

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

Version date – March, 2022

| SECTION | TITLE | TAB |
|--------------------------------------|--|-----|
| Ministry Overview | Ministry Overview and Mandate Letter | 1 |
| | Ministry FTEs | 2 |
| | Service Plan 2022-23 | 3 |
| Financial | Budget 2022 | 4 |
| | Federal Funding — Early Actions Initiatives | 5 |
| | Federal Funding — Emergency Treatment Fund | 6 |
| | Grants Funding | 7 |
| | Ministry Operations Budget | 8 |
| | Overdose - Financial Overview | 9 |
| | Pathway to Hope - Financial Overview | 10 |
| PATHWAY TO HOPE: | Pathway to Hope Overview | 11 |
| Children, Youth, Young Adults | Children, Youth and Young Adults Mental Health and Addictions Overview | 12 |
| | Foundry | 13 |
| | Integrated Children and Youth Teams | 14 |
| | Mental Health in Schools | 15 |
| | Rights Advice Service | 16 |
| | Step Up/Down Specialized Supports | 17 |
| | Youth Stabilization Care | 18 |
| | Youth Substance Use System of Care | 19 |
| | Youth Transitions | 20 |
| Indigenous-led Solutions | Declaration on the Rights of Indigenous Peoples Act | 21 |
| | Indigenous-led Solutions | 22 |
| | Indigenous-specific Racism in Healthcare | 23 |
| | First Nations Treatment Centres | 24 |
| Substance Use | Access to Treatment and Recovery (Investments) | 25 |
| | Alcohol Use and Response | 26 |
| | Building Substance Use System of Care (Framework) | 27 |
| | CAPUD Litigation | 28 |
| | Community Substance Use Treatment Beds | 29 |

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

Version date – March, 2022

| SECTION | TITLE | TAB |
|--------------------------|--|-----|
| | Decriminalization | 30 |
| | Oversight of Recovery Homes | 31 |
| | Prescription Monitoring Program (HLTH Note) | 32 |
| Improved Access | ACT teams | 33 |
| | Community Counselling Grants | 34 |
| | Community-Based Mental Health Crisis Response (Freeing up police) | 35 |
| | Complex Care Housing | 36 |
| | Rural and Remote | 37 |
| | Situation Tables | 38 |
| | Wildfire & Flood Recovery – Mental Health Wellness | 39 |
| | Workplace Mental Health Initiatives | 40 |
| Toxic Drug Crisis | First Nations and Indigenous People – Tox Drug Crisis and FNHA Response | 41 |
| | New Community Response (Community Action Teams, Community Crisis Innovation Fund) | 42 |
| | Nurse Prescribing | 43 |
| | Opioid Agonist Treatment / OAT (includes full OAT spectrum: OAT, iOAT, TiOAT) | 44 |
| | Opioid Litigation/ Legislation | 45 |
| | Prescribed Safer Supply | 46 |
| | Responding to the Toxic Drug Crisis in BC (Naloxone, OPS, Drug Checking, Mobile Response Team, Municipal Issues) | 47 |
| Key Enablers | Mental Health and Addictions Workforce | 48 |
| | Mental Health and Addictions – Evaluation and Monitoring | 49 |
| | Research Overview | 50 |
| General | Anti-racism | 51 |
| | Counselling Therapists | 52 |
| | Digital Front Door – Wellbeing.ca | 53 |
| | Mental Health Act | 54 |
| | Psychedelics | 55 |
| | Riverview (AG Note) | 56 |
| | Stop the Stigma Marketing Campaign | 57 |
| Reports | BC Coroners Service – Death Review Panel Report – Illicit Drug Overdose Deaths in BC (NEW REPORT) | 58 |

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

Version date – March, 2022

| SECTION | TITLE | TAB |
|-----------------|--|-----|
| | BC Centre on Substance Use (BCCSU) Report – Heroin Compassion Clubs | 59 |
| | In Plain Sight - RCY | 60 |
| | Ombudsperson Report – Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act | 61 |
| | PHO Report – Stopping the Harm, Decriminalization of People who use Drugs in BC | 62 |
| | RCY Reports Overview | 63 |
| COVID-19 | Unintended Consequences of COVID-19 Measures | 64 |
| | Impact of COVID-19 – Overall impact of mental health of population as a whole | 65 |

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

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

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

ESTIMATES NOTE

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 work-related pain, including improving pain management practices for injured workers and providing treatment on demand to those with chronic pain as a result of workplace injuries.

ESTIMATES NOTE

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.

- 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:

February 24, 2022 – Tamara Casanova, Director

February 27, 2022 – Christine Massey, Deputy Minister

Ministry of Mental Health and Addictions

Budget 2022

TOPIC Ministry FTEs

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

Key Messaging and Recommended Response:

- The ministry has a total of 92 staff including the Minister's Office
- The ministry has an annual salaries/benefits budget of \$15.24 million in 2022/23, \$15.50 million in 2023/24 and \$15.57 million in 2024/25

KEY FACTS

Background/Status:

- Last year the Ministry FTE count was 83, with additional Ministry resourcing funding as part of Budget 2022, the Ministry expected FTE count will be 107.
- As of February 1, 2022, the ministry has 92 staff, which includes five staff in the Minister's Office; 10 of these positions are filled through a temporary assignment.
- The ministry has grown on average 16.5% per year over the last four years; the ministry received a budget lift in 2022/23 to address resourcing requirements to progress on its expanded mandate (See BN2022 – Ministry Resourcing).
- Employees in the Child, Youth and Mental Health Policy division are dedicated to priorities such as the development of province-wide integrated child and youth teams, complex care housing, and youth stabilization care.
- Employees in the Substance Use Policy division are focused on priorities like the overdose emergency response, decriminalization, and transfer of oversight of recovery homes.
- Employees who work for Government Communications and Public Engagement (GCPE) are not included in the ministry's staffing count.

| | Minister's Office | Deputy Minister's Office | Corporate Services Division | Child, Youth & Mental Health Division | Substance Use Policy Division | Total* |
|-----------------------------|-------------------|--------------------------|-----------------------------|---------------------------------------|-------------------------------|--------|
| Total 2022 FTE Count | 5 | 6 | 9 | 40 | 32 | 92 |

*As at February 1, 2022

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The ministry has an annual salaries/benefits budget of \$15.24 million in 2022/23, \$15.50 million in 2023/24 and \$15.57 million in 2024/25.

Ministry of Mental Health and Addictions

Budget 2022

Salary and Benefits Estimates Details (\$000):

| | 2022/23 Estimates | 2023/24 Planned | 2024/25 Planned |
|---|-------------------|-----------------|-----------------|
| Minister Office | \$529 | \$538 | \$538 |
| Deputy Minister Office | \$684 | \$684 | \$684 |
| Corporate Services | \$1,360 | \$1,360 | \$1,360 |
| Children, Youth & Mental Health and Substance Use Policy Divisions | \$12,670 | \$12,922 | \$12,989 |
| Total | \$15,243 | \$15,504 | \$15,571 |

Approvals:

February 16, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC MMHA Service Plan

Issue: The Ministry of Mental Health and Addictions 2022/23 – 2024/25 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*.
- This strategy was informed by feedback from people from many perspectives, including Indigenous Peoples, people with lived and living experiences, families, and health care professionals on how to deliver mental health and addictions services and supports more effectively.
- We are working across government to build systems of care in mental health and addictions focused on prevention, early intervention, treatment, and recovery.
- 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.

ESTIMATES NOTE

- The 2022/23 Service Plan aligns with the strategic priorities embedded in the *Pathway to Hope* and the Minister's mandate letter, updated in November 2020 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.

If asked about the changes to Performance Measures:

Foundry:

- There has been no change to our implementation plan for Foundry centres – only a change to the language in the service plan.
- We are continuing to open new Foundry centres in communities across BC.
- Comparing the 2021 Performance Measure with this year's plan, the key change is:
 - Last year measured the number of centres operating or in implementation.
 - This year measures the number of centres operating – those with doors open and helping children and youth.
- The centres being perceived as missing are those that would be in the planning and implementation stages.
- 11 centres are open now. Eight more are in the works with four centres set to open this year.
- We are committed to opening as many Foundry centres as we can as quickly as possible.
- We have also funded the development of Foundry Online and the Foundry app, so children and youth can access these important services no matter where they live in BC.

ICY Teams:

- We have committed \$40 million to create integrated child and youth teams in 15 more communities around B.C.
- There has been no change to the funding, the work is happening on the ground as quickly as possible.
- We will be announcing the locations of the next five teams later this year.
- We know that there is much more to do to respond to the need for supports in communities across BC.
- That's why we continue to make historic investments in mental health and addictions – like the \$53 million in early psychosis intervention

ESTIMATES NOTE

supports, which includes adding 100 new full-time care providers into the system.

- **This past year we have:**
 - **opened 30 youth substance use treatment beds,**
 - **provided millions for mental health in schools programs,**
 - **launched the Foundry app,**
 - **and more to support youth mental health.**
- **The mental health & wellbeing of children and youth is a priority for our government, and we will continue to do what it takes to expand vital services across BC.**

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 2022/23 service plan was tabled in the Legislature and released publicly on Budget Day, February 22, 2022.
- The Plan outlines that the Province will continue its whole-of-government response to the COVID-19 pandemic with a focus on protecting the health, social and economic well-being. Building on our economic, environmental, and social strengths while looking to seize opportunities to improve outcomes is an important aspect of each ministry's work to respond to COVID-19 and recover from devastating floods and wildfires.
- The 2022/23 Service Plan goals reflect government's broader five foundational principles: 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

ESTIMATES NOTE

housing systems to provide more culturally-safe and effective mental health and addictions services that better meet the needs of all British Columbians.

- The 2022-23 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.
 - 3) Median number of days between client referral and service initiation for bed-based treatment and recovery services.
 - ***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.
- Highlights on changes to Performance Measures:
 - Foundry: The Budget 2022 Ministry Service Plan indicates that by the end of the 2024/25 fiscal year there will be 19 Foundry centres operating in the province. Due to a change in language regarding the performance measure (removing “in implementation”) as compared to previous service plans, this appears to be 4 sites short of the Budget 2021 commitment. However, ministry numbers show that when accounting for those centres in implementation, the Ministry is on track to meet commitments.
 - ICY Teams: The Budget 2022 Ministry Service Plan indicates that by the end of the 2024/25 fiscal year there will be 15 integrated children and youth teams operational or in implementation – this is 5 teams short of the Budget 2021 commitment.

FINANCIAL IMPLICATIONS

- The Ministry’s restated operating budget is \$21.38 million in 2021/22, \$24.60 million in 2022/23, \$25.15 million in 2023/24 and 25.22 million in 2024/25 – over 62% is for salaries/benefits for ministry staff.
- The Ministry’s operating budget in Budget 2022 compared to Budget 2021 has increased by \$11.87 million due to new staff and operations resources and budget transfers (see Ministry Operating Budget EN or Ministry FTE EN for further details).
- Much of the budget for mental health and addictions programs or services is in the budgets of ministries delivering the programs or services.

Approvals:

March 2, 2022 – Tamara Casanova, Director, Operations

February 16, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 3, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Budget 2022

Issue: Budget 2022 investments for Complex Care Housing

Key Messaging and Recommended Response:

- **Complex care housing is a ground-breaking approach to address the needs of our communities' most vulnerable people – those with significant mental health, substance use and other complex challenges who need a level of support that goes beyond what the current model of supportive housing can provide.**
- **Budget 2022 investments of \$164M over the next three years will support new complex care housing services and sites in the lower mainland, Vancouver Island, and the Interior with plans underway to support approximately 500 individuals.**

Advice/Recommendations

- ***Not yet announced* - Budget 2022 funding is in addition to investments of \$4.6M being made in 2021/22 to kickstart complex care housing services in communities including Surrey, Abbotsford and Vancouver, as well**

Advice/Recommendations

KEY FACTS

Background/Status:

- Complex care housing is an early component of the forthcoming provincial homelessness strategy.
- With provincial leadership and oversight from MMHA, services are being implemented by health authorities and the Aboriginal Housing Management Association (AHMA) in partnership with BC Housing, non-profit housing operators, and communities.
- Budget 2022 commits \$164M over three years to implement complex care housing across BC, with plans for additional funding for projects that are in the final stages of planning.
- The \$164M in Budget 2022 for the Ministry of Health (HLTH) will fund:

Advice/Recommendations

ESTIMATES NOTE

Advice/Recommendations

plus ongoing funding for 2 projects

announced on January 20, 2022.

- 2 projects in Island Health (Victoria)

Advice/Recommendations

- Not included in Budget 2022, are additional projects in the planning phase, including:

Advice/Recommendations

- Interior Health services and sites (Kelowna, Kamloops)

Advice/Recommendations

- CMHA's civilian-led crisis response pilot funding

Advice/Recommendations

- Program funding will flow through HLTH to the health authorities and AHMA for implementation of services. MMHA is responsible for guiding implementation.
- An additional \$2.74M (within the \$164M) over three years will be added to MMHA's base budget for new FTEs to lead provincial coordination and oversight of complex care housing.

FINANCIAL IMPLICATIONS

- The total approved Budget 2022 investment in complex care housing is \$163.62.

| | 2022/23 | 2023/24 | 2024/25 | Total |
|---------------|--------------|--------------|--------------|---------------|
| HLTH | 53.96 | 53.46 | 53.46 | 160.87 |
| MMHA | 0.90 | 0.91 | 0.93 | 2.74 |
| Totals | 54.86 | 54.37 | 54.39 | 163.62 |

Approvals:

February 24, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9, 2022 – 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.
- The initial focus was 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.
- It is expected this agreement will be renewed for the remaining five years of the 10-year commitment.
- 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 billionⁱ 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 funding from the Federal Government through 2021/22.

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)
- At this time the final 5 years of funding is not confirmed.
- This funding is held by the Ministry of Health.

Approvals:

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 9, 2022 – 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 \$33.98 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 health authorities 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.
 - As part of 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:

ESTIMATES NOTE

- support initiatives that will establish, build on, or enhance existing treatment approaches;
 - encourage further implementation of innovative treatment solutions;
- recognize the importance of broader strategies to support access to treatment services by enhancing health care providers' knowledge of best practices. 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, Enhancing Treatment Services - First Nations Health Authority (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 federal government requires provinces and territories to match the ETF funding received beyond the first \$0.250 million: BC met this requirement with the \$322 million of funding announced in Budget Update 2017 in response to the overdose emergency¹.
- Budget 2022 continues funding to support substance use services including HOPE initiatives, FNHA access to OAT and iOAT, and primary care providers training and education, allocating \$35.55 million over the fiscal plan.

Approvals:

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

DATE, 2021 – Christine Massey, Deputy Minister

¹ https://www.bcbudget.gov.bc.ca/2017_Sept_Update/newsrelease/2017_Sept_Update_NewsRelease.pdf

ESTIMATES NOTE

TOPIC MMHA Grants

Issue: What grants did the Ministry issue in 2021/22

Key Messaging and Recommended Response:

- The Ministry issued \$4.94 million in grants in 2021/22 to Canadian Mental Health Association BC Division and Senior Services Society of BC to support community counselling granting program and SHINE program through March 2023.
- Since its inception in 2017, the ministry has issued 55 grants totaling \$37.34 million in support of mental health and addictions services.

KEY FACTS

Background/Status:

- Grant funding issued in the Fall of 2021 to support the following:
 - Community Counselling Grant program administered by CMHA-BC and Community Action Initiatives, supporting existing 49 community counselling providers through March 2023.
 - SHINE program administered by Senior Services Society of BC through March 2023.
- Grant funding discussed in this note do not include COVID-19 funding measures (see COVID spending note).
- All funding proposals are assessed across several 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.

FINANCIAL IMPLICATIONS

| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | Total |
|---------------|---------|---------|---------|---------|---------|---------|
| Grants Issued | 9 | 18 | 11 | 15 | 2 | 55 |
| Total Amount | \$7.93 | \$4.85 | \$14.42 | \$5.20 | \$4.94 | \$37.34 |

Approvals:

February 17, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

February 28, 2022 – 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 \$24.60 million in 2022/23, \$25.15 million in 2023/24 and \$25.22 million in 2024/25.
- The Minister's Office has an annual operating budget of \$0.64 million in 2022/23, \$0.65 million in 2023/24 and \$0.65 million in 2024/25.
- The Ministry has an annual salaries/benefits budget of \$15.24 million in 2022/23, \$15.50 million in 2023/24 and \$15.57 million in 2024/25.
- The Ministry budget increases by \$11.87 million in 2022/23, \$12.31 million in 2023/24 and \$12.46 million in 2024/25
- Much of the budget for mental health and addictions programs or services is in the budgets of ministries delivering the programs or services.
- The budget increase over past years represents:
 - Transfers to the Ministry of Mental Health and Addictions from other Ministries to enable timely issuance of grant funding and streamline administration between ministries.
 - New resource funding to hire permanent staff.

KEY FACTS

Background/Status:

- The Ministry's operating budget in Budget 2022 compared to Budget 2021 has increased by \$11.87 million due to the following:
 - New Resources:
 - \$3.22 million – Budget 2022 funding to support Ministry resourcing to address mandate priorities such as Complex Care Housing, Decriminalization, and Youth Stabilization Care. Funding supports staffing and other operational requirements such as travel, legal services, and office expenses.
 - Budget Transfers to MMHA (\$8.65 million):
 - \$8.37 million – Budget transfer from Ministry of Health. This is overdose emergency response funding to support the Stop the Stigma media campaign and administration of the Community Initiatives Fund.

ESTIMATES NOTE

- \$0.28 million – Budget transfer from Ministry of Children and Family Development. Funding supports Provincial Support Office for Integrated Children and Youth Teams expansion.

The Ministry currently has 92 FTEs including the Minister's Office (5) and Deputy Minister's Office (6) staff. The FTE count does not include secondments, or Government Communications & Public Engagement (GCPE) staff.

FINANCIAL IMPLICATIONS

Budget 2022 change summary

| Ministry of Mental Health& Addictions 3 yr. Allocation | Operating Expenses (millions) | | |
|--|-------------------------------|-----------------|-----------------|
| | 2022/23 | 2023/24 | 2024/25 |
| | Estimate | Plan | Plan |
| Budget 2021 Total | \$12.743 | \$12.752 | \$12.752 |
| <i>Legal Services (Resourcing)</i> | <i>\$0.019</i> | <i>\$0.019</i> | <i>\$0.019</i> |
| <i>MMHA Operations (Resourcing)</i> | <i>\$2.299</i> | <i>\$2.345</i> | <i>\$2.392</i> |
| <i>Complex Care Housing – MMHA Operations (Resourcing)</i> | <i>\$0.895</i> | <i>\$0.914</i> | <i>\$0.934</i> |
| <i>Provincial Support Office (Transfer)</i> | <i>\$0.276</i> | <i>\$0.750</i> | <i>\$0.750</i> |
| <i>Stop the Stigma (Transfer)</i> | <i>\$2.370</i> | <i>\$2.370</i> | <i>\$2.370</i> |
| <i>Community Innovation Fund (Transfer)</i> | <i>\$6.000</i> | <i>\$6.000</i> | <i>\$6.000</i> |
| Budget 2022 | \$24.602 | \$25.150 | \$25.217 |

Ministry operations budget by major expense category (millions):

| | 2022/23 | 2023/24 | 2024/25 |
|------------------------|-----------------|-----------------|-----------------|
| Salaries/benefits | \$15.243 | \$15.504 | \$15.571 |
| Operating Expenditures | \$3.637 | \$3.637 | \$3.637 |
| Government Transfers | \$6.000 | \$6.000 | \$6.000 |
| Other Expenses | \$0.011 | \$0.011 | \$0.011 |
| Internal Recoveries | -\$0.001 | -\$0.001 | -\$0.001 |
| External Recoveries | -\$0.288 | -\$0.001 | -\$0.001 |
| Total | \$24.602 | \$25.150 | \$25.217 |

Minister's Office budget by major expense category (millions):

| | 2022/23 | 2023/24 | 2024/25 |
|----------------------------|----------------|----------------|----------------|
| Salaries/benefits | \$0.529 | \$0.538 | \$0.538 |
| Travel | \$0.075 | \$0.075 | \$0.075 |
| Information Systems | \$0.010 | \$0.010 | \$0.010 |
| Office & Business Expenses | \$0.015 | \$0.015 | \$0.015 |
| Legislative Assembly | \$0.010 | \$0.010 | \$0.010 |
| Total | \$0.639 | \$0.648 | \$0.648 |

Approvals:

ESTIMATES NOTE

February 17, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

February 28, 2022 – 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 2022 allocates \$430 million over the fiscal plan to support initiatives that save lives, end stigma, provide treatment and recovery, advance prevention, and improve public safety. This investment is a continuation of investments made as part of Budget 2017, Budget 2019 and the historic investment in mental health and addictions services as part of Budget 2021.**
- **Since Budget 2017 and through this fiscal plan, this government will have committed more than \$1 billion towards the overdose emergency.**

KEY FACTS

Background/Status:

- Budget 2022 continues previously announced funding of approximately \$143.20 million per year:
 - Saving Lives - \$41.97 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.
- Through the Federal Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement the Province has been able to expand access to evidence-based treatments and recovery options for vulnerable populations including:
 - Mother/Baby Substance Use Program

ESTIMATES NOTE

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

FINANCIAL IMPLICATIONS

- Budget 2022 allocates \$430 million over the fiscal plan to support initiatives that save lives, end stigma, provide treatment and recovery, advance prevention, and improve public safety.
- This investment is a continuation of investments made as part of Budget 2017, Budget 2019 and the historic investment in mental health and addictions services as part of Budget 2021.
- 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 Council of the Federation is leading discussions with the federal government on future health funding transfer payments.
- The Federal Government has provided approximately \$34 million over 5 years (2018/19 to 2022/23) through the Emergency Treatment Fund agreement.

Approvals:

March 8, 2022 - Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 9, 2022– Christine Massey, Deputy Minister

BUDGET NOTE

TOPIC Pathway to Hope

Issue: Pathway to Hope Financial Summary

Key Messaging and Recommended Response:

- Budget 2022 continues to leverage federal funding partnerships and previous investments through Budget 2017, 2019, and Budget 2021's historic \$500 million commitment to continue the transformation of mental health and addictions services into a comprehensive, seamless system of care.
- Budget 2022 builds on the initial investment in 4 complex care housing sites funded through Budget 2021, by providing \$164 million for at least 20 additional sites across B.C. with plans underway to support approximately 500 individuals.
- Budget 2022 includes \$430 million in support of ending the toxic drug crisis.
- All together, the fiscal plan will see government invest \$1.46 billion over the next three years to continue the transformation of mental health and addictions services into a comprehensive, seamless system of care.

KEY FACTS

Background/Status:

- Since Budget 2017 this government has committed over \$1.1 billion in response to the overdose emergency and implementation of the Pathway to Hope:
 - Budget 2017 - \$0.33 billion
 - Budget 2019 - \$0.10 billion
 - Budget 2021 - \$0.50 billion
 - Budget 2022 - \$0.17 billion
- The Federal Mental Health and Addictions Services Agreement has provided the province an additional \$0.27 billion to support mental health and addictions services.
- Cross government investment in mental health and addictions services has grown to \$2.8 billion in 2022/23 from \$2.7 billion in 2020/21.

