MINISTRY OF MENTAL HEALTH AND ADDICTIONS - ESTIMATES BINDER TABLE OF CONTENTS

Version date - May 4, 2021

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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.**
- **By focusing exclusively 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.**
- **A comprehensive system will require a comprehensive resource plan — one that touches all agencies and ministries delivering programs and services.**
- **The ministry is leading the transformation of BC'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.**
- **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.***
- **We are working across government to improve mental health and addictions services and supports, focused on prevention, early intervention, treatment, and recovery.**
- ***A Pathway to Hope* was informed by feedback from people from many perspectives, including Indigenous people, people with lived experiences, families, and health care professionals on how to deliver mental health and addictions services and supports more effectively.**
- **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:

ESTIMATES NOTE

- **The Ministry of Mental Health and Addictions is not the service delivery arm for mental health and addictions services, therefore other ministries such as the Ministry of Health and Children and Families have dedicated MHA staffing.**
    - **The Ministry of Health remains responsible for overseeing addictions services for people of all ages and mental health services for adults through the health authorities and their funded agencies, and is responsible for the implementation of strategic direction provided by the Ministry of Mental Health and Addictions.**
    - **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.**

KEY FACTS

Background/Status:

- The Minister of Mental Health and Addictions (MMHA) was appointed on July 18, 2017, by Order in Council, stating:
    - The Ministry of Mental Health and Addictions is established.
    - 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 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 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 workrelated 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

- 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

Approvals:
April 8, 2021– Tamara Casanova, Director, Operations
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Ministry FTEs

Issue: How many staff does the ministry currently have? Permanent? Temporary?

Key Messaging and Recommended Response:

- **The Ministry has a total of 83 staff including the Minister's office — all positions are permanent.**

KEY FACTS

Background/Status:

- As of May 3, 2021, the Ministry has 83 staff including 5 Minister's Office staff.
- The FTE count for the Strategic Priorities & Initiatives Division includes 10 FTEs for the Overdose Emergency Response Centre: 3 secondees working in the Overdose Emergency Response Centre are not included in the FTE count.
- The FTE count for the Strategic Policy & Planning Division includes 10 FTEs for the Provincial Support Office.
- Government Communications & Public Engagement (GCPE) staff are not included in the Ministry's FTE counts.

	Minister's Office	Deputy Minister's Office	Corporate Services	Strategic Policy & Planning Division	Strategic Priorities & Initiatives Division	Total*
Total	5	6	10	33	29	83

*As at May 3, 2021

FINANCIAL IMPLICATIONS

- The Ministry has an annual salaries/benefits budget of $8.851 million in 2021/22, $8.614 million in 2022/23, and $8.623 million in 2023/24.

Approvals:
May 12, 2021 – Dara Landry, Executive Lead, Corporate Services
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC MMHA Service Plan

Issue: The Ministry of Mental Health and Addictions 2021/22 – 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 created the 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 leading the transformation of BC's mental health and addiction system by setting strategic direction through cross-sector planning and driving system-level improvement through targeted investments supported by research, policy and evaluation.**
- **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.***
- **We are working across government to build systems of care in mental health and addictions focused on prevention, early intervention, treatment, and recovery.**
- **This strategy was informed by feedback from people from many perspectives, including Indigenous peoples, people with lived experiences, families, and health care professionals on how to deliver mental health and addictions services and supports more effectively.**
- **Transforming the system will take time and the impact of some of these efforts may not be seen until well after the initiatives have been implemented.**
- **If asked what is different since the 2020-21 Service Plan:**

ESTIMATES NOTE

- **The 2021/22 Service Plan aligns with the strategic priorities of the new mandate, including those related to pandemic response and those articulated in new mandate letters 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.**
- **Wording in Goal 1 and its objectives was updated to better reflect the breadth of actions being taken to address overdose and build a system of substance use treatment.**

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 2021/22 service plan was tabled in the Legislature and released publicly on Budget Day, April 20, 2021.
- The 2021/22 Service Plan goals reflect government's broader five foundational principles that inform each ministry's work and contribute to COVID recovery: putting people first, lasting and meaningful reconciliation, equity and anti-racism, a better future through fighting climate change and meeting our greenhouse gas reduction commitments, and a strong, sustainable economy that works for everyone.
- The Service Plan confirms the ministry's top priorities as outlined in the Minister's mandate letter of November 26, 2020, to:
    - **Goal 1:** Accelerate BC's response to the overdose crisis across a full continuum of substance use care that keeps people safe and improves the health and well-being of British Columbians.
    - **Goal 2:** Create a seamless, 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.

ESTIMATES NOTE

- The 2021-22 Service Plan includes performance measures related to the overdose emergency and *A Pathway to Hope:*
    - **Overdose 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.
    - ***A Pathway to Hope* performance measures:**
        1) The number of communities (school districts) with Integrated Child and Youth Mental Health and Substance Use Teams operating or in implementation.
        2) Establishing target numbers for the expansion of the number of Foundry centres across the province.

FINANCIAL IMPLICATIONS

- The ministry's operating budget is $12.735 million in 2021/22, $12.743 million in 2022/23 and $12.752 million in 2023/24 – over 70% is for salaries/benefits for ministry staff.
- Funding for mental health and addictions services is held by other ministries, mostly the Ministry of Health – estimated spending in 2020/21 was $2.7 billion.
- Budget 2021 funding for mental health and addictions services will go to other ministries as well, again, mostly to the Ministry of Health.

Approvals:
April 8, 2021 – Tamara Casanova, Director, Operations
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Budget 2021

Issue: Budget 2021 investments

Key Messaging and Recommended Response:

TOP MESSAGES:

- **Our government is making an historic $500 million investment in Budget 2021 that is focused on building a comprehensive system of mental health and addictions care that people in British Columbia need and deserve.**
- **This includes major investments across the lifespan in mental wellness for children, youth, and young adults, in addition to funding for the overdose response, and substance use treatment and recovery.**
- **This funding is critically important to turn the tide on the overdose crisis, improve wellness for children, youth, and young adults, and address the gaps in mental health and addictions services emerging from the COVID-19 pandemic.**

SECONDARY MESSAGES:

- **The investments further advance our plan, A Pathway to Hope, developed in consultation with stakeholders across the mental health and addictions sector.**
- **These investments signal our commitment to work across government on real, lasting solutions, and on upstream investments that will make a difference in the lives of many British Columbians for years to come.**
- **We know there's more to do, and we won't stop working until we build the comprehensive system of mental health and addictions care that people in B.C. need and deserve.**

KEY FACTS

Background/Status:

- On April 20, 2021, the Province announced Budget 2021 with historic investments of over $500 million for mental health and addictions services across the lifespan to support all pillars of A Pathway to Hope, BC's 10-year plan to build a comprehensive system of mental health and addictions care.
- Funding includes more than $500 million base operating funding. Contingency funding cannot be publicly announced.

ESTIMATES NOTE

- The Budget 2021 investment is on top of the $90M committed in Budget 2019 for the Pathway to Hope, and on top of the $414M in Budget 2017 for the Overdose Response
- Altogether, this government has funded $1B to mental health and addictions services since we were first elected in 2017.
- And once you add in federal funding, British Columbians will see new investments of $1.247B over the next three years.
- These investments are in addition to the funding ($2.2B per year) that previously existed in ministries' base budgets prior to 2017.
- Year end grants of $5.2M are not included in the above and will be announced later.
- This investment over 3 years will allow real progress on building systems of care that offer coordinated, evidence-informed services for mental health and substance use as well as accelerating the response to the overdose emergency:
    - $97 million for integrated mental health and substance use care for children, youth and young adults;
    - $75 million to improve the access and quality of mental health services including $53 million for early psychosis intervention programs, $14 million for the First Nations Health Authority to deliver targeted mental health and addictions services to Indigenous peoples, and $8 million to expand eating disorder care and maintain suicide prevention services;
    - $133 million to address adult substance use treatment and recovery needs across the continuum of care, including withdrawal management and wraparound treatment services and other supports;
    - $45 million to accelerate responses to the overdose emergency, including expanding access to safer supply, announced Apr. 14, 2021; and,
    - $152 million to expand access to treatment services for mental health and addictions.
- Funding for these services will be delivered through the Ministries of Health, Children and Family Development, Education, Advanced Education and Skills Training and Indigenous Relations and Reconciliation. The Ministry of Mental Health and Addictions works closely with these ministries to deliver on its mandate of building a comprehensive system of mental health and addictions care.
- MMHA has an annual operating budget of almost $13 million for each of the next three years.
- Critics say that BC hasn't done nearly enough to help people, that there is no mental health or addictions system in place – just band-aid solutions – and that the Ministry of Mental Health and Addictions doesn't have any budget to speak of, demonstrating what little importance these issues are to government. Questions have surfaced about progress on decriminalization, access to psychologists, and complex care housing.
- Budget 2021 represents the first real opportunity to begin turning this narrative around.

FINANCIAL IMPLICATIONS

- $500 million of operating funding over 3 years.

Approvals:
April 30, 2021 – Dara Landry, Executive Lead, Corporate Services
May 6, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Federal Funding – Mental Health and Addictions Services Agreement

Issue: How is government spending the targeted federal funding for mental health and addictions services?

Key Messaging and Recommended Response:

- **Using funding from the bilateral federal agreement for mental health and addictions services signed in 2018, the Ministry worked with its partner ministries to design initiatives to begin improving the mental health and addictions system of care for everyone in BC with an initial focus on addressing the needs of Indigenous peoples, children and youth, and vulnerable populations through prevention, early intervention and improving access to evidence-informed and culturally-safe services and supports.**
- **These initiatives align with *A Pathway to Hope* announced in June 2019 and investments in Budget 2021.**
- **A few examples of initiatives being funded with this federal funding are:**
    1. **Improving mental health in schools**
    2. **Expanding Indigenous land-based cultural and healing services**
    3. **Integrating mental health and substance use professionals into team-based primary care**
    4. **Support for the Confident Parents Thriving Kids and BounceBack programs**

KEY FACTS

Background/Status:

- As part of the federal budget in 2017, the Government of Canada committed $11 billion[i] over 10 years in new funding for provinces and territories to improve access to home care and mental-health services for Canadians.
- In 2018, the Province and Federal Government signed the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement which committed $270 million of fundng from the Federal Government through 2021/22.
- It is expected this agreement will be renewed in 2021/22 for the remaining five years of the 10-year commitment.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

- The total federal funding of $270.02 million provided to the Province for mental health and addiction services as part of the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement from 2017/18 to 2021/22 are as follows:
    - 2017/18 - $13.09 million
    - 2018/19 - $33.67 million
    - 2019/20 - $60.71 million
    - 2020/21 - $81.27 million
    - 2021/22 - $81.27 million (notional amounts subject to change due to census adjustments)
- This funding is held by the Ministry of Health.

Approvals:
April 19,2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 21, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
April 26, 2021 – Christine Massey, Deputy Minister

[i] https://budget.gc.ca/2017/docs/themes/strong-canada-fort-en.html

ESTIMATES NOTE

TOPIC: Federal Agreement — Emergency Treatment Fund

Issue: How is BC improving access to treatment services through the Emergency Treatment Fund?

Key Messaging and Recommended Response:

- **In 2018, the federal government announced an Emergency Treatment Fund to provide funding to the provinces to assist in their responses to the overdose emergency.**
- **BC was allocated approximately $34 million from the Emergency Treatment Fund to support expanded access to youth treatment, residential treatment beds, community-level linkage to care, enhanced treatment & therapy services, and supportive recovery standards. Examples include:**
  - **Hope Initiatives — designed to provide multidisciplinary resources to regional HAs to establish and/or expand local-level capacity to provide connections to care and system navigation support to help people link to services that are relevant, accessible and appropriate to their unique needs.**
  - **Enhance treatment services across all Health Authorities — a portion of this funding was used to support each regional health authority to work with First Nations Health Authority to enhance and expand targeted regional plans for treatment access.**
  - **In Budget 2021, the BC Government committed ongoing funding to support initiatives after the funding from the Emergency Treatment Fund agreement is used.**

KEY FACTS

Background:

- In Budget 2018, the Government of Canada committed $150 million in one-time emergency funding for provinces and territories to support multi-year projects that improve access to evidence-based treatment services for opioid use disorder.
- Eligible services must fall into one of three categories:
  - Enhancing existing treatment approaches;

  - Supportive innovative treatment solutions; and
  - Strategies to enhance access to treatment services.
- Funds were allocated to provinces and territories based on a weighted formula that accounted for the severity of the overdose emergency and the population of the jurisdiction.
- Funding provided under the agreement will cover the period from April 1, 2018 to March 31, 2023.
- In Budget 2021, Government committed ongoing funding to support HOPE initiatives - local level support to expand connections to care and system navigation, FNHA access to Opioid Agonist Treatment (OAT) and injectable OAT, and training/education for existing primary care providers.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The total funding being provided to the Ministry of Health through the Canada – British Columbia Emergency Treatment Fund Bilateral Agreement (the Agreement) by Health Canada over the term of the Agreement is $33.98 million. This funding is to be fully spent by March 31, 2023. The funding has been allocated to support the following initiatives:
  - $12.00 million to support HOPE initiatives, which provide robust post-overdose support by facilitating community-level linkage to care in high priority communities;
  - $11.00 million to enhance treatment services across all health authorities;
  - $4.43 million to enhance and improve treatment services by attracting, supporting, and engaging new providers to deliver care for people with opioid use disorder in areas of the province where gaps exist;
  - $3.00 million to operate and evaluate the impact of 25 adult residential treatment beds that provide opioid agonist treatment (OAT);
  - $2.00 million to expand injectable opioid agonist treatment (iOAT);
  - $1.00 million to support the expansion of Foundry, which will provide youth with problematic opioid use with supports and services across all Foundry sites;
  - $0.55 million to enhance supportive recovery services, which ensure that British Columbians experiencing problematic substance use are protected and receive safe, appropriate, and supportive recovery-oriented housing while on their path to recovery.
- The federal government requires provinces and territories to match the ETF funding received beyond the first $0.250 million: B.C. met this requirement with the $322 million of funding announced in Budget Update 2017 in response to the overdose emergency.
- In Budget 2021, $35.7 million per year is committed over the next three years to support HOPE initiatives, FNHA access to OAT and iOAT, and primary care providers training and education.

Approvals:

April 19, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 21, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
April 26, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC MMHA Grants

Issue: What year-end grants did the Ministry issue last year?

Key Messaging and Recommended Response:

- **The Ministry issued $5.2 million in grants in 2020/21 to community organizations to help improve access to, and the quality of mental health and substance use services and programs.**

KEY FACTS

Background/Status:

- MMHA receives funding requests throughout the year from various organizations throughout the province.
- See Table 1 below for detailed listing.
- Each request was assessed using a two-tier approach across a number of criteria (i.e. one time versus annualized funding, value for money, meeting community and/or client need, indigenous perspective, organizational capacity etc.) to ensure strategic alignment to the ministry's mandate.
    - Since its inception in 2017, the ministry has issued 53 grants totaling $32.395 million in support of mental health and addictions services and initiatives such as:
        - $13.5 million to the Canadian Mental Health Association – BC Division to support increased substance use treatment beds throughout the province
        - $4.7 million Our Place Society to support the development of a therapeutic recovery centre
        - $1.350 million Dan's Legacy to support Emergency on-call therapists for youth following overdose in hospitals
        - $1.069 million BC Schizophrenia Society to support operations and expand into rural and underserved areas within the province
        - $1.0 million to the Canadian Mental Health Association – BC Division to support awareness of harms reduction, pain management, pathways to treatment, and other information about mental health and substance use within the trades and construction sector
        - $1.0 million to St. Paul's Foundation to support Foundry phase III development and $1.0 million to St. Paul's Foundation to support an Indigenous Substance Use Leadership Professorship at UBC
        - $1.0 million to BC Campus to support mental health and substance use peer support training

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Table 1

Fiscal Year	Recipient Organization	Description	TB Approved Funding
2021	Anxiety Canada	AC is requesting funding to develop a post pandemic mental health literacy campaign to directly benefit children and youth. Specifically, AC will design and develop animated content for children and youth (with captioning for people who are hearing impaired) and launch an anxiety awareness campaign.	$ 555,000
2021	BC Addiction Recovery Association	Funding would be used to for continuing to develop the BCARA, specifically hiring staff to help policy and procedure development, conduct research and help them develop the best practices in addiction operations.	$ 50,000
2021	BC Schizophrenia Society	Funding to maintain operations and expand into rural and underserved areas within the province.	$ 1,069,000
2021	Bridges for Women Society	Request for funding to provide help to recovery and referral services for women. This investment would ensure that all women whose mental health has been negatively affected by the ongoing health and economic crisis will have access to necessary support.	$ 50,000
2021	Canadian Mental Health Association - BC/Community Action Initiative	Rural, Remote, and Indigenous Overdose Grants	$ 250,000
2021	Canadian Mental Health Association - BC/Community Action Initiative	Work with building trades/construction sector to prevent overdoses through awareness of harms reduction, pain management, pathways to treatment, and other information about mental health and substance use. Develop standardized trades/transport/industry tailored curriculum that focuses on harm reduction, chronic pain education pathways to treatment, and Opioid Agonist Treatment (OAT), and information about mental health and substance use.	$ 1,000,000
2021	Canadian Mental Health Association - BC/Community Action Initiative	To support the provincial network of people who use drugs to respond to increased service provision resulting from COVID related community service interruptions. Increasing services and supports to underserviced populations.	$ 220,000
2021	Dan's Legacy	Emergency on-call therapists for youth following overdose in hospitals. Increased support for Emergency Department staff and better outcomes for marginalized youth. Up to 6 full time trauma informed therapists for hospital emergency on-call program (Vancouver, and potential Victoria and Kelowna.	$ 1,350,000
2021	Esquimalt Neighbourhood House Society	Requested funding would be used to support the Esquimalt Neighbourhood House Society's Community Based Mental Health Counselling service for Adults.	$ 85,000
2021	International Centre for Excellence in Emotionally Focused Therapy (ICEEFT)	Seeking funding to continue to provide an online workshop (Hold Me Tight) for relationship enhancement and education.	$ 40,000
2021	Last Door Recovery Society	Seeking funding that would go towards 'Building Recovery Capital' Campaign. This campaign includes Recovery Capital workshops, Clean Sober Proud events, and Recovery Day events	$ 50,000
2021	Looking Glass Foundation	Funding to address operational capacity to expand remote programming including licensing a technology platform used to provide province-wide support to people with eating disorders. Also, supporting Phase I funding from MMHA to enable a Bridge the Gap feasibility study, business plan and pilot	$ 87,000
2021	Stigma Free Society	Expansion and digitization of the Stigma-Free School program and the Student Mental Health Toolkit services into schools to continue to have conversations and education surrounding mental health and destigmatization.	$ 45,000
2021	Vancouver Island University Foundation	Vancouver Island Drug Checking pilot - The project is in urgent need of a paper spray mass spectrometry drug checking machine. The Thermo Scientific TSQ Fortis provides best in class sensitivity and robustness.	$ 305,000
2021	Westminster House Society	Continued delivery of their Wellness Program, which includes activities such as yoga, art therapy, fitness etc.	$ 45,000
Total 2021			**$ 5,201,000**

Approvals:
April 13, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
April 16, 2021 – 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 $13 million per year over the next three years.**
- **Close to 70% of this budget is allocated to salaries/benefits and the remainder to other operating costs (e.g. professional services, travel, information technology).**
- **The budget includes just over $0.600 million per year for the Minister's Office.**
- **None of the budget is for ongoing mental health and addictions programs or services – these budgets are held by other ministries.**
- **The Ministry at times issues one-time grants to community organizations to provide services aligned with the Pathway to Hope.**

KEY FACTS

Background/Status:

- The Ministry currently has 79 FTEs including the Minister's Office (5).
- The FTE count does not include 4 secondments in the Overdose Emergency Treatment Centre (OERC). Government Communications & Public Engagement (GCPE) staff are not included in the Ministry's FTE counts.
- The Ministry received a budget transfer of $3.000 million from the Ministry of Children and Family Development to support ongoing operations of the Provincial Support Office. This has been included in the restated 2020/21 estimates.
- The Minister's Office has an annual operating budget of $0.631 million in 2021/22, $0.639 million in 2022/23, and $0.648 million in 2023/24.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Ministry operations budget by major expense category:

	2021/22	2022/23	2023/24
Salaries/benefits	$8,851,000	$8,614,000	$8,623,000
Travel	$271,000	$271,000	$271,000
Professional Services	$400,000	$400,000	$400,000
Information Systems	$159,000	$159,000	$159,000
Office & Business Expenses	$219,000	$219,000	$219,000
Building Occupancy	$69,000	$69,000	$69,000
Legislative Assembly	$10,000	$10,000	$10,000
Other	$3,001,000	$3,001,000	$3,001,000
Internal Recoveries	-$95,000	$0	$0
External Recoveries	-$150,000	$0	$0
Total	**$12,735,000**	**$12,743,000**	**$12,752,000**

Minister's Office budget by major expense category:

	2021/22	2022/23	2023/24
Salaries/benefits	$521,000	$529,000	$538,000
Travel	$75,000	$75,000	$75,000
Information Systems	$10,000	$10,000	$10,000
Office & Business Expenses	$15,000	$15,000	$15,000
Legislative Assembly	$10,000	$10,000	$10,000
Total	**$631,000**	**$639,000**	**$648,000**

Budget 2020 change summary

Ministry of Mental Health& Addictions 3 yr. Allocation	**Operating Expenses ($000)**		
	2021/22	2022/23	2023/24
	Estimate	Plan	Plan
Budget 2020 total*	**$12,712**	**$12,712**	**$12,712**
Deputy Minister Adjustment	*-$12*	*-$4*	*$5*
Benefit Rates Adjustment	*-$1*	*-$1*	*-$1*
Sustainable Services Negotiating Mandate	*$36*	*$36*	*$36*
Total	**$12,735**	**$12,743**	**$12,752**

Approvals:
April 21, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
April 22, 2021 – 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:

- **Budget 2021 funding provides a full spectrum of treatment and recovery services for individuals experiencing issues with substance use.**
- **Budget 2021 commits sustained funding towards services (e.g. Outdoor Inhalation Overdose Prevention Sites) launched in 2020 and services (e.g. HOPE Teams) previously funded through the Emergency Treatment Fund bilateral agreement with the Federal government.**
- **Budget 2021 also continues investments that were announced in Budget Update 2017 and Budget 2019.**
- **The Province continues to utilize funding from the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services agreement to enhance substance use treatment services (e.g. Injectable opioid agonist treatment (iOAT) services).**
- **Funding was also provided to launch services (e.g. Lifeguard App) in response to the COVID-19 pandemic.**

KEY FACTS

Background/Status:

- Budget 2021 continues previously announced funding of approximately $128 million per year from Budget Update 2017 and Budget 2019:
    - Saving Lives - $26.97 million
        - Overdose prevention, drug checking, Naloxone kits, psychosocial supports, BC Health Services.
    - Ending Stigma - $2.37 million
        - Communications and public engagement.
    - Treatment and Recovery - $67.79 million
        - Various treatment services including suboxone, methadone, 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.

- The Federal Government has provided $270 million over 5 years (2017/18 to 2021/22) through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement. Through this funding, the Province has been able to 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 been able to invest approximately $34 million in the following priority interventions over 5 years (2018/19 to 2022/23):
    - 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.
- Through one-time only COVID-19 funding, the Province provided $1.05 million to the PHSA to fund the Lifeguard App which was launched on May 20, 2020, another tool in the Province's tool box to ensure a comprehensive response to the overdose crisis, that can directly link people to emergency responders if an overdose occurs.

FINANCIAL IMPLICATIONS

- Budget 2021 provides $330 million over the fiscal plan to provide a full spectrum of treatment and recovery services for individuals experiencing issues with substance use.
- In Budget 2021, the Province continues previously committed annual funding of approximately $128 million through 2023/24 to address the ongoing overdose crisis.
- The Federal Government has provided $270 million over 5 years (2017/18 to 2021/22). through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services agreement.
- The Federal Government has provided approximately $34 million over 4 years (2018/19 to 2022/23) through the Emergency Treatment Fund agreement.

Approvals:

May 18, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
May 21, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
May 27, 2021 – Christine Massey, Deputy Minister

BUDGET NOTE

TOPIC Pathway to Hope

Issue: Budget 2021 investments

Key Messaging and Recommended Response:

- **With approved investments of over $500M in Budget 2021, plus previous investments in Budget 2017 and 2019 and federal funding, a total of $1.247 billion will be spent over the fiscal plan across all pillars of the Pathway to Hope allowing real progress on true systems of care that offer coordinated services for mental health and substance use as well as accelerating the response to the overdose emergency.**
- **Budget 2021 investments will support:**
  - **Improved wellness for children, youth and young adults through increased access to children and youth teams, transitional supports, early childhood services, investment in mental health in schools, youth substance use treatment and wraparound services, and expansion of Foundry centres and Foundry virtual supports.**
  - **Improved access and better quality through increased community counselling, eating disorder care, suicide/life promotion, and early psychosis interventions.**
  - **Improved substance use care through the development of a comprehensive model of care that supports withdrawal management, transition, assessment, treatment, and wraparound services for adults, as well as, aftercare and psychosocial supports.**
  - **Saving lives through continued investments in response to the overdose emergency (launched in 2020) and new investments for prescribed safe supply, nurse prescribing and opioid use disorder treatment services.**

BUDGET NOTE

KEY FACTS

Background/Status:

- Budget 2021 commits $500M over 3 years to enable real progress on systems of care for mental health and addictions
- This is on top of the $90M committed in Budget 2019 for the Pathway to Hope, and on top of the $414M in Budget 2017 for the Overdose Response
- Altogether, this government has funded $1B to mental health and addictions services since we were first elected in 2017
- And once you add in federal funding, British Columbians will see new investments of $1.247B over the next three years
- These investments are in addition to the funding ($2.2B per year) that previously existed in ministries' base budgets prior to 2017
- Year end grants of $5.2M are not included in the above and will be announced at a later date.

FINANCIAL IMPLICATIONS

- There is $1,247 million committed to supporting A Pathway to Hope over the next three years:

($millions)	2021/22	2022/23	2023/24	Total**
Budget 2021 – PTH	$146	$165	$189	$500
Budget 2019 – PTH	$30	$30	$30	$90
Budget 2017 – Overdose Response	$138	$138	$138	$414
Federal – MHA	$81	$81*	$81*	$243
Total	$395	$414*	$438*	$1,247

*Subject to Federal MHA agreement renewal
Advice/Recommentations; Government Financial Information

Approvals:
April 13, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: A Pathway to Hope

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

Key Messaging and Recommended Response:

- ***A Pathway to Hope, released in 2019,* sets the 10-year vision for a new system of mental health and substance use care, with an emphasis on prevention, promotion, early intervention and integrated services, that builds on existing initiatives and implements new, innovative approaches.**
- **Actions to improve wellness of children, youth, and young adults, support Indigenous-led solutions and improve access and quality of care are well underway, in addition to the ongoing work to address the overdose crisis and establish systems of treatment and recovery for substance use.**
- **Our government is taking action to give British Columbians what they so desperately need and deserve: a seamless network of mental health and addictions care where people get the help they need when and where they need it.**
- **With approved investments of over $500M in Budget 2021, plus previous investments in Budget 2017 and 2019 and federal funding, a total of $1.247 billion will be spent over the fiscal plan across all pillars of the Pathway to Hope allowing real progress on true systems of care that offer coordinated services for mental health and substance use as well as accelerating the response to the overdose emergency.**

KEY FACTS

Background/Status:

- *A Pathway to Hope* actions work together to improve access to culturally safe, effective, seamless and integrated services and supports, and focus on prevention and early intervention. It sets the direction to create a coordinated and comprehensive mental health and addictions system for all people living in British Columbia with an initial focus on First Nations, Métis people and other Indigenous peoples and children, youth, and young adults.
- The Roadmap lays out government's 10-year vision for mental health and addictions care that gets people the services they need in order to tackle problems early on and support their well-being.

ESTIMATES NOTE

- At the heart of the Roadmap are actions to transform mental health and substance use care and to reach them where they are — in their homes, communities, and schools. Including investments from Budget 2021, actions include:
    - establishing integrated child and youth teams in 20 school districts
    - opening more Foundry centres for a total of 23 across the Province
    - implementing specialized step up/step down services for children and youth
    - supporting mental health programming in schools
    - expanding First Nations-run treatment services
    - expanding access to affordable counselling services
    - continuing to accelerate BC's response to the overdose emergency
    - increasing access to adult substance use and recovery needs across the continuum of care
    - implemented new regulations for supportive recovery assisted living residences
- We are working with our ministry and Indigenous partners to continue to fill gaps in services and build a comprehensive and effective network of services to support positive mental health and reduce substance use harms for all British Columbians.
- Government is monitoring progress on *A Pathway to Hope* through a performance monitoring and evaluation framework. Internal monitoring reports are produced twice per year, and government is committed to reporting publicly on progress. The first public report on progress was intended to be released in the fall of 2020 but was delayed due to the election. A public report is slated for release in Summer 2021.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- There is $1,247 million committed to supporting A Pathway to Hope over the next three years:

($millions)	2021/22	2022/23	2023/24	Total**
Budget 2021 – PTH	$146	$165	$189	$500
Budget 2019 – PTH	$30	$30	$30	$90
Budget 2017 – Overdose Response	$138	$138	$138	$414
Federal – MHA	$81	$81*	$81*	$243
Total	$395	$414*	$438*	$1,247

*Subject to Federal MHA agreement renewal
**Does not include $141 million notional contingency vote access

Approvals:
April 16, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Practice
April 22, 2021 - Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 26, 2021 – 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 committed to ensuring children, youth and young adults receive the supports they need so they have the greatest chance for success and wellbeing.**
- **Through *A Pathway to Hope* we are building an integrated network of services to support children, youth, young adults and families in our province by promoting mental wellness, preventing the onset of mental health and substance use challenges, identifying those who are struggling with mental illness or addiction early and connecting them to effective and culturally safe services and supports.**
- **This government is currently implementing multi-disciplinary Integrated Child and Youth Teams in Maple Ridge-Pitt Meadows, Comox Valley, Richmond, Coast Mountain, and Okanagan-Similkameen School Districts, and will be expanding to another 15 school districts over the next three years.**
- **We are also expanding Foundry Centres, which bring together mental health and substance use and core health and social services for youth ages 12-24 in a single location.**
- **BC students in all school districts will benefit from programming in schools on prevention and wellness promotion.**
- **Young people aged 12 to 24 and their families will benefit from 123 new beds for youth substance-use treatment and withdrawal-management, helping fill a long-standing gap in youth treatment services.**
- **We know many young people first look online to find help and services, and it can be an overwhelming experience, which is why we're also working on the launch of www.wellbeing.gov.bc.ca to lead people to trusted help day and night.**

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 disorder causing significant symptoms and impairment. Only approximately 44.2% of these children and youth are receiving specialized mental health services.
- Overall, 26.5% of children with disorders had two or more disorders concurrently.
- Just over 25,000 children and youth were served through community-based CYMH services, from March 31 to December 31, 2020.
- Indigenous children and youth are at higher risk for mental health and addiction problems due to the enduring effects of colonization, such as intergenerational trauma. Indigenous youth aged 10 to 19 years are almost five times more likely to die by suicide compared to non-Indigenous youth.
- Through *A Pathway to Hope*, we are implementing the following priority actions:
    - Support for pregnant and parenting individuals with substance use challenges
    - Promotion of early childhood social emotional development
    - Enhancement of programming in early childhood centres
    - Expansion of Confident Parents: Thriving Kids
    - Expansion of Foundry Centres
    - Mental Health in Schools
    - Establishment of Integrated Child and Youth Teams
    - Step Up/Step Down specialized supports
    - Virtual 24/7 counselling for post-secondary students
    - Launching www.wellbeing.gov.bc.ca in the Spring of 2021 to support children, youth, young adults and families.
    - Adding 123 new youth substance use beds across the province
- The emphasis on prevention and early intervention with investments in services for children, youth and young adults is critical because we know that 70% of serious mental health challenges start before age 25. 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 with partners including First Nations, Métis and other Indigenous peoples.
- The Ministry is partnering with Ministries of Children and Family Development, Health, Education, and Advanced Education, Skills and Training, as well as Indigenous governments and peoples, local and federal governments, education, justice, employment, housing systems, advocates, community organizations, and people with lived experience to implement a coordinated system of mental health and addictions services for children and youth in British Columbia.
- We are working on the launch of www.wellbeing.gov.bc.ca to provide children, youth and their families with credible mental health and substance use information and links to services and resources

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 commits an additional $97 million (as well as $101 million in contingencies) over 3 years to support increased access to integrated children and youth teams, access to step up/down programs, expansion of early childhood services, mental health in schools, youth substance use services and youth substance use treatment beds, increased access to Foundry services, both virtual and expanded physical locations.
- Budget 2021 also continues funding of $22 million per year from Budget 2019 and provides base funding of $16.85 million per year to support the 123 youth treatment beds announced in 2020.
- The federal Mental Health and Addictions services funding agreement also provides $8.25 million per year to support the Confident Parents/Thriving Kids ($5.75M) and Bounce Back programs ($2.5M).

Approvals:

April 16, 2021 - Nick Grant, ADM, Strategic Policy & Planning
April 28, 2021 - Dara Landry, Executive Lead, Corporate Services and Financial Accountability
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Foundry

Issue: Expansion of Foundry Integrated Youth Services

Key Messaging and Recommended Response:

- **One of many actions we are taking to build a seamless system of care and improve access to mental health and addictions services for young people is the expansion of Foundry centres.**
- **At Foundry, young people can access health care, mental health and substance use supports, and social services — making it easier for youth and young adults to get help when they need it.**
- **Early in the COVID-19 pandemic, the Province funded an accelerated launch of Foundry virtual services.**
- **Young people 12-24 and their families province-wide can access Foundry Virtual including counselling, peer support, primary care and family support through voice calls, video and chat.**
- **To date, Foundry centres have opened in eleven communities: Vancouver (Granville), North Vancouver, Prince George, Campbell River, Kelowna, Abbotsford, Ridge-Meadows, Victoria, Penticton, Richmond and Terrace.**
- **An additional eight Foundry centres are in development in Burns Lake, Comox Valley, Cranbrook (East Kootenay), Langley, Port Hardy, Squamish (Sea to Sky), Surrey, and Williams Lake (Cariboo Chilcotin), for a total of 19 centres province-wide.**
- **Budget 2021 provides $21 million over three years to support Foundry Virtual and the opening of four additional Foundry centres, for a total of 23 province-wide**

KEY FACTS

Background/Status:

- Foundry is a network of centres and online supports that offer young people ages 12-24 integrated health and wellness resources, services and supports. Each centre includes primary care, mental health and substance use (MHSU) services, peer and family support, and social services under one roof, making it easier for youth to get help when they need it.
- The Foundry model integrates existing services in the community. 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.

- Currently there are 11 Foundry centres open across the province (Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond and Terrace – see *Appendix A*).
- Centres are supported by Foundry Central Office (hosted out of Providence Health Care), which provides leadership and support for development, implementation, and evaluation for all Foundry initiatives. In January 2018, BC Children's Hospital (BCCH) launched Foundrybc.ca to provide a one-stop digital hub designed to simplify access to information and tools related to mental health care, substance use services, primary care and social services.

Foundry Expansion:

- As part of *A Pathway to Hope*, the Province committed to expanding Foundry by an additional eight centres .
- In 2019/20, Foundry led a selection process that invited communities across BC to express their interest in hosting a new Foundry Centre. Eight communities and lead agencies (see *Appendix A*) were selected by two independent panels of young people, families/caregivers and subject matter experts..
- In addition, Budget 2019 included stable, ongoing annual funding for Foundry Central Office and the 11 Foundry centres that already existed, as well as for Foundry to increase capacity to deliver culturally safe and humble services across all centres and online supports.
- Budget 2021 provides fundign for an additional four centres starting in 2023/24, for a total of 23 centres province-wide by 2025/26.

Foundry Virtual

- The Province supported an accelerated launch of Foundry Virtual province-wide early in the COVID-19 pandemic.
- Foundry now offers primary care, mental health and substance use services, and peer support virtually—using voice, video and chat. Social services will also be included.
- The Foundry Virtual App (the App), a dedicated mobile app and browser interface, was launched in March 2021 in response to increasing demand throughout the province for mental health and substance-use content and services.
- Young people 12-24 and their families can also access Foundry Virtual from anywhere in the province by calling 1-833-FØUNDRY.
- The 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.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Government provided approximately $15.2M to support Foundry in 2020/21.
- Also, in 2020/21, MMHA and HLTH provided $1.78 million in operating and capital funding to support the launch of Foundry Virtual..
- Budget 2021 provides $21 million over three years to support Foundry Virtual and the opening of four additional Foundry centres, for a total of 23 province-wide.

ESTIMATES NOTE

Approvals:
April 19, 2021 – Nick Grant, ADM Strategic Policy and Planning
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 29, 2021 – Dara Landry, Executive Lead, Corporate Services
May 20, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A: Foundry Centres as of April 2021

#	Location	Announcement Date	Status:	Open Date
1	Vancouver (Granville)	March 18, 2015	Open	Opened as Granville Youth Health Centre in March 2015
2	Campbell River	June 17, 2016 as part of initial provincial announcement of Phase 1 centres; no local announcement held	Open	April 2017
3	North Shore	June 17, 2016; local announcement Feb. 9, 2017	Open	September 2017
4	Abbotsford	June 17, 2016; local announcement Apr. 5, 2017	Open	June 2018
5	Kelowna	June 17, 2016; local announcement December 12, 2016	Open	September 2017
6	Prince George	June 17, 2016; local event January 13, 2017	Open	October 2017
7	Victoria	October 19, 2017	Open	May 1, 2018
8	Penticton	December 15, 2017	Open	July 4 2019
9	Ridge Meadows (Maple Ridge/Pitt Meadows)	December 4, 2017	Open	March 12, 2020
10	Richmond	June 25, 2018 at Foundry knowledge exchange event	Open	July 2020
11	Terrace	June 25, 2018 at Foundry knowledge exchange event	Open	August 31, 2020
#	**Location**	**Announcement Date**	**Status:**	**Open Date**
12-19	Burns Lake Comox Valley Cranbrook (East Kootenay) Langley Port Hardy	June 15, 2020	*Developing*	*By 2022/23*

	Squamish (Sea to Sky) Surrey Williams Lake Cariboo Chilcotin)			
20-23	To be determined	April 20, 2021	*Developing*	*By 2025/26*

ESTIMATES NOTE

TOPIC Integrated Child and Youth Teams

Issue: Expansion of Integrated Child and Youth Teams

Key Messaging and Recommended Response:

- **Through Budget 2021, the Province is making historic investments in expanding mental health and substance use services, and particularly services for children, youth and their families.**
- **By identifying early when a young person needs more support and connecting them to care, we can help prevent a lifetime of suffering.**
- **Integrated child and youth (ICY) teams provide children and youth the right care, where and when they need it — at school, in their homes and in the community.**
- **We are filling gaps and funding many more positions to better meet the demand and create a seamless system of care.**
- **Teams are currently being implemented in five school districts: Maple Ridge-Pitt Meadows, Comox Valley, Richmond, Coast Mountains, and Okanagan Similkameen.**
- **Budget 2021 provides funding to expand ICY teams to 15 more school districts for a total of 20 districts by the end of 2023/24.**

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.
- From 2009 to 2017, there was an 86% increase in hospitalizations in BC for mental health and substance use issues of youth under 25 years of age.
- The emphasis on prevention and early intervention with investments in services for children, youth and young adults is critical because we know that 70% 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 integrated child and youth (ICY) teams.
- Maple Ridge-Pitt Meadows and Comox Valley were announced in summer 2019 as the first school districts for ICY teams and will be providing wraparound care in September 2021.

The remaining three communities were announced in fall 2020 and will begin services before the end of 2021/22.

