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MINISTRY OVERVIEW & MANDATE LETTER

Topic/Issue: Role of the Ministry of Mental Health and Addictions

KEY FACTS / MESSAGING

Background / Status:

- The Ministry of Mental Health and Addictions (MMHA) was created to provide better access to mental health and substance use care, making sure resources are there for people where and when they are needed.
- The Minister of Mental Health and Addictions was appointed on July 18, 2017, by Order in Council, stating:
 - The Ministry of Mental Health and Addictions is established.
 - The duties, powers, and functions of the Minister of Health respecting policy development, program evaluation, and research in relation to mental health and addiction, including in relation to designated facilities within the meaning of the *Mental Health Act*, are transferred to the Minister of Mental Health and Addictions.
- MMHA continues to work to transform BC's mental health and substance use system by setting strategic direction as described in *The Pathway to Hope* released in 2019, engaging in cross-sector planning, and implementing system-level improvement backed by research, evaluation, and policy.
- The Premier's mandate letter to the Minister of Mental Health and Addictions, dated December 7, 2022, identifies the following key deliverables:
 - Taking into account the unanimous recommendations of the Select Standing Committee on Health, and with support from the Minister of Health, continue to lead and accelerate BC's response to the illicit drug toxicity crisis across the full continuum of care – prevention, harm reduction, safe supply, treatment, and recovery.
 - Expand new complex care, treatment, recovery, detox, and after-care facilities across the province, while building a new model of treatment offering seamless care through detox, treatment, and supportive housing so people don't fall through the cracks and can get quality care when and where they need it.
 - Strengthen governance, guidelines, and best practices for incorporating evidence-based care in the prevention, treatment, and recovery system.
 - Expand BC's prescribed safe supply programs to separate more people from the toxic drug supply through safe alternatives. Work with regulatory colleges, professional associations, and other levels of government to overcome barriers.
 - Implement decriminalization of simple possession of small amounts of illicit drugs for personal use, while maintaining focus on establishing rules and guidelines that protect public health and community safety.
 - Assess and expand supports for people who are causing detrimental harm to themselves and others as a result of mental health or substance use, to increase safety and improve health outcomes while upholding the rights of all British Columbians.

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- Work with the First Nations Health Authority to deliver culturally appropriate mental health and substance use services for Indigenous Peoples.
- With support from the Minister of Public Safety and Solicitor General, work to improve public safety in our communities, including by implementing initiatives to address repeat and violent offending.
- With support from the Minister of Children and Family Development and the Minister of Education and Child Care, lead work to continue our government's commitment to addressing mental health problems early by expanding Integrated Child and Youth Teams to 20 school districts.
- Support the work of the Minister of Housing to better coordinate services to deliver improved outcomes for people living in Vancouver's Downtown Eastside, in collaboration with the Ministers of Health, Social Development and Poverty Reduction, and Public Safety and Solicitor General, as well as Indigenous Peoples, external partners, and others.
- And continue to make progress on items in the previous mandate letter.
- 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.
- A comprehensive system is one that touches all agencies and ministries delivering programs and services. MMHA works across government to improve mental health and substance use services and supports, with actions focused on prevention, early intervention, treatment, recovery, and aftercare.

KEY OUTCOMES / STATS

Relevant Data / Successes

- N/A – See other ENs as required for specifics.

DELIVERY PARTNERS

- MMHA works in partnership with several government ministries including Children and Family Development, Education and Child Care, Health, Public Safety and Solicitor General, Social Development and Poverty Reduction, and Housing to address its mandate and Service Plan goals. MMHA also works with key service delivery partners including health authorities and contracted service providers, people with lived and living experience and families, and Indigenous partners to build inclusive policies and ensure services meet the needs of people.

FINANCIAL IMPLICATIONS

- N/A – see Ministry Budget notes.

DATA SNAPSHOT

- N/A

Approvals:

January 15, 2024 - Tamara Casanova, Director, DMO

January 30, 2024 - Grant Holly, EFO, Corporate Services

February 10, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

MINISTRY OPERATIONS BUDGET

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

KEY FACTS / MESSAGING

Background / Status:

- The Ministry has an annual operating budget of \$40.75 million in 2024/25, \$40.53 million in 2025/26 and \$40.53 million in 2026/27.
- The Minister's Office has an annual operating budget of \$0.72 million in 2024/25, \$0.72 million in 2025/26 and \$0.72 million in 2026/27.
- The Ministry has an annual salaries/benefits budget of \$20.13 million in 2024/25, \$20.13 million in 2025/26, and \$20.13 million in 2026/27.
- The Ministry budget increases by \$14.03 million in 2024/25, by \$13.82 million in 2025/26, and \$13.82 in 2026/27 from *Budget 2023*, primarily due to incremental funding to sustain existing services.
- The majority of the budget for Mental Health and Addictions programs or services continues to be held within the budgets of ministries delivering the programs or services.
- As of February 1, 2024, the Ministry has 177 FTEs, including the Minister's Office (5) and Deputy Minister's Office (9) staff. This is an increase of 57 FTEs since last Estimates. The FTE count does not include secondments or Government Communications & Public Engagement (GCPE) staff.

FINANCIAL IMPLICATIONS

Compared to *Budget 2023*, the Ministry's 2024 operating budget has increased by \$14.03 million:

- **New Funding to continue existing services (\$10.11 million)**
 - *Budget 2024* funding for Peer Assisted Care Teams (PACT)
- **Shared Recovery Mandate (SRM) wage increases (\$0.48 million)**
 - *Budget 2024* funding for unionized and excluded staff compensation
- **Salaries Funding (\$3.22 million)**
 - *Budget 2024*: Salaries & benefits, changes to staffing complement
- **Other Previous Budgets' decisions (\$0.23 million)**
 - *Budget 2023* funding for Decriminalization Implementation (-\$0.04) and Beds Modernization for Partner and Stakeholder Engagement (\$0.10)
 - *Budget 2022* top up to funding provided for Ministry resourcing (\$0.05), and Complex Care Housing (\$0.02). Funding supports staffing and other operational requirements such as travel, and office expenses.
 - *Budget 2023* funding for unionized and excluded staff compensation increase through Shared Recovery Mandate (SRM) (\$0.10).

ESTIMATES NOTE

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

Expenses	2024/25	2025/26	2026/27
Salaries & Benefits	0.600	0.600	0.600
Travel	0.075	0.075	0.075
Information Systems	0.010	0.010	0.010
Office & Business Expenses	0.020	0.020	0.020
Legislative Assembly	0.010	0.010	0.010
<i>Budget 2024</i>	0.715	0.715	0.715

Approvals:

February 7, 2024 - Grant Holly, EFO, Corporate Services Division

February 13, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

MINISTRY FTEs

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

KEY FACTS / MESSAGING

Background / Status:

- As of February 1, 2024, the ministry has 177 FTEs, which include five staff in the Minister's Office; 15 of these positions are filled through temporary assignments.
- Last year the Ministry FTE count was 120; there has been an increase of 57 FTEs since February 1, 2023. This growth was necessary for the ministry to deliver on its expanded mandate and the significant investments into treatment and recovery.
- Employees in the Child, Youth and Mental Health Policy division are dedicated to priorities such as the development of integrated child and youth MHSU services, complex care housing, Indigenous partnerships and wellness, mental health community crisis response and youth substance use supports and services.
- Employees in the Treatment and Recovery division are focused on priorities related to decriminalization, implementing new adult treatment and recovery services and strengthening the quality and oversight of bed-based substance use services.
- Employees in the Substance Use Policy division are focused on priorities related to the overdose emergency response and transforming substance use policy and legislation.
- Employees in the Corporate Services Division provide leadership and direction in the provision of financial management and accountability, human resources, internal communications, corporate planning and performance, and corporate operations for the ministry.
- Employees who work for Government Communications and Public Engagement (GCPE) are not included in the ministry's staffing count as they are funded by the GCPE central organization.

	Total 2024 FTE Count*
Minister's Office	5
Deputy Minister's Office	9
Corporate Services Division	35
Child, Youth & Mental Health Policy Division	57
Treatment & Recovery Division	35
Substance Use Policy Division	36
Total	177

*As of February 1, 2024

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- The ministry has an annual salaries/benefits budget of \$20.134 million in 2024/25, \$20.134 million in 2025/26, and \$20.134 million in 2026/27.

Salary and Benefits Estimates Details (Millions):

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Core Business	2024/25 Estimates	2025/26 Planned	2026/27 Planned
Minister's Office	0.600	0.600	0.600
Executive Support Services	4.525	4.525	4.525
Policy Development, Research, Monitoring & Evaluation	15.009	15.009	15.009
Total	20.134	20.134	20.134

Approvals:

February 11, 2024 – Grant Holly, EFO, Corporate Services Division

February 13, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

SERVICE PLAN 2024-25

Topic/Issue: The Ministry of Mental Health and Addictions (MMHA) 2024-25 Service Plan

KEY FACTS / MESSAGING

Background / Status:

- The 2024-25 Annual Service Plan was tabled in the Legislature and released publicly on Budget Day, February 22, 2024.
- The plan includes building a seamless and integrated system of care for mental health and substance use through cross-sector planning, system-level improvements and targeted investments supported by research, policy and evaluation.
- The Service Plan aligns with the strategic priorities outlined in the 10-year vision detailed in *A Pathway to Hope* and confirms the ministry's top priorities as outlined in the Minister's mandate letter of December 7, 2022, through two goals:
 - Goal 1: Accelerate BC's response to the toxic drug crisis across a full continuum of substance use care that keeps people safe and improves the health and well-being.
 - Goal 2: Create a seamless, integrated, accessible, and culturally safe mental health and substance use system of care.
- The outcomes aim to make life better for people in BC, improve the services, and ensure a sustainable province, supporting government's key areas of focus: attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy.
- MMHA is working with Indigenous peoples, people with lived and living experience, direct service providers including physicians, social workers, and first responders, in addition to federal, provincial and local governments, including the education, justice, employment and housing systems, to provide more culturally-safe and effective mental health and substance use services that better meet the needs of all British Columbians.

KEY OUTCOMES / STATS

Relevant Data / Successes

- MMHA's 2022-23 Service Plan Report, released in September 2023, demonstrated that MMHA met or exceeded the following targets:
 - 1.1: Exceeded the target of 400,000 Take Home Naloxone kits shipped to distribution sites (actual: 424,390).
 - 2.1: Exceeded the target of 10 communities with Integrated Child and Youth teams operating or in implementation (actual: 12).
 - 2.2: Met the target of 15 Foundry centres operating.
- This 2022-23 Service Plan Report noted further work to be done on achieving two performance measures:
 - 1.2a: Percentage of people on opioid agonist treatment (OAT) who are retained (taking the medication consistently) for 12 months.

ESTIMATES NOTE

- Target: 2-5% increase from 45.4%. Actual: 45.2%.
 - The continued high concentration of fentanyl and its analogues, including the presence of benzodiazepines, in the toxic drug supply pose a challenge to initiation and retention on OAT.
 - MMHA has prioritized increasing the number of registered nurses (RNs) and registered psychiatric nurses (RPNs) prescribing OAT, which contributes to improved OAT retention, particularly in rural and remote parts of the province.
 - The Ministry is continuing to work with the Ministry of Health in developing and implementing a strategic framework to optimize OAT, to improve access and reach of OAT, to improve system capacity to deliver OAT (both prescribing and dispensing), and to improve retention on OAT.
- 1.2b: Median number of days between client referral and service initiation for bed-based treatment and recovery service.
 - Target: maintain or improve from 29.5 days. Actual: 31.25 days.
 - 2022-23 is the first time MMHA reported on provincial wait times. As more health authorities, and more programs within each health authority, provided wait time data, reporting has become more refined and robust.
 - In 2022/23, health authorities reported increased demand for services, particularly treatment, as well as an increase in client complexity. Updated data shows that 4,167 unique adults were served in BC treatment and recovery beds in the 2022/23 fiscal year, an increase from 3,679 unique adults served in 2021/22.¹ Between April and September 2023, health authorities have already served 2,609 unique adult clients needing bed-based treatment and supportive recovery beds.
 - BC is the first provincial or territorial government in Canada to publish and report numerical wait time targets for publicly funded bed-based substance use treatment and recovery services.
 - Research suggests that setting targets is one tool that can improve health system performance. However, there is little research specific to setting wait time targets for substance use treatment and recovery. Where jurisdictions have set benchmarks, they were generally 30 days or less but were unlikely to be met.
 - Given this, MMHA's approach to benchmarks is phased and iterative as we enhance data quality, work with partners (e.g. health authorities), and ensure a considered approach to wait time reduction. This will also allow us to refine benchmarks as new investments come online.

¹ This data has been updated since the 2023/23 Annual Service Plan Report was released, to include new reporting from the Northern Health Authority and Canadian Mental Health Association BC division.

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- MMHA will report on performance towards the 2023-24 Service Plan targets in Summer/Fall 2024.
- The 2024-25 Service Plan includes the following performance measures/targets:
 - **430,000** publicly funded Take Home Naloxone (THN) kits shipped to distribution sites via the BC THN program each year.
 - **44%** of people on OAT who are retained for 12 months in 2024-25, 45% in 2025-26 and 46% in 2026-27 (2% increase).
 - **32** median days between client referral and service initiation for community bed-based treatment and recovery services in 2024-25, 31 days in 2025-26, and 30 days in 2026-27.
 - **500** Complex Care Housing (CCH) spaces operational by the end of 2024-25; 640 by the end of 2025-26; and 720 by the end of 2026-27.
 - **20** communities with Integrated Child and Youth teams operating or in implementation by the end of 2024-25.
 - **19** Foundry centres operating by the end of 2024-25; 23 by the end of 2025-26, and 26 by the end of 2026-27.

DELIVERY PARTNERS

MMHA works in partnership with several government ministries (including Children and Family Development, Education and Child Care, Health, Public Safety and Solicitor General, Social Development and Poverty Reduction, and Housing) to achieve its Service Plan goals and objectives. MMHA also works with key service delivery partners (including health authorities and contracted service providers), people with lived and living experience and families, and Indigenous partners to ensure services meet the needs of people.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- The Ministry's restated operating budget is \$26.715 million in 2023-24, \$40.749 million in 2024-25, \$40.536 million in 2025-26 and \$40.536 million in 2026-27.
- Over 49% is for salaries/benefits for ministry staff.
- The Ministry's operating budget in Budget 2024 compared to Budget 2023 has increased by \$14.034 million primarily due to \$10.108 million in new funding for Peer Assisted Care Teams (PACT), and \$3.220 million new funding for staffing. For further information, please see Estimates notes on Ministry FTEs and Ministry Operations Budget.
- The majority of the budget for mental health and substance use programs or services is in the budgets of ministries delivering the programs or services.

DATA SNAPSHOT

N/A

Approvals:

February 14, 2024 - Grant Holly, EFO, Corporate Services

February 14, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

BUDGET 2024

Topic/Issue: Budget 2024 Investments

KEY FACTS / MESSAGING

Background / Status:

- Budget 2024 continues to build on the Budget 2023 \$1 billion investment in new funding over three years for mental health, addictions and treatment services for people in British Columbia.
- Budget 2024 invests \$215 million in operating funding over the next three years to sustain addictions treatment and recovery programs currently operating or being implemented. This funding includes:
 - \$117 million To continue funding over 2,200 community mental health and substance use treatment beds at over 300 health authority and community care facilities;
 - \$49 million to support existing harm reduction initiatives at 49 overdose prevention sites throughout the province, drug checking, and naloxone kit distributions;
 - \$39 million to provide continued funding for existing Peer-Assisted Care Teams and Mobile Integrated Crisis Response Teams; and,
 - \$10 million to support ongoing policy development and implementation for treatment and recovery programs.
- In addition to operating funding investments, the capital plan includes funding to support treatment and recovery beds. This includes work on expanding the Red Fish Healing model, the Road to Recovery model and the Vancouver Junction recovery community centres.
- Government Financial Information; Interests of an Indigenous People; Intergovernmental Communications

KEY OUTCOMES / STATS

Relevant Data / Successes

- N/A

DELIVERY PARTNERS

- MMHA works in partnership with several government ministries including Children and Family Development, Education and Child Care, Health, Public Safety and Solicitor General, Social Development and Poverty Reduction, and Housing to address its

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mandate and Service Plan goals. MMHA also works with key service delivery partners including health authorities and contracted service providers, people with lived and living experience and families, and Indigenous partners to build inclusive policies and ensure services meet the needs of people.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

Total Budget 2024 Investments by Initiative (\$millions):

Initiative	2024/25	2025/26	2026/27	Total
Overdose Prevention and Supervised Consumption Services	10.000	10.000	10.000	30.000
Beds Based Legacy Contracts	17.308	18.862	20.639	56.809
Beds Based Legacy Contracts Per Diem	20.167	20.167	20.167	60.501
Mobile Integrated Care Teams (MICR)	3.000	3.000	3.000	9.000
Peer Assisted Care Teams (PACT)	10.108	10.108	10.108	30.324
Naloxone	1.000	1.000	1.000	3.000
Drug Checking	5.470	5.100	5.100	15.670
Policy Development	3.220	3.220	3.220	9.660
Total	70.273	71.457	73.234	214.964

DATA SNAPSHOT

N/A

Approvals:

March 1, 2024 – Grant Holly EFO, Corporate Services

ESTIMATES NOTE

MHSU INVESTMENTS – HISTORICAL AND CROSS-MINISTRY

Topic/Issue: Cross-Ministry Mental Health and Substance Use – Financial Overview

KEY FACTS / MESSAGING

Background / Status:

- In 2018, Treasury Board Staff led a review of mental health and substance use (MHSU) spending across government.
- It found that the majority of MHSU spending, approximately 75%, is in Ministry of Health (HLTH). The remaining 25% is spread across Ministry of Housing (HOUS), Ministry of Attorney General (AG), Ministry of Public Safety and Solicitor General (PSSG), Ministry of Children and Family Development (MCFD), Ministry of Social Development and Poverty Reduction (SDPR), Ministry of Education and Child Care (ECC), and Ministry of Post-Secondary Education and Future Skills (PSFS).
- Base HLTH spending includes a wide variety of program expenditures for:
 - Community MHSU services
 - Physician Services (Fee for Service, Salaried, Sessional)
 - Acute and Tertiary Inpatient
 - Pharmacare
 - Health Prevention & Promotion
- Examples of base spending initiatives in other ministries are:
 - Mental Health Law Program (AG)
 - Special education funding for students requiring Intensive Behaviour Interventions or students with Serious Mental Illness (ECC)
 - Community-based child and youth mental health programs (MCFD)
 - Maples Adolescent Treatment Centre (MCFD)
 - Per diem funding for clients to receive mental health and substance use services free of charge (SDPR)
- It is estimated that, government-wide, the Province invests approximately \$3.5 billion annually on mental health and substance use-related service delivery.
- Since 2017, MMHA has worked collaboratively with partner ministries to obtain additional funding to augment MHSU support services and respond to the illicit toxic drug crisis. MMHA has been responsible for adding \$805 million annually to support MHSU funding across all sectors over this time.
- MMHA does not deliver programs and services directly but is responsible for providing leadership in building a comprehensive system of care.

KEY OUTCOMES / STATS

- N/A

DELIVERY PARTNERS

- MMHA works in partnership with several government ministries including MCFD, ECC, HLTH, PSSG, SDPR, and HOUS to address its mandate and Service Plan goals. MMHA also works with key service delivery partners including health authorities and

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contracted service providers, people with lived and living experience and families, and Indigenous partners to build inclusive policies and ensure services meet the needs of people.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Of the \$805 million incremental annual funding, \$209 million was announced in Budget 2023, and Budget 2024 provided \$71 million.
- Cabinet Confidences: Government Financial Information

MHSU Annual Operating Investments (\$billions)	2024/25
Base MHSU spending (all sectors)	\$2.675
Incremental MHSU Funding since 2017	\$0.805
Total	\$3.480

DATA SNAPSHOT

N/A

Approvals:

February 28, 2024 – Grant Holly, Executive Financial Officer and Executive Leade, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

OVERDOSE – FINANCIAL OVERVIEW

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

KEY FACTS / MESSAGING

Background / Status:

- Budget 2024 invested \$48.670 million over three years into harm reduction services, bringing the total investment to \$493 million over three years to support initiatives that save lives, end stigma, provide medication-assisted treatment, advance prevention, and improve public safety.
 - Since Budget 2017 and through this fiscal plan, government will have committed more than \$1.372 billion towards the overdose emergency.
- The 2024 Budget and Fiscal Plan continues previously announced funding of approximately \$148.201 million per year and includes an additional \$10 million for overdose prevention sites, \$5.470 for drug checking, and \$1 million for naloxone, bringing the fiscal 2024/25 funding to approximately \$164.671 million per year:
 - Saving Lives - \$63.44 million
 - Overdose prevention, drug checking, Naloxone kits, psychosocial supports, BC Health Services.
 - Help Starts Here - \$2.37 million
 - Communications and public engagement.
 - Medication-Assisted Treatment - \$67.79 million
 - Medications such as suboxone, methadone to support opioid agnostic treatment, hospital services, and professional education and training.
 - Advancing Prevention - \$3.59 million
 - Data analysis and enhanced prescription monitoring.
 - Improving Public Safety - \$12.81 million
 - Via Public Safety and Solicitor General.
 - Initiatives that address all goals - \$14.68 million
 - Indigenous health and culturally based services, community crisis fund, and regional Health Authority Lead supports.
- Through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services Funding Agreement the Province has been able to expand access to evidence-based treatments and recovery options for vulnerable populations including:
 - Mother/Baby Substance Use Program
 - Increased access to iOAT services and tablet iOAT
 - BC Centre Substance Use Cost Pressures
 - Needs Based Gap Analysis
 - Adult Surge Substance Use Treatment Beds
 - Social Emotional Development in the Early Years

ESTIMATES NOTE

- Through the Federal Emergency Treatment Fund, the Province has undertaken the following priority interventions:
 - Support the expansion of Foundry, which will provide youth with problematic opioid use with supports and services across all Foundry sites;
 - Expand injectable opioid agonist treatment (iOAT);
 - Operate and evaluate the impact of adult residential treatment beds;
 - Support HOPE initiatives, which provide robust post-overdose support by facilitating community-level linkage to care in high priority communities;
 - Enhance and improve treatment service where gaps exist;
 - Enhance treatment services across all health authorities; and
 - Enhance supportive recovery services.

KEY OUTCOMES / STATS

Relevant Data / Successes

- N/A

DELIVERY PARTNERS

- MMHA works in partnership with several government ministries including Children and Family Development, Education and Child Care, Health, Public Safety and Solicitor General, Social Development and Poverty Reduction, and Housing to address its mandate and Service Plan goals. MMHA also works with key service delivery partners including health authorities and contracted service providers, people with lived and living experience and families, and Indigenous partners to build inclusive policies and ensure services meet the needs of people.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 invested \$48.670 million over three years into harm reduction services, bringing the total investment to \$493 million over three years to support initiatives that save lives, end stigma, provide medication-assisted treatment, advance prevention, and improve public safety.
 - Since Budget 2017 and through this fiscal plan, government will have committed more than \$1.372 billion towards the overdose emergency.
 - The Federal Government has provided \$432 million over 6 years (2017/18 to 2023/24) through the Canada-British Columbia Home and Community Care and Mental Health and Addictions Services agreement.
 - The Federal Government has provided approximately \$34 million over 5 years (2018/19 to 2022/23) through the Emergency Treatment Fund agreement. This agreement has ended.

DATA SNAPSHOT

N/A

ESTIMATES NOTE

Approvals:

March 1, 2024 – Grant Holly, Corporate Services Division

HLTH - ESTIMATES NOTE

OVERVIEW OF MENTAL HEALTH AND SUBSTANCE USE SERVICES AND SPENDING

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

KEY FACTS / MESSAGING

Background / Status:

- In 2023, there were 2,511 suspected unregulated drug deaths. This is the highest number of suspected deaths ever recorded in one year, 5% higher than the number of deaths in 2022 (2,383).¹
- Budget 2023 invested \$1 billion in new funding over three years for mental health, addictions and treatment services for people in British Columbia.
- This includes \$586 million to expand treatment and recovery beds, the development of new recovery community centres to support the long-term recovery of those who have received treatment, Indigenous treatment centres, and wraparound service for youth.
- Budget 2023 accelerated the Province's response to the illicit drug toxicity crisis across the full continuum of care with \$184 million supporting enhanced prevention and early intervention services for children and young adults, prescribed safer alternatives to the toxic drug supply, and the expansion of Mobile Integrated Crisis Response Teams.
- Budget 2023 provided \$97 million in operating funding, and \$169 million over three years in capital funding to complex care facilities create additional complex-care beds to support people with complex MHSU issues, including those who are homeless or whose needs are not met by existing supportive housing.²
- The Province is also providing \$23.7 million in annual funding for the operation and monitoring of the Road to Recovery (R2R), a new model of seamless care to support people through their entire recovery journey from detox to treatment to after-care. The initiative is expanding to other regions across the province in 2023.³

KEY OUTCOMES / STATS

Relevant Data / Successes

- From January 2017 until the end of November 2023, there were more than 4.44 million visits to overdose prevention services and supervised consumption sites, 27,453 overdoses responded to and survived, and one death.⁴
- The number of overdose prevention services sites has significantly increased – from one site in 2016 to 49 as of November 2023, including 22 sites offering inhalation services.⁴

¹ BC Coroners Service (2024). *Unregulated Drug Deaths in B.C. (to Dec. 31, 2023)*. Retrieved January 30, 2024.

² Government of BC (2023). *Budget and Fiscal Plan 2023/24 – 2025/26*. Retrieved February 1, 2024.

³ Government of BC (2023). *First-of-its-kind, Seamless Addictions Care in Vancouver*. Retrieved February 2, 2024 from [First-of-its-kind, seamless addictions care available in Vancouver | BC Gov News](#)

⁴ MMHA Escalated Drug-Poisoning Response Actions: <https://news.gov.bc.ca/factsheets/escalated-drug-poisoning-response-actions-1>. Retrieved February 5, 2024.

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- In the month of November 2023, there were 70,110 visits to overdose prevention services and supervised consumption sites and 42,020 visits to inhalation overdose prevention and supervised consumption services.⁴
- As of December 2023, more than 2.158 million kits have been shipped and 159,310 have been reported as used to reverse a drug poisoning. The kits are available at more than 2,252 locations, including 877 community pharmacies in B.C.⁴
- B.C. is the first province to offer prescribed safer supply. People have been accessing prescribed safer supply since March 2020, when the Province introduced the first phase of the program. In the month of December 2023, 4,212 people were dispensed opioid prescribed alternatives.⁵
- The Facility Overdose Response Box program provides community organizations with naloxone, supplies and training so staff can recognize and respond to drug poisonings. There are 789 active sites in the province and 3,191 drug-poisoning reversals reported from Facility Overdose Response Box sites as of December 2023.
- In November 2021, the British Columbia Centre on Substance Use (BCCSU) launched training to enable RN and RPN prescribers to offer methadone and slow-release-oral-morphine (Kadian), in a phased approach, in addition to existing education and training focused on buprenorphine/naloxone. As of December 2023, 272 RNs and RPNs from all health authorities have enrolled and 167 have completed their training. In December 2023, 594 patients had a dispensation of buprenorphine/naloxone, methadone, or slow-release oral morphine at community pharmacies within B.C. prescribed by 51 RN or RPN prescribers.⁵
- Sixteen substance-use teams throughout the province help people stay connected to health-care services, treatment and recovery. Services are tailored to each community, provided by a range of professionals, including nurses, counsellors, social workers and peers.⁴
- People living with severe mental-health challenges have access to 30 Assertive Community Treatment (ACT) teams throughout B.C. Services include crisis assessment and intervention, psychiatric or psychological treatment, medication management and more. See ACT EN for additional details.
- On Nov. 30th, 2023, 988, a national suicide helpline launched to help people experiencing a mental-health crisis via phone or text 24 hours/day, seven days a week.⁴
- Ten First Nations treatment and healing centres operate throughout B.C. These facilities are supported by \$20 million from the Government of B.C., matched by \$20 million each from the federal government and the First Nations Health Authority (FNHA) for renovations and replacements.⁴
- R2R Vancouver began serving clients in September 2023 through 14 withdrawal management (detox) and 20 stabilization/transition beds opened in October 2023. As of December 2023, 94 people have benefited from the initiative, utilizing 34 beds. When fully implemented, R2R Vancouver will add 95 beds to the continuum of care.⁶

⁵ PharmaNet, Healthideas, Health Sector Information, Analysis and Reporting, February 15, 2024. OAT patient and prescriber numbers prescribed by RN/RPN are restated.

⁶ Government of BC (2023). First-of-its-kind, Seamless Addictins Care in Vancouver. Retrieved February 2, 2024 from [First-of-its-kind, seamless addictions care available in Vancouver | BC Gov News](#)

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Health System Performance Portal (HSPP) Stats:

- In 2022/23, 981,865 unique individuals in BC received MoH funded services for MHSU conditions. Of these individuals, 24.9% of individuals are new clients receiving MoH-funded services.
- 129,383 community visits for MHSU conditions were reported in MSHU's HSPP for FY 2022/23, a decrease from 2021/22 (145,076visits).
- 41,184 hospital stays related to MHSU conditions were reported in MHSU's HSPP for FY 2022/23, a decrease from FY 2021/22 (44,972).

DELIVERY PARTNERS

The Ministry of Children and Family Development provides Child and Youth Mental Health (CYMH) services to infants, children and youth up to 18 years of age across the province. For reference see Factsheet: "MMHA Estimates Note – Children, Youth and Young Adults Mental Health and Addictions Overview" (EN2024-MMHA10).

The MoH and the Ministry of Mental Health and Addictions work closely with regional Health Authorities (HA) to carry out the following services in their respective communities:

Inpatient Acute Care and Tertiary Care Services, including:

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

Community based MHSU Services, including but not limited to:

- Assertive Community Treatment teams
- Crisis Intervention services such as crisis lines, mobile crisis outreach, crisis stabilization units
- Clinical Case Management services, including psychiatric assessment, treatment and rehabilitation
- Community Forensic Clinical services
- Early Psychosis Intervention services
- Community Eating Disorders Services
- Withdrawal management services, including home detox withdrawal management
- Substance use community-based outpatient care
- Intensive Case Management Teams (ICMTs), which are community outreach-based model of wrap-around service provision for individuals and their families,

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- Counselling services such as Cognitive Behavioral Interventions (CBT)
 - 24 hour staff licensed mental health bed-based care facilities
 - Home Treatment services and support linked with acute care psychiatric services
 - Mental health supported housing units
 - Psychosocial rehabilitation services, providing supported employment and supported education services, Club Houses, wellness support services addressing nutrition and exercise
 - Elderly community MHSU assessment and treatment services including support services for people with early signs of dementia
 - Peer and Family Support
 - Integrated Child and Youth Teams
 - Foundry Centres
 - Suicide Prevention services
 - Perinatal MHSU services
 - MHSU Health Literacy such as the provincial HeretoHelp.bc.ca website.
 - Harm Reduction and Overdose Prevention Services, including drug checking
- impacted by complex, severe substance use with or without concurrent disorders
- Community substance use treatment/care beds, including supportive recovery, transitional services, medically supervised withdrawal management, and beds for sobering and assessment
 - Overdose Prevention Sites, injection and inhalation
 - Drug checking
 - Safer supply distribution and prescribing
 - Opioid Agonist Treatment (OAT) and Injectible OAT clinics
 - Risk mitigation prescribing
 - Peer and Family Support
 - Youth Concurrent Disorders inpatient treatment
 - Proactive Outreach⁷
 - Substance use prevention and health promotion

Physician Services, including:

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

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 invests \$215 million over three years to sustain addictions treatment and recovery programs currently operating or being implemented.
- Budget 2023 invested \$867 million over the fiscal plan to support mental health, addictions, and treatment services.

⁷ New announcement in Budget 2023

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- Including the above budgets, the total provincial three year targeted mental health and substance use budget over the next is over \$2 billion.

DATA SNAPSHOT	
<i>Building a MHSU System of Care Data Snapshot</i>	More up to date data if available
In 2023, ICY teams were operating or being implemented in 12 school districts across BC in 2023. The Province will be implementing teams in a total of 20 school districts by 2024.	
16 Foundry centres are currently open as of July 2023, with nine more in development, and 10 more to come, for a total of 35 centres province-wide once complete. 17,567 young people accessed Foundry services in 2022/23.	
49 community agencies are providing no- or low-cost counselling, including virtually, to communities across BC. In FY 2022/2023, more than 27,282 individuals accessed counselling, with almost half (13,290) doing so for the first time.	
As of Jan. 2023, 232 FTEs are delivering dedicated MHSU services in BC.	
From Jan. 2017 to the end of June 2023, there have been more than 4.1 million visits to OPS/SCS sites and 25,530 overdoses reversed and survived.	
4,167 unique clients (adults) were served by bed-based treatment and supportive recovery beds in 2022/2023. This is an increase from 3,679 clients served in 2021/2022.	
3,277 publicly funded community-based adult and youth substance use beds are available across B.C., including withdrawal management, supportive recovery, bed-based treatment and transitional beds (as of Aug. 2023).	
67 ⁸ new publicly funded youth substance use beds have been implemented since 2017.	
8,568 young people were served by new or expanded youth substance use services in fiscal year 2022/23 ⁹	

Approvals:

2024 02 22 – Robyn White OBO Darryl Sturtevant, ADM, Mental Health & Substance Use Division

2024 02 23 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

⁸ Includes 20 beds at Traverse in Chilliwack and 47 of the 123-bed investment.

⁹Ministry of Menal Health and Addictions (2023). *Building a Mental Health and Substance Use System of Care Data Snapshot*.

ESTIMATES NOTE

A PATHWAY TO HOPE OVERVIEW

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

KEY FACTS / MESSAGING

Background / Status:

- The Ministry of Mental Health and Addictions (MMHA) launched *A Pathway to Hope* in June 2019.
- The Pathway lays out government's 10-year vision for an integrated and comprehensive system of mental health and substance use care based on four pillars:
 - Wellness Promotion and Prevention;
 - Seamless and Integrated Care;
 - Equitable Access to Culturally Safe and Effective Care; and,
 - Indigenous Health and Wellness.
- The goal is to provide better access to mental health and substance use care, making sure resources are there for people where and when they are needed.
- The initial three-year action plan (from 2019/20 – 2021/22) included priority actions across four areas:
 - Improving Wellness for Children, Youth and Young Adults;
 - Supporting Indigenous-Led Solutions;
 - Substance Use: Better Care, Saving Lives; and,
 - Improved Access, Better Quality.
- The Pathway committed to annual public progress reporting. As a result of dual public health emergencies, MMHA released its first progress report in 2021, and the next in 2023.
- The 2023 progress report described the following achievements:
 - Opening 14 Foundry centres across the province to connect people ages 12 to 24 and their families to mental health and substance use supports. There are currently nine centres in development, for a total of 23 province-wide when complete. In addition, support can be accessed virtually through the Foundry BC app.
 - Launching of 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.
 - Funding for the First Nations Health Authority (FNHA) to expand Indigenous land-based cultural and healing services which strengthen connection to the land while supporting the learning, revitalizing, and reclaiming of traditional wellness practices.
 - Announcing and implementing Complex Care Housing - a ground-breaking approach to support people with overlapping complex mental health and substance use challenges. Complex Care Housing provides an enhanced suite of services that work with people, right in their homes, to help establish stability and connection, and to break the cycle of homelessness leading to better outcomes for people.

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- Decriminalizing people who use drugs to help break down the stigma – the fear and shame around substance use – that prevents so many people from reaching out for lifesaving supports.
- Shifting perceptions about people who use drugs by collaborating with people with lived and living experience of substance use and their families to develop the award-winning “Stop the Stigma” campaign.
- Providing grants for community counselling services which fill a gap in services available to people who cannot access essential mental health care.
- Working with people with lived experience of substance use to develop a first-of-its-kind, provincially approved curriculum, standards of practice and program delivery tools for peer workers, employers, and post-secondary institutions, free of charge.
- Increasing access to evidence-based addictions care by expanding access to first-line medications for substance use disorders, strengthening addictions medicine training across disciplines, and improving access to addiction treatment through the implementation of Rapid Access to Addictions Care Clinics in all health regions.
- Since the Pathway was released, we have continued to work in partnership with communities and service partners, taking on further actions to address ongoing challenges facing our communities, such as:
 - In December 2023 we announced the launch of Road to Recovery in Vancouver, an innovative new model to transform substance use care in BC, providing a full continuum of substance use care that supports clients at every phase of their wellness and recovery journey.
 - In January 2024, we announced 180 new publicly funded treatment and recovery beds across BC to support clients to meet recovery goals across various settings, including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds.
- We continue to monitor and evaluate both new and enhanced services to understand their impact on outcomes for people and systems.
- In September 2023, we released *Building a Mental Health and Substance Use System of Care – Data Snapshot* to better demonstrate progress. A second data snapshot will be released this Spring.
- Our continuing actions toward the ten-year vision set out in *A Pathway to Hope* and getting people the mental health and substance use care they need will focus on:
 - Intervening early to help people access care sooner;
 - Connecting people to care and the help they need;
 - Reducing risk to save people from illicit and toxic drugs; and,
 - Supporting ongoing wellness and recovery so people can live healthy lives.

KEY OUTCOMES / STATS

Relevant Data / Successes – as of January 2024 (bold are outcomes)

- 16 Foundry Centres open across BC, and Integrated Child and Youth teams in implementation or operating in 12 communities.
- **From January 2015 to September 2022, 8,637 death events are estimated to have been avoided due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment.**

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- 4.52 million visits to overdose prevention sites/supervised consumption sites in BC since January 2017. There are 50 sites currently operating, including 22 sites offering inhalation services, **and 27,711 overdoses reversed and survived.**
- More than 2,200 active distribution sites for Take Home Naloxone.
- 113 locations where people can drop off a drug sample for analysis, 50 of which offer immediate point of care testing some days of the week.
- Support for 272 nurses enrolled in training to prescribe opioid agonist treatment.
- **53 drug poisoning reveals through the Lifeguard app, and no deaths reported.**
- **A recent study in the British Medical Journal found that the prescribed alternatives program reduces the risk of death by as much as 91% in people with opioid-use disorder.**
- 594 new publicly funded community-based adult and youth substance use beds opened since 2017, including 72 for youth. With implementation ongoing, the number of adult and youth treatment beds has increased to 3,596 as of January 2024.
- 8,568 young people served by new or expanded youth substance use services in 2022/23 (not including bed based services)
- **Red Fish Healing Centre had a 95% occupancy rate in 2022/23, with 95% of clients reporting improved mental health between admission and discharge.**
- Three Peer Assisted Care Teams operating in Victoria, New Westminster and North Shore, with increased hours. Three teams responded to 3,103 calls in 2023, **with only 0.6% involving police**
- Six new Mobile Integrated Crisis Response teams launched in Abbotsford, Burnaby Chilliwack, Vernon, Penticton, Coquitlam/Port Coquitlam, with Squamish, West Shore and Prince Rupert upcoming.
- 423 Complex Care Housing spaces operational.
- Launch of the Health Career Access Program for Mental Health and Addictions workers.
- Implementation of substance use decriminalization.
 - Between February and July 2023, **there were 76% fewer possession-related offences compared to the previous four year average,**
 - In the first six months of 2023, **there was a 95% reduction in possession seizures below 2.5g compared to the previous four year average.**

For ASP targets, please see the 2024/25 Annual Service Plan Estimates Note.

DELIVERY PARTNERS

MMHA works in partnership with several government ministries (including Children and Family Development, Education and Child Care, Health, Public Safety and Solicitor General, Social Development and Poverty Reduction, and Housing) to achieve its Service Plan goals and objectives. MMHA also works with key service delivery partners (including health authorities and contracted service providers), people with lived and living experience and

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families, communities, and Indigenous partners to ensure services meet the needs of people.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

The fiscal plan will see the government invest \$2.58 billion over three years across all pillars of the Pathway to Hope allowing real progress on true systems of care and coordinated services for mental health and substance use.

DATA SNAPSHOT

See Key Outcomes/Stats

Approvals:

March 3, 2024 - Grant Holly, EFO, Corporate Services Division

March 4, 2024 - Christine Massey, Deputy Minister

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CHILDREN, YOUTH AND YOUNG ADULTS' MENTAL HEALTH AND ADDICTIONS - OVERVIEW

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

KEY FACTS / MESSAGING

Background / Status:

- Between 2013/14 and 2022/23 in BC, inpatient hospitalizations for children and youth ages 0-19 with mental health and substance use (MHSU) concerns as the most responsible diagnosis¹ increased by 10%².
- In 2023, 60% of youth (ages 12-17) in BC self-rated their mental health as good or excellent. The number of youth who report feeling happy most or all of the time has decreased since 2013 (68% in 2013, 65% in 2018 and 60% in 2023)³.
- An estimated 26.5% of children (ages 4-18) with mental health disorders have two or more disorders concurrently⁴.
- 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 colonialism⁵.
- As set out in *A Pathway to Hope* (PTH), we continue to build an integrated network of services to support children, youth, young adults and their families by promoting mental wellness.
- These services were designed to prevent the onset of mental health and substance use challenges, identify those who are struggling with mental illness or addiction early, and connect them to effective and culturally safe services and supports.
- This emphasis on prevention and early intervention is critical because we know that approximately 75% of mental health challenges have their onset during childhood or adolescence. Intervening early can prevent problems from growing more severe or developing into lifelong conditions⁶.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Budget 2023 provided \$236.42 million in funding over three years to increase services for young people, including for expansion of the Foundry network of service and for

¹ Most Responsible Diagnosis (MRDx) A Diagnosis Type (M) is the one diagnosis or condition that can be described as being most responsible for the patient's stay in a facility.

² Ministry of Health. Report ID: HSIAR0001350. Hospitalizations Under the Mental Health Act. Retrieved from: <https://hspp.hlth.gov.bc.ca/framework/service-delivery/hospital-services/mental-health-act-overview>. Last accessed on 2/2/2024 9:56:51 PM

³ McCreary Centre Society (2024). The Big Picture: An overview of the 2023 BC Adolescent Health Survey provincial results. Retrieved March 1, 2024 from https://mcs.bc.ca/pdf/2023_bcachs_the_big_picture.pdf.

⁴ Barican, J.L. et al (2022) Prevalence of childhood mental disorders in high-income countries: a systematic review and meta-analysis to inform policymaking. *Evid Based Mental Health*. 25(1): 36-44. doi: 10.1136/ebmental-2021-300277

⁵ First Nations Health Authority (2024) Indigenous Harm Reduction. Retrieved January 25, 2024, from <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/indigenous-harm-reduction>.

⁶ Malla A. et al (2018). Youth Mental Health Should Be a Top Priority for Health Care in Canada. *Can J Psychiatry*, 63(4):216-222. doi: 10.1177/0706743718758968

ESTIMATES NOTE

youth substance use services (crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning).

- Through PTH and key investments in Budgets 2021 and 2023, and together with our partners, we are implementing the following priority actions for children, youth, young adults, and families:

Integrated Child and Youth (ICY) Teams:

- ICY teams provide wraparound mental health and substance use supports for children and youth from early years to age 19, making it easier for young people and their families to connect to the care they need, when and where they need it – at school and in the community.
- ICY teams are operating or implementing across 12 school district communities (Phases 1 and 2) – 23 teams total – as a multidisciplinary approach to child and youth mental health and substance use services.
 - Phase 1 (operational): Maple Ridge-Pitt Meadows, Richmond, Comox Valley, Coast Mountains, and Okanagan-Similkameen.
 - Phase 2 (in development): Fraser-Cascade, Kootenay-Columbia, Mission, Nanaimo-Ladysmith, North Okanagan-Shuswap, Pacific Rim, and qathet (Powell River).
 - Phase 3: Eight additional communities will be announced in Spring 2024 to total 20 ICY Team that will be fully operational in 2025.

Foundry:

- Expansion of the Foundry network of youth health and wellness centres and virtual supports is underway, with 16 centres now open, 9 in development, and 10 more planned, bringing the total to 35 centres province-wide once complete.
- Over 35,000 young people accessed Foundry services between April 2018 and March 31, 2023, including 17,567 in fiscal year 2022/23. This includes over 15,000 virtual appointments since launching Foundry virtual services and the Foundry BC mobile app in April 2020 (available province wide).
- Through B2023 government is providing \$74.9 million over three years to enhance Foundry services. This will include the addition of 12 new Foundry centres, increased operating support to deliver services at existing centres, and enhancements to the Foundry BC mobile app.
 - Two of the 12 communities (Powell River/qathet and Vernon) were announced in July 2023. These communities applied for a Foundry centre and were shortlisted during the 2019/20 Foundry expansion.
 - The next 10 communities receiving Foundry centres are Vanderhoof, Quesnel, Burnaby, South Surrey (White Rock/Cloverdale), Chilliwack, West Kootenay/Boundary Region, Snuneymuxw/Nanaimo, Sooke-West Shore, Port Alberni, and Vancouver.

Youth Substance Use Beds and Services:

- Adding 123 new youth substance use beds across the province. 52 of these beds are currently operational, with an additional 16-21 expected to open by summer 2024 and a further 3-13 beds expected by the end of fiscal year

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2024/25 (for more information, see “Youth Substance Use Beds” Estimates Note).

- Investing in youth substance use services in regional Health Authorities, Provincial Health Services Authority, and First Nations Health Authority. 32 of the 33 new and expanded Budget 2021 youth substance use services are operational.
- Supporting the development of Child Health BC’s Provincial Child and Youth Substance Intoxication and Withdrawal Guideline for Acute Care Settings, and other health authority and partner initiatives to create and expand services and supports along the youth substance use continuum of care.
 - The Provincial Child and Youth substance Intoxication and Withdrawal Guideline guides assessment, screening, and initiation of treatment and discharge planning for children and youth who present to emergency departments with a substance use emergency, to support effective crisis response and transition supports between acute care and community-based substance use services across the province.

Other Initiatives:

- Supporting the Ministry of Children and Family Development’s (MCFD) implementation with funding used to develop two Step Up/Step Down services: High Intensity Outreach Services (in Maple Ridge-Pitt Meadows, Richmond, Comox Valley, Coast Mountains, and Okanagan-Similkameen), and two Maples Adolescent Treatment Centre satellite sites (in Prince George and Coldstream).
- Expanded Early Childhood Intervention services to provide enhanced support to children with social, emotional, and/or developmental challenges through partnerships with community-based agencies in Maple Ridge-Pitt Meadows, Richmond, Comox Valley, Coast Mountains, and Okanagan-Similkameen.
- Launched the Mental Health in Schools Strategy (MHIS), led by the Ministry of Education and Child Care (ECC), embedding positive mental health and wellness programs and services for students in all school districts. ECC has implemented MHIS, with investments in three main elements within the strategy: Compassionate Systems Leadership, Capacity Building, and Mental Health in the Classroom. Developing strategies to address substance use through the curriculum is a key action within the strategy. Enhanced support for pregnant and parenting individuals with substance use challenges through the Provincial Perinatal Substance Use Program delivered by BC Women’s Hospital and Health Centre.
- Supported implementation of the Feelings First Project, led by Child Health BC and the BC Healthy Child Development Alliance, promoting early childhood social emotional development.
- Expanded the Canadian Mental Health Association-BC’s (CMHA-BC) program Confident Parents: Thriving Kids, through funding of MCFD’s contract with CMHA-BC for this program. Confident Parents: Thriving Kids 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.

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- Launched Here2Talk, a 24/7 mental-health counselling and referral service for post-secondary students through the Ministry of Post-Secondary Education and Future Skills (PSFS).
- Enhancing and expanding Early Psychosis Intervention (EPI) services through funding approximately 100 new full-time professionals and increasing the number of staff in all program areas.
- Implementing 19 concurrent disorder clinicians province-wide to support transition-age youth, with a focus on youth transitioning from government care to adulthood.
- 2022/23 saw the largest Early Psychosis Intervention staff training cohort to date, with 118 participants compared to 43 the previous year, and 67% completing San'yas Cultural Training.

