

Ministry of Mental Health and Addictions
TRANSITION BINDER
 2022

Table of Contents

Ministry Profile1

Executive Member Biography2

Christine Massey, Deputy Minister2

Darryl Sturtevant, Assistant Deputy Minister3

Francesca Wheler, Assistant Deputy Minister4

Tracee Schmidt, Executive Lead5

Core Business / Program Areas / Business Processes3

Child, Youth and Mental Health Policy6

Substance Use Policy7

Corporate Services8

30/60/90 / Major Corporate Issues Notes.....4

30-60-909

Complex Care Housing10

Response to Illicit Drug Crisis11

Select Standing Committee on Health.....12

Crown Agencies – N/A.....5

Cabinet Confidences6

.....13

Ministry Notes: Key Foundational Initiatives.....7

A Pathway to Hope

Overview.....14

A full copy of PTH.....15

Recent Progress Report16

Child, Youth, and Young Adult

Overview.....17

Foundry18

Integrated Child and Youth (ICY) Teams19

School based Mental Health...20

Step Up/ Step Down Specialized Supports.....21

Youth Substance Use: Post-Emergency Response (YSU-PER)	22
Rights advice Service.....	23
Youth Transitions.....	24
Youth Substance Use System of Care.....	25
Indigenous	
Declaration Act – Action Plan	26
Indigenous-led Solutions.....	27
First Nations Treatment Centres.....	28
Indigenous-specific Racism in Healthcare.....	29
Substance Use	
Access to Treatment and Recovery (Investments).....	30
Community Substance Use Treatment Beds.....	31
Alcohol Use and Response.....	32
Substance Use System of Care (Framework).....	33
Oversight of Recovery Homes.....	34
Decriminalization.....	35
CAPUD Litigation.....	36
Improved Access	
Community Counselling Grants.....	37
Community-Based Mental Health Crisis Response.....	38
ACT teams.....	39
Situation Tables.....	40
Complex Care Housing.....	41
Workplace Mental Health Initiatives	42
Rural and Remote.....	43
Wildfire & Flood Recovery – Mental Health Wellness.....	44
Toxic Drug Crisis	
Responding to the Toxic Drug Crisis in BC (Naloxone, OPS, Drug Checking, Mobile Response Team, Municipal Issues).....	45
Community Response (Community Action Teams, Community Crisis Innovation Fund).....	46
Nurse Prescribing.....	47
Opioid Agonist Treatment / OAT (includes full OAT spectrum: OAT, iOAT, TiOAT).....	48
Prescribed Safer Supply	49
Indigenous People – Toxic Drug Crisis and FNHA Response.....	50
Opioid Litigation/ Legislation.....	51
Key Enablers	

Mental Health and Addictions Workforce.....	52
General	
Digital Front Door – Wellbeing.ca	53
Stop the Stigma Marketing Campaign.....	54
Mental Health Act.....	55
Anti-racism.....	56
Reports	
BC Coroners Service – Death Review Panel Report – Illicit Drug Overdose Deaths in BC (2022 REPORT).....	57
BC Centre on Substance Use (BCCSU) Report – Heroin Compassion Clubs.....	58
RCY Reports Overview.....	59
COVID-19	
Impact of COVID-19 – Overall impact of mental health of population as a whole.....	60

MINISTRY PROFILE

Ministry:

The Ministry of Mental Health and Addictions leads the Province of British Columbia in efforts to improve the mental well-being and reduce substance use-related harms for all British Columbians. The ministry has overall responsibility for the development of a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families throughout the province. The ministry is responsible for leading and escalating the response to the province's overdose public health emergency. The ministry also works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces).

People's mental health and addictions experiences are influenced by a broad range of economic, social, cultural, environmental, and personal factors. The ministry brings mental health and addictions into focus to address some of society's most complex, misunderstood, and stigmatized issues.

Ministry Mandate:

The ministry leads the transformation of B.C.'s mental health and addictions system by setting the strategic direction for the province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, the ministry undertakes a whole-government, multi-systems approach in partnership with other ministries, Indigenous Peoples, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived and living experience.

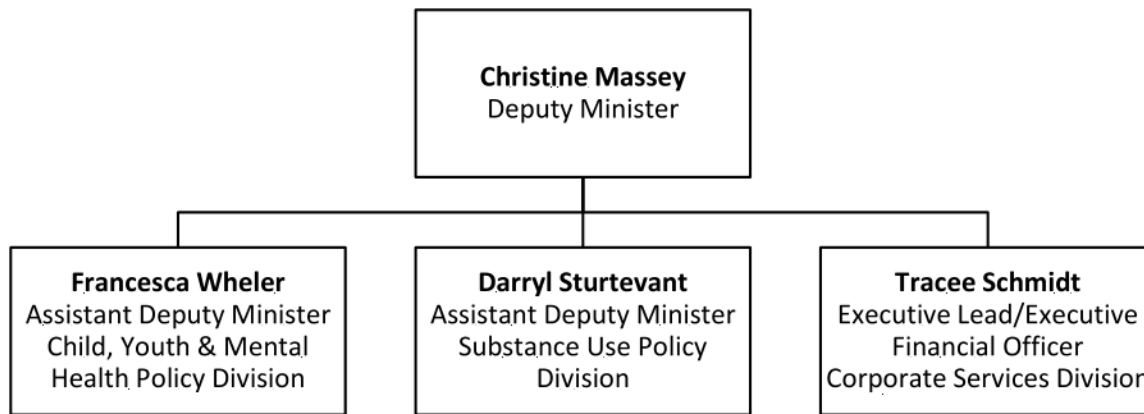
MMHA has a mandate to develop policies, standards, guidelines, and strategies, and monitor and evaluate programs across the sectors, using a multi-system level, "whole-of-government" approach in relation to mental health and substance use services, working with the Ministry of Health, social ministries,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

Full Time Equivalent (FTEs):

As of September 30, 2022, the ministry has 128 FTEs, which includes five FTEs in the Minister's Office.

	Minister's Office	Deputy Minister's Office	Corporate Services Division	Child, Youth & Mental Health Division	Substance Use Policy Division	Total
Total 2022 FTE Count	5	7	14	54	48	128

Executive Organizational Chart:



Budget:

Core Business Area	2021/22 Restated Estimates ¹	2022/23 Estimates	2023/24 Plan	2024/25 Plan
Operating Expenses (\$000)				
Policy Development, Research, Monitoring and Evaluation	18,785	21,554	22,093	22,160
Executive and Supports Services	2,596	3,048	3,057	3,057
Total	21,381	24,602	25,150	25,217
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Supports Services	1	3	3	3
Total	1	3	3	3

EXECUTIVE MEMBER BIOGRAPHY



Christine Massey
Deputy Minister
Deputy Minister's Office
Ministry of Mental Health and Addictions

Christine (she/her) is the Deputy Minister of the BC Ministry of Mental Health and Addictions. The Ministry is responsible for working with government ministries, Indigenous organizations, municipalities, and community partners to ensure a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families across the lifespan. The ministry is also responsible for leading an immediate response to the province's overdose public health emergency.

Before being appointed as Deputy Minister, Christine served as ADM in BC's Ministry of Children and Family Development (MCFD) from February 2018 to November 2020. In her time at MCFD, Christine had different responsibilities including childcare policy and programs, policy for child welfare, child and youth mental health services, as well as policy and provincial programs for the early years and children and youth with extra support needs.

Christine's other experience in the BC Government includes as Executive Director at the Ministry of Advanced Education where she led the transfer of the regulation of private career colleges from an external Crown agency to the ministry; five years at the Ministry of Health, where she led the Seniors' Action Plan as well as a number of legislative initiatives including the BC Services Card, the new *Pharmaceutical Services Act* and the *Seniors Advocate Act*. From 1995 to 2009, Christine worked in the post-secondary sector, including positions with the Research Universities' Council of British Columbia, the Ministry of Advanced Education, UBC and SFU.

Christine holds an undergraduate degree (B.A.) from the University of Ottawa and a Master's degree (M.A.) from Simon Fraser University.

EXECUTIVE MEMBER BIOGRAPHY



Darryl Sturtevant
Assistant Deputy Minister
Substance Use Policy
Ministry of Mental Health and Addictions

Darryl (he/him) oversees the Substance Use Policy Division in the BC Ministry of Mental Health and Addictions. He joined MMHA in April 2021. In December 2021, Darryl was also appointed ADM, Mental Health and Substance Use Division in the Ministry of Health.

Darryl is an experienced public sector leader who has worked at all levels of government in Manitoba, British Columbia and Ontario. Prior to joining MMHA, he was an Assistant Deputy Minister in the Ontario public service overseeing the Strategic Policy and Planning Division and led the creation of the new Child Welfare and Protection Division of Ontario's Ministry of Children, Community and Social Services. Highlights of Darryl's career as an Assistant Deputy Minister include co-developing the Ontario Indigenous Child and Youth Strategy with Indigenous partners, a transformative policy framework and action plan that addresses the complexities of Indigenous jurisdiction and reconciliation. He also led the amendments for a new *Child, Youth and Family Services Act*, developed and implemented an Ontario Youth Action Plan and a Black Youth Action Plan, and collaborated across ministries to develop a Special Needs Strategy.

Since joining MMHA, the Substance Use Policy Division has led several "first-in-Canada" policy initiatives related to the decriminalization of people in possession of small amount of illicit drugs for personal use and prescribed safer supply as well as implementation of Budget 2021 commitments related to overdose prevention, nurse prescribing and the creation of new bed-based treatment and recovery services.

EXECUTIVE MEMBER BIOGRAPHY



Francesca Wheler
Assistant Deputy Minister
Child, Youth and Mental Health Policy
Ministry of Mental Health and Addictions (MMHA)

Francesca (she/her) is the Assistant Deputy Minister for the Child, Youth and Mental Health Policy Division in the BC Ministry of Mental Health and Addictions. She has worked for the BC government for over 30 years across three different sectors (economic, natural resource and social), where she's been able to lead and deliver on a variety of public service priorities.

She joined MMHA in January 2022 from the Ministry of Children and Family Development. As an Executive Director at MCFD, Francesca led systemic transformation through the development of new child and family services policy, in particular to support Indigenous self-determination. Other career highlights include leading the development of new Aboriginal rights and title policy for the Ministry of Indigenous Relations and Reconciliation post Supreme Court of Canada decision in the Tsilhqot'in Nation case.

Francesca holds a Master of Arts in Interdisciplinary Studies (Leadership, ESG and Community Development) from Royal Roads University, a Bachelor of Arts in Social Geography from the University of Victoria and has a Project Management Professional (PMP) accreditation through the Project Management Institute.

EXECUTIVE MEMBER BIOGRAPHY



Tracee Schmidt
Executive Lead
Corporate Services Division
Ministry of Mental Health and Addictions

Tracee (she/her) oversees the Corporate Services Division in the BC Ministry of Mental Health and Addictions. She joined MMHA in January 2022 from the Ministry of Citizens' Services where she was the Senior Executive Director of the Strategy and Transformation branch of the Procurement and Supply division. With a Master of Business Administration from Royal Roads University and a Bachelor of Arts in Sociology from the University of Victoria, Tracee is a long-time BC Public Service leader, with diverse experience working in policy, stakeholder relations, Treasury Board, research and complex projects in multiple ministries, including the ministries of Social Services, the BC Public Service Agency, Health, Finance, and the Attorney General and Public Safety.

Some of the initiatives she has led include redesigning the oversight framework on government's strategic contracts; developing a new approach for capital management, culminating in BC's first ever 10 year \$10 Billion capital plan; leading the implementation of government's new citizen identity card (the BC Services Card), responding to the public consultation on health care (Conversation on Health); and leading logistics support for the COVID-19 pandemic response.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible:

Francesca Wheler, Assistant Deputy Minister, Child, Youth and Mental Health Policy

Core Business / Program Area Description / Critical Business Processes:

The Child, Youth and Mental Health Policy Division works across ministries and the broader social sector to develop and oversee implementation of strategic priorities to transform B.C.'s mental health and addictions system. The division works to foster a whole of government approach to mental health and substance use and actively works with ministries as well as academic researchers and experts, professional associations and unions, community service organizations and people with lived/living experience to identify and respond to priority policy and program issues.

The division developed *A Pathway to Hope*, the provincial mental health and addictions roadmap, and is active in leading and working with partner ministries, health authorities, community organizations and First Nations and Indigenous leaders to implement the initiatives within the roadmap, along with other priority mental health and substance use initiatives including Complex Care Housing.

The Child, Youth and Mental Health Policy is comprised of two areas:

1. Child and Youth Mental Health and Substance Use Policy Branch is responsible for leading the development and implementation of an overarching, integrated mental health and addictions strategic framework and associated actions plans. The branch leads significant and complex projects and works in partnership across social sector ministries, service delivery organizations and a wide array of rights holders. High profile child and youth initiatives are being led by the branch, including the expansion of Foundry Youth Centres, developing a youth substance use system of care, and the operational implementation and delivery of integrated child and youth teams, a new and innovative model of community-based mental health and substance use services to young people and their families. The branch is also responsible for building and maintaining relationships with Indigenous partners and for ensuring the inclusion of Indigenous perspectives in the design, implementation and evaluation of policy and program initiatives led by MMHA. The branch provides strategic support and advice in advancing key deliverables with Indigenous partners while ensuring MMHA is in alignment with and advancing broader commitments related to Indigenous reconciliation and strengthening the cultural safety and humility of the mental health and substance use system in B.C.

- Complex Care Housing and Adult Mental Health Policy Branch leads the development, implementation and evaluation of strategic policy and implementation of key government commitments related to mental health, substance use and homelessness/housing, including leading complex, sensitive and highly visible strategic partnership initiatives with high impact/risk outcomes. These initiatives include complex care housing and community crisis response related to public safety. The branch is also responsible for key enablers of *A Pathway to Hope*, including, research, workforce, and peer support, as well as monitoring, evaluation and reporting on performance under *A Pathway to Hope*.

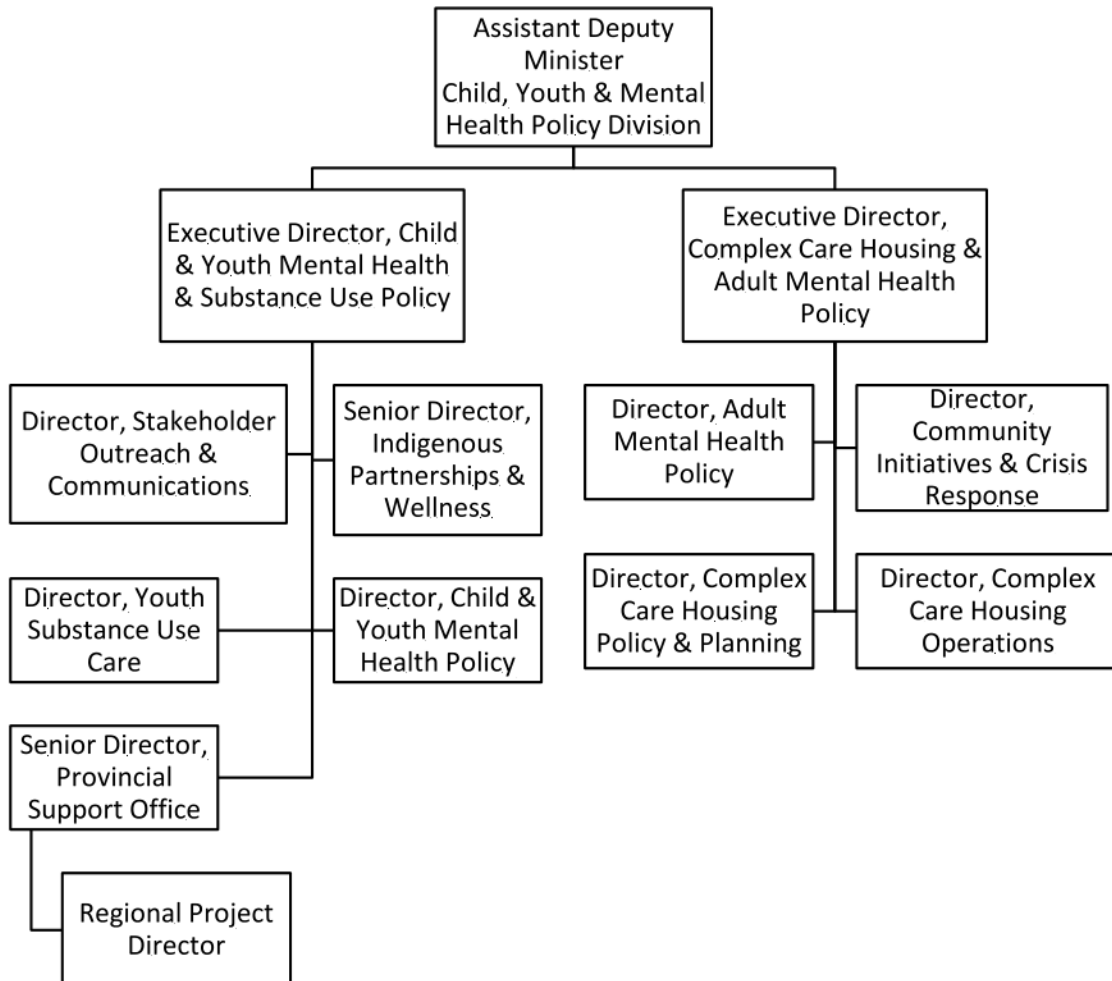
Budget:
\$8,425,000

Full Time Equivalent (FTEs):
54 FTEs

Related Legislation:

N/A

Organizational Chart:



CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible:

Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy Division

Core Business / Program Area Description / Critical Business Processes:

The Substance Use Policy Division leads immediate responses to urgent mental health, substance use and addictions issues within the province. The division works collaboratively with other ministries, First Nations and Indigenous leaders and their communities, local and federal governments, health authorities, non-government organizations, community sector organizations, emergency health responders, people with lived/living experience and public safety agencies to deliver an immediate, escalated response to the overdose emergency, to keep people safe, and improve the health and well-being of British Columbians.

The Substance Use Policy Division is comprised of two areas:

The Overdose Emergency Response Centre (OERC) is the province's central hub for taking immediate action to address the overdose emergency. The OERC coordinates services across the province, evaluates the results and monitors the impacts of the crisis and interventions on communities across B.C. The OERC also undertakes strategic planning and policy development to guide B.C.'s overdose emergency response.

Substance Use and Strategic Initiatives Branch (SUSI) leads the development, monitoring and evaluation of strategic policies, legislation and regulations related to the prevention, early intervention and treatment of substance use-related harms. This includes the development of a framework for improving the substance use system of care and initiatives aimed at increasing access to evidence-based addiction care to help people stabilize and connect to treatment and recovery services. SUSI also works collaboratively with community partners, unions and employer groups to ensure employees and leaders have the tools and training they need to foster psychologically healthy and safe workplaces. This branch is also responsible for creating provincial public awareness campaigns to address the stigma facing people who use drugs, while also managing the StopOverdoseBC.ca public website and Wellbeing.ca, the new provincial web-based platform to increase access to resources by improving service navigation online. The branch bases its work on public opinion research, behavioural insights, and on-going engagement with people with lived and living experience to create innovative solutions.

Budget:

\$13,964,000

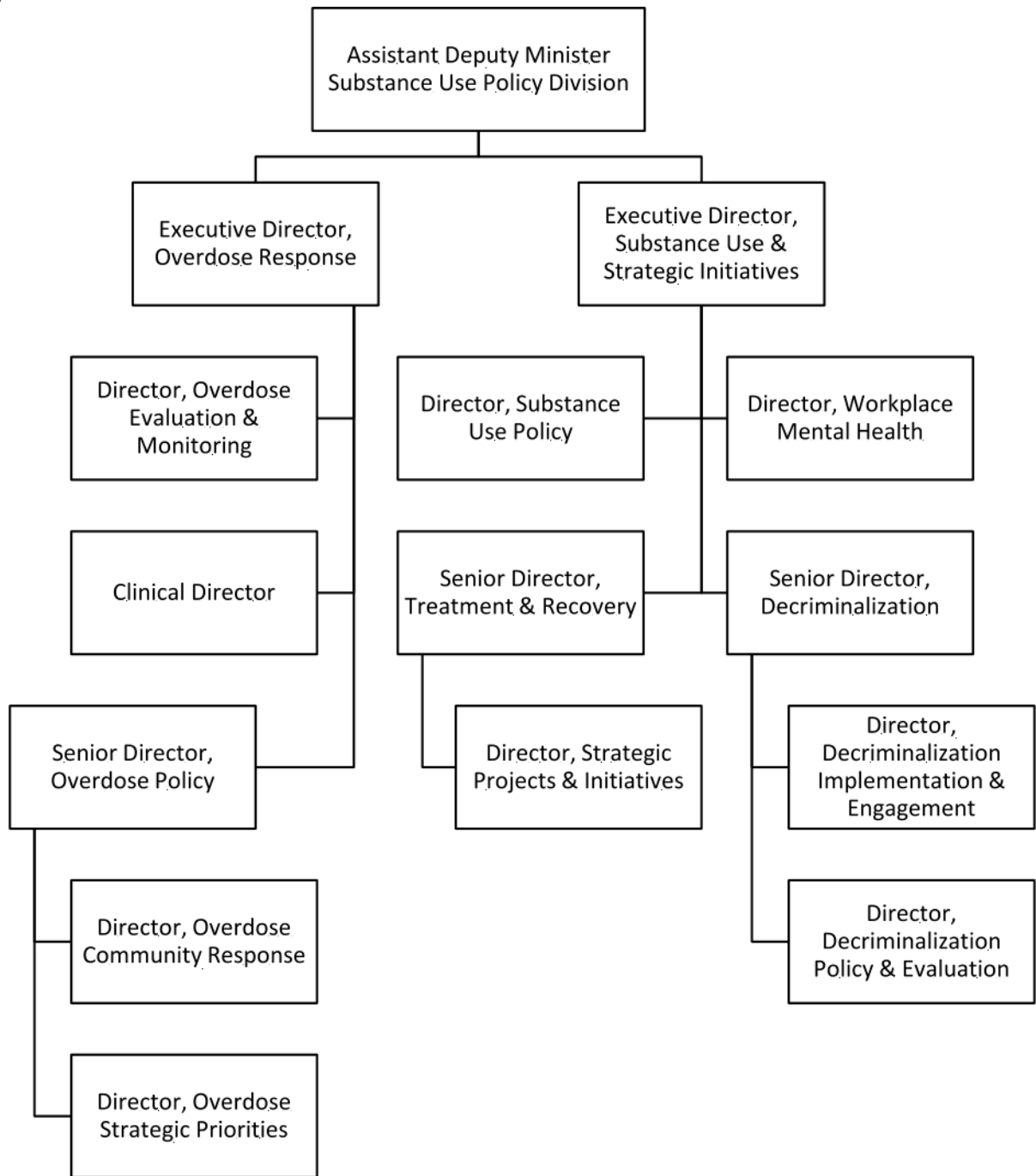
Full Time Equivalent (FTEs):

48 FTEs, plus three seconded staff

Related Legislation:

N/A

¹Organizational Chart



¹ The Ministry of Mental Health and Addictions' Assistant Deputy Minister, Substance Use Policy, holds a dual role as the Assistant Deputy Ministry, Mental Health and Substance Use in the Ministry of Health.

CORE BUSINESS / PROGRAM AREAS / BUSINESS PROCESSES

ADM Responsible:

Tracee Schmidt, Executive Financial Officer and Executive Lead, Corporate Services

Core Business / Program Area Description / Critical Business Processes:

The Corporate Services Division partners with ministry leadership to support the ministry’s mandate. The division provides client-focused and solution-driven business services, including strategic and business planning, corporate performance, security and risk management, strategic human resources and internal communications, financial management and accountability, procurement and contract management advisory services, information management/information technology services, and operations management.

Budget:

\$1,396,000

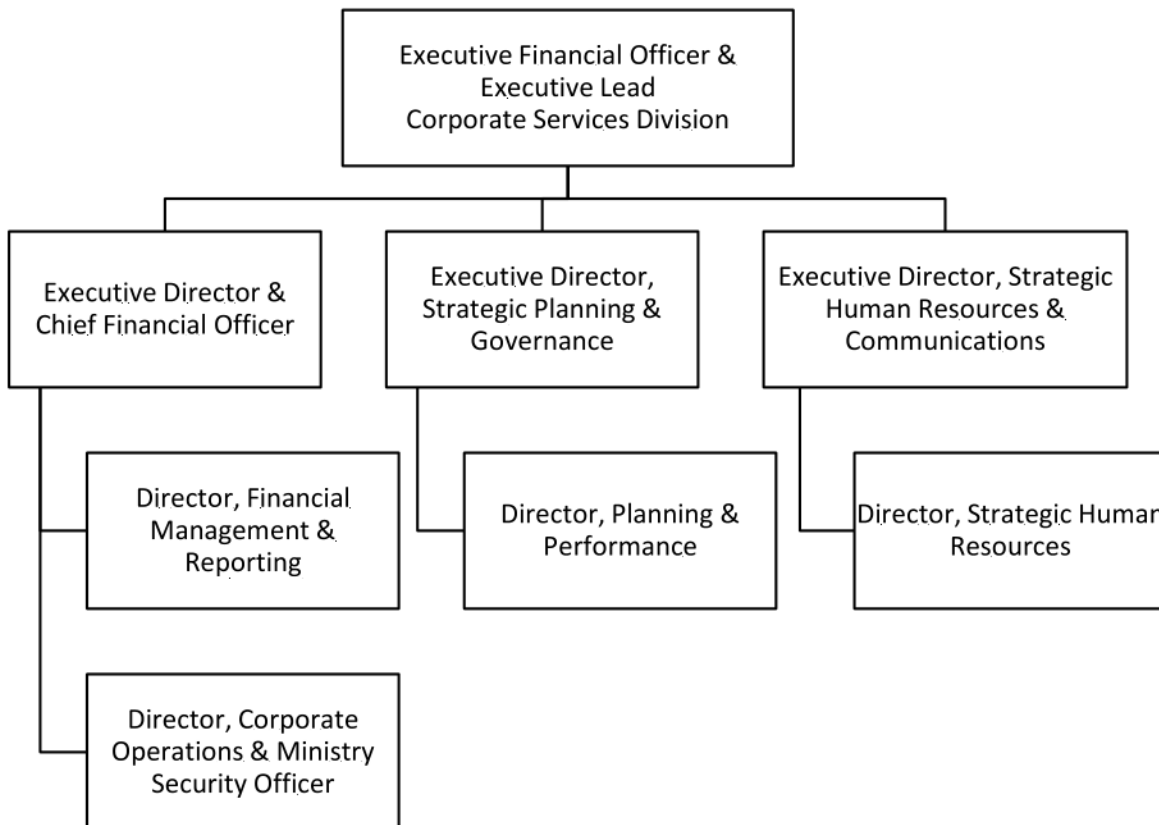
Full Time Equivalents (FTEs):

14 FTEs (1 part-time)

Related Legislation:

N/A

Organizational Chart:



Ministry of Mental Health and Addictions
30-60-90

November 1, 2022 is to be considered Day 1. Length is restricted to a maximum of 4 pages. Please do not include routine administrative matters or events. Only those engagement and consultation activities connected to the delivery of legislation or policies in 2023 should be included.

Issue	Status/Key Milestones/Next Steps
30 Days	
Publicly Funded Counselling	MMHA and HLTH have established an external Advisory Committee on Publicly Funded Counselling. Members include diverse representation from service providers, associations, and service users with expertise in primary care and mental health and substance use. The Committee will meet monthly from October 2022 through January 2023, contributing to MMHA/HLTH's development of options to bring to Cabinet in summer/fall 2023.
Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Social Determinants of Health and Wellness (the MOU)	<p>In July 2018, FNHC, FNHA, the Government of Canada and the Province (represented by the Ministers of Health, Mental Health and Addictions, Indigenous Relations and Reconciliation, and Children and Family Development) signed the MOU. The MOU commits the partners to make immediate improvements to mental health and wellness services while setting a foundation for a long-term strategy aimed at addressing the social determinants of health. Request for an 18-month extension from FNHC to October 01, 2023, was officially endorsed by Canada and BC (June 2022).</p> <p>Advice/Recommendations; Intergovernmental Communications; Government Financial Information</p> <p>HLTH is also working with FNLC on their request to begin a First Nations-led review of First Nations health services governance.</p>
Select Standing Committee on Health	On April 4, 2022, the Legislative Assembly empowered the Select Standing Committee on Health to examine the urgent and ongoing illicit drug toxicity and overdose crisis. The Committee heard 112 presentations and received nearly 900 written submissions during its public consultation process, which has now ended. The Committee is now preparing its report, to be submitted by November 2, 2022.
Decriminalization	On May 31, 2022, Minister Malcolmson and Minister Bennett jointly announced Health Canada's approval of a S.56 exemption. Decriminalization will come into force in BC on January 31, 2023.

Issue	Status/Key Milestones/Next Steps
	<p>Cabinet Confidences</p> <p>Extensive stakeholder engagement through a Core Planning Table and other working groups (local government, law enforcement training, etc.) is ongoing to support implementation planning. In addition, a public awareness and communications plan is under development that will focus on providing government with a unified narrative about the implementation of decriminalization.</p>
Prescribed Safe Supply	<p>Prescribed Safe Supply policy (PSS) and funding was publicly announced on July 15, 2021. MMHA and HLTH are working with health authorities to implement prescribed safer supply, in existing health authority clinical programs. Implementation is focused on addressing system-level barriers to advancing prescribed safer supply, as well as education and training needs for prescribers. MMHA and HLTH are also working with the BC Centre on Substance Use to develop education, training, and clinical protocols for prescribers.</p> <p>Evaluation – Evaluators have been selected and a contract is in final legal review. Evaluators have started work with an interim PSS report expected in November 2022.</p> <p>Cabinet Confidences; Advice/Recommendations; Government Financial Information</p>
60 Days	
N/A	
90 Days	
Complex Care Housing	<p>Complex Care Housing implementation is underway. As of October 1, services are operational at four sites (Surrey, Vancouver, Abbotsford). 355 spaces have been announced in 12 communities: Vancouver, Surrey, Abbotsford, Victoria, Langley, Fraser South, Bella Coola, Powell River, Northern Health region, Kamloops, Kelowna, and Nanaimo.</p>

Issue	Status/Key Milestones/Next Steps
	Additional projects will come online in the fall and winter of 2022/23, with project announcements tentatively scheduled for January 2023.
SSCCY Review of RCY Act	<p>The Select Standing Committee on Children and Youth began its required (every 5 years) comprehensive review of the RCY Act in April 2022. RCY provided a submission with a range of recommendations, including a proposed expansion of scope for the RCY's systemic advocacy and monitoring of services and programs. MMHA and HLTH met with the RCY on July 18, 2022, to discuss implications, issues and concerns raised. A co-signed follow up letter summarizing the discussion has been sent to RCY. Ministry staff continue to work closely with AG (who are accountable for the RCY Act) and HLTH as appropriate. MMHA will not make a submission to the Select Standing Committee.</p> <p>The Review Report recommendations are expected to be released in early to mid-2023.</p>
Youth Substance Use Post-Emergency Response	MMHA is currently advancing discussions with key partners (Indigenous, health authorities) to identify potential options for immediate term response. Staff also continue to work with First Nations partners to co-develop actions for First Nations youth and next steps are pending outcomes of these discussions. Action plan will showcase B2021 investments and other health authority actions that support youth in hospital after a substance use emergency as well as co-developed measures with First Nations partners.

MAJOR CORPORATE ISSUE NOTE

Ministry: Ministry of Mental Health and Addictions

Issue: Complex Care Housing

Background:

- In November 2020, the Minister of Mental Health and Addictions (the Ministry) was mandated to lead the development of CCH Complex Care Housing (CCH) to provide an increased level of support for B.C.'s most vulnerable individuals, who need more services than BC Housing's supportive housing currently provides.
- CCH is a part of the provincial Homelessness Strategy, which is led by the Ministry of Attorney General and Ministry Responsible for Housing (AG).
- CCH supports adults 19 and older who have complex mental health and substance use challenges and who are unstably housed or homeless. Many of these individuals also have other health challenges, developmental disabilities, functional impairments, significant histories of trauma, and are living in poverty.
- Without adequate housing and supports, these individuals can cycle through crisis supports, emergency departments, the criminal justice system, and homelessness.
- In response to mandate direction, the Ministry convened a Core Planning Table which included representation from government, housing and health system partners, Indigenous partners, people with lived/living experience and municipal governments, and undertook targeted stakeholder engagement in Summer 2021.
- This engagement produced the [Complex Care Housing Draft Strategic Framework](#), which provides direction and guidance for implementing CCH and information for the public.
- CCH aims to improve housing stability, health outcomes, and community inclusion, while reducing use of acute and emergency services, and criminal justice system involvement.
- CCH will provide an enhanced level of health supports that go beyond what is available in supportive housing, and may include: team-based primary care, case management, clinical counselling, addictions medicine, psychiatry, medication management and support, overdose prevention, occupational therapy, hoarding prevention and home support, and Indigenous cultural supports.
- CCH will use a mix of service delivery models:
 - Co-located in a single supportive housing site.
 - In-reach to multiple supportive housing sites or supported market rentals.
 - Transitional or respite spaces offering temporary supports in time of increased need.
 - Services provided in a smaller, group home-like setting.
- The Ministry has convened a Provincial Implementation Committee to support ongoing planning and implementation. It includes representatives from the Core Planning Table, implementing organizations, and the Indigenous, housing and social sectors.

Issue/Opportunity:

- Budget 2022 commits \$164M over three years to implement CCH across B.C. Cabinet Confidences
Cabinet Confidences
- The Ministry is planning 34¹ projects that will serve more than 500 people.
- Projects were selected for funding based on readiness and feasibility, alignment with the CCH framework, community need as demonstrated in available homelessness data, and consideration for priority populations (e.g., Indigenous people and young adults).
- A range of service types were prioritized to support testing and evaluation of the model.
- Funding will flow to the five regional health authorities, Provincial Health Services Authority (PHSA), Aboriginal Housing Management Association (AHMA), and Ktunaxa First Nation.
- Funding will also support provincial training programs. PHSA is developing competency training for health care professionals, concurrent disorders training, and therapeutic and relational security training. AHMA is developing training for housing providers who serve Indigenous clients and is leading a community mapping exercise.
- As of September 15, 4 of the 34 projects are operational:
 - Abbotsford – Red Lion Inn, 8 spaces
 - Surrey – Foxglove, 39 spaces
 - Vancouver – Jim Green, 44 spaces
 - Vancouver – Naomi Place, 12 spaces
- In total, the Ministry has announced CCH in 12 communities or regions, which will create a total of 355 new spaces: Abbotsford, Bella Coola, Fraser South, Greater Victoria, Kamloops, Kelowna, Langley, Nanaimo, the Northern Health region, Powell River, Surrey, and Vancouver.
- The principal risk to CCH implementation is health sector staffing shortages. To mitigate, many implementation partners are planning a phased approach, which will see projects scale up over time as new staff are onboarded.
- No capital funding was available for the initial phase of CCH implementation. Instead, CCH services will be provided to people residing in new or existing supportive housing, or in market rentals. Without dedicated new units, CCH spaces are forced to compete for supportive housing spaces that are already spoken for or in high demand.
- Several municipalities and other partners have called for net new, purpose-built CCH to reduce homelessness and ensure people with complex needs have access to dedicated housing with services at an intensity that meets their needs, while still preserving capacity and spaces in supportive housing for residents with lower support needs.

Next Steps:

- It is anticipated that the remaining projects will all be operational by the end of the FY 2022/23. However, many projects are taking a phased approach and will build to full capacity over time.
- Prior to announcements of CCH projects, the municipality, local First Nations, and non-profit housing operators must be engaged.
- The Ministry is developing materials to support CCH communications with municipalities, local stakeholders, and ambassadors, including a high-level one-pager, key messages document for partners, and public-facing webpage.

¹ Planning is ongoing, and the final project total may change.

- The Ministry is developing a Monitoring and Evaluation Framework that will support a multi-year evaluation that will assess impacts, outcomes, experiences for CCH clients, along with process and system changes. This framework will align with the overall Performance Measurement approach of the broader Homelessness Strategy led by the AG.
- Future phase planning for CCH will be informed by the results of implementation progress monitoring as well as the multi-year evaluation.

MAJOR CORPORATE ISSUE NOTE – TOXIC DRUG CRISIS

Ministry/Ministries: Ministry of Mental Health and Addictions, Ministry of Health, and Public Safety
Solicitor General

Issue: Response to the Illicit Toxic Drug Crisis

- The illicit drug supply has become increasingly toxic since the public health emergency was declared in 2016, and there continues to be a rising number of deaths with extreme fentanyl concentrations and benzodiazepines, among other emergent substances (e.g., Xylazine).
- In 2021, there were 2,269 illicit drug toxicity deaths - the highest number of deaths on record in BC and a 28% increase since 2020 (1,775).
- The BC Government has responded by making investments in a range of initiatives aimed at reducing harms, saving lives, and connecting people to a comprehensive system of care.

Background:

- In April 2016, the BC Provincial Health Officer declared deaths due to the toxic drug supply a public health emergency.
- In December 2017, MMHA established the Overdose Emergency Response Centre (OERC) to coordinate the province's response to the toxic drug crisis.
- In June 2019, the Ministry of Mental Health and Addictions launched *A Pathway to Hope, a roadmap to improve mental health and addictions care for people in British Columbia*, which guides government's response to the toxic drug crisis and outlines a continued focus on overdose emergency response.
- In August 2020, the Public Prosecution Service of Canada (PPSC) issued a guideline to federal prosecutors on the prosecution of controlled substances, recognizing that substance use is a public health issue and suggesting that prosecution of simple possession be avoided unless there are public safety concerns.
- Recent provincial policing priorities delivered to the Municipal Police Boards included guidance for policing units to consider pursuing a public health and harm reduction approach in line with the April 2019 recommendations of the BC Provincial Health Officer in the report "Stopping the Harm: Decriminalization of People Who Use Drugs in BC", and work to support community efforts to reduce stigma and enhance pathways into substance use systems of care.
- Since the public health emergency was declared in 2016, the government has made significant cross-Ministry efforts to implement several key initiatives, along with historic investments in a range of services and supports.

Harm Reduction Services and Programs

- The BC government has invested in a comprehensive range of harm reduction services and programs aimed at reducing harms and saving lives of people who use illicit substances.
- Initiatives include: Take Home Naloxone; overdose prevention/supervised consumption services; drug checking; Mobile Response Team; and the Lifeguard app.

Community-based Projects

- The Community Crisis Innovation Fund is a \$6 million annual investment that supports innovative, community-based responses to the toxic drug crisis.
- MMHA works with a range of community partners to collaboratively identify, prioritize, and recommend programs and projects to receive funding.
- Funding supports community-driven responses to the toxic drug crisis for several initiatives and projects, including Community Action Teams, the Provincial Peer Network,^{Advice/Recommendations}, and Local Leadership United.

