workforce and Beneficiary Services Division. Nursing Policy Secretariat. Estimating % of NPs in primary care, end of FY20-21.xls

⁴ *Scope of Practice for Nurse Practitioners* (BCCNM, September 2018). Retrieved January 14, 2021 from: <https://www.bccnm.ca/NP/ScopePractice/Pages/Default.aspx>

⁵ Provider and Location Registry data extract, January 11, 2023. NPs registered in BC but practicing outside of the province are filtered out, as are NPs with status code "terminated" or "suspended" (only "active" NPs are included).

⁶ Correspondence with the five BC regional health authorities.

LEGISLATIVE SESSION – ESTIMATES NOTE

- HA employed NPs receive practice supports from their employer, generally including personal and professional support, internal learning opportunities, and funding for continued education.
- PCN contracted NPs receive practice support through the Nurses and Nurse Practitioners of BC (NNPBC) professional association. These are: clinical coaching; advice, mentorship, and advocacy; quality improvement and assurance; funding for continuing professional development; and reimbursement for time spent participating in PCN committees or on approved continuing professional development activities.
- NPs in BC are educated at one of the Province's four NP programs (UVic, UBC, UNBC, TRU) or arrive with equivalent credentials. BC NP programs currently graduate ~80 students each year, with an additional 20 student seats to be added in 2023.
- The Nursing Policy Secretariat (NPS) was founded in 2017 to support the work of NPs and other nursing designations. This includes identifying and addressing legislative barriers to NP's SOP, such as amending the *Human Tissue Gift Act* so NPs can declare death for organ donors for the purpose of transplantation.
- In 2020, 3 NP primary care clinics (NP PCCs) were opened in Nanaimo, Surrey, and Victoria, communities where a significant percentage of the population lacks access to an MRP. They are expected to collectively attach ~20,225 previously unattached patients.⁷

FINANCIAL IMPLICATIONS

- From 2005/06 to 2021/22, the Province has provided approximately \$397 million in funding for NP positions and supports.
- The MoH has made several large-scale investments to train, deploy, and support NPs, including:
 - Since 2012/13, the NP4BC program provided HAs with approximately \$53.4 million to hire 135 primary care NPs;
 - In 2018, Government announced funding of approximately \$115 million over three years for 200 (later increased to 300) NPs on PCN contracts⁸; and
 - From 2019/20 to 2021/22, the Ministry has provided approximately \$3.2 million to the NNPBC to develop and deliver practice support programs for PCN contracted NPs and others who lack access to practice supports.

KEY BACKGROUND

The MoH has continually worked with BC's NP programs and PSFS to increase the number of student seats.

- In 2004, the first 30 placements were funded at UVic and UBC (15 each).
- In 2006, 15 additional seats were created with the founding of UNBC's NP program, making the total 45.
- The number of student seats remained static until being increased to 75 in 2018. This resulted from the Province's new policy of integrated team-based care and the creation of the PCN service contract.⁹
- 5 additional student seats were added to the UVic program in 2019/20.
- The number of NP students at BC's programs will reach 100 by 2023. This is a result of a further 5 seats being added to the UVic program and 15 new seats resulting from the launch of TRU's NP program.¹⁰

The MoH has also reduced the legislative/regulatory barriers that prevent NP's from achieving their full SOP.

⁷ For more information about NP PCCs, please see the NP PCC Fact Sheet.

⁸ Creating new opportunities for nurse practitioners as part of team-based care system. May 23, 2018. Retrieved January 14, 2021 from <https://news.gov.bc.ca/releases/2018HLTH0034-000995>

⁹ <https://news.gov.bc.ca/releases/2018HLTH0034-000995>.

¹⁰ <https://news.gov.bc.ca/releases/2022HLTH0004-000250>.

LEGISLATIVE SESSION – ESTIMATES NOTE

- In 2011, *Bill 10* amended 12 acts and brought 11 others into force – all increased NP's SOP.
- In 2012, the *Hospital* and *Hospital Insurance Acts* were amended to permit NPs to admit/discharge.
- In 2014, *Bill 17* amended 9 additional acts to again increase NP's SOP.
- From 2015-2019, NPs became able to prescribe controlled drugs and opioid agonists, order diagnostic tests like MRIs, serve as medical assistance in dying assessors and prescribers, and affirm disabilities.
- As of February 1, 2023, sections of *Bill 10* were brought into force to amend the *Mental Health Act* to permit NPs to issue involuntary 48 hour holds for those whose mental health crises pose a serious risk to themselves or others.

