



A Pathway to Hope

Internal Monitoring Report

Update on the priority actions as of September 30, 2020

December 2020

This report is an overview of progress made across the 33 priority actions in the Pathway to Hope strategy over the first half of the initial three-year action plan. Prepared by the Ministry of Mental Health and Addictions with reporting and input from the Ministries of Health, Children & Family Development, Education, and Advanced Education, Skills & Training.

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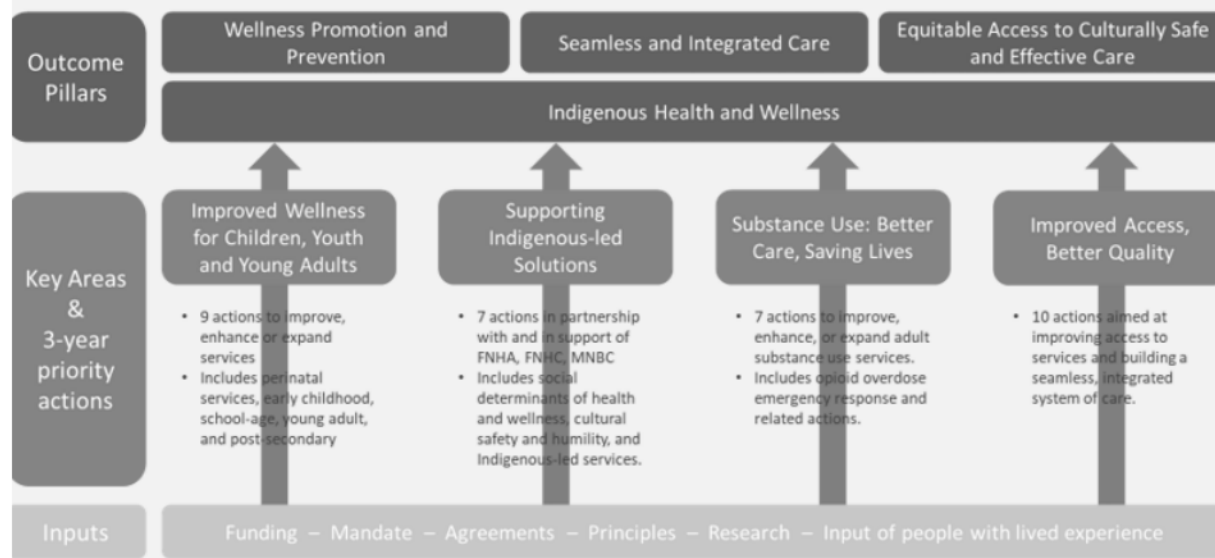
ABOUT THIS REPORT

A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia was released in June 2019. The Pathway establishes a vision for significant change over 10 years, beginning with an initial three-year roadmap consisting of 33 priority actions in four key areas: Improved Wellness for Children, Youth and Young Adults; Supporting Indigenous-led Solutions; Substance Use: Better Care, Saving Lives; and Improved Access, Better Quality.

This report assesses and monitors progress on each of the 33 priority actions, through reporting submitted by partner ministries and service providers. By reporting on the status of major deliverables as well as measurable outputs and short-term outcomes where available, this report provides a high-level overview of where MMHA and its partners are on implementing new services and initiatives, as well as early results from the improvements we've already put in place.

Performance Monitoring and Evaluation Framework

This report is one component of an overall performance monitoring and evaluation framework for the Pathway. The framework sets out initiative-specific deliverables, outputs and short-term outcomes for each of the priority actions – measured and monitored through this report, which will be produced twice per year. The longer-term transformation for systems and populations that occurs as a result of the Pathway's actions over 10 years will be measured through a set of population and system outcome measures. Progress on these measures will be reported on every two years.



This is a summary-level report, intended to facilitate oversight across the strategy. The amount and detail of information provided for each initiative varies based on the stage of implementation, timeline for availability of data, or significance in the overall strategy. More detailed information is available from project leads. For some initiatives, more detailed data than what is included here is collected (e.g. disaggregated for gender, ethnicity, region, and other factors).

3-YEAR PRIORITY ACTIONS: MID-POINT STATUS

The following table provides a snapshot on the progress of each initiative. Stages are defined as:

Plan	Plans are being developed and deliverables identified. Implementation has not yet started.
Implement	Progress is underway on the deliverables.
Monitor	Implementation of one or more deliverables is complete; outputs and/or short-term outcomes are being monitored and reported on.
Review	The program has been fully implemented and monitored, and further evaluation is underway.
Complete	Initiative is complete; no monitoring is required.

An initiative with multiple components may be in more than one stage – for example, where some deliverables are being implemented and others are operational and being monitored.


Improved Wellness for Children, Youth and Young Adults		
Provincial Perinatal Substance Use Project		
Early Childhood Social Emotional Development		
Enhancements to Early Childhood Intervention Services		
Expand Confident Parents: Thriving Kids		
Foundry		
Mental Health in Schools Strategy		
Integrated Child and Youth Teams		
Step Up/Step Down		
Virtual Counselling for Post-Secondary Students		
Supporting Indigenous-led Solutions		
Tripartite Partnership to Improve Mental Health and Wellness		
10-Year Strategy on Social Determinants of Health and Wellness		
Cultural Safety and Humility		
First Nations-run Treatment Centres		
Indigenous Land-Based Cultural and Healing Services		
Métis Nation BC Enhanced Capacity		
First Nations-Led Primary Care		
Substance Use: Better Care, Saving Lives		
Substance Use System of Care Framework		
Ensuring Best Evidence Guides Care (BCCSU)		<i>All stages – ongoing work</i>
Prescriber Enhancements		
Substance Use Integrated Teams (SUITS)		
Overdose Emergency Response		
Supportive Recovery Services		
Provincial Peer Network		
Improved Access, Better Quality		
Community Counselling Grants		
Team-based primary care		
Provincial Crisis Lines		
Mental Health Act Framework and Standards		
Peer Support Co-ordinators		
Peer Support Curriculum and Standards of Practice		
Expand BounceBack		
Mental Health and Wellness Disaster Recovery Guide		
Workplace Mental Health		
Digital Front Door		



IMPROVED WELLNESS FOR CHILDREN, YOUTH AND YOUNG ADULTS

- Provincial Perinatal Substance Use Project
- Early Childhood Social Emotional Development
- Enhancements to Early Childhood Intervention Services
- Expand Confident Parents: Thriving Kids
- Foundry
- Mental Health in Schools Strategy
- Integrated Child and Youth Teams
- Step Up/Step down
- Virtual Counselling for Post-Secondary Students

PROVINCIAL PERINATAL SUBSTANCE USE PROJECT

About: Intended to advance provincial capacity and services for pregnant and early parenting individuals with substance use challenges and their infants. The goal of the project is to establish a blueprint for a perinatal substance use continuum of care that will initiate and expand services from community to acute care and back to community across BC.	Lead: MOH (PHSA/BC Women's Hospital) Partner: MMHA
Stage: 	Funding Source: Federal MHSU

Progress summary

Deliverable	Status
Blueprint for perinatal substance use continuum of care <ul style="list-style-type: none"> Community organizations funded by the project have now expanded services and supports in a variety of ways. All of these innovations are being documented to be included in the provincial blueprint for a perinatal substance use continuum of care 	On track
Families in Recovery (FIR) Square Model of Care renewal	On track
Provincial knowledge exchange and education plan <ul style="list-style-type: none"> In October 2020, the Provincial Rooming In Guideline for Perinatal Women Using Substances was finalized. This guideline is comprised of the best evidence, leading and wise practices to support mother and baby togetherness through Rooming-in in the acute care setting. 	On track
Evaluation and implementation guideline/framework <ul style="list-style-type: none"> Interim evaluation findings are available and show strong results. The evaluation domains are: expansion of system capacity, embeddedness of indigenous cultural safety, and practices and culture shift. 	On track

Results

Outputs	19/20	Q1 20/21	Q2 20/21
Additional mother/baby dyads served (20/21 annual target = 297)	511	131	162
Number of health care professionals trained in perinatal substance use related principled practices (20/21 annual target = 400)	1,016	766	973

EARLY CHILDHOOD SOCIAL EMOTIONAL DEVELOPMENT

About: A package of initiatives intended to support social and emotional development in the early years, through interventions and resources aimed at young children, families, communities and professionals.	Co-Lead: MMHA/MOH/MCFD
Stage: 	Funding Source: Federal MHSU

Progress summary

MCFD:

- Planning and MCFD approvals are underway to provide training to MCFD staff and Early Intervention professionals to increase their capacity to support foster caregivers, and parents in promoting social emotional well being of young children.
- The current pandemic has caused internal delays in seeking necessary approvals within MCFD for expenditure of one time only funding of \$75,000.

MMHA:


- In approval phase to fund Child Health BC to develop a third component of Appetite to Play that focuses on fostering SED in early childhood settings and in the young children they serve. The SED component will include resources such as interactive self-assessment and planning tools, tips and ideas, games and activities. An online community would allow for providers to connect and share ideas and successes.
- In approval phase to fund the Human Early Learning Partnership to expand the Childhood Experiences Questionnaire (CHEQ) throughout the province. Administered province wide, CHEQ will provide researchers and policymakers with a comprehensive understanding of the experiences of children and families prior to school system entry and how they impact social and emotional development.

Deliverable	Status
MCFD	
Identify/confirm SDA location and agency for expanded training	On track
Expanded training supports/resources to foster caregivers	Potential delay to extend into 2021
MOH/MMHA	
<i>Additional deliverables under development, pending funding approval</i>	

Results

Outputs and short-term outcomes to be developed and tracked once initiative is in implementation.
Measures to include: # foster caregivers trained

ENHANCEMENTS TO EARLY CHILDHOOD INTERVENTION SERVICES

About: Early childhood intervention services are being enhanced through the addition of up to 21 FTEs in the 5 school districts selected for implementation of a suite of services to transform the system.	Lead: MCFD Partner: MMHA
Stage: 	Funding Source: Provincial

Progress summary


- The Early Years enhancements may not be able to serve all communities that fall within the school district boundaries. The aim is to understand where greatest need and agency capacity align.
- The goal is to make sure all FTE positions can be in place by fiscal 2020/21 but the current pandemic situation has caused delays in recruitment, contract negotiations and stakeholder engagement.
- Infant Mental Health Clinicians recruited are also intended to act as a bridge to the two systems of early childhood intervention supports and the broader Integrated Child and Youth Teams.

Deliverable	Status
Total of 21 FTEs in 5 communities/school districts	On track
Develop implementation guide and rationale for enhanced full-time positions	Complete
Identify contracted agencies in all 5 sites <ul style="list-style-type: none"> • Two sites are complete; in process of identifying agencies for the three sites announced in September 	On track
Evaluation and implementation guideline/framework	On track

Results

Outputs	20/21 to date
Recruitment of FTEs (target = 21)	7 (to date)
Outcomes	
% of parents/caregivers who report receiving the relevant family support to help achieve their child's goals	n/a Annual reporting to begin at end of 2020/21

EXPAND CONFIDENT PARENTS: THRIVING KIDS

About: Family-focused, phone-based coaching services. The existing Behaviour Program aims to reduce mild to moderate behavioural problems in children ages 3 to 12. The new Anxiety Program (expansion) is a phone-based coaching service for families whose children are experiencing mild to moderate anxiety symptoms.	Lead: MCFD (services provided by CMHA-BC) Partner: MMHA
Stage: 	Funding Source: Federal MHSU

Progress summary

- Behaviour program: in response to COVID-19 safety protocols, coaches transitioned to work from home, which resulted in loss of 3 weeks work time. Referrals can now be made to the program through a virtual visit to a physician. CPTK is currently completing final requirements for Full Community Transfer.
- Anxiety program: the program has ramped up significantly with intakes increasing to a point where another Intake Coordinator is being hired, to start in January 2021. Content production for the Indigenous stream is underway, with most videos recorded and in editing process.

Deliverable	Status
Launch the Anxiety program	Complete

Results – Behaviour Program

Outputs	Q1 20/21	Q2 20/21
Deliver modules to minimum 1,300 parents/caregivers	627 from Apr 1 to Sep 30	
# referrals	466	448
# parents/caregivers on the waitlist	232	133
Average length of time on waitlist (weeks)	- First intake 4 - Coach assignment 9	3.7 10
# families that received at least 1 session	507	617
# Indigenous families that received at least 1 session	12	33
Outcomes (reported annually)	2019/20	
% of parents/caregivers reporting significant improvement in their child's behavioural challenges	88%	
% of parents/caregivers who rated the overall quality of the program as excellent or very good	95%	
% of parents/caregivers who rated the ways they learned to help their child as excellent or very good	92%	
Improvement in behaviour as measured in BCFPI intake and discharge surveys	Indicator	Pre-program Post-program
	Externalizing	73.6 58.0
	Family impact	80.3 60.0

Red = clinical range; yellow = borderline; green = normal


Results – Anxiety Program

Outputs	Q1 20/21	Q2 20/21
Deliver modules to minimum 1,300 parents/caregivers	637 from Apr 1 to Sep 30	
# referrals	555	502
# parents/caregivers on the waitlist for 1 st intake (waiting for contact from program)	<10	<10
Average length of time on waitlist for 1 st intake (days)	<10	<10
# parents/caregivers who completed the BCFPI screening intake	379	325
# coaching sessions	1,880	1,860
# families commencing service	289	271
# families completing service	200	261
Communities served	91	101

Outcomes (reported annually)	2019/20		
% of parents/caregivers reporting that the program taught them skills to support their child	96.7%		
% of parents/caregivers who rated the overall quality of the program as excellent or very good	92%		
Improvement in anxiety as measured in BCFPI intake and discharge surveys	Indicator	Pre-program	Post-program
	Separation	75.6	60.2
	Manage anxiety	75.5	64.9
	Manage social anxiety	75.3	65.6
	Manage comp. behaviour	76.5	62.5
	Mood	77.5	56.5
	Internalizing	76.2	59.9
Red = clinical range; yellow = borderline; green = normal			

Red = clinical range; yellow = borderline; green = normal

FOUNDRY

About: The 3-year Roadmap committed to expanding Foundry centres to 19 centres across the province, as well as strengthening partnerships with Indigenous communities to build capacity to deliver culturally appropriate, safe and humble services.	Co-Lead: MMHA/MOH Partner: MCFD
Stage: 	Funding Source: Multiple years provincial funding; Federal MHSU; COVID-19

Progress summary

- Eight new Foundry centres selected this year were announced in June 2020. Foundry now has 11 centres open across the province with eight more in development.
- The focus for open centres has been on implementation of the Integrated Stepped Model of Care, with six of the centres in implementation phases, and five centres in planning phases.

Addressing COVID-19

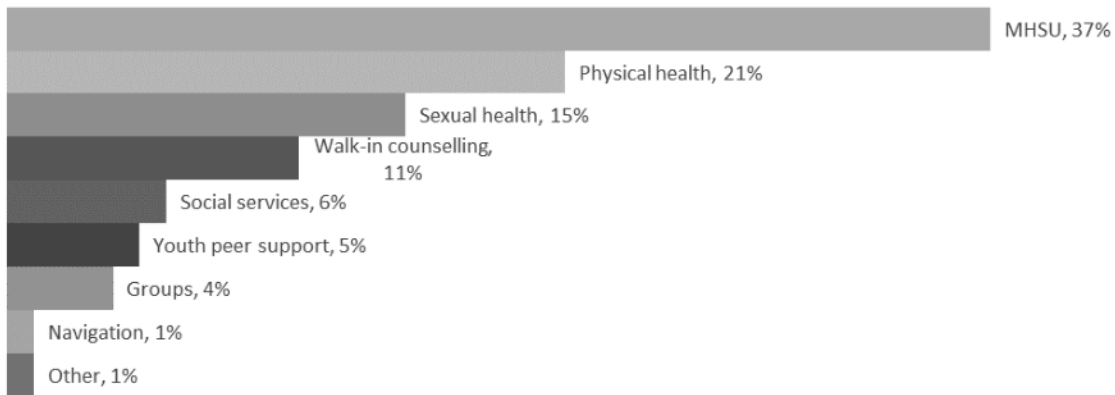
- Foundry received funding to accelerate the launch of Foundry Virtual accelerated launch in response to the COVID-19 pandemic.
- The number of visits declined across all centres in March and April, however the centres are now up to the same capacity as one year ago.
- Foundry received funding to accelerate the launch of Foundry Virtual in response to the COVID-19 pandemic.
- Uptake was slow at first but saw a 100% increase at beginning of September when online appointment booking was introduced.