Prescribed Safer Supply

- In March 2020, the BC Centre on Substance Use, in partnership with the Province, released the Risk Mitigation Guidance (RMG).
- The RMG was introduced in 2020 to mitigate substance-related risks in the context of COVID-19 and is considered the first phase of prescribed safer supply in BC. In July 2021, the Province released the *Access to Prescribed Safer Supply in British Columbia: Policy Direction*.
- The policy builds on the RMG and is a broad public health-oriented, health system-level intervention intended to separate individuals from the highly toxic illicit drug supply, reduce drug toxicity injuries and deaths, and enhance connections to health and social supports.
- The PSS policy is currently being implemented in BC in a phased approach, starting in health authority programs and federally funded SAFER programs.

Nurse Prescribing

- In September 2020, in response to an increase in the number of illicit drug toxicity deaths, the Provincial Health Officer issued an order authorizing Registered Nurses and Registered Psychiatric Nurses to prescribe federally regulated controlled drugs and substances for the purpose of reducing the overdose risk for people with substance use conditions/disorders.
- Nurse prescribing aligns with the strategic actions outlined in *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* and the call to address inequities in access to treatment and substance use services for opioid use disorder.
- The goals of nurse prescribing are to increase the available workforce for substance use care across the province, provide broader access to pharmacotherapy to separate people from the illicit supply, and increase initiation and retention in treatment.

Substance Use Framework

- In response to priority actions identified in *A Pathway to Hope*, MMHA has led the development of a new policy framework for the Adult Substance Use System of Care (the Framework).
- This Framework is a technical policy document that will guide future action and long-term system transformation, having a meaningful impact on service delivery and care experiences.
- The Framework articulates the key elements of the substance use system of care and how these elements should work together to support seamless and integrated care.
- To develop the Framework, MMHA worked closely with key partners, including health

authorities, people with living and living experience of substance use, clinicians, service providers, and other experts from across the health and social sectors.

- The Framework is nearing completion and is anticipated to be released in Fall 2022.

Decriminalization

- On November 1, 2021, the Province applied to Health Canada (HC) for an exemption to the *Controlled Drugs and Substances Act* to allow removal of criminal penalties for possession of small amounts of illicit substances for personal use.
- HC approved the Province's request on May 31, 2022. Decriminalization will come into effect on January 31, 2023, and will remain in effect for three years, with the possibility of renewal.
- The intent of decriminalization is to support the Province's comprehensive response to the illicit drug toxicity crisis by reducing the stigma associated with substance use and supporting new pathways to care.
- Under the Province's framework, adults 18 and over will be able to possess up to 2.5g cumulative of opioids, powder/crack cocaine, methamphetamine and MDMA without being subject to arrest or seizure. Instead, law enforcement will provide information on available health and social services and supports. Police will not provide referrals unless requested.
- Above the 2.5g cumulative threshold, law enforcement will have discretion to either apply the exemption or seize and/or arrest for simple possession. Trafficking and other drug-related crimes will remain illegal, regardless of amount.
- The Province is currently in the pre-implementation phase.

Treatment and Recovery

- Since 2017, the Province has implemented over 300 new substance use beds, including 105 new publicly funded beds for adults in 14 organizations through partnership with the Canadian Mental Health Association of BC in 21/22.
- Through collaboration with health authorities, MMHA is working to implement 65 new and/or enhanced initiatives resulting in approximately 195 net new withdrawal management, transition, and treatment and recovery beds over three years. 66 of these new beds have been implemented to-date and more are anticipated to come on-line in 2022/2023.
- The Province is also working to improve treatment and recovery services to ensure consistent quality and standards; this includes amendments to the CCALA and the new [Assisted Living Regulation](#) that came into force on December 1, 2019, and Provincial Standards for Registered Assisted Living Supportive Recovery Services introduced in September 2021.
- Monitoring and evaluation processes are being built into government's current and future work.

Issue/Opportunity:

- Although the BC Government has made significant and continued investments in a range of services and initiatives across the substance use system of care, these investments have been unable to keep pace with the changing dynamics of the increasingly toxic illicit drug supply.
- On March 9, 2022, the British Columbia Coroners Service (BCCS) released its [2022 Death Review](#)

Panel: A Review of Illicit Drug Toxicity Deaths report which reviewed a total of 6,007 deaths due to illicit drug toxicity that occurred between August 1, 2017 and July 31, 2021.

- The report identifies the increasing toxicity and unpredictability of the illicit drug supply as the primary cause of the rising number of deaths.
- It also states that the current drug policy framework is the main driver of the toxic drug supply and outlines three key recommendations and a total of 24 priority actions.
- Since the report's release, BC's Chief Coroner Lisa Lapointe, as well as other organizations and agencies, have been calling for the Province to implement the recommendations.
- On March 2022, shortly after the BCCS released the DRP, the Premier announced that the BC Government would convene an all-party Select Standing Committee on Health to examine the urgent and ongoing illicit drug toxicity and overdose crisis and make recommendations to government on how to respond.
- The Committee has been receiving expert input over spring/summer and will submit a report to the Legislature no later than November 2022.

- Advice/Recommendations

- The BC Government has and will continue to receive a range of external reports and recommendations on how to respond to the toxic drug crisis.
- Staff in MMHA are also continuing to implement and scale-up key priority initiatives in partnership with key stakeholders, concurrent with ongoing assessment of options and innovative ways to evolve and adapt the provincial response.
- There is opportunity to review and align internal work and external reports and recommendations to identify priority actions that best respond to the changing context of the toxic illicit drug supply.

Next Steps:

- Continue to invest in and prioritize key initiatives intended to respond to the toxic drug crisis.
- Work with municipalities, health authorities and other partners to address concerns and support further scale up of harm reduction programs in under-served communities across the province.
- Develop options to implement prescribed safer supply in a range of health care settings across the province, to expand access and reach.
- Release the substance use framework in fall 2022.
- Develop options to further hold supportive recovery operators accountable for regulatory requirements as well as to implement evidence-based quality standards across the sector.
- Review the recommendations of the Select Standing Committee on Health, the BCCS's Death Review Panel, and the Office of the Provincial Health Officer's pending policy paper to identify themes and priority actions complementary government's priority initiatives.
- Engage with stakeholders to explore a range of drug policy options for responding to the toxic drug crisis, including approaches that meet the needs of a diversity of substance using populations and that comprise a coordinated and comprehensive policy response.

MAJOR CORPORATE ISSUE NOTE

Ministry/Ministries: Ministry of Mental Health and Addictions (MMHA)

Issue: The Select Standing Committee on Health on Illicit Drug Toxicity and Overdose Crisis

Background:

- On April 4, 2022, the Legislative Assembly empowered the Select Standing Committee on Health (the Committee) to examine the urgent and ongoing illicit drug toxicity and overdose crisis.
- Members of this Committee are MLA Niki Sharma (Chair), MLA Shirley Bond (Deputy Chair), MLA Dan Davies, MLA Pam Alexis, MLA Doug Routley, MLA Mike Starchuk, MLA Ronna-Rae Leonard, MLA Sonia Furstenau, MLA Trevor Halford, and MLA Susie Chant.
- The Committee's Terms of Reference specify three areas of focus:
 - The increasing toxicity of the illicit drug supply in BC;
 - The systems and services guiding government responses to illicit drug supplies and toxicity deaths and injuries; and
 - Relevant and recent reports, studies, and examinations.
- The Committee was also tasked with making recommendations in three key areas:
 - Responding to the crisis with reforms and initiatives by the Province and local governments, including those which may require federal approval;
 - Continuing to build an evidence-based continuum of care that encompasses prevention, harm reduction, treatment, and recovery; and
 - Expanding access to safer drug supplies, implementing decriminalization, and disrupting illicit toxic drug supplies.

Presentations:

- 112 presenters were invited to speak to the Committee.
- Public presentations began May 2, 2022, and concluded on September 9, 2022.
- Invited presenters represented a broad array of stakeholders from the substance use sector and other related areas, including:
 - Health Canada
 - Provincial ministries including MMHA, the Ministry of Health, the Ministry of Children and Family Development, and the Ministry of Public Safety and Solicitor General
 - Health authorities
 - Treatment and recovery providers
 - Harm reduction organizations
 - Community-based organizations
 - Drug user advocacy groups, including Vancouver Area Network of Drug Users (VANDU), Rural Empowered Drug Users Network (REDUN); and, Coalition of Substance Users of the North (CSUN)
 - Indigenous leadership, including the First Nations Leadership Council and Métis Nation

BC

- Indigenous organizations
 - Health care professionals, including representatives from the regulatory colleges and unions
 - First responders and emergency personnel
 - Criminal justice sector, including BC Corrections and police agencies
 - Trades and construction workers, with several representatives being invited to present multiple times
 - Youth-focused organizations, including the Representative for Children and Youth
 - Researchers and subject matter experts, including scientists from the BC Centre on Substance Use, and the Canadian Institute for Substance Use Research
- The Committee also conducted a public consultation process that produced over 900 written submissions from members of the public, which will be considered in drafting the final report.

Key Themes

- **Expanding safe supply:** Nearly all invited presenters voiced support for expanding safe supply, noting that the current implementation of prescribed safe supply is not meeting peoples' needs. Multiple presenters specifically recommended non-medical models. Others called for the expansion of prescribed safe supply by addressing current limitations, such as prescriber reluctance and a lack of telehealth or virtual health options.
- **Prevention:** Several committee members expressed interest in strengthening prevention efforts, particularly for youth through school-based prevention activities. Examples of youth-focused prevention initiatives presented to the Committee included the Icelandic Prevention Model and PreVenture.
- **Training:** Presenters made several recommendations on the importance of improving and enhancing training requirements for healthcare professionals relating to substance use, cultural safety, and harm reduction. Additionally, supporting training opportunities for Peers was suggested by several participants.
- **Service expansion:** Presenters spoke to the need to address key service gaps, including withdrawal management (detox), counselling services, and cultural supports. Additionally, presenters noted that there are significant service inequities across the province, highlighting the lack of equitable access to services in rural and remote communities.
- **Targeting key populations:** There was considerable interest from the Committee in pursuing targeted initiatives focused on populations most at risk of experiencing a fatal drug poisoning. These included people working in the trades, people who had been in custody, and people experiencing significant poverty and related challenges.

Issue/Opportunity:

- Once the Select Standing Committee report is issued, Government will need time to analyze the recommendations and consider options for decision.
- Advice/Recommendations

Advice/Recommendations

Next Steps:

- The Committee's final report, including recommendations, is scheduled for release on November 2, 2022.
- Advice/Recommendations

Page 028 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 029 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 030 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 031 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 032 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 033 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 034 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 035 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 036 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 037 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 038 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 039 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 040 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 041 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 042 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 043 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 044 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 045 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 046 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 047 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 048 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 049 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 050 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

Page 051 of 215

Withheld pursuant to/removed as
Cabinet Confidences ; Advice/Recommendations

A Pathway to Hope

Introduction:

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

Background:

- On June 26, 2019, government released *A Pathway to Hope* (PTH), a strategy that lays out government's 10-year vision for mental health and substance use care, in which people living in B.C.'s mental health and well-being are supported from youth to adulthood and programs and services are available to tackle challenges early on.
- Work towards the 10-year vision has begun with an initial three-year action plan covering 2019/20 through 2021/22.
- The three-year plan includes 33 priority actions across four key pillars:
 - Improving Wellness for Children, Youth and Young Adults;
 - Supporting Indigenous-Led Solutions;
 - Substance Use: Better Care, Saving Lives; and
 - Improved Access, Better Quality.
- *A Pathway to Hope* actions work together to improve access to culturally safe, effective, seamless and integrated services and supports, and focus on prevention and early intervention.
- It sets the direction to create a coordinated and comprehensive mental health and substance use system for all people living in BC. To accomplish this the ministry partners with Indigenous governments and organizations as well as other provincial ministries, local and federal governments, education, justice, employment, and housing sectors, advocates, community organizations, and people with lived/living experience to advance this work. The Pathway to Hope actions and associated investments are intended to ensure people receive the mental health and substance use services they need to tackle problems early on and support their well-being.

Ministry/Government Actions to date:

- Government is monitoring progress on *A Pathway to Hope* through a performance monitoring and evaluation framework, which aims to understand the impact of new interventions on outcomes for people and systems.
- 10-year outcomes will be measured through a set of population and system outcome measures, aligned with approaches from organizations like the Canadian Institute for Health Information, the Mental Health Commission of Canada, and BC's Provincial Health Officer.
- Implementation and near-term impacts of priority actions under *A Pathway to Hope* are measured through internal monitoring reports.
- Government is committed to reporting publicly on progress. The first public report on progress, *A Pathway to Hope Progress Report* was released in September 2021. The next public report is scheduled for release Fall 2022.

Budget/Expenditures: (pls see table next page)

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

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

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

** Subject to agreement renewal

A Pathway to Hope:

A roadmap for making mental health and addictions care better for people in British Columbia



Table of Contents

- 1 Message from the Minister
- 2 Introduction
- 4 Our starting point
 - Barriers to mental health and well-being – 5
 - Experiences of children, youth and their families – 7
 - Experiences of Indigenous communities – 7
 - B.C.'s overdose emergency – 7
- 9 The roadmap at a glance
 - A three year snapshot – 10
- 11 Charting a path forward
 - A foundation for the roadmap – 12
 - Wellness promotion and prevention – 12
 - Seamless and integrated care – 13
 - Equitable access to culturally safe and effective care – 14
 - Indigenous health and wellness – 15
- 16 The initial focus: Three-year priority actions
 - Improved wellness for children, youth and young adults – 17
 - Supporting Indigenous-led solutions – 21
 - Substance use: Better care, saving lives – 24
 - Improved access, better quality – 27
- 31 Guiding principles for a better future
- 32 Conclusion



Message from the Minister

As British Columbia's first Minister of Mental Health and Addictions, I am honoured and excited to present A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.

At the heart of A Pathway to Hope is a powerful determination to make positive, lasting changes, so that B.C.'s system of mental health and addictions care works for everyone—no matter who they are, where they live, or how much money they make. Our vision is one where every one of us can live in a state of physical, spiritual, mental and emotional well-being.

B.C. has taken an important first step toward that vision with the creation of this ministry, the only one of its kind in Canada. With this roadmap, we are taking the next one. Our major focus is child and youth mental health — the cornerstone of A Pathway to Hope. When we improve their mental wellness and address small problems before they become bigger, we are making lasting investments in making B.C. better for everyone.

At the same time, we are strengthening our resolve to turn the corner on the overdose crisis. The worst public health emergency in a generation has revealed enormous gaps in addictions care. I am deeply grateful to all of the front-line workers, peers, first responders, friends and families for doing everything they can to save lives and connect more people to treatment and recovery. It truly takes a province to make a difference, and we are continuing to escalate our response together. And we have begun to reshape and integrate the fragmented system of mental health and addictions care so that it leads to better services that are informed with cultural humility, dignity and respect.

Make no mistake: we are just getting started. This roadmap makes it clear that we have a long journey ahead of us, one that will depend on the collective efforts of all of our partners, in every community and at all levels of government. Our goal is to get to a place where everyone has the support they need to not only survive but thrive. I know we're going to get there.

I know this because of the determination and wisdom of the thousands of British Columbians who helped us craft this strategy. We engaged with a wide range of organizations, agencies and individuals: front-line workers, First Nations and other Indigenous communities, caregivers, professionals, researchers, civic leaders, law enforcement officials and more. They offered their insight and expertise from years of experience and dedication.

Just as importantly, we also heard from those who know our mental health and addictions care system — and its gaps — all too well; people with lived experience of mental illness or substance use and those close to them. I've sat with grieving parents who shared their heartbreaking stories of losing their children to overdose and those who have slipped through the cracks of the current system of care. It is those stories and those words that are the voice of this mental health and addictions roadmap. It is those words and those thoughts that will make a lasting change in the lives of thousands of British Columbians, both now and in the future — that will help us all build enduring pathways to healing and hope.



Introduction

Like physical health, mental health and wellness is something that changes over time. Just like there are times when otherwise healthy people get physically sick or injured, many people who generally have good mental health can experience mental health challenges over their lifetime.

Mental health, even more so than physical health, is deeply influenced by our relationships with our friends, family and coworkers, and with our general environment. Stresses at work, at school, at home, in our communities and beyond, and in our finances can make the difference between mental health challenges that are manageable and those that are difficult to overcome. Similarly, poor physical health can have a major impact on our mental health.

By focusing on priority needs that will help people now *and* reduce demand on services down the road, we can begin to make tangible progress towards our long-term vision.

Mental health and substance use are tied to our general social, economic and physical well-being. Without good physical health, a safe place to live, good food to eat, and people who love and care about us, it is hard to remain mentally healthy in the long term. Similarly, it is difficult to do well at school or work, and have strong bonds with our friends and family, when we are struggling with our mental health or substance use challenges.

People who deliver mental health care and substance use treatment in British Columbia are dedicated, passionate and good at their jobs. They do their best to give people the services they need. But because mental health and substance use care have never been a priority of any provincial government, services today are fragmented, and lack consistency of oversight and delivery. Putting existing and new resources into a system that is not based on best practices won't take us where we need to go. Creating a system of care where providers feel supported and people get the care they need by asking once is a fundamentally transformative task.

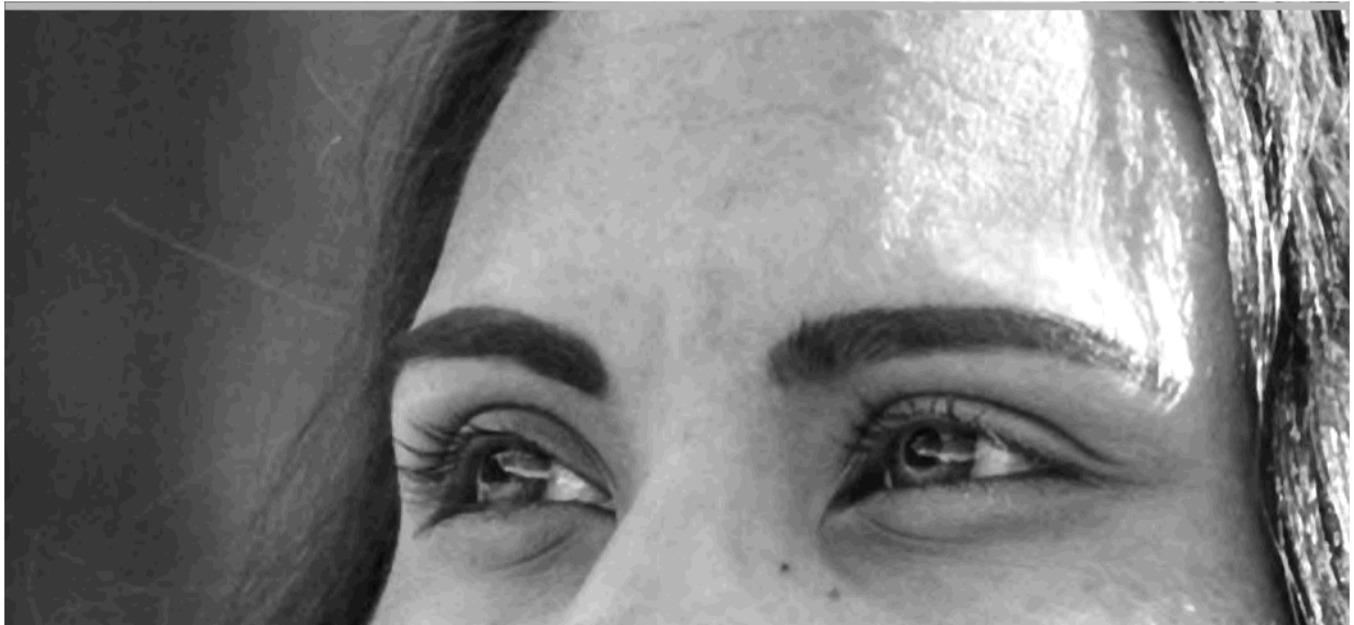
But let's be clear: this is a massive undertaking, and one that can't be completed overnight. In the area of mental health, evidence-based treatments and counselling services are not readily or equally available around the province. Where services do exist, they are often governed in many different ways and are delivered by both private and public providers. However, it's important to note that the existing system is doing important work in this area to support people, and we need to be careful not to disrupt services people rely on as we build a more effective approach.

As a province, we need to put behind us the years where little was done in the field of addictions care, and embrace the value of providing expanded and more efficient evidence-based prevention and treatment. For instance, according to the U.S. National Institute on Drug Abuse, for every dollar spent on evidence-based addictions treatment, the taxpayer saves \$12 in health and social costs.

This roadmap will build on recent work by the Ministry of Mental Health and Addictions to identify challenges in substance use service delivery and explore potential solutions for modernizing models of care, using evidence-based treatment and recovery guidelines. And while the opioid overdose crisis will continue to be an area of urgent public action, these models of care must necessarily address alcohol use and other legal and illegal substance use.

Because of the complexity of the problem facing our province, and the need to be agile as we implement change, this roadmap necessarily looks to both the long and short terms. It lays out government's 10-year vision for mental wellness, improved mental health care and the establishment of an effective substance use prevention, addictions treatment and recovery system — and outlines the priority actions we will be taking over the next three years. These three-year actions recognize that, in order to deliver effective change, government cannot do everything at once. By focusing on priority needs that will help people now and reduce demand on services down the road, we can begin to make tangible progress towards our long-term vision.

This roadmap also represents a call to action to all British Columbians to work together, to contribute, to be part of the solutions moving forward. Integration — of government services and of all our external partners — is a key theme in this roadmap. This is a province-wide issue that touches the lives of so many people, and affects our relationships, our work, our communities and so much more. Only by coming together, can we deliver the changes needed to support people in addressing their challenges and help us move forward in a proactive, progressive and supportive province.



Our starting point

This is the situation in our province: almost one million British Columbians will experience a mental health or substance use issue of varying severity and types this and every year, according to the Canadian Mental Health Association (CMHA). That is one in five of us. Many may also face concurrent mental health and substance use issues, or experience these health issues alone or in tandem with other physical illnesses.

Many people will not get the treatment they need to overcome these challenges. Many still will end up in emergency rooms, in the justice system or face homelessness. These are devastating consequences that impact people's lives, relationships, jobs and so much more.

In her 2019 report, *Taking the Pulse of the Population*, B.C.'s provincial health officer, Dr. Bonnie Henry, reports that British Columbians rate their mental health as nearly the lowest in the country, despite being more physically active, eating more fruits and vegetables, and having generally healthier lifestyles. And the percentage of British Columbians reporting positive mental health is trending downward — an area where B.C. is falling behind at an international level.

The Ministry of Mental Health and Addictions' starting point was to begin to define the problems facing our province, through the eyes of people with lived experience, health care providers and community advocates.

The reasons range from the personal to the global — from childhood and intergenerational trauma to the impacts of climate change.

The consequences are felt by us all:

- B.C. has the country's highest rate of hospitalization due to mental illness and substance use.
- Suicide has become the ninth leading cause of death in Canada.
- The overdose crisis continues to ravage our communities, with 1,510 deaths in 2018.
- The effects of substance use (including alcohol and tobacco) take a major toll on both physical and mental health — for example, alcohol use is the seventh leading risk factor for death and disability globally (and is the leading risk factor for people who are 15 to 49 years old).
- The estimated impact on B.C.'s economy stands at \$6.6 billion annually.

But the trend that should make all of us take notice is the growing number of children and youth experiencing challenges. Two reports by the McCreary Centre — a non-profit focused on improving the health of B.C. youth — indicate that between 2013 and 2018, the number of students reporting a mental health condition has risen to 23% from 15% among females, and to 8% from 5% among males. The rate was 43% among non-binary youth. More alarming is that 17% of students reported they had seriously considered suicide in the last year.

We know that the services needed to address these challenges aren't keeping pace with needs. Even worse, because of the patchwork of services, the inconsistent way they are delivered, and their disconnect from each other and the overall health system, we don't have a clear picture of the magnitude of need.

Despite increasing evidence of the benefits of providing help early, existing mental health, substance use and wellness care is heavily weighted towards crisis. Little is spent on prevention, sharing knowledge and promoting mental wellness.

It's clear that change is needed. That's why, in 2017, the new government created a standalone Ministry of Mental Health and Addictions to oversee the transformation of mental health and wellness care in British Columbia. Within that, the ministry was tasked with creating something that no Canadian province has done to this point — developing an effective continuum of care for substance use and addictions.

This new ministry's starting point was to begin to define the problems facing our province through the eyes of people with lived experience, health care providers and community advocates. Through the course of 2018, we undertook a comprehensive online and face-to-face outreach process that helped us better understand the state of mental health care and substance use services and delivery. From that, we identified four areas of urgent need:

1 Barriers to mental health and well-being

When it comes to delivering mental health and substance use programs on the ground, service demand exceeds service capacity. It's as simple as that.

The results of the systematic barriers to care have huge implications for British Columbians. Too many people end up not getting the care they need until their condition is severe and requires more extensive and expensive treatment. Those treatments often tend to be fragmented, with people having difficulty navigating their way between primary, community and acute or emergency services. Compounding this fragmentation of services is the increased demand on systems of care. For example, increasing rates of alcohol-related hospitalization and climbing

death rates involving alcohol have coincided with the emergence of fentanyl in the illicit drug supply to heighten the demand for addiction prevention, treatment and recovery services.

The challenge facing us in moving forward is addressing persistent fragmentation. By delivering more person-centered services, the continuum of mental health promotion, prevention, treatment and recovery services becomes more effective and efficient and, more importantly, is built around the needs of the individual.

Stigma and affordability stand out as substantial systemic barriers to care. Fear and misunderstanding often lead to prejudice against people with mental illness, substance use and addiction challenges — and this discrimination comes far too often from health and social service providers themselves.

Research suggests that stigma prevents 40% of people with anxiety or depression from seeking help — a trend that is magnified when put under a lens of cultural, gender, ethnicity, age, poverty, and sexual and gender identity factors. For example, women can face significant stigma when they experience depression before, during and after pregnancy, or the adoption of a child.

In the case of substance use and addiction, given the negative view society has about people who use drugs, the stigma and multiple barriers to access care can be even more problematic.

If care is sought, affordability of services becomes an additional factor, particularly for people accessing counselling or residential substance use facilities, or when additional service fees are required. These barriers are made even worse for people living in rural and remote areas.

The barrier of stigma

People with mental health issues, as well as people living with addictions and including those in long-term recovery often experience stigma. Attaching stereotyped and negative qualities to a mental health condition creates stigma. A lack of information, faulty representation and discriminatory language all promote an unhelpful view of mental health.

People with mental illness or addiction report that judgment by others is a significant barrier to recovery. Stigma can prevent people from asking for help for fear of what others might think or say.

In the workplace, stigma makes it difficult for managers or co-workers to offer assistance out of fear of saying the wrong

thing or infringing on an employee's privacy.

According to the Canadian Mental Health Association, two out of three individuals with a mental health problem will not pursue treatment. These individuals will suffer longer, which could make the mental health issue worse. Recovery usually takes longer when mental health problems go undiagnosed for an extended period of time.

This is why reducing stigma has been a key part of government's initial work on reducing opioid addictions and plays a key role in moving forward with this roadmap.

2 Experiences of children, youth and their families

The list is long. It includes the Representative for Children and Youth, the Auditor General, the Select Standing Committee on Children and Youth, Doctors of BC and so many more. They have all raised the alarm over the limited access to services for children and youth with mental health and/or substance use issues. The neglect of promotion, prevention and early intervention services has contributed to a downward trend in the social and emotional development of young children. After so many years when so little was done, B.C. isn't prepared or able to provide equitable access to trauma-informed, culturally safe and person-centered care when young people and their families need it.

This neglect has left our province with service delivery defined by waitlists and crises, service navigation issues and compounded challenges as children and youth transition into the adult mental health and substance use systems of care. Of further concern is the inequity of access to services depending on where you live. People in smaller and remote communities often have few if any services available to them.

3 Experiences of Indigenous communities

Colonial practices, past and present, mean that Indigenous peoples often do not have access to culturally safe care or care that integrates cultural practices and builds on individual and community resilience. As a result, Indigenous peoples and communities experience far poorer mental health and substance use outcomes. Indigenous peoples continue to experience stereotyping, racism and discrimination in the broader health-care system. Despite the need for services that are culturally safe and that integrate culture in the path to wellness, Indigenous peoples experience the greatest barriers to care.

The result is the greatest inequities in health across virtually every indicator, and an overrepresentation of Indigenous peoples in social, health care and justice-related services.

4 B.C.'s overdose emergency

As with all other jurisdictions, problematic substance use in British Columbia is inexorably linked with physical and mental health, and people's overall level of wellness. Three years ago the provincial health officer declared a public health emergency under the Public Health Act. Today, that emergency declaration remains in place. Even with progressive, innovative steps at the community level and historic provincial investments, we continue to see an unprecedented toll on individuals, families, communities, first responders and service providers.

We mourn the loss of thousands of people to overdose — a clarion call to us all to continue working on solutions that will save lives and end this epidemic.



A three-year snapshot

As you'll see in the remainder of this roadmap, while establishing the longer-term vision 10 years out we're also keeping our feet on the ground with four sets of priority actions over the next three years.

IMPROVED WELLNESS FOR CHILDREN, YOUTH AND YOUNG ADULTS	SUPPORTING INDIGENOUS-LED SOLUTIONS	SUBSTANCE USE: BETTER CARE, SAVING LIVES	IMPROVED ACCESS, BETTER QUALITY
Support for pregnant individuals and parents with substance use challenges.	Implement the Tripartite MOU with the FNHC, FNHA and Government of Canada	Framework for improving substance use system of care	Expand access to affordable community counselling
Promote early childhood social emotional development	Develop 10-year strategy to achieve progress on the social determinants of health and wellness	Ensuring best evidence guides care in B.C.	Team-based primary care (with mental health and substance use professionals) and specialized services
Enhance programming in early childhood centres	Embed cultural safety and humility across the provincial system	Increase access to evidence-based addiction care	Enhanced provincial crisis lines network.
Expand Confident Parents: Thriving Kids	Expand First Nations-run treatment centres	Integrated team-based service delivery to connect people to treatment and support ongoing recovery.	Framework and standards to improve care under the Mental Health Act
Expand Foundry Centres	Expand Indigenous land-based cultural and healing services	Overdose emergency response, including community-based harm reduction services	Implement peer support co-ordinators
Mental health in schools	Enhanced capacity for Métis Nation BC for priority setting and planning	Supportive recovery services	Develop peer support worker training resources.
Establish Integrated Child and Youth Teams	Support First Nations-led primary health care initiatives	Provincial Peer Network	Expand Bounce Back
Step up/down: Specialized care home beds and intensive day programs			Mental Health and Wellness Disaster Recovery Guide
Create virtual counselling for post-secondary students			Workplace mental health
			Create a web-based portal (focused on children and youth)



Charting a path forward

Given the magnitude of the challenge facing our province and our people, British Columbia needs to be ambitious in vision, flexible in approach and focused on continuous improvement.

By reporting out annually on our progress, we will be transparent and accountable in evaluating the progress we're making on delivering care when and where people need it.

Much can change over 10 years — our vision needs to be ready to adjust based on individual, community and provincial needs. That's why, rather than a strategy in and of itself, this approach is best defined as a roadmap that sets a long-term direction for a new system of mental health and substance use care where prevention, harm reduction, treatment and recovery supports are clear, and services always within reach. And at points along this path, we'll take stock, make adjustments and continue to move forward with clarity of purpose.

At its heart will always be the commitment to providing mental health and substance use services where every door is the right door, and people can ask once and get help fast. British Columbians need and deserve to know that they can get help early, close to home and free from judgment and discrimination.

This roadmap also calls for a shift in funding priorities. Currently, across an array of ministries, the provincial government spends approximately \$2.5 billion annually on mental health and substance use services with 95% of that spent on specialized, hospital-based or downstream services. This means only a small percentage is spent on early intervention, prevention and long-term recovery initiatives.

It's clear that the time has come to devote more available dollars to upstream services that deliver services focused on health promotion, early intervention and keeping people supported and healthy when they achieve recovery.

Just as essential is making sure those dollars are delivering the results we intend for British Columbians. This is why this roadmap also commits government to a robust, meaningful evaluation process. By reporting out annually on our progress, we will be transparent and accountable in evaluating the developments we're making on delivering effective care when and where people need it.

A foundation for the roadmap

Our 10-year goal: All British Columbians experience and maintain physical, spiritual, mental and emotional well-being and thrive in the communities in which they live, learn, work and play.

While ultimately reliant on ongoing scrutiny, evaluation and adaptation, this roadmap and vision are built on a core foundation that will stand the test of time through the years and serve as the tenets that ground all we plan and strive for.

In moving forward, our government has listened to what British Columbians have passionately argued for, and defined the following four pillars:

1 Wellness promotion and prevention

Here's where we are today. Many services are oriented to those who are in an acute crisis — people are in severe mental health or addiction crises or are significantly impaired before they can access the care they need.

That's why a central tenet of this roadmap is to increase the prevention and wellness programs and services, so we can help prevent problems before they start or, at a minimum, from becoming ongoing or lifelong issues. This will reduce the pressures on acute health care services, reduce

costs and provide a better experience for service providers and people experiencing or who are vulnerable to mental health and substance use challenges.

People's physical, spiritual, mental and emotional well-being will be supported from the earliest point in the lifespan. People, families and communities will experience increased resilience and be supported to achieve their full potential. This approach aligns with and incorporates an Indigenous perspective of holistic wellness and supports an increase in culturally safe services.

Key Outcomes:

- British Columbians experience physical, spiritual, mental and emotional well-being.
- British Columbians experience resiliency.
- British Columbians who are exhibiting early signs and symptoms of mental health and addictions problems are identified and supported to prevent problems from worsening.
- British Columbians experience well-being through health promotions and prevention approaches that support resiliency, and a sense of belonging and purpose.

2 Seamless and integrated care

This is about putting people at the centre of the care they need. Rather than requiring people to navigate a complicated and fragmented system of care — particularly when they are unwell or in a time of crisis — we will bring the care to them. Let's provide support and training for service providers so they can become more skilled in the use of effective screening, diagnosis and treatment, and the pathways to care, so they can better support their clients in accessing the services they need.

Consistent with this government's commitment to renewed team-based primary care overall, this approach to seamless and integrated care will increase system capacity through shared treatment planning and co-ordinated care options. It means tightening the links between physical and mental health care services; it means integrating schools and other community-based organizations; it means enhanced continuity of care and collaborative practice; and it means improved information sharing so that people won't have to tell their stories over and over.

Along with providing a better work environment for service providers, and ongoing work to map out a seamless and efficient continuum of care and services for both mental health and addiction care services, this approach will continually move us forward to a place where people ask once and get help fast.

Key Outcomes:

- British Columbians and their families experience a system of evidence-based services and supports that are flexible and responsive to their needs at any place in time.
- British Columbians and their families are at the centre of planning service delivery approaches that enable treatment and recovery.
- Services, supports and policies are co-ordinated across governments and sectors.

3 Equitable access to culturally safe and effective care

People need safety to heal. That is especially true when it comes to troubles that are rooted in trauma. Yet many people in British Columbia face discrimination when they seek healing and support.

During our consultations, people from many different social, cultural and economic communities — including Indigenous, LGBTQ2S+, Chinese and South Asian communities — said a lack of accessible, culturally safe, non-discriminatory care was a barrier to getting the help they needed.

That's what makes the provision of safe, welcoming, inclusive and culturally safe services so important. We need to treat root causes, both to help people heal from existing trauma, and to prevent more people from being harmed.

And we need to treat people who are struggling with mental health and substance use challenges with respect and dignity. We need to see substance use and addiction not as a moral failure, but as a complex, chronic condition that is often linked to physical and emotional pain and trauma. People who have mental health and substance use disorders are friends, colleagues, family and neighbours. They are us.

Services and supports need to be evidence-based and match the individual care needs of the person. Intervening early with the right type of care at the onset of a problem can often prevent problems from worsening or becoming a life-long struggle. Based on the principle of "least intrusive," people should be provided with the least intensive service that is likely to meet their needs and be effective. Higher intensity, more specialized services should be based on best evidence and be available when and where they are needed.

If we are going to really make progress and help people heal, we need to do more to make sure that people with mental health and substance use

challenges are included in our workplaces, schools and communities.

Key Outcomes:

- A full range of evidence-based services, treatments and supports are available when and where they are needed.
- People with lived experience inform and are leaders in mental health and addictions policy, planning and delivery of services and supports.
- Services and supports are culturally safe and provided with humility, and are free from stigma and discrimination.
- Services and supports are evidence-based and are delivered using a healing, relational and strength-based approach.

4 Indigenous health and wellness

Underlying this roadmap is our government's commitment to reconciliation with Indigenous peoples — a commitment that will shape the planning, approach and delivery of new services in British Columbia.

The time for transformative change in the relationship with Indigenous peoples is now.

For millennia, Indigenous peoples have been healthy, self-sustaining and self-determining in every sense. This has been greatly impacted by colonialism. The dispossession of land, the disconnection from culture, family, community, language and ceremony, and the removal of children from their families is part of the harmful history experienced by Indigenous peoples.

Today, colonialism, racism and intergenerational and present-day trauma can manifest as social and economic inequities. This can be seen in disproportionately poorer health outcomes, the overrepresentation of Indigenous people in the child welfare and criminal justice systems, higher rates of chronic disease, depression and substance use disorders, and overrepresentation in the overdose public health emergency.

For too long, governments denied or undermined the self-determination of Indigenous peoples. Decisions about Indigenous peoples were often made by others to the detriment of Indigenous peoples. The time for transformative change in the relationship with Indigenous peoples is now.

For the past decade, First Nations in B.C. have led a process to reclaim their decision-making

and authority over health and wellness. Through a series of political and legal agreements, the federal and provincial government have committed to eliminate inequities in the health and wellness of First Nations. In 2013, this work culminated in the transfer of federal health programs and services to First Nations control through the First Nations Health Authority.

This innovative partnership with B.C. First Nations recognizes that First Nations communities are in the best position to make decisions about the health and wellness of their people. The commitments of the partners ensure that First Nations communities are directly engaged in the design, planning and delivery of mental health and wellness services.

This work is a critical step on the path to self-determination, and an important chapter in the story of reconciliation, as we seek to acknowledge and make amends for the harms of colonialism and support Indigenous peoples as they engage in their paths to healing.

By ensuring Indigenous communities are full and equal partners in the design, planning and delivery of mental health, substance use and wellness services in B.C., we are upholding our commitment to the United Nations Declaration on the Rights of Indigenous Peoples, and responding to the Calls to Action of the Truth and Reconciliation Commission of Canada.