BUDGET NOTE

FINANCIAL IMPLICATIONS

- Budget 2022 commits \$1.46 billion to supporting *A Pathway to Hope* over the next three years:

| (\$billions) | 2022/23 | 2023/24 | 2024/25 | Total |
|------------------------------|----------------|----------------|----------------|----------------|
| Complex Care Housing | \$0.055 | \$0.055 | \$0.054 | \$0.164 |
| Overdose | \$0.143 | \$0.143 | \$0.144 | \$0.430 |
| Other Pathway* | \$0.192 | \$0.216 | \$0.216 | \$0.624 |
| Total Provincial | \$0.390 | \$0.414 | \$0.414 | \$1.218 |
| Federal Funding** | \$0.081 | \$0.081 | \$0.081 | \$0.243 |
| Total Pathway to Hope | \$0.471 | \$0.495 | \$0.495 | \$1.461 |

* MMHA Operating Budget is allocated across all initiatives. See BN 2022 Minister 'Operating Budget' for details

** Subject to agreement renewal

Approvals:

February 17, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

February 27, 2022 – 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 substance use care better for people in British Columbia

Key Messaging and Recommended Response:

- *A Pathway to Hope*, released in 2019, lays out government's 10-year vision for improved mental health and wellness and the establishment of an effective and culturally safe system of mental health care and substance use treatment and recovery.
- An emphasis on prevention, promotion, early intervention and integrated services, builds on existing initiatives and implements new, innovative approaches.
- We are continuing to implement *A Pathway to Hope* and with additional action and investments to improve the wellness of children, youth, young adults and their families, support Indigenous-led solutions, and improve access and quality of care.
- In addition, we will continue the ongoing work to address the toxic drug 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 system of mental health and substance use care where people get the help they need when and where they need it.
- Budget 2022 commits a total of \$1.46 billion 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 toxic drug crisis.

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 substance use 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.

ESTIMATES NOTE

- Government's 10-year vision for mental health and substance use care gets people the services they need to tackle problems early on and support their well-being.
- Through *A Pathway to Hope*, and key investments, we are continuing to implement priority actions across four pillars
 - Improving Wellness for Children, Youth and Young Adults;
 - Supporting Indigenous-Led Solutions;
 - Substance Use: Better Care, Saving Lives; and
 - Improved Access, Better Quality.
- The Ministry is partnering with Indigenous governments and organizations as well as other provincial ministries, local and federal governments, education, justice, employment, and housing sectors, advocates, community organizations, and people with lived experience to advance this work.
- 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, *A Pathway to Hope Progress Report* was released in September 2021.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- There is \$1.46 billion committed to supporting A Pathway to Hope over the next three years:

| (\$billions) | 2022/23 | 2023/24 | 2024/25 | Total |
|------------------------------|----------------|----------------|----------------|----------------|
| Complex Care Housing | \$0.055 | \$0.055 | \$0.054 | \$0.164 |
| Toxic Drug Crisis Response | \$0.143 | \$0.143 | \$0.144 | \$0.430 |
| Other Pathway* | \$0.192 | \$0.216 | \$0.216 | \$0.624 |
| Total Provincial | \$0.390 | \$0.414 | \$0.414 | \$1.218 |
| Federal Funding** | \$0.081 | \$0.081 | \$0.081 | \$0.243 |
| Total Pathway to Hope | \$0.471 | \$0.495 | \$0.495 | \$1.461 |

* MMHA Operating Budget is allocated across all initiatives. See BN 2022 Minister 'Operating Budget' for details

** Subject to agreement renewal

Approvals:

February 16, 2022 –Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 24, 2022 - Tracee Schmidt, Executive Lead, Corporate Services

March 8, 2022 - Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 10, 2022 – 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 government investments made in *A Pathway to Hope* we are continuing to build an integrated network of services to support children, youth, young adults and their families by promoting mental wellness, preventing the onset of mental health and substance use challenges, and identifying those who are struggling with mental illness or addiction early and connecting them to effective and culturally safe services and supports.
- This government is currently implementing multi-disciplinary Integrated Child and Youth Teams in Maple Ridge-Pitt Meadows, Comox Valley, Richmond, Coast Mountains, and Okanagan-Similkameen School Districts, and will expand to another 15 school district communities in phases.
- Budget 2022 continues our investment in Foundry Virtual and Foundry site expansion.
- Ministry of Education has implemented the Mental Health in Schools Strategy (MHIS), embedding positive mental health and wellness programs and services for students in all school districts. Young people aged 12 to 24 and their families will benefit from 123 new beds for youth substance-use treatment and withdrawal-management, helping fill a long-standing gap in treatment services.
- Government is also making an historic investment in youth substance use services, ranging across the spectrum of care from prevention and early intervention to crisis and crisis intervention and stabilization services.

ESTIMATES NOTE

KEY FACTS

Background/Status:

- At any given time, an estimated 12.7% (nearly 95,000) children and youth in BC between the ages of 4 to 18 experience mental health issues that warrant intervention and only 44.2% of these youth receive services.ⁱ
- Between 2009/10 and 2019/20, inpatient hospital episodes for children and youth ages 0-24 with MHSU concerns increased by 91% across BC.ⁱⁱ
- In 2020, 66.6% of youth (ages 12-17) in BC self-rated their mental health as very good or excellent, which is a decrease from 74% in 2019 and 79.3% in 2016.ⁱⁱⁱ
- An estimated 26.5% of children (ages 4-18) with mental health disorders have two or more disorders concurrently.^{iv}
- Indigenous children and youth are at higher risk for mental health and substance use challenges due to systemic inequities and the historical and ongoing impacts of colonialism.
- Child and Youth Mental Health (CYMH), offered through the Ministry of Children and Family Development, provides services to over 25,000 individual children and youth between the ages of 0-18 each year who experience moderate to severe mental health challenges.

Priority Actions

- Through *A Pathway to Hope*, and key investments in Budget 2021, we are implementing the following priority actions for children, youth, young adults, and families:
 - Implementation of Integrated Child and Youth Teams
 - Expanding Foundry for a total of 23 province-wide
 - Expanding Foundry Virtual
 - Launched the Foundry BC App
 - Mental Health in Schools Strategy (MHIS), embedding positive mental health and wellness programs and services for students in all school districts Adding 123 new youth substance use beds across the province and investing in youth substance use services
 - Enhancing support for pregnant and parenting individuals with substance use challenges
 - Promotion of early childhood social emotional development
 - Expansion of early childhood services
 - Expansion of Confident Parents: Thriving Kids which supports parents with children aged 3-12 experiencing behavioural or anxiety challenges
 - Implementation of Step up/Step down specialized support programs including high-intensity outreach and bed-based services
 - Enhancing and expanding Early Psychosis Intervention services
 - Launched Here2Talk, a 24/7 mental-health counselling and referral service for post-secondary students
 - Launched Wellbeing Site (www.wellbeing.gov.bc.ca) which includes resources for children, youth, young adults and families
- 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 mental health challenges have their onset during childhood or adolescence.^v Intervening early can prevent problems from becoming more severe or developing into lifelong conditions.

ESTIMATES NOTE

- We are taking a whole of government, cross-sector approach and working collaboratively to implement a coordinated system of mental health and substance use services for children and youth, and young adults.
- The Ministry is partnering with Indigenous governments and organizations as well as the Ministries of Children and Family Development, Health, Education, and Advanced Education, Skills and Training, local and federal governments, education, justice, employment, and housing sectors, advocates, community organizations, and people with lived experience to advance this work.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2022 continues Budget 2019 and Budget 2021 investments to improve Wellness for Children, Youth, and Young Adults.
- Highlights include:
 - Early Psychosis Intervention - \$67.5 million
 - Foundry - \$76 million
 - Mental Health in Schools - \$15 million
 - Early Childhood Services - \$27.9 million
 - Step up/Step down - \$22.4 million
 - Youth Substance Use Beds - \$50.6 million
- Subject to agreement renewal the federal Mental Health and Addictions services funding agreement also provides \$8.25M per year to support the Confident Parents/Thriving Kids (\$5.75M) and Bounce Back (\$2.5M) programs, as well as the Provincial Perinatal Substance Use Project (\$7M).

Approvals:

February 14, 2022 - Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 22, 2022 - Tracee Schmidt, Executive Lead, Corporate Services Division

February 27, 2022 - Christine Massey, Deputy Minister

ⁱ Waddell, C., Barican, J., Yung, D., Schwartz, C., Zheng, Y., & Georgiades, K. (2021). *Childhood mental disorders: Prevalence and service needs*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University.

ⁱⁱ Primary & Acute Care and Sector Workforce; Health Sector Information Analysis and Reporting Division, Ministry of Health. (2020). 3000_0857 DAD Child and Youth Mental Health Hospitalizations by Age, Condition, Disposition, Readmission for 2009-2019. Data as of September 22, 2020.

ⁱⁱⁱ Statistics Canada. (September 2021). *Perceived mental health by age group. Table 13-10-0096-03*. Retrieved December 29, 2021 from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009603&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2015&cubeTimeFrame.endYear=2020&referencePeriods=20150101%2C20200101>

^{iv} Waddell, C., Barican, J., Yung, D., Schwartz, C., Zheng, Y., & Georgiades, K. (2021). *Childhood mental disorders: Prevalence and service needs*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University.

^v Government of Canada (2006). *The human face of mental health and mental illness in Canada*. Ottawa: Minister of Public Works and Government Services Canada.

ESTIMATES NOTE

TOPIC Foundry BC

Issue: Expansion of Foundry Integrated Youth Services

Key Messaging and Recommended Response:

- **Expanding Foundry centres is one of many actions we are taking to build a seamless system of care and improve access to mental health and substance use services for young people.**
- **Foundry BC centres are a one-stop shop for wellness supports and social services for youth, aged 12 to 24 years. Youth can visit the centres in person or virtually to join an online drop-in session, or talk to someone through an online chat or by telephone to get the help they need, when they need it.**
- **Early in the COVID-19 pandemic, the Province funded an accelerated launch of Foundry virtual services.**
- **Young people, ages 12-24, and their families province-wide can access Foundry Virtual including counselling, peer support, primary care and family support through the Foundry BC mobile app, desktop browser, or by calling 1-833- FØUNDRY.**
- **To date, Foundry centres have opened in 11 communities: Vancouver-Granville, North Vancouver, Prince George, Campbell River, Kelowna, Abbotsford, Ridge-Meadows, Victoria, Penticton, Richmond and Terrace.**
- **An additional 8 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 2022 continues previous funding commitments to support Foundry with \$75.95 million over the fiscal plan.**

KEY FACTS

Background/Status:

- Foundry BC, a program of Providence Health Care (PHC) is a provincial network of centres and virtual supports, offering young people ages 12-24 and their families integrated health and wellness services and resources. Each centre includes primary care, mental health and substance use (MHSU) services, peer and family support, and social services under one roof.
- Foundry Central Office (FCO), hosted by PHC, provides leadership and support for the development, implementation, and evaluation of all Foundry initiatives
- The Foundry model integrates existing services in communities. Services are provided out of each centre by local partners from the Ministries of Children and Family Development, Social

ESTIMATES NOTE

Development and Poverty Reduction, regional health authorities, lead community agencies, and community and non-profit organizations.

- Employment services (Foundry Works!) was also launched in 2021 and are available both virtually and at centres. Additional health and social service offerings will be added as new positions are recruited and hired.

Foundry BC Expansion:

- There are currently 11 Foundry centres open and operating across the province.
- Through Budget 2019, and as part of *A Pathway to Hope*, the Province committed to expanding Foundry by a further 8 centres (see *Appendix A* for a list of centres and their status).
- Budget 2019 also included stable, ongoing funding for FCO, the 11 existing Foundry centres, and for Foundry BC to increase its capacity to deliver culturally safe services.
- In 2019/20, Foundry led a process to determine the location and lead agency for the 8 new centres and received 40 submissions from community agencies across BC. Final selection was determined by two independent panels of youth, families/caregivers, and subject matter experts.
- Budget 2021 committed funding for four additional Foundry centres, with planning starting in 2023/24, for a total of 23 centres implemented or in development province-wide by 2025/26.
- This next phase of Foundry's growth will build upon the previous selection process and the 40 submissions it received. Recognizing the work that communities, youth, and families put into that process and the ongoing impact of the pandemic on capacity, Foundry reviewed the evaluations from 2019/20 to help identify the next Foundry centre locations.

Cabinet Confidences; Government Financial Information

Foundry Virtual

- In January 2018, Foundry and BC Children's Hospital launched foundrybc.ca, a digital hub to simplify access to health and wellness resources, tools and supports for youth and families.
- The Province supported an accelerated launch of Foundry Virtual in April 2020.
- The Foundry BC App was released in March 2021 and a public announcement was made in May 2021. Foundry will be running a pilot to integrate the virtual platform with the centres scheduled for May 2022. Youth can also access supports online at foundrybc.ca/virtual or by phone at 1-833-FØUNDRY.
- The Foundry BC App incorporates features such as live clinician chat, clinical content (articles, videos and podcasts), goal setting, scheduling and other tools co-designed by clinicians and users.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2022 continues previous funding commitments to support Foundry, with \$75.95 million over the fiscal plan.

Approvals:

March 24, 2022– Francesca Wheler, ADM, Child & Youth Mental Health Policy

March 9, 2022– Peter Klotz obo Philip Twyford, Finance and Corporate Services Division, HLTH

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 14, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Appendix A: Foundry Centres – Open and In Development (Updated March 23, 2022)

| | Location | Lead Agency | Health Authority | Open Date ¹ |
|-------------------------|-----------------------------------|--|--------------------------|--------------------------|
| Existing / Open Centres | Campbell River | The John Howard Society of North Island | Island Health | April 2017 |
| | Victoria | Victoria Youth Clinic | Island Health | May 2018 |
| | North Shore | Vancouver Coastal Health | Vancouver Coastal Health | Sept. 2017 |
| | Vancouver-Granville | Providence Health Care Society | Vancouver Coastal Health | March 2015 |
| | Kelowna | Canadian Mental Health Association | Interior Health | Sept. 2017 |
| | Penticton | OneSky Community Resources | Interior Health | July 2019 |
| | Prince George | YMCA of Northern BC | Northern Health | Oct. 2017 |
| | Abbotsford | Archway Community Services | Fraser Health | June 2018 |
| | Ridge Meadows | Maple Ridge/Pitt Meadows Community Services | Fraser Health | March 2020 |
| | Richmond | Vancouver Coastal Health | Vancouver Coastal Health | July 2020 ² |
| | Terrace | Terrace & District Community Services Society | Northern Health | August 2020 ³ |
| In Development | Burns Lake | Carrier-Sekani Family Services | Northern Health | 2022/23 (TBD) |
| | Comox Valley | John Howard Society of North Island | Island Health | May 2022 |
| | Cranbrook (East Kootenay) | Ktunaxa-Kinbasket Child & Family Services | Interior Health | Summer 2023 |
| | Langley | Encompass Support Services Society | Fraser Health | June 2022 |
| | Squamish (Sea to Sky) | Sea to Sky Community Services Society | Vancouver Coastal Health | July 2022 |
| | Surrey | Pacific Community Resources Society | Fraser Health | 2022/23 (TBD) |
| | Port Hardy | North Island Crisis & Counselling Centre Society | Island Health | August 2022 ⁴ |
| | Williams Lake (Cariboo Chilcotin) | Cariboo Chilcotin Child Development Centre | Interior Health | September 2022 |

¹ Open date for centres in development are targets and have many dependencies. Information gathered from Foundry Working Group Meeting Minutes.

² Foundry Richmond opened in interim physical site, with plans to relocate to a permanent location in July 2022:

https://foundrybc.ca/location_news/foundry-richmond-has-a-physical-interim-site/

³ Foundry Terrace opened in interim physical site and is slowly increasing service offerings: <https://foundrybc.ca/terrace>

⁴ Port Hardy will first open in interim location. New build will take place later. Information gathered from Nov. 18, 2021, Foundry Working Group minutes.

ESTIMATES NOTE

TOPIC Integrated Child and Youth Teams

Issue: Expansion of Integrated Child and Youth Teams

Key Messaging and Recommended Response:

- **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 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 2022 continues the provinces commitment to expand ICY teams to 15 more school districts for a total of 20 districts.**
- **Selection of the next 15 communities is taking place in phases, starting with the next communities in 2022.**
- **School district community selection is taking place at a provincial level and informed by Indigenous and ministry partners.**

KEY FACTS

Background/Status:

- Approximately 95,000 children and youth aged 4-18 years, or an estimated 12.7%, are experiencing a mental health or substance use disorder causing significant symptoms and impairment. Only approximately 44.2% of these children and youth are receiving specialized mental health services.
- Between 2009/10 and 2019/20, inpatient hospital episodes for children and youth ages 0-24 with MHSU concerns increased by 91% across BC.
- The emphasis on prevention and early intervention with investments in services for children, youth and young adults is critical because we know that 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.

ESTIMATES NOTE

- 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.
- 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 the flexibility to continue care up to 21 years old, if needed, 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 support positions, and ICY Program Leaders.
- ICY teams are 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 includes work on other initiatives that are being implemented such as Foundry.
- 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 involved 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.
- Maple Ridge-Pitt Meadows and Comox Valley were announced in summer 2019 as the first school district communities for ICY teams. Comox Valley has begun a soft launch, including orientation training, recruitment and reviewing local processes. Maple Ridge-Pitt Meadows is in initial operations. ICY Program Leaders are working with MCFD, the School District and Fraser Health Authority to connect with young people and their families and provide service by ICY teams.
- Three additional communities were announced in fall 2020 and will have ICY teams in 2022: Coast Mountains, Okanagan-Similkameen and Richmond (one community in each health authority region).
- Richmond and Coast Mountains are planning and are beginning to hire and Okanagan-Similkameen is planning through its Local Implementation Committee and partnerships.
- Fifteen more communities will have ICY teams for a total of 20 communities.

FINANCIAL IMPLICATIONS

ESTIMATES NOTE

Budget/Expenditures:

- Budget 2022 continues Budget 2019 and Budget 2021 investments of \$55 million committed to support planned expansion over the next three years.

Approvals:

February 14, 2022 - Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 17, 2022 - Tracee Schmidt, Executive Lead, Corporate Services Division

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9 2022 – 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, the Ministry of Education has implemented the Mental Health in Schools Strategy (MHIS), an approach that embeds positive mental health in all aspects of the education system, including culture, leadership, curriculum and learning environments.**
- **We will continue to ensure school districts and independent schools have resources to support student mental health and wellness.**
- **The Ministry of Education's ERASE strategy (Expect Respect and a Safe Education) has been expanded to include additional online information, links and resources about mental health, wellness and substance use.**
- **Ministry of Children and Family Development is, evaluating and expanding Everyday Anxiety Strategies for Educators (EASE) and EASE At Home, a collection of online educator, parent and family workshops and evidence-informed classroom resources focused on anxiety prevention and designed for use with students in Grades K-12.**

KEY FACTS

Mental Health and Substance Use

- The Mental Health in Schools (MHIS) Strategy embeds positive mental health and wellness programs and services for students through the three core elements of Compassionate Systems Leadership, Capacity Building grants, and Mental Health in the Classroom.
- 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.
- 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 the reach to more educators and students.
- In March 2021, the Ministry of Health (HLTH) contracted Bunyaad Public Affairs to create a *Provincial Resource for Enhancing Substance Use Prevention in BC Schools* using a Comprehensive School Health Approach.

ESTIMATES NOTE

- Bunyaad is working 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—the last time in September 2020.

Vaping

- Data collected by McCreary Centre Society in 2020, show that between 25-33% of BC youth between the ages of 12-19 had tried vaping.
- 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.
- HLTH 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 the Mental Health in School strategy over the next three years.

Approvals:

February 15, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 17, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

February 28, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Rights Advice Service

Issue: Establishing a provincial rights advice service for involuntary patients under the *Mental Health Act* in response to Ombudsperson report

Key Messaging and Recommended Response:

- I would like to thank once again the Ombudsperson for the *Committed to Change* report, and for their continued efforts to ensure the safety and rights of people living with mental illness and addiction in British Columbia.
- Government accepted the recommendations, including the call for a rights advice service, and we are continuing to work together with our partners to address them. 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 mental illness.
- I would also like to thank the Representative for Children and Youth for the *Detained* report, and for their ongoing work to safeguard and advocate for children and youth across the Province.
- Nothing is more important to our Government than keeping people safe and ensuring people are treated with dignity and respect.
- We look forward to the Ombudsperson's follow-up report.
- We are committed to continuing to take the appropriate steps to ensure patients who are involuntarily admitted and detained can trust that it is done in accordance with the requirements of BC's *Mental Health Act*.

KEY FACTS

Background/Status:

- The *Mental Health Act* (MHA) requires designated mental health facilities to notify an involuntary patient of their rights when the patient is involuntarily admitted, when the patient is transferred to another designated facility, and when the patient's involuntary status is renewed. This rights notification is typically provided by facility staff such as a nurse or social worker.
- In its 2019 *Committed to Change* report, the Office of the Ombudsperson found that more than half of reviewed patient files did not have proper documentation of patients being informed of their rights, and recommended that the Province create an independent rights advice service for involuntary patients in BC.

ESTIMATES NOTE

- In January 2021, the Representative for Children and Youth found that young people are not always aware of their rights under the MHA, and that they rarely exercise these rights. This report recommended that an independent body be mandated to provide rights advice and advocacy to children and youth, in line with the recommendations in the Ombudsperson's report.
- The Ministry of Attorney General is leading work to establish a province-wide independent rights advice service for all patients who are involuntarily admitted to designated facilities under the MHA.
- The role of the rights advice service will be to explain rights and options available under the MHA, assist individuals to exercise these rights, and refer individuals to a lawyer or advocate if a court hearing or Mental Health Review Board hearing is requested. Rights advice will typically be provided by non-lawyers.
- Following the introduction of draft youth stabilization care legislation in summer 2020 (Bill 22-2020), the lack of an independent rights advice service was raised by partners as a concern for youth who might be involuntarily admitted under this draft legislation. The draft legislation did not proceed at that time.

Advice/Recommendations; Legal Information

Cabinet Confidences; Advice/Recommendations

- Consultations to date on the rights advice service have been overwhelmingly positive. Additional consultations are planned to support the implementation of the rights advice service.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 16, 2022– Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Step Up/Step Down Specialized Services

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 services include both high-intensity outreach supports and bed-based services.
- High-intensity outreach services are being implemented in the same communities as the initial five Integrated Child and Youth (ICY) Teams. Services are operational in Maple Ridge-Pitt Meadows. It is anticipated that Comox Valley, Richmond, Coast Mountain and Okanagan-Similkameen will begin providing outreach services by Summer 2022.
- Step Up/Step Down bed-based services will include a provincially accessible Live-In Treatment program Centre and two satellite specialized Intensive Treatment Programs. Locations are being finalized and next steps will include additional consultation with Indigenous, provincial and community partners.

KEY FACTS

Background/Status:

Between 2009/10 and 2019/20, inpatient hospital episodes for children and youth ages 0-24 with mental health concerns increased by 91% across BC.ⁱ

- Step Up/Step Down (SUSD) services support young people who require higher intensity care than is available at the community level (Step Up), and for youth who are transitioning out of hospital care before returning to community services (Step Down).
- Outreach services through SUSD are offered by teams of advanced practice clinical staff who provide trauma-informed, culturally safe information, supports and evidence-informed interventions in a timely manner in virtual or home and community settings. This approach also builds capacity of parents and caregivers by providing in home support, resources and tools.