Deliverable	Status
Expression of Interest for expansion	Complete
Lead agency and community selected for new centres	Complete
Cultural safety and humility standard developed and implemented	On track
MITACS evaluation completed	Complete
Foundry Virtual launched	On track

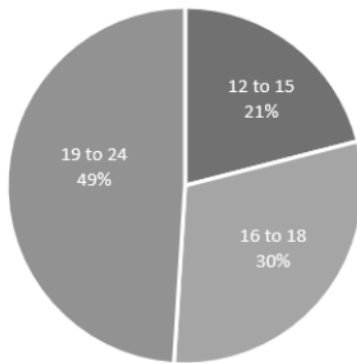
Results

Outputs & outcomes	2019/20	2020/21 Q1& Q2
Number of Foundry Centres open	11	11
Number of total visits to Foundry services	40,974	19,461
▪ Via Foundry Virtual	▪ n/a	▪ 737
Number of unique youth accessing services	10,868	8,203
▪ Via Foundry Virtual	▪ n/a	▪ 452
▪ New clients	▪ 7,754	▪ 3,172

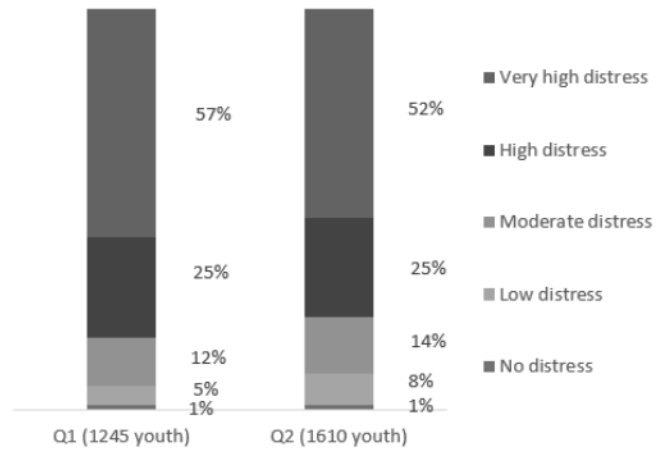
Services accessed by Service Type, all centres & virtual, 2020/21 to date



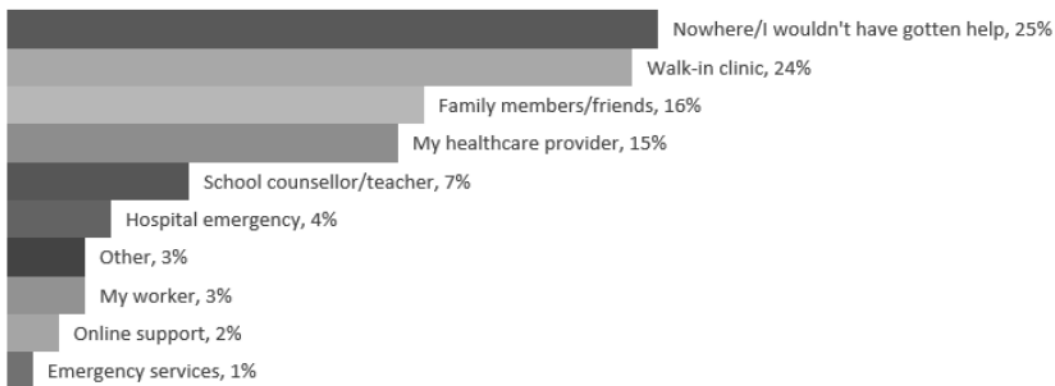
Age of new youth at registration, all centres & virtual, 2020/21 to date



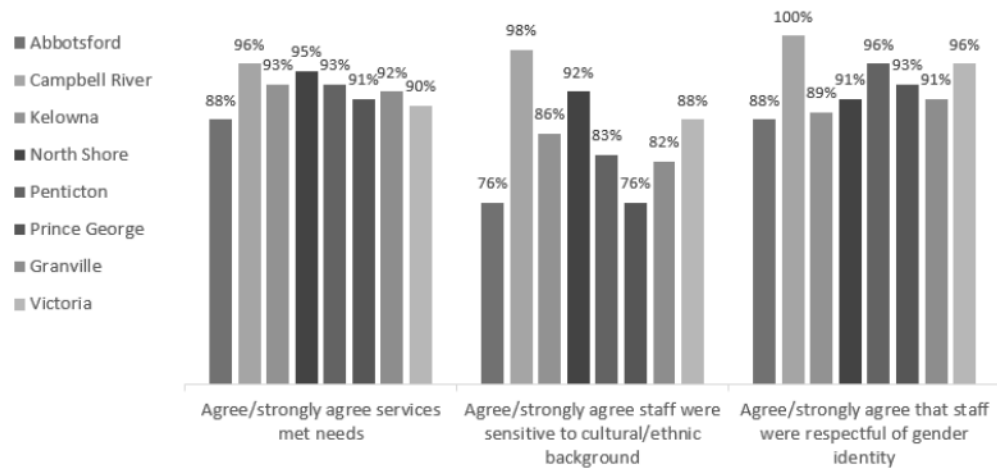
Psychological Distress Levels (Kessler Scale), all centres & virtual, Q1 and Q2 2020/21



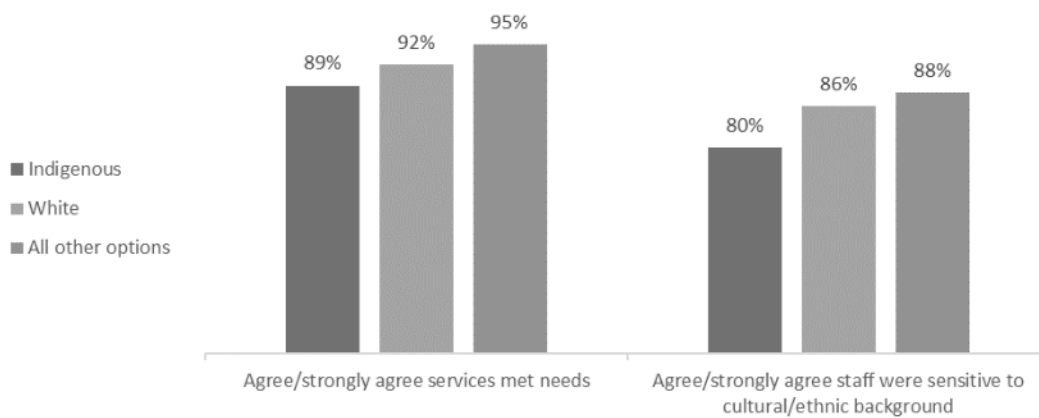
If this centre was unavailable, I would have gone to... (All centres & virtual, 2020/21 to date)



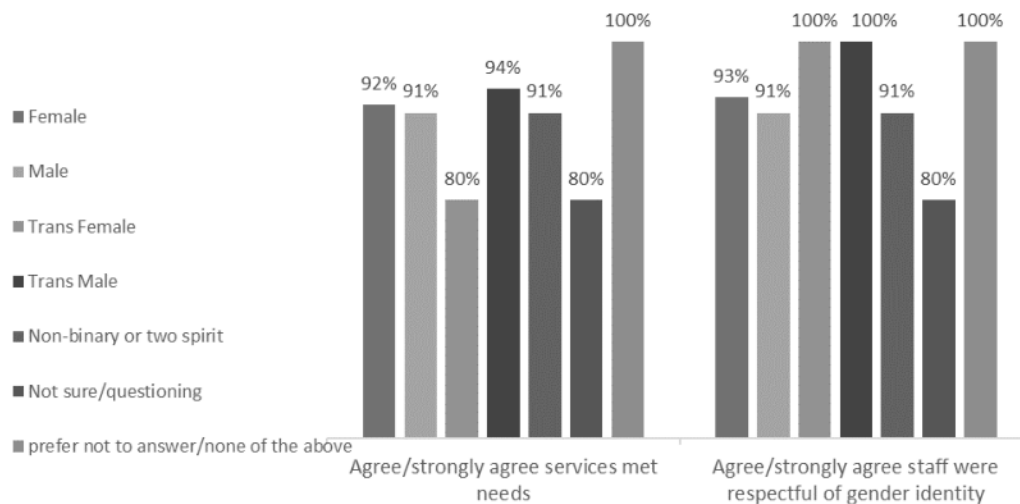
Service satisfaction by centre (2019/20)




Service satisfaction by ethnic/cultural background (2019/20)



Service satisfaction by gender identity (2019/20)



MENTAL HEALTH IN SCHOOLS

About: The Mental Health in Schools Strategy focuses on prevention and promotion activities in the K-12 school setting. The three core elements of the strategy are: Compassionate Systems Leadership (CSL), Capacity Building, and Mental Health in Schools with 13 deliverables identified. Outputs include CSL training for leadership; capacity building grants for school districts and independent schools, <i>erase</i> Strategy activities, and the bi-annual School Community Mental Health conference.	Lead: EDUC Partner: MOH/MMHA/MCFD
Stage: 	Funding Source: Federal MHSU

Progress summary

- Ministry of Education launched the Mental Health in Schools Strategy in September 2020.
- Parts of the strategy have been implemented over the past 2 years, prior to public release, including:
 - Grants to school districts and independent schools for activities related to social and emotional development, mental wellness promotion, and substance use prevention.
 - Leadership training for school district leadership to create school cultures that promote wellbeing and positive mental health.
 - An annual mental health conference in 2018 and 2019 (cancelled 2020 due to COVID; moved to bi-annual).


Deliverable	Status
Launch the Mental Health in Schools Strategy	Complete
*Detailed reporting on activities under the strategy is done through Ministry of Education. Going forward, Pathway to Hope reporting on this initiative will be annually through the short-term outcomes below.	

Results

Outcome	2019/20 (reported annually)
More effective use of data to determine mental health promotion activities	✓ 14% of school districts reported that their practices had become more evidence-informed. ✓ Nearly every district reported using at least two sources of data to inform planning for grant-funded activities. ✓ Districts made more frequent use of almost every source of data in 2019/20, as compared to data sources used in 2018/19.
Increase uptake in social emotional learning, mental health literacy and trauma-informed practice activities	✓ 75% of districts reported plans to address all three aspects of mental health and wellbeing in schools (SEL, MHL, and TIP).

Increase engagement with Indigenous partners as part of mental health promotion	✓ 86% of school districts consulted with Indigenous communities or stakeholders to inform their planning of grant-funded activities.
Increase mental health promotion activities	✓ 95% of school districts reported mental health promotion activities for educators. ✓ 65% of school districts reported mental health promotion activities for students. ✓ 37% of school districts reported mental health promotion activities for parents.
Increase knowledge, awareness or competence related to mental health and wellness	✓ 75% of school districts indicated that they would fund activities to increase knowledge, awareness and capacity related to mental health and wellbeing, including professional development or staff training (56%).
Enhance student voice and leadership to promote SOGI-inclusive education	✓ 96% of respondents at BC SOGI Summit indicated that the summit was useful and relevant; 74% reported that their SOGI knowledge increased.
Number of educators/classrooms participating in teacher well-being/resource program	✓ 168 educators attended in-person training ✓ 400 educators enrolled in WE Well-being program

INTEGRATED CHILD AND YOUTH TEAMS

About: The establishment of integrated child and youth teams in 5 school districts to provide wraparound services to children and youth aged 0-18 with MHSU challenges, and connect them to other services and supports as needed.	Lead: MMHA Partner: MCFD/EDUC/MOH
Stage: 	Funding Source: Provincial

Progress summary

- Implementation of the ICY teams in the five communities is underway. This includes ongoing discussions with local service and Indigenous partners to ensure a thorough understanding of the model and how it can be adapted to best fit each community's unique context and needs.
- The ICY teams represent a significant change in the delivery of community-based child and youth mental health and substance use services. While most practitioners work collaboratively, they rarely work in a continuously integrated and inter-connected way. Supporting change management for multiple organizations is challenging and requires more time than anticipated.
- Partner organizations' COVID responses meant work was on hold for a few months in 2020.
- Funding has been made available to support outbound services and add new positions where they do not currently exist. Work is underway to allocate this funding across the communities and teams as they are formed.
- Training and other supports for team members are being developed to help with working collaboratively in team-based settings.
- The first teams are expected to start delivering services in 2021 in Maple Ridge-Pitt Meadows and Comox Valley.

Deliverable	Status
New FTEs in place in 5 school districts	Delayed from original start up planning. Decisions made about # FTEs on each team and # teams in each district. Job descriptions being developed for new FTEs. Hiring to begin once JDs have been approved and funding decisions formalized and communicated.
First two districts – Maple Ridge and Comox – team in place and serving youth	Delayed from original start up planning.
Selection of three additional districts	Complete Meetings have been held with partners in the new communities.
Additional three districts – Richmond, Coast Mountains, Okanagan-Similkameen – teams in place and serving youth	On track
Developmental evaluation on implementation	Not started

Results

Output


To be tracked once implementation is further along:

- # FTE hired – ICY teams
- # unique youth served by each team
- # groups and brief intervention support provided by each team

Outcomes

Not yet defined

STEP UP/STEP DOWN

About: Step up/step down services for children and youth who require intensive services for severe mental health and/or substance use conditions, to be implemented in the 5 school districts selected for a suite of services to transform the system. Services provide clinical care for effective, supportive and safe transitions across tiers of service, shortening or avoiding hospitalization.	Lead: MCFD Partner: MOH/MMHA
Stage: 	Funding Source: Provincial

Progress summary

- Hiring for clinicians in Maple Ridge and Comox is underway.
- Planning is underway to incorporate applicable CYYA partners into the project to provide input into the approach.