- ICY teams are community-based multidisciplinary teams which deliver wraparound mental health and substance use services and supports for children and youth aged 0-19 – with soft edges up to 21 years old to ensure smooth and appropriate transitions, so families and caregivers do not have to navigate the system on their own.
- ICY teams will 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.
- Core team members include child and youth mental health clinicians, youth substance use clinicians, education counsellors, youth and family peer support workers, Indigenous positions, and Integrated Care Coordinators.
- ICY teams will be supported by a Provincial Support Office, housed within the Ministry of Mental Health and Addictions. Governance of the ICY teams and other *A Pathway to Hope* initiatives includes provincial and district-level committees. Community collaboration is broad and works with other initiatives that are being implemented such as Foundry. Examples of committee members include inter-ministerial, Indigenous, and other health and social service partners.
- Funding is available to hire new team members to establish the number of teams needed in each community. We are better integrating existing positions and adding more positions in communities based on local need.
- The ICY team model is underpinned by Government's commitment to reconciliation and the implementation of the United Nations Declaration on the Rights of Indigenous Peoples. The Ministry is committed to ensuring that First Nations, Métis, and other Indigenous organizations are full and equal partners in the design and implementation of the teams at the provincial and local levels.
- A key principle in the design and implementation of ICY teams is that youth and families must inform every aspect of the services.
- To ensure an integrated approach within a broad scope of the continuum of care, the Ministry is working with the Ministries of Children and Family Development, Health and Education as well as Indigenous governments, peoples and organizations, and other organizations such as Foundry and Primary Care as relevant to implement the ICY teams.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 provides over $40M (2021/22 to 2023/24) to expand ICY Teams to 15 more school districts.
- Budget 2019 committed $6 million per year to support 5 Integrated Child and Youth teams.

Approvals:

April 30, 2021 – Nick Grant, ADM, Strategic Policy and Planning
April 30, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
May 5, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: School-Based Mental Health

Issue: Mental health promotion and substance use prevention programs in BC schools

Key Messaging and Recommended Response:

- **As part of *A Pathway to Hope* and to support student mental health and wellness, Ministry of Education is implementing the Mental Health in Schools Strategy (MHiS), embedding positive mental health and wellness programs and services for students in all areas.**
- **Budget 2021 provides funding to maintain additional student mental health and wellness supports required in response to the COVID-19 pandemic.**
- **We will continue to ensure school districts and independent schools have resources to support student mental health and wellness.**
- **The ERASE strategy has been expanded to include additional information and resources about mental health, wellness and substance use.**
- **School counsellors are a vital resource to support students' mental health and an additional 297 teacher psychologists and counsellors have been hired across the province since the start of the 2016/2017 school year.**

KEY FACTS

Mental Health and Substance Use

- The Ministry of Education (EDUC) expanded the expect respect and a safe education (ERASE) strategy during the 2018/19 school year to include an additional focus on mental health and wellness, as well as substance use, adding new, evidence based information and resources on the *ERASE* website for students, educators, and families.
- The Mental Health in Schools (MHiS) Strategy embeds positive mental health and wellness programs and services for students in all areas including school culture, leadership, curriculum and learning environments through the three core elements of Compassionate Systems Leadership, Capacity Building grants, and Mental Health in the Classroom.
- Ministry of Children and Family Development continues to fund and coordinate the provincial implementation of Everyday Anxiety Strategies for Educators, a collection of educator workshops and classroom resources focused on anxiety prevention, specifically designed for use with students in Grades K-7. These resources have been available to educators at no cost since January 2019 and are now available online in an effort to increase reach to more educators and students.
- In March 2021, the Ministry of Health (MoH) contracted Bunyaad Public Affairs to create a Provincial Resource for Enhancing Substance Use Prevention in BC Schools using a Comprehensive School Health Approach.

- Bunyaad will work closely and collaboratively with MMHA, HLTH and EDUC to foster a multi-system, public health and harm reduction response to reduce harms related to substance use for older elementary school students and high school students (grades 4 – 12), by engaging school-based professionals and youth/student representatives in a way that supports successful outcomes.

Overdose Emergency Response

- The COVID-19 pandemic has compounded the ongoing overdose public health emergency, leading to increased youth substance use harms and death.
- EDUC has taken a number of steps to support prevention and awareness related to opioid overdoses, including providing school personnel with resources on substance use, opioid overdose, and naloxone information; flexibility in the curriculum to explore substance use topics; inclusion of concepts related to substance use in K-12 physical and health education; harm reduction supports including tools for assessing risk for overdose; and distributing teacher resources developed by the Canadian Institute for Substance Use Research.
- The decision to have naloxone kits, the anti-opioid-overdose medication, into schools is made at a school/school district level. EDUC contributed to the development of a naloxone risk assessment tool that supports schools/districts in determining whether to stock naloxone kits, providing guidance on how to order kits and access training on administering naloxone. Information on the toolkit is shared with schools and districts annually—last in September 2020.

Vaping

- Vaping continues to be an issue. On November 14, 2019, BC announced the launch of new regulations for vaping products, along with new taxes and a student led anti-vaping social media campaign.
- The province has partnered with the B.C. Lung Association and McCreary Centre Society to work with youth to build a vaping prevention toolkit that has been piloted in some schools.
- MoH and EDUC established an ongoing Joint Ministry Youth Advisory Council in the 2019/20 school year with a key focus on vaping education, prevention, and cessation.

FINANCIAL IMPLICATIONS

- The Province has committed $15 million to support Mental Health in School strategy over the next three years.
    - Budget 2021 provides $6.0M over three years to maintain the pandemic level of funding to support student mental health and wellness.
    - The federal Mental Health and Addictions Services funding agreement provides $3.0M per year – this agreement is anticipated to be renewed for another five years after March 31, 2022.
- In September 2020, BC schools received an additional $2.0M to expand mental health supports in schools due to COVID pandemic, this has been continued as noted above.

Approvals:

April 22, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 26, 2021 – Dara Landry, Executive Lead, Corporate Services
April 30, 2021 Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Step Up/Step Down Specialized Supports

Issue: Implementation of *A Pathway to Hope* commitment of Step Up/Step Down Specialized Services

Key Messaging and Recommended Response:

- **These highly specialized community-based services for children and youth with severe mental health and/or substance use needs help to avoid or shorten hospitalization and support transitions back to community-based services after hospitalization.**
- **Step up/ step down specialized services include both clinical outreach supports and therapeutic stabilization residential services.**
- **Implementation of clinical outreach services (through Integrated Child and Youth Teams) is underway in Maple Ridge-Pitt Meadows and Comox Valley, soon to be followed by the Okanagan-Similkameen, Coast Mountain and Richmond School Districts.**
- ***Budget 2021 supports the* implementation of therapeutic stabilization residential services alongside the clinical outreach supports in the five school districts.**

KEY FACTS

Background/Status:

- From 2009 to 2017, there was an 86% increase in hospitalizations in BC for mental health issues of youth under 25 years of age.
- Step Up/Step Down (SUSD) specialized services address a gap in services where the highest rates of suicide occur and responds to the recommendation from the 2017 Representative for Children and Youth Report, *Missing Pieces: Joshua's Story.*
- The children and youth who require SUSD care have complex mental health needs, for example, psychosis, mood disorders, anxiety, trauma, or substance use challenges, and are at significant risk of harm. Safety concerns for these children and youth may exceed their parent's or guardian's ability to provide supervision, however they may not require hospitalization.
- Children, youth, and families with complex challenges can be served through less intensive services and supports than hospitalization, through community bed-based services and/or intensive outreach services. This not only keeps children, youth, and families closer to home, but is often a more comfortable and safe experience for young people and is cost effective for the healthcare system.
- Implementation of the expansion and enhancement of SUSD specialized services will happen over three years.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 continues the investment made as part of Budget 2019 with $9 million over three years (2021/22 to 2023/24) to expand and enhance the clinical outreach services component of SUSD.
- Budget 2021 provides an additional $13.4M over three years to MCFD for the therapeutic stabilization residential services component of SUSD.

Approvals:

April 19, 2021 – Nick Grant, ADM, Strategic Policy and Planning
April 26, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Youth Substance Use

Issue: Youth Substance Use Services

Key Messaging and Recommended Response:

- **Substance use challenges often emerge in adolescence - that is why we are committed to prevention, early intervention, and ensuring the right services are there for young people at the right time.**
- **Budget 2021 supports investment to fill critical gaps in services and build a comprehensive and prevention-focused system of substance use care for children, youth, and young adults in British Columbia.**
- **Investments in youth substance use services are integrated with our work to build an evidence-based and culturally safe system of mental health and substance use care everyone who lives in BC, with specific focus on children, youth, and young adults.**

KEY FACTS

Background/Status:

- In Canada half of all people with a substance use disorder have experienced substance use issues before the age of 20, and in 2018, 5% of all hospital stays for youth aged 10-24 were related to harm caused by substance use.
- First Nations, Métis, and Inuit youth are at higher risk for substance use challenges due to intergenerational trauma and the effects of ongoing colonization and racism.
- The COVID-19 pandemic has compounded the ongoing overdose public health emergency, and led to record highs in substance use harms and death. In 2020, an unprecedented 324 young people under the age of 29 died due to drug toxicity.
- Youth substance use services have varying levels of availability across the province and differ among health authorities, regions, and municipalities. Many communities do not have sufficient services to ensure youth have access to the right service, at the right time, close to home.

A Pathway to Hope:

- Through *A Pathway to Hope*, 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 problems become large.

Expanding Youth Substance Use Treatment Beds:

- In August 2020, government announced 123 new youth substance use beds across the province and enhance existing provincially-accessible beds, doubling the number of beds available for youth in BC.

- In FY 2020/21, government approved 30 beds for expansion, which are currently in the process of implementation, with the remaining 93 beds currently in planning with regional health authorities
- The Ministry is working with the Ministry of Health, health authorities, and Indigenous partners to implement the remainder of the beds by March 2022.

Historic Investment in Youth Substance Use Care:

Budget 2021 provides funding over three years for health authorities to:

- Expand school- and community-based prevention and early intervention resources across the province.
- Expand community-based youth substance use and concurrent disorder services.
- Enhance and fill gaps in youth substance use crisis intervention and stabilization services.
- Create wraparound youth substance use services to support the ongoing expansion of youth substance use bed-based services.
- Support the development of a more seamless system of care for youth substance use care

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Ministry of Health's budget includes up to $50.43 million over the next three years to support 123 new youth substance use beds and existing provincially accessible specialized bed services.
- Government is committed to start to create a culturally safe, effective, and integrated youth substance use system of care and has set aside funding in contingencies to support this priority.

Approvals:

April 19, 2021 – Nick Grant, ADM, Strategic Policy and Planning
April 29, 2021 – Gordon Cross obo Philp Twyford, ADM, Finance and Corporate Services Division, HLTH
April 29, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Declaration on the Rights of Indigenous Peoples Act

Issue: Advancing reconciliation through the implementation of the *Declaration on the Rights of Indigenous Peoples Act*

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 partner with Indigenous peoples.**
- ***A Pathway to Hope* sets a strong foundation for partnership by ensuring Indigenous perspectives are included in provincial planning and promoting opportunities for Indigenous peoples to take on a larger role in service delivery.**
- **A key focus for MMHA is supporting self-determination by ensuring Indigenous partners are full and equal partners in decision-making and service delivery.**
- **For example, the tripartite partnership to improve mental health and wellness services supports First Nations to develop new service delivery models based on their own health plans and priorities.**

KEY FACTS

Background/Status:

- The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) is an international human rights instrument that constitutes the minimum standards for the survival, dignity and wellbeing of Indigenous peoples and affirms the right of Indigenous peoples to self-determination and the right to autonomy and self-government.
- The Truth and Reconciliation Commission (TRC) called 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* ('the Declaration Act') 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,
    - Implement an Action Plan to achieve the objectives of UNDRIP, and
    - Monitor progress through public reporting on an annual basis.

ESTIMATES NOTE

- While the alignment of provincial laws, policies and programs with UNDRIP is a long-term process, MMHA is in a strong position to advance the articles of UNDRIP through its current approach to partnership that emphasises:
    - Support the self-determination of Indigenous peoples by supporting Indigenous communities to take on a larger role in the design, planning and delivery of mental health and substance use services;
    - Advance cultural safety and humility in service delivery by creating health care environments that are free of anti-Indigenous racism and discrimination and that promote relationship-based care;
    - Advance a distinctions-based approach that acknowledges the distinct rights, priorities and perspectives of First Nations and Métis peoples in BC.
- MMHA has identified a number of examples to illustrate how current approaches proactively align with and advance UNDRIP.
- *Self-Determination and Self-Government*
    - *Relevant Articles:* 3, 4 and 23
    - *Description:* Indigenous peoples have the right to self-determination and the right to determine and develop strategies for their economic, social and cultural development.
    - *Example:* The tripartite partnership to improve mental health and wellness services established a new and more flexible funding approach that provides First Nations the autonomy to make decisions about how resources are best allocated to address service delivery needs in their communities.
- *Consultation and Cooperation with Indigenous Peoples*
    - *Relevant Articles:* 19
    - *Description:* Cooperating with Indigenous peoples, through their own representative institutions, in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that affect them.
    - *Example:* MMHA regularly engages and partners with Indigenous peoples through their own representative institutions such as the First Nations Health Authority (FNHA) and Métis Nation BC (MNBC) throughout the policy development process. As an example, the Service Delivery Framework for Integrated Children and Youth Services was co-developed with Indigenous partners and the service delivery model has been significantly influenced by Indigenous perspectives on health and wellness.
- *Cultural Practices and Connection to Land*
    - *Relevant Articles:* 24, 25 and 31.1
    - *Description:* Indigenous peoples have the right to implement their traditional wellness practices and to maintain connections to their traditional territories.
    - *Example:* MMHA has provided the FNHA with funding to support the expansion of land-based healing services. These new services provide opportunities for First Nations people to connect to traditional practices and protocols, to share knowledge and stories that promote spiritual, emotional, mental and physical wellness, and foster stronger connections to their family, community, culture and traditional territories.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 12, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Topic Indigenous-led Solutions

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

Key Messaging and Recommended Response:

- **Indigenous communities are in the best position to make decisions about the health and wellness of their people.**
- **A key focus of the Ministry of Mental Health and Addictions is supporting Indigenous peoples to take on a larger role in the design, planning and delivery of mental health and substance use services.**
- **The Province is working with the First Nations Health Authority and the Government of Canada to advance a new and more flexible approach to funding and service delivery that supports First Nations to address their health and wellness priorities.**
- **The Province and the First Nations Health Authority have made a joint capital commitment to replace six existing First Nation-run treatment centres throughout BC.**
- **The Province has committed funding over the next three years to expand land-based and culturally safe treatment services.**
- **The Province has provided capacity funding to Métis Nation BC and the BC Association of Aboriginal Friendship Centres to ensure Métis and urban Indigenous peoples are partners in the implementation of new initiatives.**

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 supporting First Nations to design, plan 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 March 2021, the partners have allocated $20.5 million. There are 52 projects representing 166 of the 201 First Nation communities in BC.
- 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 $40 million) to renovate, replace and build First Nation-run treatment facilities throughout BC.
- As of March 2021, FNHA has made capital commitments for the replacement of 6 existing First Nation-run treatment facilities and is working with First Nations in the Vancouver Coastal and Fraser Regions to assess the feasibility of building two new treatment facilities in those regions.
- MMHA has 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.

Partnership with Métis Nation BC (MNBC)

- MMHA provided funding to MNBC to advance Métis-specific priorities and to support their participation in the design, planning 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.

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.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Through the Canada-British Columbia Mental Health and Addictions Services bilateral agreement[1], the following has been committed to Indigenous mental health and wellness:
    - $10.750 million per year to the FNHA to support the design and expansion of land-based and culturally safe treatment services.
    - $0.720 million per year to FNHA to establish a First Nations mental health and wellness liaison positions.
    - $0.375 million per year to the MNBC to support Métis-led mental health and wellness initiatives, including the development of a cultural safety and wellness curriculum and a harm reduction and anti-stigma campaign.
    - $0.375 million per year to the BCAAFC to build capacity and to conduct a series of engagement sessions with Friendship Centres throughout BC.

[1] Funding beyond 2021/22 is subject to renewal of bilateral federal mental health and addictions services agreement

ESTIMATES NOTE

Approvals:
April 12, 2021 - Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 26, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
May 2, 2021 – Chrisine Massey, Deputy Minister

ESTIMATES NOTE

Topic Indigenous-specific Racism in Healthcare

Issue: Actions to address Indigenous-specific racism in mental health and substance use services as evidenced by the *In Plain Sight Report*

Key Messaging and Recommended Response:

- **Indigenous peoples have the right to receive health care that is free of all forms of racism and discrimination.**
- **While we have made important investments in mental health and wellness, more must be done to address Indigenous-specific racism in mental health and substance use services.**
- **A key commitment in *A Pathway to Hope* is creating a system of mental health and substance use care that is free of all forms of racism, stereotyping and stigma and embraces Indigenous perspectives and traditional health practices.**
- **MMHA is committed to working with its health system and Indigenous partners to advance the recommendations in the *In Plain Sight Report*.**
- **In 2018, MMHA signed the *Declaration of Commitment to Cultural Safety and Humility* with the First Nations Health Authority to ensure cultural safety and humility is embedded in all of the work we do.**
- **MMHA is advancing the *Declaration of Commitment to Cultural Safety and Humility* be engaging Indigenous partners and ensuring cultural safety and humility is a core attribute of new service delivery models.**

KEY FACTS

Background/Status:

- In June 2020, the Minister of Health appointed Dr. Mary Ellen Turpel-Lafond to lead an independent review into allegations of racism in the BC emergency department setting and the broader health system.
- *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* (the *'In Plain Sight Report')* was released on November 30, 2020.
- While the review found no evidence of an organized game as depicted in the original allegations, the report presented evidence of widespread prejudice and racism throughout the BC healthcare system.
- The health partnership between the Province and BC First Nations has long acknowledged the need to address Indigenous-specific discrimination in the health care system. For example, the *Tripartite First Nations Health Plan* (2007) led to the creation of an online

cultural competency training program that continues to be offered by the Provincial Health Services Authority (PHSA).

- In 2015, the Tripartite Committee on First Nations Health (TCFNH) – a senior leadership forum with representatives from FNHA, HLTH, MMHA and all of the Health Authorities – agreed to improve cultural safety and humility in health service delivery as a system-wide priority.
- In 2015, FNHA, HLTH and the Health Authorities signed onto the *Declaration of Commitment to Cultural Safety and Humility* ('the Declaration of Commitment').
- The TCFNH is currently developing a Cultural Safety and Humility Change Leadership Strategy to systematically advance commitments to cultural safety and humility with an emphasis on better aligning the efforts of each organization in the health system.
- In April 2018, MMHA officially signed onto the Declaration of Commitment with a specific focus on improving the experience of Indigenous peoples with the mental health and substance use system.
- MMHA is advancing the Declaration of Commitment by ensuring Indigenous partners are included in the design, implementation and evaluation of MMHA-led initiatives and ensuring that cultural safety is articulated as a core attribute in new service delivery models.

Mental Health and Substance Use Related Findings in In Plain Sight Report:

- The *In Plain Sight Report* concluded that there is a direct link between the racism and discrimination that Indigenous people experience and poorer mental health and wellness outcomes. This includes higher rates of self-reported distress, suicidal ideation and substance use.
- The report presents evidence of widespread stereotyping and racism at critical points of care. The stereotyping and stigma people experience in the context of mental health and substance use is particularly problematic as this has resulted in denied or delayed services, misdiagnoses and mistakes, and traumatic experiences that result in lasting physical, mental and emotional harm.
- Indigenous peoples are actively avoiding mental health and substance use care in BC. 23 percent of Indigenous survey respondents said that they are not safe when accessing mental health or substance use services. 92 percent of Indigenous survey respondents said that their mental health was moderately or significantly impacted by racial prejudice.
- There is only one recommendation in the *In Plain Sight Report* that is specific to MMHA. Recommendation 17 states that "BC and FNHA must demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services".
- MMHA will continue to work with FNHA to accelerate the implementation of key initiatives such as the expansion of Indigenous-delivered substance use services and the continued integration of clinical and traditional approaches in mental health and wellness services.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 12, 2021 - Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Alcohol – Services and Supports

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 addiction is the most common substance use disorder in BC, but it often goes unrecognized and untreated.**
- **We know that alcohol use in BC has increased during the pandemic, and it is more important than ever to ensure that people have access to high quality and evidence-informed care.**
- **In December 2019, we released a new made-in-BC alcohol guideline.**
- **The guideline helps health care providers connect people — both youth ages 12 to 25 and adults — to services and treatment that meets their needs.**
- **In March 2021, we released a supplemental guideline to support people who are struggling with alcohol use during pregnancy. The supplement is also supported by an expanded 24/7 Addiction Medicine Support Line for clinicians and midwives in BC.**
- **This guidance helps families across the province who are struggling with alcohol get the evidence-based support they need and deserve.**
- **Through Budget 2021, we are continuing to increase services, including services for those struggling with alcohol use, through new investments in withdrawal management, transition services, specialized treatment, and longer-term aftercare supports.**

KEY FACTS

Background/Status:

- Alcohol use disorder (AUD) and high-risk drinking (e.g., drinking above the low-risk drinking limits) are the most common substance use challenges in BC.[i]

Advice/Recommentations

Advice/Recommentations and in 2019 nearly 20% of people in BC ages 12 and up currently estimated to engage in heavy drinking.[iij]

- Data from 2009 suggested that at least 10.5% of people who were pregnant in Canada consumed alcohol at some point in their pregnancy.[iv]
- Problematic drinking in BC is a significant health concern as over 200 health conditions are either wholly or partially associated with alcohol use, including eight types of cancer.[v] In

particular, alcohol use during pregnancy is associated with a range of harms including spontaneous abortion, stillbirths, and fetal alcohol spectrum disorder (FASD).

- In 2017, alcohol-attributable costs in BC totaled $2.38 billion, which include costs associated with health care, loss of productivity, and the criminal justice system.[vi]
- Alcohol consumption has also increased across Canada during the COVID-19 pandemic, which has been attributed to stress, isolation, and boredom. [vii] [viii]

Guidelines

- On December 17, 2019, the BC Centre for Substance Use (BCCSU) released a guideline that provides 13 recommendations for health care providers on the clinical management and treatment of high-risk drinking and alcohol use disorder in adults and youth ages 11-25.
- The recommendations focus on screening, intervention, management, and continuing care strategies for the management of high-risk drinking and AUD in primary care practice.
- Since released, the BCCSU has worked with health care partners to bring the guideline into practice through a number of initiatives, including in-person seminars and a free, self-paced course in partnership with the University of British Columbia.
- On March 9, 2021, BCCSU released a supplement to the alcohol guideline with specific recommendations for health care providers for the treatment and management of alcohol use during pregnancy to address the specific health and social needs of pregnant and post-partum individuals.
- The BCCSU is also developing an additional supplement in partnership with the First Nations Health Authority, which will give clinicians the tools to provide culturally safe care to Indigenous Peoples.

Services and Supports

- Health authorities offer a number of evidence-informed harm reduction and treatment options for alcohol use disorder and problematic alcohol use, including Managed Alcohol Programs (MAPs), withdrawal management services, and aftercare support.
    - MAPs are an evidence-informed harm reduction strategy for problematic alcohol use that provide regulated doses of alcohol to people who are struggling with severe alcohol use disorders alongside other risk factors, such as homelessness or housing insecurity.[ix]
    - MAPs in BC are currently being delivered through acute or community-based settings and help prevent negative consequences associated with high risk withdrawal symptoms and/or consumption of non-beverage alcohol.
    - Due to the risk of severe and potentially life-threatening withdrawal symptoms from alcohol, some people require medically-managed bed-based withdrawal services. Others will be able to safely undergo alcohol withdrawal at home, but should be provided wih frequent follow-ups with care providers and offered pharmacotherapy to help manage their withdrawal symptoms.

FINANCIAL IMPLICATIONS

N/A

Approvals:

April 8, 2021 – Ally Butler, A/ADM Strategic Priorities and Initiatives
April 16, 2021 -Christine Massey, Deputy Minister

ESTIMATES NOTE

REFERENCES

[i] Centre for Applied Research in Mental Health and Addiction & BC Centre for Disease Control. *Estimated Prevalence and Distribution of Selected Mental Health and Substance Use Disorders in British Columbia.* Unpublished.

[ii] Centre for Applied Research in Mental Health and Addiction & BC Centre for Disease Control. *Estimated Prevalence and Distribution of Selected Mental Health and Substance Use Disorders in British Columbia.* Unpublished.

[iii] Statistics Canada. (2019). *Table 13-10-0096-11 Heavy Drinking, by age group.* Retrieved from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009611&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=3.1

[iv] Public Health Agency of Canada. What Mothers Say: The Canadian Maternity Experiences Survey. Ottawa, 2009. Available at https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/rhs-ssg/pdf/survey-eng.pdf

[v] 2016 Alcohol Collaborators. (2018). "Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016." *The Lancet 392*(10152), 1015-35.

[vi] Canadian Institute for Substance Use Research & Canadian Centre on Substance Use and Addiction. (2020). *CSUCH Database 2015-2017* [2.0.0]. Retrieved from https://csuch.ca/explore-the-data/

[vii] Canadian Institute for Substance Use Research. (2020). *Alcohol consumption in BC during COVID-19,* Retrieved from https://www.uvic.ca/research/centres/cisur/stats/alcohol/index-2.php

[viii] Canadian Centre on Substance Use and Addiction & Nanos. (2020). *COVID-19 and Increased Alcohol Consumption: NANOS Poll Summary Report.* Ottawa, ON: Canadian Cente on Substance Use and Addiction.

[ix] Canadian Institute for Substance Use Research. (n.d.). *The Canadian Managed Alcohol Program Study (CMAPS).* https://www.uvic.ca/research/centres/cisur/projects/map/index.php

ESTIMATES NOTE

TOPIC Community Substance Use Treatment Beds – Youth and Adults

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

Key Messaging and Recommended Response:

- **Treatment and recovery is not a one-size-fits-all solution.**
- **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.**
- **Our government is working to build up treatment and recovery services to make sure that help is available when someone is ready to take that step.**
- **We acknowledge there continue to be many gaps in the system. To address these challenges, we are investing in new treatment and recovery services; improving safety and oversight; and enhancing our ability to monitor and evaluate these services to ensure best practice, consistency, and quality of care across the sector.**
- **In 2020/21, the Province announced additional funding to increase access to specialized treatment beds for those struggling with addiction, including 101 new beds for adults, and 123 new beds for youth.**
- **Through Budget 2021, we are continuing to increase treatment and recovery services through new investments in withdrawal management, transition services, specialized treatment, and longer-term aftercare supports.**
- **These investments will continue to close key system gaps and support transitions between services so people stay connected to care across their full recovery journey.**

KEY FACTS

Background/Status

- Treatment beds are generally appropriate for people who require a higher intensity of services and supports to address complex or acute mental health and/or substance use problems, those who are experiencing significant barriers to care (including homelessness or housing insecurity), or those who require a specific therapeutic care environment in a

residential setting.

- In addition to intensive residential treatment, community substance use beds also include supportive recovery, transitional services, withdrawal management, and beds for sobering and assessment.
- There are currently **3,083** publicly funded community substance use beds throughout the province. This includes:
    - 3,053 beds (2,926 for adults and 127 for youth) reported on the March 31, 2021 bed survey[1] and an additional 30 adult residential treatment beds funded by Provincial Health Services Authority (PHSA).
    - This includes substance use beds that are under the responsibility of BC Housing at several supportive housing and low-barrier housing sites.
    - These totals do not include privately-funded beds that may receive per diem benefits from The Ministry of Social Development and Poverty Reduction (SDPR), or beds funded through the Treatment and Recovery Beds Expansion Grant administered by Canadian Mental Health Association- BC (CMHA-BC).
- Overall fluctuation in numbers may be attributed to the point in time nature of the bed count survey (semi-annual), changes to Health Authority contracts, and changes to survey categories.

Work Underway / Recent Investments

- In 2020, the Ministry of Mental Health and Addictions (MMHA) provided grant funding to CMHA-BC to add 101 new publicly funded adult treatment and recovery beds.
- Starting in 2020/21, the Province plans to add 123 new youth-specific substance use treatment and withdrawal management beds across BC, and to enhance services at existing provincially-accessible highly specialized beds.
- MMHA is working with the Ministry of Health (MoH), health authorities and Indigenous partners to allocate funding for the youth beds based on the areas of greatest need and capacity to accommodate new services.
- MMHA is working with Health Authorities to implement new Budget 2021 investments and ensure effective monitoring processes are in place to track system improvements.

COVID-19 Impacts (*cross ref: EN-Supportive Recovery Homes)*

- The majority of bed-based treatment and recovery services have remained open during the COVID-19 pandemic with modified operating practices. Some operators have modified intake procedures, reduced capacity, and in some cases closed in order to manage the risks associated with service provision in communal living environments.

FINANCIAL IMPLICATIONS

- Budget 2021 provides $330 million over the fiscal plan to provide a full spectrum of substance-use treatment and recovery services, including supporting the creation of 195 new substance-use treatment and recovery beds in communities throughout the province to help more people get on a path to recovery.
- In 2020/21, the MoH committed $36 million over three years to create 123 new youth substance use beds and to enhance existing provincially-accessible specialized beds. Budget 2021 continues this investment through 2023/24 as part of the $330 million cited above.

[1] HSIAR Division, Ministry of Health. (2021). March 31, 2021 MHSU Bed Survey. 3000_0285 MHSU Bed Information 2021-03-31.xlsx

ESTIMATES NOTE

- In 2020/21, MMHA provided over $2 million in one-time grants to support service providers to address the financial impacts of COVID-19.
- In 2019/20 MMHA provided $13.5 million of one-time (year-end) funding to CMHA-BC to support 101 adult substance use treatment and recovery bed-based services across the province
- In 2019/20 and 2020/21, the MoH provided one-time funding $3 million to PHSA through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement (also referred to as the Federal Early Actions Initiatives) to enable the surge residential beds to continue to operate.
- In 2018, MMHA invested $4.7 million to support Our Place Society to open the New Roads Therapeutic Recovery Community on Vancouver Island.
- In 2017/18, the MoH provided $10 million to all health authorities (including PHSA) in one-time funding to support 60 residential treatment beds and 50 intensive outpatient spaces to help combat the ongoing overdose crisis and support access to OAT.
- Budget Update 2017 provided funding to respond to Overdose Emergency: MoH allocates $6.5 million per year to the regional health authorities to maintain surge residential treatment beds and intensive outpatient treatment services.

Approvals:
April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities and Initiatives Division
May 10, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services, Ministry of Health
May 28, 2021 – Christine Voggenreiter obo Martin Wright, ADM, Health Sector Information, Analysis and Reporting
May 12, 2021 – Dara Landry, Executive Lead, Corporate Services, Ministry of Mental Health and Addictions
May 31, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Decriminalization

Issue: The criminalization of people for the possession of controlled substances for personal use causes and exacerbates stigma and prevents people from accessing life-saving health and social services.

Key Messaging and Recommended Response:

- **Decriminalization of controlled substances for personal use as a way to combat stigma is a priority for our government.**
- **When people are afraid of being treated like criminals and feel shame and stigma, it drives them to hide their drug use and use alone. It prevents people from reaching out for help, accessing life-saving supports, and seeking treatment.**
- **A number of police forces in B.C. have responded to this crisis by introducing policies that redirect the focus of investigations away from 'simple possession' and instead prioritize drug trafficking and the supply of illicit drugs.**
- **BC has continued to press the federal government for action, including writing to the Federal Minister of Health to confirm that BC will be proceeding with a request for an exemption to federal drug legislation to implement decriminalization in BC.**
- **We believe that the federal government should take action on a national scale because the overdose crisis is claiming lives across the country. But we are also exploring what action in BC could look like.**
- **There is no one single magic bullet. It's not decriminalization only, it's not safe supply only, it's not building more treatment centres only. It's the full continuum of care. We need to use all the options available to us to tackle the overdose crisis.**

KEY FACTS

- The overdose crisis has drawn attention to Canada's current regulatory framework on drugs, which criminalizes the simple possession of drugs, other than cannabis, under the *Controlled Drugs and Substances Act* (*CDSA)*, section 4(1).[i]
- In 2019, nearly 1.4% of police-reports offences were for possession of controlled substances other than cannabis (30,464 offenses out of a total 2.2 million).[ii]
- The current ministry mandate letters call for the Ministry of Mental Health and Addictions (MMHA) to work alongside partners in the justice sector, including PSSG and then Ministry of

the Attorney General and Minister responsible for Housing, to push Ottawa to decriminalize simple possession.

- On February 3, 2021, Minister Malcolmson wrote to the Federal Health Minister Patty Hajdu to push for action, whether across the country or in BC, and r Intergovernmental Communications

Intergovernmental Communications

- In the absence of swift federal action to support decriminalization, MMHA is also exploring potential options to develop a made-in-BC approach.

Decriminalization

- Decriminalization means not imposing criminal penalties on someone who has a small amount of drugs for their own personal use. The drugs themselves would remain illegal.
- We are not seeking legalization of drugs, as the federal government did with cannabis.
- There are approximately 30 other countries that apply some form of drug decriminalization; we will be assessing the approaches implemented in other jurisdictions.
- In 2017, the Global Commission on Drug Policy called for decriminalization of the consumption and possession of small amounts of illegal drugs as a key to addressing the opioid epidemic in North America.
- The long-term impacts of a criminal record on obtaining employment and applying for housing – some of the things that support people on their recovery journey - are also significant.

Decriminalization in British Columbia

- On April 24, 2019, the Provincial Health Officer, Dr. Bonnie Henry, released a report urging the BC government to consider decriminalization of people who use drugs.
- We have already been working on a public health approach to help people who use drugs in BC. Minister Farnworth has sent letters to police departments indicating that simple possession is no longer a focus of the provincial government ; Security Concern

Security Concern

- A number of national and B.C.-based organizations have called on the federal government to decriminalize personal possession of opioids and provide access to a safer opioid supply, including the Canadian Association of Police Chiefs, which called for a national task force to research drug policy reforms in July 2020.
- In July 2020, Premier Horgan wrote to the Prime Minister, urging federal action to decriminalize simple possession of illicit drugs for personal use.
- In December 2020, the City of Vancouver (COV) formally requested a section 56 exemption from Health Canada to decriminalize controlled substances for personal use in the city.
- The Province believes this should be national action across the country from the federal government and on Feb. 3, 2021, Minister Malcolmson wrote to the Federal Minister of Health to request that our governments work together on this issue.
- On April 14, 2021, on the 5th anniversary of the declaration of the overdose public health emergency, Minister Malcolmson confirmed that BC would be proceeding with a s.56 exemption to the federal Controlled Drugs and Substances Act to decriminalize simple possession of illicit drugs in BC.

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

Approvals

April 8, 2021 – Ally Butler, A/ADM Strategic Priorities and Initiatives
April 16, 2021 – Christine Massey, Deputy Minister

[i] *Controlled Drugs and Substances Act*. http://laws-lois.justice.gc.ca/eng/acts/C-38.8/page-2.html#h-4

[ii] Statistics Canada. *Police-reported crime statistics, 2019*. Retrieved from https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2020001/article/00010-eng.pdf?st=r8CY9RI7

ESTIMATES NOTE

TOPIC Prescriber Enhancements

Issue: Increasing access to evidence-based addictions care through increased prescribing capacity.

Key Messaging and Recommended Response:

- **In 2019, we launched *A Pathway to Hope* – BC's roadmap to create a seamless, integrated system of mental health and addictions care for everyone.**
- **We are committed to building a system of care where services are always within reach and people have the supports and services they need.**
- **Funding was provided in Budget 2019 to increase access to addictions treatments by adding more prescribing capacity for physicians and nurse practitioners.**
- **This includes funding to increase session time for physicians and nurses providing addictions care, and funding for training so that more health professionals can prescribe medication assisted treatments, like OAT.**
- **Services need to be available when and where people need them, and by increasing prescribing capacity we are ensuring that people have better access to evidence-based care.**
- **In 2020, these services were adjusted to ensure that people continued to have access to medication-assisted treatment during the dual public health emergencies.**

KEY FACTS

Background/Status:

- In June 2019, the Ministry of Mental Health and Addictions (MMHA) published *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* (Roadmap). The Roadmap identified a number of three-year priority actions, including increased access to evidence-based addiction care.
- The goal is to enhance access to addiction care by providing training and increased session time to physicians and nurse practitioners to better support individuals accessing medication-assisted treatment for substance use disorders. This is in alignment with provincial treatment guidelines and clinical best practices.
- Funding has been allocated and HAs implemented various initiatives to enhance access to prescriber services.

- MMHA has continued to work with the MOH and HA's to monitor the impacts and results of this initiative.

Annualized Funding Projects

- Annualized funding was available to support initiatives or activities that increase access to medication-assisted treatment for substance use disorders through increasing prescribing services.
- Examples of projects include:
    - Increasing session time for physicians at existing or new addictions medicine consult services so they can spend more time with clients/patients;
    - Increasing session time for physicians and/or nurse practitioners (NPs) working in rural and remote communities; and
    - Increasing session time for physicians at rapid access addictions clinics.
- Due to COVID-19 restrictions, some activities have been temporarily paused including mentorship opportunities that required prescribers to travel between communities and in-person training activities.
- However, health authorities have pivoted to offering virtual sessions and learning opportunities to support increased access to prescriber services during the pandemic.

One-Time Funded Project in 19/20

- One-time only funding was available in the 2019/20 Fiscal Year to support initiatives or activities that addressed time-limited, immediate needs such as increased session time for physician and NPs, addressing backlogs, or filling temporary vacancies.
- This funding was also available to support training and education opportunities that enhanced prescriber capacity in new or underserved communities.
- Examples of successful projects include:
    - Supporting prescribers to complete training such as the Provincial Opioid Addiction Treatment Support Program or the Addiction Care and Treatment Online Course;
    - Increasing OAT sessions; and
    - Increasing prescribing sessions in rural and remote communities with wait lists and access challenges.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Ministry of Health's budget provides up to $16.56 million over the next three years (2021/22 to 2023/24) to support deployment of health authority rapid access and integrated teams to support adult substance use initiatives announced in Budget 2019.

Approvals:

April 7, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 16, 2021 – Ross Hayward obo ADM,
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 29, 2021 – Dara Landry, Executive Lead, Corporate Services
May 5, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Prescription Monitoring Program

Issue: Implementing an enhanced prescription monitoring program (PMP) is a key strategy to assist in the safe use of controlled prescription drugs that are associated with a significant risk of overdose death.

Key Messaging and Recommended Response:

- **We recognize the need to put measures in place that will improve patient safety when it comes to prescription medication across the health system.**
- **That's why we are working with the College of Physicians and Surgeons of BC and BC PMP Advisory Committee to develop a single comprehensive prescription monitoring program.**
- **Prescription monitoring programs enhance patient care, assist in the safe use of controlled prescription drugs, help reduce the harms associated with prescription drug use, and reduce diversion to the illegal market.**

Advice/Recommentations

KEY FACTS

- Prescription monitoring programs (PMPs) refer to public programs which collect and distribute data about the prescription and dispensation of controlled substances and other potentially harmful prescription medications.
- Elements of a PMP are multi-faceted and may include establishing standards, data collection and analysis, evaluation and education related to the distribution, prescribing, dispensing and use of a predefined list of drugs that have the potential to cause harm. Other elements of a PMP may include clinician interventions (point of care access to patient information), program interventions (notifications to prescribers, pharmacists, and patients), quality improvement programs and public reporting.

Existing Prescription Monitoring Activities

- BC currently has three programs involved in monitoring the use of prescription opioids, sedative, and stimulants. Programs include:
  - **PharmaNet** — Links all BC community pharmacies to a central database and records the dispensing of all prescription drugs. This allows patient medication histories to be accessed in community pharmacies, physician offices, hospital emergency departments and health authority facilities. When PharmaNet access is available, physicians must review a patient's current medication history before prescribing opioids, sedatives, or stimulants. PharmaNet access is mandatory at methadone clinics, urgent care clinics, and multi-physician clinics. Pharmacists must review a patient's current medication history before dispensing any prescription medication.