The Province of B.C. also recognizes that a distinctions-based approach is needed to ensure that the unique rights, interests and circumstances of Indigenous peoples are acknowledged, affirmed and implemented. To this end, the implementation of this strategy will be guided by ongoing and open dialogue with B.C. First Nations, the Métis Nation British Columbia and other Indigenous partners to ensure our actions align with and advance the unique priorities of Indigenous peoples throughout B.C.



The initial focus: Three-year priority actions

For almost a generation, there was little investment in or attention paid to improving mental health and addictions care for British Columbians. This has left our province a long way behind with a long way to go.

These actions are about putting people's wellness front and centre.

And as we begin — as we identify, fund and act on our initial priorities — it's critical to keep in mind that, because of past neglect, mental health and substance use challenges have become a province-wide problem requiring province-wide solutions. Along with government, it is essential that communities, businesses, organizations, academic institutions, care providers and others come together to work for a common direction and shared solutions. This is about setting and powering a societal movement to mental wellness.

Within government, a multi-ministry approach is underway. For example:

- The Ministry of Mental Health and Addictions will be building on the new direction within the Ministry of Health to focus on improving primary care services and integrating an array of services around the individual.
- The Ministry of Social Development and Poverty Reduction's TogetherBC poverty reduction strategy is critical to turning the tide on mental health and addictions in British Columbia. With a goal of cutting child poverty in half by 2024, we can reduce child vulnerability and help prevent people from becoming susceptible to mental health and addiction challenges throughout their lives.
- Over a year ago, government launched the most ambitious housing plan in B.C.'s history. Since then, in partnership with an array of community organizations, 20,000 new homes have either been completed or are underway — including housing dedicated for those who are homeless, for women and children fleeing violence, for Indigenous peoples (both on- and off-reserve), and other types of supportive housing.
- Similarly, government's new Childcare BC will help reduce financial stress for families and give more kids access to quality care, making life more affordable, balanced and healthy for children and their families.

These actions and more are about putting people's wellness front and centre. Now imagine if businesses, places of learning, sports organizations — all facets of our daily lives — moved forward in that shared spirit of health and wellness.

For so many of us who interact with people who are hurting, it is our hope that this day will come. But we recognize, too, that with so far still to go, we need to begin the work today with actions that are ambitious but achievable, principled but practical.

To this end, our priorities over the next three years are in four key areas that will start to move us closer to the overall vision of this roadmap and address immediate and critical problems.

1 Improved wellness for children, youth and young adults

KEY PILLARS:

Prevention, early intervention and wellness promotion

Seamless and integrated care

There is no question that the earlier people get help managing mental health and substance use challenges, the better the outcomes. In fact, many common mental health and substance use disorders can be prevented. Unfortunately, the crisis-centred approach that defines our traditional approach to care hurts everyone, often with significantly more severe implications for young people.

We know that giving every child their best possible start will generate the greatest societal and mental health outcomes. The reality in B.C., however, is a quite different scenario:

- An estimated 84,000 (12.6%) children aged four to 17 years in B.C. are experiencing mental health disorders at any given time.
- The 2014 McCreary Centre adolescent health survey of 30,000 B.C. students in grades 7 to 12 found that while the large majority rated their overall mental health as good or excellent, a significant amount reported concerning mental health and substance use experiences. The most commonly reported mental health conditions were depression, anxiety, panic attacks and attention deficit/hyperactivity disorder.

- From 2009 to 2017, there was an 86% increase in hospitalizations in B.C. for mental health issues of youth under 25 years of age.
- Children, youth and young adults have not been immune from the impacts of the current overdose crisis. In 2018 alone, at least 12 children ages 13 to 18 years and at least 298 people ages 19 to 29 years have died from a suspected overdose.
- In 2015, more than 600 British Columbians died by suicide, which continues to be the second leading cause of death among young people ages 15 to 24 years of age.

Promoting wellness, prevention and intervening early in life can reduce problems as people grow and develop. It's estimated that 70% of mental health and substance use problems have their onset during childhood or adolescence. These illnesses cause significant long-term disability and are arguably the leading health problem children and youth in B.C. face. Expanding treatment services is important, but treatment alone cannot meet the mental health and substance use needs of children and youth. We must also focus on prevention, screening and early intervention to reduce the number of children and youth affected.

Treatment is most effective when young people can access co-ordinated services in a timely way:

- **Delivering better outcomes:** Programs that reduce risk factors and strengthen protective factors can decrease symptoms and prevent the onset of some mental health and addictions disorders. Services and programs to prevent mental health challenges can improve positive mental health and physical health. These programs can help keep families together, improve employment (getting and keeping a job, attendance and productivity), and can increase Grade 12 and post-secondary graduation rates.
- **Reducing negative outcomes:** Access to early treatment can avert costs related to negative outcomes, such as hospitalization or involvement in the criminal justice system.

- **Reduced costs for care:** The Mental Health Commission of Canada estimated that if Canada reduced the number of people experiencing a new mental illness in a given year by 10%, at least \$4 billion could be saved after 10 years.

This roadmap puts an initial three-year priority on transforming mental health and substance use care for children, youth, young adults and their families by increasing efforts in prevention and early intervention and weaving together the fragmented, patchwork of services. To provide the kind of wraparound supports needed, we will prioritize the integration of services through strong local leadership and provincial co-ordination.

Implementing a significant shift in how services are delivered won't be easy. The actions in this roadmap pave the way for services to meet children, youth and families where they are and provide services in their homes, communities and schools. The burden will ultimately no longer be on youth and families to find the right services.

PRIORITY ACTIONS	
Support for pregnant individuals and parents with substance use challenges	BC Women's Hospital is leading the expansion of best practices in the care of pregnant individuals with substance use disorders. These provincial advancements to maternity care are happening through education/training, new evidence informed, hospital-based services, as well as building capacity in communities so that both parent and newborn receive the care they need closer to home. This initiative aims to improve consistency in quality and access for pregnant individuals who use substances from pre- to post-natal care.
Promote early childhood social emotional development	Professional development tools will be created to increase capacity to promote healthy social and emotional development in schools. An awareness campaign will be launched to raise family and public understanding of the importance of social and emotional development.
Enhance programming in early childhood centres	Government will enhance and expand core programming offered in child development centres and by community-based organizations delivering a core set of early intervention services for children under the age of six.
Expand Confident Parents: Thriving Kids	Confident Parents: Thriving Kids is a family-focused phone-based coaching service that is effective in reducing mild to moderate behavioural problems and promoting healthy child development in children ages three to 12 years. Funding is also supporting the development of new services for families whose children are experiencing anxiety disorders.
Expand Foundry Centres	Foundry Centres bring existing core health and social services together in a single location where young people ages 12 to 24 years can find the care, connection and support they need, both online and in their community. The expansion of Foundry includes increasing access to more centres and strengthening partnerships with Indigenous communities to build capacity to deliver culturally appropriate, safe and humble services. These "one-stop shop" centres will be expanded from 11 to 19 centres throughout the province.
Mental health in schools	Evidence-based and culturally safe programs and supports that focus on prevention and promotion activities will be delivered in K-12 schools provincewide. School-based staff and integrated team members will proactively identify children early who are experiencing social or emotional challenges and/or early signs of mental health and substance use challenges. These students will continue to receive initial supports in schools through school counsellors, curriculum, and mental wellness promotion and prevention programs. Students with higher mental health and substance use needs will be connected to integrated delivery teams.

<p>Establish Integrated Child and Youth Teams</p>	<p>Integrated service delivery is a new and innovative model that has been successfully implemented in other jurisdictions and has been adapted for the unique context of British Columbia.</p> <p>In five school districts over two years, multi-disciplinary teams will be established with existing providers and new positions, each being connected to a cluster of schools and delivering services to children, youth and young adults whose needs are higher than can be met within a school or through primary care.</p> <p>Children and youth and their families can also be connected to an integrated team by many sources outside schools, including youth justice, primary care clinicians, and the young people themselves. These teams will:</p> <ul style="list-style-type: none"> • work with young people and their family/caregiver to develop a common plan that will ensure the young person does not have to repeat their story and receives evidence-based and respectful care that matches them and their needs; • be “outbound” and meet young people and families where it is safe and comfortable for them; and • bring the services and supports to the young person so they and their families/caregivers do not have to find their own way through a system.
<p>Step up/down: Specialized care home beds and intensive day programs</p>	<p>Step up/Step down services are intended for children and youth with severe mental health and/or substance use conditions who require intensive services. The term “step up” refers to treatment options at a higher intensity than regular community services as an alternative to hospitalization. The term “step down” also refers to intensive treatment but for children and youth transitioning out of hospital care before returning to community services.</p> <p>The goal is to prevent young people from entering intensive service settings such as hospitals or remaining there longer than necessary.</p> <p>Step up/step down services will be expanded. This will include two intensive day programs and 20 family care home spaces with clinical care.</p>
<p>Create virtual counselling for post-secondary students</p>	<p>Work is underway to develop a virtual mental health counselling and referral service for post-secondary students of all ages throughout British Columbia:</p> <ul style="list-style-type: none"> • This service will include telephone and online chat capabilities. • The launch of this service is planned within the coming year.

Empowering students, educators and parents.

The erase (Expect Respect and a Safe Education) strategy is about building safe and caring school communities by empowering students, parents, educators and community partners. Erase focuses on four key pillars:

1. Prevent bullying and violence in schools
2. Provide critical incident and trauma recovery support to school districts and independent schools
3. Deliver child and youth mental health and substance use supports
4. Support students of all sexual orientations and gender identities (SOGI)

In addition to erase (www2.gov.bc.ca/gov/content/erase), concepts related to mental health and substance use are found in every grade of the physical and health education (PHE) curriculum from kindergarten through grade 10 (the grades 11 and 12 curriculum rollout in fall 2019 and are elective courses).

2 Supporting Indigenous-led solutions

KEY PILLAR:

Prevention and wellness promotion

Equitable access to culturally safe and effective care

For Indigenous peoples, mental health and wellness is more than the absence of mental illness. It is a shared perspective of holistic health and wellness in which the mind, heart, body and spirit are all inter-connected and are supported by culture, relationships and a responsibility to family, community and the land. This perspective has influenced the design of this strategy as a whole and is reflected throughout our vision and actions.

Indigenous peoples of B.C. have identified mental health and wellness as a priority through their own planning and engagement processes. Reclaiming their rich history of health and wellness is a priority as they seek to break the cycle of intergenerational trauma, restore the traditions and systems of governance disrupted by colonization, and address health and social inequities.

The Province recognizes that Indigenous communities are in the best position to make decisions about the health and wellness of their people. A key focus of this framework is continuing to build, strengthen and evolve our partnerships with Indigenous peoples. Fundamentally, this framework is guided by the understanding that Indigenous peoples must be full and equal partners in the design, planning and delivery of mental health and wellness and substance use services.

By funding and supporting Indigenous-designed, Indigenous-led and Indigenous-delivered care, we are supporting self-determination. At the same

time, we acknowledge that Indigenous peoples must have equitable access to the provincial mental health and addictions system. This means that we must create meaningful partnerships with Indigenous communities to ensure Indigenous peoples have access to a culturally safe and increasingly co-ordinated continuum of care.

This is all supported by a commitment to strengthen cultural safety and humility across the mental health and addictions system to ensure Indigenous peoples have access to care that is free of all forms of racism and stigma, and that the system includes significant cultural supports and interventions.

PRIORITY ACTIONS	
<p>Implement the Tripartite MOU with the FNHC, FNHA and Government of Canada</p>	<p>The Tripartite MOU between Canada, British Columbia and the First Nations Health Council, with the support of the First Nations Health Authority, was signed in July 2018 to work in partnership to improve mental health and wellness services and achieve progress on the determinants of health and wellness.</p> <p>Through a new and more flexible funding approach and partnerships that facilitate greater cross-sector collaboration, this Tripartite MOU is intended to support First Nations to plan, design and deliver a continuum of mental health and wellness services. This work will provide the basis to develop a ten-year social determinants of health strategy that further supports the implementation of Nation-based health and wellness plans.</p>
<p>Develop a 10-year strategy to achieve progress on the social determinants of health and wellness</p>	<p>Building on the established tripartite health partnership, Canada, British Columbia and B.C. First Nations will continue to work together over the next few years on a vision for a 10-year strategy to address social determinants of health and improve the conditions in which people in First Nations communities are born, grow, work, live and age, and the wider set of forces shaping the conditions of life.</p>
<p>Embed cultural safety and humility across the provincial system</p>	<p>In April 2018, MMHA and the First Nations Health Authority signed the Declaration of Commitment to Cultural Safety and Humility to embed cultural safety and humility across the provincial system.</p> <p>MMHA is committed to working with the First Nations Health Authority, the Ministry of Health, mental health and addictions system partners and Indigenous partners to advance a common agenda and strategy for cultural safety and humility.</p>
<p>Expand First Nations-run treatment services</p>	<p>To support the healing journeys of First Nations individuals, families and communities, funding is being provided to the FNHA to renovate, replace, expand and build First Nations-run treatment centres throughout B.C.</p> <p>This investment will support the construction of two new urban treatment centres and urgent renovations to a number of existing treatment centres. This investment is an important step to increase access to culturally safe substance use services.</p>

<p>Expand Indigenous land-based cultural and healing services</p>	<p>In response to immediate priorities identified by B.C. First Nations, the ministry provided funding to the FNHA to support First Nations-led land-based cultural and healing approaches.</p> <p>This investment sets the foundation for a longer term vision of blending the best of western and traditional Indigenous approaches as we transform the mental health and wellness system to better meet the needs of Indigenous peoples in B.C. and improve their mental health and wellness outcomes.</p>
<p>Enhanced capacity for Métis Nation BC for priority setting and planning</p>	<p>MMHA has provided capacity funding to Métis Nation BC (MNBC) for it to engage with Métis peoples throughout B.C. in conversations about Métis mental health and wellness. Those findings are now guiding MNBC's strategic planning process.</p> <p>Over the next three years, these early investments are providing support for MNBC to build its capacity and build new partnerships, as well as to advance Métis-led initiatives related to Métis cultural safety, harm reduction and an anti-stigma campaign.</p> <p>MNBC, MMHA and the Ministry of Health are committed to exploring a long-term health and wellness partnership that recognizes the unique priorities, interests and perspectives of Métis peoples in B.C.</p>
<p>Support First Nations-led primary health care initiatives</p>	<p>The First Nations Health Authority is working with the Ministry of Health on planning First Nations-led primary health care initiatives.</p> <p>This work will be co-ordinated with the broader Primary Care Network initiative taking place throughout the province whereby integrated team-based primary and community care will be designed to meet needs through a network of services within a specific geographic area, including mental health and substance use services.</p>

3 Substance use: Better care, saving lives

KEY PILLARS:

Prevention, early intervention and wellness promotion

Seamless and integrated care

Equitable access to culturally safe and effective care

Since the provincial health officer declared a public health emergency in April 2016, at least 3,768 people in B.C. have died of suspected illicit drug overdoses. However, the need for a comprehensive, co-ordinated and evidence-based substance use system of care in British Columbia long pre-dated the emergence of fentanyl in the illegal drug supply.

Before and since, people throughout the province have been working every day, every week and every month to save lives. And yet more needs to be done.

The overdose emergency has revealed the deep connections between mental health, medical care needs (e.g. pain care, chronic disease management, like HIV and viral hepatitis), and substance use care. While continuing to escalate the response to the overdose emergency, the Province must also broaden its focus to include other harmful substance use. In its review of opioid deaths in its health authority, Vancouver Coastal Health, for example, found that most deaths (60%) had not met the criteria for an opioid-use disorder and the vast majority used multiple substances, many of whom were dependent on substances other than opioids.

Complicating the situation, many individuals struggling with addiction are accessing ineffective, rather than evidence-based services. For instance,

in their review of overdose deaths, the B.C. Coroner found that more than half of those who died in the crisis had accessed some form of mental health or primary care service, but had not been able to access effective addiction care.

Understanding why some people become dependent on substances is complex. Some people have a predisposition to substance use disorder based on genetic risks, or experience environmental (e.g. stress, trauma) risks or social inequalities and challenges (i.e. poverty, housing affordability). Others may become dependent on prescription medications for physical pain. It is important to understand that substance use occurs on a wide spectrum, with problems and addiction being at the more severe end. Unfortunately, responding to stress, anxiety, and emotional and physical pain by using substances like alcohol, cannabis and nicotine can worsen physical and mental health.

When health issues arise, the first place most families turn is their primary care provider. However, traditionally family physicians and other practitioners have had very limited training in substance use prevention, screening or treatment. Similarly, unlike almost all other medical challenges in the health-care system, traditionally there have been no expert guidelines or other resources for providers to turn to for practice support.

Services need to be ready when people are. Rapid access to the right treatment is critical to giving people the help they need to heal. The current patchwork of waitlists and referrals is leaving most adults without any help for mental health and substance use problems until they become much worse or reach a crisis.

People need access to appropriate addictions care on a continuum from team based primary care, withdrawal management and counselling to hospital outpatient services and treatment beds.

We need to better support people earlier, and we need to bring services together so families aren't struggling to get their loved ones the care they need.

PRIORITY ACTIONS

<p>Framework for improving substance use system of care</p>	<p>Connecting British Columbians to evidence-based and trauma-informed treatment and recovery services/supports requires a clear roadmap for developing quality, effective, efficient and innovative service delivery models in the years ahead.</p> <p>We will be working with partners to define and determine the key elements needed to ensure a co-ordinated, integrated and interdisciplinary system of addiction prevention and care that works for all of those who need it. This means considering how best to design and deliver services to allow people to move smoothly from one service to another to meet their changing needs and circumstances, while maintaining their connection to care. It will look at the need to modernize treatment services as well as integrating approaches to substance use prevention, treatment and recovery goals throughout other systems, such as housing and employment.</p>
<p>Ensuring best evidence guides care in B.C.</p>	<p>Addressing the traditional lack of standards and best practices is critical if we are going to address the rising rates of drug-related harms and move toward more integrated substance use prevention treatment and recovery. As part of this strategy, the Province will work with the BC Centre on Substance Use to develop and implement guidelines for addressing the province's prevention and addiction treatment and recovery needs, including alcohol and drug addiction. Incorporating meaningful training in Indigenous cultural humility and culturally safe care will be core to this strategy.</p>
<p>Increase access to evidence-based addiction care</p>	<p>Readiness for treatment and recovery services varies for individuals at different points in their journey. Services need to be ready and responsive when people are. Rapid access to the right treatment during these windows in time is critical. Expanding rapid access to addiction medicine supports means continuing to increase capacity to treat individuals with substance use disorders, enhancing existing services and implementing additional prescriber services. This means addressing head on the stigma around substance use care and training practitioners in addiction medicine the same way that practitioners are trained in other areas of health care.</p>
<p>Integrated team-based service delivery to connect people to treatment and support ongoing recovery</p>	<p>Integrated treatment and recovery teams will focus on engaging and retaining individuals in treatment by addressing existing gaps in community-level resources. These teams are intended to support and complement primary care and community-based services.</p> <p>Service delivery models will be based on regional need and existing community-based treatment models (e.g. primary care settings, addiction clinics, intensive outpatient treatment, and acute care and recovery services) and will be tailored to address gaps in pathways of care for substance-specific and poly-substance use and addiction.</p>

	<p>Integrated service models may include social workers, nurses, clinical counsellors, Elders, outreach and lived-experience support workers. They will deliver services, such as screening, case management, medication management, outreach, harm reduction, drop-in counselling, recovery supports and individual and group therapy that assist individuals in achieving and maintaining recovery and increasing health and wellness.</p>
<p>Overdose emergency response, including community-based harm reduction services</p>	<p>The Province will also continue to escalate its response to the overdose emergency; this includes the Overdose Emergency Response Centre’s work to ensure that communities have access to the comprehensive package of essential health sector interventions with a focus on strategies that:</p> <ul style="list-style-type: none"> • take immediate action to save lives: Take-home Naloxone, overdose prevention sites/supervised consumption sites. • expand access to safe medication alternatives to the poisoned drug supply. • reduce stigma. • connect people to primary care and social supports like housing; and • build a network of treatment and recovery services.
<p>Supportive recovery services</p>	<p>The Ministry of Mental Health and Addictions will continue to partner with the Ministry of Health to strengthen the quality, consistency and oversight of supportive recovery services.</p> <p>This will include new regulations for supportive recovery assisted living residences aimed at improving the quality and consistency of care through training and minimum qualifications of people who operate and work in supportive recovery residences; access to evidence-based treatment; and safe transitions for those leaving supportive recovery residences.</p> <p>Through partnerships with leaders in the sector, the Province will also develop a common definition and specific standards for recovery services.</p> <p>Together, these efforts will help support individuals to access services that will put their health and safety first and provide the right level of services to meet their needs.</p>
<p>Provincial Peer Network</p>	<p>Government will establish a provincial network of people with lived experience. This network will provide funding and capacity building for organizations of people who use drugs and people in recovery to learn from their expertise and ensure that the provincial overdose emergency response is even more effective in saving lives and connecting people to harm reduction, treatment and recovery.</p>

4 Improved access, better quality

KEY PILLARS:

Seamless and integrated care

Equitable access to culturally safe and effective care

People in every part of the province, in large communities and small, need to have access to the full spectrum of evidence-based mental health and substance use care. The needs of people living with mental health and substance use are diverse and vary depending on the type and severity of the condition. For example, the needs of a person living with moderate depression or anxiety are very different than the needs of a person living with schizophrenia. To better meet those needs, we are improving access to doctors, nurse practitioners and other health professionals by bringing team-based primary care to communities around the province.

Team-based care puts the patient at the centre of care, with all the team members working around them to ensure they receive appropriate

care for their specific needs. This form of care makes the best use of each care provider, so we can serve more people more effectively and in a way that better meets their needs. These teams offer collaborative care from physicians, nurse practitioners, nurses, pharmacists, occupational therapists, social workers, mental health clinicians and other health professionals.

The expansion of team-based care will improve access and quality for adults seeking mental health and substance use care. Co-ordinating care will create a network of services so that people can access the type and level of care they need, whether it be from a mental health or substance use worker, family physician or nurse, or through specialized services for more medically complex patients. Ultimately, this system will connect people proactively to culturally safe and effective care in a timely way.

Part of the challenge ahead is making sure that whatever supports are created, people and their care providers know what they are and where to find them. For most, that means searching the internet for information. That's why an important part of improving mental health and substance use care is creating a more seamless online experience for people seeking these services from government, and boosting opportunities to access care directly online.

PRIORITY ACTIONS

Expand access to affordable community counselling

Community counselling services will be expanded to help people access psychotherapy that they may not be able to afford because they do not have an Employee Family Assistance Program or Extended Health Plan. Through grants to non-profit organizations across the province that provide sliding scale or free counselling services, this initiative will create multiple, easy-to-access entry points that extend counselling beyond mainstream programs, including for individuals who face barriers related to race, ethnicity, religion, gender, age, social class and/or sexual orientation.

Community-delivered, evidence-based counselling will help British Columbians experiencing a continuum of issues, including grief and loss; separation and divorce; abuse and violence; chronic illness; trauma; and mental health and substance use problems.

<p>Team-based primary care (with mental health and substance use professionals) and specialized services</p>	<p>The Province has launched a Primary Care Strategy to deliver faster and improved access to health care for British Columbians in all parts of the province. The strategy, led by the Ministry of Health, focuses on team-based care and includes adding doctors, nurse practitioners and other health professionals to the primary care system. The Primary Care Strategy includes delivering services for mild to moderate mental health and substance use issues within primary care networks, and creating links and pathways to specialized services for higher level mental health and substance use needs.</p> <p>The Ministry of Mental Health and Addictions and the Ministry of Health are working together to ensure the Primary Care Strategy addresses mental health and substance use needs. This will be accomplished by:</p> <ol style="list-style-type: none"> 1. Expanding hours of primary care to enhance access. 2. Adding mental health and substance use workers to primary care teams. 3. Co-ordinating referrals for patients to and from other services (emergency and hospital system, specialists, community services), and providing individuals and families with support to navigate the system. 4. Addressing and supporting families' needs and involving them in the care team as appropriate. 5. Ensuring services meet the diverse and unique needs of individuals including for: <ul style="list-style-type: none"> • race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious or political beliefs. • people living in rural and remote communities.
<p>Enhanced provincial crisis lines network</p>	<p>Provincial Health Services Authority will lead the development of an enhanced, efficient provincial crisis line network, which will reduce duplication and provide emotional support, information, referral, crisis and suicide prevention/ intervention services.</p>
<p>Framework and standards to improve care under the Mental Health Act</p>	<p>Nothing is more important than keeping people safe. This is balanced with the need to ensure dignity and fairness when someone is vulnerable and receiving mental-health care.</p> <p>The safe practice of involuntary admissions under the B.C. Mental Health Act balances the rights of the individual with the obligation to help and protect people living with mental illness. In follow-up to concerns highlighted by the B.C. Office of the Ombudsperson, the Ministry of Mental Health and Addictions is working with the Ministry of Health to establish clear and consistent provincial standards to achieve 100% compliance with the Mental Health Act.</p> <p>These standards will be supported by a quality improvement framework specific to the involuntary admission process under the Act.</p> <p>The framework will guide quality improvement and compliance with legislation, policy, practice and standards, and will contribute to improving the quality and safety of patient care.</p>

<p>Implement peer support co-ordinators</p>	<p>Full-time co-ordinator/navigator positions will be established in each regional health authority to work with people with lived experience. Coordinator/navigators will conduct a gaps/needs analysis at the regional level and work with lived experience and lived experience support organizations to ensure that services are delivered in a culturally appropriate and effective manner where and when people need them, including during life and care transition points.</p>
<p>Develop peer support worker training resources</p>	<p>Made-in-B.C. lived experience support worker training resources will:</p> <ul style="list-style-type: none"> • recognize the valuable contributions that peer support workers make in supporting people in healing and recovery. • incorporate the practice principles described within the strategy. • provide employers and post-secondary institutions with provincially approved training resources. • Reflect the diverse needs of the population through the application of an equity lens. • enhance lived experience support worker training quality and consistency across the province.
<p>Expand Bounce Back</p>	<p>Bounce Back, an online program available for free throughout B.C., teaches effective skills to help individuals (ages 15+) overcome symptoms of mild to moderate depression or anxiety, and improve their mental health. Participants can learn skills to help combat unhelpful thinking, manage worry and anxiety, and become more active and assertive.</p> <p>Funding will support the existing program reach and expand Bounce Back to support a greater number of clients, approximately 2,000 more referrals per year.</p>
<p>Mental Health and Wellness Disaster Recovery Guide</p>	<p>The Mental Health and Wellness Disaster Recovery Guide was developed in response to a recommendation in the Abbott Chapman report, Addressing the New Normal: 21st Century Disaster Management in BC to improve the timeliness of and access to culturally safe mental health and wellness supports following a disaster.</p> <p>The Mental Health and Wellness Disaster Recovery Guide is intended to be the guiding document that each partner/agency uses to plan, develop, co-ordinate and operationalize mental health and wellness disaster recovery supports and services in the event of an emergency.</p>
<p>Workplace mental health</p>	<p>Workplaces play an essential part in maintaining positive mental health. Today more and more workplaces are looking at different ways they can create healthy, psychologically safe and productive environments for employees.</p> <p>MMHA is working collaboratively with the Ministry of Labour, WorkSafeBC and key partners, including the Canadian Mental Health Association, the BC Federation of Labour and business organizations, to develop ways to make it easier for organizations to support workplace mental health.</p>

	<p>We will build on existing training and education programs to increase access and expand the reach of prevention-oriented, evidence-based workplace mental health and substance use training throughout B.C.</p>
<p>Create a web-based portal (focused on children and youth)</p>	<p>MMHA has a responsibility and an opportunity to respond to those looking online for services and supports relating to mental health and substance use. That is why the strategy includes a commitment to create a more seamless starting place online.</p> <p>The ministry will take swift action to improve navigation of existing online government resources for mental health and substance use. It will ensure that the public is able to gain information and access to supports and services online that reflect their needs and remove the barriers that separate ministry portfolios can present.</p> <p>A human-centred, low-barrier approach will reduce the complexity of online access, meet people where they are and guide them to the services they want and need.</p>



Guiding principles for a better future

Bringing this roadmap to life means changing how we think, plan and act. It is, at its core, transformational. Across our guiding principles, traditional approaches must be replaced with the continuous search for something better.

As we present this roadmap to the people of British Columbia, the following represents our commitment to you.

PRINCIPLE	SHIFTING FROM...	SHIFTING TO...
Build Resiliency	Reactive approach responding to short-term and emergent needs.	Proactive approach focused on early intervention and building resiliency in people and communities.
Value Diversity	Uniform programs and services.	Programs and services that meet the unique needs of targeted population groups and local communities.
Collaborate	Government policy and initiatives centred around ministry mandates.	Policy initiatives developed in partnership with other stakeholders, designed to support the holistic needs of British Columbians.
Innovate	Maintenance of status quo.	Experimentation, anticipation of future needs and commitment to change.
Achieve Results	Inconsistent, output-based performance measurement and reporting.	Consistent and transparent performance measurement and reporting based on long-term benefits for British Columbians.
Commit to Reconciliation	Decisions made about and without First Nations and Indigenous Peoples.	Community ownership through Nation-based and Nation rebuilding approaches.

Conclusion

Since establishing the Ministry of Mental Health and Addictions in 2017, ministry staff and I have been so fortunate to be able to travel the province, listening to people whose lives are affected on a daily basis by mental health or substance use challenges.

Many times, it's not easy for people to tell their stories. And sometimes, it's hard to take in. You come away with a range of feelings: sadness, conviction, anger, passion, empathy, determination. It's that last one that keeps all of us moving forward – a shared determination to help people make their lives better through understanding, action and, yes, hope.

Our pathway to hope won't come without its twists and turns, its obstacles, and maybe a setback or two. But it's through our shared determination – government, communities, organizations, service providers, people with lived experience and so many more – that we will successfully navigate this journey.

My commitment to you is to keep government moving forward on this roadmap to improve care. We will report out regularly. And as we deliver on our commitments, we'll add new ideas and actions that will continue to make life better for people.

Along this pathway, we all have to be ready to break down some barriers. Because that's the only way we will make the progress we all seek. Let's let people talk without fear of being shamed or blamed. Let's call on friends, family, employers and colleagues to take active responsibility for recognizing, understanding and acting so that people in pain can more quickly get the help they need. And let's take action based on the best evidence, even if it means shaking up the status quo.

Thank you for taking the time to read this document. At its core, it is a call for all hands on deck. Mental health and substance use issues are a problem across every part of this province; all of us can and must be part of the solutions.

It's a challenge that our government is ready to lead on. We look forward to working with all of you in the months and years ahead.

All the best,

A handwritten signature in black ink that reads "Judy Darcy". The signature is written in a cursive, flowing style.

Judy Darcy, Minister of Mental Health and Addictions



A Pathway to Hope

Progress report



SEPTEMBER 2021



Contents

- A PATHWAY TO HOPE** **3**
- OUR PROGRESS TO DATE** **5**
 - Dual public health emergencies **5**
 - Improved wellness for children, youth and young adults **7**
 - Establishing a Seamless System of Care for Children and Youth* **8**
 - Expanding Foundry BC services* **9**
 - Enhancing supports for children, youth, young adults, and families* **10**
 - Supporting Indigenous-led solutions **12**
 - Substance use: better care, saving lives **16**
 - Building a system of care* **16**
 - Overdose Emergency Response* **19**
 - Improved access, better quality **21**
- MOVING FORWARD** **25**
 - Budget 2021 Funding Summary **26**



A Pathway to Hope

On June 26, 2019, the Government of BC launched A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.

This roadmap lays out government's 10-year vision for mental health and addictions care that gets people the services they need to address problems early on and support well-being. At the heart of A Pathway to Hope is a three-year plan to begin transforming mental health and substance use care for children, youth, young adults, adults, families and Indigenous populations to reach them where they are – in their homes, communities and schools.

A Pathway to Hope shows our vision for transforming the mental health and addictions system to ensure every door is the right door, and people can ask once

and get help fast. It acknowledges that physical and mental health are equally important for creating thriving and resilient communities.

There is still more to do to achieve the vision set out in A Pathway to Hope. This report details the progress we have made to date.

British Columbians across the province are receiving new mental health and substance use supports through A Pathway to Hope - in their home communities, health settings, workplaces, schools and online.

MENTAL HEALTH AND ADDICTIONS ROADMAP

All British Columbians experience and maintain physical, spiritual, mental and emotional wellbeing and thrive in the communities in which they live, learn, work, and play.

Goals

1

Wellness Promotion and Prevention

- British Columbians experience physical, spiritual, mental and emotional wellbeing.
- British Columbians experience resiliency.
- British Columbians who are exhibiting early signs and symptoms of mental health and addictions problems are identified and supported to prevent problems from worsening.
- British Columbians experience well-being through health promotion and prevention approaches that support resiliency, and a sense of belonging and purpose.

2

Seamless and Integrated Care

- British Columbians and their families experience a system of evidence-based services and supports that are flexible and responsive to their needs at any place in time.
- British Columbians and their families are at the centre of planning service delivery approaches that enable treatment and recovery.
- Services, supports and policies are co-ordinated across governments and sectors.

3

Equitable Access to Culturally Safe and Effective Care

- A full range of evidence-based services, treatments and supports are available when and where they are needed.
- People with lived experience inform and are leaders in mental health and addictions policy, planning and delivery of services and supports.
- Services and supports are culturally safe and provided with humility, and are free from stigma and discrimination.
- Services and supports are evidence-based and are delivered using a healing, relational and strength-based approach.

4

Indigenous Health and Wellness

First Nations, Métis and other Indigenous peoples can access culturally safe and effective services across the entire provincial spectrum of services and are supported to address social determinants of health, build community and personal resilience and foster healthy child and family development.

Three Year Action Plan 2019/20 – 2021/22

Improved Wellness for Children, Youth and Young Adults

- Support for pregnant individuals and parents with substance use challenges
- Promote early childhood social emotional development
- Enhance programming in early childhood centres
- Expand Confident Parents: Thriving Kids
- Expand Foundry centres
- Mental health in schools
- Establish Integrated Child and Youth Teams
- Step up/down: Specialized care home beds and intensive day programs
- Create virtual counselling for post-secondary students

Supporting Indigenous-led Solutions

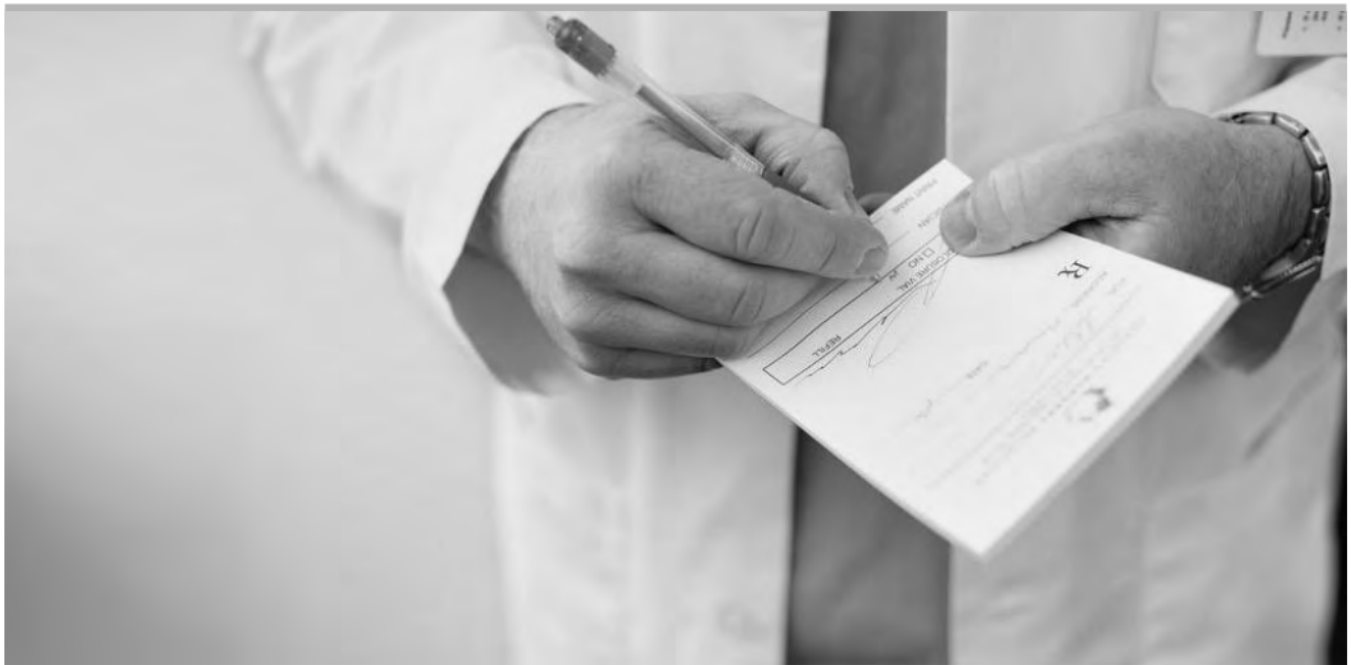
- Implement Tripartite MOU with the FNHC, FNHA and Government of Canada
- Develop 10-Year Strategy to achieve progress on the social determinants of health and wellness
- Embed cultural safety and humility across the provincial system
- Expand First Nations-run treatment centres
- Expand Indigenous Land-based cultural and healing services
- Enhanced capacity for Métis Nation BC for priority setting and planning
- Support First Nations-led primary health care initiatives

Substance Use: Better Care, Saving Lives

- Framework for improving substance use system of care
- Ensuring best evidence guides care in B.C.
- Increase access to evidence-based addictions care
- Integrated team-based service delivery to connect people to treatment and support ongoing recovery
- Overdose emergency response, including community-based harm reduction services
- Supportive recovery services
- Provincial Peer Network

Improved Access, Better Quality

- Expand access to affordable community counselling
- Team-based primary care (with mental health and substance use professionals) and specialized services
- Enhanced provincial crisis lines network
- Framework and standards to improve care under the Mental Health Act
- Implement peer support co-ordinators
- Develop peer support worker training resources
- Expand Bounce Back
- Mental Health & Wellness Disaster Recovery Guide
- Workplace mental health
- Create a web-based portal (focused on children and youth)



Our progress to date

Over the first two years of A Pathway to Hope implementation, we have worked hard to create partnerships, lay foundations, and drive change – and we are seeing progress. As a result, we are well on our way to building a coordinated and comprehensive system of mental health and addictions care where all people living in British Columbia can get the help and support they need, when they need it.

Dual public health emergencies

In March 2020, British Columbia declared a public health emergency due to the COVID-19 pandemic. This was in addition to the ongoing public health emergency of the illicit drug toxicity crisis.