Deliverable	Status
Minister approval of high level description of model	Complete
Hiring mobile high intensity outreach clinicians in 5 school districts	On track
Develop Clinical, Operational, Training Guide	On track
Develop Evaluation Plan	On track
Develop implementation plans with regional partners	Not started
Begin implementation in initial ICY communities (Comox, Maple Ridge)	Not started
Begin implementation in next ICY communities (Osoyoos, Terrace, Richmond)	Not started

Results

Outputs
Proposed to be tracked once services are being provided: <ul style="list-style-type: none"> ▪ # referrals to SUSD services ▪ # children/youth on waitlist for SUSD ▪ # children/youth served by SUSD (Indigenous, male, female)
Outcomes
Proposed to be tracked once services are being provided: <ul style="list-style-type: none"> ▪ Increased placement stability ▪ Pre/post data for symptom or functional improvement ▪ High intensity outreach clinicians aiming for caseload capacity of 70-80% with balance between flexibility with viability (CARIS data; annual) ▪ Reduction in hospital admissions for MHSU issues for youth relative to years past (HA data; annual) ▪ Reduction in average length of hospital stays for MHSU issues for youth receiving services relative to years (HA data; annual)

VIRTUAL COUNSELLING FOR POST-SECONDARY STUDENTS

About: Here2Talk provides all BC post-secondary students access to free, confidential counselling and community referral services, available 24/7 via app, phone and web.	Lead: AEST (services delivered by Morneau Shepell) Partner: MMHA/MOH Funding Source: Provincial
Stage: <div> <div>Plan</div> <div>Implement</div> <div>Monitor</div> <div>Review</div> </div>	

About:

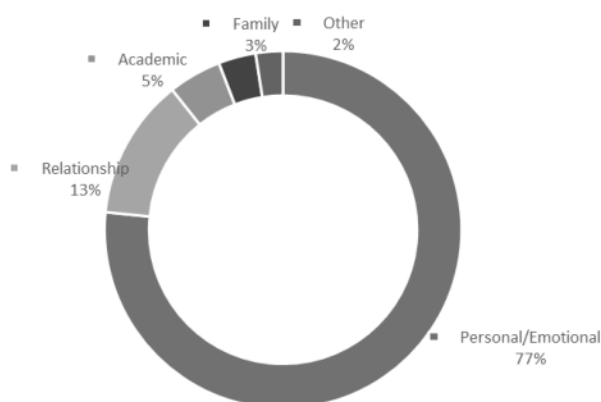
Progress Summary

- The service is ongoing. AEST anticipates continued demand for the service in the context of COVID-19 and will work with the service provider to maintain capacity corresponding to demand.

Results

Output	20/21 to date
Total app registrations	752
Total clinical cases	2,419

Clinical cases by reason for call, 2020/21 to date




Outcomes	Q1 20/21	Q2 20/21
Average wait time to speak to service agent by online chat	50.66 s	63.33 s
% of total callers where students leave the session before speaking to a service agent	4.26	2.96
% of survey respondents who agree or strongly agree...		
"I am satisfied with this service"	70%	76%
"I would recommend this service to a friend or fellow student"	63%	69%
"This service provided me with tools and support that improved my situation"	64%	76%

SUPPORTING INDIGENOUS-LED SOLUTIONS

- Tripartite Partnership to Improve Mental Health and Wellness Services
- 10-year Strategy on Social Determinants of Health and Wellness
- Cultural Safety and Humility
- First Nations-Run Treatment Centres
- Indigenous Land-Based Cultural and Healing Services
- Métis Nation BC Enhanced Capacity
- First Nations-Led Primary Care

TRIPARTITE PARTNERSHIP TO IMPROVE MENTAL HEALTH AND WELLNESS SERVICES

About: The Memorandum of Understanding (MOU) between the FNHC, FNHA, the Province and the Government of Canada establishes a new and more flexible funding approach that pools federal and provincial funding and provides more autonomy to First Nations in the allocation of resources for mental health and wellness services.	Lead: MMHA Partner: MOH/MCFD/MIRR/FNHA/FNHC/ ISC
Stage: 	Funding Source: Federal MHSU (for MMHA contribution)

Progress Summary

- The flexibility afforded by this new funding approach has supported First Nations to plan, design and delivery new mental health and wellness services across a full continuum of care (which includes, but is not limited to, traditional wellness, health promotion, prevention, capacity building and education, early identification and intervention, wrap-around supports, harm reduction, crisis response, trauma-specific services, treatment services, withdrawal management, and case coordination and care planning).
- A key feature of the implementation process has been the flexibility to approve projects based on the needs, readiness and capacity of communities. The partners agreed to replace the traditional project proposal with a tool called a Statement of Readiness (SOR) which allows communities to articulate their needs in a strengths-based and non-prescriptive form.
- The MOU has been successful in facilitating a high degree of collaboration among communities in all project phases. 24 of the 46 SORs received have more than one community participating. 19 of the 36 SORs approved have more than one community participating.
- The MOU has promoted new partnership arrangements that facilitate greater cross-agency collaboration and enhance the coordination of responses to mental health and wellness concerns. 33 of the 46 SORs received identify health or social sector partners (e.g. MCFD, DAAs Health Authorities, RCMP, School Districts, BC Housing etc.) to collaborate with in project planning and implementation.
- s.16
- Mid-year and year-end reporting by funding recipients to FNHA has been delayed due to the capacity constraints of communities in the context of COVID-19.

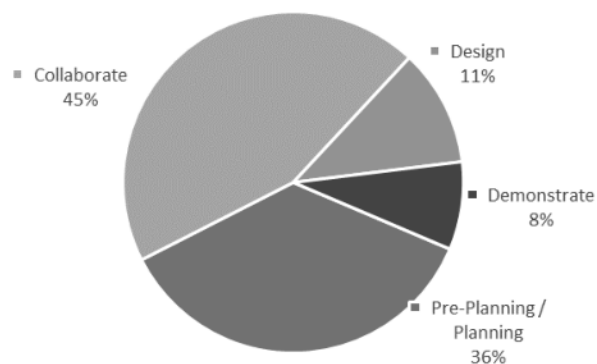
Deliverable	Status
Support First Nations to plan, design and deliver a full continuum of care	On track

Promote collaboration among communities through a Nation-based approach:	On track
Promote partnerships that facilitate cross-agency collaboration	On track (with revised timeline)

Results

Output	As of Q2 20/21
First Nations communities participating in the MOU process	155
Statements of Readiness received	46
Statements of Readiness approved	36
Funding Allocated	\$17 million (Out of \$30 million)


Current Phase of Approved Statements of Readiness



Outcomes

- As a key purpose of the MOU is shifting from a program-based, proposal-driven process to an investment model that focuses on achieving outcomes as determined by First Nations. Accordingly, First Nations have been asked to identify outputs and outcomes that are most relevant and meaningful to them as part of this process. As a result, this means that there is significant variability in measurement across the projects approved.
- To address this, the tripartite partners agreed to develop a Mental Health and Wellness Reporting Framework that will identify core measures that FNHA will mandate all projects to report upon. The Framework is in draft form and has been developed in consultation and cooperation with First Nations.
- Interim reports have demonstrated that early impacts of these new investments include the ability to creatively and meaningfully respond to community needs and adjust activities in the context of COVID-19, ability to leverage multiple funding sources, and ability to engage the community in a more coordinated and culturally appropriate way.

10-YEAR STRATEGY ON SOCIAL DETERMINANTS OF HEALTH AND WELLNESS

About: Experiences implementing the MOU are intended to inform the development of a ten-year strategy and corresponding funding commitment to address the social determinants of health and wellness for First Nations in BC.	Lead: MMHA/MOH/FNHA/FNHC/ISC Partner: Social Sector Ministries/FNHC/FNHA/ISC Funding Source: Federal/provincial
Stage: 	

Progress Summary


- Discussions on the scope, purpose and core components of a 10-year strategy have been delayed due to COVID-19.
- 3 projects have been selected as demonstration sites (Haida Nation, Ktunaxa Nation and Kitselas Nation) to provide the basis to evaluate the efficacy and opportunity presented by a flexible funding model through the MOU.
- The draft Mental Health and Wellness Reporting Framework was presented to BC First Nations at Gathering Wisdom in January 2020. The partners continue to explore opportunities to integrate the new indicators for mental health and wellness into the Population Health and Wellness Agenda developed by FNHA and the PHO and to determine an ongoing process for monitoring outcomes.
- The MOU has been extended by the partners until March 31, 2022 to allow more time to demonstrate the efficacy of the flexible funding model and to build the business case and rationale for a long-term strategy and sustained funding.

Deliverable	Status
Development of a ten-year strategy in consultation and cooperation with BC First Nations.	Delayed
Implementation of pilot projects that demonstrate an enhanced service delivery model for mental health and wellness	On track
s.16	Delayed
Establish a mental health and wellness reporting framework.	On track

Results

Outputs and short-term outcome measures to be determined.

CULTURAL SAFETY AND HUMILITY

About: MMHA is working with FNHA, MOH and key partners to advance a common agenda and strategy for embedding cultural safety and humility as an accountability and core attribute in all provincial work.	Lead: MOH Partner: MMHA/FNHA
Stage: 	Funding Source: Base funding

Progress Summary

- FNHA and MMHA signed a *Declaration of Commitment to Cultural Safety and Humility* in 2018 that outlined a shared commitment to advance cultural safety and humility across the mental health and substance use system.
- The draft Change Leadership Strategy for Indigenous Cultural Safety and Humility was endorsed by the Tripartite Committee on First Nations Health (TCFNH) in 2018. It is anticipated that the Change Leadership Strategy will be reviewed by the TCFNH members with the release of *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care*.
- The draft strategy outlines approaches and strategies across the health care system to provide enhanced support and coordination to work and initiatives currently underway, and to identify additional strategies needed to permanently embed cultural safety within the system.
- MOH has provided funding to FNHA for the creation of a backbone team to advance the implementation of the Change Leadership Strategy.
- As MMHA does not have a mandate for direct service delivery, MMHA largely leverages its relationships with mental health and substance use partners to advance its commitments to cultural safety and humility. This work is underway and ongoing.

Deliverable	Status
Change Leadership Strategy for Indigenous Cultural Safety and Humility	On track
Embedding of cultural safety and humility in all provincial initiatives	On track

Results

Output
<p>Examples of cultural safety and humility embedded into new initiatives:</p> <ul style="list-style-type: none"> ▪ Foundry is currently developing a framework for cultural safety and humility and has set an expectation that agencies are to work with Indigenous communities from the outset of the proposal and planning process. ▪ Integrated Child and Youth Teams development included engaging Indigenous partners in creating a service delivery framework, with cultural safety and humility as a core principle. MMHA recently established an Indigenous Content Training Working Group that is composed of Indigenous partners to inform the development of cultural safety and humility training and content on Indigenous approaches to healing that will be mandatory for members of the Integrated Child and Youth Teams.

- Substance Use Integrated Teams development included engaging Indigenous partners in creating a service delivery framework and worked with FNHA to assess how the 16 teams can work collaboratively and interface with First Nation communities at the local level.
 - Supportive Recovery initiative included engagement with Indigenous communities to ensure that the work was grounded in the principles of cultural safety and humility and representatives from FNHA participated on the standards projects expert advisory panel.
 - Community Wellness and Harm Reduction Grants included cultural safety and humility as a core feature of the application criteria and funded projects. Indigenous partners participated in the final adjudication meeting and decisions for this funding alongside MMHA and Community Action Initiative staff who administered the grants. 12 of 24 funded projects included an Indigenous community or Indigenous-specific service provider as part of their project team.
 - Community Counselling Grants application criteria required that applicants demonstrate their capacity to engage Indigenous communities and/or deliver culturally safe services. 1/3 of the community counselling grant recipients focus specifically on serving Indigenous populations.
-

Outcomes

Short-term outcome measures to be determined.

- A key priority for health system partners is developing a system-wide measurement framework that will allow partners to assess patient experiences, access to care, appropriateness of care, and health and wellness outcomes.
 - It is anticipated that the results and subsequent analysis of the upcoming MHSU Patient Reported Experience Surveys will provide a baseline to inform targeted action to address cultural safety concerns in specific settings where mental health and substance use services are delivered.
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FIRST NATIONS-RUN TREATMENT CENTRES

About: MOH and MMHA made a one-time capital contribution to support FNHA with the replacement of six existing treatment facilities and the construction of two new facilities.	Lead: FNHA Partner: MMHA/MOH
Stage: 	Funding Source: Provincial

Progress Summary


- Through a commitment made in the Tripartite MOU, MOH and MMHA made a one-time capital contribution of \$20 million (2019/20) to support FNHA with the replacement of six existing facilities and the construction of two new facilities.
- The FNHA is the lead for overall project management, the allocation of funding for capital planning and construction, and site selection and service design in consultation and cooperation with First Nations in each region.
- FNHA has established technical tables with First Nations in both the Vancouver Coastal and Fraser Regions to advise on a process for selecting the site of the two new treatment centres.

Deliverable	Status
Replacement of six existing treatment facilities	On track
Construction of two new treatment facilities	Delayed

Results

Outputs	As of Q2 20/21
Completed facilities	0
Facilities in Pre-Planning Stage	1: North Wind Wellness Centre (Northern)
Facilities in Building Design Phase	4: Telmex Awtxew Treatment Centre (Fraser) Carrier Sekani Family Services (Northern) Namgis Treatment Centre (Vancouver Island) Tsow-Tun-Le-Lum Healing Centre (Vancouver Island)
Facilities in Pre-Construction Stage	1: 7 Nations Soaring Eagles (Ktunaxa Nation, Interior)
Facilities in Construction Stage	0

INDIGENOUS LAND-BASED CULTURAL AND HEALING SERVICES

About: FNHA provides funding for First Nations in each of the 5 regions to design and implement new land-based healing initiatives that operate at community, sub-regional and regional levels.	Lead: FNHA Partner: MMHA/MOH
Stage: 	Funding Source: Federal MHSU

Progress Summary

- **Fraser:** 9 community-based, low-barrier and land-based treatment programs are now operational. This program has moved to a virtual model due to COVID-19.
- **Vancouver Coastal:** FNHA has worked with all 14 communities to develop a comprehensive community needs assessment and asset mapping related to mental health and wellness which includes capacity and plans to implement and sustain land-based services.
- **Northern:** FNHA supported three sub-regional pilot projects and provided each of the 54 communities in the region with a grant based on per capita and remoteness criteria. Mid-year reports submitted by these communities highlighted women's wellness and youth art camps, a range of programs involving traditional food harvesting and preparation, and elder involvement.
- **Vancouver Island:** FNHA has supported a combination of community-based and urban-based projects.
- **Interior:** FNHA provided an allocation to each of the 7 Nations in the Interior Region based on an established regional allocation approach. Each of the 7 Nations have hired traditional wellness coordinators to increase their capacity in this area.
- First Nations have experienced delays in the implementation of projects or have significantly modified the service delivery model due to COVID-19. As a result, mid-year and year-end reporting by funding recipients to FNHA has been delayed. In turn, this has limited the ability of FNHA to report to MOH and MMHA on the impact of these new investments at local and regional levels.

Deliverable	Status
Provision of funding for land-based cultural and healing services in all 5 regions	Complete

Results

Outcomes
<ul style="list-style-type: none"> ▪ Outcome measures are not currently available for this initiative. ▪ The FNHA's core goals for this initiative are to: <ul style="list-style-type: none"> ○ Provide culturally safe treatment and healing services related to mental health and substance use issues and sexual abuse by focusing on underlying root causes, ○ Provide culturally safe detox and after care services including arts-based healing,

- Deliver land-based healing and treatment services at the community, Nation and sub-regional levels,
- Extend land-based healing and treatment services to First Nations people living in urban centres and away from home,
- Provide opportunities to connect to traditional practices and protocols and share knowledge, foods, and stories that promote spiritual, emotional, mental and physical wellness, and
- Build and foster relationships to support wellness and connection to community, land and culture.

MÉTIS NATION BC ENHANCED CAPACITY

About: Support for MNBC to build capacity to partner with MMHA in priority setting and planning and for Métis-led initiatives related to mental health and substance use and Métis cultural wellness.	Lead: MMHA
Stage: <div> <div>Plan</div> <div>Implement</div> <div>Monitor</div> <div>Review</div> </div>	Funding Source: Federal MHSU

Progress Summary

s.16

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Deliverable	Status
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s.16

Results

Outcomes

- Outcome measures are not currently available for this initiative.

- MNBC, MOH and OPHO are currently collaborating on the Métis Public Health Surveillance Program, which is intended to advance the following objectives:
 - Métis peoples governance over their health data,
 - Increase Métis peoples ownership and control over their health and wellness stories, and
 - Support Métis peoples right to use their data and research to inform the design and delivery of culturally safe, Métis-specific health and wellness services.
- The Metis Public Health Surveillance Program will provide a mechanism to report on Métis population outcomes on an ongoing basis, including mental health and wellness outcomes.