DELIVERY PARTNERS

- Ministries of Children and Family Development, Health, and Education and Child Care,
- Indigenous partners including FNHA, Metis Nation BC, BC Association of Aboriginal Friendship Centres, and local Nations
- Municipal and federal governments,
- Regional Health Authorities
- Providence Health Care and Foundry Central Office
- Community service providers and non-profit organizations, and
- Peers and people with lived experience.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2023 provided \$236.42 million over three years to increase services for young people, including \$74.9M for expansion of the Foundry network of service and investments in new and expanded youth substance use services (crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning).
- Government continues previous investments to improve wellness for Children, Youth, and Young Adults. Highlights include:
 - Early Psychosis Intervention: \$75 million
 - Foundry: \$78.27 million
 - Integrated Child and Youth teams: \$54.5 million
 - Mental Health in Schools: \$15 million
 - Early Childhood Services: \$30.6 million
 - Step Up/Step Down: \$22.4 million

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
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17,567 young people accessed Foundry services in 2022/23	No updated data available.
16 Foundry centres are currently open as of July 2023, with nine more in development, and 10 more to come, for a total of 35 centres province-wide once complete.	10 new communities announced in March 2024 brings the total to 16 Foundry centres open and 19 in development
ICY teams are operating or being implemented in 12 school districts across the province in 2023. In total, the Province will be implementing teams in 20 school districts by 2024, to be fully operational by 2025.	No updated data available.
8,568 young people were served by new or expanded substance use services in FY 2022/23, not including young people accessing bed-based services.	4,325 young people were served by new or expanded youth substance use services in Q1 and Q2 of fiscal year 2023/24 (April 1 -September 30,2023). ⁷
72 ⁸ new publicly funded youth substance use beds have been implemented since 2017.	No updated data available.

Approvals:

March 2, 2024 – Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 26, 2024 – Grant Holly, EFO, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

⁷ Note that this figure does not include youth served by PreVenture substance use prevention programming as that data is collected by school year and is not available for the 2023/24 Q1-Q2 period (April – September). This figure also excludes four health authority services where the number of youth served was suppressed in health authority reporting due to it being less than five.

⁸ Includes 20 beds at Traverse in Chilliwack and 47 of the 123-bed investment.

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FOUNDRY

Topic/Issue: Expansion of Foundry Integrated Youth Services

KEY FACTS / MESSAGING

Background / Status:

- Foundry is a province-wide network of centres and virtual supports, offering young people aged 12-24 and their families integrated health and wellness services. Foundry provides primary care, mental health and addiction supports, sexual health care, peer support and social services to young people between the ages of 12 to 24 – all in one location.
- Foundry also offers supports for families/caregivers of a young person, including peer support, navigation, support and education groups, and family counselling.
- A program of Providence Health Care (PHC), Foundry was created in 2015 with funding from the Province and philanthropic organizations.
- Foundry Central Office (FCO) is hosted by PHC and 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 Ministry of Children and Family Development (MCFD), Ministry of Social Development and Poverty Reduction (SDPR), regional health authorities, and community and non-profit organizations.
- The Foundry Work and Education Program launched in 2021 with funding from SDPR and the federal government. The program provides employment supports for young people, both at centres and virtually.
- The Foundry Governing Council (FGC) has been established to support dialogue between provincial ministries, PHC, and FCO in order to:
 - provide coordinated, collaborative strategic oversight that ensures Foundry remains aligned with provincial strategic direction given the Province's investment in the Foundry model, and
 - ensure the integration of Foundry centres and Foundry virtual services into the broader system of care.

Foundry Virtual:

- Foundry Virtual was launched in 2020, enabling access to services from anywhere in the province, followed by the launch of the Foundry BC mobile app in May 2021.
- Foundry is now working to integrate the app into all of its centres, starting with Foundry Richmond. This will provide benefits to both clinicians and young people, and enable both in-person and virtual services to be scheduled via the app.
- Budget 2023 included funding to support enhancements and operation of the app, including integration in centres across the province.

Foundry Centre Expansion:

- Currently, there are 16 Foundry centres open throughout the province in Vancouver-Granville, North Shore (North Vancouver), Campbell River, Abbotsford, Ridge

ESTIMATES NOTE

Meadows, Kelowna, Prince George, Victoria, Penticton, Terrace, Comox Valley, Langley, Richmond, Cariboo-Chilcotin (Williams Lake), Sea to Sky (Squamish) and Port Hardy.

- In addition, 9 new Foundry centres are in development in Burns Lake, East Kootenay (Cranbrook), Surrey, Fort St. John, Tri-Cities, Kamloops, Sunshine Coast, Vernon, and Powell River (qathet).
- The first Foundry centre opened in 2015 in Vancouver and 10 more centres began implementation between 2016-2018 (Phase 1 and Phase 2 expansion).
- In 2019/20, Foundry led a process to determine the location and lead agency for 8 new centres funded through Budget 2019 (Phase 3). Foundry received 40 submissions from community agencies across BC. Final selection was determined by independent panels of youth, families, and subject matter experts.
- Budget 2021 funded 4 more centres (Phase 4). Locations and lead agencies were chosen from a list of applicants shortlisted during the 2019/20 selection process.

Foundry Budget 2023 (Phase 5) Expansion Process:

- Budget 2023 included funding for 12 Foundry centres to bring the provincial total of Foundry centres to 35 once the current Phase 5 expansion is complete.
- Two of the 12 communities (Powell River/qathet and Vernon) were announced as part of Phase 5 expansion in July 2023. These communities had been shortlisted during the 2019/20 centre expansion process.
- Foundry is now leading an application-based process to select the remaining 10 communities for this most recent expansion funded through Budget 2023 (Phase 5).
- 22 applications were received from communities interested in opening a Foundry centre.
- Foundry's application review process included discussions with local health authority representatives, local MCFD representatives, and Indigenous partners to discuss community needs, experiences working with lead agencies that propose to operate a Foundry centre, resourcing considerations, and the integration of a prospective Foundry centre within the community's existing services. Submissions were then reviewed by panels that included youth/family advisors.
- The next 10 communities to receive a Foundry centre will be announced in Spring 2024.

KEY OUTCOMES / STATS

Relevant Data / Successes

- 17,567 youth accessed Foundry services in fiscal year 2022/23. This included:
 - 14,987 young people accessing in-person services at Foundry centres, and
 - 2,580 young people accessing Foundry Virtual services.
- 16 Foundry centres are open as of February 2024, with 9 more in development, and 10 more to come, for a total of 35 centres province-wide once complete.
 - Foundry Port Hardy opened in May 2023.
 - Foundry Burns Lake broke ground in October 2023 in a ceremony held by lead agency Carrier Sekani Family Services together with representatives from Foundry and local Nations.

ESTIMATES NOTE

- Foundry Victoria relocated to a new space in November 2023. The new space is nearly double the size of the previous location and will enable greater access to services for youth in Greater Victoria.

DELIVERY PARTNERS

- Foundry Central Office and Providence Health Care
- MCFD
- SDPR
- HLTH
- ECC
- Regional health authorities
- First Nations/rights holders
- Primary Care Networks/Doctors of BC
- Various community-based lead agencies

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Through Budget 2023, the ministry is providing \$74.900 million over three years to enhance Foundry services. This includes the addition of 12 new Foundry centres, increased operating support to deliver services at existing centres, and enhancements to the Foundry BC app.
- This funding supports operations and services and includes one-time funding of \$1.500 million toward the establishment of the centres.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
17,567 young people accessed Foundry services in 2022/23	
13,473 young people accessed Foundry services in 2021/22	
11,609 young people accessed Foundry services in 2020/21	
10,368 young people accessed Foundry services in 2019/20	
16 Foundry centres are currently open as of July 2023, with 9 more in development, and 10 more to come, for a total of 35 centres province-wide once complete	

Approvals:

February 5, 2024 – Francesca Wheler, ADM, Child & Youth Mental Health Policy (CYMHP)

February 8, 2024 – Grant Holly, EFO, Corporate Services

February 13, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

INTEGRATED CHILD AND YOUTH TEAMS

Topic/Issue: Expansion of Integrated Child and Youth Teams

KEY FACTS / MESSAGING

Background / Status:

- 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 0-19 years – with flexibility to continue care up to 21 years old, if needed.
- ICY Team members coordinate with each other and take on the responsibility of system and service navigation so that children/youth and families/caregivers can access appropriate services earlier, minimizing repeated storytelling.
- ICY Teams provide services in flexible community settings (e.g. park, coffee shop, etc.), work closely with schools, early years services, and primary care, and connect children and youth to specialized and higher intensity services when needed.
- ICY Teams are operating or implementing in 12 school district communities:
 - Five communities announced in 2019 and 2020 as Phase 1: SD42 Maple Ridge-Pitt Meadows; SD38 Richmond; SD71 Comox Valley; SD82 Coast Mountains (Terrace-Hazelton); and SD53 Okanagan-Similkameen (Oliver-Osoyoos); and,
 - Seven communities announced in February 2023 as Phase 2: SD78 Fraser-Cascade (Hope); SD20 Kootenay-Columbia (Trail); SD75 Mission; SD68 Nanaimo-Ladysmith; SD83 North Okanagan-Shuswap (Salmon Arm); SD70 Pacific Rim (Port Alberni); and SD47 Powell River (qathet).
- Eight Phase 3 communities will be announced in Spring 2024 to total 20 ICY Team communities, to be operational in 2025. Community selection process includes quantitative and qualitative analysis of several data sources to understand community need and readiness and aligns with concurrent process for selection of new Phase 5 (Budget 2023) Foundry Centres.

KEY OUTCOMES / STATS

Relevant Data / Successes

- ICY Teams are operating or implementing across 12 school district communities (Phases 1 and 2) as a multidisciplinary approach to child and youth mental health and substance use services.
- Each community has between one and four teams – there are 23 teams operating or being implemented across Phase 1 and 2 communities.
- ICY Teams provided services to an average of 1,428 children/youth per month across the Phase 1 (first 5) communities in Fall 2023 (note: figure not publicly reported).
- Key access points for ICY Teams include Child and Youth Mental Health (CYMH) Intake Clinics as well as schools.
- Eight additional communities (Phase 3) will be announced in Spring 2024 to total 20 ICY Team communities, to be fully operational in 2025.

ESTIMATES NOTE

DELIVERY PARTNERS

- MMHA works across government with the three key employer organizations for core team members:
 - MCFD (CYMH clinicians and FamilySmart under contract for family peer support workers)
 - School Districts (Ministry of Education and Child Care) (School-based Clinical Counsellors and peer support workers), and
 - Health Authorities (Ministry of Health) (Youth Substance Use or Concurrent Disorder Clinicians, ICY program leaders, and administrative support).
- Specific Indigenous roles will also likely be embedded into Health Authorities
- Other service providers such as Foundry, and local community service organizations.
- ICY Teams work with local First Nations, Métis communities, and urban service partners, including the First Nations Health Authority, Métis Nation BC, and the BC Association of Aboriginal Friendship Centres to ensure services and supports for Indigenous children and youth are culturally safe and Indigenous led. This is underpinned by Government's commitment to reconciliation and the implementation of the Declaration on the Rights of Indigenous Peoples Act.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Government announced funding for ICY teams in Budgets 2019 and 2021.
- There is an ongoing investment of \$55 million over three years to support ICY teams. This is an annual allocation of \$18.33 million of ongoing funding.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
Integrated Child and Youth Teams operating or in implementation <ul style="list-style-type: none">• 2022 – 5 communities• 2023 – 12 communities• 2024 – 20 communities (planned)	N/A

Approvals:

March 1, 2024 - Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 12, 2024 – Grant Holly, EFO, Corporate Services Division

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

Phases 1, 2 and 3 (Shortlisted) ICY Team Communities – Organized by Health Authority

Fraser Health Authority (FHA) – 3 Existing, 4 Communities on Phase 3 Shortlist	
Phase 1	SD 42 Maple Ridge-Pitt Meadows
Phase 2	SD 75 Mission SD 78 Fraser-Cascade (Hope, Harrison, Agassiz)
Phase 3 – NOT ANNOUNCED	<u>Shortlist:</u> SD 36 Surrey (Guildford, City Centre or Cloverdale) SD 33 Chilliwack SD 34 Abbotsford SD 37 Delta
Interior Health Authority (IHA) – 3 Existing, 3 Communities on Phase 3 Shortlist	
Phase 1	SD 53 Okanagan Similkameen (Osoyoos-Oliver, Keremeos)
Phase 2	SD 20 Kootenay-Columbia (Castlegar-Trail) SD 83 Okanagan-Shuswap (Salmon Arm)
Phase 3 – NOT ANNOUNCED	<u>Shortlist:</u> SD 74 Gold Trail (Lytton, Cache Creek, Lillooet) SD 58 Nicola-Similkameen (Princeton, Merritt) SD 73 Kamloops-Thompson
Northern Health Authority (NHA) – 1 Existing, 2 Communities on Phase 3 Shortlist	
Phase 1	SD 82 Coast Mountains (Terrace, Kitimat, Hazelton)
Phase 2	--None based on NHA feedback--
Phase 3 – NOT ANNOUNCED	<u>Shortlist:</u> SD 81 Fort Nelson SD 59 Peace River South (Dawson Creek, Chetwynd)
Vancouver Coastal Health Authority (VCHA) – 2 Existing, 1 Community on Phase 3 Shortlist	
Phase 1	SD 38 Richmond
Phase 2	SD 47 Powell River
Phase 3 – NOT ANNOUNCED	<u>Shortlist:</u> SD 49 Central Coast (Bella Coola – Bella Bella)
Vancouver Island Health Authority (VIHA) – 3 Existing, 2 Communities on Phase 3 Shortlist	
Phase 1	SD 71 Comox Valley
Phase 2	SD 68 Nanaimo-Ladysmith SD 70 Pacific Rim (Port Alberni)
Phase 3 – NOT ANNOUNCED	<u>Shortlist:</u> SD 69 Qualicum SD 79 Cowichan Valley

ESTIMATES NOTE

YOUTH SUBSTANCE USE ADVISORY COUNCIL

Topic/Issue: Youth Substance Use Advisory Council

KEY FACTS / MESSAGING

Background / Status:

- The Youth Substance Use Advisory Council brings together subject matter experts with significant knowledge and experience in child, youth, and young adult substance use care.
- The Council has been formed to provide advice to Ministers Whiteside, Lore, and Singh on the tools and services that can help reduce child, youth, and young adult mortality from illicit drug poisoning, recognizing the immediacy of the situation.
- The toxic drug crisis continues to have a tragic impact on children, youth, and young adults. This requires a response that prioritizes immediate action to prevent further deaths and longer-term improvements to the system of care. The Council supports these objectives by bringing together experts in the field of youth substance use care to provide practical advice on emerging issues and trends.
- The Youth Substance Use Advisory Council includes the following members:
 - Dr. Steve Mathias, Executive Director, Foundry
 - Dr. Emily Jenkins, Associate Professor (UBC School of Nursing); Canada Research Chair in Socioecological Approaches to Mental Health and Substance Use
 - Dr. Martha Ignaszewski, Child and Youth Addictions Psychiatrist; Lead for BC Children's Hospital Substance Use Team
 - Dr. Danya Fast, Research Scientist; Associate Professor, BC Centre for Substance Use/University of British Columbia
 - Dr. Nel Wieman, A/Chief Medical Officer, First Nations Health Authority
 - Dr. Kevin Godden, Former Superintendent (Abbotsford School District)
- The Council advises the Ministers on tools and services that may reduce youth and young adult mortality from illicit drugs. This includes the following areas of focus:
 - Identifying emerging issues and trends that are directly linked to youth deaths from the illicit drug crisis and require immediate action to address.
 - Providing tactical advice to inform government's approach to addressing the urgent issues and trends described above.
 - Providing input and advice on best practices and government's approach to the implementation of existing youth substance use initiatives e.g.:
 - Youth substance use bed expansion and ways of improving utilization of existing beds,
 - Enhancing connections between youth and the appropriate types of counselling to address their substance use-related needs,
 - Prevention and other upstream initiatives,
 - Identifying effective ways to talk to youth about the toxic drug crisis,
 - Identifying practical ways of enhancing connections across youth serving systems including health, child and family services, and education, and

ESTIMATES NOTE

- Interventions for youth presenting to Emergency Departments.
- Cabinet Confidences

- The Council had its first meeting with Ministers in late November 2023 and a second meeting was held on February 27, 2024. Cabinet Confidences
Cabinet Confidences

- Potential topics for subsequent Council meetings include the following:
 - short-term lifesaving measures for children and youth at highest risk of toxic drug poisoning (including harm reduction strategies),
 - youth substance use treatment modalities, including identification of current system gaps,
 - intersecting factors to be aware of with youth substance use (e.g., housing/homelessness) and related recommendations on policy approaches, and
 - barriers to accessing youth substance use services.

KEY OUTCOMES / STATS

Relevant Data / Successes

- MMHA and the Provincial Health Services Authority (PHSA) are co-leading the development of a Provincial Child and Youth Substance Use and Wellness Framework to help guide, at a systemic level, BC's approach to youth substance use care and promote a consistent level of care across the province. We will work to reflect the Council's advice on longer-term, systemic approaches in the Framework.

Youth Substance Use Services:

- Government made an historic investment of \$56.523 million over three years expanding and developing substance use programs for youth across the continuum of care across all health authorities, including:
 - School- and community-based prevention and early intervention resources.
 - Community-based youth substance use and concurrent disorder services.
 - Crisis intervention services and intensive treatment.
 - Wraparound youth substance use services to support the ongoing expansion of youth substance use bed-based services.
 - System supports, which will help create a more seamless system of care for youth substance use.
- Budget 2023 builds upon this important work as we continue to fill critical gaps in services and treatment, recovery and aftercare options for children, youth, and young adults in British Columbia.
- This builds on a previous investment in the youth substance use system of care of \$50.550 million over three years to support 123 new youth substance use beds and enhanced provincially-accessible specialized beds.

ESTIMATES NOTE

- To date 52 of the 123 beds have been opened provincially with more to come this year (please see: Youth Substance Use Beds Estimate Note for more information).

DELIVERY PARTNERS

- Ministry of Children and Family Development
- Ministry of Education and Child Care
- Advisory Council member affiliations:
 - Foundry BC
 - University of British Columbia
 - BC Children’s Hospital (Provincial Health Services Authority)
 - BC Centre for Substance Use
 - First Nations Health Authority

FINANCIAL IMPLICATIONS

- MMHA has a \$7,500 contract for remuneration with retired superintendent Dr. Kevin Godden for his role on the Council in providing expert advice to Ministers.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
<p>8,568 young people were served by new or expanded youth substance use services in FY 2022/23**</p> <p>**Not including young people accessing bed-based services</p>	<p>Full data for 2023/24 is not yet available.</p> <p>However, in Q1 and Q2 - 4,325 young people were served by new or expanded youth substance use services (April 1 -September 30,2023).¹</p>

These services include case management services, outreach programs, community counselling, day treatment, harm reduction supports, crisis intervention services, and medication-assisted treatment.

Approvals:

February 11, 2024 – Francesca Wheler, ADM, Child & Youth Mental Health Policy
 February 23, 2024 – Grant Holly, EFO, Corporate Services
 February 28, 2024 – Christine Massey, Deputy Minister

¹ Note that this figure does not include youth served by PreVenture substance use prevention programming as that data is collected by school year and is not available for the 2023/24 Q1-Q2 period (April – September). This figure also excludes four health authority services where the number of youth served was suppressed in health authority reporting due to it being less than five.

ESTIMATES NOTE

YOUTH SUBSTANCE USE BEDS

Topic/Issue: Youth substance use (YSU) beds implementation

KEY FACTS / MESSAGING

Background / Status:

- The Province continues to fill critical gaps in substance use services, treatment, recovery, and aftercare options for children, youth, and young adults.
- Previous investments in youth substance use (YSU) treatment and recovery beds include:
 - In 2017/18, one-time funding of \$3.7 million to the Fraser Health Authority (FHA) to implement 20 youth live-in treatment beds and intensive outpatient treatment services at Traverse (Chilliwack).
 - Since 2017, additional base funding for specialized youth treatment beds and services.
 - Since 2021/22, \$50.55 million over three years to support 123 new YSU beds and enhanced provincially accessible beds.
- These investments in bed-based services for youth are part of a broad continuum of substance use care that also 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, and medication-assisted treatment.
- Bed-based services are generally appropriate for youth who require higher intensity services to address complex or acute substance use problems and/or mental health issues.
- Bed-based youth substance use services are delivered in a variety of settings such as hospitals, community residences, or community facilities. Health authorities provide withdrawal management, transitional, treatment, and supportive recovery beds for youth, as well as acute and emergency services related to youth substance use.
- Progress continues to be made on opening new YSU beds. Challenges include the following:
 - lack of suitable facilities;
 - in some cases, limited or no respondents to requests for proposals (the model of care for residential services for youth often requires a more intensive clinical response than adults such as 24/7 monitoring); and,
 - challenges recruiting health human resources, particularly in rural and remote areas.

KEY OUTCOMES / STATS

Relevant Data / Successes

- As of September 2023, there are 170 health authority funded community-based youth substance use beds in British Columbia.
- Of the 123-bed investment announced in 2020, 52 have been implemented and an additional 16-21 are expected to open by summer 2024. An additional 3 to 13 beds are

ESTIMATES NOTE

anticipated to open by the end of fiscal year 2024/25 across the province (beyond the 16-21 new beds expected to be open by summer 2024).

- In 2023, new informational resources were launched on youth substance use beds, including information on the locations and types of bed-based treatment for youth and young adults, and referral pathways to bed-based treatment. This includes a dedicated web page (gov.bc.ca/youthsubstanceusecare) and information on [Help Starts Here](#).
- The Ministry of Mental Health and Addictions (MMHA) also collaborated with the Ministry of Children and Family Development (MCFD) to share information respecting youth substance use beds with frontline MCFD staff and Indigenous Child and Family Service Agency staff who work with at-risk youth.
- **Bed Utilization and Wait Times**
 - MMHA is working with health authorities and service delivery partners to improve youth substance use bed utilization rates and reduce wait times.
 - Wait time and utilization data is complex and wait times do not always signal a lack of beds or services. It may also reflect the challenges a person may face beyond bed availability. For example, wait times can be impacted by personal readiness to start treatment, release from custody, or childcare needs. Similarly, a bed may be held for a youth or young adult in preparation for them to begin treatment soon, but the bed would only be counted as utilized from the start of service.
 - The following is a list of factors that may negatively impact wait times:
 - Time required to arrange travel to treatment (significant challenge for rural and remote youth) or other personal matters before beginning treatment.
 - A youth's readiness to start treatment can be impacted by many factors and are unique to experiences, examples including trauma, and mental illness. Trauma related to colonization and experiences with the residential school system and Indian hospitals can create unique barriers to Indigenous youth and their families engaging with bed-based services.
 - An increasing number of youth are presenting with complex care needs (e.g., anoxic brain injury, eating disorder, concurrent mental health and substance use disorders), making it more difficult to match youth with appropriate supports.
 - Unpredictable referral volumes for facilities, such as a sudden high number of referrals
 - Staff turnover and recruitment issues, which can negatively impact capacity and result in increased wait times
 - At any given time across the system of care, there may be both wait times and underutilization of beds, depending on referral volumes, geographic location, specific client needs, type of bed-based care, and demands in a given region.

ESTIMATES NOTE

Intergovernmental Communications

ESTIMATES NOTE

Intergovernmental Communications

DELIVERY PARTNERS

- Regional health authorities and the Provincial Health Services Authority directly operate beds and/or manage contracts with third party service providers to deliver bed-based substance use services for youth.
- Regional health authorities engage and work in partnership with First Nations Health Authority, Métis Nation BC, and local Indigenous partners to implement new YSU beds.
- MMHA works with health authority partners to oversee implementation of funded YSU beds and provide support with mitigating related challenges.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Government invests \$50.550 million over three years to support 123 new youth substance use beds and enhance provincially-accessible specialized beds.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
67 new publicly funded youth substance use beds have been implemented since 2017	72¹ new publicly funded youth substance use beds have been implemented since 2017

¹ Includes 20 beds at Traverse in Chilliwack and 47 of the 123-bed investment.

Approvals:

February 14, 2024 – Kelly McConnan, A/ADM, Child, Youth and Mental Health Policy Division

February 23, 2024 – Grant Holly, EFO, Corporate Services

February 28, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

YOUTH SUBSTANCE USE DATA

Topic/Issue: Information on the data used to inform youth substance use planning, services, and policy.

1 KEY FACTS / MESSAGING

Background / Status:

- The Ministry of Mental Health and Addictions is committed to evidence-based decision making and ensuring that policy and practice is guided by high quality data and informed by people with lived and living experience.
- Decision making and planning within the youth substance use system of care is informed by a wide range of internal and external data sources, including:
 - Population health data available through the Ministry of Health’s Health System Information Portal.¹
 - BC Coroner’s Service (BCCS) data:
 - Report on Youth Unregulated Drug Toxicity Deaths (2017-2022)
 - Annual Summary Reports on Unregulated Drug Toxicity Deaths
 - Unregulated Drug Deaths Dashboard
 - BC Centre for Disease Control (BCCDC) data:
 - BCCDC Mortality Context App
 - BCCDC internal dashboard (provides data not available through the Mortality Context App to public health and system stakeholders – is not publicly accessible).
 - Reports from research partners, including:
 - McCreary Adolescent Health Survey, which includes questions on youth wellbeing, mental health, and substance use.
 - UBC Human Early Learning Partnership which collects population-level development data to better understand health and wellbeing trends of young people in British Columbia, including the following:
 - Childhood Experiences Questionnaire (CHEQ), a survey for parents and caregivers of children entering Kindergarten;
 - Early Development Instrument (EDI), a survey completed by Kindergarten teachers every February;
 - Middle Years Development Instrument (MDI), a self-report questionnaire for students in Grades 4 through 8 to measure

¹ These datasets include demographic information on the youth population in B.C., youth emergency department visits related to mental health and substance use conditions and hospital stays related to mental health and substance use conditions. The datasets can be broken down by age, gender, and geographic location.

ESTIMATES NOTE

their thoughts, feelings and experiences in school and community; and,

- Youth Development Instrument (YDI), a self-report questionnaire that measures the health and wellbeing of Grade 11 students (ages 16-17).
- Health authorities' implementation reports on ministry-funded services also provide invaluable insight into the current state of the system of care.
- Engagement with clinical and system experts, as well as people with lived and living experience, occurs through the Ministers' Advisory Council on Youth Substance Use and the four advisory groups that are guiding the development of the Provincial Child and Youth Substance Use and Wellness Framework (Indigenous Advisory Group; Youth with Lived and Living Experience Advisory Group; Families Advisory Group; System Partners Advisory Group).

2 KEY OUTCOMES / STATS

Substance Use Among Youth in BC

- Research has estimated that 2.3% of youth ages 12 to 18 in BC, or approximately 8,200 youth, are living with a substance use disorder.² According to BCCDC data:³
 - among youth under 19, the incidence rate of new diagnoses of OUD has remained stable and low, and
 - among people aged 19-24, the incidence rate of new diagnoses of OUD has been decreasing since 2017.

Adolescent Health Survey (AHS) (2023)^{4 5}

- Overall, when compared to 2018:
 - more youth report having an addiction to alcohol or another substance (5% in 2023, compared to 3% in 2018)
 - youth are using substances at an earlier age (12),
 - there has been an increase in the use of mushrooms and misuse of prescription drugs among youth,
 - there has been a decrease in the use of alcohol and cannabis among youth as well as the use of ecstasy/MDMA and cocaine,
 - there has been a decrease in youth's reported lifetime use for the majority of substances,

² Waddell, C., Barican, J., Yung, D., Schwartz, C., Zheng, Y., & Georgiades, K. (2021). *Childhood Mental Disorders: Prevalence and Service Needs*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University.

³ Includes data from January 2010-March 2023. Retrieved at: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2023.06.06_OUD_youth_infographic.pdf.

⁴ Smith, A., Poon, C., Peled, M., Forsyth, K., Saewyc, E., & McCreary Centre Society. (2024). *The Big Picture: An overview of the 2023 BC Adolescent Health Survey provincial results*. McCreary Centre Society.

⁵ Smith, A., Forsyth, K., Poon, C., Peled, M., Saewyc, E., & McCreary Centre Society (2019). *Balance and connection in BC: The health and well-being of our youth: Results of the 2018 BC Adolescent Health Survey*. Vancouver, BC: McCreary Centre Society.

ESTIMATES NOTE

- there has been a decrease in youth using substances other than alcohol or cannabis (14% in 2023, compared to 16% in 2018),
- there were some slight changes in the **types** of substances youth had used:
 - youth were more likely to have used mushrooms (6% vs. 5% in 2018) and to use more of their own prescription than they had been prescribed (6% vs. 5%), and
 - youth were less likely to have used ecstasy/MDMA (2% vs. 3% in 2018) and cocaine (just under 2% vs. just over 2% in 2018).
- In 2018, approximately half of youth (54%) who reported a substance use challenge also reported a mental health condition. This was not updated in the 2023 AHS.

Opioids:

- Opioid use disorder represents a minority of youth substance use challenges: 3% of youth reported needing help/being told they needed help for their alcohol use, 4% reported the same for their cannabis use, 5% for vaping and 1% for other substances, including opioids.
- Reported lifetime use of any opioid, including fentanyl, was 1%.
 - Previous surveys only asked about lifetime use of heroin, which was also reported at 1% in 2018.

Alcohol:

- Just under 4 in 10 youth (38%) had tried alcohol (beyond a few sips), which was lower than at any point in the last 30 years (45% in 2013, 58% in 2003, and 67% in 1992).
- Those who had tried alcohol most commonly first did so at age 14 (20%).
- Reflecting the pattern for tobacco smoking, youth who drank alcohol were more likely than in past survey years to have first done so before they entered high school (e.g., 28% first drank at age 12 or younger vs. 23% in 2018). They were also less likely to wait until they were at least 15 years old to first try alcohol (34% vs. 37%).

Cannabis:

- 22% of youth reported having ever used cannabis, which is a decrease from previous survey years (e.g., 25% in 2018, 30% in 2008, and 41% in 1998). Youth who had used cannabis had most commonly first tried it at age 14 or 15.
- Compared to 5 years earlier, there was a slight increase in youth who used cannabis for the first time at age 12 or younger (15% vs. 14% in 2018), and a decrease in the percentage who waited until they were 15 or older to try it (44% vs. 47% in 2018).

Youth and Young Adult Drug Toxicity Deaths

- Illicit drug toxicity was the leading cause of accidental death for BC youth aged 10-18 in 2022.⁶
- There were 27 youth (ages 0-18) deaths reported in 2023.
 - 13 of the deaths were among males; 14 among females⁷

⁶ BCCDC Mortality Context Application.

⁷ BC Centre for Disease Control Unregulated Drug Deaths (HA/HSDA indicators).

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- Fraser Health Authority saw the highest death count (8), followed by Interior Health Authority (7), Island Health Authority (6), Vancouver Coastal Health Authority and Northern Health Authority.⁸
- This represents a decrease of 25% from 2022 and the lowest number of deaths for this age group since 2020.⁹
- The rate also declined on a per capita basis, from 3.8 per 100,000 in 2022 to 2.6 per 100,000 in 2023 (the lowest per capita rate for this age group since 2020).¹⁰
- Though the youth death rate is falling for the first time since the start of the pandemic, it is not yet down to pre-pandemic levels.¹¹
- There were 336 deaths in the 19-29 age group in 2023, representing the lowest number of deaths for this age group since 2021.¹²
- The rate also declined slightly for the 19-29 age group on a per capita basis from 43.5 per 100,000 in 2022 to 42.1 per 100,000 in 2023.¹³
- Fentanyl or its analogues were detected in 78% of all child and youth unregulated drug deaths, either alone or in combination with other substances, between January 1, 2017, and December 31, 2022.¹⁴

Youth Emergency Department Visits and Hospitalization for Substance Use¹⁵

- In 2022/23 there were 1,265 hospitalizations reported for those aged 0-25 where the primary diagnosis was drug or alcohol abuse/dependence.
 - Of these, 273 were among youth aged 0-18.
 - This represents a decrease on a per capita basis for those aged 0-25 from previous years: 95 per 100,000 in 2020/21, to 87 per 100,000 in 2021/22, to 85 per 100,000 in 2022/23.
- In 2022/23 there were 6,117 Emergency Department visits reported for those aged 0-25 where the primary diagnosis was drug or alcohol abuse/dependence.
 - Of these, 1,749 were among youth aged 0-18.
 - This represents an increase on a per capita basis for those aged 0-25 from previous years: 365 per 100,000 in 2020/21, to 391 per 100,000 in 2021/22, to 413 per 100,000 in 2022/23.

⁸ BC Centre for Disease Control Unregulated Drug Deaths (HA/HSDA indicators). Death counts for Vancouver Coastal and Northern Health Authority are not included as they are <5.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² BC Coroner's Service Unregulated Drug Deaths (Age Group).

¹³ Ibid.

¹⁴ BC Coroner's Service Youth Unregulated Drug Toxicity Deaths in British Columbia: January 1, 2017 – December 31, 2022. Updated toxicology data for 2023 is not available.

¹⁵ Ministry of Health. Mental Health & Substance Use Report: Snapshot. Client Summary page. February 26, 2024.

ESTIMATES NOTE

Youth Paramedic-Attended Overdose Events¹⁶

- Per capita rates of paramedic-attended overdose events for youth aged 0-18 have fluctuated slightly over the past three years, increasing from 3.33 per 100,000 in 2021 to 3.5 per 100,000 in 2022, and then decreasing to 3.37 per 100,000 in 2023.
- However, the proportion of youth represented in overall paramedic-attended overdose events decreased at a rate of 1.08 percent per year between 2016/17 and 2022/23.
- Data on paramedic-attended overdose events should be interpreted with caution. This data may indicate increases or decreases in overall overdose events and changes in drug supply toxicity. Alternatively, it may also indicate changes in stigma and individuals' comfort calling paramedics and accessing supports.

Youth Access to Prescribed Safer Supply¹⁷

- No youth under 19 has received a prescription for fentanyl through the Prescribed Safer Supply program.
- Between January 2023 and December 2023:
 - 49 people aged 0-18 had at least one dispensation of an opioid prescribed alternative, none of whom received fentanyl.
 - 546 people aged 0-25 years had a least one dispensation of an opioid prescribed alternative, 19 of whom received fentanyl (all aged 19 or older).
- In December 2023:
 - Eleven people aged 0-18 received at least one dispensation of an opioid prescribed alternative, none of whom received fentanyl.
 - 180 people aged 0-25 received at least one dispensation of an opioid prescribed alternative, four of whom received fentanyl (all aged 19 or older).

Youth Access to Opioid Agonist Therapy¹⁸

- According to Ministry of Health data, on average, 108 youth aged 0-18 were dispensed opioid agonist treatment each month at community pharmacies in BC in 2023.¹⁹
- This represents an average 23% increase from 2022, which saw an average of 88 OAT dispenses per month for youth aged 0-18 at community pharmacies in BC.
- Because data has not shown an increase in opioid use disorder among youth, this data likely represents increased access to and availability of opioid agonist therapy for youth and/or increased desire among youth to access this treatment.

3 DELIVERY PARTNERS

- Ministry of Health

¹⁶ BC Centre for Disease Control Paramedic-Attended Opioid Overdose Event Indicators. Only illicit opioid overdose events are included in this data. Overdose events primarily due to alcohol, stimulants, and/or prescription drugs are excluded.

¹⁷ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 26, 2024.

¹⁸ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 26, 2024.

¹⁹ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 26, 2024

ESTIMATES NOTE

- Regional health authorities
- BC Coroner's Service
- BC Centre for Disease Control
- McCreary Centre Society
- Capturing Health and Resilience Trajectories (CHART) Lab
- UBC Human Early Learning Partnership

FINANCIAL IMPLICATIONS

N/A

DATA SNAPSHOT

N/A

Approvals:

February 11, 2024 - Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 26, 2024 - Christine Voggenteiter obo Marin Wright, ADM, Health Sector Information, Analysis and Reporting, Ministry of Health

February 23, 2024 - Grant Holly, EFO, Corporate Services

March 4, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

YOUTH SUBSTANCE USE SERVICES

Topic/Issue: Implementation of new and expanded youth substance use services.

KEY FACTS / MESSAGING

Background / Status:

- The Ministry of Mental Health and Addictions (MMHA) is committed to creating a mental health and substance use system of care that works for everyone. Enhancing child, youth, and young adult mental health and substance use care is an integral part of A Pathway to Hope (PTH).
- Through PTH, the focus has been on investments that ensure children and youth have access to the right service, at the right time, close to home.
- Starting in 2021/22, government made a historic investment in 33 new and expanded substance use services for youth across the continuum of care in all regions of the province. These services complement bed-based youth substance use services (see Estimates note "Youth Substance Use Beds") to provide a range of supports that meet the unique needs of each youth served, and include the following:
 - School and community-based prevention and early intervention resources.
 - Community-based youth substance use services and concurrent disorder services (for youth with co-occurring mental health and substance use challenges).
 - Crisis intervention services and intensive treatment.
 - Wraparound youth substance use services.
 - System supports, which will help create a more seamless system of care for youth substance use.
- Examples of youth substance use services implemented or expanded through Budget 2021 investments include:
 - **Fraser Health:**
 - Adding family therapists and more clinicians to the Short-Term Assessment Response Treatment Program (START) which provides mental health and substance use crisis intervention and stabilization for children and youth aged 6-18. Family therapists supported 319 family members and natural supports between April 1 and September 30, 2023.; and,
 - Expanding the Youth Concurrent Disorders Program which supports young people with concurrent mental health and substance use challenges.
 - **Interior Health:**
 - New and expanded Intensive Case Management (ICM) teams, providing wrap-around multi-disciplinary, community-based services to youth, including individualized support, assertive engagement/street outreach, crisis response, recovery and

ESTIMATES NOTE

psychosocial rehabilitation, and linkages to other services. ICM teams saw more than 168 youth between April 1 and September 30, 2023.¹

- **Island Health:**
 - Six new or expanded Youth Short Term Assessment and Response Teams (Y-STAR) providing outreach in community and in-reach into hospitals. Teams work alongside young people ages 12-21 experiencing mental health and substance use-related crises and their families. 112 youth were served by new Y-STAR teams between April 1 and September 30, 2023.
- **Vancouver Coastal Health:**
 - Expanded staffing for four Intensive Case Management (ICM) clinician teams including a new mobile Vancouver Downtown Eastside Youth Outreach team. These teams have supported a combined total of 199 youth between April 1 and September 30, 2023.
- **Northern Health:**
 - Day treatment programs and expanded youth substance use services in the Northeast, Northwest, and the Northern Interior. This includes new clinicians, social program officers, and life skill workers.
- **Provincial Health Services (BC Children's Hospital):**
 - New Substance Use Response and Facilitation (SURF) team consisting of physicians, nurses, social workers, peer support workers and Indigenous wellness liaison workers that provides timely assessment, recommendations, brief treatment, and planning. SURF served 45 youth between April 1 and September 30, 2023.
- BC also partnered with Child Health BC and the PHSA to develop and release (September 2023) the new *Provincial Child and Youth Substance Intoxication and Withdrawal Guideline for Acute Care Settings*. The guidelines promote best and wise practices across the province for health care professionals in assessment, screening, treatment initiation, and discharge planning for children and youth presenting to acute care settings with substance intoxication and acute withdrawal.
 - The guidelines provide acute care clinicians with clear direction on informed consent (including in emergency situations where a youth is unable to provide informed consent), confidentiality, and information sharing to support youth experiencing substance use crises.
 - The guidelines affirm the centrality of the youth's best interests in decisions about their medical care and the importance of creating environments where Indigenous peoples are able to access culturally safe, quality care.
 - For an Indigenous youth, the guidelines clarify that "best interests" includes maintaining their connection to their community, in alignment with the UN Declaration on the Rights of Indigenous Peoples.
- Budget 2023 builds on this through investments to increase substance use services for young people, including crisis supports, culturally safe wraparound services, improved

¹ Note that the actual figure is slightly higher than 168. The exact figure is not available, though, as the data is broken down by township, one of which is suppressed in the reporting due to its figure being less than five.

ESTIMATES NOTE

emergency room hospital-based care, and enhanced discharge planning and transition between acute care and community-based services. MMHA will work closely with health authority partners, including First Nations Health Authority, on the implementation of the new and expanded supports.

- MMHA and PHSA are leading the creation of a Provincial Child and Youth Substance Use and Wellness Framework (CYSUWF) which will guide the planning of future services.
- The Framework will set the strategic direction for ministries, health authorities, community agencies and others to implement a more responsive and integrated youth substance use system of prevention and care. It is expected to be completed in summer 2024.

KEY OUTCOMES / STATS

Relevant Data / Successes

- 32 of the 33 new and expanded services are operational (the remaining is a nurse practitioner position in Northern Health Authority).
- Over 90% of planned FTEs have been hired.

DELIVERY PARTNERS

- Regional Health Authorities
- Provincial Health Services Authority
- First Nations Health Authority

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- The province provides \$56.523 million over three years for Youth Substance Use Services.
- Budget 2023 provided \$236.42 million in funding over three years to increase services for young people, including \$56.523 million for Youth Substance Use Services and \$74.9 million for expansion of the Foundry network of services and investments in new and expanded youth substance use services (crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning).

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care</i> Data Snapshot	More up to date data if available
8,568 young people were served by new or expanded youth substance use services in fiscal year 2022/23	Full data for 2023/24 is not yet available.

ESTIMATES NOTE

	However, in Q1 and Q2 - 4,325 young people were served by new or expanded youth substance use services (April 1 -September 30,2023). ²
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Approvals:

March 1, 2024 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 28, 2024 – Grant Holly, EFO, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

² Note that this figure does not include youth served by PreVenture substance use prevention programming as that data is collected by school year and is not available for the 2023/24 Q1-Q2 period (April – September). This figure also excludes four health authority services where the number of youth served was suppressed in health authority reporting due to it being less than five.

ESTIMATES NOTE

YOUTH – HARM REDUCTION / PREVENTION

Topic/Issue: Supporting youth to prevent/delay the onset of substance use and reduce the harms associated with substance use.

KEY FACTS / MESSAGING

Background / Status:

- **Harm reduction** seeks to reduce the negative consequences associated with substance use through practical, evidence-informed strategies. It takes an approach to care that is grounded in non-judgment and preserves the dignity, autonomy, and agency of people who use substances. This includes decolonial approaches to harm reduction that centre holistic needs, relationships, and community.
- Harm reduction approaches have also been used in areas other than substance use; for example, minimize harms related to sexual activity, including through the prevention of sexually transmitted infections.
- People need to be alive in order to engage with substance use treatment and recovery options. Harm reduction is an evidence-informed method to reduce substance-related deaths and harms, which supports people to engage with the treatment and recovery options that meet their needs, reducing the stigma that often prevents people from seeking help.
 - **Prescribed Alternatives – Youth** - No one under 19 in BC has been prescribed fentanyl as an alternative to toxic street drugs since the Prescribed Alternatives program started.
 - Our primary focus for young people is on prevention and on supporting their access to treatment so they can lead healthy lives.
 - Prescribing alternatives to toxic drugs can meet individuals where they are at to keep them alive and connect them to other forms of care within the health care system.
- **Prevention and education** – Aims to prevent or limit the onset of substance use-related harms and inform the public about guidelines for the use of substances. Emphasizes stigma reduction and addressing harmful beliefs and attitudes around substance use and people who use substances.

KEY OUTCOMES / STATS

Harm Reduction

Youth Harm Reduction Services

- Harm reduction is embedded in many of the new and expanded youth substance use services funded through B2021. For example:
 - **Island Health:** Y-STAR teams provide youth with harm reduction resources including safer injection and smoking kits, take home naloxone, fentanyl testing strips, and sharps containers.
 - **Interior Health:** Youth harm reduction coordinators have developed harm reduction educational resources and deliver training sessions in schools.

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- **Vancouver Coastal Health:** The Downtown Eastside Youth Outreach Team provides harm reduction supplies including: take home naloxone, fentanyl testing strips, sharps containers, connection to drug checking site, collaboration with OAT clinic available and primary care supplies.
- **Foundry centres** also offer a range of harm reduction services, including take home naloxone, harm reduction (safer use) supplies, drug checking, as well as in-person and virtual substance use education and groups (i.e., SMART Recovery Groups, an evidenced-informed recovery method grounded in Rational Emotive Behavioral Therapy (REBT) and Cognitive Behavioral Therapy (CBT), that supports people with substance dependencies or problem behaviors).
 - All 16 Foundry centres currently in operation distribute naloxone and have provided naloxone training in the last year.
 - 15 of the 16 Foundry centres currently in operation are supported to provide harm reduction safer use supplies (this service is currently in development for one centre).
 - All 16 Foundry centres and Foundry Virtual offer access pathways to Opioid Agonist Therapy (OAT), with seven centres also offering OAT services in-house.
 - Across Foundry centres in calendar year 2023, almost 1,200 young people (est. n=1,199) accessed 6,586 substance use services. Approximately 18% (n=211) of those young people were accessing OAT.
 - Numbers of unique young people accessing other harm reduction services through Foundry (e.g., safer use supplies) is not available as these services are provided in a low-barrier way that does not require young people to identify themselves (consistent with best/wise practice).
 - Between August 31, 2012, to April 15, 2023, Foundry sites across the province received an estimated total of 10,620 Take-Home Naloxone kits.
- Of 402,806 total kits reported distributed in BC between August 31, 2012, to August 31, 2022, 29% were reported distributed to individuals aged 19-30 and 4% were reported distributed to individuals under 19.
- The Youth Substance Use Advisory Council has been formed to provide Ministers Whiteside, Lore, and Singh with practical advice and insight on approaches to supporting youth experiencing problematic substance use (see Estimates note "Youth Substance Use Advisory Committee"). It is expected that this committee will advise on such topics as the use of harm reduction approaches with youth, to ensure government is focused on the unique needs of this demographic.

Prescribed Alternatives

- No one under the age of 19 in BC has been prescribed fentanyl as an alternative to toxic street drugs since the program started. To suggest otherwise is false and spreads fear and misinformation that hurt our efforts to save lives and get people treatment. Our primary focus for young people is on prevention and on getting them access to treatment so they can lead healthy lives.
- Between January 2023 and December 2023:
 - 49 people aged 0-18 had at least one dispensation of an opioid prescribed alternative, none of whom received fentanyl.

ESTIMATES NOTE

- 546 people aged 0-25 years had a least one dispensation of an opioid prescribed alternative, 19 of whom received fentanyl (all aged 19 or older).
- In December 2023:
 - Eleven people aged 0-18 received at least one dispensation of an opioid prescribed alternative, none of whom received fentanyl.
 - 180 people aged 0-25 received at least one dispensation of an opioid prescribed alternative, four of whom received fentanyl (all aged 19 or older).
- Prescribed alternatives to the toxic drug supply are not provided for recreational purposes. They are prescribed to save lives. This is not a program that people who want to use drugs recreationally can simply choose to opt-in to. Decisions on how to help people who are at risk of death or other injuries due to the toxic drug supply, including prescribed safer alternatives to street drugs, are made by medical professionals, in consultation with their patients.
- As with any medical intervention, decisions about how best to treat young people struggling with addictions are made by doctors and clinicians, guided by B.C.'s mature minor consent rules under the *Infants Act*.
- The guidelines for prescribing to youth strongly recommend a two-prescriber approval system, with two prescribers confirming that the youth is mature enough to consent to treatment.
- There is no evidence to suggest that prescribed alternatives have led to an increase in opioid use disorder among youth. The BC Coroners Service continues to report that there is no indication that prescribed alternatives is contributing to illicit drug deaths. The coroner has stated that; "This is a fentanyl crisis [...] Safer supply, which to a large extent has been hydromorphone in this province, is not playing a significant role in youth deaths."
- The BC Coroners Service summary report indicates that in 2023, hydromorphone was found in only 3% of unregulated drug deaths that had undergone expedited toxicology. There is no indication that those were youth or young adult deaths as the report [note – the report does not indicate the age for those who had hydromorphone in their systems]

Youth OPS Access

- Youth may access Overdose Prevention Sites (OPS) and Supervised Consumption Sites (SCS).