LAST UPDATED

The content of this fact sheet is current as of March 20, 2023, as confirmed by Zachary Matieschyn, Executive Director, Nursing Policy Secretariat.

APPROVALS

2023 03 23 - Mark Armitage, Health Sector Workforce and Beneficiary Services Division

2023 02 26 - Eric Larson obo Martin Wright, Health Sector Information, Analysis and Reporting Division

2023 03 09- Peter Klotz obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

TOPIC Stop the Stigma Marketing Campaign

Issue: Public awareness campaign to help address stigma around substance use

Key Messaging and Recommended Response:

- **People who use drugs are real people – they are in our families, workplaces, and communities.**
- **As part of our commitment to reducing stigma, we continue to invest in public awareness campaigns to break down barriers and ensure that people can access the help they need and deserve.**
- **Stigma can lead people to hide their drug use and often use alone – given the toxicity of the drug supply this can be fatal.**
- **Our mission is to challenge beliefs and attitudes, to increase empathy, and open up conversations about who is at risk, why they need support, and the role we all play.**
- **Our efforts serve as a clear message for all British Columbians to see addiction not as a moral failing but a complex health condition that deserves the same dignity, respect, and care as any other condition.**

KEY FACTS

Background/Status:

Stop the Stigma Campaign (2021/2022–Ongoing)

- The "Stop the Stigma" campaign launched in November 2021 with two subsequent phases, which were in-market from May-July 2022, and October-December 2022.
- Creative direction and messaging were informed by public opinion research, audience focus testing, engagement with people with lived/living experience and key stakeholders throughout the province.
- The comprehensive media plan includes television, streaming audio, radio, out-of-home channels (transit, billboards, posters) and digital media.
- The Ministry continues to work with professional sport partners (Vancouver Canucks, BC Lions, Vancouver Whitecaps) to expand the reach through, in-arena, outside arena, and broadcast signage, sports ambassador online videos, podcasts, radio, and access to the teams' social media audiences.
- Analysis of the 2022 campaign showed that 56% of residents recall having seen the campaign, mostly driven by TV, but also strong recall of the supporting online and radio ads.

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- The analysis also showed that one-third (33%) of BC residents have been impacted by the toxic drug crisis either themselves or through a family/friend.
- Public opinion polling reported that approximately one-third of respondents are likely to visit the StopOverdoseBC.ca website to learn more after seeing/hearing the ads.
- MMHA will continue to work with partners to enhance anti-stigma campaigns and work in 23/24.

Stop Overdose BC Website

- Campaign messaging directs people to StopOverdoseBC.ca where they can find resources on how to talk with loved ones about substance use challenges, learn the facts about addiction, and navigate to services or supports.
- StopOverdoseBC.ca was redesigned in fall 2022, with more content and an improved user-experience.
- 115,746 people visited StopOverdoseBC.ca in 2022.

Previous Campaigns

- Since 2017, MMHA has launched multiple campaigns to address stigma:
 - General Population Stigma Reduction Campaign (2018-2020): A comprehensive province-wide public awareness campaign to combat stigma and humanize the overdose crisis, calling on British Columbians to, get involved, get informed and get help.
 - Courageous Conversation Campaign (2019-2020): A campaign for Chinese Canadian and South Asian Canadian communities to combat stigma and increase access to life-saving information and support.
 - Toxic Drugs are Circulating Campaign (2020-2022): Encouraging people who use drugs to stay safer and access harm reduction services, such as the Lifeguard App.
- MMHA co-chairs a Public Engagement Working Group, which includes communication leads from health authorities and partner agencies. The group shares, coordinates, and amplifies communication activities including, drug alerts, First Nations-led campaigns, and multi-lingual promotions.

FINANCIAL IMPLICATIONS

- An ongoing investment of \$2.37 million annually is committed to maintain stigma-reduction public awareness efforts.

Approvals:

February 9, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 20, 2023 – Tracee Schmidt, Executive Financial Officer, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Wellbeing.gov.bc.ca

Issue: The Ministry launched Wellbeing.gov.bc.ca, a trusted entry-point to mental health and substance use resources for people living in BC.