FIRST NATIONS-LED PRIMARY CARE

Progress on this action is being reported under Team Based Primary Care in the Improved Access, Better Quality section of this report.

SUBSTANCE USE: BETTER CARE, SAVING LIVES

- Substance Use System of Care Framework
- Ensuring Best Evidence Guides Care (BCCSU)
- Prescriber Enhancements (Increase access to evidence based care)
- Substance Use Integrated Teams (SUITS)
- Overdose Emergency Response
- Supportive Recovery Services
- Provincial Peer Network

SUBSTANCE USE SYSTEM OF CARE FRAMEWORK


About: Building off work already underway to strengthen the adult substance use system of care, the framework will define and describe core components of an evidence-based system of care.	Lead: MMHA
Stage: 	Funding Source: Base funding

Progress Summary

- Much of Phase 1 foundational analysis is complete, including a thematic analysis of existing stakeholder feedback, evidence reviews, and a jurisdictional scan. Next steps to complete are current state mapping and the Phase 1 discussion paper.
- Cross-ministry executive steering committee has been established.
- A contract is in place with an external researcher to carry out the Phase 2 deliverable of defining core services.

Deliverable	Status
Phase 1: Foundational Analysis (discussion paper)	On track
Phase 2: Framework Development and Options Analysis (framework components; core services; options papers)	On track
Phase 3: Substance Use Framework Report	Not started

ENSURING BEST EVIDENCE GUIDES CARE (BCCSU)

About: The purpose of this priority action is to address the lack of standards and best practices in the clinical care of substance use disorders by working with the BCCSU to develop and implement evidence-based guidelines. Ensuring best evidence guides care is an overarching goal, rather than a distinct initiative. Activities shift as new evidence and priorities emerge.	Co-Lead: MOH/MMHA
Stage: <i>there are components of the BCCSU workplan in all stages</i> 	Funding Source: Various sources: base funding, Shared Cost Agreement with BCCSU, OERC Community Crisis Innovation Fund, Federal MHSU

Progress Summary

- Deliverables listed below reflect ongoing progress under BCCSU's workplan.

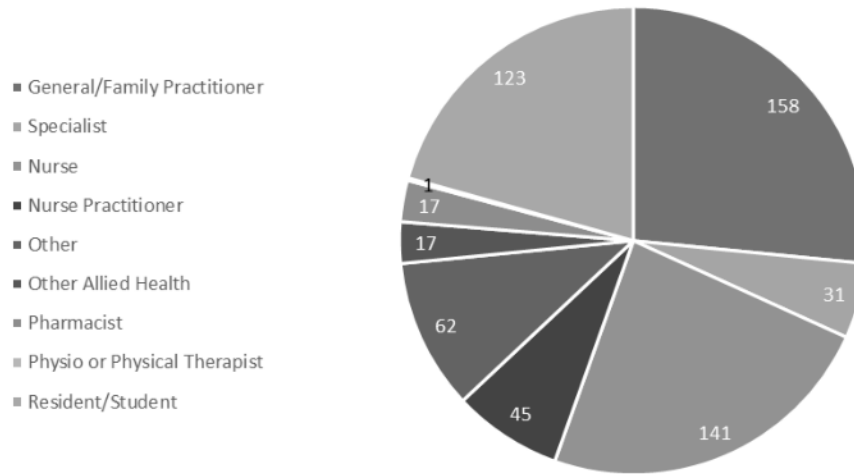
Deliverable	Status
Guidelines released in the reporting period:	
- Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations	Complete
Evaluation of evidence based guidelines:	
- Risk mitigation guidance	On track
- AUD	On track
- iOAT	Delayed
Clinical education programming	On track
- Two new modules of ACTOC program released in reporting period: Substance Use Care for 2SLGBTQ+ People and Pregnancy and Substance Use Disorders	

Results

Outputs	20/21 to date ¹
# people with full completion of Provincial Opioid Addiction Treatment Support Program (POATS-P)	595 total <i>See chart below</i>
# people who have completed Addictions Care and Treatment Online Certificate (ACTOC)	1290 full course 778 nursing module
# attendees in guideline seminar series	2742 total <i>See chart below</i>
# attendees in ECHO (Extension for Community Healthcare Outcomes) cycle	1185 total <ul style="list-style-type: none"> 1007 Opioid Use Disorder (OUD) 178 Alcohol Use Disorder (AUD)

¹ Data for POATS-P, ACTOC and ECHO are March 1 – September 30, 2020. Data for Guideline Seminar Series is April 1 – September 30, 2020.

Completion of POATS-P by Profession, Mar 1-Sep 30 2020/21



Attendees by guideline seminar, Mar 1 - Sep 30 2020/21



Outcomes

Future reporting:

- Improved prescriber density
- % of people receiving SUD guideline standard of care
- Outcomes from ECHO network
- Outcomes of post training evaluations

PREScriBER ENHANCEMENTS (INCREASE ACCESS TO EVIDENCE-BASED ADDICTIONS CARE)

About: Increasing rapid access to addictions medicine through enhancements to prescriber services including increasing the number of sessions with prescribers and increasing training opportunities in addictions medicine.	Lead: MMHA Partner: MOH/BCCSU/HAs
Stage: <div> <div>Plan</div> <div>Implement</div> <div>Monitor</div> <div>Review</div> </div>	Funding Source: Provincial

Progress Summary


- HAs have made progress with increasing the number of prescriber sessions, including through expanding operating hours at key services and through new services like the Addictions Medicine Consult Service and the Royal Inland Hospital.
- Several HAs have reported challenges with recruiting additional prescriber FTEs due to COVID-19.
- Training activities were largely supported through the one-time only funding provided in FY2019/20, which was not extended into 2020/21. However, some HAs have continued to support prescribers who were previously engaged with training to continue their learning through preceptorships and fellowships (such as with Northern Health).

Results

Output		2019/20	2020/21 to date
Number of new provider sessions	FHA	11	No data recorded
	VIHA	441	No data recorded
	VCH	295	54
	NHA	No data recorded	0
	IHA	0	No data recorded
Number of new provider FTEs as a result of funding	FHA	2	No data recorded
	VIHA	No data recorded	No data recorded
	VCH	No data recorded	0
	NHA	0.6	0.6
	IHA	0	0.4
Number of new people trained on addictions medicine as a result of the one-time-only funding (Note – this will not be an ongoing measure, as the funding was one time only)	FHA	105	No data recorded
	VIHA	83	No data recorded
	VCH	169	54
	NHA	4	1
	IHA	32	n/a
	PHSA	29	n/a

Outcomes		2019/20	2020/21 to date
Number of people on medications: Naltrexone	FHA	2,979	4,593
	VIHA	2,157	3,745
	VCH	2,633	4,021
	NHA	609	945
	IHA	2,124	3,300
Number of people on medications: Acamprosate	FHA	5	186
	VIHA	3	150
	VCH	6	133
	NHA	2	25
	IHA	4	112
*there was a drug shortage for acamprosate from Jan 2019 to July 2020, reflected in low prescription rates for 2019/20			
<i>Number of people on OAT reported in the Overdose Response section</i>			

SUBSTANCE USE INTEGRATED TEAMS (SUITS)

About: Teams are being implemented to ensure that adults who use substances have access to the health care system and stay connected to a range of care options tailored to their needs. HAs are implementing seven new and nine expanded teams tailored to the needs in each community. The teams have a range of professionals, including nurses, counsellors, social workers, and peers.	Lead: MMHA Partner: MOH/HAs
Stage: 	Funding Source: Provincial

Progress Summary


- Recognizing the impact of COVID-19 on the target population and implementation capacity within health authorities, additional direction for implementing the SUITS during the COVID-19 pandemic was provided in May 2020. This guidance provided additional flexibility for health authorities to implement resources in response to the dual health emergencies.
- Health Authorities provided updated proposals for communities to be served by SUITS resources based on updated guidance on SUITS implementation during COVID-19 which were approved in June 2020. Funding for SUITS was included in the July 2020 funding letter to RHAs.
- Seven new and nine expanded teams are being implemented through the SUITS initiative, which include new resources that are providing support to clients who use substances during the COVID-19 pandemic (e.g. supports in temporary housing sites). Implementation activities in all regions began during Q2.

Deliverable	Status
Approved service delivery framework	Complete
Approved community selection for teams	Complete
Teams in place and providing services	On track

Results

Outputs
To be tracked once teams are in place: <ul style="list-style-type: none"> ▪ # unique people reached with the service ▪ # days (average) to first service
Outcomes
To be tracked once teams are in place: <ul style="list-style-type: none"> ▪ % clients referred to each care pathway who require further referral ▪ % clients retained within care (only IHA) ▪ % clients with completed care plan (only IHA) ▪ % clients who remain engaged in care upon follow-up ▪ Narrative questions for each team, including: how do the SUITS services reach clients; has this helped clients retain a connection to care, and if so how?

OVERDOSE EMERGENCY RESPONSE

About: Continued escalation of the response to the overdose emergency, including the OERC's work to ensure communities have access to interventions, including harm reduction, expanding access to safe medication alternatives, and reducing stigma.	Lead: MMHA Partner: MOH/HAs
Stage: 	Funding Source: Provincial

Progress Summary

- After seeing a steady decline in overdose deaths in 2019, deaths from confirmed or suspected illicit drug toxicity have been increasing month over month since the advent of the COVID-19 public health emergency in March 2020.
- The key driver of increased mortality is the growing toxicity and unpredictability of street drugs since late March 2020, likely due to disruptions to the drug supply chain.

Addressing COVID-19

- For British Columbians who use substances, the intersection of the public health emergencies of overdose and COVID-19 has exacerbated health inequities, the ongoing risk of overdose, and other harms due to the toxic street drug supply.
- Since COVID-19 measures have been in place, there has been reduced availability of overdose prevention and supervised consumption services, reduced access to these services by people who use drugs, and reduced community drug checking services; increased social isolation, stress, and anxiety; and changes in employment, income, and housing. Attendance at overdose prevention services was down by as much as 50% in May and June 2020.
- Since March 2020, MMHA has led a set of actions to respond to the increase in overdose fatalities and events related to COVID-19:
 - BCCSU issued the interim clinical guidance document, *Risk Mitigation in the Context of Dual Public Health Emergencies*
 - *COVID-19: Provincial Episodic Overdose Prevention Services Protocol* was released to provide guidance to health and social service sectors for safely observing the consumption of substances
 - The Lifeguard App was launched, to reduce the risk of fatal overdose for individuals using alone
 - \$10.5 million in funding was announced to accelerate the response to an increasingly toxic drug supply due to COVID-19 – will be used to scale up overdose prevention sites, expand access to safe prescription alternatives, and add new outreach teams

Deliverable	Status
Pharmaceutical Alternatives: Develop and implement	On track

provincial policy guidance to support pharmaceutical alternatives to the toxic drug supply	<ul style="list-style-type: none"> BC announced the development of policy on Pharmaceutical Alternatives to the Toxic Drug Supply on September 16, 2020. Targeting completion of policy in March 2021.
Pharmaceutical Alternatives: Evaluation of TiOAT and iOAT	<p>On track</p> <ul style="list-style-type: none"> Short Cycle Evaluation (iOAT): data collection and analysis phase complete. Report should be complete by early 2021. Long cycle evaluation (iOAT): This study continues to collect data and recruit sites to participate. Interviews are delayed due to COVID safety concerns. The TiOAT programs are part of the long-cycle iOAT evaluation.
Ethics: Conduct a public health ethics review of pharmaceutical alternatives	<p>On track</p> <ul style="list-style-type: none"> Independent consultant submitted review of ethical questions related to Pharmaceutical Alternatives. Next steps will be to share this analysis with key stakeholders and to incorporate into policy work on pharmaceutical alternatives.
Stigma: Stigma Reduction activities by Community Action Teams	<p>On track</p> <ul style="list-style-type: none"> Community Action Teams are in the planning stage for activities proposed for 20/21. Includes activities to raise awareness of overdose crisis and role of stigma through organizing and participating in community events, working with local media, training for first responders and community members
Stigma: CIF grants provided for substance use stigma in health care settings	<p>On track</p> <ul style="list-style-type: none"> Includes peer coordinators as described below, focused on reducing stigma in health care. Funding provided to BCCDC to support implementation of the Episodic Overdose Protocol. Activities associated with these grants include training for health care personnel to offer these services and to address stigma at the site of health care and with municipal governments.
Peer Coordinators: HA policies or other activities that support inclusion of peer coordinators, peer participation, and peer perspectives in the HA	<p>On track</p> <ul style="list-style-type: none"> HA activities include hiring peers and peer coordinators or contracting with peer groups to support peer engagement; development of toolkits and other resources for peer inclusion and engagement: development of peer inclusion structures such as peer advisory committees and regional peer networks; hosting events for peers led by peers; supporting engagement of Indigenous peers; and, engagement of peers in HA decision-making committees and action tables.
Peer Coordinators: Training developed and/or delivered by peers to RHA staff	<p>On track</p> <ul style="list-style-type: none"> HA activities include providing training on safety skills for delivering harm reduction services during COVID-19; responding to mental health crises; responding to overdoses in a variety of settings including in overdose prevention services; debrief supports to peers responding to overdoses;

education and resources for peer groups delivering harm reduction supplies; participation of peers in development of training videos and sessions on stigma reduction for both health care personnel and community members; delivery stigma reduction training for health care personnel.

Results

Output	2019/20	Q1-Q2 2020/21
Stigma		
# projects funded on CIF grants to address substance use related stigma in health systems (projects in HAs, NGOs)	15	9
CIF \$ spent on projects that address stigma in health systems (funding to HAs, NGOs)	\$3,686,229	\$4,868,500
Naloxone		
# new BC Take-Home Naloxone sites	223	48
# Take-Home Naloxone kits shipped to sites (all of BC)	230,987	132,184
# Facility Overdose Response Box sites (all of BC)	620	646
▪ # in supportive housing	▪ 270	▪ 280
▪ # new sites	▪ 47	▪ 26
Overdose Prevention Sites/Supervised Consumption Sites²		
# visits to OPS and SCS	829,209	227,262
# overdoses survived at OPS and SCS	4,465	1,000
Opioid Agonist Therapy		
# clients dispensed OAT (all OAT)	23,784	46,315
▪ # clients dispensed TiOAT	▪ 131	▪ 517
▪ # clients dispensed iOAT	▪ 473	▪ 540
# NEW clients dispensed OAT (all OAT)	4,224	1,963
▪ # NEW clients dispensed TiOAT	▪ 89	▪ 234
▪ # NEW clients dispensed iOAT	▪ 197	▪ 63
# OAT prescribers (all OAT)	1,463	3,002
▪ # TiOAT prescribers	▪ 17	▪ 95
▪ # iOAT prescribers	▪ 45	▪ 67
# NEW OAT prescribers (all OAT)	1,029	513
▪ # NEW TiOAT prescribers	▪ 12	▪ 45
▪ # NEW iOAT prescribers	▪ 14	▪ 6
# Emergency Departments enrolled in LOUD project		24
HAs offering TiOAT (3)	#sites	#sites
FHA	1	FHA 1
VCH	1	VCH 4
IHA	1	IHA 1
HAs offering iOAT (4)	#sites	#sites
FHA	2	FHA 2
VIHA	1	VIHA 1

² OPS/SCS data for 2020/21 does not include Fraser Health Authority


	VCH	5	VCH	6
	IHA	1	IHA	1

Outcomes

Data for short-term outcomes not yet available. Reporting to include:

- % of people with Opioid Use Disorder retained on OAT for over 12 months
- Overdoses in people on TiOAT and iOAT
- Deaths averted due to THN program, OPS, SCS, OAT (this may not be available as the BCCDC project is on hold)

SUPPORTIVE RECOVERY SERVICES

About: Strengthening the quality, consistency and oversight of supportive recovery services, including through new regulations for supportive recovery assisted living residences, training and minimum qualifications of people who operate and work in supportive recovery residences.	Co-Lead: MMHA/MOH
Stage: 	Funding Source: Federal MHSU; Federal Emergency Treatment Funds

Progress Summary

- Amended the Community Care and Assisted Living Act and introduced the Assisted Living Regulation to increase the regulatory oversight of supportive recovery homes
- Training Grants: To date, \$87,000 in grants has been requested. In 2019/20, 15 grants were issued representing 31 supportive recovery homes. 6 more grants were issued in 2020/21, representing 10 supportive recovery homes.
- Training for standards: standards development is complete. Information sessions, training development and education for the standards is expected to commence in Q4.
- Operator supports: implemented per diem increase for eligible income assistance clients accessing supportive recovery services.
- COVID-19 impacts:
 - Assisted Living Services including supportive recovery services were greatly impacted by the effects of COVID-19 and were subject to social distancing and health and safety protocols that required service reductions and in some cases closure.
 - Many services faced deep financial impacts due to reduction in clients and increased expenses for cleaning supplies.
 - The grant call for Regulations training grants was extended due to consequences of COVID-19, and many eligible courses were cancelled or postponed.
 - Operators were unable to offset the loss of available staff to complete training due to social distancing protocols and service reduction.

