Ministry of Mental Health and Addictions

TRANSITION BINDER – 2024

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MINISTRY PROFILE

Ministry: Mental Health and Addictions (MMHA)

MMHA leads the Province of British Columbia in improving the mental well-being and in reducing substance use-related harms for all people in BC. The goal is to lead and accelerate the response to the toxic drug crisis and improve the health and well-being of British Columbians across the full continuum of care – prevention, early intervention, harm reduction, treatment, and recovery. MMHA has overall responsibility for the development of a comprehensive, accessible, and culturally safe mental health and addictions system that is effective for individuals and families throughout the province.

MMHA works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, health care, housing, employment, poverty reduction, education, childcare, and workplaces).

MMHA works closely with the Ministry of Health (HLTH), which has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all people in B.C. Within HLTH, the Mental Health and Substance Use (MHSU) division is responsible for the *Mental Health Act* and *Forensic Psychiatry Act*, related program policy, service standards, care pathways, workforce development, results measurement and performance monitoring (see HLTH MHSU Core Business Note).

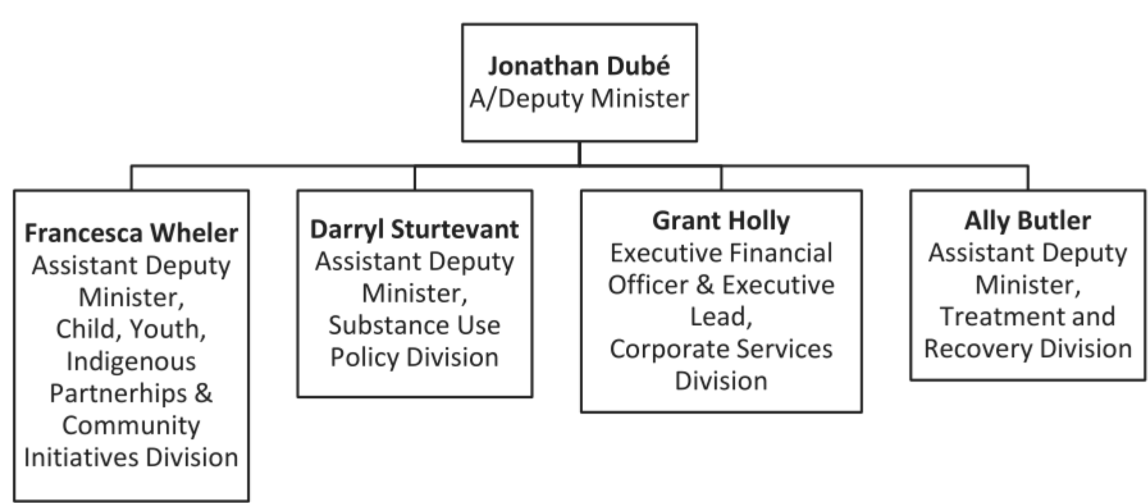
Ministry Mandate:
MMHA leads the transformation of B.C.'s mental health and substance use system by setting the strategic direction for the Province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, MMHA undertakes a whole-government, multi-systems approach in partnership with other ministries, First Nations, Métis, Inuit and urban Indigenous peoples and partners, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived and living experience.

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

Full Time Equivalents (FTEs):
As of October 1, 2024, the ministry has 169 active FTEs, which includes five active FTEs in the Minister's Office.

	Minister's Office	Deputy Minister's Office	Corporate Services Division	Child, Youth, Indigenous Partnerships & Community Initiatives Division	Substance Use Policy Division	Treatment & Recovery Division	Total
Active FTEs (as of October 1, 2024)	5	7	31	53	33	40	**169**

Executive Organizational Chart:



Budget:

Core Business Area	2023/24 Restated Estimates	2024/25 Estimates	2025/26 Plan	2026/27 Plan
Operating Expenses ($000)				
Policy Development, Research, Monitoring and Evaluation	22,891	35,144	34,931	34,931
Executive and Supports Services	3,824	5,605	5,605	5,605
Total	**26,715**	**40,749**	**40,536**	**40,536**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Executive and Supports Services	3	3	3	3
Total	**3**	**3**	**3**	**3**

EXECUTIVE MEMBER BIOGRAPHY

Name: Jonathan Dubé
Title: a/Deputy Minister
Ministry: Mental Health and Addictions

Biography:
Jonathan Dubé was appointed acting Deputy Minister, with the Ministry of Mental Health and Addictions in April 2024. The Ministry is responsible for working with government ministries, Indigenous organizations, municipalities and community partners to ensure a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families across the lifespan. The ministry is also responsible for leading an immediate response to the province's overdose public health emergency.

Before being appointed as acting Deputy Minister, Jonathan was the Associate Deputy Minister, Ministry of Health since February 2022. Jonathan has over 15 years of experience in the BC Public Service and prior to joining the Ministry of Health was Assistant Deputy Minister, Service Delivery Division, Ministry of Social Development and Poverty Reduction. Before that, he was the Ministry of Social Development and Poverty Reduction's Assistant Deputy Minister and Executive Financial Officer for over two years.

Jonathan other experience in the BC Government includes, almost seven years at Treasury Board Staff in progressively more senior roles. As an Executive Director at Treasury Board Staff, he was responsible for the development and oversight of the budget plans for social ministries (Attorney General, Children and Family Development, Public Safety and Solicitor General, Social Development and Poverty Reduction) and key social programs like Housing and Child Care. Before rejoining the Ministry of Social Development and Poverty Reduction in 2019, he was the Executive Director for Procurement and Contract Management at the Ministry of Children and Family Development.

Jonathan has an undergraduate degree in political science from the University of Georgia and a Juris Doctor from Pepperdine University's School of Law.

EXECUTIVE MEMBER BIOGRAPHY

Name: Darryl Sturtevant
Title: Assistant Deputy Minister, Substance Use Policy Division
Ministry: Mental Health and Addictions

Biography:
Darryl Sturtevant (he/him) was appointed Assistant Deputy Minister, Ministry of Mental Health and Addictions (MMHA) in April 2021 and oversees the Substance Use Policy Division. In December 2021, Darryl was also appointed Assistant Deputy Minister, Mental Health and Addictions Division in the Ministry of Health.

Darryl is an experienced public sector leader who has worked at all levels of government in Manitoba, BC, and Ontario. Prior to joining MMHA, he was an Assistant Deputy Minister in the Ontario public service overseeing the Strategic Policy and Planning Division and led the creation of the new Child Welfare and Protection Division of Ontario's Ministry of Children, Community and Social Services. Darryl co-developed the Ontario Indigenous Child and Youth Strategy with First Nations, Métis and Inuit partners and led the legislative and regulatory amendments for the *Child, Youth and Family Services Act (2017).*

Since joining MMHA, the Substance Use Policy Division has led several policy initiatives on the overall substance use system of care, including programing that both reduces the harms caused by toxic drug poisoning and connects individuals' health care and addiction treatment.

EXECUTIVE MEMBER BIOGRAPHY

Name: Francesca Wheler
Title: Assistant Deputy Minister, Child, Youth, Indigenous Partnerships & Community Initiatives
Ministry: Mental Health and Addictions

Biography:
Francesca joined the Ministry of Mental Health and Addictions in 2022 as the Assistant Deputy Minister, Child, Youth, Indigenous Partnerships and Community Initiatives Division. She is responsible for leading a broad range of accountabilities including Foundry, Integrated Child and Youth (ICY) teams, youth substance use services, the Indigenous treatment, recovery and aftercare fund, Complex Care Housing, and community crisis response. She uses her strength as a strategic thinker and experience developed over her years as a public service leader to build strong, productive relationships across government, with Indigenous communities and leaders, and with external partners to accomplish shared priorities.

She values the challenges her public service role provides, especially the opportunity to lead systemic change. This is reflected in her professional background which includes leading new child and family services policy to advance Indigenous jurisdiction in the Ministry of Children and Family Development, working at the Ministry of Indigenous Relations and Reconciliation as the executive director responsible for new rights-based approaches in BC's evolving relationship with First Nations, and significant time in the natural resources sector leading policy, planning and integrated operations.

Francesca holds a master's degree in interdisciplinary studies from Royal Roads University, an undergraduate degree in geography from the University of Victoria and is an accredited Project Management Professional (PMP) through the Project Management Institute (PMI).

EXECUTIVE MEMBER BIOGRAPHY

Name: Ally Butler
Title: Assistant Deputy Minister, Treatment and Recovery Division
Ministry: Mental Health and Addictions

Biography:
Ally (she/her) leads the Treatment and Recovery (T&R) Division. With over 15 years of experience in the BC Public Service, Ally is an experienced people leader with diverse experience in strategic and operational policy and program design.

Before joining MMHA, Ally worked in the Ministry of Public Safety and Solicitor General for 5 years advancing strategic policy and overseeing programs in the areas of violence against women, victim services, restorative justice and crime prevention. She also spent time as an operational director leading significant organizational changes to enhance frontline service delivery with the Crime Victim Assistance Program. Prior to this, Ally spent 6 years in the Ministry of Children and Family Development where she led a team focused on designing and implementing quality improvement projects.