Key Messaging and Recommended Response:

- **We know that many British Columbians search for information on mental health and substance use services online and we are committed to making that journey easier.**
- **Wellbeing.gov.bc.ca was designed to be easy to use and provide a trusted source for searches related to mental health and addiction resources. For those looking for immediate help, crisis services are always visible on the site.**
- **An enhanced version of Wellbeing launched in 2023 with over 2500+ service listings across BC.**
- **The website is supporting the implementation of decriminalization by assisting with service navigation through a new resource card.**
- **Partner engagement and provincial promotions are helping to build awareness and drive traffic to the site.**

KEY FACTS

Background/Status:

- In January 2023, the Ministry of Mental Health and Addictions launched an enhanced version of Wellbeing.gov.bc.ca.
- Wellbeing was developed as one of the Pathway to Hope priority action items aimed at improving access to care. Previous websites were difficult to navigate, and users struggled to find resources specific to their needs.
- The goal of Wellbeing is not to replicate content that already exists – rather, it's an opportunity to point people to existing information about services and resources through an intuitive web design.
- The new site helps people navigate to 2500+ mental health and substance use services across the province and search informational content.
- Consultation with people with lived experience and a range of service providers has informed site content and functionality.
- Recent public opinion polling (Leger, 2022) reported that:
 - One-third (32%) of BC adults have tried accessing or know someone who has accessed mental health services.
 - Most people would look online for information on mental health and substance use.

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- A provincial promotional campaign and ongoing partner engagements will build awareness of Wellbeing.
- Ongoing enhancements including improvements to service listings, additional content, and other site features, will continue to be rolled out.

Wellbeing and Decriminalization

- Wellbeing is playing an essential role in the implementation of decriminalization, ensuring that people who use drugs are provided information about mental health and substance use supports, including harm reduction information.
 - NEW resource cards distributed to law enforcement (Health Canada requirement) point to Wellbeing.gov.bc.ca - and other trusted resources - to ensure that people can easily find mental health and substance use services.
 - Wellbeing provides a platform for educational, factual content related to decriminalization.
 - Strategic promotions to target key audiences and drive traffic to information and services.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2023 continues this government's investment in the design and development of the Wellbeing website.
 - \$500,000 annualized funding is in place through the Ministry of Health. MMHA works in partnership with the Ministry of Health, including HealthLinkBC, to ensure the health service navigation landscape is coordinated and provides a seamless experience for the end user.

Approvals:

February 21, 2023– Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 1, 2023 – Tracee Schmidt, EFO, Corporate Services Division

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: 2022 BC Coroners Service Death Review Panel: A Review of illicit Drug Toxicity Deaths

Issue: Overview of the *BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths* report to the Chief Coroner of British Columbia released on March 9, 2022.

Key Messaging and Recommended Response:

- The BC Coroners Service *2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths* report reaffirms the urgency of the work underway by our government.
- We have been building an integrated continuum of care for mental health and addiction services that did not exist prior to 2017.
- And through two concurrent health emergencies, we have never asked as much from our health authorities and front-line workers.
- Budget 2023 invests one billion dollars to expand services across the continuum of care.
- We are expanding critical harm reduction measures, like prescribed safe supply, to separate people from the toxic drug supply.
- We are improving access to treatment and recovery services so that when a person makes the brave decision to get help, the proper supports are there to meet them.
- On top of this, we are breaking down the stigma that stops many from reaching out for help by treating addictions as a public health issue, not a criminal justice issue.

If asked about a regulated safe supply...

- We agree that one of the most important actions we can take to save lives is to separate people from the toxic drug supply.
- That's why B.C. implemented in 2020 a safer supply program - the first province in Canada to do this.
- Controlled drugs and substances are regulated by the federal government. That's why we are focused on what we can do within

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our provincial jurisdiction – which is a prescribed safer supply model, implemented through health authorities.