ESTIMATES NOTE

- The entire program model is centered on clinicians working to provide stabilization in the community, to prevent hospital admission, and to receive youth who need high intensity support following discharge from hospital.
- The children and youth who require SUSD care have complex mental health needs such as 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 or caregiver's ability to provide supervision, however they may not require more intensive hospital services.
- SUSD programs respond to the recommendation from the 2017 Representative for Children and Youth Report *Missing Pieces: Joshua's Story* and is part of *A Pathway to Hope's* vision to implement a full continuum of mental health services for children and youth in BC. Joshua was a young person with complex mental health needs who spent 122 days in hospital before dying by suicide. SUSD services are designed to provide the appropriate levels of care that were not in place at the time of Joshua's death.
- The goal of SUSD is to prevent young people with complex needs from having to enter intensive service settings such as hospitals or remaining there longer than necessary. 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 Status

- High-intensity outreach services in Maple Ridge-Pitt Meadows have been operational since May 2021, while planning and recruitment is underway in the other communities. As of February 2022:
 - Comox Valley has hired one clinician and services are expected to be operational by March 2022. Hiring for a second clinician position is underway.
 - Okanagan-Similkameen has hired one clinician and hiring for an additional three positions is underway.
 - Richmond has hired one clinician and hiring is underway for additional positions.
 - Coast Mountain is actively recruiting and planning for services.
- The bed-based SUSD services are in planning stages for a provincially accessible program and two satellite Intensive Treatment Programs. Tentative locations have been identified and next steps will include additional consultation with Indigenous, provincial and community partners.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2022 continues to support the provincial investment in Step Up/Step Down services, committing \$22.4 million over the fiscal plan.
- Program delivery responsibility is with the Ministry of Children and Family Development.

Approvals:

February 17, 2022 – Francesca Wheler, ADM, Child, Youth, and Mental Health Policy

February 24, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 7, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

ⁱ Primary & Acute Care and Sector Workforce; Health Sector Information Analysis and Reporting Division, Ministry of Health. (2020). 3000_0857 DAD Child and Youth Mental Health Hospitalizations by Age, Condition, Disposition, Readmission for 2009-2019. Data as of September 22, 2020.

ESTIMATES NOTE

TOPIC Youth Stabilization Care

Issue: Post-overdose care for youth – update

Key Messaging and Recommended Response:

- **Through A Pathway to Hope, we continue to build out a comprehensive youth substance use system of care ensuring services for young people when and where they need them.**
- **The safety of youth is absolutely our top priority, especially when it comes to their post-overdose care. Our focus is to save lives and reduce the risk of future harm or death.**
- **We cannot have kids leave the hospital with no support or connections following an overdose.**
- **When we first put forward legislation we heard concerns, and since then, we have been engaged with families, health experts and Indigenous partners who's experiences and knowledge are immensely valuable as we collectively work to keep kids safe.**
- **These conversations reaffirmed the trauma associated with holding youth against their will – especially Indigenous youth – and has prompted our government to not bring forward youth stabilization care legislation this spring session**
- **Instead, we will be co-developing a strategy with First Nations partners to ensure a culturally safe and trauma-informed response for youth, following an overdose.**
- **While we do this important work, we will continue to build up a voluntary system of care for youth in all regions of the province, including these actions underway:**
 - **expanded integrated child and youth teams that offer youth mental health and substance use supports and services, bringing them to 15 more school districts for a total of 20 districts province-wide with over 410 new full-time workers**
 - **expanded early years mental health supports, with more than 60 new full-time professionals to help meet mental health and developmental needs of children age 0-6;**

ESTIMATES NOTE

- **expanding Foundry Virtual and adding 4 more centres to the existing network for a total of 23 Foundry centres province-wide;**
- **expanding early psychosis intervention services, with approximately 100 new full-time professionals;**
- **investments to support low barrier Step Up/Step Down bed-based services (to be announced in the coming months);**
- **an historic investment in youth substance use services, ranging across the spectrum of care from prevention and early intervention to crisis and crisis intervention and stabilization services (to be announced in the coming months);**
- **and more to come.**
- **We all want to find the best ways to keep youth safe after an overdose occurs – and to help prevent this from happening in the first place.**
- **This work is important and we are committed to getting it right.**

KEY FACTS

Background/Status:

- Government introduced amendments to the *Mental Health Act* (MHA) in Summer 2020.
- Bill 22-2020 proposed to establish a second part of the MHA to enable short-term involuntary hospitalization for youth experiencing severe problematic substance use and who had experienced a life-threatening overdose – youth stabilization care (YSC).
- In July 2020, the former Minister of Mental Health and Addictions announced that Bill 22-2020 would not proceed in the current legislative session, noting that concerns had been raised and further conversations were needed. Concerns raised at the time included:
 - Inadequate consultation with Indigenous communities.
 - Potential unintended negative consequences, including the risk that detention may deter a youth from seeking medical assistance in the future, and may affect a youth's tolerance and therefore increase the risk of future overdose.
 - Inadequate mechanisms to provide rights advice and protections to youth admitted under Stabilization Care.
 - Lack of a robust voluntary system of youth substance use care following discharge.
- In Summer 2021 the Ministry began to re-examine the YSC option as one measure to improve care and reduce the risk of further harm for youth struggling with severe substance use, in the context of increasing number of lives lost to toxic drug supply.
- Through Fall 2021 and early Winter 2022, the Ministry sought input on the proposed YSC approach from Indigenous organizations, clinical and operational experts, service providers, health authorities, advocates, and others.
- Planned engagement with Indigenous communities was delayed due to provincial emergencies, diverging priorities and impacts of residential school recoveries.

ESTIMATES NOTE

Cabinet Confidences; Advice/Recommendations; Intergovernmental Communications

- Possible next steps will be determined through further discussions with partners and experts.

FINANCIAL IMPLICATIONS

- N/A

Approvals:

February 16, 2022 - Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

March 8, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Youth Substance Use System of Care

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

Key Messaging and Recommended Response:

- **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 2022 continues investment started in 2021/22 to begin filling critical gaps in services and build a comprehensive and integrated 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 for everyone who lives in BC.**

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.
- Hospitalization rates for harm caused by substance use among youth ages 10-24 are higher in BC (467 per 100,000 population) than the national average (364 per 100,000 population).ⁱ
- 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 illicit drug toxicity public health emergency and led to record highs in substance use harms and death. In 2021, an unprecedented 354 young people under the age of 30 died due to drug toxicity.ⁱⁱ
- Across the province, there are varying levels of availability of youth substance use services. Many communities do not have sufficient services to ensure youth have access to the right service, at the right time, close to home.
- 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. *Pathway to Hope* initiatives that include youth substance use supports for youth include:
 - Foundry centres and associated online supports
 - Integrated Child and Youth (ICY) teams,
 - Step up/step down transition services

ESTIMATES NOTE

- Mental Health in Schools (MHIS) strategy
- Primary Care Networks (HLTH) and
- Expansion of youth substance use beds and services.

Expanding Youth Substance Use Treatment Beds:

- In August 2020, government announced 123 new youth substance use beds across the province, doubling the number of beds available for youth in BC:
 - 115 community-based treatment and withdrawal management beds allocated to regional health authorities, increasing access to bed-based services closer to home
 - 8 provincially accessible specialized treatment beds (through PHSA) and service enhancements to 37 existing provincially-accessible beds across the province.
- Twenty-eight beds have been implemented and the Ministry is working with the Ministry of Health, health authorities, and Indigenous partners to implement the remainder of the beds in 2022.

Youth Substance Use Services:

- This historic investment over three years includes new and expanded programs across the continuum of care across all health authority regions, and includes:
 - School- and community-based prevention and early intervention resources
 - Community-based youth substance use and concurrent disorder services.
 - Crisis intervention and stabilization services.
 - Wraparound youth substance use services to support the ongoing expansion of youth substance use bed-based services.
 - System enablers, which will help create a more seamless system of care for youth substance use.
- Expansion of services is underway, with most services expected to be operational by spring/summer 2022

Cabinet Confidences

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2022 continues investment started in 2021/22 with \$50.44 million over the fiscal plan (from 2022/23 to 2024/25) to support 123 new youth substance use beds and to enhance existing provincially accessible specialized beds.

Approvals:

March 18, 2022 – Francesca Wheler, ADM, Child, Youth, and Mental Health Policy

February 22, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9 2022 – Christine Massey, Deputy Minister

ⁱ Canadian Institute for Health Information. (2019). *Hospital stays for harm caused by substance use among youth aged 10 to 24*. Retrieved from <https://www.cihi.ca/sites/default/files/document/hsu-youth-report-2019-en-web.pdf>

ⁱⁱ BC Coroners Service. (February 2022). *Illicit drug toxicity deaths in BC January 1, 2011 – December 31, 2021*. Retrieved February 9, 2022 from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

ESTIMATES NOTE

TOPIC Youth Transitions

Issue: Mental Health and Substance Use Supports for Young People Transitioning to Adulthood

Key Messaging and Recommended Response:

- ***A Pathway to Hope*** is designed to improve the mental health and wellness of all British Columbians by ensuring people get access to the services they need to tackle problems early on.
- Our Ministry is working with the Ministries of Health and Children and Family Development to develop a plan for enhanced mental health and substance use services for youth in care who are transitioning to adulthood. This plan will build upon previous investments that support transition-aged youth.
- Through A Pathway to Hope and key investments we are implementing priority actions for children, youth, young adults, and families:
 - 123 new youth substance use beds across the province and new youth substance use services; and
 - Step up/Step down specialized support programs including high-intensity outreach and bed-based services.
- We are also expanding Foundry Centres, which bring together mental health and substance use and core health and social services for youth aged 12-24 in a single location.
- Foundry now offers counselling, peer support, primary care and family support virtually— through voice calls, video, and chat. Foundry Virtual services are available province-wide for youth up to 24 years and their caregivers through their website, the Foundry BC mobile app, or by calling 1-833-FØUNDRY.
- Our Ministry is also investing in new concurrent disorder clinicians to improve access to specialized supports for youth transitioning to adulthood.

KEY FACTS

Background/Status:

ESTIMATES NOTE

- Over the past several years, many provincial and national reports and recommendations have identified a significant gap in developmentally appropriate mental health and substance use (MHSU) supports for young adults particularly as they transition from youth services to the adult system.
- Young people transitioning from government care to adulthood face increased risks due to supports that are insufficient and fragmented between adolescence and adulthood and are more likely to require specialized services due to the inequities and trauma they have experienced in their lives.
- Studies have estimated that up to 90 per cent of youth in care have exposure to trauma.¹
- Indigenous youth transitioning to adulthood are more likely to face additional barriers related to the ongoing impacts of colonization, highlighting the need for trauma-informed and culturally safe services.

Representative for Children and Youth Report Recommendations

- In December 2020, the Representative for Children and Youth (RCY) released the report *A Parent's Duty: Government's Obligation to Youth Transitioning into Adulthood*.
- Recommendation #6 of the report calls on the The Ministry of Mental Health and Addictions, in partnership with the Ministries of Health and Children and Family Development, to provide an enhanced range of trauma-informed and culturally appropriate mental health and substance use services for young people transitioning from care into adulthood.
- Our Ministry is working with the Ministries of Health (MoH) and Children & Family Development (MCFD) to respond to this recommendation and is currently working on several intermediary steps, including:
 - A current state analysis of MHSU services for youth in care in BC;
 - Engagement with current and former youth in care, additional stakeholders and partner organizations. This includes focused engagement with Indigenous youth and partners;
 - Working with the MoH Innovation Hub, Simon Fraser University, and the Centre for Applied Research in Mental Health & Addiction on a cross-jurisdictional analysis of MHSU services for youth in care transitioning to adulthood; and,
 - Implementing concurrent disorder clinicians to provide specialized supports for youth transitioning to adulthood.
- Recommendation #7 calls for improvements in the collection of longitudinal data and evaluation of services. MCFD is leading and engaging with relevant ministries on this work, including MMHA. This work will also be supported through planned engagements with Indigenous partners.

Concurrent Disorder Clinicians

- Budget 2021 provided funding to support regional health authorities to hire 19 concurrent disorder clinicians to support youth-in-care (17-26 years) transitioning to adulthood.
- Concurrent disorder clinician positions will be implemented in communities based on need, as informed by stakeholder consultations and prevalence data. Where a Foundry centre also exists, RHAs are encouraged to locate clinicians in these local, integrated centres.
- Regional health authorities began recruiting the first 13 of 19 clinicians in January 2022.

¹ Shannon Dorsey et al., "Prior trauma exposure for youth in treatment foster care," *Journal of Child & Family Studies*, 21, (2012): 816-824, <https://doi.org/10.1007/s10826-011-9542-4>.

ESTIMATES NOTE

- Allocations to health authorities for the first 13 FTE includes: 3.0 FTE each in Vancouver Coastal, Fraser and Northern Health, and 2.0 FTE each in Island Health and Interior Health.
- Allocation of the remaining 6 FTE will be determined in fiscal year 2022/23.

FINANCIAL IMPLICATIONS

Budget 2022 commits the following over the fiscal plan (2022/23 to 2024/25):

- \$6.96 million in ongoing funding over 3 years for youth concurrent disorder clinicians;
- \$50.55 million over 3 years for 123 new youth treatment beds for youth ages 12-24;
- \$75.95 million total over 3 years to support Foundry Virtual and the opening of 4 additional Foundry centres, for a total of 23 provincewide.

Approvals:

February 15, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 22, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

February 28, 2022 – 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 to deliver on our priorities for expanded mental health and substance use services and treatment.**
- ***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.**
- **This approach supports self-determination by ensuring Indigenous partners are full and equal partners in decision-making on their priorities for mental health and wellness supports and services.**

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 to monitor progress on implementation of this plan through annual public reporting; and,
 - Supports shared decision making by allowing the government to enter into agreements with a broader range of Indigenous governments on matters that impact their citizens.

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 that emphasises:
 - Support for Indigenous communities to take on a larger role in the design, planning and delivery of mental health and substance use services;
 - The advancement of 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; and,
 - Taking a distinctions-based approach that acknowledges the distinct rights, priorities and perspectives of First Nations, Inuit, and Métis peoples in BC.
- The following illustrate how current approaches proactively align MMHA's work with the implementation of 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 *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* established a new and more flexible funding approach that supports First Nations the autonomy to plan, design and deliver mental health and wellness services across a full continuum of care and to address the social determinants of health and wellness in their communities.
- *Consultation and Cooperation with Indigenous Peoples*
 - *Relevant Articles:* 19
 - *Description:* Cooperating with Indigenous peoples, through their own representative institutions, 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

- Budget 2022 will see \$37.6 million committed to support services in the Pathway to Hope are designed and implemented in a way that prioritizes cultural safety.

ESTIMATES NOTE

Approvals:

February 16, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 22, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Topic Indigenous-led Solutions

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

Key Messaging and Recommended Response:

- Over the last year, Indigenous communities in BC have faced multifaceted threats and devastating losses as the result of the global pandemic, intense heat waves and wildfires – and are now facing devastating floods and mudslides. This, of course, on top of the toxic drug supply crisis and the rediscovery of unmarked graves.
- We are committed to working together to support Indigenous communities and to renewing and strengthening our relationship with Indigenous peoples in BC.
- Our government supports Indigenous-led health and wellness programs and has made unprecedented investments to support Indigenous-led solutions, including the construction of new First Nation-run treatment centres throughout the province.
- BC has the only First Nations Health Authority in Canada and it works directly with First Nations to plan and deliver health and wellness programs.
- We are working in partnership with the First Nations Health Authority to support a range of Indigenous-led health services in First Nation communities across the province.
- As part of Budget 2022 this government will commit \$37.6M towards mental health and addictions services that are designed and implemented in a way that prioritizes cultural safety.

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*:

ESTIMATES NOTE

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 plan, design and deliver a continuum of mental health and wellness services.

- The Province, the Government of Canada and the FNHA each committed \$10 million (for a total commitment of \$30 million over 3 years) to support the implementation of the MOU. As of February 2022, the partners have allocated \$25.1 million. There are 52 projects representing 170 of the 203 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 \$60 million) to renovate, replace and build First Nation-run treatment facilities throughout BC.
- 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 planning, design and implementation of MMHA-led initiatives.
- MMHA and MNBC continue to explore a long-term health and wellness partnership with a shared interest to improve mental health and wellness outcomes for Métis people in BC.

Advice/Recommendations; Intergovernmental Communications

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:

- As part of Budget 2022 this government will commit \$37.6M towards mental health and addictions services that are designed and implemented in a way that prioritizes cultural safety.

ESTIMATES NOTE

| Initiatives | Source | Funder | 2022/23 | 2023/24 | 2024/25 | Fiscal Plan Total |
|--|----------------|--------|--------------|--------------|--------------|-------------------|
| Indigenous-health and culture-based services in response to the overdose emergency | MoH/Provincial | FNHA | \$8.00 | \$8.00 | \$8.00 | \$24.00 |
| First Nations-led culturally-safe substance use care services | MoH/Provincial | FNHA | \$4.54 | \$4.54 | \$4.54 | \$13.62 |
| Provincial Investment | | | 12.54 | 12.54 | 12.54 | \$37.62 |

- Through the Canada-British Columbia Mental Health and Addictions Services bilateral agreement Government Financial Information the following has been allocated support 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.

Approvals:

February 17, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 22, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

February 28, 2022 – Christine 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* by 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.
- An update on the report was released in November 2021.
- 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

ESTIMATES NOTE

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:

- 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".
- In November 2021, Ms. Turpel-Lafond released an update on *In Plain Sight*. In it, Ms. Turpel-Lafond states that, "more focused efforts are necessary to respond to the impacts of public health emergencies on Indigenous Peoples, including jurisdictional impediments faced by Indigenous governments...and evidence-based expenditure of funding for mental health and wellness services for those in highest need."
- MMHA has continued 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.
- These include increasing the availability, accessibility and the continuum of Indigenous-led and community based social services and supports that are trauma-informed, culturally safe

ESTIMATES NOTE

and relevant and address a range of holistic wellness needs for this in crisis. At-risk or have experienced violence, trauma and/or significant loss.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 17, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC First Nations Treatment Centres

Issue: The Province, Canada and the First Nations Health Authority have made a joint capital commitment of \$60 million total (\$20 million each) to replace six existing First Nation-run treatment centres throughout BC and build two new ones.

Key Messaging and Recommended Response:

- **Our government supports Indigenous-led health and wellness programs and has made unprecedented investments to support Indigenous-led solutions.**
- **In 2018, the Province, Government of Canada, and the First Nations Health Authority made a joint capital commitment of \$60M to replace six existing First Nation-run treatment centres and build two new centres throughout BC.**
- **The First Nations Health Authority administers the funding and has been working with communities on the progress of these projects.**
- **Through the Tripartite MOU funding, some First Nations have received support to explore the development of treatment centres in their region through feasibility studies and needs assessments.**
- **We remain committed to supporting the implementation of these important projects and to expanding access to treatment and recovery services for Indigenous peoples across the province.**

KEY FACTS

Background/Status:

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan* (2007), the *Framework Agreement on First Nations Health Governance* (2011) and the *Health Partnership Accord* (2012)
- Since the health transfer in 2013, the First Nations Health Authority (FNHA) has been responsible for providing financial support for the programming and facility operations and maintenance for 10 existing National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres in BC.
- In 2018, the First Nations Health Council (FNHC), the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU'). The MOU is to establish a new and more flexible funding

ESTIMATES NOTE

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

- As per commitments in the MOU, the FNHA developed the *First Nation Treatment Centre Investment Plan* that outlined an approach and an estimated capital investment need of \$60M to replace six existing NNADAP treatment facilities and build two new treatment facilities. This investment was intended to fully cover capital construction costs for the projects. See the table below for project status. Funding from the Province, FNHA and Federal Government has been committed to these projects (\$20 million each).
- FNHA continues to provide funding for the operations and maintenance, emergency, and cyclical repairs for the 10 treatment centres, including the six projects that will be replaced through this initiative.
- While FNHA funds some of the costs of substance use bed-based treatment, communities and treatment centres have expressed a priority need for additional treatment beds as well as wrap-around services that consider the full continuum of care [i.e., detox (pre-treatment) and recovery (post-treatment)] that are not currently funded.
- Construction costs have risen steeply over the course of the pandemic beyond anticipated contingency funds. Advice/Recommendations; Government Financial Information

Advice/Recommendations; Government Financial Information

- The compounding trauma from the dual public health emergencies, recoveries of children's graves at residential schools, and natural disasters have had a disproportionate impact on Indigenous peoples and increased need for treatment services. In response, some of the treatment centre project leads have brought forward proposals for additional beds and services that would require increased capital investment to realize.
- To continue to make progress on the treatment centres and where possible mitigate cost escalations, the Province has supported the FNHA's recommendation for treatment centre projects to take a phased implementation approach Intergovernmental Communications
- Intergovernmental Communications to offset funding shortfalls. Other treatment centre projects have turned to public fundraising Intergovernmental Communications to cover increased costs.
- MMHA senior staff continue to have conversations with the FNHC, FNHA, and Indigenous Services Canada to realize these investments.

ESTIMATES NOTE

Current Status of Treatment Centre Projects (January 2022)

| Centre (Project) | Planned Beds (Requested) | Current State | Intergovernmental Communications; Government Financial Information | Comments |
|--|--------------------------|-----------------------------------|--|---|
| Telmex Awtexw Treatment Centre, Sts'ailes First Nation, Fraser Salish Region | 20 | Replacement: In feasibility phase | | Seeking additional funds for wrap-around services |
| 7 Nations Soaring Eagles, Ktunaxa Nation, Interior Region | 12 | Replacement: Design phase | | FNHA is the primary funder and partner on the project |
| Carrier Sekani Family Services Treatment Centre, Northern Region | 15 (60) | Replacement: Feasibility complete | | Seeking additional funds for capital costs and wrap-around services |
| North Wind Wellness Centre, Northern Region | 15 (~120) | Replacement: In feasibility phase | | Seeking additional funds for expanded scope of capital project and wrap-around services |
| Namgis Treatment Centre, Namgis First Nation, Vancouver Island Region | 15 | Replacement: Feasibility complete | | Total project estimated \$10.94M, project scope under review to evaluate funding requirements |
| Tsow-Tun-Le-Lum Healing Centre, Vancouver Island Region | 20 (+multi-purpose room) | Replacement: In design phase | | Seeking additional \$5-\$7M in funds for capital costs |
| Fraser Salish Region | 20 | New Build: Early planning phase | | Preliminary discussions with First Nation leadership and partners |
| Vancouver Coastal Region | 20 | New Build: Early planning phase | | Preliminary discussions with First Nation leadership and partners. |

FINANCIAL IMPLICATIONS

- **Not Applicable**
- Conversations are on-going to address potential capital cost overrun identified by project in the table above.

Approvals:

February 18, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 18, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

March 1, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 9, 2022 - Christine Massey, Deputy Minister

ESTIMATES NOTE

Access to Treatment and Recovery (Investments)

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

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 individual circumstances.
- 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.
- Budget 2022 continues the provinces historic investment to support the development of a full spectrum of substance use treatment and recovery programs and services for adults including new withdrawal management services, treatment and recovery services and, longer-term aftercare supports throughout the province.
- This includes the implementation of 65 new and/or enhancement initiatives resulting in approximately 195 net new withdrawal management, transition, and treatment and recovery beds over three years.