Prevention and Early Intervention

- BC is investing in early intervention services so problems that are small now do not become bigger problems in the future.
- BC is taking action to educate children and youth on the dangers of using drugs. A youth-focused campaign has been launched ([Help Starts Here](#)) that provides information about substance use, as well as resources to help parents have frank, non-judgmental conversations with their children and youth about drug use and its dangers. Having these early conversations is key to preventing problematic substance use before it starts.
- In alignment with A Pathway to Hope, the Ministry of Education and Child Care (ECC) released the Mental Health in Schools Strategy in September 2020 to outline a vision

ESTIMATES NOTE

and pathway for mental health promotion in the K-12 education system. Substance use is identified as a key action initiative in this strategy.

- The Expect Respect and a Safe Education (erase) Strategy, launched in 2012 is a comprehensive prevention and intervention strategy to support safe and caring school communities. It is supported by the erase website. Substance Use is a core element of the website.
- The development of a Provincial Child and Youth Substance Use and Wellness Framework (co-led with Provincial Health Services Authority) to create and articulate a shared understanding of the foundational principles, approaches, services and supports that constitute a wellness-focused system of substance use prevention and care for children, youth and young adults in BC and guide future planning and decision making. The Framework will be completed in summer 2024.
- Foundry centres, which offer mental health and substance use services, primary care, and sexual health services for young people and their families, are being expanded to communities across the province. There are currently 16 centres open, and 9 more are in development. The Province has committed funding to further expand these centres to a total of 35 in the coming years.
- The Province is also expanding Integrated Child and Youth teams to 20 school districts around BC, adding to the five already operational and another seven currently in implementation.

DELIVERY PARTNERS

- Health authorities
- ECC and school districts
- Foundry

FINANCIAL IMPLICATIONS

- Budget 2023 provided \$236.42 million in funding over three years to increase services for young people, including \$74.9 million for expansion of the Foundry network of services and investments in new and expanded youth substance use services (crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning).
- ECC currently receives \$3M per year (committed through to 2026/27), under a federal-provincial agreement administered by MMHA and the Ministry of Health, to support Mental Health in Schools. ECC allocates \$1.63M to school districts and the Federation of Independent School Associations (FISA BC) to implement mental health and substance use initiatives.

DATA SNAPSHOT

- Please see the Youth Substance Use Services Estimate Note for data.

Approvals:

March 1, 2024 - Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 23, 2024 - Grant Holly, EFO, Corporate Services

February 28, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT AND ACTION PLAN

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

KEY FACTS / MESSAGING

Background / Status:

- The Declaration Act Action Plan (Action Plan) was released on March 30, 2022, with 89 actions to implement over the next 5 years. Annual, public reports are to be released in a digital-first format by June 30 of each of those 5 years.
- The Ministry of Mental Health and Addictions (MMHA) leads actions 4.12 and 4.13 and is involved in 6 other actions: 3.11, 4.7, 4.8, 4.11, 4.14 and 4.26 (see Attachment).
- Action 4.12 addresses the disproportionate impacts of the overdose public health emergency on Indigenous Peoples through several components: decriminalization, prescribed alternatives/harm reduction, accessibility of recovery beds, and culturally relevant and safe services, including for youth.
- Action 4.13 focuses on culturally safe substance use services, including Indigenous-run treatment centres and land based / traditional approaches to healing.

KEY OUTCOMES / STATS

Relevant Data / Successes

Both MMHA-led actions, 4.12 and 4.13, have been reported on consistently since the Action Plan was established. Highlights of reporting to date include:

Action 4.12 (Year 2 [2023/24] highlights):

Decriminalization

- In the first 6 months of decriminalization, there has been a 76% decrease in drug possession offences for the included substances from the past 4 year average;
- Health Canada approved and placed in effect (September 18, 2023) a MMHA request to amend the s.56(1) *Controlled Drugs and Substances Act* exemption to expand the list of locations where possession of decriminalized substances is considered illegal.
- A police training plan has been developed, bringing together system partners to support trauma-informed, culturally safe practices for applying the exemption with Indigenous peoples and communities by helping to equip police with the knowledge, skills, and abilities on how to apply the exemption.

Addressing the toxic drug crisis

- As of December 2023, there are 50 Overdose Prevention Services (OPS) and Supervised Consumption Services (SCS) sites across all health regions, including 22 sites offering inhalation services.

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- The Overdose Emergency Response Centre (OERC) is working to understand unmet needs related to OPS with First Nations Health Authority (FNHA). In addition, to develop service standards for OPS, including cultural humility, the OERC will invite FNHA, Métis Nation BC, and the BC Association of Aboriginal Friendship Centres to sit on the Core Advisory Table guiding this initiative.
- In spring 2023, the PHO was asked to review and report on BC's PSS program, including the Risk Mitigation Guidance (March 2020) and the PSS Policy (July 2021).
- The results of the PHO's review are captured in the report *A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action*.
- The PHO found that the evidence supporting prescribed alternatives was promising and made 35 recommendations.
- Prescribed alternatives are a critical part of the continuum of substance use care, which includes prevention, harm reduction, treatment, and recovery.
- Many of the PHO's recommendations align with work that the Ministry has been doing.
- MMHA will be undertaking substantive additional work in response to the PHO's recommendations and will be engaging with people with lived and living experience to ensure prescribed alternatives is working as intended.

Action 4.13 (Year 2 (2023/24) reporting highlights):

- Tripartite MOU Funding for 6 renovated First Nations-operated treatment centres and 2 new builds. These include:
 - The Tso-w-Tun Le Lum Society residential treatment program (Duncan, Island Health);
 - The Carrier Sekani Family Services treatment centre (Tachick Lake, Northern Health);
 - The Seven Nations Soaring Eagle treatment centre (Creston, Interior Health);
 - The Namgis healing centre (Cormorant Island, Island Health);
 - The North Wind treatment centre (Farmington, Northern Health);
 - The Telmexw Awtexw (25km NW of Agassiz, Fraser Health) treatment centre;
 - shísháhl Nation treatment centre (Sechelt, Vancouver Coastal Health) — New Build;
 - Katzie First Nation treatment centre (Maple Ridge, Fraser Health) — New Build.
- The CMHA-BC grant funded beds grant call closed on September 6, 2023. On January 25, 2024, Premier Eby and Minister Whiteside announced the addition of 180 publicly funded treatment and recovery beds, administered by CMHA-BC, throughout the province.
- The Northwest Working Group (First Nations Health Authority, MMHA, Northern First Nations Alliance, and Northern Health) who discuss solutions for strengthening treatment, recovery and aftercare services in Terrace and Northwest region signed an MOU and are modeling a collaborative way in which First Nations and regional health authorities can work together to support mental health and wellness;
- MMHA is currently developing a program that will support Indigenous-led treatment, recovery and aftercare services as well as Indigenous-led training and skills development. More information to come later in the year.

ESTIMATES NOTE

- January 2024, MMHA committed \$675,000 for the Lheidli T'enneh First Nation to undertake consultation and engagement activities towards developing a Centre of Excellence for Children & Youth.

MMHA Supporting Actions (Year 2 (2023/24) reporting highlights):

- 3 new Peer Assisted Care Teams (PACT) in Comox Valley, Kamloops and Prince George were announced by Minister Whiteside in July 2023 (*Action 3.11, 4.11*);
- 3 PACTs are operational (North Shore, New Westminster, Victoria) (*Action 3.11, 4.11*);
- Locations for 9 new Mobile Integrated Crisis Response Teams were announced by Minister Whiteside and Minister Farnworth in July 2023 (*Action 3.11, 4.11*).
- 4 out of 25 currently operational Complex Care Housing projects are Indigenous-led (*Action 4.11*);
- Ten-year social determinants of health strategy was approved by consensus at Gathering Wisdom 12 in March 2023 (*Action 4.07, 4.08*).

DELIVERY PARTNERS

- First Nations Health Authority
- Métis Nation BC
- Other government ministries as identified

FINANCIAL IMPLICATIONS

N/A

DATA SNAPSHOT

N/A

Approvals:

February 11, 2024 - Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 15, 2024 - Grant Holly, EFO, Corporate Services

February 18, 2024 - Christine Massey, Deputy Minister

Attachment: Declaration Act Action Plan – MMHA Actions Overview

Action #	Reporting Year	Lead Ministry	Supporting Ministries	Action
3.11	Year 2 (2023-24)	PSSG	AG, MMHA	Develop and implement comprehensive policing reforms to address systemic biases and racism. This will include: updating the Police Act, BC Provincial Policing Standards ¹⁴ 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
4.7	Year 5 (2026-27)	HLTH	MMHA	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.
4.8	Year 3 (2024-25)	HLTH	MMHA	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.
4.11	Year 2 (2023-24)	PSSG	HLTH, MMHA	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.
4.12	Year 1 (2022-23)	MMHA	PSSG, AG	Address the disproportionate impacts of the overdose public health emergency on Indigenous Peoples by: 1) 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; 2) expanding prescribed safer supply and other harm reduction measures; and 3) ensuring accessibility of recovery beds, and evidence-based, culturally relevant and safe services to meet the needs of Indigenous Peoples, including youth.

Attachment: Declaration Act Action Plan – MMHA Actions Overview

4.13	Year 3 (2024-25)	MMHA	HLTH	Increase the availability and accessibility of culturally safe substance use services, including through the renovation and construction of Indigenous-run treatment centres and the integration of land-based and traditional approaches to healing
4.14	Year 1 (2022-23)	HLTH	MMHA	Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Framework ¹⁵ to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home.
4.26	Year 1 (2022-23)	HLTH	MMHA	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.

ESTIMATES NOTE

FIRST NATIONS TREATMENT CENTRES

Issue: Under a tripartite *Memorandum of Understanding*, BC, Canada, and the First Nations Health Authority (FNHA) have provided funding to replace 6 existing First Nation-run treatment centres throughout BC and build 2 new ones.

KEY FACTS / MESSAGING

Background / Status:

- In 2018, the First Nations Health Council (FNHC), the Government of Canada and BC 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 establishes a new and more flexible funding approach that enables First Nations to plan, design, and deliver a continuum of mental health and wellness services.
 - As per commitments in the MOU, the FNHA developed the *First Nations Treatment Centre Investment Plan*, which outlined an approach and an estimated capital investment need of \$60 million to replace 6 existing National Native Alcohol and Drug Abuse Program (NNADAP) treatment facilities and build 2 new facilities. This investment was intended to fully cover construction costs for the projects. Each partner committed \$20 million in funding to complete these projects.
 - Due to rising constructions costs, BC provided one-time funding of \$35 million in 2023/24 to FNHA for the completion of the 8 First Nations treatment centers. This one-time funding was to address the estimated shortfall for all 8 projects and help ensure the services are shaped by the people they are meant to support.
 - Intergovernmental Communications
-
- Additionally, several of the projects have ambitions to partner with additional funders. Funding from these partnerships may increase the total bed count.

KEY OUTCOMES / STATS

Relevant Data / Successes

Current Status of Treatment Centre Projects:

- FNHA, and MMHA are working collaboratively to remove barriers for First Nations.
- In 2023, Tsow-Tun-Le-Lum Society - Helping House Centre completed construction.
 - Tsow-Tun-Le-Lum began accepting clients in early January. As of February 21, 2024, there are 29 of 32 beds occupied.
- As projects advance, BC is committed to ensuring First Nations have access to the services they need. Mental health and wellness services are being provided during the planning and construction phase for all 6 replacement projects. Intergovernmental Intergovernmental Communications
- The MMHA leadership regularly meets with FNHA to discuss the Projects' progress.
- The table below contains the latest updates from the FNHA (January 2024).

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Government Financial Information; Interests of an Indigenous People; Intergovernmental Communications

ESTIMATES NOTE

DELIVERY PARTNERS

- The FNHA manages all aspects of this investment, including feasibility and design, construction project management, discussions with communities, and funding allocations. They have implemented a multi-functional team approach, where Regional, Program and Construction Teams partner with projects to advance outcomes, including enhanced access to interim services.
- FNHA offers and provides Project Manager / Owners Representative positions for each project and maintains regular project check-in meetings.
- FNHA is providing direct oversight of architect on 2 new project feasibility studies (Katzie, shíshálh) and provided program development consultant for 3 Projects (Katzie, shíshálh, Sts'ailes).

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- BC, Canada, and FNHA each committed \$20 million to replace 6 existing NNADAP treatment facilities and build 2 new facilities, \$60 million in total.
- BC committed one-time top up funding of \$35 million in 2023/24 to address the capital costs overrun for community-based Indigenous treatment funds.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
FNHA also funds more than 200 treatment beds, which offer a variety of cultural and clinical interventions and support for all genders, youth and families.	No change. Note: The 200 beds refer to the FNHA treatment centre beds, which includes all First Nations Treatment Centres in BC, not just those funded under the Tripartite MOU.
Ten First Nations treatment and healing centres operate throughout BC.	No update.

Approvals:

February 13, 2024 – Kelly McConnan, A/ADM, Child, Youth and Mental Health Policy

February 16, 2024 – Grant Holly, EFO, Corporate Services

February 23, 2024 - Christine Massey, Deputy Minister.

ESTIMATES NOTE

INDIGENOUS FUND

Topic/Issue: Indigenous-led treatment, recovery and aftercare services

KEY FACTS / MESSAGING

Background / Status:

Key Messaging

- Over the last three years, Indigenous communities in BC have been disproportionately impacted by the toxic drug crisis. This has been exacerbated by historical and recent trauma including the global pandemic, climate emergencies, and the findings of unmarked graves.
- BC has made unprecedented investments to support Indigenous-led solutions, including the construction and significant enhancement of First Nation-run treatment centres throughout the province.
- As part of Budget 2023, this government committed \$171.080 million towards a new program for Indigenous-led treatment, recovery, and aftercare services.
- As we continue to work with partners on this new program, we remain committed to fund projects in areas of critical need in the province, including the recently announced support towards:
 - Lheidli T'enneh youth centre of excellence (Prince George/northern BC); and,

Overview

- The Indigenous Fund is a strategic initiative aimed at empowering Indigenous communities to design, plan, and deliver their models of mental health and wellness care. While helping to address the alarming increase in toxic drug deaths among Indigenous peoples, the program also seeks to enhance cultural and land-based healing modalities, along with Indigenous-led treatment, recovery, and aftercare facilities and services.
- This program is being informed by numerous engagements undertaken by BC to-date, including (but not limited to): A Pathway to Hope (2019); In Plain Sight (2020); Adult Substance Use System of Care Framework (2022); Declaration on the Rights of Indigenous Peoples Act Action Plan (2022); and BC Cabinet-First Nations Leadership Gathering requests from communities (2017-ongoing). As well, MMHA continues to engage regularly with key partners, such as the First Nations Health Authority, on the program.

Allocation

- As part of Budget 2023, BC announced \$171.080 million over three years to support Indigenous-led treatment, recovery and aftercare services and supports. Program design has involved engaging with key partners and rights holders to ensure the funding is culturally appropriate and trauma informed.

KEY OUTCOMES / STATS

Relevant Data / Successes

- The Indigenous fund is intended to result in new distinctions-based services delivered through First Nations communities; Métis Nation BC; and Indigenous-serving

ESTIMATES NOTE

organizations e.g., BC Association of Aboriginal Friendship Centres and Indigenous Justice Centres (led by the BC First Nations Justice Council). The program approach aligns with the flexible funding intentions outlined in A Pathway to Hope and supports Indigenous self-determination by expressly resourcing Indigenous-designed and Indigenous-delivered models of care.

- Funding from this program will also support initiatives that address cultural healing and enhance the capacity of bed-based treatment and recovery providers to deliver effective, culturally safe, evidence-informed services to individuals and families experiencing substance use challenges.
- In keeping with *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, the Ministry 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.
- Regional health authorities have prioritized a minimum of 43 youth substance use treatments and withdrawal management beds that will provide priority access for Indigenous youth province-wide, including working with local First Nations on the approach to prioritization.
- The 2023 Canadian Mental Health Association (CMHA) grant process will fund a total of 180 publicly funded beds in addition to the continued funding for 105 beds funded since 2021. The beds prioritize services access for First Nations, Métis, and Inuit clients. Between July 2023 and September 2023, 25% of admitted clients accepted into a CMHA bed self-identified as Indigenous, First Nations, Métis, Inuit or Urban Indigenous.

DELIVERY PARTNERS

The success of the Indigenous Fund will rely upon partnerships with:

- First Nations Health Authority
- BC First Nations
- Métis Nation BC
- BC Association of Aboriginal Friendship Centres
- BC First Nation Justice Council

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- As part of Budget 2023, BC announced \$171.080 million over 3 years to support Indigenous-led treatment, recovery and aftercare services and supports: Cabinet Confidences; Interests of an Indigenous People; Intergovernmental Communications Cabinet Confidences
- In 2018, BC, the Province, the Government of Canada and the FNHA committed \$10 million each, for a total of \$30 million, to support the implementation of the Tripartite Memorandum of Understanding (MOU) to improve mental health and wellness services for First Nations people, as well as an additional one-time \$5 million from BC in March 2023.
- \$20 million of funding from the Province matched by \$20 million from each of the federal government and the FNHA for a total \$60 million commitment, to support the renovation and replacement of 8 First Nation-run treatment centres throughout B.C. BC provided a \$35 million top up in 2023 to ensure project completion.

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- BC provides an annual investment of \$10.750 million from its bi-lateral federal agreement to the FNHA for land-based healing initiatives.
- BC has supported culture-based mental health and wellness capacity for MNBC and the BCAAFC in the amount of \$0.375 million each annually.

DATA SNAPSHOT

N/A

Approvals:

February 11, 2024 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 13, 2024 – Grant Holly, EFO, Corporate Services

February 18, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

BED BASED WAIT TIMES AND UTILIZATION

Topic/Issue: Treatment and Supportive Recovery Wait times and Utilization Rates

KEY FACTS / MESSAGING

- Historically, little data has been collected from bed-based treatment and recovery services in BC beyond publicly funded bed counts.
- Since 2021, the Ministry of Mental Health and Addictions (MMHA) has worked with partners to develop a performance measurement framework to monitor and evaluate access (with a focus on wait times), service utilization, and client experience for Health Authority funded adult bed-based SU treatment and recovery services in BC.
- Performance monitoring reporting commenced June 2022 with the first public report of wait times the same year.
- Since reporting began, MMHA and health authorities (HAs) have worked to establish effective monitoring processes and improve data quality. As data quality has improved, we are able to use that information to support system improvement.

Actions to Improve Wait Times for Beds

- MMHA committed to developing and publicly reporting (in the annual service plan¹) numerical targets for wait times for substance use treatment and recovery bed-based services by the end of 2023/24.
- BC is the first jurisdiction in Canada to develop and publicly report on wait time benchmarks² for treatment and recovery services (see table 1) in 2024.
- Wait times are complex data to collect and interpret, and there are numerous factors that contribute to wait time beyond bed availability that are not within the control of the Ministry or Health authority. For example, wait times can be impacted by things like personal readiness to start treatment, the need for longer stabilization periods, release from custody, travel time to services, and access to childcare.
- It is important to note that, while waiting for a bed, clients access other outpatient services. For example, they may work 1:1 with an MHSU clinician or access OAT.
- BC is also taking immediate action to improve wait times with investments in treatment and recovery services through Budget 2023 and 2024.
- This includes opening new services but also implementing new models like the Road to Recovery that will allow people to move seamlessly through the full continuum of bed-based treatment and recovery services, offering same-day access to care and triaging urgent clients immediately to beds.
- In addition, investments in long term recovery supports like Recovery Community Centres will help break the cycle and ensure people have ongoing support.
- As of February 2024, **594** publicly funded substance use beds have opened since 2017. Most recently, this includes:

¹ 2022-2023 MMHA Annual Service Plan Report

² A *benchmark* establishes the maximum appropriate wait time for a health service.

ESTIMATES NOTE

- 190 of 195 substance use beds funded through Budget 2021 have been implemented;
- 34 of 95 planned beds that are part of the Road to Recovery site in Vancouver are open;
- 97 of 180 new Canadian Mental Health Association (CMHA) grant funded beds.

KEY OUTCOMES / STATS

- In fiscal year 2022-23, HAs reported an increase in service demand (i.e., higher client numbers and increased utilization rates for bed-based treatment and recovery services) and longer wait times for bed-based treatment and recovery services. See Table 1 below for details (table includes data from Health Authority funded beds but does *not* include CMHA grant-funded bed data):

Intergovernmental Communications

- HAs continue to report an increase in service demand in the first half of FY 2023-24.
- Annual data for 2023/24 is not yet available.

Table 2. MMHA Actual Wait Times for Treatment and Recovery beds

Fiscal Year	Wait Times to Date
2021/22	29.50 days
2022/23	31.25 days
Q1 2023/24	34.60 days
Q2 2023/24	28.75 days
2023/24 Projected	35.00 days

Wait Time Benchmarks

- In 2024, MMHA introduced benchmarks as one method to reduce wait times and enhance access.
- By the end of 2026/27, MMHA aims to reduce wait times for bed-based treatment and recovery services to 30 days or less.
- The publicly reported numerical benchmark targets for treatment and recovery wait times are presented in Table 3 below:

Table 3. MMHA Wait Times Benchmarks for Treatment and Recovery beds

ESTIMATES NOTE

Service Plan Cycle	Publicly Reported Benchmark
Year 1: 2024/25	32 days
Year 2: 2025/26	31 days
Year 3: 2026/27	30 days

DELIVERY PARTNERS

- Regional HAs and Provincial Health Services Authority

FINANCIAL IMPLICATIONS

- Not Applicable.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
<ul style="list-style-type: none">• 4,167 unique client serviced (adult only) in bed-based treatment and supportive recovery beds in 2022/23 (includes Health Authority funded beds <i>and</i> CHMA grant funded beds).	<ul style="list-style-type: none">• 2, 609 unique clients served in health authority treatment and recovery bed-based SU services across BC so far in fiscal 2023-24 (Q1-Q2, April-September 2023).

Approvals:

February 29, 2024 - Ally Butler, ADM, Treatment and Recovery

February 15, 2024 - Grant Holly, EFO, Corporate Services

February 17, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

FUNDING OF BED-BASED TREATMENT AND RECOVERY SERVICES

Topic/Issue: Funding and investment for bed-based treatment and recovery services.

KEY FACTS / MESSAGING

Background / Status:

Public Funding For Bed-based Services

- The majority of publicly funded substance use beds in BC are funded through:
 - Health authority funding (e.g., contracts)
 - Per diem payments from the Ministry of Social Development and Poverty Reduction (SDPR)
 - Additional sources including grants, social enterprise, and charitable donations.
- Budget 2024 includes an investment of \$117.310 million to continue supporting British Columbians in accessing publicly funded bed-based services and respond to financial strains experienced by bed-based providers due to rising inflation and service costs.
- This includes:
 - \$56.809 million to address critical cost pressures faced by regional HAs over the next three years so HA funded bed-based treatment and recovery services can continue safely supporting clients.
 - \$60.501 million investment to increase the per diem daily rates for income and disability assistance clients accessing services from \$35.90 to \$60 for registered bed-based services and \$45.00 to \$70 for licensed bed-based services.

Health Authority Funding

- HA funding is typically directed to service providers through contracts.
- British Columbians accessing HA funded community mental health and substance use beds may be required to pay a standard user fee to cover the cost of room and board during their stay. Delivery of clinical programming is covered by HA funding. User fee rates for substance use bed-based services are as follows:
 - \$35.90 daily for registered adult supportive recovery beds
 - \$45.00 daily for licensed adult supportive recovery and treatment beds
- There are policies and practices in place at provincial and regional levels to ensure user fees do not prevent people from getting the substance use care they need.
 - SDPR per diem funding covers the cost of user fees for eligible income and disability assistance clients to ensure they receive equitable access to care.
 - SDPR per diem funding amounts are aligned with HA user fees.
 - In circumstances where the user fees pose a hardship for someone who is not eligible for SDPR per diems or other income support, HAs may grant a hardship waiver to charge less or no user fees.

SDPR Per Diems

- Per diem payments from SDPR are paid directly to service operators on behalf of eligible income assistance and disability assistance clients.
- Service operators must be licensed and registered under the *Community Care and Assisted Living Act* (CCALA) or operate a substance use family care home to be eligible to

ESTIMATES NOTE

accept SDPR per diem payments. An estimated 120 registered supportive recovery residences and 26 licensed facilities accept SDPR per diem funding.¹

- Many of the bed-based service operators rely on SDPR per diem funding to meet operational requirements. SDPR per diem rates are not indexed to the overall cost of living and have fallen behind inflation.
- SDPR per diem rates have only been increased once before in over ten years. 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.

KEY OUTCOMES / STATS

Relevant Data / Successes

- As of January 2024, there are 3,596² publicly funded adult and youth community substance use beds:
 - 3,215 health authority funded community substance use beds, including 3,045 adult beds and 170 youth beds reported on the quarterly Bed Survey in September 2023
 - 202 adult CMHA grant funded beds (105 implemented in 2021, 97 implemented Jan. 2024)
 - 34 Vancouver Road to Recovery beds
 - 145 health authority funded adult tertiary substance use concurrent beds.
- 589 publicly funded substance use beds have opened since 2017 with more planned.
- In 2022/23, SDPR supported over 3,000 clients to access services for a total expenditure of \$48.7M.
- As of September 2023:
 - 16.7% (13) publicly funded registered and licensed services were health authority owned and operated.
 - 77% (60) of publicly funded registered and licensed services were contracted, not-for-profits.
 - 6% (5) of publicly funded registered and licensed services were contracted, for profits.³

DELIVERY PARTNERS

- Health Authorities (HAs)
- Ministry of Social Development and Poverty Reduction (SDPR)

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 provides \$117.310 million over three years to address critical cost pressures faced by regional health authorities over the next three fiscal years and increase the per diem daily rates from \$35.90 to \$60.00 for registered bed-based

¹ Assisted Living Registry Reporting, December 2023.

² Monthly Substance Use Beds Data Sheet, January 25th, 2024.

³ Assisted Living Registry Quarterly Reporting, September 30, 2023.

ESTIMATES NOTE

services and \$45.00 to \$70.00 for licensed bed-based services to support longer term financial capacity for bed-based services.

FY	2024/25	2025/26	2026/27	Total
HLTH	\$17.308	\$18.862	\$20.639	\$56.809
SDPR	\$20.167	\$20.167	\$20.167	\$60.501
Total	\$37.475	\$39.029	\$40.806	\$117.310

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
3,277 publicly funded beds	3,596 publicly funded substance use beds ^{1,4} (xref: Substance Use Beds)
4,167 unique clients (adults only) were served by bed-based treatment and supportive recovery beds in 2022/2023 ⁵	2,609 unique clients (adults only) were served by health authority bed-based treatment and supportive recovery beds in the first half of 2023/2024 (x-ref: Bed Based Wait Times and Utilization)
<p>436 new publicly funded community-based adult and youth substance use beds opened since 2017 with more planned starting Fall 2023.</p> <p>2017/18: 76 2018/19:116 2020/21: 268 2021/22: 436</p> <p><i>*Please note that data in current snapshot has been refined. Please use data in the next column.</i></p>	<p>589 new publicly funded community-based adult beds opened since 2017.</p> <p>Updated data by year: 2017/18: 76 2018/19: 116 <i>2019/20: Data not available</i> 2020/21: 163 2021/22: 284 2022/23: 361 2023/24 to date: 589</p>

Approvals:

February 1, 2024 – Ally Butler, ADM, Treatment and Recovery

February 11, 2024 – Grant Holly, EFO, Corporate Services

February 18, 2024 – Christine Massey, Deputy Minister

⁴ Includes health authority funded adult and youth community substance beds, CMHA Grant Funded Beds, adult tertiary substance use concurrent beds in Vancouver, and withdrawal management and stabilization Road to Recovery beds.

⁵ Not including clients of other substance use beds, specifically, detox and transitional beds.

ESTIMATES NOTE

SUBSTANCE USE BEDS

Topic/Issue: Publicly funded adult and youth substance use beds in BC.

KEY FACTS / MESSAGING

Background / Status:

- Since 2017, MMHA has prioritized increasing access and improving the quality of publicly funded substance use beds in BC.
- Substance use beds support clients to meet recovery goals across various settings, including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds.
- As of January 2024, there are 3,596¹ publicly funded substance use beds in BC including:
 - 3,215 health authority funded adult and youth community substance use beds.²
 - 202 CMHA BC grant funded adult beds.
 - 145 adult tertiary substance use concurrent beds.³
 - 34 Road to Recovery (R2R) beds in Vancouver, including 14 withdrawal management (detox) beds and 20 stabilization beds.
- As of January 2024, 594⁴ new publicly funded substance use beds have opened since 2017. This includes:
 - 190 of 195 substance use beds planned through Budget 2021.
 - 34 of 95 beds as part of the initial R2R site in Vancouver.
 - 72 youth substance use beds, including 52 of the 123 planned youth substance use beds (see Estimates Note “Youth Substance Use Beds”).
 - 202 CMHA grant funded adult beds, including 105 implemented in 2021 and 97 new beds implemented to Jan. 2024.
- Bed-based services are designed to support people with substance use challenges in a safe and structured environment. Not everyone wants or needs a bed; each person’s journey is different.

KEY OUTCOMES / STATS

- Data used for monitoring and evaluating publicly funded bed-based substance use beds services in BC comes from several sources: The Ministry of Health’s Beds Survey; MMHA’s performance measures data; and CMHA BC’s monitoring and evaluation of grant funded beds.
- For wait time and utilization data for adult beds, **xref.: Bed Based Wait Times and Utilization EN**
- For youth beds data, **xref.: Youth Substance Use Beds**

¹ MMHA Substance Use Beds Data, monthly data sheet, January 25, 2024.

² MHSU Bed survey for September 30th, 2023: Bed Counts and Facility Levels, completion date December 19th, 2023

³ MHSU Bed survey for September 30th, 2023: Bed Counts and Facility Levels, completion date December 19th, 2023

⁴ MMHA Substance Use Beds Data, monthly data sheet, January 25, 2024.

ESTIMATES NOTE

DELIVERY PARTNERS

- Regional health authorities, Provincial Health Services Authority, Providence Health Care and Canadian Mental Health and Addictions BC.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Advice/Recommendations; Cabinet Confidences; Government Financial Information
- Budget 2024 provides \$117.301 over three years in operating funding for substance use beds. This funding includes \$56.809 million over three years to address critical cost pressure faced by regional health authority funded beds and \$60.501 million over three years to increase the per diem daily rates for income and disability assistance clients accessing services.
- Advice/Recommendations; Cabinet Confidences; Government Financial Information

Ministry	2024/25	2025/26	2026/27	3-year Total
Advice/Recommendations; Cabinet Confidences; Government Financial Information				
Operating				
HLTH – Bed Funding	\$17.308	\$18.862	\$20.639	\$56.809
SDPR – Per Diems	\$20.167	\$20.167	\$20.167	\$60.501
Operating Total	\$37.475	\$39.029	\$40.806	\$117.310
Combined Total	\$123.475	Advice/Recommendations; Cabinet Confidences; Government Financial Information		

- MMHA provided CMHA BC \$13.000 million in 2021 to create 105 new substance use beds, and an additional grant of \$73.174 million in March 2023 to continue funding the 105 existing beds, and to add an additional 180 new beds.
- MMHA provided covid grants totaling \$2.000 million in 2020 for treatment and recovery services (beds) organizations to support financial challenges from COVID-19.
- Advice/Recommendations; Cabinet Confidences; Government Financial Information

ESTIMATES NOTE

DATA SNAPSHOT	
<p>Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i></p>	<p>More up to date data if available</p>
<ul style="list-style-type: none"> • 4,167 unique clients served (adult only) in bed-based treatment and supportive recovery beds in 2022/23. • 3,277 publicly funded community-based adult and youth substance use beds are available in BC, including withdrawal management (detox), bed-based treatment, supportive recovery and transition beds since August 2023. • 436 new publicly funded community-based adult and youth substance use beds opened since 2017. • First Nations Health Authority funds more than 200 treatment beds. 	<ul style="list-style-type: none"> • 3,596⁵ publicly funded adult and youth substance use beds are available in BC, including withdrawal management (detox), bed-based treatment, supportive recovery and transition beds since January 2024. • 594 new publicly funded community-based adult and youth substance use beds opened since 2017. • 2,609 unique clients accessed health authority adult treatment and recovery bed-based SU services across BC in the first half of fiscal 2023/24 (Q1 and Q2).

Approvals:

March 4, 2024 - Ally Butler, ADM, Treatment and Recovery Division

March 1, 2024 - Grant Holly, EFO, Corporate Services Division

⁵ The 3,596 beds include 3,215 adult and youth SU community beds from the MHSU Bed Survey for Sept. 30th, 2023, as well as 202 CMHA beds, 145 tertiary substance use beds and 34 Providence Health R2R beds.

ESTIMATES NOTE

OVERSIGHT OF SUBSTANCE USE BEDS

Topic/Issue: Enhancing oversight of bed-based treatment and recovery services to support greater accountability for safety and quality care.

KEY FACTS / MESSAGING

Background / Status:

- Bed-based substance use treatment and recovery services provide a safe, communal environment where individuals have the opportunity and support to focus on their recovery journey. These services can be delivered in licensed treatment facilities or registered supportive recovery residences.
- There are multiple levels of oversight in BC to hold bed-based services accountable.
- All licensed substance use treatment facilities and registered supportive recovery residences are regulated to protect client health, safety, and wellbeing, with a legal requirement to comply with the Community Care and Assisted Living Act; Residential Care Regulation (Licensed Services) and Assisted Living Regulation (Registered Services)
 - The Ministry of Health (HLTH), Assisted Living Registrar (ALR) is responsible for the oversight of **registered** residences.
 - Health authorities are responsible for the oversight of **licensed** facilities.
- Health authorities report quarterly to MMHA on available data such as the number of clients served and wait times for bed-based treatment and recovery services.
- Investments like the treatment and recovery beds administered by CMHA have quarterly and annual data reporting requirements as well as a robust evaluation process.
- Since 2018, the government has worked to strengthen regulations and standards for treatment and recovery services, while adding capacity with historic investments.
 - *Regulations:* Amendments to the CCALA and the new Assisted Living Regulation came into force on December 1, 2019, improving regulatory oversight for all registered supportive recovery residences and giving the Province new tools to respond more promptly to health and safety complaints.
 - *Provincial Standards:* Provincial Standards for Registered Assisted Living Supportive Recovery Services (Standards) were introduced in September 2021. The Standards build off the Regulation by expanding minimum health and safety requirements and setting expectations of services in areas including evidence-based care. Health authorities have been directed to incorporate compliance with the Standards into contracts.
 - *Operator Supports:* Development of an operator handbook, updated ALR website, creation of a Training Bursary Fund administered by Community Action Initiative and an in-depth online learning course developed for operators and health authorities to support standards implementation.
- Government Financial Information

ESTIMATES NOTE

- Over the last year, HLTH has introduced a new team of investigators who specialize in mental health and substance use. They are building connections in our communities, protecting vulnerable people, providing education, and holding service operators accountable.
- Engagement is underway to inform new oversight options that reflect the needs of bed-based substance use services and we are on track to deliver a What We Heard report in June 2024.

KEY OUTCOMES / STATS

Relevant Data / Successes

- HLTH Assisted Living Registry (ALR) is establishing a new team of investigators that is Focused on the oversight of registered mental health and supportive recovery homes.
- Four staff have been hired to-date, with hiring competitions currently underway for the remaining four positions.
- The ALR is working to implement a sector-specific oversight policy that includes compliance monitoring, minimum site visits, case load maximums and other enhancements to protect the health, safety, and wellbeing of people residing in supportive recovery residences. The current phase of compliance monitoring includes: developing investigator training and materials to enable implementation of a new Compliance Assessment Tool and sector specific communications, including joint in-person and virtual Townhall sessions for supportive recovery operators in Surrey. Townhall sessions are expected to be delivered mid-spring and compliance monitoring inspections in Surrey are anticipated to begin late spring.
- MMHA engagement to inform a What We Heard report began in October 2023, and will conclude in March 2024. Participants include service operators, peoples with lived and living experience, families, Indigenous-led treatment and recovery services and health systems partners, regional health authorities, municipalities, cross-government partners, and more.
- Since the launch in 2023, 398 learners have registered for *Safe, Respectful, Quality Care: Implementing B.C.'s Supportive Recovery Standards*, the new, self-paced online course developed to support implementation of the new Standards across the Province. This includes supportive recovery service providers/staff, peer support workers and volunteers, and health authority staff.

DELIVERY PARTNERS

- HLTH Assisted Living Registry

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Government Financial Information

DATA SNAPSHOT

N/A

ESTIMATES NOTE

Approvals:

February 14, 2024 – Ally Butler, ADM, Treatment and Recovery

February 8, 2024 – Grant Holly, EFO, Corporate Services

February 22, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

RED FISH HEALING CENTRE

Topic/Issue: Red Fish Healing Centre Model of Care Expansion

KEY FACTS / MESSAGING

- The Red Fish Healing Centre (RFHC) - 105 beds - opened in October 2021 on səmiq̓wəʔelə in Coquitlam, formerly the Riverview lands. RFHC treats people with complex concurrent disorders. The facility is Tier 5 (the highest tier) of service intensity for mental health and substance use facilities.
- In BC, concurrent disorder treatment beds, such as RFHC, provide specialized care to meet the needs of individuals with serious and persistent mental health or concurrent substance use concerns who have not been successfully treated by other programs.
- These live-in treatment sites are staffed 24/7 with medical professionals and offer highly structured programming.
- Since opening in 2021, RFHC has been operating at 95% capacity and has experienced increased demand.
- Advice/Recommendations; Cabinet Confidences; Government Financial Information
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KEY OUTCOMES / STATS

Relevant Data / Successes

- There are 145 primary substance use/concurrent beds in the province.

Provincial Health Services	Heartwood Centre for Women	30
Provincial Health Services	Red Fish Healing Center	105
Vancouver Coastal Health	Hope Centre	10
Total		145

- Red Fish Healing Centre 2021 is operating at 95% capacity.
- The Centre served 214 clients in 2022/23.
- 95% of clients reported improved mental health between admission and discharge.

DELIVERY PARTNERS

- Provincial Health Services Authority

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

	23/24	24/25	25/26	26/27	TOTAL
RFHC Expansion Planning (Budget 2023)	\$0.369M	\$0.369M	\$0.369M		\$1.107M

Advice/Recommendations; Cabinet Confidences; Government Financial Information

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
95% Occupancy Rate	N/A
214 clients were admitted to Red Fish in 2022/23	
95% of Red Fish clients reported improved mental health between admission and discharge	

Approvals:

January 30, 2024 – Ally Butler, ADM, Treatment and Recovery Division

February 4, 2024 – Grant Holly, EFO, Corporate Services Division

February 10, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

ROAD TO RECOVERY

Topic/Issue: Road to Recovery Project and Expansion

KEY FACTS / MESSAGING

Background / Status:

- The Road to Recovery (R2R) is a made-in-BC model of addictions care that establishes a seamless continuum of care from withdrawal management (detox) to treatment and aftercare services.
- The Road to Recovery model fundamentally shifts how clients access services through centralized access points, same day access to standardized clinical assessments and care and a process that matches them to the right service for their needs.
- Funded through Budget 2023 (Budget 2023), the initial R2R site is delivered in partnership with Providence Health Care (PHC) and Vancouver Coastal Health (VCH). The pilot site is located at St. Paul's Hospital.
- Once fully implemented, R2R Vancouver will create 95 new substance use beds in Vancouver. 34 beds are implemented to date (**xref.: SU Beds EN**).
- Through Budget 2024, the Province will expand R2R throughout the rest of BC.
- Fraser, Interior and Island Health will implement regional R2R models that incorporate core R2R principles but are responsive to needs in the different geographies.
 - Northern Health will implement a model in the Northwest region in response to high need and service gaps in the area. Services will be developed in partnership with the Northern First Nations Alliance to support culturally appropriate and safe care.
- In addition to shifting how people access substance use services, the R2R expansion with open new services across the province including over 200 new beds as well as expanded outpatient services.

KEY OUTCOMES / STATS

Key outcomes / accomplishments over the past year

- R2R responds to recommendations from the Select Standing Committee on Health and the Lepard-Butler report. It is part of the Safer Communities Action Plan.
- R2R Vancouver began serving clients in September 2023 through 14 withdrawal management (detox) and 20 stabilization/transition beds.
- R2R's core principles include:
 - Same day access to care;
 - Assessment and planning prior to admission and at transition points across the continuum of care;
 - client matching to the right service for their needs on entering R2R; and
 - Seamless transitions throughout the client's care journey (e.g., no wait times or gaps between one service and another).
- Access Central (AC) was developed and implemented on September 18, 2023. It is now the entry point for Vancouver R2R through a phone line for adults seeking substance use stabilization services who live in the Vancouver Coastal Health region. All clients calling

ESTIMATES NOTE

this service receive a clinical assessment and same-day substance-use virtual care provided by addiction specialists, providers, and nurses, with support from AC referral workers.

- Following a clinical assessment, clients are medically triaged and matched to the right level of care. Those with the most urgent needs are prioritized for beds and may be immediately started on Opioid Agonist Treatment (if applicable).

Key statistics / data related to program as applicable

- Access Central data reported Dec. 2023:
 - 1,667 calls received by AC
 - 383 (23%) requested bed-based withdrawal management (detox). Other call reasons included:
 - General information about SU services
 - Reschedule booked intake
 - Changing bookings for SU services
 - 369 (96%) of clients requesting bed-based withdrawal management (detox) were clinically assessed and received same-day care. Table 1 provides the breakdown of results for clients.

Table 1. Assessment and prioritization of 369 clients assessed for bed-based withdrawal management (detox), Dec. 2023

Redirected to other services	Urgent (require same-day access to a bed)	High Priority (require access to a bed within 1 to 3 days)	Routine (access to a bed as one becomes available)	Transfers from hospital/ED
101 (27%)	16 (4%)	74 (20%)	164 (44%)	8 (2%)

- R2R withdrawal management beds data Oct. to Dec. 2023
 - 133 unique clients have been served
 - Median wait 1 day
 - Average length of stay 5.6 days
 - 85% occupancy rate

DELIVERY PARTNERS

- **R2R Vancouver:**
 - Vancouver Coastal Health, Providence Health Care and BCCSU
- **R2R Provincial Expansion**
 - Regional Health Authorities
 - Northern First Nations Alliance has partnered with NHA to implement R2R in the Northwest

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

ESTIMATES NOTE

Advice/Recommendations; Cabinet Confidences; Government Financial Information

- Budget 2023 provided \$60.971 million in operating funding over three years to support the Road to Recovery at St. Paul's Hospital in Vancouver.
- Advice/Recommendations; Cabinet Confidences; Government Financial Information

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
N/A	

Approvals:

February 5, 2024 - Ally Butler, ADM, Treatment and Recovery Division

February 11, 2024 - Grant Holly, EFO, Corporate Services

February 13, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

TREATMENT & RECOVERY SYSTEM OF CARE PROGRESS

Topic/Issue: Progress toward a comprehensive system of substance use care.

KEY FACTS / MESSAGING

Background / Status:

- Since 2017, MMHA has been building an integrated, patient-centered continuum of substance use treatment and recovery services that situates MHSU services as health care services and recognizes the disease burden of mental health and substance use issues on the provincial health care system.
- 594 publicly funded substance use beds have been implemented since 2017, including:
 - 190 of 195 beds funded through Budget 21 are implemented.
 - 34 of 95 beds funded through Budget 23 for Road to Recovery (R2R) Vancouver are implemented.
 - 202 beds funded through provincial grants to Canadian Mental Health Association-BC (CMHA-BC) with no out-of-pocket fees to clients.
- Access to outpatient addictions treatment has expanded:
 - The number of clinicians prescribing any form of opioid agonist treatment increased from 773 in June 2017 to 2,042 in November 2023.
 - As of November 1, 2023, a new class of certified practice for nurses came into effect, Certified Practice for Opioid Use Disorder, that enables certified Registered Nurses (RN) and Registered Psychiatric Nurses (RPN) to diagnose and treat OUD.
 - As of January 2024, 90 RNs and 37 RPNs have been granted a certified practice for opioid use disorder designation by the BC College of Nurses and Midwives.
 - Access to Rapid Access Addiction Clinic has expanded which provide support for people who are ready to change how they're using substances through harm reduction, access to supports and medicines such as OAT, and transitions to other long-term support programs.
 - New services have been implemented such as the virtual outpatient withdrawal management program in the Interior, as well as enhancing and expanding capacity of Day Evening Weekend programs in Fraser Health.
- New supports have been added to help connect people to care:
 - The Community Transition Teams service was established in 2018 to help connect people transitioning from correction centres to the substance use services and supports they need in community. Today there are 10 teams across the province, all BC correctional centres are served.
 - Sixteen substance-use teams throughout the province help people stay connected to health-care services, treatment and recovery. Services are tailored to each community, provided by a range of professionals, including nurses, counsellors, social workers and peers.
- More options are now available through innovative services such as:
 - The Cognitive Assessment and Rehabilitation for Substance Use program (CARSU) in Richmond, a first-of-its-kind program in Canada that supports adults with mild to moderate brain injuries related to an overdose and supports

ESTIMATES NOTE

individuals to engage in therapies for mental health and substance use and improve their quality of life.

- The made-in-BC Road to Recovery model at St. Paul's Hospital fundamentally shifts how clients access services through centralized access points, same day access to standardized clinical assessments and care and a process that matches them to the right service for their needs. Work is underway to expand this service to other regions.
- Because recovery does not end with treatment, the Vancouver Junction, the BC recovery community centre model, supports long-term outpatient recovery by building community connections, resiliency and wellness through peer supports, life skills programming and relapse prevention. Work is underway to bring this model to a total of 6 sites across BC.
- The Red Fish Healing Centre (RFHC) - 105 beds - opened in October 2021 on səmiq̓wəʔelə in Coquitlam, provides specialized care to meet the needs of individuals with serious and persistent mental health or concurrent substance use concerns who have not been successfully treated by other programs. Work is underway to expand this model to another site in BC.
- In addition to investing in new services:
 - MMHA has developed new data and reporting processes to support evidence-based planning.
 - Strengthened the quality and oversight of services such as registered supportive recovery residences through new regulations, standards and training.

KEY OUTCOMES / STATS

Relevant Data / Successes

- 594 publicly funded substance use beds have been implemented since 2017.
- **IHA Outpatient Withdrawal management** has served 154 unique clients so far in FY 2023-24 with a median wait time of 1 day in Q1 and 0 days in Q2.
- **VCH Cognitive Assessment and Rehabilitation for Substance Use (CARSU)** in Richmond has served 63 unique clients in the first two quarters of FY 2023-24, with 100% of Q1 clients reporting that they had made progress towards their recovery goals in the program¹.
- **FH's DEW Program:** A total of 251 clients have accessed FH's Day Evening Weekend program (DEW) in Q1/Q2 FY 2023-24, which provides clients with a space and venue to access supports for employment via a vocational counsellor that they may not be able to otherwise access.
- **PHSA's CTTs:** In 2022/23, 1047 unique clients accessed CTTs. So far in fiscal year 2023/24, 712 unique clients have been served. The wait time for CTTs is short: 9 days in Q1 and 4 days in Q2 2023/24. Clients are triaged for service, based on expected discharge from correctional services (e.g., clients on remand may only be at a site for a few days so are prioritized for CTT service, whereas those clients sentenced with a probable discharge date have longer to connect with CTT staff). In Q1 and Q2 of

¹ Q2 data on this measure not available.

ESTIMATES NOTE

2023/24, approximately one third of clients were connected to health and/or community services upon discharge from CTTs.

- **Vancouver Junction:** Within its first 12 months of operation (Dec 2022-Dec 2023), The Junction Vancouver provided low-barrier, community based recovery support beyond the clinical setting to over 600 participants through 641 recovery groups, activities and 1:1 counseling.