- **We will continue to monitor, evaluate and increase the uptake of this vital service.**

KEY FACTS

Background/Status:

- On March 9, 2022, the British Columbia Coroners Service (BCCS) released its *2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths report*.
- The panel included persons with expertise in public health, health services, substance use, mental health, Indigenous health, law enforcement, and persons with lived and living experience, among others.
- The panel reviewed data on 6,007 deaths due to illicit drug toxicity deaths in BC between August 2017 and July 31, 2021.
- The report provides information on the number and rates of death due to the illicit drug supply; demographic characteristics of decedents; frequency and modes of drug use; substance toxicology; and decedents' contact with health care and treatment services.
- It identifies the increasing toxicity and unpredictability of the illicit drug supply as the primary cause of increased deaths.
- It also states that the federal drug policy framework is the main driver of the toxic drug supply.
- The report outlines three overarching recommendations:
 - Ensure a safer drug supply to those at risk of dying from the toxic illicit drug supply.
 - Develop a 30/60/90-day illicit drug toxicity action plan with ongoing monitoring.
 - Establish an evidence-based continuum of care.
- The report also details 24 priority actions, in total, under the three recommendations.
- The central theme of the report is an inadequate response to the toxic drug crisis and little demonstrated progress in reducing toxic drug deaths in the five years since the Provincial Health Officer declared a public health emergency on April 14, 2016.
- The report points to the provincial response to COVID-19 as a model for how to mobilize the health system, improve service planning and coordination, and rapidly analyze data for public information sharing within the context of a public health emergency.
- While the report recognizes the value and impact of some of the actions taken to address toxic drug poisonings since the public health emergency was declared in 2016, it also states that the scale and breadth of these initiatives has been inadequate to

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address the escalating crisis over the past several years.

- This report follows the BCCS *2018 Death Review Panel: A Review of Illicit Drug Overdoses* report released on April 5, 2018; it covered the period from January 1, 2016, to July 31, 2017.
- The recommendations from the 2018 report focused on the expansion of evidence-based treatment, expansion of harm reduction services and options, and the need for an integrated, accountable substance use system of care to reduce deaths due to illicit drug toxicity.
- On September 29, 2022, a response letter to the 2022 report was sent from the Ministries of Mental Health and Addictions (MMHA) and Health (HLTH) to Chief Coroner, Lisa Lapointe, outlining the health system response and actions underway.
- MMHA and HLTH have also convened an ADM-VP table with the health authorities to discuss a range of priorities in mental health and addictions services, including responding to the toxic drug crisis.
- The BC Centre for Disease Control regularly models the estimated number of death events averted due to harm reduction and opioid agonist treatment interventions. From January 2015 to March 2022, 7,542 death events are estimated to have been avoided due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 13, 2023 – Rebecca Salpeter, Senior Director

February 21, 2023 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 2, 2023 – Tracee Schmidt, EFO, Corporate Services

March 15, 2023 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC PHO Report – Safe Supply

Issue: The Public Health Officer is developing a report that is anticipated to recommend government action on both prescribed and non-prescribed models of safer supply

Key Messaging and Recommended Response:

- We know that one of the most important ways to save lives during this ongoing public health emergency is to separate people from the toxic illicit drug supply.
- That's why in March 2020, at the start of the COVID-19 public health emergency, the Province implemented the first phase of prescribed safe supply in BC and expanded it in July 2021 – the first and only province in Canada to do this.
- We are standing up prescribed safer supply inside a medical model, within the bounds of federal legislation regarding illicit substances.
- Safe supply will not solve the toxic drug crisis on its own. That's why the province is transforming mental health and addictions services in British Columbia.
- Through historic investments, the government is building a seamless system of care where there wasn't one six years ago, including enhancements across the full spectrum of treatment and recovery, leading the country on decriminalization and investing in life-saving harm reduction measures, like overdose prevention services, supervised consumption sites, and naloxone.
- I had the pleasure of meeting with our provincial health officer, Dr. Bonnie Henry, and heard about the upcoming report on safer supply.
- I await the final report and look forward to reviewing the report.

KEY FACTS

Background/Status:

- The Provincial Health Officer is developing a report on Safer Supply entitled *Safer Supply: Protecting our Loved Ones, Families, and Communities from the Toxic Drug Supply*
- The Provincial Health Officer plans to release the final report publicly in May 2023.