Deliverable	Status
Supportive Recovery Regulations implemented	Complete
Resources for Operators (new website, updated handbook, training grants)	Complete
Operationalization of new/enhanced oversight role via HLTH ALR	Delayed
Final standards complete	Complete
Standards implementation plan complete	Delayed

Results


Outputs		2019/20	Q1 20/21	Q2 20/21
# people who attended information sessions for Operators and Health Authorities		159		
# FTE Investigators providing oversight across BC	FHA	1	2	2
	VIHA	1	1	1
	VCH	1	0.5	0.5
	NHA	1	0.5	0.5
	IHA	1	1	1
Future outputs for reporting: Training output for standards				

Outcomes	2019/20	20/21 to date
# registered residences accessing training grants	31	10 (additional 4 pending approval)

Future outcomes for reporting: % of registered assisted living supportive recovery residences that receive a routine inspection

Note: routine = monitoring inspection that is not triggered by a complaint or health and safety concern. The future vision is to conduct regular inspections at intervals specific to each organization based on a risk rating (e.g. every 2 years where no risk identified). However, as a result of COVID-19 urgent priorities within the seniors sector, site inspections for supportive recovery services have focused on immediate health and safety concern and/or a complaint, inspection of unregistered residences and monitoring for compliance as directed.

PROVINCIAL PEER NETWORK

About: Implementation of a provincial peer network structure to increase capacity and strengthen collaboration and information sharing between peer-led organizations.	Lead: MMHA
Stage: 	Funding Source: Provincial

Progress Summary

- The Peer Network includes membership from numerous peer organizations across the province, including SOLID, VANDU, REDUN, CSUN and many others. The network aims to be inclusive and representative of diverse peer groups from across the province.
- A mid term evaluation was conducted and findings included the following:
 - There is equitable geographic distribution of the member groups and funding allotments, with an even spread across the five health regions.
 - The Peer Network is engaged with communities around the province to identify priorities for the Provincial Peer Network to address. They convene virtual provincial meetings in which Drug User Groups provide updates and support to one another and identify issues for further action.

Deliverable	Status
Peer groups/projects funded in each HA through the provincial peer network	On track


Results

Outputs	2020/21 to date
# peer groups/projects funded in each HA through the provincial peer network	FHA: 2 VIHA: 2 VCH: 1 NHA: 3 IHA: 3

IMPROVED ACCESS, BETTER QUALITY

- Community Counselling Grants
- Team-Based Primary Care
- Provincial Crisis Lines
- Mental Health Act Framework and Standards
- Peer Support Co-ordinators
- Peer Support Worker Curriculum and Standards of Practice
- Expand BounceBack
- Mental Health and Wellness Disaster Recovery Guide
- Workplace Mental Health
- Digital Front Door

COMMUNITY COUNSELLING GRANTS

About: Grants to non-profit organizations to provide low or no cost counselling, administered by Community Action Initiative (CAI).	Co-Leads: MMHA/MOH
Stage: 	Funding Source: Provincial; COVID

Progress Summary

- 29 Community Counselling Grants were awarded to organizations across BC, providing annual funding distributed over 3 years (announced November 2019).
- An equity-based adjudication process, led by Community Action Initiative, yielded a diverse grantee pool with broad geographic range. Proposals that focused on reaching individuals or families who are not likely to engage in mainstream services, or who would not typically have access to counselling opportunities were prioritized.
- Work has begun with a third party evaluator to develop an evaluation framework and process.

Addressing COVID-19

- The grant program was expanded in 2020 as part of government's COVID-19 response, with an additional 20 organizations receiving funding to provide community counselling programs and enable services to be delivered virtually until March 31, 2021.

Deliverable	Status
Disburse grants to community organizations	Complete

Results


Outputs – regular program	2019/20	2020/21 to date
# counselling grants disbursed	29	29
# unique individuals who received individual, couples or family counselling		5941
▪ # who had not accessed organizations' counselling programs previously (new clients)		▪ 4163
# unique individuals who accessed group counselling or psychoeducational workshops		4301
▪ # who had not accessed organizations' counselling programs previously (new clients)		▪ 2405
Outputs – COVID-19 surge funding		2020/21 to date
# counselling grants disbursed		20
# unique individuals who received individual, couples or family counselling		1376
▪ # who had not accessed organizations' counselling programs previously (new clients)		▪ 894

# unique individuals who accessed group counselling or psychoeducational workshops	114
▪ # who had not accessed organizations' counselling programs previously (new clients)	▪ 84

Outcomes

TBD, based on evaluation

TEAM-BASED PRIMARY CARE

About: Component of MOH's Primary Care Strategy, aimed at creating an integrated system of full service community-based primary and community care; MMHA to work with MOH to ensure the strategy addresses MHSU needs.	Lead: MOH Partner: MMHA
Stage: 	Funding Source: Federal MHSU

Progress Summary

- Primary Care Networks, Urgent Primary and Community Care Centres, Community Health Centres, First Nations Primary Care Initiatives, and Nurse Practitioner Primary Care Clinics are being implemented in communities across the province.
- COVID-19 has resulted in some implementation delays, varying by community.
- The Ministries of Health and Mental Health and Addictions have developed a set of practice principles to inform how MHSU services are delivered in primary and community care.
- Next steps for the strategy include prioritizing key patient populations, including MHSU population.


Deliverable	Status
Implementation of Ministry of Health Primary Care Strategy	On track

Results

Outputs	20/21 to date
# Primary Care Networks	39 in implementation 5 in planning 4 EOLs received
# Urgent Primary and Community Care Centres	19 operating by December 2020 11 planning for 2021 launch
# Community Health Centres	3 in implementation 2 in planning
# First Nations Primary Care Initiatives	Sites in each regional HA identified, in planning or development
# Nurse Practitioner Primary Care Clinics	3 operational 1 in planning

Outcomes
Specific outcome measures TBD. Proposed outcomes include: <ul style="list-style-type: none"> ▪ Improved access to team based primary care services ▪ Increased attachment and longitudinal care for patients ▪ Improved patient and provider satisfaction

PROVINCIAL CRISIS LINES

About: Enhancements to the provincial crisis line network to reduce duplication of services and provide emotional support, information, referral and crisis and suicide prevention/intervention services.	Lead: MOH Partner: MMHA
Stage: 	Funding Source: Federal MHSU; COVID

Progress Summary

- MOH provided one-time funding to enhance services over three years as part of the Pathway to Hope. As PHSA started the enhancement project, it became clear that governance, accountability and funding model were barriers to change and needed to be addressed first.
- A proposal to address these barriers through a new governance model and ongoing investment is under review by Leadership Council.

Addressing COVID-19

- Call volumes and demand increased following the emergence of the COVID-19 pandemic. MOH provided \$690,000 in one-time COVID-19 surge funding in July 2020.

Deliverable	Status
<i>2019/20 Deliverables completed include:</i>	
Implement American Association of Suicidology Accreditation Standards for all crisis line centres providing service on the Provincial Network Lines (1800SUICIDE and 310 Mental Health Support)	Complete
Review and update the Crisis Line Association of BC policies, procedures and protocols	Complete
Train and upskill existing crisis line centre staff	Complete
Plan for technology infrastructure improvements	Complete
<i>2020/21 deliverables for this report pending outcome of PHSA proposal to Leadership Council.</i>	

Results

Outputs and short-term outcomes to be determined pending outcome of PHSA proposal to Leadership Council. Could include:

- Call volumes
- Call response rates
- % unanswered calls

MENTAL HEALTH ACT FRAMEWORK AND STANDARDS

About: Development of quality improvement framework and standards to ensure compliance with legislation and improve quality and safety of care, particularly with respect to involuntary admissions under the Act.	Co-Leads: MOH/MMHA
Stage: 	Funding Source: Base funding

Progress Summary


- HAs completed *Mental Health Act* form completion audits for the period of October 1, 2019 to December 31, 2019 (Q3 2019/20).
- These audits were submitted to MOH, and on August 6, 2020, MMHA transmitted results to the Ombudsperson as part of government's response to the *Committed to Change* report.
- While some facilities demonstrated success with form completion, the 2019/20 Q3 results showed significant room for improvement. The 2019/20 Q4 audit results are in the process of being submitted to MOH.

Deliverable	Status
Quality Improvement Framework	Complete
Standards to improve care	Complete
HA audits	On track

Results

Audit results to be summarized at year-end.


PEER SUPPORT CO-ORDINATORS

About: Peer support co-ordinator/navigator positions to be established in each regional health authority.	Lead: MOH Partner: MMHA
Stage: 	Funding Source: Provincial

Progress Summary

- Planning is currently underway. Deliverables, outputs and outcomes to be defined.

PEER SUPPORT WORKER CURRICULUM AND STANDARDS OF PRACTICE

About: Partnership with BC Campus to develop, implement and evaluate a provincial peer support training curriculum and standards of practice.	Lead: MMHA Partner: MCFD/MOH/EDUC/PSSG/SDPR/AEST
Stage: 	Funding Source: Provincial

Progress Summary


- The Peer Support Curriculum Guide, the Standards of Practice and the Engagement Report have been completed, and teaching and learning resources are now being drafted.
- Throughout the project, more than 200 people with lived and living experience (PWLLE) have participated and been compensated for their work – through surveys, interviews, participation on expert working groups, and in review processes.
- COVID-19 and subsequent restrictions on in person meetings have slowed the review and engagement process, particularly with the community of practice of people with lived experience.
- It is anticipated that all materials will be ready for MMHA review in March/April 2021, with release and implementation planned for June 2021.

Deliverable	Status
Phase 1: completion of standards of practice and program guide	Complete
Phase 2: completion of educational resources for peer training to support online and in-person training	Delayed
Phase 3: evaluation and revisions to the educational resources through program delivery	On track

Results

Outputs and short-term outcomes to be developed.

EXPAND BOUNCEBACK

About: Expansion of existing BounceBack program, a free evidence based cognitive behaviour therapy program designed to assist service providers in providing supports to adults and youth 15+ to reduce depressive and anxious symptoms, offered by CMHA BC.	Lead: MOH
Stage: 	Funding Source: Federal MHSU; COVID

Progress Summary

- BounceBack offers 3 types of virtual supports: BounceBack Coaching, BounceBack Online and BounceBackVideo. Access to BounceBack Coaching has been improved by expanding the list of referees. BounceBack Online access has also been improved by adding a self referral option.
- Ongoing challenges include: that referral continues to be required for some who wish to access the program and that the virtual platform does not work for all people needing to access support for mild to moderate depression or anxiety.

Addressing COVID-19

- An expansion of 2,000 additional BounceBack sessions were funded on a one-time basis as part of the COVID-19 response.
- Enrolment in BounceBack in the first two quarters of the year was significantly higher than previous years' levels.

Results

Output	2019/20	2020/21 to date
# referrals – adult (age 25+)	4,600	3,386
# referrals – youth (age 19-24)	869	612
# referrals – youth (age 15-18)	339	174

Outcomes (reported annually)	2019/20
Average % decrease in depression symptoms	46%
Average % decrease in anxiety symptoms	50%
Participants who rate satisfaction with program as good or very good	96%
Participants who said that BounceBack helped make positive changes in their lives	88%

MENTAL HEALTH AND WELLNESS DISASTER RECOVERY GUIDE

About: Development of a guiding document for partners and agencies to use to plan, develop, co-ordinate and operationalize mental health and wellness disaster recovery supports and services in the event of an emergency.	Lead: MOH
Status: Complete	Funding Source: Base funding

- The *Mental Health and Wellness Disaster Recovery Guide* was completed in July 2019.

WORKPLACE MENTAL HEALTH

About: Targeted initiatives to support mental health in the workplace, focusing currently on support for sectors impacted by the COVID-19 pandemic.	Lead: MMHA Partner: Labour/CMHA/WorkSafe/SafeCare
Stage: 	Funding Source: Base funding; COVID; economic recovery fund

Progress Summary

- In response to the COVID-19 pandemic, Workplace Mental Health initiatives under the Pathway to Hope accelerated to focus on activity to support the province's response and recovery efforts.

Addressing COVID-19

- New, dedicated resources were put in place in response to the impacts of COVID-19 on the long-term care and continuing care sector, including:
 - Care for Caregivers – digital platform with tailored content and webinars for workers in this sector.
 - Care to Speak – a peer phone and text service to support workers and direct them to additional services.
 - Mobile Response Team Expansion – the team began offering psychological services to people in the long-term care sector.
- Funding approved in September 2020 for workplace mental health initiatives to accompany the provincial economic restart plan in response to the pandemic
 - Virtual supports - Digital hub
 - BC training program

Deliverable	Status
Establish tiered psychological health and safety response for workers in long-term and continuing care sector	Complete Care for Caregivers launched May 2020 Care to Speak launched June 2020 Mobile Response Team Expansion launched April 2020
Develop made in BC training program for workplace psychological health and safety	On track Grant issued to CMHA-BC and planning underway
Build digital hub for workplace mental health with sector specific content	On track Grant issued to CMHA-BC and planning underway for highly impacted sectors

Results

Output		Q1 20/21	Q2 20/21
Care for Caregivers	# pageviews	14,879	8,153
	# webinar registrants	401	281
	#webinars delivered	15	8
Care to Speak	# peer recruits	9	9
	# interactions	2	25
Mobile Response Team	# individual contacts made	783	1111
	# workshops/webinars delivered	20	13
	# agencies contacted	265	392
Outputs for training program and digital hub to be report once these programs are operational.			

DIGITAL FRONT DOOR

About: Creation of a new web platform to remove barriers and improve navigation to existing online government resources for MHSU. Website: Wellbeing.gov.bc.ca.	Lead: MMHA Partner: GCPE/MOH
Stage: 	Funding Source: Provincial

Progress Summary

Addressing COVID-19

- Implementation plans shifted in response to COVID-19, with target dates and project schedule/approach needing to be adjusted.
- An interim webpage for MHSU virtual supports was published (April 2020) followed by the first iteration of wellbeing.gov.bc.ca (July 2020).
- Updated website to be launched in 2021.