DELIVERY PARTNERS

- Regional H and Provincial Health Services Authority
- Providence Health Care
- CMHA-BC

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2021 provided \$149.526 million in funding over three years for new beds and outpatient services.
- Budget 2023 provided \$188.170M in funding over three years for treatment and recovery services, bringing the total investment in treatment and recovery to \$337.696 million over three years.
- Government has also provided grant funding to support treatment and recovery beds:
- \$13.000M in funding in 2021 for 105 beds over 3 years through a grant to CMHA-BC.
- \$73.174M in funding in 2023 to extend the 105 grant funded beds and fund and add an additional 180 beds over 3 years through a grant to CMHA-BC.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care</i> Data Snapshot	More up to date data if available
Xref.: Red Fish Healing Centre EN xref.: SU Beds EN xref.: Funding of Bed based Treatment and Recovery Services EN	See notes references
RCCs (as of July 2023) <ul style="list-style-type: none"> • 400+ clients signed up for recovery supports • 425 groups and activities offered • 85+ clients accessing 1:1 counselling 	RCCs (as of Dec. 2023) <ul style="list-style-type: none"> • 600+ clients signed up for recovery supports • 641 groups and activities offered • 150+ clients accessing 1:1 counselling

Approvals:

February 20, 2024 - Ally Butler, ADM, Treatment and Recovery Division

February 29, 2024 - Grant Holly, EFO, Corporate Services

March 1, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

ALCOHOL USE AND RESPONSE

Topic/Issue: Supports and services for people who are struggling with problematic alcohol use and alcohol use disorders.

KEY FACTS / MESSAGING

Background:

- Alcohol use disorder (AUD) and high-risk drinking are the most common substance use challenges in BC, but it often goes unrecognized and untreated.
- Nearly 19% of people in BC over the age of 12 are engaging in heavy drinking, which can be associated with increased risks of serious health and safety risks.¹
- Moreover, unmanaged withdrawal from AUD can have severe and potentially life-threatening consequences.
- The Province has taken significant steps to ensuring that people who are struggling with alcohol and AUD have access to the care they need, including:
 - In 2019, releasing a made-in-BC guideline developed by the BC Centre for Substance Use (BCCSU) for health care professionals to best support people living with AUD;
 - Increasing access to naltrexone and acamprosate and first-line evidence-based medications for AUD (MAUD) by removing administrative barriers for prescribers, as well as increasing session times with prescribers in regional health authorities.
 - Adding 24 new withdrawal management beds since 2021.
- Implementing three new and two expanded MAPs in five communities across Vancouver Coastal Health Authority (VCH) and Vancouver Island Health Authority (VIHA).

KEY OUTCOMES / STATS

Relevant Data

- Alcohol is linked to over 200 health conditions, including cardiovascular disease and at least 7 types of cancer (oral cavity cancer, pharyngeal cancer, laryngeal cancer, esophageal cancer, colorectal cancer, liver cancer, breast cancer).
- Alcohol is the costliest substance in BC, resulting in more than \$2.8 billion in 2020 in lost productivity, healthcare, criminal justice, and other direct costs.
- In 2020, an average of 7.55 deaths/day in BC were alcohol related, exceeding daily mortality averages for opioids (4.69) in that time period.²
- Alcohol was present in 18.3% of unregulated drug deaths in 2023.³
- Alcohol-related mortality is 5.4 times higher among First Nations men and 10.1 times higher for First Nations women compared to non-First Nations.⁴

¹ Statistics Canada. (2023). *Table 13-10-0096-11 Heavy drinking, by age group* [Table]. Statistics Canada.

² Canadian Substance Use Costs and Harms Scientific Working Group. (2023). *British Columbia Profile: Canadian Substance Use Costs and Harms (2007–2020)*. Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction. Ottawa, Ont.

³ BC Coroners Service. (2024). *Unregulated drug deaths – Drugs Involved*. BC Coroners Service. Retrieved February 4, 2024

ESTIMATES NOTE

Expanding Alcohol Treatment and Supports

- In 2019, the BCCSU, in conjunction with MMHA, released *Provincial Guideline for the Clinical Management of High-Risk Drinking & Alcohol Use Disorder* (the Guideline), and new prescriber education and training activities were launched to support uptake, including MMHA-led initiatives to enhance access to addictions medicine prescribers.
- The Guidelines and Protocols Advisory Committee is reviewing and adapting the Guideline for use in primary care, which will be completed by Spring 2024.
- In April 2023, first-line AUD medications naltrexone and acamprosate changed from Limited Coverage to regular benefit drugs, removing some of the administration burden for MAUD.
- In 2023, MMHA provided grants to several organizations to support community-led initiatives addressing alcohol and related harms, including the Canadian Alcohol Use Disorder Society (CAUDS) to develop and deliver community and clinician education sessions; the Canadian Mental Health Association (CMHA) for an online social marketing campaign promoting awareness of current guidance on lower-risk drinking; and Métis Nation BC (MNBC) to deliver Métis-specific sessions on addressing alcohol and related harms in their communities.
- As part of Budget 2021, the Province invested in new and expanded Managed Alcohol Programs (MAPs), which support people with severe AUD by providing controlled access to beverage alcohol, reducing non-beverage alcohol consumption, over-intoxication and unmanaged withdrawal.

Managed Alcohol Programs

- MAPs provides controlled access to beverage alcohol thereby reducing non-beverage alcohol consumption and reducing the risk of over-intoxication and unmanaged withdrawal.
- MAPs also improve people's connection to other health and social supports, including housing and primary care.
- There are five MMHA-funded community-based MAPs in BC.
 - Expanded MAPs: Vancouver Community MAP; Gwad'zi MAP delivered in partnership with Gwa'sala-'nakwaxda'xw First Nation (Port Hardy).
 - New MAPs: Nanaimo; Tla'amin First Nation's MAP; Nuxalk First Nation's MAP.
- Some Complex Care Housing programs also offer Managed Alcohol Program services. For example, Foxglove in Fraser Health Authority offers MAP services for residents who are interested in participating and meet the program criteria. However, such programs are only accessible to CCH residents, not members of the public.
- As of February 2022, there were at least an additional 9 community MAPs operating in Interior, Island and Vancouver Coastal regions. These programs do not receive direct MMHA funding.
- As of April 2022, MAPs are exempted from oversight under the *Liquor Control and Licensing Regulation* and only require approval by a health authority to operate.

⁴ Statistics Canada. 2015. Avoidable mortality among First Nations adults in Canada: A cohort analysis. [Avoidable mortality among First Nations adults in Canada: A cohort analysis \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/82-625-x/2015001/article/00001-eng.htm)

ESTIMATES NOTE

DELIVERY PARTNERS

- Vancouver Coastal Health Authority: Vancouver’s CMAP, Nuxalk First Nations MAP, Tla’amin First Nations MAP.
- Vancouver Island Health Authority: Gwa’dzi MAP, Nanaimo MAP.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2021 invested \$4.8 million over three years in base funding to support three new and two expanded MAPs in VCH and Vancouver Island Health Authority.
- 2023/24 Year-End Grants:
 - \$0.985 million to CAUDS
 - \$0.200 million to MNBC
 - \$0.100 million to CMHA BC

DATA SNAPSHOT

- Prescribing of MAUD has increased over 30% since 2020, with 13,749 patients receiving naltrexone in 2023.
- The Vancouver CMAP is connected to over 200 clients, and over 75% self-identify as Indigenous
- Between July 1 to September 30, 2023, MMHA-funded MAPs served 155 clients

MAP	HA	Clients
Vancouver CMAP	VCH	127*
Tla’amin MAP	VCH	3
Nuxalk	VCH	9
Gwad’zi MAP	VIHA	12
Nanaimo MAP	VIHA	4

*Note that while the CMAP is connected to over 200 clients, not all of these clients will be receiving direct services through the MAP within a given period. The 127 clients noted in the table above describe only those clients who were actively receiving MAP supports within the observed time period.

Approvals:

February 29, 2024- ADM Darryl Sturtevant, Substance use Policy Division

February 28, 2024 – Grant Holly, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

SUITS

Topic/Issue: Substance Use Integrated Teams connect adults who use substances with evidence-based care bridging key service gaps in the substance use system of care and supporting client retention.

KEY FACTS / MESSAGING

Background / Status:

- Drug poisoning data have found that 3 out of 5 people who died had contact with the health system within the last 3 months but had not been connected to substance use care at the point of their death.¹
- The Substance Use Integrated Teams (SUITS) initiative is *A Pathway to Hope* priority action that seeks to improve connections to care for adults who use substances by:
 - Engaging and retaining clients with all forms of substance use challenges in treatment and recovery.
 - Bridging key service gaps in the substance use system of care (e.g. transition points, care coordination)
- SUITS have been implemented in all five regional health authorities (RHAs).
 - RHAs considered numerous criteria in designing their SUITS including target populations (e.g., women, people experiencing homelessness, etc.), regional and demographic equity, cultural safety and Indigenous partnerships, and regional capacity (e.g., staffing considerations, space).
 - Depending on need, some communities received a net-new SUIT whereas other communities used SUIT resources to expand on existing team-based resources to better fill regional service gaps.
- SUITS service delivery varies by region but may include:
 - Providing direct service delivery (e.g. counselling, peer support);
 - Enabling communication between providers to assist with transition planning;
 - Providing client follow-up after a drug poisoning;
 - Providing in-reach services for marginalized clients to screen for substance use challenges and connect them to care and harm reduction supports as well as maintaining a relationship with providers;
 - Expanding service reach by providing services to communities that previously had limited if any connections to care;
 - Allowing for access through established referral pathways (e.g., other MHSU services) or through self-referral.
 - Referring clients to other health and social service providers to access additional care, including primary care, cultural services, and mental health care.
- Teams may include: nurses, social workers, counsellors, peers, Elders, outreach workers

¹ BC Coroners Service. (2022). *BC Coroners Service Death Review Panel: A review of illicit drug toxicity deaths*. Government of British Columbia. Retrieved February 29, 2024.

ESTIMATES NOTE

- In 2020, the Province announced \$10.5 million in Accelerated Overdose (AOD) funding to connect more people with treatment and recovery services in response to the increasingly toxic street drug supply.
 - Budget 2021 included a \$45.000 million investment over three years in ongoing funding to extend the investment announced in 2020.
 - Health authorities are responsible for making operational decisions about the planning and delivery of a range of overdose prevention services, including where and how overdose funds will be most impactful. Numerous RHAs have used this funding to enhance their SUIs.
- As of July 2022, 28 SUIs have been implemented and are operational.

KEY OUTCOMES / STATS

Relevant Data / Successes

Regional Health Authority	Communities - New SUI tea	Communities - Expanded through SUI	Communities - Expanded through AOD
Fraser Health Authority	<ul style="list-style-type: none"> • Abbotsford • Hope and Fraser Canyon 		<ul style="list-style-type: none"> • Mission • Newton • Burnaby
Interior Health Authority	<ul style="list-style-type: none"> • Shuswap North Okanagan (Salmon Arm) • South Okanagan (Penticton) 		<ul style="list-style-type: none"> • East Kootenay • Kamloops • Kelowna/ West Kelowna
Northern Health Authority		<ul style="list-style-type: none"> • Northeast HSDA (North Peace) • Northern Interior HSDA (Prince George) • Northwest HSDA (Smither and Houston; Prince Rupert) 	<ul style="list-style-type: none"> • Terrace • Smithers • Fort Nelson
Vancouver Coastal Health Autho		<ul style="list-style-type: none"> • Sea to Sky • Powell River • North Shore • Vancouver/Richmond 	<ul style="list-style-type: none"> • Vancouver • North Shore/ Sunshine Coast
Island Health Authority	<ul style="list-style-type: none"> • Cowichan • Nanaimo • Oceanside 	<ul style="list-style-type: none"> • Campbell River 	<ul style="list-style-type: none"> • Campbell River • Cowichan • Nanaimo

- Since implementation, RHAs have noted consistently positive outcomes for SUIs in engaging clients and connecting them on to care (either directly or through referral).
 - For example, in Vancouver Coastal Health Authority, SUIs resources have been used to expand Overdose Outreach Teams (OOTs), including the Vancouver OOT to remove wait times for support:

ESTIMATES NOTE

- A father called the OOT, worried about his adult child who had a history of drug overdoses and was experiencing withdrawal. OOT team members visited their home and accompanied this person to the Rapid Access Addiction Clinic at St. Paul’s Hospital in Vancouver. Within the same day, this person was connected to opioid agonist therapy.
- MMHA and MOH continue to monitor SUITs as part of HA triannual substance use program reporting. Work is underway to improve reporting processes.

DELIVERY PARTNERS

- Each RHA was responsible for the planning and implementation of SUITs to best address regional needs and service gaps.
- FNHA assisted in reviewing the RHA implementation plans and identified how SUITs could best meet regional needs for First Nations and support cultural safety and equity for Indigenous clients.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- The province invests \$12.810 million over three years to support SUIT.
- Majority of SUIT funding is used for human resources; RHAs may use a portion for operational costs (e.g., mobile technology, travel) where necessary to carry out the core functions of the SUIT.
- Specific allocations for RHAs range between approximately \$0.700M to \$0.965M.

DATA SNAPSHOT

	Clients Served	FHA	IHA	NHA	VCH	VIHA*
2022/2023	SUITS	2,374	88	111	2480	
	AOD	1,427	131	268	699	5,635**
	TOTAL	3,801	219	379	3,179	5,635

* VIHA reported number of contacts, not clients, and did not distinguish between repeat or unique individuals.

**VIHA 2022/23 reporting did not disaggregate between AOD and SUITs initiatives’ contact data

Approvals:

February 19, 2024 - ADM Darryl Sturtevant, Substance Use Policy Division

February 28, 2024 – Grant Holly, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

DECRIMINALIZATION: HEALTH SYSTEM IMPLEMENTATION

Topic/Issue: Implementation of decriminalization in the health system.

KEY FACTS / MESSAGING

Background / Status:

- Health Authorities play a key role in the implementation of decriminalization by:
 - Supporting connections to substance use services and supports.
 - Supporting the development and distribution of regional resource cards, which allow law enforcement partners to share important health service information with people who use drugs.
 - Supporting change management related to decriminalization in the health system; including revisions to policies such as policies related to possession and use of illegal substances in acute care settings.
- To support this work, the Province has provided regional health authorities and First Nations Health Authority funding for a total of 36 new FTEs:
 - 12 Decriminalization Navigator FTEs (2 per HA) support systems change by working internally to promote change management, staff education, and address emerging issues and by working directly with local law enforcement to ensure that officers have up-to-date information on available services at the local level.
 - 24 Proactive Outreach FTEs support on-the-ground connections to care and referrals for people who use drugs (PWUD).

KEY OUTCOMES / STATS

Relevant Data / Successes

- To date, over 200,000 resource cards have been printed and distributed to all RCMP districts, municipal police departments, military police, sheriffs, and regional health authorities. An additional 150,000 cards are currently being printed and distributed, bringing the total to over 350,000 cards.
- As of December 2023, 31 of 36 new decriminalization-related FTEs are now in place in health authorities.
- The following table outlines the outreach positions within the various health authorities:

PROACTIVE OUTREACH- Hiring- December 2023			
HA	Communities	Description	Hiring Status
VCH	Powell River, Sunshine Coast, Sea-to-Sky, Central Coast	4 Community outreach workers embedded in local Overdose Outreach Team or Intensive Case Management Team.	2/4 FTEs Hired
FH	3 FTEs- Fraser North, South and East 1 FTE- Cross-HA Coordination	3 Outreach workers embedded in interdisciplinary teams. 1 Harm Reduction Coordinator- law enforcement liaison and knowledge translation.	4/4 FTEs Hired

ESTIMATES NOTE

PROACTIVE OUTREACH- Hiring- December 2023			
IH	Cranbrook, Trail, Nelson, Williams Lake	4 RCMP liaison positions, embedded in existing crisis teams.	4/4 FTEs Hired
VIHA	3 FTEs Virtual, Based in South Island 1 FTE- Central Island	4 PT virtual addiction and recovery worker in place supporting Service Link access line. 1 FTE Proactive Outreach Nurse	3/4 FTEs Hired
NHA	Fort St. John, Quesnel, Smithers	3 Social Work/Peer Outreach Positions, embedded in existing teams (Harm Reduction, Specialized Service Outreach)	3/3 FTEs Hired
FNHA	One FTE per FNHA region	Peer Coordinators: building peer networks, LE liaison Substance Use Navigators: connections to care, community mediation	3/5 FTEs Hired

PROACTIVE OUTREACH- Aggregate Quantitative Reporting – December 2023						
Indicator	VCH	FH	IH	VIHA	NH	FNHA
# Clients Served	X*	301	X*	29	310	X*
# Unique Clients Served	X*	43	X*	-	95	X*
% Connected to Another Service	100%*	100%	X*	97%	61%	X*
<i>Note: More complete data will follow once all positions in place. Referrals slowed in December due to holiday season. *Partial/delayed data as new positions onboard.</i>						

DELIVERY PARTNERS

Regional Health Authorities and First Nations Health Authority.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2023 committed \$18.92M over three years for activities related to decriminalization. This includes \$3.96M per year (\$11.9M over three years) to the regional health authorities and First Nations Health Authority to support resource card distribution and decriminalization FTEs.

DATA SNAPSHOT

N/A

Approvals:

January 31, 2024 – Ally Butler, ADM, Treatment and Recovery Division

February 7, 2024 - Grant Holly, Executive Financial Officer and Executive Lead, Corporate Services

February 28, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

DECRIMINALIZATION: LAW ENFORCEMENT IMPLEMENTATION

Topic/Issue: Law enforcement activities to support implementation of decriminalization in BC.

KEY FACTS / MESSAGING

Background / Status:

- Police agencies are key partners in the implementation of decriminalization in BC.
- To meet federal requirements from Health Canada and support police to implement decriminalization safely and effectively, the Ministries of Mental Health and Addictions (MMHA) and Public Safety and Solicitor General (PSSG) developed a training framework in collaboration with police partners.
- The training outlines operational requirements, describes the voluntary referral process and pathways to care for people who use drugs (PWUD) at the core of BC's decriminalization model, and includes education on important concepts related to substance use and harms associated with criminalization.
- A Law Enforcement Implementation Working Group met monthly during the police training planning, development and implementation period.
- BC continues to report to Health Canada on law enforcement readiness and implementation.
- Early data on drug offences and seizure records indicates that police are implementing decriminalization effectively and as intended.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Police training was implemented in two phases.
 - Phase One: *Decriminalization in BC: Shifting to a Health Approach to Substance Use*, launched in December 2022. It is a 45-minute pre-recorded webinar that focuses on the details of BC's s.56 exemption, practical operational guidance in a variety of scenarios, and intersections with existing laws and policies. Municipal agencies and RCMP made this phase mandatory. 88% of all frontline police officers have completed phase one training to date.
 - Phase Two: *A Health-Based Approach to Drug Possession in British Columbia*, launched in September 2023. This 1.5-2-hour online course provides evidence-based information on substance use and harms associated with criminalization to support police in shifting their understanding of substance use as a health issue from a criminal issue. Many municipal police agencies have made this training mandatory. Data on completion rates is currently being monitored by PSSG.
- MMHA has also launched a drug checking pilot project, allocating funding to supply 30,000 fentanyl testing strips to BC Corrections, BC Sheriffs Services, Vancouver Police Department jails, select Interior Health (IHA) Bylaw Officers, and PHSA's Community Transition Teams (CTTs).
- Through Budget 2023, PSSG provided funding to municipal police to purchase 2,000 naloxone kits. The RCMP has a shared cost agreement with the federal government for

ESTIMATES NOTE

the provision of nasal naloxone. PSSG now manages procurement and distribution of naloxone kits to all municipal police over the next three years. Police naloxone utilization will also be monitored by PSSG.

LAW ENFORCEMENT IMPLEMENTATION PARTNERS

- PSSG
- BC Association of Chiefs of Police (BCACP) – includes both municipal police and RCMP leadership
- Public Prosecution Service of Canada (PPSC)
- Core Planning Table
- Law Enforcement Working Group

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- As the lead on decriminalization law enforcement readiness, PSSG was provided with \$3.261 million over three years (FY 2023/24 to FY 2025/26) for police training development, staffing (ministry and police agencies) and Indigenous-specific grants.
 - This included a \$0.050 million contract with the Canadian Police Knowledge Network to develop both phases of police training.
- Budget 2023 also includes \$1.090 million over three years (FY 2023/24 to 2025/26) for naloxone grants to police provided by PSSG.
- One-time-only funding of \$0.075 million for FY 2023/24 was approved for the drug checking pilot. Of this amount, \$0.053 million has been allocated across BC Corrections, Sheriff Offices, VPD jail, IHA bylaw officers and CTTs.

DATA SNAPSHOT

N/A

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
N/A	

Approvals:

February 1, 2024 – Ally Butler, ADM, Treatment and Recovery

February 6, 2024 – Grant Holly, EFO, Corporate Services

February 10, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

MONITORING AND EVALUATION OF DECRIMINALIZATION

Topic/Issue: Status of decriminalization monitoring and evaluation, including early data.

KEY FACTS / MESSAGING

Background:

- Early data on decriminalization indicates the three-year pilot is working as intended.
- In compliance with Health Canada's Letter of Requirements for BC's s.56 exemption, the Ministry of Mental Health and Addictions (MMHA) is monitoring and evaluating decriminalization closely, with particular focus on:
 - Health system implementation (e.g. improved connections to lifesaving treatments, services, and supports for people who use drugs [PWUD]);
 - Changes in law enforcement practice (e.g. reduced possession offences, possession related drug seizures, and charges);
 - Improvements to experiences and outcomes for PWUD (e.g. reduced barriers to care, improved interactions with police);
 - Improvements to Indigenous peoples' and communities' experiences and outcomes (e.g. decreased disparities in enforcement);
 - Public awareness and understanding of decriminalization and substance use.
- Experts and evidence from other jurisdictions tell us that some health and social outcomes, including reductions in overdose deaths, could take longer to emerge and are highly impacted by external factors, such as the toxicity of the drug supply.
- MMHA will continue to closely monitor and evaluate decriminalization to ensure its intended goals are being achieved.
- In addition, the federal government, through the Canadian Institute for Health Research, is funding third-party research to help assess impacts.

BC's Reporting:

- MMHA provides quarterly data to Health Canada on health outcomes, health service utilization indicators and law enforcement implementation.
- BC also provides monthly status reports and an annual report to Health Canada.
- In addition, MMHA regularly meets with Health Canada to discuss implementation, monitoring, evaluation, and/or stakeholder engagement.

KEY OUTCOMES / STATS

Health Service Utilization

- Access to harm reduction measures like drug-checking, overdose prevention/ supervised consumption services, opioid agonist treatment and Take-Home Naloxone kits have remained steady or continued to increase since the decriminalization program was launched (January – July data).
- More people are accessing bed-based services with 4,167 unique clients accessing bed-based treatment and supportive recovery beds in 2022/2023, an increase from 3,679 in 2021/2022 – a year over year increase of 488 unique clients.
- BC expects health service utilization will continue to increase with additional investments in the full continuum of substance use treatments and supports.

ESTIMATES NOTE

Law Enforcement

- Early data shows that decriminalization is reducing criminalization, which can cause health harms, put people in unsafe situations, and impact people's ability to find employment, housing, and pathways to recovery.
- Data from the first six months shows that offences and drug seizures for personal possession have decreased substantially. This tells us that:
 - Decriminalization is being implemented as intended and is reducing forms of criminalization that are associated substance use risks and harms.
 - BC's 2.5 gram threshold has been effective at reducing possession related seizures of small amounts of drugs for personal use.
- In the first six months of decriminalization, compared with the previous four-year average of the same February to July period, there has been a:
 - 76% decrease in possession related offences
 - 95% decrease in possession related drug seizures under the 2.5g threshold
 - 83% decrease in possession related seizures overall
- Although a recent article was published in The Maple arguing that seizures of small amounts of illegal substances for personal use have gone up in Vancouver since decriminalization, the reporter failed to note the limitations of the data he obtained.
- It is essential to calculate the cumulative total amount of exempted substances in each seizure incident due to the cumulative nature of the threshold policy. In a CDSA offence, multiple seizure records can be associated with the same offence file because each type of drugs seized and each packaged item seized are recorded as separate seizure records.
- MMHA collaborated with policing partners to develop a novel, labour intensive methodology of offence-based drug seizure analysis where all seizure records related to a certain offence are linked to calculate the cumulative weight of exempted substances seized in an offence. The reporter did not analyze the data with the same rigor as MMHA and its police partners.

DELIVERY PARTNERS

- BCCDC and SFU research team lead the research with PWUD
- Qatalyst Research Group and Be the Change Group lead Implementation Evaluation
- Police agencies are key partners in the collection and analysis of police data

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- The Implementation Evaluation contract has an estimated amount of \$0.239 million in fiscal 2023/24, \$0.216 million in fiscal 2024/25, and \$0.225 million in fiscal 2025/26. The total estimated amount of the contract is \$0.680 million over three years.
- Annual funding of \$0.215 million is committed to BCCDC from fiscal 2023/24 to fiscal 2025/26 for the Harm Reduction Client Survey and qualitative research with PWUD. The total amount of funding committed to BCCDC for the Harm Reduction Client Survey is \$0.645 million over three years.

DATA SNAPSHOT

ESTIMATES NOTE

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	
Criminalization and stigma as barriers to accessing health supports	No update
Experiences of people who use drugs before decriminalization	No update
Changes in interactions with police	No update
<u>Possession offences after decriminalization:</u> In the first six months of decriminalization, there has been a: 76% decrease from the past four-year average during the same period from February to July.	No update

Approvals:

March 1, 2024 - Ally Butler, Treatment and Recovery

February 14, 2024 – Grant Holly, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

DECRIMINALIZATION: PUBLIC DRUG USE LEGISLATION

Topic/Issue: Provincial legislation regulating public substance use

KEY FACTS / MESSAGING

Background:

- On November 8, 2023, the *Restricting Public Consumption of Illegal Substances Act* (RPCIS) received Royal Assent. The Act sets out certain public spaces where drug use is not allowed. The Act does not come into force until a Regulation is deposited. This has not yet occurred.
- Under BC's s.56 exemption from the federal *Controlled Drugs and Substances Act*, individuals are allowed to possess up to 2.5 grams of certain illegal drugs in most public areas. The exemption was amended on September 18, 2023 to prohibit possession within 15m of playgrounds, spray parks and wading pools, and skate parks.
- However, decriminalization was never intended to mean that people could use drugs everywhere, particularly not in spaces used by children.
- The RPCIS seeks to create a regulatory approach to public substance use and strike a balance by ensuring community spaces are used as intended, while also ensuring that people who use drugs can be directed to spaces where they can use safely and be connected to lifesaving services.
- The approach outlined in the Act is similar to existing laws regulating the public consumption of alcohol, cannabis and tobacco.
- The Act is responsive to feedback from local governments, who asked for a consistent provincial approach while still recognizing the need for locally tailored approaches. For those local governments who are considering additional bylaws, the legislation is consistent with existing requirements to consult with public health to ensure decisions take the health of the population into account.
- The legislation has received support from local governments, including the City of Vancouver, City of Port Coquitlam, and City of Kamloops; police; and some community members.
- The BC Association of Chiefs of Police (BCACP) communicated their support for the legislation and indicate that it would provide front-line police officers with the tools required to address problematic drug use in public spaces, while recognizing the need apply discretion and utilize the Act only when behaviour presents public safety risks. BCACP President Fiona Wilson commented, "Our goal is to not criminalize drug users, but to continue to direct people to alternate pathways of care while at the same time supporting our community's sense of safety."
- On December 29, 2023, the Harm Reduction Nurses Association successfully obtained a Supreme Court injunction which prevents the Act from coming into effect until March 31, 2024.
- On January 22, the Ministry of Attorney General filed a notice of appeal of the injunction. The Supreme Court denied leave to appeal on March 1, 2024. The Province is disappointed with this decision, and remains committed to defending this legislation in court against the legal challenge.

ESTIMATES NOTE

- Separate from the provisions of this legislation, the possession of any amount of illegal drugs **remains prohibited** at K-12 schools, licensed childcare facilities, within 15 meters of a playground, spray or wading pool or a skate park, and in a number of other places.
- Since the legislation was introduced in October 2023, only two local governments have considered new bylaws on public drug use.

Key Facts:

- Under the Act, drug use is not allowed:
 - Within 15 metres of a playground, spray or wading pool, or a skate park. These are places where possession is already illegal due to a recent amendment to the federal exemption.
 - In parks, beaches, sports fields, and outdoor community recreation areas.
 - Within 6 metres of an entrance to a workplace or business.
 - Within 6 metres of an entrance to a residential building that is next to a public space, like a sidewalk.
 - Within 6 metres of a public transit bus stop.
- When police respond to a person using drugs in an area or place listed in the legislation, they may as a first step, direct the person to stop using and/or leave the area. If the person disregards this direction, the police officer may take further enforcement action including arrest and/or seizure of the drugs.
- Under the Act, police are not able to seize prescription drugs, including prescribed safer supply, although they can direct an individual to stop consuming the prescribed drug in a prohibited location.
- Section 2 of the Act requires local governments to consult with their Medical Health Officer (MHO) and Regional Health Authority before introducing a bylaw further restricting public use.
- Section 9 of the Act provides Cabinet with authority to develop regulations to create exceptions or further regulate public use.

KEY OUTCOMES / STATS

- N/A

DELIVERY PARTNERS

- N/A

FINANCIAL IMPLICATIONS

- N/A

DATA SNAPSHOT

- N/A

Approvals:

March 4, 2024 – Ally Butler, ADM, Treatment and Recovery

February 6, 2024 - Grant Holly, Executive Financial Officer & Executive Lead, Corporate Services

ESTIMATES NOTE

February 10, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

DECRIMINALIZATION: PUBLIC DRUG USE LITIGATION

Topic/Issue: Legal challenge to the *Restricting Public Consumption of Illegal Substances Act*

KEY FACTS / MESSAGING

Key Facts:

- The *Restricting Public Consumption of Illegal Substances Act* (RPCISA) received Royal Assent on November 8, 2023. It has not yet come into force.
- On November 9, 2023, the Harm Reduction Nurses Association (HRNA) filed a Notice of Civil Claim against the Province in the BC Supreme Court to seek an interim injunction to prevent the RPCISA from coming into force until March 31, 2024.
- On December 29, 2023, a BC Supreme Court judge granted the interim injunction.
- The Province disagreed with the ruling, and the Attorney General (AG) filed a notice of appeal, on the grounds that it prevents the Province from regulating where illegal drugs are used—something is regulated in all other provinces through the Controlled Drugs and Substances Act (CDSA).
- On March 1, 2024, the Supreme Court denied the Province's request for appeal. The Province disagrees with the ruling on the appeal and intends to continue defending the legislation from this legal challenge in court.
- Separate from the provisions of this legislation, the possession of any amount of illegal drugs remains prohibited at K-12 schools, licensed childcare facilities, within 15 meters of a playground, spray or wading pool or a skate park, and in a number of other places.

Background:

- HRNA argues that the RPCISA violates sections 7, 12 and 15 of the Charter, as well as an ultra vires exercise of power under the *Constitution Act*. Specifically, HRNA contends that the RPCISA could:
 - Irreparably harm HRNA members' security of the person by causing psychological harm and potentially making their front-line jobs more dangerous by pushing outreach activities to more isolated areas;
 - Irreparably harm the security of the person of people who use drugs (PWUD) through increased interactions with law enforcement, displacement, drug seizures, fines, and criminal penalties; and
 - Discriminate against Indigenous Peoples, who are overrepresented among PWUD.
- The application of CDSA in BC currently prohibits drug possession and use on school and childcare facility premises, playgrounds, skate parks, and splash pads and wading pools. Some local governments have also enacted further restrictions on public use through bylaws.
- The Act requires police to first request that an individual stop using and/or leave a location where use is not allowed. Only if an individual refuses to comply can an officer proceed to seizure and/or arrest. Failure to comply is a provincial offence, rather than a

ESTIMATES NOTE

criminal one. This provides police with an alternative, less punitive approach in areas where possession is also prohibited under the CDSA, as BC argued in court.

- BC also argued the Regulation would also address some of the harms identified by the plaintiff. The judge did not review the Regulation and contended that the Act must be considered on its own.
- In his ruling, the judge cited the following reasons for granting the injunction:
 - Harms to HRNA members' security of the person;
 - Seizure of drugs could lead to harms;
 - Displacement encourages people to use alone; and
 - Fining people who cannot pay can result in financial hardship.

Reaction to the Injunction

- The injunction was received positively by PWUD and advocacy organizations.
- Law enforcement and some local government representatives have spoken out against the injunction, with the BC Association of Chiefs of Police, as well as some local government representatives, saying the injunction reduces the enforcement tools available to police.
- City of Vancouver mayor Ken Sim and City of Port Coquitlam mayor Brad West have also expressed concerns about the injunction and its impacts on public safety, particularly in areas frequented by children and youth.

Appeal

- On January 22, 2023, the Province filed a notice of appeal of the judge's ruling, citing a number of reasons including that the judge:
 - Failed to consider the Regulation (prematurity argument)
 - Ruled in a way that is contrary to established principles that recognize the ability of an elected legislature to set laws and govern.
 - Overly relied on anecdotal evidence and opinion.
- On March 1, 2024, the Supreme Court denied the Province's request for an appeal.

KEY OUTCOMES / STATS

Relevant Data / Successes

- N/A

DELIVERY PARTNERS

N/A

FINANCIAL IMPLICATIONS

N/A

DATA SNAPSHOT

N/A

Approvals:

March 4, 2024 – Ally Butler, Assistant Deputy Minister, Treatment and Recovery

February 5, 2024 - Grant Holly, Executive Financial Officer and Executive Lead, Corporate Services

February 10, 2024 - Christine Massey, Deputy Minister

HLTH - ESTIMATES NOTE

ACCESS TO PSYCHIATRIC SERVICES

Topic/Issue: Accessing psychiatric services in BC.

KEY FACTS / MESSAGING

Background / Status:

- Psychiatrists can be accessed via a referral from an emergency room doctor in a hospital. In non-emergency situations patients generally require a referral from a family physician or nurse practitioner.¹
- Access to psychiatrists varies throughout BC and wait times can range from one day to one year depending on location, type of program, and level of acuity of a patient's condition.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Since 2018/19, the Ministry has been gradually expanding the number of entry-level Psychiatry residency positions at the UBC Faculty of Medicine from 22 to 29 effective 2024/25 academic year, resulting in introduction of a net new UBC Department of Psychiatry training site in the Interior Health Authority in 2023/24.
- Of 29 entry-level positions in the Psychiatry residency program, seven positions have a three-year return of service contract in an underserved community of need.
- Additionally, the Ministry funds 1 'Re-entry into Residency' psychiatry position to provide opportunity for licensed physicians to re-train in psychiatry in exchange for a return of service commitment.
- Recruitment strategies have been implemented across Health Authorities, including efforts to recruit internationally.²
- In 2022/23, 67 psychiatrists were contracted with MCFD, and 14,956 psychiatric consultation sessions were provided to children/youth.³
- In 2022/23, a total of 871 psychiatrists received BC MSP⁴ fee-for-service payments for patient care.
- Red Fish Healing Centre, a 105-bed facility designed for people with complex and concurrent MHSU, is highly utilized, with an average occupancy rate of 95%.⁴
- Forms are required under the *Mental Health Act* Regulation to consent to involuntary psychiatric treatment.
- In February 2023 sections 9-12 of the *Nurse Practitioners Statutes Amendment Act, 2011* were brought into force to enable nurse practitioners to complete medical certificates under the *Mental Health Act* for purposes of voluntary and involuntary admission of individuals to designated mental health facilities.

¹ BC College of Nurses and Midwives NP Scope of Practice. April 4th, 2023. https://www.bccnm.ca/NP/ScopePractice/part2/Pages/consult_refer.aspx

² George, K. S. (2023) Health Sector Workforce and Beneficiary Services Branch. Email communication Feb. 6, 2023

³ Czmielewski, K. (2023) Ministry of Children and Families. Email communication Feb. 6, 2023.

⁴ [MSP Information Resource Manual Fee-For-Service Payment Statistics 2022/2023.](https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp_irm_2_prac.pdf)
(https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp_irm_2_prac.pdf)

HLTH - ESTIMATES NOTE

DELIVERY PARTNERS

First Nations Health Authority (FNHA) –

- First Nations Health Authority-led services play an integral role in providing connection to community, promoting person-centered wellness, and supporting culturally safe healing that is informed by Indigenous Ways of Knowing. These services are guided by their unique perspectives, fostering healing, resilience and empowerment while addressing historical challenges and promoting positive change.
- MMHA will continue to work with First Nations, Métis and Indigenous partners to refine and/or add indicators in the future.

Ministry of Children and Family Development (MCFD) –

- MCFD delivers psychiatry support to people under age 19 through community-based mental health services. MCFD also delivers Youth Forensic Psychiatric Services providing court-mandated forensic assessments and interventions to youth involved in the justice system and support youth who are on community or custody supervision via: in-patient assessment unit in Burnaby, and outpatient clinics in Vancouver, Burnaby, Langley, Victoria, Nanaimo, Prince George, Kamloops, and Kelowna.⁵

Provincial Health Services Authority -

- *BC Children's Hospital (BCCH)*⁶ Psychiatrists are involved in most clinical, educational, research and administrative aspects of the Provincial Child, Youth and Young Adult Mental Health and Substance Use Program at BCCH.
- BCCH's Compass program is a province-wide interdisciplinary service that supports evidence-based care for all children and youth in BC and the Yukon living with MHSU concerns, including telepsychiatry consultation, and continues to pilot a project with NHA of direct assessments for CY patients accessing the rural and remote emergency departments.
- There are 22.15 FTE of psychiatrists under contract with BCCH and a 2.2 FTE vacancy⁷.

BC Mental Health and Substance Use Services (BCMHSUS) -

- BCMHSUS, which is under the governance of the Forensic Psychiatric Services Commission (FPSC) and the Provincial Health Services Authority (PHSA), is responsible for *adult* Forensic Psychiatric Services (FPS) in BC.⁸ The FPS assists the Courts of BC (Courts) in rendering a disposition and provides care and recovery to people with mental illness and substance use disorders who have come in contact with the legal system. This includes court-referred psychiatric and/or psychological assessment and treatment services including assessments of Fitness to Stand Trial and assessment of Not Criminally Responsible due to a Mental Disorder (NCRMD).

Regional Health Authorities

Health Authority	# FTEs Adult Psychiatry	# FTEs CY Psychiatry	# FTE Vacancies

⁵ MCFD (2023). 4.1 Overview of CYMH. Estimate note shared by Deborah Pawar, April 4, 2023.

⁶ Burke, S. (2023). Email communication re information on psychiatry from BCCH on April 5, 2023.

⁷ Burke, S. (2024). Email communication – Feb. 8, 2024

⁸ BC Mental Health & Substance Use Services (2024). *Forensic psychiatric services*. As found at: <http://www.bcmhsus.ca/about/governing-legislation-bodies/forensic-psychiatric-services>

HLTH - ESTIMATES NOTE

Fraser Health ⁹	85*	9	60 Adult 15 CY
Interior Health ¹⁰	47.35	6.25	19 Adult 10 CY
Northern Health ¹¹	20	0	No data available
Vancouver Coastal ¹²	134(includes adult and CY)		39.6 adult and CY
Vancouver Island ¹³	59	7.4	13.4 Adult 4.2 CY)
Totals	345.35	28.25	161.2

*FHA reports an additional 50 psychiatrists in private practice to support mild to moderate mental health clients

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Psychiatrists billed for \$195.31 million fee for service work for fiscal year 2022/23 as of September 30, 2023. ¹⁴

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i> ¹⁵	More up to date data if available
First Nations Health Authority Virtual Substance Use and Psychiatry Service <ul style="list-style-type: none"> Psychiatrists and specialists conducted 1,937 virtual sessions in 2022. Care coordinators had 826 encounters with First Nations individuals and families in 2022. 	
Red Fish Healing Centre <ul style="list-style-type: none"> 214 clients admitted in 2022/23. 95% clients reported improved mental health between admission and discharge. 	

Approvals:

2024 02 23 – Robyn White OBO Darryl Sturtevant, ADM, Mental Health and Substance Use Division

2024 02 13 – Eric Larson obo Martin Wright, ADM, Health Sector Information, Analysis and Reporting

2024 02 21 – Peter Klotz obo Rob Byers, Assistant Deputy Minister, Finance and Corporate Services

⁹ Heinrichs, K. (2024). Email communication – Feb. 9, 2024

¹⁰ Morris, D. (2024). Email communication – Feb. 7, 2024.

¹¹ Kane, B. (2024). Email communication – Feb. 9, 2024

¹² MacFarlane, A. (2024) Email communication – Feb. 8, 2024

¹³ Leadbetter, S. (2024). Email communication – Feb. 8, 2024

¹⁴ B.C. Ministry of Health. Health Sector Information, Analysis, & Reporting Division. MSP Information Resource Manual (IRM) Fee-For-Service Payment Statistics 2022/2023. Table 1.1.

https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp_information_resource_manual.pdf

¹⁵ Ministry of Mental Health and Addictions. (2023). *Building a Mental Health and Substance Use System of Care*.

HLTH - ESTIMATES NOTE

MENTAL HEALTH ACT

Topic: Overview of *Mental Health Act* (MHA).

KEY FACTS

- The *Mental Health Act* (MHA) sets out the authority, criteria, and procedures for involuntary admission and psychiatric treatment while safeguarding individuals' rights.
- The MHA was last updated in 2005.
- A patient can only be involuntarily admitted under the MHA if the following criteria are met:
 - a) suffers from a mental disorder that seriously impairs their ability to react appropriately to their environment, or to associate with others;
 - b) requires psychiatric treatment in or through a designated facility;
 - c) requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration, or for their own protection or the protection of others; and
 - d) are not suitable as a voluntary patient.
- Legal Information

HLTH - ESTIMATES NOTE

Legal Information

KEY OUTCOMES

- In 2022/23, 30,203 inpatients were treated within acute care facilities or the 4 reporting tertiary care facilities for mental illness and/or substance use challenges as the primary diagnosis relating to their hospital stay.²
- An additional 30,447 patients received treatment for mental illness and/or substance use challenges during hospital stays where the primary diagnosis was another condition.³
- The total number of patients treated for mental illness and/or substance use challenges in 2022/23 was 60,650. This total was a decrease of approximately 2% over 2021/22 (61,952 patients) and an increase of 24% over 2013/14 (48,981 patients).⁴
- In 2022/23, there were 26,961 involuntary hospitalizations under the MHA, down from 28,734 involuntary hospitalizations under the MHA in 2021/22.^{5,6}
- In 2022/23, there were 19,014 unique patients involuntarily hospitalized under the MHA, down from 19,974 unique patients involuntarily hospitalized under the MHA in 2021/22.⁷
- Unique Voluntary admissions were also down from 42,369 in 2021/22 to 42,036 in 2022/23.⁸
- In 2022/23, 3,662 unique patients were discharged on Extended Leave of which 1,434 individuals had community support/referrals.
- 76 Facilities are designated under the MHA as of February 2024, including:
 - 25 Provincial mental health facilities, providing specialized inpatient treatment, tertiary care, and/or treatment of sub-populations such as forensic clients;
 - 37 Psychiatric Units located in acute care hospitals, providing inpatient treatment; and
 - 14 Observation Units in rural hospitals, providing short stay for stabilization and/or transfer.⁹

Legal Information

² Health System Performance Portal, Hospital services, Hospitalizations under MHA, 2022/2023. Not all tertiary mental health facilities report to the Discharge Abstract Database.

³ *ibid*

⁴ Ministry of Health. Report ID: HSIAR0001350. Hospitalizations Under the Mental Health Act. Retrieved from: <https://hspp.hlth.gov.bc.ca/framework/service-delivery/hospital-services/mental-health-act-overview>. Last accessed on 1/31/2024 5:44:35 PM.

⁵ Four hundred unique patients (794 cases) involuntarily admitted under the Mental Health Act for unspecified mental disorders are included in involuntary patient and case counts. These patients are not included in counts for patients treated for mental illness and/or substance use challenges (known diagnoses). Fractions and/or differences for the involuntary/voluntary counts cannot be calculated from the number of patients/cases with specified mental illness and/or substance use challenges.

⁶ Health System Performance Portal, Hospital services, Hospitalizations under MHA, 2022/2023

⁷ *ibid*

⁸ *ibid*

⁹ Designations under the *Mental Health Act*. Retrieved from: <http://www.health.gov.bc.ca/library/publications/year/2018/facilities-designated-mental-health-act.pdf>, Accessed February 21, 2019.

HLTH - ESTIMATES NOTE

Ombudsperson

- In 2017, the Office of Ombudsperson (OoO) conducted a review of involuntary admissions under the Act within 39 designated facilities. The review focused primarily on the requisite completion of the MHA forms according to the MHA Regulations, and education of staff in designated mental health facilities including education regarding the role of the appointed MHA Directors.
- In 2019, the OoO released the report: *Committed to Change: Protecting the Rights of Involuntary Patients Under the Mental Health Act*, which contained 24 recommendations for implementation by the Ministry of Health (MoH), Ministry of Mental Health and Addictions (MMHA), Attorney General (AG) and provincial and regional Health Authorities (HAs).
- The OoO released a follow-up to their 2019 report in the Spring of 2022. While the Ombudsperson acknowledged the work done to date, they also indicated that further improvement is needed in compliance and additional work is necessary to meet recommendations related to rights advice.

The Ministry's progress to date includes:

- **Standards** for Operators and Directors of Designated Mental Health Facilities released December 2020.
- An update of the provincial **Guide to the Mental Health Act** is near completion.
- **Independent Rights Advice Service (IRAS)**- In June 2022 the rights advice service legislation was brought into force. The role of the rights advice service is 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 IRAS has begun a phased province-wide implementation beginning in January 2024. The service will extend to individuals accessing community mental health centres and individuals on extended leave in the fall of 2024.
- In February 2023 sections 9-12 of the *Nurse Practitioners Statutes Amendment Act, 2011* were brought into force to enable nurse practitioners to complete medical certificates under the MHA for purposes of voluntary and involuntary admission of individuals to designated mental health facilities.
- **Quarterly Provincial Audits**-The MoH has been auditing MHA designated facilities on a quarterly basis for the completion of the MHA forms. As of January 2024 there have been 16 Provincial Audits. For every form audited, compliance rates improved between Q4 in 2020 and Q4 in 2023 as demonstrated in the table below.
 - Completion rates in 2023 are 97% for Form 4.1: *Initial Medical Certificate (Involuntary Admission)*, an **improvement of 34%** since 2020.
 - Completion rates in 2023 are 98% for Form 4.2: *Second Medical Certificate (Involuntary Admission)*, an **improvement of 28%** since 2020.
 - Completion rates in 2023 are 54% for Form 5: *Consent to Treatment (Involuntary Patient)*, an **improvement of 27%** since 2020.
 - Completion rates in 2023 are 74% for Forms 13.1: *Notification to Involuntary Patient of Rights under the Mental Health Act* and Form 14.1: *Notification to*

HLTH - ESTIMATES NOTE

*Patient Under Age 16, Admitted by Parent or Guardian, of Rights Under the Mental Health Act, an **improvement of 25%** since 2020.*

- Completion rates in 2023 are 56% for Form 15: *Nomination of Near Relative*, an **improvement of 28%** since 2020.
- Completion rates in 2023 are 75% for Form 16: *Notification to Near Relative – (Admission of Involuntary Patient or Patient Under Age 16)*, an **improvement of 49%** since 2020.

	Reporting Period		
	Q4 2020 (Jan-Mar)	Q4 2023 (Jan-Mar)	
Total # Charts Eligible for Audit:	5236	5126	
Total # Charts Audited:	1073	1079	

	% of Forms Fully Complete		% improvement
Form 4.1-1 st (Medical Certificate)	63%	97%	+34%
Form 4.2-2 nd (2 nd Medical Certificate)	70%	98%	+28%
Form 5 (Consent to Treatment)	27%	54%	+27%
Form 13.1/14.1 (Notification to involuntary patient/ patient under age 16, admitted by parent or guardian of Rights under the MHA (Mental Health Act))	49%	74%	+25%
Form 15 (Nomination of Near relative)	28%	56%	+28%
Form 16 (Notification to near relative- Admission of involuntary patient or patient under age 16)	26%	75%	+49%

FINANCIAL IMPLICATIONS

- Advice/Recommendations: Legal Information

-

DATA SNAPSHOT

N/A

Approvals:

2024 02 27 – Robyn White OBO Darryl Sturtevant, ADM, Mental Health and Substance Use Division
 2024 02 22 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

B.C.'s Health Human Resources Strategy (HLTH)

Topic: An update on progress against B.C.'s Health Human Resources (HHR) Strategy.