- **College of Physicians and Surgeons of BC's (CPSBC) Prescription Review Program** — Uses a subset of PharmaNet data to review physician prescribing of opioids, sedatives, and stimulants. Where reviews demonstrate potentially problematic prescribing, individual physicians may be requested to participate in additional education for the prescribing of these medications.
- **PharmaCare's Restricted Claimant Program** — Restricts the PharmaCare coverage of individuals identified by a physician or pharmacist as having risky prescription medication use to prescriptions written by a single prescriber and/or dispensed by a single pharmacy.
- **BC Controlled Prescription Drug Atlas -** The Ministry of Health has an online publication of a provincial Atlas that provides a geographical overview of opioid prescribing in BC. This atlas, which is updated annually, features a heat map which assists all key stakeholders in identifying "hot spots" – geographical areas within the province where drugs of misuse may be overprescribed. The atlas serves as an aid to help identify drugs and prescribing/dispensing practices that need to be monitored and will inform work required by the BC PMP with respect to some of the analytic reports required to assess problematic areas and issues.

- CPSBC encourages their members to review PharmaNet as part of managing patients who receive any kind of prescription medication.
- Accessing PharmaNet is mandatory in community pharmacies through *Pharmacy Operations and Drug Scheduling Act* section 35(1). CPSBC also requires a PharmaNet review at walk-in, urgent care, and multi-physician clinics, if the physician is not providing long-term care to the patient.
- Otherwise, access to PharmaNet by authorized individuals, as defined by the Information Management Regulation under the *Pharmaceutical Services Act*, is voluntary.

Planned Prescription Monitoring Program

- The Ministry of Health (MOH) has contracted with the CPSBC to develop a single comprehensive PMP which will use PharmaNet data to help identify and prevent problematic prescribing and/or dispensing of potentially harmful medications, allowing for more proactive intervention towards preventing the problematic use of prescription and/or unregulated drugs.
- Initial partners in the PMP are relevant regulatory colleges, representatives of the MoH and MMHA, as well as the BC Coroner's Service. They comprise the BC PMP Advisory Committee.
- The PMP will aim to identify provincial trends and issues related to the prescribing, dispensing and use of drugs which are known to have the potential to harm patients or the public. It will provide timely, accurate and relevant information about monitored drugs to prescribers, dispensers, regulatory colleges, Government of BC, and other key stakeholders.
- Phase 1, including the design, development and preparation required for the PMP, is completed. In January 2020, the BC PMP Advisory Committee and the CPSBC submitted a comprehensive report to MoH with detailed information and recommendations on the next steps for Phase 2. Advice/Recommentations

Advice/Recommentations

FINANCIAL IMPLICATIONS

- HLTH had an initial 12-month contract (January 2019-January 2020) with the CPSBC for a total of $150,000 to create the infrastructure and initiate a preliminary work plan for the provincial PMP program. This contract was managed by the Pharmaceutical, Laboratory, and Blood Services Division.

Advice/Recommentations

ESTIMATES NOTE

Approvals:
April 13, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 19, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services
April 26, 2021 – Dara Landry, Executive Lead, Corporate Services, MMHA
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Substance Use System of Care Framework

Issue: The development of a framework to build and guide improvement to the substance use system of care in BC.

Key Messaging and Recommended Response:

- **Our government is working as quickly as possible to build the system addictions care that British Columbians deserve – from the ground up.**
- **As part of A Pathway to Hope, we are doing the work to ensure that people with substance use challenges experience seamless and cohesive care, where every door is the right door.**
- **Building off work already underway to strengthen substance use services and supports, the province is developing a substance use framework that will guide future action and long-term transformation and will have a meaningful impact on service delivery and care experiences.**
- **This framework will build on the work that we have undertaken to date within the health sector, including our response to the overdose emergency.**
- **We are working closely with key partners including health authorities, people with lived experience, and experts to develop the framework.**

KEY FACTS

Background/Status:

- *A Pathway to Hope* includes as a priority action the creation of a framework to support the development of the adult substance use system of care. This framework has three core objectives:
  - Articulate the elements of a substance use system, including key principles, how the system should function, and how people move through it.
  - Define what core services should be available to each person that requires them.
  - Guide concrete future actions that will build the substance use system.
- The framework will cover the full continuum of the adult substance use system, with a focus on alcohol, stimulants, opioids, and polysubstance use as well as concurrent disorders.
- While the health system is the primary focus, the framework will include connections to other sectors such as housing and employment, and will take a cross-system perspective that acknowledges the social determinants of health.
- The development of the framework will be informed by:
  - A Core Services Model that will clearly define and articulate the core services required for an integrated and evidence-informed adult substance use system;

- An Expert Advisory Panel, including peers and people with lived and living experience of substance use, clinicians and leaders from the health care system, researchers, Indigenous health leaders, and service providers from both the health and social sectors; and
- Targeted engagement with diverse groups of partners including Indigenous partners, people with lived and living experience, rural and remote partners, and culturally diverse communities.

Substance Use Priority Actions in *A Pathway to Hope*:

- While the framework is underway, a number of other substance use priority actions identified in *A Pathway to Hope* are underway or complete (*Cross Ref: IN - TOP ACTIONS - Overdose Response* for further actions taken).
- *Ensuring best evidence guides care:* In December 2019, we released a new made-in-BC alcohol guideline to help health care providers connect individuals — both youth ages 12 to 25 and adults — to services and treatment that better suits their needs. A supplemental guideline to support people who are struggling with alcohol use during pregnancy was released in March 2021.
- *Increasing access to evidence-based addictions care:* Increased training opportunities for prescribers, community pharmacists, and clinicians to improve knowledge of addictions medicine and access to opioid agonist treatment, including the implementation of nurse prescribing.
  - Expanding access to first-line medications for opioid use disorder including suboxone, methadone, Metadol-D, compounded methadone and other prescription alternatives;
  - Improving access to addiction treatment through the implementation of Rapid Access to Addictions Care Clinics in all health regions;
  - Increasing access to flexible treatment options like iOAT and tablet injectable OAT (TiOAT); and
  - Integrating mental-health and addictions services into primary care networks in BC.
- *Integrated team-based service delivery:* Implementation of seven new and nine expanded integrated teams in each regional health authority to help people who are struggling with substance use get engaged and stay connected to the care they need.
- *Overdose emergency response:* A continued, escalated response to the overdose emergency through increased distribution of Take-Home Naloxone kits, the Facility Overdose Response Box program, overdose prevention services, drug checking services, community-based interventions (through CATs), and innovative pilot projects to test novel approaches to opioid agonist treatment (OAT) and prescribed safe supply, including expanding the scope of nursing practice to prescribe controlled drugs and substances.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities and Initiatives
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Substance Use Integrated Teams Initiative

Issue: The establishment of integrated service delivery teams to provide care and connect adult clients to substance use treatment and recovery services.

Key Messaging and Recommended Response:

- **BC is taking a province-wide approach to building a system of care where services are always within reach and people have the supports and services they need.**
- **Integrated teams create a more seamless continuum of care that puts people at the center, and supports seamless coordination between service providers at the same time.**
- **We know that the dual health emergencies have exacerbated the vulnerabilities and service needs of people experiencing substance use challenges.**
- **The Substance Use Integrated Teams Initiative has been adapted to support adults experiencing substance use challenges during the COVID 19 pandemic.**
- **New resources are supporting and complementing primary care and community-based treatment, social services, and culturally appropriate supports.**
- **Through Budget 2021, we are working to expand access to substance use services through new investments in withdrawal management, transition services, specialized treatment, and longer-term aftercare supports.**
- **These investments will continue to close key system gaps and support transitions between services so people stay connected to care across their full recovery journey.**

ESTIMATES NOTE

KEY FACTS

Background/Status:

- A Pathway to Hope contains a series of priority actions, including the implementation of integrated teams to provide multidisciplinary care for adults experiencing substance use challenges.
- The Ministry of Mental Health and Addictions (MMHA) is leading the implementation of the Substance Use Integrated Teams (SUITs) initiative, in close collaboration with the Ministry of Health (MOH).
- The SUITs initiative has two primary purposes:
    - Engaging and retaining adult clients in treatment and recovery services; and,
    - Supporting seamless transitions between services, as well as wraparound care through engagement with multidisciplinary service providers.
- As part of the initiative's key parameters, teams have been located based on regional needs and equity considerations and must provide direction on clinical services and care coordination, bridge gaps and facilitate transitions between services and service providers, and have clearly defined referral pathways to connect clients to the care they need.
- While all teams include net-new resources, some have been established under the umbrella of existing integrated service delivery models in RHAs.
- In total, RHAs have established seven new and nine expanded teams to support adults struggling with substance use to get connected and stay connected to care. Of these teams, currently 12 are fully implemented and 4 will be implemented shortly.

Advice/Recommentations

- Some health authorities have added social workers or nurse practitioners and many teams also include peer support workers and outreach workers as part of their model to help reach more people who are not already connected to health care services.
- Due to COVID-19 and the significant pressures on the health care system resulting from the dual health emergencies, many health authorities found it challenging to hire into SUITs positions. However, as of April 2021 most hiring activities were complete.
- Implementation of the SUITs resources in 2020 was adapted to better address the needs of clients who are using substances in the context of the dual health emergencies. This has included using these new resources to support people who are particularly vulnerable in temporary housing settings and emergency shelters.
- As the COVID-19 pandemic continues to evolve, we will work with RHAs to pivot resources as required to implement the SUITs teams as originally described in the Service Delivery Framework.

FINANCIAL IMPLICATIONS

- The Ministry of Health's budget provides up to $16.56 million over the next three years (2021/22 to 2023/24) to support deployment of health authority rapid access and integrated teams to support adult substance use initiatives announced in Budget 2019.

ESTIMATES NOTE

Approvals:
April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities and Initiatives
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 29, 2021 – Dara Landry, Executive Lead, Corporate Services
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Supportive Recovery Homes

Issue: Residential supportive recovery services for people recovering from substance use challenges.

Key Messaging and Recommended Response:

- **There is no such thing as a 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.**
- **For too long, supportive recovery services were neglected in BC – resulting in many gaps in the system and a sector that was lacking in 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, quality and evidence-informed support they need and deserve.**
- **Our government is working to build up recovery services to make sure that help is available when someone is ready to take that step. We are investing in new treatment and recovery services; improving safety and oversight; and enhancing our ability to monitor and evaluate these services to ensure best practice, consistency, and quality of care across the sector.**

KEY FACTS

Background/Status:

- Supportive recovery (SR) homes offer time-limited services to people in recovery from substance use disorders such as relapse prevention, psychosocial skills development, cultural teachings and/or spiritual care, peer support groups, coaching, and life skills.
- SR services are typically licensed or registered under the *Community Care and Assisted Living Act* (CCALA).
    - Some SR services may not require registration or licensure (e.g., those with fewer than 3 residents); some homes may also operate unlawfully.
    - Operators must register their SR homes through the Assisted Living Registry if they: (1) provide housing and support to more than two individuals, (2) offer one or more assisted living services (i.e. psychosocial supports or medication management) and (3) provide hospitality services (i.e. meals, housekeeping).
- As of January 2021, there are approximately 50 licensed substance use facilities and 118

registered assisted living supportive recovery residences across BC, including approximately 48 residences in Surrey.

- The new Assisted Living Regulation was brought into force on December 1, 2019, enhancing oversight for all assisted living residences. Specific requirements for SR services:
    - Ensuring employees have necessary skills and qualifications, including a minimum of 20 hours training received in one of four designated subject areas (counselling, crisis intervention, psychosocial intervention or trauma informed practice);
    - Providing program information upfront to individuals to support informed choice;
    - Developing a personal service plan for each resident; and
    - Supporting individuals to safely transition and connect to ongoing supports in the community when leaving recovery homes.
- The Ministry of Health Assisted Living Registrar (ALR) is responsible for the oversight of registered SR residences. They have a team of investigators responsible for inspecting residences to ensure compliance with legislation, or if there is reason to believe an unregistered operator is providing services which requires registration.
- As a result of the 2019 legislative changes, the ALR is no longer limited to conducting complaints-based inspections and is moving towards a more robust monitoring and inspection approach. They have hired additional staff and started site visits throughout the province with an initial emphasis on and high priority/high risk sites.
- Information on substantiated complaints and confirmed unregistered/unlawful operators is publicly available on the Assisted Living Registry website.
- Health authorities are responsible for oversight of licensed SR facilities, including inspections, investigating complaints and publishing required information.

Current Activities, including COVID-19 impacts:

- Training bursaries up to $8,000 per residence are available through Community Action Initiative (CAI) to assist operators in meeting new regulatory requirements. As of Feb 2021, $94,500 in grants have been issued to 45 residences (deadline to apply April 30, 2021[1]).

Advice/Recommentations

- In response to the COVID-19 impacts on operators, the Ministry has met directly with service providers to understand sector impacts; provided Q&As and a letter identifying operators as essential workers to assist with access to grocery stores; and partnered with the BCCSU to create a public list of services operating during COVID-19.
- Staff at registered or licensed SR services accessing per diem payments from the Ministry of Social Development and Poverty Reduction were eligible for a 'pandemic pay' lift of $4/hr, for hours worked from mid-March to July 2020 in recognition of their front-line contribution.

[1] https://caibc.ca/grants-training/supportive-recovery-assisted-living-residence-training-grants/

[1] https://archive.news.gov.bc.ca/releases/news_releases_2017-2021/2019MMHA0098-001641.htm

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 7, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 15, 2021 – Ross Hayward, obo ADM Teri Collins, Health Services Division
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Transferring Oversight of Recovery Homes

Issue: Enhancing oversight of recovery homes to support greater accountability for quality care

Key Messaging and Recommended Response:

- **For too long, supportive recovery services were neglected in BC – resulting in many gaps in the system and a sector that was lacking in 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, quality and evidence-informed support they need and deserve.**
- **We have made good progress since 2017, and are investing in new treatment and recovery services; improving safety and oversight; and enhancing our ability to monitor and evaluate these services to ensure best practice, consistency, and quality of care across the sector.**
- **This includes the new regulations for supportive recovery assisted living services which were brought into force in December 2019.**
- **The new mandate of the Ministry of Mental Health and Addictions includes a focus on enhancing oversight of recovery homes to support greater accountability for quality care. Going forward, we will be working with the Ministry of Health to implement this commitment and expand our role in oversight of these services.**

KEY FACTS

Background/Status:

- Supportive recovery residences typically offer services like psychosocial supports, relapse prevention, peer counselling, medication management, meal services and social opportunities to people with substance use challenges. They do not provide medical withdrawal management or treatment services.
- Community Care and Assisted Living Act (CCALA) provides the legislative framework for these services and requires most supportive recovery and community substance use treatment services to be licensed or registered:
    - The Ministry of Health (HLTH), Assisted Living Registrar is responsible for the oversight of registered residences and has a team of investigators responsible for inspecting residences when there is a complaint to ensure they are complying with the CCALA and its Regulations or if there is a health and safety concern.

  - Health authorities are responsible for oversight of licensed facilities including, inspecting facilities, investigating complaints and publishing information on unlawful residential care facilities and substantiated complaints
- Supportive recovery homes are more often registered services.
- Historically there were few regulatory requirements and supportive recovery residences have received attention from the media and other stakeholders regarding concerns of a lack of sector oversight and accountability. Complaints often focus on the quality of care provided in homes, government oversight and enforcement of regulations and concerns that residences are unsafe and may take financial advantage of clients
- In the November 2020 mandate letter, the Minister of Mental Health and Addictions was directed to work with the Minister of Health to transfer oversight of recovery homes and other private treatment providers to Mental Health and Addictions to ensure quality care, accountability and value for money.
- Work is currently underway to identify options to achieve a transfer of oversight. Available options have legislative and financial impacts and require careful review to ensure alignment with mandate direction to increase quality services in the sector.

Actions to Strengthen the Sector To-date:

- Significant work has been done since 2018 to enhance bed-based treatment and recovery services and increase accountability across the province (*cross ref: EN-Supportive Recovery Homes).*
- *Regulations:* Amendments to the CCALA and the new Assisted Living Regulation came into force on December 1, 2019, these changes improve regulatory oversight for all registered supportive recovery homes and gives the Province new tools to respond more promptly to health and safety complaints. Earlier changes in the legislation in 2018 ensure information on substantiated complaints and confirmed unregistered/unlawful operators is publicly available on the ALR website.
- *Sector Training*: Creation of a Training Bursary Fund administered by the Community Action Initiative (CAI) to assist operators to come into compliance with new regulations requiring that employees have at least 20 hours of training in one or more of the following areas; counselling, crisis intervention and conflict resolution, psychosocial intervention for substance use disorders and trauma-informed practice.
- *Operator Supports:* Development of operator handbook, updated MOH Assisted Living Registry website, and training seminars for operators and health authorities to discuss the new regulatory changes.
- *Funding:* Implemented a per diem increase for eligible income assistance clients accessing registered supportive recovery homes from $30.90 to $35.90 per day, and licensed supportive recovery services from $40.00 to $45.00 per day. In 2020, additional funding opportunities were available to support existing operators impacted by COVID-19 and to increase the number of publicly funded treatment and recovery beds in BC (*cross ref: EN-Community Substance Use Treatment Beds).*

FINANCIAL IMPLICATIONS

N/A

Approvals:

April 13, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC ACT Teams

Issue: Mandate commitment to expand mental health intervention teams like Assertive Community Treatment (ACT) teams.

Key Messaging and Recommended Response:

- **The Ministry has been tasked with supporting communities in addressing street disorder and public safety concerns by expanding mental health intervention teams, like the new ACT teams government announced in the fall – bringing the total number of ACT teams from 21 to 30 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 as well as the communities where they live.**

KEY FACTS

Background/Status:

- 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.
- 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.[1]
- 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.[2]
- 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.
- As of 2019, there were 21 ACT teams across the province:

[1] 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.
[2] Ibid. (P 11).

  - 2 in Interior Health; 4 in Fraser Health; 5 in Vancouver Coastal Health; 9 in Island Health; and 1 in Northern Health
  - Nine new ACT teams were funded in fall 2020, and are in various stages of development in the following communities: Vancouver, Richmond, Burnaby, Maple Ridge, Kelowna, Quesnel, Victoria, Cowichan Valley, and Comox Valley. For further details, please see: Appendix 1. "The number of ACT teams by Health Authority and Community" as of April 20, 2021 .
- As part of the funding announced in fall 2020, the Ministry of Health has appointed Vancouver Coastal Health to lead a Provincial ACT Advanced Practice Initiative. This work will involve establishing a province-wide network to facilitate the implementation of ACT teams, provide direct support to clinicians and managers, and ensure fidelity requirements are met.
- This initiative will improve BC's capacity to meet the complex mental health and substance use needs of our most vulnerable clients and their families.
- The expansion of ACT teams is aligned with other MMHA mandate commitments aimed at improving services for people with complex and severe mental illness and/or substance use: complex care housing, mental health crisis response, and supporting PSSG in expanding situation tables.
- Work going forward on expansion of ACT teams will be done in partnership with Ministry of Health and in alignment with related commitments.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 14, 2021 – Nick Grant, ADM, Strategic Policy and Planning
April 26, 2021 - Ross Hayward, Executive Director, MHSU
May 2, 2021 – Christine Massey, Deputy Minister

Appendix 1.

The number of ACT teams by Health Authority and Community as of April 20, 2021 which include 9 additional ACT teams funded in the fall of 2020 which are at various stages of implementation.

Health Authority	# of ACT teams	Locations
Interior Health	3	• Kelowna (2 teams) • Kamloops
Fraser Health	6	• Surrey • Surrey/North Delta • Abbotsford/Mission • New Westminster/Tri-Cities • Burnaby • Maple Ridge
Vancouver Coastal Health	7	• Vancouver (6 teams) • Richmond
Island Health	12	• Victoria (5 teams) • Nanaimo (2 teams) • Comox Valley • Duncan/Cowichan (2 teams) • Campbell River • Port Alberni
Northern Health	2	• Prince George • Quesnel
BC Provincial Total	30	

ESTIMATES NOTE

TOPIC Community Counselling Grants

Issue: What is government doing to increase access to mental health and substance use counselling services?

Key Messaging and Recommended Response:

- **Quality, consistent counselling can make a huge difference in the life of someone who is experiencing mental health and substance use challenges.**
- **The ability to get help should not depend on the size of your bank account or where you live in the province.**
- **That is why this government has increased access to low and no-cost mental health and substance use counselling through $10M in grants to community agencies.**
- **In the first year of the grants program we have seen a 60% increase in the number of counselling sessions and a 58% increase in the number of individuals accessing counselling.**
- **Early in the pandemic, access to community-based counselling was expanded and virtual services offered. These expanded and virtual services are now extended through March 2022.**
- **Counselling is now more accessible across the province including in rural, remote and Indigenous communities.**

KEY FACTS

Background/Status:

- In any given year, 1 in 5 Canadians experience a mental illness or addiction problem.[1]
- By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental illness.[1]
- A Pathway to Hope identifies the cost of counselling as a main barrier to access.
- COVID-19 has further exacerbated mental health issues, with 21% fewer Canadians reporting good or very good mental health since the pandemic.
- In 2019, the Ministry of Mental Health & Addictions (MMHA) in partnership with Community Action Initiative (CAI), developed a Community Counselling Grant program to increase access to low and no-cost community-based adult mental health and substance use counselling across the Province (Appendix A).

[1] Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica. Retrieved from https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics April 30, 2021.

- These grants made counselling more accessible across the province including in rural, remote and Indigenous communities.
- Grants are designed to increase access to underserved or hard to reach populations who do not typically have access to other counselling opportunities.
    - Increased access to community-based counselling improves mental health and substance use outcomes;
    - Increases the quality of counselling to support non-profit, grassroots, and volunteer-run programs focused on counselling for adults in relation to mental health and substance use; and
    - Enables organizations to expand online and virtual mental health and substance use programming to improve access to services.
- Community counselling grants contribute significantly to building an affordable, accessible comprehensive system of mental health and addictions care, especially during the COVID-19 pandemic when in-person services are limited, and mental health concerns are elevated.
- Annual grants are issued and administered by CAI. 29 counselling services providers were selected and annual funding ranges from $40,000 to $120,000 each year for a 3-year period. The grants for the first 29 organizations will provide services until September 2022.
- In the first year of community counselling grants, governments' investment has resulted in a 60% increase in the number of counselling sessions and 58% increase in the number of unique individuals being seen at the agencies receiving grants.

COVID-19 Funding

- The Province invested an additional $4.8M in COVID-19 funding through CAI to support 20 additional community agencies and enable organizations to expand online and virtual counselling through March 2022.
- Agencies that received the COVID-19 grants report a 38% increase in the number of people accessing their counselling services.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- In 2018/19, $10.0 million was provided to support the CAI's community counselling grant program.
- In 2020/21, an additional $4.8 million was provided to extend services.

Approvals:

May 19, 2021 – Nick Grant, ADM, Strategic Policy and Planning Division
May 19, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
May 24, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A

Grantees by Health Authority

Health Authority	CCF Grantees	COVID-19 Grantees
Fraser	Cythera Transition House Society	Archway Community Services Society
	DIVERSEcity Community Resources Society	Deltassist Family & Community Services Society
	Fraser House Society	Elizabeth Fry Society of Greater Vancouver
	Kinghaven Peardonville House Society	Maple Ridge Pitt Meadows Community Services
	Moving Forward Family Services Society	SHARE Family and Community Services
	Native Courtworker &Counselling Association of BC	
	RainCity Housing & Support Society	
	Yale First Nation	
Interior	Cariboo Family Enrichment Centre Society	Canadian Mental Health Association – Cariboo Chilcotin Branch
	Circle of Indigenous Nations Society	Canadian Mental Health Association – Kelowna Branch
	Family Tree Centre (Kamloops Family Resources Society)	OneSky Community Resources
	Independed Living Vernon Society	Yellowhead Community Services
	Lillooet Friendship Centre Society	
	Métis Community Services Society of BC	
Northern	Carrier Sekani Family Services	Canadian Mental Health Association Prince George Branch
	Quesnel Women's Resource Centre	Prince George Native Friendship Centre
	Central Interior Native Health Society	
	Dze L K'ant Friendship Centre Society	
Vancouver Coastal	Vancouver Association for Survivors of Torture	Canadian Mental Health Association, North and West Vancouver Branch
	Association of Neighbourhood Houses BC, DBA Gordon Neighbourhood House	Canadian Mental Health Association, Vancouver-Fraser Branch
	Jewish Family Services	Family Services of the North shore
	PACE Society	REACH Community Health Centre
	Watari Research Association, operating as Watari Counselling and Support Services	S.U.C.C.E.S.S.
	Turning Point Recovery Society	Sunshine Coast Community Services Society
Vancouver Island	Hiiye'yu Lelum (House of Friendship) Society	Esquimalt Neighbourhood House Society
	Kwakiutl Band Council - Health	Pacific Centre Family Services Association
	PEERS Victoria Resources Society	Snuneymuxw First Nation
	Salt Spring and Southern Gulf Islands Community Services Society	
	Vancouver Island Counselling Centre for Immigrants and Refugees (VICCIR)	

ESTIMATES NOTE

TOPIC Community-Based Mental Health Crisis Response

Issue: Mandate commitment to invest in community-based mental health and social services to help people in crisis and free up police resources.

Key Messaging and Recommended Response:

- **My Ministry has been mandated to lead work to invest in community-based mental health and social services to help people in crisis, which will free up police to focus on crime.**
- **Like a physical health crisis, a mental health and substance use crisis can be devastating for individuals, families, and communities.**
- **Often, the first responders to a person in mental health crisis are police.**
- **However, 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.**
- **We are looking at various approaches, in BC and beyond, with the end goal of developing an approach to mental health crisis response that meets the needs of individuals in crisis, their families, communities, the health and social services system, as well as police.**

KEY FACTS

Status:

- Ministry staff are completing a scan of mental health and substance use (MHSU) crisis response models to inform policy options to address this mandate commitment.
- Existing models for consideration are on a continuum from low to high police involvement and can be categorized at a high level as:
    - Community-led response (police involvement only if needed for safety/criminality)
    - Integrated joint response (health-police partnerships, e.g. Car programs)
    - Police-led response with MHSU support (models that provide MHSU support and expertise to make police response more effective and efficient)
- This work will aim to ensure a systemic approach with alignment of appropriate responses and linkage to related services along the continuum from prevention of crisis, crisis intervention, to post-crisis care.
- MMHA is working collaboratively with Public Safety and Solicitor General (PSSG), which has been mandated to support this commitment.

ESTIMATES NOTE

- Staff are monitoring the process of the Special Committee to Reform the Police Act (SCRPA). To date, many of the presentations made to this committee have referenced MHSU crisis response and the role of police.

Background:

- A MHSU crisis response is triggered by an individual calling for help to manage the psychological distress of someone else or themselves.
- While there are different pathways to access help in a crisis (emergency departments, crisis lines), we have been socialized to call 911 first.
- Police agencies are the default response for calls where MHSU is a factor. The B.C. Ministry of Health and the Canadian Mental Health Association reported that one in five interactions with police involved someone with a MHSU problem. It has also been reported that MHSU challenges were present in 68% of fatal encounters with police in Canada (CBC News)
- We rely on police agencies because they are funded to be reliable and responsive: they are present 24 hours a day in every community. However, the majority of MHSU crises do not involve safety risk or criminality.
- The following challenges related to police response in MHSU crisis situations have been identified by police agencies, communities, health and social service providers, families, and people with lived and living experience:
    - Police resources increasingly dedicated to services outside their core mandate limits their availability to focus on work related to public safety and serious crime.
    - Despite crisis response training for police officers, de-escalation in MHSU crisis situations is a specialized skill that remains outside their core expertise.
    - Without tools to de-escalate crisis situations, police response can lead to apprehensions under the *Mental Health Act* and, in turn, long waits for police officers in emergency departments.
    - Police response can be re-traumatizing, particularly for vulnerable individuals and their families who have previous experience in the justice system or who are from communities with histories of negative experiences with police (e.g. Black, Indigenous and People of Colour).
    - Mistrust in police on the part of the most vulnerable and marginalized individuals (e.g. LGBTQ2S+, immigrants and migrants, substance users, people engaged in criminalized economies) may limit them from seeking help in a MHSU crisis.
    - Police-led response as a default can contribute to stigma and existing misconceptions around mental illness and criminality. Stigma limits people's ability to both seek and receive quality care.
- Individuals, families and communities who have experienced or regularly experience MHSU crisis services where police agencies are involved, overwhelmingly support services that are provided by a MHSU worker primarily and police involvement only when strictly necessary as a backup support.
- Other jurisdictions like Oregon, New Zealand, and Sweden have experience with highly successful community-based models, that include front line workers specially trained in risk management and de-escalation. Police support is available as necessary.

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

Approvals:
April 14, 2021 – Nick Grant, ADM Strategic Policy and Planning
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Complex Care and Housing

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

Key Messaging and Recommended Response:

- **Safe, secure and stable housing is a basic human need.**
- **Supportive housing works, and has helped thousands of British Columbians.**
- **But we know some of our communities' most vulnerable people need a level of support that goes beyond what the current model of supportive housing can provide.**
- **These are the people with the most complex needs – for example, severe mental health and substance use disorders, acquired brain injury, and extremely disruptive behaviours in the community.**
- **These are our neighbours who might be living on the street or in an encampment. They've been evicted from shelters or supportive housing because of behaviours associated with their illness, and are unable to get the support they need in traditional models of care.**
- **As a component of the broader provincial homelessness strategy, my ministry has been mandated to develop complex care housing to provide an increased level of care to this population.**
- **We know that British Columbians are looking for action on this issue, and it is a key priority for government.**

KEY FACTS

Background/Status:

- BC continues to make significant investments across the housing spectrum, including supportive housing.
- Supportive housing is a usually a congregate housing setting with social supports and some health services on site to link people to services.
- The current model for supportive housing is not sufficient for a small group of people in BC with very complex needs.
- These people often have nowhere to go when they lose housing. They can cycle through crisis supports, emergency departments, the criminal justice system and homelessness. Homelessness has negative outcomes on someone's health and wellness.

ESTIMATES NOTE

- In May 2020, social service and housing providers identified that approximately 38 percent of people living in two encampments in Victoria and Vancouver had high needs, and two percent had extremely high needs.
- People with very complex mental health and substance use challenges require a cohesive system of supports that address the health, housing, cultural and social needs of the individual, with an intensity that matches their need.
- Services and supports need to be flexible and adapt to changing needs throughout someone's lifetime or through transitions, such as aging out of government care, entering or leaving the criminal justice system, or after they have been engaged in facility or hospital based care.
- These services and supports must be trauma informed, culturally safe and wherever possible, Indigenous-led for Indigenous people.
- The ministry is actively working across the Ministries of the Attorney General and Minister Responsible for Housing; Health; Children and Family Development; and Social Development and Poverty Reduction to understand how to best care for people with the most complex mental health and substance use challenges.
- The ministry has set up a Core Provincial Planning table that includes government, housing and health system partners, Indigenous partners, and municipal governments. This table will work through the spring and summer to develop a framework for complex care housing and propose options to government for investment in initial complex care housingsites. In addition to the Core Planning Table process, the ministry will also engage with key stakeholders.
- Complex care housing is a component of the provincial homelessness strategy and is aligned with the model of care for health and social services in housing settings, which are led by the Ministry of Attorney General and Ministry Responsible for Housing.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 13, 2021 – Nick Grant, ADM, Strategic Policy and Planning (SPP)
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Stabilization Care

Issue: The involuntary care of youth, at high risk of harm, due to severe substance use disorder.

Key Messaging and Recommended Response:

- **The 10- year vision of *A Pathway to Hope*, is to build a comprehensive and seamless system of mental health and addictions care that improves access to culturally safe and effective services for all British Columbians, including a specific focus on children, youth and young adults.**
- **We've talked with many parents who fear for the safety of their children who have substance use issues. Parents feel helpless, and their entire focus is on keeping their child alive. We take their concerns very seriously.**
- **We are taking steps across the continuum of care to provide better mental health and substance use services for youth, including doubling the number of youth substance use treatment beds by adding 123 new beds across the Province.**
- **Last summer we introduced the *Mental Health Amendment Act*, or Bill 22, to enable short-term emergency stabilization care in hospital for youth following an overdose, with a focus on connecting youth to community services.**
- **We will be moving forward with consultations on stabilization care and how best to support young people with severe substance use challenges who are at risk of harm or death due to overdose from a toxic drug supply. We want to take the time to make sure we talk to more people about the work we were planning regarding the care and safeguards that will be in place to protect young people's rights and their health.**
- **We will also continue to build out the voluntary system of care for youth with the historic investments from Budget 2021**

Secondary messaging re. Consultations:

- **We will be engaging with Indigenous organizations andcommunities, youth and parents/guardians with lived and living experience, legal**

advocates, substance use advocates, and service providers (physicians, health authorities).

- **We are working with the First Nations Health Council to seek its guidance and assistance in engaging with First Nations, and with Metis Nation BC on engaging Metis people.**
- **Detailed clinical and operational policy work will be informed by an expert clinical advisory group and an Indigenous advisory group from First Nation, Métis, and Urban Indigenous partners.**

KEY FACTS

Background/Status:

- There are youth who are living with severe substance use disorders who are at an ongoing risk of injury, disability, or death, and concern has grown in light of the opioid overdose emergency.
- The COVID-19 pandemic has compounded the ongoing overdose public health emergency, and led to record highs in substance use harms and death. In 2020, an unprecedented 324 young people under the age of 29 died due to drug toxicity.
- There are growing concerns about the welfare of this vulnerable population, and repeated calls from some parents and family members, the Opposition, and some clinicians for Government to enact legislation so that youth can be temporarily detained involuntarily.
- Involuntary admission is a difficult subject that we take very seriously. Considerations about the appropriate scope and application of legislation, respecting youth's rights, and the potential adverse impacts, particularly on Indigenous youth all need to be considered.
- Currently, the BC *Mental Health Act* (MHA) enables the involuntary admission and treatment of people who have a mental disorder and a concurrent disorder (e.g. alcohol use disorder where features of a mental disorder like depression are present).
- The intended purpose of short-term involuntary admission (stabilization care) under Bill 22 is to improve the quality and consistency of care after an overdose, allowing time for a young person's decision-making capacity to return, and providing time for family, community, and service providers to organize care options around the young person.
- Opposition to Bill 22 focused on four main concerns:
    - Inadequate consultation with Indigenous communities;
    - Potential unintended negative consequences, including the risk of future health care system avoidance, and loss of substance tolerance while detained;
    - Inadequate mechanisms to provide rights advice and protections; and
    - The lack of a robust voluntary system of youth substance use care following discharge.
- On July 25, 2020, the Ministry released a statement confirming Bill 22 would not go forward this legislative session. Minister Malcolmson has publicly communicated that government will not be moving forward with Bill 22 during the Spring or Fall 2021 Legislative sessions.

ESTIMATES NOTE

- The Ministry is proceeding with work to fill gaps in the voluntary system of care, including:
    - The creation of Integrated Child and Youth teams;
    - Expanding Foundry Centres;
    - Enhancing youth substance use services, including doubling the number of youth substance use beds across BC;
    - Working with Ministries, Indigenous partners, and people with lived experience to articulate a provincial vision for a comprehensive, seamless, culturally safe, and effective system of care for youth substance use.

FINANCIAL IMPLICATIONS

- In August 2020, Government announced $36M in funding over three years to create 123 new youth substance use beds and enhance existing provincially-accessible beds.
- Budget 2021 provides $97 million over three years to provide targeted mental health supports for children, youth and young adults in recognition of the critical importance of early diagnosis, intervention and supports.
- Government is committed to youth substance use services and has set aside funding in Budget 2021 in contingencies to support this priority.

Approvals:
April 19, 2021– Nick Grant, ADM, Strategic Policy & Planning
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 30, 2021 – Dara Landry, Executive Lead, Corporate and Financial Services
May 5, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Primary Care

Issue: Primary Care Networks (PCN) and Specialized Community Service Programs (SCSPs) improve access to mental health and addictions care

Key Messaging and Recommended Response:

- **Our government's primary health care strategy better supports access to mental health and addiction care.**
- **The Integrated Primary and Community Care Strategy is a key priority action of *A Pathway to Hope* that will help to ensure that people living in BC can access a seamless system of mental health and addictions care, when and where they need it.**
- **Primary Care Networks build a team of professionals around patients and their needs, and improve access to early interventions for people experiencing mild to moderate mental health and addictions challenges, and to more specialized supports when needed.**
- **In April 2021, the Province announced 32 additional primary care networks, bringing the total number of PCNs to 85 by 2022/23.**
- **We are also opening more Foundry centres throughout BC to improve access to primary care for 12-24-year olds.**
- **In response to COVID-19, the Province supported an accelerated launch of Foundry Virtual which offers all Foundry services, including primary care, virtually using voice, video and chat.**
- **Most recently, we launched the Foundry BC App, which is transforming access to vital health and wellness services for youth and caregivers, making it faster and easier to access services when and where people need them.**

KEY FACTS

Primary and Community Care Strategy

- The Ministry of Health (MOH) is continuing its efforts to develop and implement community-based Primary Care Networks (PCNs) and specialized community service programs to enhance access to team-based care for individuals experiencing mental health and substance use challenges.
- As of April 1, 2021, there are 53 PCNs in implementation (see Appendix A for specific communities).

- Primary Care Networks will be the backbone to team-based care, linking family practices, health authority and community providers and services in a local area. Per direction in the Primary Care Networks Policy, PCNs will:
  - Provide person-centred, interdisciplinary care across the lifespan for individuals experiencing mild to moderate mental health and/or substance use challenges, including screening and management, counselling, pharmacological treatment, harm reduction, and opioid agonist therapy services;
  - Provide primary care providers with the tools, training, or resources to identify mental health and substance use (MHSU) challenges and better support people who are experiencing these challenges;
  - Improve access to community and specialized services.
- Health authorities are implementing MHSU Specialized Community Service Programs (SCSPs) across the province. MHSU SCSPs will consolidate existing MHSU programs and services into a single program structure. MHSU SCSPs may serve more than one PCN, and will provide timely, accessible and well-coordinated access to specialized community services.
- MOH has directed Health Authorities to ensure that individuals with moderate to severe MHSU disorders within each Community Health Service Delivery Area have access to the specialized services.

Pathway to Hope Actions aligned with Primary and Community Care

- MOH and MMHA are investing in several initiatives contributing to the vision of integrated, team-based care, and better coordination across services. Examples include:

Advice/Recommentations

  - Partnering with the First Nations Health Authority to support strong alignment and integration through regional planning in primary health care and mental health and wellness, including through the SCSPs, PCNs, and First Nations-led primary health care projects.
  - The implementation of integrated teams to provide multidisciplinary care for adults experiencing substance use challenges (see EN: *Substance Use Integrated Teams*).

Advice/Recommentations

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement, Advice/Recommentations; Government Financial Information

Advice/Recommentations; Government Financial Information

Approvals:

May 18, 2021 – Nick Grant, ADM, Strategic Policy and Planning Division
May 20, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division
May 21, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
May 24, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A

Year 3 of Implementation (20)		
Health Authority	Community	Number of PCNs
Fraser	Burnaby	3
	Fraser Northwest	4
	Ridge Meadows	2
Interior	Kootenay Boundary	1
	South Okanagan Similkameen	1
Northern	Prince George	1
Vancouver Coastal	Richmond	3
	Vancouver City/ Vancouver South	2
Vancouver Island	Comox Valley	1
	Saanich Peninsula	1
	Western Communities	1
Year 2 of Implementation (19)		
Fraser	Chilliwack	3
	Mission	1
	White Rock-South Surrey	1
Interior	Central Interior Rural Division	1
	Central Okanagan	3
	East Kootenay	1
Vancouver Coastal	North Shore	3
	Vancouver Centre North/North East/Westside/Midtown	4
Vancouver Island	Cowichan	1
	Oceanside	1
Year 1 of Implementation (14)		
Northern	Northern Interior Rural Division	7
	North Peace	1
Vancouver Island	Nanaimo	2
	Victoria	4

ESTIMATES NOTE

TOPIC Rural and Remote

Issue: Access to appropriate mental health and addictions services and supports for British Columbians living in rural and remote regions

Key Messaging and Recommended Response:

- ***A Pathway to Hope*** **lays out our roadmap to transform the mental health and addictions system so all people living in British Columbians have access to care they need, when they need it, including in rural and remote communities.**
- **Since 2018/19 the Province has continued to improve access to community-based adult mental health and substance use counselling, with a focus on improving access to care for people across the province, including in rural and remote communities.**
- **To ensure everyone in British Columbia, including Indigenous communities and those living in rural and remote areas, has access to vital mental health and substance use supports during the COVID-19 pandemic, the Province expanded on existing virtual programs and services as well as launched new ones to increase access to this vital service.**
- **We have also invested to improve access to community-based adult mental health and substance use counselling, with a focus on improving access to care for people across the province, including in rural and remote communities.**
- **We know that a large proportion of British Columbians in rural or remote areas identify as Indigenous. We are partnering with Indigenous organizations, communities and governments to ensure that accessible and culturally safe services are available across the province.**

KEY FACTS

Background:

- The populations of rural BC communities are often small, dispersed and fluctuating. Approximately 11.3% of the rural population self-identifies as Indigenous, compared to 3.7% of the urban BC population.
- Providing MHSU services and supports in rural and remote communities is challenged by: long distances; low population densities; less availability and lower recruitment and retention of service providers; inclement weather conditions; lack of transportation,

technology infrastructure and broadband access; absence of culturally-safe services and social isolation.