Since joining MMHA in July 2018, Ally has led several high-profile, complex files to transform the treatment and recovery system providing provincial leadership to drive forward new models of care, such as the Road to Recovery. She has also advanced workplace mental health services in priority sectors and overseen the implementation of decriminalization.

EXECUTIVE MEMBER BIOGRAPHY

Name: Grant Holly
Title: Executive Financial Officer & Executive Lead, Corporate Services Division
Ministry: Mental Health and Addictions

Biography:
Grant (he/him) is the Executive Financial Officer (EFO) and Executive Lead Corporate Services in the Ministry. In this role, he oversees teams responsible for finance and operations, people and culture, and strategic planning and governance. Grant is also MMHA's ethics advisor. He was appointed as MMHA's EFO in November 2023.

Grant has been a provincial public servant since 2016 when he joined the Ministry of Finance. He worked in Treasury Board Staff from 2016 to 2018 and the Policy and Legislation Division from 2018 to 2022. He is particularly proud of the leadership role he played in creating the B.C. Emergency Benefit for Workers, pandemic pay for frontline workers, the Canada-B.C. Safe Restart Agreement, as well as the 2020 Northern Capital and Planning Grant and B.C. Northern Healthy Communities Fund.

Most recently, Grant was the Executive Lead, Policy, Legislation and Engagement at the Ministry of Emergency Management and Climate Readiness (EMCR). His work at EMCR included overseeing the development of modernized emergency management legislation, the Emergency and Disaster Management Act (2023). This legislation is the first land-based statute to be developed in consultation and cooperation with First Nations under the Declaration on the Rights of Indigenous Peoples Act and is the most progressive and comprehensive emergency management legislation in Canada.

CHILD, YOUTH, INDIGENOUS PARTNERSHIPS & COMMUNITY INITIATIVES DIVISION

ADM Responsible:
Francesca Wheler, Assistant Deputy Minister, Child, Youth, Indigenous Partnerships and Community Initiatives

Overview of Core Business / Program Area:
The Child, Youth, Indigenous Partnerships and Community Initiatives Division (CYIPCI) works across ministries and the broader social sector to develop and oversee implementation of strategic priorities to transform BC's mental health and substance use system of care. In particular, the division focuses on developing services and supports for children and youth; working with First Nations communities, Indigenous partners and service organizations on Indigenous-led MHSU solutions; and community-based initiatives including Complex Care Housing (CCH), Peer Assisted Care Teams (PACT), and other crisis response programs.

The division works to foster a whole of government, integrated systems approach by engaging with ministries including Health, Children and Family Development, Social Development and Poverty Reduction, Housing, Education and Child Care, Indigenous Relations and Reconciliation and Public Safety and Solicitor General. In addition, the division operationalizes services and programs on the ground by working alongside regional Health Authorities, clinical MHSU experts, school districts, community service organizations and Indigenous peoples.

The Child, Youth, Indigenous Partnerships and Community Initiatives Division is comprised of two areas:

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

Complex Care Housing and Community Initiatives Branch leads the development, implementation and evaluation of strategic policy and implementation of key government commitments related to mental health, substance use and homelessness/housing, including leading complex, sensitive and highly visible strategic partnership initiatives with high impact/risk outcomes. These initiatives include complex care housing and community crisis response related to public safety.

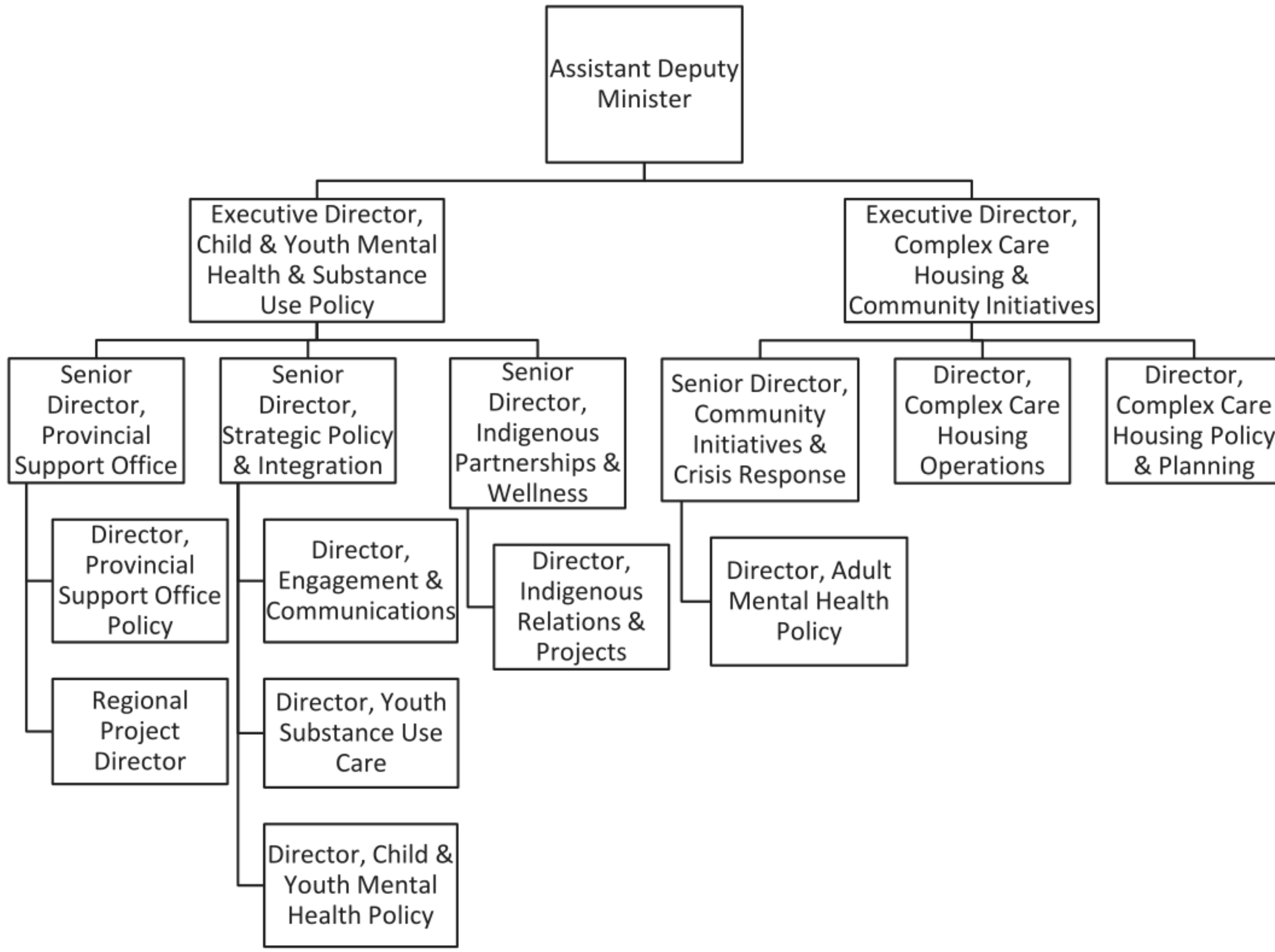
Budget:$15.654 million.

Full Time Equivalents (FTEs): 53 active and filled

Related Legislation:

- N/A

Organizational Chart:



SUBSTANCE USE POLICY DIVISION

ADM Responsible: Darryl Sturtevant, Assistant Deputy Minister, Substance Use Policy Division

Overview of Core Business / Program Area:
The Substance Use Policy (SUP) division works collaboratively with other ministries, First Nations and Indigenous leaders and their communities, local and federal governments, health authorities, non-government organizations, community sector organizations, emergency health responders, people with lived/living experience and public safety agencies. The goal is to lead and accelerate the response to the toxic drug crisis and improve the health and well-being of British Columbians across the full continuum of care – prevention, early intervention, harm reduction, treatment, and recovery.