Key Messaging and Recommended Response:

- **B.C.'s HHR Strategy was announced on September 29, 2022.**
- **The strategy supports patients by ensuring they get the health services they need and are cared for by a healthy workforce.**
- **Starting with Budget 2023, Government has provided funding of nearly \$1 billion over three years to implement 70 key actions to recruit, train and retain health-care workers, while redesigning the health-care system to foster workplace satisfaction and innovation.**
- **On December 5, 2023 we released our year-one update¹, highlighting 47 actions that are complete or underway, and 23 that are in planning.**
- **In Year One of implementation we had four areas of focus:**
 - **Responding to urgent pressures by building sustainable programs, enhancing and expanding scopes of practice, and incentivizing regular work.**
 - **Expanding and modernizing priority education and training to keep pace with population growth and aging.**
 - **Adding more workplace supports for healthcare workers across all four cornerstones of the strategy: retain, redesign, recruit, and train.**
 - **Improving credential recognition, training, and registration processes to get internationally educated healthcare workers onto the frontlines by eliminating financial and other barriers to practice.**

CURRENT SITUATION

- **2 actions are complete:** Wage levelling in affiliate long-term care and assisted living (Action 9) and changes to the provincial nominee program (PNP) to prioritize healthcare workers (Action 38).
- **45 actions are in implementation.** Some key highlights of our achievements to date include:
 - **320 relational security officers** hired to provide culturally informed security services at high-risk sites across B.C. (**Action 3**).
 - **150 new nurse clinical mentor positions** created (funded through a \$108.6M policy agreement with the Nurse Bargaining Association that builds on the Strategy) to provide clinical leadership and support to frontline nurses (**Action 8**).
 - The introduction of the **Minor Ailments and Contraception Service** so people in B.C. can seek contraception and treatment for 21 ailments directly from a pharmacist (Action 26).
 - The provincial expansion of **Go Health B.C.** which now provides travel nursing service in 25 rural and remote communities and has delivered 250,000 hours since launching in 2018 as the northern health prototype travel program (**Action 34**).

¹ <https://news.gov.bc.ca/files/HealthHumanResourcesStrategyOneyearUpdate-December2023.pdf>

ESTIMATES NOTE

- **1,774 Internationally Educated Nurses (IEN)** who have received a registration decision from the B.C. College of Nurses and Midwives (BCCNM), including **806** who have received full registration under the IEN support program, up from 288 in 2022 (**Action 36**).
- **Over 7,500 participants hired by the Health Career Access Program (HCAP)** since it launched in September 2020, adding much needed capacity in long term care, assisted living, home health, Indigenous home health, and – most recently – mental health and substance use settings across B.C. HCAP participants are hired into non-clinical care roles and receive employer-sponsored training for an entry level clinical role (**Action 52**).
- **Seat expansions across all profession groups** including **602** nursing seats, up to **322** allied health seats, **20** midwifery seats, and **60** physician residencies added between 2017 and 2022 and – with the Strategy and Budget 2023, an additional **40** undergraduate physician seats and up to **122** physician residencies will be added.
- **23 actions are in planning** with implementation dates in Fiscal Year 2024/25 and 2025/26.
 - Many of these include input from health system partners and other ministries including PSFS, MMHA, MUNI, EDUC, and HOUS.

FINANCIAL IMPLICATIONS

The HHR Strategy is supported with **three year funding of \$995M** starting with Budget 2023. Funding ramps up: \$273.6 million in FY2023/24, \$349.6 million in FY2024/25, and \$372.7 million in FY2025/26.

KEY BACKGROUND

- The **Provincial Health Human Resources Coordination Centre (PHHRCC)** provides governance and oversight to the Strategy and includes leadership from the Ministry of Health, regional health authorities (HAs), the Provincial Health Services Authority, the Health Employers Association of British Columbia (HEABC), Providence Health Care, and the First Nations Health Authority.
- We have made significant investments in the health sector workforce since 2017, resulting in an **increase of over 40,000 employees since 2017²**; however, continued workforce growth is required to meet current and future needs for health services.
 - The number of people over the age of 75 in B.C. has increased by 24% between 2017 and 2023 and B.C.'s net migration reached over 166,000 people annually in 2023.³
 - Labour shortages, rising demand, and increased competition (provincially, nationally, and internationally) have created a tight labour market – particularly in rural communities.
 - Work BC estimates that by 2031 there will be 166,300 job openings in B.C.'s health sector.⁴
 - Health services must also keep pace with economic growth to ensure that new entrants to the labour force and employers have access to a strong, responsive healthcare system.
- The Strategy includes actions needed to help address today's challenges while building out for the longer-term needs of the health system.
- The Strategy also advances **Government's commitment to Indigenous Health and Reconciliation** by prioritizing actions to improve health outcomes for Indigenous Peoples, break cycles of systemic racism, and support Indigenous health sector workers to improve representation and equity.

LAST UPDATED

The content of this estimates note is current as of March 5, 2024 as confirmed by Lynn Hancock.

APPROVALS

2024 03 05 - Miranda Mason, Health Sector Workforce and Beneficiary Services Division

2024 02 26 – Peter Klotz obo Rob Byers, Finance and Corporate Services Division

² Public Sector Employers Council. (2023, 2022, 2021, 2019, 2018). Public Sector Annual Compensation Forecast.

³ PEOPLE 2023. BC Stats Population Estimates and Projections; updated on February 22, 2024.

⁴ Work BC. (2023). 2023 Labour Market Outlook.

ESTIMATES NOTE

HEALTH CAREER ACCESS PROGRAM – MHSU EXPANSION

Topic/Issue: Expansion of the Health Career Access Program to train and recruit mental health and addictions workers.

KEY FACTS / MESSAGING

Background / Status:

- Announced in September 2020, the Health Career Access Program (HCAP) provides a paid work and training program for individuals wishing to become health care assistants in the long-term care, assisted living, and home support sectors.
- As part Budget 2023, \$43.260 million was committed to expand HCAP to train and recruit mental health and addictions workers to support these services.
- New hires start as Mental Health and Addictions *Support Workers* before completing a Mental Health and Addictions Worker/ Community Mental Health Worker certificate program, during which they receive an educational stipend. Following graduation, they complete a 1-year Return of Service as a Mental Health and Addictions Worker (or equivalent).
- The program launched on November 30, 2023, with funding for up to 500 participants over 3 years.
- Northern Health, Island Health and Interior Health are early-adopters of the program, currently hiring Mental Health and Addictions Support Workers for Round 1 (February/March 2024) ahead of post-secondary intakes in May 2024.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Successful design and launch of HCAP-MHSU
- 2,000+ visits to new HCAP-MHSU webpage
- 500+ participant applications received

DELIVERY PARTNERS

- The Ministry of Health delivers the program on behalf of MMHA, using the HCAP infrastructure.
- The Ministry of Post-Secondary and Future Skills manages the post-secondary elements of the program.
- Vancouver Island University, Selkirk College, Camosun College and Douglas College are confirmed as post-secondary institution delivery partners.
- Health Authorities recruit for and deliver the program at a provincial level.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Through Budget 2023, a total investment of \$43.260 million was committed over three years (Cabinet Confidences: Government Financial Information)

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- The majority of this funding will be transferred to Health Authorities to deliver the program, with \$7.500 million being allocated to Post Secondary Education and Future Skills initiative over the funding period.

DATA SNAPSHOT

N/A

Approvals:

January 30, 2024 – Ally Butler, Treatment and Recovery

February 28, 2024 – Grant Holly, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

SUBSTANCE USE IN THE TRADES

Topic/Issue: Disproportionate impact of the toxic drug crisis on people who work in the trades in BC.

KEY FACTS / MESSAGING

Background / Status:

- People who work in the trades are experiencing significant and disproportionate rates of substance use-related harms, including death.
- According to the 2022 BC Coroner Death Review Panel, 35% of people who died from toxic drugs were employed at the time of their death, and over half of those employed worked in the trades, transport or as equipment operators.
- According to the most recent Coroner's report, in 2023, 69% of those dying were aged 30 to 59, and 77% were male.
- Within the construction sector, 85.4% of workers are male between the ages of 25-44, the demographic at highest risk for harms from the toxic illicit drug supply.
- Factors such as elevated rates of injury and pain, job insecurity (including part-time, temporary, or subcontracted work arrangements), and "work hard, play hard" attitudes may contribute to the elevated risks of substance use harms among workers.
- In August 2023, the Minister of Mental Health and Addictions and the Minister of Labour convened a Joint Ministers' Roundtable on Substance Use in the Trades to bring together industry, healthcare, and government partners to discuss a path forward to address the impacts of substance use and related harms on people employed in the trades.
- Through November 2023 to January 2024, industry, health, and government representatives have met regularly to identify new opportunities for all partners to work together to reduce substance use harms for people working in the trades.

KEY OUTCOMES / STATS

Relevant Data / Successes:

- Since 2017, the Ministry of Mental Health and Addictions has worked with industry partners to enhance the substance use continuum of care and to targeted supports for those working in the trades. This work includes:
 - Providing funding to the **Tailgate Toolkit**, an industry-led project consisting of on-site/virtual talks, supervisory training for site leaders, an industry support group, and region-specific resource guides for mental health, substance use, chronic pain, and overdose prevention.
 - Funding **Construction Industry Rehabilitation Plan (CIRP)** initiatives tailored to trades workers. This includes the Opioid Free Pain Service, a service available to construction workers in the lower mainland of BC which offers evidence-based approaches to pain relief without pharmacological interventions (includes myoActivation needling services, yoga, and counselor led self-management groups).
 - MMHA also provides funding for **CIRP's BuildStrong App**, a phone application that provides construction workers with on-demand access to mental health

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and substance use support (including tools for managing stress, anxiety, substance use challenges, and information about available support services).

- Expanding efforts to accessing naloxone kits on worksites through the **Take Home Naloxone (THN)** initiative. This project expanded prevention and education efforts as well as enhancing access to overdose prevention through collaboration with industry partnerships. As of March 2023, BCCDC has shipped 325 kits to VICA (since 2021) and 6,146 to CIRP (since 2017) for distribution.
- Following the Roundtable, the Ministry of Mental Health and Addictions convened three working groups to discuss priority areas for action: (1) prevention and education; (2) understanding and awareness of the treatment process and options; and (3) pain management.
- Working groups were tasked with identifying and prioritizing short- and long-term opportunities to support people working in the trades who are at risk of substance use-related harms.

DELIVERY PARTNERS

- MMHA will continue to work with industry and health sector partners to ensure that people working in the trades have access to evidence-based care that best meets their needs.
- Key partners will include: Ministry of Labour, WorkSafeBC, CIRP, unions, employer associations, and health care providers.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- The Province currently provides funding for a number of specialized substance use initiatives in collaboration with industry partners, including:
 - \$1.2 million since 2021 for Tailgate Toolkit
 - \$2.26 million in 2022/23 year-end funding for trades-specific harm reduction supports, including CIRP's Opioid Free Pain Service and Buildstrong App.
 - \$11.060 million in 2022/23 to the BCCDC's Take Home Naloxone (THN) Program, which provides THN kits to distribution sites in the construction industry.

DATA SNAPSHOT

- Work to improve data collection and analysis is ongoing to better understand prevalence rates of mental health and substance use related concerns among people in the trades.

Approvals:

February 11, 2024 - Darryl Sturtevant, ADM, Substance Use Policy Division

February 16, 2024 – Grant Holly, EFO, Corporate Services

February 23, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

WORKPLACE MENTAL HEALTH INITIATIVES

Topic/Issue: Supporting the psychological health and safety of workers

KEY FACTS / MESSAGING

Background / Status:

- Workplaces play a crucial role in maintaining and promoting positive mental health.
- Early in the pandemic, the Province responded rapidly to assist workers by launching resources for healthcare workers:
 - [CareforCaregivers.ca](#) – a website providing tailored content for workers and managers.
 - [Care to Speak](#) – a peer-based text, chat, and phone service providing emotional support and service navigation.
- In April 2021, the Ministry of Mental Health and Addictions (MMHA) invested to expand workplace mental health supports to the tourism & hospitality and social service sectors:
 - [BC's Hub for Workplace Mental Health](#) – a website providing free workplace mental health resources.
 - [CARE Training Program](#) - three levels of self-paced training in workplace mental health for employees, managers, senior leaders, and human resource professionals.
 - [Learning Coaches](#) - embedded in sector specific health and safety associations, coaches provide free support to employers who are interested in advancing psychological health and safety in their workplace.
- In 2023, the Province committed over \$6.6 million to continue and expand these programs up to April 2026. This included funding to:
 - Continue CareforCaregivers.ca and Care to Speak services to 'increase supports for healthcare worker wellness' as part of BC's Health and Human Resources (HHR) Strategy (*Action 04*).
 - Expand CareforCaregivers' Leading from the Inside Out course, a professional development program for leaders in long-term and home care to develop the skills to be resilient and effective while leading through uncertainty.
 - Expand the BC Hub for Workplace Mental Health and CARE Training Program. Registrations for the CARE Training Program are currently paused ahead of the relaunch of enhanced training in Spring 2024.
- In partnership with the Ministry of Social Development and Poverty Reduction (SDPR), MMHA is also supporting CMHA-BC in developing resources to support employers in building psychologically safe workplaces for employees living with mental illness(es).

KEY OUTCOMES / STATS

Relevant Data / Successes

- Since 2020, CareforCaregivers.ca has had over 220,000 page views and delivered over 105 webinars to 2,900 people working in health and community social services.
- In 2023/24, 80 leaders have enrolled in the Leading from the Inside Out program.

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- In addition, Care to Speak has provided emotional support to over 1,100 healthcare workers, with users reporting increases in their ability to cope.
- Since April 2021, BC'S Workplace Mental Health has had over 54,000 page views and delivered over 75 webinars to over 1,000 people working in tourism and hospitality and community social services. There have been over 790 completions of the CARE Training Program.
- The programs continue to receive strong and ongoing support from key labour partners and employers across the long-term care, hospitality and tourism and community social services sector.

DELIVERY PARTNERS

- CMHA-BC leads the continuing development and implementation of CareforCaregivers.ca, Care to Speak, BC's Hub for Workplace Mental Health and the CARE Training Program, in partnership with relevant health and safety associations (Go2HR, the Federation of Community Social Services and SafeCare BC).
- SafeCare BC leads the delivery of Leading from the Inside.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

2023/24

- HLTH provided \$0.145 million to sustain Care for Caregivers and \$1.345 million for Care to Speak through FY 2025/26, as part of broader HHR Strategy.

2022/2023

Government Financial Information

- SDPR granted \$0.700m million to CMHA-BC to develop resources for employers to better support employees living with mental illness(es).

2021/2022

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

2020/2021

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

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DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
<p><u>Care for Caregivers</u> (as of July 2023)</p> <ul style="list-style-type: none"> • 200,000+ page views • 90+ webinars delivered • 2,100 employees in health and community social services reached 	<p><u>Care for Caregivers</u> (as of January 2024)</p> <ul style="list-style-type: none"> • 220,000+ page views • 105+ webinars delivered • 2,900 employees in health and community social services reached
<p><u>Care to Speak</u> (as of July 2023)</p> <ul style="list-style-type: none"> • 800+ interactions with peer support workers (online chats, calls and texts) • Users report increases in their ability to cope • Feedback indicates that users would access service again 	<p><u>Care to Speak</u> (as of January 2024)</p> <ul style="list-style-type: none"> • 1,100+ interactions with peer support workers (online chats, calls and texts) • Users report increases in their ability to cope • Feedback indicates that users would access service again
<p><u>Workplace Mental Health Hub</u> (as of July 2023)</p> <ul style="list-style-type: none"> • 47,000+ page views • 600 CARE training courses completed • 70+ webinars delivered • 900+ worked in tourism and hospitality, as well as community social services reached • Learning coaches handled 700+ inquiries between January 2022 and February 2023 	<p><u>Workplace Mental Health Hub</u> (as of January 2024)</p> <ul style="list-style-type: none"> • 54,000+ page views • 790 CARE training courses completed • 75+ webinars delivered • 1,000+ worked in tourism and hospitality, as well as community social services reached

Approvals:

January 30, 2024 – Ally Butler, ADM, Treatment and Recovery

February 8, 2024 – Grant Holly, EFO, Corporate Services

February 14, 2024 – Christien Massey, Deputy Minister

ESTIMATES NOTE

COMMUNITY COUNSELLING GRANTS

Topic/Issue: Continued investments supporting improved access to counselling.

KEY FACTS / MESSAGING

Background / Status:

- About 17% of British Columbians – around 800,000 people – are experiencing a mental illness or substance use issue today. By the time Canadians reach 40 years of age, 1 in 2 have, or have had, a mental health challenge.¹
- *A Pathway to Hope* identifies the cost of counselling as a significant barrier to accessing this important, early intervention service.
- Beginning in 2019, the Ministry of Mental Health and Addictions (MMHA) in partnership with Community Action Initiative (CAI), developed the Community Counselling Grants (CCG) program to increase access to low and no-cost community-based adult mental health and substance use counselling across the province.
- These grants make counselling more accessible including in rural, remote, and Indigenous communities and are intended to increase access to underserved or hard to reach populations who do not typically have access to other counselling opportunities.
- 49 counselling services organizations receive annual grants, issued and administered by CAI. Funding per organization ranges from \$40,000 to \$120,000 annually.
- Since 2019, the province has provided a total of \$35 million to support the community counselling grant program.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Since the community counselling program began in 2019:
 - More than 65,000 individuals have accessed individual, couples, or family counselling. Nearly half of them engaged with the services provided by these organizations for the first time.
 - More than 250,000 counselling sessions have been delivered to individuals, couples and families.
 - More than 10,000 group counselling and psychoeducational workshops have been delivered.

DELIVERY PARTNERS

- The grant program is administered by the Community Action Initiative, with funding flowing through Canadian Mental Health Association British Columbia (CMHA-BC).
- Grant-funded organizations by region (Indigenous service providers are bolded):

Fraser	Archway Community Services Society Cythera Transition House Society
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¹ Canadian Mental Health Association – British Columbia Division. Retrieved from <https://cmha.bc.ca/impact/facts-and-figures/> (February 2022)

ESTIMATES NOTE

	<p>Deltassist Family and Community Services Society DIVERSECity Community Resources Society Elizabeth Fry Society of Greater Vancouver Fraser House Society Kinghaven Peardonville House Society Maple Ridge/Pitt Meadows Community Services Moving Forward Family Services Society Native Courtworker and Counselling Association of BC RainCity Housing and Support Society SHARE Family and Community Services Yale First Nation</p>
Interior	<p>CMHA – Cariboo Chilcotin CMHA – Kelowna Cariboo Family Enrichment Centre Society Circle of Indigenous Nations Society Independent Living Vernon Society Kamloops Family Resources Society (Family Tree Family Centre) Lillooet Friendship Centre Society Métis Community Services Society of BC OneSky Community Resources Yellowhead Community Services</p>
Northern	<p>CMHA – Prince George Carrier Sekani Family Services Central Interior Native Health Society Dze L K’ant Friendship Centre Society Prince George Native Friendship Centre Quesnel Women’s Resource Centre</p>
Vancouver Coastal	<p>Association of Neighbourhood Houses BC, DBA Gordon Neighbourhood House CMHA – North and West Vancouver CMHA – Vancouver-Fraser Family Services of the North Shore Jewish Family Services PACE Society REACH Community Health Centre S.U.C.C.E.S.S. Sunshine Coast Community Services Society Turning Point Recovery Society Vancouver Association for Survivors of Torture Watari Counselling and Support Services</p>
Vancouver Island	<p>Esquimalt Neighbourhood House Society Hiiye’yu Lelum (House of Friendship) Society Kwakiutl Band Council – Health Pacific Centre Family Services Association Peers Victoria Resources Society Salt Spring Island Community Services Snuneymuxw First Nation Vancouver Island Counselling Centre for Immigrants and Refugees</p>

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FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Since 2019 the province has provided a total of \$35 million to support the community counselling grant program.
 - 2018/19 - \$11.0 million to support 29 counselling services providers.
 - 2020/21 - \$4.8 million to expand support to an additional 20 counselling service providers (COVID-19 surge funding).
 - 2021/22 - \$4.2 million to continue grant funding through March 2023 for all 49 counselling services providers.
 - 2022/23 - \$15 million to continue funding 49 organizations through to March 2025

DATA SNAPSHOT

Data from current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	Updated data if available
FY 2022/2023: Over 27,282 individuals accessed counselling services through this program, and nearly half (13,290) were first-time participants.	Complete fiscal year data is not yet available, however: Between April 2023- September 2023: 17,455 individuals accessed counselling services through this program, and 9,355 were first-time participants.
FY 2022/2023: 19,214 people received individual, couples, and family counselling, with around 8,210 being first-time participants.	Complete fiscal year data is not yet available, however: Between April 2023- September 2023: 11,803 people received individual, couples, or family counselling, with 4,680 being first-time participants.
FY 2022/2023: 8,068 people accessed group counselling and psychoeducational workshops, with 5080 being first-time participants.	Complete fiscal year data is not yet available, however: April 2023- September 2023: 5,652 people accessed group counseling and psychoeducational workshops, with 4,675 being first-time participants.
49 community agencies providing low or no cost community counselling via MMHA grants.	No change

Approvals:

February 12, 2024 – Francesca Wheler, ADM, CYMHP
 February 14, 2024 – Grant Holly, EFO, Corporate Services
 February 23, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

BRAIN INJURY

Topic/Issue: Brain Injury Alliance funding to support British Columbians with brain injury and concurrent mental health and substance use issues.

KEY FACTS / MESSAGING

Messaging:

- The increasingly toxic illicit drug supply means more people are at a risk of brain injury after they survive a toxic drug poisoning event.
- MMHA provided \$4.500 million in 2023 to the Brain Injury Alliance to support 3 years of delivery of services to those living with brain injury.
- Our aim is to improve the system of care for people with brain injury due to toxic drug poisoning while also creating effective monitoring and performance measures for ongoing service planning and response.

Brain Injury Alliance:

- The Brain Injury Alliance is a BC wide organization working to improve quality of life for people with brain injury and their families. It exists to receive and disperse funding to support community non-profit brain injury associations and groups.
- In 2023 MMHA provided \$4.500 million to the Brain Injury Alliance to support 3 years of delivery of services to those living with brain injury.
- The Brain Injury Alliance is using the funding to:
 - expand brain injury services to people with brain injury with concurrent mental health, substance use, and justice system involvement.
 - improve and expand brain injury services for Indigenous people, including cultural safety training for brain injury societies providing services to indigenous people and outreach to Indigenous communities through relationship development
 - support development of trauma informed and culturally appropriate brain injury services throughout the province

Research And Program Investments to Date:

- In March 2022, MMHA provided \$0.345 million to Constable Gerald Breese Centre for Traumatic Life Loss to support research into the intersections of brain injury and mental health and addictions.
- In March 2022, the Ministry of Health (HLTH) awarded \$0.025 million to the University of Victoria to conduct a study with people with opioid-related anoxic brain injury and healthcare professionals to identify service opportunities and barriers.
- In May 2023, Vancouver Coastal Health's (VCH) Cognitive Assessment and Rehabilitation for Substance Use program (CARSU) expanded its services to include specialized supports for adults with mild to moderate brain injuries related to an overdose, a first-of-its-kind program in Canada.¹

¹ <https://news.gov.bc.ca/releases/2023MMHA0029-000802>

ESTIMATES NOTE

- From September 2022 to September 2023, a Mitacs post-doctoral fellowship project was undertaken by Ministry of Health (led by neuroscientist Dr. Aysha Basharat) to scope ABI/HBI-NFTDP in BC.
- Dr. Basharat's project involved extensive engagement with service provision partners, researchers, and people with lived and living experience and will help MMHA and HLTH improve both service delivery and surveillance and monitoring related to ABI/HBI

Anoxic/Hypoxic Brain Injury due to Non-Fatal Toxic Drug Poisoning (ABI/HBI-NFTDP):

- Data from the BC Centre for Disease Control (BCCDC) indicates that of the 44,965 toxic drug poisoning events that were documented between January 2015 to December 2020, the vast majority were not fatal – approximately 19% died with 81% surviving.²
- When a person experiences a toxic drug-related poisoning, their normal breathing rate is decreased, resulting in a partial deficiency or a total loss of oxygen supply to the brain (hypoxic and anoxic brain injury respectively – HBI/ABI). Without enough oxygen, brain cells begin to deteriorate, which may lead to significant and often enduring cognitive, physical, and psychological impairments.
- The negative health and social impacts associated with ABI/HBI-NFTDP increase the burden of care for this population.

KEY OUTCOMES / STATS

- In 2023 the Brain Injury Alliance funded 13 agencies to deliver 39 programs and services, supporting 76 distinct communities across BC.
- From July-Dec 2023, the 13 agencies in the Brain Injury Alliance reported a combined total of:
 - 841 new individuals screened for brain injury services
 - 603 new individuals accepted for brain injury services
 - 295 new clients with brain injuries living with concurrent MHSU issues and/or justice system involvement
 - 213 new clients with brain injuries who were unhoused or inadequately housed
 - 85 front-line staff of Brain Injury Alliance member organizations who participated in cultural sensitivity training
 - 52 front-line staff of Brain Injury Alliance member organizations who participated in trauma-informed service provision

DELIVERY PARTNERS

- Brain Injury Alliance, Carol Paetkau, Treasurer

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- In 2023 MMHA provided \$4.500 million to the Brain Injury Alliance to support 3 years of delivery of services to those living with brain injury.

DATA SNAPSHOT

N/A

² BC Centre for Disease Control: Provincial Overdose Cohort; January 2023. <http://www.bccdc.ca/provincial-overdose-cohort>

ESTIMATES NOTE

Approvals:

March 1, 2024 - Darryl Sturtevant, ADM, Substance Use Policy Division

February 28, 2024 – Grant Holly, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

CORRECTIONAL SERVICES INCLUDING COMMUNITY TRANSITION TEAMS (CTTS)

Topic/Issue: Treatment and Recovery Services in Correctional Services, including Community Transition Teams

KEY FACTS / MESSAGING

Background / Status:

- Correctional health services and Community Transition Teams are the responsibility of the Provincial Health Services Authority (PHSA).
- Clients in correctional settings receive both health and mental health assessments and care when incarcerated in one of BC's 10 provincial correctional centers.
- People who are incarcerated are often in poorer health than the general population, and more likely to live with chronic conditions, including mental health and substance use disorders. Research shows that 60% of all clients have mental illness, substance use or both.¹
- As of February 2024, PHSA reports that approximately 30% is receiving Opioid Agonist Treatment (OAT) at any one time.
- In addition to these services, clients released on a "conditional discharge" where they have been found not criminally responsible for a crime or are unfit to stand trial due to a mental disorder, are supported by the Community Transitional Care Program, which is a 40-bed substance use treatment service supporting forensic clients and patients who are well enough to live outside the Forensic Hospital but are directed to participate in monitoring and ongoing treatment.²
- In 2018, the PHSA established five CTTs to address gaps in care for clients at high risk of toxic drug death when transitioning from correctional facilities to community.
- CTTs provide comprehensive care coordination and peer support to clients with opioid use disorder to facilitate safe outcomes for those transitioning from correctional centres to community. The goal is seamless support and care for those with high risk of substance use harms and/or fatal overdose.
- CTTs are a voluntary service, people are not mandated by the courts or corrections to participate.
- Through Budget 2021, the Province expanded this initiative to a total of 10 teams, serving all BC correctional centres and Tier 5 MHSU facilities, extending CTT oversight to 90 days post release versus 30 days and addressing existing gaps by:
 - providing 7 days a week access and virtual support addressing the current gap in supporting clients who are transitioning over the weekends and evenings and those living in rural and remote communities
 - complementing teams working in the communities with access to virtual specialized resource
 - adding the new role of indigenous patient navigator positions to better support indigenous clients

¹ [Correctional Health Services \(bcmhsus.ca\)](https://www.bcmhsus.ca)

² [Community Transitional Care Program for Forensic Clients and Patients \(bcmhsus.ca\)](https://www.bcmhsus.ca)

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- standardizing care coordination through enhanced clinical and operational oversight and infrastructure for the CTT program
- CTTs are comprised of social workers, nurses, peer support workers and Indigenous patient navigators who will connect people with short-term substance use and mental health treatment, medication-assisted treatment, and life-skills training, as well as psychiatric, clinical and social supports, among other services (total of 25 FTEs).
- All ten CTTs are fully implemented and serving clients as of October 2023.
- In April 2022, the Province announced a new Forensics Assertive Community Treatment (Forensic ACT) team for the Fraser South region.
 - This team will assist up to 25 people at any time with serious mental health and substance use challenges who are involved with the criminal justice system.
 - The team may include service providers such as psychiatrists, substance use care providers, social workers, rehabilitation providers, and others.
 - People supported by the Forensic ACT team will receive rental supplements to live in market housing.³

KEY OUTCOMES / STATS

Relevant Data / Successes

- CTTs serve clients transitioning from the 10 BC Correctional Centres:

Region	Correctional Centre
Fraser	Alouette Correctional Centre for Women, Ford Mountain, Fraser Regional, North Fraser Pretrial Centre, Surrey Pretrial Services Centre
Interior	Kamloops Regional, Okanagan
Northern	Prince George Regional
Island	Nanaimo, Vancouver Island

- In 2022/23, 1047 unique clients accessed CTTs. So far in fiscal year 2023/24, 712 unique clients have been served. The wait time for CTTs is short: 9 days in Q1 and 4 days in Q2 2023/24. Clients are triaged for service, based on expected discharge from correctional services (e.g., clients on remand may only be at a site for a few days so are prioritized for CTT service, whereas those clients sentenced with a probable discharge date have longer to connect with CTT staff).
- In Q1 and Q2 of 2023/24, approximately one third of clients were connected to health and/or community services upon discharge from CTTs.

DELIVERY PARTNERS

- Provincial Health Services Authority

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2021 provided \$10.356 million over the next three years to support CTT's in PHSA.
- The Ministry of Health provides \$35.7 million in annual funding to PHSA to support the BC Correctional Health Services (including funding for opioid agonist treatment (OAT)).

³ MMHA (2023). CCH Phase 1- E2024-MMHA46

ESTIMATES NOTE

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
N/A	N/A

Approvals:

February 19, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
February 20, 2024 - Ally Butler, ADM, Treatment and Recovery Division
February 28, 2024 – Grant Holly, EFO, Corporate Services
February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

MOBILE INTEGRATED CRISIS RESPONSE TEAMS (MICR)

Topic/Issue: Police/health mobile mental health crisis response teams (Safer Communities Action Plan)

KEY FACTS / MESSAGING

Background / Status:

- Mobile Integrated Crisis Response (MICR) Teams, often called Car Programs, are mobile crisis response units that partner police officers and health care or social sector workers (e.g. psychiatric nurse, social worker) to respond to mental health-related 911 and non-emergency calls for service.
- Police are the default first responders to mental health emergencies in many communities in BC. Creating teams where a mental health worker responds alongside police ensures that people experiencing mental health challenges are met with a health-based response and connected to the supports they need.
- MICR teams provide on-site emotional and mental health assessments, crisis intervention and referrals to appropriate services in the community, and help free up police resources to focus on crime.
- Budget 2024 provides \$9 million over three years to support MICR, and this investment builds on the November 2022 announcement when Premier Eby committed \$3 million in 2023/24 to expand MICR teams as part of the Safer Communities Action Plan (SCAP).
- This funding was the first targeted provincial funding for this type of team. Historically, these programs have been developed locally by health authorities and police departments, funded out of their existing budgets.
- While the SCAP announcement indicated communities would be able to apply for MICR funding, government decided to select communities without an application process to expedite service launch. Community selection was based on community need, feasibility in terms of human resources, and confirmed availability of police resources (both human and financial).
- In July 2023, the Province announced 9 locations for new MICR teams.
- As of January 2024, 6 teams have launched (Abbotsford, Burnaby, Chilliwack, Coquitlam/Port Coquitlam, Vernon, and Penticton). The remaining teams (Squamish, Westshore, and Prince Rupert) will launch in 2024 subject to funding.
- Total costs for these programs vary depending on community size and service model.

KEY OUTCOMES / STATS

- In July 2023, the Province announced 9 locations for new MICR teams, 6 of which are now operational. This is in addition to 10 existing similar teams:

SCAP-funded MICR Teams	
<i>Community</i>	<i>Status</i>
Abbotsford	Launched Oct 2023
Burnaby	Launched Nov 2023

ESTIMATES NOTE

SCAP-funded MICR Teams	
<i>Community</i>	<i>Status</i>
Chilliwack	Launched Nov 2023
Coquitlam/Port Coquitlam	Launched Nov 2023
Vernon	Launched Nov 2023
Penticton	Launched Jan 2024
Squamish	Launching in 2024
Westshore	Launching in 2024
Prince Rupert	Launching in 2024
Existing MICR/Car Programs (not SCAP-funded)	
<i>Community</i>	<i>Name</i>
Vancouver	Car 87, Car 88
North Vancouver	Car 22
Richmond	Fox 80
Surrey	Car 67
Victoria	Co-response team
Nanaimo	Car 54
Kelowna	Integrated Crisis Response Team (ICRT)
Kamloops	Integrated Crisis Response Team (ICRT)
Prince George	Car 60
Fort St. John	Car 60

DELIVERY PARTNERS

- Implementation of the 9 MICR teams is led by regional health authorities working closely with police (RCMP and the Abbotsford Police Department).

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 provides \$9.000 million over three years to continue the support of MICR.

Initiative	2024/25	2025/26	2026/27	Total
Mobile Integrated Care Teams (MICR)	3.000	3.000	3.000	9.000
Total	3.000	3.000	3.000	9.000

- This funding builds on the one-time funding of \$3 million in Budget 2023.
- Government Financial Information

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
9 new MICR Teams coming	<ul style="list-style-type: none"> • 6 new MICR teams launched: Abbotsford, Burnaby, Chilliwack, Coquitlam/Port Coquitlam, Vernon, Penticton

ESTIMATES NOTE

DATA SNAPSHOT	
Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
	<ul style="list-style-type: none">3 new MICR teams coming: Squamish, Westshore, Prince Rupert (TBC)
10 existing MICR Teams	10 existing MICR Teams (no change)

Approvals:

February 12, 2024 - Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 14, 2024 - Grant Holly, EFO, Corporate Services Division

February 18, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

PEER ASSISTED CARE TEAMS (PACT)

Topic/Issue: Civilian-led mobile mental health and substance use crisis response, Safer Communities Action Plan

KEY FACTS / MESSAGING

Background / Status:

- Peer Assisted Care Teams (PACT) are a civilian-led mobile crisis response model that respond over the phone and in person to people experiencing a mental health or substance use challenge or crisis.
- The aim of PACT is to provide an alternative to police by offering community-based, client-centered, and trauma-informed crisis response that centers the well-being of the affected individual, their family, and their community.
- Response teams include two trained individuals:
 - One trained peer (civilian/community member) with lived or living experience of mental health and/or substance use challenges; and
 - One mental health professional (e.g., counsellor, social worker).
- Currently there are three PACTs operating in BC. North Shore PACT has been operational since November 2021. New Westminster and Victoria PACTs launched in January 2023.
- Since implementation, all 3 PACTs have gradually expanded their hours of operation. Current hours are:
 - New Westminster: 7 days a week, 8:00 a.m. to 12:30 a.m.
 - North Shore: 7 days a week, 7:00 a.m. to 11:30 p.m.
 - Victoria: Monday-Friday 7:30 a.m. to 12:30 a.m.; Saturday-Sunday 2:00 p.m. to 9:00 p.m.
- The next three PACTs will launch in the Comox Valley, Kamloops, and Prince George in Spring 2024.
- The Safer Communities Action Plan (November 2022) committed support to expand to a total of 12 PACTs, including two that would be an Indigenous-led model.
- MMHA has contracted Mahihkan Management to lead province-wide Indigenous engagement on Indigenous-led crisis response in January and February 2024. The engagement gathered insight on community need and readiness and provide MMHA with recommendations and possible models to consider when developing Indigenous-led crisis response.
- Budget 2024 investments \$30.324 million over three years to support Peer Assisted Care Teams.

KEY OUTCOMES / STATS

Relevant Data / Successes

- From January 2023 to November 2023, the three Wave 1 PACTs (New West, Victoria, North Shore) responded to 3,103 calls.
- Overall, call and response volumes are trending up, month over month.

ESTIMATES NOTE

- Stats for the three most recent reporting months, September-November 2023:

Calls/Dispatch	Sep-23	Oct-23	Nov-23	Total	
Victoria					
Dispatch	97	120	155	372	Dispatch Rate
Call	103	145	160	408	91%
New Westminster					
Dispatch	29	53	47	129	Dispatch Rate
Call	49	80	94	223	58%
North/West Vancouver					
Dispatch	54	33	36	123	Dispatch Rate
Call	263	378	411	1052	12%

	Sep-23	Oct-23	Nov-23	Total
Total Calls	415	603	665	1683

- Top reasons for calls included: suicidal ideation/self-harm, wellness checks, substance use, mental health (anxiety, depression, loss of reality), and social isolation/loneliness.
- Data from January to September 2023 showed that PACTs called for police back up in only 9 calls, equivalent to 1.3% of calls where PACTs responded in person (694) and 0.5% of all calls received (1835).

DELIVERY PARTNERS

- The Canadian Mental Health Association, BC Division (CMHA-BC) is leading the implementation of PACT in partnership with local non-profit operators:
 - North Shore – CMHA North and West Vancouver
 - Victoria – AVI Health and Community Services
 - New Westminster – Purpose Society
 - Comox Valley – AVI Health and Community Services in relation with K’omoks First Nation
 - Prince George – Prince George Native Friendship Centre
 - Kamloops – Kamloops Aboriginal Friendship Society and Ask Wellness
- Mahihkan Management is facilitating Indigenous engagement on Indigenous-led crisis response on behalf of MMHA.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 investments \$30.324 million over three years to support Peer Assisted Care Teams.

Ministry	2024/25	2025/26	2026/27	Total
HLTH	\$10.108	\$10.108	\$10.108	\$30.324
Total	\$10.108	\$10.108	\$10.108	\$30.324

ESTIMATES NOTE

- Budget 2024 builds on previous investments from fiscal 2022 and fiscal 2023 which included:
 - \$1.261 million to expand North Shore PACT and launch Victoria and New Westminster PACTs.
 - \$9.944 million, announced in the Safer Communities Action Plan, to begin further expansion of PACT.
 - \$0.200 million in Budget 2023 to MMHA to engage on the development of Indigenous-led civilian crisis response services.

DATA SNAPSHOT

	Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
	Calls received, January - June 2023	Calls received, January - November 2023
New Westminster	153	441
Victoria	200	739
North & West Vancouver	543	1923
TOTAL	896	3103
Top 3 reasons for calls to PACT were	During this time [Jan-Jun 2023], the top three reasons for calls to PACT were: <ul style="list-style-type: none"> • Mental health crisis calls, particularly for depression, anxiety, psychosis, and suicidal thoughts • Substance use-related crisis situations • Well-being checks 	During this time [Jan-Nov 2023], the top three reasons for calls to PACT included: suicidal ideation/self-harm, wellness checks, substance use, mental health (anxiety, depression, loss of reality), and social isolation/loneliness.

Approvals:

February 12, 2024 – Francesca Wheler, ADM, Child, Youth and Mental Health Policy

February 13, 2024 – Grant Holly, EFO, Corporate Services Division

February 18, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE (PSSG)

**Repeat Violent Offending
Intervention Initiative**

1. Key Facts and Figures

TOPIC: Repeat Violent Offending Intervention Initiative

DESCRIPTION: Hub locations and number of individuals identified as of February 29, 2024.

Hub Location	Number of Individuals
Abbotsford	21
Cranbrook	23
Kamloops	20
Kelowna	39
Nanaimo	41
New Westminster	19
Prince George	32
Surrey	40
Terrace	20
Vancouver	65
Victoria	43
Williams Lake	16
Total	379

2. Qs and As

1. How effective has the program been so far? What are recidivism rates for people in the program?

- While it will take time before the effectiveness of the program can be measured qualitatively, early findings are promising and suggest the Repeat Violent Offending Intervention Initiative hubs are:
 - Working to interrupt the cycle of reoffending, and
 - Improving justice response times through enhanced and streamlined information sharing to address immediate public concerns and hold individuals accountable.
- A comprehensive summative evaluation of this program, including recidivism rates, will be completed in the fall of 2025.

2. How many individuals have been connected to supportive services to help break the cycle of offending?

- Hub members have been working with various service providers in the community to connect individuals with services required to meet their complex needs by:
 - Working with health partners to facilitate access to mental health; and substance use supports and referrals to other support services;
 - Contacting emergency shelters to secure a bed upon release from custody;
 - Upon release, driving participants to services and appointments;
 - Working with partners at the Ministry of Social Development and Poverty Reduction (SDPR) to coordinate access to funds/housing.
- Data on service referrals and the outcomes of these interventions will be available later this spring 2024.

3. Will you be expanding this program to include repeat property offenders?

- ReVOII specifically focusses on individuals that repeatedly commit violent offences due to the degree of fear that these offences instill in our communities and the harm that these crimes inflict upon our citizens.
- Individuals that commit property offences that contain a component of violence, intimidation, or the threat of violence would meet the criteria for ReVOII. Other initiatives under the Safer Communities Action Plan provide more resources to address the underlying causes of non-violent offending.
- These supports include:
 - Expanded Peer Assisted Care Teams;
 - Establishing new Mobile Integrated Crisis Response Teams;
 - Additional funding for the B.C. Brain Injury Alliance;
 - Developing a scalable model of addiction care; and
 - Expanding Community Transition Teams.

3. Background

- ReVOII brings together police, dedicated prosecutors and probation officers to address repeat violent offending through enhanced investigation, enforcement and monitoring of individuals in communities throughout B.C., with the aim to identify and intervene at the earliest opportunity possible, and where appropriate, connect individuals with services they need to help break the cycle of reoffending.
- As a result of their inclusion in ReVOII, participants experience a higher intensity of community supervision, an increase in monitoring by police, and the involvement of

dedicated Crown prosecutors who are equipped with an increased level of information and familiarity with individuals in the program.

- ReVOII is supported by the Special Investigation and Targeted Enforcement Program (SITE) that provides expanded resources through \$16M in funding over three years to strengthen targeted police investigations of repeat violent offending cases and enhance coordination between police agencies.
- Effective November 2023, ReVOII hubs have been supported by dedicated Community Integration Specialists (CIS) from the Ministry of Social Development and Poverty Reduction. CIS's help eligible individuals in need apply for and access available ministry funding, community-based supports and services, and assisting individuals with complex needs and who may be at risk of homelessness to access interim and ongoing supports and services.
- In cases where an individual is returning to the community after serving a provincial custodial sentence, enhanced release planning tailored to their specific needs takes place prior to their release by dedicated correctional supervisor and probation officer teams that are located in each correctional center.

Resources

- Treasury Board has provided contingency funding for ReVOII as follows:
 - BC Corrections
 - \$0.175 million in 2022/23;
 - \$3.936 million in 2023/24 plus \$0.687 million for vehicle costs; and
 - \$3.974 million in 2024/25.
 - BC Prosecution Service
 - \$2.378 million in 2022/23;
 - \$8.162 million in 2023/24; and
 - \$8.553 million in 2024/25.
- Funding will support the following dedicated staff resources:
 - BC Corrections
 - Four FTEs (director, program manager, policy and program analyst, and senior researcher) to centrally develop, coordinate, and evaluate ReVOII;
 - Nine correctional supervisors and nine probation officers based in correctional centres for release planning; and
 - Twelve probation officers to support each community hub.
 - BC Prosecution Service
 - 21 Crown Counsel and 21 BCPS professional staff to establish and support the dedicated prosecution teams.

Contact: Blair Spencer (BCCORR)	Phone: 778-974-3968	Mobile: 250-889-7697
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ESTIMATES NOTE

SAFER COMMUNITIES ACTION PLAN

Topic/Issue: Overview of the Safer Communities Action Plan focusing on items led by or closely involving MMHA

KEY FACTS / MESSAGING

Background / Status:

- The Safer Communities Action Plan (SCAP), announced by Premier Eby in November 2022, committed to immediate measures to promote safety for all British Columbians.
- SCAP is focused on strengthening enforcement for individuals with repeat criminal justice encounters and strengthening services for individuals with mental health and substance use (MHSU) challenges.
- MMHA-led SCAP initiatives:
 - Peer Assisted Care Teams (PACT) – see EN 45
 - Mobile Integrated Crisis Response (MICR) teams – see EN 44
 - Road to Recovery – see EN 26
 - Brain Injury – see EN 42
 - Community Transition Teams – see EN 43
- PSSG-led SCAP initiatives with MMHA and/or health system involvement:
 - Public drug use legislation – see EN 33
 - Situation tables:
 - Collaborative tables that bring together front-line staff from public safety, health and social services to identify high-risk individuals and connect them to services and supports.
 - Currently 33 active tables and a total of 40 funded tables.
 - Health authorities are members and/or co-leads of various tables.
 - Health IM:
 - Digital app that assists police when responding to mental health calls for service, supports and documents risk assessments and transmits information to local hospital when needed (e.g. in case of Mental Health Act apprehension).
 - Health authorities are key implementation partners.
 - Health IM is being used in Delta, Prince George, and Surrey. Port Moody Police Department's implementation of Health IM will be announced on March 6.
- Strategic drivers behind the MHSU initiatives in the plan include key recommendations from three reports: 1) Special Committee on Reforming the Police Act (released April 2022); 2) *Rapid Investigation into Repeat Offender and Random Stranger Violence in BC* (often referred to as LePard/Butler report) (October 2022); and, 3) Select Standing Committee on Health report on the toxic drug crisis (November 2022). Each called on government to fund a continuum of MHSU care from crisis response, to stabilization, to ongoing treatment and support.

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KEY OUTCOMES / STATS

Relevant Data / Successes

- See separate Estimates Notes on PACT, MICR, Road to Recovery, Brain Injury Alliance, Correctional Services including Community Transition teams, and Public Use Legislation.

DELIVERY PARTNERS

- PSSG is the overall lead for coordination of SCAP.
- Initiatives within SCAP are led by PSSG, AG, and MMHA.
- Other involved ministries and ministers include SDPR and HOUS.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 provides \$30.324 million over three years to support PACT.
- Budget 2024 provides \$9.000 million over three years to support MICR.

Ministry	2024/25	2025/26	2026/27	Total
PACT (MMHA)	\$10.108	\$10.108	\$10.108	\$30.324
MICR (HLTH)	\$3.000	\$3.000	\$3.000	\$9.000
Total	\$13.108	\$13.108	\$13.108	\$39.324

- This funding builds on previous investments, including:
 - \$11.205 million in 2022/23 to support PACT
 - \$4.500 million over three years to the Brain Injury Alliance in 2022/23
 - Budget 2023 provided \$3.000 million in 2023/24 to support MICR
 - Budget 2023 provided \$157.523 million over three years to support Road to Recovery

DATA SNAPSHOT

N/A

Approvals:

February 12, 2024 – Francesca Wheler, ADM, CYMHP

February 16, 2024 – Grant Holly, EFO, Corporate Services

February 23, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

COMPLEX CARE HOUSING – PHASE 1

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

KEY FACTS / MESSAGING

Background / Status:

- Complex Care Housing (CCH) provides housing and access to health, social and cultural supports to adults who have significant mental health, substance use, or concurrent Mental Health and Substance Use (MHSU) issues, as well as functional needs arising from chronic conditions such as acquired brain injury or physical, intellectual, or developmental disabilities.
- CCH is a part of *Belonging in BC*, the government's action plan to address homelessness that is led by the Ministry of Housing (HOUS).
- The first phase of CCH was announced as part of Budget 2022, which committed to implementing CCH services for up to 500 people.
- Budget 2023 provided additional funding for CCH Phase 1, increasing the number of people who will be served through Phase 1 projects to 600 people.
- CCH services vary across projects, but may include team-based primary care, clinical counselling, psychiatry and mental health treatment, overdose prevention, case management, addictions medicine, Indigenous cultural supports, occupational therapy, and medication management support.
- CCH Phase 1 has been implemented using a mix of service delivery models:
 - Services embedded at supportive housing or smaller congregate sites
 - In-reach to multiple supportive housing sites or market rentals
 - Transitional or respite spaces for temporary periods of heightened need
- The Ministry of Mental Health and Addictions is working with CCH Leads—the five regional health authorities, Provincial Health Services Authority (PHSA), the Aboriginal Housing Management Association (AHMA), and Ktunaxa First Nation to implement CCH.
- As of January 1, 2024, 26 projects are operational with CCH supports in place for up to 385 people at any one time. Additional projects will launch later in 2024.
- In addition to the service-based projects, Budget 2022 investments support training and capacity-building projects led by PHSA and AHMA.
- The Ministry has developed a comprehensive monitoring and evaluation plan that includes:
 - Ongoing monitoring that will capture program outputs such as client demographics, service access, and pathways through CCH.
 - Outcome evaluation that will assess service and client outcomes.