KEY FACTS

Substance Use Treatment and Recovery

- Systematic approach to strengthen the full range of substance use services for adults across the continuum and are broken into four buckets for each of the phases of the recovery journey:
 - Withdrawal Management: Enhancing and expanding access to bed-based withdrawal management services, sobering and assessment services and outpatient models.
 - Transition and Assessment Services: Expanding access to transition beds and stabilization services.
 - Treatment and Recovery: New services will invest in bed-based treatment and recovery programs as well as initiatives targeting alcohol and stimulant use disorders.

ESTIMATES NOTE

- Aftercare: Funding will increase availability of follow up services post treatment and community-based recovery focused supports as well as peer supports and peer-led initiatives.
- These investments are responsive to requests from families, communities, service providers and health system partners to strengthen the substance use system of care.
- Funding is distributed to our Health Authority partners, who are responsible for implementing these initiatives.
- Through collaborative efforts with Health Authorities, MMHA anticipates the implementation of 65 new and/or enhancement initiatives resulting in approximately 195 net new withdrawal management, transition, and treatment and recovery beds over three years.
- To date, 11 initiatives have been fully implemented, with more initiatives anticipated to come on-line in Spring 2022.
- Up until Budget 2021, investments into adult substance use treatment and recovery care have been restricted by one-time funding, resulting in small, incremental changes instead of system-wide impacts.
- Government historic Budget 2021 investment in mental health and addictions services signaled government's acknowledgement of the need to do things differently and the need to build an integrated, coordinated, evidence-based system of addiction care, as identified in the *Pathway to Hope*.
- Additional investments in medication assisted treatment and other services have also supported adult substance use treatment and recovery care as well as youth focused investments. (cross ref: EN- Youth Substance Use System of Care)

FINANCIAL IMPLICATIONS

- Budget 2022 continues with the prior investments which result in \$144.50 million over the fiscal plan to continue the province's historic investment in the development of a full spectrum system of substance-use treatment and recovery services.

Approvals:

February 16, 2022 - Darryl Sturtevant, ADM, Substance Use Policy

February 28, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 9, 2022 - Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Alcohol Use and Response

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

Key Messaging and Recommended Response:

- Alcohol addiction is the most common substance use disorder in BC, but it often goes unrecognized and untreated. While most people who drink alcohol do so with low-risk, for those who are struggling with alcohol use the harms can be severe and wide-ranging.
- 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.
- As part of our work through the *Pathway to Hope*, BC released guidelines to support health care professionals in providing evidence-informed care for people who are struggling with alcohol use.
- Following the implementation of this guideline, we have seen the number of people accessing medication-assisted treatment for alcohol use significantly increase.
- Budget 2022 continues previous funding committed to increase services for those struggling with alcohol use, through new investments in harm reduction, withdrawal management, transition services, specialized treatment, and longer-term aftercare supports.
- This includes working with several health authorities to stand up new alcohol-specific services, including new and expanded Managed Alcohol Programs that provide critical supports to people who are at risk of severe harms related to alcohol use.

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/Recommendations

- and in 2020 over 17% of people in BC ages 12 and up were estimated to engage in heavy drinking.ⁱⁱⁱ
- Problematic drinking is linked to over 200 health conditions, including 8 types of cancer.^{iv}
- In 2017, alcohol-attributable costs in BC totaled \$2.38 billion.^v
- Throughout the pandemic, approximately 22% of people in BC reported that their alcohol use had increased and many were drinking above recommended low-risk thresholds.^{vi vii}

ESTIMATES NOTE

- Alcohol-related mortality also increased during the pandemic to 2.3 deaths for 100,000 among people ages 0-44 and 17.7 deaths per 100,000 among people ages 45-64.^{viii}
- Alcohol-related mortality is also 5.4 higher among First Nations men and 10.1 times higher among First Nations women when compared to non-First Nations.^{ix}

Managed Alcohol Programs

- Through Budget 2021 the province committed to expanding and strengthening the availability of MAPs across the province, including supporting an extension of the Indigenous-led (Gwa'sala-'nakwaxda'xw) partnership program for alcohol treatment and recovery in Port Hardy.
- Managed Alcohol Programs (MAPs) are evidence-based harm reduction services that support people who are struggling with alcohol use.
- MAPs provide access to beverage alcohol to help clients manage their drinking and reduce potentially hazardous effects, such as using non-beverage alcohols like hand sanitizers.
- By providing regular and controlled access to beverage alcohol, MAPs help clients prevent over-intoxication while also managing the risk of withdrawal – both of which can be very dangerous, with risks from unmanaged withdrawal including severe fever, seizure, death
- MAPs have a strong body of evidence to support their harm reduction approach, and are associated with improved housing outcomes, improved physical health outcomes, and reduction in more hazardous drinking behaviours, such as use of non-beverage alcohol.

Alcohol Treatment and Supports

- In December 2019, the BC Centre for Substance Use (BCCSU) released a guideline that provided recommendations for health care providers on the clinical management and treatment of high-risk drinking and AUD in adults and youth ages 11-25.
- These guidelines use the best available evidence to support health care professionals in screening and treating AUD among people in BC.
- Health authorities also offer a number of treatment options for AUD and problematic alcohol use, including withdrawal management services and medication-assisted treatments such as naltrexone and acamprosate.
- Since implementing the new guidelines in 2019 with recommendations on first-line medications for AUD, prescribing has increased significantly with twice as many people receiving naltrexone between April and September 2021 (over 20,000) than in 2019 (10,502).

FINANCIAL IMPLICATIONS

- Budget 2022 continues with funding committed in Budget 2021 of \$70 million over three years to support Specialized Treatment and Wraparound Services including Managed Alcohol Programs (MAPs) both the Vancouver Coastal Health Authority and Vancouver Island Health Authority regions.

Approvals:

February 16, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 24, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

REFERENCES

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ESTIMATES NOTE

TOPIC Substance Use System of Care Framework

Issue: The development of a framework to guide the creation of an integrated substance use system of care in BC.

Key Messaging and Recommended Response:

- Our government is working as quickly as possible to build the system of substance use care that British Columbians deserve – from the ground up.
- As part of *A Pathway to Hope*, we are developing a Substance Use System of Care Framework to ensure that people with substance use challenges experience seamless and cohesive care, where every door is the right door.
- The development of this Framework is nearing completion and is anticipated to be released later this year.
- The Framework will guide future action and long-term transformation and will have a meaningful impact on service delivery and care experiences.
- This includes building on work already underway within the health sector, including our response to the toxic illicit drug crisis.
- We have worked closely with key partners including health authorities, people with lived and living experience, and experts throughout the development process.
- While the Framework is under development, government continues to take action to close gaps and respond to the toxic drug crisis.

KEY FACTS

Background/Status:

- A Pathway to Hope includes a priority action to create a new policy framework to support the development of an integrated, coordinated, and cross-sector substance use system of care.
- The Framework is currently being drafted and is anticipated to be released in 2022.
- Collaboration with partners was central to the development of the Framework, including engagements with cross-government partners, health authorities, Indigenous partners, research institutes, clinicians, family members, health and social service providers, and people with lived and living experience of substance use.
- This Framework has three core objectives:

ESTIMATES NOTE

- Articulate the elements of a substance use system, including guiding principles, the functions it will fulfill, and how people move through it.
- Outline the core services that should be available to each person that requires them and describe how people are to access them.
- Provide priority areas of focus to guide future actions that will build the substance use system.
- While the health system is the primary focus, the framework includes connections to other sectors such as housing and employment, taking a cross-system perspective that acknowledges the social determinants of health.

Building the System of Care:

- While the Framework is being drafted, government is taking action to close the current gaps in the system and implement new initiatives that are informed by findings through the Framework development process.
- Expanding Treatment and Recovery Services: A historic investment through Budget 2021 to stand up adult substance use treatment and recovery services across the care continuum.
- Example of other key actions include:
 - Adding new ACT teams across the province, for a total of 29 teams
 - Developing a new prescribed safe supply policy to connect people to safer pharmaceutical alternatives to toxic street drugs
 - Increasing support for new and expanded interdisciplinary outreach teams
 - Implementing substance use teams to help more people get stay connected to health care services, treatment, and recovery
 - Established a 24/7 helpline for prescribed and pharmacists to provide live, in-the-moment support with treating patients with opioid use disorder and considering safe prescription alternatives to the toxic drug supply
 - Adding new adult and youth treatment and recovery beds across the province
 - Enabling nurses to prescribe medication assisted treatment
 - Ensuring that people who are struggling with alcohol have access to a range of supports to address risks and minimize harms, including medication-assisted treatment and managed alcohol programs

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2021 committed \$144.50 million over three years to continue the provinces historic investment in the development of a full spectrum system of substance-use treatment and recovery services.

Approvals:

February 16, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

February 28, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

CAPUD LITIGATION

Advice/Recommendations

Issue:

Key Messaging and Recommended Response:

- Substance use and addiction is a healthcare issue, not a criminal one.
- B.C. is the first province to apply for a s.56 exemption from the federal Controlled Drugs and Substances Act (CDSA) to remove criminal penalties for people who possess small amounts of illicit drugs for personal use.
- Canadian Association of People who Use Drugs has filed a lawsuit against the Government of Canada with the BC Supreme Court, arguing that sections of the CDSA violate sections of the Canadian Charter of Rights and Freedoms.
- CAPUD is requesting the federal decriminalization of drug possession as well as drug trafficking due to necessity or the provision of safe supply.

Advice/Recommendations

- BC's Attorney General (AG) has instructed the Legal Services Branch (LSB) that the Province will participate in CAPUD's litigation under the *Constitutional Questions Act*. BC will file a response to civil claim, advancing the province's position that simple possession should be decriminalized, and that safe supply and use should be governed through appropriate regulation and policy approaches, with a clear role for criminal law in addressing unregulated supply and trafficking

KEY FACTS

Background/Status:

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

ESTIMATES NOTE

- On August 31, 2021, CAPUD filed a Notice of Civil Claim (NOCC) in the BC Supreme Court against the Government of Canada.
- The NOCC alleges that the sections of the Controlled Drugs and Substances Act (CDSA) pertaining to the criminalization of simple possession violate section 7 (rights to life, liberty, and security of the person), section 12 (rights to not be subjected to cruel and unusual treatment or punishment), and section 15 (equality rights) of the Canadian Charter of Rights and Freedoms (the Charter).
- CAPUD is also seeking the removal of the CDSA's criminal penalties for trafficking due to necessity (or "subsistence trafficking") or provision of a safe supply.
- While the NOCC is national in scope, a majority of the plaintiffs reside in BC.
- The federal government filed a Response to Civil Claim on November 30, 2021, defending the constitutionality of the impugned sections of the CDSA.

Advice/Recommendations

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 22, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Community Substance Use Treatment Beds – Youth and Adults

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

Key Messaging and Recommended Response:

- Treatment and recovery are not a one-size-fits-all solution.
- 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.
- Beds are an important part of the government's work to build a system of care with a diversity of options so more people can access treatment and recovery services that are appropriate for their unique circumstances.
- Since 2017, our government has added over 250 new publicly funded adult and youth substance use beds.
- We have made progress in the last year alone, including 105 new beds which are now fully operational across the province.
- In August 2020 government announced 123 new youth substance use beds across the province, doubling the number of beds available for youth in BC.
- And there are more to come.... Budget 2022 continues the province's historic investment to support the development of a full spectrum of substance use treatment and recovery programs and services for adults including new withdrawal management services, treatment and recovery services and, longer-term aftercare supports, including 195 new substance use beds.
- These beds have already started to come online with plans underway to implement more over the next three years.
- These investments will continue to support the ongoing work of Government to fill the key system gaps and support transitions between services, so people stay connected to care across their full recovery journey.

KEY FACTS

Background/Status

ESTIMATES NOTE

- 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 for those for whom day treatment and recovery services have not been the right fit.
- Community substance use beds also include residential treatment, supportive recovery, transitional services, withdrawal management, and beds for sobering and assessment.
- As of September 2021, there are **3201** publicly funded adult and youth *community substance use beds*: This includes:
 - **3,096 beds (2,954 for adults and 142 for youth)** health authority funded beds and **105** adult CMHA grant funded beds
 - There are an additional **134** health authority funded adult substance use/ concurrent beds.
- These bed numbers include 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).
- Overall fluctuation in numbers may be attributed to the point in time nature of the bed count survey (quarterly), 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 implement 105 new publicly funded adult treatment and recovery beds. All beds were implemented between Spring and Fall 2021.
- In August 2020, government announced 123 new youth substance use beds, including 115 community-based treatment and withdrawal management beds and 8 provincially accessible specialized treatment beds.
 - Twenty-eight beds have been implemented and the Ministry is working with the Ministry of Health (MoH), health authorities, and Indigenous partners to implement the remainder of the beds in 2022.
- In 2021, the Province opened the 105 bed Red Fish Healing Centre for Mental Health and Addiction in Coquitlam (on former Riverview lands). Red Fish treats complex mental illness and addictions simultaneously with a model of care that is innovative and progressive.
- MMHA is working with Health Authorities to implement Budget 2021 investments and ensure effective monitoring processes are in place to track system improvements. (**cross ref: EN-Treatment and Recovery (Investments)**)

FINANCIAL IMPLICATIONS

- Budget 2022 continues with the previous 2021 investment in support of the following
 - \$144.50 million over the fiscal plan to develop and support of a full spectrum of substance-use treatment and recovery services
 - \$50.55 million over the fiscal plan to support 123 new youth substance use beds and to enhance existing provincially accessible specialized beds.

Approvals:

February 16, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

February 28, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Decriminalization

Issue: The criminalization of people in personal possession of controlled substances causes and exacerbates stigma and prevents access to life-saving health and social services.

Key Messaging and Recommended Response:

- **Substance use is a healthcare issue, not a criminal one. But we know that shame and fear keep many people connecting with lifesaving services. That's why it's crucial to decriminalize people who use drugs.**
- **B.C. is the first province to apply for a s.56 exemption from the federal government to remove criminal penalties for people who possess small amounts of illicit drugs for personal use.**
- **BC's exemption application is now in the hands of Health Canada. Given the urgency of the illicit drug poisoning crisis, we expect that the federal government will prioritize this application and come to a decision in a timely manner.**
- **We are working hard to transform our health and substance use care services in BC to ensure that high-quality supports are available to all who wish to access them.**
- **Decriminalization will complement improvements in the system and reduce stigma so that more people to feel comfortable to seek help.**
- **We know that there is no one solution. We need to use all the options available to us to tackle the overdose crisis, and that includes decriminalization.**

KEY FACTS

- The drug poisoning crisis has drawn attention to Canada's 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).
- 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) (Statistics Canada).
- Mandate letters call for the Ministry to work with partners in the public safety sector to push Ottawa to decriminalize simple possession.
- The Province believes there should be national action on decriminalization, and on February 3, 2021, Minister Malcolmson wrote to the Federal Minister of Health to request that our governments work together on this issue, *Intergovernmental*
- On April 14, 2021, Minister Malcolmson confirmed that B.C. would be proceeding with an exemption request.

ESTIMATES NOTE

- On November 1, 2021, the Province submitted a formal request to Health Canada requesting an exemption to the CDSA under section 56(1) to remove criminal penalties for the possession of illicit substances for personal use. MMHA officials are meeting regularly with their counterparts at Health Canada to discuss the exemption request.
- B.C. has already taken a public health approach to help people who use drugs. Minister Farnworth has sent letters to police departments indicating that simple possession is no longer a priority and directing units to consider pursuing a public health and harm reduction approach.
- While a number of police forces in B.C. have implemented forms of de facto decriminalization, approaches remain inconsistent. B. C.'s proposed decriminalization framework will create a consistent, province-wide approach.
- Under the Province's decriminalization proposal, individuals over the age of 18 would be allowed to possess up to 4.5g cumulative of opioids, crack and powder cocaine, methamphetamine, and MDMA. In the absence of criminal penalties, police would provide individuals found in possession with information on health and social supports.
- B.C.'s proposal was developed with input from a range of stakeholders, including people with lived and living experience, law enforcement, Indigenous partners, municipal representatives, researchers, clinicians, public health representatives and others.
- The Province continues to work with partners on additional policy questions and to prepare for implementation upon approval. This includes examining the impact on youth, law enforcement readiness and training, health system readiness planning, implementation support for municipalities and First Nations communities, and monitoring and evaluation.

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.
- There are approximately 30 other countries that apply some form of drug decriminalization.
- Criminal records impact one's ability to obtain employment and housing – two key supports for people in treatment and recovery.
- Several national and B.C.-based advocacy organizations and professional associations have called for the decriminalization of personal possession.
- In May 2021 the City of Vancouver formally requested a section 56 exemption, and Toronto Public Health has also formally requested an exemption within the boundaries of its city.

FINANCIAL IMPLICATIONS

The financial impacts of decriminalization are being assessed.

Approvals

February 16, 2022– Darryl Sturtevant, ADM, Substance Use Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC 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, high 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, and the new Provincial Standards for Registered Assisted Living Supportive Recovery Services introduced in September 2021.
- My mandate letter includes a focus on enhancing oversight of recovery homes to support greater accountability for quality care. We are actively working with the Ministry of Health to implement this commitment and expand our role in oversight of these services.
- This work is responsive to longstanding calls from our partners and the and stakeholders, and their perspectives are key to our work. In the coming months we will undertake significant engagement and consultation to identify what is working well within the current oversight model, and where there are opportunities for change and improvement.

KEY FACTS

Background/Status:

- Supportive recovery residences typically offer services like psychosocial supports, relapse prevention, peer counselling, medication management, meal services and social

ESTIMATES NOTE

opportunities to people with substance use challenges. They do not deliver 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.
- Preliminary work has been completed to identify the next steps. As this process has both legislative and financial impacts, a careful review has taken place to ensure alignment with mandate direction to increase quality services in the sector.

Actions to Strengthen the Sector To-date:

- *Regulations:* Amendments to the CCALA and the new Assisted Living Regulation came into force on December 1, 2019. These changes improve regulatory oversight for all registered supportive recovery homes and give 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.
- *Provincial Standards:* Provincial Standards for Registered Assisted Living Supportive Recovery Services were introduced in September 2021. The standards build off the Regulation by expanding minimum health and safety requirements and setting required levels of service in areas including evidence-based care.
- *Operator Supports:* Development of operator handbook, updated Assisted Living Registry website, and training seminars for operators and health authorities to support the new regulatory changes as well as the introduction of the Provincial Standards.
- *Funding:* In 2019, a per diem increase was implemented for eligible income assistance

ESTIMATES NOTE

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*). Budget 2021 includes \$132 million over the fiscal plan to provide a full spectrum of substance-use treatment and recovery services, including approximately 195 new substance use beds.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 16, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

February 27, 2022 – Christine Massey, Deputy Minister

LEGISLATIVE SESSION - FACT SHEET

Prescription Monitoring Program

TOPIC

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

CURRENT SITUATION

- BC currently has 3 programs monitoring the use of prescription opioids, sedatives and stimulants: PharmaNet data which allows clinicians to access and review their patient's medication record, College of Physicians and Surgeons of BC (CPSBC) routine prescription review of its registrants, and the Restricted Claimant Program which monitors for signs of a patient's overuse of problematic medications.
- There is no provincial program which looks at general trends of prescribing and dispensing practices which appear to be outside of best practice guidance for controlled substances or other drugs of concern.
- The Ministry and CPSBC are in the final stages of review of the Shared Cost Agreement (SCA) for BC Prescription Monitoring Program (PMP).

FINANCIAL IMPLICATIONS

- The approved budget for the BC PMP Phase 2, 3-year contract, is \$4 million with an additional \$1.5 million retained by the Ministry for HSIAR staffing and process upgrades to support the BC PMP.

KEY BACKGROUND

- In January 2019, a service contract was signed between the Pharmaceutical, Laboratory and Blood Services Division of the Ministry and the CPSBC to develop a proposal for implementation of an enhanced provincial Prescription Monitoring Program (BC PMP – Phase 1).
- A BC PMP Advisory Committee was struck to guide the development of the proposal. Members include representatives of CPSBC, the Ministry, the Ministry of Mental Health and Addictions, the College of Pharmacists of BC, the BC College of Nurses and Midwives, the College of Dental Surgeons of BC, the College of Naturopathic Physicians of BC and the BC Coroners Service.
- Their Summary Report was submitted to the Ministry in January 2020 and formed the basis of the SCA that the Ministry presented for consideration to the CPSBC in September 2021.
- The CPSBC reviewed the SCA and provided feedback to the Ministry in January 2022. The SCA is undergoing final reviews.
- The development and implementation of a fulsome BC PMP is targeted to start date in March 2022.

LAST UPDATED

- The content of this fact sheet is current as of February 7, 2022, as confirmed by Tijana Fazlagic.

APPROVALS

2022-02-07 - Tijana Fazlagic, Pharmaceutical, Laboratory and Blood Services Division

2022 02 09 - Mitch Moneo, Pharmaceutical, Laboratory and Blood Services Division

2022 02 11 – Brenda Rafter obo Philip Twyford, Finance and Corporate Services Division

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:

- **Government is committed to supporting communities in addressing street disorder and public safety concerns by expanding mental health intervention teams, like the new ACT teams announced in 2020.**
- **There are now 29 ACT teams province wide.**
- **ACT teams provide flexible, individualized support for adults with serious, complex and often persistent mental health challenges that make it difficult to manage day-to-day activities.**
- **ACT teams are mobile and deliver 24/7 services in the community, such as in clients' homes, at work, parks, or recreation locations.**
- **These teams are the highest standard for delivering community based mental health services for people with serious challenges, and result in improved outcomes for people and communities where they live.**
- **Plans are underway with Budget 2022 investment in complex care housing to expand or enhance ACT teams specifically to support individuals in complex care housing.**

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 complexes need 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.

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).

ESTIMATES NOTE

- As of 2021, there are 29 ACT teams across the province:
 - 3 in Interior Health; 6 in Fraser Health; 7 in Vancouver Coastal Health; 12 in Island Health; and 1 in Northern Health.
- As part of the funding announced in fall 2020, the Ministry of Health 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.
- For example, as part of Fraser Health's complex care housing projects, they are developing new ACT teams that will provide support to complex care housing clients in market rentals.
- Plans are underway to support three Peer Assisted Crisis Team (PACT) Pilot Projects in the North Shore, Victoria, and New Westminster, through funds to the Canadian Mental Health Association BC Division (CMHA-BC).
 - PACT is a civilian model that provides a mental health-based response to people asking for help with a mental health crisis. The teams respond instead of, or in combination with, the police with trained peers and mental health professionals (e.g.: social workers and psychiatric nurses).