Current/Upcoming Services

- The Province provides MHSU services to rural and remote communities through mobile MHSU clinical teams, e-Mental Health, tele-health and travel assistance programs for both patients and physicians. Other MH services such as BounceBack and Confident Parents, Thriving Kids have virtual care options.
- To ensure everyone in British Columbia has access to vital mental health supports during the COVID-19 pandemic, the Province expanded existing virtual mental health programs and services and launched new services to support British Columbians, including Indigenous communities and those living in rural and remote areas. This includes expanding the BounceBack program, expanding access to no- and low-cost community counselling programs, and supporting frontline workers.
- The Province also supported an accelerated launch of Foundry Virtual in response to the pandemic. Foundry Virtual is available for young people and families unable to access Foundry centres due to physical distancing, location, and/or stigma, and offers virtual counselling, peer support, and will soon offer virtual primary care services.
- We have increased access to community-based adult mental health and substance use counselling throughout the province through the Community Counselling Grant Program and, as part of a *Pathway to Hope*, the Ministry of Advanced Education, Skills and Training launched a 24/7 counselling and referral line for all post-secondary students.
- Community Action Teams have been established in 35 priority communities as part of the escalated response to the overdose emergency.
- Substance Use Integrated Teams have been established and expanded throughout the province, including in the North Peace, Smithers/Houston, Prince Rupert and coastal communities, and the Northern Interior (Prince George and rural communities).
- Through the *Rural, Remote and Indigenous Framework*, the Province and First Nations Health Authority (FNHA) stood up the Virtual Doctor of the Day service that connects First Nation clients and their care providers to a physician or nurse practitioner via videoconference. This service was recently expanded to include psychiatry and substance use supports.

FINANCIAL IMPLICATIONS

- The province leverages Federal Funding provided through the Mental Health and Addictions Services Funding Agreement to support rural and remote access via the BounceBack program ($2.5 million annually) and Confident Parents Thriving Kids ($5.75 million annually)
- COVID-19 response measures provided in 2020/21 to support rural and remote communities include:
    - $4.8 million to the Canadian Mental Health Association BC to support community counselling grants through 2021/22, bringing the total investment to $14.8 million since 2018/19.
    - $1 million to increase access to the BounceBack program
    - $1.6 million in support of Foundry Virtual
    - $1.8 million to increase access to mental health supports for front-line workers
- Budget 2021 will continue existing Pathway to Hope investments funded as part of Budget 2019 including

  - $16.56 million to support implementation and expansion of Substance Use Integrated Teams.
  - $6 million to support the Community Crisis Innovation Fund which provides support for Community Action Teams throughout the province.
  - $66.84 million to continue investments in child, youth and young adults mental health initiatives, including
  - $1.5 million to support post secondary counselling and referral line.
- Budget 2021 will commit an additional $500 million over the next three years to continue to build a comprehensive, culturally safe and seamless system of mental health and substance use care for everyone in BC, including:
  - $10.219 million in support of Foundry Virtual
  - $5.350 million in support of expanding Foundry Centres

Approvals:
April 27, 2021 – Dara Landry, Executive Lead, Corporate Services
April 27, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 27, 2021 – Darryl Sturtevant, Assistant Deputy Minister, Strategic Priorities and Initiatives
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Situation Tables

Issue: Mandate letter commitment to support the Minister of Public Safety and Solicitor General in expanding situation tables

Key Messaging and Recommended Response:

- **The ministry has been tasked with supporting the Ministry of Public Safety and Solicitor General's efforts to expand the successful situation table model in BC.**
- **Situation tables are community based teams made up of representatives from health, public safety and social service agencies.**
- **They proactively identify vulnerable individuals or families and problem solve one case at a time, rapidly connecting them to services before they experience a negative or traumatic event.**
- **There are currently 10 situation tables operating in BC, with work underway on 11 more.**
- **By creating situation tables in communities throughout the province, we are helping front-line workers connect with people in crisis, while freeing up police to focus on serious criminal activity.**

KEY FACTS

Status:

- PSSG's Office of Crime Reduction and Gang Outreach (OCR-GO) has responsibility for implementing and managing situation tables in BC.
- Ministry of Mental Health and Addictions (MMHA) staff are working collaboratively with staff from OCR-GO to determine how MMHA can support the expansion of situation tables, as well as how situation tables can connect with other MMHA mandate commitments like expanding ACT teams and investing in community-based mental health crisis response.
- There are currently 10 situation tables operational in BC:
    - Lower Mainland (5): Burnaby, Hope, Mission, Surrey CHART (Children and Youth At-Risk Table) and Surrey SMART (Surrey Mobilization and Resiliency Table)
    - Southeast District (3): Kelowna, Penticton, Greater Westside Hub (Westbank First Nation, West Kelowna, and Peachland)
    - North District (2): Terrace and Williams Lake
- 4 additional situation tables have been funded and are currently in the queue for onboarding and training: Abbotsford, Whistler, Prince George and Prince Rupert.
- On March 12, grants to create new situation tables were announced in 7 communities: Campbell River, Duncan-North Cowichan, Kent-Harrison, Nanaimo, Oliver, Smithers, and Quesnel.

- PSSG anticipates that all of the above tables (total of 21) will be operational by the end of fiscal year 2021/22.

Background:

- Situation tables are made up of front-line workers from various agencies and sectors that meet regularly to proactively identify and reduce the risks in the lives of vulnerable people.
- Situation tables do not deliver services, but connect people to them. The table enables agencies to:
    - Proactively identify risks through real time information sharing;
    - Leverage and coordinate existing community assets and relationships;
    - Plan and deliver collaborative interventions before an incident response is required; and
    - Reduce the level of acutely elevated risk with which vulnerable people are living.
- Participants include local and/or Indigenous government, police, children and family services, community corrections, health authority, housing, income assistance, emergency services, school board and non-profit service providers.
- In 2020, a total of 293 discussions were reported by BC's situation tables. The average number of risk factors per client was 11, with top risk factors being criminal involvement, mental health and drugs. On average, five agencies were involved in planning and undertaking interventions.
- PSSG is currently undertaking a formal evaluation of situation tables to conclude by the end of fiscal year 2021/22. Evaluation themes include collaboration, effectiveness, risk detection and reduction, and return on investment in relation to the costs of crime.
- In June 2020, the OCR-GO and the Indigenous Policing Unit (IPU) entered into a partnership to pilot two First Nations-based Intervention Circles, also known as Enhanced Situation Tables, in order to determine the effectiveness of the model.
- The intent is to evaluate the success of the Pilot after one year of implementation and provide recommendations on the expansion of Intervention Circles across First Nations in BC.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 13, 2021 - Nick Grant, ADM Strategic Priorities and Planning
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Wildfire and Flood Recovery – Mental Health Wellness

Issue: BC Wildfire and Flood Mental Health and Wellness Recovery

Key Messaging and Recommended Response:

- **Our hearts go out to everyone who has been directly or indirectly affected by wildfires and floods. The Province is committed to supporting them and their mental health.**
- **It is critical that people experiencing mental health challenges in the wake of wildfires, flooding or any natural disaster, know they are not alone in how they are feeling and that there are a variety of mental health supports available to them.**
- **The Provincial Health Services Authority's disaster psychosocial program is available to anyone who has been impacted by wildfires or floods, to support communities and first responders.**
- **The Canadian Red Cross also supports community-driven efforts for recovery and resilience though the Community Partnerships Program.**
- **In 2019, the Government delivered on its commitment to develop British Columbia's Mental Health and Wellness Disaster Recovery Guide. The purpose of this guide is to support agencies in planning, developing and coordinating mental health and wellness supports in the event of an emergency.**
- **As our changing climate continues to impact people across British Columbia, our Government is developing a climate preparedness and adaptation strategy. We are a partner in this work to ensure that mental health and wellness supports are considered in health system planning related to climate change adaptation and are part of disaster recovery response.**

KEY FACTS

Wildfires

- The wildfire seasons in British Columbia in 2019 and 2020 were both below normal with 805 and 637 wildfires respectively.
- In contrast, the wildfires in the summer of 2017 and 2018 were disastrous in terms of human, ecological and economic impacts.
- In 2018, BC faced the largest fire season ever recorded, the Province declared a provincial state of emergency for 23 days. In total, over 2,092 fires displaced over 5,400 residents,

burned 1.3 million hectares and cost the province over $560 million. 31 First Nations were impacted during the 2018 wildfire season.

- Through Emergency Management BC (EMBC), the Ministry of Health (MoH) provided $1.01 million (Interior Health Authority — $0.50 million and the Provincial Health Services Authority (PHSA) — $0.51 million) in 2018/19 to support mental health recovery activities in impacted communities. In 2019 the MoH provided an additional $200,000 to PHSA to increase mental health and wellness supports for communities impacted by the 2018 wildfires and the 2019 mill closures.

Flooding

- In 2018, the Regional District of Kootenay Boundary, including the city of Grand Forks, experienced a catastrophic flood, roughly two feet (0.6 metres) higher than ever recorded. About 1,500 buildings were evacuated across the region and more than 500 were damaged.
- Many families will not be able to return to their homes permanently due to future risk of flooding which will result in relocation of some neighbourhoods.
- About 23 First Nations were impacted by flooding in 2017 and 2018. Several of these communities also experienced wildfire alerts/evacuations.
- Through EMBC, the MoH provided support for the immediate mental health needs of people in the region. $377,600 was provided for the period of November 2018 — October 2019. MoH provided an additional $164,000 in 2019/20 for continued community case manager support.

Provincial Interim Disaster Recovery Framework

- In October 2018, the province adopted the United Nations' Sendai Framework for Disaster Risk Reduction. EMBC has been tasked with developing recommendations to modernize the *Emergency Program Act* to support of the Sendai Framework.
- In 2019, EMBC published the Provincial Interim Disaster Recovery Framework to define a strategy, prioritize actions, and serve as a central coordination, accountability, and oversight mechanism for cross-sectoral and integrated disaster recovery efforts.
  To support the disaster recovery framework, the MoH (with support of the Ministry of Mental Health and Addictions) developed a Mental Health and Wellness Disaster Recovery Guide to support the "People and Communities" section of the framework.

Climate Adaptation and Preparedness Strategy

- Our changing climate is already impacting people across British Columbia – from record-breaking wildfires and heat waves to more frequent flooding and longer growing seasons. The Province is developing a climate preparedness and adaptation strategy that will take a phased approach to implementation and build on existing climate adaptation work in B.C.
- MMHA is working with MoH to ensure that mental health and wellness supports are considered in health system planning related to climate change adaptation and are part of disaster recovery response.

FINANCIAL IMPLICATIONS

- No direct ministry financial implications – see above for other ministries information

Approvals:

April 12, 2021 - Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 15, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 16, 2021 - Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Workplace Mental Health Initiatives

Issue: Supporting the psychological health and safety of workers and leaders through the COVID-19 pandemic and beyond

Key Messaging and Recommended Response:

- **Workplaces play a crucial role in maintaining positive mental health, promoting overall wellness, and building a resilient workforce.**
- **Our Ministry is working across government, and with partners like WorkSafeBC and the Canadian Mental Health Association BC Division, to make it easier for organizations to support workplace mental health.**
- **At the outset of the pandemic, we responded rapidly to assist workers in long-term care by launching a suite of supports including: a new informational website (careforcaregivers.ca), and a peer support service - Care to Speak. To date the website has had over 65,000 pageviews, 2,200+ webinar participants, and there have been over 125 peer support interactions.**
- **Building from this work, in April we launched BC's new Workplace Mental Health Hub. The Hub provides workshops, webinars and information to support employers and employees, particularly those who work in the tourism, hospitality and community social services sectors that we know have been hit particularly hard by the pandemic. The site will continue to expand to include training and coaching in the coming months.**

KEY FACTS

Background/Status:

- Every year, 1 in 5 Canadians experience a psychological health problem or illness, making it the number one cause of disability in Canada.[i]
- We know that mental health issues are the #1 cause of disability in Canada, costing the economy about $51 billion per year, $21 billion of which is linked to work-related causes.[ii]
- Each week more than 500,000 employed Canadians are unable to work due to mental health problems,[iii] and only 23% of Canadian workers feel comfortable talking to their employer about mental health concerns.[iv]
- Every $1 invested into the treatment and support of mental health disorders sees a return of between $1.60-$4 in improved health and productivity.[v, vi]

- Workplace mental health is identified as a key setting in *A Pathway to Hope* due to the highly influential role it can play in promoting and protecting mental health.

Work to Date

- Work to date has focused on the most urgent workplace setting — long-term and continuing care and launched new and expanded resources including:
  - CareforCaregivers.ca – the new website provides tailored content for workers and managers, hosts weekly webinars, and directs users to a range of services to meet diverse needs. As of April 2021, the site has received over 65,000 pageviews and continues to host weekly webinars that have had over 2,100 registrants.
  - Care to Speak – a peer-based text and phone service that provides emotional support to healthcare workers. The service has provided 30 hours of training to nine peers and received 125 calls/text (as of April 2021).
  - Mobile Response Team (MRT) - provides psychological first aid to healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19, as well as helping long-term care centres respond to the mental health needs of staff and plan for the future. Between April 2020-April 2021, the MRT connected with over 3,500 individuals and 430+ agencies across the province.
- As part of British Columbia's Economic Recovery Plan, MMHA is expanding workplace mental health programming and supports and will launch new services in Spring 2021.
- A made-in-BC training and coaching program will support managers and leaders to affect change in their organization, while the new virtual workplace mental health hub hosts easily accessible information for workers at all levels across diverse sectors.
- MMHA, in partnership with Canadian Mental Health Association -BC Division (CMHA-BC), is working closely with health and safety associations, union representatives, industry partners, and sector advocates to collaboratively design a program that will meet the needs of employees and leaders.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- $2 million as part of the Economic Recovery plan to support workplace mental health in sectors - tourism & hospitality which has been highly impacted by COVID-19. Additional funding of $1 million was provided by the Ministry of Social Development and Poverty Reduction to expand the scope to include community social services sector.
  - Funding was granted to CMHA-BC to ensure continuity from Phase 1.
- $0.991 million as part of the Ministry's COVID-19 response to provide tailored mental health resources for front-line health care workers.
  - CMHA-BC was granted the funds to launch a dedicated digital resource and a peer network to support workers and managers in the long-term and continuing care sector.

Approvals:

April 8, 2021 - Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 – Christine Massey – Deputy Minister

ESTIMATES NOTE

[i] Mental Health Commission of Canada. (2016)
[ii] Lim et al. (2008). A new population-based measure of the burden of mental illness in Canada. *Chronic Diseases in Canada*, 28: 92-8.
[iii] Mental Health Commission of Canada. (2018) Canadian employees report workplace stress as primary cause of mental health concerns
[iv] Government of Canada.(2016). Psychological health in the workplace.
[v] Deloitte. The roi in workplace mental health programs; good for people, good for business.
[vi] World Health Organization. (nd). Mental health in the workplace.

ESTIMATES NOTE

TOPIC Anoxic Brain Injury

Issue: Anoxic Brain Injury following illicit drug toxicity poisoning

Key Messaging and Recommended Response:

- **Our government is deeply concerned about the well-being of all British Columbians, including those living with brain injury as a result of illicit drug toxicity poisoning.**
- **Each health authority is committed to providing necessary supports for a person with a brain injury and their family.**
- **At this time, we still have limited provincial data on the health impacts for individuals who survive an illicit drug toxicity poisoning and more research is needed.**
- **The BC Centre for Disease Control is examining the health impacts on people who survive an overdose. A recent study by the BC Centre for Disease Control points to a higher occurrence of neurological injury among people who have survived an illicit drug toxicity poisoning compared to the general population.**
- **The Ministry of Mental Health and Addictions, in partnership with the Ministry of Health, health authorities, and other key stakeholders will continue to identify ways to better screen, assess, treat, and measure the needs of individuals with anoxic brain injury as we move forward with developing a system of mental health and addictions care that works for everyone.**

KEY FACTS

Background/Status:

- Anoxic brain injury occurs when the brain is deprived of oxygen and can result from a non-fatal illicit drug toxicity poisoning.
- There have been media reports calling for services for people who survive illicit drug toxicity poisoning and who are living with brain injury, as well as the need to prevent and track drug poisoning-related brain injuries both provincially and nationally. [i]

Advice/Recommentations

ESTIMATES NOTE

Advice/Recommentations

Supports for people living with brain injuries:

- Regional health authorities are responsible for providing acquired brain injury (ABI,) services, which also includes brain injuries from illicit drug poisoning.
- Each HA has developed ABI services with interdisciplinary teams including acute care, rehabilitation, home and community care and mental health and addictions.
- For people with a brain injury that requires long-term and/or round-the-clock care, there are health care facilities throughout BC that can offer the services and supports they need.
- Health care costs for supporting individuals with brain injury can vary significantly depending on the severity of the injury and the related level of supports required (e.g. residential care vs. out-patient services).
- In 2019/20, MMHA provided a one-time grant to the Constable Gerald Breese Centre for Traumatic Life Losses (CGBCTLL) to collaboratively develop an integrated provincial service delivery plan to improve brain injury and mental health and substance use supports in BC.
    - CGBCTLL conducted a series of Think Tank engagement sessions in 2020 and submitted their final report summarizing the proceedings to MMHA in February 2021. The full report is currently being reviewed by MMHA staff and available on their website.[iii]

FINANCIAL IMPLICATIONS

- In 2019/20, MMHA provided a grant of $0.035 million to the Constable Gerald Breese Centre for Traumatic Life Losses (CGBCTLL).
- In 2020/21, HLTH provided $2.0 million to the Brain Injury Alliance Society (not yet announced) and $0.065 million to the Nanaimo Brain Injury Society (not yet announced).

ESTIMATES NOTE

Approvals:
April 9, 2021 – Ally Butler, A/ADM Strategic Priorities & Initiatives
April 19, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 26, 2021 – Dara Landry, Corporate Services and Financial Accountability (CFSA)
April 30, 2021 – Christine Massey, Deputy Minister

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[ii] Government of Canada (2021). Opioid-related poisoning and anoxic brain injury in Canada: a descriptive analysis of hospitalization data. Available at: https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/opioid-related-hospitalizations-anoxic-brain-injury.html?utm_source=OOSTG&utm_medium=email&utm_campaign=promote_brief_report_opioids_stimulants_data_tool_March_2021_ENG

[iii] Heads Together Think Tank (2021). Heads Together Think Tank. Available at: https://headstogetherthinktank.com/

ESTIMATES NOTE

TOPIC Community Action Teams

Issue: BC communities hardest hit by the overdose crisis are supported by Community Action Teams

Key Messaging and Recommended Response:

- **Community Action Teams (CATs) have been established in 36 priority communities as part of the escalated response to the overdose emergency.**
- **Community Action Teams lead and coordinate multi-sectoral, on-the-ground planning and strategies to address the overdose emergency.**
- **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.**
- **Each CAT received funding through the Overdose Emergency Response Centre's Community Crisis Innovation Fund.**
- **The Ministry continues to assess community needs and consider additional Community Action Teams in additional high-risk communities.**

KEY FACTS

Background/Status:

- On February 1, 2018, MMHA announced that Community Action Teams (CATs) would be established in priority communities across the province to intervene early and rapidly on the ground with life-saving responses and proactive treatment and support.[i]
- To date, CATs have been established in the following 36 communities:
  - Fraser Health: Abbotsford, Burnaby, Chilliwack, Hope, Langley, Maple Ridge, Mission, New Westminster, Surrey-White Rock, Surrey, Tri-Cities;
  - Interior Health: Central Okanagan (Kelowna), Cranbrook, Grand Forks, Kamloops, Nelson-Castlegar, Penticton, Vernon, Williams Lake
  - Island Health: Campbell River, Comox Valley, Duncan, Nanaimo, Oceanside, Port Alberni, Victoria
  - Northern Health: Dawson Creek, Fort St. John, Prince George, Quesnel, Terrace
  - Vancouver Coastal Health: Nuxalk, Powel River, Sea-to-Sky, Sunshine Coast, Vancouver.
- To provide focused, action-oriented strategies tailored to local community needs, health authority Regional Response Teams (RRTs) work with CATs to:
  - Create action plans within high priority communities/municipalities.
  - Develop a multi-sectoral response that is inclusive of all partners
  - Escalate barriers to effective response to provincial level as needed.
- CATs are comprised of multi-stakeholder groups at the community level which include

municipal officials, regional health authorities, First Nations and Indigenous partners, first responders (police, fire, ambulance), front-line community agencies, Divisions of 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 experience.

- CATs are spearheading local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities, with the support of RRTs and the OERC. CATs translate RRT implementation plans into action on the ground.
- CATs are focused on four areas of action to save lives and support people who use substances:
    - Expanding community-based harm reduction services.
    - Increasing the availability of Naloxone.
    - Addressing the toxic drug supply through expanded drug-checking services and increasing connections to other harm reduction services and addiction treatment medications.
    - Proactively supporting people at risk of overdose by intervening early to provide service navigation support and advocacy.
- CATs have assisted BC communities in their response to the dual public health emergencies with innovative and flexible solutions, including the servicing of hygiene stations, providing flexible outreach services, and disseminating up to date public health information.
- Barriers are escalated by the CATs to the OERC and beyond as they arise.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Ministry of Health's (HLTH) budget provides up to $6 million annually to support the Community Crisis Innovation Fund.
- Cumulatively, HLTH has provided $6.75 million to the Community Action Teams and Regional Response Teams since 2017/18 through the Community Crisis Innovation Fund allocation.
- Mental Health and Additions provided one-time grant funding of $0.5 million in 2018/19 to CMHA-BC in support of CAT operation.

Approvals:
April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities & Initiatives
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 30, 2021 – Dara Landry, Corporate Services and Financial Accountability (CFSA)
May 5, 2021 – Christine Massey, Deputy Minister

REFERENCES

[i] Ministry of Mental Health and Addictions. (2018, February 1). *B.C. communities hardest hit by overdose crisis supported through community action teams, funding*. Retrieved from: https://news.gov.bc.ca/releases/2018MMHA0002-000137.

ESTIMATES NOTE

TOPIC Community Crisis Innovation Fund

Issue: How is the Community Crisis Innovation Fund being utilized?

Key Messaging and Recommended Response:

- **Collaboration and coordination are at the heart of our response to the overdose emergency.**
- **Through the Community Crisis Innovation Fund, we continue to support community-driven actions that draw on the expertise of local service providers and people with lived experience.**
- **The Fund has been used to support priority projects including:**
  - **36 community action teams that support the development of local, integrated planning and strategies to address the overdose crisis**
  - **23 rural, remote, and Indigenous-focused projects to support an equitable overdose response**
  - **17 innovative initiatives supporting emerging opportunities for saving lives and reducing harms**
  - **the development of a provincial peer network**
  - **peer coordinators/work with peers in each of the health authorities**

KEY FACTS

Background/Status:

- The Ministry of Mental Health and Addictions (MMHA) escalated the provincial response to the overdose emergency by launching the Overdose Emergency Response Centre (OERC) in December 2017.
- The OERC works with health authorities, community service providers, government partners, people with lived experience and other partners to collaboratively identify, prioritize and recommend programs, projects and grants with funding provided by the CCIF.

FINANCIAL IMPLICATIONS

- Budget Update 2017 provided the Community Crisis Innovation Fund with a funding allocation of $3 million in 2017/18 and $6 million in each of 2018/19, 2019/20 and 2020/21 to support nimble, innovative, community-based actions with an immediate impact on the ground in responding to the overdose emergency.
- Budget 2021 maintains annual funding of $6 million per year, totaling $18 million over the fiscal plan (2021/22 to 2023/24).

ESTIMATES NOTE

Approvals
April 12, 2021 – Ally Butler, A/ADM, Strategic Priorities, & Initiatives
April 20, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 27, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CFSA)
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Drug Checking Services

Issue: Expanding access to drug checking services remains a priority in the provincial response to the illicit drug overdose emergency.

Key Messaging and Recommended Response:

- **Drug checking services provide life-saving information to people who use drugs about the substances they plan to consume, especially in the context of an unregulated drug supply that is unpredictable and highly toxic.**
- **Available evidence suggests that drug checking services can reduce harms as people who check their drugs before consumption and had a positive result for fentanyl are more likely to reduce their dose and are less likely to experience a drug poisoning event.**

KEY FACTS

Background/Status:

- Drug checking services provide technology (e.g., fentanyl test strips and Fourier-Transform Infrared Spectroscopy [FTIR] machines) for people who use drugs to test the composition of their drugs for possible contaminants.
- Since the onset of the global COVID-19 pandemic, the illicit drug supply in BC has become even more toxic, leading to a surge in illicit drug toxicity poisonings and death in 2020 and into 2021.
- Drug checking results provide information that can be used to warn people when unexpected substances that present an elevated risk of illicit drug toxicity poisoning are in circulation.
- In 2017, the BC Centre on Substance Use (BCCSU) conducted an evidence review of models, techniques, and benefits/risks associated with drug checking. The BCCSU concluded that drug checking services provide real-time, street-level data that may help inform harm reduction service design and have potentially life-saving implications for people who use drugs.[i]
- Through funding from a Health Canada SUAP grant, the BCCSU publishes monthly reports that summarize the drug checking results seen from their partners around the province. These results are used by provincial health authorities and other community partners to help monitor the drug market and increase the public awareness about what's in the drug supply.[ii]
- Advocates have called for expanded access to drug checking services in response to the illicit drug toxicity emergency to enable people to test their drugs anonymously.[iii]
- In-person drug checking services were disrupted at the onset of the public health emergency declared March 17, 2020 due to the spread of COVID-19. Many such services have since resumed.

Fentanyl Test Strips:

- As of March 2019, fentanyl-test strips are currently available at all locations across the province offering supervised consumption services (SCS) and overdose prevention services (OPS), excluding housing-based OPS.

- A 2017 pilot study conducted by Vancouver Coastal Health Authority at Insite found fentanyl in 79% of samples voluntarily tested using fentanyl test strips. People who checked their drugs before consumption and had a positive result for fentanyl were 10 times more likely to reduce their dose, and people who reduced their dose were 25% less likely to experience drug poisoning.[iv]
- On June 22, 2018, Health Canada issued a statement regarding the limitations of fentanyl test strips including that they only detect certain substances and not others, the sample of the drug tested may not be representative of what the person intends to consume due to uneven mixing, the presence of other substances may interfere with the accuracy of the test, and the quantity of the sample tested may be too limited to detect a specific substance (sensitivity).[v]
- Fentanyl test strips are being validated for their accuracy on drug samples as they are validated only for urine samples currently.

Fourier-Transform Infrared Spectroscopy [FTIR]:

- In 2018, the BCCSU received funding through Health Canada's Substance Use and Addiction Program to implement and evaluate drug checking services using FTIR as a complementary service to fentanyl test strips.
- As of February 2020, FTIR drug checking is available in the Lower mainland and Interior.
- A 2018 peer-reviewed pilot study conducted by the BCCSU at two SCS locations between November 2017 and April 2018 using FTIR as a complementary service to fentanyl test strips found that:
  - 1,714 samples were tested during the study period where the sites were visited 69,733 times during the same period. This represents about 2.5% of total visits.
  - Of 907 samples expected to be heroin, only 160 (17.6%) contained the expected substance while 822 (90.6%) tested positive for fentanyl.
  - Of 99 samples expected to be an opioid other than heroin, only 26 (26.3%) contained the expected substance while 66 (66.7%) tested positive for fentanyl.
  - Of 396 samples expected to be a stimulant (e.g., "crystal meth," "cocaine," or "crack"), 353 (89.1%) contained the expected substance and 18 (4.5%) tested positive for fentanyl.
  - Of 141 samples expected to be a psychedelic (e.g., DMT, GHB, ketamine, LSD, MDMA, MDA, mushroom extract, 4-MMC, DiPT, 5-MeO-DiPT), 122 (86.5%) contained the expected substance and none tested positive for fentanyl.[vi]
  - In 2018, St. Paul's Foundation and Health Canada established an agreement totaling approximately $3.0 million over five years for BCCSU to implement and evaluate drug checking services using FTIR.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- As part of the Provincial Overdose Emergency Response and Budget Update 2017, the Ministry of Health has allocated funding of $1.0 million per year to support improved access to drug checking services.

Advice/Recommentations; Government Financial Information

Approvals:

April 8, 2021 – Ally Butler, A/Assistant Deputy Minister, Strategic Priorities, & Initiatives
April 15, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

REFERENCES

[i] BC Centre on Substance Use. (2017). *Drug Checking as a Harm Reduction Intervention – Evidence Review Report*. Retrieved from: http://www.bccsu.ca/wp-content/uploads/2017/12/Drug-Checking-Evidence-Review-Report.pdf.

[ii] BC Centre on Substance Use. (2020). *Public Health Reports*. Retrieved from: https://drugcheckingbc.ca/public-health-reports/

[iii] BC Centre for Disease Control. (2017). *BC Overdose Action Exchange II*. Retrieved from: http://www.bccdc.ca/resource-gallery/Documents/bccdc-overdose-action-screen.pdf.

[iv] Vancouver Coastal Health. (2017, May 15). *Drug checking at Insite shows potential for preventing fentanyl-related overdoses*. Retrieved from: www.vch.ca/about-us/news/news-releases/drug-checking-at-insite-shows-potential-for-preventing-fentanyl-related-overdoses.

[v] Health Canada. (2018, June 22). *Health Canada reminds Canadians of the limitations of fentanyl test strips being used to check street drugs before consumption*. Retrieved from: https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2018/67106a-eng.php.

[vi] Tupper, McCrae, Garber, Lysyshyn, and Wood. (2018). Initial results of a drug checking pilot program to detect fentanyl adulteration in a Canadian setting. *Journal of Drug and Alcohol Dependence, 190*: 242-245.

ESTIMATES NOTE

TOPIC Indigenous Peoples — Overdose 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:

- **Since the declaration of the COVID-19 pandemic, BC has seen a dramatic rise in illicit drug toxicity deaths between 2019 and 2020.**
- **First Nations continue to be disproportionately represented in toxic drug deaths. In 2020, First Nations people died at a rate 5.3 times higher than the rate observed among other BC residents who experienced illicit drug toxicity death in BC.[1]**
- **MMHA is working with the First Nations Health Authority (FNHA) to address the disproportionate rates of illicit drug toxicity events and deaths among First Nations populations, including very high rates among First Nations women (32,4%) than other BC residents who were women (16.6%).**
- **Since 2017, MMHA has made important investments to support Indigenous-led approaches to overdose prevention and harm reduction.**
- **New investments through Budget 2021 will enable further collaboration with Indigenous partners to offer culturally safe substance use care for harm reduction and treatment services across key initiatives including:**
  - **Indigenous-specific overdose prevention services**
  - **More nasal naloxone for First Nations communities**
  - **Prescribed safer supply programs through FNHA's Virtual Substance Use and Psychiatry Services**
  - **Indigenous women-specific housing supports**
  - **Indigenous peer networks in northern and rural and remote First Nations communities experiencing high rates of overdose.**

[1] All data is embargoed until FNHA public release scheduled for May 27, 2021

ESTIMATES NOTE

KEY FACTS

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

Impact on the First Nations Population

- First Nations people are disproportionately represented in toxic drug deaths.
- In 2020, 254 First Nations people died of overdose due to illicit drug toxicity, representing a 119 percent increase from 2019 (116 deaths) and 14.7% of all toxic drug deaths even though First Nations represent only 3.3% of BC's population.
- The rate at which First Nations people die has also increased from 3.9 times the rate of other BC residents in 2019 to 5.3 times the rate of other BC residents in 2020.
- First Nations women experience very high rates of toxic drug death. In 2020, 32.3% of First Nations people who died were women while 16.6% of other BC residents who died were women.
- COVID-19 measures may be having unintended, negative consequences for First Nations people who use substances that ultimately increase risk of drug poisoning and death with increased toxicity of illicit drugs, COVID-19 forcing people into isolation, and COVID-19 precautions make it harder to support First Nations people who use substances.
- Other reasons for the widening gap between First Nations people and other BC residents include: insufficient access to culturally safe mental health and addiction treatment, systemic racism is a barrier to accessing health care, and intergenerational trauma.

Actions to Address Impact on the First Nations Population

- In 2017, the First Nations Health Authority (FNHA) released *A Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nation*s which includes recommended actions to address the emergency and its impact on the First Nations population.
- Key actions taken by FNHA to prevent toxic drug death in 2020 include actions to:

  Prevent People from Dying:

  - Distribution of Naloxone (nasal spray and injectable): FNHA dispensed 18,484 doses of nasal naloxone spray to individuals through commuint pharmacies and 4,215 nasal naloxone kits to over 90 First Nations communities through bulk ordering in 2020 (each kit contains two doses), and worked with health system partners to distribute 7,943 injectable naloxone kits to 159 FNHA Take-Home Naloxone sites from April to December 20202.
  - Grants to Harm Reduction Champions: FNHA distributed 17 community grants of $2,500 each.

  Keep People Safe When Using:

  - Harm Reduction Policy: In January 2021, FHNA approved a harm reduction policy with five key actions, including provision of Indigenous harm reduction services, expansion of substitution therapies, and support of pharmaceutical alternatives to illicit toxic drug supply.

- Not Just Naloxone Training: More than 100 people completed a two-day virtual training sessions.
- Commitment in Place to Hire: Ten Indigenous Harm Reduction Educators and ten Peer Coordinators are being hired to serve First Nations communities across the province.

Create an Accessible Range of Treatment Options:

- Opioid Agonist Therapy (OAT): FNHA has supported 21 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing planning is underway in seven communities.
- FNHA'S Virtual Substance Use and Psychiatry Service was launched in the summer of 2020 and provides access to addictions specialists for assessments, treatment planning, access to OAT, withdrawal management, and pharmaceutical alternatives
- Indigenous Treatment and Land-Based Healing Services That are Grounded in Cultural Teachings: 147 sites providing mental health and addictions services
- First Nations Treatment and Health Centres: Revitalization of six existing treatment centers and construction of new healing centres in Vancouver Coastal and Fraser Salish regions.
- OAT Clinic Fee Subsidies: 223 people received subsidies to access OAT at medical clinics

Support People on Their Health Journey:

- Difficult Conversations Webinar Series: Hosted four webinars and encouraged 450+ people to lean into difficult conversations about substance use. The webinars encourage family members, friends and loved ones to share their challenges in accessing harm reduction services and supports, and reframe the discussion to include Indigenous strengths and self-determination.
- Indigenous Harm Reduction Community Council: Developed a province-wide network of Indigenous people working on Indigenous approaches to harm reduction and providing knowledge sharing across all regions
- Unlocking the Gates: Supported 188 people during their release from incarceration to address the strong link between transitioning out of correctional facilities and subsequent toxic drug events and deaths
- Promoting Culturally Safe Services: Increased partnerships with Indigenous service providers and health system partners to address cultural safety and systemic anti-Indigenous racism in health services provided to Indigenous people

- In keeping with the report, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, 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 continues to be embedded in the provincial emergency response through participation in the Joint Steering Committee and the Overdose Emergency Response Centre.
- While not directly related to emergency response efforts, MMHA has made important investments that are aimed at increasing access to a continuum of culturally safe treatment services.

ESTIMATES NOTE

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 (BCAAFC) for capacity building and community engagement. The BCAAFC recently released an Urban Indigenous Wellness Report based on that community engagement, which includes recommendations on the overdose response. MMHA and the BCAAFC will explore how this report can inform the overdose response, especially its impact on the Indigenous population living in urban centres.

FINANCIAL IMPLICATIONS

- Budget 2021 continues to provide funding of $8 million per year to support the FNHA with the overdose emergency response as it relates to First Nation communities.
- Using funds from the five-year federal mental health and addictions services agreement, MOH provided one-time funding of $0.375 million in 2018/19, 2019/20, and 2020/21 to both the MNBC and the BCAAFC to support mental health and substance use initiatives (not yet publicly announced).

Approvals:
April 15, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 19, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 27, 2021 – Dara Landry, Executive Lead, Corporate Services
May 25, 2021 – Darryl Sturtevant, Assisting Deputy Minister, Strategic Priorities & Initiatives
May 26, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Methadone, Methadose®, Metadol-D®

Issue: Coverage of Medications for Opioid Use Disorder

Key Messaging and Recommended Response:

- **We've been listening to and learning from experts, including people who use drugs, so that we can save more lives and connect more people to treatment and recovery supports.**
- **People living with substance use challenges deserve access to effective treatment options. That's why we're working with doctors, nurses and pharmacists on improving care for people at risk of overdose.**
- **We know treatment and recovery is not one-size-fits-all. We're working to provide a full spectrum of oral and injectable medications to help people find their own pathway to healing and hope.**
- **Our government acknowledges that the switch from methadone to Methadose® has worked for some but not for others.**
- **That's why we added Metadol-D® and Sterinova Methadone® hydrochloride as regular benefits under PharmaCare.**
- **We know that these options are working for thousands of people.**
- **And for people living with opioid use disorder who do not respond to any of the commercially prepared products, we're allowing exceptional access and PharmaCare coverage for compounded methadone.**

KEY FACTS

Background/Status:

- Opioid agonist treatment (OAT) is an effective treatment for opioid use disorder (OUD). In BC, PharmaCare covers methadone (Methadose®, Sandoz methadone, Metadol-D®, and exceptional compounded methadone), buprenorphine/naloxone (Suboxone®), slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- As of April 30, 2020, Sublocade®, a long-acting formulation of buprenorphine, administered monthly via abdominal subcutaneous injection, is a limited coverage Pharmacare benefit.
- Increasing access to OAT has been an important part of the overdose response. In the month of January 2021, 23,965 individuals were dispensed some form of OAT in BC.[i] In the same month, there were 1,606 clinicians prescribing any form of OAT. Suboxone and slow-release oral morphine use is increasing faster than methadone, as expected.
- In 2014, a commercially prepared formulation of methadone, Methadose®, was approved for use in Canada. All provinces and territories switched to Methadose® to reduce

compounding errors, improve quality control, and to reduce risk of diversion; BC implemented this switch effective February 1, 2014.

- The switch to Methadose® worked for some, but some patients who had been on compounded methadone reported experiencing increased withdrawal symptoms or earlier onset of withdrawal symptoms than they experienced with the previous compounded formulation.
- In September 2018, the government offered Metadol-D® 10mg/mL oral solution as an alternative to Methadose® solution on a trial basis, by way of a prescriber-initiated application. On May 28, 2019, Metadol-D® became eligible for regular benefit coverage through BC PharmaCare after patients who did not respond well to Methadose indicated that Metadol D was an effective alternative.
- The BC Association of People on Methadone and other stakeholders, including researchers[ii] have been expressing a need for a return to compounded methadone for some patients.
- To respond to concerns expressed by stakeholders, as of October 1, 2019 compounded methadone coverage is available via special authority on an exceptional, last resort basis as a treatment option for people living with opioid use disorder who have not been able to stabilize on available commercial methadone options.
- It is expected that patients try the manufactured methadone products first as they are subject to Health Canada quality control and patient safety mechanisms required of manufacturers in Canada.
- As of December 17, 2019, a third methadone option was made available as a regular benefit in BC: Sandoz methadone (Sterinova®) uses blue dye, which may be beneficial for patients who have experienced an adverse reaction to the red dye in Methadose®.[iii]
- In 2020, Laura Shaver brought forward a claim on behalf of any person prescribed Methadose® in BC and/or who had transitioned from compounded methadone to Methadose® after March 2014 under the *Class Proceedings Act* against the BC Government, Mallinckrodt Pharmaceuticals et. al. (Action No. VLC-S-S-205793).
- The Ministries of Mental Health and Addictions and Health continue to work with people with lived experience and other experts to help ensure that compounded methadone coverage is available for those in need and to address service gaps.
- In September 2020, the Provincial Health Officer (PHO) issued an order authorizing registered nurses and registered psychiatric nurses to prescribe OAT, beginning with buprenorphine/naloxone (Suboxone®). As of March 2021, RNs/RPNs have started prescribing Suboxone®.
- After engagement with provincial addictions operational leads, it has been identified that RN/RPN prescription of other OAT agents (i.e. methadone and slow-release oral morphine (Kadian®)) be prioritized under this public health order.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 continues investments of $9 million per year for iOAT services, $9 million per year for Slow Release Oral Morphine (SROM), $8 million per year for suboxone/methadone, $4 million per year for OAT services in correctional facilities, and $0.06 million per year for pharmacists' OAT training.
- In addition, $16 million per year of funding has been committed from the five-year federal Mental Health and Addictions Services Agreement (Early Actions Initiative) to further expand iOAT/TiOAT services.