The Substance Use Policy division is responsible for:

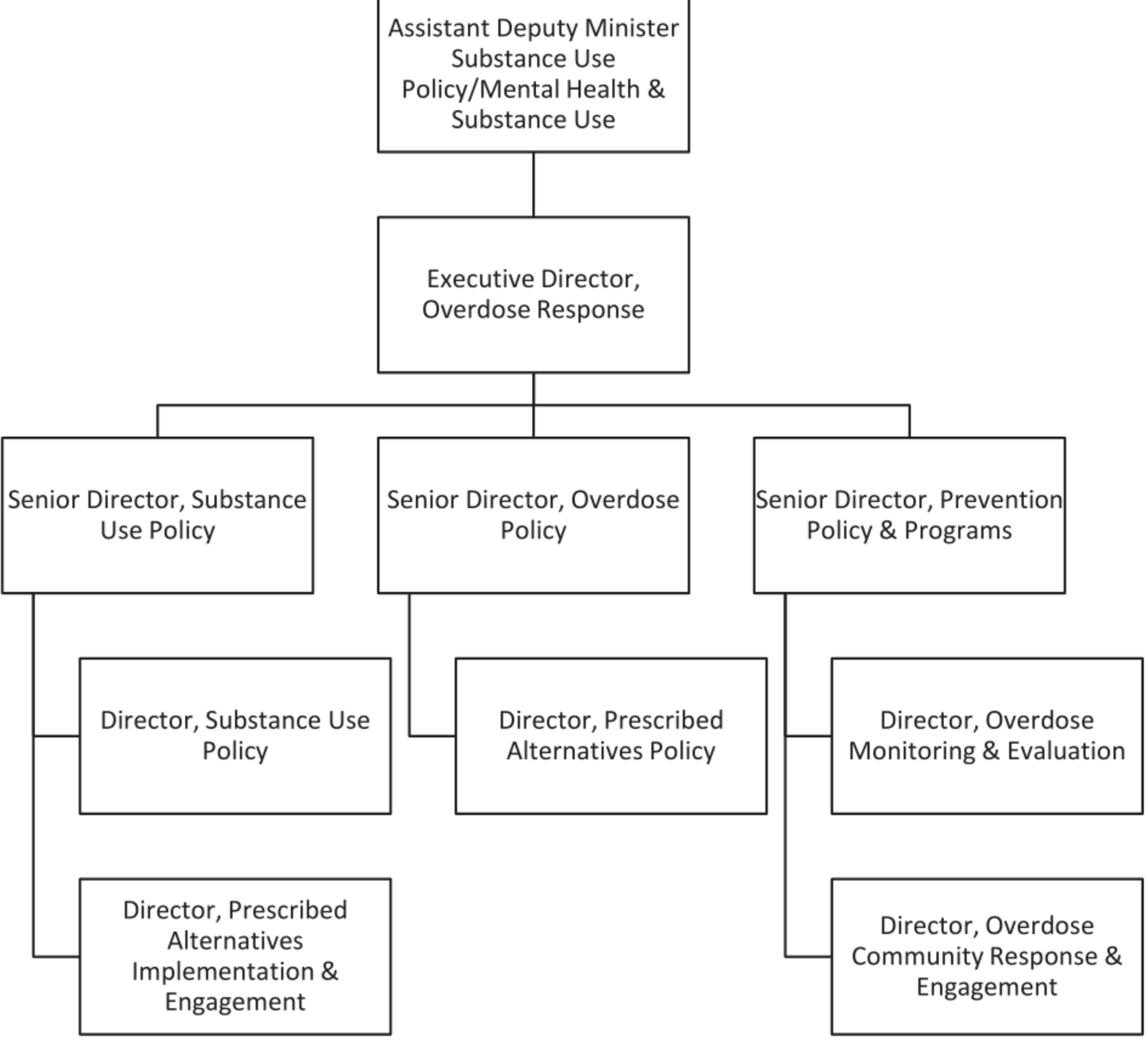
- Strategic and program policy for substance use and addiction, i.e., alcohol, opiates, cocaine, methamphetamine, hallucinogens, including the Province's response to the toxic drug public health emergency.
- Opioid Agonist Treatment (OAT) program policy and oversight.
- Targeted substance use policy and programs for high needs populations.
    - Working with diverse partners to address disproportionate impacts of substance use harms on key populations through evidence-based policy and initiatives for key populations, such as First Nations and Indigenous Peoples, people who work in the trades and people who are pregnant or recently post-partum.
- Harm reduction policy and programs, including:
    - Naloxone Program, i.e., Provincial Distribution Centre (PDC) and BC Centre for Disease Control (BCCDC)'s Take Home Naloxone Program, supporting procurement, distribution, and training policy.
    - Provincial Drug Checking Program.
    - Provincial Drug Alert Program.
    - Overdose Prevention Services (OPS) and Supervised Consumption Sites (SCS)
    - Managed Alcohol Programs.
- Community Development and Peer Engagement Policy.
    - Community Action Teams (CATs)
    - Community Action Initiative (CAI) project grants are provided to the Provincial Peer Networks (PPNs)
- Prescribed Alternatives (PA) Program Policy.
- Providing an alternative medication to help separate people from using highly toxic illicit substances. It is a point of access for people to receive treatment for OUD.

Budget: $9.849 million.

Full-Time Equivalents (FTEs): 33 active and filled

Related Legislation: N/A

[1]Organizational Chart:



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

TREATMENT AND RECOVERY DIVISION

ADM Responsible: Ally Butler, Assistant Deputy Minister, Treatment and Recovery Division

Overview of Core Business / Program Area:
The Treatment and Recovery Division leads efforts to transform and modernize BC's substance use treatment and recovery system of care. This includes leading policy and strategy to increase the availability, quality, oversight and accountability of adult treatment and recovery services across the continuum—from withdrawal management (detox), to specialized intensive treatment, through to longer-term aftercare. The division works to support the ministry's whole of government approach to substance use, and actively works with other ministries, clinicians, researchers and experts, professional associations and unions, community service organizations, and people with lived/living experience to identify and respond to priority policy and program matters.

The division also leads efforts to respond to the toxic drug crisis by implementing the decriminalization of small amounts of illicit drugs for personal use, aiming to reduce stigma and increase access to care. Additionally, the division is responsible for the planning, development, implementation, and evaluation of strategic initiatives aimed at enhancing workplace mental health and building the MHSU workforce across British Columbia.

The Treatment and Recovery Division is comprised of two areas:

Adult Substance Use Treatment and Recovery Branch leads the development, implementation and monitoring of policies and programs to expand access to bed-based and outpatient detox, treatment, recovery and aftercare services. This includes providing provincial leadership to guide implementation of the Road to Recovery model of care. Road to Recovery will establish a seamless continuum of addictions treatment, including regional access points where anyone in BC will have the ability to call a single line to get a same-day assessment, individualized care plan and access to treatment. The Branch also oversees the implementation of outpatient services such as, the Provincial Opioid Treatment Access Line, Rapid Access Addiction Clinics, outpatient withdrawal management services, day treatment programs and Junction Recovery Community Centres. In addition, the Branch also works with health and social sector partners to strengthen policy, legislation and best practices for improving oversight and incorporating evidence-based care into treatment and recovery services.

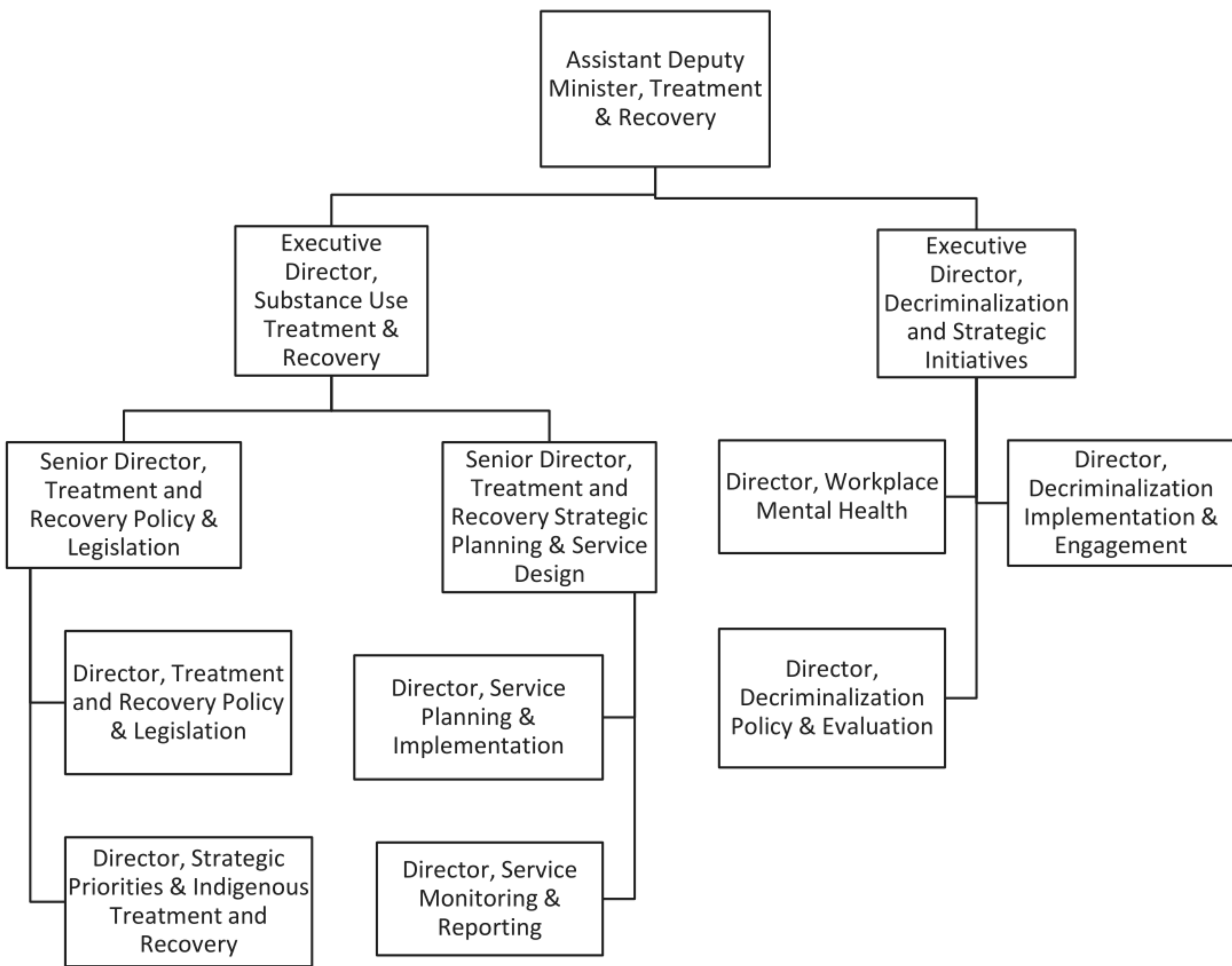
Decriminalization & Strategic Initiatives Branch collaborates closely with law enforcement, health authorities, Indigenous partners, local governments and people who use drugs to implement, monitor and evaluate BC's decriminalization. It is also oversees initiatives to advance psychological health and safety across workplaces in B.C. Key initiatives include People Working Well, which provides targeted resources and training for the hospitality and social service sectors; the Health Career Access Program, which has been expanded to train and hire new mental health and addictions workers; and Care for Caregivers/Care to Speak, which offers specialized support and a free emotional support service for healthcare workers.