The pandemic has shone a light on the gaps in the fragmented system of care and highlighted, even more starkly, the need to improve access to a more coordinated and culturally safe mental health and substance use system of care for everyone, particularly for the most vulnerable people living in British Columbia.

New services and supports have been put in place across all priority areas of A Pathway to Hope. More than half the priority actions of the initial three-year roadmap are now implemented, with the remaining actions well underway.

Since the beginning of 2016, 7,596 lives have been lost to an illegal drug supply that is more toxic than it has ever been in British Columbia. Prior to COVID-19, the number of overdose deaths were coming down in BC for the first time since 2012. The measures we put in place were working, and it is estimated that over 6,000 overdose deaths were prevented as a result. But for people 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.

The unintended consequences of COVID-19 measures have been particularly hard on people who use drugs. Many are facing isolation and loneliness, disconnection from usual in-person supports, financial strain and mental-health challenges – all contributing to unprecedented levels of stress and pain.

Government moved quickly to stand up services to support people and their mental health during the pandemic. This included funding Foundry Youth Centres, the Canadian Mental Health Association – BC Division (CMHA-BC), Provincial Health Services Authority, the BC Psychological Association, Regional Health Authorities, First Nations Health Authority, and other community partners to deliver new and expanded mental health and addictions services:

- Providing more access to online programs for mental health by expanding the BounceBack and Living Life to the Full programs. BounceBack provides online coaching and the Living Life to the Full program helps people deal with life challenges and learn self-management skills;
- Expanding access to no- and low-cost community counselling programs, including those that serve immigrant and refugee populations, and enabling them to be delivered virtually;
- Increasing access to online peer support and system navigation;
- Providing virtual supports for youth aged 12 to 24 by making Foundry services available around the province through voice, video and chat;
- Providing more online tools and resources to help people assess and manage their own mental health;

- Supporting the workplace mental health of front-line health-care workers through a new online hub and virtual peer support;
- A new online psychological support service for health-care workers;
- A new Lifeguard App, a mobile technology that alerts emergency first responders to a person at risk of an illicit drug overdose;
- Expanding capacity of the Rapid Access Consultative Expertise (RACE) Line that provides clinical advice and consultation immediately to primary care physicians and nurse practitioners across the province;
- Putting in place clinical guidance for Risk Mitigation in the Context of Dual Public Health Emergencies to provide clinical guidance for health care providers to prescribe safer supply for people who use drugs during COVID-19 and the ongoing drug toxicity emergency;
- Launching workplace mental health supports and promotion of psychological health and safety;
- Expanding suicide prevention and life promotion programs;
- Accelerating overdose emergency response measures due to the COVID-19 pandemic, such as increased access to outreach teams and overdose prevention services (including inhalation overdose prevention);
- Providing one-time operational support funding to at-risk services providers in the substance use supportive recovery sector.

Improved wellness for children, youth and young adults

A cornerstone of A Pathway to Hope's initial three-year action plan is improving mental health and wellness for children, youth and young adults. Over the past two years, we have worked with our partners to lay the foundation for transforming mental health and substance use care for children, youth, young adults and their families by increasing efforts in prevention and early intervention, weaving together the existing fragmented patchwork of services, and filling gaps in services.

By linking together existing services in new ways and investing in new services, government is creating a seamless system of care from mental wellness promotion to highly specialized services. We are working across ministries, with Indigenous partners and service delivery partners to build a culturally safe and effective system of care that benefits young people and their families in communities throughout British Columbia. Activities in this area span life stages from pregnancy through early childhood, school-aged years and into young adulthood.



ESTABLISHING A SEAMLESS SYSTEM OF CARE FOR CHILDREN AND YOUTH

Through A Pathway to Hope, we are implementing a suite of services to transform the system, beginning with selected school districts across the province.

<p>Integrated Child and Youth Teams</p>	<p>Integrated Child and Youth (ICY) teams are community-based multidisciplinary teams that deliver wraparound mental health and substance use services and supports for children and youth aged 0 to 19. ICY teams will provide outbound services (that meet children, youth and families where they choose), outreach services, working closely with schools, early years services, and primary care, and will connect children and youth to specialized and higher intensity services when needed. Core team members include child and youth mental health clinicians, youth substance use clinicians, education counsellors, youth and family peer support workers, Indigenous positions, and ICY Program Leaders.</p> <ul style="list-style-type: none"> ➤ Implementation of ICY teams is underway in five school districts: Comox, Maple Ridge – Pitt Meadows, Richmond, Coast Mountains, and Okanagan-Similkameen. ➤ Budget 2021 provides funding to expand ICY teams to 15 additional school districts, for a total of 20 districts across BC by the end of 2023/24. ➤ Teams will be formed through existing positions in the community as well as new positions. In total, we anticipate that these teams will be staffed by over 410 new FTEs (60+ for the original 5 teams and 350 for the additional 15 teams).
<p>Early Childhood Intervention Services</p>	<p>This initiative has focused on providing enhanced support to children with social, emotional, and/or developmental challenges through partnership with community-based agencies. This investment has included hiring additional staff such as family support workers, child-parent attachment services, behavioural consultants/analyst services, and infant mental health clinicians and creating formal linkages with the ICY teams.</p> <p>Budget 2021 invests additional funding to expand Early Intervention Services within the 15 new communities, for a total of 20 by 2023/24.</p>
<p>Step Up/Step Down Services</p>	<p>These specialized community-based services are for children and youth with severe mental health and/or substance use needs. Step Up/Step Down specialized services include clinical outreach supports that aim to avoid or shorten hospitalization and support transitions back to community-based services after hospitalization.</p> <ul style="list-style-type: none"> ➤ Implementation of clinical outreach services is underway in Maple Ridge-Pitt Meadows and Comox Valley, soon to be followed by the Okanagan-Similkameen, Coast Mountain and Richmond school districts. <p>Budget 2021 invests additional funding for implementation of bed-based services.</p>

EXPANDING FOUNDRY BC SERVICES

Foundry is a network of centres and online supports that offer young people ages 12 to 24 integrated health and wellness resources, services and supports. Each centre includes access to primary care, mental health and substance use services, peer support, and social services, making it easier for youth to get help when they need it.

<p>Expanding Foundry Youth Centres</p>	<p>A Pathway to Hope’s three-year action plan committed to expanding the number of Foundry centres to 19 across the province, as well as strengthening partnerships with Indigenous communities to build capacity to deliver culturally appropriate, safe and humble services.</p> <ul style="list-style-type: none"> ● Foundry centres have opened in eleven communities: Vancouver (Granville), North Vancouver, Prince George, Campbell River, Kelowna, Abbotsford, Ridge Meadows, Victoria, Penticton, Richmond, and Terrace. ● An additional eight Foundry centres are in development in Burns Lake, Comox Valley, Cranbrook (East Kootenay), Langley, Port Hardy, Squamish (Sea to Sky), Surrey, and Williams Lake (Cariboo Chilcotin), for a total of 19 centres province-wide. ● Budget 2021 provides additional investment to open four new Foundry centres, for a total of 23 province-wide by 2025/26.
<p>Launching Foundry Virtual and the Foundry BC App</p>	<p>Early in the COVID-19 pandemic, the Province funded an accelerated launch of Foundry virtual services. Young people 12-24 and their families can access Foundry Virtual including counselling, peer support, primary care and family support through voice calls, video and chat from anywhere in the province.</p> <p>The Foundry Virtual App was launched in March 2021. The App incorporates features such as live clinician chat, clinical content (articles, videos and podcasts), goal setting, scheduling and other tools co-designed by clinicians and users.</p> <p>Budget 2021 invests additional ongoing funding to serve even more young people throughout the province.</p>
<p>Reaching children, youth and families</p>	<ul style="list-style-type: none"> ● In 2019/20, 10,868 unique youth accessed Foundry services, for a total of 40,974 visits to Foundry. ● In 2020/21, 12,274 unique youth accessed Foundry services, for a total of 51,907 visits. This included access to Foundry Virtual services. ● The launch of the Foundry app in March 2021 facilitated a significant increase in new youth registering for services: <ul style="list-style-type: none"> » 486 new youth registered in March 2021, compared to 147 in February 2021 before the app was launched. » In the first two months of the Foundry BC app being available, almost 1,100 youth and families/caregivers registered on the app, and more than 1,400 youth and families/caregivers completed an appointment through the app.

ENHANCING SUPPORTS FOR CHILDREN, YOUTH, YOUNG ADULTS, AND FAMILIES

A Pathway to Hope’s three-year action plan committed to supporting children, youth and young adults through various life stages and in various settings. Below are highlights of our progress to date across a broad suite of actions.

<p>Support for pregnant individuals and parents with substance use challenges</p>	<p>The Provincial Perinatal Substance Use Program, led by BC Women’s Hospital and Health Centre, is advancing provincial capacity and expanding services for pregnant and early parenting individuals with substance use, and their infants. Highlighted progress over two years:</p> <ul style="list-style-type: none"> ➤ Connected 1,190 mothers and babies who were new to receiving perinatal substance use services to wraparound community services and supports (511 in 2019/20 and 679 in 2020/21) ➤ 7,134 health professionals trained (1,862 in 2019/20 and 5,272 in 2020/21)
<p>Promote early childhood social emotional development</p>	<p>A package of initiatives is being implemented to support social and emotional development in the early years of life, through interventions and resources aimed at young children, families, communities and professionals. This includes:</p> <ul style="list-style-type: none"> ➤ Expanded training and supports provided to foster caregivers ➤ With Child Health BC, developing a new component of Appetite to Play that focuses on fostering social emotional development in early childhood settings ➤ With the Human Early Learning Partnership, expanding the Childhood Experiences Questionnaire (CHEQ) 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
<p>Expand Confident Parents: Thriving Kids</p>	<p>Confident Parents: Thriving Kids is a free, family-focused, phone-based coaching service that helps parents support their children aged three to 12 to manage mild to moderate anxiety or behaviour challenges. Highlighted progress during 2019/20 and 2020/21:</p> <ul style="list-style-type: none"> ➤ The new Anxiety Program launched in Spring 2019 ➤ 2,215 families participated in the Anxiety program ➤ 2,900 families participated in the Behaviour program <p>In 2019/2020:</p> <ul style="list-style-type: none"> ➤ 96% of families reported that the Anxiety program taught them skills to support their child when they experience anxiety and/or fears that initially led them to seek support. ➤ 97% rated the quality of the Behaviour program as excellent or very good.

<p>Mental Health in Schools</p>	<p>The <i>Mental Health in Schools Strategy</i> was launched by the Ministry of Education in September 2020, guided by two provincial strategies: ERASE (Expect Respect and a Safe Education) and A Pathway to Hope. Mental Health in Schools is a new approach to embedding positive mental health in all aspects of the education system, including culture, leadership, curriculum and learning environments. The three core elements of the strategy are: Compassionate Systems Leadership (CSL), Capacity Building, and Mental Health in the Classroom. Budget 2021 provides additional investment for capacity-building grants to school districts.</p> <p>Ministry of Children and Family Development continues to fund and coordinate the provincial implementation of <i>Everyday Anxiety Strategies for Educators</i> (EASE), a collection that includes an educator workshop and classroom resources focused on anxiety prevention, specifically designed for use with students in Grades K-7. These resources have been available to educators at no cost since January 2019 and are now available online and in French in an effort to increase reach to more educators and students. As part of the response to the COVID-19 pandemic, resources were adapted to be suitable for parents and caregivers to help children manage worries and anxiety at home. Development of EASE for students in Grades 8-12 is underway and will become available to BC educators in September 2021.</p>
<p>24/7 mental health support for post-secondary students</p>	<p>In April 2020 government launched Here2Talk, a free, and confidential 24/7 mental health counselling and referral service for all post-secondary students registered at public and private post-secondary institutions in BC.</p> <p>For the first time in BC every student—whether rural, urban, domestic, international, public, private, full-time or part-time, studying at home or abroad—has access to on-demand, single-session 24/7 counselling and community referral services that supplement existing mental health supports on campus and in the community.</p> <ul style="list-style-type: none"> • Between April 2020 and May 2021, Here2Talk services were accessed more than 12,000 times. • Students used the chat feature 75% of the time and the phone feature 25% of the time
<p>Youth substance use system of care</p>	<p>The province is implementing a suite of evidence-based and culturally safe services and supports that focus on problematic substance use prevention, early identification and therapeutic care for children, youth, and young adults.</p> <ul style="list-style-type: none"> • In August 2020, 20 new youth beds were added in Chilliwack at the Traverse facility. • Government announced 123 new youth substance use beds across the province, doubling the number of beds available closer to home for youth in BC. <ul style="list-style-type: none"> » 30 beds are currently in the process of implementation, with the remaining 93 beds in planning with the regional health authorities. » The Ministry of Mental Health and Addictions is working with the Ministry of Health, health authorities and Indigenous partners to implement the remainder of the beds by March 2022.

Supporting Indigenous-led solutions



Indigenous communities are in the best position to make decisions about the health and wellness of their people. A key focus of A Pathway to Hope is building and evolving our partnerships with Indigenous peoples, as well as collaborating with Indigenous partners for their subject matter expertise in the design, planning and delivery of mental health and substance use services.

A key commitment in A Pathway to Hope is creating a system of mental health and substance use care that is free of all forms of racism, stereotyping and stigma and embraces Indigenous perspectives and traditional wellness and healing practices. Since the publication of A Pathway to Hope, these commitments have come into clearer focus with the adoption of the *Declaration on the Rights of Indigenous Peoples Act* (2019), the findings of the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* report (2020), and the release of the *Anti-Racism, Cultural Safety and Humility Framework and Action Plan* by the First Nations Health Authority, First Nations Health Council, and First Nations Health Director's Association (2021).

In particular, the *In Plain Sight* report presented evidence of widespread prejudice and Indigenous-specific racism throughout the BC healthcare system. While we have made important investments in mental health and wellness, more must be done to address Indigenous-specific racism in mental health and substance use services. We are committed to working with health system partners, including Indigenous partners such as the First Nations Health Authority, Métis Nation BC, and Indigenous-led service organizations, to advance the ongoing work following recommendations in the *In Plain Sight* report.

Through an agreement between the First Nations Health Council, the Province and Indigenous Services Canada, \$20.5 million has been allocated to 41 First Nations-led initiatives with a total of 166 communities participating in the process. This work is facilitating active collaboration among communities and advancing healing, Nation rebuilding and Nation-based approaches to mental health and wellness.

Tripartite Partnership to Improve Mental Health and Wellness Services

The *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services* established a new and more flexible funding approach that provides more autonomy to First Nations in the allocation of resources for mental health and wellness services. In 2018, the Province, the Government of Canada, and the First Nations Health Authority (FNHA) each committed \$10 million for a total commitment of \$30 million over three years. FNHA is responsible for administering this funding on behalf of federal and provincial partners.

A key feature of this new approach has been the ability to provide flexible, multi-year funding based on the needs, capacity, and priorities of First Nations communities. By pooling federal and provincial resources, communities are better able to address the root causes that contribute to poorer mental health and wellness outcomes without the need to make multiple proposals. This new approach has allowed communities to develop new models of care that integrate western and Indigenous approaches to mental health and wellness.

The future focus of this partnership is collaborating with First Nations to plan, design and deliver new mental health and wellness services across a full continuum of care (which includes, but is not limited to, healing from trauma, 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).

- As of March 31, 2021, \$20.5 million of the \$30 million had been allocated to 41 new First Nations-led mental health and wellness initiatives.
- There are a total of 166 communities participating in the process.

The MOU has been extended by the partners until March 31, 2022, to allow more time to demonstrate the benefits of this new way of working together and to look at the long-term mental health and wellness needs of First Nations. An evaluation of the implementation and impact of the MOU is underway.

10-year Strategy on Social Determinants of Health and Wellness

Experiences implementing the MOU are intended 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.

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.

<p>Cultural Safety and Humility</p>	<p>In 2018, MMHA signed the <i>Declaration of Commitment to Cultural Safety and Humility</i> with the First Nations Health Authority to ensure cultural safety and humility are embedded in all of the work we do. The <i>In Plain Sight</i> report has highlighted the prevalence of Indigenous-specific racism in the health care system and reinforced the urgent need to address it. MMHA is working with Indigenous partners to actively embed anti-racism into all new initiatives by mandating that cultural safety and humility be defined as core attributes and characteristics of mental health and substance use services.</p> <p>As an example, the Integrated Child and Youth Teams are being designed and implemented in close collaboration with First Nation, Metis and urban Indigenous partners and will include new Indigenous-specific resources to ensure Indigenous children, youth and their families feel safe and supported when accessing team-based care.</p>
<p>First Nations-Run Treatment Centres</p>	<p>In 2019, the Province and FNHA made a matching capital commitment of \$20M each to renovate, replace and build First Nations-run treatment facilities throughout BC.</p> <p>As of June 2021, FNHA has made capital commitments for the replacement of six existing First Nation-run treatment facilities which are at different stages of planning, design and pre-construction. These treatment facilities include:</p> <ul style="list-style-type: none"> ➤ North Wind Wellness Centre, Northern region ➤ Carrier Sekani Family Services, Northern region ➤ Telmex Awtexw Treatment, Fraser region ➤ Namgis Treatment Centre, Vancouver Island region ➤ Tsow-Tun-Le-Lum Healing Centre, Vancouver Island region ➤ 7 Nations Soaring Eagles, Interior region <p>FNHA continues to engage First Nations Leadership and partners in the Fraser and Vancouver Coastal Regions on the opportunity to build two new urban-based treatment facilities.</p>
<p>Indigenous Land-Based Cultural and Healing Services</p>	<p>FNHA has provided funding to First Nations in each of the five regions 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.</p> <p>This includes:</p> <ul style="list-style-type: none"> ➤ Community-based, low-barrier and land-based treatment programs ➤ Comprehensive community needs assessment and asset mapping related to mental health and wellness, including capacity and plans to implement and sustain land-based services ➤ Traditional practices of harvesting and food preparation

<p>Indigenous Land-Based Cultural and Healing Services (CONTINUED)</p>	<ul style="list-style-type: none"> ● Knowledge exchange between Elders or Knowledge Keepers and youth ● Traditional wellness coordinators to increase the capacity of communities to integrate land-based or traditional healing into mental health and wellness services <p>Most communities have modified land-based programming this past year due to the public health restrictions and the need to limit community- and group-based gatherings due to the pandemic.</p>
<p>Enhanced Capacity for Métis Nation BC</p>	<p>A Pathway to Hope committed to funding Métis Nation BC (MNBC) to advance Métis-specific priorities in mental health, substance use, and cultural wellness, and to support their participation in the design, planning and implementation of provincial initiatives. This included:</p> <ul style="list-style-type: none"> ● The Métis Youth Mental Health and Wellness Initiative, comprised of 16 members, launched a new publication, Resilient Roots: Métis Mental Health and Wellness Magazine, in April 2020, from content submitted by Métis community members. ● MNBC will soon be launching its Métis cultural wellness resources, both in print and digital format, which will be integrated into the Provincial Health Services Authority's San'yas Indigenous Cultural Safety Training. It will be a valuable resource to guide work to address Métis-specific racism across BC. ● MNBC launched a Métis specific harm reduction and anti-stigma campaign that aimed to educate Métis people in BC about safer opioid use, how to prevent overdoses, decrease stigma and isolation of persons who use(d) drugs, and increase knowledge of and accessibility to programs and services. <p>This funding is ongoing and together with MNBC we continue to explore a long-term health and wellness partnership that reflects our shared commitment to improving mental health and wellness outcomes for Métis people in BC.</p>
<p>First Nations-Led Primary Health Care</p>	<p>First Nations-led Primary Health Care is a component of both A Pathway to Hope and the Ministry of Health's Primary Care Strategy, which is aimed at creating an integrated system of full-service community-based primary and community care. Through this strategy, FNHA in partnership with government is developing up to 15 First Nations Primary Care Centres (FNPCC) in both urban and rural BC settings over four years. The FNPCC model will enable team-based, culturally safe primary health care for Indigenous peoples. FNPCC models combine both Western and Indigenous approaches to health and wellness, incorporate and promote First Nations' knowledge, beliefs, values, practices, and employ holistic models of health and wellness.</p> <ul style="list-style-type: none"> ● The first FNPCC under the First Nations-led Primary Health Care Initiative, Lu'ma, received enhancement funding in September 2019 to enable the clinic to support more Indigenous patients, and to offer a broader range of primary care and social services.

Substance use: better care, saving lives



While continuing to escalate the response to the overdose emergency, we are also taking a province-wide approach to building a system of care where services are always within reach, and people experience seamless and cohesive care.

Through the work of the Overdose Emergency Response Centre (OERC), A Pathway to Hope continues to escalate the response to the overdose emergency and ensure communities have access to life-saving interventions such as take-home naloxone, overdose prevention sites, safer pharmaceutical alternatives, and flexible treatment services and supports.

BUILDING A SYSTEM OF CARE

Substance Use System of Care Framework

Building off work already underway to strengthen substance use services and supports, we are creating a new policy framework to improve the system of care and outline a longer-term vision for reorienting the system to one that is integrated, coordinated, and interdisciplinary.

Progress on the framework is well underway. We are working closely with key partners, including health authorities and people with lived experience, undertaking extensive engagement to ensure that the framework is meaningful and responsive to the current context of substance use challenges in BC. This includes engaging with Indigenous partners, research institutions, clinical experts, community organizations, and partners from communities that have historically not been well-represented but disproportionately experience substance use-related harms, including racialized and migrant communities, trans and gender-diverse communities, and survivors of violence.

These engagements began in Fall 2020 and are expected to continue until the end of Fall 2021.

<p>Ensuring Best Evidence Guides Care</p>	<p>To establish standards and best practices in the clinical care of substance use disorders, we are working with the BC Centre on Substance Use (BCCSU) to develop and implement evidence-based guidelines for prevention and addiction treatment and recovery, including alcohol and other drug addictions. Over the first two years of A Pathway to Hope implementation, this work has resulted in new clinical education programming, operational guidance, and evaluation of evidence-based guidelines. Highlights include:</p> <ul style="list-style-type: none"> ● In December 2019, we released a new made-in-BC alcohol guideline to help health care providers connect individuals — both youth ages 12 to 25 and adults — to services and treatment that better suits their needs. ● In September 2020, the BCCSU and Canadian Institute for Substance Use Research published Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations, which provides guidance for setting up and delivering managed alcohol programs (a form of safer supply) for individuals with severe alcohol use disorder. ● A supplemental guideline to support people who are struggling with alcohol use during pregnancy was released in March 2021.
<p>Increase access to evidence-based addictions care</p>	<p>This initiative increases rapid access to addictions medicine through enhancements to prescriber services. Over the past two years, we have increased session time for physicians and nurses who provide addictions care, and have increased training opportunities for prescribers, community pharmacists, and clinicians to improve knowledge of addictions medicine and access to medication assisted treatment (opioid agonist treatment, for example), including the implementation of nurse prescribing. Our progress includes:</p> <ul style="list-style-type: none"> ● Expanding access to first-line medications for opioid use disorder including suboxone, methadone, Metadol-D, compounded methadone and other prescription alternatives ● Training 624 new professionals in addictions medicine ● Improving access to addiction treatment through the implementation of Rapid Access to Addictions Care Clinics in all health regions
<p>Integrated team-based service delivery: Substance Use Integrated Teams</p>	<p>We are supporting the regional health authorities to implement Substance Use Integrated Teams to put people at the centre of care, helping to engage and retain clients in treatment and recovery services and supporting seamless transitions between services. Teams include a diverse range of professionals, such as nurses, counsellors, social workers, outreach workers, and peers.</p> <p>Teams have been located based on regional needs. In total, the regional health authorities have established seven new and nine expanded teams. Of these, currently 12 are fully implemented and four will be implemented shortly.</p>

Integrated team-based service delivery: Substance Use Integrated Teams
(CONTINUED)

- The seven new teams are located in: Abbotsford; Hope and Fraser Canyon; Nanaimo; Cowichan; Oceanside; Shuswap North Okanagan; and the South Okanagan
- The nine expanded teams are located in: the Northeast Health Service Delivery Area (HSDA; North Peace); the Northwest HSDA (Smithers and Houston); Northwest HSDA (Prince Rupert); the Northern Interior HSDA (Prince George); Campbell River; Sea to Sky; Powell River; North Shore; and Vancouver.

In 2020, implementation of this initiative was adapted to better address the needs of people using substances during the COVID-19 pandemic, including supporting people who are particularly vulnerable in temporary housing settings and emergency shelters.

Treatment and Recovery Services

Strengthening the quality, consistency and oversight of bed-based supportive recovery services:

- The *Community Care and Assisted Living Act* has been amended, and the Assisted Living Regulation has been implemented to increase the regulatory oversight of supportive recovery homes.
- Resources such as a new website, updated handbook, and training grants were developed to implement these new requirements. \$100,933 in training grants was issued to 48 residences to support this work.
- In October 2019, the per diem for eligible income assistance clients living in registered or licensed residences, including supportive recovery homes, was increased for the first time in 10 years.

Supporting service providers through COVID-19:

- Despite experiencing financial pressures due to the pandemic, the majority of bed-based treatment and recovery operators across the province remained open, providing important care during the two public health emergencies. In response, the Province issued approximately \$2 million in COVID-19 support grants to 53 eligible operators to help offset these costs and ensure people were able to continue to access the services they needed.

New Treatment and Recovery Beds:

- In February 2021, MMHA invested \$13 million to support 101 new publicly funded treatment and recovery beds located across 14 organizations around the province. This is in addition to the work to double the number of treatment beds for youth struggling with addictions, announced in August 2020.
- Budget 2021 provides additional investment in a full spectrum of substance-use treatment and recovery services. This includes supporting the creation of 195 new substance-use treatment and recovery beds throughout the province to help more people access treatment, as well as community-based post-treatment follow-up services and supports to help people stay connected to care on their long-term recovery journey.

OVERDOSE EMERGENCY RESPONSE

After seeing a decline in overdose deaths in 2019, deaths from confirmed or suspected illicit drug toxicity have been increasing since the beginning 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.

The Province's response to the overdose emergency continues to escalate through the work of the Overdose Emergency Response Centre (OERC) to ensure communities have access to life-saving interventions, such as take-home naloxone, overdose prevention sites, expanded access to safer pharmaceutical alternatives, and flexible treatment services and supports.

Budget 2021 provides increased investment over the next three years to extend and enhance overdose funding with a focus on overdose prevention services, inhalation overdose prevention services, harm reduction supplies, and increased access to nursing care and interdisciplinary outreach teams. Budget 2021 also funds First Nations Health Authority (FNHA) to scale up the provision of culturally safe substance use care, including harm reduction and treatment services.

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](#).

Highlights over the past two years (2019/20 and 2020/21):

- 350 new sites where people can access BC Take-Home Naloxone kits
- 535,078 Take-Home Naloxone kits shipped to sites in BC
- 93 new sites where people can access Facility Overdose Response Boxes (Facility Overdose

Response Boxes (FORB) containing naloxone and supplies are free for not-for-profit community-based organizations where staff work with clients at risk of illicit drug toxicity events).

- 1.37 million visits to overdose prevention or supervised consumption sites, with 7,082 overdoses survived at these sites, and no overdose fatalities.
- Increased number of people receiving opioid agonist treatment (OAT): more than 24,302 as of March 2021 compared to 22,363 in March 2019.
- Increased number of clinicians prescribing OAT each month: 1,689 in March 2021 compared to 1,238 in March 2019.
- A new Lifeguard App, a mobile technology that alerts emergency first responders to a person at risk of an illicit drug overdose. Since its launch in late May 2020, the app has been used more than 56,000 times by more than 6,000 app users.
- In March 2020, BC enacted interim clinical guidance for healthcare providers to help people at risk of contracting COVID-19 and overdose death access prescribed safe supply to stay safe. There was a 600% increase (557 to 3,899) in the number of people receiving hydromorphone in May 2021 compared to February 2020.
- Over 90 registered nurses and registered psychiatric nurses have enrolled or completed their first round of training to prescribe medication for opioid use disorder
- Accelerating overdose emergency response measures due to the COVID-19 pandemic, such as increased access to outreach teams and overdose prevention services (including inhalation overdose prevention).

ADDITIONAL OVERDOSE PREVENTION ACTIONS INCLUDE:

Prescribed Safer Supply

On July 15, 2021 BC announced a new policy to expand access to Prescribed Safer Supply. BC is the first province in Canada to introduce this public health measure. The policy supports prescribing medication alternatives to illegal drugs to people at risk of overdose and will help reduce drug toxicity injuries and deaths, enhance connections to health and social supports, and create equity access to prescribed safer supply.

The Ministry of Mental Health and Addictions introduced this policy following months of work with partners and stakeholders, including medical doctors, nurses, pharmacists, people with lived and living experience, the First Nations Health Authority and all regional health authorities, and Indigenous-led organizations.

As part of Budget 2021, the Province is directing funding up to \$22.6 million to the health authorities over the next three years to lay the foundation for this innovative new approach. The funding will support the planning, phased implementation, monitoring and evaluation of prescribed safer supply services.

This new policy will roll out through a phased approach, beginning with implementing the policy in existing health-authority funded programs that currently prescribe alternatives to illicit drugs (e.g., opioid agonist treatment, oral and injectable tablet programs) and through newly created programs such as service hubs and outreach teams, supported by Budget 2021. Prescribed safer supply services will also be delivered through the federally funded Safer programs. Further phases will expand broader access once the clinical guidance is developed based on findings from the monitoring and evaluation process.

Reducing stigma

Through the Stop Overdose campaign, we have worked with both private and public sector partners across BC to reach people with important information that can knock down the walls of silence surrounding substance use, change attitudes and perceptions about people who use drugs, and save lives. The StopOverdoseBC campaign has reached people through print, radio, video content, blog posts, sports partnerships, attendance at events, and online ads.

- ➊ Over the past two years, there have been over 265,000 website visits to StopOverdoseBC.ca and over 170,000 print materials distributed across the Province.
- ➋ Over two years, Community Crisis Innovation Fund grants have funded 13 projects to address substance use stigma in health care settings. This funding has supported activities including the funding of peer coordinator positions in each health authority and the Provincial Health Services Authority, implementation of the Episodic Overdose Prevention Services Protocol, participation of peers in development of stigma reduction training for health care personnel and community members; and delivering stigma reduction training for health care personnel.
- ➌ Community Action Teams have been established in 36 high priority communities to address stigma and raise awareness of overdose crisis through organizing and participating in community events, working with local media, and delivering training for first responders and community members.

<p>Engaging People with Lived and Living Experience of Substance Use</p>	<p>Health authorities are implementing policies and engaging in activities to support the inclusion of peer coordinators, peer participation, and peer perspectives. These activities include:</p> <ul style="list-style-type: none"> • Hiring peers and peer coordinators to support peer engagement • Developing toolkits and other resources for peer inclusion • Developing peer advisory committees, hosting events by peers for peers • Engaging Indigenous peers • Engaging peers in decision-making committees and action tables <p>A provincial peer network structure has been implemented to increase capacity and strengthen collaboration and information sharing between peer-led organizations. This work is underway, and peer groups or projects are being funded in each health authority through the provincial peer network.</p>
<p>Advancing Decriminalization</p>	<p>The Ministry is working with Health Canada to obtain a federal exemption from Section 56 of the Controlled Drugs and Substances Act, to decriminalize personal possession of drugs and remove the shame that often prevents people from reaching out for life-saving help.</p> <p>In 2020 the BC Solicitor General asked police forces in BC to no longer pursue criminal charges for people with personal possession of small amounts of drugs.</p>

Improved access, better quality



People in every part of the province need to have access to the full spectrum of evidence-based mental health and substance use care. To better meet those needs, the A Pathway to Hope action plan includes several initiatives to improve access to services and supports and advance building a seamless and integrated system where people are connected to care in a timely way.

Tens of thousands of people are receiving newly available counselling services established through A Pathway to Hope.

<p>Expand Access to Affordable Community Counselling</p>	<p>29 Community Counselling Grants were awarded to non-profit organizations across BC in November 2019, providing annual funding distributed over three years to provide low- or no- cost counselling, focused on individuals or families who are not likely to engage in mainstream services, or who would not typically have access to counselling opportunities.</p> <ul style="list-style-type: none"> ➤ More than 10,000 people have received individual, couples, or family counselling so far through this program. ➤ 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.
<p>Team-Based Primary Care</p>	<p>This initiative is a component of the Ministry of Health’s Primary Care Strategy, aimed at creating an integrated system of full-service community-based primary and community care that better supports access to mental health and addiction care. Implementation is well underway.</p> <ul style="list-style-type: none"> ➤ 53 Primary Care Networks have been implemented across the province. ➤ 24 Urgent Primary and Community Care Centres are operational, with six more in planning. ➤ Three new Community Health Centres and two expanded centres are operational, with three more in planning. ➤ One First Nations Primary Care Centre has been implemented, with several more expected in the coming year. ➤ Three Nurse Practitioner Primary Care Clinics have been implemented.
<p>Provincial Crisis Lines</p>	<p>Enhancements to the provincial crisis line network are underway to reduce duplication of services, enhance capacity, and improve quality and consistency. Progress to date has included:</p> <ul style="list-style-type: none"> ➤ implementation of standards across all crisis line centres providing service on the provincial network (1-800-SUICIDE and 310 Mental Health Support) ➤ training and upskilling provided to crisis line centre staff <p>Call volumes and demand increased in 2020 following the emergence of the COVID-19 pandemic. Ministry of Health provided one-time funding of \$690,000 in July 2020 to help respond to this increased demand.</p>

<p>Mental Health Act Framework and Standards</p>	<p>In 2019, the Ministry of Mental Health and Addictions finalized a quality improvement framework for involuntary admissions, developed to set strategic direction and improve the quality of care provided under the <i>Mental Health Act</i>.</p> <p>In December 2020, the Ministry of Health released updated <i>Mental Health Act</i> standards, focusing on accountability measures, audit and reporting requirements, cultural safety and humility, training and education, protocols with police, disclosures of personal information, and completion of forms.</p> <p>Both ministries continue to work together in partnership with the health authorities to identify and act on further opportunities to improve the quality and safety of care.</p>
<p>Peer Support Curriculum</p>	<p>Through the Peer Support Worker Curriculum and Standards of Practice project, BC Campus worked with peers to create a provincially approved curriculum, standards of practice and program delivery tools for Peer Workers, employers and post-secondary institutions, free of charge. The curriculum was created by peers for peers; throughout the project, more than 200 people with lived and living experience participated in this work – through surveys, interviews, participation on expert working groups, and in review processes. This work integrates the valuable contributions of peer workers in helping people with mental health, prevention and treatment, stigma, harm reduction, and recovery.</p> <p>The curriculum project is complete and was launched in July 2021.</p>
<p>Expand BounceBack</p>	<p>BounceBack is a free online or phone-based cognitive behaviour therapy program, designed to help adults and youth aged 15+ manage low mood, mild to moderate depression, anxiety, stress or worry. Funding provided as part of A Pathway to Hope has helped BounceBack to reach more people throughout BC. An expansion of 2,000 additional BounceBack sessions were funded on a one-time basis as part of the COVID-19 response.</p> <ul style="list-style-type: none"> ● In 2019/20, a total of 4,600 adults aged 25+ and a total of 1,208 youth aged 15-24 were referred to BounceBack. ● In 2020/21, 7,001 adults and 1,632 youth were referred.
<p>Mental Health and Wellness Disaster Recovery Guide</p>	<p>The <i>Mental Health and Wellness Disaster Recovery Guide</i> was developed 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.</p> <p>This guide was completed in July 2019 and has informed the creation of resources that can be used to support people's mental health following disasters such as wildfires.</p>

Workplace Mental Health

A Pathway to Hope includes a commitment to building on existing training and education programs to increase access and expand the reach of workplace mental health training throughout BC. At the outset of the COVID-19 pandemic in 2020, work on this initiative accelerated to focus on a rapid response to help workers in sectors that were most impacted by the pandemic.

Initially, work has focused on the most urgent workplace setting — long-term and continuing care. New and expanded resources include:

- CareforCaregivers.ca was launched in May 2020. The new website provides tailored content for workers and managers, hosts weekly webinars, and directs users to a range of services to meet diverse needs. The site has received over 86,000 pageviews and continues to host weekly webinars that have had over 2,500 registrants.
- Care to Speak was launched in June 2020. This peer-based text and phone service provides emotional support to healthcare workers and assists with service navigation.
- Mobile Response Team (MRT) - provides psychological first aid to healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19, as well as helping long-term care centres respond to the mental health needs of staff and to plan for the future. Between April 2020 and April 2021, the MRT connected with more than 4,000 individuals and more than 1,000 agencies across the province.
- Building from this work, in April 2021 we launched BC's new [Workplace Mental Health Hub](#). The Hub provides workshops, webinars and information to support employers and employees, particularly those who work in the tourism, hospitality and community social services sectors that we know have been hit particularly hard by the pandemic. The site will continue to expand to include training and coaching in the coming months.

WellBeing.gov.bc.ca

A web-based portal to support those looking online for mental health and substance use services and supports, [Wellbeing.gov.bc.ca](#), has been created to remove barriers and improve navigation to existing online government resources. Phase 1 of the site is available, pointing to core government services and commonly searched for mental health and substance use topics. The ministry is working on Phase 2 and building additional content to enhance the site and increase access for people looking for services and supports.



Moving forward

Through Budget 2019, government invested \$74 million into building a better system of mental health and substance use care, under *A Pathway to Hope*. A tremendous amount of progress has been achieved over the past two years of *A Pathway to Hope* implementation. As we move into the third year of our initial three-year action plan, we will build on our success and continue to drive the change that we have initiated with our partners, including all levels of government, Indigenous partners, service providers, children, youth and families, and people with lived and living experience.

We are also looking ahead to where we need to focus next, as we work to fulfill the ten-year vision of *A Pathway to Hope*.

Budget 2021 Funding Summary

Building on the progress to date under A Pathway to Hope, in 2021 government made a historic investment in mental health and substance use services:

A Pathway to Hope Pillar	Budget 2021 Three-Year Investment (to 2023/24)
Improved Wellness for Children, Youth and Young Adults	Total: \$96.7M
Integrated Child and Youth Teams	\$40.1M
Early Childhood Service Expansion	\$16.4M
Step up/Step down	\$13.4M
Mental Health in Schools	\$6M
Foundry Virtual Care Services	\$10.2M
Foundry Youth Transition Support	\$5.2M
Foundry Expansion	\$5.4M
Substance Use: Better Care, Saving Lives	Total: \$132.6M
Withdrawal Management	\$34.9M
Transition and Assessment Services	\$17.3M
Specialized Treatment and Wraparound Services	\$60M
Aftercare and Psychosocial Supports	\$20.4M
Overdose Response	Total: \$219.7M
Sustain critical investments – Accelerated Overdose Response	\$45M
Sustain critical investments - Opioid Use Disorder Treatment	\$152.1M
Prescribed Safer Supply*	\$22.6M
Improved Access, Better Quality	Total: \$73.8M
Eating Disorder Care	\$6.5M
Early Psychosis Intervention	\$52.5M
Indigenous-led culturally safe substance use care (FNHA)	\$13.6M
Suicide Prevention	\$1M
Living Life to the Full Program	\$0.2M

*notionally approved through contingency vote in 2021/22.