ESTIMATES NOTE

Approvals:
April 9, 2021 – Ally Butler, A/Assistant Deputy Minister, Strategic Priorities & Initiatives
April 19, 2021 – Martin Wright, ADM, Health Sector Information, Analysis & Reporting Division, Ministry of Health
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 30, 2021 – Dara Landry, Executive Lead, Corporate Services
May 5, 2021 – Christine Massey, Deputy Minister

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[i]Pharma Net, Health Sector Information, Analysis & Reporting Division, April 13, 2021.
[ii] McNeil R, Kerr T, Anderson S, et al. Negotiating structural vulnerability following regulatory changes to a provincial methadone program in Vancouver, Canada: a qualitative study. *Soc Sci Med*. 2015;133:168-176; Greer AM, Hu S, Amlani A, Moreheart S, Sampson O, Buxton JA. Patient perspectives of methadone formulation change in British Columbia, Canada: outcomes of a provincial survey. *Subst Abuse Treat Prev Policy*. 2016;11:3; Socias MS, Wood E, McNeil R, et al. Unintended impacts of regulatory changes to British Columbia Methadone Maintenance Program on addiction and HIV-related outcomes: an interrupted time series analysis. *Int J Drug Policy*. 2017;45:1-8.
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ESTIMATES NOTE

TOPIC Mobile Response Team

Issue: People working on the frontline of the illicit drug toxicity emergency are reporting stress and burn out and are in need of supports.

Key Messaging and Recommended Response:

- **Responding to overdoses especially repeat events, takes a devastating emotional toll on those who play an essential role in the front-line response to the overdose crisis.**
- **The Mobile Response Team was launched in May 2017 to provide psychosocial supports, education, and resiliency training to those on the front line.**
- **Front-line service providers are doing heroic work and are deeply deserving of the professional support provided by the Mobile Response Team.**
- **From April 1 to December 31, 2020, the Provincial Mobile Response Team contacted 770 agencies, provided 4,897 services, and served 5,496 people including first responders, frontline workers, and people with lived/living experience.**
- **The Government is also supporting front line workers through changes to WorkSafeBC compensation that provide coverage for mental disorders, including post-traumatic stress disorder, without requiring proof that the disorder is job-related.**

KEY FACTS

Background/Status:

- Responding to overdose events, especially repeat events, takes a devastating emotional toll on those who play an essential role in the front-line response to the overdose emergency.
- Families, volunteers at community organizations, those working in programs reaching vulnerable populations, and first responders are reporting extreme stress, burnout, and trauma.
- The BC Coroners Service has increased capacity to support families who have lost loved ones to illicit drug toxicity by staffing a dedicated Affected Persons Liaison and Community Outreach position. This position provides emotional support to family members and facilitates referrals to resources in the community.
- First responders and health authority staff with employer-provided crisis services are encouraged to utilize these programs; however, some employees are reluctant to use these

programs due to their short-term nature and the perception that counselors cannot relate to the lived experience of the employees.

- Health Emergency Management BC's (HEMBC) Disaster Psychosocial Program completed a needs assessment with community organizations and front-line responders in early 2017. This assessment identified a range of practical supports that would be helpful to staff and volunteers working on the front lines.
- In May 2017, HEMBC deployed a Mobile Response Team to support front line workers who do not have any other type of employer-provided psychosocial support programs.
- This team is comprised of skilled workers who lead outreach, deliver customized training, and help build local capacity in support of staff resilience.
- Team members are available to all regions of the province. An advisory council, with representation from health authorities and community partners, has been established to provide guidance and direction to the team.
- As of March 30, 2021, the team is composed of 10 full time Crisis Intervention Specialist positions with MRT, 4 casuals, and 3 program support staff. Three of the FTEs are dedicated to providing COVID supports to workers in long-term and continuing care. As of February 2021, over 4,000 people served and more than 430 agencies for COVID-related supports.
- Related to overdose supports, from April 1 to December 31, 2020, the Provincial Mobile Response Team contacted 770 agencies, provided 4,897 services, and served 4897 people including first responders, frontline workers, and people with lived/living experience. Services provided are broken down by health authority region in the table below:

April 1 – December 31, 2020			
	Agencies Contacted	**People Served**	**Services Provided**
Interior Health	86	615	510
Fraser Health	304	2280	2105
Northern Health	56	291	213
Vancouver Coastal	218	1522	1436
Vancouver Island Health	105	780	625
Unknown	1	8	8
TOTALS	770	5496	4897

- People served include: first responders, front line workers, people with lived experience/peers, shelter workers, street workers, bylaw officers, police, fire, paramedics, and helpers. Services provided include: assessment, crisis calls, debriefing, defusing, frontline wellness programs, resources and referrals, support and training.
- In May 2018, the *Workers Compensation Amendment Act, 2018* added a mental disorder presumption for first responders, including correctional officers, emergency medical assistants, firefighters, police officers and sheriffs, who are seeking compensation from WorkSafeBC. Through this change, mental health conditions, including post-traumatic stress disorder, are presumed to have been caused by the nature of the named professions, rather than having to be proven to be job related. In April 2019, the mental disorder presumption was extended to emergency dispatchers, nurses and health care aides.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 continues funding by the Ministry of Health of $1.7 million to the Provincial Health Services Authority to support psychosocial counselling services for first line responders.

Approvals:

April 9, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 30, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 30, 2021 – Dara Landry, Executive Lead, Corporate Services
May 5, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Municipal Harm Reduction Issues

Issue: Concern in local communities about impacts of harm reduction services, including distribution of sterile needles and syringes

Key Messaging and Recommended Response

- **The onset of dual public health emergencies has resulted in unprecedented impacts for vulnerable populations, and exacerbated homelessness and substance use harms in communities across the Province.**
- **The Province is working to ensure an urgent, comprehensive response to this crisis that recognizes the links between homelessness, substance use and mental illness.**
- **Harm reduction and needle distribution programs support people who use drugs by helping to prevent the transmission of blood borne diseases, such as HIV and Hepatitis C, and offer an opportunity for people to connect to health care services.**
- **We are aware of the public concern about improperly disposed needles in some BC communities. People who use substances, wherever they are on their journey, are also part of our communities.**
- **There has never been a case of infectious disease transmission in BC due to contact with a discarded needle.**
- **UBCM, through funding from the Province, has launched a program to assist municipalities to support unsheltered homeless populations and strengthen communities' health and safety, including harm reduction and cleaning / waste management services.**

KEY FACTS

Background/Status:

- Public concerns around mental illness, problematic substance use, and homelessness and associated impacts, including harm reductions services, are increasing in many communities.
- Harm reduction services increase opportunities for individuals to access health services such as primary care and treatment[i]; can reduce the number of discarded syringes found in public spaces[ii,iii]; and do not result in increased crime rates in the neighbourhoods where they are located when operated using best practice guidelines.[iv]
- In some areas, the municipal response has included zoning bylaws to limit public consumption of substances and restrict access to needle distribution services and/or locations of overdose prevention services. This includes the communities of Parksville, Chilliwack, Fort St. John, and Nanaimo, among others.

- In 2020, the City of Parksville submitted a bylaw for review and deposit to the Ministry of Health. They proposed bylaw required all distributed needles in the community be retractable and limited the number of needles distributed, among other conditions.[v]
    - In keeping with Government's mandate to protect public health and ensure access to health services, the Minister of Health did not approve the submitted bylaw.
- The Strengthening Communities Services funding program—funded by the BC Ministry of Municipal Affairs—launched on February 18, 2021 and will accept applications until April 16, 2021. This program (which is part of the Safe Restart Agreement to manage the impacts of COVID-19) delivers $100 million with an aim to support unsheltered homeless populations and strengthen communities' health and safety through an application-based program. Eligible activities for funding include harm reduction and cleaning and waste management services.

Needle Distribution and Retrieval

- Needle distribution has been a key part of provincial public health policy for over 20 years. The World Health Organization, the Joint UN Programme on HIV/AIDS, and the UN General Assembly endorse sterile needle distribution programs.[vi,vii]
- Harm reduction has been key to curbing the transmission of HIV; the number of cases of HIV diagnosed among people who inject drugs (PWID) in B.C. has declined dramatically.
    - Previous to 2008, PWID comprised approximatly 30% of all new HIV diagnoses; in 2017, 9.9% of new HIV cases were PWID.[viii]
- The BC Centre for Disease Control (BCCDC) is responsible for the Harm Reduction Supplies Program, which bulk purchases and distributes harm reduction supplies across the province and supports regional health authorities in planning and expanding harm reduction services.
- The BCCDC provided 16.79 million sterile needles and syringes in 2020/21 to sites across BC, down from 19.71 million in 2019/20.[ix] Advice/Recommentations

Advice/Recommentations

- The actual risk of infection/ transmission of blood-borne infections from discarded sharps in the community is almost zero. There has never been a recorded incident of somebody contracting a disease from an unintentional needle stick injury in British Columbia.
- In 2002, the BCCDC introduced a policy replacing one-for-one needle exchange programs. Evidence shows that limiting the number of needles distributed (e.g. one-for-one exchange) increases the likelihood of people sharing or re-using needles, increasing the risk of disease.
- The BCCDC and the Provincial Health Officer (PHO) have issued a public statement recommending against needle buy-back programs as there is no evidence that they are effective and may cause unintended harm and consequences (e.g., increased risk of needle stick injury; risks associated with theft from community disposal boxes, as well as wastage).
- The BCCDC and the PHO recommend engaging with peers as they are best situated to know where needles are being discarded, and to engage others who use needles about safe disposal.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Ministry of Health provides base funding for the Provincial Health Services Authority (PHSA), which includes funding for BCCDC harm reduction supplies. PHSA reported total expenses of $7.8 million related to harm reduction supplies in 2019/20.

ESTIMATES NOTE

Approvals:
April 7, 2021 – Ally Butler, A/ADM, Strategic Priorities and Initiatives Division
April 19, 2021 – Christine Voggenreiter obo ADM Martin Wright, Health Sector Information, Analysis and Reporting
April 29, 2021– Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 30, 2021 – Dara Landry, Executive Lead, Corporate Services, Ministry of Mental Health and Addictions
May 5, 2021 – Christine Massey, Deputy Minister

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[iii] Kate Ksobiech, K. (2004). Return rates for needle exchange programs: A common criticism answered. *Harm Reduction Journal*. *1*(2). Available online at: http://www. harmreductionjournal.com/content/1/1/2

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[v] "City of Parksville Regulation of Hypodermic Needle Distribution Bylaw, 2019, No. 1555". https://parksville.civicweb.net/filepro/document/41414/Council%20-%2020%20Jan%202020%20Agenda.pdf?widget=true

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[vii] Canadian HIV/AIDS Legal Network. Sticking points: Barriers to access to needle and syringe programs in Canada. Toronto, Canada. 2007

[viii] BC Centre for Disease Control. HIV Annual Report 2017. http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/STI/HIV_Annual_Report_2017_FINAL.pdf

[ix] As stated in an email from BCCDC program staff dated April 06, 2021.

ESTIMATES NOTE

TOPIC Naloxone

Issue: Ensuring access to naloxone remains a priority in the provincial response to the overdose emergency

Key Messaging and Recommended Response:

- **Naloxone is a life-saving medication that can quickly reverse the effects of an opioid-related poisoning event.**
- **The BC Take Home Naloxone program provides people who use drugs and those most likely to witness and respond to an illicit drug toxicity poisoning with no-charge naloxone kits and drug poisoning recognition and response training.**
- **There are currently 1,833 active BC THN distribution sites including all emergency departments, public health units, and corrections facilities, including 754 community pharmacies and 159 First Nations sites.**
- **In 2020, the BC Centre for Disease Control shipped 272,934 naloxone kits to distribution sites and reports that since the program started, 86,408 kits have been reported to have been used to reverse an illicit drug toxicity poisoning event.**
- **Since April 2016, we know that our efforts to expand naloxone, overdose prevention services, and connect people to treatment has averted more than 6,000 deaths.**

KEY FACTS

- Naloxone is an opioid antagonist that reverses life-threatening respiratory depression caused by illicit drug toxicity poisoning. Although naloxone only works on opioid poisoning, it causes no harm to someone who does not have any opioids in their system.
- Naloxone has been used by first responders in emergency settings for over 40 years in Canada. It is a safe, non-toxic drug with minimal side effects.[i]
- Naloxone is available in two formulations (i.e. intramuscular and intranasal). Available evidence shows that the formulations are of similar effectiveness. The intranasal formulation is considerably more expensive than the intramuscular formulation (10 times more costly).
- Almost all publicly-funded naloxone kits include the intramuscular (injectable) formulation.
- On March 22, 2016, Health Canada removed naloxone from the Prescription Drug List. This allowed for emergency use naloxone to be available without a prescription.
- On September 16, 2016, emergency use naloxone became unscheduled in BC; thus, naloxone can be available anywhere and purchased by anyone.
- On October 13, 2016, regulations under the *Health Professions Act* and the *Emergency Health Services Act* were amended to enable all healthcare professionals, first responders, social workers, and citizens to administer naloxone outside of a hospital setting.

- On April 4, 2018, First Nations Health Authority listed intranasal naloxone as a drug benefit for First Nations Peoples.[ii]

BC Take Home Naloxone (BC THN) and Facility Overdose Response Box (FORB) programs

- In August 2012, the BC Centre for Disease Control (BCCDC) established the BC THN program. The BC THN offers people who use drugs and those most likely to witness and respond to illicit drug toxicity poisoning publicly funded naloxone kits and drug poisoning recognition and response training.
- As of March 16, 2021, 45,032 THN kits have shipped to sites in 2021; 272,934 kits were shipped to sites in 2020; 232,312 kits in 2019; 195,696 kits in 2018; and 140,748 kits in 2017.[iii]
- As of March 16, 2021, there were 1,833 active BC THN distribution sites including all emergency departments, public health units, and corrections facilities, including 754 community pharmacies and 159 First Nations sites.[iv]
- Since the program started, 86,408 kits have been used to reverse illicit drug toxicity poisoning (as of March 16, 2021).[v]
- In December 2017, the Government of British Columbia partnered with the BCCDC and the BC Pharmacy Association by expanding the BC THN to include community pharmacies.[vi]
- In January 2018, the BCCDC launched a pilot program whereby ambulance services can distribute naloxone kits following an illicit drug toxicity poisoning event.
- In December 2016, the BCCDC launched the Facility Overdose Response Box (FORB) program whereby eligible community organizations receive boxes multiple doses of naloxone and other supplies. Site locations include supportive and subsidized housing, drop-in centres, and shelters.
- As of March 16, 2021, the BCCDC reports that there are 665 active FORB program sites across the province and that 1,805 illicit drug toxicity poisonings have been reversed at these sites.[vii]

Naloxone in other settings

- In May 2017, the Ministry of Health (MOH) developed a risk assessment tool to support government and non-government organizations[viii] to determine if staff should have naloxone kits to respond to illicit drug toxicity poisoning. The tool was sent to all Deputy Ministers.
- Public sector organizations that have identified the need to equip staff with naloxone can procure naloxone kits at cost through the Provincial Product Distribution Centre (PDC).
- The Provincial Health Officer (PHO) has advised that schools are not considered high-risk environments for illicit drug toxicity poisoning.
- The PHO encourages schools with a known high-risk population (or where drug use is known to occur) to purchase naloxone through the PDC upon completion of a risk assessment and ensure that someone is trained to administer it. Several school districts have purchased kits.
- Paramedics and police officers carry naloxone for responding immediately to illicit drug toxicity poisoning. Local governments have covered the cost of naloxone for the RCMP and municipal police departments with support through a one-time funding arrangement with the province.
- For operational reasons, police have opted for the intranasal formulation.

FINANCIAL IMPLICATIONS

- Budget 2021 continues funding of $4.5 million per year to the Provincial Health Services Authority for the Take Home Naloxone (THN) program.
- PHSA reported expenditures of $4.3 million in 2017/18, $10.4 million in 2018/19, $11.3 million in 2019/20, and Q3 projected expenditures of $11.1 million in 2020/21 for the THN Program.

ESTIMATES NOTE

Approvals:
April 8, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities, and Initiatives
April 19, 2021 – Christine Voggenreiter obo Martin Wright, ADM, Health Sector Information, Analysis, and Reporting
May 4, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
May 5, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CSFA)
May 6, 2021 – Christine Massey, Deputy Minister

REFERENCES

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[iv] Ibid.
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[vi] Ministry of Mental Health and Addictions. (2017, December 20). Province puts more naloxone into the hands of British Columbians to save lives. Retrieved from: https://news.gov.bc.ca/releases/2017MMHA0010-002086.
[vii] BC Centre for Disease Control. (2020, May 15). *Facility Overdose Response Box Program in BC*. Retrieved from: https://towardtheheart.com/forb-infograph.
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ESTIMATES NOTE

TOPIC Nurse Prescribing

Issue: Enabling Registered Nurses and Registered Psychiatric Nurses to prescribe medications to increase the number of prescribers available to reduce the risk of overdose related to the increasingly toxic illicit drug supply in BC

Key Messaging and Recommended Response:

- **Rural and remote areas of the province consistently report ongoing challenges related to substance use care availability and accessibility.**
- **Registered nurses and registered psychiatric nurses often provide the most immediate and only connection to health care in these settings.**
- **To date, over 80 registered nurses and registered psychiatric nurses from 23 communities across BC, largely rural and remote areas, are enrolled in education and training to prescribe buprenorphine/naloxone for opioid use disorder.**
- **The first prescriptions have now been written.**
- **The Ministry of Mental Health and Addictions continues to work in partnership to further develop education and training as well as regulatory changes to allow these nurses to prescribe medications to reduce the risk of overdose related to the highly toxic drug supply.**
- **These nurses are working in public health, mental health and substance use programs, outreach, and harm reduction services where they engage with those who are often not formally connected to care.**

KEY FACTS

Background/Status:

- In September 2020, the Provincial Health Officer (PHO) provided an order to authorize Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) the ability to diagnose, refer, order and prescribe federally regulated controlled drugs and substances for the purpose of ameliorating the overdose risk for people with substance use conditions/disorders.
- This order requires the BC College of Nurses and Midwives (BCCNM) have standards in place to support this practice. Additionally, it states that the nurses must have proper education and training in place to provide this care.
- This work is proceeding in 3 phases. in partnership with BCCNM. The first phase will address first line treatment Suboxone, the second phase will expand to other OAT medications and the third phase will add pharmaceutical alternatives to the toxic drug supply

ESTIMATES NOTE

- The first phase is complete consisting of education and training development, health system implementation, and BCCNM standards, limits, and conditions, to regulate RNs and RPNs in prescribing the first line opioid agonist treatment (OAT) buprenorphine/naloxone (Suboxone). These new standards, limits and conditions came into effect on October 26, 2020.
- The second phase has started with new BCCNM standards which enables "prescribing treatment for opioid use disorder". This broadens the medications in which RNs and RPNs are able to prescribe. These standards came into effect on March 4, 2021
- For the third phase, work continues on consultation and regulatory pathways to RN and RPN prescribing under new Prescribed Safer Supply policy.
- Including nurses in the Prescribed Safer Supply will expand access to alternatives to the toxic drug supply
- Since the introduction of fentanyl and its analogues into the illicit drug supply, people who use opioids and who are not on OAT have an increased risk of overdose fatality at a factor of 3.4 (2.8 to 4.3) greater than those who are on OAT treatment. Previous to the introduction of Fentanyl this was a factor of 2.1. This represents a 65% increase in risk of fatality.[1]
- Despite the known benefits of OAT and advancements in better access, we also know that for the majority of the population of people who use opioids recreationally in BC or have been diagnosed with OUD, traditional treatment approaches such as OAT have not be able to engage them or retain them in care.
- The Ministry of Mental Health and Addictions has put resources toward the development of education and training by the BC Centre on Substance Use (BCCSU). The provincial agency which provides best practice guidance and education for all prescribers providing substance use care.
- Provincial regulatory work have been completed through new BCCNM standards as well as two Ministerial orders to allow for nurses to order laboratory diagnostics as well as refer patients for PharmaCare coverage under Plan G, as well as changes to the Medical Services Commission Payment Schedule to allow RNs and RPNs to refer for additional consultation for substance use disorders.
- RNs and RPNs will receive distinct Medical Services Plan numbers, prescriber numbers and use prescription pads through B.C.'s Controlled Prescription program similar to other prescribers provincially.
- This work has been co-led between the Ministry of Health (HLTH), the Ministry of Mental Health and Addictions (MMHA) Overdose Emergency Response Centre, , the Office of the PHO, First Nations Health Authority, BCCNM, Nurses and Nurse Practitioners of BC, and the BCCSU.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

Advice/Recommentations; Government Financial Information

- In 2020/21, HLTH provided additional funding from the of $0.2 million to support additional education, training, development and preceptorships related to nurse prescribing.

ESTIMATES NOTE

Approvals:
April 15, 2021– Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities & Initiatives
April 30, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 30, 2021 – Dara Landry, Executive Lead, Corporate Services
May 5, 2021 – Christine Massey, Deputy Minister

Resources
[1] Pearce LA, Min JE, Piske M, Zhou H, Homayra F, Slaunwhite A, Irvine M, McGowan G, Nosyk B. (2020). Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study. BMJ,368. doi:10.1136/bmj.m772.

ESTIMATES NOTE

TOPIC: Opioid Litigation/Legislation

Issue: Litigation against opioid manufacturers and distributors

Key Messaging and Recommended Response:

- **Nothing should come before the health and welfare of people — that includes profit.**
- **But at the same time, we believe opioid manufacturers and distributors deceptively marketed their products and that the Province has incurred significant costs as a result.**
- **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* last fall.**
- **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 overdose crisis.**
- **This action is another step in our continued response to the profound impact that opioids have had on communities across BC.**
- **We have a responsibility to hold these companies to account given the devastating impact that has resulted from their deceptive marketing and distribution practices.**

KEY FACTS

Background/Status:

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

ESTIMATES NOTE

- This BC led claim is separate from the class action litigation launched in 2007 involving Purdue Pharma:
    - The proposed settlement of the 2007 litigation was not approved by the Saskatchewan Court of Queen's Bench citing insufficient evidence was provided to demonstrate that the settlement amount allocated to class members was fair and reasonable.

Legislation:

- The *Opioid Damages and Health Care Costs Recovery Act* was proclaimed on October 31, 2018.
- The legislation will allow 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.
- This will help to reduce pressure on the courts and promote expediency and efficiency.

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 overdose 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

Approvals:
April 9, 2021 – Ally Butler, A/Assistant Deputy Minister, Strategic Priorities and Initiatives
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Opioid Overdose Data and Surveillance

Issue: Using data and other information to inform BC's response to the overdose emergency demands

Key Messaging and Recommended Response

- **The complexity and dynamic nature of the overdose emergency demands careful analysis of all available information to understand underlying issues and to ensure effective action.**
- **The public health emergency declaration allows for the collection of more robust, real-time information to identify immediate risks and take proactive action to warn and protect people who use drugs.**
- **The Overdose Emergency Response Centre continues to work with partners such as the BC Centre for Disease Control, BC Coroners Service, the Ministry of Health, researchers, health authorities, and local communities to enhance data analytics capacity to inform policy, action plans, and implementation strategies.**

KEY FACTS

- On April 14, 2016, the Provincial Health Officer (PHO) declared a public health emergency under the *Public Health Act* following an unprecedented increase in overdose-related harms due to an unregulated drug supply that is unpredictable and highly-toxic.[i]
- The PHO subsequently issued nine orders to expedite the collection of suspected and confirmed overdose data. This action allows medical health officers across the province to collect more robust, real-time information on overdoses to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs.
- The Overdose Emergency Response Centre coordinates provincial data and analysis activities including:
  - Unlinked data streams – BC Coroners Service, BC Emergency Health Services, case-based reporting from Emergency Departments, BC Take Home Naloxone program, supervised consumption, and overdose prevention services utilization, PharmaNet on opioid agonist treatment uptake, and toxicology from various laboratory services.
  - Linked data – BC Provincial Overdose Cohort (ODC), an asset that links data from the BC Coroners Service, Vital Statistics deaths, Drug and Poison Information Centre, National Ambulatory Care Reporting System (NACRS), BC Emergency Health Services, emergency department visits at hospitals across BC, BC Corrections, and the Ministry of Social Development and Poverty Reduction (SDPR). The data is supplemented with data holdings from the Ministry of Health (MOH) and the BC Centre for Disease Control (BCCDC). The study details the comprehensive health history of people who have experienced possible fatal and non-fatal opioid overdose. The asset is stewarded and analyzed collaboratively with partners engaged in the response, including people with lived and living experience.

- Weekly and monthly interactive dashboards and reports are produced for the public (BCCDC website).
- More detailed interactive dashboards for trusted partners engaged in the overdose response (BCCDC stakeholder visualization and other tools).
- An ongoing mathematical modeling estimating death events averted as a result of the rapid expansion and increased access to Take-Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment for opioid use disorder.
- Cascade of Care: A project with Dr. Bohdan Nosyk, Associate Professor at Simon Fraser University entitled: *Towards a comprehensive performance measurement system for Opioid Use Disorder in British Columbia*. The project is based on province-wide linkage of health and other administrative databases, including that of BC Perinatal Services, Corrections BC, and SDPR.
- Canadian Institute for Health Research (CIHR) has funded a mixed methods evaluation of the interim guidance document, *Risk Mitigation in the Context of Dual Public Health Emergencies*. This evaluation is being conducted using both administrative and survey data to determine the benefits and harms of prescribing under this guidance. The Evaluation Team is comprised of representatives from MMHA, MoH, BCCDC, BCCSU, Canadian Institute of Substance Use Research, and the Centre for Excellence in HIV/AIDS.

- MMHA is taking a lead role in collaborating with partners on two projects to allow researchers to use overdose response-focused data to create innovative approaches to the overdose emergency:
  - MMHA collaborates with the Provincial Health Officer, BCCDC, Population Data BC, BC Coroners Services, Ministry of Social Development and Poverty Reduction, and Statistics Canada on a new project to link overdose data with Statistics Canada to better understand the socio-economic characteristics of people who experience an illicit drug toxicity-related overdose.
  - MMHA in collaboration with the Provincial Health Officer, BCCDC and other partners, is working to make the Provincial Overdose Cohort data accessible through the secure environment at Population Data BC. This allows researchers to access and contribute to the public health emergency response using the Provincial Overdose Cohort data.
- MMHA staff amplify overdose-related research and participate on advisory teams or have lent written support to research funded by various funding partners, including Canadian Institutes of Health Research and Michael Smith Foundation for Health Research.

<u>Key Data Points</u>

- The BC Coroners Service reports that at least 1,724 people died from a suspected illicit drug overdose up from 985 in 2019; 1,550 in 2018; 1,493 in 2017; 991 in 2016; and 529 in 2015.[ii]
- Between January 1 and February 28, 2021, 329 people died from a suspected illicit drug overdose. In February 2021, there were 155 suspected illicit drug toxicity deaths. This represent a 107% increase over the number of deaths occurring in February 2020 (75) and an 11% decrease over the number of deaths occurring in January 2021 (174). This is the largest number of suspected deaths ever recorded in the month of February.[iii]
- Postmortem toxicology results suggest that there has been a greater number of cases with extreme fentanyl concentrations in April-January 2021 compared with previous months (concentrations exceeded >50ug/L (micrograms/litre)). From April-January 2021, approximately 13% of cases had extreme fentanyl concentrations as compared to 8% from Jan 2019 to March 2020.[iv]

- The townships experiencing the highest number of illicit drug toxicity deaths in 2020 and so far in 2021 are Vancouver, Surrey, and Victoria.[v]
- In 2021, BC Coroners' data shows that 69% of those dying were aged 30 to 59. Males accounted for 81% of deaths in 2021.[vi]
- More in-depth BC Coroners' analysis from 2018 shows that people who use drugs alone (69%), regular substance users (77%)[vii] and people under community corrections supervision or within two years of release from a correctional facility (30%) are also disproportionally affected by overdose.[viii]
- In 2021, 88% of illicit drug toxicity deaths occurred inside (58% in private residences and 30% in other residences including social and supportive housing, SROs, shelters, and hotels and other indoor locations) and 11% occurred outside in vehicles, sidewalks, streets, parks, etc.[ix]
- Information from the *In Plain Sight Data Report* shows that between January and October 2020, there were 215 First Nations deaths due to illicit drug toxicity, which were 15.5 percent of the provincial total (1,386 deaths).[x]
- More First Nations people died in the first 10 months of 2020 than in the whole of 2018 (202 deaths), previously the worst year to date since the opioid emergency was declared.[xi]
- In the 2020 time period, First Nations died from overdoses at a 5.5 times higher rate than Other Residents (4.6 times higher for males;10.1 times higher for females). (XREF: EN2021-MMHA47 – First Nations and Indigenous Peoples – Overdose Response).[xii]
- Overdoses are being experienced across all socioeconomic strata, but deaths are more likely to occur in deprived groups, for example, opioid overdose patients interviewed in emergency departments are more likely than the general population to experience housing instability.
- Analysis from the BCCDC estimates that more than 6,000 deaths were averted since April 2016, thanks to the lifesaving supports that are now in place including scaling up distribution of naloxone, the establishment of more overdose preventions services, and improved access to opioid agonist treatment.

FINANCIAL IMPLICATIONS

- As part of the Provincial Overdose Emergency Response, MOH allocates $2.09 million per year for data analysis to support the overdose emergency response.

Approvals:
April 12, 2021 – Ally Butler, A/ADM, Strategic Priorities & Initiatives Division
April 19, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 27, 2021 – Dara Landry, Executive Lead, Corporate Services
May 2, 2021 – Christine Massey, Deputy Minister

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[ii] BC Coroners Service. (2021). *Illicit Drug Overdose Deaths in BC: January 1, 2010 – February 2021*. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf.
[iii] ibid.

[iv] BC Coroners Service. (2021). *Illicit Drug Toxicity Type of Drug Data to January 31, 2021*. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug-type.pdf.
[v] BC Coroners Service. (2021). *Illicit Drug Overdose Deaths in BC: January 1, 2010 – February 2021*. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf.
[vi] Ibid.
[vii] BC Coroners Service. (2018, September 27). *Illicit Drug Overdose Deaths in BC: Findings of Coroners' Investigations*. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicitdrugoverdosedeathsinbc-findingsofcoronersinvestigations-final.pdf
[viii] BC Coroners Service. (2018, April 5). *BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses*. Report to the Chief Coroner of British Columbia. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/bccs_illicit_drug_overdose_drp_report.pdf
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[x] BC Government. (2020). *In Plain Sight. Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. Data Report*. Retrieved from: https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf
[xi] ibid
[xii] ibid

ESTIMATES NOTE

TOPIC: Opioid Agonist Treatment

Issue: Fast tracking and increasing the number of people with opioid use disorder who are engaged and retained in treatment using opioid agonist treatment is a key priority in the provincial response to the overdose emergency.

Key Messaging and Recommended Response:

- **Opioid use disorder is one of the most challenging forms of substance use disorder.**
- **Fast tracking and increasing the number of people with opioid use disorder who are engaged and retained in using opioid agonist treatment is a key priority in the provincial response to the overdose emergency.**
- **The monthly number of people dispensed opioid agonist treatment increased by approximately 5,600 from January 2017 to the end of January 2021[i].**
- **The number of clinicians prescribing any form of opioid agonist treatment increased from 703 in January 2017 to 1,606 in January 2021[ii].**

KEY FACTS

Opioid Agonist Treatment

- Based on data as of September 20, 2020, it is estimated there are 101,451 people who have an opioid use disorder and 76,791 people with a diagnosed opioid use disorder in B.C. (up from 64,019 persons as of September 2018).
- Opioid agonist treatment (OAT) is an effective treatment for opioid use disorder (OUD). In BC, the Ministry of Health's (HLTH) PharmaCare program covers methadone (Methadose®, Metadol-D®, Sterinova®), buprenorphine/naloxone (Suboxone®), slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- To respond to concerns expressed by stakeholders, as of October 1, 2019 compounded methadone is available with exceptional special authority and is covered under PharmaCare, as a treatment option for people living with opioid use disorder. It is expected that patients will try Metadol-D plus one other of the three manufactured methadone products first as they are subject to Health Canada quality control and patient safety mechanisms required of manufacturers in Canada.

[i] PharmaNet, Health Sector Information, Analysis & Reporting Division, April 21, 2021
[ii] PharmaNet, Health Sector Information, Analysis & Reporting Division, April 21, 2021

ESTIMATES NOTE

- 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 administered by a prescriber who has completed the manufacturer's training course.

Efforts to Expand the Availability of OAT

- The Ministry of Mental Health and Addictions (MMHA) through the OERC and HLTH continues to work with partners to expand access to OAT and to address service gaps. The number of individuals on OAT and the numbers of providers continues to increase each month.
- In June 2017, the BC Centre on Substance Use (BCCSU) released *A Guideline for the Clinical Management of Opioid Use Disorder*, which replaced the College of Physicians and Surgeons of BC guideline. The guidelines have since been adopted nationally.[i]
- As of June 5, 2017, the BCCSU became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat OUD. Healthcare professionals from various disciplines have benefited from the education opportunities below, including physicians, nurses, pharmacists, social workers, and other allied health care professionals.
- On February 14, 2018, the College of Registered Nurses of BC introduced new standards that allow nurse practitioners to prescribe OAT.
- Between February 2019 and April 1, 2020, the BCCSU's Addiction Care and Treatment Online Certificate (ACTOC) has had more than 13,000 registrants. The previous Online Addiction Medicine Diploma program had more than 13,000 registrants from May 2017 to February 2019 before transitioning to ACTOC.
- Between July 2017 and April 1, 2020, more than 4,300 clinicians have enrolled in BCCSU's Provincial Opioid Addiction Treatment Support Program and are supported by 135 preceptors located across the province.
- Between July 2017 and April 1, 2020, more than 500 practitioners have completed training to prescribe opioid agonist treatments through the BCCSU; 107 are Nurse Practitioners; and, 50 prescribers have completed training in injectable opioid agonist treatment (iOAT).
- In September 2020, the Provincial Health Officer (PHO) issued an order authorizing registered nurses and registered psychiatric nurses to prescribe OAT, beginning with buprenorphine/naloxone. As of March 2021, RNs/RPNs have started prescribing Suboxone®.
- After engagement with provincial addictions operational leads, it has been identified that RN/RPN prescription of other OAT agents (i.e. methadone and slow-release oral morphine aka Kadian) be prioritized under this public health order.

Injectable Opioid Agonist Treatment (iOAT)

- A small portion of the OUD patient population will not respond successfully to these first-line medications. Injectable OAT (iOAT) treatments (hydromorphone or diacetylmorphine) offer a more intensive treatment alternative. In October 2017, the BCCSU released *Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder*. The guidelines provide recommendations for how iOAT can be introduced into clinical practice in order to prevent premature death from overdose and other imminent harms associated with ongoing injection drug use, while also engaging individuals in addiction treatment who have been otherwise unable to access or have not benefited from other forms of treatment.
- Diacetylmorphine has been used for treatment of opioid use disorder in other countries for many years. The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME), a BC study,

determined in April 2016 that injectable high-dose hydromorphone is as effective as diacetylmorphine for treatment of opioid use disorder.

- iOAT uses diacetylmorphine or hydromorphone administered in a highly structured clinical setting. BC has increased access to iOAT in all health authorities with the exception of Northern. Clinics are in all high-need communities as determined by overdose surveillance data, including Surrey, Kelowna, Victoria and multiple Vancouver locations.
- Since 2019, iOAT capacity increased by about 30% — from 304 across 6 sites (3 in Vancouver, 1 in Surrey, 1 in Kelowna, and 1 in Victoria) to approximately 391 across 10 sites (new sites in Vancouver, Abbotsford, and Prince George). Additionally, there is an iOAT site at the Dr. Peter Centre funded through Health Canada's Substance Use and Addiction Program which has capacity for 20-25.
- Health Canada recently simplified approvals and supply challenges, which had created barriers to accessing a reliable supply of diacetylmorphine. Some barriers still exist, and the federal government continues to work to resolve them. Supply to Crosstown Clinic has been available consistently. BC officials have been working with Health Canada to address the availability and commercial supply of diacetylmorphine.
- The cost of delivering iOAT varies depending on the approach, ranging from approximately $38,000 to $85,000 per patient per year[iii]. Factors impacting cost include the cost for drugs, pharmacy services, supervised injection, prescriber services, and care supports.

Tablet Opioid Agonist Therapy (TiOAT):

- TiOAT is an innovative model using supervised consumption of hydromorphone tablets via oral intake and/or injection and offers greater flexibility and autonomy than most iOAT clinics, with the aim of providing a treatment option for individuals who have not benefitted from oral OAT or iOAT. In January 2019, the Portland Hotel Society (PHS) launched a program at the Molson Overdose Prevention Site (OPS) in Vancouver using hydromorphone tablets as part of the iOAT continuum of care.
- In November 2019, government approved the expansion of TiOAT from 100 patients to 155 in Vancouver Coastal (including 25 recently in Fraser) and Interior Health Authorities. Two former TiOAT sites in Vancouver Coastal shifted to Risk Mitigation prescribing which reduced TiOAT-specific capacity numbers. Additionally, there is a TiOAT site recently established in Vancouver Island Health Authority funded through Health Canada's Substance Use and Addiction Program which has capacity for 25-50.
- An evaluation is being undertaken by the BC Centre on Substance Use to determine the effectiveness and safety of TiOAT programs.

Current Utilization/Accessibility of OAT

- In the month of January 2021, the number of patients dispensed any form of opioid agonist treatment was 23,965.[iv]
- The number of health care providers prescribing opioid agonist treatment increased from 703 in the month of January 2017 to 1,606 in the month of January 2021[v].

Current Drug Costs [vi](Average daily drug cost in January 2021):

- Buprenorphine/naloxone: average $4.45/pt/day
- Hydromorphone 8 mg tablets: average $3.69/pt/day

[iii] PharmaNet, Health Sector Information, Analysis & Reporting Division, April 21, 2021
[iv] PharmaNet, Health Sector Information, Analysis & Reporting Division, April 21, 2021
[v] PharmaNet, Health Sector Information, Analysis & Reporting Division, April 21, 2021
[vi] PharmaNet, Health Sector Information, Analysis & Reporting Division, April 21, 2021

- Kadian: average: $18.37/pt/day
- Methadone: average $1.35/pt/day
- Injectable hydromorphone: average $50.53/pt/day

FINANCIAL IMPLICATIONS

- HLTH's BC PharmaCare program covers the province's OAT and iOAT drug costs – please refer questions concerning PharmaCare to HLTH.
- With the Overdose Emergency funding provided in Budget Update 2017, MOH is providing approximately $12.3 million in 2020/21 to support the current injectable OAT program at the VCHA Crosstown Clinic, injectable OAT expansion in the lower mainland and OAT in correctional facilities through the PHSA.
- The Canada-British Columbia Mental Health and Addictions Services Funding Agreement allocates $16 million in 2021/22 to support increasing injectable OAT services.
- The Canada-British Columbia Emergency Treatment Fund Bilateral Agreement allocates $2.0 million in 2021/22 for injectable OAT expansion.