Deliverable	Status
Digital Front Door launched	On track

Results

Outputs		
Outputs to be reported include: <ul style="list-style-type: none"> ▪ # monthly average sessions 		
Outcomes		
Short-term outcomes to be reported include: <ul style="list-style-type: none"> ▪ % of people reporting they can find information they need ▪ % of people can find information faster ▪ % who find the site useful and would recommend to others ▪ % who can access the information 		



Ministry of
Mental Health
and Addictions

A Pathway to Hope: Internal Monitoring Report

Update on the priority actions as
of September 30, 2021

Prepared by the Ministry of Mental Health and Addictions with
reporting and input from the Ministries of Health, Children &
Family Development, Education, and Advanced Education, Skills &
Training.

December 2021

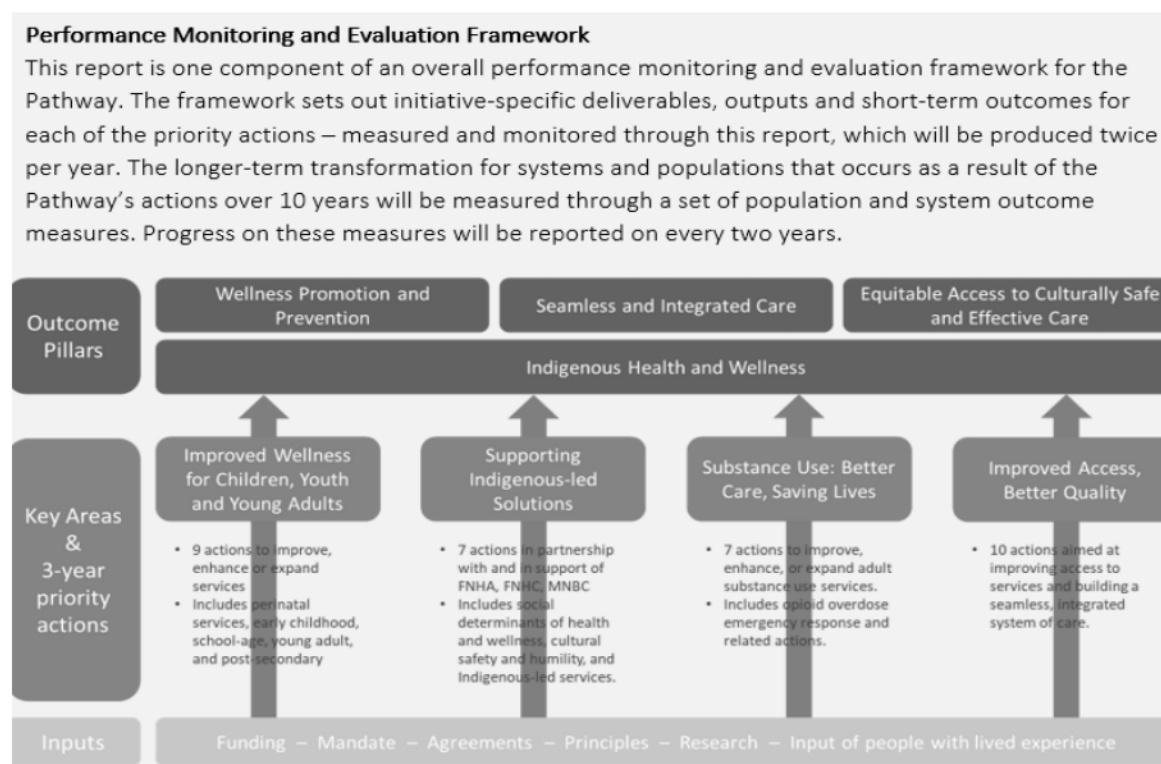
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About This Report

A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia was released in June 2019. The Pathway establishes a vision for significant change over 10 years, beginning with an initial three-year roadmap consisting of priority actions in four key areas: Improved Wellness for Children, Youth and Young Adults; Supporting Indigenous-led Solutions; Substance Use: Better Care, Saving Lives; and Improved Access, Better Quality.

This report assesses and monitors progress on each of the priority actions, through reporting submitted by partner ministries and service providers. By reporting on the status of major deliverables as well as measurable outputs and short-term outcomes where available, this report provides a high-level overview of where MMHA and its partners are on implementing new services and initiatives, as well as early results from the improvements we've already put in place.



This is a summary-level report, intended to facilitate oversight across the strategy. The amount and detail of information provided for each initiative varies based on the stage of implementation, timeline for availability of data, or significance in the overall strategy. More detailed information is available from project leads. For some initiatives, more detailed data than what is included here is collected (e.g. disaggregated for gender, ethnicity, region, and other factors).

3-year priority actions: Status

The following table provides a snapshot on the progress of each initiative. Stages are defined as:

Plan	Plans are being developed and deliverables identified. Implementation has not yet started.
Implement	Progress is underway on the deliverables.
Monitor	Implementation of one or more deliverables is complete; outputs and/or short-term outcomes are being monitored and reported on.
Review	The program has been fully implemented and monitored, and further evaluation is underway.
Complete or Externally Monitored	Initiative will not be reported on in this update because it is complete and no monitoring is required, or because detailed reporting is available elsewhere.
<i>An initiative with multiple components may be in more than one stage – for example, where some deliverables are being implemented and others are operational and being monitored.</i>	

Improved Wellness for Children, Youth and Young Adults			
Early Childhood Social Emotional Development			
Enhancements to Early Childhood Intervention Services			
Step Up/Step Down			
Integrated Child and Youth Teams			
Provincial Perinatal Substance Use Project			
Foundry			
Mental Health in Schools Strategy			Detailed reporting available via Ministry of Education
Expand Confident Parents: Thriving Kids			
Virtual Counselling for Post-Secondary Students			
Supporting Indigenous-led Solutions			
Tripartite Partnership to Improve Mental Health and Wellness			
10-Year Strategy on Social Determinants of Health and Wellness			
Cultural Safety and Humility			
First Nations-run Treatment Centres			
Métis Nation BC Enhanced Capacity			
Indigenous Land-Based Cultural and Healing Services			
First Nations-Led Primary Care			Reported on under the "Team Based Primary Care" initiative

Substance Use: Better Care, Saving Lives			
Substance Use System of Care Framework			
Ensuring Best Evidence Guides Care (BCCSU)	All stages – ongoing work		
Supportive Recovery Services			
Overdose Emergency Response			
Provincial Peer Network			
Prescriber Enhancements			
Substance Use Integrated Teams (SUITS)			
Improved Access, Better Quality			
Provincial Crisis Lines			
Team-based primary care			
Workplace Mental Health			
Digital Front Door			
Community Counselling Grants			
Peer Support Curriculum and Standards of Practice			
Expand BounceBack			
Mental Health Act Framework and Standards			Detailed reporting available via Ministry of Health
Mental Health and Wellness Disaster Recovery Guide			Initiative is complete

Improved wellness for children, youth and young adults

Progress to September 30, 2021

- Promote Early Childhood Social Emotional Development
- Enhancements to Early Intervention Services
- Step Up/Step Down
- Integrated Child and Youth Teams
- Provincial Perinatal Substance Use Project
- Foundry
- Expand Confident Parents: Thriving Kids
- Virtual Counselling for Post-Secondary Students

Early Childhood Social Emotional Development

About: A package of initiatives intended to support social and emotional development in the early years, through interventions and resources aimed at young children, families, communities and professionals.

Co-Lead: MMHA/MOH/MCFD

Stage:  Plan Implement Monitor Review

Deliverables	Status
MCFD	
Expand Training supports/resources to foster caregivers <ul style="list-style-type: none"> This was completed through a grant given to the BC Foster Parents Association (BCFPA) 	Complete
Engagement with BCFPA to determine type and delivery method of training resources for foster parents in BC <ul style="list-style-type: none"> Anticipated timeline for completion in 2021/2022 Resources identified and development underway 	On track
Design a website to host early years resources <ul style="list-style-type: none"> Development underway, included animated videos 	On track
MOH/MMHA	
Develop new component of Appetite to Play <ul style="list-style-type: none"> With Child Health BC, a new component of Appetite to Play that focuses on fostering social emotional development in early childhood settings is being developed 	On track
Expand the Childhood Experiences Questionnaire (CHEQ) <ul style="list-style-type: none"> With the Human Early Learning Partnership, the CHEQ is being expanded throughout the province to enhance our understanding of the experiences of children and families prior to school system entry and how they impact social and emotional development 	On track
<i>Additional deliverables under development</i>	
Outputs	
# foster caregivers trained and with access to materials and resources	Data collection will begin when resource development is complete
<i>Additional outputs are under development</i>	

Enhancements to Early Childhood Intervention Services

About: Early childhood intervention services are being enhanced through the addition of up to 21 FTEs in the 5 school districts selected for implementation of a suite of services to transform the system.

Lead: MCFD

Partner: MMHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
Develop implementation guide and rationale for enhanced full-time positions	Complete
Identify and engage with contracted agencies in first 2 sites	Complete
Identify and engage with contracted agencies in remaining 3 sites	Complete
Conduct evaluation of impact on enhancements <ul style="list-style-type: none">Identified method of evaluation across the sites to include a family survey (MPOC 20) as part of the local evaluation of impacts	On track

Outputs	21/22 to date
Total of 21 FTEs in place in 5 communities/school districts	Northwest: Hiring in progress for 3FTE Comox Valley: 3FTE hired Richmond: Hiring in progress for 3.5FTE Pitt Meadows: 1FTE hired and additional 1.25 FTEs in hiring process Osoyoos: Contract in place

Step Up/Step Down

About: Step up/step down services for children and youth who require intensive services for severe mental health and/or substance use conditions, to be implemented in the 5 school districts selected for a suite of services to transform the system. Services provide clinical care for effective, supportive and safe transitions across tiers of service, shortening or avoiding hospitalization.

Lead: MCFD

Partner: MOH/MMHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
Minister approval of high level description of model	Complete
Hiring SUSD clinicians in initial 2 ICY communities	Complete
Develop Clinical, Operational, Training Guide	Complete
Develop Evaluation Plan <ul style="list-style-type: none"> Logic model and evaluation plan developed. Data collection tools under development. 	On track
Develop implementation plans with regional partners <ul style="list-style-type: none"> Development of local SUSD operating models in partnership with health authorities is underway in all SDAs. 	On track
Begin implementation in initial ICY communities (Comox, Maple Ridge) <ul style="list-style-type: none"> FTE hired in Maple Ridge and serving children and youth. Hiring is in progress in Comox. 	On track
Begin implementation in next ICY communities (Osoyoos, Terrace, Richmond) <ul style="list-style-type: none"> Hiring is in progress in all communities 	On track

Outputs

Proposed to be tracked once services are being provided:

- # and source of new children/youth in SUSD
- Average duration of wait for first SUSD service
- # of children/youth on waitlist for first SUSD service
- # children/youth served by SUSD (Indigenous, male, female)
- # of sessions per child/youth per month for closed files
- # of children/youth transitioning out of SUSD services
- Average length of service provided for closed files
- Readmission rates
- # of children/youth served per SUSD practitioner

Outcomes

Proposed to be tracked once services are being provided:

- Improved family stability, functioning, and wellness
- Pre/post data for symptom or functional improvement
- Reduction in hospital admissions for MHSU issues for youth relative to years past
- Reduction in average length of hospital stays for MHSU issues for youth receiving services relative to years

Integrated Child and Youth Teams

About: The establishment of integrated child and youth teams in 5 school districts to provide wraparound services to children and youth aged 0-18 with MHSU challenges, and connect them to other services and supports as needed.

Lead: MMHA

Partner: MCFD/EDUC/MOH

Stage:  Plan Implement Monitor Review

Deliverables	Status
New FTEs in place in 5 school districts	On track
First two districts – Maple Ridge and Comox – team in place and serving youth <ul style="list-style-type: none">• ICY Youth Concurrent Disorder clinicians have started and are working with young people living in Ridge Meadows.• Service delivery in Comox Valley has been impacted by delays in hiring and forming teams. Planning work is underway for additional new hires.	Delayed
Selection of three additional districts	Complete
Additional three districts – Richmond, Coast Mountains, Okanagan-Similkameen – teams in place and serving youth	Delayed
Developmental evaluation on implementation <ul style="list-style-type: none">• Procurement is being engaged to identify and pursue appropriate procurement processes.	On track

Output and outcome measures are currently being finalized and will be reported on in future periods.

Provincial Perinatal Substance Use Project

About: Intended to advance provincial capacity and services for pregnant and early parenting individuals with substance use challenges and their infants. The goal of the project is to establish a blueprint for a perinatal substance use continuum of care that will initiate and expand services from community to acute care and back to community across BC.

Lead: MOH (PHSA/BC Women's Hospital)

Partner: MMHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
Families in Recovery (FIR) Square Model of Care renewal	Complete
Provincial knowledge exchange and education plan	Complete
Approved blueprint for perinatal substance use continuum of care <ul style="list-style-type: none"> The blueprint is being finalized following comprehensive stakeholder review, with an anticipated release in November 2021. 	Delayed
Launch of approved Provincial Training – SafeCare; Perinatal Substance Use Eat Sleep Console, Acute Care Social Work Training	Complete
Housing model design led by Women with Lived and Living Experience <ul style="list-style-type: none"> A consulting team has been identified and the scope of model/work developed 	On track
Elders Visioning Toolkit for Perinatal Substance Use <ul style="list-style-type: none"> Final reviews of the draft Elders Visioning Toolkit are being completed by 10 Elders across the province, with an anticipated release in November 2021. The Elders Provincial Indigenous Circle (EPIC) was launched 	On track
Ongoing direct service provision to increase access to community services for mother-baby dyads	On track

Outputs	19/20 Total	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	20/21 Total	Q1 21/22	Q2 21/22
Additional mother/baby dyads served	511	131	162	156	229	679 (Annual target = 297)	192	407
Number of health care professionals trained in perinatal substance use related principled practices	1,016	766	973	1188	2349	5276 (Annual target = 400)	1010	1019

Foundry

About: The 3-year Roadmap committed to expanding Foundry centres to 19 centres across the province, as well as strengthening partnerships with Indigenous communities to build capacity to deliver culturally appropriate, safe and humble services.

Co-Lead: MMHA/MOH

Partner: MCFD

Stage:



Deliverables	Status
Expression of Interest for expansion	Complete
Lead agency and community selected for new centres	Complete
Cultural safety and humility standard developed and implemented	On track
MITACS evaluation completed	Complete
Foundry Virtual launched	Complete

Outputs	2019/20	2020/21	Q1 2021/22	Q2 2021/22
Number of total visits to Foundry services	40,974	51,907	17,857	14,837
▪ Via Foundry Virtual	▪ n/a	▪ 3915	▪ 1885	▪ 1504
Number of unique youth accessing services	10,868	12,274	6,225	5,823
▪ Via Foundry Virtual	▪ n/a	▪ 1,419	▪ 711	▪ 712
▪ New clients	▪ 7,754	▪ 7,800	▪ 2,169	▪ 1,868

Additional outputs are available via Foundry reporting. Additional outputs and outcomes will be reported on at the fiscal year.

Expand Confident Parents: Thriving Kids

About: Family-focused, phone-based coaching services. The existing Behaviour Program aims to reduce mild to moderate behavioural problems in children ages 3 to 12. The new Anxiety Program (expansion) is a phone-based coaching service for families whose children are experiencing mild to moderate anxiety symptoms.

Lead: MCFD (services provided by CMHA-BC)

Partner: MMHA

Stage:



Deliverables: Anxiety Program	Status
Approved Indigenous Modules	Complete
• Graphics are finalized and review of all videos is underway	
Establish Parent Advisory process	On track
• Focus groups will occur in the evaluation	
Prepare for independent evaluation	On track

- The RFP process has been completed, evaluators have been selected, and the first planning meeting has occurred.