Budget: $5.087 million.

Full Time Equivalents (FTEs): 40 active and filled

Related Legislation: N/A

Organizational Chart:



CORPORATE SERVICES DIVISION

ADM Responsible:

Grant Holly, Executive Financial Officer and Executive Lead, Corporate Services

Overview of Core Business / Program Area:

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

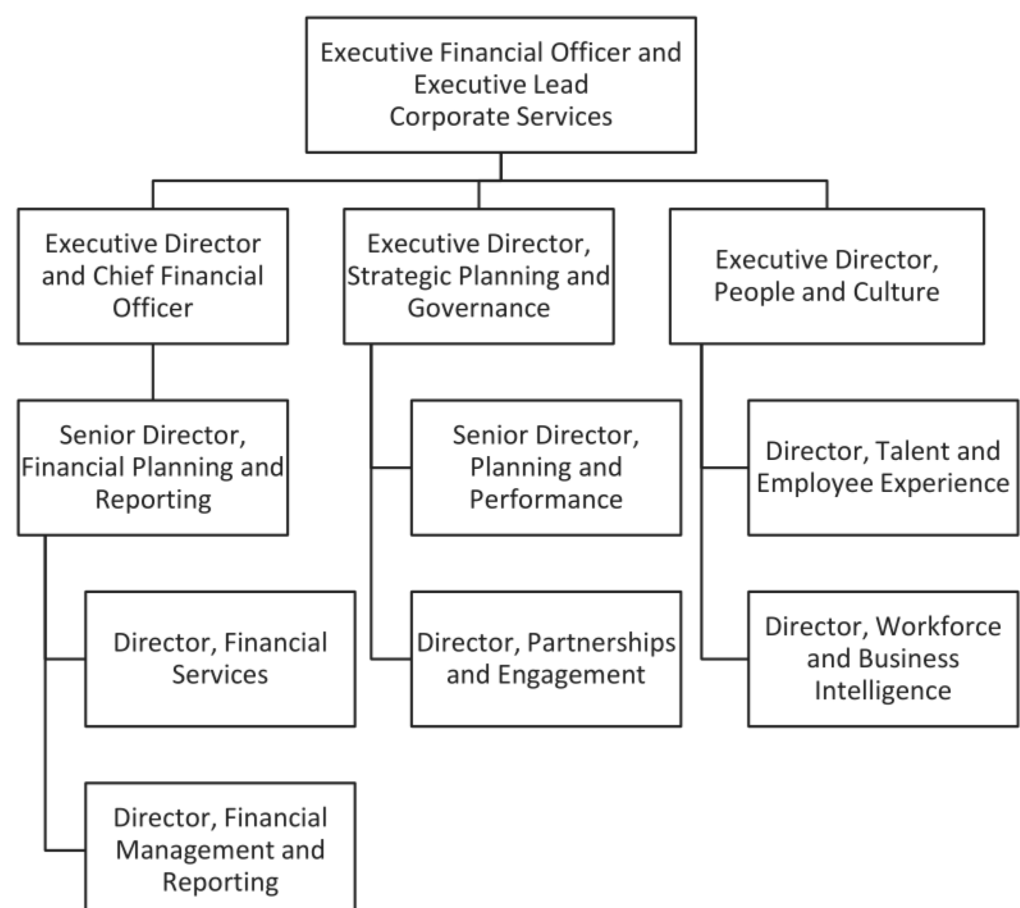
Budget: $8.410 million.

Full Time Equivalents (FTEs): 31 active and filled

Related Legislation:

N/A

Organizational Chart:



Appendix D

Ministry of Mental Health and Addictions
30-60-90-Day Issues

Issue / Decision / Activity	Brief Description
30 Days	
Continuum of Medication Options for the Treatment of Substance Use Disorders (Prescribed Alternatives and Opioid Agonist Treatment)	Cabinet Confidences
Overdose Prevention Sites (OPS) Minimum Service Standards (MSS)	The MSS were developed with engagement from the sector and people with lived and living experience. The draft was finalized in Summer 2024. Cabinet Confidences The MSS align with the OAG's recommendation to develop minimum service standards for OPS in BC.
Nasal Naloxone	Between June and September 2024, BC Ministry of Health procured 60,000 kits of nasal naloxone – with 1,600 kits distributed to post-secondary institutions in September, and BC Centre of Disease Control (BCCDC) has been asked to pilot and evaluate the distribution of the rest to select sub-populations through its Take Home Naloxone (THN) program. There is considerable public interest in nasal naloxone, as people who may feel more comfortable with administration of this product rather than the standard injectable naloxone. Depending on uptake (which could be high), Advice/Recommendations; Government Financial Information requiring close coordination with the Ministry of Health (supply negotiator), BCCDC (program operator and purchaser), and the Ministry of Citizens' Services (assembly and distribution logistics).
Substance Use in the Trades	MMHA is participating on the Construction Industry Rehabilitation Plan's Substance Use, Mental Health, and Suicide Prevention Task Force; starting in September 2024, this Task Force brings together senior leadership from across industry to discuss current work and new opportunities to improve substance use supports for construction workers, with an emphasis on the unionized sector.

Issue / Decision / Activity	Brief Description
	Following from the Joint Ministers' Roundtable on Substance Use in the Trades (Aug 29, 2023) and the subsequent working groups' recommendations, MMHA is continuing to engage industry and healthcare partners through a renewed contract with Jane Fitzgerald & Associates. This work will build t consensus and support for evidence-based care pathways to connect workers and keep them engaged in treatment and health services. This work will include direct input from construction workers, industry leaders, employers, unions, and health care providers.

Advice/Recommendations; Legal Information

Issue / Decision / Activity	Brief Description
	Advice/Recommendations; Legal Information
Federal (House of Commons Standing Committee on Health) HESA	HESA has initiated a special review of the "Opioid Epidemic and Toxic Drug Crisis in Canada." Meetings have included a focus on drug policy in BC and many academics, addictions specialists, politicians and others have appeared before the committee. The committee adjourned over the summer, restarting Fall 2024 (dates TBA). The committee will draft a report with recommendations.
Adult Treatment and Recovery - Road to Recovery, Vancouver	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 for clients with moderate to severe substance use disorders. R2R was initially piloted in the Vancouver region and is now being expanded to every health region. The initial R2R launched in Vancouver in fall 2023 with Access Central and 34 of 95 beds open to clients. The next set of Vancouver R2R services will be operational as follows: • 11 bed substance use stabilization (acute detox) unit on 2nd floor Burrard is planning to begin accepting clients (phased implementation) targeting October 21, 2024, and will be ready to announce November 2024 bringing the total number of Vancouver R2R beds open to 45. • 20 transitional care beds currently operating in community (included in the 34 beds open above) will open at the permanent Providence Health Care site commencing late-October 2024 with all beds fully operational by early November 2024. In addition to the 95 beds announced as part of the Vancouver R2R, Business Information
Adult Treatment and Recovery – Canadian Mental Health Association (CMHA)of BC, New Substance Use Beds	A total of 285 grant funded adult substance use treatment and recovery beds have been announced via a partnership with CMHA BC, including 105 beds in 2021 (implemented) and 180 beds in 2024 (partially implemented). Advice/Recommendations

Issue / Decision / Activity	Brief Description
	Advice/Recommendations
Complex Care Housing (CCH)	**Nanaimo:** Advice/Recommendations This would make the project, including the address, known to the public. This project is intended to serve people with complex mental and physical health issues but for whom substance use is not a primary concern. **Prince George:** The location of a 10-unit Phase 2 CCH project on McGill Cres was announced August 7, 2024. In late August 2024, the College Heights Neighbourhood Association held a community event that was attended by MLA Shirley Bond, Mayor, councillors and the public. Community members voiced concerns around the project, focused on safety and substance use. BC Housing, Northern Health and Community Living BC met with the community association on September 20 to provide details about the project, including clarification that the population will be those with mental health challenges and developmental disabilities, but for whom substance use is not a primary concern. Community engagement work will need to resume after the interregnum to mitigate risks. **Victoria:** Advice/Recommendations Advice/Recommendations; Security Concern
Stories of Support Information Campaign Continuation on HelpStartsHere.gov.bc.ca	The MMHA and GCPE marketing teams will explore opportunities to run the MMHA Stories of Support public information campaign. Additionally, two new stories are being considered for development for the website. Building on the recent successful launch of this campaign, the intent is to continue to reach diverse audiences across B.C. with proactive messages about finding supports for addiction at HelpStartsHere.gov.bc.ca.
Opioid Treatment Access Line (OTAL) Communications	Development of a strategic communications plan, including advertising, for the OTA line which launched on August 27. New promotional materials will be developed that will direct people to HelpStartsHere.gov.bc.ca for information on the program and how to access the new phone line.