FINANCIAL IMPLICATIONS

N/A

Approvals:

Date February 17, 2022– Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 17, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 9, 2022 – Christine Massey, Deputy Minister

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:

- When people make the decision to seek help for their mental health and wellbeing, we want them met with care, compassion, and efficiency, regardless of their location or pocketbook.
- That is why this government has increased access to low and no-cost mental health and substance use counselling across the province through \$20M in grants to community agencies, including in rural, remote, and Indigenous communities.
- Community counselling provides flexibility for counsellors to truly meet clients where they are at, whether that's through outreach, in person counselling or through virtual supports.
- This money will support the ongoing work of 49 community agencies we are funding now, and make sure that these services will continue into March 2023.
- We continue to build off the success of the first year of the grants. In the second year of the grants program we have seen a further 49% increase in the number of individual and group counselling sessions and a further 45% increase in the number of individuals accessing counselling.
- Our priority is to make sure counselling remains accessible for people who need it, including directly funding Indigenous organizations to provide culturally safe services to Indigenous peoples.
-

KEY FACTS

Background/Status:

- About 17% of British Columbians – around 800,000 people – are experiencing a mental illness or substance use issue today.¹

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

ESTIMATES NOTE

- By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental health challenge.¹² A Pathway to Hope identifies the cost of counselling as a main barrier to access.
- Ongoing data reveals that the pandemic continues to have a negative effect on the mental health of people in BC:
 - as of the start of January 2022, 26% reported their mental health as bad or very bad since the start of the pandemic.^[4]
 - 46% of people in BC report their mental health is worse/somewhat worse than pre-pandemic and 18% of people in BC have sought treatment or counselling for their mental health during the pandemic.^[5]
- Beginning 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).
- These grants made counselling more accessible across the province including in rural, remote, and Indigenous communities.
- These grants are intended 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. The 49 counselling services organizations receive annual funding ranging from \$40,000 to \$120,000 over 3 years.
- In the first year of community counselling grants, this investment resulted in a 60% increase in the number of counselling sessions and 58% increase in the number of unique individuals receiving services.
- In the second year of community counselling grants, funded agencies reported a further 49% increase in individual and group counselling sessions as compared to year 1, and a further 45% increase in unique individuals who received counselling as compared to year 1.
- For 2021, community counselling grants resulted in over 96,000 counselling sessions provided, including individual, couple, family, group, virtual sessions, and psychoeducational workshops.³
- Community counselling organizations reported a 54% increase in new clients accessing individual, couple or family counselling sessions in 2021, and a 22% increase in new clients accessing group counselling sessions in 2021.

² Ibid.

^[4] Leger (2022). North American Tracker: Jan 11, 2022.

^[5] <https://nanos.co/wp-content/uploads/2022/01/2022-2058-CTV-Jan-Populated-report-With-tabs.pdf>

³ Retrieved from “Year 2 Evaluation Report – Community Action Initiative Community Counselling Fund, January 2022” submitted to MMHA.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Since 2018/19 the province has provided \$20.0 million to support the CAI's community counselling grant program.
 - 2018/19 - \$11.0 million to support 29 counselling services providers
 - 2020/21 - \$4.8 million to expand supports to an additional 20 counselling service providers
 - 2021/22 - \$4.2 million to continue grant funding through March 2023 for all 49 counselling services providers

Approvals:

February 18, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy Division

February 24, 2022# – Tracee Schmidt, Executive Lead, Corporate Services and Financial Accountability (CFSA)

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9 - 2022 – 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 |
| | Independent 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:

- **The Ministry of Mental Health and Addictions has been mandated to lead work to invest in community-based mental health and social services to help people in crisis and 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, first responders to a person in mental health crisis are police.**
- **We know that in many situations a person in crisis may be better served with a mental health or social service-led response, with a focus on de-escalation.**
- **We are looking at various approaches, in BC and beyond, to better support the needs of individuals in crisis, their families, communities, the health and social services system, as well as police.**
- **In partnership with the Canadian Mental Health Association – BC Division, we are planning to support three Peer Assisted Crisis Team pilot projects to evaluate the effectiveness of a civilian model of mental health-based response.**

KEY FACTS

Status

- Plans are underway to support three Peer Assisted Crisis Team (PACT) Pilot Projects in the North Shore, Victoria, and New Westminster, through funds to the Canadian Mental Health Association BC Division (CMHA-BC).
 - PACT is a civilian model that provides a mental health-based response to people asking for help who are having a mental health crisis. The teams respond instead of, or in combination with, the police with trained peers and mental health professionals (e.g., social workers and psychiatric nurses).
- MMHA is working collaboratively with the Ministry of Public Safety and Solicitor General (PSSG), which is mandated to support this commitment.
- In addition, staff are monitoring the process of the Special Committee on Reforming the Police Act (SCRPA), which is planning to issue recommendations on April 28, 2022. Many of

ESTIMATES NOTE

the presentations made to this committee referenced MHSU crisis response and the role of police.

Background

- A mental health and substance use (MHSU) crisis response is triggered by an individual calling for help to manage the psychological distress of someone else or themselves.
- The Ministry of Health and the Canadian Mental Health Association reported that one in five interactions with police involved someone with a mental health problem. It has also been reported that MHSU challenges were present in 68% of fatal encounters with police in Canada (CBC news).
- 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.
 - 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 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.

Crisis Response Models

- Existing models of mental health crisis response are on a continuum from low to high police involvement, and include:
 - Community or civilian-led response (e.g., PACT pilot program and approaches where police involvement is only used if needed for safety/criminality).
 - Integrated joint response (health-police partnerships, e.g., Car programs¹).
 - Police-led response with MHSU support (models that provide MHSU support and expertise to make police response more effective and efficient).
- The goal of civilian models is to reduce reliance on police agencies and to provide the appropriate response to people experiencing mental health crises.
- Individuals, families and communities who have experienced or regularly experience mental health crisis services where police agencies are involved, overwhelmingly support services that are provided by a mental health 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 civilian models that include front line workers specially trained in risk management and de-escalation. Police support is available as necessary.

¹ The Car 87 program provides emergency response to crisis calls in the city of Vancouver for mental health situations or crisis concerns. A police officer and psychiatric nurse work together to help de-escalate situations, provide crisis intervention and connect people to community services and supports

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 15, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February XX, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Complex Care Housing

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

Key Messaging and Recommended Response:

- 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.
- Complex care housing is a ground-breaking approach that addresses the needs of our communities' most vulnerable by providing an enhanced level of voluntary wraparound supports and services.
- Budget 2022 investments of \$164M over the next three years will support new complex care housing services, including projects in the lower mainland and Victoria.
- Planning for additional communities, including Kamloops and Kelowna, will enable us to support a total of approximately 500 individuals across BC in this first phase.
- Budget 2022 funding is in addition to investments of \$4.6M being made in 2021/22 to kickstart complex care housing services in communities including Surrey, Abbotsford and Vancouver.

KEY FACTS

Status:

- In January 2022, the ministry announced the first four projects which will support ~100 individuals:
 - Foxglove – Surrey, 39 spaces.
 - Status: residents will begin moving into their new homes at Foxglove on March 28
 - –Abbotsford temporary location, 8 spaces.

ESTIMATES NOTE

- Status: enhanced health services are already being provided to identified complex care housing clients who are currently residing in a temporary shelter location. As staff are hired in the coming months, additional services will be phased in to support these clients. The eventual plan is for clients and services to move to a permanent location.
- Jim Green – Vancouver, 44 spaces.
 - Status: hiring is ongoing, and some complex care housing clients are in place. It is expected that the service will be operational in April.
- Naomi Place – Vancouver, 12 spaces.
 - Status: hiring is ongoing, and some complex care housing clients are in place. It is expected that the service will be operational in April.
- Budget 2022 commits \$164M over three years to implement complex care housing across BC, with plans for additional funding for projects that are in the final stages of planning.
- The \$164M in funding to the Ministry of Health (HLTH) will fund 20 projects
- This includes:
 - 100 spaces in Greater Victoria.
 - Ongoing funding for the ~100 spaces in Vancouver, Surrey and Abbotsford announced in January 2022.
- Plans are underway to support additional projects, including those in Kelowna and Kamloops.
- Project proposals were developed by health authorities and selected for funding based on readiness and feasibility; alignment with the complex care housing framework; and community need as demonstrated through available homelessness data.
- Selection also took into consideration whether the services would address priority populations (e.g., Indigenous people and young adults), as well as ensuring a variety of different service types under the model so we can test and evaluate what works best.
- Program funding will flow through HLTH to the health authorities and AHMA for implementation of services. MMHA is responsible for guiding implementation.
- An additional \$2.74M (within the \$164M) over three years will be added to MMHA's base budget for new FTEs to lead provincial coordination and oversight of complex care housing.

Background

- In November 2020, the ministry was mandated to lead the development of complex care housing to provide an increased level of support for BC's most vulnerable who need more intensive care than supportive housing currently provides.
- It is estimated that at least 2,200 people in BC require this level of service.
- Complex care housing is a component of the provincial homelessness strategy which is being led by the Ministry of Attorney General and Ministry Responsible for Housing.
- Complex care housing is intended to support adults who are 19 and older who have complex mental health and substance use challenges and who are unstably housed or homeless. Many of these individuals also have other physical health challenges, developmental disabilities or functional impairments, significant histories of trauma and are living in poverty.
- 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.

ESTIMATES NOTE

- This new model of housing services will be led by health authorities in collaboration with housing providers and will provide a cohesive system of wraparound supports that address the health, housing, cultural and social needs of the individual, with an intensity that matches their need.
- These services and supports must be trauma informed, culturally safe and wherever possible, Indigenous-led for Indigenous people.
- The ministry undertook significant stakeholder engagement in summer 2021 to solicit recommendations and inform the development of a Complex Care Housing Framework.
- This included a Provincial Core Planning Table with representation from government, housing and health system partners, Indigenous partners, people with lived/living experience and municipal governments.
- The ministry also undertook targeted engagement with key stakeholders, including government partners and policy tables, research and clinical partners, housing operators, health service providers, advocacy organizations, people with lived/living experience, Indigenous partners and communities.
- Complex care housing aims to improve housing stability, improve health outcomes, and improve community inclusion; reduce use of acute care and emergency services, and reduce criminal justice system involvement.
- Some outcomes and associated measures will take time before the effects begin to be realized and are subject to organizational capacity to gather data.

FINANCIAL IMPLICATIONS

- The total approved Budget 2022 investment in complex care housing is \$163.62.

| | 2022/23 | 2023/24 | 2024/25 | Total |
|---------------|--------------|--------------|--------------|---------------|
| HLTH | 53.96 | 53.46 | 53.46 | 160.87 |
| MMHA | 0.90 | 0.91 | 0.93 | 2.74 |
| Totals | 54.86 | 54.37 | 54.39 | 163.62 |

Approvals:

March 24, 2022 - Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 22, 2022 - Tracee Schmidt, Executive Lead, Corporate Services and Financial Accountability

March 8, 2022 –Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 14, 2022 – Christine Massey, Deputy Minister

Supplemental Documents:

CCH Initiative Details

CCH Site Selection Background

ESTIMATES NOTE

TOPIC Rural and Remote

Issue: Access to appropriate mental health and substance use 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 substance use system so all people living in British Columbians have access to care they need, when they need it, 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.**
- **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 heard recently from Chiefs and leaders at the First Nations Leadership Gathering that rural, remote and wilderness communities' need for mental health services have increased the last two years as a result of the recoveries of children from residential schools, toxic drug supply, pandemic, and natural disasters.**
- **We are partnering with Indigenous organizations, communities and governments to ensure that accessible, culturally safe and Indigenous-led services are available across the province.**

KEY FACTS

Background:

- The populations of rural British Columbia (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 mental health and substance use (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.

ESTIMATES NOTE

- COVID-19 has exacerbated service barriers in rural and remote communities while also increasing the need for MHSU services in communities.

Current/Upcoming Services

- MHSU services to rural and remote communities are provided through mobile specialized clinical teams, e-Mental Health, tele-health and travel assistance programs for both patients and physicians. Services such as BounceBack, Living Life to the Full 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 and Living Life to the Full programs, and expanding access to no- and low-cost community counselling programs.
- The Province also supported an accelerated launch of Foundry Virtual in response to the pandemic. Young people 12-24 and their families can access Foundry Virtual including counselling, peer support, primary care and family support through voice calls, video and chat from anywhere in the province. Additionally, the Foundry BC App launched in March 2021 and 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.
- Integrated Child and Youth (ICY) teams are being implemented in the Coast Mountains school district (northwest BC), providing wraparound mental health and substance use services to children, youth and their families. Two multidisciplinary teams are being formed through existing service providers and new positions, one based in Terrace and one in Hazelton.
- We have increased access to community-based adult mental health and substance use counselling throughout the province through the Community Counselling Grant Program that supports 49 community agencies to provide counselling services, particularly those in rural, remote and Indigenous communities.
- 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 36 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 rural and remote areas in the North Peace, Smithers/Houston, Prince Rupert and coastal communities, the Northern Interior (Prince George and rural communities), Vancouver Coastal (Powell River), and Vancouver Island (Cowichan Valley, Campbell River).
- 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 includes virtual psychiatry and substance use supports.
- Since 2018, the Province has supported the FNHA through the Tripartite MOU to design and deliver community-driven and Nation-based approaches to mental health, and have funded 170 communities in BC, including rural and remote communities.

ESTIMATES NOTE

- Additionally, the Tripartite MOU supported renovation and/or replacement of 8 First Nation run treatment centres, including centres that service rural and remote Indigenous communities (e.g., North Winds, Carrier Sekani Family Services, 7 Soaring Eagles, Namgis).

FINANCIAL IMPLICATIONS

- Budget 2022 continues with ongoing investments from prior years in the Pathway to Hope and continues with \$1.46 billion invested over the current fiscal plan. Across the Pathway to Hope services are designed to support increased access to programs and services to all residents of BC including those in rural and remote communities. Examples include:
 - \$16.6 million to support implementation and expansion of Substance Use Integrated Teams.
 - \$76 million to support Foundry store front and virtual operations and further expansion to 23 sites
 - \$55 million to support Integrated Children and Youth Teams
 - \$18 million to support Community Innovation Fund grants including Community Action Teams and Peers Networks throughout the province
 - \$24.75 million to support BounceBack and Confident Parents: Thriving Kids and Telephone Anxiety
- Previous grant funding provided to Canadian Mental Health Association BC/Community Actions Initiative totaling \$20 million has expanded access to in-person and virtual counselling services throughout the province.
 - The province has leveraged Federal funding provided through the Mental Health and Addictions Services Funding Agreement to support rural and remote access via the BounceBack program and Confident Parents Thriving Kids.

Approvals:

February 28, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

February 17, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

March 8, 2022 - Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services

March 9, 2022 – 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 is supporting the Ministry of Public Safety and Solicitor General to expand the situation table model in BC.**
- **Situation tables (also known as Hubs) 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 15 situation tables operating in BC, with work underway on nine more.**
- **By creating situation tables in communities throughout the province, we are helping front-line workers connect with people in crisis.**

KEY FACTS

Status:

- PSSG's Office of Crime Reduction and Gang Outreach (OCR-GO) has responsibility for implementing and managing situation tables in BC.
- MMHA staff are working collaboratively with staff from OCR-GO to support the expansion of situation tables.
- There are currently 15 situation tables operational in BC:
 - Lower Mainland (6): Burnaby, Chilliwack, Hope, Mission, Surrey CHART (Children and Youth At-Risk Table) and Surrey SMART (Surrey Mobilization and Resiliency Table)
 - Southeast District (4): Kelowna, Penticton, Greater Westside Hub (Westbank First Nation, West Kelowna, and Peachland), Oliver/Osoyoos
 - North District (4): Terrace, Williams Lake, Prince George, and Quesnel
 - Island (1): Duncan-North Cowichan.

Advice/Recommendations

ESTIMATES NOTE

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.

Advice/Recommendations

- 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. PSSG is still in the process of securing two First Nations communities to partner with on this pilot initiative, and is planning to extend the contract with the subject matter expert hired to train Intervention Circles until fiscal year 2023/24.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 16, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Wildfire and Flood Recovery – Mental Health and 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 and wellness.**
- **It is critical that people experiencing mental health and substance use challenges in the wake of wildfires, flooding or any natural disaster, know they are not alone in dealing with its emotional impact and that there are a variety of mental health and substance use 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 through the Community Partnerships Program.**
- **In 2019, as part of A Pathway to Hope, 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. MMHA is a partner in this work to ensure that mental health and wellness supports are considered in health system planning related to climate change and natural disasters and are part of BC's post-disaster recovery response.**

KEY FACTS

- As part of provincial recovery efforts relating to the wildfires and floods of 2021, the Ministry of Mental Health and Addictions is collaborating with the People and Communities Sector activities led by MOH, which includes the coordination of the physical, mental, spiritual, and social well being of the impacted population.

ESTIMATES NOTE

Impact of Environmental Events on Mental Health

- The terms ‘climate anxiety’ and ‘eco-anxiety’ are being used to talk about the psychological impacts of climate change,
- Compounding trauma from multiple emergency situations are affecting individuals and communities, particularly First Nation communities, where existing resources are stretched thin and require a cross-ministry response.
- This is an emerging area of research and was recently raised at the Minister’s meeting with Kanaka Bar Indian Band (Lytton) at the First Nations Leadership Gathering. Mental health impacts of climate change are discussed in the recently released Health Canada Report *Health of Canadians in a Changing Climate*.¹

Natural Disaster Response in First Nation Communities

- The First Nations Emergency Services Society, the First Nations Health Authority (FNHA), Indigenous Services Canada and the Province assembled and deployed a multi-agency support team to better support First Nation communities who experience natural disasters.
- Emergency Management BC (EMBC) is working with the First Nations’ emergency operations centres and First Nations’ Emergency Support Services to provide culturally safe supports and address unmet needs related to recovery efforts.
- The FNHA Public Health Response team provides health-related emergency management support services to Nations and communities affected by wildfires and other natural disasters.

Wildfires

- BC declared a Provincial State of Emergency on July 20, 2021 to support the provincial response to seasonal wildfire events. It was extended until September 14, 2021.
- The 2021 wildfire season saw more than 1,500 fires burning nearly 900,000 hectares throughout the province.
- The 2021 wildfire season was complicated by a heat wave (aka “heat dome” event), prolonged drought conditions, and the ongoing COVID-19 pandemic, including new viral outbreaks in areas impacted by fires. There were two deaths tied to the wildfires and more than 600 from the extreme heat itself.
- The Province matched Canadian Red Cross fire relief donations and donations from individual British Columbians up until Dec 31, 2021. Financial assistance was available in one of three ways:
 - \$2,000 to eligible BC households whose primary residence had been severely impacted by this season’s wildfires; or
 - \$2,000 to eligible households who were evacuated from the Lytton, BC regional due to wildfires; or
 - \$1,200 for households in BC under mandatory evacuation order by a Local Authority or through a Band Council Resolution for longer than 10 consecutive days during the 2021 wildfire season.
- The wildfire seasons in British Columbia in 2019 and 2020 were both below normal with 805 and 637 wildfires respectively.

¹ *Health of Canadians in a Changing Climate — Advancing our Knowledge for Action* by Health Canada. Published February 2022. Accessed online February 14, 2022.

ESTIMATES NOTE

- 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.
- In 2018/19, 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) 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 (Atmospheric Rivers)

- In November 2021 the Province experienced an extreme weather event via a series of atmospheric rivers resulting in unprecedented precipitation to Vancouver Island & Central Coast, Southwest, and Central regions of the province. The event required a significant emergency response from the health system.
- In response to the event, a provincial State of Emergency was declared and was in effect from November 17, 2021 to January 18, 2022.
- Given the devastating impact on the agriculture sector, the MMHA, MoH, Ministry of Agriculture, Fisheries and Food, along health authorities, and community serving agencies like Canadian Mental Health Association (BC and Fraser Division), AgSafe, Cnd. Red Cross and EMBC have been working collaboratively to support farmers and their families.
- 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. Approximately 1,500 buildings were evacuated across the region and more than 500 were damaged.
- Many families were not able to return to their homes due to future risk of flooding which resulted in relocation of some neighbourhoods.
- Approximately, 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 Office for Disaster Risk Reductions' Sendai Framework 2015-2030² for Disaster Risk Reduction. EMBC has been

² The Sendai Framework for Disaster Risk Reduction 2015-2030 outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction. It aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years. The Framework was adopted at the Third UN World Conference on Disaster Risk Reduction in Sendai, Japan, on March 18, 2015.

ESTIMATES NOTE

tasked with developing recommendations to modernize the *Emergency Program Act* to support 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.
- As part of A Pathway to Hope and 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.
- 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, substance use 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:

February 15, 2022 - Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 15, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 8, 2022 –Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 9, 2022 – 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 and promoting overall wellness by fostering psychological safety.**
- **Our Ministry is working across government, and with partners like WorkSafeBC, the Canadian Mental Health Association BC Division, and Health and Safety Associations 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 127,000 pageviews, 2,700+ webinar participants, and there have been over 300 peer support interactions.**
- **In April 2021 we launched BC's Hub for Workplace Mental Health. 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. To date the website has had almost 20,000 pageviews.**
- **In December 2021, we launched a new made-in-BC workplace mental health training program. Over 500 people have enrolled in training.**

KEY FACTS

Background/Status:

- Every year, 1 in 5 Canadians experience a psychological health problem or illness.ⁱ
- 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}

ESTIMATES NOTE

- Workplaces are identified as a key setting for the promotion and protection of mental health in *A Pathway to Hope*.

Work to Date

- Early in the pandemic, work focused on providing support to meet the urgent needs of people working in long-term and continuing care including:
 - [CareforCaregivers.ca](https://careforcaregivers.ca) – 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 January 31, 2022, the site has received over 127,000 pageviews and continues to host weekly webinars that have had over 2,700 registrants.
 - [Care to Speak](#) – a peer-based text and phone service for healthcare workers that provides emotional support and wayfinding to additional resources. They have received 300 calls/text as of January 31, 2022.
 - [Mobile Response Team](#) (MRT) – was deployed to provide 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 -January 31, 2022, the MRT had over 1,400 interactions with agencies and over 5,800 connections with individuals.
- As part of British Columbia's Economic Recovery Plan, MMHA launched the BC Hub for Workplace Mental Health in April 2021. (www.workmentalhealthbc.ca)
- 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 the Workplace Mental Health Hub, so it meets the needs of employees and leaders.
- BC's Hub for Workplace Mental Health hosts free and accessible, resources, webinars and training opportunities for employees, managers and leaders in diverse sectors hit hard by the pandemic, including tourism & hospitality and community social services.
- A made-in-BC training program has been developed to give employees, managers, and leaders the tools to support mental health within their organization. Since launching level one training in December 2021, 500+ people have enrolled, and two learning coaches have been hired and trained.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Funding to support workplace mental health was provided by the Ministry as part of COVID-19 response. In 2020/21 the Ministry provided over \$30 million to support a number of critical COVID-19 response measures related to mental health and wellness initiatives, examples include:
 - Digital resource and a peer network to support workers and managers in the long-term and continuing care sector
 - Workplace mental health in the tourism & hospitality sectors (additional funding provided by Ministry of Social Development and Poverty Reduction enabled expansion to community social services sector)

February 15, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

February 24, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 7, 2022 – 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 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:

- **First Nations continue to be disproportionately represented in toxic drug deaths.**
- **From Jan – June 2021, First Nations people died at a rate 4.8 times higher than other BC residents; First Nations women died at a rate 9.9 times higher than other female residents in BC.ⁱ**
- **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.**
- **Budget 2022 continues funding to support Indigenous-led approaches to prevention and harm reduction as well as culturally safe substance use care and treatment services.**

KEY FACTS

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

Impact on the First Nations Population

- First Nations people are disproportionately represented in toxic drug deaths.
- Between January and October 2021, 264 First Nations peoples died of illicit drug toxicity, this is more First Nations people than died in all of 2020 (254).
- From Jan – June 2021, First Nations people died at a rate 4.8 times higher than other BC residents and First Nations women died at a rate 9.9 times higher than other female residents in BC.
- 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 in health care, and intergenerational trauma.