Outputs: Anxiety Program	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
# of parents/caregivers who been delivered modules (annual target = 1300)	1205 over the fiscal year (Q1-Q4)				728 over Q1-Q2	
# referrals	555	502	758	915	966	575
# parents/caregivers on the waitlist for 1 st intake (waiting for contact from program)	<10	<10	300	165	270	107
Average length of time on waitlist for 1 st intake (days)	<10	<10	24	21	14	20
# parents/caregivers who completed the BCFPI screening intake	401	331	359	486	605	438
# coaching sessions	1,880	1,860	1709	2120	2306	1912
# families commencing service	289	271	262	369	372	297
# families completing service	200	261	221	125	306	95
Communities served	91	101	84	880	124	64

Deliverables: Behavioural Intervention Program	Status
Deliver capacity-building training to other organizations	On track
Redevelop Parent Advisory Committee <ul style="list-style-type: none"> • The existing committee has been redeveloped into a series of parent focus group to support future program development. 	Complete
Complete independent evaluation <ul style="list-style-type: none"> • A Privacy Impact Assessment was completed in Q1, with recommendations currently being implemented. Initial discussions regarding Independent Evaluation have begun, including development of logic model in Q2. This has been slowed due to the loss of Program Manager. 	On track

Outputs	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
# of parents/caregivers who been delivered modules (annual target = 1300)	1338 over the fiscal year (Q1-Q4)				688 over Q1-Q2	

# referrals	466	448	663	685	716	622*
*Note: September referrals are still being processed						
# parents/caregivers on the waitlist	232	279	343	297	255	143
Average length of time on waitlist (weeks)	- First intake	4	3.7	4.5	10	8
	- Coach assignment	9	10	7	9	4.5
# families that received at least 1 session	507	617	575	636	595	625
# Indigenous families that received at least 1 session	12	33	19	30	26	22

Outcomes for both the Anxiety & Behavioral Interventions programs are annual and will be reported on at the end of Q4.

Virtual Counselling for Post-Secondary Students

About: Here2Talk provides all BC post-secondary students access to free, confidential counselling and community referral services, available 24/7 via app, phone and web.

Lead: AEST (services delivered by Morneau Shepell)

Partner: MMHA/MOH

Stage:  Plan Implement Monitor Review

Output	Q1 20/21	Q2 20/21	Q3 20/21	Q4/2021	Total 20/21	Q1 21/22	Q2 21/22
Total app registrations	1,680	737	859	844	4,120	536	671
Total clinical cases	1,142	1,258	1,642	1,689	5,731	1,287	1,110

- The highest number of clinical cases were for Personal/Emotional issues (77.9%), followed by Relationship-related issues (11.9%).
- Gender breakdown has remained fairly consistent quarter over quarter, with those identifying as female comprising the highest contingent of cases with approximately 74%, followed by Males (approx. 19%) and Non-Binary (1.2%).
- Calls by those on the Mainland/Southwest were at their highest levels since program inception in Q2 of this year, with 72.1% of total student calls.
- Q1 had the highest percentage of International Students since program inception, with almost 27% of total student calls.

- 66% of clinical cases are among youth aged 18-24, followed 31% of cases among students over 25.

Outcomes	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
Average wait time (in seconds) to speak to service agent by online chat	50.66s	63.33s	77.33s	66.33s	64.75s	52.54s
% of total callers where students leave the session before speaking to a service agent	4.26	2.96	2.94	2.97	2.9	6.6
% of survey respondents who agree or strongly agree...						
"I am satisfied with this service"	70%	76%	76%	85%	70%	71%
"I would recommend this service to a friend or fellow student"	63%	69%	76%	85%	73%	59%
"This service provided me with tools and support that improved my situation"	64%	76%	71%	85%	73%	71%

Priority initiatives not included in this report

Mental Health in Schools Strategy

- This strategy was launched by Ministry of Education in September 2020

Supporting Indigenous-led Solutions

Progress to September 2, 2021

- Tripartite Partnership to Improve Mental Health and Wellness Services
- 10-year Strategy on Social Determinants of Health and Wellness
- Cultural Safety and Humility
- First Nations-Run Treatment Centres
- Métis Nation BC Enhanced Capacity
- Indigenous Land-Based Cultural and Healing Services
- First Nations-Led Primary Care

Tripartite Partnership to Improve Mental Health & Wellness

About: The Memorandum of Understanding (MOU) between the FNHC, FNHA, the Province and the Government of Canada establishes a new and more flexible funding approach that pools federal and provincial funding and provides more autonomy to First Nations in the allocation of resources for mental health and wellness services.

Lead: MMHA

Partner: MOH/MCFD/MIRR/FNHA/ FNHC/ ISC

Stage:  Plan Implement Monitor Review

Deliverables	Status
Support First Nations to plan, design and deliver a full continuum of care <ul style="list-style-type: none"> Statements of readiness continue to be received from First Nations communities and circulate to MOU partners for input. \$20.7 million of the \$30 million have been allocated to 41 new First Nations-led mental health and wellness initiatives. There are a total of 168 communities participating in the process. 	On track
Promote collaboration among communities through a Nation-based approach <ul style="list-style-type: none"> The Mental Health and Wellness Table Co-Chairs have been approving requests for funding based on recommendations from the Tripartite MOU Working Group. 	On track
Promote partnerships that facilitate cross-agency collaboration	On track

Output	As of Q4 20/21	As of Q2 21/22
First Nations communities participating in the MOU process	159	170
Funding Allocated to 42 new First Nations-led mental health and wellness initiatives	\$20.5 million (out of \$30 million)	\$21.25 million (out of \$30 million)

10-year Strategy on Social Determinants of Health and Wellness

About: Experiences implementing the MOU are intended to inform the development of a ten-year strategy and corresponding funding commitment to address the social determinants of health and wellness for First Nations in BC.

Lead: MMHA/MOH/FNHA/FNHC/ISC

Partner: Social Sector Ministries/FNHC/FNHA/ISC

Stage:

Plan

Implement

Monitor

Review

Deliverables	Status
Development of a ten-year strategy in consultation and cooperation with BC First Nations. <ul style="list-style-type: none">Experiences implementing the MOU are being used to inform the development of a ten-year strategy to address the social determinants of health and wellness for First Nations in BC.The First Nations Health Council (FNHC) recently launched a province-wide engagement process to build consensus on a long-term strategy to address the social determinants of health.FNHA and MMHA are having discussions on the future direction of the MOU funding in order to ensure sustainable investment beyond March 2022.	Delayed
Implementation of pilot projects that demonstrate an enhanced service delivery model for mental health and wellness <ul style="list-style-type: none">Work with the Ktunaxa Nation as a demonstration site to provide the basis to evaluate the efficacy and opportunity presented by a flexible funding model through the MOU is ongoing but has faced delays due to a State of Emergency declared by the Nation.	Delayed
Undertake a joint financial analysis to inform federal and provincial budget planning <ul style="list-style-type: none">In order to explore changes to the provincial funding approach to allow for greater integration and streamlining of mental health and wellness investments, including associated reporting and evaluation requirements, a joint financial analysis is currently in progress and is expected to be completed in 2021.	Delayed
Establish a mental health and wellness reporting framework. <ul style="list-style-type: none">This deliverable is on track, but on hold due to current emergencies.On June 3, 2021, the FNHA and the Provincial Health Officer jointly released a report on the First Nations Population Health and Wellness Agenda. This report uses a strengths-based approach to focus on wellness and resilience, bringing together both Indigenous and Western ways of knowing. This report reinforces the need for cross-sectoral action to address the social, economic, and political factors that influence health and wellness outcomes for First Nations people.It is anticipated that the Population Health and Wellness Agenda will be supplemented by a new Mental Health and Wellness Reporting Framework that has been developed by the FNHC.	On track

Cultural Safety and Humility

About: MMHA is working with FNHA, MOH and key partners to advance a common agenda and strategy for embedding cultural safety and humility as an accountability and core attribute in all provincial work.

Lead: MOH

Partner: MMHA/FNHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
Change Leadership Strategy for Indigenous Cultural Safety and Humility	On track
Embedding of cultural safety and humility in all provincial initiatives	On track
<ul style="list-style-type: none"> In April 2021, the FNHA, First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) published an Anti-Racism, Cultural Safety and Humility Framework and Action Plan. As described in the 2021/2022 Letter of Understanding between the MMHA and FNHA, a pilot project on structural stigma is underway to advance targeted actions aimed at improving the experience of First Nations clients accessing mental health and substance use services. FNHA is leading project development. FNHA provides feedback on A Pathway to Hope initiatives through the CYYA Provincial Lead Committee, the Step Up Step Down Working Group and Integrated Child and Youth Training Modules Working Group. FNHA is working with MMHA and regional Health Authorities on the creation of treatment centre beds, which are prioritized for Indigenous youth. FNHA has been providing support to MMHA in the development of an Indigenous Advisory Council to inform work on the youth substance use and wellness system of care. FNHA is attending working group meetings with MMHA on complex care housing in order to develop complex care housing that is inclusive and responsive to the First Nations population and improves access to culturally safe care and traditional healing modalities. 	

Outcomes
Short-term outcome measures to be determined.
<ul style="list-style-type: none"> A key priority for health system partners is developing a system-wide measurement framework that will allow partners to assess patient experiences, access to care, appropriateness of care, and health and wellness outcomes.

- It is anticipated that the results and subsequent analysis of the MHSU Patient Reported Experience Surveys will provide a baseline to inform targeted action to address cultural safety concerns in specific settings where mental health and substance use services are delivered.

First Nations-Run Treatment Centres

About: MOH and MMHA made a one-time capital contribution to support FNHA with the replacement of six existing treatment facilities and the construction of two new facilities.

Lead: FNHA

Partner: MMHA/MOH

Stage:  Plan Implement Monitor Review

Deliverables	Status
Replacement of six existing treatment facilities <ul style="list-style-type: none"> Funding for 5 of the 6 existing treatment centre projects has been approved, with 3 centres seeking additional funds for capital funding and expanded wrap-around services. 	Delayed
Construction of two new treatment facilities <ul style="list-style-type: none"> The two new centres are in the early planning phase with preliminary discussions occurring with First Nations leadership and partners. 	Delayed

Outputs	As of Q2 21/22
Completed facilities	0
Facilities in Pre-Planning Stage	2: New Build (Vancouver Coastal), New Build (Fraser Salish)
Facilities in Building Design Phase	2: Tsow-Tun-Le-Lum Healing Centre (Vancouver Island), 7 Nations Soaring Eagles (Ktunaxa Nation, Interior)
Facilities in Pre-Construction Stage	0
Feasibility Assessment or Feasibility Assessment Complete	4: Telmex Awtxew Treatment Centre (Fraser), Carrier Sekani Family Services (Northern), North Wind Wellness Centre (Northern), Namgis Treatment Centre (Vancouver Island)
Facilities in Construction Stage	0

Métis Nation BC Enhanced Capacity

About: Support for MNBC to build capacity to partner with MMHA in priority setting and planning and for Métis-led initiatives related to mental health and substance use and Métis cultural wellness.

Lead: MNBC

Partner: MMHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
s.16	On track

On track

Outcomes will be reported through the Métis Public Health Surveillance Program, which will:

- Support Métis peoples governance over their health data,
- Increase Métis peoples ownership and control over their health and wellness stories,
- Support Métis peoples right to use their data and research to inform the design and delivery of culturally safe, Métis-specific health and wellness services, and
- Provide a mechanism to report on Métis population outcomes on an ongoing basis, including mental health and wellness outcomes.

Indigenous Land-Based Cultural and Healing Services

About: FNHA provides funding for First Nations in each of the 5 regions to design and implement new land-based healing initiatives that operate at community, sub-regional and regional levels.

Lead: FNHA

Partner: MMHA/MOH

Stage:

Plan

Implement

Monitor

Review

Deliverables	Status
Provision of funding for land-based cultural and healing services in all 5 regions <ul style="list-style-type: none"> • FNHA designed a regional allocation approach for this funding and First Nations in each of the 5 regions can access funding to design and implement new land-based healing initiatives that operate at community, sub-regional and regional levels. The aim is 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. As of June 2021, there are a total of 147 sites delivering land-based services. • FNHA also recently released a new Harm Reduction Policy, which includes increasing access to cultural activities as one of five key priority actions. 	Complete

Outputs	As of Q1 21/22
Total Number of Initiatives	147
Fraser Salish	5

Vancouver Coastal	11
Northern	51
Vancouver Island	15
Interior	65

First Nations-Led Primary Care

Progress on this action is being reported under Team Based Primary Care in the Improved Access, Better Quality section of this report.

Substance Use: Better Care, Saving Lives

Progress to September 30, 2021

- Substance Use System of Care Framework
- Ensuring Best Evidence Guides Care (BCCSU)
- Supportive Recovery Services
- Overdose Emergency Response
- Provincial Peer Network
- Prescriber Enhancements (Increase access to evidence based care)
- Substance Use Integrated Teams (SUITS)

Substance Use System of Care Framework

About: Building off work already underway to strengthen the adult substance use system of care, the framework will define and describe core components of an evidence-based system of care.

Lead: MMHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
Phase 1: Foundational Analysis <ul style="list-style-type: none">In Q1 and Q2 of 2021/22, the Framework project team completed extensive engagement with over 300 individuals to gather extensive feedback on the gaps in the current substance use system of care and to identify opportunities to build a more integrated, coordinated, and culturally appropriate system.	Complete
Phase 2: Framework Development and Options Analysis (framework components; core services; options papers) <ul style="list-style-type: none">MMHA staff worked with key partners to develop a Core Services Model that articulates the key elements of a functioning system of care that should be available to everyone who needs them.	On track
Phase 3: Substance Use Framework Report <ul style="list-style-type: none">MMHA staff are now undertaking an extensive analysis of all the data gathered through engagement to determine key themes and options, which will be presented in the final Framework.	On track

Ensuring Best Evidence Guides care (BCCSU)

About: The purpose of this priority action is to address the lack of standards and best practices in the clinical care of substance use disorders by working with the BCCSU to develop and implement evidence-based guidelines. Ensuring best evidence guides care is an overarching goal, rather than a distinct initiative. Activities shift as new evidence and priorities emerge.

Co-Lead: MMHA/MOH

Stage: *there are components of the BCCSU workplan in all stages*



Deliverables	Status
Guidelines released in the reporting period: <ul style="list-style-type: none"> - In July 2021, BCCSU released Urine Drug Testing in Patients Prescribed Opioid Agonist Treatment--a review of indications for UDT, how and when to order and interpret UDT, and recommended approaches for managing unexpected results. This breakout resource expands upon and replaces UDT guidance included in BC's 2017 OUD Guideline. 	Complete
Clinical education programming <ul style="list-style-type: none"> - Nurse prescribing: BCCSU continues the development of a decision support tool and new educational pathways for RNs and RPNs wishing to prescribe OAT. Curriculum will continue to evolve in alignment with further scope of practice expansion for nurses. A new Substance Use and Addictions Nursing Certificate is now available, offered in on-line format. 	On track

Outputs	Q1-Q2 20/21	Q3 – Q4 20/21	Q1-Q2 21/22
# people with full completion of Provincial Opioid Addiction Treatment Support Program (POATS-P)	FHA: 205 VIHA: 105 VCH: 185 IHA: 130 NHA: 88	FHA: 167 VIHA: 241 VCH: 206 IHA: 201 NHA: 131	FHA: 38 VIHA: 58 VCH: 105 IHA: 51 NHA: 35
# people who have completed Addictions Care and Treatment Online Certificate (ACTOC) or Substance Use and Addictions Nursing Certificate	FHA: 367 VIHA: 399 VCH: 423 IHA: 355 NHA: 250	FHA: 339 VIHA: 380 VCH: 317 IHA: 424 NHA: 157	FHA: 50 VIHA: 44 VCH: 105 IHA: 58 NHA: 42
# attendees in guideline seminar series	2742	Seminar series paused in Q3-4 due to COVID-19	94

Outcomes in future reporting periods will measure improved prescriber density, % of people receiving SUD guideline standard of care, outcomes of the ECHO network, and outcomes of post-training evaluations.