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FINANCIAL IMPLICATIONS

N/A

Approvals:

2023 04 14 – Darry Sturtevant, ADM, Substance Use Policy Division

2023 04 17 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC LePard-Butler Report

Issue: *A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia* (the LePard-Butler Report)

Key Messaging and Recommended Response:

- **Everyone deserves to feel safe in their communities.**
- **Our government shares British Columbians' frustration with unprovoked violent stranger attacks and those who are engaging in repeated criminal activity.**
- **The *Rapid Investigation into Repeat Offending and Random Stranger Violence*, led by Doug LePard and Amanda Butler on October 1, 2022, highlights the complexity of this issue and the need to continue investing in social, policing and health supports.**
- **Many of the report's recommendations align with work already underway – for example, supports for people coming out of corrections; complex care housing; and expanding treatment and recovery services.**
- **Through the Safer Communities Action Plan, we are investing in a range of measures to address repeat offending and keep communities and people safe.**
- **This includes expanding civilian-led mental health crisis response teams through the successful Peer Assisted Care Team model. This was a key recommendation in the LePard-Butler report.**

KEY FACTS

Background/Status:

- In recent years, public concerns over community safety and unprovoked violent attacks has increased.
- In April 2022, BC's Urban Mayors Caucus sent detailed information to the Attorney General and the Minister of Public Safety and Solicitor General indicating that despite overall decreases in provincial and community crime rates, shifting crime rates during the pandemic were hurting downtown retail areas.
- On May 5, 2022, the Province announced that, in co-operation with the BC Urban Mayors' Caucus, it had hired experts in mental health and policing: Dr. Amanda Butler¹,

¹ Key research interests are improving outcomes for justice-involved people with mental and substance use disorders, dual diagnosis and complex comorbidity, continuity of care, drug policy, and criminal justice diversion.

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PhD, MA Criminology (SFU); and Doug LePard² O.O.M., MA, to conduct a rapid investigation into the challenges of repeat offending and unprovoked violent stranger attacks in BC.

- The recommendations were released on September 21, 2022, and the final report was released on October 1, 2022.
- The investigation makes recommendations in several areas, such as:
 - Improving the system of care for people in the criminal justice system with mental health and substance use challenges;
 - Creating more opportunities to divert people from the criminal justice system;
 - Improving services for Indigenous Peoples;
 - Improving collaboration between partners, including community services, law enforcement, and all levels of government; and,
 - Addressing repeat offending and improving public confidence in the justice system.
- Key recommendations for the mental health and substance use system include:
 - Continue investment in civilian-led (non-police) mental health crisis response teams, e.g., Peer Assisted Care Teams;
 - Crisis response and stabilization centres;
 - Low secure care;
 - Services for people with brain injury and developmental disability; and,
 - Improvements to forensic psychiatric services and the forensic mental health system.

FINANCIAL IMPLICATIONS

N/A

Approvals:

2023-02-20 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

2023-03-20 – Christine Massey, Deputy Minister

² Doug LePard is a retired police chief and an independent criminal justice sector consultant. He is a member of the Mental Health Review Board, BC Review Board, BC Emergency Health Services Board, and former sessional Criminology faculty at the University of the Fraser Valley. After 35 years' service, he retired as the Deputy Chief commanding the Investigation Division in the Vancouver Police Department, then served several years as the Chief of the Metro Vancouver Transit Police.

ESTIMATES NOTE

TOPIC Representative for Children and Youth Reports Overview

Issue: Overview of Alignment with RCY Reports

Key Messaging and Recommended Response:

- We are pleased to receive the recommendations for our Ministry in reports from the Representative for Children and Youth (RCY).
- The RCY has repeatedly identified a need for a comprehensive and integrated system of mental health and substance use care, including culturally safe, child, youth and family centered team-based care.
- The issues the Representative and other stakeholders have identified as problems helped to inform *A Pathway to Hope* and are reflected in our priority actions to improve wellness for children, youth and young adults, which in turn address many recommendations received from RCY.
- Our Government is taking action to create a coordinated mental health and substance use system of care for children, youth, and young adults.
- Investments include: Foundry youth centres; new youth substance use beds and services in addition to the development of a youth substance use wellness framework; early childhood programs; school-based programs for mental wellness promotion; integrated child and youth teams; and early psychosis intervention programs.