Issue / Decision / Activity	Brief Description
60 Days	
Adult Treatment and Recovery – Canadian Mental Health Association of BC, New Substance Use Beds	As part of the 180 CMHA grant funded substance use treatment and recovery beds announced in January 2024, the following services are expected to open in December 2024: Advice/Recommendations; Business Information
Provincial Child, Youth, and Young Adult Substance Use and Wellness Framework	Framework has been drafted (co-led by MMHA and Provincial Health Services Authority, with input from MCFD, HLTH, ECC, health authorities, Indigenous partners, youth and families with lived/living experience of substance use, and other system partners). Cabinet Confidences The framework sets out a vision for an optimal system of substance use prevention and care for young people, against which BC's current system can be measured to identify gaps and potential areas for action.
Cabinet Confidences	
Indigenous-led crisis response	Advice/Recommendations
Mobile Integrated Crisis Response (MICR)	Squamish and Prince Rupert MICRs expected to launch in 2024, timeframe TBD dependent on recruitment of police and health staff.
Performance Monitoring and evaluation framework for MHSU – Tentative Engagement	MMHA and HLTH are collaborating on a performance monitoring and evaluation framework, which will require input from partner ministries, services providers and others. The project team will begin with engaging ministry partners and health authority service providers over fall 2024, with engagement with Indigenous partners and communities, academic partners or other external or public stakeholders in early 2025.
90 Days	
OPS Minimum Service Standards (MSS)	Pending incoming government direction, MMHA is preparing for developing the implementation framework for the OPS MSS in Winter 2025. This will require close collaboration with health authorities and validation of proposed implementation approach with overdose prevention services operators and people with lived and living experience.
OAG Audit of the Implementation of Harm Reduction Programs	MMHA will be required to update the OAG on MMHA's action plan to address their recommendations on an annual basis (audit was originally released March 2024)

Issue / Decision / Activity	Brief Description
Harm Reduction Community Guide	MMHA and the Community Action Initiative have contracted a consulting group (Reciprocal Consulting) to engage key stakeholders (e.g., health authorities, municipal government officials and staff, civil society groups) to produce draft content that may be considered for inclusion in an updated version of a provincial Harm Reduction Community Guide (original version published by Ministry of Health in 2005). Cabinet Confidences
Lheidli T'enneh First Nation's proposed Youth Centre of Excellence in Prince George	Following a July 19, 2024, consultant report & letter from Lheidli T'enneh to the province, MMHA and MCFD sent a response in September 2024 acknowledging the need for more detailed planning to move forward on this proposal, including a governance structure and engagement with relevant ministries, service providers, and other partners. Cabinet Confidences; Intergovernmental Communications
Complex Care Housing – Phase 2 Indigenous-led units	

MAJOR CORPORATE ISSUE NOTE - DECRIMINALIZATION

Ministry/Ministries: Ministry of Mental Health and Addictions (MMHA), Ministry of Public Safety and Solicitor General (PSSG)

Issue: Decriminalization of Personal Possession in British Columbia

- On January 31, 2023, British Columbia became the first jurisdiction in Canada to receive an exemption from the Federal Government to remove criminal penalties for possession of small amounts of illegal drugs for personal use.
- The intent of decriminalization is to treat addiction as a health matter, not a criminal justice one. It aims to encourage people to reach out for care and access life-saving services, including treatment, recovery and harm reduction services.
- Decriminalization is one of many actions that the Province is taking to respond to the toxic drug crisis, along with prevention, treatment and recovery, and harm reduction.

Background:

- On January 31, 2023, an exemption to the federal *Controlled Drugs and Substances Act* (CDSA) came into effect, allowing adults aged 18 and over to possess up to 2.5 grams of certain illegal substances, with certain exceptions.
- Budget 2023 allocated $18.92M over three years for activities related to decriminalization. This includes $3.96M per year ($11.9M over three years) for the regional health authorities and First Nations Health Authority to hire decriminalization navigators and proactive outreach workers. This also includes funding for both internal and external monitoring and evaluation of the decriminalization exemption, public communications and education, including the development and implementation of police training.

Public Substance Use:

- Following feedback from law enforcement and local governments about public drug use, PSSG began developing legislation to restrict public use of illegal substances in the context of decriminalization. This process was supported by the Union of BC Municipalities (UBCM).
- Simultaneously, on September 18, 2023, the CDSA s.56 exemption was amended to prohibit possession within 15 metres of playgrounds, spray and wading pools, and skate parks.
- On October 5, 2023, the *Restricting Public Consumption of Illegal Substances Act* (the Act) was introduced in the Legislature; it received Royal Assent on November 8, 2023.
- The Act set out certain public spaces where drug use is not allowed and was supported by several local governments. It comes into force by regulation; this has not yet occurred.
- On November 9, 2023, the Harm Reduction Nurses Association (HRNA) filed a Notice of Civil Claim in the BC Supreme Court, challenging the constitutionality of the Act.
- On December 29, 2023, the BC Supreme Court granted HRNA a temporary injunction, preventing the Act from coming into force.
- In response to continued concerns about public drug use, the Province asked Health Canada to replace its s.56 exemption with a new one that prohibits possession in all places, except in private residences, for unhoused people who are lawfully sheltering, and at designated health care clinics, such as overdose prevention sites and drug testing facilities. The new exemption came into effect on May 7, 2024.
- On June 6, 2024, a coalition of groups advocating for people who use drugs filed a Notice of

Application in Federal Court requesting a judicial review of the federal Minister of Mental Health and Addictions decision to grant a new s.56 exemption to BC. On August 21, 2024, the Federal Court granted the Province's request to join as a respondent. Legal Information

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Implications / Considerations / Opportunities:

- Both the original and new exemptions were accompanied by a Letter of Requirements outlining necessary implementation activities across a number of domains that the Province must undertake in order to remain in compliance with the exemption. The following summarizes the current status of implementation activities.

<u>Health System Pathways</u>

- To support decriminalization, 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). Regional data on connections to care include:
    - From February to May 2024, Island Health reached 551 people though their toll-free call line (Service Link) and through direct outreach by a Mental Health Liaison Nurse.
    - From February to May 2024 Fraser Health's three proactive outreach workers made 1176 connections with community members.
    - From Feb to May 2024, Northern Health's three proactive outreach workers made 777 connections with community members.

<u>Law Enforcement</u>

- MMHA and PSSG have developed a training framework in collaboration with police partners.
- Police training for the first exemption was implemented in two phases:
    - Phase One launched in December 2022 and focused on the details of the initial exemption, practical operational guidance in a variety of scenarios, and intersections with existing laws and policies. Municipal agencies and RCMP made this phase mandatory. To date, 88% of frontline police officers completed phase one training.
    - Phase Two launched in September 2023 and 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. Many municipal police agencies have made this training mandatory, however, RCMP did not.
- Phase 3 will launch in late fall 2024 with an additional module on the new exemption.
- The Province developed regional resource cards with information about health services, supports and harm reduction services that are distributed by law enforcement partners when interacting with individuals in possession of illegal substances for personal use.
- To date, the Province has completed and distributed three print runs, totaling 351,000 cards.
- A fourth print run planned for September 2024 will include updated language on the new

exemption, as well as the Province's new Opioid Treatment Access line.

Stakeholder Engagement

- In July 2021, MMHA formed a Core Planning Table (CPT) tasked with informing the planning and implementation of decriminalization. The CPT facilitated consultation and information-sharing between the Province and key stakeholders. Members of the CPT include representatives from the Province (MMHA & PSSG), municipalities, health authorities, peer advocacy groups, law enforcement agencies, and Indigenous organizations.
- MMHA continues to engage with stakeholders, including law enforcement, local governments, health authorities, and members of the Core Planning Table on an as-needed basis.
- Active working groups include the Local Government Working Group (which meets quarterly) and the Health System Pathways Working Group (which meets monthly).