Actions to Address Impact on the First Nations Population

- FNHA is embedded in the provincial emergency response through participation in the Joint Steering Committee and the Overdose Emergency Response Centre.
- In 2017, the FNHA released *A Framework for Action: Responding to the Toxic Drug Crisis for First Nations* which includes the following four goals:

ESTIMATES NOTE

1. Prevent people who experience drug poisoning from dying
 2. Keep people safer when using
 3. Create an accessible range of treatment options
 4. Support people on their healing journey
- In keeping with *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, 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 Community Situation Reports

- Each month, FNHA publishes Community Situation Reports summarizing drug toxicity data and key actions that FNHA has taken in response.
- Below is a summary of key actions taken by FNHA included in the October 2021 situation report:
 - Based on prescription drug claim data of FNHA clients, 2,336 First Nations people were dispensed Opioid Agonist Treatment (OAT) in October 2021.
 - 4,236 doses of nasal naloxone sprays were distributed to FNHA clients and community organizations and 815 injectable naloxone kits were ordered for First Nations sites or Friendship Centres in October 2021.
 - Increasing access to OAT:
 - Nurse prescribing is underway at four sites, with 17 nurses enrolled in prescribing training.
 - Supporting 29 rural and remote First Nations communities to improve access to OAT for their members.
- Eight First Nations treatment and healing centres operate across BC and two new facilities are being planned – one in the Vancouver Coastal region and the other in the Fraser Salish region.
- Indigenous land-based healing services grounded in cultural teachings are provided at 147 sites across BC.

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.

FINANCIAL IMPLICATIONS

- Budget 2022 continues \$37.62 million over the fiscal plan to support Indigenous-led approaches to prevention and harm reduction as well as culturally safe substance use care and treatment services.
 - Through the federal mental health and addictions services agreement, the province is allocating \$36.66 million over the fiscal plan to support Land Based Cultural Treatment and Healing Services, First Nations liaisons in health authorities, and partnerships to support metis and urban indigenous mental health and wellness.
- Intergovernmental Communications; Government Financial Information

ESTIMATES NOTE

Approvals:

February 16, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 8, 2022 - Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 9, 2022 – Christine Massey, Deputy Minister

References

ⁱ First Nations Health Authority. (2021). First Nations and the Toxic Drug Poisoning Crisis in BC. Retrieved from: <https://www.fnha.ca/Documents/FNHA-Harm-Reduction-First-Nations-and-the-Toxic-Drug-Crisis-in-BC.pdf>

ESTIMATES NOTE

TOPIC New Community Response

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

Key Messaging and Recommended Response:

- **Collaboration and coordination are at the heart of our response to the drug toxicity crisis.**
- **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:**
 - **the development of a Provincial Peer Network;**
 - **peer coordinators/work with peers in the health authorities;**
 - **19 innovative initiatives supporting emerging opportunities; and**
 - **23 rural, remote, and Indigenous-focused projects.**
- **The fund also supports the Community Action Teams (CATs) that have been established in 36 priority communities as part of the escalated response to the drug toxicity emergency.**
- **Community Action Teams lead and coordinate multi-sectoral, on-the-ground planning and strategies to address the 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.**
- **The Ministry continues to assess community needs and consider additional Community Action Teams in additional high-risk communities and additional opportunities to support innovative approaches through the Community Crisis Innovation Fund.**

KEY FACTS

Background/Status:

- 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.
- 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

ESTIMATES NOTE

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; and,
 - Vancouver Coastal Health: Nuxalk, Powell 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.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2022 supports continued investment in the Community Innovation Fund, continuing with the \$6 million in annual funding for a total of \$18 million over the fiscal plan. This funding has supported CATs and Regional Response Teams since 2017/18.

Approvals:

February 16, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM and EFO, Financial and Corporate Services

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 9, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

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 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, 143 registered nurses and registered psychiatric nurses from over 20 communities across BC, largely rural and remote areas, have enrolled in prescriber training.
- The first prescriptions were written in March 2021 and the program continues to expand.
- The Ministry of Mental Health and Addictions continues to work in partnership to further develop education and training 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 prescribed safer supply.

ESTIMATES NOTE

- Current implementation is focused on nurse prescribing of opioid agonist treatment for the treatment of opioid use disorder.
- 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
- On November 25th, 2021, the RN/RP Prescribing education and training pathway was relaunched with an expanded scope of practice including Methadone and slow-release oral morphine in a phased approach (starting with continuations, titrations, and restarts).
- As of March 4, 2021, 143 RNs and RPNs from over 20 communities across health authorities in largely rural and remote areas have enrolled in prescriber training and 71 have fully completed their training for buprenorphine/naloxone; 15 have also enrolled in the expanded scope upskilling training for Methadone/slow-release oral morphine (limited scope).
- In December 2021, 51 patients filled prescriptions for buprenorphine/naloxone at community pharmacies within B.C. written by 11 RN or RPN prescribers.
- For the third phase, nurse prescribing of prescribed safer supply has not yet been implemented. Implementation will involve consultation and development of regulatory and educational pathways to enable RN and RPN prescribing under new Prescribed Safer Supply policy.
- 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.
- 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:

- Nurse Prescribing is funded at \$4.8 m annually – program is up and running.

Approvals:

March 24, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

March 9, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Opioid Agonist Treatment

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

Key Messaging and Recommended Response:

- **Opioid use disorder is one of the most challenging forms of substance use disorder.**
- **Increasing the number of people with opioid use disorder who are engaged and retained in opioid agonist treatment is a key priority in the provincial response to the toxic drug crisis.**
- **In December 2021, there were 1,778 OAT prescribers across BC, an 11% increase from December 2020 (1,595).**
- **In December 2021, 24,540 patients received OAT, a 3% increase from December 2020 (23,734).**

KEY FACTS

Opioid Agonist Treatment

- Based on data as of September 20, 2020, there are 76,791 people with a diagnosed opioid use disorder in BC; it is estimated this number could be as high as 101,451, though many people may not be formally diagnosed.
- The number of people with a diagnosed opioid use disorder increased by almost 20% between September 2018 (64,019 persons) and September 2020 (76,791 persons).
- Opioid agonist treatment (OAT) is an effective treatment for opioid use disorder (OUD). In BC, the Ministry of Health's PharmaCare program covers methadone (Methadose® and Metadol-D®), buprenorphine/naloxone (Suboxone®), slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- As of October 1, 2019, compounded methadone is available with exceptional case by case coverage under PharmaCare as a treatment option for people living with OUD, with the expectation that patients will try Metadol-D plus one other manufactured methadone product first.
- As of April 30, 2020, Sublocade®, a long-acting formulation of buprenorphine, administered monthly via abdominal subcutaneous injection, is a limited coverage Pharmacare benefit.
- Sublocade must be prescribed by a physician or nurse practitioner who has completed the manufacturer's training course.

Efforts to Expand the Availability of OAT

- The Ministry of Mental Health and Addictions (MMHA), through the OERC and Ministry of Health (HLTH), continues to work with partners to expand access to OAT and to address service gaps.
- The monthly counts of total opioid agonist treatment (OAT) clients and prescribers have steadily increased since mid-2016.

ESTIMATES NOTE

- The number of people dispensed OAT in a given month ranges between 23,000 and 24,500.
- The number of clinicians prescribing any form of OAT per month increased from 773 in June 2017 to 1,778 in December 2021.
- 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.
- 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.
- On February 14, 2018, the College of Registered Nurses of BC introduced new standards that allow nurse practitioners to prescribe OAT.
- 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 buprenorphine/naloxone.
- As of November 2021, training is available to enable RN/RPNs to prescribe Methadone and Kadian (limited scope).
- As of December 15, 2021, 120 RNs and RPNs from over 20 communities across health authorities in largely rural and remote areas have enrolled in prescriber training and 62 have fully completed their training for buprenorphine/naloxone.
- In December 2021, 51 patients filled prescriptions for buprenorphine/naloxone at communities within B.C. written by RN/RPN prescribers.
- In January 2022, BCCSU released an Opioid Use Disorder Practice Update which provides updated guidance on the provision of opioid agonist treatment as well as guidance on prescribing certain opioids as a harm reduction option.

Injectable Opioid Agonist Treatment (iOAT)

- A small portion of the OUD patient population will not respond successfully to first-line medications. Injectable OAT (iOAT) treatments (hydromorphone or diacetylmorphine (DAM)) offers a more intensive treatment alternative.
- In October 2017, the BCCSU released a provincial guidance document for the use of iOAT (supervised injectable hydromorphone or diacetylmorphine) as a specialized, intensive last line treatment option for patients who do not respond successfully to oral OAT.
- Currently, iOAT is available in high-need communities as determined by overdose surveillance data, including Surrey, Abbotsford, Kelowna, Victoria, and multiple Vancouver locations.
- In December 2021, 159 patients were receiving iOAT in British Columbia, of these 120 were on DAM.
- Injectable hydromorphone is the predominant drug used in iOAT clinics.
- DAM is an evidence-based, clinically, and cost-effective medication option to reduce illicit opioid use that has been identified as a preferred medication option by people who use illicit opioids.
- As of spring 2022, in response to strong input from people who use drugs and addictions clinicians, injectable DAM will be a medication option now that the first Canadian product has been approved by Health Canada for treatment.
- This product is available from a company call Pharmascience.

Advice/Recommendations

ESTIMATES NOTE

Tablet Injectable Opioid Agonist Therapy (TiOAT):

- TiOAT is an innovative model first developed by Vancouver Coastal Health Authority (VCHA) and the Portland Hotel Society in 2019, using supervised consumption of hydromorphone tablets via oral intake and/or injection, and offering greater clinical flexibility and patient autonomy than iOAT.
- In response to promising pilot results, government approved the expansion of TiOAT to additional sites in Vancouver, Kamloops (2), Surrey, and Prince George. In December 2021, there were 221 patients receiving TiOAT in British Columbia.

FINANCIAL IMPLICATIONS

- HLTH's BC PharmaCare program covers the province's OAT and iOAT drug costs
- Budget 2022 continues the investment in iOAT and iOAT expansion as well OAT in corrections facilities continuing \$36.75 million over the fiscal plan.
- The Canada-British Columbia Mental Health and Addictions Services Funding Agreement allocates \$48 million over the fiscal plan to support injectable OAT services.

Approvals:

February 25, 2022– Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, Ministry of Health

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 9 2022– Christine Massey, Deputy Minister

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* in 2018.**
- **This litigation will not take resources away from mental health and addictions treatment and services nor will it interfere with government's actions to address the toxic drug crisis.**
- **This action is another step in our continued response to the 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 toxic drug crisis are very complex issues and the ministry continues to work with its partners to support people living with chronic pain while minimizing risks from potentially harmful drugs.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 15, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 28, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Prescribed Safe Supply

Issue: Prescribed safe supply of pharmaceutical alternatives is a critical program for helping to separate people who use substances from using illicit toxic drugs, saving lives and connecting them to care.

Key Messaging and Recommended Response:

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

KEY FACTS

Background/Status:

- Illicit drug toxicity deaths have increased in the last two years. The BC Coroners service (BCCS) reported 2,224 illicit drug toxicity deaths in 2021 – the highest ever recorded and a 26% increase compared to 2020 (1,767)¹.
- The toxicity of the illicit supply is also increasing. From April 2020 to Dec 2021, BCCS data shows that approximately 15% of illicit drug toxicity deaths had extreme fentanyl concentrations, compared to 8% from January 2019 to Mar 2020.
- Prescribed safe supply provides pharmaceutical grade alternatives to illicit drugs to people at risk of illicit drug toxicity events and deaths.

¹ BC Coroners Service. Illicit Drug Toxicity Deaths in BC January 1, 2011 – Dec 31, 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

Risk Mitigation in the Context of Dual Public Health Emergencies:

- As the first phase of prescribed safe supply, the interim Risk Mitigation Guidance was released by the BC Centre on Substance Use (BCCSU), in partnership with the Province, on March 26, 2020; it was updated January 2022.
- The document provides guidance for prescribing substances, including opioids, stimulants, benzodiazepines, alcohol and nicotine, to support individuals who may be at increased risk of overdose, withdrawal, craving, and other harms related to their substance use, due to COVID-19.
- Between March 27, 2020 and December 31, 2021, 12,207 people were dispensed any form of Risk Mitigation Guidance prescribed safer supply medications. Of the 12,207:
 - 7,093 (58.1%) received opioids
 - 2,136 (17.5%) received stimulants
 - 2,971 (24.3%) received alcohol withdrawal management medications
 - 1,589 (13.0%) received benzodiazepines
- There was a 780% increase in the number of people (from 197 in April 2020 to 1,734 in December 2021) prescribed hydromorphone.
- The BC Coroners Service reported that there is no indication that prescribed safer supply is contributing to illicit drug deaths².
- Preliminary findings suggest opioid prescribed safer supply prevents mortality.

Prescribed Safe Supply:

- In July 2021, the Province released the Prescribed Safer Supply Policy (*Access to Prescribed Safer Supply in British Columbia: Policy Direction*).
- The policy builds on the Risk Mitigation Guidance and is a broad public health-oriented, health system-level intervention to reduce illicit drug toxicity deaths, and is part of a comprehensive package of health sector interventions that comprise the illicit drug toxicity crisis response.
- The policy supports prescribing medication alternatives to illicit opioids and stimulants to people at risk of drug toxicity events and deaths.
- The policy is meant to help separate individuals from the highly toxic illicit drug supply, reduce drug toxicity injuries and deaths, and enhance connections to health and social supports.
- The prescribed safer supply policy is currently being implemented in B.C. in a phased approach, starting in health authority programs and federally funded SAFER programs.
- Clinical protocols are being developed in collaboration with BCCSU based on emerging evidence and clinical expertise.

SAFER Programs:

- Two federally funded SAFER projects (VCH SAFER in Vancouver and Aids Vancouver Island (AVI) SAFER in Victoria) are offering prescribed safer supply consistent with B.C.'s policy.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Prescribed Safer Supply is funded at \$8.9 m annually – the program is up and running.

ESTIMATES NOTE

Approvals:

February 22, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH

March 9, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 9, 2022 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: Responding to the Overdose Emergency in British Columbia

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

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.
- The roadmap includes continued focus on overdose emergency response.
- The Ministry's Overdose Emergency Response Centre implements a comprehensive package of essential health sector interventions and strategies for a supportive environment.
- This includes working with five Regional Response Teams and establishing Community Action Teams in 36 communities most impacted by the overdose emergency.
- Our estimates tell us that over 6,100 deaths were averted since April 2016 due to overdoses prevention and safe consumption services.
- Budget 2022 continues previous investment, allocating \$430 million over the fiscal plan to provide a full spectrum of treatment and recovery services for individuals experiencing issues with substance use, including \$45 million to support ongoing critical overdose prevention services.

KEY FACTS

- In 2021, there were at least 2,224 suspected illicit drug toxicity deaths. This is the highest number of deaths in a single year in BC and is a 26% increase since 2020 (1767).ⁱ
- The illicit drug supply has become increasingly toxic since the onset of COVID-19. This is evidenced by an increase in deaths where extreme fentanyl concentrations, carfentanil and benzodiazepines are implicatedⁱⁱ.
- Status First Nationsⁱⁱⁱ, men between 30 and 59 years old, and people who use drugs indoors, alone, and regularly^{iv} are disproportionately impacted by toxic drug deaths.

Overdose Emergency Response Centre

ESTIMATES NOTE

- In December 2017, MMHA established the Overdose Emergency Response Centre (OERC) to coordinate the province's response to the drug toxicity emergency and implement a comprehensive package of essential services for overdose prevention in British Columbia.^v
- The package includes the following essential health sector interventions: naloxone distribution; overdose prevention services; acute overdose risk case management; and treatment and recovery.
- The OERC 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.

Key Initiatives

- **Naloxone** is a life-saving medication that can quickly reverse the effects of an opioid-related poisoning.
- The BC Take Home Naloxone program provides people who use drugs and those most likely to witness illicit drug poisoning with no-charge naloxone kits and training.
- **Overdose Prevention Services (OPS) and Supervised Consumption Services (SCS)** provide a space to consume drugs under the supervision of someone trained to administer naloxone and provide other emergency first aid services.
- As of December 2021, there are 39 OPS/SCS locations in BC. Interior: 6 OPS and 2 SCS locations; Fraser: 8 OPS and 1 SCS; Vancouver Coastal: 10 OPS and 2 SCS; Island: 8 OPS and 1 SCS; Northern: 1 OPS
- 13 of these OPS services support inhalation.
- **Drug Checking** services provide life-saving information to people who use drugs about the composition of the substances they plan to consume.
- Fentanyl test strips, which detect the presence of fentanyl in drug samples are available at OPS and SCS locations, excluding housing-based OPS.
- **The Mobile Response Team** is an initiative administered by Provincial Health Service Authority to provide psychosocial support for frontline workers.

Advice/Recommendations

- **Prescribed Safer Supply** is an initiative to expand access to pharmaceutical alternatives to the illicit drug supply (*cross ref: Prescribed Safer Supply*).
- **Nurse Prescribing** is an initiative to train registered nurses and registered psychiatric nurses to prescribe Opioid Agonist Treatment (*cross ref: Nurse Prescribing*)

Measuring Success

- See Toxic Drug Crisis Response Data for more data/information on Drug Toxicity Deaths, Naloxone programs, OPS/SCS visits, Lifeguard usage, Opioid Agonist Treatment, Prescribed Safer Supply, Nurse Prescribing and more.

FINANCIAL IMPLICATIONS

- Budget 2022 continues the previous investment, with \$430 million over the fiscal plan to provide a full spectrum of treatment and recovery services for individuals experiencing issues with substance use. This funding includes \$45 million support inhalation, and harm reduction supplies; and increased access to nursing care and interdisciplinary outreach teams.

ESTIMATES NOTE

Approvals:

February 16, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

March 9, 2022 – Peter Klotz obo Philip Twyford, ADM, Finance and Corporate Services Division, HLTH

March 9, 2022– Tracee Schmidt, Executive Lead, Corporate Services Division

March 14, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

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ⁱ BC Coroners Service. (2019). *Illicit Drug Overdose Deaths in BC: January 1, 2009 to December 31, 2021*. Retrieved from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

ⁱⁱ BC Coroners Service. (2021). *Illicit Drug Toxicity Type of Drug Data: Data to December 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>

ⁱⁱⁱ First Nations Health Authority. (2017). *Overdose Data and First Nations in BC: Preliminary Findings*. Retrieved from: http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf.

^{iv} 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/illicitdrugoverdosededeathsinbc-findingsofcoronersinvestigations-final.pdf>

^v Ministry of Mental Health and Addictions. (2017). *Overdose Emergency Response Centre Terms of Reference*. Retrieved from: https://www2.gov.bc.ca/assets/gov/overdose-awareness/terms_of_reference_nov_30_final.pdf.

ESTIMATES NOTE

TOPIC Mental Health and Addictions Workforce

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 substance use (MHSU) workers and Indigenous cultural experts and Elders.
- We know that workers in the health social service sectors are experiencing a heightened level of pressure and strain due to the COVID-19 pandemic, and that there are challenges with recruitment and retention throughout the caring economy.
- 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. To address the lack of training for peer workers, in July 2021 we launched the Provincial Peer Support Worker Training Curriculum.
- Created by peers for peers, the curriculum offers free educational resources that are accessible, evidence-based and consistent with emerging trends in the field of mental health and addictions.

KEY FACTS

- The entire mental health and substance use (MHSU) system of care relies upon a skilled and empowered workforce and a healthy workplace environment—one that is psychologically and culturally safe—to provide integrated services across a life span.

ESTIMATES NOTE

- The workforce that delivers MHSU services comes from a variety of settings: K-12, post-secondary, health, and justice system. Beyond doctors and nurses, our workforce includes counsellors, peer support, Elders and cultural leaders, youth outreach workers, and mental health and substance use 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; and,
 - 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 connected to initiatives in other ministries such as the Ministry of Advanced Education and Skills Training's Workforce Readiness Framework, and the Ministry of Health's Health Sector Workforce Plan.
- 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-centered care as principles of practice as well as developing skills to effectively collaborate in team-based care.
- Peer support initiatives complement traditional clinical mental health and addictions services and can be effectively implemented in every setting along the continuum of care.
- Government provided \$1 million in 2019 to BCcampus to lead work in developing the Provincial Peer Support Worker Training Curriculum. The curriculum was launched on July 16, 2021 and is available for anyone in BC to take or deliver, free of charge.

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 MHSU services is experiencing a heightened level of strain. The following considerations 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.

ESTIMATES NOTE

- *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:

February 15, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 28, 2022 – 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:

- **We are committed to monitoring progress on implementation of *A Pathway to Hope* to understand the impact and assess the outcomes for the people of BC.**
- **We work closely with partner ministries and service providers to track initiatives and key measures.**
- **Our work is guided by a performance monitoring and evaluation framework that has been developed with cross-sector partners.**
- **Using Gender Based Analysis + approach, we will gain insight on how BC is narrowing the gap in outcomes among key population groups.**
- **We released a public report on our progress across the first two years of Pathway to Hope implementation in September 2021.**
- **We anticipate an update on our progress will be released in 2022.**

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 substance use 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 (PTH).
- The aim is to create a learning health system where this intelligence continuously feeds into the policy and planning process to guide implementation of PTH.
- 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 PTH action plan, we measure new service delivery 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.

ESTIMATES NOTE

- The first public report detailing progress made on deliverables, outputs, and short-term outcomes of priority actions over the first 2 years of the PTH was released in September 2021.
- To monitor the 10-year outcomes detailed in the PTH, 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 have established baselines for these measures and 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 whether BC is narrowing the gap in intended outcomes among key population groups.
- Evaluation of the strategy over time will illustrate how the PTH 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:

February 15, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 28, 2022 – 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 substance use (MHSU) services.**
- **The Ministry is working with academic institutions, research organizations, service delivery partners and people with lived and living 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 MHSU research community to inform implementation of the Pathway to Hope, response to the overdose emergency, and mental health and substance use challenges presented by the COVID-19 pandemic in BC.
- MMHA is working to translate existing evidence into policy and practice and generate new intelligence through a number of mechanisms.
- Research supports continuous improvement of MHSU services and improves the experiences of British Columbians interacting with the mental health and substance use system of care.
- BC researchers continue to attract research funding from a range of federal and provincial organizations to support the development of BC-relevant solutions to MHSU issues.
- MMHA staff participate on advisory teams or have provided written support to research funded by various funding partners, including Canadian Institutes of Health Research and Michael Smith Foundation for Health Research.