Approvals:
April 12, 2021– Ally Butler, A/ADM Strategic Priorities & Initiatives
April 12, 2021 – Christine Voggenreiter obo Martin Wright, ADM, Health Sector Information, Analysis and Reporting
May 20, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
May 21, 2021 – Dara Landry, Executive Lead, Corporate Services
May 24, 2021– Christine Massey, Deputy Minister

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[i] BCCDC. (2017). *A Guideline for Clinical m=Management of Opioid Use Disorder*. Available at: https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf.

ESTIMATES NOTE

TOPIC Overdose Emergency Response Centre

Issue: The Overdose Emergency Response Centre's coordinated response

Key Messaging and Recommended Response:

- **The response to the provincial overdose crisis remains a priority for our ministry and the continuing public health emergency requires that we continue to evolve and escalate our actions.**
- **The Overdose Emergency Response Centre (OERC) is a critical part of the province's coordinated response to the emergency and provides province-wide planning and coordination support.**
- **We value our partnerships and through our work in supporting people with lived and living experience, we continue to learn from their expertise and ensure our illicit drug toxicity emergency response is even more effective in saving lives and connecting people to services and supports they need and deserve.**
- **As part of A *Pathway to Hope,* we will continue to escalate our response to the overdose emergency to ensure that communities have access to crucial life-saving services such as increased access to take-home naloxone, overdose prevention services, and flexible treatment services and supports.**
- **We will also work to reduce stigma and enhance programs by working with our partners to engage the people most affected through a provincial network of people with lived experience and peer support coordinators in each regional health authority and community action teams (CATs) in 36 high priority communities.**

KEY FACTS

Background/Status:

- As part of the Ministry of Mental Health and Addictions, the Overdose Emergency Response Centre (OERC) was established in December 2017 to act as a coordination centre in the provincewide overdose response. It has 13 staff: 10 Public Service Agency employees and 3 secondees.
- The OERC partners with and provides support to health authorities, frontline workers, peers, agencies, and organizations and local, regional and First Nations governments from across the province who are helping save lives and connecting people to treatment and recovery services.
- The OERC continues to help the province escalate its response to the overdose emergency by providing essential co-ordination, planning, oversight, and data-gathering supports. The

OERC will be a fundamental part of our work for as long as it is required.

- The strategic priorities of the OERC include: prescribed safe supply, nurse prescribing, expanding access to overdose prevention services and low-barrier treatment services, peer network engagement and capacity building, rural and indigenous led strategies, municipal engagement, stigma reduction, surveillance, monitoring and evaluation and innovation and research.

OERC Work to Date:

- The OERC continues to work closely with the First Nations Health Authority in implementing its *Framework for Action* to respond to the illicit drug toxicity emergency. This framework supports immediate initiatives including expansion to naloxone training for First Nations communities; peer to peer engagement to support persons using substances with better health care access and stigma reduction; increased access to opioid agonist therapy in rural and remote communities; telehealth services to increase access to culturally safe pharmacy services; and a peer support and outreach program to assist men and women transitioning from corrections to community.
- The OERC has established 36 Community Action Teams in high priority communities and has invested in 62 innovation grants to bolster work at the community level.
- It has successfully worked in partnership with Health Authorities through Regional Response Teams on fast tracking a comprehensive package of interventions, including increasing availability of Naloxone, expanding overdose prevention services – drug checking, increasing proactive follow-up support for people at high risk of drug poisoning, and expanding access to treatment.
- The OERC and in partnership with the Ministry of Health and regional health authorities, continues to look at innovative ways to expand access to pharmaceutical alternatives to the unregulated and toxic drug supply [ref: Estimates Note: Prescribed Safe Supply] and advance nurse prescribing initiatives [ref: Estimates Note: Nurse Prescribing].
- In response to dual public health emergencies, the OERC has been involved in spearheading a number of initiatives, including new clinical guidance published with the BC Centre on Substance Use (BCCSU) titled *Risk Mitigation in the Context of Dual Public Health Emergencies*[i], in partnership with the BC Centre for Disease Control (BCCDC) published the *Provincial Episodic Overdose Prevention Services (e-OPS) Protocol*[ii], and funding and working in partnership with the Provincial Health Services Authority on the Lifeguard mobile application on May 20, 2020[iii].
- The OERC, in partnership with BCCDC, has built a comprehensive surveillance and data analytics system to ensure that we are making decisions on the best evidence available.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The OERC's operating budget is $2 million per year approximately - $1.5 million is provided through the Ministry of Mental Health and Addictions for direct operating expenditures and $0.5 million is provided through the Ministry of Health for the regional health authority leads.
- Health Authorities are recovering costs from the Ministry of Mental Health and Addictions for staff seconded to the OERC.

ESTIMATES NOTE

Approvals:
April 12, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities & Initiatives
April 16, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

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ESTIMATES NOTE

TOPIC: Responding to the Overdose Emergency in British Columbia

Issue: British Columbians continue to experience unprecedented rates of harm due to an unregulated drug supply that is unpredictable and highly toxic.

Key Messaging and Recommended Response:

- **British Columbians are experiencing unprecedented rates of harm due to an illicit drug supply that is unpredictable and highly toxic.**
- **In June 2019, the Ministry of Mental Health and Addictions launched *A Pathway to Hope*, a roadmap to improve mental health and addictions care for people in British Columbia. This includes continued focus on overdose emergency response.**
- **The Ministry's Overdose Emergency Response Centre leads the implementation of a comprehensive package of essential health sector interventions and strategies for a supportive environment. These strategies include working with five Regional Response Teams and establishingCommunity Action Teams in 36 communities most impacted by the overdose emergency to lead coordinated, local efforts to address the public health emergency.**
- **Our estimates tell us that 6,000 deaths were averted since April 2016 thanks to the life-saving interventions we have been scaling up including access to naloxone, overdose prevention services, and improved access to opioid agonist treatment.**
- **A $45-million investment over the next three years will extend and enhance the overdose funding through Budget 2021 with a focus on key areas:**
  - **overdose prevention services, including inhalation, and harm reduction supplies,**
  - **increased access to nursing care and interdisciplinary outreach teams.**

KEY FACTS

- In 2020, there were at least 1,724 suspected illicit drug toxicity deaths. This is the most deaths in a single year to date and also represents a 75% increase over the number of deaths seen in 2019 (985).[i]

ESTIMATES NOTE

- In January and February 2021, 329 people died from suspected illicit drug toxicity. In February 2021, there were 155 suspected illicit drug toxicity deaths. This is the largest number of suspected deaths ever recorded in the month of February. [ii]
- Data shows that the overdose emergency disproportionately affects status First Nations[iii], men, people between 30 and 59 years old, and people who use drugs indoors, alone, and regularly[iv].

Provincial Response to the Overdose Emergency

- In December 2017, MMHA escalated the response by establishing the Overdose Emergency Response Centre (OERC) to spearhead urgent action on the ground to save lives and connect people with opioid use disorder to treatment recovery services through the implementation of a comprehensive package of essential services for overdose prevention in British Columbia *(cross ref: Overdose Emergency Response Centre)*.[v]
- The package includes the following essential health sector interventions: naloxone; overdose prevention services; acute overdose risk case management; and treatment and recovery.
- The package includes the following essential strategies for a supportive environment: social stabilization; peer empowerment and employment; cultural safety and humility; and addressing stigma, discrimination, and human rights.
- The OERC also collaborates with the First Nations Health Authority, five Regional Response Teams as well as 36 Community Action Teams established in high-need communities across the province.
- The OERC continues to engage trades in partnership with Regional Health Authorities, Worksafe BC, Industry partners and the BC Centre on Substance Use (BCCSU).
- MMHA and in partnership with the Ministry of Health and regional health authorities, continues to look at innovative ways to expand access to pharmaceutical alternatives to the unregulated and toxic drug supply *(cross ref: Prescribed Safe Supply)* and advance nurse prescribing initiatives *(cross ref: Nurse Perscribing).*

Dual Public Health Emergencies

- British Columbia declared a public health emergency on March 17, 2020 due to spread of COVID-19. This public health emergency compounds the risks and harms people who use drugs already face, due to the public health emergency declared in 2016 in response to the rise in illicit drug toxicity poisoning and deaths.
- Overdose prevention and supervised consumption services are exempt from the Provincial Health Officer's order of no gatherings, as they are clinical spaces providing essential services[vi].
- To reduce the spread of COVID-19, the BC Centre for Substance Use (BCCSU) with the support of the Province of BC, issued the interim clinical guidance document: *Risk Mitigation in the Context of Dual Public Health Emergencies*[vii] on March 26, 2020 *(cross ref: Perscribed Safe Supply).*The guidance supports people who are at risk of COVID-19 infection, people who have a confirmed infection or a suspected case pending diagnosis and people who have a history of substance use, including opioids, stimulants, alcohol, benzodiazepines or tobacco.
- On May 6th, 2020, the *Provincial Episodic Overdose Prevention Services (e-OPS) Protocol*[viii] was published on the BCCDC website to provide step by step guidance to health and social service sectors for safely observing the consumption of substances to support safety and dignity outside of established SCS/OPS locations.
- On May 20th, 2020, the Provincial Health Services Authority launched the Lifeguard mobile application[ix] which is intended to reduce the risk of fatal overdose for individuals using alone and for those who have access to a cell phone with WIFI and/or data. As of March 1, 2021, there were 30,113 total app sessions, with 3,705 total app users. To-date Lifeguard usage has

prompted 60 emergency responder calls resulting in 14 illicit drug toxicity poisoning reversals, six false alarms, 40 confirmed OK call-backs and zero deaths.

- Recently, there have been calls to the Provincial Health Officer to announce overdose deaths in the same way as COVID-19 deaths. The BC Coroner reports on overdose deaths monthly as it takes time to identify the factors that contributed to the deaths – including toxicology and other information that is essential to our understanding of how to prevent these deaths.

Key Interventions

- As of March 16, 2021, 45,032 THN kits have shipped to sites in 2021. 272,934 kits were shipped to sites in 2020, 232,312 kits in 2019, 195,696 kits in 2018, and 140,748 kits in 2017. Since the program started, 86,408 kits have been used to reverse an overdose *(cross Naloxone).* [x]
- Locations providing SCS and OPS had 570,825 visits in 2020, compared to a total of 853,626 visits during 2019 (680,190 in 2018) with 2,826 illicit drug toxicity poisonings survived in 2020, (compared to 4,792 illicit drug toxicity poisonings survived in all of 2019 and 4,117 in 2018).[xi] It's been noted that decreased visitor volumes in 2020 and into 2021 may be attributed to COVID-19 measures (reduced capacity of sites to avoid face-to-face contact, longer waits, shorter hours, and clients practicing physical distancing) *(cross ref: Supervised Consumption and Overdose Prevention Services).*
- The number of individuals on opioid agonist treatment (OAT) and the number of providers continue to increase each month. In the month of January 2021, the number of patients dispensed any form of opioid agonist treatment was 23,965.[xii]

Measuring Success

- Available evidence suggests that our approach is working. It is estimated there were over 6,000 deaths averted between 2016 and 2019 thanks due to the life-saving supports that are now in place including scaling up distribution expansion of naloxone, the establishment of more overdose prevention services, and improved access to opioid agonist treatment.
- The Ministry of Mental Health and Addictions (MMHA) is leading a two-year performance evaluation of the provincial response to the overdose emergency, through the Michael Smith Foundation for Health Research. The evaluation is being conducted as a collaborative effort by three companies, InSource, Penny Cooper & Associates, and Reichert & Associates. The final report is due to MMHA in April 2021.

FINANCIAL IMPLICATIONS

- See Overdose – Financial Overview

Approvals:
April 21, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities & Initiatives
April 26, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

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ESTIMATES NOTE

TOPIC Prescribed Safe Supply

Issue: Prescribed safe supply of pharmaceutical alternatives will expand the continuum of care.

Key Messaging and Recommended Response:

- **People with substance use-related challenges deserve access to effective medical treatment. We know that what may work for one person, may not work for another, which is why we are working on an array of options – all of which are prescription alternatives requiring medical supervision within the current legal framework.**
- **Prescribed safe supply is about increasing access to medically supervised prescription alternatives to the toxic and unpredictable illegal drug supply. Providing safer alternatives to the illegal street supply can serve to stabilize people so they can be linked to additional care if they choose.**
- **Patient and community safety are at the core of this work.**
- **Increasing access to prescribed safe supply is part of the broader continuum of care and is important to reduce stigma and to understand the treatment of addiction as a health issue.**

KEY FACTS

Background/Status:

- After seeing a steady decline in 2019, BC Coroners Service (BCCS) data for 2020 shows an alarming increase with 1,724 deaths from a confirmed or suspected illicit drug toxicity with 13% cases with extreme fentanyl concentrations; another 329 deaths occurred in January and February, 2021, the highest number ever recorded during this period.
- Prescribed safe supply creates safer options for people who have been unsuccessful with traditional treatment methods. These alternatives exist along a continuum, anchored at one end by programs designed with as few barriers as possible (e.g., flexible eligibility requirements, unobserved dosing), and highly-clinical models of opioid agonist treatment (OAT) on the other end (e.g., multiple witnessed daily doses).
- Alternatives are meant to provide low-barrier, flexible options, do not carry the expectation that people will enter treatment or reduce overall substance use, and support people's autonomy in less clinically-intensive settings.

  <u>Prescribed Safe Supply:</u>

  - In September 2020, the Province of British Columbia announced that a policy directive would be developed to increase access to pharmaceutical alternatives to the toxic illicit drug supply. This policy is a public health-oriented, targeted health system-level

intervention and is part of a comprehensive package of essential or innovative health sector interventions that guide comprise the response to the Illicit drug toxicity crisis.

- This policy supports prescribing medication alternatives to illegal opioids and stimulants to people at risk of unintentional overdose. This policy is meant to help separate individuals' reliance on the highly toxic illicit drug supply with the goals of reducing drug toxicity injuries and deaths, enhancing connections to health and social supports, and creating equity access to pharmaceutical alternatives.
- This policy directive is currently under development and is a shared responsibility of the Ministry of Mental Health and Addictions, Ministry of Health, and the Office of the Provincial Health Officer.

Tablet Opioid Agonist Therapy (TiOAT):

- Tablet injectable opioid agonist treatment (TiOAT) is a program model of "as needed" medication for treatment of opioid use disorder and is a lower barrier, more flexible alternative to traditional iOAT. In January 2019, the Portland Hotel Society (PHS) launched a program at the Molson Overdose Prevention Site (OPS) in Vancouver using hydromorphone tablets as part of the iOAT continuum of care.
- Based on the success of the pilot at the Molson OPS, in 2019, government approved the expansion of TiOAT in Vancouver Coastal and Interior Health Authorities (Kamloops), and in Fraser Health in 2020. In 2020 Island Health received funding from Health Canada to offer a TiOAT program in the Cowichan Valley on Vancouver Island. Planning is underway to establish a combined TiOAT/iOAT program in Prince George.

MySafe:

- Canada's first automatic dispensing machine pilot project, MySafe, was launched in December 2019 in Vancouver. MySafe was providing about 15 clients with hydromorphone tablets on a pre-determined schedule through a biometrically accessible dispensing machine. Until recently, this project was privately funded. In March 2021, Health Canada announced that the MySafe project will receive nearly $3.5 million to expand this project to five sites across four Canadian cities.[1]

SAFER Programs:

- Vancouver Coastal Health (VCH) has been funded by Health Canada's SUAP for $5M over four years for their *Safer Alternatives for Emergency Response* (SAFER) proposal to pilot the expansion of the existing continuum of addiction care to include a low-barrier and flexible public health-oriented safer supply of pharmaceutical alternatives to toxic street drugs, while connecting people to wrap around care.[2]
- Health Canada has also provided additional funding for the SAFER program run by AIDS Vancouver Island in Victoria, BC.

Risk Mitigation in the Context of Dual Public Health Emergencies:

- This interim guidance document was released by the BC Centre on Substance Use on March 26, 2020, with the support of the Province. In cases where patients' risk cannot be lowered with standard evidence-based approaches, the document provides guidance for prescribing substances to support COVID-19 related self-isolation or physical

[1] News Release: *Government of Canada supports expansion of innovative safer supply project to operate in four cities across Canada.* Available at:https://www.canada.ca/en/health-canada/news/2021/03/government-of-canada-supports-expansion-of-innovative-safer-supply-project-to-operate-in-four-cities-across-canada.html.
[2] News Release: *Government of Canada supports four safer drug supply projects in BC*. See: https://www.canada.ca/en/health-canada/news/2021/02/government-of-canada-supports-four-safer-drug-supply-projects-in-british-columbia.html .

distancing - including prescription alternatives to the illegal drugs including opioids, stimulants, benzodiazepines, alcohol and nicotine.

- Provincially there was an 391% (677 to 3,329) increase in the number of people receiving hydromorphone in February 2021 compared to March 2020.
- According to the initial findings from the administrative data from the CIHR funded mixed methods evaluation, just under 6,000 people were identified as receiving a risk mitigation guidance prescription between March 27, 2020 – February 28, 2021. Approximately 3,800 received a prescription for an opioid. Further analysis of the findings of this evaluation will be forthcoming.

Budget 2021 Support for Prescribed Safe Supply/Pharmaceutical Alternatives

- Health authorities to leverage existing programs and/or create new programs to provide regional service access hubs and outreach teams to support prescribing.
- Ongoing evaluation of the implementation and clinical impacts on the health and safety of patients.
- Development of clinical protocols and guidance based on emerging evidence.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 continues Budget 2017 and Budget 2019 funding towards the response to the provincial overdose emergency, including the following investments in prescribed safe supply through 2023/24
    - $24 million to Plan G suboxone/methadone
    - $26 million to Slow Release Oral Morphine (SROM)
    - $11.8 million to Injectable Opioid Agonist Treatment (iOAT)
    - $11.3 million to Opioid Agonist Treatment (OAT) in correctional facilities
- With funding from the Canada-British Columbia Home and Communality Care and Mental Health and Addictions Services Funding Agreement, $48 million through 2023/24* has been allocated to increase access to iOAT and TiOAT services.
- With funding from the Canada-British Columbia Emergency Treatment Fund Bi-lateral Agreement, $2 million has been allocated for iOAT treatment expansion.

*It is expected that the Federal Home and Community and Mental Health and Addictions Services agreement will be renewed for the final 5 years (2022/23 to 2026/27) of the 10-year bi-lateral agreement

Advice/Recommentations; Government Financial Information

Approvals:

April 15, 2021 - Ally Butler, A/Assistant Deputy Minister, Strategic Priorities & Initiatives
April 28, 2021 - Dara Landry, Executive Lead, Corporate Services and Financial Accountability
May 2, 2021 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Supervised Consumption Services and Overdose Prevention Services

Issue: Ensuring access to supervised consumption and overdose prevention services remains a priority in the provincial response to the overdose emergency.

Key Messaging and Recommended Response:

- **Overdose prevention and supervised consumption services provide people who use drugs with a space to consume their drugs under the supervision of someone trained to administer naloxone and provide other emergency first aid services.**
- **Evidence shows that overdose prevention services reduce harms, public disorder, unsafe injecting, and public injecting, and promote access to health and social services including increased uptake of substance use treatment.**
- **As of February 2021, there are currently 38 supervised consumption and overdose prevention service locations in BC, including 12 sites providing observed inhalation services.**
- **In 2020, there were 570,825 visits to these services and 2,826 illicit drug toxicity poisonings survived.**
- **MMHA is concerned about the decreased visitor volumes attributed to COVID measures and is working closely with health authorities on a strategy to increase utilization given the highly toxic drug supply.**
- **Our estimates tell us that more than 6,000 deaths have been averted since April 2016 thanks to the life-saving interventions like naloxone, overdose prevention services, and opioid agonist treatment.**

KEY FACTS

Background/Status:

- COVID-19: Overdose prevention and supervised consumption services (OPS/SCS) are essential health sector interventions and have remained open with new protocols and safety measures to adhere to PHO guidance during the COVID-19 Pandemic.
- Supervised consumption services are provided through a Health Canada exemption to *the Controlled Drugs and Substances Act* which can be applied for by service providers.
- Evaluations show that SCS are effective in reducing public disorder, unsafe injecting and public injecting [i], infectious disease risk behaviours (e.g., needle sharing)[ii], and illicit drug poisoning morbidity and mortality[iii], as well as in promoting access to health and social services including increased uptake of substance use treatment[iv].

- A peer-reviewed economic evaluation of Insite found that the service was cost-effective due to improved health outcomes primarily due to averted cases of HIV infection.[v]
- Health Canada has provided nine exemptions under the *Controlled Drugs and Substances Act* authorizing the establishment and delivery of SCS in BC.[vi]
- In July 2017, the BC Centre on Substance Use released operational guidelines for SCS based on available scientific evidence, policies, and procedures in place in BC.[vii]
- In December 2016, the BC Minister of Health issued Ministerial Order M488 under the authority of section 5.2 of the *Emergency Health Services Act* and section 7.1 of the *Health Authorities Act* that allowed for the establishment of OPS.[viii]
- The order ensures that BC Emergency Health Services and health authorities can provide OPS on an emergency basis for the duration of the public health emergency. However, OPS are no longer seen as a temporary measure.
- In January 2017, the BC Centre for Disease Control (BCCDC) released revised operation guidelines for regional health authorities and service providers related to the provision of OPS.[ix]
- As of February 2021, there are currently 38 SCS/OPS locations across the province, including 12 locations providing observed inhalation services. Other forms of OPS exist in a wide range of settings including housing-based services and pop-up/temporary services.[x]
- Data released by the BC Coroner's Service shows inhalation to be the most common mode of consumption implicated in illicit drug toxicity deaths in BC since 2017.[xi]
- In May 2020, the BCCDC released the *COVID-19: Provincial Episodic Overdose Prevention Services (e-OPS) Protocol*[xii] which provides step-by-step guidance for health and social services staff to observe substance use and respond to illicit drug toxicity poisoning outside of designated or fixed locations offering SCS or OPS services in the context of COVID-19.
- Health Authorities are working to implement the e-OPS protocol at sites across the province and the service is available in Cranbrook as well as at an indigenous-specific e-OPS in Vancouver's Downtown Eastside.
- There were 570,825 visits to an OPS/SCS in 2020, compared to a total of 853,626 visits during 2019 (680,190 in 2018) with 2,826 illicit drug toxicity poisonings survived in 2020, (compared to 4,792 illicit drug toxicity poisonings survived in all of 2019 and 4,117 in 2018).[xiii]
- Visits to OPS/SCS services were down by over 50 per cent in April and May 2020 and continued to be down 25 per cent up to December 2020 compared to the same month in 2019. Decreased visitor volumes may be attributed to COVID-19 measures (reduced capacity of sites to avoid face-to-face contact, longer waits, shorter hours, and clients practicing physical distancing).
- In the month of February 2021, there were 45,405 visits which is up 39% from April 2020.
- There has never been a death at an SCS or OPS site in BC.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 will commit $45 million over the next three years (2021/22 to 2023/24) to sustain the accelerated overdose response measures undertaken in 2020/21.
- Budget 2021 continues previously committed Provincial Overdose Emergency Response funding with $12.28 million allocated annually to the regional health authorities for overdose prevention and supervised consumption services.
- In response to COVID-19 pandemic the Province provided additional one-time funding of $10.5 million in 2020/21 to support Regional Health Authorities to accelerate access to overdose

prevention services, pharmaceutical alternatives to the illicit drug supply and expand outreach teams.

Approvals:
April 12, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities and Initiatives
April 15, 2021 –Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 28, 2021 – Dara Landry, Executive Lead, Corporate Services
May 2, 2021 – Christine Massey, Deputy Minister

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ESTIMATES NOTE

TOPIC Workforce planning for the Mental Health and Substance Use sector

Issue: Workforce planning for mental health and substance use care requires a cross-sector, all of government approach to ensure we can deliver on our commitments to improve 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 addictions workers and Indigenous Elders.**
- **My Ministry is working with other ministries and employers to better understand the existing workforce challenges and opportunities as we implement the 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.**
- **People with lived and living experience have been at the forefront of innovation in the face of the overdose crisis. We are enhancing peer support programs by creating training resources, establishing peer networks, and hiring coordinators across BC.**

KEY FACTS

- The entire mental health and substance use 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 the life span.
- The workforce that delivers mental health and substance (MHSU) services comes from a variety of settings: K-12, post-secondary, health, and justice system. Beyond doctors and nurses, our workforce includes counsellors, peer support, Elders youth outreach workers, and mental health and addictions workers.
- We are working to better understand workforce challenges including:
  - 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

  - 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 is using GBA+ lens to analyze how workforce, policy, and service delivery changes affect different groups of people, including Indigenous peoples and women.
- Developing workforce capacity includes embedding cultural safety and humility, trauma informed practice, and person-centred 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. Currently we are developing training resources and practice standards that are accessible and evidence-based.

COVID-19

BC is responding to two public health emergencies: the COVID-19 pandemic and the overdose emergency. As a result, the social service workforce delivering community-based mental health and substance use services is experiencing a heightened level of strain. The following consideration have emerged:

- *Draw of health system*: An estimated 9,082 social service employees work in health sector facilities, including hospitals, urgent care centres, long term care and community health. This represents 20% to 25% of the sector workforce. Social services providers were already competing with the health sector for the same workers at lower pay rates.
- *Increased demand/caseload*: Client needs, in some cases, have increased due to the pandemic. Further, adapted services to meet physical distancing and other health directives require additional staff to provide comparable day and residential supports (e.g. more shifts and more staff per clients).
- *Loss of employees*: Low-paid social service workers who may have experienced job loss due to lack of operational funds from fundraising, grants, etc.
- *Burn out*: Burn out in the social sector was high before COVID-19 and may be exacerbated following the end of the state of emergency.
- *Access to technology and training*: Many service providers are having to adapt to provide virtual support and there is a gap in access to the required equipment (computers, cell phones), and a gap in many staff's ability to use these tools (lack of training, etc.).

FINANCIAL IMPLICATIONS

- N/A

Approvals:

April 12, 2021 - Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 15, 2021 - Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Mental Health and Addictions – Evaluation and Monitoring

Issue: Performance Monitoring and Evaluation for *A Pathway to Hope*

Key Messaging and Recommended Response:

- **The ministry is committed to monitoring progress on implementation of *A Pathway to Hope.***
- **We work closely with partner minsitries and the delivery sector to track initiatives and key measures to understand the impact on people in BC.**
- **Government will publicly report progress on *A Pathway to Hope.***
- **We did not produce the first public report in 2020 as planned due to our attention being focused on COVID-19 and standing up additional mental health and substance use supports.**
- **A public report on our progress across the first two years of Pathway to Hope implementation will be released this year.**
- **Our work is guided by a performance monitoring and evaluation framework that has been developed with cross sector partners.**
- **This framework includes performance measures to track implementation of activities in *A Pathway to Hope's* action plan as well as measures aligned with national and provincial partners to assess outcomes for people and the system over the 10-year span of *A Pathway to Hope*.**
- **Using Gender Based Analysis + approach, this framework will provide insight on how BC is narrowing the gap in outcomes among key population groups.**

KEY FACTS

Background/Status:

- Performance monitoring and evaluation are crucial to understanding the impact of new interventions on outcomes for people, as well as measuring improvements in how programs and services reach, engage and respond to people, families and communities.
- There is a lack of understanding in BC on how well people living with mental health and addictions issues are reached, engaged and retained in services and supports. In addition, there is a gap in understanding how outcomes are impacted by new policies and programs.
- The Ministry of Mental Health and Addictions (MMHA) has developed a performance monitoring and evaluation framework for the Pathway to Hope.

- The aim is to create a learning health system where this intelligence continuously feeds into the policy and planning process to guide implementation of the Roadmap.
- This approach was developed in collaboration with cross-government partners, as well as Indigenous partners and experts in the province.
- To monitor implementation of the activities in the Pathway to Hope action plan, we measure new staff hired, number of people reached with new services, reach of training or education, and impact of new activities felt by clients, families, and service providers. Initiative-specific deliverables, outputs, and short-term outcomes for each of the priority actions are measured and monitored through internal progress reports which are produced twice per year.
- To monitor the 10-year outcomes detailed in the Pathway to Hope, we have aligned with existing bodies like the Canadian Institute for Health Information, the Mental Health Commission of Canada and BC's Provincial Health Officer to identify a set of population and system outcome measures. This includes things like self-reported mental health, prevalence of common mental health disorders, community and school connectedness, hospitalizations, wait times, and monitoring improvements in identifying people earlier in the course of their mental health or substance use issue. We will collect updated data on these measures every two years.
- As part of this monitoring, we will continue to measure the impact of the overdose response, tracking the number of deaths averted due to enhanced harm reduction services, retention in opioid use disorder treatment, and peer engagement.
- We will seek to measure the experience people have in accessing services, to ensure services are respectful and non-stigmatizing, culturally safe, and trauma informed.
- Using a Gender Based Analysis + approach, this framework will provide insight on BC is working towards narrowing the gap in outcomes among key population groups.
- Evaluation of the strategy over time will illustrate how the Roadmap improves the quality and reach of services over time in different populations. It will use cross sector data to understand how people experience care across service sectors such as education and housing, and transitions between services.

FINANCIAL IMPLICATIONS

- N/A

Approvals:
April 12, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Research Overview

Issue: Supporting the Ministry of Mental Health and Addictions mandate through evidence and partnerships with BC researchers

Key Messaging and Recommended Response:

- **High quality evidence is important to support continuous improvement of mental health and addictions services.**
- **The Ministry is working with academic institutions, research organizations, service delivery partners and people with lived experience to identify priorities for mental health and substance use research.**

KEY FACTS

Background / Status:

- The Ministry of Mental Health and Addictions (MMHA) is working with the BC mental health and substance use research community to inform implementation of the Pathway to Hope, response to the overdose emergency and mental health and addictions challenges presented by the COVID-19 pandemic in BC.
- MMHA is working to translate existing evidence into policy and practice, and generate new intelligence from academic research.
- Research supports continuous improvement of mental health and addictions services, and improves the experiences of British Columbians interacting with the mental health and addictions system of care.
- BC researchers continue to attract research funding from a range of organizations to support the development of BC-relevant solutions to mental health and substance use issues.
- MMHA staff participate on advisory teams or have lent written support to research funded by various funding partners, including Canadian Institutes of Health Research and Michael Smith Foundation for Health Research.

<u>Mental Health and Addictions Research Agenda:</u>

- While there is robust evidence for some key interventions and significant, local evidence on key populations, an opportunity exists to develop the evidence Government needs to inform future policy.
- MMHA is undertaking a project to identify key gaps in knowledge related to system improvements for mental health and substance use and prioritize which are the most relevant and acute for BC over the next three years.
- The project aims to:
    - Close gaps in system evidence;
    - Improve partnerships among researchers, service providers and cross sector government partners;

  - Capitalize on various BC and national funding opportunities for mental health and substance use; and
  - Improve the adoption of evidence into mental health and substance use policy and planning across sectors.
- This project is being carried out in partnership with cross-government partners, researchers and research institutions, First Nations, Métis and other Indigenous people and organizations, service providers, funders, and people with lived and living experience, their families and caregivers.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- $2.09 million per year from the Overdose Emergency budget allocation provided in the Ministry of Health Budget Update 2017 is targeted towards data-analysis.

Approvals:

April 12, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy & Planning
April 19, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 27, 2021 – Dara Landry, Executive Lead, Corporate Services
April 30, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Agricultural Land Commission Regulations Overview

Issue: Impact of Agricultural Land Commission Regulations on treatment and recovery services.

Key Messaging and Recommended Response:

- **The Agricultural Land Reserve (ALR) is a provincial land use zone, making up less than 5 percent of the Province's land base, whose priority use is farming. Decisions on applications for non-farm use of the ALR are up to the Agricultural Land Commission (ALC).**
- **The ALC is an independent administrative tribunal — arm's length from government. Government does not interfere in the decision-making process.**
- **The Ministry of Agriculture, Food and Fisheries is responsible for reviewing and determining appropriate legislative and regulatory changes that meet its responsibility to help farmers farm and protect farmland.**
- **Our focus is on what we can do to ensure that we are investing in a range of treatment and recovery services.**
- **We remain committed to working with the Carrier Sekani Family Services to identify solutions to this situation and help ensure the development of a year-round live-in treatment facility. While the decision is disappointing, this does not change our commitment to proceed with this project.**
- **We are working across government and with all partners to provide a full spectrum of treatment and recovery options so that people can find the right support where and when they need it.**

KEY FACTS

Background/Status:

- The Agricultural Land Commission (ALC) is an independent administrative tribunal comprised of appointed Commissioners that are responsible for administering the *Agricultural Land Commission Act* (the "ALC Act"). The purposes of the ALC are:
  - To preserve agricultural land;
  - To encourage farming in collaboration with other communities of interest; and

  - To encourage local governments, First Nations, the government and its agents to enable and accommodate farm use of agricultural land and uses compatible with agriculture in their plans, bylaws and policies.
- The Agricultural Land Reserve Use Regulation ("the Regulation") sets out some permitted non-farm uses of agricultural land, as well as other farm uses, including wineries, storage, packing and processing of farm products and farm retail sales.
- Part 3 of the Regulation identifies permitted non-farm uses that may be linked to agriculture but have low-impact on the land base. Examples include home-based business, kennels and breeding facilities, and education/research (not schools).
- ALR landowners who wish to pursue other uses or to subdivide their property must make an application under the ALC Act and secure approval from their local government or First Nation government as applicable and the ALC.
- The ALC Act's limits on non-farm uses of ALR land can pose challenges for new or existing supportive recovery services located on ALR land seeking to initiate, redevelop or expand their facilities.

Carrier Sekani Treatment Centre

- Carrier Sekani Family Services (CSFS) currently delivers a 28-day adult in-patient treatment program between the months of May and October at a facility located at Ormond Lake (approximately 25 km northwest of Vanderhoof).
- First Nations Health Authority (FNHA) has committed $5.75 million for the replacement of the existing treatment facility. The funding comes from a $40M fund from FNHA and the Province, with each contributing $20M.

Advice/Recommentations; Government Financial Information

- As the site is located within the ALR, CSFS required approval by the ALC for a non-farm use application in order to redevelop the property.
- Since the existing property operated as a recreational resort prior to the creation of the ALR, the property can continue to be used as a resort. However, no change of use or expansion of non-farm use is permitted without an application to the ALC.
- In March 2021, the ALC denied the proposal made by CSFS to redevelop the property, as the application did not demonstrate that agricultural activity will occur on the site. The ALC would allow for an alternate proposal where CSFS uses only the existing buildings on the property (i.e., cabins) for a new treatment centre, though will not allow the construction of new buildings.

ALC Impacts on other Treatment and Recovery Services

- In 2019, the ALC issued a decision denying an application from Fraser Valley Gleaners to allow Adult and Teen Challenge Society of B.C. the use of a house, existing accessory buildings, and surrounding area as a location for a supportive recovery home. The ALC's denial noted that the proposed supportive recovery residence should be located on lands outside of the ALR, on parcels that are not designated for agricultural use.
- In 2019, the ALC denied a non-farm use application from Luke 15 House (a non-profit charity that provides support for men recovering from addiction) to use a five-acre property in the Township of Langley. The application was denied as the ALC determined the primary use of the land was intended for supportive recovery and secondary agricultural use.

ESTIMATES NOTE

New Proposed Changes

- In January 2020, the Ministry of Agriculture, Food and Fisheries announced it is proposing more flexibility for people living in the ALR. The proposed changes focus on creating flexibility for a small secondary residence on properties in the ALR.
- In the coming months, government expects to detail rules that will, in most circumstances, enable ALR landowners to have both a principal residence (that could include a secondary suite) and a small additional residence, whether or not there is farming activity on the property, and without having to apply for and receive permission from the ALC. It is not yet clear if or how these proposed changes will impact supportive recovery services.

FINANCIAL IMPLICATIONS

N/A

Approvals:

April 7, 2021 – Ally Butler, A/ADM Strategic Priorities and Initiatives
May 20, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Anti-racism

Issue: Advancing commitments to anti-racism across the mental health and substance use system

Key Messaging and Recommended Response:

- **MMHA acknowledges that colonial policies both past and present have led to racism and discrimination against Indigenous people in the health care system.**
- **MMHA is working with Indigenous partners to embed cultural safety and humility across the mental health and substance use system to ensure that Indigenous peoples have access to care that is free of all forms of racism, stigma and stereotyping.**
- **The *In Plain Sight* report highlights the urgent need to address all forms of racism and discrimination in mental health and substance use care.**
- **Our government is working to tackle systemic discrimination in all its forms and Parliamentary Secretary Rachna Singh is leading engagement on the development of a new Anti-Racism Act.**

KEY FACTS

Engagement in the Development of A Pathway to Hope

- MMHA engaged with a wide range of voices in the development of *A Pathway to Hope*, including engagement with individuals, community services and advocacy organizations representing diverse and racialized communities (e.g., multi-cultural/new Canadians in New Westminster, Chinese community in Richmond, South Asian community in Surrey).
- MMHA has committed to ongoing dialogue through the creation of a Chinese and South Asian Canadian Advisory Group to ensure that our public campaign and stigma reduction efforts are informed and meet the needs within these communities.

Indigenous-Specific Racism:

- In December 2020, Mary Ellen Turpel-Lafond released *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* ('In Plain Sight'). The report provides evidence of widespread racism that has resulted in denied or delayed services, misdiagnoses and mistakes, and traumatic experiences that result in lasting physical, mental and emotional harm.
- Building on its commitments to advance cultural safety and humility across the mental health and substance use system, MMHA is working with health system partners to implement the recommendations in the *In Plain Sight* report that relate to mental health and substance use services.

- In 2018, MMHA and the First Nations Health Authority signed the *Declaration of Commitment to Cultural Safety and Humility* that describes how we, as partners, will work together with First Nations to embed culturally safety and humility across the provincial mental health and substance use system.

Counselling Grants

- Since 2019, the Province has supported 49 community-based organizations across BC to provide low barrier and low-cost counselling services to vulnerable populations, underserved or hard to reach populations, and rural and remote communities.
- One third (14/49) of the grants went to Indigenous-led organizations.
- 17 organizations that received funding showed readiness and capacity to offer virtual and multi-lingual counselling services (including Cantonese, Mandarin, Spanish, Hungarian, Arabic, Farsi, Hindi, Punjabi, and more).

Special Committee on Police Act

- On December 9, 2020, the Legislative Assembly appointed the Special Committee on Reforming the Police Act to examine, inquire into and make recommendations to the Legislative Assembly on:
    - reforms related to the modernization and sustainability of policing under the Police Act;
    - the role of police with respect to complex social issues including mental health and wellness, addictions and harm reduction;
    - the scope of systemic racism within BC's police agencies; and
    - whether there are measures necessary to ensure a modernized Police Act is consistent with the United Nations Declaration on the Rights of Indigenous Peoples.
- The Special Committee is scheduled to report to the House by October 8, 2021

Anti-Racism Initiatives

- The Parliamentary Secretary for Anti-Racism Initiatives has been mandated to conduct a full review of anti-racism laws in other jurisdictions and launch a stakeholder consultation to inform the introduction of a new *Anti-Racism Act* that better serves everyone in B.C.
- The Ministry of Attorney General expects to begin consultations on the new *Anti-Racism Act* in the fall of 2022, with the goal of introducing the legislation 3-4 years from now.
- On March 24th, 2020, an engagement webpage was launched where citizens can learn about the upcoming engagement plans for the legislation and register for more information.

FINANCIAL IMPLICATIONS

- Since 2019, the Province has invested a total of $14.8M towards supporting 49 community-based organizations across BC to provide low barrier and low-cost counselling services to vulnerable populations, underserved or hard to reach populations, and rural and remote communities.