Indigenous Engagement

- Engagement activities with Indigenous partners to date include:
  - Regional Town Halls for First Nations and a Town Hall for Métis Nation BC in 2022;
  - Individual meetings with First Nations at their request; and
  - Notification letters sent to all First Nations and key Indigenous partners upon the approval of the original exemption, amended and new exemption.
- The *Building Relationships in Collaboration (BRIC) Grants* is a PSSG-led grant program that complements police training by funding Indigenous communities and organizations to self-determine approaches to working with police to better support people who use drugs (PWUD).
  - MMHA and PSSG have formed a Grant Committee, which includes Indigenous representation, and representation from FNHA, MNBC and BCFNJC. The Grant Committee oversees the development of the grant process and distribution of funds.
  - $1M in funding over two years (2023/24 and 2024/25) has been dedicated to this initiative ($500,000 per year).
  - Twenty-six grants were awarded in the 2023/24 funding cycle. The 2024/25 funding cycle is underway, and funds will be allocated by April 2025.

Public Education and Communications

- MMHA developed updated communications materials, including a fact sheet, key messages, and revised website content, to reflect the new exemption that was issued on May 7, 2024.

Monitoring and Evaluation

- The provincial monitoring and evaluation (M&E) framework for decriminalization has been amended to align with the new exemption, and includes:
  - Policy monitoring and reporting: sources include police data (i.e., drug-related offences and seizures), police survey, health authority reporting, public awareness polling, and other administrative data.
  - BCCDC's annual Harm Reduction Client Survey and Simon Fraser University's annual qualitative interviews with PWUD.
  - Third-party implementation evaluation, focusing on BC's implementation and early outcomes (0 to 3 years) of decriminalization.
- Under the Letter of Requirements, MMHA is required to submit quarterly data reports to Health Canada that bring together data and analysis from a variety of sources. Quarterly data reports must be made public and are due to Health Canada by February 15, May 15, August 15, and November 15 of each year the exemption is in effect.

Other Considerations

- The federal Standing Committee on Health (HESA) will resume its study of the toxic drug crisis in fall 2024. To date, hearings have focused heavily on decriminalization, along with prescribed

alternatives, the Alberta recovery model, and supervised consumption sites. Several BC-based witnesses have appeared, including law enforcement leadership, academics, Members of the Legislative Assembly and substance use service providers. Upon completion of the hearings, HESA will release a report with non-binding recommendations.

Decision(s) Required / Next Steps:

Advice/Recommendations; Cabinet Confidences

Legal Information

MAJOR CORPORATE ISSUE NOTE – RESPONSE TO THE TOXIC DRUG CRISIS/SYSTEM OF CARE

Ministry/Ministries: Ministry of Mental Health and Addictions (MMHA), Ministry of Health (HLTH), and Public Safety Solicitor General (PSSG)

Issue: Response to the Toxic Drug Crisis / System of Care

- As of July 2024, 15,218 lives have been lost since the declaration of the public health emergency in April 2016.
- The data from July 2024 represents a 15% decrease from the number of deaths reported in July 2023 (226). Further to that, the annualized rate of death in 2024 is 41 per 100,000 residents, which is less than the annual rates from 2021 (43.9), 2022 (44.5) and 2023 (46.6).
- Since 2017, the proportion of drug toxicity deaths where fentanyl was detected has ranged from 82 to 87 percent. There are now increasing amounts of benzodiazepines in the unregulated drug supply, the effects of which cannot be reversed with naloxone. While the toxic drug crisis impacts BC residents of all backgrounds, certain demographics are disproportionately impacted including males, people aged 30-39, people who work in trades and First Nations People.
- The number of people accessing the toxic drug supply in British Columbia and at risk of drug poisoning is estimated to be at least 165,000 and could be up to as high as 225,000 in a 12-month period.[1]

Background and Recent Actions:

- In June 2024, the Province appointed Dr. Daniel Vigo as B.C.'s first chief scientific adviser for psychiatry, toxic drugs and concurrent disorders. He is working with partners to find better ways to support and care for the growing population of people with complex mental health and addiction, including brain injuries who also have high risk behaviours.
- On September 15, 2024, the Province announced measures to care for people with brain injury, mental illness, and severe substance use challenges who may not currently be adequately supported by the system of care in BC.

Opioid Treatment Access Line (OTA line):

- In August 2024, the Province established the Opioid Treatment Access Line (OTA Line) is a virtual health phone service (1-833-804-8111), available 7 days / week between 9am – 4pm, that people in BC can call to receive same-day, same-call access to Opioid Agonist Treatment (OAT).

Expanded Hope to Health clinic:

- In May 2024 the Province announced an expansion to the Hope to Health clinic to help more people with complex health, mental-health and addiction challenges in Vancouver's Downtown Eastside (DTES).

BC's Mental Health and Substance Use System of Care:

- MMHA is building an integrated and seamless system of care that works for all British Columbians (see MMHA Data Snapshot), this includes four key areas of focus:
    - Intervening early to help people access care sooner
    - Reducing risk to save lives
    - Connecting people to care where and when they need it
    - Creating a pathway to recovery and wellness so people can live healthy lives

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[1] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/alternatives_to_unregulated_drugs.pdf. Accessed August 13, 2024.

Harm Reduction Programs and Services

- The Province has been investing in programs and services that reduce the risk of harms from drug poisonings while also connecting them to critical health and social services, including treatment and recovery.
- Initiatives include Take Home Naloxone; overdose prevention and supervised consumption services (OPS/SCS); prescribed alternatives; drug checking; drug alerts, and the Lifeguard app. From January 2015 to September 2022, 8,637 death events are estimated to have been avoided due to harm reduction programs.

Continuum of Medication Options

Prescribed Alternatives (PA)

- PA is a life-saving therapeutic intervention whereby a clinician prescribes medications to manage the withdrawal symptoms of individual with severe addition in order to separate them from the toxic drug supply while also connecting them to needed health and social services.
- PA is delivered through a therapeutic, medical model, meaning that these medications can only be accessed if they are prescribed by a physician or nurse practitioner.

Opioid Agonist Treatment (OAT)

- OAT is recognized by the medical community as a first-line evidence-based treatment for 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.

Certified Practice for Opioid Use Disorder/Nurse Prescribing

- In November 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 Psychiatrics Nurses (RPN) to diagnose and treat OUD.

Decriminalization

- On January 31, 2023, British Columbia became the first jurisdiction in Canada to receive an exemption from the Federal Government to remove criminal penalties for possession of small amounts of illegal drugs for personal use by those aged 18 and older.
- In response to concerns raised by law enforcement and local governments regarding public drug use and public disorder, the Province passed legislation in November 2023 to restrict public drug use. The legislation is currently subject to an injunction that prevents it from coming into effect.
- In response to the injunction, the Province asked the federal government to amend the exemption to prohibit possession in most public places. Health Canada issued a new exemption on May 7, 2024. A judicial review of the decision to issue the new exemption is pending, but the exemption remains in force (See MMHA Major Corporate Issue Note on "Decriminalization")

Treatment and Recovery

- As of July 2024, there are 3,645 publicly funded substance use beds in B.C. More than 650 new publicly funded substance use beds have been implemented since 2017; this includes 110 new publicly funded youth beds.

Road to Recovery (R2R)

- 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 for clients with moderate to severe substance use disorders.

- In July 2024, the Province announced the expansion of Road to Recovery from the initial pilot in Vancouver, throughout the province, as well as a single-access line to get connected to addictions care in each health-authority region.

Expanding the Red Fish model of care

- The first Red Fish Healing Centre (105 beds) opened in October 2021 on the former site of the Riverview Hospital in Coquitlam, to treat people with complex, concurrent disorders. The Province is working to expand this service and is actively searching for an appropriate location for a new site or sites.
- Budgets 2023 and 2024 also introduced a new Indigenous treatment fund to support Indigenous-led treatment, recovery and healing initiatives, and extended funding for existing CMHA grant funded beds and added funding for 180 more beds.

Youth and Young Adults Who are Struggling with Substance Use

- Beginning in 2021, the province provided $50.550 million over three years to support the development of 123 new youth substance use beds and enhance provincially accessible specialized beds (see related note: Youth Substance Use Beds).
- Budget 2023 provided $236.420 million in funding over three years to increase services for young people, including $56.523 million for Youth Substance Use Services, $74.900 million for expansion of the Foundry network of services and $105.000 million in new and expanded non-bed-based youth substance use services (crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning).
- MMHA provides $3.000 million per year (committed through 2026/27) to the Ministry of Education and Child Care (ECC), under a federal-provincial agreement administered by MMHA and the Ministry of Health, to support the Mental Health in Schools strategy which includes a school-based substance use prevention component.

Implications / Considerations / Opportunities:

- The increasingly toxic drug supply and patterns of drug use are constantly evolving at a rapid pace. This is a fundamental challenge to designing and delivering interventions; however, there are core services that have demonstrated consistent relevance and value throughout the emergency that can be sustained, enhanced, and further scaled.
- The Province has made significant and continued investments in a range of services that have been effective in reducing the number of potential deaths and harms arising from the toxicity of the drug supply.
- There have been four recent expert reports of note examining the Province's response that have been publicly released:
    a. The British Columbia Coroners Service (BCCS)'s *2023 Death Review Panel: An Urgent Response to a Continuing Crisis report*[2]:
    b. The Public Health Officer's (PHO first report on prescribed alternatives in BC, *A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action*[3]:
    c. The Office of the Auditor General (OAG) released an audit report,

[2] The Report reviewed data on 5,238 deaths due to drug toxicity in BC between August 1, 2021 and September 30, 2023 and was published on November 1, 2023.