Children, Youth and Young Adults Mental Health and Substance Use - Overview

Introduction:

- Improving Wellness for Children, Youth, and Young Adults

Background:

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

Ministry/Government Actions to date:

- Through *A Pathway to Hope*, and key investments in Budget 2021, we have taken the following priority actions for children, youth, young adults, and families:
 - Begun implementation of Integrated Child and Youth Teams in 5 initial Pathway to Hope (PTH) communities (Maple Ridge, Richmond, Comox, Terrace and Central Okanagan)
 - Expanded early childhood services in 5 initial PTH communities
 - Begun implementation of Step up/Step down high-intensity outreach services in 5 initial PTH communities
 - Expanded Foundry centres, with 13 now open and plans for a total of 23 province-wide
 - Launched the Foundry BC App
 - Launched Mental Health in Schools Strategy (MHIS), embedding positive mental health and wellness programs and services for students in all school districts
 - Enhanced support for pregnant and parenting individuals with substance use challenges
 - Implemented the Feelings First Project, promoting early childhood social emotional development
 - Expansion of Confident Parents: Thriving Kids which supports parents with children aged 3-12 experiencing behavioural or anxiety challenges
 - Implemented and expanded Everyday Anxiety Strategies for Educators, providing training and resources for educators of K-12 students
 - Launched Here2Talk, a 24/7 mental-health counselling and referral service for post-secondary students
 - Launched Wellbeing Site (www.wellbeing.gov.bc.ca) which includes resources for children, youth, young adults and families
- In addition, work is underway on the following commitments:
 - Enhancing and expanding Early Psychosis Intervention services

- Adding 123 new youth substance use beds across the province and investing in youth substance use services in each health authority
 - Implementing new Step Up/Step Down specialized bed-based services
 - Engaging with a wide range of partners to identify measures to improve hospital-based care for youth and young adults following an overdose, including service providers, Indigenous organizations, and organizations representing those with lived and living experience of substance use.
- The emphasis on prevention and early intervention with investments in services for children, youth, and young adults is critical because we know that 70% of mental health challenges have their onset during childhood or adolescence.¹ Intervening early can prevent problems from becoming more severe or developing into lifelong conditions.
 - We are taking a whole of government, cross-sector approach and working collaboratively to implement a coordinated system of mental health and substance use services for children and youth, and young adults.
 - The Ministry is partnering with Indigenous governments and organizations as well as the Ministries of Children and Family Development, Health, Education, and Advanced Education and Skills and Training, local and federal governments, education, justice, employment, and housing sectors, advocates, community organizations, and people with lived experience to advance this work.

Budget/Expenditures:

- Budget 2022 continues Budget 2019 and Budget 2021 investments to improve Wellness for Children, Youth, and Young Adults.
- Highlights include:
 - Early Psychosis Intervention - \$67.5 million
 - Foundry - \$76 million
 - Mental Health in Schools - \$15 million
 - Early Childhood Services - \$27.9 million
 - Step up/Step down - \$22.4 million
 - Youth Substance Use Beds - \$50.6 million

● Government Financial Information

¹ Government of Canada (2006). The human face of mental health and mental illness in Canada. Ottawa: Minister of Public Works and Government Services Canada.

Foundry

Introduction:

- Foundry Centres are a critical part of the work government is doing to build a seamless, coordinated mental health and addictions system of care that better meets the needs of youth and their families.
- Through Budget 2019 and Budget 2021, the Province has committed to expanding Foundry by an additional 12 centres, for a total of 23 centres province wide.

Background:

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

Ministry/Government Actions to date:

Foundry BC Expansion:

- There are currently 13 Foundry centres open and operating across the province (Vancouver-Granville, Campbell River, North Shore, Ridge Meadows, Abbotsford, Kelowna, Prince George, Victoria, Penticton, Richmond, Terrace, Comox Valley, and Langley).

Budget 2019

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

Budget 2021

- Budget 2021 committed funding for four additional Foundry centres, for a total of 23 centres implemented or in development province-wide by 2025/26.
- This next phase of Foundry's growth was built upon the previous selection process. Recognizing the work that communities, youth, and families put into that process and the ongoing impact of the pandemic on capacity, Foundry reviewed the evaluations from 2019/20 to help identify the next Foundry centre locations.

- Based upon this multi-level process, Foundry has selected 4 lead agencies and communities:
 - Fort St. John Friendship Society – Fort St. John (Northern Health)
 - Interior Community Services – Kamloops (Interior Health)
 - SHARE Family & Community Services – Tri-Cities (Fraser Health)
 - Sunshine Coast Community Services Society – Sunshine Coast (Vancouver Coastal Health) *not yet announced*

Foundry Virtual

- In January 2018, Foundry and BC Children’s Hospital launched foundrybc.ca, a digital hub to simplify access to health and wellness resources, tools and supports for youth and families.
- The Province supported an accelerated launch of Foundry Virtual in April 2020.
- The Foundry BC App was released in March 2021 and a public announcement was made in May 2021. Foundry is running a pilot at Foundry Richmond to integrate the virtual platform with the centre’s ^{Advice/Recommendations} _{Advice/Recommendations}. This integration will be rolled out in phases across all Foundry centres once the pilots are complete. Youth can also access supports online at foundrybc.ca/virtual or by phone at 1-833- FØUNDRY.
- The Foundry BC App incorporates features such as live clinician chat, clinical content (articles, videos and podcasts), goal setting, scheduling and other tools co-designed by clinicians and users.

Budget/Expenditures:

- Budget 2022 continues previous funding commitments to support Foundry, with \$72.05 million over the fiscal plan.

Integrated Children and Youth Teams

Introduction:

- Implementation of Integrated Child and Youth (ICY) Teams

Background:

- Approximately 95,000 children and youth aged 4-18 years, or an estimated 12.7%, are experiencing a mental health or substance use disorder causing significant symptoms and impairment. Only approximately 44.2% of these children and youth are receiving specialized mental health services.
- Between 2009/10 and 2019/20, inpatient hospital episodes for children and youth aged 0-24 with mental health and substance use concerns increased by 91% across BC.
- The emphasis on prevention and early intervention with investments in services for children, youth and young adults is critical because we know that 70% of serious mental health and substance use challenges start before age 25. Intervening early can prevent problems from becoming more severe or developing into lifelong conditions.
- As part of A Pathway to Hope, the Province is implementing evidence-based and culturally safe programs and supports that focus on prevention and wellness promotion activities for children and youth.
- ICY teams are community-based multidisciplinary teams which deliver wraparound mental health and substance use services and supports for children and youth aged 0-19 with the flexibility to continue care up to 21 years old, if needed, to ensure smooth and appropriate transitions, so families and caregivers do not have to navigate the system on their own.
- ICY teams will provide outbound/outreach services, work closely with schools, early years services, and primary care, and connect children and youth to specialized and higher intensity services when needed.
- To ensure an integrated approach, Ministry of Mental Health and Addictions (MMHA) works with the three key employer organizations for core team members: the Ministry of Children and Family Development (MCFD), School Districts (Ministry of Education and Child Care), and Health Authorities (Ministry of Health), along with Indigenous governments, communities, and organizations, and other service providers such as Foundry and local community organizations.
- Core ICY team members include child and youth mental health clinicians and family peer support workers (MCFD), youth substance use or concurrent disorder clinicians (Health Authorities), school-based clinical counsellors and youth peer support workers (School Districts) and ICY Program Leaders and administrative support (Health Authorities).
- ICY teams will also work with local First Nations, Métis communities, and Indigenous service partners, including the First Nations Health Authority, Métis Nation BC and the BC Association of Aboriginal Friendship Centres, to ensure services and supports for Indigenous children and youth are culturally safe and Indigenous led. This is underpinned by Government's commitment to reconciliation and the implementation of the *Declaration on the Rights of Indigenous Peoples Act*.
- ICY teams are supported by a Provincial Support Office, housed within MMHA.
- Governance of the ICY teams and other Pathway to Hope initiatives include provincial and local-level committees. Community collaboration is broad and integrates work on other PTH initiatives including Foundry.

Ministry/Government Actions to date:

- Maple Ridge-Pitt Meadows (three teams) and Comox Valley (two teams) were announced in summer 2019 as the first school district communities for ICY teams. Once all clinical positions have been hired, teams will have increased capacity to provide timely and appropriate services.
 - As hiring continues, Maple Ridge and Comox Valley are in initial phases of operation. ICY Program Leaders are working with ICY team employer organizations including MCFD, the School District and Health Authority to connect children, youth and families to ICY team services. They are also working with Early Years, contracted services, Foundry, First Nations, Indigenous services, specialized services and primary care providers to determine access pathways.
- Three additional communities were announced in fall 2020 including Coast Mountains (two teams), Okanagan-Similkameen (one team) and Richmond (four teams) completing one community in each health authority region and a total of twelve teams.
 - Richmond – The service delivery model is already integrated with MCFD’s Child and Youth Mental Health services contracted through Vancouver Coastal Health Authority. Once new ICY leadership and school-based positions are in place, work will be underway to integrate existing services with school-based services.
 - Coast Mountains and Okanagan-Similkameen – Although recruitment challenges have delayed ICY team implementation timelines, community partners are working collaboratively to determine mitigation strategies.

Budget Expenditures:

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

School-Based Mental Health

Introduction:

- Mental health promotion and substance use prevention programs in BC schools

Background:

- As part of A Pathway to Hope's priority on early intervention and prevention, government is implementing a suite of initiatives to support student mental health and well-being.
- The Mental Health in Schools (MHIS) Strategy, launched by the Ministry of Education and Child Care (ECC) in 2020, is an approach that embeds positive mental health and well-being in all aspects of the education system, including culture, leadership, curriculum, and learning environments. The three core elements of the strategy are: Compassionate Systems Leadership, Capacity Building, and Mental Health in the Classroom.
 - **Compassionate Systems Leadership** in education is an approach that inspires transformation and instructional best practices that lead to student success. It is anchored in self-awareness, social awareness, responsible decision-making, self-management, and relationship skills.
 - **Capacity Building** is providing the school system with the tools and supports they need to build mental health and well-being capacity in the schools.
 - **Mental Health in the Classroom** embeds mental well-being and Indigenous Knowledge and perspectives throughout all learning environments.

Ministry/Government Actions to date:

Mental Health and Substance Use

- ECC expanded the Expect Respect and A Safe Education (*erase*) strategy during the 2018/19 school year to include an additional focus on substance use, adding new, evidence-based information and resources written from a harm reduction lens on the *erase* website for students, educators, and families.
- ECC continues to implement a number of actions under the MHIS Strategy, including:
 - Partnering with UBC's Human Early Learning Partnership to continue to develop a Compassionate Systems Leadership network across schools, including leadership development and infrastructure to support education leaders;
 - Providing grants to school districts and Federation of Independent Schools Association (FISA BC) to build capacity for mental health in schools;
 - Hosting Mental Health in Schools Conferences; and
 - Developing a range of research, training, and other resources for educators.
 - In March 2021, the Ministry of Health (HLTH) contracted Bunyaad Public Affairs to identify the needs of school-based professionals for substance use prevention and harm reduction resources, and expand and enhance the use of evidence-based approaches to address youth substance use.
 - Bunyaad is working closely and collaboratively with MMHA, HLTH and ECC to foster a multi-system, public health and harm reduction response to reduce harms related to substance use for students in grades 4-12, by engaging school-based professionals and youth/student representatives in a way that supports successful outcomes.
- Guided by A Pathway to Hope, the Ministry of Children and Family Development (MCFD)

continues to coordinate and expand Everyday Anxiety Strategies for Educators (EASE), a collection of evidence-informed, curriculum-aligned online courses and classroom resources for educators, parents/guardians and families to support them in teaching K–12 students effective anxiety management and resiliency skills. These resources have been available at no cost since January 2019 and are now available online in an effort to increase the reach to more educators, parents and students.

Overdose Emergency Response

- ECC has taken a number of steps to support prevention and awareness related to opioid overdoses, including providing school personnel with resources on substance use, opioid overdose, and naloxone information; flexibility in the curriculum to explore substance use topics; inclusion of concepts related to substance use in K-12 physical and health education; harm reduction supports including tools for assessing risk for overdose; and distributing teacher resources developed by the Canadian Institute for Substance Use Research.
- The decision to have naloxone kits, the anti-opioid-overdose medication, in schools is made at a school/school district level. ECC contributed to the development of a naloxone risk assessment tool that supports schools/districts in determining whether to stock naloxone kits, providing guidance on how to order kits and access training on administering naloxone. Information on the toolkit is shared with schools and districts annually. ECC has shared teacher resources for substance use education including Helping Schools Program and iMinds (Grades 4 to 12).

Vaping

- Data collected by McCreary Centre Society in 2020 show that between 25-33% of BC youth between the ages of 12-19 had tried vaping.
- On November 14, 2019, BC announced the launch of new regulations for vaping products, along with new taxes and a student led anti-vaping social media campaign.
- The province has partnered with the B.C. Lung Association and McCreary Centre Society to work with youth to build a vaping prevention toolkit that has been piloted in some schools.
- HLTH and ECC established an ongoing Joint Ministry Youth Advisory Council in the 2019/20 school year with a key focus on vaping education, prevention, and cessation.

Budget Expenditures:

- Over the next three years (2022/23 – 2024/25) the Province has committed:
 - \$15 million to the Ministry of Education and Child Care to support the Mental Health in School strategy
 - \$1.8M to the Ministry of Children and Family Development to support Everyday Anxiety Strategies for Educators

Step Up/ Step Down Specialized Services

Introduction:

- Implementation of A Pathway to Hope commitment of Step Up/Step Down Specialized Services through the Ministry of Children and Family Development (MCFD).

Background:

- Between 2009/10 and 2019/20, inpatient hospital episodes for children and youth ages 0-24 with mental health concerns increased by 91% across BC.
- Step Up/Step Down (SUSD) services support young people who require higher intensity care than is available at the community level (Step Up), and for youth who are transitioning out of hospital care before returning to community services (Step Down).
- Outreach services through SUSD are offered by teams of advanced practice clinical staff who provide trauma-informed, culturally safe supports and evidence-informed interventions in a timely manner in virtual or home and community settings. This approach also builds the capacity of parents and caregivers by providing in home support, resources and tools.
- The program model is centered on clinicians working to provide stabilization in the community, to prevent hospital admission, and to receive youth who need high intensity support following discharge from hospital.
- The children and youth who require SUSD care have complex mental health needs such as psychosis, mood disorders, anxiety, trauma, or substance use challenges, and are at significant risk of harm. Safety and health concerns for these children and youth may exceed their parent or caregiver's ability to provide supervision.
- The goal of SUSD is to prevent young people with complex needs from having to enter intensive service settings such as hospitals or remaining there longer than necessary. This not only keeps children, youth, and families closer to home, but is often a more comfortable and a safer experience for young people. Supports that are closer to home are also more cost effective for families and the healthcare system.
- SUSD programs respond to the recommendation from the 2017 Representative for Children and Youth Report *Missing Pieces: Joshua's Story* and is part of *A Pathway to Hope's* vision to implement a full continuum of mental health services for children and youth in BC. Joshua was a young person with complex mental health needs who spent 122 days in hospital before dying by suicide. SUSD services are designed to provide the appropriate levels of care that were not in place at the time of Joshua's death.

Ministry/Government Actions to date:

Implementation Status

- Government has committed to implementing SUSD High Intensity Outreach Services in five communities (the same five communities as the first Integrated Child and Youth Teams).
- High-Intensity Outreach Services in Maple Ridge-Pitt Meadows have been operational since May 2021, in Richmond since October 2021 and in Comox Valley since February 2022. As of August 2022:
 - Okanagan-Similkameen has hired two clinicians and hiring for an additional two positions is underway. Planning for services is occurring jointly with the health authority and local community partners
 - Coast Mountain is actively recruiting and planning for services

- Following an additional investment through Budget 2021, work is also underway to develop a provincially accessible bed-based SUSD service and two satellite Intensive Treatment Programs. Tentative locations have been identified and next steps will include additional consultation with Indigenous, provincial and community partners.

Budget Expenditures:

- Budget 2022 continues to support the provincial investment in Step Up/Step Down services, committing \$22.4 million over the fiscal plan.
- SUSD program delivery responsibility is with the MCFD.

Youth Substance Use: Post-Emergency Response (YSU-PER)

Introduction:

- Supports and services for youth post-substance use emergency

Background:

- Government introduced amendments to the Mental Health Act (MHA) in Summer 2020 to enable short-term involuntary hospitalization for youth experiencing severe problematic substance use and who had experienced a life-threatening overdose (referred to as “youth stabilization care (YSC)”).
- In July 2020, the former Minister of Mental Health and Addictions announced Bill 22-2020 would not proceed in the legislative session, noting concerns raised and that further conversations were needed.
- In Summer 2021 the Ministry began to re-examine the YSC option and its contribution to reducing the risk of further harm in the context of increasing overdose deaths of youth from a toxic drug supply.
- Through Fall 2021 and early 2022, the Ministry sought input on the proposed YSC approach from Indigenous organizations, clinical/operational experts, service providers, health authorities, and others.
- On April 29, 2022, the Minister of Mental Health and Addictions announced that Government would not pursue legislative amendments at this time but instead to continue to build the voluntary system of care for youth through *A Pathway to Hope*, including post-overdose response services and supports. The Premier publicly reiterated the new direction on May 2, 2022.
- The work to build the youth substance use system of care includes investments to implement 123 new youth substance use treatment beds as well as additional wrap-around youth substance use services.
- With this broader context, the Ministry is currently working to identify immediate-term measures to improve hospital-based care for children, youth, and young adults who have experienced a substance use emergency, including overdose. The service node is now referred to as Youth Substance Use – Post-Emergency Response – YSU-PER.
- MMHA committed to co-develop actions with First Nations partners for Indigenous youth and to work with a range of system partners and experts to identify possible measures, with a target of fall 2022 for an action plan. These measures may include additional services, tools to help service providers (e.g. guidelines, training materials), or enhanced notification or making connections between hospital and community services.

Ministry/Government Actions to date:

- Engagement is underway to co-develop actions with First Nations partners and engage broadly with a range of Indigenous partners, health authorities, service providers, people with lived and living experience, and existing expert tables to identify possible measures to improve YSU-PER.
- Intergovernmental Communications
-
- Input received to date has highlighted:
 - Budget 2021 investments in youth substance use services that target YSU-PER response (unannounced; variety of programs; currently being implemented or in place in HAs).

Announcement expected in Fall 2022.

- Potential new targeted opportunities to improve YSU-PER (would require investment). e.g., new clinicians/peer workers, enhanced training for service providers.
- System-wide opportunities/tools: e.g., system-wide guidelines. Note: requires a longer timeframe to implement.
- Possible next steps may include:
 - Advice/Recommendations; Intergovernmental Communications
 -

Budget Expenditures:

- N/A

Rights Advice Services – Transition Note

Introduction:

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

Background:

- The Mental Health Act (MHA) requires designated mental health facilities to notify an involuntary patient of their rights when the patient is involuntarily admitted, when the patient is transferred to another designated facility, and when the patient's involuntary status is renewed. This rights notification is typically provided by facility staff such as a nurse or social worker.
- In its 2019 report, *Committed to Change: Protecting the Rights of Involuntary Patients Under the Mental Health Act*, the Office of the Ombudsperson found that more than half of reviewed patient files did not have proper documentation of patients being informed of their rights, and recommended that the Province create an independent rights advice service for involuntary patients in BC.
- In its 2021 report, *Detained: Rights of Children and Youth Under the Mental Health Act*, the BC Representative for Children and Youth (RCY) found that young people are not always aware of their rights under the MHA, and that they rarely exercise these rights. This report recommended that an independent body be mandated to provide rights advice and advocacy to children and youth, in line with the recommendations in the Ombudsperson's report.
- In spring 2022 government introduced legislation to establish a province-wide independent rights advice service for all patients who are involuntarily admitted to designated facilities under the MHA, including patients under 16 admitted by a parent or guardian and those patients discharged from the designated mental health facility on Extended Leave provisions under the MHA. The legislation received Royal Assent on June 2, 2022.
- The role of the rights advice service will be to explain rights and options available under the MHA, assist individuals to exercise these rights, and refer individuals to a lawyer or advocate if a court hearing or Mental Health Review Board hearing is requested. The service will be primarily virtual, using videoconferencing and phone, with some in-person services available in certain circumstances.
- The service is anticipated to begin rolling out on an on-request basis in early to mid-2023, and automatic notification of the rights advice service at key points is expected to start in the second phase of implementation.

Ministry/Government Actions to date:

- The Ministry of Attorney General is leading the work to establish the independent rights advice service and has been meeting regularly with MMHA and Ministry of Health staff to ensure alignment with other work on the MHA. The Ministry of Children and Family Development joined the project in fall 2021.
- Consultations to date on the rights advice service have been overwhelmingly positive. Additional consultations are planned to support the implementation of the rights advice service.
- Work is currently underway to develop/update MHA forms, standards, guidelines and develop a request for proposals (RFP) to identify a proponent who will provide rights advice services – the RFP is anticipated to run in fall 2022, with a service provider in place by early 2023.

Budget Expenditures:

- N/A

Youth Transitions

Introduction:

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

Background:

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

Representative for Children and Youth Report Recommendations

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

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

Ministry/Government Actions to date:

Concurrent Disorder Clinicians

- Budget 2021 provided funding over 3 years to support regional health authorities to hire 19 new FTE concurrent disorder clinicians to support young people (17-26 years) transitioning from government care to adulthood.
- Concurrent disorder clinician positions will be implemented in communities based on need, existing services and new planned investments as informed by a range of data and other information sources.
- Recruitment for the first 13 FTE has been initiated, with 5.5 FTE hired across the health authorities to date.
- Allocations to health authorities for the first 13 FTE includes: 3.0 FTE each in Vancouver Coastal, Fraser and Northern Health, and 2.0 FTE each in Island Health and Interior Health.
- Allocation of the remaining 6 FTE with funding starting in 2023/24, includes 1.0 FTE for Northern, Interior, Vancouver Coastal and Fraser Health and 2.0 FTE for Island Health.

Budget Expenditures:

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

- \$6.96 million in ongoing funding over 3 years for youth concurrent disorder clinicians

Youth Substance Use System of Care

Introduction:

- Addressing gaps in access to youth substance use beds and services to build a comprehensive system of care.

Background:

- According to recent international research, the peak age of onset of substance use or addictive behaviour disorders was 19.5 years old, with 15.2% experiencing onset by age 18 and 48.8% by age 25.ⁱ
- In 2017-2018, 5% of all hospital stays in Canada for youth aged 10-24 were related to harm caused by substance use, with hospitalization rates higher in BC (467 per 100,000 population) than the national average (364 per 100,000 population).ⁱⁱ
- First Nations, Métis, and Inuit youth are at higher risk for substance use challenges due to intergenerational trauma and the effects of ongoing colonization and racism.
- The COVID-19 pandemic has compounded the ongoing illicit drug toxicity public health emergency and led to record highs in substance use harms and death. In 2021, an unprecedented 359 BC young people under the age of 30 died due to drug toxicity.ⁱⁱⁱ (There were 29 deaths for youth under 19 years old and 330 for 19-29 years old.)
- Across the province, there are varying levels of availability of youth substance use services. Many communities do not have sufficient services to ensure youth have access to the right service, at the right time, close to home.
- Through *A Pathway to Hope*, the province is implementing a suite of evidence-based and culturally safe programs and supports that focus on problematic substance use prevention for children, youth, and young adults, and connecting young people to integrated care early before small needs become large. *A Pathway to Hope* and other MMHA initiatives that provide youth substance use supports include:
 - Foundry centres and associated online supports
 - Integrated Child and Youth (ICY) teams,
 - Step up/step down High Intensity Outreach and bed-based services
 - Mental Health in Schools (MHIS) strategy
 - Primary Care Networks (HLTH) and
 - Expansion of youth substance use beds and services.

Ministry/Government Actions to date:

Expanding Youth Substance Use Treatment Beds:

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

- 8 provincially accessible specialized treatment beds through the Provincial Health Services Authority (PHSA) and service enhancements to 37 existing provincially-accessible beds across the province.
- Of the 123 new beds, 28 have been implemented and the Ministry is working with the Ministry of Health, health authorities, and Indigenous partners to implement the remainder of the beds in 2022.

Youth Substance Use Services:

- This historic investment over three years includes new and expanded programs across the continuum of care across all health authority regions, and includes:
 - School- and community-based prevention and early intervention resources.
 - Community-based youth substance use and concurrent disorder services.
 - Crisis intervention services and intensive treatment.
 - Wraparound youth substance use services to support the ongoing expansion of youth substance use bed-based services.
 - System supports, which will help create a more seamless system of care for youth substance use.
- Expansion of services is underway, with most services expected to be operational summer 2022.
- Implementation for some services has been staggered over 3 years, with all expected to be operational by the end of fiscal year 2023/24.

Budget Expenditures:

- Budget 2022 continues investment started in 2021/22 with \$50.44 million over the fiscal plan (from 2022/23 to 2024/25) to support 123 new youth substance use beds and to enhance existing provincially accessible specialized beds.
- In 2019/20, government provided:
 - \$0.04 million in additional base funding to the FHA to support Specialized Youth Substance Services, bringing the total base funding to the health authorities to \$4.23 million.
 - \$3.0 million of one-time funding to the PHSA for Specialized Substance Use Treatment Surge Beds, for both adult and youth treatment.
- In 2017/18, government provided (through Ministry of Health):
 - \$2.15 million of base funding to PHSA for Specialized Youth Treatment Beds.
 - \$10.0 million of one-time funding to health authorities, including the PHSA, for Specialized Residential Treatment Beds. This one-time funding included \$3.7 million to the FHA to implement 20 youth residential treatment beds and intensive outpatient treatment services at Traverse.

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

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

ⁱⁱⁱ BC Coroners Service. (July 2022). *Illicit drug toxicity deaths in BC January 1, 2011 – December 31, 2021*. Retrieved August 10, 2022 from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

Declaration on the Rights of Indigenous Peoples Act and Action Plan

Introduction:

- Advancing reconciliation through the implementation of the *Declaration on the Rights of Indigenous Peoples Act* and Action Plan

Background:

- The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) is an international human rights instrument that describes the minimum standards for the survival, dignity and wellbeing of Indigenous peoples and affirms the right of Indigenous peoples to self-determination and the right to autonomy and self-government.
- The Truth and Reconciliation Commission (TRC) called for federal, provincial and territorial governments to adopt UNDRIP as the framework for reconciliation with Indigenous peoples in Canada.
- In November 2019, British Columbia passed the *Declaration on the Rights of Indigenous Peoples Act* ('the Declaration Act') to establish UNDRIP as the framework for reconciliation with Indigenous peoples in BC.
- The Declaration Act requires the Province, in consultation and cooperation with Indigenous peoples, to:
 - Ensure new and existing laws are consistent with UNDRIP;
 - Implement an Action Plan to achieve the objectives of UNDRIP and to monitor progress on implementation of this plan through annual public reporting; and,
 - Support shared decision making by government to government agreements with a broader range of Indigenous governing bodies on matters that impact their citizens.
- The Ministry of Mental Health and Addictions (MMHA) is in a strong position to advance the articles of UNDRIP through its current approach that emphasizes:
 - Fostering self-determination by working with Indigenous communities to take on a larger role in the design, planning and delivery of mental health and substance use services;
 - The advancement of cultural safety and humility in service delivery by creating health care environments that are free of anti-Indigenous racism and discrimination and that promote relationship-based care; and,
 - Taking a distinctions-based approach that acknowledges the distinct rights, priorities and perspectives of First Nations, Inuit, and Métis peoples in BC.
- The Declaration Act Action Plan ('Action Plan') was released on March 30, 2022. MMHA is included in 8 actions: 3.11, 4.7, 4.8, 4.11, 4.12, 4.13, 4.14, 4.26 (see appendix A).

Ministry/Government Actions to date:

Declaration Act Action Plan development

- The Ministries of Health (HLTH) and MMHA collaborated in 2020/21 to propose initial health and wellness actions to be included in the draft Action Plan, based priorities shared with Indigenous partners through mutual agreements, planning, and policy documents.
- Through phase one engagement, HLTH and MMHA validated these actions with the First Nations Health Authority (FNHA, on January 29, 2021) and First Nations Health Council (FNHC, on February 8, 2021) via dedicated sessions, and also participated in Ministry of Indigenous Relations and Reconciliation (MIRR)led engagement sessions with Métis Nation B.C. (MNBC) and the B.C. Association of Aboriginal Friendship Centres (BCAAFC).
- MMHA, HLTH and MIRR participated in the spring 2021 First Nation regional caucus sessions to provide an overview of actions being proposed and receive feedback.
- From March to May 2021, provincial ADMs, DMs, and Cabinet were engaged in review and

approval processes of the draft Action Plan. Subsequently, the draft Action Plan was publicly posted for phase two of engagement, from June 11 – September 15, 2021.

- MIRR received 72 written submissions and 143 online comments on the draft Action Plan, of which there were 26 written submissions and 41 online comments related to MOH/MMHA-led actions.
- MMHA and HLTH presented at the First Nations Gathering Wisdom forum in October 2021 to report back to Chiefs and leaders on what was heard from engagement.
- As a result of feedback from engagement, three actions were modified to strengthen the language, and one new action was created (strengthening the health and wellness partnership with MNBC).

Next Steps for Action Plan Implementation

- MMHA continues to work with its government and Indigenous partners on implementation of the actions, noting that they are existing mandate priorities where Indigenous partners have largely been embedded into the decision-making and partnership structures.
- MIRR is leading the development of Action Plan annual report reporting requirements, and MMHA is working with colleagues and Indigenous partners to identify suitable tools, indicators and measures for reporting.

Appendix A
Specific Declaration Act Actions for MMHA

3.11 Develop and implement comprehensive policing reforms to address systemic biases and racism. This will include: updating the Police Act, BC Provincial Policing Standards¹⁴ and mandatory training requirements; enhancing independent oversight; clarifying the roles and responsibilities of police officers in the context of complex social issues such as mental health, addiction and homelessness; and contributing to the modernization of the federal First Nations Policing Program. *(Ministry of Public Safety and Solicitor General, Ministry of Attorney General, Ministry of Mental Health and Addictions)*

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

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

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

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

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

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

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

4.14 Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Framework¹⁵ to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home. *(Ministry of Health, Ministry of Mental*

Health and Addictions)

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

Indigenous-led Solutions

Introduction:

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

Background:

- For Indigenous peoples, mental health and wellness is a shared perspective of holistic health and wellness in which the mind, heart, body, and spirit are all inter-connected and are supported by culture, relationships and a responsibility to family, community and land.
- Indigenous peoples have identified the need to interrupt the intergenerational transmission of trauma by not only treating the symptoms of trauma but advancing approaches that facilitate the healing and rebuilding of individuals, families and communities.
- Indigenous communities are in the best position to make decisions about the health and wellness of their people and mental health and substance use services will be most effective when designed and delivered by Indigenous communities. In this way, self-determination is an important determinant of mental health and wellness outcomes.
- To this end, MMHA approaches partnership with Indigenous peoples with an interest to:
 - Address the root causes and risk factors that contribute to poorer health and socio-economic outcomes;
 - Support the self-determination of Indigenous peoples by supporting Indigenous communities to take on a larger role in the design, planning and delivery of mental health and substance use services; and
 - Advance cultural safety and humility in service delivery by supporting health care environments that are free of anti-Indigenous racism and discrimination and that promote relationship-based care.

Ministry/Government Actions to date:

Partnership with BC First Nations

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan (2007)*, the *Framework Agreement on First Nations Health Governance (2011)* and the *Health Partnership Accord (2012)*.
- In 2018, the First Nations Health Council (FNHC), the First Nations Health Authority (FNHA), the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU'). This MOU is supporting First Nations to plan, design and deliver a continuum of mental health and wellness services.
- The Province, the Government of Canada and the FNHA each committed \$10 million (total commitment of \$30 million) to support the implementation of the MOU. As of August 2022, the partners have allocated \$24.9 million. There are 54 projects representing 172 of the 203 First Nation communities in BC. Examples include:
 - Intergovernmental Communications
 -

○ Intergovernmental Communications

○

○

- A key feature and early success of this new approach has been the ability to provide First Nations flexible funding to fill service gaps across a continuum of care and to integrate clinical and traditional approaches to mental health and wellness.
- As per commitments in the MOU, the Province, Canada and FNHA made matching capital contributions of \$20 million (for a total commitment of \$60 million) to renovate, replace and build 8 First Nation-run treatment facilities throughout BC.
- The MOU implementation has been extended twice due to the impact of public health emergencies, natural disasters and legacy of residential schools, now extended to October 1, 2023 with no further funding committed for FNHA. Strategic discussions are ongoing on how the partners will continue implementation.
- MMHA has provided targeted federal funding to FNHA for the expansion of land-based and culturally safe treatment services. FNHA has provided funding to First Nations to increase the number of treatment options available to First Nation clients with a focus on land-based, family-based or group-based treatment services.

Partnership with Métis Nation BC (MNBC)

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

BC Association of Aboriginal Friendship Centres (BCAAFC)

- MMHA has provided funding to the BC Association of Aboriginal Friendship Centres (BCAAFC) to build capacity and support implementation of recommendations outlined in the *Urban Indigenous Wellness Report (2020)* to address priorities and support needs for urban Indigenous peoples in BC.

Budget Expenditures:

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

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

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

Indigenous mental health and wellness:

- \$10.750 million per year to the FNHA to support the design and expansion of land-based and culturally safe treatment services.
- \$0.720 million per year to FNHA to establish a First Nations mental health and wellness liaison positions.
- \$0.375 million per year to the MNBC to support Métis-led mental health and wellness initiatives, including the development of a cultural safety and wellness curriculum and a harm reduction and anti-stigma campaign.
- \$0.375 million per year to the BCAAFC to build capacity and to conduct a series of engagement sessions with Friendship Centres throughout BC.

First Nations Treatment Centres

Introduction:

- The Province, Canada, and the First Nations Health Authority (FNHA) have made a joint capital commitment of \$60 million total (\$20 million each) to replace six existing First Nation-run treatment centres throughout BC and build two new ones.
- First Nations Treatment Centres offer mental health and substance use healing and wellness programs for First Nations people that places culture at the centre of a person's wellness journey. Centres may offer a mix of culturally appropriate programming (e.g., land-based healing) and western approaches (e.g., trauma programming); the types of programs and models of care vary. The centres are primarily bed-based services.

Background:

- Since the transfer of health services from the federal government to FNHA in 2013, FNHA has been responsible for providing financial support for the programming and facility operations and maintenance of 10 existing National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres in BC.
- The Province continues to build a system of care that includes services for First Nations, Métis and Inuit people that are culturally safe and trauma informed.
- In addition to the Ministry of Mental Health and Addictions (MMHA) partnership with FNHA the province is working with provincial partners to address service needs and ensure people can access safe quality options in a number of different areas. Actions the province has taken to date include:
 - priority access for people self-identifying as Indigenous to the 105 Canadian Mental Health Association – British Columbia (CMHA-BC) treatment and recovery beds across the province.
 - Implementation of Budget 2021 investments in treatment and recovery services; including an extension of the Indigenous-led (Gwa'sala-'nakwaxda'xw) partnership program for alcohol treatment and recovery in Port Hardy and new stabilization beds via the Lillooet Friendship Centre society.
 - Require health authority engagement with Indigenous partners to inform new services.

Ministry/Government Actions to date:

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan (2007)*, the *Framework Agreement on First Nations Health Governance (2011)* and the *Health Partnership Accord (2012)*.
- In 2018, the First Nations Health Council (FNHC), the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* ('the MOU'). The MOU is to establish a new and more flexible funding approach that enables First Nations to plan, design, and deliver a continuum of mental health and wellness services.
- As per commitments in the MOU, the FNHA developed the *First Nation Treatment Centre Investment Plan* that outlined an approach and an estimated capital investment need of \$60M to replace six existing NNADAP treatment facilities and build two new treatment facilities. (See the table below for project status). This investment was intended to fully cover capital construction costs for the projects.

- Intergovernmental Communications; Government Financial Information

-

-

-

-

-

-

-

Current Status of Treatment Centre Projects:

- The FNHA manages all aspects of this investment, including project management, discussions with communities, funding allocations, etc.
- The *First Nations Treatment Centre Investment Plan* updates are provided to the Mental Health and Wellness Table (ADM/VP level) as part of the governance structure of the MOU. ^{Intergovernmental Communications}
Intergovernmental Communications

Page 144 of 215

Withheld pursuant to/removed as

Intergovernmental Communications ; Government Financial Information

Page 145 of 215

Withheld pursuant to/removed as

Intergovernmental Communications ; Government Financial Information

Indigenous-specific Racism in Healthcare

Introduction:

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

Background:

- Centuries of colonial practices have created systemic racism evident in healthcare policies and practices that have resulted in substantive inequity and trauma for Indigenous peoples to the point where Indigeneity is a determinant of health.
- Unconscious bias, stereotypes and misconceptions influence how people perceive and treat Indigenous peoples and results in inequities in healthcare.
- In June 2020, the Minister of Health appointed Dr. Mary Ellen Turpel-Lafond to lead an independent review into allegations of racism in the BC emergency department setting, as well as the broader health system.¹
- *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* (the '*In Plain Sight Report*') was released on November 30, 2020. The report presented evidence of widespread prejudice and racism throughout the BC healthcare system.
- An update on the report was released in November 2021.

Ministry/Government Actions to date:

- The health partnership between the Province and BC First Nations has long acknowledged the need to address Indigenous-specific discrimination in the health care system. For example, the *Tripartite First Nations Health Plan* (2007) led to the creation of an online cultural competency training program that continues to be offered by the Provincial Health Services Authority (PHSA).
- In 2015, the Tripartite Committee on First Nations Health (TCFNH) – a senior leadership forum with representatives from FNHA, HLTH, MMHA and all of the Health Authorities – agreed to improve cultural safety and humility in health service delivery as a system-wide priority.
- In 2015, FNHA, HLTH and the Health Authorities signed onto the *Declaration of Commitment to Cultural Safety and Humility* ('the Declaration of Commitment').
- The TCFNH is currently developing a Cultural Safety and Humility Change Leadership Strategy to systematically advance commitments to cultural safety and humility with an emphasis on better aligning the efforts of each organization in the health system.
- In April 2018, MMHA officially signed onto the Declaration of Commitment with a specific focus on improving the experience of Indigenous peoples with the mental health and substance use system.
- MMHA is advancing the Declaration of Commitment by ensuring Indigenous partners are included in the design, implementation and evaluation of MMHA-led initiatives and ensuring that cultural safety is articulated as a core attribute in new service delivery models.
- The Ministry of Health leads the response to the recommendations in the *In Plain Sight Report*, including supporting the creation of a Task Team (recommendation #24), implementing Indigenous board members and Vice Presidents of Indigenous Health in Health Authorities (recommendation #14), and appointing an Associate DM of Indigenous Health and Reconciliation at Ministry of Health (recommendation #13), among other priorities.