KEY OUTCOMES / STATS

Relevant Data / Successes

- As of January 1, 2024, 26 out of a planned 33 Phase 1 projects are operating, providing services for up to 385 people. This is well ahead of the Ministry Service Plan target to

ESTIMATES NOTE

serve 325 people by FY 23/24. In total, 33 Phase 1 projects will serve an estimated 500 people by FY 2024/25 and 600 people by FY 2025/26.

- Stats by HA:

Region	Total Projects	Active Projects	People served as of Jan 1	Planned people to be served
Fraser	11	10	150	222
Van Coastal	10	7	133	190
Island	4	3	48	152
Interior	4	3	32	65
Northern	4	3	22	40
TOTAL	33	26	385	669

*All data is current to January 1, 2024

DELIVERY PARTNERS

- The Ministry has funded the five regional health authorities, PHSA, AHMA, and Ktunaxa First Nation to implement CCH services.
- BC Housing has partnered on many, but not all, Phase 1 projects. Some projects are delivered by Indigenous partners or health authorities alone.
- In most cases, projects also involve non-profit housing operators, including Community Builders Group, Lookout Housing and Health Society, RainCity, Phoenix Society, Lu'ma Native Housing, and Connective (not a complete list).

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2022 invested \$164 million over three years into Phase 1 of CCH.
- Budget 2023 invested \$75.105 million over three years to expand Phase 1.
- The total Phase 1 CCH funding is \$239.105 million over three years.
- Budget 2023 also invested \$190.468 million over three years for Phase 2 CCH.
- The total combined funding of Phase 1 and Phase 2 CCH is \$429.573 million over three years, including \$169 million in capital funding.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
Number of people able to be supported by CCH Phase 1 services went from 118 in February 2023 to 262 in July 2023.	As of January 1, 2024, service providers have the capacity to support 385 people with CCH Phase 1 services.
Cumulative monthly spaces: <ul style="list-style-type: none"> • Feb 2023: 118 • March 2023: 155 • April 2023: 184 • May 2023: 218 • June 2023: 256 • July 2023: 262 	Cumulative monthly spaces: <ul style="list-style-type: none"> • Aug 2023: 295 • Sept 2023: 334 • Oct 2023: 347 • Nov 2023: 359 • Dec 2023: 366 • Jan 2024: 385

ESTIMATES NOTE

Approvals:

January 30, 2024 – Francesca Wheeler, ADM, CYMHP

February 23, 2024 – Grant Holly, EFO, Corporate Services

February 28, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

COMPLEX CARE HOUSING – PHASE 2

Topic/Issue: As part of the Province’s Homes for People plan, Budget 2023 approved new capital and operating funding to create 240 purpose-built units of Complex Care Housing (CCH).

KEY FACTS / MESSAGING

Background / Status:

- Complex Care Housing (CCH) provides housing and access to health, social and cultural supports to adults who have significant mental health, substance use, or concurrent MHSU issues, as well as functional needs arising from chronic conditions such as acquired brain injury or physical, intellectual, or developmental disabilities.
- Budget 2023 provided new capital and operating funding to create new, purpose-built CCH units, enabling a second phase of CCH implementation.
- CCH Phase 2 is a key commitment under the Province’s *Homes for People and Belonging in BC* plans, led by the Ministry of Housing (HOUS).
- Phase 2 is currently in the planning stage. Government is engaging partners and reviewing available data to prioritize communities for Phase 2.
- Community selection is based on multiple factors including data on mental health and substance use service needs and housing needs.
- Phase 2 will include a mix of fully dedicated CCH sites and buildings with both supportive housing and CCH units.
- The first units are expected to come online in 2026.
- Health, social and cultural supports will be embedded on-site to provide immediate access to residents and help them thrive in housing.
- **Not yet publicly announced:** The following communities have each been prioritized as part of Phase 2: Abbotsford, Kelowna, Nanaimo, Prince George, Surrey, Vancouver, Burnaby, Kamloops, New Westminister, and Sunshine Coast.
- **Not yet publicly announced:** 40 units are allocated for Indigenous-led projects. Engagement with Indigenous partners is underway to develop an appropriate selection process.

KEY OUTCOMES / STATS

- Phase 2 of CCH is in the planning stages and is not yet operational.
- **Not publicly announced:** Total units allocated by community:

Community	Units Allocated
Abbotsford	20
Burnaby	10
Kamloops	20
Kelowna	20
Nanaimo	20
New Westminister	10
Prince George	20
Sunshine Coast	20

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Surrey	20
Vancouver	20
Victoria	20
Indigenous-led units – communities TBD	40
TOTAL	200

DELIVERY PARTNERS

- BC Housing will lead capital development and contract a non-profit operator to provide housing and property management services.
- Regional Health Authorities will provide on-site clinical services, with the final staffing models to be determined.
- Indigenous partners will lead the development and operation of 40 Indigenous-led units, and may collaborate on other CCH projects led by their regional health authority.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2023 invested \$190.468 million over three years including \$169 million in capital funding for Phase 2 CCH.
- Additionally, Phase 1 CCH provides funding of \$239.105 million over three years.
- The total combined funding of Phase 1 and Phase 2 CCH is \$429.573 million over three years, including \$169 million in capital funding.

DATA SNAPSHOT

CCH Phase 2 was not included in the September Data Snapshot. Data will not be available until subsequent years when Phase 2 projects are operational.

Approvals:

January 30, 2024 - Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 23, 2024 – Grant Holly, EFO, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

HEART AND HEARTH

Topic/Issue: Description of the Homeless Encampment Action Response Team (HEART) and the Homeless Encampment Action Response Temporary Housing (HEARTH) initiatives and their implementation

KEY FACTS / MESSAGING

Background / Status:

- On April 3, 2023, the Province released the first comprehensive homelessness strategy, *Belonging in BC*, that sets a framework for government's actions to address homelessness, with a move towards a greater focus on prevention and housing stability as well as immediate response¹.
- To support the commitments in *Belonging in BC*, Budget 2023 provides 3-years of funding to BC Housing: \$218 million for the Homeless Encampment Action Response Team (HEART) staffing model and Homeless Encampment Action Response Temporary Housing (HEARTH) temporary housing and supports; as well as \$44 million for temporary modular housing.
- HEARTs are multidisciplinary teams that connect with Ministries and partners to ensure alignment and coordination of services and engagement with people experiencing homelessness in encampments or sheltering in public spaces.
- HEART partners collect and share information about local homelessness, address mental health, physical, cultural, and social support needs of people living outdoors, and analyze system gaps and challenges, all with the goal preventing homelessness and resolving encampments².
 - HEART priority communities are Prince George, Victoria, Kelowna, Chilliwack, Nanaimo, Abbotsford, and Vancouver.
- HEARTH works in tandem with HEART to rapidly deploy interim shelter and housing options with support services to vulnerable individuals, while the Province works towards creating additional permanent spaces. Non-profit partners will deliver property management and support services. HEARTH responds to the challenge of homelessness and encampments by providing individuals with a safe place to live and access to necessary support services.
 - HEARTH priority communities are Campbell River, Prince George, Kelowna, Chilliwack, Abbotsford, Nanaimo, and Victoria.
- To date, Prince George, Nanaimo, and Kelowna have signed Memorandums of Understanding (MOU) with the Province. The MOU commits both the Province and the municipal government to working together to better support people who are unhoused and sheltering in encampments.
- BC Housing will establish a working group made up of Ministry of Housing, municipal staff, First Nations, Indigenous groups, the Health Authority, and non-profit service

¹ Ministry of Housing. *Belonging in BC: A Collaborative Plan to Reduce and End Homelessness*. April, 2023.

² BC Housing. *Encampment & Homelessness Response: HEART & HEARTH*.

ESTIMATES NOTE

providers to guide the program implementation. Each is community-specific and informed by local partners.

- Prince George:
 - The MOU with Prince George was signed on June 14, 2023, making it the first community to initiate HEART and HEARTH³.
 - The HEART team provides weekly updates to BC Housing, describing encampment demographics, outreach activities, supportive housing and shelter availability, community partner activities, and qualitative notes.
 - The HEART team was active during the city-led Millennium Park decampment and worked to connect evicted residents with supports and shelter spaces.
- Nanaimo
 - The MOU with Nanaimo was signed on January 29, 2024.⁴
 - The City has committed to bringing forward available land and expedite land-use decisions for new shelter and supportive housing projects.
 - BC Housing has finalized a lease at 1300 Island Highway South for new temporary prefabricated transitional housing with supports that will provide housing for up to 50 people.
 - 50 temporary spaces at Newcastle Place, 250 Terminal Ave. will remain open once the current residents move to Cornerstone, a new 51-unit permanent supportive housing opening at 285 Prideaux St.
- Kelowna:
 - So far, there are two HEARTH sites in Kelowna, with 60 beds each. One (STEP Place, operated by John Howard Society) is across from the OS4 site and the other (Trailside, operated by Turning Points) is a set of modular homes on Highway 97 on city-owned land⁵.
 - Services to be provided include clinical care through Interior Health's outreach team (IHOT), daily meals, 24/7 staffing, access to skills training and support navigating the housing system. Individuals moving into these new homes will be assessed and matched with appropriate clinical supports.

KEY OUTCOMES / STATS

Relevant Data / Successes

- HEARTH funding was extended to Duncan to support The Village, a 34-unit temporary supportive housing site that was created as a pilot project by the Cowichan Housing Association to provide immediate housing for vulnerable people during the COVID-19 pandemic. The site is now funded until 2027, and is operated by Lookout Housing and Health Society, which provides residents with daily meals, and health and wellness supports⁶.
- 3 MOUs signed (Prince George, Nanaimo, Kelowna)

³ BC Gov News. [New supports coming for people experiencing homelessness in Prince George](#). June 16, 2023

⁴ BC Gov News. B.C., Nanaimo collaborate to address homelessness. January 29, 2024

⁵ BC Gov News. [Province, City of Kelowna work together to address homelessness](#). October 12, 2023

⁶ BC Housing. [Funding extended to support people experiencing homelessness in Duncan](#). January 3, 2024.

ESTIMATES NOTE

DELIVERY PARTNERS

- The Ministry of Housing leads the selection of priority communities and the MOU process with BC Housing and local municipal partners.
- BC Housing leads coordination and implementation of HEART and HEARTH through program frameworks and operational agreements.
- This includes partnering with the Ministry of Housing, Ministry of Health (HLTH) and Regional Health Authorities, Indigenous partners and government, Ministry of Social Development and Poverty Reduction (MSDPR), local governments, and community partners.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2023 provides \$228 million over three years to BC Housing to establish new regional multi-disciplinary teams to support rapid response for regions responding to substantive encampments and \$44 million to help people who are living in encampments to access temporary modular housing.⁷
- Health authorities are partnering in both HEART and HEARTH initiatives by aligning appropriate health care resources implemented through the Urgent Homeless Response.

DATA SNAPSHOT

NA

Approvals:

February 23, 2024 – Robyn White OBO Darryl Sturtevant, Assistant Deputy Minister, MHSU division

February 21, 2024 – Peter Klotz obo Rob Byers, Finance and Corporate Services, Ministry of Health

February 29, 2024 – Christine Massey, MMHA Deputy Minister

⁷ Budget 2023 Budget and Fiscal Plan – Page 13 https://www.bcbudget.gov.bc.ca/2023/pdf/2023_budget_and_fiscal_plan.pdf

Ministry of Housing

Homelessness GCPE Note

SUGGESTED RESPONSE:

- Homelessness is a significant issue affecting people and communities throughout B.C. and addressing it is a critical priority for our government.
- Since 2017, we have delivered nearly 5,600 supportive housing units in our province, including permanent housing for those temporarily housed during the COVID-19 pandemic.
- In addition, 2,300 more supportive homes are underway, including approximately 860 homes coming to Vancouver, and 250 in Victoria.
- However, we know there is more work to do.
- That's why our government is investing up to **\$1.5 billion** through **Budget 2023** in new initiatives to help prevent and reduce homelessness in the province.
- Government is also implementing Belonging in BC, a plan to prevent and reduce homelessness. The plan **adds 3,900 new supportive housing units and 240 complex-care spaces** provincewide, and creates multidisciplinary regional response teams designed to rapidly respond to encampments to better support people sheltering outdoors move inside.
- We will continue to work across government to address the root causes of homelessness to prevent people from becoming homeless in the first place.

IF ASKED ABOUT HOMELESSNESS PREVENTION INVESTMENTS:

- Our government is investing up to **\$1.5 billion** through **Budget 2023** in new initiatives to help prevent and reduce homelessness in the province. These investments include:
 - \$640 million in additional funding over three years to build and operate **more supportive housing** for people experiencing or at risk of homelessness.
 - \$169 million to create new **complex-care housing units**, as well as \$97 million in operating funding that will support complex-care services such as enhanced health, mental-health and substance-use services for people who need additional support beyond traditional supportive housing.
 - \$228 million over three years to help create **regional multidisciplinary teams and temporary spaces** through the Homeless Encampment Action Response

Team and Homeless Encampment Action Response Temporary Housing (HEART and HEARTH) to support rapid response for communities with substantive encampments in their area.

- Approximately \$44 million over three years to help expand access to **temporary modular supportive housing** (HEARTH) and provide more on-site support for people living in encampments, such as fire prevention, safety and sanitation, while housing gets built.
- These investments build on the **\$633 million** we invested into actions to prevent and reduce homelessness through Budget 2022, including the \$4 million over 3 years to **support people in encampments** to stay safe, connect to supports and transition to housing. This includes fire prevention supports and outreach.

IF ASKED ABOUT HEART/HEARTH:

- We know there is significant demand for housing and supports for people experiencing homelessness across the province.
- I'm glad to see that municipalities are eager to work with us to implement our new provincial programs designed to stop the cycle of homelessness and prevent future encampments.
- Since the HEART and HEARTH programs were launched last spring, four municipalities – Victoria, Nanaimo, Kelowna and Prince George - have partnered with us to implement them, while Abbotsford has also committed to partner with us on the HEART program.
- We're currently focused on phasing in these programs in each respective community, so that they can start making a difference immediately.
- We expect this process to continue into the spring; afterwards, we will begin looking at other communities to implement these programs.
- BC Housing and the Province are developing a robust, data-driven analysis of homelessness response needs across communities that will help identify which communities have the greatest need of resources with initial implementation.
- We look forward to continuing discussions with municipalities across B.C. to implement the HEART and HEARTH programs in their communities.

IF ASKED ABOUT SUPPORTS FOR DTES:

- We are working closely with all levels of government, service providers, Indigenous

Ministry of Housing

partners, and community members to address the complex housing and health issues in the Downtown Eastside (DTES).

- We are working to better coordinate and facilitate access to a range of services and supports for those sheltering outdoors in the DTES; helping individuals to achieve independence, indoor shelter, and good health.
- The Province, through BC Housing has opened nearly 600 new or renovated single-room occupancy (SRO) housing spaces to support people in the DTES since summer 2022.
- An additional 90 units of housing will be opening in early 2024.
- Outreach staff meet regularly to ensure people experiencing homelessness in the Downtown Eastside and across Vancouver are aware of indoor space options as they become available.

IF ASKED ABOUT DATA ON HOMELESSNESS:

- An issue as complex as homelessness requires the best possible information about who it is impacting and how.
- The most recent provincewide point in time homelessness count took place in spring 2023, in 27 communities across British Columbia.
- The Province has provided funding to 20 community counts, up from 16 in 2020/21. Data from the provincially funded counts will be combined with 7 other counts that are funded by the federal government and independent sources, to produce a provincial summary comprising 27 communities. The summary will be released in 2024.
- In addition, the Province released the latest findings of the long-term, multi-ministry Preventing and Reducing Homelessness Integrated Data Project in December 2023.
- It provided an emerging data set from 2021 which, when paired with data from 2019 and 2020, provides an increasingly clearer picture of homelessness across the province year over year.
- According to the research, the total number of people who experienced homelessness in 2021 was about 26,240. This includes 10,424 people newly

identified as experiencing homelessness in 2021 that were not identified as having experienced homelessness in 2019 or 2020.

- This first-of-its-kind project uses de-identified provincial data from income assistance, shelter and medical service plan databases to get a more complete picture of who is experiencing homelessness, and to begin to understand pathways into and out of homelessness.
- To better understand, track and measure progress on addressing homelessness, the Province is also developing a Performance Monitoring and Evaluation Framework for Belonging in BC and evaluations of individual programs that form parts of the framework.
- We know we need to do more, and, with this data-driven approach, we can deliver better services and ensure more people have a safe place to call home.

BACKGROUND:

The overlapping COVID-19 pandemic, toxic drug supply and housing crises have led to an increase in people sheltering in encampments and created challenges for those working and staying in shelters.

In response, the Province has launched Belonging in BC, a collaborative plan to prevent and reduce homelessness. The plan includes immediate actions backed by \$633 million in Budget 2022 (over three years) and \$1.5 billion in Budget 2023 to help thousands of people maintain and access housing and supports. Through this plan, government is working with Indigenous partners, people with lived experience of homelessness, local governments, service providers and other partners to create a province where everyone has a community and a place to call home. The plan will add 3,900 new supportive-housing units and 240 complex-care spaces provincewide.

As part of Belonging in BC, the Province, through BC Housing, is partnering with municipalities to implement the new Homeless Encampment Action Response Teams (HEART) and Homeless Encampment Action Response Temporary Housing (HEARTH) programs.

HEART is a new multidisciplinary regional program designed to rapidly respond to encampments to better support people sheltering outdoors to move inside. The HEARTH program will provide emergency housing, shelter options and immediate co-ordinated supports to assist people in encampments or sheltering in public spaces to come inside and access temporary or permanent housing options that fit their needs.

As of Feb. 5, 2024, the Province has partnered with Nanaimo, Prince George, and Kelowna to implement the HEART and HEARTH programs, while Abbotsford has also committed to partner with government on the HEART program. The Province will continue to explore opportunities with local governments to implement these programs in other communities facing significant challenges with homelessness.

The Province has worked with municipal and community partners to transition people from dense encampments in Vancouver and Victoria into more secure, indoor accommodations funded by BC Housing that provide residents with access to hygiene facilities, healthcare, and social supports:

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- From April 25 to May 20, 2020, the 344 people sheltering on Pandora Ave. and Topaz Park in Victoria, and 261 people sheltering in Oppenheimer Park in Vancouver, moved indoors into spaces provided by BC Housing.
- Between January and May 2021, 229 people who were staying overnight in parks throughout Victoria, and 296 people sheltering in Strathcona Park in Vancouver, moved into spaces indoors.
- Between August 2022 and June 12, 2023, 120 people sheltering on Hastings St. in Vancouver accepted housing offers.

While people living in large encampments in Vancouver and Victoria have been supported to move into BC Housing-funded spaces, there are still numerous encampments throughout the province, including a large encampment in Vancouver (CRAB Park) and numerous scattered encampments in Victoria, Prince George, Kelowna, Vernon, Salmon Arm, Quesnel, Mission, Nanaimo, Terrace and Cowichan and the Fraser Valley. These include urban and rural encampments and people sheltering in tents, built structures, lean-tos, and vehicles.

So far in 2023/24, the Ministry has received reports of more than 3,000 people sheltering in over 65 encampment areas – both rural and urban, throughout the province.

The Province responds to requests for assistance with encampments through a Cross-Ministry Encampment Response Coordination table, which prioritizes outreach, health, and safety, and has led to numerous successful outcomes.

Downtown Eastside response plan:

In March 2023, the Province provided an update about ongoing work with its partners to create a comprehensive Downtown Eastside response plan. The Plan is being led by the Ministry of Housing and requires a coordinated and inclusive process and actions resulting in improvements for everyone in the community.

The plan recognizes that people are better able to access supports when they have safe, stable shelter and their basic needs are met. Indigenous governments, Indigenous organizations, and community partners will inform the implementation of the Plan, to ensure it builds on important work and relationships established in the Downtown Eastside while taking on an anti-racist, trauma-informed and culturally safe approach. This plan will also help resolve and prevent unsafe encampments, improving the community for all residents and visitors.

Program Area	Deputy / ADM	GCPE
D. Harbord, BCH – Feb. 1/24 H. Lakshmi, SPDR – Feb. 1/24 D. Philips, CMSB – Feb. 2/24 M. Hope, HSHP – Feb. 2/24 E. Oscienny, EERB – Feb. 2/24	M. Will, ADM – Feb. 2/24	L. Butler – Feb. 5, 2024 A. Bardi – Feb. 6, 2024 C. Suddaby – Feb. 6, 2024

HLTH - ESTIMATES NOTE

PROVINCIAL HOMELESSNESS OVERVIEW – MENTAL HEALTH AND SUBSTANCE USE SUPPORTS

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

KEY FACTS / MESSAGING

- Homelessness is growing in BC. According to the 2021 BC Preventing & Reducing Homelessness Integrated Data Project, 26,240 people experienced homelessness at some point in 2021, with over half experiencing chronic homelessness.¹ Point in Time Homeless Counts across sixteen communities in BC in 2023 found 2163 people experiencing homelessness, a 38% increase from the 2021 Point in Time Homeless Count that found 1566 people experiencing homelessness across the same sixteen communities.²
- In April 2023 Government released the provincial homelessness plan, *Belonging in BC*,³ which sets a framework for government’s actions to address homelessness, with a move towards a greater focus on prevention and stability as well as immediate response.
- *Belonging in BC* actions include implementation of the Integrated Support Framework (ISF), which defines an approach to providing health, housing, and social supports for people experiencing or at risk of homelessness across settings. HLTH is mandated to support the Ministry of Housing (HOUS) in coordinating and integrating health and MHSU supports into housing settings under the ISF.
- **Urgent Homelessness Response (UHR):** UHR-funded services support the immediate MHSU needs of people unsheltered or living in encampments, temporary shelters, or are moving into new housing and shelter sites (see Estimates Note: Urgent Homelessness Response, EN2024-MHSU14).
- **East Hastings Encampment Response:** In March 2023 the *Supporting the Downtown Eastside: Provincial Partnership Plan*⁴ was released, outlining a cross-sector coordinated approach to address encampments in Vancouver’s Downtown Eastside (see Estimates Note: Provincial Plan (Draft) – Supporting the Downtown Eastside, EN2024-MHSU12).
- **HEART and HEARTH:**
 - Homeless Encampment Action Response Teams (HEART) are multidisciplinary teams that connect with Ministries and partners to ensure alignment and coordination of services and engagement with people experiencing homelessness in encampments or sheltering in public spaces. HEART priority

¹ Preventing and reducing homelessness: An integrated data project.

<https://www2.gov.bc.ca/gov/content/housing-tenancy/affordable-and-social-housing/homelessness/homelessness-cohort>.

² Homeless Counts. <https://www.bchousing.org/research-centre/housing-data/homeless-counts>.

³ Government of British Columbia. *Belonging in BC*. Retrieved from <https://news.gov.bc.ca/files/BelongingStrategy.pdf>.

⁴ Government of British Columbia. *Supporting the Downtown Eastside: Provincial Partnership Plan* Retrieved from https://news.gov.bc.ca/files/Strategy_DTES_provincial_response_plan.pdf.

HLTH - ESTIMATES NOTE

communities: Prince George, Kamloops, Kelowna, Chilliwack, Nanaimo, Abbotsford, and Vancouver.

- Homelessness Encampment Action Response Temporary Housing (HEARTH) works in tandem with HEART to rapidly deploy interim shelter and housing options with support services to vulnerable individuals while the province works towards creating additional permanent spaces. HEARTH priority communities are Campbell River, Prince George, Kelowna, Chilliwack, Abbotsford, Nanaimo, and Victoria.
- (see Estimates Note: HEART and HEARTH, EN2024-MMHA48).
- **Supported Rent Supplement Program (SRSP):** The SRSP pairs the Canada-BC Housing benefit, a rental supplement of up to \$600 per month, with wraparound health, social, and cultural supports for people experiencing or at risk of experiencing homelessness to enable them to access or maintain stable housing in market rental units (see Estimates Note: Supported Rent Supplement Program).
- **Enhanced Health in Supportive Housing:** To support implementation of the ISF, *Belonging in BC* includes the commitment to provide enhanced health supports in up to 3,800 supportive housing units over ten years.
- **Complex Care Housing (CCH):** In November 2020, the Minister of Mental Health and Addictions (MMHA) was mandated to lead the development of CCH to provide an increased level of support for BC's most vulnerable individuals, who have complex MHSU challenges and who are unstably housed or homeless. CCH provides enhanced health, MHSU, and social services in housing settings (see Estimates Note: Complex Care Housing - Phase 1 and Estimates Note: Complex Care Housing - Phase 2).

KEY OUTCOMES / STATS

Urgent Homelessness Response (UHR): (See Estimates Factsheet: Urgent Homelessness Response)

- Health authorities (HAs) continue to implement services to support the health needs of people experiencing homelessness.
- Across the regional HAs, UHR has funded approximately 353.35 FTEs and 912 physician hours.
- HLTH continues to monitor HAs ongoing implementation of approved initiatives and supporting the transition of UHR initiatives under ISF through 2024/25.

East Hastings Encampment Response:

- HLTH and MMHA worked with Vancouver Coastal Health (VCH) on the development and implementation of protocols to ensure critical health services were delivered during the decampment of the Downtown Eastside. While previous decampments had been led by BC Housing, this iteration was unique as it was led by Vancouver Police Department (VPD).
- Encampments continue in other parts of the DTES. As of January 8, 2024, these include CRAB Park (approximately 72 tents) and Oppenheimer Park (approximately 18 tents).⁵

HEART and HEARTH: (see Estimates Factsheet: HEART & HEARTH, EN2024-MMHA48)

⁵ Ministry of Housing, Cross-Ministry Encampment Coordinator Call notes. January 8 & 22, 2024.

HLTH - ESTIMATES NOTE

- As of February 2, 2024, Prince George, Kelowna, Abbotsford and Nanaimo have signed Memorandums of Understanding (MOU) with the Province, committing the Province and municipal governments to work together to better support people who are living in encampments.
- HEARTH funding was extended to Duncan to support The Village, a 34-unit temporary supportive housing site that was created as a pilot project by the Cowichan Housing Association to provide immediate housing for vulnerable people during the COVID-19 pandemic. The site is now funded until 2027, and is operated by Lookout Housing and Health Society, which provides residents with daily meals, and health and wellness supports⁶.
- Advice/Recommendations

Supported Rent Supplement Program (SRSP): (See Estimates Factsheet: Supported Rent Supplement Program EN2024-MHSU13)

- Over 700 rent supplements have been awarded to 30 non-profit operators in the 17 priority communities identified in year 1.
- So far, 28.4 net new health service providers have been hired by Health Authorities (HAs) for SRSP health supports and program administration. All HAs continue to recruit more positions to build their multidisciplinary teams.

Enhanced Health in Supportive Housing:

- HLTH approved two proposals from VCH to boost multidisciplinary teams to provide health supports in a supportive housing site in Vancouver and new Community-Based Homelessness Stabilization Unit in Squamish.
- HLTH, MMHA and BC Housing are in planning with the Health Authorities to identify the priority communities, finalize the model of care (clinical and non-clinical) for Supportive Housing clients, and to further build the appropriate multidisciplinary teams in the Health Authorities to deliver this care in new upcoming BC Housing-funded Supportive Housing units across the province.

Complex Care Housing (CCH):

- See MMHA Estimates Factsheets: Complex Care Housing – Phase 1 (EN2024-MMHA46); and Complex Care Housing – Phase 2 NEW (EN2024-MMHA47).

DELIVERY PARTNERS

- Ministries of Housing, Attorney General, Mental Health and Addictions, Social Development and Poverty Reduction, Public Safety and Solicitor General, Children and Family Development, and Indigenous Relations and Reconciliation (MIRR), BC Housing, health authorities, and Indigenous partners.

FINANCIAL IMPLICATIONS

- MoH allocated over \$108 million in 2023/24 to HAs to support their homelessness response efforts providing MHSU services for persons experiencing homelessness across BC.

⁶ BC Housing. [Funding extended to support people experiencing homelessness in Duncan](#). January 3, 2024.

HLTH - ESTIMATES NOTE

DATA SNAPSHOT

See Estimates Factsheets: Urgent Homelessness Response; HEART & HEARTH Overview; Supported Rent Supplement Program; Complex Care Housing Phase 1 & 2.

Approvals:

2024-02-22 – Robyn White OBO Darryl Sturtevant, ADM, Mental Health and Substance Use Division

2024-02-21 – Peter Klotz obo Rob Byers, Finance and Corporate Services

ESTIMATES NOTE

Supporting the Downtown Eastside Provincial Partnership Plan

Topic/Issue: Overview of the Province's response to Vancouver's East Hastings encampment and the Ministry of Health's role in the implementation of the Supporting the Downtown Eastside (DTES) Provincial Partnership Plan.

KEY FACTS / MESSAGING

Background / Status:

- An encampment along East Hastings Street in Vancouver grew in Summer 2022, exacerbated by a pause in city maintenance due to safety concerns. As a result, significant fire safety issues emerged for people sheltering outside and in adjacent buildings. In late July 2022, Vancouver Fire and Rescue Services issued a Fire Order to remove tents and structures along East Hastings Street due to imminent structure and life safety dangers.
- In response the Province, through the Ministry of Housing, initiated an encampment response table with partners including Ministries of Health (HLTH), Social Development and Poverty Reduction (SDPR), Children and Family Development, as well as BC Housing (BCH), the City of Vancouver (CoV), Office of the Fire Commissioner, Vancouver Police Department, and community organizations.
- The response table focused on implementation of people-centered best practices for responding to the encampment that were collaborative, coordinated, culturally appropriate, and addressed immediate concerns around safety; the group focused on the provision of indoor spaces and permanent housing, and leveraged existing outreach services through Vancouver Coastal Health, HLTH, SDPR, community organizations, and CoV staff to ensure people in the encampment had access to supports and were connected to services and resources.
- On April 5, 2023, the CoV initiated a major decampment of structures along East Hastings Street supported by the Vancouver Police Department, citing increased concerns over violence and fire safety requiring immediate action.
- In March 2023 the Province released the *Supporting the Downtown Eastside: Provincial Partnership Plan* (the Plan); the Plan outlines the provincial government's short- and long-term approaches to restoring community health and safety in the DTES, as well as prevention of encampments in the DTES from growing and becoming entrenched.
- In support of the Province's goals of providing coordinated access to health and social services, the Plan outlines various actions implicating the health sector such as:
 - The implementation of a coordinated team to engage those sheltering outdoors, facilitate timely connection to health and social services, and support transitions to indoor housing with Vancouver Coastal Health Authority (VCHA) as a partner;
 - Ensuring that health supports move with people to interim and long-term spaces;
 - Expanded treatment and intervention services, such as mental health crisis response teams and a new model of addictions care at St. Paul's Hospital; and
 - The provision of health supports and transition planning through existing teams so supports follow individuals from encampments to indoor spaces and housing.

ESTIMATES NOTE

- Some initiatives that meet these goals include:
- HEART (see Estimates Note: “HEART and HEARTH”, EN2024-MMHA48): Budget 2023 provides 3-years of funding to BC Housing, \$1.5 million for the Homeless Encampment Action Response Team (HEART) staffing model.¹ HEARTs are multidisciplinary teams that connect with people sheltering in encampments to provide rapid access to services and supports including shelter and housing and ensure alignment and coordination of services with encampment response partners. Vancouver is a priority community for HEART.
- SRSP (See Estimates Note: “Supported Rent Supplement Program – NEW, EN2024-MHSU13): The Supported Rent Supplement Program (SRSP) will provide up to 150 individuals in Vancouver, with rent supplements supported by wraparound health and other mental health/substance use services.
- Temporary Modular Housing: HLTH has approved funding to support VCHA staff at the three modular housing sites in the DTES (two at 1500 Main St with a total of 60 units, one at 2123 Ash St with 30 units). VCHA staff will provide enhanced health supports for clients in 18 specialized units, and baseline health supports for clients in all 90.
- Urgent Homelessness Response (See Estimates Note: Urgent Homelessness Response, EN2024-MHSU14): Through UHR funding, VCHA expanded the Intensive Community Outreach Team (ICOT), Intensive Case Management Team (ICMT), Indigenous Health – Homelessness Outreach Program (IHOP), Flexible Adaptable Home Support Program (FAHST) and other MHSU-related services delivered through team-based care to the health needs of people experiencing or at risk of homelessness.
- Road to Recovery (R2R) (See Estimates Note Road to Recovery, EN2024-MMHA25): The R2R initiative is a made-in-BC model of addictions care that establishes a seamless continuum of care from withdrawal management (detox) to treatment and aftercare services. (see MMHA Road to Recovery Fact Sheet, EN2024-MMHA25).
- DTES Youth Outreach Centre: On September 8, 2023, the B.C. Government announced DTES Youth Outreach Centre supporting young people, ages 15 to 24, struggling with housing instability, mental and physical health challenges in the DTES. Youth will have access to improved mental health and substance use supports.
- External: City of Vancouver – VCHA Partnership: On February 14, 2023, CoV approved VCHA’s funding proposal for the implementation of an Urgent Mental Health Services Framework to support the Downtown Eastside.^{2 3} The framework identifies the expansion of the Car 87/88 police partnership service, moderate de-escalation intervention, and a strengthened Indigenous approach across VCHA urgent mental health services as priority for implementation in 2023.

KEY OUTCOMES / STATS

Relevant Data / Successes

- As of late December 2023, an average of 16 structures are set up nightly along Hastings St, between Abbott St and Gore Avenue. All structures come down daily,

¹ Government of British Columbia. Belonging in BC <https://news.gov.bc.ca/files/BelongingStrategy.pdf>

² City of Vancouver. [Council receives proposal to expand collaborative partnerships...](#) February 6, 2023

³ CoV [Meeting Minutes – Council meeting](#) – February 14, 2023.

ESTIMATES NOTE

mostly through compliance. There are approximately 100 people on Hastings St during the day.⁴

- Between October 18, 2022, and January 25, 2024, VCHA outreach staff had 4634 encounters, 101 referrals were made to primary care, 12 to mental health services, and 79 to substance use services. 69 assists to access acute care, and 839 episodic primary care encounters occurred via outreach and the Molson Overdose Prevention Site pop-up clinic. 193 referrals were made to the Intensive Housing Outreach Team (IHOT), and 91 to the Indigenous Homelessness Outreach Program (IHOP).⁵
- R2R Vancouver began serving clients in September 2023 through 14 withdrawal management (detox) and 20 stabilization/transition beds. When fully implemented, R2R Vancouver will add 95 beds to the continuum of care.
- Move-ins to the temporary modulars began in Fall 2023 and are now complete; tenants at these sites are provided on-site clinical supports via VCHA.
- The DTES Youth Outreach Centre (The Centre) opened in Fall of 2023. Operated by VCHA, the Centre will support young people from 15 to 24 in connecting to crucial mental-health and substance-use supports.
- The Community Connections Hub at Orange Hall launched in Fall of 2023 to provide integrated services between BC Housing and SDPR; planning is underway for the inclusion of clinical space for VCHA.
- Delivery of tenant-based supports for tenants living in SRO building in partnership with the SRO Collaborative.
- Increased health supports through expanded VCHA contracts with Portland Hotel Society, Lu'ma Hotel Society, and Raven Song Community Health Care.
- Atira Women's Resource Society, the coordinator and facilitator of the DTES Distribution Hub, has secured funding for a First Nations, Metis, and Inuit Wellness Center to be in the current Hub space. They are exploring options to relocate hub operations within the DTES neighborhood, to 138 East Hastings St. As part of their services, the site will also operate as an overflow space for the Overdose prevention Site (OPS), enabling further monitoring for clients of the OPS that may still benefit from oversight.

DELIVERY PARTNERS

- In September 2022, the Provincial Executive Steering Committee (PESC), led by the Attorney General (now HOUS), was established to provide oversight of the planning and implementation of the encampment response. This committee included executive representatives from CoV (Office of the Fire Commissioner, Vancouver Police Department, and City of Vancouver), BC Housing, HLTH, SDPR, Emergency Management BC, Ministry of Public Safety and Solicitor General, MMHA and VCHA.
- In 2023, PESC reformed as a DTES Deputy Minister Steering Committee.
- In February 2024, HOUS convened an adapted DTES Strategic Oversight group with ministry partners, BC Housing, and the City of Vancouver to coordinate HEART/H programs, encampment responses and ongoing elements of the Plan.

⁴ Ministry of Housing data.

⁵ Vancouver Coastal Health. VCH Outreach Updates. Bi-weekly email communications.

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- VCHA was allocated \$38.306M in 2023/24 to address homelessness and decampment, and to provide clinical supports through ISF initiatives (SRSP, CCH, UHR services, and enhanced health in Supportive Housing) in the region.
- VCHA was allocated \$22.630M in 2023/24 to address Adult Substance Use and Treatment and Recovery.
- VCHA was allocated \$669,000 in 2023/24 to support the after-care community clinicians and decriminalization.
- VCHA received \$4.417M federal funding in 2023/24 to expand the iOAT and TiOAT services and support operations of the Peer Coordinators program in the region.
- VCHA was allocated \$2.309M in 2023/24 for continued operations of the Integrated Child & Youth teams providing MHSU supports in the region.
- In 2023/24, HLTH provided \$275,200 to Atira to support the relocation of the DTES Distribution Hub and one year of operating costs.

DATA SNAPSHOT

NA

Approvals:

2024-02-23 – Robyn White OBO Darryl Sturtevant, ADM, Mental Health and Substance Use Division

2024-02-21 – Peter Kotz obo Rob Byers, Finance and Corporate Services Division

ESTIMATES NOTE

COMMUNITY ACTION INITIATIVE (CAI)

Topic/Issue: CAI provides grant funding, project management and training opportunities to grassroots organizations to engage in community-based action and service provision in an agile response to the toxic drug crisis.

KEY FACTS / MESSAGING

- The Community Action Initiative (CAI) is a not-for-profit organization that supports BC's MHSU system through fostering diverse, cross-sectoral initiatives that promote mental health and wellness using a "whole community" approach.
- In partnership with MMHA, CAI supports community-driven projects in response to the toxic drug crisis.
- Key projects delivered via MMHA/CAI partnership include: Community Action Teams (CATs), Provincial Peer Network (PPN), Local Leadership United (LLU), Moms Stop the Harm (MSTH)
- CAI also administers the Community Counselling Fund which increases access to free/low-cost counselling services throughout BC.

Background / Status:

- CAI supports the role and capacity of the community sector to improve mental health and address substance use for British Columbians by providing grant funding and training opportunities
- MMHA partners with CAI to deliver key initiatives that respond to the toxic drug crisis and support the recovery sector and community counselling.
- MMHA priority initiatives with CAI include Community Action Teams (CATs), Provincial Peer Network (PPN), Moms Stop the Harm (MSTH), Local Leadership United (LLU) in addition to rural, remote and Indigenous overdose grants. CAI provides funding administration, project management and ongoing capacity building supports to groups that it funds.
- CAI receives funding from MMHA via the Community Crisis Innovation Fund (CCIF) to directly fund community-led projects, identify and deliver capacity building workshops, and organize provincial convenings. CAI staff meet regularly with MMHA to provide project updates and support strategic planning as it aligns with MMHA priorities.
- Additionally, CAI administers the Community Counselling Grants (CCG) program, whereby 49 counselling agencies receive grants in order to make counselling more accessible across the province, including in rural, remote and Indigenous communities. Since 2018/19 MMHA has provided a total of \$35M towards the program, with the goal of increasing access to underserved or hard to reach populations who do not typically have access to other counselling opportunities.
- In addition, CAI continues to partner with MMHA to support treatment and recovery focused initiatives.
 - Previous collaborative projects have included: Supportive Recovery Advisory Committee and training grants for registered supportive recovery assisted living residences.

ESTIMATES NOTE

- CAI receives a 10% administrative fee as part of most of the funding provided by MMHA to support staffing costs for CAI program staff.

DELIVERY PARTNERS

- In 2008, the Ministry of Health provided \$10 million to the BC Mental Health Foundation (CMHA) to establish the Community Action Initiative (CAI) to support community activities promoting mental health, preventing substance use related harms, and advancing innovative service delivery for people experiencing mental health and substance use challenges.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- From 2023/24 – 2024/25 CAI will receive \$4.926 million annually to support Community Actions Teams (CATs) and the Provincial Peer Network (PPN).
- Since 2018/19 Government has provided a total of \$35.000M to support CAI's Community Counselling Grant Program.
 - 2018/19 - \$11.000M to support 29 counselling services providers.
 - 2020/21 - \$4.800M to expand support to an additional 20 counselling service providers (COVID-19 surge funding).
 - 2021/22 - \$4.200M to continue grant funding through March 2023 for all 49 counselling service providers.
 - 2022/23 - \$15.000M to continue funding 49 organizations through to March 2025.

Approvals:

February 19, 2024 - Darryl Sturtevant, ADM, Substance Use Policy Division

March 4, 2024 – Ally Butler, Assistant Deputy Minister, Treatment and Recovery

February 29, 2024 – Grant Holly, EFO, Corporate Services

March 1, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

COMMUNITY ACTION TEAMS (CATS)

Topic/Issue: An overview of Community Action Teams (CATs) as multistakeholder tables addressing the toxic drug crisis at a community level

KEY FACTS / MESSAGING

Background / Status

- Through the Community Crisis Innovation Fund, we continue to support community-driven actions that draw on the expertise of local community leaders and people with lived experience.
- The fund supports Community Action Teams that have been established in 36 priority communities as part of the escalated response to the drug toxicity emergency.
- Community Action Teams lead and coordinate multi-sectoral, on-the-ground planning and strategies to address the toxic drug crisis.
- Community Action Teams build on community strengths and address local challenges to save lives, address stigma, and enhance community capacity to support people who use substances.

Background / Status:

- There are 36 Community Action Teams (CATs) communities across the province.
- CATs build on community strengths and address local challenges to save lives, address stigma, and enhance community capacity to support people who use substances by developing multi-sectoral initiatives.
- Each CAT is composed differently, but consistently draw members from a broad range of backgrounds that often include: municipal officials and staff, the local recovery community, people and families with lived and living experience of substance use, business leaders, regional health authorities, First Nations and Indigenous partners, and first responders (police, fire, ambulance)
- CATs are focused on five areas of action to save lives and support people who use substances:
 - Stigma Reduction and Education: public dialogues, workshops, and social media campaigns.
 - Community Partnerships and Engagement: presence at community events, engagement of multi-sectoral partners, collaboration across organizations.
 - Peer Empowerment and Training: outreach programs, training and education opportunities, peer-driven initiatives.
 - Indigenous Engagement and Cultural Safety and Humility Work: collaboration with local Indigenous communities, funding Indigenous-led harm reduction initiatives, cultural training.
 - Local harm reduction services and supports: naloxone training and distribution, drug checking services, supporting implementation of overdose prevention services.

ESTIMATES NOTE

- CATs are supported through an annual investment of \$2.9M via the Overdose Emergency Response Centre's (OERC) Community Crisis Innovation Fund (CCIF) and administered through Community Action Initiative (CAI).

KEY OUTCOMES / STATS

Relevant Data / Successes

- The number of communities with CATs have grown over time, increasing from 20 CATs in 2018 to 36 communities and presence across all 5 regional health authorities.
- CATs understand the local context, are nimble, build relationships with organizations that may otherwise not be engaged in the community response, and provide employment and community building opportunities for people with lived and living experience of substance use.
- CAT members engage in workshops delivered by community partners and CAT coordinators attend annual provincial convenings which provide opportunities for strategic discussions, skills development, networking and cross-CAT collaboration.
- CAT foster new partnerships within communities that yield harm reduction innovation, such as:
 - Vernon CAT: Partnership with Okanagan Regional Library after manager attended CAT meeting and was inspired to provide naloxone to prevent overdoses in library public washrooms. This initiative led to a formalized partnership with IH Mental Health Substance Use team who now conduct weekly outreach from the library.
 - Campbell River CAT: Successfully transitioned Peers in the ER project into a permanent role in Campbell River Hospital.
 - Surrey CAT: piloted the Surrey Fire Second Responder Program where Fire Response introduce people who have overdosed alone in their home to Fraser Health's Overdose Outreach Team to offer clinical treatment or recovery support options based on each person's needs and preferences. The initiative now receives SUAP funding and other communities are considering implementation of similar models.
- CATs report their project progress regularly and MMHA staff are exploring opportunities for standardized and more frequent reporting cycles from CATs as opportunities arise and they will not impose undue administrative burden on modestly resourced system partners.

DELIVERY PARTNERS

- The Community Action Initiative (CAI), is a non-profit organization that provides grant funding and capacity building opportunities to support community partners working in mental health and substance use in BC.
- CAI administers CCIF funding and provides project management support to Community Action Teams, in addition to several other CCIF projects including: Provincial Peer Network (PPN), Moms Stop the Harm (MSTH) and Local Leadership United (LLU).

ESTIMATES NOTE

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- MMHA has provided the following grant funding to support CATS:
 - \$1.500 million in 2017/18
 - \$2.200 million in 2018/19
 - \$2.750 million in 2021/22
 - \$0.500 million in 2022/23 to support CATS Capacity building through 2025/26
 - \$2.926 million in 2022/23 and 2023/24

- Total grant funding provided for CATs since 2017 is \$12.802 million.

Approvals:

February 19, 2024 – ADM Darryl Sturtevant, Substance Use Policy Division

February 29, 2024 – Grant Holly, Corporate Services

March 1, 2024 – Christine Massey, Deputy Minister

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Withheld pursuant to/removed as

Advice/Recommendations ; Intergovernmental Communications ; Security Concern

ESTIMATES NOTE

DRUG CHECKING

Topic/Issue: Overview of drug checking services in BC.

KEY FACTS / MESSAGING

- Budget 2024 provides \$15.670 million over three years to sustain drug checking services.
- Drug checking delivers timely, life-saving information for people who use illicit drugs, and also provides essential data to health service planners to monitor the dynamic illicit drug supply for evolving risks
- From 2018-2023, 115,000 drug samples submitted from across BC have been checked using analytical instruments
- The number of drug checking access points in BC has significantly increased since they began as a pilot project in 2018. As of February 2024, there are 113 sites where individuals can drop off drug samples, 52 of which offer point-of-care testing with FTIR spectrometer on some days of the week, serving 47 communities across the province (see Supplemental – Drug Checking Sites)

MMHA continues to work with health authorities, community agencies and university partners to develop and improve the provincial network of drug checking services

KEY OUTCOMES / STATS

Drug Checking As Harm Reduction

- Drug checking provides unique information about the illicit drug supply, allowing individuals to make informed decisions about their use.
- Drug checking services provide unique opportunities to connect individuals from a wide range of backgrounds using substances into the broader system of care for mental health and substance use, including individuals who may otherwise not engage with other services offering substance use care.
- Drug checking supports public health risk surveillance by identifying trends in the rapidly changing illicit drug market, including novel dangerous compounds, and informing public health drug alerts for both clients and health care providers.

Legal Framework

- In April 2020, a Section 56 class exemption under federal *Controlled Drugs and Substances Act*, enabling “Urgent Public Health Need Sites” (UPHNS) was issued to BC.
- In June 2021, Health Canada amended the UPHNS class exemption to allow service providers to collect, store, and transport illicit drug samples for drug checking purposes, which has allowed B.C. to establish more sites across the province where samples can be submitted for testing.

Current State

- Most drug checking in BC is done with Fourier Transform Infrared Spectrometry (FTIR) technology. All drug checking services incorporate fentanyl immunoassay test strips as an additional part of their sample testing procedures.