[3] Published February 2024 and produced on the Government's request.

B.C.'s Toxic Drug Crisis: Implementation of Harm Reduction Programs[4]:

d. The PHO's second report on prescribed alternatives in BC, *Alternatives to Unregulated Drugs: Another Step in Saving Lives*[5]

- Notable findings and themes from these reports include: an unmet need for the systematic and planned expansion of evidence-based treatment and harm reduction; calls for an integrated, accountable substance use system; and recommendations for a non-medical model of prescribed alternatives to rapidly and effectively meet the scale of the current emergency.

Public Discourse:

- There is ongoing concern about diversion of PA medications as a potential unintended impact on the general public and youth in particular. MMHA continues to evaluate, monitor, and coordinate with relevant Ministries such as Public Safety and Solicitor General.
- PSSG is also partnering with other ministries to deliver initiatives to address public safety concerns (see PSSG Major Corporate Issues Note titled "Addressing Concerns About Public Safety").
- Recent media coverage has highlighted certain populations and settings impacted by the toxic drug supply, such as post-secondary students living in on-campus dormitories, and focused public discussion on approaches such as access to naloxone, harm reduction resources and training that may help in raising awareness of and enhance response to toxic drug poisonings.

Opportunities:

Advice/Recommendations; Cabinet Confidences

Decision(s) Required / Next Steps:

- Confirm and prioritize key initiatives intended to respond to the toxic drug crisis.
- Confirm proposed Cabinet Confidences
- Continue to work with health authorities to sustain existing substance use services.

[4] Published March 2024
[5] Published July 2024

CROWN AGENCY PROFILE

Not Applicable to MMHA

CABINET OPERATIONS

Government 101

Overview of Key Roles, Structures & Processes

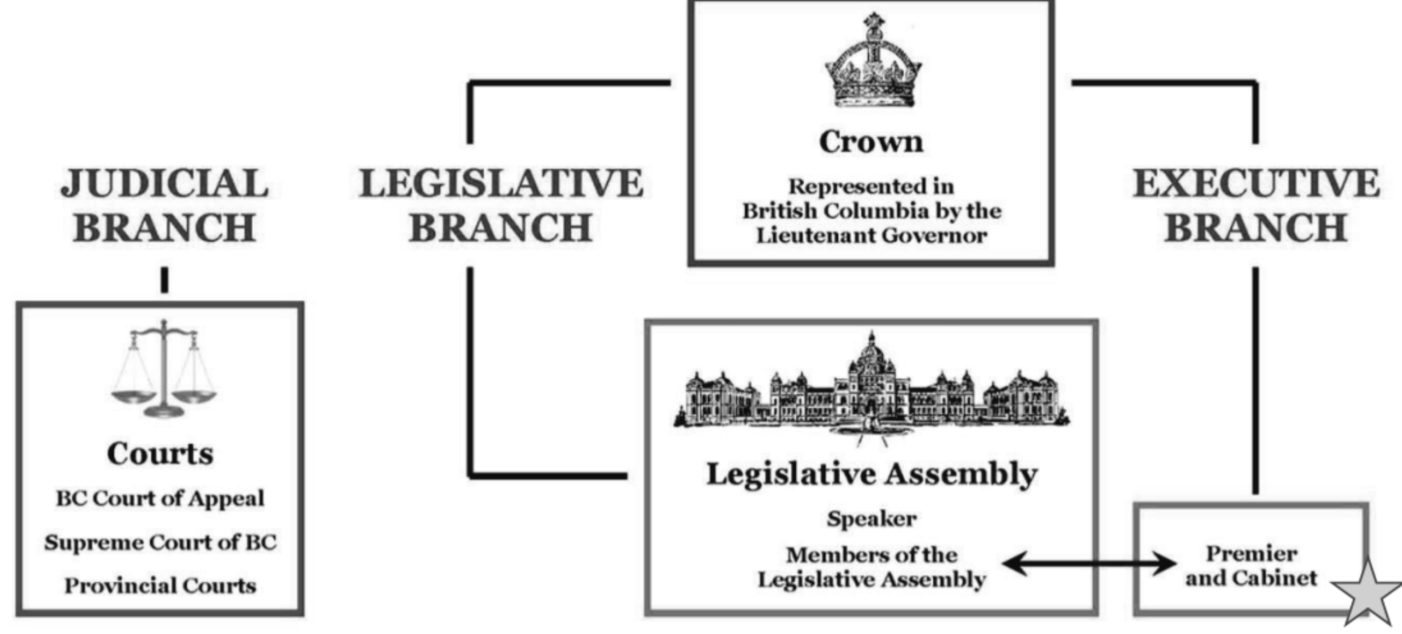
October 2024

Overview

- Introduction
- Office of the Premier
- Roles & Responsibilities
- Government Decision Making
- Cabinet Confidentiality
- Conflict of Interest
- Records Management

Introduction

The Three Branches of Government



The Executive Council or Cabinet

- Established under section 9 of *Constitution Act*
- Ultimate decision-making body of government
- Members appointed by the Lieutenant Governor on advice from Premier
- Chaired by the Premier

Office of the Premier

Office of the Premier

- The Office of the Premier has two principal roles:
  1) **Political:** overseen by the Premier's Chief of Staff, who acts as the senior political advisor to government
  2) **Non-partisan Public Service:** overseen by the Deputy Minister to the Premier

- Premier's **Chief of Staff** and **Deputy Minister to the Premier** work collaboratively to:
  - Support the Premier to advance government's policy and legislative agendas
  - Represent the Premier in providing direction to their respective staffs:
    - Chief of Staff provides direction to political staff, including Ministers' chiefs of staff
    - Deputy Minister to the Premier provides direction to public servants

Key Roles

Premier's Chief of Staff

- Most senior political advisor
- Provides strategic advice to the Premier and Executive Council (Cabinet) to advance government's policy and legislative agenda
- Coordinates and develops governments strategic and policy objectives
- Coordinates cross-government communications and issues management
- Develops and maintains relationships with major stakeholders
- All Ministers' chiefs of staff report to the Premier's Chief of Staff

Deputy Minister to the Premier

- Most senior public servant (non-political official)
- Serves as Cabinet Secretary and head of the BC Public Service
- Provides non-partisan advice to the Premier on public policy, development of legislation, and operational issues
- Ensures effective administration of programs and services, the development and implementation of key policy initiatives
- Manages a professional and non-partisan public service
- All Deputy Ministers report to the Deputy Minister to the Premier

Roles & Responsibilities

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Advice/Recommendations

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Advice/Recommendations

Government Decision-Making

Cabinet-Level Decisions

Policy
Cabinet considers and provides direction on significant new policies or shifts in policy. It may also provide direction on contentious issues and issues with significant cross-government and inter-governmental implications.

Fiscal
Treasury Board considers and provides direction on the overall financial decision making of the province and the execution of the fiscal plan, including making regulations or issuing directives to control or limit expenditures.

Legislative
Cabinet considers and provides direction on legislative priorities and legislation.

Regulations / OICs
Cabinet considers and provides direction on regulatory changes, appointments and more through Orders in Councils (OICs).

Government Decision-Making: Key Steps*

Policy Development
Public service undertakes development of options / advice and consultations

Cross-Government Collaboration
Minister, Chief of Staff, Ministerial Advisors, Deputy Minister work with senior public servants, Ministers, & Premier's Office to discern and mitigate a proposal's impact on other parts of government

Cabinet Committee Review
After reviewing a proposal, the Committee makes recommendation for Cabinet ratification. Recommendations can range from approve, amend, or reject. Multiple trips to Committee may be required

Cabinet
Cabinet ratifies, amends or rejects a Committee's recommendation. Note: Policy proposals that require legislation will require additional review by the Legislative Review Committee and those that require funding will require review by Treasury Board

*This is a simplified representation of the process

Mandate Letters

- Usually, Mandate Letters are issued to each Minister by the Premier and set out the expectations and deliverables regarding their portfolio and priorities for government as a whole
- Mandate Letters act as a guide for the Minister and Deputy Minister to follow in their day-to-day work, as well as the means for evaluating it
- How and when Mandate Letter deliverables are achieved is determined through collective decision making at Cabinet
- Any policy proposal that falls outside of the objectives set out in Mandate Letters requires approval from the Premier's Office to enter into the Cabinet review and decision-making process

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Advice/Recommendations

Cabinet and Cabinet Committees

- Policy or program proposals require formal Cabinet approval to proceed:
  - This process involves a Cabinet Submission, sometimes more than one, for review and decision
  - Policy and funding decisions are determined separately, through Cabinet and Treasury Board respectively
  - This process applies even if the item is listed in a Minister's Mandate Letter
  - The Deputy Minister to the Premier, in their role of Cabinet Secretary, is responsible for what advances into the Cabinet review process
  - The process and administration of Cabinet and Cabinet Committees is managed through the office of Cabinet Operations
- Cabinet and Cabinet Committees reach decisions through discussion and consensus
- Decisions are set out in minutes and are formally communicated to ministries through Records of Decision