¹ <https://news.gov.bc.ca/releases/2020HLTH0198-001115>

Mental Health and Substance Use Related Findings:

- The *In Plain Sight Report* concluded that there is a direct link between the racism and discrimination that Indigenous people experience and poorer mental health and wellness outcomes. This includes higher rates of self-reported distress, suicidal ideation and substance use.
- The report presents evidence of widespread stereotyping and racism at critical points of care. The stereotyping and stigma people experience in the context of mental health and substance use is particularly problematic as this has resulted in denied or delayed services, misdiagnoses and mistakes, and traumatic experiences that result in lasting physical, mental and emotional harm.
- Indigenous peoples are actively avoiding mental health and substance use care in BC. 23 percent of Indigenous survey respondents said that they are not safe when accessing mental health or substance use services. 92 percent of Indigenous survey respondents said that their mental health was moderately or significantly impacted by racial prejudice.
- There is only one recommendation in the *In Plain Sight Report* that is specific to MMHA. Recommendation 17 states that “BC and FNHA must demonstrate progress on commitments to increase access to culturally safe mental health and wellness and substance use services”.
- In November 2021, Ms. Turpel-Lafond released an update on *In Plain Sight*. In it, Ms. Turpel-Lafond states that, “more focused efforts are necessary to respond to the impacts of public health emergencies on Indigenous Peoples, including jurisdictional impediments faced by Indigenous governments...and evidence-based expenditure of funding for mental health and wellness services for those in highest need.”
- MMHA has continued to work with FNHA to accelerate the implementation of key initiatives such as the expansion of Indigenous-delivered substance use services and the continued integration of clinical and traditional approaches in mental health and wellness services.
- These include increasing the availability, accessibility and the continuum of Indigenous-led and community based social services and supports that are trauma-informed, culturally safe and relevant and address a range of holistic wellness needs for this in crisis. At-risk or have experienced violence, trauma and/or significant loss.

Budget Expenditures:

- N/A

Access to Treatment and Recovery (Investments)

Introduction:

- Investments supporting improved access to adult treatment and recovery services.

Background:

- In BC there is a diverse range of services that address the needs of people with substance use disorders.
- The Province is taking a systematic approach to investing in treatment and recovery services to strengthen the full range of substance use services for adults across the continuum.
- Investments are divided across four types of services corresponding to each of the phases of the recovery journey:
 - Withdrawal Management: Enhancing and expanding access to bed-based withdrawal management services, sobering and assessment services and outpatient models.
 - Transition and Assessment Services: Expanding access to transition beds and stabilization services.
 - Treatment and Recovery: New investments include bed-based treatment and recovery programs as well as initiatives targeting alcohol and stimulant use disorders.
 - Aftercare: Increasing availability of follow up services post treatment and community-based recovery focused supports as well as peer supports and peer-led initiatives.
- Options are key to meeting people where they're at and making sure they can access treatment and recovery services that are appropriate for their unique circumstances.
- This is why recent investments also include developing and expanding non-bed-based services such as day treatment programs, peer supports, outpatient withdrawal management, addiction medicine consult teams, virtual addictions services and many more.

Ministry/Government Actions to date:

- The Province made an historic \$500 million investment in Budget 2021 focused on building a comprehensive and more accessible system of mental health and addictions care that people in British Columbia need and deserve.
- Budget 2022 continues with the prior investment which result in \$144.50 million over the fiscal plan to continue the province's historic investment in the development of a full spectrum system of substance-use treatment and recovery services.
- Through this funding, work is underway, in collaboration with health authorities, to implement 65 new and/or enhanced initiatives resulting in approximately 195 net new withdrawal management, transition, and treatment and recovery beds over three years. 66 of these new beds have been implemented as of September 2022 and more are anticipated to come on-line in 2022/2023.
- In 2020/21, the Province invested:
 - \$13M to add 105 new publicly funded beds for adults in 14 organizations¹.
 - \$36M to open 123 more youth beds². As of 2021/22, this funding has been annualized and is currently \$50.44M over the fiscal plan (from 2022/23 to 2024/25). Currently, 30 of these beds are reflected on the March 2022 bed survey (28 are currently operational).
 - \$2M to support treatment/recovery service providers who have been financially

¹ <https://news.gov.bc.ca/releases/2021MMHA0004-000226>

² <https://news.gov.bc.ca/releases/2020MMHA0043-001514>

challenged by COVID-19 to ensure ongoing services for people with addictions.

- In 2019/20, government provided:
 - \$0.04 million in additional base funding to the FHA to support Specialized Youth Substance Services, bringing the total base funding to the HAs to \$4.23 million.
 - \$3.0 million of one-time funding to the PHSA for Specialized Substance Use Treatment Surge Beds, for both adult and youth treatment.
 - An annual commitment of \$4.27M to implement 7 new and 9 expanded substance use integrated teams in each regional health authority to support adult clients to engage and stay connected to treatment and recovery services.
 - \$5M to increase rapid access to addictions medicine by adding more prescribing capacity for physicians and nurses through additional session times and training opportunities for medical professionals.
- In 2018/19, government provided \$4.7M to support Our Place Society to open 40 new beds at New Roads Therapeutic Recovery Community on Vancouver Island³.
- In 2017/18, the Ministry of Health provided:
 - \$2.15M of base funding to the PHSA for Specialized Youth Treatment Beds.
 - \$10M of one-time funding to the health authorities, including the PHSA, for Specialized Residential Treatment Beds (surge beds), for both adult and youth treatment in response to the overdose emergency.

Budget Expenditures:

- See Ministry/Government Actions to date

³ <https://news.gov.bc.ca/releases/2018MMHA0059-002074>

Community Substance Use Treatment Beds – Youth and Adults

Introduction:

- As of June 2022¹, there are 3,272 publicly funded adult and youth community substance use beds. This includes:
 - 3,167 health authority funded beds (3,021 for adults and 146 for youth) health authority funded beds
 - 105 adult Canadian Mental Health Association of BC (CMHA BC) grant funded beds
- There are an additional 145 health authority funded adult tertiary substance use/concurrent beds.
- These totals do not include privately funded beds that may receive per diem benefits from the Ministry of Social Development and Poverty Reduction (SDPR).

Background:

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

Ministry/Government Actions to date:

- Provincial priorities related to community substance use treatment beds include actions to increase access across the province and to improve quality and accountability within the sector
- The Province has implemented over 300 new adult and youth substance use treatment and recovery beds since 2017.
- More beds have been funded and will become operational in the coming year.

Funding Date	Funding Source	Implementation Date	Number of beds
2017/18	HLTH Funding	Spring 2017	45 adult beds (30 Provincial Health Services Authority (PHSA) beds located at Phoenix in Surrey and Cedars in Cobble Hill and 15 beds located in Comox Valley, and Prince George)

¹ Overall fluctuation in numbers may be attributed to the point-in-time nature of the bed count survey (quarterly), changes to Health Authority contracts, and changes to survey categories.

Funding Date	Funding Source	Implementation Date	Number of beds
2017/18	HLTH Funding	Summer 2020	20 youth beds (Traverse in Chilliwack)
2018/19	MMHA Grant Funding	Fall 2018	40 adult beds (Our Place in View Royal)
2020/21	HLTH Funding	Ongoing	30 youth beds
2020/21	MMHA Grant Funding	Fall 2021	105 adult beds (14 locations across BC) funded through partnership with CMHA BC
2017	HLTH Funding	December 2021	11 adult beds (Additional Capacity at Red Fish)
2020/21	Budget 2021	February 2022	10 adult beds (PHSA beds located at Phoenix in Surrey)
20/21	Budget 2021	July 2022	66 Regional beds (20 in Interior Health (IH), 10 in Northern Health (NH), 10 in PHSA, 18 in Vancouver Coastal Health (VCH) and 8 in Island Health (VIHA))
TOTAL NEW BEDS OPENED			327 adult and youth beds

Work Underway / Recent Investments

- Cross ref: Transition Note-Access to Treatment and Recovery (Investments) for investment details
- Cross ref: Transition Note – Oversight of Recovery Homes for details on actions taken/underway to improve quality

Budget/Expenditures:

- N/A

Alcohol Use and Response

Introduction:

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

Background:

- Alcohol use disorder (AUD) and high-risk drinking (e.g., drinking above current low-risk drinking limits) are the most common substance use challenges in BC.ⁱ
- In 2020 over 17% of people in BC ages 12 and up were estimated to engage in heavy drinking.ⁱⁱ
- Problematic drinking is linked to over 200 health conditions, including 8 types of cancer.ⁱⁱⁱ
- In 2017, alcohol-attributable costs in BC totaled \$2.38 billion.^{iv}
- Throughout the pandemic, approximately 22% of people in BC reported that their alcohol use had increased and many were drinking above recommended low-risk thresholds.^{v vi}
- Alcohol-related mortality also increased during the pandemic to 2.3 deaths for 100,000 among people ages 0-44 and 17.7 deaths per 100,000 among people ages 45-64.^{vii}
- Alcohol-related mortality is also 5.4 times higher among First Nations men and 10.1 times higher among First Nations women when compared to non-First Nations.^{viii}

Ministry/Government Actions to date:

Managed Alcohol Programs (MAPs)

- Through Budget 2021 the province committed to expanding and strengthening the availability of Managed Alcohol Programs (MAPs) across the province through the implementation of three new and two expanded community MAPs.
 - **New:** Nanaimo; two communities in Vancouver Coastal Health Region (to be determined)
 - **Expanded:** Vancouver; Port Hardy (in partnership with Gwa'sala-'nakwaxda'xw First Nation).
- MAPs are evidence-based harm reduction services that support people who are struggling with alcohol use.
- MAPs provide access to beverage alcohol to help clients manage their drinking and reduce potentially hazardous effects, such as using non-beverage alcohols like hand sanitizers.
- By providing regular and controlled access to beverage alcohol, MAPs help clients prevent over-intoxication while also managing the risk of withdrawal – both of which can be very dangerous, with risks from unmanaged withdrawal including severe fever, seizure, and death
- MAPs have a strong body of evidence to support their harm reduction approach, and are associated with improved housing outcomes, improved physical health outcomes, and reduction in more hazardous drinking behaviours, such as use of non-beverage alcohol.
- Currently, there are at least 10 established MAPs operating in BC providing services in 6 communities.^{ix}
- MAPs are also being implemented in several complex care housing projects throughout the province.
- In 2022, MMHA worked with partners across government to enact a regulatory change under the *Liquor Control and Licensing Act* to ensure that community-based MAPs were able to operate lawfully.
- MMHA, the Ministry of Health, and partners across each health authority are currently working to develop new minimum policy standards for the design and implementation of new community MAPs in BC.

Alcohol Treatment and Supports

- In December 2019, the BC Centre for Substance Use (BCCSU) released a guideline that provided recommendations for health care providers on the clinical management and treatment of high-risk drinking and AUD in adults and youth.
- In 2020, the BCCSU released a supplemental guideline that provides specific recommendations on supporting people struggling with alcohol use who are pregnant or have recently delivered a child.
- These guidelines use the best available evidence to support health care professionals in screening and treating AUD among people in BC.
- Health authorities also offer a number of treatment options for AUD and problematic alcohol use, including withdrawal management services and medication-assisted treatments such as naltrexone and acamprosate.
- Since implementing the new guidelines in 2019 with recommendations on first-line medications for AUD, prescribing has increased significantly with twice as many people receiving naltrexone during the 2021/22 Fiscal Year (over 20,000) than in 2019/20 (10,502).

Budget Expenditures:

- Budget 2022 continues with funding committed in Budget 2021 of \$70 million over three years to support Specialized Treatment and Wraparound Services including Managed Alcohol Programs (MAPs) in both the Vancouver Coastal Health Authority and Vancouver Island Health Authority regions.
- Budget 2022 additionally invested \$164 million over three years to provide complex care housing services to approximately 500 people throughout BC, with some of these services incorporating alcohol-specific supports such as MAPs.

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

ⁱⁱ Statistics Canada. (2021). *Heavy drinking, by age group*. (Table 13-10-0096-11) [Data set]. Statistics Canada. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009611&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=3.3&cubeTimeFrame.startYear=2019&cubeTimeFrame.endYear=2020&referencePeriods=20190101%2C20200101>

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

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

^v Statistics Canada. (2021). *Alcohol and cannabis use during the pandemic: Canadian Perspectives Survey series 6*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/210304/dq210304a-eng.htm>

^{vi} Statistics Canada. (2021). *Provisional death counts and excess mortality, January 2020 to April 2021*. Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/210712/dq210712b-eng.htm>

^{vii} Statistics Canada. (2021). *Provisional death counts and excess mortality, January 2020 to April 2021*. Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/210712/dq210712b-eng.htm>

^{viii} Park J, Tjepkema M, Goedhuis N, Pennock J. (2015). Avoidable mortality among First Nations adults in Canada: A cohort analysis. *Health Rep* 26(8): 10-16

^{ix} Canadian Institute for Substance Use Research. (2022). *Overview of Managed Alcohol Program (MAP) sites in Canada (and beyond)*. Retrieved from <https://www.uvic.ca/research/centres/cisur/assets/docs/resource-overview-of-MAP-sites-in-Canada.pdf>

Substance Use System of Care Framework

Introduction:

- The Ministry of Mental Health and Addictions (MMHA) has developed a policy framework for the adult substance use system of care to provide strategic direction and guide future policy making and investments.

Background:

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

The Framework:

- The purpose of the Framework is to define the key elements needed to ensure a coordinated, integrated, and interdisciplinary system of adult substance use care. While significant work has been done to build the system of care over the last several years, the Framework is intended to provide an overarching and shared vision of what the ideal system looks like going forward, and to guide future policy and investment planning.
- The scope of the Framework is limited to the adult population but includes consideration of young adults and people aging into adulthood. It prioritizes a focus on alcohol, stimulants, opioids, and polysubstance use, as well as co-occurring mental health and substance use disorders. The Framework is intended to address the full continuum of care.
- The Framework includes connections to other sectors such as housing and employment, taking a cross-system perspective that acknowledges the social determinants of health.
- The Framework explores the context for this work, lays out a shared vision of the ideal system of care, and provides opportunity areas for building the system based on feedback, ideas, and input from our partners.
- Ultimately, the Framework identifies the need to build a coordinated, integrated system with clearly defined care pathways that link system components and allow for seamless access to the supports people need when they need them. As we work to build these elements, we must also continue to address existing service gaps and system challenges.

Ministry/Government Actions to date:

- Government has taken action to address the current gaps in the system and implement new initiatives. Key actions include:
 - A historic investment of \$132 million through Budget 2021 to expand adult substance use treatment and recovery services across the care continuum
 - Expanding harm reduction services, such as overdose prevention sites and supervised consumption sites, drug checking, and naloxone.

- Expanding and optimizing medication assisted treatment by increasing the number of physicians and nurses who can prescribe opioid agonist therapy (OAT) and offering additional medications and locations that offer OAT.
- Investing \$164 million in 2022 for 20 complex care projects that plan to serve 500 people.
- Expanding team-based care by adding new Assertive Community Treatment (ACT) teams and implementing new substance use integrated teams.

Oversight of Recovery Homes

Introduction:

- Enhancing oversight of recovery homes (supportive recovery residences) to support greater accountability for quality care

Background:

- Supportive recovery residences are bed-based substance use services that provide a safe, communal environment where individuals have the opportunity and support to focus on their recovery journey.
- Residences typically offer services like psychosocial supports, relapse prevention, peer counselling, medication management, meal services and social opportunities to people with substance use challenges. They do not deliver medical withdrawal management or treatment services.
- *Community Care and Assisted Living Act (CCALA)* provides the legislative framework for these services and requires most supportive recovery residences and community substance use treatment facilities to be licensed or registered:
 - The Ministry of Health (HLTH), Assisted Living Registrar (ALR) is responsible for the oversight of **registered** residences and has a team of investigators responsible for inspecting residences when there is a complaint to ensure they are complying with the CCALA and its Regulations or if there is a health and safety concern.
 - Health authorities are responsible for oversight of **licensed** facilities including, inspecting facilities, investigating complaints and publishing information on unlawful residential care facilities and substantiated complaints
- Supportive recovery services are more often registered rather than licensed under the CCALA.
- Historically there were few regulatory requirements applied to registered supportive recovery residences and these services have received attention from the media and other stakeholders regarding concerns of a lack of sector oversight and accountability. Complaints often focus on the quality of care provided, government oversight and enforcement of regulations and concerns that residences are unsafe and may take financial advantage of clients.
- In the November 2020 mandate letter, the Minister of Mental Health and Addictions was directed to work with the Minister of Health to transfer oversight of recovery homes and other private treatment providers to Mental Health and Addictions to ensure quality care, accountability and value for money.
- Since 2019 the Province has made improvements to sector governance by strengthening legislation and regulatory requirements and other means.
- Going forward we will continue to work with HLTH and regional health authorities to monitor the implementation of these initiatives and the impact on service quality for British Columbians.

Ministry/Government Actions to date:

Actions to Strengthen the Sector To-date:

- *Regulations:* Amendments to the CCALA and the new Assisted Living Regulation came into force on December 1, 2019. These changes improve regulatory oversight for all registered supportive recovery residences and give the Province new tools to respond more promptly to health and safety complaints. Earlier changes in the legislation in 2018 ensure information on substantiated

complaints and confirmed unregistered/unlawful operators is publicly available on the ALR website.

- *Sector Training:* Creation of a Training Bursary Fund administered by the Community Action Initiative (CAI) to assist operators to come into compliance with new regulations requiring that employees have at least 20 hours of training in one or more of the following areas: counselling, crisis intervention and conflict resolution, psychosocial intervention for substance use disorders and trauma-informed practice.
- *Provincial Standards:* Provincial Standards for Registered Assisted Living Supportive Recovery Services (Standards) were introduced in September 2021. The Standards build off the Regulation by expanding minimum health and safety requirements and setting required levels of service in areas including evidence-based care. The Ministry of Mental Health and Addictions (MMHA) is working with partners to implement the standards through revising health authority contracts and education and engagement opportunities, such as educational training materials for registered supportive recovery service operators and staff.
- *Operator Supports:* Development of operator handbook, updated ALR website, and training seminars for operators and health authorities to support the new regulatory changes as well as the introduction of the Standards.
- *Funding:* In 2019, a per diem increase was implemented for eligible income assistance clients accessing registered supportive recovery homes from \$30.90 to \$35.90 per day, and licensed supportive recovery services from \$40.00 to \$45.00 per day. In 2020, additional funding opportunities were available to support existing operators impacted by COVID-19 and to increase the number of publicly funded treatment and recovery beds in BC. (*cross ref: EN-Community Substance Use Treatment Beds*). Budget 2022 continues with the prior investments¹ which result in \$144.50 million over the fiscal plan to continue the province's historic investment in the development of a full spectrum system of substance-use treatment and recovery services.
- *Monitoring and Evaluation:* Monitoring and evaluation processes are being built into government's current and future work, including monitoring the implementation and service utilization of Budget 2021 initiatives, supporting the Canadian Mental Health Association (CMHA) BC to evaluate the CMHA bed-based treatment and recovery grants, and in collaboration with MOH, partnering with the BC Centre on Substance Use (BCCSU) to administer a sector survey to licensed and registered operators to provide a public facing resource that assists the public in locating bed-based services and supporting internal monitoring of the sector.

Budget Expenditures:

- N/A

¹ Prior investments references Budget 2021 which includes \$132 million over the fiscal plan to provide a full spectrum of substance-use treatment and recovery services, including approximately 195 new substance use beds.

Decriminalization

Introduction:

- The criminalization of people who use drugs causes and exacerbates stigma and prevents access to life-saving health and social services.

Background:

- The drug poisoning crisis has drawn attention to Canada's regulatory framework on drugs, which criminalizes the simple possession of drugs, other than cannabis, under the *Controlled Drugs and Substances Act (CDSA)*, section 4(1).
- In 2019, nearly 1.4% of police-reports offences were for possession of controlled substances other than cannabis (30,464 offenses out of a total 2.2 million) (Statistics Canada).
- Mandate letters call for the Ministry to work with partners in the public safety sector to push Ottawa to decriminalize simple possession.
- Decriminalization involves removing criminal penalties for the possession of small amount of certain drugs for personal use. Trafficking remains prohibited.
- There are approximately 30 other countries that apply some form of drug decriminalization.
- Criminal records impact one's ability to obtain employment and housing – two key supports for people in treatment and recovery.
- Several national and BC-based advocacy organizations and professional associations have called for the decriminalization of personal possession.
- While MMHA's mandate letter suggests that the province continue to advocate for national decriminalization by the federal government, such action has not been forthcoming. As such, BC requested and received a three-year exemption to the CDSA to allow for decriminalization of small amounts of illicit substances for personal use within the province. This will come into effect for a period of three years, starting on January 31, 2023.

Ministry/Government Actions to date:

- On November 1, 2021, the Province submitted a formal request to Health Canada requesting an exemption to the CDSA under section 56(1) to remove criminal penalties for the possession of certain illicit substances for personal use.
- BC has already taken a public health approach to help people who use drugs. Minister Farnworth has sent letters to police departments indicating that simple possession is no longer a priority and directing units to consider pursuing a public health and harm reduction approach.
- While a number of police forces in BC have implemented forms of de facto decriminalization, approaches remain inconsistent. BC's decriminalization framework will create a consistent, province-wide approach.
- On May 31, 2022, Health Canada approved the Province's request for an exemption under s.56 of the CDSA, to decriminalize personal possession of powder cocaine, crack cocaine, methamphetamine, opioids, and/or MDMA at amounts up to a cumulative 2.5g threshold.
- The exemption will come into force on January 31, 2023 and will remain in effect for three years, with the potential for renewal.

- In the absence of criminal penalties for possession up to the 2.5 gram threshold floor, police will provide individuals found in possession with information on health and social supports. This information will be provided in the form of resource cards that are being developed in partnership with Regional Health Authorities (RHAs) to reflect locally specific services.
- BC's plan was developed with input from a range of stakeholders, including people with lived and living experience, law enforcement, Indigenous partners, municipal representatives, researchers, clinicians, public health representatives and others.
- The Province continues to work with partners on implementation planning and preparation. This work includes law enforcement readiness and training, health system readiness planning, implementation support for municipalities and First Nations communities, monitoring and evaluation, and examining the impact of decriminalization on youth.
- MMHA and PSSG co-chair the Law Enforcement Implementation Working Group (LEWG), which includes representation from law enforcement partners (including the from the First Nations Justice Council) and a representative from the Vancouver Area Network of Drug Users. The LEWG is focused on developing the curriculum and materials for a two-phased law enforcement training program. The first phase, launching in fall 2022, will focus on the rationale for decriminalization, the basics of BC's framework, and example scenarios that officers may encounter. The second phase will launch in the spring of 2023. This comprehensive online portion of the training will focus on stigma, the harms and inequities of criminalization, and on shifting policing practices as the province moves from a criminal justice to health approach to substance use.
- The cross-sectoral Core Planning Table that helped the Ministry develop BC's s.56 submission continues to meet to inform implementation planning.
- MMHA is working with RHAs to ensure health system readiness. Policy guidance was developed and distributed to RHAs. This document highlighted the role of RHAs in facilitating alternative pathways to care and the purpose of resource cards for distribution by law enforcement, outreach workers, clinics and other community organizations. RHAs and the First Nations Health Authority (FNHA) have each received funding to hire decriminalization project managers to assist with local implementation activities.
- Consultation and Engagement with Indigenous partners is ongoing. In addition to First Nations and Metis representation on the Core Planning Table, MMHA is working with the FNHA, First Nations Health Council, and First Nations Leadership Council to hold regional town halls with First Nations leaders to orient them to BC's decriminalization framework. A town hall with Metis Nation BC was held on June 14, 2022.
- The Canadian Institutes for Health Research will provide funding for a five-year third-party external evaluation, with a final report expected in 2028. The evaluation will focus on the long-term (three to five years) public health and economic impacts on people who use drugs, the health system, social system, public safety, and law enforcement. BC is also planning a range of implementation evaluation activities, and strategies to monitor key indicators and potential unintended consequences.

Budget Expenditures:

- MMHA secured \$2.257 million in 2022/23 to enable the Province to implement decriminalization by January 31, 2023 and sustain activities until the end of the 2022/23 fiscal year to meet Health Canada requirements. This will cover increased MMHA and PSSG staffing, phase one of law enforcement training, health authority decriminalization project manager positions, and monitoring and evaluation activities.
- Cabinet Confidences

Page 160 of 215

Withheld pursuant to/removed as

NR

CAPUD Litigation – Transition Note

Introduction:

- BC's Participation in CAPUD Charter Challenge of the Controlled Drugs and Substances Act

Background:

- The Canadian Association of People who Use Drugs (CAPUD) is a non-profit advocacy organization comprised of and representing people with lived and living experience (PWLE) of substance use. It has approximately 560 members across all provinces and two territories. CAPUD advocates for a range of public policies, including safe supply and decriminalization of personal possession.
- On August 31, 2021, CAPUD filed a Notice of Civil Claim (NOCC) in the BC Supreme Court against the Government of Canada.
- The NOCC alleges that the sections of the Controlled Drugs and Substances Act (CDSA) pertaining to the criminalization of simple possession violate section 7 (rights to life, liberty, and security of the person), section 12 (rights to not be subjected to cruel and unusual treatment or punishment), and section 15 (equality rights) of the Canadian Charter of Rights and Freedoms (the Charter).
- CAPUD is also seeking the removal of the CDSA's criminal penalties for trafficking due to necessity (or "subsistence trafficking") or provision of a safe supply.
- While the NOCC is national in scope, a majority of the plaintiffs reside in BC.

Ministry/Government Actions to date:

- The federal government filed a Response to Civil Claim on November 30, 2021, defending the constitutionality of the impugned sections of the CDSA.
- On April 14, 2022, the Province filed a Response to Civil Claim, which supports some aspects of CAPUD's NOCC and advances the Province's position that simple possession should be decriminalized.
- The Province differs from CAPUD's position in arguing that that safe supply should be governed through appropriate regulation and policy approaches, with a clear role for criminal law in addressing unregulated supply and trafficking.
- Participation by the Province in the CAPUD challenge is complementary to the Province's Health Canada-approved s.56(1) exemption for decriminalization of possession of small amounts of illicit substances for personal use, which will come into effect on January 31, 2023. While an exemption has already proven to be a faster path towards decriminalization, it would be susceptible to change on political grounds. A legal decision striking down the relevant sections of the CDSA would provide more stable protections for people who use drugs from the harms of criminalization, thereby ensuring that BC is able to mount an effective long-term strategy to reduce harms associated with substance use.

Budget Expenditures:

- N/A

Community Counselling Grants

Introduction:

- Government actions to increase access to mental health and substance use counselling services

Background:

- About 17% of British Columbians – around 800,000 people – are experiencing a mental illness or substance use issue today.¹
- By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental health challenge.² *A Pathway to Hope* identifies the cost of counselling as a significant barrier to accessing this important, early intervention service.
- Ongoing data reveals that the pandemic continues to have a negative effect on the mental health of people in BC:
 - As of the start of January 2022, 26% reported their mental health as bad or very bad since the start of the pandemic.⁴
 - 46% of people in BC report their mental health is worse/somewhat worse than pre-pandemic and 18% of people in BC have sought treatment or counselling for their mental health during the pandemic.⁵

Ministry/Government Actions to date:

- The Ministry of Mental Health and Addictions (MMHA) has been mandated to expand “access to counselling, using new e-health and other technologies to bring care to more people in all regions of B.C.”
- The primary action to date on this mandate commitment has been through the Community Counselling Grant (CCG) program.
- Beginning in 2019, MMHA in partnership with Community Action Initiative (CAI), developed the CCG program to increase access to low and no-cost community-based adult mental health and substance use counselling across the Province (Appendix A).
- These grants made counselling more accessible across the province including in rural, remote, and Indigenous communities.
- These grants are intended to increase access to underserved or hard to reach populations who do not typically have access to other counselling opportunities. Benefits of the program include:
 - Increased access to community-based counselling improves mental health and substance use outcomes;
 - Increases the quality of counselling to support non-profit, grassroots, and volunteer-run programs focused on counselling for adults in relation to mental health and substance use; and
 - Enables organizations to expand online and virtual mental health and substance use programming to improve access to services.
- Community counselling grants contribute to building an affordable, accessible comprehensive system of mental health and addictions care, especially during the COVID-19 pandemic when in-person services are limited, and mental health concerns are elevated.

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

² Ibid.

- Annual grants are issued and administered by CAI. Forty-nine (49) counselling services organizations received annual funding ranging from \$40,000 to \$120,000 over 3 years with additional pre-approved funding up to \$240,000 by March 2023.
- Since the CCG began, funded organizations have supported more than 48,000 individuals and families with low-barrier, inclusive counselling services across urban and rural geographies, of which at least 34,000 individuals had not previously accessed counselling services with those organizations.
- Grantees have hired more than 140 counsellors, Elders, and traditional Knowledge Keepers; and trained and mentored more than 170 counselling interns and practicum students using CCG funds.
- In the first 3 months of 2022 alone, the CCG's services reached 2,789 people who had not previously accessed individual, couples, family, or group counselling from the organization they connected with.

Budget Expenditures:

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

Appendix A

Grantees by Health Authority

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

Community-Based Mental Health Crisis Response

Introduction:

- The Ministry of Mental Health and Addictions (MMHA) has a mandate commitment to invest in community-based mental health and social services to help people in crisis and to free up police resources¹.

Background:

- The Ministry of Health and the Canadian Mental Health Association (CMHA) reported that one in five interactions with police in BC in 2019 involved someone with a mental health problem.
- A BC Coroner's Service review of 127 deaths between 2013 and 2017 in BC during or on the day following police contact found that more than half of people who died exhibited mental health symptoms at the time of police contact.
- Indigenous peoples were overrepresented in deaths during or immediately following police contact, making up 20% of deaths but only 6% of the BC population.
- During a crisis, a mental health and substance use (MHSU) response is triggered by an individual calling for help (often 911) to manage their psychological distress or that of someone else.
- There are two models of mental health crisis response: a) those that involve police by default, which is the current standard in BC; and, b) civilian or community-led.
- Models that involve police by default include Car Programs and other integrated/collaborative models that pair police officers with health care professionals.
- Civilian or community-led models include Peer Assisted Care Teams (PACT) which use non-police (civilian) staff like mental health workers, social workers, or peers, and involve police only when necessary.

Recent Reports

- In April 2022, the Special Committee on Reforming the Police Act released its report *Transforming Policing and Community Safety in British Columbia*. A recommendation in the report emphasizes that police should not be the primary or only first responders to calls related to mental health and addictions and other complex social issues.
 - *Recommendation 4:* Create and appropriately fund a continuum of response to mental health, addictions and other complex social issues with a focus on prevention and community-led responses and ensuring appropriate first response. This includes: a) increasing coordination and integration across police, health, mental health, and social services; and b) integrating mental health within 911 call options.
- On September 21, 2022, BC released the *Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia* report with 28 recommendations to help shape actions to keep people and communities safe, and connect people who have been committing repeat offences with the supports they need to break out of that cycle.
- Two recommendations related to mental health crisis response:
 - *Recommendation 1:* That government continue to invest in civilian-led (non-police) mental health crisis response teams in collaboration with community service providers (e.g., PACT).

¹ With support from the Minister of Public Safety and Solicitor General, lead work to invest more in community-based mental health and social services so there are more trained front-line workers to help people in crisis, and free up police to focus on more serious crimes.

- *Recommendation 2:* That government support the creation of Crisis Response and Stabilization Centres (or an equivalent model). These centres would offer BC communities “no wrong door” access to high-quality mental health and substance use care that accepts walk-ins, as well as people being transported by ambulance, fire and police.

PACT and other civilian models

- The goal of civilian models is to provide an appropriate and safe response to people experiencing mental health crises, and to reduce reliance on police agencies.
- A full community crisis response model would include, in addition to civilian crisis response teams, short-term support following a crisis and mental health workers embedded in 911 call centres.
- Other jurisdictions like Ontario, Oregon, New Zealand, and Sweden have experience with highly successful civilian models that include front line workers specially trained in risk management and de-escalation. Police support is also available as necessary.
- PACT is a civilian model that provides a mental health-based response to people asking for help who are having a mental health crisis. The teams consist of trained peers and mental health professionals (e.g., social workers and psychiatric nurses) who respond instead of, or in combination with, the police.
- PACTs are being piloted through CMHA-BC Division. There is currently a PACT on the North Shore and CMHA-BC is leading a Request for Expression of Interest for two new PACTs in New Westminster and Victoria.
- The PACT pilot was designed and informed by a community planning table comprised of community social service agencies and community members with lived and/or living experiences. In addition to catchment area pilot teams, CMHA-BC have dedicated funds allocated to an Indigenous-led process or service.

Car Programs and other police by default programs in BC

- In BC, several communities have specialized mobile crisis response units that team up a police officer with a mental health professional to respond to mental health calls. These programs are partnerships between health authorities and local law enforcement or RCMP and include:
 - Vancouver Coastal Health: Car 87/88 (Vancouver), Car 22 (North Shore), Fox 80 (Richmond)
 - Fraser Health: Car 67 (Surrey)
 - Interior Health: Car 40 (Kamloops), Police and Crisis Response Team (PACT) (Kelowna)
 - Northern Health: Car 60 (Prince George), Northwest Specialized Response Team (Terrace)
 - Island Health: Integrated Mobile Crisis Response Team (Capital Region)
- Car programs are typically popular with police agencies and municipalities, but some health authorities have indicated that in some communities Car programs may not be an optimal use of a mental health resource. Advocacy groups in Vancouver have indicated that the Car programs have mixed results when working with marginalized communities.
- Current data collection on the impact and effectiveness of car programs is limited.

Challenges of Police Involvement by Default

- There are a number of challenges related to police involvement by default in MHSU crisis response including: reduction in policing resources for core mandate; police response can lead to apprehension and unnecessary involvement of the criminal justice system; and unnecessary re-traumatization, injury, and death, particularly for marginalized individuals and their families who experience disproportionate violence from police (e.g., Indigenous, Black, racialized, impoverished, and 2SLGBTQ+ people).

Ministry/Government Actions to date:

- MMHA provided \$1.26 million through Budget 2022 in one-time-only funding to support the 3 PACT pilots. The PACT in North Shore started providing services in November 2021. The teams in Victoria and New Westminster are completing their planning stages now and will be ready to start operating in fall 2022.

Budget Expenditures:

- \$1.26M in 2022/23 to CMHA-BC to support implementation of PACT

ACT Teams

Introduction:

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

Background:

- ACT is an evidence-based model of care, primarily for individuals who have a history of severe mental illness such as psychosis, significant functional challenges, and multiple complex needs which may or may not include substance use issues.
- Many clients with severe substance use and/or mental illness have had difficulty maintaining access to traditional community mental health and substance use services, and have high utilization rates of emergency, acute, and tertiary care services.
- ACT operates 24 hours a day, 7 days a week and provides a low staff-to-client ratio (1:10), frequent contact with clients, and an integrated multi-disciplinary team approach.
- ACT teams are comprised of nurses, nurse practitioners, social workers, peer support workers, occupational therapists, vocational rehabilitation specialists, concurrent disorder clinicians and psychiatrists, as well as partnerships with local law enforcement, housing providers, primary care physicians and other clinical specialists, as needed.

Ministry/Government Actions to date:

- As of 2021, there are 30 ACT teams across the province:
 - 3 in Interior Health; 6 in Fraser Health; 7 in Vancouver Coastal Health; 12 in Island Health; and 2 in Northern Health.
- As part of the funding announced in fall 2020, the Ministry of Health appointed Vancouver Coastal Health to lead a Provincial ACT Advanced Practice Initiative. This work has involved establishing a province-wide network to facilitate the implementation of ACT teams, provide direct support to clinicians and managers, and ensure fidelity requirements are met.
- To date, the ACT Advanced Practice has established a Provincial Advisory Committee with membership across Health Authorities, established 7 active Communities of Practice, and is leveraging these groups to inform projects to help improve practice and workflows on teams.
- This initiative will improve BC's capacity to meet the complex mental health and substance use needs of our most vulnerable clients and their families.
- The expansion of ACT teams is aligned with other MMHA mandate commitments aimed at improving services for people with complex and severe mental illness and/or substance use: complex care housing, mental health crisis response, and supporting PSSG in expanding situation tables.
- Work going forward on expansion of ACT teams will be done in partnership with Ministry of Health and in alignment with related commitments.
- For example, as part of Fraser Health's complex care housing projects, they are developing new ACT teams or enhancing existing ACT teams to provide support to complex care housing clients in market rentals.

Budget Expenditures:

- Budget 2021 provided \$17 million per year in ongoing funding for ACT teams.

Situation Tables

Introduction:

- The Minister of Mental Health and Addictions (MMHA) has a mandate commitment to support the Minister of Public Safety and Solicitor General in expanding situation tables to interested BC municipalities.

Background:

- Situation Tables are composed of front-line workers from various agencies and sectors that meet regularly to proactively identify and reduce the risks in the lives of vulnerable people.
- Participants include local and/or Indigenous government, police, children and family services, community corrections, health authorities, housing, income assistance, emergency services, school board and non-profit service providers.
- Situation Tables do not deliver services but connect people to them. The table enables agencies to:
 - Proactively identify risks through real time information sharing.
 - Leverage and coordinate existing community assets and relationships.
 - Plan and deliver collaborative interventions before an incident response is required; and
 - Reduce the level of acutely elevated risk with which vulnerable people are living.
- Between November 2015 and February 2021, 1,003 cases were referred to BC's situation tables.¹
- On average, clients referred to situation tables had 9 risk factors. Most common risk factors were housing (76%), mental health issues (75%), drug addiction or other drug-related issues (71%), unmet basic needs (58%) and criminal involvement (50%).
- Situation tables have been found to reduce silos between agencies and improve the service delivered to users.
- Concerns that have been raised with the model include: tables are a form of predictive policing that disproportionately involve youth and Indigenous women; involve risk of arrest or involuntary hospitalization; put privacy at risk; and are not evidence-based, with little peer-reviewed research on the intervention available.