Mental Health and Substance Use Research Agenda:

- 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 MHSU 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

ESTIMATES NOTE

- Improve the adoption of evidence into MHSU 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 peoples and organizations, service providers, funders, and people with lived and living experience, their families and caregivers.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- N/A

Approvals:

February 15, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 28, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Anti-racism

Issue: Advancing commitments to anti-racism across the mental health and substance use care 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.
- Indigenous communities are full and equal partners in the planning, design and delivery of mental health, substance use and wellness services in BC, including the doubling of youth substance use treatment beds.
- MMHA is working with Indigenous partners to embed cultural safety and humility across the mental health and substance use care system to ensure that Indigenous peoples have access to services that are 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.
- The Ministry is taking a government to government and distinctions-based approach when making decisions that directly affect Indigenous communities thereby supporting Indigenous self-determination and contributing to requirements under the *Declaration Act*.
- BC 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 data legislation.

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.

ESTIMATES NOTE

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.
- The report listed five findings regarding the problem and Indigenous-specific racism in the BC Health Care system:
 - Widespread Indigenous-specific stereotyping, racism and discrimination exist in the BC. health care system.
 - Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in BC.
 - Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.
 - Current public health emergencies magnify racism and vulnerabilities, and disproportionately impact Indigenous peoples.
 - Indigenous health care workers face racism and discrimination in their work environments.
- The report issued 24 recommendations to address this systemic racism.
- Recommendation 17 is specific to MMHA - that the BC. government and FNHA demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services. Progress on this would include:
 - Addressing lagging commitments to stand-up projects, and ensure these are informed by broader engagement with First Nations, and available data including that outlined in this report.
 - A specific focus on Indigenous youth.
 - Increased harm reduction availability, including on-reserve.
 - Integration of traditional and cultural activities, knowledge and practices.
 - Vigilant performance measurement, evaluation, and associated monitoring and accountability.
- In November 2021, Ms. Turpel-Lafond released an update on *In Plain Sight*. In it, Ms. Turpel-Lafond states that, "more focused efforts are necessary to respond to the impacts of public health emergencies on Indigenous Peoples, including jurisdictional impediments faced by Indigenous governments...and evidence-based expenditure of funding for mental health and wellness services for those in highest need."
- 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 cultural safety and humility across the provincial mental health and substance use system.

Counselling Grants

ESTIMATES NOTE

- 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.
- Support for all 49 organizations is now extended through March 2023.
- 17/49 (35%) of the grants went to Indigenous-led organizations.
- 19/49 organizations are able to offer virtual multi-lingual counselling services (including American Sign Language, Arabic, Bengali, Bulgarian, Cantonese, Carrier, Cree/Michif, Croatian, Farsi, French, German, Haitian Creole, Hebrew, Hindi, Hokkien, Indonesian, Italian, Japanese, Korean, Kurdish, Kwak'wala, Malay, Mandarin, Polish, Portuguese, Punjabi, Romanian, Serbian, Spanish, Swahili, Tagalog, Urdu, Vietnamese, Wet'suwet'en).

Special Committee on Police Act

On July 8, 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 Peoples¹.
- The Special Committee is scheduled to report to the House by April 28, 2022.

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 Data Legislation* that better serves everyone in BC.
- The Ministry of Attorney General began consultations on the new *Anti-Racism Data Legislation* in the fall of 2021 with the goal of introducing the legislation 3-4 years from now. Anti-racism data collection is about better identifying where gaps and barriers exist, to provide better services for communities.
- 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. The webpage is now closed. A summary of the feedback received will be posted on the website (no date given).

FINANCIAL IMPLICATIONS

- Since 2019, the Province has invested a total of \$20M 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:

¹ (2007). Special Committee on Reforming the Police Act <https://www.leg.bc.ca/parliamentary-business/committees/41stParliament-5thSession-rpa>

ESTIMATES NOTE

February 18, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy
February 28, 2022, – 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.
- Through the Steering Committee on Modernization of Health Professional Regulation, the Province has been involved in modernization reform to improve public protection and increase the accountability and, transparency of the current health profession regulatory framework.
- In its August 2020 report titled *Recommendations to modernize the provincial health profession regulatory framework*, the Steering Committee recommended the creation of an oversight body to make recommendations on health occupations to be regulated under the *Health Professions Act* of BC.
- In February 2021, the Minister of Health responded to FACTBC's application that applications to designate professions for formal regulation under the *Health Professions Act* will not be considered until the modernization is complete.
- The authority to modernize the regulatory framework rests with cabinet and the Legislative Assembly.

KEY FACTS

Background/Status

- Some of the current member organizations represented within the Federation of Associations for Counselling Therapists in British Columbia (FACT BC) perform a quasi-regulatory function and have processes in place to protect the public.
- Consideration for regulation of counselling therapists in BC is 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

ESTIMATES NOTE

umbrella.

- No province currently regulates all the types of counsellors or therapists represented by FACTBC.
- The Minister of Health has not committed to the regulation of counselling therapists.
- Any change to the regulatory framework would require changes to the Health Professions Act regulations, an authority that rests with Cabinet and the Legislative Assembly.
- Significant analysis would be required to determine whether regulation is appropriate for any, some, or all of the types of counsellors or therapists represented by FACTBC.

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”). The report contained two parts: recommendations to the College of Dental Surgeons of British Columbia, and suggested approaches to modernize BC’s overall health profession regulatory framework.
- In response, the Honourable Adrian Dix established and chairs the Steering Committee on Modernization of Health Professional Regulation (SCMHPR), an all-party committee to advise on an approach to modernize the regulatory framework for health professions in BC. FACTBC provided a written submission in support of the report’s recommendations.
- In November 2019, the SCMHPR released *Modernizing the provincial health profession regulatory framework: A paper for consultation* and sought feedback from British Columbians and health-sector stakeholders. Again, FACTBC provided a written response advocating for regulation.
- On August 27, 2020, the SCMHPR released its final report.¹ The Steering Committee’s final recommendations included the creation of an oversight body to make recommendations on health occupations to be regulated under the *Health Professions Act* (HPA) as well as to prioritize the review of counselling therapists, social workers and emergency medical assistants for consideration of regulation under the HPA.
- On December 7, 2020, FACTBC wrote to Deputy Minister Stephen Brown submitting their application for designation under the HPA and a cheque representing the application fee. The Minister responded on February 9, 2021 with a letter explaining that government was not at this time considering applications to designate professions for formal 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. Those requesting regulation are being advised that the review for requests is currently on hold until such time as the modernization work is complete.

FACTBC and Member Organizations

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

ESTIMATES NOTE

- FACTBC has 14 member associations that, in addition to member services, also provide voluntary self-regulation for counsellors and therapists practicing in BC.²
- 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 “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 5,000³ 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. BCACC is no longer a member association of FACTBC as of 2022.

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

Counsellors are not funded under BC’s Medical Services Plan or Supplementary Benefits.

Approvals:

February 15, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 27, 2022 – Christine Massey, Deputy Minister

² <http://www.factbc.org/about/> Accessed online February 10, 2022.

³ <https://bc-counsellors.org/about-us/about-bcacc/> About BCACC. Accessed online February 10, 2022

ESTIMATES NOTE

TOPIC Wellbeing Website (Digital Front Door)

Issue: The Ministry launched 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:

- **We have heard that many British Columbians are searching for mental health and substance use supports online and we committed to making that journey easier.**
- **Wellbeing was designed to be easy to use and reduce the barriers people face when searching for mental health and substance use resources. For those looking for immediate help, crisis services are always listed on each webpage.**
- **The Wellbeing platform launched in 2021.**
- **We will continue to expand the services and resources included on wellbeing.gov.bc.ca - with a focus on publicly funded and low-barrier supports - to help people find the mental health and addictions supports they need.**

KEY FACTS

Background/Status:

- In August 2021, the Ministry of Mental Health and Addictions launched a new website called Wellbeing.gov.bc.ca.
- The Wellbeing website helps people find mental health and substance use information and supports through an easy-to-use online tool. Wellbeing was developed as one of the *Pathway to Hope* priority action items aimed at improving access to care.
- The goal of Wellbeing is not to replicate content that already exists – rather, it’s an opportunity to point people to existing information about services and resources through a new intuitive web presence.
- The BC Government’s website analytics show mental health continues to be one of the most searched terms on gov.bc.ca. Previously, there was no government-owned, user-friendly, or accessible consolidation of mental health and substance use information online.
- Early insights post-launch demonstrates a strong public interest and engagement with the site.

Wellbeing Paid Social Media Campaign

- A paid social media campaign ran from January 1 to 22, 2022 to promote Wellbeing.gov.bc.ca on social media channels.
- Most reactions on the campaign (responses such as likes or shares) were positive.

ESTIMATES NOTE

- Out of a total of 1,158 reactions, 794 were positive (69%); 394 were negative (34%). Almost 200 people shared the posts to their personal or professional pages.
- Negative comments were disproportionately focused on other government actions and not specifically the Wellbeing website. Comment themes focused on:
 - Re-opening gyms [majority]
 - Criticism of COVID-19 restrictions, mask and vaccine mandates
 - Lack of timely access to services
 - Lack of region-specific services, necessity to travel to urban centres
 - Criticism of cost of living, tax rates
- Out of 553 comments, 4 were specific to Wellbeing.gov.bc.ca and its functionality, accounting for 0.72% of total comments.
- Shares were overwhelmingly positive/neutral. Generally, service providers such as CMHA branches, Divisions of Family Practice and private practice counsellors promoting Wellbeing.gov.bc.ca or individuals were sharing for the benefit of friends and family.

Project Status:

- Phase 1 (current live site) “soft launched” in August 2021 and includes:
 - A core knowledge centre focused on topics surrounding mental health, substance use and wellbeing.
 - 200+ resource listings featuring low barrier and government-funded services.
 - A guided-search to help individuals find suitable resources.
 - Dynamic content focused on providing BC-based information about mental health and substance use topics geared towards the general public.
- A peer review process was established to ensure that the site’s content is informed by people with lived and living experience.
- Phase 2 (2022/23) includes:
 - Improvements to user-experience including additional ways to display content
 - Increased content and resources listings
 - Ongoing engagement with key stakeholders to inform content approach and improvements

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2022 continues this governments investment in the development of The Digital Front Door (Wellbeing) web project to link children, youth, and those that care about them to British Columbia-based mental health and substance use services.

Approvals:

February 15, 2022– Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 22, 2022 – Tracee Schmidt, Executive Lead, Corporate Services Division

March 8, 2022 – Peter Klotz obo Philip Twyford, ADM, Financial and Corporate Services, HLTH

March 9 , 2022 – 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. 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 a 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* (MHA) 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.
- Legislative responsibility for the Act lies with the Ministry of Health (HLTH). The Ministry of Mental Health and Addictions (MMHA) collaborates with HLTH on policy development, specific initiatives, issues management and reporting related to the Act.
- MHA admissions occur in and through designated facilities: 37 hospitals are designated as psychiatric units, 13 hospitals as observation units (which allow shorter term admissions), and 25 facilities as Provincial Mental Health Facilities (inpatient).
- The number of involuntary hospitalizations continues to increase and in 2020/2021 there were 17,667 unique involuntary mental health patients.
- Many organizations, including the BC Ombudsperson and the Representative for Children and Youth have raised concerns, recommended changes, or called for reviews 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"¹ arguing they would deny patients safe, timely and effective medical treatment.

¹ An individual has given no signal that he/she has consented to the collection, use or disclosure of personal health information.

ESTIMATES NOTE

- There are two cases challenging the constitutional validity of deemed consent provisions of the Act. The Supreme Court of Canada recently heard the case of the Council of Canadians with Disabilities to determine if this group had public interest standing to have their case heard.

Involuntary Admission and Deemed Consent to Treatment

- Calls for change focus on thresholds for involuntary admissions, consent rights, proper documentation and oversight, and independent legal advice and reviews.

Racism, Trauma and Treatment:

- Concerns include the intersection of racism and involuntary admissions raised within the “In Plain Sight” report and the traumatizing impact of involuntary admissions, including use of restraints, seclusion, and police apprehensions under the Act.

Government Actions on Mental Health Act

- HLTH, MMHA, and the Ministry of the Attorney General (AG) have been working to address calls for change related to the Act:
 - MMHA created the “British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019” and supported HLTH in developing provincial standards for involuntary admissions (Released December 2020).
 - HLTH established quantitative and qualitative provincial audit measures for the completion of the *Mental Health Act* forms. Since 2019 quarterly audits are undertaken by Health Authorities of each designated facility to measure improvements in form completion.
 - A provincial MHA education SharePoint was established to provide access to educational resources, including online education modules.
 - 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 and HLTH have provided the Ombudsperson with compliance and quality improvement audit results up to the end of 2020.
 - MMHA monitors the status of achievement of deliverables related to Ombudsperson recommendations and report these on an annual basis.
 - MMHA is working with HLTH which is leading updates on MHA forms.
 - HLTH is developing updates to the secure room standards and guidelines expected to be finalized in the spring of 2022.
 - HLTH expects to release updates to the Guide to the Mental Health Act in fall 2022.
 - MMHA, AG, and HLTH are working on independent rights advice service options.

Emerging Issues

- In 2021, Government received correspondence from numerous municipalities who were concerned over police wait times in emergency rooms with patients apprehended under the Act who were awaiting assessment.
- The municipalities were referred to their respective Health Authorities to collaborate on changes aimed at minimizing impacts on police resources.

ESTIMATES NOTE

- The Ombudsperson is expected to release a follow-up report in Spring 2022. MMHA supported HLTH in submitting information requested by the Ombudsperson to produce this report.
- The Special Committee on Reforming the Police Act may recommend appropriate changes to the Act related to its mandate. Recommendations are expected in April 2022.
- Health Justice is undertaking research, through 2023, directed at advocacy and change to the Act.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 15, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 17, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use & Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Psychedelics

Issue: Psychedelic Medicine Assisted Therapy (PMAT)

Key Messaging and Recommended Response:

- **We are working hard to build a comprehensive system of mental health and substance use care from the ground up, to ensure people can access effective care when and where they need it.**
- **The regulation of psychedelic medicines is federal jurisdiction.**
- **The Ministry is supportive of recent changes that Canada has made that allow physicians to request access to psychedelics to prescribe to their patients.**
- **We continue to explore the emerging use of psychedelic medicines in British Columbia in partnership with regional health authorities, Indigenous groups, and other partners.**

KEY FACTS

Background/Status:

- For thousands of years, Indigenous peoples throughout the world have carried knowledge of the therapeutic potential of plant medicines that produce altered states of consciousness. In recent years, this knowledge has been supported by a growing body of evidence on the efficacy and cost effectiveness of psychedelics (e.g., psilocybin, ketamine, MDMA). Much of the western medical evidence for Psychedelic Medicine Assisted Therapy (PMAT) is still preliminary.
- Psychedelics are restricted and regulated under the federal *Controlled Drugs and Substances Act* and the *Food and Drug Regulations*.
- Ketamine has an approved use as an anesthetic and is prescribed off-label for indications such as treatment-resistant depression. Private clinics offering ketamine for depression have begun to open in the province. Some health authorities are exploring and developing protocols for ketamine-infusion (treatment protocols absent psychotherapy component).
- In 2020 and 2021, the Federal Minister of Health provided Section 56 exemptions to allow possession of psilocybin for a number of patients (for receiving therapy) and practitioners (for experiential learning).
- In January 2022, the Federal Government made changes to the Special Access Program to create access to non-marketed psychedelics, including psilocybin and MDMA. Through this program, health care professionals may request access to non-marketed drugs to treat patients with serious or life-threatening conditions.

ESTIMATES NOTE

- According to TheraPsil, a non-profit advocating for access to psilocybin, Health Canada is no longer providing Section 56 exemptions to practitioners as there is a clinical trial set to launch documenting the safety of psilocybin use among healthcare providers.¹
- MMHA staff understand that Health Canada maintains the position that access to psychedelic medicines should be through clinical trials and the Special Access Program.
- Public polling shows the majority of people in BC approve/somewhat approve of psilocybin-assisted therapy for people suffering from a terminal illness (85%) and post-traumatic stress disorder (76%).²
- There is also health system partnership in PMAT, as indicated by First Nations Health Authority and BC Nurses' Union funding of participants in the Roots to Thrive-Ketamine Assisted Therapy (RTT-KAT) program. TheraPsil has over 1000 healthcare professionals seeking assistance with section 56 exemptions to possess psilocybin for the purposes of experiential PMAT training.
- In February 2021, the first meetings of the PMAT Advisory Committee (PMAT-AC) were held. The PMAT-AC was created in collaboration between MMHA, Vancouver Island University and Island Health. The purpose of the PMAT-AC was to provide guidance on PMAT.
- In January 2022, the PMAT-AC stopped meeting; plans are in place for a smaller working group with health authority and Indigenous partners to better coordinate work.
- Funding through HLTH's Research, Evaluation & Knowledge Management Fund has been provided to Vancouver Island University (VIU) for a research question related to the use of ketamine for the purposes of treating mental health conditions experienced by Indigenous people. VIU is where the Roots to Thrive Ketamine Assisted Therapy project is housed.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 15, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 27, 2022 – Christine Massey, Deputy Minister

¹ <https://www.truffle.report/health-canada-denying-psilocybin-access-to-healthcare-professionals/>

² <https://ml.globenewswire.com/Resource/Download/25e79f36-ab1d-4a7f-b897-e51ccaa60f97>

Ministry of Attorney General and Minister Responsible for Housing

2022/23 Estimates Debates Note

Last updated Date: March 10, 2022

səmiqʷəʔelə (RIVERVIEW)

KEY MESSAGES:

- The Province and kʷikʷəłəm First Nation are currently engaged as partners in a multi-year Comprehensive Community Planning process to develop a concrete plan for the future of səmiqʷəʔelə (Suh-MEE-kwuh-EL-uh)/Riverview.
- Comprehensive Community Planning is a multi-year process and includes engagement with the public and key stakeholders.
- The Comprehensive Community Plan for səmiqʷəʔelə will implement principles identified in the Vision for the site, including:
 - A reconciliation-based partnership between the Province and kʷikʷəłəm First Nation;
 - The creation of an integrated community of mental health excellence;
 - Engagement with the site's pre- and post-colonial history;
 - Protecting and enhancing the site's ecology;
 - Creating opportunities for affordable, safe and functional housing.

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.
- The new mandate is as follows: The Province will retain səmiq̓wəʔelə /Riverview in public ownership other than land transfers to k̓wik̓wəʔəm 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 k̓wik̓wəʔəm 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.
- In March 2021, the Riverview Lands were renamed səmiq̓wəʔelə (Suh-MEE-kwuh-EL-uh), in recognition and respect of the k̓wik̓wəʔəm First Nation's historical and cultural ties to their ancestral land.
- The Province signed a Partnership Agreement with k̓wik̓wəʔəm First Nation in March 2021. The Partnership Agreement affirms a commitment to a government to government relationship with k̓wik̓wəʔəm and provides k̓wik̓wəʔəm First Nation co-decision making authority regarding the Comprehensive Community Plan.
- In August 2021, k̓wik̓wəʔəm First Nation and the Province celebrated the raising of a house post at the Red Fish Healing Centre. The house post is a symbol of healing and represents the k̓wik̓wəʔəm people's journey as they reconnect with səmiq̓wəʔelə lands. It is the first post to be raised in 120 years on k̓wik̓wəʔəm's ancestral homeland.
- In October 2021, the Red Fish Healing Centre opened. This is a 105-bed facility for adults with complex mental health and/or substance use needs.

ESTIMATES NOTE

TOPIC Stop the Stigma Marketing Campaign

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

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 myths and encouraging conversations about who is at risk, why they need our support and what we can all do to make the connection, have the conversation, and stop the stigma.
- Our efforts serve as a clear message for all British Columbians to see addiction not as a moral failing, but as a complex health condition that deserves the same dignity, respect, and treatment as any other illness.

KEY FACTS

Background/Status:

General Population Stop the Stigma Campaign (2021/2022–Ongoing)

- A new stigma-reduction public awareness campaign (*Stop the Stigma*) was launched in November 2021.
- Creative direction and messaging were informed by public opinion research, and through engagement with people with lived/living experience and key stakeholders throughout the province.
- The comprehensive media plan for the new campaign included television, streaming audio, out-of-home (transit and billboards), digital and social media ads.
- Posters were distributed to 500+ organizations across BC, along with a digital tool kit.
- The Ministry continues to work with sports partners, including the Vancouver Canucks and the BC Lions to help expand campaign reach (specifically to male audiences), through in-arena and outside arena signage, virtual boards during broadcast, sports ambassador online videos, podcasts, and access to the teams' social media audiences.
- During the two-month promotion period there were over 38,000 visits to StopOverdoseBC.ca and over 46,000 page views.
- The campaign reached the majority of the population of B.C. and post-campaign research showed that campaign recall was strong. 53% of residents recalled having seen at least one marketing component.
- Public opinion polling showed that people who viewed the campaign were significantly less likely to agree with stigmatizing sentiments than those who had not seen the campaign.

ESTIMATES NOTE

- MMHA plans to launch subsequent flights of the 'Stop the Stigma' campaign in 2022/23.

Stop Overdose BC Website (2018-Ongoing)

- Campaign messaging directs people to StopOverdoseBC.ca where they can find resources on how to talk with loved ones about mental health and substance use, demystify common beliefs about addiction, and navigate to services or supports.
- Visits to StopOverdoseBC.ca continues to be strong. To date for fiscal 2021/22, there have been 114,265 visits to the site.

Previous Campaigns

Toxic Drugs are Circulating Campaign (2020-2022)

- In response to the rise in overdose deaths related to COVID-19, 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, such as the Lifeguard App.
- The campaign ran three times over the year (summer and fall 2020 and March 2021).
- The creative was refreshed in 2021/22 and ran again in the summer and fall of 2021. The message was extended to target young adults on platforms like Snapchat and TikTok.

Courageous Conversations Campaign (2019-2020)

- In 2019/20 MMHA launch 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.

General Population Stigma Reduction Campaign (2018-2020)

- In January 2018, MMHA launched a comprehensive province-wide public awareness campaign to combat stigma and humanize the overdose crisis, calling on British Columbians to get involved, get informed and get help.
- The 2018 'Faces' stigma-reduction campaign received positive feedback and interest beyond BC. Several jurisdictions adopted the creative elements and messaging in their own campaigns.

FINANCIAL IMPLICATIONS

- Budget 2022 continues the \$2.37 million annual investment to continue the stigma-reduction public awareness efforts.
- As part of Budget 2022 this funding has moved from the Ministry of Health to the Ministry of Mental Health and Addictions.

Approvals:

February 15, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 17, 2022 – Tracee Schmidt, Executive Lead, Corporate Services

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: 2022 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 *2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths report (DRP)* provides a reminder to us all about the importance and urgency of the work underway with our partners to address the toxic illicit drug supply.
- The report notes that the increasing toxicity and unpredictability of the illicit drug supply is the primary cause of increased deaths, and that “drug prohibition” is the main driver of the toxic drug supply.
- We agree that one of the most important ways we can save lives is to separate people from the toxic drug supply.
- That is why our government is investing \$500 million over 3 years through Budget 2021 to build a continuum of care for mental health and substance use, and to prevent toxic drug deaths.
- We are taking bold and innovative action on several fronts:
 - BC is the first province to implement a prescribed safe supply program.
 - BC is the first and only province to apply to decriminalize personal possession of drugs.
 - We have expanded SCS and OPS in communities across the province.
 - We have expanded the Take Home Naloxone program.
 - And, we are supporting expanded use of the LifeGuard app, among other initiatives.
- The BCCDC estimates that interventions and investments made by the BC Government have saved 6,100 lives.
- But even as we are implementing new programs and services, we are still facing a rising tide of need.
- Some things are outside of the jurisdiction of the BC Government.