ESTIMATES NOTE

- Fentanyl test strips are also more broadly available in harm reduction services across the province, including for take-home distribution.
- There are currently 21 FTIR instruments deployed at sites across the province in the five regional Health Authorities, and one PS-MS instrument in Victoria.
- There are 113 sites where individuals can drop off samples for testing; 52 sites offer immediate point of care results (i.e., have FTIR on-location) at least one day per week. At the other 61 distributed sample collection sites, drug samples submitted by clients are transported to the closest location with an FTIR spectrometer for testing and results are reported back as soon as available (within a few days or up to a week).
 - *See Supplemental - Drug Checking Sites for provincial drug checking service availability by local health area.*
- In December 2023, there were 3133 drug samples checked across the province, which is up by 23% as compared to December 2022 (when 2549 samples were checked).
- In December 2023, BCCSU drug checking found the median fentanyl concentration of all opioid samples was 16.7%, consistent with the previous month.
- UVic Substance and Interior Health are piloting remote technician service models for FTIR spectrometers that will allow samples to be analyzed in real-time by a technician on-duty but working virtually in another community.

MMHA Mandate for Drug Checking

- Drug checking is identified as a “core service” in the MMHA “Adult Substance Use System of Care Framework” (2022). The Province is working with health authorities to further make drug checking as accessible and available as possible across BC
- MMHA’s mandate letter emphasizes prioritizing the recommendations of the November 2022 report of the Select Standing Committee on Health, which includes ensuring that drug checking services be made available throughout BC.

DELIVERY PARTNERS

N/A

FINANCIAL IMPLICATIONS

Budget/Expenditures:

- Budget 2024 provides \$15.670 million over three years to sustain drug checking services.

Ministry	2024/25	2025/26	2026/27	3-year Total
Drug Checking - HLTH	\$5.470	\$5.100	\$5.100	\$15.670

- Budget 2024 builds on the Budget 2017 investment of \$3.000 million over three years, bringing the total investment in drug checking services to \$18.670 million over the next three years.

Other investments in Drug Checking include:

- In 2018, two five-year federal Substance Use and Addiction Program grants were awarded to the BC Centre on Substance Use (BCCSU) and the University of Victoria

ESTIMATES NOTE

(UVic) Substance project. When the grants ended, the Province provided BCCSU and UVic with a combined total of \$1.600 million to sustain these projects through the end of 2023/24.

- In 2020/21, MMHA provided a \$0.305 million grant to Vancouver Island University to acquire a Paper Spray Mass Spectrometer (PS-MS) operated by UVic Substance. This device provides confirmatory testing that is able to detect substances at low concentrations.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
<p>Drug Checking</p> <ul style="list-style-type: none"> • The snapshot includes a graph of monthly samples tested: <ul style="list-style-type: none"> • the most recent data point was 3,974 samples checked in June 2023 • 100 locations around the province where British Columbians can drop off a drug sample for analysis, 41 of which offer immediate point-of-care testing with FTIR spectrometer on some days of the week: <ul style="list-style-type: none"> • 26 in Fraser Health, 35 in Interior Health, 31 in Island Health, 2 in Vancouver Coastal Health and 11 in Northern Health. • 25 Fourier-transform infrared spectrometers for drug checking in B.C. 	<p>Drug Checking</p> <p>The updated public data snapshot will include the following data (more recent data is captured above):</p> <ul style="list-style-type: none"> • The snapshot includes a graph of monthly samples tested: <ul style="list-style-type: none"> • the most recent data point was 3,133 samples checked in December 2023 <ul style="list-style-type: none"> • NOTE: this is an increase from December 2022 (2,549) • 113 locations around the province where British Columbians can drop off a drug sample for analysis, 52 of which offer immediate point-of-care testing with FTIR spectrometer on some days of the week: <ul style="list-style-type: none"> • 29 in Fraser Health, 40 in Interior Health, 18 in Island Health, 10 in Vancouver Coastal Health and 16 in Northern Health. • 21 Fourier-transform infrared spectrometers for drug checking in B.C.

Approvals:

February 25, 2024 – Darryl Sturtevant ADM, Substance Use Policy Division

March 1, 2024 – Grant Holly EFO, Corporate Services

ESTIMATES NOTE

INDIGENOUS PEOPLE - TOXIC DRUG CRISIS AND FNHA RESPONSE

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

KEY FACTS / MESSAGING

Background / Status:

- First Nations people continue to be disproportionately impacted by toxic drugs.
- We know that from January through to June 2023, First Nations people died at a rate 6 times higher than other non-Indigenous populations in BC; meanwhile, First Nations women died at a rate 11.9 times higher than other female residents in BC.
- BC continues to work with the First Nations Health Authority to address the disproportionate rates of illicit drug toxicity events and deaths among First Nations populations.
- Surveillance data is limited to status First Nations people only. Anecdotal evidence indicates that toxic drug events and deaths also disproportionately affect Métis, Inuit, and non-status First Nations people throughout BC.
- 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, and intergenerational trauma.
- Budget 2023 invests \$171 million over three years for Indigenous-led treatment, recovery and aftercare services and supports founded on the strengths of culture, language and identity to build resiliency and overcome unresolved trauma.

KEY OUTCOMES / STATS

Relevant Data / Successes

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:
 - prevent people who experience drug poisoning from dying;
 - keep people safer when using;
 - create an accessible range of treatment options; and,
 - support people on their healing journey.
- FNHA is implementing Nurse Prescribing for medication-assisted treatment to increase access to evidence-based treatment for opioid use disorder.
- FNHA is an active member of the MMHA Joint Steering Committee on BC's Overdose Response and is embedded in the planning and decision-making tables of the Overdose Emergency Response Centre.
- 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

ESTIMATES NOTE

increase access to culturally safe mental health and wellness and substance use services, including harm reduction.

- Regional health authorities have prioritized a minimum of 43 youth substance use treatments and withdrawal management beds that will provide priority access for Indigenous youth province-wide, including working with local First Nations on the approach to prioritization.

Canadian Mental Health Association (CMHA) beds

- In 2023, the Province provided CMHA with a grant of \$73.174 million over four years to increase access to free treatment and recovery services closer to home for people with addiction challenges.
- The 2023 CMHA grant process funds a total of 180 publicly funded beds and extend funding for 105 beds open since 2021.
 - Operators were invited to submit applications in the Summer of 2023, to demonstrate how their organization supported provision of evidence-based quality substance use services and demonstrate how their service is anti-racist, non – discriminatory, and culturally safe.
 - The multi-stage review process included pre-screening for basic eligibility and a financial review, an online peer review, and an in-person adjudication panel administered by CMHA BC.
- As of January 2024, 97 of the 180 beds are available. With the remainder of the beds due to open by summer 2024.
- The beds prioritize service access for First Nations, Métis, and Inuit clients.
- Between July –September 2023, 25% of admitted clients accepted into a CMHA bed self-identified as Indigenous, First Nations, Metis, Inuit, and/or Urban Indigenous.

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.

DELIVERY PARTNERS

- First Nations Health Authority
- Métis Nation BC
- BC Association of Aboriginal Friendship Centres

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2023 provided new funding of \$171.10 million over three years for Indigenous-led treatment, recovery and aftercare services and supports.
- Budget 2023 continued previous investments of \$37.62 million over three years to support Indigenous-led approaches to prevention and harm reduction as well as culturally safe substance use care and treatment services, which includes:

ESTIMATES NOTE

- \$24 million over 3 years to support the FNHA with the drug-poisoning emergency response; and,
- Since 2018/19 \$2.250 million has been provided 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 stigma-reduction campaign.
- In 2018, BC, the Province, the Government of Canada and the FNHA committed \$10 million each, for a total of \$30 million, to support the implementation of the Tripartite Memorandum of Understanding (MOU) to improve mental health and wellness services for First Nations people, as well as an additional one-time \$5 million from BC in March 2023.
- \$20 million of funding from the Province matched by \$20 million from each of the federal government and the FNHA for a total \$60 million commitment, to support the renovation and replacement of 8 First Nation-run treatment centres throughout B.C. BC provided a one-time \$35 million top up in 2023 to ensure project completion.
- The Province provides \$10.75 million annually from the federal bi-lateral agreement to the FNHA for land-based healing initiatives.
- The Province has supported culture-based mental health and wellness capacity for BCAAFC with \$375,000 annually.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
FNHA has supported 147 land-based healing initiatives across five regions, investing \$10.75 million annually beginning in 2021/22.	N/A
First Nations Virtual Substance Use and Psychiatry Service <ul style="list-style-type: none"> ● Psychiatrists and specialists conducted 1,937 virtual sessions in 2022 Care coordinators had 826 encounters with First Nations individuals and families in 2022	N/A
Access to Opioid Agonist Treatments (OAT) <ul style="list-style-type: none"> ● 20 rural and remote First Nations communities supported by FNHA to provide opioid agonist treatment in community 295 people received subsidies to access opioid agonist therapy at medical clinics in 2022	N/A
Indigenous-led Harm Reduction Initiative <ul style="list-style-type: none"> ● 97 harm reductions grants provided by FNHA in 2022 ● 597 people completed Not Just Naloxone training sessions in 2022 ● In 2022, FNHA distributed: <ul style="list-style-type: none"> ○ 3,311 doses of nasal naloxone to individuals through community pharmacies 	N/A

ESTIMATES NOTE

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
<ul style="list-style-type: none"> ○ 8,011 nasal naloxone kits (each kit contains two doses) to 70 First Nations communities and organizations through bulk ordering <p>FNHA also collaborated with health system partners in their distribution of 8,498 injectable naloxone kits (each kit contains three doses) to 163 First Nations take-home naloxone sites</p>	
<p>First Nations Health Authority also funds more than 200 treatment beds, which offer a variety of cultural and clinical interventions and support for all genders, youth and families.</p>	N/A

Approvals:

February 15, 2024 – Kelly McConnan, A/ADM, Child & Youth Mental Health Policy

February 16, 2024 – Grant Holly, EFO, Corporate Services

February 28, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

NURSE PRESCRIBING

Topic/Issue: BC is the first jurisdiction in Canada to establish a permanent, certified nursing practice for Opioid Use Disorder (OUD), enabling certified nurses to provide comprehensive care for people with OUD including prescribing of life-saving Opioid Agonist Therapy.

KEY FACTS / MESSAGING

Background / Status:

- BC is the first jurisdiction in Canada to enable Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) to diagnose OUD and prescribe lifesaving OAT. This aligns with provincial goals of increasing the available workforce for substance use care across BC; increasing initiation and retention in treatment; and separating people from the toxic drug supply.
- This initiative has helped to transform the substance use system of care for people with opioid use disorder by providing low-barrier access to evidence-based lifesaving treatment across the province, including for underserved, equity-deserving populations including people in First Nations communities.
- OAT is recognized by the medical community as a first-line evidence-based treatment for OUD and is associated with substantial reductions in the risk for all cause and overdose mortality in people dependent on opioids.
- In 2020, under an Order of the Provincial Health Officer, RNs and RPNs, with additional training, were temporarily allowed to prescribe OAT.
- Since 2020, nurse prescribing has been implemented in all five regional health authorities, the Provincial Health Services Authority (PHSA) and First Nations Health Authority (FNHA).
- Nurse prescribers provide OAT in a variety of settings including in mental health and substance use programs, outreach, virtual care, and acute care.

Transition from a temporary practice to a permanent, certified practice

- In April 2023, the Minister of Health approved amendments to the nursing regulations under the *Health Professions Act* to permanently enable RNs and RPNs, who have a certified practice designation established by the BC College of Nurses and Midwives (BCCNM), to diagnose OUD and prescribe OAT for the treatment of OUD.
- On November 1, 2023, the BCCNM brought into effect a new designation of certified practice for opioid use disorder (CP-OUD) for RNs and RPNs.
- The transition of nurse OAT prescribing to a certified practice reflects Government's sustained commitment to expanding access to OAT in BC.

Training Requirements

- To obtain a certified practice designation for opioid use disorder (CP-OUD), eligible RNs and RPNs are required to complete training relating to OUD and OAT prescribing provided by the BC Centre on Substance Use (BCCSU).
- Training aligns with the BCCSU's *Guideline for the Clinical Management of Opioid Use Disorder* and includes an online course, related course work, and an in-person

ESTIMATES NOTE

preceptorship, supporting nurses to build the skills required to effectively provide OUD care.

Nurse Prescribing Evaluation

- Government has contracted Changemark Research + Evaluation Services to conduct the provincial evaluation of the nurse prescribing initiative. The contract has maximum funding of \$170,000 and is set to be completed in June 2024.
- The purpose of the evaluation is to evaluate the effectiveness of the implementation of the RN/RPN prescribing initiative to inform ongoing prescribing practices, service delivery adjustments, and policy refinements.

KEY OUTCOMES / STATS

Relevant Data / Successes

- In December 2023, 594 patients filled prescriptions for buprenorphine/naloxone, methadone, or slow-release oral morphine at community pharmacies within BC written by 51 RN or RPN prescribers.
- This is more than double the number of clients from December 2022, when 245 patients filled prescriptions written by 27 RN or RPN prescribers.¹
- As of January 2024, 277 RNs or RPNs from all health authorities have enrolled in training and 171 have fully completed their training.
- As of January 2024, 90 RNs and 37 RPNs have been granted a CP-OUD designation by the BC College of Nurses and Midwives.²

DELIVERY PARTNERS

- First Nations Health Authority (FNHA), all Regional Health Authorities, Provincial Health Services Authority, the BC College of Nurses and Midwives, Nurses and Nurse Practitioners of BC, and the BC Centre on Substance Use (BCCSU). Health Authority and community clinics that employ CP-OUD nurses.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2023 provided \$14.481 million in ongoing funding over three years to support nurse prescribing implementation.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care</i> Data Snapshot	More up to date data if available
255 Nurses enrolled in training (as of June 2023)	272 Nurses have enrolled in training (as of December 2023)
137 Nurses completed training (as of June 2023)	167 Nurses completed training (as of December 2023)
353 Patients dispensed opioid agonist treatments (prescribed by an RN or RPN) (in June 2023)	594 patients dispensed opioid agonist treatments (prescribed by an RN or RPN) (in December 2023)
40 RNs and RPNs prescribing medication-assisted treatments (in June 2023)	51 RNs and RPNs prescribing medication-assisted treatments (in December 2023)

¹ HSIAR. 2024. Monthly RN/RPN Utilization Data.

² BCCNM Communication. January 25, 2024.

ESTIMATES NOTE

Approvals:

February 19, 2024 - Darryl Sturtevant, ADM, Substance Use Policy Division

February 29, 2024 - Grant Holly, Corporate Services

March 1, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

OAG AUDIT

Topic/Issue: The Office of the Auditor General (OAG) is undertaking an audit of the Ministries of Health (HLTH) and Mental Health and Addictions (MMHA) to assess the implementation of overdose prevention/supervised consumption services and prescribed safer supply.

KEY FACTS / MESSAGING

Background / Status:

- Overdose prevention/supervised consumption services (OPS/SCS) and prescribed safer supply (PSS) are key elements of the provincial effort to alleviate the crisis and save lives.
- B.C. is the first province to offer a provincial prescribed safer supply program. People have been accessing prescribed safer supply since March 2020, when the Province introduced the first phase of the program.
- The Office of the Auditor General (OAG) is an independent office of the legislature authorized to conduct financial and performance audits of all government reporting entities, including ministries.
- Pursuant to the *Auditor General Act*, OAG responsibilities include assessing the efficiency, effectiveness, and economy of provincial programs and services.
- In February 2023, following consultations with MMHA/HLTH staff, the OAG shared its plan for the audit of Harm Reduction Services:
 - Overdose prevention/supervised consumption services (OPS/SCS)
 - Audit period: Jan. 1, 2020 – Jun. 30, 2023
 - Prescribed safer supply (PSS)
 - Audit period: Jul. 1, 2021 – Jun. 30, 2023
- Audit objectives include:
 - To determine whether MMHA and HLTH ensured effective province-wide implementation of OPS/SCS by the health authorities.
 - To determine whether MMHA and HLTH effectively monitored the initial implementation of PSS.
- The OAG audit process is focused on MMHA and HLTH's work to:
 - provide province-wide guidance;
 - establish objectives, targets and measures;
 - manage funding; monitor performance and effectiveness;
 - engage with health authorities, Indigenous Peoples, and people with lived and living experience (PWLLE);
 - identify and address barriers to implementation; and,
 - report publicly on these initiatives.
- OAG plans to release one report containing results and recommendations from the two audits together in March 2024.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Audit report and recommendations have not yet been publicly released.

ESTIMATES NOTE

DELIVERY PARTNERS

- Office of the Auditor General (Michael A. Pickup, Auditor General of British Columbia)
- Health authorities, OPS/SCS operators, BC Centre for Disease Control, Office of the Provincial Health Officer, PSS prescribers and PSS clinics. Once the final report is published, further delivery partners will be identified as appropriate.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

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

DATA SNAPSHOT

- OPS/SCS:
 - From January 2017 until the end of December 2023, there have been approximately 4.51 million visits to OPS/SCS, and 27,711 overdoses responded to and survived, and one death.
 - As of December 2023, there are 50 OPS/SCS locations in BC. Interior: 7 OPS and 1 SCS locations; Fraser: 14 OPS and 1 SCS; Vancouver Coastal: 11 OPS and 2 SCS; Island: 9 OPS; Northern: 5 OPS. This includes 22 inhalation sites: Interior: 0; Fraser: 9; Vancouver Coastal: 7; Island: 6; Northern: 0.
 - In the month of December 2023, there were 74,094 visits to OPS/SCS, an increase from November 2023 (70,110).
 - Of the total number of visits in December 2023 (74,094), there were 44,588 visits to inhalation OPS/SCS, an increase from November 2023 (42,019).
- Prescribed safer supply/prescribed alternatives:
 - The number of people dispensed opioid prescribed alternatives in the month of December 2023 was 4,212.
 - The number of clinicians prescribing opioid prescribed alternatives in the month of December was 658.
 - The number of people dispensed stimulant prescribed alternatives in the month of December 2023 was 437.
 - The number of clinicians prescribing stimulant prescribed alternatives in the month of December was 246.

Approvals:

February 11, 2024 - Darryl Sturtevant, ADM, Substance Use Policy Division

February 12, 2024 - Grant Holly, EFO, Corporate Services

February 16, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

VIRTUAL OAT SERVICES

Topic/Issue: Virtual Opioid Agonist Treatment Services

KEY FACTS / MESSAGING

Background / Status:

Opioid Use Disorder (OUD)

- There is no one-size-fits-all model when it comes to treatment and recovery for people living with substance use challenges. Diverse options are key to meeting people where they're at and determining what services are appropriate for their unique circumstances.
- Opioid Use Disorder (OUD) is conceptualized as a chronic, relapsing condition, with elevated rates of morbidity and mortality. OUD is characterized by cravings and continued use despite significant consequences.
- People who use opioids in BC, including individuals with OUD, are at elevated risk of experiencing a toxic drug poisoning due to the increasingly toxic illicit drug supply.
- Despite these challenges, people with OUD can achieve sustained remission with appropriate treatment and support.

Opioid Agonist Treatment (OAT)

- Opioid Agonist Treatment (OAT) is recognized by the medical community as a first-line evidence-based treatment for OUD.¹
- OAT medications have demonstrated higher retention rates and reduced illicit drug consumption when compared to other treatments, like psychological treatment and withdrawal management.
- OAT also has a protective effect, with mortality rates and risk of death being significantly lower when a patient is on OAT.²
- Increasing the number of people with OUD who are engaged and retained in OAT is a key priority in the provincial response to the toxic drug crisis.
- While work to expand access to OAT in BC is well underway, access gaps remain. Some people with OUD in BC report difficulties in finding and maintaining access to an OAT prescriber, especially in rural and remote communities where there may be very few or no prescribers nearby.

Virtual OAT in BC

- Virtual OAT care offers one strategy for expanding access to OAT in BC by offering low-barrier access to an OAT prescriber, typically via phone or video call.
- In BC, virtual OAT care is offered by various providers, including all regional health authorities (except for Island Health) and the First Nations Health Authority (FNHA).

¹ BCCSU. (2023). A Guideline for the Clinical Management of Opioid Use Disorder. https://www.bccsu.ca/wp-content/uploads/2023/12/BC-OUD-Treatment-Guideline_2023-Update.pdf

² Nielsen, S., Larance, B., Degenhardt, L., Gowing, L., Kehler, C., & Lintzeris, N. (2016). Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews. <https://doi.org/10.1002/14651858.CD011117.pub2>

ESTIMATES NOTE

- FNHA's *Virtual Substance Use and Psychiatry Service (VSUPS)* and *Virtual Doctor of the Day Program* connect First Nations people and their family members across BC with virtual OAT services.
- Vancouver Coastal Health's *Lighthouse Virtual Substance Use Care* offers various virtual substance use services, including same-day OAT prescribing to clients in the Sunshine Coast and North Shore communities.
- Interior Health's *Virtual Addictions Medicine Clinic* offers same-day virtual OAT initiation in the Interior Health Region and then transfers clients to local prescribers for longitudinal care.
- Fraser Health offers virtual substance use services, including OAT prescribing, to people in the Fraser Health Region with the majority of clients being served same day.
- Northern Health offers some virtual substance use care to people in the Northern Health Region, though there is a several weeks wait for virtual OAT initiation.
- The number of people currently accessing virtual OAT services in BC is unknown.
- The Province is working with health authorities to stand up additional virtual services.
- Work relating to virtual OAT access is aligned with broader efforts to expand the made-in-BC Road to Recovery model, which fundamentally shifts how clients access services through centralized access points, same day access to standardized clinical assessments and care, and a process that matches them to the right service for their needs.

Alberta's Virtual Opioid Dependency Program

- Alberta's Virtual Opioid Dependency Program (VODP) is a virtual service for people with opioid use disorder (OUD) that is operated by Alberta Health Services (AHS).
- In 2019/2020, 1,225 of approximately 5,000 people accessing OAT in Alberta did so through VODP.³ It is unclear how many people access this service today.
- Anyone in Alberta can call a phone number and be immediately assessed for OUD. They will then be contacted by an Addiction Medicine Consultant, typically later that day, receive a prescription for OAT, and go to a pharmacy to pick up their medication.
- This program appears to address barriers to accessing an OAT prescriber and supports clients transitioning across care settings.
- VODP clients are required to go to a brick-and-mortar pharmacy to pick up prescriptions, serving as a barrier for people with limited or no access to a pharmacy that dispenses OAT, particularly in rural and remote communities.
- A peer-reviewed article published in 2022 described the virtual clinic model as well as outcomes from a relatively small sample size (440 clients) who used the service between April 2017 and March 2020 prior to the COVID-19 pandemic when the toxicity of the illicit drug supply increased.⁴ The study found:
 - VODP experienced a rapid growth in utilization over three years.

³ Day, N., Wass, M. & Smith, K. (2022). Virtual opioid agonist treatment: Alberta's virtual opioid dependency program and outcomes. <https://doi.org/10.1186/s13722-022-00323-4>

⁴ Day, N., et al. (2022). <https://doi.org/10.1186/s13722-022-00323-4>

ESTIMATES NOTE

- Median wait days for treatment decreased from 6 to 0 days with the initiation of a Same Day Start service.
- Ninety percent (90%) of the study sample were retained in treatment over 6 months and 58% of the sample were retained over 12 months.⁵ In contrast, the average OAT retention in BC after 12 months was 44.9% in 2022/23.⁶
- Clients reported high levels of satisfaction (90%) and experienced reductions in drug use and overdose, as well as improved social functioning.
- Overall, the study concluded that the entirely virtual delivery of OAT is a promising option to expand access to evidence-based treatment for OUD in the context of the toxic drug crisis, particularly for individuals living in rural or underserved areas.
- The authors acknowledged the limitations of the study including that it was descriptive and retrospective, noted it should be interpreted cautiously, and called for further study on the effectiveness of virtual OAT.
- This model is specific to the context of Alberta and their healthcare system, which only has one health authority, AHS, enabling the provision of centralized, provincial OAT services like VODP. While BC may learn from Alberta’s model, BC requires a more flexible approach that builds on work already completed or underway in all health authorities.

KEY OUTCOMES / STATS

Relevant Data / Successes

- All RHAs (with the exception of Island Health) and FNHA offer virtual substance use services.

DELIVERY PARTNERS

- Regional Health Authorities, Provincial Health Services Authority (PHSA), and First Nations Health Authority (FNHA), community health partners and primary care providers.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Government is investing \$89.570 million over three years to support investment in OAT and iOAT. This funding includes funding from the Canada-British Columbia Mental Health and Addictions Services Agreement of \$48.000 million over three years.

DATA SNAPSHOT

Data captured in current *Building a Mental Health and Substance Use System of Care*

More up to date data if available

⁵ Day, N., et al. (2022). <https://doi.org/10.1186/s13722-022-00323-4>

⁶ HSIAR data request, 15 December 2023.

ESTIMATES NOTE

Data Snapshot	
People receiving opioid agonist treatment: 24,470 (June 2023) ¹³	People receiving opioid agonist treatment: 24,232 (December 2023) ⁷

Approvals:

March 1, 2024 - Darryl Sturtvant ADM, Substance Use Policy Division

March 1, 2024 – Grant Holly EFO, Corporate Services

⁷ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024

ESTIMATES NOTE

OPIOID AGONIST TREATMENT - OAT

Topic/Issue: Opioid Agonist Treatment (includes oral and injectable OAT)

KEY FACTS / MESSAGING

Background / Status:

Opioid Use Disorder (OUD)

- There is no one-size-fits-all model when it comes to treatment and recovery for people living with substance use challenges. Diverse options are key to meeting people where they're at and determining what services are appropriate for their unique circumstances.
- Opioid Use Disorder (OUD) is conceptualized as a chronic, relapsing condition, with elevated rates of morbidity and mortality. OUD is characterized by cravings and continued use despite significant consequences.¹
- People who use opioids in BC, including individuals with OUD, are at elevated risk due to the increasingly toxic illicit drug supply, which increases an individual's risk of experiencing a toxic drug poisoning.
- Despite these challenges, people with OUD can achieve sustained remission with appropriate treatment and support.

Opioid Agonist Treatment (OAT)

- Opioid Agonist Treatment (OAT) is recognized by the medical community as a first-line evidence-based treatment for OUD.¹
- OAT medications have demonstrated higher retention rates and reduced illicit drug consumption when compared to other treatments, like psychological treatment and withdrawal management.
- OAT also has a protective effect, with mortality rates and risk of death being significantly lower when a patient is on OAT.²
- The four most commonly prescribed OAT medications in BC are methadone (e.g. Methadose® and Metadol-D®), buprenorphine/naloxone (e.g. Suboxone®), slow-release oral morphine (Kadian®), and extended-release buprenorphine (e.g. Sublocade®).
- Increasing the number of people with OUD who are engaged and retained in OAT is a key priority in the provincial response to the toxic drug crisis.
- In December 2023, 24,232 patients received OAT.³
- In December 2023, there were 2,007 OAT prescribers across BC, an increase from 773 in June 2017.⁴

¹ BCCSU. (2023). A Guideline for the Clinical Management of Opioid Use Disorder. https://www.bccsu.ca/wp-content/uploads/2023/12/BC-OUD-Treatment-Guideline_2023-Update.pdf

² Nielsen, S., Larance, B., Degenhardt, L., Gowing, L., Kehler, C., & Lintzeris, N. (2016). Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews. <https://doi.org/10.1002/14651858.CD011117.pub2>

³ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024

⁴ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024.

ESTIMATES NOTE

Injectable Opioid Agonist Treatment (iOAT)

- Injectable OAT (iOAT) provides additional options aimed to meet the needs of people who have not experienced benefits from or have declined oral OAT options.
- In October 2017, the BCCSU released a provincial guidance document for the use of iOAT using hydromorphone (HDM) and diacetylmorphine (DAM) as an evidence-based specialized, intensive treatment option for patients who do not respond successfully to oral OAT.⁵
- Currently, iOAT is available in high-need communities including Surrey, Kelowna, and multiple Vancouver Coastal Health locations.
- While both HDM and DAM are evidence-based options available in BC, DAM has been identified as a preferred medication option by people who use illicit opioids.
- In December 2023, 127 patients received DAM iOAT and 21 received HDM iOAT in BC.⁶

Tablet-Injectable Opioid Agonist Treatment (TiOAT)

- TiOAT is an alternative OAT model first developed by Vancouver Coastal Health Authority (VCHA) and the Portland Hotel Society in 2019, using supervised consumption of HDM tablets via oral intake and/or injection. In recent years, many TiOAT clients have transitioned to other medication options (e.g. fentanyl patch) that better meet their needs.
- TiOAT programs are currently operating in Kamloops and VCH.
- As of December 2023, 116 people in BC were receiving HDM TiOAT for OUD.⁷

KEY OUTCOMES / STATS

Efforts to Expand and Optimize OAT

- MMHA and HLTH continue to work with partners to expand access to OAT and address service gaps. This includes efforts to better understand and address barriers to accessing and being retained on OAT.
- There are 72,850 people with a diagnosed OUD in BC; it is estimated this number could be as high as 104,765, though many people may not be formally diagnosed.⁸
- The monthly counts of total OAT clients increased from 14,743 patients in January 2015 to 24,557 patients in December 2021. Between January 2022 and December 2023, monthly counts have ranged between 24,000 and 25,000 patients.⁹
- The number of healthcare practitioners prescribing any form of OAT increased from 773 in June 2017 to 2,007 in December 2023.¹⁰

Nursing Certified Practice for Opioid Use Disorder (CP-OUD)

- As of November 1, 2023, a new class of certified practice for nurses came into effect, Certified Practice for Opioid Use Disorder (CP-OUD), that enables certified Registered Nurses (RN) and Registered Psychiatric Nurses (RPN) to diagnose and treat OUD.

⁵ BCCSU. (2017) Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder. Retrieved on January 21, 2024: https://www.bccsu.ca/wp-content/uploads/2021/07/BC_iOAT_Guideline.pdf

⁶ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024.

⁷ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024.

⁸ OERC Monthly Data Sheet (January, 2024)

⁹ BCCDC. Unregulated Drug Poisoning Emergency Dashboard.

¹⁰ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024.

ESTIMATES NOTE

- To obtain the CP-ODU designation, eligible RNs and RPNs are required to complete training relating to OUD and OAT prescribing.
- In December 2023, 594 patients had a dispensation of buprenorphine/naloxone, methadone, or slow-release oral morphine at community pharmacies within B.C. prescribed by 51 RN or RPN prescribers.¹¹
- As of January, 2024, 90 RNs and 37 RPNs have been granted a CP-ODU designation by the BC College of Nurses and Midwives.

Updated Provincial OUD Guidelines

- In November 2023, the BC Centre on Substance Use (BCCSU) released an updated version of the *Guideline for the Clinical Management of Opioid Use Disorder* (OUD Guideline), first released in 2017.
- The OUD Guideline provides recommendations to clinicians, nurses, pharmacists and allied healthcare professionals on supporting patients with OUD, including detailed information and recommendations on providing OAT.
- The updated guidelines promote flexible, patient-centred care and are intended to improve OAT access and retention.

PharmaCare Plan Z

- As of June 6, 2023, OAT medications are covered through Plan Z, the Province's universal coverage plan, providing full coverage for BC residents with an active medical services plan (MSP).

DELIVERY PARTNERS

- Regional Health Authorities, Provincial Health Services Authority (PHSA), and First Nations Health Authority (FNHA), community health partners and primary care providers.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Government is investing \$89.570 million over three years to support investment in OAT and iOAT. This funding includes funding from the Canada-British Columbia Mental Health and Addictions Services Agreement of \$48.000 million over three years.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
People receiving opioid agonist treatment: 24,469 (June 2023) ¹³	People receiving opioid agonist treatment: 24,232 (December 2023) ¹²

¹¹ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024

¹² PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting, February 22, 2024

ESTIMATES NOTE

Data not included in previous Snapshot	The updated snapshot will include a graph of new clients starting on OAT per month. The most recent data point: <ul style="list-style-type: none">In December 2023, 249 new clients newly started OAT treatment. <p>*note: New starts may include people who were dispensed OAT previously in acute care or in another province.</p>
Data not included in previous Snapshot	The updated snapshot will include a graph of the proportion of people on OAT who are retained for 12 months or more: <ul style="list-style-type: none">2017/2018: <u>48.5%</u>2018/2019: <u>48.8%</u>2019/2020: <u>48.1%</u>2020/2021: <u>48.0%</u>2021/2022: <u>45.5%</u>2022/2023: <u>44.9%</u>

Approvals:

February 19, 2024 - Darryl Sturtevant, ADM, Substance Use Policy Division

February 26, 2024 - Christine Voggenreiter obo Martin Wright, Health Sector Information, Analysis and Reporting Division

March 3, 2024 - Grant Holly, EFO, Corporate Services

March 4, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

OPIOID LITIGATION

Topic: Litigation against opioid manufacturers, distributors, and consultants

KEY MESSAGING

Background:

- In August 2018, the Province initiated legal proceedings on behalf of all Canadian governments against over 40 opioid distributors, manufacturers and consultants, seeking recovery of healthcare costs due to misleading representations about the risks associated with opioids.
- Also in 2018, the province enacted the *Opioid Damages and Health Care Costs Recovery Act*, which was amended in 2022, to support the legal action by streamlining the Province's ability to litigate, similarly to tobacco litigation, by using population-based evidence rather than individual expense records.
- A settlement of \$150 million with defendant Purdue Pharma Canada was reached early in the litigation process, and approved by the court on December 16, 2022.
- In addition, proceedings to certify the class-action lawsuit that were initiated by the Province were concluded in the B.C. Supreme Court in December 2023 and we are awaiting the Court's decision on certification.

Status:

- The exact amount BC will recover through litigation is being assessed, with economists and healthcare experts evaluating the costs related to the opioid crisis, including related to addiction treatment, emergency services for overdose events, emergency room visits, and hospitalizations.
- Future plans for the allocation of settlement funds are being developed and will be announced in due course.
- The litigation will not take resources away from mental health and addictions treatment and services nor will it interfere with government's actions to address the toxic drug crisis.
- This legal action is another step in our continued response to the ongoing public health emergency, a step forward to pursue litigation against the remaining defendants until they have all been held accountable for acts of alleged wrongdoing committed in the manufacturing and distribution of opioid products in BC.
- The settlement with Purdue Pharma Canada marks a significant step in holding opioid companies accountable for their roles in the toxic drug crisis in BC.

Opioids litigation and chronic pain:

- Prescribing opioids remain a key component of pain management, and can be an important tool in helping people cope with severe pain or palliation.
- BC College of Physicians and Surgeons provides guidelines on safe prescribing drugs at risk of misuse/diversion, and physicians have the ability to recommend what treatments, including opioids, are best for their patients.
- The Province is currently working with the College of Physicians and Surgeons of BC to develop an enhanced prescription monitoring program.

ESTIMATES NOTE

- Chronic pain management strategies and the toxic drug crisis are very complex issues and the ministry continues to work with partners to support people living with chronic pain while minimizing risks from potentially harmful drugs.

KEY OUTCOMES

N/A

DELIVERY PARTNERS

N/A

FINANCIAL IMPLICATIONS

N/A

Approvals:

March 1, 2024 – Darryl Sturtevant, ADM, Substance Use Policy

February 26, 2024 – Mitch Moneo, ADM, Pharmaceutical, Laboratory and Blood Services Division,
Ministry of Health

March 1, 2024 – Grant Holly, Corporate Services

HLTH – ESTIMATES NOTE

PharmaCare's RESPONSE TO THE OPIOID OVERDOSE CRISIS

Topic: Rising number of unintended overdose deaths due to the toxic street opioid supply.

Key Messaging and Recommended Response:

- **We know one of the most important ways to save lives during this ongoing public health emergency is to separate people from the toxic illicit drug supply.**
- **Opioid Agonist Treatment (OAT) is recognized as a first-line evidence-based treatment for opioid use disorder (OUD).**
- **Increasing the number of people with OUD who are engaged and retained in OAT is a key priority in the provincial response to the toxic drug crisis.**
- **We expanded coverage for existing OAT benefit drugs including methadone, buprenorphine/naloxone, Sublocade® (extended-release injectable buprenorphine) and slow-release oral morphine by including them into Plan Z (Assurance) for all BC residents.**
- **In March 2020, at the start of the COVID-19 public health emergency, the province implemented prescribed safer supply in BC and expanded it in July 2021, the first province in Canada to do this.**
- **Prescribed alternatives to the toxic supply are a critical part of the broader continuum of care and the treatment of addiction as a health issue.**

CURRENT SITUATION

- Unintended overdose deaths due to the toxic street opioid supply have reached historical levels, with 7.2 people dying daily according to the BC Coroner's latest statistics as of December 2023, mainly because of street opioids being laced with the extremely potent opioid fentanyl and its analogues.¹ This increase began in 2016 and has risen to unprecedented levels over the past couple of years.
- The Pharmaceutical, Laboratory and Blood Services Division (PLBSD) has expanded coverage for existing OAT benefit drugs including methadone, buprenorphine/naloxone, extended-release injectable buprenorphine and slow-release oral morphine by including them in Plan Z (Assurance) for all BC residents as of June 6, 2023. Plan Z is a no deductible, 100% coverage plan and improves access to OUD treatment as it reduces the cost of treatment for individuals not already part of a 100% coverage plan such as Plan C (Income Assistance) or Plan G (Psychiatric Medications). All residents of BC with active Medical Services Plan (MSP) coverage are eligible for Plan Z. Exceptional Plan Z coverage is available to bridge coverage gaps for people living in BC not yet enrolled or in the wait period for MSP.

¹ Unregulated Drug Deaths in BC, posted January 24, 2024; accessed February 13, 2024
<https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

HLTH – ESTIMATES NOTE

- PLBSD has improved access to evidence-supported OAT treatment extended-release injectable buprenorphine (Sublocade®) by expanding coverage from Limited Coverage to regular benefit, meaning Special Authority is no longer required as of March 14, 2023.
- PLBSD has also responded by actively assisting with access to prescribed alternatives to the toxic supply (PA) that support people who use street drugs, to separate them from the toxic supply in an effort to reduce overdose deaths. Coverage has been expanded for PA as part of the Prescribed Safer Supply (PSS) policy.
- In August 2021, fentanyl patch and buccal tablets were added as Limited Coverage with criteria of reducing risk of harm from the toxic street drug supply. Both fentanyl products and sufentanil became available for coverage under Plan G to recognize substance use disorder as a mental health condition. Sufentanil is an injectable fentanyl-type PA. Protocols for PSS Sufentanil and Fentora were published by the BC Centre on Substance Use (BCCSU) in August 2023, after review by PLBSD.
- Coverage has expanded for drugs outlined in the BCCSU's Risk Mitigation in the Context of Dual Public Health Emergencies (RMG); the opioid option hydromorphone 8mg tablets were added to the Plan G (Psychiatric Medications) formulary to allow for substance use coverage.
- PLBSD has been pivotal in encouraging a Canadian pharmaceutical manufacturer to develop a domestic supply of injectable diacetylmorphine (DAM). Health Canada approved this product in February 2022, and the Supply Agreement with Provincial Health Services Authority and Pharmascience was signed August 2022. This agreement has since been terminated and a new Supply Agreement between the Ministry of Health and Pharmascience was signed November 2023. This will expand access to DAM as an evidence-based treatment for substance use disorder.
- PLBSD pharmacists work closely with members of the Overdose Emergency Response Centre in Ministry of Mental Health and Addictions to proactively respond to emerging needs of those at risk of harm from the street supply.
 - Current active work involves facilitating access to a compounded smokeable opioid option, e.g. fentanyl compounded capsules, as 78% of those that reported fentanyl use prefer smoking to injecting their drug.²
- PLBSD pharmacists are actively involved in planning the implementation and monitoring/evaluation of PA. PLBSD pharmacists have assisted Health Sector Information, Analysis & Reporting Division in updating the OAT and PA reporting algorithm.
- PLBSD pharmacists are monitoring the national supply of opioids used for PA to ensure supply is available as patient numbers increase and opioid options expand.
- PLBSD pharmacists are working with clinicians, people who use drugs, other government groups, and the regulatory Colleges as needed to lower or remove barriers to access PA for patients.

FINANCIAL IMPLICATIONS

- PharmaCare spend on OAT products for opioids in 2022/23 was \$69.59M for over 27,000 beneficiaries.³
- PharmaCare spend on PSS products for opioids in 2022/23 was \$12.89M for over 7,200 beneficiaries.⁴
- The two-year agreement between Pharmascience and Ministry of Health costs \$12.49M over two years.

² 2021 BC Harm Reduction Client Survey, Accessed February 13, 2024

http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2021%20-%20BC_Overall_HR%20Survey%20%28Apr%2020%29.pdf

³ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting Division. Extracted February 21, 2024.

⁴ PharmaNet, HealthIdeas, Health Sector Information, Analysis and Reporting Division. Extracted February 21, 2024.

HLTH – ESTIMATES NOTE

KEY BACKGROUND

- Fentanyl or one of its more potent analogues such as carfentanil was detected in 83% of illicit drug toxicity deaths in 2023.¹ The high potency of fentanyl and analogues makes small amounts lethal if the user is not tolerant to that level due to prolonged use.
- OAT is recognized as a first-line evidence-based treatment for OUD. The BCCSU updated the Guideline for the Clinical Management of OUD in November 2023.
- In March 2020, the BCCSU published RMG, which outlined ways to support people who used the street drug supply to mitigate their risks during COVID-19. The guidance included the provision of prescription opioids e.g. hydromorphone 8mg tablets to opioid users so that they did not have seek out a street supply during times of self-isolation/quarantine.
- While there was some success with the use of hydromorphone tablets, it was identified that for many people other opioid options needed to be made available to help separate them from the toxic street supply. As a result, PSS was developed with the support of BC Provincial Health Officer Dr. Bonnie Henry.
- In July 2021, BC's PSS policy went into effect, opening the door to the provision of medical-grade opioid products to people who used street drugs. Fentanyl products were the first to be offered due to the high level of fentanyl in the street supply.
- On February 1, 2024, the Office of the Provincial Health Officer released A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action. Some key recommendations are to retire the RMG, maintain tablet hydromorphone as a PA option, continue with the PSS Policy and to better operationalize access to PA by looking at smokeable formulations and supporting the medication supply chain.
- Research shows that 64% of people who use drugs prefer to smoke or inhale their drug versus inject it.² Very few commercial opioid products can be used in this fashion; therefore, compounded options are being sought. Compounded, pre-measured, pharmaceutical-grade fentanyl or DAM powder in capsules that can be opened is one innovative option being tried to assist with the need for smokeable products.

LAST UPDATED

The content of this estimates note is current as of February 15, 2024, as confirmed by Susan Bouma

APPROVALS

2024 02 15 – Susan Bouma, ED, Clinical Services and Evaluation Branch

2024 02 16– Mitch Moneo, ADM, Pharmaceutical, Laboratory and Blood Services Division

2024 02 23 - Brenda Rafter obo Rob Byers, Finance and Corporate Services Division

2024 02 22 – Christine Voggenreiter obo Martin Wright, Health Sector Information, Analysis & Reporting Division

ESTIMATES NOTE

PRESCRIBED ALTERNATIVES (formally Prescribed Safe Supply)

Topic/Issue: Prescribed alternatives are a life-saving intervention that helps separate people from the toxic drug supply and provide connections to health and social services.

KEY FACTS / MESSAGING

Background

- Prescribed alternatives describes the provision of pharmaceutical-grade substances to people at risk of death and other harms from the toxic drug supply.
- Prescribed alternatives are a critical part of the broader continuum of care and the treatment of addiction as a health issue.
- BC offers prescribed alternatives through a medical model, meaning that these medications can only be accessed if they are prescribed by a physician or nurse practitioner. This ensures that the substances prescribed go to the people who need them as safely as possible.
- In February 2024, the Ministry of Mental Health and Addictions (MMHA) retired the term 'prescribed safer supply', shifting to 'prescribed alternatives to the toxic supply' (prescribed alternatives), which more accurately reflects the intervention clinicians deliver as part of a continuum of medication options, including opioid agonist treatment (OAT) medications for substance use care.
- In March 2020, MMHA and the BC Centre on Substance Use (BCCSU) partnered to release [Risk Mitigation Guidance](#) (RMG), which supported doctors and nurse practitioners in offering pharmaceutical alternatives to people at risk of harm from the toxic drug crisis and the COVID-19 pandemic.
- In July 2021, with the end of the COVID-19 public health emergency, MMHA announced a new policy to guide prescribing in BC: [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#) (PSS Policy) and accelerate the provincial response to the toxic drug crisis.
- BC is currently implementing the program in health authority settings and federally funded projects, that provide access to pharmaceutical alternatives consistent with the provincial policy and clinical guidance.

Status

- As a relatively novel intervention there is a small, though promising, evidence base for prescribed alternatives.
- Emerging evidence shows that prescribing regulated pharmaceutical alternatives helps separate people who use substances from using illicit drugs and contributes to them being retained in treatment.

ESTIMATES NOTE

- A recently published peer-reviewed study¹ evaluating prescribed alternatives in BC between March 2020 and August 2021 found that people who were dispensed prescribed alternatives were significantly less likely to die of an overdose in the following week.
- A recent scoping review of programs providing prescribed opioid alternatives in Canada found low rates of opioid toxicity, improved physical and mental health, and improved quality of life among clients.²
- In a review by the Ontario Drug Policy Research Network, key findings on client outcomes in programs offering prescribed opioid alternatives to the illicit supply included reduced emergency department visits and hospitalizations, greater personal autonomy, reduced stigma, and more income for basic needs like food and shelters.³
- The BC Coroners Service reports that there is no indication that prescribed alternatives are contributing to toxic drug deaths among young people or the general public in BC.

Provincial Health Officer's Report – released February 2024

- In recognition of the urgent need to respond to the Provincial Health Officer's Report on Prescribed Safer Supply, MMHA is taking immediate steps to move forward recommendations in priority areas, including:
 - Retiring the previous guidance for clinicians - Risk Mitigation Guidance – and publishing a new clinical practice bulletin with guidance on prescribing during extreme weather events and other emergencies
 - Reducing risks of diversion by expanding medication options to better meet the needs of people at risk of toxic drug poisoning. New medications will be provided through witnessed dosing
 - Updating clinical guidance on hydromorphone prescribing for select patients.
 - Working with partners to develop a provincial Child and Youth Substance Use and Wellness Framework. This framework will set strategic direction for implementing a more responsive and integrated system of prevention and care for young people.
 - Improving oversight and accountability by convening a Scientific and Clinical Expert Committee to review concerns raised by clinicians and other interested parties and to provide advice to the Ministry.

Clinical Supports

- To support prescribers and increase access to prescribed alternatives, MMHA is funding BCCSU to develop clinical protocols and education sessions based on emerging evidence and clinical expertise.
- Prescribing protocols have been released for Fentanyl Patch (October 2022), Fentanyl Tablet (August 2023), Sufentanil (August 2023).

Evaluation and Monitoring

¹ Slaunwhite, Amanda, et al. "Effect of Risk Mitigation Guidance for Opioid and Stimulant Dispensations on Mortality and Acute Care Visits during Dual Public Health Emergencies: Retrospective Cohort Study." *BMJ (Online)*, vol. 384, 2024, pp. e076336-e076336.

² Ledlie, Shaleesa, et al. "Prescribed Safer Opioid Supply: A Scoping Review of the Evidence." *The International Journal of Drug Policy*, vol. 125, 2024, pp. 104339-104339.

³ The Ontario Drug Policy Research Network. Safer opioid supply: A rapid review of the evidence. Toronto, ON: Ontario Drug Policy Research Network; 2023.

ESTIMATES NOTE

- The Province is undertaking an Enhanced Evaluation and Monitoring Framework for the Implementation of Prescribed Alternatives under which external contracted scientists are leading a mixed methods evaluation of the prescribed alternatives program until March 2026.
- Findings from an evaluation of BC's RMG showed that people who were prescribed pharmaceutical-grade opioids had a 61 per cent lower risk of death from any cause the following week compared to a similar group of people who did not receive a prescription.⁴
- In addition to the external evaluation, MMHA is working with the Ministry of Health and the BC Centre for Disease Control (BCCDC) to visualize monthly data on prescribed alternatives through a public facing online dashboard.
- **Diversion** The Province is actively monitoring for unintended consequences so that it can act immediately to mitigate risks. It is:
 - Monitoring new incidences of opioid use disorder, including among youth and other age groups, and in communities where prescribed alternatives program is available.
 - Working with partners to undertake primary data collection on diversion, including with youth.
 - Examining better ways to use police data.
 - Working with Health Canada and scientific experts in developing measures to improve monitoring for diversion.