Ministry/Government Actions to date:

- PSSG has responsibility for implementing and managing situation tables in BC.
- MMHA staff are working collaboratively with PSSG staff to support the expansion of situation tables.
- There are currently 17 situation tables operational in BC:
 - Lower Mainland (6): Burnaby, Chilliwack, Hope, Mission, Surrey CHART (Children and Youth At-Risk Table) and Surrey SMART (Surrey Mobilization and Resiliency Table)
 - Southeast District (4): Kelowna, Penticton, Greater Westside Hub (Westbank First Nation, West Kelowna, and Peachland), Oliver/Osoyoos
 - North District (4): Terrace, Williams Lake, Prince George, Quesnel, and Kitimat
 - Island (2): Duncan-North Cowichan, Campbell River.
- PSSG has committed funding to 12 more situation tables which are not yet in operation: Nine more communities are currently in the queue for onboarding and training: Abbotsford, Kent-

¹ All data from *An Evaluation of Situation Tables in British Columbia*, accessed at <https://cjr.ufv.ca/wp-content/uploads/2022/03/Situation-Tables-Report-in-Centre-Format.pdf>

Harrison, Nanaimo, Whistler, Prince Rupert, Smithers, Victoria, Port Alberni, Merritt, Houston, Langley, and Squamish.

- PSSG anticipates that all the above tables (total of 29) will be operational by the end of fiscal year 2022/23.
- PSSG is in the process of securing two First Nations community partners to pilot Intervention Circles, also known as Enhanced Situation Tables. The intent is to launch in 2022, evaluate the success of the pilot after one year of implementation, and then provide recommendations on the expansion of Intervention Circles across First Nation communities in BC.

Budget Expenditures:

- N/A

Complex Care Housing

Introduction:

- Services and supports for adults 19 and over with complex mental health and substance use needs, and other challenges, who are not adequately served by supportive housing in BC.

Background:

- In November 2020, the Minister of Mental Health and Addictions was mandated to lead the development of complex care housing (CCH) to provide an increased level of support for B.C.'s most vulnerable individuals, who need more intensive services than BC Housing's supportive housing currently provides.
- CCH is a part of the larger provincial Homelessness Strategy, which is being led by the Ministry of Attorney General and Ministry Responsible for Housing (AG).
- CCH supports adults 19 and older who have complex mental health and substance use challenges and who are unstably housed or homeless. Many individuals also have health challenges, developmental disabilities, functional impairments, significant histories of trauma, and are living in poverty.
- Without adequate housing and supports, these individuals can cycle through crisis supports, emergency departments, the criminal justice system and homelessness.
- CCH will be primarily led by health authorities in collaboration with housing providers and will provide a cohesive system of wraparound supports that address the health, housing, cultural and social needs of the individual, with an intensity that matches their needs.
- In response to mandate direction, the Ministry convened a Core Planning Table in 2021, which included representation from government, housing and health system partners, Indigenous partners, people with lived/living experience and municipal governments, and undertook targeted stakeholder engagement in Summer 2021.
- This engagement produced the **Complex Care Housing Draft Strategic Framework**, which provides direction and guidance for implementing CCH and information for the public.
- CCH will provide an enhanced level of health supports that goes beyond what is available in supportive housing, which may include: team-based primary care, case management, clinical counselling, addictions medicine, psychiatry, medication management and support, overdose prevention, occupational therapy, hoarding prevention and home support, and Indigenous cultural supports.
- These services and supports must be trauma informed, culturally safe and, wherever possible, Indigenous-led for Indigenous people.
- CCH aims to improve housing stability, health outcomes, and community inclusion, while reducing use of acute and emergency services, and criminal justice system involvement.
- CCH will use a mix of service delivery models:
 - Co-located in a single supportive housing site
 - In-reach to multiple supportive housing sites or supported market rentals
 - Transitional or respite spaces offering temporary supports in time of increased need
 - Services provided in a smaller, group home-like setting
- The Ministry has convened a Provincial Implementation Committee to support ongoing planning and implementation. It includes representatives from the Core Planning Table, implementing organizations, and the Indigenous, housing and social sectors.

Ministry/Government Actions to date:

- Budget 2022 commits \$164M over three years to implement CCH across B.C. Cabinet Confidences
Cabinet Confidences
- The Ministry is planning 34¹ projects that will serve more than 500 people.
- Project proposals were developed by health authorities and other partners and were selected for funding based on readiness, feasibility, alignment with the CCH framework, community need as demonstrated through available homelessness data, and consideration for priority populations (e.g. Indigenous people and young adults).
- A range of service types were prioritized to support testing and evaluation of the model.
- Funding will flow to the five regional health authorities, Provincial Health Services Authority (PHSA), Aboriginal Housing Management Association (AHMA), and Ktunaxa First Nation to implement projects.
- Funding will also support provincial training programs. PHSA is developing competency training for health care professionals, concurrent disorders education and training, and therapeutic and relational security training. AHMA is developing training for housing providers who serve Indigenous clients and is leading a community mapping exercise.
- As of September 15, 4 of the 34 projects are operational:
 - Abbotsford – Red Lion Inn, 8 spaces
 - Surrey – Foxglove, 39 spaces
 - Vancouver – Jim Green, 44 spaces
 - Vancouver – Naomi Place, 12 spaces
- In total, the Ministry has announced CCH is coming to 12 communities or regions, creating a total of 355 new spaces across the province: Vancouver, Surrey, Abbotsford, Bella Coola, Fraser South, Greater Victoria, Kamloops, Kelowna, Langley, Nanaimo, the Northern Health region, and Powell River.
- It is anticipated that the remaining projects will all be operational by the end of the FY 2022/23. However, many projects are taking a phased approach and will build to full capacity over time.
- The Ministry is developing a Monitoring and Evaluation Framework that will support a multi-year evaluation that will assess impacts, outcomes, experiences for CCH clients, along with process and system changes.

Budget Expenditures:

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

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

- Total approved contingency funding approved for complex care housing projects is Government Financial Information

	2022/23	2023/24	2024/25	Total
MMHA	Government Financial Information			
Total				

¹ Planning is underway, and the final total may change.

Workplace Mental Health Initiatives

Introduction:

- Supporting the psychological health and safety of workers and leaders across the province

Background:

- Mental health issues are the #1 cause of disability in Canada, costing the economy about \$51 billion per year, \$21 billion of which is linked to work-related causes.
- Each week more than 500,000 employed Canadians are unable to work due to mental health problems, and only 23% of Canadian workers feel comfortable talking to their employer about mental health concerns.
- According to data from SunLife Assurance Company of Canada, mental health long-term disability (LTD) claims are growing at a much faster rate than other claim types – rising 27% from 2014-2019.¹
- 2,576 of the 6,352 WorkSafe BC mental disorder claims in 2021 were from people working in Health Care and Social Services.²
- Every \$1 invested into the treatment and support of mental health disorders sees a return of between \$1.60-\$4 in improved health and productivity.
- “Workplaces” are identified as a key setting for the promotion and protection of mental health in *A Pathway to Hope*.

Ministry/Government Actions to date:

- Early in the pandemic, actions focused on providing support to meet the urgent needs of people working in long-term and continuing care including:
 - [CareforCaregivers.ca](https://www.careforcaregivers.ca) – new website provides tailored content for workers and managers, hosts regular webinars, and directs users to a range of services to meet diverse needs. As of July 31, 2022, the site has received over 165,000 pageviews and over 3,100 people have registered for webinars.
 - [Care to Speak](#) – a peer-based text, chat, and phone service for healthcare workers that provides emotional support and wayfinding to additional resources. As of July 31, 2022, they have received 500 calls/text and trained 30 peer support volunteers.
 - [Mobile Response Team \(MRT\)](#) – was deployed to provide psychological first aid to healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19, as well as helping long-term care centres respond to the mental health needs of staff and plan for the future. Between April 2020 -July 31, 2022, the MRT had over 1,600 interactions with agencies and over 6,400 connections with individuals. They are available in person, or virtually.
 - This work was implemented in close partnership with the Canadian Mental Health Association (CMHA-BC) and SafeCare BC (BC’s health and safety association for long-term care)
- In April 2021, MMHA invested to expand workplace mental health support to the tourism & hospitality and social service sectors as part of British Columbia’s Economic Recovery Plan. These resources can be scaled to support additional sectors as demand grows. They include:
 - [BC’s Hub for Workplace Mental Health \(www.workmentalhealthbc.ca\)](http://www.workmentalhealthbc.ca) – a website that provides access to free tools, resources, and information about workplace mental health as well as access

¹ SunLife Assurance Company of Canada. (nd). [Designed for Health Report \(p.7\)](#)

² WorkSafeBC. (2022). [Mental Disorder Claims – Reported to WorkSafeBC 2019-2022](#)

to the CARE Training Program. As of July 31, 2022, the Hub has received nearly 27,000 pageviews and delivered 26 webinars.

- CARE Training Program - three levels of self-paced training in workplace mental health for employees, managers, senior leaders, and human resource professionals. It includes mental health literacy, capacity development, and leadership training to support the development and implementation of psychologically safe policies and practices (aligned with the National Standards of Psychological Health & Safety). Over 1,600 people have registered in CARE training courses in the first half of 2022.
- Learning Coaches - four full time learning coaches are embedded in sector specific health and safety associations (go2HR and the Federation of Community Social Services). Their services are available free of charge to support employers – in tourism & hospitality and community social services - who are interested in advancing psychological health and safety in their organization.
- MMHA, in partnership with Canadian Mental Health Association - BC Division (CMHA-BC), continues to work closely with health and safety associations, union representatives, industry partners, and sector advocates to collaboratively design supports and resources that meet the needs of employees and leaders.

Budget Expenditures:

2020/2021

- Funding to support workplace mental health was initially provided by the Province - as part of the pandemic response. The Ministry provided over \$30 million to support a number of critical COVID-19 response measures related to mental health and wellness initiatives, examples include:
 - \$960,000 (granted to CMHA-BC): Launch a phone and text-based peer support service (Care to Speak) for front line healthcare workers, initially targeting continuing care providers and community and home care workers.
 - \$250,000 (granted to CMHA-BC): Develop and launch a digital resource (Care for Caregivers) to improve psychological health and wellbeing for healthcare workers (initially targeting continuing care providers and community and home care workers) responding to COVID-19.
- Funding to support the expansion of the workplace mental health response was provided through a combination of Pandemic Recovery Funds and Workforce Development Agreement (WDA) (via SDPR)
 - \$2M (granted to CMHA-BC): Develop a central learning, training and coaching hub (initially targeted to tourism & hospitality)
 - \$1M (granted to CMHA-BC): Workforce Development Agreement funds to expand the scope and include targeted activities for workers across the Community Social Services Sector.

2021/2022

- A one-time grant was provided by the Ministry of Health to support the ongoing operations of Care to Speak and Care for Caregivers.
 - \$735,000 (granted to CMHA-BC)

Rural and Remote

Introduction:

- Access to appropriate mental health and substance use services and supports for British Columbians living in rural and remote regions

Background:

- Providing mental health and substance use (MHSU) services and supports in rural and remote communities is challenged by: long distances; low population densities; less availability and lower recruitment and retention of service providers; inclement weather conditions; lack of transportation, technology infrastructure and broadband access; absence of culturally-safe services; and social isolation.
- COVID-19 has exacerbated service barriers in rural and remote communities while also increasing the need for MHSU services in communities.
- Indigenous communities are particularly impacted due to historical and ongoing colonization and systemic racism.

Ministry/Government Actions to date:

Enhanced Virtual Supports

- The Province has expanded existing virtual mental health services and launched new services to support British Columbians, including Indigenous communities and those living in rural and remote areas. This includes expanding the BounceBack and Living Life to the Full programs, and expanding access to no- and low-cost community counselling programs.
- The Province also supported an accelerated launch of Foundry Virtual and the Foundry BC App - young people 12-24 and their families can access Foundry Virtual including counselling, peer support, primary care and family support through voice calls, video and chat from anywhere in the province.
- As part of a Pathway to Hope, the Ministry of Advanced Education and Skills Training launched a 24/7 counselling and referral line for all post-secondary students.
- Through the Rural, Remote and Indigenous Framework, the Province and First Nations Health Authority (FNHA) stood up the Virtual Doctor of the Day service that connects First Nation clients and their care providers to a physician or nurse practitioner via videoconference. This service includes virtual psychiatry and substance use supports.
- The Province has supported the Lifeguard App, a free app that helps save lives by automatically connecting people who use drugs to first responders if they become unresponsive.
- In 2021 Government launched the Wellbeing.gov.bc.ca website, which is designed to help people across BC more easily navigate and connect with mental health and substance use information and supports.

Selected actions to support rural communities

- MMHA is working with HLTH, health authorities, and Indigenous partners to implement 123 new youth substance use beds across the province and new and expanded youth substance use services ranging from prevention and early intervention to intensive treatment and crisis intervention. This historic investment across the spectrum of care will bring services closer to home for people in rural and remote communities.
- Budget 2022 continues the Province's historic investment to support the development of a full

spectrum of substance use treatment and recovery programs and services for adults including new withdrawal management services, treatment, and recovery services and, longer-term aftercare supports throughout the province, this includes adding services in rural areas so people who come from rural communities can stay closer to home. Recent examples include:

- expanding Adult Addiction Day Treatment services in Northern BC;
- new stabilization beds in Lillooet; and
- Indigenous-led managed alcohol program located in Port Hardy.
- Integrated Child and Youth (ICY) teams are being implemented in the Coast Mountains school district (northwest BC), and in the Okanagan Similkameen school district (interior BC), providing wraparound mental health and substance use services to children, youth, and their families. Three multidisciplinary teams are being formed through existing service providers and new positions, one based in Terrace, one in Hazelton, and one in the Oliver area.
- Community-based adult mental health and substance use counselling has continued to expand throughout the province, with a focus on improving equitable access to care including for people in rural and remote communities.
- As well, mental health service providers in larger urban cities are working with health authorities to provide a mobile service option wherever possible one or two days a week/month to better meet the needs of people living in rural and remote communities.
- Community Action Teams have been established in 36 priority communities as part of the escalated response to the overdose emergency.
- Substance Use Integrated Teams have been established and expanded throughout the province, including rural and remote areas in the North Peace, Smithers/Houston, Prince Rupert and coastal communities, the Northern Interior (Prince George and rural communities), Vancouver Coastal (Powell River), and Vancouver Island (Cowichan Valley, Campbell River).
- Since 2018, the Province has supported the FNHA through the Tripartite MOU to design and deliver community-driven and Nation-based approaches to mental health, and have funded 172 communities in BC, including rural and remote communities.
- Additionally, the Tripartite MOU supported renovation and/or replacement of 8 First Nation run treatment centres, including centres that service rural and remote Indigenous communities (e.g., North Winds, Carrier Sekani Family Services, 7 Soaring Eagles, Namgis).

Budget Expenditures:

- Budget 2022 continues with ongoing investments from prior years in the Pathway to Hope and continues with \$1.46 billion invested over the current fiscal plan. Pathway to Hope services are designed to support increased access to programs and services to all residents of BC including those in rural and remote communities. Examples include:
 - \$16.6 million to support implementation and expansion of Substance Use Integrated Teams.
 - \$76 million to support Foundry store front and virtual operations and further expansion to 23 sites
 - \$55 million to support Integrated Children and Youth Teams
 - \$18 million to support Community Crisis Innovation Fund grants including Community Action Teams and The Provincial Peer Network throughout the province
 - \$24.75 million to support BounceBack and Confident Parents: Thriving Kids and Telephone Anxiety

- Grant funding provided to Canadian Mental Health Association BC/Community Actions Initiative totaling \$20 million has expanded access to in-person and virtual counselling services throughout the province through March 2023.

Wildfire and Flood Recovery – Mental Health and Wellness

Introduction:

- BC Wildfire and Flood Mental Health and Wellness Disaster Recovery

Background:

- Natural disasters create a wide range of challenges experienced at the individual, family, community, and societal levels. Mental health recovery encompasses varying degrees of psychosocial support over the weeks, months and years following a disaster. In the immediate aftermath of a disaster, most of the affected population will require immediate psychosocial supports, and a smaller proportion will need longer term specialized mental health and or substance use care.
- Planning and delivering of mental health and wellness supports both short term and longer term is critical during the recovery period. With predicted climate change, it is expected that BC will experience an increasing number of emergency events that will cause trauma and increased levels of mental health and addiction support needs.
- Mental health impacts are intensified by economic, environmental and infrastructure losses which act as stressors on individuals and their communities.
- For First Nations Communities, pre-existing intergenerational trauma has been compounded by the stress of the wildfires, leaving these communities disproportionately affected by the evacuations as well as losses to their traditional lands and resources.
- As part of provincial recovery efforts relating to wildfires, flood and heat domes in BC, the Ministry of Health has been designated the lead for the People and Communities Sector, this sector includes the coordination of both health and mental health disaster recovery planning.
- To support the people and communities' disaster recovery planning, the Ministry of Health and Ministry of Mental Health and Addictions developed a Mental Health and Wellness Disaster Recovery Guide and Tool Kit which includes a cross government, coordinated and timely approach to mental health recovery following a disaster.
- In addition, the impacts of climate change and extreme weather events on mental health and addictions was identified as a key priority during Indigenous, partner and public engagement on the provincial Climate Preparedness and Adaptation Strategy (CPAS).

Provincial Mental Health and Wellness Recovery Guide

- In support of the overall provincial disaster recovery approach, the Ministry of Health in partnership with the Ministry of Mental Health and Addictions developed in 2019 a Guide for mental health and wellness recovery planning.
- This work is part of a coordinated effort with Emergency management BC (EMBC), Ministries of Forest, Education, Children and Family Development, Public Safety and Solicitor General, Mental Health and Addictions, Health Authorities, First National Health Authority (FNHA), and Not-For-Profit Organizations to ensure appropriate approaches and resources are in place to support community mental health recovery.
- The goal of the Guide is to clarify roles and responsibilities, provide information to conduct a health needs assessment, funding sources and best practices so that all parties are better prepared, and recovery can be organized more efficiently and effectively for future events.

Climate Preparedness and Adaptation Strategy (CPAS)

- Climate change is increasingly challenging the resilience of B.C.'s health system and the communities it serves. Extreme weather events, such as the heat dome, wildfires and floods of 2021, are projected to become more frequent and intense with climate change, increasing the risk of morbidity, mortality, food insecurity and mental stress.
- Climate-related shocks and stressors can also exert significant demand and economic burden on B.C.'s health system, including damage to infrastructure, disruption of service, workforce pressures, loss of economic productivity, and rising hospital admissions.
- In June 2022, the Province publicly released the Climate Preparedness and Adaptation Strategy (CPAS), which takes a phased approach to implementation, building on existing climate adaptation work in B.C.
- MMHA is working with MoH to ensure that mental health, substance use and wellness supports are considered in health system planning related to climate change adaptation and are part of disaster recovery response.

Budget Expenditures:

- The province has committed \$83M to the CPAS including supporting Indigenous-led initiatives to build climate adaptation capacity.
- Through the CPAS, \$13M has been funded for HLTH and health authorities to lead foundational health actions in 2022-2025 to assess risks to health and the health system, and to build knowledge and capacity of the health workforce and public to prepare and respond to climate-related health risks.

Responding to the Toxic Drug Crisis in BC (Naloxone, OPS, Drug Checking, Mobile Response Team, Municipal Issues)

Introduction:

- British Columbians continue to experience unprecedented rates of harm and death due to the toxic illicit drug supply. The BC Government has responded by making unprecedented investments in a range of initiatives aimed at reducing harms, saving lives, and connecting people to a comprehensive system of care.

Background:

- In 2021, there were at least 2,264 illicit drug toxicity deaths - the highest number of deaths on record in BC and a 27.5% increase since 2020 (1775).ⁱ
- At least 1,095 British Columbians have died from the toxic drug supply between January and June 2022.ⁱⁱ
- The illicit drug supply has become increasingly toxic since the onset of COVID-19. This is evidenced by a rising number of deaths where extreme fentanyl concentrations, carfentanil and benzodiazepines are implicated.

Ministry/Government Actions to date:

- In December 2017, MMHA established the Overdose Emergency Response Centre (OERC) to coordinate the province's response to the drug toxicity crisis and implement a comprehensive package of interventions for overdose prevention in British Columbia.ⁱⁱⁱ
- The package includes the following essential health sector interventions: naloxone distribution; overdose prevention services, including drug checking and inhalation services; acute overdose risk case management; and treatment and recovery.
- The OERC works in partnership to accelerate the response to the toxic drug crisis, and collaborates with the regional health authorities including five Regional Response Teams, First Nations Health Authority and other Indigenous-serving organizations and communities, Provincial Health Services Authority, people with lived and living experience, as well as 36 Community Action Teams established in priority at risk communities across the province.

Key Initiatives

- The government has made historic investments in a range of services and supports aimed at reducing harms and saving lives.
- **Naloxone** is a life-saving medication that can quickly reverse the effects of an opioid-related poisoning.
 - The BC Take Home Naloxone (THN) program provides people who use drugs and those most likely to witness illicit drug poisoning with no-charge naloxone kits and training.
 - As of July 2022, over 1.5 million naloxone kits have been shipped through this program.
 - 139,461 THN kits have been reported as used to reverse a drug poisoning.
 - THN kits are available at more than 2,035 locations, including 812 community pharmacies in B.C.
- **Overdose Prevention Services (OPS) and Supervised Consumption Services (SCS)** provide a space to consume drugs under the supervision of someone trained to administer naloxone and provide other emergency first aid services.
 - As of July 2022, there are 42 OPS/SCS locations in BC.

- Interior: 6 OPS and 2 SCS; Fraser: 9 OPS and 1 SCS; Vancouver Coastal: 10 OPS and 2 SCS; Island: 8 OPS; Northern: 4 OPS.
- 13 of these OPS services support inhalation.
- In the month of July 2022, there were 48,809 visits to OPS/SCS.
- **Drug Checking** services provide life-saving information to people who use drugs about the composition of the substances they plan to consume.
 - Fentanyl test strips, which detect the presence of fentanyl in drug samples are available at OPS and SCS locations, excluding housing-based OPS and more advanced technologies (FTIR machines) are available in all health authority regions.
- **The Mobile Response Team** is an initiative administered by Provincial Health Service Authority to provide psychosocial support for frontline workers.
- **The Lifeguard App** automatically contacts emergency responders if a user becomes unconscious or unable to function in the event of an overdose.
 - Since its launch in late May 2020 and up to the end of July 2022, the app has been used 107,262 times by 10,827 app users. To date, no drug-poisoning deaths have been reported through the app. Lifeguard also now provides drug alerts.
- **Prescribed Safer Supply** is an initiative to expand access to pharmaceutical alternatives to the illicit drug supply (*cross ref: Prescribed Safer Supply*).
 - Between March 2020, and June 30, 2022, 13,938 people were dispensed prescribed safer supply medications.
 - Of these, 10,647 (76%) received opioids.
- **Nurse Prescribing** is an initiative to train registered nurses and registered psychiatric nurses to prescribe Opioid Agonist Treatment (*cross ref: Nurse Prescribing*)
 - As of August 2022, 191 RNs and RPNs from all health authorities have enrolled training and 94 have fully completed their training.

Budget Expenditures:

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

ⁱ BC Coroners Service. (2022). *Illicit Drug Toxicity Deaths in BC: January 1, 2012 – June 30, 2022*. Retrieved from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

ⁱⁱ Ibid.

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

Community Response (Community Action Teams, Community Crisis Innovation Fund)

Introduction:

- Community-driven responses to the toxic drug crisis are supported through several initiatives and projects funded under the Community Crisis Innovation Fund (CCIF), including Community Action Teams (CATs), Provincial Peer Network (PPN), Moms Stop the Harm (MSTH), and Local Leadership United (LLU).

Background:

- The CCIF is a \$6M annual investment that supports innovative, community-based responses to the toxic drug crisis.
- The Overdose Emergency Response Centre (OERC) works with a range of community partners to collaboratively identify, prioritize and recommend programs and projects to receive CCIF funding.
- The CATs, PPN, MSTH, and LLU are examples of some of the priority projects funded through the CCIF.

Community Action Teams

- CATs are comprised of multi-stakeholder community groups including: municipal officials, regional health authorities, First Nations and Indigenous partners, first responders (police, fire, ambulance), front-line community agencies, Divisions of Family Practice, local provincial ministry offices providing social services, businesses, local government agencies, education providers, the local recovery community, and people and families with lived experience.
- CATs develop multi-sectoral responses and action-oriented strategies to address the toxic drug crisis tailored to local community needs.
- CATs are focused on four areas of action to save lives and support people who use substances:
 - Expanding community-based harm reduction services.
 - Increasing the availability of Naloxone.
 - Addressing the toxic drug supply through expanded drug-checking services and increasing connections to other harm reduction services and addiction treatment medications.
 - Proactively supporting people at risk of overdose by intervening early to provide service navigation support and advocacy.
- CATs have assisted BC communities in their response to the dual public health emergencies with innovative and flexible solutions, including distributing harm reduction supplies, providing flexible outreach services, and disseminating up to date public health information.

Provincial Peer Network

- The PPN is a provincial network of drug user-led organizations that serves to strengthen collaboration and information sharing between the organizations through regional and provincial capacity building and the development of a network structure.
- It helps ensure that the provincial overdose emergency response is effective in saving lives and connecting people to the services they need by providing input on the

- provincial response and leading action in community.
- Peer-led organizations throughout the province are providing direct harm reduction services, including overdose prevention services, as well as identifying and supporting community needs, and engaging directly with the OERC and health authorities.

Moms Stop the Harm: Stronger Together

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

Local Leadership United: Municipal Harm Reduction Education

- The Municipal Harm Reduction Education project, jointly run by the Community Action Initiative and the BC Centre for Disease Control, was launched in April 2021 to develop and implement a new, province-wide harm reduction education and training program for regional district and municipal staff.
- This work is intended to improve the quality, quantity, and equitable delivery of harm reduction efforts in municipalities throughout the province by highlighting the powers available to municipal governments and working with directly-impacted communities to identify how best to operationalize government tools.
- The project team convenes municipal, health, and social partners within health regions to build capacity and partnerships to support harm reduction, and provides trainings to planners, bylaw officers, and other municipal partners to enhance knowledge and skills for harm reduction and engagement of people who use substances.

Ministry/Government Actions to date:

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

Budget Expenditures:

- *Budget 2022* supports the continued annual CCIF investment of \$6 million.
- The CCIF has been fully committed and spent for the past two fiscal years (2020/21 and 2021/22).
- In the 2021/22 fiscal year, funding for the key initiatives was generally allocated as follows:
 - CATs – \$2.75M
 - PPN – \$1.58M

- Local Leadership United – \$0.30M
- Other CCIF funded initiatives in 2021/22 include:
 - Provincial implementation of e-OPS - \$0.20M
 - Regional Peer Coordinators - \$0.60M
 - Provincial CAT Collaborative - \$0.20M
 - Three separate BCCDC research projects – total of \$0.30M

Nurse Prescribing

Introduction:

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

Background:

- In September 2020, in response to an increase in the number of illicit drug toxicity deaths, the Provincial Health Officer (PHO) issued an order authorizing Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) to prescribe federally regulated controlled drugs and substances for the purpose of reducing the overdose risk for people with substance use conditions/disorders.
- The order requires the BC College of Nurses and Midwives (BCCNM) to have standards in place to support this practice.
- Additionally, it states that the nurses must have proper education and training in place to provide this care.
- Nurse prescribing aligns with the strategic actions outlined in *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.*
- Nurse prescribing also helps to address inequities in access to treatment and substance use services for opioid use disorder.
- The goals of nurse prescribing are to increase the available workforce for substance use care across the province, provide broader provincial access to pharmacotherapy to reduce illicit drug toxicity deaths and separate people from the illicit supply, and increase initiation and retention in treatment.

Ministry/Government Actions to date:

- Implementation of nurse prescribing is co-led between the Ministry of Mental Health and Addictions (MMHA) and Ministry of Health (HLTH), in collaboration with the Office of the PHO, First Nations Health Authority, BCCNM, Nurses and Nurse Practitioners of BC, and the BCCSU.
- Implementation of nurse prescribing in British Columbia is proceeding in 3 phases.
- Phase one was focused on prescribing the first line treatment for opioid use disorder, buprenorphine/naloxone (Suboxone); phase two expands to prescribing other opioid agonist treatment (OAT) medications, such as methadone and slow-release oral morphine.
- Phase three will add prescribed safer supply medications.
- Current implementation is focused on phases one and two, nurse prescribing of OAT for the treatment of opioid use disorder.
- BC College of Nurses and Midwives (BCCNM) have established standards, limits, and conditions, to regulate RNs and RPNs in prescribing OAT treatments.
- The Ministry of Mental Health and Addictions has put resources toward the development of education and training by the BC Centre on Substance Use (BCCSU), the provincial agency which provides best practice guidance and education for all prescribers providing substance use care.
- In the first phase of implementation, the Province, in partnership with BCCNM and BCCSU, established an education and training development pathway and supported health system implementation of phase one.

- On November 25th, 2021, the RN/RPN prescribing education and training pathway was relaunched with an expanded scope of practice for phase two medications, beginning with continuations, titrations, and restarts.
- Nurse prescribing is being implemented in all five regional health authorities, Provincial Health Services Authority and First Nations Health Authority (FNHA).
- FNHA is supporting implementation in collaboration with First Nations communities to support increased access to evidence-based treatment for opioid use disorder
- As of August 2022, 191 RNs and RPNs from all health authorities have enrolled in training and 94 have fully completed their training.
- From these fully trained nurses, 63 have completed the buprenorphine/naloxone stream and 31 have completed training for buprenorphine/naloxone prescribing and limited scope prescribing of methadone and slow-release oral morphine.
- In May 2022, 58 patients filled prescriptions for buprenorphine/naloxone at community pharmacies within B.C. written by 18 RN or RPN prescribers.
- The third phase, nurse prescribing of safer supply, has not yet been implemented.
- Implementation will involve consultation and development of regulatory and educational pathways to enable RN and RPN prescribing under the provincial prescribed safer supply policy.

Budget Expenditures:

- Budget 2022 continues previous funding providing \$14.5 million to support nurse prescribing implementation in the health authorities over the three-year fiscal timeframe.

Opioid Agonist Treatment – OAT (includes full OAR spectrum: OAT, iOAT, TiOAT)

Introduction:

- A key priority of our response to the illicit drug toxicity crisis is increasing access, reach and retention of patients with an Opioid Use Disorder (OUD) diagnosis in Opioid Agonist Therapy (OAT).
- There is a higher risk of toxic drug poisoning when a person has untreated OUD or has begun but then stops OAT and returns to the illicit drug market.
- Ministry of Mental Health and Addictions (MMHA) and Ministry of Health (HLTH) recognize that issues of retention in OAT are often related to systemic barriers and medication type and/or dose issues, among other reasons; building a flexible and equitable OAT care system is needed to retain people in OAT.
- Increasing the number of people with opioid use disorder who are engaged and retained in OAT is a key priority in our response to the overdose emergency.

Background:

Opioid Use Disorder

- Opioid Use Disorder (OUD) is characterized by a dependency on opioid drugs, typically short-acting formulations circulating in the illicit drug supply.
- Based on data as of August 2021, there are 73,570 people with a diagnosed OUD in BC; it is estimated this number could be as high as 101,306, though many people may not be formally diagnosed.
- The number of people with a diagnosed OUD increased by almost 15% between September 2018 (64,019 persons) and August 2021 (73,570 persons).

Opioid Agonist Treatment

- OAT is considered a gold-standard of care for the treatment of OUD to prevent opioid withdrawal symptoms and support the elimination of cravings.
- OAT first emerged as a treatment in British Columbia for OUD in the 1990s through Methadone maintenance treatment (MMT).
- Recently, medication options have expanded to meet patient needs, in response to emerging research, and in efforts to address the increasingly toxic and unpredictable illicit drug supply.
- At present, buprenorphine/naloxone and methadone are the most commonly prescribed treatments and affect the body more slowly and for longer than other opioids such as heroin and oxycodone.
- The Ministry of Health's PharmaCare program covers methadone (Methadose® and Metadol-D®), buprenorphine/naloxone (Suboxone®), slow-release oral morphine (Kadian®) and injectable hydromorphone for OUD treatment under Plans B (Licensed Residential Care Facilities), C (Income Assistance), G (Psychiatric Medications), I (Fair PharmaCare), and W (First Nations Health Benefits).
- As of October 1, 2019, compounded methadone is available with exceptional case by case coverage under PharmaCare as a treatment option for people living with OUD, with the expectation that patients will try Metadol-D plus one other manufactured methadone product first.
- As of April 30, 2020, Sublocade®, a long-acting formulation of buprenorphine, administered monthly via abdominal subcutaneous injection, is a limited coverage Pharmacare benefit.
- Sublocade must be prescribed by a physician or nurse practitioner who has completed the manufacturer's training course.

Ministry/Government Actions to date:

Efforts to Expand the Availability of OAT

- MMHA and HLTH continue to work with partners to expand access to OAT and to address service gaps.
- The monthly counts of total opioid agonist treatment (OAT) clients and prescribers have steadily increased since mid-2016.
- The number of people dispensed OAT in a given month ranges between 23,000 and 24,900.
- The number of clinicians prescribing any form of OAT per month increased from 773 in June 2017 to 1,852 in July 2022.
- In June 2017, the BC Centre on Substance Use (BCCSU) released *A Guideline for the Clinical Management of Opioid Use Disorder*, which replaced the College of Physicians and Surgeons of BC guideline. The guidelines have since been adopted nationally.
- An *Opioid Use Disorder Practice Update* was done in January 2022, which provides updated guidance on the provision of opioid agonist treatment, as well as guidance on prescribing certain opioids as a harm reduction option.
- As of June 5, 2017, the BCCSU became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat OUD.

Injectable Opioid Agonist Treatment (iOAT)

- A small portion of the OUD patient population do not respond successfully to first-line medications.
- Injectable OAT (iOAT) treatments (hydromorphone or diacetylmorphine (DAM)) offers a more intensive treatment alternative.
- In October 2017, the BCCSU released a provincial guidance document for the use of iOAT as a specialized, intensive last line treatment option for patients who do not respond successfully to oral OAT.
- Currently, iOAT is available in high-need communities as determined by overdose surveillance data, including Surrey, Abbotsford, Kelowna, Victoria, and multiple Vancouver locations.
- In June 2021, 145 patients were receiving iOAT in British Columbia, of these 115 were on DAM.
- Injectable hydromorphone is the predominant drug used in iOAT clinics.

Tablet Injectable Opioid Agonist Therapy (TiOAT):

- TiOAT is an innovative model first developed by Vancouver Coastal Health Authority (VCHA) and the Portland Hotel Society in 2019, using supervised consumption of hydromorphone tablets via oral intake and/or injection, and offering greater clinical flexibility and patient autonomy than iOAT.
- In response to promising pilot results, government approved the expansion of TiOAT to additional sites in Vancouver, Kamloops (2), Surrey, and Prince George.
- As of June 2022, there were 194 patients in British Columbia receiving TiOAT.

OAT optimization

- HLTH and MMHA are currently working on a strategic framework for OAT Optimization, with a purpose to increase the capacity of British Columbia's health system to diagnose people with OUD and effectively engage and retain them in OAT.
- The work of OAT optimization will involve ongoing discussions with stakeholders, Indigenous rights-holders, PWLLE, patient groups, and other health system partners.
- Engagement is currently underway.

Budget Expenditures:

- HLTH's BC PharmaCare program covers most of the province's OAT and iOAT drug costs.

- Budget 2022 continues the investment in OAT and iOAT, with \$36.75 million provided over the fiscal plan.
- The Canada-British Columbia Mental Health and Addictions Services Funding Agreement also allocates \$48 million over the fiscal plan to support injectable OAT services.

Prescribed Safer Supply

Introduction:

- Prescribed safe supply (PSS) of pharmaceutical grade alternatives is intended to help separate people who use substances from using illicit toxic drugs, saving lives and connecting people to care.

Background:

- Illicit drug toxicity deaths have shown a marked increase in the last two years. The BC Coroners service (BCCS) reported 2,224 illicit drug toxicity deaths in 2021 – the highest ever recorded and a 26% increase compared to 2020 (1,767)¹.
- The total number of illicit drug toxicity deaths from January to June 2022 (1,095) has surpassed the total number of deaths from the same period in 2021 (1,071).
- The toxicity of the illicit supply is also increasing. From November 2020 to July 2021, BCCS data shows that approximately 16% of illicit drug toxicity deaths had extreme fentanyl concentrations, compared to 8% from January 2019 to Mar 2020.
- The presence of benzodiazepines in the illicit drug supply is increasing, rising from 15% of samples in July 2020 to 52% of samples in Jan 2022.

Ministry/Government Actions to date:

Risk Mitigation in the Context of Dual Public Health Emergencies

- The interim Risk Mitigation Guidance was released by the BC Centre on Substance Use (BCCSU), in partnership with the Province, on March 26, 2020 and is the first phase of PSS.
- It provides guidance for prescribing substances, including opioids, stimulants, benzodiazepines, alcohol and nicotine, to support individuals who may be at increased risk of overdose, withdrawal, craving, and other harms related to their substance use, due to COVID-19 restrictions such as isolation.
- Between March 27, 2020 and June 30, 2022, 13,938 people were dispensed any form of Risk Mitigation Guidance prescribed safer supply medications. Of the 13,938:
 - 10,647 (76%) received opioids
 - 1,723 (12%) received stimulants
 - 3,051 (22%) received benzodiazepines
- There was a 780% increase in the number of people (from 197 in April 2020 to 1,734 in December 2021) prescribed hydromorphone.
- The BCCSU released the *Opioid Use Disorder Practice Update* (January 2022) and *Stimulant Use Disorder Practice Update* (June 2022). These practice updates allow for harm reduction prescribing to occur outside the context of COVID-19 as an ongoing practice.
- BCCS reported that there is no indication that PSS is contributing to illicit drug deaths.
- Preliminary findings suggest opioid PSS prevents mortality.

Prescribed Safe Supply

- In July 2021, the Province released the Access to Prescribed Safer Supply in British Columbia: Policy Direction.

¹ BC Coroners Service. Illicit Drug Toxicity Deaths in BC January 1, 2011 – Dec 31, 201. Available at <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

- The policy builds on the Risk Mitigation Guidance and is a broad public health-oriented, health system-level intervention to reduce illicit drug toxicity deaths.
- The policy supports prescribing pharmaceutical alternatives to illicit opioids and stimulants to people at risk of drug toxicity events and deaths.
- The policy is meant to help separate individuals from the highly toxic illicit drug supply, reduce drug toxicity injuries and deaths, and enhance connections to health and social supports.
- The PSS policy is currently being implemented in B.C. in a phased approach, starting in health authority programs and federally funded SAFER programs.