ESTIMATES NOTE

- **Controlled drugs and substances are regulated by the federal government; that's why we are focused on what we can do within our provincial jurisdiction – which is a prescribed safer supply model.**
- **I want to acknowledge that we are currently experiencing two concurrent health emergencies; we have heard from and understand the pressures experienced by our health care providers - we thank you for all of your work.**
- **I also thank the members of the panel for this report. We know there is more to do, and we won't stop working until we turn this crisis around.**

KEY FACTS

Background/Status:

- March 9, 2022, the British Columbia Coroners Service (BCCS) released its *2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths report (DRP)*.
- The panel included persons with expertise in public health, health services, substance use, mental health, Indigenous health, law enforcement, and persons with lived and living experience, among others.
- The DRP reviewed data on illicit drug toxicity deaths in BC between August 2017 and July 31, 2021.
- The last BCCS Death Review Panel report was released in April 2018; it covered the period from January 1, 2016, to July 31, 2017.
- The DRP identifies a total of 6,007 deaths due to illicit drug toxicity that occurred during the review period.
- It provides information on the number and rates of death due to the illicit drug supply; demographic characteristics of decedents; frequency and modes of drug use; substance toxicology; and decedents' contact with health care and treatment services.
- The DRP identifies the increasing toxicity and unpredictability of the illicit drug supply as the primary cause of increased deaths.
- It also states that the current drug policy framework of "drug prohibition" is the main driver of the toxic drug supply.
- The report outlined three key recommendations:
 - ensure a safer drug supply to those at risk of dying from the toxic illicit drug supply;
 - develop a 30/60/90-day illicit drug toxicity action plan with ongoing monitoring; and,
 - establish an evidence-based continuum of care.
- There are 24 priority actions under the three recommendations.
- The central theme of the DRP is an inadequate response to the toxic drug crisis.
- It states that there has been little demonstrated progress in reducing toxic drug deaths in the five years since the PHO declared a public health emergency.
- The DRP points to the provincial response to COVID-19 as a model for how to improve coordination and public information sharing within the context of a public health emergency.
- While the DRP recognizes some of the actions to address toxic drug poisonings since the public health emergency was declared in 2016, it also states that the scale and breadth of these initiatives is inadequate to address the current situation.

ESTIMATES NOTE

- The scope and scale of the DRP recommendations will require significant collaboration, planning and resources, and in some cases are outside of government's control (i.e. CDSA exemptions); many may not be achievable within the timeframes outlined.
- On March 9, 2022, the Premier stated publicly that the BC Government will convene an all-party Committee to review the DRP recommendations and will develop a Terms of Reference for the Committee in the coming days.

FINANCIAL IMPLICATIONS

N/A

Approvals:

March 10, 2022 – Darrion Campbell, Executive Director

March 10, 2022 – Darryl Sturtevant, Assistant Deputy Minister

March 14, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: BCSSU Report — *Heroin Compassion Clubs*

Issue: The BC Centre on Substance Use released a 2019 report proposing a cooperative model for people who use drugs to purchase legal diacetylmorphine; they are now planning to pilot their model.

Key Messaging and Recommended Response:

- Our government agrees that safe supply is an important part of accelerating the response to the poisoned drug crisis.
- That's why B.C. introduced Canada's first ever policy to expand access to prescribed safer supply.
- British Columbia is bound by the federal *Controlled Drugs and Substances Act* that requires this class of substances to be accessed by prescription only.
- Patient and community safety are at the core of this work.
- Patients who receive access to safe supply prescriptions are monitored and supported by medical professionals to ensure their safety.
- We are also working to evaluate our prescribed safe supply program to ensure the safety of people who use drugs and the general public.
- We know that what may work for one person, may not work for another; this is why we are working on an array of options to offer prescription alternatives, within the current legal framework.
- The proposed BCSSU co-op pilot is intended to separate people from the toxic drug supply, and our government will be monitoring its outcomes.
- There are many pathways for people to get support they need and expanding access to a safer supply is one more option to respond to the rising tide of need.

KEY FACTS

Background/Status:

- In July 2021, the province announced *Access to Prescribed Safer Supply in British Columbia: Policy Direction*, which enables the prescribing of a range of medications as pharmaceutical alternatives to the toxic drug supply.

ESTIMATES NOTE

- Implementation of Prescribed Safer Supply (PSS) is currently underway in B.C. in a phased approach, starting in health authority programs and federally funded SAFER programs (*cross ref: EN – Prescribed Safe Supply*).
- British Columbia is bound by the federal *Controlled Drugs and Substances Act* (CDSA) that limits access to this class of substances, currently only available by prescription.
- Many stakeholder groups have noted that requiring a prescription creates too many barriers for vulnerable people to access safer prescription alternatives.

Advice/Recommendations

BC Centre on Substance Use Report - Heroin Compassion Clubs

- On February 21, 2019, the BCCSU released a report outlining a proposal for the establishment of “heroin compassion clubs”, whereby members would pool resources to purchase DAM for personal use, as an alternative to accessing opioids from the highly toxic illicit market.¹
- The compassion club model aims to provide access to a regulated supply of opioids to reduce illicit opioid overdose deaths, as well as 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.

Advice/Recommendations

¹ 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

FINANCIAL IMPLICATIONS

- N/A

Approvals:

February 22, 2022 – Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC: In Plain Sight

Issue: Report finding widespread systemic racism against Indigenous peoples in BC health care system

Key Messaging and Recommended Response:

- ***In Plain Sight*, released in November 2020 by Justice Mary Ellen Turpel-Lafond OC, describes findings of widespread systemic racism against Indigenous peoples in the BC health care system.**
- **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.**

KEY FACTS

Background/Status:

- 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.
- The report listed five (5) findings regarding the problem and Indigenous-specific racism in the BC Health Care system:
 - Widespread Indigenous-specific stereotyping, racism and discrimination exist in the BC health care system.
 - Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in BC.
 - Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.
 - Current public health emergencies magnify racism and vulnerabilities, and disproportionately impact Indigenous peoples.
 - Indigenous health care workers face racism and discrimination in their work environments.
- The report issued 24 recommendations to address this systemic racism.
- Recommendation 17 is specific to MMHA:

ESTIMATES NOTE

- That the BC government and First Nations Health Authority demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services.
- Progress on this would include:
 - Addressing lagging commitments to stand-up projects and ensure these are informed by broader engagement with First Nations and available data including those outlined in the report.
 - A specific focus on Indigenous youth.
 - Increased harm reduction availability, including on-reserve.
 - Integration of traditional and cultural activities, knowledge and practices.
 - Vigilant performance measurement, evaluation and associated monitoring and accountability.
- In December 2021, Ms. Turpel-Lafond released an update on In Plain Sight.
- Regarding Recommendation #17, the updated report states that, “more focused efforts are necessary to respond to the impacts of public health emergencies on Indigenous Peoples, including jurisdictional impediments faced by Indigenous governments...and evidence-based expenditure of funding for mental health and wellness services for those in highest need.”

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 17, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

February 27, 2022 – Christine Massey, Deputy Minister

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 once again thank the Ombudsperson for this report, and for their continued commitment to ensuring the safety and rights of people living with mental illness and addiction in British Columbia.
- Government accepted 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 look forward to the Ombudsperson's follow-up report.
- We are committed to continuing to take the appropriate steps to ensure patients who are involuntarily admitted and detained can trust that this is done in accordance with the requirements of BC's *Mental Health Act*.

KEY FACTS

Background/Status:

- On March 7, 2019, the Office of the Ombudsperson released its report: "Committed to Change: Protecting the Rights of Involuntary Patients under the *Mental Health Act*".
- The report 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:
 - required forms were present on each patient's file;
 - forms were completed within required timelines or within a reasonable time after the patient's admission; and
 - that if the form records a decision for which reasons were required, those reasons were adequate.

ESTIMATES NOTE

- The Ombudsperson report 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); and
 - 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 6% (Provincial Health Services Authority) to 42% (Fraser Health Authority).
- 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 were directed at the Ministry of Mental Health and Addictions (MMHA), related to establishing and reviewing effectiveness of standards.
- The Ministry of Health (HLTH), MMHA, and Attorney General (AG) have been working to address calls for change related to the Act:
 - MMHA created the "British Columbia *Mental Health Act* Quality Improvement Framework: Involuntary Admissions — 2019" and supported HLTH in developing provincial standards for involuntary admissions (Released December 2020).
 - A provincial *Mental Health Act* education SharePoint was established to provide access to educational resources, including online education modules.
 - 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 and HLTH have provided the Ombudsperson with compliance and quality improvement audit results up to the end of 2020.
 - MMHA monitors the status of achievement of deliverables related to Ombudsperson recommendations and report these on an annual basis.
 - MMHA is working with HLTH which is leading updates on *Mental Health Act* forms.
 - HLTH is developing updates to the secure room standards and guidelines.
 - HLTH expects to release updates to the Guide to the *Mental Health Act* in fall 2022.
 - MMHA, AG, and HLTH are working independent rights advice service options.
- The Ombudsperson is expected to release a report on the status of implementing the report recommendations in Spring 2022.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

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

Approvals:

February 16, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

ESTIMATES NOTE

February 27, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC PHO Report – Stopping the Harm, Decriminalization of People Who Use Drugs in BC

Issue: Decriminalization of controlled substances for personal use

Key Messaging and Recommended Response:

- In April 2019, BC's Provincial Health Officer (PHO) released a report recommending that the Province urgently move to decriminalize people who possess controlled substances for personal use.
- Substance use and addictions are healthcare issues, not criminal justice ones. Shame prevents many people from accessing lifesaving services and drives them to use alone in dangerous situations.
- Several BC police forces have responded to this crisis by introducing policies that redirect the focus of investigations away from possession to prioritize drug trafficking and the supply of illicit drugs. However, a province-wide approach is needed.
- The PHO agrees with us that the best path forward for a clear, consistent framework for decriminalization is to seek a province-wide s.56 exemption from the federal Controlled Drugs and Substances Act (CDSA), which would exempt people found to be in personal possession from charges under the criminal code.
- On November 1, 2021, BC became the first province to submit a s.56 exemption request to decriminalize personal possession. While our government works with the federal government on the request, we continue to address stigma and promote access to health and social services in a manner consistent with recommendations from the PHO.
- Given the urgency of the illicit drug poisoning crisis, we expect that Health Canada will prioritize BC's s.56 exemption request in a timely manner.
- We need to use all the options available to us to tackle the drug poisoning crisis, and that includes decriminalization.

KEY FACTS

Background/Status

- On April 24, 2019, BC's Provincial Health Office released a report recommending that the Province move to decriminalize people who possess controlled substances for personal use.

ESTIMATES NOTE

- The report's stated preference is for changes to federal legislation to decriminalize personal possession of small amount of illicit drugs. At the time of the report's writing (2019), the federal government had indicated that they did not anticipate any further changes to federal policy.
- In addition to calling for federal action, the report recommends 2 options:
 - *Amend Provincial Policing Policy* using powers under the *Police Act* to set broad provincial priorities; and
 - *Amend Provincial Policing Regulation* to prevent any member of a police force from expending resources enforcing simple possession offences.
- The Ministry of Mental Health and Addictions (MMHA) and partner ministries have taken 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 priority and directing police to consider pursuing a public health and harm reduction approach.
- Several national and B.C.-based organizations have called on the federal government to decriminalize personal possession of opioids, including the Canadian Association of Police Chiefs, which called for a national task force to research drug policy reforms in July 2020.
- In May 2021, the City of Vancouver formally requested a section 56 exemption to decriminalize controlled substances for personal use in the city. Toronto Public Health has also formally requested an exemption within the boundaries of its city.
- The Province believes there should be national action on decriminalization, and on February 3, 2021, Minister Malcolmson wrote to the Federal Minister of Health to request that the two levels of government work together on this issue, with no response.
- On April 14, 2021, the 5th anniversary of the declaration of the public health emergency, Minister Malcolmson confirmed that BC would proceed with a s.56 exemption request.
- On November 1, 2021, the Province submitted a formal request to Health Canada requesting an exemption to the *Controlled Drugs and Substances Act* (CDSA) to remove criminal penalties for the possession of illicit substances for personal use. MMHA is meeting regularly with counterparts at Health Canada to discuss the exemption request.
- BC's proposal was developed with input from a range of stakeholders, including people with lived and living experience, law enforcement, Indigenous partners, municipal representatives, researchers, clinicians, public health representatives and others.
- Under the Province's proposal, individuals 18 years of age and older would be allowed to possess up to 4.5g cumulative of opioids, crack and powder cocaine, methamphetamine, and/or MDMA. In the absence of criminal penalties, police would provide individuals found in possession with information on locally available health and social supports.
- This will build upon existing pilots, programs and policing practice that support law enforcement partners in referring people at risk of overdose to care.
- The Province continues to work with partners on additional policy questions and to prepare for implementation if the exemption request is approved. This includes work on examining the impact of decriminalization on youth, law enforcement readiness and training, health system readiness planning, implementation support for municipalities and First Nations communities, and monitoring and evaluation.

FINANCIAL IMPLICATIONS

Approvals:

ESTIMATES NOTE

February 16, 2022 – Darryl Sturtevant, ADM, Substance Use Policy

February 27, 2022 – 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:

- We are pleased to accept all recommendations for our Ministry in reports from the Representative for Children and Youth.
- The RCY has repeatedly identified a need for a comprehensive and integrated system of mental health and substance use care, including culturally safe, child, youth and family centered team-based care.
- The issues the Representative and other stakeholders have identified as problems helped to inform *A Pathway to Hope* and are reflected in our priority actions to improve wellness for children, youth and young adults.
- Our Government is taking action to create 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; youth substance use services and early psychosis intervention programs.

KEY FACTS

Background/Status:

- The Representative for Children and Youth (RCY) is an independent officer of the legislature with the authority to:
 - Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services.
 - Monitor, review, audit and publicly report on designated services for children and youth.
 - Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.
- Since 2012, the RCY has released a number of child-death investigative reports and four service reviews that contain findings and recommendations related to child and youth mental health and substance use (MHSU) services. Reports with recommendations either directed at or relevant to MMHA include:
 - *Detained: Rights of Children and Youth under the Mental Health Act* (January 2021)
 - *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* (April 2021)
 - *A Parent's Duty: Government's Obligation to Youth Transitioning into Adulthood*

ESTIMATES NOTE

(December 2020).

- *Youth Substance Use Services in BC – An Update* (March 2020).
- *Caught in the Middle* (November 2019).
- *Time to Listen: Youth Voices on Substance Use* (November 2018).
- *Missing Pieces: Joshua's Story* (Oct 2017).
- Consistent themes in RCY reports with respect to needed improvements to child, youth and young adult MHSU services include:
 - Lack of a single point of accountability for MHSU services negatively impacts system enablers, including workforce planning, information sharing, research, and integrated service planning and delivery.
 - Most MHSU services are not integrated with each other resulting in service fragmentation for youth and their families.
 - Some components of the system of care, such as Step up/Step down services, are insufficient. Harm reduction services are not consistently available to all youth throughout BC and youth need more unbiased information on substance use.
 - Transitions between service types, and from youth to adult services, are often not coordinated. Pathways to services from family physicians, schools, and hospital emergency departments are often not clearly defined.
 - Services are not consistently available for older youth and young adults.
 - Lack of attention to upstream efforts designed to support healthy social and emotional development and reduce stigma about mental illness and addiction.
 - Lack of support for families caring for a young person with MHSU problems.
 - An Indigenous perspective on mental wellness needs to be better integrated into culturally safe service governance, planning and delivery.
 - Greater input from children, youth and emerging adults with lived experience and their families would increase service accessibility and effectiveness.
 - Rural and remote communities are underserved and access to services is hampered by transportation and other issues.
 - Long wait times exist for many assessment and treatment programs and services, including for specialized and in-patient MHSU care.
 - Information sharing between service providers is neither effective nor person- and family-centered.
 - The absence of performance reporting on service utilization, quality, and outcomes using established indicators and measures results in a lack of meaningful data for system and service planning.
 - Overuse of involuntary admissions for youth, and inadequate quality of care provided in mental health facilities for youth.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 14, 2022 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 28, 2022 – Christine Massey, Deputy Minister

ESTIMATES NOTE

TOPIC Unintended Consequences of COVID-19 Measures

Issue: Office of the Provincial Health Officer (OPHO) and the BC Centre for Disease Control (BCCDC)'s Examining the Societal Consequences of the COVID-19 Response Project.

Key Messaging and Recommended Response:

- I would like to thank the Office of the Provincial Health Officer and the BC Centre for Disease Control for leading this very important work.
- Nothing is more important to our work than keeping people safe, especially young people.
- We have been following the advice of public health officials closely to keep British Columbians as safe as possible through both public health emergencies.
- We know that the COVID-19 emergency has amplified the toxic drug poisoning crisis. These emergencies have led to an increase in mental health and substance use challenges for many people in B.C., particularly those already facing barriers to services.
- Early in the pandemic, my Ministry took immediate action and made significant investments in the mental health and substance use systems of care in response to anticipated consequences of the pandemic and public health response.
- We have also invested a historic \$500 million through Budget 2021 to build a comprehensive system of mental health and addictions care that people in British Columbia need and deserve.
- We are not slowing down. We will continue to take extraordinary measures to protect people from the impacts of COVID-19, pandemic response, and the drug toxicity crisis.
- We are incorporating the findings and considerations of the Societal Consequences reports for further actions as we continue work on improving the mental health and substance use systems of care.

ESTIMATES NOTE

KEY FACTS

Background/Status:

- The Examining the Societal Consequences of the COVID-19 Response project (the Project) was co-chaired by the OPHO and the BCCDC and is being carried out by a project team made up of staff from both organizations.
- The purpose of the project is to identify and monitor the beneficial and harmful effects of COVID-19 response measures on society. The findings of this project are being used to understand when and where we need to adjust our pandemic response and to monitor the long-term impacts of COVID-19 response measures.
- To support the work of this project, a Working Group was assembled which includes individuals with knowledge and expertise in surveillance, epidemiology, public health, and other domains of health and wellness.
- The Working Group has representatives from BC's regional health authorities, Provincial Health Services Authority, the Ministry of Health, the Ministry of Mental Health and Addictions, as well as provincial Indigenous partner organizations, including Métis Nation BC (MNBC), and the First Nations Health Authority (FNHA), to highlight the perspectives, experiences, and recommendations of Indigenous people in BC.
- Four Mental Health and Substance Use reports were published on the BCCDC website on October 26, 2021: Self-harm and Suicide; Mental Health; Increased Overdose Harms and Deaths; Problematic Substance Use.
- Each report highlighted key findings, including equity considerations, government actions initiated or planned to address unintended consequences, and considerations for future actions.
- Indigenous self-determination and reconciliation were reflected in the development of this project and the production of the Indigenous-specific reports.
- Ministry staff are awaiting release of relevant Indigenous-specific reports and other reports which have a nexus to mental health, substance use, and suicide and self-harm (e.g., Stress of Social Isolation among Long Term Care Residents, Gender-based Violence, Anti-Asian Racism, Stigma, and Discrimination, Un/Under-employment).
- There have been some preliminary meetings to discuss the transition of this project to a broader population health assessment and monitoring program with main operations based at BCCDC.
- Working group meetings have transitioned to once-monthly. One Ministry staff member remains assigned to the work.

FINANCIAL IMPLICATIONS

N/A

Approvals:

February 15, 2022 - Francesca Wheler, Assistant Deputy Minister, Child, Youth & Mental Health Policy

March 7, 2022 – 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:

- **People's mental health and wellbeing have been deeply affected by events and crises in BC.**
- **Demand for mental health and substance use services is increasing and more people are reaching out for help.**
- **That's why the province made a historic half-billion-dollar investment in Budget 2021 to continue to build a comprehensive and seamless system of mental health and substance use care.**
- **The province also provided funding to 49 community counselling agencies provincewide to expand access to low and no-cost mental health and substance use counselling for people who need it.**
- **Since the pandemic began, we have invested more than \$30M for additional mental health and substance use supports and services including Foundry centres and Foundry virtual; supports for post-secondary students and frontline workers; suicide prevention for post-secondary students, and Indigenous and Métis youth; and online mental health and wellness tools and resources.**
- **We will build on existing supports so people can continue to get the help they need when they need it.**

KEY FACTS

Background/Status:

- Mental health and substance use (MHSU) problems have an impact on the BC economy. 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.
- Throughout the pandemic, people in BC have experienced worsened mental health:
 - In May 2020, 46% of people in British Columbia reported their mental health was worsening and 18% reported they were quite or extremely stressed on most days.²
 - A year later (April-May 2021), 57% of people in BC reported their mental health was worsening and 25% reported they were quite or extremely stressed on most days.

¹ Mental Health Commission of Canada, 2017. Strengthening the Case for Investing in Canada's Mental Health System.

² BC Centre for Disease Control Foundation for Public Health. 2020. BC Covid-19 Speak Results (Round 1). Available from <https://public.tableau.com/profile/bccdc#!/vizhome/BCCOVID-19SPEAKSurvey/BCCOVID-19SPEAKresults>

ESTIMATES NOTE

- One year into the pandemic 9% of people in BC said that there had been significant changes to their mental healthcare, as they had been unable to access care and this had impacted their mental health.³
- Ongoing data reveals that the pandemic continues to have a negative effect on the mental health of people in BC. For example, as of the start of January 2022, 26% reported their mental health since the start of the pandemic as bad or very bad.⁴
- 46% of people in BC report their mental health is worse/somewhat worse than pre-pandemic and 18% of people in BC have sought treatment or counselling for their mental health during the pandemic.⁵
- While fewer people died of an illicit drug overdose in 2019 (982) than in previous years of the public health emergency, deaths are on the rise during the pandemic, with 1,767 illicit drug-related deaths in 2020 and 2,224 in 2021.
- The pandemic has disproportionately affected the mental health of those who previously experienced mental health issues and/or other forms of marginalization (e.g., Indigenous People, Black People, People of Colour, 2SLGBTQ+ people, new immigrants, people with disabilities, women, economically marginalized people).
- Younger people and those with children are also especially impacted by the pandemic.

Mental Health Supports

- According to the World Health Organization in 2016, for every \$1 invested into the treatment and support of mental health disorders, we see a return of \$4 in improved health and productivity.⁶
- In response to COVID-19, the government increased access to mental health supports and addiction responses.

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Funding of \$30.019 million was 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

Approvals

February 16, 2022 – Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

February 22, 2022 – Tracee Schmidt, Executive Lead, Corporate Services and Financial Accountability

March 7, 2022 – Christine Massey, Deputy Minister

³ BC Centre for Disease Control Foundation for Public Health. 2021. BC Covid-19 Speak Results (Round 2). Available from <https://public.tableau.com/app/profile/bccdc/viz/BCCOVID-19SPEAKSurveyRound2/BCCOVID-19SPEAKresults>

⁴ Leger (2022). North American Tracker: Jan 11, 2022.

⁵ <https://nanos.co/wp-content/uploads/2022/01/2022-2058-CTV-Jan-Populated-report-With-tabs.pdf>

⁶ https://www.who.int/mental_health/advocacy/investment_paper_lancet_psychiatry_final.pdf?ua=1