KEY FACTS

Background/Status:

- The Representative for Children and Youth (RCY) is an independent officer of the legislature with the authority to:
 - Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services.
 - Monitor, review, audit and publicly report on designated services for children and youth.
 - Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.
- Since 2012, the RCY has released a number of child-death investigative reports and four service reviews that contain findings and recommendations related to child and youth mental health and substance use (MHSU) services. Reports with

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recommendations either directed at or relevant to MMHA include:

- *Advocating for Change: Five Years in Review* (TBD; anticipated April 2023)
- *Toward Inclusion: the need to improve access to mental health services for children and youth with neurodevelopmental conditions* (TBD; anticipated April 2023)
- *A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care* (September 2022)
- *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* (April 2021)
- *Detained: Rights of Children and Youth under the Mental Health Act* (January 2021)
- *A Parent's Duty: Government's Obligation to Youth Transitioning into Adulthood* (December 2020)
- *Youth Substance Use Services in BC – An Update* (March 2020)
- *Caught in the Middle* (November 2019)- an investigation into the overdose death of a youth caught between the BC and Alberta child and family services systems
- *Time to Listen: Youth Voices on Substance Use* (November 2018)
- *Missing Pieces: Joshua's Story* (Oct 2017)
- Consistent themes in RCY reports with respect to needed improvements to child, youth and young adult MHSU services include:
 - Lack of a single point of accountability for MHSU services negatively impacts system enablers, including workforce planning, information sharing, research, and integrated service planning and delivery.
 - Most MHSU services are not integrated with each other resulting in service fragmentation for youth and their families.
 - Some components of the system of care, such as Step up/Step down services, are insufficient. Harm reduction services are not consistently available to all youth throughout BC and youth need more unbiased information on substance use.
 - Transitions between service types, and from youth to adult services, are often not coordinated. Pathways to services from family physicians, schools, and hospital emergency departments are often not clearly defined.
 - Services are not consistently available for older youth and young adults.
 - Lack of attention to upstream efforts designed to support healthy social and emotional development and reduce stigma about mental illness and addiction.
 - Lack of support for families caring for a young person with MHSU problems.
 - An Indigenous perspective on mental wellness needs to be better integrated into culturally safe service governance, planning and delivery.
 - Greater input from children, youth and emerging adults with lived

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experience and their families would increase service accessibility and effectiveness.

- Rural and remote communities are underserved and access to services is hampered by transportation and other issues.
- Long wait times exist for many assessment and treatment programs and services, including for specialized and in-patient MHSU care.
- Information sharing between service providers is neither effective nor person- and family-centered.
- The absence of performance reporting on service utilization, quality, and outcomes using established indicators and measures results in a lack of meaningful data for system and service planning.
- Overuse of involuntary admissions for youth, and inadequate quality of care provided in mental health facilities for youth.
- As of August 2022, a review of the RCY Act is actively underway:
 - Section 30(1) of the RCY Act mandates the Select Standing Committee on Children and Youth (SSCCY) to conduct a comprehensive review of the RCY Act every 5 years to ensure that the needs of children, youth and young adults are met. Previous reviews were conducted in 2012 and 2017, and the current cycle began April 1, 2022.
 - On April 22, 2022, the RCY presented their 60-page review and proposed expanded mandate submission to the SSCCY. RCY's proposal includes a wide range of changes that, if implemented, would significantly broaden the scope of the Representative's role and jurisdiction over their individual advocacy, monitoring (systemic advocacy), and review and investigative functions for children, youth, and young adults.
 - The SSCCY led a public consultation process including written, audio or video submissions which concluded July 27, 2022. All input was reviewed by the SSCCY and select individuals and organizations were invited to make presentations to the SSCCY in the Fall of 2022.
 - The RCY submitted their final report and recommendations to the SSCCY in November 2022.
 - Assessments on the progress of recommendations are expected every spring, however, exact timing for each RCY report's assessment is to be determined.

Actions to Date:

- Government is taking action to create a coordinated mental health and substance use system of care for children, youth, and young adults. The issues reflected in the RCY reports are reflected in the priority actions in *A Pathway to Hope*, and more recent investments into a range of child and youth supports, particularly through Budget 2021 and Budget 2023.

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- Specific responses to recommendations directed to MMHA are developed in collaboration with other government ministries including the Ministry of Children and Family Development, Ministry of Health and the Attorney General. Joint annual updates on progress toward these recommendations are also provided to the RCY for each report that contains recommendations directed to MMHA. Recently (March 2023):
 - RCY has prepared the year one progress report (2021/22) for MMHA and Ministry of Health, assessing progress towards meeting recommendations outlined in *Detained* based on the joint action plan provided to RCY by the ministries in February 2022; the report was publicly posted in March 2023. The RCY report recognizes the extent and breadth of system change underway, but notes “no progress” on meeting specific recommendations.
- MMHA staff also proactively update RCY staff on child and youth work overall work underway, with the most recent update provided in October 2022.