Approvals:
April 12, 2021 – Nick Grant, ADM, Strategic Planning and Policy
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Creation of a Regulatory College for Counselling Therapists

Issue: The Federation of Associations for Counselling Therapists in British Columbia (FACTBC) has called upon the BC government to create a regulatory college for counselling therapists

Key Messaging and Recommended Response

- **We recognize the critical work that counselling therapists do to support mental health services in BC.**
- **Counselling therapy provided by qualified professionals can make a profound impact on the lives of individuals, families, and communities by empowering people to lead healthy and fulfilling lives.**
- **The Ministry and FACTBC have had ongoing discussions focused on the role of counselling therapists in the mental health and substance use workforce and the range of options to drive quality and safety in counselling for the public when accessing counselling services.**
- **The all-party Steering Committee on Modernization of Health Professional Regulation recommended the creation of an oversight body to make recommendations on health occupations to be regulated under the *Health Professions Act* of BC.**
- **In December 2020, FACTBC submitted their application for designation under the HPA to the Ministry of Health. The Ministry of Health is responsible for health professional regulation in British Columbia.**

KEY FACTS

Background/Status

- Currently, there is oversight by some professional associations for some, but not all, counselling therapists represented within The Federation of Associations for Counselling Therapists in British Columbia.
- Regulation of counselling therapists in BC remains complicated due to the wide variety of professions delivering counselling therapy, the diverse competencies and levels of education to enter practice, and the range of types of practice within the counselling umbrella.
- No province currently regulates all the types of counsellors or therapists represented by FACTBC.
- The Ministry of Health has not committed to the development of a counselling professional oversight mechanism for the diverse range of professional groups represented by FACTBC.
- Any change to the regulatory framework would require changes to the Health Professions Act regulations.

ESTIMATES NOTE

Timeline

- In April 2018, FACTBC initiated a letter-writing campaign urging members to contact their local MLA to voice support for a college of counselling therapists. FACTBC published an online petition asking for support for the regulation of counselling therapists. The petition results were presented in the Legislature in Victoria on October 22, 2018.
- In April, 2019, the Honourable Adrian Dix, Minister of Health, released the report *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act ("Cayton Report").* This report was authored by Harry Cayton, a leader in the field of professional regulation. The report contains two parts:
  - Part 1 makes recommendations to College of Dental Surgeons of British Columbia; and,
  - Part 2 suggests approaches to modernize BC's overall health profession regulatory framework.
- In response to Part 2, the Honourable Adrian Dix established and chairs the Steering Committee on Modernization of Health Professional Regulation, an all-party committee to advise on an approach to modernize the regulatory framework for health professions in BC.
- During an initial phase of public consultation, which closed June 14, 2019, members of the public and health sector provided written feedback on Part 2 of the report.
- FACTBC provided a written submission that strongly supports the recommendations of the report.
- In November, 2019, the Steering Committee released *Modernizing the provincial health profession regulatory framework: A paper for consultation*, and sought feedback from British Columbians and health-sector stakeholders. Feedback was accepted from November 27, 2019 to January 10, 2020.
- FACTBC provided a written response to the paper for consultation consultation advocating for regulation.
- On August 27, 2020, the Steering Committee on Modernization of Health Professional Regulation released its final report, *Recommendations to modernize the provincial health profession regulatory framework.*[1]
- The Steering Committee's final recommendations for modernizing the regulatory framework for health professions includes the creation of an oversight body to make recommendations on health occupations to be regulated under the health Professions Act (HPA). There are several steps ahead of the creation of an oversight body including approval of proposed changes to the legislation.
- Also included is prioritizing the review of counselling therapists, social workers and emergency medical assistants for consideration of regulation under the HPA.
- Applications for designation under the HPA are not being considered until regulatory modernization and the amalgamation of existing regulatory colleges has been completed.

FACTBC and Member Organizations

- FACTBC has 14 member organizations that collectively represent over 6,000 counsellors and therapists practicing in BC.[2] This membership number may be inflated, as some therapists belong to more than one of the FACTBC member organizations.

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[1] https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf

[2] http://www.factbc.org/about/ Accessed online April 12, 2021.

- FACTBC continues to actively advocate for regulation of counselling therapists with a focus on title protection under the *Health Professions Act*. It is the position of FACTBC that title protection would assist the public to more readily determine who is a regulated health care professional. Unregulated practitioners would not be permitted to use the title that would be reserved exclusively for the regulated counselling therapists.
- There are currently some mechanisms in place to assist the public in identifying qualified clinical counsellors. For example, the BC Association of Clinical Counsellors (BCACC) represents over 4,100[3] Registered Clinical Counsellors (RCC) across BC. BCACC requires members to undergo a criminal record check prior to being designated an RCC. Designation also requires a master's degree, supervised clinical training, and a commitment to follow a code of conduct and standards of practice. The BCACC has processes in place to investigate complaints against members.

Jurisdictional Scan

- Four provinces in Canada regulate some types of therapists; however, no province currently regulates all the types of counsellors or therapists represented within FACTBC. For example, Ontario regulates psychotherapists; Quebec regulates family and marriage therapists and psychotherapists; and, New Brunswick and Nova Scotia regulate counselling therapists. Alberta passed legislation to create a College of Counselling Therapy of Alberta in December 2018, and has plans to regulate Addictions Counsellors, Counselling Therapists, and Child and Youth Care Counsellors.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 26, 2021 – Nick Grant, ADM, Strategic Policy and Planning
May 2, 2021 – Christine Massey, Deputy Minister

[3] https://bc-counsellors.org/about-us/about-bcacc/ About BCACC. Accessed online April 12, 2021

ESTIMATES NOTE

TOPIC Digital Front Door

Issue: The Ministry is launching Wellbeing.gov.bc.ca, a new "Digital Front Door" website, to improve navigation of government mental health and substance use resources

Key Messaging and Recommended Response:

- **The Province recognizes many British Columbians are searching for mental health and substance use supports online and we committed to making that journey easier.**
- **Many supports and services are virtual today and we need to help people find them quickly and easily in a way that is respectful of the pressures they are feeling.**
- **We are committed to reducing fragmentation of mental health and substance use information with the creation of a collaborative, credible resource that includes key resources from across government and our partners.**
- **The Wellbeing platform is in active development and will launch in 2021.**

KEY FACTS

Background/Status:

- The Ministry of Mental Health and Addictions is currently developing a website called Wellbeing.gov.bc.ca.
- As a commitment in the *Pathway to Hope*, this new site aims to improve navigation to mental health and substance use services and information online.
- The BC Government's website analytics show mental health continues to be the most searched phrase on gov.bc.ca.
- Information on mental health and addictions services is spread across government, with supports and service directories existing in many ministries. This digital information is uncoordinated and often provides a fractured online experience for those searching for information.
- Wellbeing.gov.bc.ca will provide a trusted and credible digital front door to mental health and substance use services and information on behalf of government.
- This new website also sets out to improve the end-user experience by providing intuitive wayfinding support, an engaging brand, and peer-reviewed materials focused on fact-based, plain-language and consumable information.

ESTIMATES NOTE

Project Status:

Advice/Recommentations

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2019 provided $0.5 million annually for 3 years (2019/20 to 2021/22), totaling $1.5 million, to the Ministry of Health to support The Digital Front Door new website to link children, youth, and those that care about them to British Columbia-based mental health and substance use services.

Approvals:

April 8, 2021 - Ally Butler, A/ADM, Strategic Priorities and Initiatives
April 15, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability (CSFA)
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Homeless Encampments

Issue: The Province is working to connect people living in encampments to safe and supportive housing and the mental health and addictions services they need.

Key Messaging and Recommended Response:

- **People need the opportunity to thrive and get ahead. That starts with having an affordable place to call home.**
- **Many people who live with mental illness and addictions can experience challenges in accessing and maintaining safe and affordable housing, and the pandemic has made it harder.**
- **Homeless encampments can provide a sense of belonging, and a community of peers, but may put vulnerable people at risk.**
- **The Ministry of the Attorney General and Minister Responsible for Housing continues to respond to encampments, as part of the Homelessness Action Plan.**
- **This includes working across all levels, with health authorities and our community housing partners to link people to the services they need, including mental health and addictions care, particularly those at high risk of overdose.**

KEY FACTS

Background/Status:

- In 2019, there were over 1,200 individuals in 40 different locations living in encampments, an increase of 300 people since 2018. As the pandemic led to the closure of some shelters and other services, homeless encampments have increased in number and complexity.
- The Province has worked over the past year with the cities of Vancouver and Victoria to offer everyone in these encampments a place to go, and a step towards stable housing.
- Responses have included BC Housing outreach, supplies, shelter and new modular housing spaces. Health authorities and contracted providers have increased public health, harm reduction and mental health and addictions services and supports, such as Intensive Case Management (ICM) teams, risk mitigation guideline prescribing, and links to primary care.
- As of March 2021, the Ministry of the Attorney General and Minister Responsible for Housing have been alerted to more than 1,300 people continuing to shelter in 27 encampment areas across the Province since the beginning of the calendar year. Work is underway to move people inside with the goal of opening enough spaces for people at the encampments in Strathcona Park and Victoria parks by the end of April 2021.

ESTIMATES NOTE

- Many people who are chronically homeless have histories of trauma, addiction, or mental illness; they may also be have been impacted by socio-economic factors, such as high unemployment and the lack of affordable housing, all of which are exacerbated by the current pandemic.
- Lessons learned from decampments so far support using a trauma and culturally informed approach, developing specific plans for youth, and including peers in the process.
- The majority of people identified as homeless in the Province's last point in time count reported an addiction (56%), and 40% reported a mental illness (2018).[1] A recent survey of treatment and recovery services in Surrey noted that 68% of respondents had experienced homelessness in their recent past.[2]
- The Ministry recognizes bed-based substance use services tend to be more appropriate for clients experiencing significant barriers to care, including homelessness and unstable housing. We are working in partnership with Ministry of Health to improve the overall quality, consistency, and oversight of supportive recovery services across the province [ref: Estimates Note: Supportive Recovery Homes].
- People living in encampment have a wide range of needs to support both their wellness and their housing. Some people living in encampments are well supported by a strong link to services and housing opportunities. However, we know that some people living in encampments and experiencing homeless have extremely complex needs.
- A census of people living in the Victoria and Vancouver encampments identified that 38% of people had high service needs, and 2% required very intensive services.
- The Ministry of Mental Health and Addictions is working across government ministries to develop services and supports for people with highly complex needs and are not adequately supported by the current model of supportive housing (See MMHA EN36 - Complex Care Housing).

FINANCIAL IMPLICATIONS

- On February 18, 2021, the Province announced the Strengthening Communities' Services funding, $100 million in grants for local government and Treaty First Nations to address homelessness.[3]

Approvals:
April 12, 2021- Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 29, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
April 30, 2021 – Dara Landry, Chief Financial Officer
May 5, 2021 – Christine Massey, Deputy Minister

[1] The Homelessness Services Association of BC, Urban Matters, and BC Non-Profit Housing Association (2018). 2018 Report on Homeless Counts in B.C. Prepared for BC Housing. Burnaby, BC: Metro Vancouver.
[2] Phoenix Society (2020) https://www.phoenixsociety.com/wp-content/uploads/2020/11/Surrey-Recovery-Facilities-Count-2020-final-1.pdf
[3] Government of BC (2021). Retrieved April 1, 2021 from https://news.gov.bc.ca/releases/2021MUNI0014-000291

ESTIMATES NOTE

TOPIC Marketing Campaign Overview

Issue: Public awareness campaign to help address the stigma around drug use and challenge false perceptions of people who use drugs

Key Messaging and Recommended Response:

- **We continue to invest in public awareness efforts to address the stigma that stands in the way of people getting the help they need to stay safe and fully live their lives.**
- **People who use drugs are real people –they are in our families, workplaces and communities.**
- **We are challenging stereotypes and encouraging conversations about who is at risk, why they need our support and what we can all do with a strong call to action to get involved, get informed and get help.**
- **Our efforts serve as a clear message for all British Columbians to see addiction not as a moral failing, but a health condition that deserves the same dignity, respect and treatment as any other life-threatening illness.**

KEY FACTS

Background/Status:

General Population Stigma Reduction Campaign (2018-2020)

- On January 29, 2018, the Ministry of Mental Health and Addictions (MMHA) launched a comprehensive provincewide public awareness campaign to combat stigma and humanize the overdose crisis, calling on British Columbians to get involved, get informed and get help.
    - The 2018 "Faces" stigma-reduction campaign received positive feedback and interest beyond B.C. Several jurisdictions have borrowed the creative elements and messaging in their own campaigns. The campaign has been referenced in public health graduate level studies at UVic and UBC for its impact on attitudes.

Refreshed General Population Stigma Reduction Campaign for 2021/2022

- A new stigma-reduction public awareness campaign with updated messaging and creative is in development. The new campaign is expected to be launched by fall of 2021.
    - Creation of messaging and direction will be informed by public opinion research and engagement with PWLLE and key stakeholders throughout the province.
    - The comprehensive media plan for the new campaign will include television, radio and streaming services, transit, out-of-home postings, digital and social media ads and will reach the majority of the population of B.C.
    - Campaign print materials (posters, rack and wallet cards) will be distributed to key stakeholder organizations and groups throughout the year. In the past, more

than 350 stakeholders and partners have requested print materials for distribution across BC.

- The MMHA will continue to work with partners across the province, including the Vancouver Canucks, the BC Lions, and Overwaitea Foods to help expand reach and effectiveness

Stop Overdose BC (2018-Ongoing)

- All campaign work directs people to StopOverdoseBC.ca where they can find resources on how to talk with loved ones about mental health and substance use, educational information to become better informed, how to access treatment and recovery services, including culturally appropriate support services, and where to locate harm reduction services.
- StopOverdoseBC.ca continues to publish relevant content via "The Weekly" blog on the website. There have been 125 blogposts posted since its launch in 2018. In 2020/21, there were 165,945 sessions of people visiting the site, with an average of 13,939 visits per month.

Why This Matters Digital Campaign (2019-Ongoing)

- As part of the sports partnerships with the BC Lions and the Vancouver Canucks, the MMHA developed the "Why This Matters" video series to leverage the voices of sports ambassadors. The videos have since been promoted during key sports events and tournaments to help maximize engagement, especially with the male demographics. We have seen high engagement.

Courageous Conversations Campaign (2019-2021)

- In 2019/20 the MMHA also developed and promoted the "Courageous Conversations" campaign for Chinese Canadian and South Asian Canadian communities, to combat stigma and increase accessing to life-saving information and supports. Messaging and images were developed in close collaboration with key stakeholders to help ensure the materials resonated and were culturally appropriate.

Toxic Drugs are Circulating Campaign (2020-2021)

- In response to the rise in overdose deaths related to COVID-19 in 2020, the MMHA launched a Harm Reduction Campaign focused on a message that "Toxic Drugs are Circulating," encouraging people who use drugs to stay safer and access harm reduction services. The campaign ran three times over the year (summer and fall 2020 and March 2021).

FINANCIAL IMPLICATIONS

- As part of the Provincial Overdose Emergency Response, the Ministry of Health (HLTH) spent approximately $2 million in 2019/20 and approximately $2.3 million in 2020/21 on the public awareness campaign, which includes the research, strategy, creative development and production of media advertising (including videos, print, translations, radio, TV, targeted social media campaigns, and partnerships) identified above. HLTH has committed $2.37 million in 2021/22 to continue the public awareness campaign.

Approvals:

April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities and Initiatives
April 15, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 16, 2021 – Dara Landry, Executive Lead, Corporate Services
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Mental Health Act

Issue: *Mental Health Act* – Involuntary Admissions

Key Messaging and Recommended Response:

- **Choice of services and supports is an important part of a patient's recovery journey, for both mental and physical health. Choice is critical and the absence of choice can be detrimental to recovery.**
- **There are, however, occasions when someone is experiencing a mental health emergency like psychosis, where being admitted involuntarily to a hospital is an absolutely necessary intervention.**
- **We take these matters seriously and understand the need to balance the rights of the individual with our obligation to help and protect people living with mental illness.**
- **We are committed to taking the appropriate steps to ensure patients who are involuntarily admitted are done so in accordance with the requirements of BC's *Mental Health Act*.**
- **Nothing is more important to us than keeping people safe and ensuring people are treated with dignity and respect.**

KEY FACTS

Background/Status:

- The Mental Health Act regulates voluntary and involuntary admissions to hospitals for those who require treatment due to a mental disorder that seriously impairs their ability to react appropriately to their environment or associate with others.
- Mental Health Act admissions occur in and through designated facilities: 37 hospitals are designated as psychiatric units, 14 hospitals as observation units (which allow shorter term admissions), and 25 facilities as Provincial Mental Health Facilities (inpatient).
- Involuntary admissions increased by 70% from 2007/08 to 2017/18; during the same period other patients receiving treatment for mental illness increased by 11%.
- The number of children and youth who are receiving involuntary mental health services has increased 162% between 2008/09 and 2017/18.
- Several organizations have raised concerns, recommended changes, or called for reviews related to the Act, including the BC Ombudsperson and the BC Representative for Children and Youth (RCY), Community Legal Assistance Society (CLAS), BC Civil Liberties Association (BCCLA), Health Justice, Downtown Eastside Women's Centre, and a UN Special Rapporteur. Recently, the Canadian Mental Health Association-BC Division expressed support for an independent review of the Act.

- Other stakeholders such as the BC Schizophrenia Society support the Act as necessary to support people living with serious mental illnesses. They object to changes to deemed consent arguing they would deny patients safe, timely and effective medical treatment.

Summary of calls for change to Mental Health Act

- *Involuntary Admission and Deemed Consent to Treatment* - Calls for change include:
  - Raise the threshold for involuntary admission to ensure only those at a likelihood of serious harms are admitted.
  - Establish equal health care consent rights for physical and mental health care.
  - Ensure mandatory, periodic independent legal reviews for all detainees.
  - Address documentation and authorization of treatment and to ensure there are adequate oversight mechanisms for treatment.
  - Provide involuntary patients with independent advice on their rights under the Act.
  - Additionally, there are two legal challenges on the constitutional validity of deemed consent, including one by the Council of Canadians with Disabilities.
- *Racism, Trauma and Treatment* - Concerns include:
  - The intersection of racism and involuntary admissions raised in "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care".
  - The traumatizing impact of police apprehensions under the Act as well as involuntary admission, discipline, and the use of restraints and seclusion.
- *Emerging Issues*
  - The Ombudsperson has recently raised additional concerns related to patients being decertified after requesting a Mental Health Review Board hearing, as well as clothing standards for seclusion and the use of secure rooms.
  - The Special Committee on Reforming the Police Act has the mandate to consider of any appropriate changes to relevant sections of the Mental Health Act.
- The Ministry of Health (HLTH), Ministry of Mental Health and Addictions (MMHA), and Attorney General (AG) have been working to address calls for change related to the Act:
  - MMHA set the strategic direction for legislative compliance and improvement in quality of care with the "British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019".
  - MMHA supported HLTH in developing clear and consistent provincial standards for involuntary admissions (Released December 2020).
  - MoH developed standards for seclusion rooms in designated facilities and is supporting health authority implementation.
  - MMHA participated in processes with the Mental Health Review Board to address recommendations regarding restraints and seclusion, procedural improvements regarding review panel hearings, and improved oversight and accountability.
  - MMHA annually evaluates form compliance and quality improvement measures, including health authority compliance rates (Starting June 2021).
  - MMHA monitors the status of achievement of deliverables related to Ombudsperson recommendations and report these on a bi-annual basis.
  - MMHA, AG, and HLTH are working on options for an independent rights advice service.

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

Approvals:
April 13, 2021 – Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning
April 15, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Stigma Campaign

Issue: Engaging with public and private partners to expand campaign reach, aiming to help combat the stigma around drug use and increase awareness about how to get involved, get informed and get help.

Key Messaging and Recommended Response:

- **This campaign is about knocking down the walls of silence surrounding substance use and addiction so that people are not afraid to reach out for help to begin their pathway to hope and healing.**
- **Working with multiple partners across BC including both private and public sectors, helps us reach more people with important information that can change attitudes and perceptions about people who use drugs, addressing stigma and helping save lives.**

KEY FACTS

The following partnerships work to expand the reach of the anti-stigma campaign.

Update Re: COVID-19:

- In stadium presence was interrupted in March 2020 with the COVID-19 pandemic. This impacted both sporting and concert events. The Vancouver Warriors did not play in the 2020 year and the Vancouver Canucks and BC Lions schedules were adapted to play without any fans in-stadium. Where applicable, credits were provided for the end of last season and partnerships were not renewed with the uncertainty of the 2020/21 seasons.

Vancouver Canucks

- The 2020/21 formal partnership was not renewed due to the COVID-19 pandemic; however, the relationship was maintained throughout the year.
- Canucks alumni, Kirk McLean and Corey Hirsch are dedicated Stop Overdose Campaign ambassadors expanding reach and impact with sport fans, many of whom are men 20-50 yrs. who may be higher risk of overdose event and less likely to reach out.
- Creation of the ongoing and successful "Why This Matters" video series features Canucks alumni Kirk McLean and Corey Hirsch in a series of videos that talk about the importance of opening up about men's mental health, having courageous conversations, and the impact of the overdose crisis in BC.
- Additional ambassador videos were created in 2020, featuring both the BC Lions and Vancouver Canucks alumni. The new videos address further topics such as masculinity and mental health & substance use, supporting adults in talking to youth about mental health and substance use challenges. The new videos were promoted in February and March 2021 through a paid sports online media by targeting men in BC.
- On January 27, 2021, the Vancouver Canucks held the annual "Hockey Talks" event. During this event MMHA had presence on the Canucks.com homepage, and a Tweet and

Facebook post from the Canuck's digital channels, reaching thousands of British Columbians and driving traffic to the Stop Overdose website.

- MMHA is currently in discussion with the Vancouver Canucks organization to design a new partnership agreement for the 2021/22 season, adapted for COVID-19.

BC Lions

- The 2020/21 Partnership was not renewed due to the COVID-19 pandemic; however, the relationship was maintained throughout the year.
- In addition to arena promotions and activations, the BC Lions partnership typically includes a program designed for schools called the BC Lions Pride, promoting and expanding the reach of the StopOverdoseBC campaign and its messaging to youth throughout BC. The program covers topics like peer support, resiliency, and messaging about the importance of communication and gives teachers a resource about how to support youth.
- Ongoing promotion of the "Why This Matters" sports ambassador video series with alumni Travis Lulay and Geroy Simon. Additional ambassador videos were produced in March 2020 to build on the success of the video series
- Discussions are underway on how to design a 2021/2022 partnership within the CCOVID-19 context, helping to reach more people outside of paid advertising times.

Vancouver Whitecaps

- There have been early discussions over the past year about a potential new partnership with the Whitecaps. This organization brings a different demographic and target audience. They have a strong and loyal fanbase that is urban and skews younger than the Canucks and BC Lions. Whitecaps also have many youth programs and summer soccer camps.

Overwaitea Foods

- A partnership with Overwaitea Foods Group/ Save-on Foods provides extended reach of our messages where British Columbians engage daily as part of essential services and food shopping throughout the province.
- Digital, email newsletter, web as well as in-store signage and collateral take-aways were provided to customers in all locations throughout the province.

FINANCIAL IMPLICATIONS

Budget / Expenditures:

- The Ministry of Health's expenditures in 2020/21 relating to partnership renewals were cancelled due to COVID-19 pandemic.
- The partnership renewal costs are funded within the marketing/public awareness annual budget of $2.37 million for the overdose response held by the Ministry of Health.

Approvals:

April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities, and Initiatives
April 20, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health
April 27, 2021 - Dara Landry, Executive Lead, Corporate Services,
May 2, 2021 – Christine Massey, Deputy Minister

Ministry of Attorney General and Minister Responsible for Housing

2021/22 Estimates Debates Note

Last updated Date: April 26, 2021

RIVERVIEW

KEY MESSAGES:

- The Province in partnership with kʷikʷəƛ̓əm First Nation has launched Comprehensive Community Planning phase to develop a concrete plan for the future of səmiq̓ʷəʔelə (Suh-MEE-kwuh-EL-uh)/Riverview. This will include engagement with the public and key stakeholders.
- kʷikʷəƛ̓əm Nation will conduct extensive community engagement with their membership during this time.
- The feedback from both engagement processes will be incorporated into the Comprehensive Community Plan.
- The Province aims to create an integrated community of care with critical mental health and addiction supports and services, and affordable, safe and functional housing to help vulnerable people.

BACKGROUND:

- The Province transferred the title for the Riverview Lands from Shared Services BC to BC Housing in February 2015.
- The *A Vision for Renewing Riverview*, which was released in December 2015 following two years of consultation with thousands of British Columbians and multiple stakeholders, outlined high level aspirations and principles for the lands, however, did not include a comprehensive community plan.
- The current provincial government has provided BC Housing with a new mandate for the redevelopment of səmiq̓ʷəʔel/ Riverview.

Contact: Shayne Ramsay	Tel: 604-970-1605

- The new mandate is as follows: The Province will retain səmiq̓ʷəʔelə /Riverview in public ownership other than land transfers to kʷikʷəƛ̓əm First Nation. While the project must be financially responsible, BC Housing will no longer work within a break-even cost recovery mandate.
- The principles guiding the comprehensive planning process outline that BC Housing will partner with kʷikʷəƛ̓əm First Nation through a reconciliation-based approach; create an integrated community of mental health excellence; engage with the site's pre- and colonial histories; protect and enhance the site's ecology; and create opportunities for safe, affordable and functional housing.
- The Riverview Lands have been renamed səmiq̓ʷəʔelə (Suh-MEE-kwuh-EL-uh), in recognition and respect of the kʷikʷəƛ̓əm First Nation's historical and cultural ties to their ancestral land.
- The Province signed a Partnership Agreement with kʷikʷəƛ̓əm First Nation on March 5, 2021. The Partnership Agreement affirms a commitment to a government to government relationship with kʷikʷəƛ̓əm and provides kʷikʷəƛ̓əm First Nation co-decision making authority regarding the Comprehensive Community Plan.

Contact: Shayne Ramsay	Tel: 604-970-1605

ESTIMATES NOTE

TOPIC: BC Coroners Service — Death Review Panel Report on Illicit Drug Overdose Deaths in BC

Issue: Coroners Service Death Review Panel on Overdose Deaths

Key Messaging and Recommended Response:

- **The BC Coroners Service — Death Review Panel Report on Illicit Drug Overdose Deaths in BC provides valuable information regarding the circumstances and risk factors associated with overdose deaths in British Columbia. This information continues to support and guide the provincial response to the overdose emergency.**
- **The Ministries of Mental Health and Addictions, Health, and Public Safety and Solicitor General are working with the Provincial Health Officer, Provincial Health Services Authority, First Nations Health Authority, as well as regional health authorities to act on the recommendations included in the Death Review Panel Report.**
- **Significant progress has been achieved in implementing priority actions related to each recommendation.**
- **Collectively, the implementation of the priority actions identified by the death review panel supports better outcomes for people at risk of overdose by ensuring accountability in the substance use system of care, expanding access to Opioid Agonist Treatment (OAT) and assessment of substance use disorders, and expanding harm reduction services.**

KEY FACTS

Background/Status:

- On October 11, 2017, the BC Coroners Service (BCCS) convened a death review panel consisting of professionals with expertise in public health, health services, substance use, mental health, Indigenous health, education, income assistance, child welfare, regulatory colleges, corrections, and policing.
- The Death Review Panel reviewed 1,854 overdose deaths occurring between January 1, 2016 and July 31, 2017 to analyze the facts and circumstances of deaths to provide the chief coroner with advice on medical, legal, social welfare, public health and safety matters, and prevention of deaths.
- The Death Review Panel identified three areas to reduce overdoses that focus on safe and effective services as well as coordinated transitions between services:
    1. The need to provincially regulate and appropriately oversee treatment and recovery programs and facilities.

2. The need to expand access to evidence-based addiction care across the continuum, including improved opioid agonist therapies and injectable opioid agonist therapies.
3. The need to improve safer drug-use through the creation of accessible provincial drug checking services using validated technologies.

- Government accepted the three recommendations, including 11 priority actions and established an Assistant Deputy Minister Committee chaired by the Ministry of Mental Health and Addictions (MMHA). The Committee consisted of representatives from the Ministry of Health (MoH), Ministry of Public Safety and Solicitor General (PSSG), First Nations Health Authority, Overdose Emergency Response Centre (OERC), Provincial Health Officer and Provincial Health Services Authority (PHSA).
- An update to the BCCS was delivered on March 6, 2019 and a final report was shared back to the BCCS in June 2020.
- Considerable progress has been achieved towards implementing the priority actions, including:
    - Through the OERC, new leadership has been established at provincial, regional and community levels to escalate the response to the illicity drug toxicity emergency.
    - Regional Health Authorities continue to partner with the OERC and the BC Centre on Substance Use (BCCSU) to monitor addictions capacity across each region.
    - A new Assisted Living Regulation that provides minimum health and safety standards is now in force. This new Regulation increases the accountability and oversight of registered supportive recovery homes across the province and allows the Assisted Living Registry to take a proactive approach to compliance. This represents a significant step towards ensuring people living with addiction and their families are better protected and informed about the services they are accessing. *(Cross Reference: EN- Supportive Recovery Homes)*
    - Government has partnered with the Community Action Initiative (CAI) to provide grants to assist supportive recovery operators to meet the new employee training requirements.
    - Provincial Health Services Authority's Correctional Health Services (CHS) has developed a policy designed to support individuals at risk of opioid overdose. Clients are offered Take-Home Naloxone kits and education before discharge and further connected with community-based substance use treatment services. Community transition teams have been established to improve continuity of care following release from incarceration.
    - New models of care have been implemented to provide dedicated, tailored and timely services to those attending emergency departments for mental health and substance use care, such as the HUB and the Rapid Access Addictions Centre (RAAC) at St. Paul's Hospital.
    - Drug checking services are available at all overdose prevention and safe consumption services within each health authority, with an evaluation of the effectiveness of fentanyl detection strips underway.
    - The 24/7 Addiction Medicine Clinician Support Line was launched on June 16, 2020, by the BCCSU. This new helpline for clinicians including physicians, nurse practitioners, nurses and pharmacists provides health-care providers around British Columbia with live, in-the-moment addiction medicine support, while they are treating patients.

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

Approvals:
April 7, 2021 – Ally Butler, A/ADM – Strategic Priorities and Initiatives
April 19, 2021 – Christine Voggenreiter obo Martin Wright, ADM, Health Sector Information, Analysis, and Reporting
April 23, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: BCSSU Report — *Heroin Compassion Clubs*

Issue: The BC Centre on Substance Use released a report proposing a cooperative model for people who use drugs to purchase legal diacetylmorphine, modelled on cannabis compassion clubs.

Key Messaging and Recommended Response:

- **People in BC expect an urgent, comprehensive response to the overdose crisis – a response that includes prevention, enforcement, harm reduction and treatment and recovery. That's what we're doing.**
- **There are no simple answers and no silver bullet to solve this crisis.**
- **One of our key priorities is to support the development of new models for prescribed safe supply.**
- **Patient and community safety are at the core of this work. We are working with health authorities, the College of Pharmacists, College of Physicians, College of Registered Nurses, addictions specialists and others.**
- **Patients who receive access to safe prescription are carefully monitored by medical professionals to ensure their safety and that of the public, as well as to evaluate results.**
- **Providing safe alternatives to the toxic illegal street supply can help to stabilize people so they can be linked to additional care if they choose.**
- **Increasing access to a safe supply is part of the broader continuum of care to reduce stigma and to understand the treatment of addiction as a health issue.**
- **We know that what may work for one person, may not work for another, which is why we are working on an array of options – all of which are prescription alternatives requiring medical supervision within the current legal framework.**

KEY FACTS

Background/Status:

- On February 21, 2019, the BC Centre on Substance Use released a paper outlining a proposal for the establishment of "heroin compassion clubs", whereby members would pool resources to purchase diacetylmorphine for personal, non-medicinal use.[i]

ESTIMATES NOTE

- In addition to reducing opioid overdose deaths, the compassion club model is also intended to disrupt the role of organized crime in fentanyl distribution, money laundering and housing unaffordability.
- Compassion clubs and buyers clubs first emerged in the 1980s and 1990s in response to the AIDS epidemic. Compassion clubs functioned as a safe space for patients to access medical cannabis and health services, while buyers clubs procured HIV/AIDS treatment that was not provided through the health system.
- In the BCCSU's compassion club model, individuals would go through an informed consent process and undergo screening and assessment by a healthcare professional before becoming members. Members would also be required to complete overdose prevention and naloxone training, as well as receive education regarding risks associated with diacetylmorphine use. Compassion clubs could be established alongside addiction treatment and trauma-informed recovery services for those with an interest in opioid agonist therapy or other treatment.
- Diacetylmorphine purchased through compassion clubs would be limited to personal amounts in order to avoid diversion to the black market.
- The report calls on the provincial government to provide start-up funding and support for operations and evaluation. In particular, the report states that the Overdose Emergency Response Centre could provide governance and operational support to compassion clubs, in addition to addressing questions related to diacetylmorphine acquisition and storage.
- Health Canada's *Drugs for Urgent Public Health Need* regulation allows for provinces and territories to import otherwise unavailable drugs, such a diacetylmorphine, to respond to an urgent public health need. However, this regulation only authorizes the importation of diacetylmorphine for opioid agonist treatment, and not for off-label use.
- The federal Minister of Health could also issue a Section 56 exemption to the *Controlled Drugs and Substances Act*, allowing for the importation of diacetylmorphine for off-label use and purchase by compassion clubs.
- According to the report, underground heroin compassion clubs already operate within the province. However, these groups operate outside of the law and do not have access to a reliable supply of diacetylmorphine.
- Recognizing a need to identify innovative options and approaches to respond to the unregulated drug supply that is unpredictable and highly toxic, in January 2019 the Minister and MMHA sought advice from a group of representatives from the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, the BC College of Nursing Professionals, the Office of the Provincial Health Officer, and the Ministry of Health.
- Projects underway to provide alternatives include the expansion of traditional OAT, expansion of access to iOAT and TiOAT, as well as the SAFER proposal to Health Canada and the public health ethics review of these new or expanded services *(cross ref: EN - Opioid Agonist Treatment/OAT).*
- In September 2020 the province also announced the development of a policy to support the prescribing of pharmaceutical alternatives to the toxic drug supply *(cross ref: EN – Prescribed Safe Supply).*

Advice/Recommentations; Government Financial Information

FINANCIAL IMPLICATIONS

- N/A

Approvals:
April 9, 2021 – Ally Butler, Acting Assistant Deputy Minister, Strategic Priorities & Initiatives
April 16, 2021 – Christine Massey – Deputy Minister

References

[i] BC Centre on Substance Use (2018). *Heroin Compassion Clubs: A cooperative model to reduce opioid overdose deaths & disrupt organized crime's role in fentanyl, money laundering & housing unaffordability*. Accessed from http://www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf.

ESTIMATES NOTE

TOPIC Ombudsperson Report on the *Mental Health Act*

Issue: Administrative fairness compliance with involuntary admissions under the BC *Mental Health Act*

Key Messaging and Recommended Response:

- **I would like to thank the Ombudsperson for this report, and for their commitment to ensuring the safety and rights of people living with mental illness and addiction in British Columbia.**
- **Government accepts the recommendations, and we are continuing to work together with the health authorities to address them.**
- **As soon as we learned about this report and its findings, we acted with our partners to address the recommendations.**
- **We take these matters seriously and we understand the need to balance the rights of the individual with our obligation to help and protect people living with severe mental illness.**
- **Nothing is more important to our government than keeping people safe and ensuring people are treated with dignity and respect.**
- **We are committed to taking the appropriate steps to ensure patients are involuntarily admitted and detained in accordance with the requirements of BC's *Mental Health Act*.**

KEY FACTS

Background/Status:

- On March 7, 2019, the Office of the Ombudsperson (OoO) released its report: "Committed to Change: Protecting the Rights of Involuntary Patients under the *Mental Health Act*".
- The OoO investigated the involuntary admissions process under the *Mental Health Act*, focusing on whether designated facilities were admitting individuals consistent with the legislation and in an administratively fair (timely) way.
- The investigation reviewed patient records relating to 1,468 involuntary admissions that occurred in 71 designated facilities across BC in June 2017 to ensure:
  - The required forms were present on each patient's file;
  - The forms were completed within required timelines or within a reasonable time after the patient's admission; and
  - If the form records a decision for which reasons were required, those reasons were adequate.
- The OoO found system-wide problems with timely and adequate completion of five forms:
  - Medical Certificate (Form 4);
  - Consent for Treatment (Form 5);

  - Medical Report on Examination Involuntary Patient (renewal certificate- Form 6);
  - Notification to Involuntary Patients of Rights under the Mental Health Act (Form 13).
  - Nomination of Near Relative (Form 15 and Form 16).
- These forms provide evidence of the legal authority for an involuntary admission and detention and, when properly completed, provide evidence that facilities are safeguarding patients' constitutional rights in the admissions process.
- The investigation reported that the compliance rate for the completion of all forms in each file ranged from 42% (Fraser Health Authority) to under 20% (Provincial Health Services Authority (6%) and Northern Health Authority (13%)).
- The report outlines 24 recommendations which focus on:
  - Regular auditing, annual performance targets, improved records management, and increased public reporting;
  - Provincial standards and guidance with mandatory training; and
  - Independent rights advice service.
- Three recommendations are directed at the Ministry of Mental Health and Addictions, related to establishing and reviewing effectiveness of standards. The Ministry supports the principles they identify, accepts their intent, and is taking action.
- Actions to address the recommendations to date include:
  - The Ministry developed set the strategic direction for improving quality of care by developing the "British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019". Quality improvement includes supporting training and ensuring culturally safe care.
  - Ministry of Health created updated Mental Health Act Standards to improve compliance with required forms and procedures, and improve safeguards for quality and consistency of care.
  - Quarterly health authority form compliance audits are ongoing. Starting in June 2021, the Ministry will evaluate form compliance and quality improvement measures and publicly report the results of each of their reviews.
  - HLTH, MMHA and MAG are working in partnership to develop a patient rights notification service.
- The Ministry continues to monitor the status of deliverables related to the recommendations and report to the Ombudsperson on a bi-annual basis.
- In recent weeks the Ombudsperson has brought two additional concerns to the Ministry of Health, one related to clothing standards for seclusion in mental health facilities and one regarding decertifications (ending involuntary admissions) occuring immediately prior to Mental Health Review Board hearings. Both are under review by the Ministry of Health.
- The Ombudsperson is expected to release a report on the status of implementing the report recommendations by the end of summer 2021.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The financial implications of accepting these recommendations have not been determined.

Approvals:
April 12, 2021 – Nick Grant, ADM, Strategic Policy & Planning
April 27, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Representative for Children and Youth Reports Overview

Issue: Overview of Alignment with RCY Reports

Key Messaging and Recommended Response:

- **Our Ministry is pleased to accept recommendations in recent reports from the Representative for Children and Youth.**
- **The RCY has repeatedly identified a need for comprehensive system improvements that create 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 our priority actions to improve wellness for children, youth and young adults.**
- **Our Government is taking action on a coordinated mental health and addictions system of care for children, youth, and young adults.**
- **Investments include: Foundry youth centres; new youth substance use beds; early childhood programs; school-based programs for mental wellness promotion; and integrated child and youth teams of school counsellors, mental health practitioners, substance use workers, Indigenous-specific workers and peers to support children, youth and their families.**

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. The most recently released reports with recommendations either directed at or relevant to MMHA are:
  - *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)
- Consistent themes in RCY reports with respect to needed improvements to child, youth and young adults 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 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 quality of care provided in mental health facilities for youth.

FINANCIAL IMPLICATIONS

N/A

Approvals:
April 13, 2021 - Nick Grant, ADM, Strategic Policy and Planning
April 16, 2021 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Decriminalization

Issue: Decriminalization of controlled substances for personal use

Key Messaging and Recommended Response:

- **Decriminalization of controlled substances for personal use as a way to combat stigma is a priority for our government.**
- **When people are afraid of being treated like criminals and feel shame and stigma, it drives them to hide their drug use and use alone. It prevents people from reaching out for help, accessing lifesaving supports, and seeking treatment.**
- **A number of police forces in BC have responded to this crisis by introducing policies that redirect the focus of investigations away from 'simple possession' and instead prioritize drug trafficking and the supply of illicit drugs.**
- **BC will officially request a federal exemption from Health Canada to decriminalize personal possession of drugs in the province to remove the shame that often prevents people from reaching out for life-saving help.**
- **We believe that the federal government should act on a national scale because the overdose crisis is claiming lives across the country. But we are also exploring issues related to what a made-in-BC solution could look like.**
- **There is no one single magic bullet. It's not decriminalization only, it's not safe supply only, it's not building more treatment centres only. It's the full continuum of care. We need to use all the options available to us to tackle the overdose crisis.**

KEY FACTS

Background/Status

- On April 24, 2019, BC's Provincial Health Office (PHO) released a report recommending that the Province of BC urgently move to decriminalize people who possess controlled substances for personal use.
- The report contained 2 options for implementation in BC:
    - *Amend Provincial Policing Policy* — Use the powers under the *Police Act* that allow the Minister of Public Safety and Solicitor General (PSSG) to set broad

provincial priorities, to explicitly focused on a harm reduction approach, including alternatives to criminal charges and incarceration.