Diacetylmorphine

- Work is underway to include diacetylmorphine (medical grade heroin) as an additional medication option to help separate individuals from the toxic drug supply.

KEY OUTCOMES / STATS

Relevant Data / Successes

- The number of people dispensed opioid prescribed alternatives in the month of December 2023 was 4,212.
- The number of people dispensed opioid prescribed alternatives for the first time in the month of December 2023 was 182.
- The number of clinicians prescribing opioid prescribed alternatives in the month of December 2023 was 658.
- The number of people dispensed stimulant prescribed alternatives in the month of December 2023 was 437.
- The number of people dispensed stimulant prescribed alternatives for the first time in the month of December was 26.
- The number of clinicians prescribing stimulant prescribed alternatives in the month of December was 246.

⁴ Slaunwhite, Amanda, et al. "Effect of Risk Mitigation Guidance for Opioid and Stimulant Dispensations on Mortality and Acute Care Visits during Dual Public Health Emergencies: Retrospective Cohort Study." *BMJ (Online)*, vol. 384, 2024, pp. e076336-e076336.

ESTIMATES NOTE

DELIVERY PARTNERS

- BCCDC
- BCCSU
- Health Authorities
- First Nations Health Authority
- Federally funded Substance Use and Addictions Program organizations: AVI, BC Center for Excellence in HIV/AIDS, Kilala Lelum, PHS Community Services, MySafe Society

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Cabinet Confidences; Government Financial Information

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
Data not included in previous Snapshot	The updated snapshot proposes including a graph of people receiving opioid prescribed alternatives over time. The most recent data point is: <ul style="list-style-type: none">• In December 2023, 4,212 people

Approvals:

February 29, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division

March 3, 2024 - Grant Holly, EFO, Corporate Services

March 4, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

RESPONDING TO THE TOXIC DRUG CRISIS IN BC (HARM REDUCTION SERVICES) – (INCLUDE OPS)

Topic/Issue: British Columbians continue to experience unprecedented rates of harm due to the toxic drug supply. Provincial harm reduction services are saving lives, reducing the risk of drug poisonings, and connecting people to lifesaving supports.

KEY FACTS / MESSAGING

Background / Status:

- More than 13,500 people in British Columbia (BC) have died since the toxic drug crisis was declared a public health emergency in April 2016. The toxic drug supply has become increasingly poisonous, and toxic drug poisoning has become the leading cause of death among persons aged 10 to 59 in BC.
- My ministry is accelerating BC's response to this crisis by separating more people from the toxic drug supply, breaking down the shame and stigma that prevents people from reaching out for help, and expanding treatment and recovery throughout the province.
- The harm reduction services that the Province has been rapidly expanding over the past six years are saving lives every day, reducing the risk of drug poisonings and connecting people to lifesaving supports.
- From January 2015 to September 2022, 8,637 death events are estimated to have been avoided due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment (OAT).

Table 1: Harm Reduction Service by Activity and Impact

Harm Reduction Service	Activity	Impact
Take Home Naloxone (THN) program	Naloxone is a life-saving medication that can quickly reverse the effects of an opioid-related poisoning. The THN program provides people who use drugs and those most likely to witness toxic drug poisoning with no-charge naloxone kits and training.	As of January 2024, over 2.158M THN kits have been shipped and 159,310 drug poisoning reversals. THN kits are available at more than 2,250 locations across BC.
Facility Overdose Response Box (FORB) program	This program provides community organizations with naloxone, supplies, and training so staff can recognize and respond to drug poisonings.	As of January 2024, there are 789 active sites in the province and 3,191 drug-poisoning reversals reported from FORB sites. ¹
Overdose Prevention Services (OPS) and Supervised	OPS and SCS provide a space to consume drugs under the supervision of someone trained to	As of December 2023, there are 50 sites across all health regions, including 22 sites offering inhalation services. From January 2017 through December 2023, there have

¹ <https://towardtheheart.com/forb-infograph>

ESTIMATES NOTE

Consumption Services (SCS)	administer naloxone and provide other emergency first aid services.	been approximately 4.52M visits to OPS/SCS.
The Lifeguard App	The App automatically contacts emergency responders if an app user becomes unresponsive in the event of an overdose. The app also now provides drug alerts.	From launch until the end of December 2023, the app has been used 131,595 times by 29,297 app users. To date, no drug-poisoning deaths have been reported through the app.
Toxic Drug Health Alerts	A free, real-time text messaging service to receive alerts about substances of concern or share information about drug poisonings in the community.	These alerts are available in all health authorities. As of mid-January 2024, there are 7,233 total subscribers.
Tailgate Toolkit	A harm reduction program that teaches people that work in the trades about the risks of using drugs alone, pain management options, drug poisoning prevention, and access to treatment. It also encourages conversations that help reduce the stigma and encourages people to access lifesaving supports.	From January 2022 to June 2023, Tailgate Toolkit staff distributed the following resources across BC ² : 435 naloxone kits, 12,978 resources, including: guides, cards, pamphlets, and info rack cards. There have been supervisor training sessions with more than 159 participants across 100 organizations in BC.
Drug Checking and Point-of-Care Drug Checking Services	Drug checking is an anonymous, community-based service that allows people to submit 'street' drug samples to have them analyzed with laboratory-quality technologies to identify components or potential adulterants.	There are 113 locations around the province where people can drop off a drug sample for analysis. Point-of-Care drug checking is accessible at 52 locations across 47 LHAs. This service provides immediate results.
<p data-bbox="154 1234 397 1371">Prescribed alternatives to the toxic drug supply</p> <p data-bbox="154 1451 397 1549">Expanded Medication Options</p>	<p data-bbox="420 1234 894 1371">Prescribed Alternatives is an initiative to expand access to pharmaceutical alternatives to the toxic drug supply (<i>cross ref: Prescribed Alternatives</i>).</p> <p data-bbox="420 1451 894 1654">MMHA is investing in expanding medication options for PSS to meet people's needs, such as diacetylmorphine (DAM) (pharmaceutical-grade, injectable heroin).</p>	<p data-bbox="917 1234 1472 1417">The number of people dispensed opioid prescribed alternatives in the month of December 2023 was 4,212, and the number of people dispensed opioid PSS for the first time was 182.</p> <p data-bbox="917 1451 1472 1801">MMHA worked with Ministry of Citizens' Services' (CITZ) Pharmacy and Quality Assurance Procurement and Supply Division and the Ministry of Health's (HLTH) Pharmaceutical, Laboratory, and Blood Services Division (PLBSD) to secure a Health Canada Licensed Facility for the supply and distribution of DAM. The facility has a Health Canada (HC) Narcotic Dealer's License (NDL) for controlled substances.</p>

² <https://thetailgatetoolkit.ca/wp-content/uploads/2023/12/2023-impact-report-digital.pdf>

ESTIMATES NOTE

KEY OUTCOMES / STATS

Relevant Data / Successes

- See above under "*impact.*"

DELIVERY PARTNERS

- The Ministry of Mental Health and Addiction works in partnership to accelerate the response to the toxic drug crisis and collaborates with the Provincial Public Health Office (PHO), BC Centre of Disease Control (BCCDC, BC Centre on Substance Use (BCCSU, regulatory colleges for physicians, nurse and pharmacist as well as their association and regional health authorities including five Regional Response Teams, First Nations Health Authority and other Indigenous-serving organizations and communities, people with lived and living experience, as well as 36 Community Action Teams established in priority at risk communities across the province.

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- Budget 2024 provides \$48.670 million over three years to support overdose prevention and supervised consumption services, naloxone, and drug checking.

Initiative	2024/25	2025/26	2026/27	Total
Overdose Prevention and Supervised Consumption Services	10.000	10.000	10.000	30.000
Naloxone	1.000	1.000	1.000	3.000
Drug Checking	5.470	5.100	5.100	15.670
Total	16.470	\$16.100	16.100	\$48.670

- Budget 2024 builds on previous government investments of \$445 million over three years to support harm reduction services.
- The total investment in harm reduction services is now \$493.272 million over three years.

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
Deaths averted: <ul style="list-style-type: none"> • From January 2015 – June 2022, 8,220 death events are estimated to have been avoided due to Take Home Naloxone, overdose prevention and supervised consumption services, and OAT. 	Deaths averted: <ul style="list-style-type: none"> • From January 2015 to September 2022, 8,637 death events are estimated to have been avoided due to Take Home Naloxone, overdose prevention and supervised consumption services, and OAT.
OPS/SCS	OPS/SCS

ESTIMATES NOTE

<ul style="list-style-type: none"> The snapshot includes a graph of monthly visits to OPS/SCS – the most recent data point was 67,641 visits in June 2023. The number of OPS sites has significantly increased from one site in 2016 to 47 as of June 2023, including 19 sites offering inhalation services. From January 2017 until the end of June 2023, there have been more than 4.1 million visits to OPS/SCS. From January 2017 until the end of June 2023 there have been 25,530 overdoses reversed and survived 	<p>The updated public snapshot will include the following data:</p> <ul style="list-style-type: none"> The snapshot includes a graph of monthly visits to OPS/SCS – the most recent data point was 74,094 visits in December 2023. <ul style="list-style-type: none"> NOTE this is an increase over December 2022 (61,278). The number of OPS sites has significantly increased from one site in 2016 to 50 as of December 2023, including 22 sites offering inhalation services.” From January 2017 until the end of December 2023, there have been more than 4.52 million visits to OPS/SCS From January 2017 until the end of December 2023, there have been: 27,703 overdoses reversed and survived.
<p>Take Home Naloxone</p> <ul style="list-style-type: none"> The snapshot includes a graph of monthly distribution of kits – the most recent data point was 50,769 kits shipped in June 2023. There are now more than 2,200 active distribution locations for THN kits in British Columbia. 	<p>Take Home Naloxone</p> <p>The updated public snapshot will include the following data:</p> <ul style="list-style-type: none"> The snapshot includes a graph of monthly distribution of kits – the most recent data point was 46,040 kits shipped in November 2023. <ul style="list-style-type: none"> NOTE: This is an increase over November 2022 (31,550). There are now more than 2,250 active distribution locations for THN kits in British Columbia.
<p>Drug Checking</p> <ul style="list-style-type: none"> The snapshot includes a graph of monthly samples tested: <ul style="list-style-type: none"> the most recent data point was 3,974 samples checked in June 2023 90 locations around the province where British Columbians can drop off a drug sample for analysis, 41 of which offer immediate point-of-care testing with FTIR spectrometer on some days of the week. 25 Fourier-transform infrared spectrometers for drug checking in B.C. <p><i>Note: Some there are some internal inconsistencies between the previous version of the snapshot and the website which reads: “More than 100 distributed drug-checking sites have opened around the province: 26 in Fraser Health, 35 in Interior Health, 31 in Island Health, two in Vancouver Coastal Health and 11 in Northern Health. These sites help to improve access to</i></p>	<p>Drug Checking</p> <p>The updated public data snapshot will include the following data (more recent data is captured above):</p> <ul style="list-style-type: none"> The snapshot includes a graph of monthly samples tested: <ul style="list-style-type: none"> the most recent data point was 3,133 samples checked in December 2023 NOTE: this is an increase from December 2022 (2,549) 113 locations around the province where British Columbians can drop off a drug sample for analysis, 52 of which offer immediate point-of-care testing with FTIR spectrometer on some days of the week: 29 in Fraser Health, 40 in Interior Health, 18 in Island Health, 10 in Vancouver Coastal Health and 16 in Northern Health.

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<p><i>drug checking services for more people in all regions of British Columbia."</i></p> <p><i>The website will be updated with the current data presented in the updated snapshot.</i></p>	<ul style="list-style-type: none"> • 21 Fourier-transform infrared spectrometers for drug checking in B.C.
<p>Toxic drug alerts</p> <ul style="list-style-type: none"> • As of August 2023, there are 6,367 subscribers. 	<p>Toxic drug alerts</p> <p>The updated public data snapshot will include the following:</p> <ul style="list-style-type: none"> • As of mid-January 2024, there are 7,233 subscribers.
<p>Lifeguard app</p> <ul style="list-style-type: none"> • More than 23,000 users (since May 2020) • More than 123,500 uses of the app (since May 2020) • As of June 2023, 183 calls to 911 since its launch leading to 127 "confirmed OK" call-backs to the app user and 50 overdose reversals • To date, no drug poisoning deaths have been reported through the app. 	<p>Lifeguard app</p> <p>The updated public data snapshot will include the following data (rounded numbers):</p> <ul style="list-style-type: none"> • Nearly 30,000 users (since May 2020)* • More than 131,500 uses of the app (since May 2020)* • As of December 2023, 203 calls to 911 since its launch leading to 137 "confirmed OK" call-backs to the app user and 53 overdose reversals • To date, no drug poisoning deaths have been reported through the app. <p><i>*The numbers in the snapshot are rounded.</i></p>
<p>Pharmaceutical alternatives</p> <ul style="list-style-type: none"> • No information in the current public snapshot. 	<p>Pharmaceutical alternatives</p> <ul style="list-style-type: none"> • The number of people dispensed opioid prescribed alternatives in the month of December 2023 was 4,212

Approvals:

February 22, 2024 – Evan Howatson OBO Darryl Sturtevant, ADM, Substance Use Policy Division

March 1, 2024 – Grant Holly, EFO, Corporate Services

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EMERGENCY DEPARTMENT ACCESS

Topic: Access to timely acute care emergency services is important to both patients and health care providers.

Key Messaging and Recommended Response:

- **As is the case at hospitals across BC and Canada, generally we are seeing higher emergency department (ED) volumes (more people visiting EDs) and higher acuity patients in hospital. This is typically exacerbated during the respiratory illness season.**
- **At a time when there are healthcare worker shortages throughout BC, nationally and internationally, this has resulted in ED diversions, when adequate staffing is not available to ensure safe patient care.**
- **The decision to divert patients to a nearby hospital is never made lightly and is only done as a last resort. Health authorities look at all options prior to implementing diversions. This includes looking to move staff between sites as able/needed.**
- **Staffing pressures are often amplified at rural sites where staffing pools are typically smaller.**
- **When a hospital or department is under diversion, patients are sent to other available sites within the region. Every effort is made to divert patients to the closest hospital.**
- **Through the Province’s Health Human Resources Strategy launched in the fall of 2022, BC has made significant progress to better support the public health-care system by adding more doctors and other healthcare professionals, new education and training seats, and taking actions to improve healthcare worker retention, and optimize the health care system to ensure patients in British Columbia get the care they need when they need it.**
- **The Province is working with the health authorities on regional recruitment initiatives to ensure adequate access to emergency departments, especially in rural areas.**
- **Recruitment efforts, particularly in rural and remote communities, include incentives such as relocation assistance, rural retention grant and BC loan forgiveness.**
- **A new Provincial Emergency Physician Locum Pool has prevented more than 56 ED diversions and continues to support many communities in need of physician staffing with the 186 who have signed up.**

CURRENT SITUATION

- Since the emergence of the COVID-19 pandemic in March 2020, BC has experienced successive waves of COVID-19, with each wave putting additional pressures on the health system. As we

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emerge from the pandemic, emergency departments (EDs) are faced with an increasing volume of patients, staffing shortages and staff burnout.

- While ED visits dropped significantly in 2020/21 with the onset of the COVID-19 pandemic and public health orders, during the current fiscal year the number of ED visits has returned to its pre-pandemic growth trend.
- Current ED wait times are impacted by increased ED visits, increased overall hospital occupancy rates, more hospital beds occupied by patients with an Alternate Level of Care (i.e., patients who do not require the intensity of services provided in that care setting) and staffing challenges across the entire acute care and community health sector (see Alternate Level of Care, and Hospital Capacity estimates notes).
- Staffing challenges and extraordinary climate events have meant some EDs have had to go on diversion to ensure safe care.

FINANCIAL IMPLICATIONS

N/A

KEY BACKGROUND

Emergency Department Visit Volumes

- Between 2016/17 and 2019/20, prior to the COVID19 pandemic, the average annual growth rate for provincial ED visits was 1.6%.
- In 2020/21, with the onset of the COVID-19 pandemic, ED visits dropped significantly. Province-wide, the number of ED visits decreased by 15.9% compared to 2019/20.
- During the last fiscal year, 2022/23, the number of ED visits has returned to pre-pandemic growth trend (higher in many cases), with the provincial daily average number of ED visits increasing by 5.2% compared to 2019/20.

	Daily Average ED Visits 2018/19 to 2023/24						ED Visits Percentage Change from Pre-COVID Year 2019/2020			
	Pre-COVID		During COVID		Post COVID		During COVID		Post COVID	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Change in 2020/21 from 2019/20	Change in 2021/22 from 2019/20	Change in 2022/23 from 2019/20	Change in 2023/24 (Up to Period 10) from 2019/20
HA										
IHA	1,364	1,374	1,175	1,325	1,429	1,471	-14.5%	-3.6%	4.0%	7.1%
FHA	1,925	1,919	1,606	1,897	1,998	2,020	-16.3%	-1.1%	4.1%	5.3%
VCHA	1,192	1,178	986	1,195	1,248	1,279	-16.3%	1.5%	6.0%	8.5%
VIHA	1,129	1,144	1,011	1,191	1,264	1,256	-11.6%	4.2%	10.5%	9.8%
NHA	747	744	593	670	738	739	-20.3%	-10.0%	-0.8%	-0.7%
PHSA	131	126	83	121	146	140	-34.4%	-4.1%	15.6%	11.5%
BC	6,487	6,484	5,453	6,399	6,823	6,906	-15.9%	-1.3%	5.2%	6.5%

Data Source: Calculated value, based on HSIAR/HAMIS ED Report, File Name 2023_24 - Period 10 - ED Visits

Emergency Department Diversions

- Temporary diversions occur periodically in all health authorities when there is a gap in service at one facility that can be filled using BC's extensive network of hospitals and health care services.

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- BC's health care system has experienced extreme strain from COVID-19 and other factors and this has created particular staffing challenges, which at times may result in a diversion. These pressures are often amplified at rural sites where staffing pools are typically smaller.
- While diversions are never ideal, they are sometimes necessary to ensure the best and safest care is provided to patients. Diversions can occur in many departments. When a hospital is under diversion, patients are sent to other available sites within the region. Every effort is made to divert a patient to the closest hospital.
- Health care worker shortages, intensified by the ongoing pandemic, have contributed to staffing shortages throughout BC and nationally. Staffing shortages and coverage challenges can be a result of:
 - Higher than normal sick call rates among existing staff
 - Challenges with recruitment of full-time positions
 - Challenges with retaining staff
 - National nursing and physician shortages
- At times, adverse weather events have impacted EDs (forest fires, flooding, freezing weather) which have resulted in diversions.
- Health authorities look at all options prior to implementing diversions. This includes looking to move staff between sites as able/needed; however, with staffing pressures across the health system, this is not always possible.
- Health authorities take steps to prepare for diversions, including advising BC Emergency Health Services as diversions may impact demand for ambulances in the area experiencing a diversion. Additionally, communities are advised via public service announcements which include information on how to safely access care.

Mitigation Strategies

- Created Emergency Care BC (ECBC), a Health Improvement Network of provincial partners to drive improvement across the BC health care system and optimize health outcomes by:
 - Hosting reference groups of ED physicians and nurses who meet on a monthly basis – through this type of collaboration, front line staff are engaged and bringing forward solutions to providing quality emergency services and addressing system barriers. Specifically, these groups have given input on the physician locum program, hybrid models of care, community partnerships with primary and community care, and ED clinical service planning which improve the quality and coordination of services.
 - Defining EDs' clinical and workforce requirements such scope optimization of LPNs which will help broaden the ED workforce and support team based care. ECBC is also participating in the physician assistant pilot in Island Health and will help take learnings to implement provincially
 - Identifying the necessary resources and/or clinical services required onsite to support hybrid models of care in emergency departments where virtual care care could be delivered and help optimize physician capacity in that community.
- ECBC is operating the new Provincial Emergency Physician Locum Pool which has prevented more than 56 ED diversions and continues to support many communities in need of physician staffing with the 186 who have signed up.
- The Ministry of Health (Ministry) developed the Health Human Resources Strategy, which has 70 concrete actions that are being implemented now. These actions address staffing capacity issues throughout the health-care system and will help alleviate the burden on our health-care workers.
- GoHealth B.C. now employs 200 nurses delivering services in 25 rural and remote communities in Northern Health (NHA), Interior Health (IHA), and Island Health (VIHA) Authorities.
 - GoHealth B.C. is the provincial travel resource pool funded by the Ministry.

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- GoHealth B.C. nurses have delivered over 250,000 hours of travel nursing since the program was launched in 2019 as the Northern Health Prototype Travel Pool, alleviating workforce pressures and reducing our reliance on agency nursing.
- Health authorities continuously work to recruit across all their vacancies, particularly in rural and remote communities, where a very small number of vacancies, annual leave or sick time can significantly disrupt the delivery of services. Recruitment efforts include incentives such as relocation assistance, rural retention grant and BC loan forgiveness.
- IHA has worked to create new rotations where feasible, to support weekend coverage and stronger recruitment (such as in Ashcroft and Clearwater). Local tables have also been set up in some communities, made up of a variety of key stakeholders, to look at ways to support the delivery of health services in these rural communities.
- To stabilize and support staffing on northern Vancouver Island, VIHA has enhanced staff recruitment and retention incentives for eligible staff with travel-wage increases, upgraded accommodations for travelling staff and increased protection-service officers to improve safety and site support.
- The Ministry in partnership with VIHA, British Columbia College of Nurses & Midwives, College of Physicians and Surgeons of British Columbia and others have begun planning for introducing a pilot of Physician Assistants at Saanich Peninsula Hospital, and the pilot to inform further spread.

LAST UPDATED

Content of this estimates note is current as of February 15, 2024, as confirmed by Razvan Diacu, A/ED.

APPROVALS

2024 02 26 – Eric Larson obo Martin Wright, Health Sector Information, Analysis & Reporting Division
2024 02 28 – Kristy Anderson, Hospital & Provincial Health Services Division

ESTIMATES NOTE

HelpStartsHere CAMPAIGN

Topic/Issue: Public awareness campaign about substance use supports and stories pointing to [HelpStartsHere.gov.bc.ca](https://www.helpstartshere.gov.bc.ca).

KEY FACTS / MESSAGING

Background / Status:

- Since British Columbia declared a public health emergency due to the escalating number of illicit drug poisoning deaths, the provincial government has been urgently working to save lives and build an integrated system of care for mental health and addiction support.
- Previous provincial advertising messages to British Columbians had focused on reducing stigma to prevent people from using drugs alone and making it easier for them to seek help.
- Those campaigns did succeed in reducing stigma in the province. More people than ever before approach substance use and mental health with empathy and compassion.
- People who saw the marketing campaigns were more likely to have compassion towards people who use drugs. They are also more likely to believe that substance use disorder is a health condition (and not a “poor choice”). Recognizing the evolving challenges around the toxic drug crisis, the government adapted its approach to ensure people in BC understand that help is available for at-risk populations as well as the general public so they can receive the necessary support and build healthier lives for themselves and their families.
- A new provincial advertising campaign was developed to amplify a message in BC that there are many ways of finding support for substance use challenges and that everyone’s story is unique.
- The new campaign calls on people living in BC to find supports and stories at the newly enhanced website.
- The website was developed as one of the Pathway to Hope priority actions aimed at improving access to care, bringing together online resources that were previously difficult to find and navigate online.
- The goal of HelpStartsHere is to help people find mental health and substance use supports and resources specific for their needs, easily and online.
- The site includes over 2600 service listings and 65 articles related to commonly searched mental health and substance use topics.
- The website was refreshed in December 2023 from the former [Wellbeing.gov.bc.ca](https://www.wellbeing.gov.bc.ca) with the name [HelpStartsHere.gov.bc.ca](https://www.helpstartshere.gov.bc.ca) and includes new content, design, and improved search functionality.
- User testing and focus groups with the target audiences informed website enhancements, including the new site name, to ensure that the final product would land well for its intended audiences.
- A new ‘stories’ section was also added in December 2023 to amplify the new campaign message. This new section includes videos featuring people with lived and living

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experience and their personal stories of hope and recovery from substance use disorder as well as curated content to help people find a variety of supports.

KEY OUTCOMES / STATS

Relevant Data / Successes

- The new provincial advertising campaign launched December 11, 2023, including new television, radio, and digital products, driving traffic to HelpStartsHere.gov.bc.ca.
- The new campaign messages focus on:
 - Building awareness that substance use supports and services are available and;
 - Instilling hope and underscoring the uniqueness of individual recovery stories with the general population.
- The campaign leveraged an integrated approach across TV, out-of-home, digital platforms and a strategic partnership with the Vancouver Canucks to reach target audiences across the Province.
- Ads were in the market between December 11, 2023, and January 21, 2024.
- During this period, there were over 107k visits (500% increase) to HelpStartsHere.gov.bc.ca with 11% of visitors actively engaged, utilizing the search feature to find resources.
- Next steps include measuring and analysis of campaign impacts.

DELIVERY PARTNERS

- GCPE Headquarters

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- An ongoing investment of \$2.37 million annually is committed to maintain substance use public advertising efforts.
- In FY 23/24, approximately \$0.66 million was invested (research and production) to develop and launch the new Help Starts Here campaign.
- Government continues to invest in the design and development of the HelpStartsHere.gov.bc.ca website.
 - \$0.50 million of annual funding is allocated 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.

DATA SNAPSHOT

N/A

Approvals:

February 8, 2024 - Grant Holly, EFO, Corporate Services Division

February 13, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

YOUTH DRUG PREVENTION PUBLIC AWARENESS CAMPAIGN

Topic/Issue: GCPE's public information campaign about substance use for young people and their families.

KEY FACTS / MESSAGING

Background / Status:

- Poison drugs are now the number one cause of death for young people aged 10 to 18 years in BC, more than car crashes and suicide combined.
- According to the BC Coroners' [report on youth drug toxicity \(2017-2022\)](#), males accounted for 54% of deaths, and 62% were individuals between 17-18 years of age.
- Government Communications and Public Engagement (GCPE) led the development of a new youth drug prevention campaign which launched on December 11, 2023.
- The campaign provides fact-based information about substance use for young people and their families through advertising and a new website, PoisonDrugs.gov.bc.ca.
Some of the key themes include:
 - Building awareness that the street drug supply is more dangerous and unpredictable than ever and that young people are at risk if they use drugs.
 - Encouraging families to stay connected with their youth and have open conversations about the facts and the risks.
 - Highlighting key resources in the community where youth can find help and information for substance use or other challenges.
- The campaign aims to give parents and caregivers a place to start to talk about drugs.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Public information campaign (ongoing) details:

Dates	Platforms/Channels	Description of Advertising in Market
December 11, 2023 to January 28, 2024	Digital	<ul style="list-style-type: none">• 6 second videos• Display ads• Social media ads
January 8 to March 3, 2024 <i>*Scheduled for when youth were back in school</i>	Out-of-Home	<ul style="list-style-type: none">• Transit Shelter ads (near High Schools)• Interior Bus Cards

- The Ministry's ongoing engagement with stakeholders and youth experts will inform future priorities for targeted youth messaging.

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DELIVERY PARTNERS

- Initiative Leads: GCPE, ADM Sage Aaron and MMHA GCPE, Preet Grewal (Communications Director)

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

- The estimated costs to date of this campaign is approximately \$500,000 shared between GCPE HQ and MMHA. The total budget included:
 - \$45,000 for creative development and production of campaign assets including website; and,
 - \$455,000 for advertising in market.
- MMHA budget of \$188,420 enabled advertising in Punjabi and Chinese language media between January 8 and February 18, 2024.
- The remaining budget came from GCPE HQ.
- No ongoing funding requirements have been identified at this time.
- Total final costs for this information campaign will be reported as part of Public Accounts.

DATA SNAPSHOT

N/A	
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Approvals:

February 13, 2024 – Grant Holly, Corporate Services Division

February 14, 2024 - Christine Massey, Deputy Minister

ESTIMATES NOTE

BC CORONERS SERVICE – DEATH REVIEW PANEL REPORT – ILLICIT DRUG OVERDOSE DEATHS IN BC

Issue: Overview of the BC Coroners Service Death Review Panel: An Urgent Response to a Continuing Crisis report to the Chief Coroner of British Columbia released on November 1, 2023.

KEY FACTS / MESSAGING

Background:

- On November 1, 2023, the British Columbia Coroners Service (BCCS) released its 2023 Death Review Panel: An Urgent Response to a Continuing Crisis report.
- The panel included persons with expertise in substance use, mental health and addictions, public health, policy, medicine, Indigenous health, law enforcement, and people with lived and living experience.
- The panel reviewed data on 5,238 deaths due to drug toxicity in BC between August 1, 2021 and September 30, 2023.
- The report details the number and rates of deaths due to the toxic drug supply; demographic characteristics of decedents; substance toxicology; and approaches to replacing the toxic drug supply, including medical and non-medical models.
- The report recognizes the increasing unpredictability of the toxic drug supply as the primary driver of increased deaths.
- The report identifies limitations of the medical model for prescribed safer supply, including its scalability, reach, and the adequacy of available medications. It notes that while as many as 225,000 people may be accessing the toxic drug supply in BC, fewer than 5,000 per month receive prescribed safer supply.
- The report calls on the Ministry of Mental Health and Addictions (MMHA) to adopt, implement, and evaluate a non-medicalized approach to safer supply to complement the existing medical model. It presents 4 key recommendations:
 - Apply for a class exemption to the *Controlled Drugs and Substance Act* to allow access without a prescription to the class of opioid and stimulant drugs for people at risk of dying due to the toxic drug supply in BC.
 - Develop an application for agencies to apply for licensure and delegated authority to distribute the regulated substances on a non-prescription basis.
 - Engage with people with lived and living experience in the process of planning, implementation, and evaluation.
 - Further fund, support, and engage with Indigenous leadership to identify Indigenous solutions to the crisis.
- The central theme of the report is that the Province's current response to the toxic drug crisis is not adequately reducing toxic drug deaths since the public health emergency was declared in 2016.
- While the report recognizes the value and impact of some of the actions taken to address toxic drug poisonings, including the medical model of prescribed safer supply, it also states that existing responses and their allocated resources have not been commensurate with the urgency and magnitude of the crisis.

ESTIMATES NOTE

- The report follows two previous BCCS death review panels on the toxic drug crisis: the [first](#) released on April 5, 2018, covering January 1, 2016, to July 31, 2017, and the [second](#) released on March 9, 2022, covered August 1, 2017, and July 31, 2021.
- Previous recommendations focused on the expansion of evidence-based treatment, harm reduction, as well as the need for an integrated, accountable substance use system, and a non-medicalized model of safer supply. The current report underscores the ongoing urgency of these prior recommendations and outlines a framework for operationalizing the first recommendation from the [2022](#) death panel review, which calls for a non-medicalized approach to safer supply.

Status:

- The data in the BC Coroners Service *2023 Death Review Panel: An Urgent Response to a Continuing Crisis* report reaffirms the urgency of the work underway by our government.

On November 1, 2023, a [response letter](#) to the 2023 report was sent from Minister Whiteside to Chief Coroner, Lisa Lapointe, outlining actions underway by government to respond to the toxic drug crisis and to clarify that, with respect to the primary recommendation that Non-medical models for the delivery of prescribed safer supply are not under consideration by the Province.

- MMHA is urgently working to address the ongoing toxic drug crisis and prevent future deaths due to drug poisoning across the full continuum of care.
- BC offers prescribed alternatives through a medical model, to ensure that the substances go to the people who need them as safely as possible.
- Prescribed alternatives is a critical part of the broader continuum of care and the treatment of addiction as a health issue.

KEY OUTCOMES / STATS

Relevant Data / Successes

- In a recent [peer-reviewed study](#) from the BCCDC, researchers found that prescribed alternatives opioid prescriptions were associated with a 61% reduction in death of any cause, and a 55% reduction in overdose-related death, the week following dispensation.
- Receiving 4 or more days of prescribed alternatives opioid medications was associated with a 91% reduction in death by all causes, and an 89% reduction in overdose-related death.
- A [review](#) of the evidence across Canada by the Ontario Drug Policy Research Network (July 2023) found that people receiving prescribed alternatives have improved mental and physical health and reduced risk of overdose, emergency department visits, and hospitalizations. Additionally, people accessing prescribed alternatives report increased autonomy, reduced stigmatization, and more income for basic needs like food and shelter.
- The BC Coroners Service [reports](#) that there is no indication that prescribed alternatives is contributing to toxic drug deaths among young people or the general public in BC.
- The BC Centre for Disease Control reports that harm reduction and treatment strategies, like wider access to naloxone, connections to opioid agonist treatment, and overdose prevention/supervised consumption services, are estimated to have prevented 8,637 deaths from January 2015 to September 2022.

ESTIMATES NOTE

DELIVERY PARTNERS

N/A

FINANCIAL IMPLICATIONS

- Budget 2023 provided \$183.503 million over three years to support substance use care. Cabinet Confidences; Government Financial Information
Cabinet Confidences; Government Financial Information

DATA SNAPSHOT

N/A

Approvals:

February 23, 2024 – a/ADM Evan Howatson, Substance Use Policy Division

February 28, 2024 – Grant Holly, EFO, Corporate Services

February 29, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

PHO REPORT ON SAFER SUPPLY

Topic: On Feb. 1, 2024, the Provincial Health Officer (PHO) released a report on the implementation of BC's Prescribed Safer Supply (PSS) Policy.

KEY MESSAGING

Background:

- In spring 2023, the PHO was asked to review and report on BC's PSS program, including the Risk Mitigation Guidance (March 2020) and the PSS Policy (July 2021).
- The purpose of the PHO's report was to provide information on implementation of the PSS Policy and to make recommendations to maximize the benefits and minimize the harms of prescribed alternatives in BC.
- The PHO conducted engagement sessions with clinicians, researchers and people with lived and living experience, reviewed available evidence and research, and commissioned an ethical analysis of prescribed alternatives.
- The results of the PHO's review are captured in the report ***A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action***.
- In the PHO's engagement sessions, most clinicians and people with lived and living experience of substance use indicated that prescribed alternatives were a necessary, life-saving intervention.
- The PHO found that the evidence supporting prescribed alternatives was promising and largely positive.
- The PHO Report recognizes the challenges inherent in delivering a novel intervention and highlights opportunities for the Ministry to listen, learn, and adapt our approach.
- Issues identified by the PHO include the small, though promising, evidence base for prescribed alternatives; the limited reach of the program; the fear of program discontinuation expressed by people who use drugs; and the moral distress experienced by some clinicians.
- The PHO made **35 recommendations** – recommendations address the need to:
 - expand medication options and service delivery models,
 - increase support for clinicians,
 - provide transparent and consistent messaging to healthcare providers and the public,
 - engage with rights holders and stakeholders, and
 - enhance evaluation and monitoring for unintended consequences.
- The PHO's final recommendation is for:
 - the Province to provide MMHA with a mandate to develop policy options for additional medical and non-medical models for accessing alternatives to the toxic drug supply.
- Additionally, the PHO directed the Provincial Health Ethics Advisory Team to conduct an ethical review of PSS. This review concluded that:
 - providing prescribed alternatives to people at risk of harm from the toxic drug supply could be ethically defended and prioritized.

ESTIMATES NOTE

Current Status:

- Prescribed alternatives are a critical part of the continuum of substance use care, which includes prevention, harm reduction, treatment, and recovery.
- Many of the PHO's recommendations affirm the work already underway by MMHA.
- MMHA is reviewing the extensive recommendations that require further review and consultation.
- Recommendations directed to the Ministry of Health and the Ministry of Housing were referred to those ministries.

KEY OUTCOMES

Relevant Data:

- It is estimated that over 100,000 people in British Columbia have opioid use disorder.
- The BC Coroners Service estimates that as many as 225,000 people in BC are at risk of injury or death from the toxic drug supply.
- In December 2023, a total of 3,656 people were dispensed hydromorphone prescribed alternatives.
- In December 2023, the number of people dispensed hydromorphone prescribed alternatives for the first time was 164.
- In December 2023, the number of clinicians prescribing hydromorphone alternatives was 609.
- The key outcomes of the PHO's review are a report with 35 recommendations, a 'What We Heard' report, and an ethics review.
- The PHO is undertaking additional work on an economic analysis.

Next steps:

- MMHA is working with health authorities and other partners to review the PHO's recommendations and develop an action plan to address them.
- MMHA is taking immediate action in several areas:
 - In response to the findings of the PHO's engagements, MMHA has renamed this program 'prescribed alternatives' to emphasize that this initiative is part of a continuum of medication options used in substance use care, and is often used in conjunction with opioid agonist treatment (OAT).
 - Advice/Recommendations
 - MMHA is expanding witnessed medication options to include medications and formulations that will be more effective in meeting the needs of patients. People are less likely to share or sell medication when the medication is working for them.
 - To ensure adequate oversight, the default provision of additional medications will be witnessed dosing.
 - MMHA has partnered with Provincial Health Services Authority (PHSA) to develop a Provincial Child and Youth Substance Use and Wellness Framework. The framework will set the strategic direction for ministries, health authorities, community agencies and others to implement a more

ESTIMATES NOTE

- responsive and integrated youth substance use system of prevention and care.
- MMHA is supporting the BC Centre on Substance Use in retiring the Risk Mitigation Guidance and developing updated guidance and training documents, including resources on managing challenging clinical situations and prescribing during emergencies and extreme weather events.
- Advice/Recommendations

- MMHA is continuing to evaluate and monitor the risk of diversion.

DELIVERY PARTNERS

N/A

FINANCIAL IMPLICATIONS

N/A

DATA SNAPSHOT

Data captured in current <i>Building a Mental Health and Substance Use System of Care Data Snapshot</i>	More up to date data if available
No data was included in the September 2023 snapshot	In November 2023, 4,264 clients received opioid prescribed alternatives

Approvals:

- February 22, 2024 – Evan Howatson OBO Darryl Sturtevant, ADM, Substance Use Policy Division
- February 22, 2024 – Bonnie Henry, Provincial Health Officer, Ministry of Health
- February 26, 2024 – Mitch Moneo, ADM, Pharmaceutical, Laboratory and Blood Services Division, Ministry of Health
- February 28, 2024 – Grant Holly, EFO, Corporate Services
- February 28, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

LEPARD-BUTLER REPORT

Topic/Issue: Summary of the October 2022 report, *Rapid Investigation into Repeat Offending and Random Stranger Violence*

KEY FACTS / MESSAGING

Background / Status:

- In April 2022, BC's Urban Mayors Caucus sent detailed information to the Attorney General and the Minister of Public Safety and Solicitor General indicating that despite overall decreases in provincial and community crime rates, shifting crime rates during the pandemic were hurting downtown retail areas.
- On May 5, 2022, the Province announced that, in co-operation with the BC Urban Mayors' Caucus, it had hired experts in mental health and policing: Dr. Amanda Butler¹, PhD, MA Criminology (SFU); and Doug LePard², Officer of the Order of Merit of the Police Forces (O.O.M.), MA, to conduct a rapid investigation into the challenges of repeat offending and unprovoked violent stranger attacks in BC.
- The recommendations were released on September 21, 2022, and the final report was released on October 1, 2022.
- The investigation makes recommendations in several areas, such as:
 - Improving the system of care for people in the criminal justice system with mental health and substance use challenges;
 - Creating more opportunities to divert people from the criminal justice system;
 - Improving services for Indigenous Peoples;
 - Improving collaboration between partners, including community services, law enforcement, and all levels of government; and,
 - Addressing repeat offending and improving public confidence in the justice system.
- In the October 1, 2022, news release, the Province indicated it was working on three recommendations:
 - Bringing back the prolific offender management program that ran from 2008 until 2012;
 - Establishing a dedicated provincial committee to co-ordinate supports for people with complex health-care needs in the criminal justice system; and
 - Supporting work by the BC First Nations Justice Council to develop a pilot program based at the Prince George First Nations Justice Centre to better support Indigenous people who come into conflict with the law.
- Recommendations for the mental health and substance use system include:
 - Continue investment in civilian-led (non-police) mental health crisis response teams, e.g., Peer Assisted Care Teams;

¹ Key research interests are improving outcomes for justice-involved people with mental and substance use disorders, dual diagnosis and complex comorbidity, continuity of care, drug policy, and criminal justice diversion.

² Doug LePard is a retired police chief and an independent criminal justice sector consultant. He is a member of the Mental Health Review Board, BC Review Board, BC Emergency Health Services Board, and former sessional Criminology faculty at the University of the Fraser Valley. After 35 years' service, he retired as the Deputy Chief commanding the Investigation Division in the Vancouver Police Department, then served several years as the Chief of the Metro Vancouver Transit Police.

ESTIMATES NOTE

- Create crisis response and stabilization centres;
- Assign a dedicated forensic psychiatric nurse to every Provincial Court;
- Research the potential for advocating with the federal government for legislation similar to the UK's "restricted patient" laws;
- Create low secure units;
- BC Prosecution Service to conduct an internal review of the potential for increasing the use of "therapeutic bail" orders for people with MHSU needs;
- Consult with Legal Aid BC and the criminal defence bar in BC on how to provide better access to information about treatment options for clients with MHSU needs, and ensure Legal Aid BC and First Nations Justice Council have resources required to do this work;
- Consider commissioning an independent review to identify resource gaps in the forensic mental health system;
- Explore the creation of facilities or units for people with acute and chronic MHSU needs who are in provincial custody;
- Invest in services for people with brain injury and developmental disability;
- Work with Indigenous service providers, BC First Nations Justice Council and Metis Nation BC to fill gaps in the accessibility of Indigenous healing centres and practices throughout BC;
- Explore creation of a provincial committee to coordinate communication and service integration planning between health, criminal justice, and social service organizations, focused on people with complex needs who come into conflict with the law;
- Police Services develop guidance to support decision-making when responding to violent offences alleged to have been committed by people living with serious mental disorders;
- Conduct and maintain an inventory of appropriate MHSU services that would benefit people working at all levels of the criminal justice system;
- Create comprehensive guides to assist Crown Counsel and defence counsel in making decisions about cases involving accused people with mental disorders.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Government has implemented or expanded several programs in relation to the LePard-Butler recommendations, including:
 - The Repeat Violent Offending Intervention Initiative (ReVOII)
 - New Indigenous Justice Centres
 - New Peer Assisted Care Teams (PACT)
 - Investing in the Brain Injury Alliance

DELIVERY PARTNERS

N/A

FINANCIAL IMPLICATIONS

N/A

ESTIMATES NOTE

DATA SNAPSHOT

N/A

Approvals:

February 13, 2024 – Kelly McConnan, A/ADM, Child, Youth and Mental Health Policy

February 20, 2024 – Christine Massey, Deputy Minister

ESTIMATES NOTE

REPRESENTATIVE FOR CHILDREN AND YOUTH REPORTS OVERVIEW

Topic/Issue: Overview of alignment with RCY reports

KEY FACTS / MESSAGING

Background / Status:

- The Representative for Children and Youth (RCY) is an independent officer of the legislature with the authority to:
 - Advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services,
 - Monitor, review, audit and publicly report on designated services for children and youth, and
 - Conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.
- The current Representative, Dr. Jennifer Charlesworth, was reinstated for an additional 5 year term as of October 1, 2023.
- Since 2017, the RCY has released a number of reports that contain findings and recommendations directed at, or relevant to, the Ministry of Mental Health and Addictions (MMHA), including:
 - *Right to Thrive: An Urgent Call to Recognize, Respect and Nurture Two Spirit, Trans, Non-Binary and other Gender Diverse Children and Youth* (June 2023)
 - *Advocating for Change: Five Years in Review* (April 2023)
 - *Toward Inclusion: The need to improve access to mental health services for children and youth with neurodevelopmental conditions* (April 2023)
 - *A Parent's Responsibility: Government's obligation to improve the mental health outcomes of children in care* (September 2022)
 - *Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families* (April 2021)
 - *Detained: Rights of children and youth under the Mental Health Act* (January 2021)
 - *A Parent's Duty: Government's Obligation to Youth Transitioning into Adulthood* (December 2020)
 - *Youth Substance Use Services in BC – An Update* (March 2020)
 - *Caught in the Middle* (November 2019)
 - *Time to Listen: Youth Voices on Substance Use* (November 2018)
 - *Missing Pieces: Joshua's Story* (October 2017).
- The RCY has identified a need for a comprehensive and integrated system of mental health and substance use services, including culturally safe, team-based care which centres the needs of children, youth, and their families.
- Priority actions to improve wellness for children, youth and young adults are set out in *A Pathway to Hope*, and were informed by recommendations from the RCY and other partners.

ESTIMATES NOTE

- MMHA often collaborates with other ministries when responding to RCY recommendations, including in development of actions plans that set out steps and timelines for addressing recommendations.
- Annual updates on progress towards addressing recommendations are provided to the RCY for each report that contains recommendations for MMHA. Where a recommendation names MMHA alongside another ministry, a joint annual update may be prepared.
- The RCY reviews and assesses ministries' action plans and publicly posts the results of this assessment. In the most recent assessment (March 2023), the RCY had determined that MMHA had demonstrated “no progress” in 13 of 18 recommendations; these findings were re-iterated in the RCY's 2023 reports *Advocating for Change: Five Years in Review* and *Still Left Out: Children and youth with disabilities in BC*.
- In November 2023, the Select Standing Committee for Children and Youth requested that the ministries of Mental Health and Addictions, Health, and Children and Family Development and the Attorney General provide an update in spring 2024 on the status of implementing the RCY's recommendations in *Detained: Rights of Children and Youth under the Mental Health Act (2021)*. We welcome this opportunity to provide an update about the significant progress made in strengthening the system of child and youth mental health and substance use care, and how these improvements respond to the RCY's recommendations.

KEY OUTCOMES / STATS

Relevant Data / Successes

- Budget 2023 saw the largest investment in mental health and addictions services in this province's history. Government is taking action to create a coordinated, voluntary mental health and substance use system of care for children, youth, and young adults.
- The focus on voluntary services has been informed by engagement with public health and community service partners and Indigenous organizations including the First Nations Health Authority, Metis Nation BC, urban Indigenous communities, BC Association of Friendship Centres, and youth and families.
- MMHA is also working in partnership with the Provincial Health Services Authority, and in collaboration with experts, service providers, families and youth, to develop a Provincial Child and Youth Substance Use and Wellness Framework (anticipated completion summer 2024).
- Guided by *A Pathway to Hope*, we have ensured that more supports and services are available to children, youth and families. Specific investments include:
 - Expansion of the Foundry network of youth wellness centres and virtual supports, with 35 centres to be available across the province once complete,
 - New youth substance use beds and services,
 - Development and expansion of Integrated Child and Youth teams,
 - Early childhood programs,
 - School-based programs for mental wellness promotion,
 - Expansion of the Early Psychosis Intervention program.
- Over the past year, we have been pleased to update the RCY about planning or progress in response to the recommendations in their reports.

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- MMHA is leading work to better understand the specific challenges children and youth with support needs may face in accessing mental health and substance use services, including mapping of the current system of care. This will help identify opportunities for improvement in response to the Representative's recommendations in *Excluded: Increasing Understanding, Support, and Inclusion for Children with FASD and their Families*, and *Toward Inclusion: The Need to Improve Access to Mental Health Services for Children and Youth with Neurodevelopmental Conditions*.
- Ministry of Health is leading a cross-government executive committee to improve coordination of services for children and youth, with an early focus on recommendations in *Right to Thrive*.

DELIVERY PARTNERS

MMHA staff frequently work with other ministries when responding to the RCY's recommendations including:

- Ministry of Health
- Ministry of Education and Child Care
- Ministry of Children and Family Development
- Attorney General

FINANCIAL IMPLICATIONS

Budget / Funding Allocations:

N/A

DATA SNAPSHOT

N/A

Approvals:

February 12, 2024 - Francesca Wheler, ADM, Child & Youth Mental Health Policy

February 18, 2024 - Christine Massey, Deputy Minister