SAFER Programs

- Two federally funded SAFER projects (VCH SAFER in Vancouver and AVI Health & Community Services (AVI) SAFER in Victoria and Nanaimo) are offering PSS consistent with B.C.'s policy. AVI SAFER recently opened their second site in Nanaimo (September 2022) Advice/Recommendations

Clinical Supports

- To support access to PSS, clinical protocols are being developed in collaboration with the BCCSU based on emerging evidence and clinical expertise.
- The first prescribing protocol for fentanyl patches was approved August 2022 and will be publicly released in September.
- BCCSU is planning webinars and educational session to support prescribers, nurses, pharmacists and other team members providing fentanyl patches as part of PSS.
- Other opioid prescribing supports and tools in development include Fentora and Sufentanil protocols, which are expected to be completed by fall/winter 2022.

Evaluation and Monitoring

- Because PSS is the first-of-its-kind policy in Canada, the Province is supporting robust evaluation and monitoring and building evidence to better understand patient outcomes.
- A provincial evaluation of the PSS policy will be led by external contracted researchers and will begin this fall and end in March 2024; preliminary research results from this evaluation are anticipated in late fall 2022.
- In addition to the external evaluation, the Ministry of Health and Ministry of Mental Health and Addictions are implementing a PharmaNet code to help distinguish PSS prescribing from prescriptions for other conditions.
- It includes all forms of PSS prescribing in BC, including those done under the RMG/updated OUD guidance and the provincial PSS policy.
- This safer alternative ("SA") code in the PharmaNet system will enable government to monitor PSS prescribing.
- The BCCDC will be publishing this data on their public facing website in early fall 2022.

Budget Expenditures:

- Government is investing \$22.6 million from 2021/22 to 2023/24 to support health authorities in implementing PSS. Funding will support expansion of existing and creation of new programs, increasing staffing capacity through hiring new positions, and robust monitoring and evaluation of this policy.

Indigenous People – Toxic Drug Crisis and FNHA Response

Introduction:

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

Background:

- First Nations people are 5.3 times more likely to experience a drug toxicity death than non-First Nations people in B.C.
- In 2021, 335 First Nations people died of illicit drug toxicity, and 254 First Nations people died in 2020.
- Between January and March 2022, a total of 93 First Nations people died of illicit drug toxicity in BC.
- In April 2022, First Nations people represented 16.6% of all toxic drug poisoning events in the month
- In 2021, First Nations women were 9.8 times more likely to die from toxic illicit drug poisoning than non-First Nations women.
- The widening gap between First Nations people and other BC residents can be attributed, in part, to:
 - insufficient access to culturally safe mental health and addiction treatment
 - systemic racism in health care
 - intergenerational trauma
- Surveillance data is limited to status First Nations people only.
- Anecdotal evidence indicates that toxic drug events and deaths also disproportionately affect Métis, Inuit, and non-status First Nations people throughout B.C.

Ministry/Government Actions to date:

Actions to Address Impact on the First Nations Population

- In 2017, the First Nations Health Authority (FNHA) released *A Framework for Action: Responding to the Toxic Drug Crisis for First Nations* which includes the following four goals:
 1. Prevent people who experience drug poisoning from dying
 2. Keep people safer when using
 3. Create an accessible range of treatment options
 4. Support people on their healing journey
- In keeping with *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, the Ministry of Mental Health and Addictions (MMHA) is working to support cross government and health authority action on recommendation 17 to increase access to culturally safe mental health and wellness and substance use services, including harm reduction.
- FNHA is an active member of the MMHA Joint Steering Committee and Overdose Emergency Response Centre, which guide the provincial response to the toxic illicit drug emergency, embedding FNHA partners into planning and decision-making tables.
- In 2021-2022, MMHA provided \$4.54 million in flexible funding to FNHA to expand initiatives to respond to the toxic drug crisis:

- Provided 16,300 nasal naloxone kits to First Nations communities, particularly in the North.
- Collaborated on the first Indigenous-specific episodic overdose prevention service in Vancouver.
- Developed Indigenous peer networks in northern First Nations communities, targeting communities experiencing high rates of drug toxicity death.
- Implemented Nurse Prescribing for medication-assisted treatment to increase access to evidence-based treatment for opioid use disorder.
- Supported individuals, families and communities to honour their loved ones lost, remember their stories, encourage conversations, and reduce stigma.

FNHA Community Situation Reports – April 2022 update

- FNHA regularly publishes Community Situation Reports summarizing drug toxicity data and key actions that FNHA has taken in response.
- Below is a summary of key actions taken by FNHA included in the April 2022 situation report:
 - 2,545 First Nations people were dispensed Opioid Agonist Treatment (OAT) in April 2022.
 - 380 nasal naloxone kits were distributed to First Nations and community organizations, 260 doses of nasal naloxone sprays were distributed to FNHA clients through community pharmacies and 586 injectable naloxone kits were ordered for First Nations sites or Friendship Centres.
 - Efforts are underway to increasing access to OAT:
 - Nurse prescribing is underway at four sites, with 17 nurses enrolled in prescribing training.
 - FNHA is supporting 29 rural and remote First Nations communities to improve access to OAT for their members.
 - Eight First Nations treatment and healing centres operate across BC and two new facilities are being planned – one in the Vancouver Coastal region and the other in the Fraser Salish region.
 - 147 sites across BC provide Indigenous land-based healing services grounded in cultural teachings.

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

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

Budget Expenditures:

- Budget 2022 continues \$37.62 million over the fiscal plan to support Indigenous-led approaches to prevention and harm reduction as well as culturally safe substance use care and treatment services, which includes \$24 million over three years to support the FNHA with the drug-poisoning emergency response.
- \$20 million of capital funding from the Government of B.C. matched by \$20 million from each of the federal government and the FNHA, to support the renovation and replacement of 8 First Nation-run treatment centres throughout B.C.

- The Province, the Government of Canada and the FNHA committed \$10 million each, for a total of \$30 million over 3 years, to support the implementation of the MOU.
- Intergovernmental Communications; Government Financial Information

Opioid Litigation / Legislation

Introduction:

- Litigation against opioid manufacturers and distributors

Background:

Opioid Prescribing and Litigation:

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

Ministry/Government Actions to date:

- On August 29, 2018, the Ministries of Attorney General and Mental Health and Addictions publicly announced that BC had commenced litigation against opioid manufacturers and distributors, holding them accountable for using deceptive marketing tactics that resulted in the Province incurring significant healthcare costs.
- In Fall 2018, BC tabled enabling legislation to assist the court process for this legal action.
- In June 2021, a \$150M settlement was reached with Purdue Pharma Canada in the context of a proposed class-action lawsuit brought by British Columbia on behalf of all Canadian governments. In addition to the Purdue Canada settlement, B.C.'s application to certify its class-action lawsuit in the B.C. Supreme Court has been scheduled for fall 2023. BC alleges there is evidence that the manufacturers and distributors of opioids have marketed their products in a way designed to increase demand while knowing of the addictive and harmful nature of these products and their limited effectiveness in treating chronic non-cancer pain.
- The amount to be recovered through BC's claim is still in the process of being quantified as expert economists and researchers assess health care costs, including costs of addiction treatment, emergency services in response to overdose events, emergency room visits, hospitalizations, etc.

Legislation:

- The *Opioid Damages and Health Care Costs Recovery Act* was proclaimed on October 31, 2018. Amendments to the Act are being considered for the fall 2022 session to address the issue of consultants, inclusion of the Federal Crown, and the damages methodology for non-manufacturers.
- The legislation will allow the Province to prove its claim in a more efficient fashion, similar to litigation against big tobacco.
- Instead of bringing forward individual expense records for each British Columbian, the legislation would allow government expenditures to be proven by use of population-based evidence.

- This will help to reduce pressure on the courts and promote expediency and efficiency.

Budget Expenditures:

- N/A

Mental Health and Addictions Workforce

Introduction:

- Workforce planning for mental health and substance use care requires a cross-sector, all of government approach to ensure we can deliver on our commitments to improve care.

Background:

- The entire mental health and substance use (MHSU) system of care relies upon a skilled and empowered workforce and a healthy workplace environment – one that is psychologically and culturally safe – to provide integrated services across a life span.
- The workforce that delivers MHSU services comes from a variety of settings: K-12, post-secondary, health, and justice system. Beyond doctors and nurses, our workforce includes allied health professionals such as social workers, occupational and physiotherapists as well as counsellors, peer support, Elders and cultural leaders, youth outreach workers, and mental health and substance use workers.

Ministry/Government Actions to date:

- We are working to better understand workforce challenges including:
 - high levels of stress, burnout, and trauma, particularly for front-line harm reduction services, and for first responders to overdose events;
 - challenges attracting and retaining service providers in the community and not-for-profit sector due to wage inequities and funding uncertainties from year to year;
 - recruitment and retention in rural and northern communities; and,
 - an aging workforce pointing to the need to continue focusing on training, recruiting, and retaining new workers.
- Gaps in data present a barrier to effective, cross-sector workforce planning.
- The Ministry is connected to initiatives under development in other ministries such as the Ministry of Advanced Education and Skills Training's *Future Ready Skills Plan*, the Ministry of Social Development and Poverty Reductions *Care Economy Workforce Plan*, and the Ministry of Health's *Health Human Resources Strategy*.
- The Ministry is using a GBA+ lens to analyze how workforce, policy, and service delivery changes affect different groups of people, including Indigenous peoples and women.
- Developing workforce capacity includes embedding cultural safety and humility, trauma informed practice, and person-centered care as principles of practice as well as developing skills to effectively collaborate in team-based care.
- Peer support initiatives complement traditional clinical mental health and addictions services and can be effectively implemented in every setting along the continuum of care.
- Government provided \$1 million in 2019 to BCcampus to lead work in developing the Provincial Peer Support Worker Training Curriculum. The curriculum was launched on July 16, 2021 and is available for anyone in BC to take or deliver, free of charge.
- [CareforCaregivers.ca](https://www.carefor caregivers.ca) was launched in May 2020. The website provides tailored content for workers and managers in long-term and continuing care.
- Care to Speak was launched in June 2020. This peer-based text, chat and phone service provides emotional support to healthcare and community social sector workers and assists with service navigation.

- The Mobile Response Team (MRT) provides psychological first aid to individuals and teams on the frontline of the toxic drug crisis and healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19 and other workplace stressors.
- [WorkMentalHealthBC.ca](https://www.workmentalhealthbc.ca), BC's Hub for workplace mental health was launched in April 2021. The Hub provides information, free training (through the CARE certificate), and coaching support for employers and employees, particularly those who work in the tourism, hospitality, and community social services sectors.

COVID-19

BC continues to respond to two public health emergencies: the COVID-19 pandemic and the toxic drug emergency. As a result, the social service workforce delivering community-based MHSU services is experiencing a heightened level of strain. The following considerations have emerged:

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

Budget Expenditures:

- N/A

Digital Front Door – Wellbeing.ca

Introduction:

- The Ministry launched Wellbeing.gov.bc.ca, a new “Digital Front Door” website - a trusted entry-point to mental health and substance use resources for people living in BC.

Background:

- In August 2021, the Ministry of Mental Health and Addictions launched (Phase 1) a new website called Wellbeing (www.wellbeing.gov.bc.ca).
- The Wellbeing website helps people find mental health and substance use information and supports through an easy-to-use guided search tool. Wellbeing was developed as one of the Pathway to Hope priority action items aimed at improving access to care.
- The goal of Wellbeing is not to replicate content that already exists – rather, it’s an opportunity to help people find the right information about services and resources through a user-centred and intuitive web design.
- The BC Government’s website analytics show mental health continues to be one of the most searched terms on gov.bc.ca. Previously, there was no government-owned, user-friendly, or accessible consolidation of mental health and substance use information online.
- Early insights demonstrate strong interest and engagement with the site.

Ministry/Government Actions to date:

Project Status:

- Phase 1 (current live site) “soft launched” in August 2021 and includes:
 - A core knowledge centre focused on topics surrounding mental health, substance use and wellbeing.
 - 200+ resource listings featuring low barrier and government-funded services.
 - A guided-search tool to help individuals find suitable resources.
 - Dynamic content focused on providing BC-based information about mental health and substance use topics geared towards the general public.
 - A peer review process to ensure that the site’s content is informed by people with lived and living experience.
- Phase 2 (2022/23) includes:
 - Launch of expanded mental health and substance use resources (+4000) from Data BC
 - New map view of services
 - Enhancements to user-experience, including additional ways to display and search content
 - User testing and ongoing engagement with key stakeholders to inform design, content and functionality
 - A provincial marketing campaign is anticipated to roll out following the launch of Phase 2 (January 2023)

Wellbeing and Decriminalization

- Wellbeing will play an essential role in the implementation of decriminalization in BC, ensuring that people who use drugs are provided information about mental health and substance use supports, including harm reduction information.

- NEW resource cards distributed to law enforcement (Health Canada requirement) will point to Wellbeing.gov.bc.ca - and other trusted resources - to ensure that people living across the province can easily find MHSU services
- Wellbeing to provide a platform for educational, factual content related to decriminalization
- Strategic promotions to target key audiences and drive traffic to information and services

Budget Expenditures:

- Budget 2022 continues this government's investment in the design and development of the Wellbeing website.
 - \$500,000 annualized funding is in place through the Ministry of Health. MMHA works in partnership with the Ministry of Health, including HealthLinkBC, to ensure the health service navigation landscape is coordinated and provides a seamless experience for the end user.

Stop the Stigma Marketing Campaign

Introduction:

- Public awareness campaign to help address stigma around substance use

Ministry/Government Current Activities:

General Population Stop the Stigma Campaign (21/22 – Ongoing)

- A new stigma-reduction public awareness campaign (*Stop the Stigma*) was launched in November 2021 (flight 1) and subsequently in May 2022 (flight 2)
- Creative direction and messaging were informed by public opinion research, audience focus testing, engagement with people with lived/living experience and key stakeholders throughout the province.
- The comprehensive media plan for the new campaign includes television, streaming audio, out-of-home (transit and billboards), digital and social media ads.
- Posters were distributed to 500+ organizations across BC, along with a digital tool kit.
- The Ministry continues to work with sports partners, including the Vancouver Canucks, the BC Lions, and the Vancouver Whitecaps to help expand campaign reach (specifically to male audiences), through in-arena and outside arena signage, virtual boards during broadcast, sports ambassador online videos, podcasts, radio, and access to the teams' social media audiences.
- During the initial two campaign 'flights' there were over 71,500 visits to StopOverdoseBC.ca and over 84,000 page views.
- Analysis from flight 1 showed the campaign reached the majority of the population of B.C. and post-campaign research showed that campaign recall was strong. 53% of residents recalled having seen at least one marketing component.
- Public opinion polling (Jan 2022) showed that people who viewed the campaign were significantly less likely to agree with stigmatizing sentiments than those who had not seen the campaign.
- A third flight is scheduled for fall 2022 (approx. Oct-Nov)

Stop Overdose BC Website (2018-Ongoing)

- Campaign messaging directs people to StopOverdoseBC.ca where they can find resources on how to talk with loved ones about mental health and substance use, demystify common beliefs about addiction, and navigate to services or supports. (Total site visits since 2018 are over 320,000)
- Visits to StopOverdoseBC.ca continues to be strong. Since *Stop the Stigma* launched in Nov 2021, there have been 107, 773 visits to the website.
- StopOverdoseBC.ca is undergoing a full redesign and its release is scheduled to coincide with the fall 2022 campaign

Previous Campaigns

Toxic Drugs are Circulating Campaign (2020-2022)

- In response to the rise in overdose deaths related to COVID-19, MMHA launched a harm reduction campaign focused on a message that 'Toxic Drugs are Circulating', encouraging people who use drugs to stay safer and access harm reduction services, such as the Lifeguard App.
- The campaign ran three times over the year (summer and fall 2020 and March 2021).
- The creative was refreshed in 2021/22 and ran again in the summer and fall of 2021. The message was extended to target young adults on platforms like Snapchat and TikTok.

Courageous Conversations Campaign (2019-2020)

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

General Population Stigma Reduction Campaign (2018-2020)

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

Budget Expenditures:

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

Mental Health Act

Introduction:

- *Mental Health Act* – Involuntary Admissions

Background:

- The *Mental Health Act* (MHA) regulates voluntary and involuntary admissions to hospitals for those who require treatment due to a mental disorder that seriously impairs their ability to react appropriately to their environment or associate with others.
- Legislative responsibility for the Act lies with the Ministry of Health (HLTH). The Ministry of Mental Health and Addictions (MMHA) collaborates with HLTH on policy development, specific initiatives, issues management and reporting related to the Act.
- MHA admissions occur in and through designated facilities: 37 hospitals are designated as psychiatric units, 13 hospitals as observation units (which allow shorter term admissions), and 25 facilities as Provincial Mental Health Facilities (inpatient).
- The number of voluntary and involuntary hospitalizations continues to increase and in 2021/2022 there were 17,772 unique involuntary mental health patients and 12,954 voluntary patients.

Opposition to and Support of the Act

- Many organizations, including the BC Ombudsperson (Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act, 2019) and the Representative for Children and Youth (Detained: Rights of children and youth under the Mental Health Act, 2021), have raised concerns, recommended changes, or called for reviews of the Act.
- Calls for change focus on thresholds for involuntary admissions, consent rights, proper documentation and oversight, and independent legal advice and reviews.
- Concerns also include the intersection of racism and involuntary admissions raised within “In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care” (2020) and the traumatizing impact of involuntary admissions, including use of restraints, seclusion, and police apprehensions under the Act.
- Police agencies and municipalities have expressed concern over police wait times in emergency rooms with patients apprehended under the Act awaiting assessment.
- Other stakeholders, such as the BC Schizophrenia Society, support the Act as necessary to support people living with serious mental illnesses and ensure safe, timely and effective medical treatment.

Ministry/Government Actions to date:

- HLTH, MMHA, and the Ministry of the Attorney General (AG) have been working to address calls for change related to the Act:
 - MMHA created the “British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019” and supported HLTH in developing provincial standards for involuntary admissions (Released December 2020).
 - HLTH established quantitative and qualitative provincial audit measures for the completion of the *Mental Health Act* forms. Since 2019 quarterly audits are undertaken by Health Authorities of each designated facility to measure improvements in form completion.
 - A provincial MHA education SharePoint was established to provide access to educational resources, including online education modules.

- MMHA participated in processes with the Mental Health Review Board to address recommendations regarding restraints and seclusion, procedural improvements regarding review panel hearings, and improved oversight and accountability.
- MMHA and HLTH have provided the Ombudsperson with compliance and quality improvement audit results up to the end of 2020.
- MMHA and HLTH monitor the status of achievement of deliverables related to Ombudsperson recommendations and report these on an annual basis.
- MMHA is working with HLTH which is leading updates on MHA forms.
- HLTH is developing updates to the secure room standards and guidelines expected to be finalized in the fall of 2022.
- HLTH expects to release updates to the Guide to the Mental Health Act in spring of 2023.
- Government introduced Bill 23 (Mental Health Amendment Act, 2022) in April. This Act will introduce an independent rights advice service under the Mental Health Act. The independent rights advice service is the responsibility of the Ministry of the Attorney General and should be operational in 2023.

Emerging Issues

- The Ombudsperson released a follow-up to their 2019 report in Spring 2022. While the Ombudsperson acknowledged the work done to date, they also indicated that further improvement is needed in compliance and additional work is necessary to meet recommendations related to rights advice.
- In April 2022, the Special Committee on Reforming the Police Act recommended that government immediately appoint an all-party parliamentary committee to undertake a broad review of the Mental Health Act with a view to modernizing the Act and ensuring it aligns with the recommendations in that report.
- There are two cases challenging the constitutional validity of deemed consent¹ provisions of the Act. The Supreme Court of Canada recently determined that the Council of Canadians with Disabilities has public interest standing to have their case heard.

Budget Expenditures:

- N/A

¹ Under the “deemed consent” model, the Director of a designated facility provide consent to psychiatric treatment on behalf of patients who are involuntarily detained under the *Mental Health Act*, with no legal requirement for an assessment of the patients capability to consent to the treatment.

Anti-racism

Introduction:

- Advancing commitments to anti-racism across the mental health and substance use care system.

Background:

- Systemic racism happens when systems create, condone and perpetuate unfair treatment and oppression of Indigenous, Black, and other racialized communities.
- For instance, in B.C., people of Asian descent are unfairly targeted and scapegoated, leading to increased attacks against them and their businesses.
- It is evident when BIPOC and LGBTQ+ communities have poorer access to certain government programs and services, or have worse outcomes than British Columbians overall when they access them.
- In 2020 and 2021, British Columbians navigated significant events of intolerance, inequality, and racism. The COVID-19 pandemic deepened vulnerabilities and inequalities faced by racialized communities.
- In 2021, hate crimes increased by 67% based on religion, by 64% based on sexual orientation, and by 6% based on race or ethnicity.¹

Ministry/Government Actions to date:

Engagement in the Development of A Pathway to Hope

- MMHA engaged with a wide range of voices in the development of *A Pathway to Hope*, including engagement with individuals, community services, and advocacy organizations representing diverse and racialized communities (e.g., multi-cultural/new Canadians in New Westminster, Chinese community in Richmond, South Asian community in Surrey).
- MMHA is committed to ensuring that all of its engagements and initiatives are informed by up-to-date research to meet the needs of a diverse range of people who represent the population of BC. These efforts are informed by activities such as ongoing public opinion polling and audience research.

For example, MMHA consulted with a Chinese and South Asian Canadian Advisory Group to ensure that our public campaign and stigma reduction efforts were informed by and met community needs.

Anti-Racism Initiatives

- The first Parliamentary Secretary for Anti-Racism Initiatives, Rachna Singh, has been mandated to conduct a full review of anti-racism laws in other jurisdictions and launch a stakeholder consultation to inform the introduction of new Anti-Racism Data Legislation that better serves everyone in BC.
- The Ministry of Attorney General began consultations on the new legislation in the fall of 2021, and on June 2, 2022, the *Anti-Racism Data Act* became law in B.C.
- The act will help the Province to identify and eliminate systemic racism in government programs and services and pave the way to a more just and equitable province. This statistical information will help ensure that government services are delivered equitably and meet the needs of all people in B.C.

¹ Statistics Canada. (2022). Police reported crime statistics in Canada, 2021. Retrieved from: [Police-reported crime statistics in Canada, 2021 \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/25-001-x/2022001/article/00001-eng.htm)

- As it becomes available, MMHA will use anti-racism data for monitoring and evaluation of mental health programs in order to identify racial disparities in access to mental health services.

Indigenous-Specific Anti-Racism Actions - See *Indigenous-Specific Racism in Healthcare* note for details

- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care ('In Plain Sight') was released in December 2020 and updated in 2021, revealing racism and discrimination in health care. MMHA is working to support cross government and health authority actions to increase access to culturally safe mental health and wellness and substance use services.
- MMHA has been working with FNHA to support Indigenous-led solutions in mental health and substance use, with a commitment to cultural safety and humility.

Equitable Access to Services: Community Counselling Grants

- Since 2019, the Province has supported 49 community-based organizations across BC to provide low barrier and low-cost counselling services to vulnerable, underserved, or hard to reach populations.
- Support for all 49 organizations is now extended through March 2023.
- 17 of the 49 grants went to Indigenous-led organizations.
- 19 of the 49 organizations are able to offer virtual multi-lingual counselling services (including American Sign Language, Arabic, Bengali, Bulgarian, Cantonese, Carrier, Cree/Michif, Croatian, Farsi, French, German, Haitian Creole, Hebrew, Hindi, Hokkien, Indonesian, Italian, Japanese, Korean, Kurdish, Kwak'wala, Malay, Mandarin, Polish, Portuguese, Punjabi, Romanian, Serbian, Spanish, Swahili, Tagalog, Urdu, Vietnamese, Wet'suwet'en).

Budget Expenditures:

- Since 2019, the Province has invested a total of \$20M towards supporting 49 community-based organizations across BC to provide low barrier and low-cost counselling services to vulnerable populations, underserved or hard to reach populations, and rural and remote communities.

BC Coroners Service Death Review Panel Report – Illicit Drug Overdose Deaths in BC

Introduction:

- On March 9, 2022, the British Columbia Coroners Service (BCCS) released its 2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths report after reviewing in aggregate 6,007 deaths that occurred due to illicit drug toxicity between August 1, 2017 and July 31, 2021.
- The report included the following recommendations as key areas to reduce deaths due to illicit drug toxicity:
 1. Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply;
 2. Develop a 30/60/90 Day Illicit Drug Toxicity Action Plan with Ongoing Monitoring; and
 3. Establish an Evidence-Based Continuum of Care.
- The Death Review Panel (DRP) identified 24 priority actions directed at the Province (Ministry of Health and Ministry of Mental Health and Addictions), the five regional health authorities, the Provincial Health Services Authority (PHSA), and the First Nations Health Authority (FNHA).

Background:

- In April 2016, the BC Provincial Health Officer declared deaths due to the toxic drug supply a public health emergency.
- In 2017, the chief coroner convened a death review panel to review 1,854 drug toxicity deaths that occurred between January 1, 2016, and July 31, 2017.
- The recommendations from the first Illicit Drug Toxicity Death Review Panel report, released April 2018, focused on the expansion of evidence-based treatment, expansion of harm reduction services and options, and the need for an integrated, accountable substance use system of care to reduce deaths due to illicit drug toxicity.
- Since August 2017, and particularly after the COVID-19 pandemic, the illicit drug supply has become increasingly toxic due to the higher potency of fentanyl and the addition of other substances, such as benzodiazepines.
- Deaths due to illicit drug toxicity have continued to increase in BC with an average of six deaths per day in 2021.
- On December 15, 2021, the BCCS convened a second death review panel into toxic illicit drug deaths comprised of persons with expertise in public health, health services, substance use, mental health, Indigenous health, law enforcement, and persons with lived and living experience, among others.
- Major findings of the 2022 DRP review include:
 - Drug toxicity deaths continue to increase
 - The drug supply is increasingly toxic
 - Indigenous people are disproportionately affected
 - There is a strong concurrence of substance use and mental health disorders
 - Most decedents had recent contact with health professionals prior to their death
 - Individuals living in poverty, and with housing instability, are particularly vulnerable
 - Multiple substances are detected in the majority of the deaths
 - Very few of the decedents engaged with substance use disorder treatment services
 - These deaths are occurring across the province in urban and rural and remote centres
- The central theme of the DRP is an inadequate response to the toxic drug crisis; it states that there has been little demonstrated progress in reducing toxic drug deaths in the five years since the PHO declared a public health emergency.

- The DRP points to the provincial response to COVID-19 as a model for how to mobilize the health system, improve service planning and coordination, and rapidly analyze data for public information sharing within the context of a public health emergency.
- It also states that the current federal drug policy framework is the main driver of the toxic drug supply.
- While the DRP recognizes the value and impact of some of the actions taken to address toxic drug poisonings since the public health emergency was declared in 2016, it also states that the scale and breadth of these initiatives has been inadequate to address the escalating crisis over the past several years.
- A Select Standing Committee on Health was established in early April and empowered to examine the urgent and ongoing illicit drug toxicity and overdose crisis, and specifically:
 1. The increasing toxicity of illicit drug supplies in British Columbia, including but not limited to, trends in the patterns of use of illicit drugs, the illegal drug market, the role of organized crime, and the rapid increase in toxicity coinciding with the COVID-19 pandemic;
 2. The systems and services guiding government responses to illicit drug supplies and toxicity deaths and injuries in Canada (federal, provincial, territorial and local) and other jurisdictions; and,
 3. Relevant and recent reports, studies and examinations as the Committee deems appropriate.
- The Committee has been receiving expert input over spring/summer and will submit a report to the Legislature no later than November 2022.

Ministry/Government Actions to date:

- An interim response to the DRP report was sent from the Ministry of Health (HLTH) to Chief Coroner, Lisa Lapointe, on April 1, 2022, to acknowledge the ministries will take the recommendations into consideration and provide a future more fulsome response to the report.
- A fulsome response outlining the province’s and health authority actions taken in alignment with the report’s recommendations was sent to the Chief Coroner on September 30, 2022.
- MMHA and HLTH have also convened an ADM-Vice President table with the health authorities to discuss a range of priorities in mental health and addictions services, including responding to the toxic drug crisis.

Budget Expenditures:

- N/A

BCCSU Report – Heroin Compassion Club

Introduction:

- The BC Centre on Substance Use (BCCSU) released a 2019 report proposing a cooperative/compassion club-type model for people who use drugs to purchase diacetylmorphine (DAM).
- BCCSU, in partnership with Vancouver Coastal Health Authority (VCH) and Fraser Health Authority (FHA), is actively planning to pilot a co-op model.

Background:

- Safe supply is a harm reduction concept where people who use drugs can access pharmaceutical alternatives of known composition and concentration, thereby greatly reducing or eliminating reliance on and use of toxic illicit drugs.
- Currently, controlled substances can only be legally accessed through a prescription under the federal *Controlled Drugs and Substances Act* (CDSA).
- In July 2021, the province announced the *Access to Prescribed Safer Supply in British Columbia: Policy Direction*, which enables the prescribing of a range of medications as pharmaceutical alternatives.
- Implementation of Prescribed Safer Supply (PSS) is currently underway in B.C. in a phased approach, starting in health authority programs and federally funded SAFER programs (*cross ref: Prescribed Safer Supply*).
- Several stakeholder groups have noted that requiring a prescription creates too many barriers for vulnerable people to access safer prescription alternatives and have called for non-prescriber models of safe supply to be considered.
- To address this, BCCSU - in partnership with VCH and FHA - is drafting a proposal to the federal government requesting Substance Use and Addictions Program (SUAP) funding to pilot a non-prescriber co-op model for the delivery of safe supply.
- They will also be requesting an exemption under s.56 of the CDSA to enable them to legally access and dispense controlled substance without a prescription.

BC Centre on Substance Use Report - Heroin Compassion Clubs

- On February 21, 2019, the BCCSU released a report outlining a proposal for the establishment of “heroin compassion clubs”, whereby members would pool resources to purchase diacetylmorphine (DAM) for personal use, as an alternative to accessing opioids from the highly toxic illicit market.¹
- Compassion clubs and buyers’ clubs first emerged in the 1980s and 1990s in response to the AIDS epidemic.
- Compassion clubs functioned as a safe space for patients to access medical cannabis and health services, while buyers’ clubs procured HIV/AIDS treatment that was not provided through the health system.

¹ BC Centre on Substance Use (2018). *Heroin Compassion Clubs: A cooperative model to reduce opioid overdose deaths & disrupt organized crime’s role in fentanyl, money laundering & housing unaffordability*. Accessed from <http://www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf>.

- This compassion club model has evolved into the currently proposed co-op model which aims to provide access to a regulated supply of opioids, starting with DAM to reduce toxic illicit drug deaths.

BC Centre on Substance Use “Co-Op” model

- BCCSU is drafting an application for SUAP funding to develop a co-op model for sourcing and providing pharmaceutical alternatives to the toxic drug supply, without requiring a prescription.
- It’s proposed that the program will initially be run as a pilot with approximately 100 participants in each of the VCH and FH locations.
- There will be identified eligibility criteria and screening, with initial membership selected through randomization following an estimated two-week window of fielding applications.
- The staffing complement includes nurses, peer supports, and system navigators.
- The model includes a co-op governance structure that requires participant involvement; participants will also be required to provide a \$50 annual membership fee and sliding scale payment for drugs based on financial means and individual dosing.
- The program initially proposes to provide members with injectable DAM from a national supplier.
- Future phases include the potential to offer compounded (powder) formulations of DAM and fentanyl for inhalation and smoking.
- The model will include options for a combination of onsite consumption, particularly during the initial dose titration process, with future consideration and planning for take home carry doses of varying duration (e.g., one day to one week).
- The pilot would be linked to an evaluation and is intended to generate evidence to inform future program development.
- If approved by Health Canada, the co-op pilot will be a non-prescriber model for providing safer alternatives to the toxic illicit street supply, which, alongside PSS, provides additional options to separate more people from the toxic illicit drug supply.
- It has not yet been determined what impacts such a model will have on the province either financially or on the need to either amend and/or create provincial legislation and regulations to enable a non-prescriber approach for the delivery of safe supply. This can only be determined once there is a fully developed proposal that fully details all the elements of how this model will be operationalized.

Ministry/Government Actions to date:

- The Ministry of Mental Health and Addictions has received a preliminary draft of the BCCSU’s SUAP application.

Budget Expenditures:

- N/A

Representative for Children and Youth Reports Overview

Introduction:

- Overview of RCY Reports and Recommendations

Background:

- The Representative for Children and Youth (RCY) is an independent officer of the legislature with the authority to:
 - Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services.
 - Monitor, review, audit and publicly report on designated services for children and youth.
 - Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.
- Since 2012, the RCY has released a number of child-death investigative reports and four service reviews that contain findings and recommendations related to child and youth mental health and substance use (MHSU) services. Reports with recommendations either directed at or relevant to MMHA include:
 - *"A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care: (September 2022)*
 - *Detained: Rights of Children and Youth under the Mental Health Act (January 2021)*
 - *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families (April 2021)*
 - *A Parent's Duty: Government's Obligation to Youth Transitioning into Adulthood (December 2020).*
 - *Youth Substance Use Services in BC – An Update (March 2020).*
 - *Caught in the Middle (November 2019).*
 - *Time to Listen: Youth Voices on Substance Use (November 2018).*
 - *Missing Pieces: Joshua's Story (Oct 2017).*
- Consistent themes in RCY reports with respect to needed improvements to child, youth and young adult MHSU services include:
 - Lack of a single point of accountability for MHSU services negatively impacts system enablers, including workforce planning, information sharing, research, and integrated service planning and delivery.
 - Most MHSU services are not integrated with each other resulting in service fragmentation for youth and their families.
 - Some components of the system of care, such as Step up/Step down services, are insufficient. Harm reduction services are not consistently available to all youth throughout BC and youth need more unbiased information on substance use.
 - Transitions between service types, and from youth to adult services, are often not coordinated. Pathways to services from family physicians, schools, and hospital emergency departments are often not clearly defined.
 - Services are not consistently available for older youth and young adults.
 - Lack of attention to upstream efforts designed to support healthy social and emotional development and reduce stigma about mental illness and addiction.
 - Lack of support for families caring for a young person with MHSU problems.
 - An Indigenous perspective on mental wellness needs to be better integrated into culturally safe service governance, planning and delivery.

- Greater input from children, youth and emerging adults with lived experience and their families would increase service accessibility and effectiveness.
 - Rural and remote communities are underserved and access to services is hampered by transportation and other issues.
 - Long wait times exist for many assessment and treatment programs and services, including for specialized and in-patient MHSU care.
 - Information sharing between service providers is neither effective nor person- and family-centered.
 - The absence of performance reporting on service utilization, quality, and outcomes using established indicators and measures results in a lack of meaningful data for system and service planning.
 - Overuse of involuntary admissions for youth, and inadequate quality of care provided in mental health facilities for youth.
- As of August 2022, a review of the RCY Act is actively underway:
 - Section 30(1) of the RCY Act mandates the Select Standing Committee on Children and Youth (SSCCY) to conduct a comprehensive review of the RCY Act every 5 years to ensure that the needs of children, youth and young adults are met. Previous reviews were conducted in 2012 and 2017, and the current cycle began April 1, 2022.
 - The SSCCY recently led a public consultation process including written, audio or video submissions which concluded July 27, 2022. All input will be reviewed by the SSCCY and select individuals and organizations will be invited to make presentations to the SSCCY in the Fall 2022.
 - On April 22, 2022, the RCY presented their 60-page review and proposed expanded mandate submission to the SSCCY. RCY's proposed expanded mandate submission includes a wide range of changes that, if implemented, would significantly broaden the scope of the Representative's role and jurisdiction over their individual advocacy, monitoring (systemic advocacy), and review and investigation functions for children, youth, and young adults.

Ministry/Government Actions to date:

- Government is taking action to create a coordinated mental health and addictions system of care for children, youth, and young adults. The issues reflected in the RCY reports are reflected in the priority actions in *A Pathway to Hope*, and more recent investments into a range of child and youth supports, particularly through Budget 2021.
- Specific responses to recommendations directed to MMHA are developed in collaboration with other government ministries including the Ministry of Children and Family Development and Ministry of Health. Joint annual updates on progress toward these recommendations are also provided to the RCY for each report that contains recommendations directed to MMHA.
- MMHA staff also proactively update RCY staff on child and youth work overall work underway, with the most recent update provided in February 2022.
- Deputy Ministers Christine Massey and Stephen Brown met with the RCY on July 18, 2022 to discuss the RCY's proposed changes to RCY mandate as part of the RCY Act Review, and ministry staff continue to coordinate with Ministry of Health, Attorney General, and Children and Family Development regarding the potential impacts of these proposed changes.

Budget Expenditures:

- Relevant investments include: Foundry youth centres; new youth substance use beds and

services; early childhood programs; school-based programs for mental wellness promotion; and integrated child and youth teams; early childhood centre enhancements, Step Up/Step Down intensive services, youth transition supports, and early psychosis intervention programs (see Child, Youth and Young Adult overview note).

Impact of COVID-19 –Population Mental Health

Introduction:

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

Background:

- Mental health and substance use (MHSU) problems have an impact on the BC economy. Poor mental health costs the Canadian economy \$51 billion annually in lost time and lost productivity.¹ British Columbia's proportional share is approximately \$6.6 billion.
- Throughout the pandemic, people in BC have experienced worsened mental health:
 - In May 2020, 46% of people in British Columbia reported their mental health was worsening and 18% reported they were quite or extremely stressed on most days.²
 - A year later (April-May 2021), 57% of people in BC reported their mental health was worsening and 25% reported they were quite or extremely stressed on most days.
 - One year into the pandemic 9% of people in BC said that there had been significant changes to their mental healthcare, as they had been unable to access care and this had impacted their mental health.³
 - The pandemic continues to have a negative effect on the mental health of people in BC. For example, as of the start of April 2022, 17% reported their mental health since the start of the pandemic as bad or very bad.⁴
 - 46% of people in BC report their mental health is worse/somewhat worse than pre-pandemic and 18% of people in BC have sought treatment or counselling for their mental health during the pandemic.⁵
- While fewer people died of an illicit drug overdose in 2019 (982) than in previous years of the public health emergency, deaths are on the rise during the pandemic, with 1,767 illicit drug-related deaths in 2020 and 2,224 in 2021.
- The pandemic has disproportionately affected the mental health of those who previously experienced mental health issues and/or other forms of marginalization (e.g., Indigenous People, Black People, People of Colour, 2SLGBTQ+ people, new immigrants, people with disabilities, women, economically marginalized people).
- Younger people and those with children are also especially impacted by the pandemic.

Mental Health Supports

- According to the World Health Organization in 2016, for every \$1 invested into the treatment and support of mental health disorders, we see a return of \$4 in improved health and productivity.⁶

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

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

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

⁴ Leger (2022). North American Tracker: Apr 14, 2022.

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

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

Ministry/Government Actions to date:

- In response to COVID-19, the government increased access to mental health supports and addiction responses.

Budget Expenditures:

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