- *Amend Provincial Policing Regulation* — Include a provision that prevents any member of a police force in BC from expending resources on the enforcement of simple possession offences under Section 4(1) of the *Controlled Drugs and Substances Act*.

- The current ministry mandate letters call for the Ministry of Mental Health and Addictions (MMHA) to work alongside partners in the justice sector, including PSSG and the Ministry of the Attorney General, to push Ottawa to decriminalize simple possession.
- On February 3, 2021, the Minister wrote to the Federal Minister of Health to request support for exploring a s.56 exemption for BC.
- Intergovernmental Communications on April 28, 2021, the Minister wrote again to the Federal Minister of Health to advise that BC will be formally proceeding with a request for a s.56 exemption.
- In the absence of swift federal action to support decriminalization, MMHA is also exploring potential options to develop a made-in-BC approach.

Working with Policing Partners to Connect People to Care

- In 2018, MMHA, in partnership with PSSG, initiated the Policing Referrals to Substance Use System of Care Pilot (Policing Pilot) in Abbotsford, Vancouver and Vernon to support local policing and health authority partnerships in order to connect people at risk of overdose to substance use care and support.
    - *Abbotsford:* A team of peers/people with lived experience, called "Angels," provide peer support and navigation to those who have overdosed or are at high risk of overdose. The Angel team is embedded within the Abbotsford Police Department and receive referrals by phone or email.
    - *Vancouver:* VPD officers refer people who have overdosed or are at risk of overdose to the Vancouver Coastal Health Overdose Outreach Team who then provide proactive follow-up and connections to care.
    - *Vernon:* Local RCMP facilitate referrals of people who have overdosed or are at high risk of overdose to an Interior Health substance use treatment nurse.
- These pilots aim to provide timely referrals for people at high risk of overdose to the local substance use services and supports to: (1) reduce risk of overdose death in people identified at high risk of overdose; (2) improve health and social status of individuals referred; and (3) strengthen involvement from policing/public safety system in providing connections to substance use system of care.

Security Concern

FINANCIAL IMPLICATIONS

Security Concern

ESTIMATES NOTE

Approvals:

April 8, 2021 – Ally Butler, A/ADM, Strategic Priorities and Initiatives
April 29, 2021 – Dara Landry, Executive Lead, Corporate Services
May 5, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Interim Evaluation of the Overdose Response

Issue: Interim Evaluation of the Provincial Overdose Emergency Response

Key Messaging and Recommended Response:

- **In partnership with the Michael Smith Foundation for Health Research, the Ministry of Mental Health and Addictions has led an independent two-year performance evaluation of the overdose emergency response.**
- **Findings from the year-one interim evaluation showed that government is headed in the right direction with support for the comprehensive package of interventions that focuses on health sector interventions and strategies for enhancing a supportive environment.**
- **The interim evaluation also shows that there has been strong intersectoral collaboration, systemic change and service expansion and that funding for community initiatives such as Community Action Teams has enabled important local and regional partnerships.**
- **The interim evaluation confirms what our estimates tell us: over 6,000 deaths were averted since April 2016 thanks to the life-saving interventions we have been scaling up including access to naloxone, overdose prevention services, and improved access to opioid agonist treatment.**
- **The Ministry of Mental Health and Addictions will continue to work closely with its ministry and community partners to review and respond to key considerations in the report.**
- **A final report is due to the Ministry of Mental Health and Addictions and the Ministry of Health (HLTH) in April 2021.**

KEY FACTS

Background/Status:

- In partnership with the Michael Smith Foundation for Health Research (the Foundation), the Ministry of Mental Health and Addictions issued an RFP for an independent performance evaluation of the provincial overdose response. A consortium of three organizations were successful: InSource, Penny Cooper & Associates, and Reichert & Associates.
- The scope of the evaluation covers activity from the declaration of the emergency in April 2016 until June 1, 2020. In July 2019, an interim evaluation report was provided to government. The interim evaluation contains data and information up to June 2019. Work on year two components of the evaluation is complete.

ESTIMATES NOTE

- The evaluation focuses on the Comprehensive Package of Interventions that guides the work of the Overdose Emergency Response Centre including four essential health sector interventions (naloxone, overdose prevention services, acute overdose risk case management, treatment and recovery) and two of the four essential strategies for a supportive environment (peer empowerment and engagement; cultural safety).
- The evaluation drew on multiple data sources including: key informant interviews (including interviews with people with lived and living experience of drug use (PWLLE), a review of implementation documents and provincial and local monitoring data, a survey of Community Action Teams (CATs), and a Social Network Analysis (SNA) of provincial and regional stakeholders connected to the response.
- Key findings on the Delivery of Essential Health Sector Interventions include:
  - Naloxone: Marked increase in availability of naloxone and naloxone training; naloxone training and distribution is a key focus of the CATs.
  - Overdose Prevention Services: The number of sites offering witnessed consumption services (OPS and SCS) grew from 1 in December 2016 to 30 in June 2019 (31 as of March 2020). All regions have seen significant increases in visits to these sites; overdose prevention is a key focus of the CATs.
  - Acute Overdose Risk Case Management:
    - Systems for overdose risk case management are in progress throughout the province but in varying stages of development. Successes have been most evident in the increase in OAT patients and prescribers.
    - Stakeholders report that accessibility to other forms of treatment is considerably more varied with wait-times and geographic barriers to publicly funded treatment and recovery services. The landscape of public and private treatment and recovery services remains difficult to navigate and referral processes are unclear.
- Key Findings: Delivery of Essential Strategies for a Support Environment:
  - Peer engagement and employment:
    - The First Nations Health Authority's (FNHA) peer engagement and support system has been successfully implemented.
    - All 20 CATs funded in 2018 indicated that peer engagement is taking place. Over half of CATs surveyed indicated that at least some peers are paid for their contributions.
  - Cultural Safety and Humility:
    - Wide range of partnerships with FNHA and Indigenous organizations were reported at the regional health authority level.
    - Large majority (81%) of CAT survey respondents reported that they provide training on cultural safety and had policies on cultural safety. Fewer respondents felt that culturally appropriate and trauma-informed services and supports are available in their areas.
- Key Findings: Overall Operations:
  - Strong intersectoral collaboration with opportunity to engage additional partners
  - CATs are operating well and reporting that required systems are in place to support action with a wide range of local organizations participating.
  - Strong surveillance and monitoring data exist, but data sharing across ministries could be improved; some data gaps remain for population groups that are overrepresented in overdose deaths.

ESTIMATES NOTE

- The evaluation includes 24 recommendations related to the following areas:
  - Provincial stakeholders, relationships, and accountability
  - Community stakeholders, relationships, and accountability
  - Reach of the response
  - Health Sectors Interventions including expansion of naloxone, access to safer supply, expand operating hours for OPS and SCS, overcome municipal barriers to OPS/SCS, support police to address barriers to local OPS/SCS and other harm reduction services.
  - Treatment and Recovery: continue to remove barriers to OAT, expand access to treatment and recovery for a wide range of services.
- Overall, the year one interim evaluation concludes that the comprehensive package of interventions is a realistic approach based on strong fundamentals; significant change is being made toward systemic change, service expansion is evident, and estimates of deaths averted is a strong indicator of positive change.
- Next Steps: the OERC is working with the consultants to finalize the year two report and will work closely with the Ministry of Health and health authorities and will create an action plan to address the recommendations.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The total cost of the evaluation was $620,716.00 for the period of October 1, 2018 to September 30, 2020.
- HLTH provided the Foundation with $250,000 in 2017/18 and $150,000 in 2018/19 to fund the evaluation.
- The Foundation covered the remainder of the costs of approximately $250,000.

Approvals:

April 12, 2021 – Ally Butler, A/Assistant Deputy Minister, Strategic Priorities & Initiatives
April 15, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services, Ministry of Health
April 16, 2021 – Dara Landry, Executive Lead, Corporate Services, MMHA
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Evaluating Policing Pilots

Issue: Evaluation of pilots supporting referrals from law enforcement to health services for people at risk of overdose

Key Messaging and Recommended Response:

- **Substance use is a health issue and people who use substances should have the same access to the supports they need, like with any other health condition.**
- **We have supported law enforcement officials to help people at risk of overdose access vital health services.**
- **The final evaluation of this work is not yet complete because of delays due to COVID-19, but to date we are seeing some positive results.**
- **As we continue to work towards decriminalization, we need to support opportunities for law enforcement and other first-responders to help people at risk of overdose access harm reduction and treatment services.**

KEY FACTS

Background/Status:

- People with recent involvement with the criminal justice system are at increased risk of overdose death; several studies have found that in the first weeks following release from prison, risk of non-fatal overdose and overdose death is markedly increased, and overdose is one of the leading causes of death related to correctional institutions both during and after incarceration.
- In B.C. persons who had any incarceration history during 2010-2014 were 4.1 times more likely to die from overdose-related causes compared with those who did not have incarceration history.
- In 2018, the Ministry of Mental Health and Addictions and the Ministry of Public Safety and Solicitor General partnered to initiate the Policing Referrals to Substance Use Systems of Care Pilot (the pilot) to develop police-based referral pathways to treatment and support services for individuals at high risk of overdose in Abbotsford, Vancouver and Vernon.
- The pilot aligned with MMHA's mandate, Service Plan, and the Overdose Emergency Response Centre's comprehensive package of essential health sector interventions and essential strategies for a supportive environment to reduce overdose through: acute overdose risk case management that identifies individuals at risk of overdose; fast tracking pathways to treatment and care; and, peer empowerment and employment.
- It also aligned with the one-time federal Emergency Treatment Fund funded HOPE initiatives which provide resources to regional health authorities to establish and/or expand

local-level and first-responder capacity to provide connections to multidisciplinary forms of care and system navigation support.

- The pilot was part of a set of initiatives aimed at enhancing first responder capacity to provide appropriate referrals to care.
- While the pilot was executed differently in each of the three communities, each involved the development of a referral pathway and an agreement between the local police and health authority.
- The Abbotsford pilot, 'Project Angel' employed people with lived and living experience of substance use to provide peer support and service navigation. Between December 2018 and November 2019, 442 unique individuals were referred for peer support and follow up through Project Angel; of those, 54 were connected through the peer supports to Fraser Health's Substance Use Services.
- Project Angel is still active under the name Cedars Society and was funded through the Community Crisis Innovation Fund in 2019/20.
- Between December 2018 and November 2019, the Vancouver pilot directly referred 28 people at risk of overdose to Vancouver Coastal Health's Overdose Outreach Team. No specific funding was provided by the Province to support this pilot.
- Between December 2018 and November 2019, the RCMP initiated 40 direct referrals in Vernon to Interior Health for people at risk of overdose and distributed 66 naloxone kits to people in municipal cells. No specific funding was provided by the Province to support this pilot.
- The Ministry of Mental Health and Addictions began a case study evaluation of the pilot, but due to COVID-19 related public health guidance, it was not possible to connect with people who had been referred through these pilots and the evaluation remains incomplete.
- Early results from the case study evaluation indicate that all three models were successful in creating a protocol/referral pathway for policing services to identify people at risk of overdose and refer to the local substance use systems of care including opioid agonist treatment, harm reduction services, including overdose prevention services and drug checking services.
- Anecdotally, the pilot was also successful at shifting the perceptions of law enforcement officials towards people who use substances.
- Early evaluation results also identified challenges with sustainably providing education and training of police to support referrals, operationalizing direct referrals, and ongoing barriers to accessing treatment services.
- Activating and enhancing referral pathways from law enforcement to health service providers is an important consideration as British Columbia fast tracks the move toward decriminalization of small amounts of controlled substances for personal use.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- In 2018/19, the Ministry of Health (MOH) provided $1.5 million of funding to the Canadian Mental Health Association (CMHA) to develop and administer a Community Action Team (CAT) Grant program. Project Angel received a total of $0.18 million in CAT grants.
- In 2019/20, MOH provided $0.1 million from the Community Crisis Innovation Fund to CMHA to support Project Angel.
- In 2019/20 PSSG provided one-time funding of $0.1 million to Project Angel.

ESTIMATES NOTE

Approvals:
April 9, 2021 - Ally Butler, A/ADM, Strategic Priorities & Initiatives
May 4, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH
May 10, 2021 – Dara Landry, Executive Lead, Corporate Services
May 13, 2021 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC COVID-19 Spending

Issue: COVID-19 Response and Economic Recovery Initiatives

Key Messaging and Recommended Response:

- **To ensure British Columbians have increased access to vital mental health and addictions supports during the COVID-19 pandemic and beyond, the Province has provided over $30 million to expand existing mental health and addictions programs and services and launch new services to support British Columbians.**
- **We are working to give British Columbians more options for mental health and addictions support as we all take measures to prevent the spread of this virus.**
- **Enhanced virtual services will help all British Columbians with mental health and addictions needs arising from the COVID-19 pandemic, with a focus on adults, youth and front-line health care workers.**
- **The funding will also increase access for Indigenous communities and those living in rural and remote areas and provide more options for people living with mental health and addictions challenges who are currently unable to access in-person supports.**
- **The funding also supports additional measures in response to COVID-19 impacts on the overdose emergency.**

KEY FACTS

Background/Status:

- The funding will support enhanced virtual services for British Columbians with mental health and addictions support needs arising from the COVID-19 pandemic, with a focus on adults, youth, and front-line health care workers. It will provide more options for people living with mental health challenges who are currently unable to access in-person supports.
- The funding will also increase access for Indigenous communities and those living in rural and remote areas of the province. MMHA will continue to collaborate with Indigenous partners to ensure these services are culturally safe and responsive to the needs of Indigenous peoples in rural and urban areas.
- Existing services are being scaled up rapidly to meet increased need while new services are being implemented.
- The Ministry has partnered with Foundry Youth Centres, the Canadian Mental Health Association – BC Division (CMHA-BC), Provincial Health Services Authority, the BC Psychological Association and other community partners to deliver new and expanded mental health and addictions services these include:

- Providing more access to online programs for mental health by expanding the BounceBack and Living Life to the Full program. BounceBack provides online coaching and the Living Life to the Full program helps people deal with life challenges and learn self-management skills (CMHA-BC);
- Expanding access to no- and low-cost community counselling programs, including those that serve immigrant and refugee populations, and enabling them to be delivered virtually;
- Increasing access to online peer support and system navigation (CMHA-BC);
- Providing virtual supports for youth aged 12 to 24 by making Foundry services available around the province through voice, video and chat (FoundryBC);
- Providing more online tools and resources to help people assess and manage their own mental health;
- Supporting front-line health-care workers through a new online hub and providing virtual peer support (CMHA-BC);
- A new online psychological support service for health-care workers (BC Psychological Association);
- A new *Lifeguard App*, a mobile technology that alerts emergency first responders to a person at risk of an illicit drug overdose; and
- Expand capacity of the Rapid Access Consultative Expertise (RACE) Line that provides clinical advice and consultation immediately to primary care physicians and nurse practitioners across the province.
- Workplace mental health supports and promotion of psychological health and safety (CMHA-BC)
- Suicide prevention and life promotion programs and campaign (CMHA-BC, First Nations Health Authority and BC Association of Aboriginal Friendship Centres)

- Accelerated overdose emergency response measures due to the COVID-19 pandemic include increased access to outreach teams and registered nurses and overdose prevention services (including inhalation overdose prevention).
- Provision of one-time operational support funding to at risk services providers in the substance use supportive recovery sector.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Funding of $30.019 million has been provided in 2020/21 to support critical mental health and addictions responses to the COVID-19 pandemic (See Table 1 for breakdown).

ESTIMATES NOTE

Table 1: COVID-19 Response and Economic Recovery Initiatives

Initiative by Treasury Funding Decision	Approved Funding	Organization
Mental Health and Addictions' Response to COVID-19 Pandemic	**$5.875**	
Mental Health Self-screen App - $0.100M		*Canadian Mental Health Association*
Mental Health Virtual Peer Support (Living Life to the Fullest Course) - $0.171M		*Canadian Mental Health Association*
BounceBack Program - $1.000M		*Provincial Health Services Authority/Canadian Mental Health Association*
Virtual Community Counselling - $1.000M		*Canadian Mental Health Association/Community Action Initiatives*
Increasing Access to Online Peer Support and System Navigation - $0.470M		*Canadian Mental Health Association*
Foundry Virtual Care - $1.000M[2]		*Providence Health Care*
On-line Hub for Front-line Health Care Workers - $0.250M		*Canadian Mental Health Association*
Front-line Health Care Virtual Peer Support Program - $0.960M		*Canadian Mental Health Association*
LifeGuard App - $0.900M		*Provincial Health Services Authority*
RACE Line - $0.024M		*Provincial Health Services Authority*
Substance Use Supportive Recovery Services COVID-19 Support	**$2.500**	
Various Organizations - up to $0.045M each		*Various*
COVID-19 Impacts: Overdose Response[4]	**$10.497**	**All Regional Health Authorities**
Overdose Prevention Services 17 sites $4.505M		
Inhalation OPS + Supplies 12 sites $3.556M		
Additional Teams 14 Teams $1.776M ***Registered Nurses 12 Nurses $0.660M***		
One-time Economic Recovery Funding	**$4.335**	
Workplace Mental Health - $2.000M		*Canadian Mental Health Association*
Suicide Prevention - $1.335M		*Canadian Mental Health Association*
Suicide Prevention - $0.800M		*First Nation Health Authority*
Suicide Prevention - $0.200M		*Metis Nation BC*
Mental Health and Addiction Continuing COVID-19 Response	**$2.000**	

ESTIMATES NOTE

Initiative by Treasury Funding Decision	Approved Funding	Organization
Virtual Community Counselling - $1.400M		*Canadian Mental Health Association/Community Action Initiatives*
Foundry Virtual Care - $0.600M		*Providence Health Care*
Additional Community Counselling and Suicide Prevention Funding	***$4.812***	
Suicide Prevention and Living Life to the Full - $2.412M		*Canadian Mental Health Association*
Virtual Community Counselling - $2.4M		*Canadian Mental Health Association*
TOTAL COVID-19 Mental Health and Addictions Initiatives	**$30.019**	

Approvals:
April 13, 2021 – Dara Landry, Executive Lead, Corporate Services & Financial Accountability
April 16, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Mental Health Impact of the COVID-19 pandemic

Issue: COVID-19 has negatively affected population mental health and the effects may be long lasting.

Key Messaging and Recommended Response:

- **The pandemic is a time of increased stress and anxiety for British Columbians.**
- **Supporting British Columbians through the pandemic and beyond with effective mental health supports is vital to ensuring BC's social and economic recovery.**
- **This is exactly why we have put in place virtual mental health resources to support people during the pandemic and beyond, and why we will continue to build on other mental health resources for the long-term – including new Foundry centres and access to low or no cost community counselling services.**

KEY FACTS

Background/Status:

- Mental health and substance use problems have an impact on the BC economy.
    - A recent Canadian study shows poor mental health costs the Canadian economy $51 billion annually in lost time and lost productivity.[1]
    - British Columbia's proportional share is approximately $6.6 billion.
    - The United Nations notes that governments should expect a long-term upsurge in the number and severity of mental health and substance use issues as a result of the pandemic.[2]
- During the pandemic, British Columbians are experiencing worsened mental health:
    - During the first wave of the pandemic 46% of British Columbians reported their mental health was worsening and 18% were reporting they were quite or extremely stressed on most days.[3]
    - Ongoing data reveals that the pandemic continues to have a negative effect on the mental health of British Columbians. For example, as of the end of March 2021, 27% reported their mental health as bad or very bad.[4]

[1] Mental Health Commission of Canada, 2017. Strengthening the Case for Investing in Canada's Mental Health System.
[2] United Nations (2020) Policy Brief on "COVID-19 and the Need for Mental Health Action. Retrieved June 10, 2020 from https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf"
[3] BC Centre for Disease Control Foundation for Public Health. 2020. BC Covid-19 Speak Results. Available from https://public.tableau.com/profile/bccdc#!/vizhome/BCCOVID-19SPEAKSurvey/BCCOVID-19SPEAKresults
[4] Leger (2020). North American Tracker: March 29, 2021.

- We know there is a correlation between unemployment rates and suicide rates - as unemployment increases, so does suicide. Experts have estimated that COVID-19 related unemployment could result in additional suicides in Canada.[5]
    - Preliminary BC Coroner's data suggests there was a slight decrease in suicides for January 1 to August 31 2020 (408) compared to the same period in 2019 (440).[6]
    - In mid-September, 8% of British Columbians reported suicidal thoughts/feelings and 1% have intentionally harmed themselves in response to COVID-19.[7]
- While fewer people died of an illegal drug overdose in 2019 than in previous years of the public health emergency, deaths are again on the rise due to intersecting public health emergencies (see MMHA54 – Overdose Data and Surveillance).
- The pandemic has disproportionately affected the mental health of those who previously experiencing mental health issues and/or other forms of marginalization (e.g., Indigenous People, Black People, People of Colour, LGBTQ2S+ people, new immigrants, people with disabilities, women, economically marginalized people).
- Younger people and those with children are also especially impacted by the pandemic.
- Health care workers have also been negatively affected by the pandemic:
    - A one-time study of BC nurses conducted in June and July 2020 found that compared to October-December 2019 there has been increases in moderate to severe anxiety (28% to 38%), moderate to severe depression (31% to 41%), and high emotional exhaustion (56% to 60%) while PTSD remained consistent (48% to 47%).[8]

Mental Health Supports

- We know that for every $1 invested into the treatment and support of mental health disorders, we see a return of $4 in improved health and productivity.
- In response to COVID-19, the Province increased access to mental health supports and addiction responses.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Funding of $30.019 million has been provided in 2020/21 to support critical mental health and addictions responses to the COVID-19 pandemic:
    - Virtual Supports including supports for front line workers $1.780 million
    - Lifeguard App and RACE line support $0.924 million
    - Foundry Virtual and Bounce Back $2.600 million
    - Expanded Community Counselling $4.800 million
    - Suicide Prevention/Living Life to the Full $4.918 million
    - Workplace Mental Health Supports $2.000 million
    - Substance Use Sector Grants $2.500 million
    - Accelerated Overdose Response $10.497 million

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[5] McIntyre, R. S., & Lee, Y. (2020). Projected Increases in Suicide in Canada as a Consequence of COVID-19. *Psychiatry Research*.
[6] BC Coroners Service (2020). BC Coroners Service (BCCS) Suicide Data – Knowledge Update to August 31, 2020. Available from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/suicide_knowledge_update.pdf
[7] Canadian Mental Health Association (2020). Summary of Findings Mental Health Impacts of COVID-19: Wave 2. Available from: https://cmha.ca/wp-content/uploads/2020/12/CMHA-UBC-wave-2-Summary-of-Findings-FINAL-EN.pdf
[8] Havaei, F., MacPhee, M., Ma, A., Gear, A., & Sorensen, C. (2020). A provincial study of nurses' COVID-19 experiences and psychological health and safety in British Columbia, Canada.

ESTIMATES NOTE

Approvals
April 12, 2021 – Nick Grant, ADM, Strategic Policy and Planning
April 28, 2021 – Dara Landry, Executive Lead, Corporate Services and Financial Accountability
May 2, 2021 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Dual Public Health Emergencies

Issue: The COVID-19 pandemic and accompanying health measures are compounding the existing overdose public health emergency and increasing risk of overdose, illness, and death among individuals who use substances

Key Messaging and Recommended Response:

- **People who use drugs are at increased risk for COVID-19 related harms due to underlying health conditions. They are also at increased risk for substance use related harms due to public health guidance to self-isolate that has resulted in more people using alone.**
- **COVID-19 precautions have impacted access to services and led to reduced social supports, disrupted routines, and increased housing and income insecurity.**
- **Since March 2020, monthly overdose deaths have been among the highest on record.**
- **In response to the dual public health emergencies, MMHA has spearheaded a number of initiatives:**
  - ***Risk Mitigation in the Context of Dual Public Health Emergencies* to support COVID-19 measures and reduce the risk of overdose.**
  - ***Provincial Episodic Overdose Prevention Services (e-OPS) Protocol* for health and social service sectors for observing consumption of substances outside of established SCS/OPS locations.**
  - **Launch of the Lifeguard app to reduce the risk of fatal overdose for individuals using alone. As of March 1, 2021, there were 30,113 total app sessions, with 3,705 total Lifeguard app users. To-date Lifeguard usage has prompted 60 emergency responder calls resulting in 14 illicit drug toxicity poisoning reversals, six false alarms, 40 confirmed OK call-backs and zero deaths.**
  - **24/7 Clinical Support Line through BCCSU to provide in-the-moment addiction medicine support to clinicians.**
  - **Development of a new prescribed safer supply policy directive.**
  - **PHO Order authorizing registered nurses and registered psychiatric nurses to prescribe medications to support**

individuals with OUD.

- **Announced ongoing funding to extend and enhance the accelerated overdose emergency measures announced in August 2020 in response to the COVID-19 pandemic.**

KEY FACTS

Background/Status:

- MMHA is working with the Office of the Provincial Health Officer's (PHO) Unintended Consequences Working Group to track beneficial and harmful impacts of British Columbia's COVID-19 response-related control measures.
- In October 2020, the OERC, in collaboration with the BCCDC, produced a report on the Unintended Consequences of COVID on Overdose.
- The report suggests thirteen considerations for action across four categories: addressing inequities for underserved populations, including structural discrimination; addressing criminalization; addressing the toxic drug supply; and improving health services.
- Compared to the general population, people who have had an overdose are more likely to have several co-occurring physical health conditions and because of those co-occurring conditions, they are at higher risk of severe COVID-19 symptoms.
- Access to safer environments to use substances also decreased during COVID-19, resulting in more people using alone.
- The risk for substance use related harms has also increased through the reduction of social supports, disrupted routines and increased housing and income insecurity.
- Attendance at overdose prevention and supervised consumption sites was down more than 50% in April 2020 and although attendance has been increasing since May 2020, it is still not at pre-pandemic levels.[i]
- The drug supply is becoming increasingly toxic. Post-mortem toxicology results show a greater number of cases with extreme fentanyl concentrations since March 2020 compared with previous months.[ii]
- In response to the dual public health emergencies, MMHA took a number of immediate actions to address the unintended consequences of COVID-19.
- In March 2020, the Risk Mitigation in the Context of Dual Public Health Emergencies was released in partnership with the BCCSU to provide guidance for prescribing substances to support COVID-19 measure and to reduce the risk of overdose. To date, approximately 6,000 people have received prescriptions under this guidance.
- In May 2020, the episodic overdose prevention protocol was released to support observed consumption in locations outside of established OPS/SCS.
- In May 2020, the Lifeguard Mobile App was launched in partnership with PHSA to reduce the risk of fatal overdose for people using alone by connecting them with emergency health services if needed. To date, there have been over 35 thousands sessions through Lifeguard app and 17 overdose reversals.
- In September 2020, the Provincial Health Officer (PHO) issued an order authorizing registered nurses (RN) and registered psychiatric nurses (RPN) in BC to prescribe specific drugs, including controlled substances, to remove people from the toxic drug supply, and to address the effects of substance use by people diagnosed with a substance use disorder. In the first phase, as of March

2021, RNs/RPNs have been authorized to prescribe opioid agonist treatment, beginning with buprenorphine/naloxone (Suboxone®).

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The Province provided $1.05 million to the PHSA to fund the Lifeguard App which was launched on May 2020.
- The Province committed $10.5 million in 2020/21 in response to the unintended impacts COVID-19 have had on the overdose public health emergency including expanded overdose prevention services, increased inter-disciplinary outreach teams, and increased registered nurses to support nurse prescribing.
- Budget 2021 provides another $45 million Advice/Recommentations; Government Financial Information

Advice/Recommentations; Government Financial Information

Approvals:
April 15, 2021 – Ally Butler, A/ADM Strategic Priorities & Initiatives
April 29, 2021 – Dara Landry, Executive Lead, Corporate Services
May XX, 2021 – Christine Massey, Deputy Minister

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[i] BC Centre for Disease Control. (2021). *Overdose Response Indicators.* Available at: http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#BCAS

[ii] BC Coroners Service (2021). *Illicit Drug Toxicity Deaths in BC January 1, 2011-February 28, 2021.* Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

ESTIMATES NOTE

TOPIC: Eating Disorders

Issue: Eating Disorders and COVID-19 Impacts

Key Messaging and Recommended Response:

- **We have heard from service providers and people with lived experience that services for those living with and recovering from eating disorders have been impacted by the COVID-19 pandemic.**
- **The onset of the pandemic resulted in the sudden closure of many services.**
- **The implications of the pandemic, including increased anxiety and depression due to social isolation and disruption of routines, have contributed to an environment in which eating disorders are prevalent, often in isolation and secrecy.**
- **Overall, people with eating disorders across the province are experiencing worsening illness, met with reduced service capacity and resources to support them.**
- **Budget 2021 provides funding to ensure that those living with eating disorders and their families have access to the services they need by increasing access to virtual peer support services and enhancing existing eating disorders services in the regional health authorities.**

KEY FACTS

Background

- There are eight eating disorders (ED) in the fifth edition of the Diagnostic Manual including six specific diagnosis: Pica, Rumination Disorder, Avoidant/Restrictive Food Intake Disorder, Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder. They also include two "umbrella" diagnosis: Other Specified Feeding or Eating Disorder and Unspecified Feeding or Eating Disorder.
- EDs are a serious mental health concern that impacts people regardless of gender, age, racial and ethnic identity, sexual orientation, or socioeconomic background. However, barriers to accessing timely, culturally applicable, and seamless treatment leads to inequitable outcomes and disproportionately impacts marginalized populations.
- Approximately 600,000 - 900,000[i] Canadians meet the diagnostic criteria for an ED with many Canadians experiencing distressing disordered eating patterns that do not meet the criteria for diagnosis. EDs have the highest overall mortality rate of any mental illness, with estimates between 10-15% for AN and 5% for BN[ii].
- Services are provided through Child and Youth Mental Health (MCFD), regional health authorities, community agencies, and for-profit organizations and span the continuum of

care including mental health promotion and literacy, ED prevention, and in/outpatient services.

- The wait times for EDs services varies by program and region (see Appendix A); the pandemic has exacerbated existing wait times and the demand for service exceeds capacity.
- In 2010, the Ministry of Health developed a provincial action plan for EDs: *Action Plan for Provincial Services for People with Eating Disorders*[iii]. Now ten years later, MMHA, in close collaboration with other ministries, service providers, and Indigenous partners, will examine the current state of eating disorder care in the province and lead the development of an updated Plan for Eating Disorder Care in BC.

COVID-19

- During the COVID-19 pandemic many ED services were reduced or closed due to physical distancing parameters.
- Individuals with, or recovering from, EDs are negatively impacted by the pandemic. Symptoms may be exacerbated by disruption of daily activities, social isolation, and modified physical activity and sleep. The disruptions to living situations may include increased isolation and reduced access to support networks, changes to physical activity rates, reduced access to healthcare services and disruption to perceived control[iv].
- Individuals with EDs are experiencing rising anxiety, depression, and substance use[v]. Concerns about food scarcity, reduced access to grocery stores, and potential food contamination has caused increased anxiety and isolation.

Budget 2021

- Budget 2021 provides funding to:
    - enhance eating disorders care by hiring additional FTEs within each of the regional health authorities. This investment will augment existing eating disorder services and facilitate timely access to services, reduce wait times due to the pandemic and ensure that shorter wait times are sustained beyond the pandemic, and;
    - support the Looking Glass Foundation to increase access to virtual peer supports for those living with eating disorders. The investment in virtual peer support will help improve access and quality of care by leveraging the unique relationship between the individual accessing services and their peer support mentor increasing the likelihood of people asking for help when they feel most vulnerable.

FINANCIAL IMPLICATIONS

- Budget 2021 provides $7 million over three years in new funding to expand eating disorder care at each of the health authorities.

Approvals:
May 18, 2021 – Nick Grant, Strategic Policy and Planning
May 20, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division
May 21, 2021 – Dara Landry, Executive Lead and Chief Financial Officer Corporate Services and Financial Accountability
May 24, 2021 – Christine Massey, Deputy Minister

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[i] Government of Canada. (2014). Eating Disorders Among Girls and Women in Canada: A Report on the Standing Committee on the Status on Women. https://www.ourcommons.ca/DocumentViewer/en/41-2/FEWO/report-4
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[iii] Ministry of Health. (2010). Action Plan for Provincial Services for People with Eating Disorders. https://www.health.gov.bc.ca/library/publications/year/2010/ED-services-action-plan-master.pdf

[iv] Branley-Bell, D & Talbot, C. (2020). Exploring the impacts of the COVID-19 pandemic and UK lockdown on individuals with experience of eating disorders. Journal of Eating Disorders. https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-020-00319-y

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Provincial Wait-times for Eating Disorders Services – March 2018 - Present

Program Name	03/2021 Wait Time	12/2020 Wait Time	03/2020 Wait Time	03/2019 Wait Time	03/2018 Wait Time
Provincial Adult Tertiary Specialized Eating Disorder Program 4NW	22 weeks	22 weeks	22 weeks	16 weeks	8 weeks
BCCH Provincial Specialized Eating Disorders Program[1]	Unavailable*	3-4 weeks for assessment; intake triage based on medical acuity*	11 weeks avg.	9 weeks avg.	12 weeks avg.
Looking Glass Residence	Unavailable*	16-20 weeks	37 weeks avg.	36 weeks avg.	23 weeks avg.
Vancouver Coastal Health Eating Disorder Program	Child/Youth: 27-36 weeks Adult: 22-33 weeks	Child/Youth: 36-52 weeks Adult: 27-36 weeks	Child/Youth: 13-18 weeks Adult: 18 weeks	Child/Youth: 18-22 weeks Adult: 9-13 weeks	Child/Youth: 18-22 weeks Adult: 9-13 weeks
Richmond Eating Disorders Program	18-27 weeks	No waitlist	No waitlist	No waitlist	No waitlist
Fraser Eating Disorders Programs	27-36 weeks	6-15 weeks	9-22.5 weeks	4-12 weeks	4-12 weeks
Kelowna Eating Disorders Program	Child/Youth: 25 weeks Adult: 18-22 weeks	Child/Youth: 12 weeks Adult: 8 weeks	Child/Youth: 12 weeks Adult: 8-12 weeks	Child/Youth: 4-6 weeks Adult: 4-8 weeks	Child/Youth: 12 weeks Adult: 8 weeks
Northern Health Regional Eating Disorder Clinic[2]	27+ weeks	4-12 weeks	8 weeks	4-8 weeks	4-8 weeks
South Vancouver Island Eating Disorder Program[3]	Child/Youth: 36-45 weeks Adult: 27-54 weeks	Child/Youth: 27 weeks Adult: 27-36 weeks	12 weeks	6-8 weeks	5-7 weeks

[1] BCCH are currently working under an urgent/emergent mandate, investing triple the amount of resources into outreach for their outpatient population and supporting community hospitals, as well as providing virtual in-hospital support and team-to-team consultation. This has had a positive impact on the waitlist for BCCH services, which does not reflect the current strain on services in the BCCH ED program.
[2] NHA recently implemented a new EMR system and cannot run reports prior to 2020. 2016-19 data presented are best estimates
[3] South Vancouver Island EDP does not collect official wait time data; these figures are best estimates

ESTIMATES NOTE

TOPIC Suicide Prevention/Life Promotion

Issue: Suicide Prevention/Life Promotion During the COVID-19 Pandemic

Key Messaging and Recommended Response:

- **It is vital that people in our communities struggling with suicidal thoughts have access to help when and where they need it.**
- **Nobody should have to face mental health challenges alone.**
- **Government is committed to supporting those who are experiencing hopelessness and are at risk of suicide. Everyone should feel like they have a life worth living.**
- **Expanding the reach of suicide prevention programs for students and Indigenous youth ensures more young people access to the tools, skills and community supports they need to cope in challenging times.**
- **Budget 2021 provides $3M over three years to implement Zero Suicide Framework grants throughout the health authority regions.**

KEY FACTS

Background

- Suicide and suicidal behaviours have complex underlying causes such as mental illness, substance use disorder, family history of suicide, exposure to violence, and others.[i]
- Protective factors that can reduce vulnerability to suicide include social connectedness, positive adult relationships, socio-economic situation, and others.[ii] Additionally, Nation self-determination and a connection to ones culture are Indigenous specific protective factors[iii].
- As part of *A Pathway to Hope*, the Province has committed to supporting suicide prevention and life promotion (SPLP) through the development of a counselling line for post-secondary students and streamlining existing crisis lines.
- Pandemics and other large-scale emergencies can negatively affect mental health and increase problematic substance use, both during the event and long after.
- There is a correlation between unemployment rates and suicide rates[iv] making suicide prevention in the context of COVID-19 a critical priority. We know that young adults and Indigenous people are experiencing high rates of joblessness during the pandemic.
- Projections, based on an increase of unemployment due to COVID-19, result in an increase in suicide rates in Canada[v].
- BC Coroners service reported that from April 2020 to February 2021, there were 534 confirmed deaths by suicide in the province, 12% fewer than reported between April 2019 and February 2020. However, data must be interpreted with caution as undetermined deaths may be reclassified[vi].

ESTIMATES NOTE

Enhanced Provincial Crisis Line Network

- Provincial Health Services Authority is leading the development of an enhanced, efficient provincial crisis line network to reduce duplication and provide emotional support, information, referral, crisis and suicide prevention/intervention services.
- Specifically, the Crisis Line Enhancement Project is to provide crisis lines with much-needed technology, performance monitoring, and staffing enhancements. This will significantly enhance their capacity to meet demand for vital crisis line services.
- From April 1, 2020- March 31, 2021, provincial crisis lines have answered 48,912 calls and have made 11,124 subsequent referrals to primary care networks and/or local community centers[vii].

Here2Talk

- In April 2020, the Ministry of Advanced Education, Skills and Training launched Here2Talk counselling and referral line.
- All students registered in a B.C. post-secondary institution have access to free, confidential counselling and community referral services, available 24/7 via app, phone, and web.
- As of August 2021, Here2Talk has been accessed over 10,300 times, serving over 3,200 students. [viii]

COVID-19 Investments in Suicide Prevention/Life Promotion

- The Province invested $4.3 million to provide essential supports for people at risk during the pandemic, including:
  - $3.3 million to the Canadian Mental Health Association-BC Division (CMHA-BC) to expand and enhance suicide prevention through a series of grants administered to post-secondary institutions. Grants will support engaging students at risk, treatment, support, and referral programs.
  - $0.8 million to the First Nations Health Authority (FNHA) to deliver expanded SPLP services in First Nations communities and to expand youth advisories in more regions.
  - $0.2 million to Métis Nation B.C. (MNBC) to promote youth wellness initiatives by developing Métis-specific online mental health support courses as well as an anti-stigma and life promotion awareness campaign.

Budget 2021

- Government is investing $3M, over three years, to CMHA-BC to implement Zero Suicide Framework grants throughout the health authority regions.
- The Zero Suicide Framework focuses on system wide culture change, workforce training, suicide risk identification, suicide care management, use of evidence-based treatments, effective care transitions, and continuous quality improvement.
- The pandemic has highlighted a critical need to understand the current state, gaps, and barriers for SPLP services throughout the province. Consequently, the ministry is currently in the planning phase to develop a provincial SPLP framework.

FINANCIAL IMPLICATIONS

- Budget 2021 invests $3M, over three years, to the CMHA-BC to administer Zero Suicide Frameworks in each health authority region.

ESTIMATES NOTE

- As part of the COVID-19 response, the Province has provided $4.3 million in support of SPLP. Funding has been provided as follows:
    - $3.3 million to CMHA-BC
    - $0.8 million to the FNHA
    - $0.2 million to Metis Nation BC

Approvals:
May 20, 2021 – Nick Grant, Strategic Priorities and Planning
May 26, 2021 – Gordon Cross obo Philip Twyford, ADM, Finance and Corporate Services Division
May 26, 2021 – Dara Landry, Executive Lead, Corporate Services
May 26, 2021 – Christine Massey, Deputy Minister

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