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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*.

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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