Budget 2023 provides funding to increase services for young people, including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning, and this will further support priority actions underway.

FINANCIAL IMPLICATIONS

N/A

Approvals:

2023/04/03 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

2023/04/05 – Christine Massey, Deputy Minister

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TOPIC Select Standing Committee on Health (SSCH)

Issue: Government's response to the recommendations of the SSCH.

Key Messaging and Recommended Response:

- We appreciate the work of the committee for this report.
- The recommendations from the Select Standing Committee on Health reaffirm the work our governments has been doing over the past five years to tackle this public health emergency.
- It's important that all parties in the legislature have agreed upon important actions, including decriminalization and harm reduction measures like safe supply.
- Separating people from the toxic, unpredictable drug supply is the first step to preventing drug poisonings and helping people stabilize their lives.
- That's why we were the first province in Canada to introduce prescribed safer supply and the first province to decriminalize people who use drugs.
- On top of this, our government has been urgently working to build a system of mental health and substance use care – one that did not exist in 2017.
- From investments in treatments, more supports for young people, and new overdose prevention measures, our government has scaled up and expanded access to make sure when people ask for help, services are available to them.
- But we are facing a rising tide of need and there is more to do to tackle this emergency. We will not stop working until we turn the tide on this crisis and people in our province can get the help they need.

KEY FACTS

Background/Status:

- On April 4, 2022, the Select Standing Committee on Health (SSCH) was empowered to examine the ongoing toxic drug crisis and make recommendations for improving the provincial response, specifically with respect to how various levels of government should respond, how to build an evidence-based continuum of care, and the expansion of key harm reduction initiatives.

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- Between May and September 2022, the SSCH received 118 oral and 881 written submissions from a wide range of stakeholders.
- On November 1, 2022, the SSCH released their final report, *Closing Gaps, Reducing Barriers: Expanding the response to the toxic drug and overdose crisis*, which included 37 recommendations to guide the Province's continued response.
- Recommendations spanned nine themes: (1) Overarching Government Response; (2) Prevention and Education; (3) Harm Reduction; (4) Safer Supply; (5) Treatment and Recovery; (6) Enforcement and Decriminalization; (7) Indigenous People; (8) Youth; and (9) Additional Measures.
- Public response to the report was largely negative and critical of the SSCH process, with many stakeholders stating that their contributions were not meaningfully included and the recommendations failed to identify opportunities for escalating and improving the current provincial response

Government Response

- BC's response to the illicit drug toxicity crisis is well-aligned to the recommendations from the SSCH.
- The December 2022 mandate letter for the Minister of MMHA further calls upon the Ministry to consider these recommendations as BC continues to respond to the ongoing crisis.
- Two of the recommendations from the SSCH require action on the part of federal counterparts, including revising immigration policy (Recommendation 20) and working with port authorities to disrupt the supply of illicit toxic drugs into Canada (Recommendation 22).
- MMHA is actively working to respond to the toxic drug crisis and to strengthen the substance use system of care, in alignment with the SSCH report.
- While these actions were not developed to address the findings of the SSCH, they are nonetheless responsive to their recommendations.
- In January 2023, BC also became the first province in Canada to decriminalize possession of small amounts of illicit substances for personal use, which is being further supported by a robust monitoring and evaluation project to prevent and address any unforeseen consequences.
- BC has made significant investments in expanding access to treatment and recovery services, including historic investments in Budget 2021 to increase bed-based and community-based services for youth and adults.
- Further, MMHA continues to work closely with First Nations and Indigenous partners to deliver culturally appropriate substance use services and supports.
- In November 2022, MMHA released the *Adult Substance Use System of Care Framework*, a technical policy document that is intended to support health system planning and policy development to support the development of a comprehensive, integrated, and evidence-based substance use system of care.
- MMHA is actively working with health system partners to implement the Framework which will help ensure that people in BC have access to clear care pathways and supports all along the continuum of care.

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

Approvals:

February 21, 2023 – Darryl Sturtevant, ADM, Substance Use Policy Division

March 15, 2023 – Christine Massey, Deputy Minister