Supportive Recovery Services

About: Strengthening the quality, consistency and oversight of supportive recovery services, including through new regulations for supportive recovery assisted living residences, training and minimum qualifications of people who operate and work in supportive recovery residences.

Co-Lead: MMHA/MOH

Stage:  Plan > Implement > Monitor > Review

Deliverables	Status as of 2020/21
Supportive Recovery Regulations implemented	Complete
Resources for Operators (new website, updated handbook, training grants)	Complete
Operationalization of new/enhanced oversight role via HLTH ALR	Delayed
Final standards complete <ul style="list-style-type: none"> Standards have been approved for dissemination and were made publicly available as of September 1, 2021 	Complete
Standards implementation plan complete <ul style="list-style-type: none"> Introductory webinars have been completed. Development of a training module for standards is on track with completion expected fall 2022. 	On Track

Outputs		2019/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
# FTE Investigators providing oversight across BC	FHA	1	2	2	2.5	2.5	3	3
	VIHA	1	1	1	1.5	1.5	2	1
	VCH	1	0.5	0.5	1	1	1	1
	NHA	1	0.5	0.5	1	1	1	0.5
	IHA	1	1	1	2	2	2	2
Future outputs for reporting: Training output for standards								

Outcomes	2019/20	2020/21	2021/22
# registered residences accessing training grants	31	48	48
Future outcomes for reporting: % of registered assisted living supportive recovery residences that receive a routine inspection			

Note: routine = monitoring inspection that is not triggered by a complaint or health and safety concern. The future vision is to conduct regular inspections at intervals specific to each organization based on a risk rating (e.g. every 2 years where no risk identified). However, as a result of COVID-19 urgent priorities within the seniors sector, site inspections for supportive recovery services have focused on immediate health and safety concern and/or a complaint, inspection of unregistered residences and monitoring for compliance as directed.

Overdose Emergency Response

About: Continued escalation of the response to the overdose emergency, including the OERC's work to ensure communities have access to interventions, including harm reduction, expanding access to safe medication alternatives, and reducing stigma.

Lead: MMHA

Partners: MOH/HAS

Stage:  Plan Implement Monitor Review

Comprehensive progress updates on the Overdose Public Health Emergency are published regularly on the website of the Provincial Health Officer. Overdose Response Indicators reporting is available on the BCCDC website.

Deliverables	Status
Prescribed Safer Supply: Develop and Implement Provincial Policy Guidance to Support pharmaceutical alternatives to toxic drug supply	Complete
Prescribed Safer Supply: Evaluation of Prescribed Safer Supply	Delayed
Ethics: Conduct a public health ethics review of pharmaceutical alternatives	Complete
Stigma: Stigma Reduction activities by Community Action Teams	On track
Stigma: CIF grants provided for substance use stigma in health care settings	On track
Peer Coordinators:	On track

Output	2019/20	2020/21	Q1-Q2 2021/22
Stigma			
# projects funded on CIF grants to address substance use related stigma in health systems (projects in HAs, NGOs)	15	13	10
CIF \$ spent on projects that address stigma in health systems (funding to HAs, NGOs)	\$3,686,229	\$5, 251, 291	\$2,477,745
Naloxone			
# new BC Take-Home Naloxone sites	223	127	59
# Take-Home Naloxone kits shipped to sites (all of BC)	230,987	294,041	203,617
# Facility Overdose Response Box sites (all of BC)	620	666	1,356
▪ # new sites	▪ 47	▪ 46	▪ 21
Overdose Prevention Sites/Supervised Consumption Sites			
# visits to OPS and SCS	829,209	543,762	323,888

# overdoses survived at OPS and SCS	4,465	2,617	2,238
Opioid Agonist Therapy			
# clients dispensed OAT (all OAT)	32,261	33,344	30,260
▪ # clients dispensed TiOAT	▪ 125	▪ 480	▪ 218
▪ # clients dispensed iOAT	▪ 473	▪ 435	▪ 278
# NEW clients dispensed OAT (all OAT)	4,574	4,550	2,121
▪ # NEW clients dispensed TiOAT	▪ 89	▪ 392	▪ 49
▪ # NEW clients dispensed iOAT	▪ 197	▪ 144	▪ 56
# OAT prescribers (all OAT)	3,536	4,050	3,277
▪ # TiOAT prescribers	▪ 18	▪ 79	▪ 57
▪ # iOAT prescribers	▪ 45	▪ 50	▪ 39
# NEW OAT prescribers (all OAT)	1,077	1,072	536
▪ # NEW TiOAT prescribers	▪ 13	▪ 62	▪ 12
▪ # NEW iOAT prescribers	▪ 14	▪ 10	▪ 5
# Emergency Departments enrolled in LOUD project		24	Data not available
HAs offering TiOAT (3)	#sites	#sites	Data not available
FHA	1	FHA	1
VCH	1	VCH	2
IHA	1	IHA	1
		NHA	1
HAs offering iOAT (4)	#sites	#sites	Data not available
FHA	2	FHA	2
VIHA	1	VIHA	1
VCH	5	VCH	6
IHA	1	IHA	1
		NHA	1

Outcomes

Data for short-term outcomes not yet available. Reporting to include:

- % of people with Opioid Use Disorder retained on OAT for over 12 months
- Overdoses in people on TiOAT and iOAT
- Deaths averted due to THN program, OPS, SCS, OAT

Provincial Peer Network

About: Implementation of a provincial peer network structure to increase capacity and strengthen collaboration and information sharing between peer-led organizations.

Lead: MMHA



Output	Q1/Q2 2021/22
# peer groups/projects funded in each HA through the provincial peer network	Status: on track. Data not yet available

Prescriber Enhancements

About: Increasing rapid access to addictions medicine through enhancements to prescriber services including increasing the number of sessions with prescribers and increasing training opportunities in addictions medicine.

Lead: MMHA

Partners: MOH/BCCSU/HAs



Output		2019/20	2020/21	2021/2022
Number of new provider sessions	FHA	11	820	Status – On Track. Data will be reported at the end of the fiscal year.
	VIHA	441	411	
	VCH	295	183	
	NHA	No data recorded	No data recorded	
	IHA	0	232	
Number of new provider FTEs as a result of funding	FHA	2	N/A	Status – On Track. Data will be reported at the end of the fiscal year.
	VIHA	No data recorded	N/A	
	VCH	No data recorded	0.3 and deployed 0.4	
	NHA	0.6	0.6	
	IHA	0	0.4	
Number of new people trained on addictions medicine	FHA	105	No data recorded	Status – On Track. Data will be reported at the end of the fiscal year.
	VIHA	83	No data recorded	
	VCH	169	183	
	NHA	4	4	
	IHA	32	15	
	PHSA	29	No data recorded	

Outcomes		2019/20	Q1-Q2 2020/21	Q3-Q4 2020/21	Q1-Q2 2021/22
Number of people on medications: Naltrexone	FHA	2,979	4,593	5,010	5,449
	VIHA	2,157	3,745	4,396	4,904
	VCH	2,633	4,021	4,447	4,908
	NHA	609	945	1,171	1,307

	IHA	2,124	3,300	3,612	3,880
Number of people on medications:	FHA	5	186	794	1,160
Acamprosate	VIHA	3	150	730	1,017
	VCH	6	133	519	671
*there was a drug shortage for acamprosate from Jan 2019 to July 2020, reflected in low prescription rates for 2019/20	NHA	2	25	98	136
	IHA			528	625
		4	112		
<i>Number of people on OAT reported in the Overdose Response section</i>					

Substance Use Integrated Teams (SUITS)

About: Teams are being implemented to ensure that adults who use substances have access to the health care system and stay connected to a range of care options tailored to their needs. HAs are implementing seven new and nine expanded teams tailored to the needs in each community. The teams have a range of professionals, including nurses, counsellors, social workers, and peers.

Lead: MMHA

Partners: MOH/ /HAs

Stage:



Deliverables	Status
Approved Service Delivery Framework	Complete
Approved Community Selection for Teams	Complete
Implementation of SUITS <ul style="list-style-type: none"> All SUITS have been fully implemented and are operational as of November, 2021 	Complete

Output and outcome data will be reported at the end of the fiscal year.

Improved Access, Better Quality

Progress to September 30, 2021

- Provincial Crisis Lines
- Team-Based Primary Care
- Workplace Mental Health
- Digital Front Door
- Community Counselling Grants
- Peer Support Worker Curriculum and Standards of Practice
- Expand BounceBack

Provincial Crisis Lines

About: Enhancements to the provincial crisis line network to reduce duplication of services and provide emotional support, information, referral and crisis and suicide prevention/intervention services.

Lead: MOH

Partner: MMHA

Stage: 

Deliverables	Status
<i>2019/20 Deliverables completed include:</i>	
Implement American Association of Suicidology Accreditation Standards for all crisis line centres providing service on the Provincial Network Lines (1800SUICIDE and 310 Mental Health Support)	Complete
Review and update the Crisis Line Association of BC policies, procedures and protocols	Complete
Train and upskill existing crisis line centre staff	Complete
Plan for technology infrastructure improvements	Complete
<i>Further deliverables will be developed for future reporting years.</i>	

Outputs and Outcomes are in development.

Team-Based Primary Care

About: Component of MOH's Primary Care Strategy, aimed at creating an integrated system of full service community-based primary and community care; MMHA to work with MOH to ensure the strategy addresses MHSU needs.

Lead: MOH

Partner: MMHA

Stage: 

Deliverables	Status
Implementation of Ministry of Health Primary Care Strategy	On track

Outputs and Outcomes are annual and will be reported on at the end of the fiscal year.

Workplace Mental Health

About: Targeted initiatives to support mental health in the workplace, focusing currently on support for sectors impacted by the COVID-19 pandemic.

Lead: MMHA

Partner: Labour/CMHA/WorkSafe/SafeCare

Stage:  Plan Implement Monitor Review

Deliverables	Status
Establish tiered psychological health and safety response for workers in long-term and continuing care sector <ul style="list-style-type: none"> The digital platform to serve long term care workers (Care for Caregivers) and peer support network (Care to Speak) are fully operational and continuously delivering new content and supporting service navigation. 	Complete
Develop made in BC training program for workplace psychological health and safety <ul style="list-style-type: none"> A framework for the training design has been created, with plans to adapt existing resources as well as create unique tailored offerings. Training will be offered at the individual worker, management and organizational levels to support the vertical integration of a workplace wellness culture. 	On track
Build digital hub for workplace mental health with sector specific content <ul style="list-style-type: none"> BC's Hub for Workplace Mental Health launched in August 2020 and now includes a personalized login feature for users to catalogue their resource collection and track their learning. 	Complete

Output		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
Care for Caregivers	# pageviews	14,879	8,153	22,807	23,310	17,649	11,190
	# webinar registrants	401	281	590	602	323	218
	#webinars delivered	15	8	15	13	9	5
Care to Speak	# peer recruits	9	9	9	9	0	4
	# interactions	2	25	41	57	49	38
Mobile Response Team	# individual contacts made	783	1,111	1,097	1,137	792	627
	# agencies contacted	265	392	206	281	131	66
Training Program for Workplace	# of training modules completed	N/A	N/A	N/A	N/A	N/A	24

Psychological Health and Safety	# of participants enrolled	N/A	N/A	N/A	N/A	N/A	109
	# of organizations who have enrolled	N/A	N/A	N/A	N/A	N/A	17
Digital Hub for Workplace Mental Health	# of pageviews	N/A	N/A	N/A	N/A	9153	4,702
	# of webinar/workshop participants	N/A	N/A	N/A	N/A	95	109
	# of webinars/workshops delivered	N/A	N/A	N/A	N/A	4	6
Outcome		Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
% of survey respondents rated the webinars as "Excellent" or "Good."		N/A	N/A	N/A	N/A	N/A	95%
% of survey respondents who reported they learned something that could help improve their mental health		N/A	N/A	N/A	N/A	N/A	90%
% of survey respondents that said they were "very likely" or "somewhat likely" to use what they learned in the webinar.		N/A	N/A	N/A	N/A	N/A	91%

Digital Front Door / Wellbeing.gov.bc.ca

About: Creation of a new web platform to remove barriers and improve navigation to existing online government resources for MHSU. Website: Wellbeing.gov.bc.ca.

Lead: MMHA

Partner: GCPE/MOH

Stage:  Plan Implement Monitor Review

Deliverables	Status
Wellbeing.gov.bc.ca went live <ul style="list-style-type: none"> Completed in June 2021 	Complete
Wellbeing.gov.bc.ca announced by Minister <ul style="list-style-type: none"> Completed in August 2021 	Complete

Output	Q1 21/22	Q2 21/22
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# of print and digital assets distributed	N/A	N/A
# of ads in market	N/A	N/A
# of service providers reached	N/A	N/A
# of peer review panel participants	12	0
# of site sessions	N/A	4,112
# of pages viewed	N/A	9,047
Average minutes spent on site	N/A	1:18
# of page views / session	12	2.15

Community Counselling Grants

About: Grants to non-profit organizations to provide low or no cost counselling, administered by Community Action Initiative (CAI).

Co-Leads: MOH / MMHA

Stage:  Plan Implement Monitor Review

Deliverables	Status
Grant process completed <ul style="list-style-type: none"> Distribution of funds for Year 2 is complete for Wave 1. The first 70% of Year 3 funds will be distributed to this group in December 2021. 	Complete
Evaluator secured <ul style="list-style-type: none"> The Year 2 report is forthcoming in January 2022 	Complete
Reporting process created <ul style="list-style-type: none"> Reports continue to be completed every 6 months 	Complete
Evaluation framework created	Complete
Client satisfaction/client outcomes assessments undertaken	On track

Outputs and Outcome reporting processes are currently being refreshed, and data will be reported at the end of the fiscal year.

Peer Support Curriculum and Standards of Practice

About: Partnership with BC Campus to develop, implement and evaluate a provincial peer support training curriculum and standards of practice.

Lead: MMHA

Partners: MCFD/MOH/EDUC/PSSG/SDPR/AEST

Stage:  Plan Implement Monitor Review

Deliverables	Status
Phase 1: Completion of standards of practice and program guide	Complete
Phase 2: completion of educational resources for peer training to support online and in-person training	Complete
Phase 3: evaluation and revisions to the educational resources through program delivery	On track

Previously reported outputs measured implementation activities leading up to the launch of the curriculum, and outputs are currently being refreshed for the monitoring stage of the initiative. Outcome data is currently being collected.

Expand BounceBack

About: Expansion of existing BounceBack program, a free evidence based cognitive behaviour therapy program designed to assist service providers in providing supports to adults and youth 15+ to reduce depressive and anxious symptoms, offered by CMHA BC.

Lead: MOH

Stage: 

Output	2019/20	2020/21	Q1 2021/22	Q2 2021/22
# referrals – adult (age 25+)	4,600	7,001	1561	1455
# referrals – youth (age 19-24)	1208	1632	395	298

Priority initiatives not included in this report

Mental Health Act Standards and Framework

- The Mental Health Act Quality Improvement Framework was completed in June 2019, and the Standards were completed in December 2020.

Mental Health and Wellness Disaster Recovery Guide

- The guide was completed in July 2019.