Role of Cabinet Committees in the Review Process

- Prior to proceeding to Cabinet for decision, a submission may be vetted by a Cabinet Committee
- Practically speaking, Cabinet Committees help manage the high volume of items requiring decision so that Cabinet meetings can focus on the most significant, high-profile public policy issues
- Cabinet Committees are established by the Premier, by convention or by legislation
- Membership is composed of Cabinet Ministers and some government caucus MLAs. Each Committee is chaired by a member of the Executive Council (Cabinet)
- Cabinet Committees assess submissions and make recommendations to Cabinet, which the Chair reports out on at a full Cabinet meeting
- Cabinet can ratify, amend or reject the Committee's recommendation and Ministers are expected to leave Cabinet with a united voice

Cabinet Confidentiality

Cabinet Confidentiality

- The work undertaken by Cabinet and its Committees is and must remain confidential. This includes anything that would reveal the substance of Cabinet deliberations:
  - Cabinet and Treasury Board Submissions and supporting documents
  - Discussion around the Cabinet table
  - Attendees, agendas and dates that items are scheduled to come forward
- Cabinet is a safe place to talk frankly and emerge with one voice
- All Ministers, MLA Cabinet Committee members and their supporting political staff are required to uphold the confidentiality provisions under the oaths or confidentiality agreements they have taken:

Cabinet Minister	Oath for Member of Executive Council
MLA Cabinet Committee Member	Oath of Confidentiality for Committees of Executive Council
Ministers' Chiefs of Staff	Political Staff Oath Confidentiality Agreement for attending Cabinet & Committee meetings

Cabinet Confidentiality

- The requirement for Cabinet confidentiality prohibits direct and indirect disclosures outside of government – to stakeholders, lobbyists or the media
- Breaches in Cabinet confidentiality violate the collective responsibility shared by all Cabinet Ministers and can have serious implications for Government as a whole
- Confidentiality applies to Cabinet as an entity – individual ministers do not have the authority to waive it
- Advice/Recommendations

Conflict of Interest

Conflict of Interest

- Ministers and political staff are required to avoid conflicts of interest
- Ministers must abide by the *Members' Conflict of Interest Act*, which prohibits acting in an official capacity if a conflict of interest or a perceived conflict of interest exists
- Similarly, political staff must abide by the conflict of interest requirements outlined in the Standards of Conduct for Political Staff
- There are three types of conflict of interest: real, potential and perceived
- A conflict of interest exists if an official power or an official duty or function is performed when the person knows that there is the opportunity to further a private interest
- A private interest does not include an interest that applies to the general public or affects a minister as a broad class of people
- **Effectively managing conflicts of interest is one of the primary ways that public confidence in the integrity of government is fostered and maintained**

Conflict of Interest Commissioner

- The Conflict of Interest Commissioner is an independent, non-partisan Officer of the Legislative Assembly who is responsible for independently and impartially interpreting and administering the *Members' Conflict of Interest Act*
- All Members of the Legislative Assembly are required to file a confidential disclosure statement with the Commissioner within 60 days of being elected, and after that, annually
- Once the contents of the confidential disclosure statement have been finalized, a Public Disclosure Statement is prepared, which contains most, but not all, of the information provided to the Commissioner
- The Public Disclosure Statement is filed with the Clerk of the Legislative Assembly and is available for public inspection

Records Management

Records Management

- All records created are subject to the *Freedom of Information and Protection of Privacy Act (FOIPPA),* whether they are considered transitory in nature or are related to government decisions
- These include both hard copy and electronic records (E.g., emails, texts, Post-It notes, notebooks)
- Records relating to government decisions need to be maintained by Ministers and Ministers' office staff
- Maintaining records does not equate to disclosure of records
- Records belong to government, not to individual members of Executive Council or political staff

Records Management

- Content related to Cabinet and Cabinet Committee deliberations cannot be disclosed under section 12 of FOIPPA
- Section 13 of FOIPPA provides a similar rule for policy advice or recommendations developed for a Minister
- Information and Privacy Analysts in the public service help with redacting content from records from records in accordance with FOIPPA as part of preparing responses to freedom of information requests
- Some records are proactively disclosed, including Minister's calendars and travel expenses

Records Management

- Deputy Minister Offices (DMOs) are responsible for the proper management of government records that reside in a Minister's Office and sign off on the final response packages for freedom of information requests
- DMO and Minister's Office staff should establish protocols regarding records management and responses to freedom of information requests
- Minister's Office staff should undertake training via the Corporate Information and Records Management Office related to records management, freedom of information requests, and protecting the personal privacy of individuals
- Specific executive training may be available via dedicated sessions in addition to online learning courses through the Public Service Agency
- **Staying on top of records management is key – any record you didn't need to keep but is still in existence is subject to FOIPPA**

CABINET OPERATIONS

Appendix F

Ministry of Mental Health and Addictions
KEY STAKEHOLDERS

<table>
<tr><th>Name</th><th>Description</th><th>Key Issues / Interests</th></tr>
<tr><td>Health Canada
Greg Orencsak
Deputy Minister
Greg.Orencsak@hc-sc.gc.ca

Jennifer Saxe
Associate Assistant Deputy Minister
Controlled Substances and Cannabis Branch
jennifer.saxe@hc-sc.gc.ca</td><td>• Responsible for helping Canadians maintain and improve their health. It ensures that high-quality health services are accessible and works to reduce health risks.</td><td>• Intersections with federal drug policy and legislation, including relevant provincial exemptions from the Controlled Drugs and Substance Act that enable health services including:
    ○ Decriminalization
    ○ Overdose Prevention and Safe Consumption Sites
    ○ Drug Checking
    ○ Prescribed alternatives
    ○ Substance Use and Addictions Program (SUAP) funding
    ○ Emergency Treatment Fund</td></tr>
<tr><td>BC Addictions Recovery Association (BCARA)
Brenda Plant
Board Chair
info@bc-ara.ca</td><td>• BCARA's mission is to support persons in recovery from addiction by improving their access to professional services through the creation of standards, support services placement, training, education, research and advocacy.
• BCARA is a relatively new provincial association in BC and is still in the process of formalizing organizational structure, membership and bylaws.
• BCARA is quite advocacy-driven and sees their role as a liaison or representative on behalf of substance use recovery service providers in dealings with government.</td><td>• Legislation, regulation and policy related to bed-based substance use services
• Improving access to and visibility of recovery-oriented services with a focus on bed-based treatment and recovery
• Issues of importance to BC's "recovery sector" including government funding, service standards. and the relationship been harm reduction and recovery</td></tr>
</table>

Name	Description	Key Issues / Interests
BC Centre for Disease Control (BCCDC) Christine Massey Executive Vice President, Population Health and Wellness Provincial Health Services Authority christine.massey@bccdc.ca	• The BC Centre for Disease Control, a program of the Provincial Health Services Authority, provides provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation.	• Responsible for managing provincial Take-home Naloxone program and other harm reduction activities such as the distribution of harm reduction supplies • Toxic drug crisis surveillance and maintenance of the Unregulated Drug Poisoning Emergency Dashboard (including indicators and data on paramedic-attended events, unregulated drug deaths, naloxone, opioid agonist treatment, prescribed alternatives, OPS/SCS) • BC Provincial Overdose Cohort – a collection of linked administrative health data on people who had a drug poisoning event (overdose) • Harm Reduction Strategies and Services Committee • Monitoring the implementation of prescribed alternatives • Evaluation of decriminalization (Harm Reduction Client Survey and qualitative research with People Who Use Drugs (PWUD) • Establishing public reporting platform for provincial drug checking data and surveillance information
BC Centre on Substance Use (BCCSU) Sharon Vipler Acting Executive Director Sharon.vipler@fraserhealth.ca	• The BCCSU receives their core funding from the Province and is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. • BCCSU seeks to improve the integration of best practices and care across the continuum of substance use through the collaborative development of evidence-based policies, guidelines, and standards. With the support of the Province of	• Clinical guidance, evidence-based approaches and expertise for substance use (e.g., Pharmaceutical Alternatives Clinical Guidance, nurse prescribing.) • Substance use training and education for medical, clinical and allied health professionals • BCCSU provides the required education program for RN/RPN certified practice for opioid use disorder • Research and evaluation of substance use programs and services (e.g., iOAT/TiOAT evaluation), Road to Recovery evaluation)

Name	Description	Key Issues / Interests
	BC, BCCSU aims to transform substance use policies and care by translating research into education and care guidance.	
BC Coroners Service Dr. Jatinder (Taj) Baidwan, Chief Coroner jatinder.baidwan@gov.bc.ca	• Provides statistical reports on drug toxicity deaths in BC • Ongoing death review panel on toxic drug crisis	• Monthly unregulated drug deaths in BC • BCCS Death Review Panel reports

BC Mental Health and Substance Use Services (BCMHSUS)
Dr. Vijay Seethapathy
Chief Medical Officer
Vijay.seethapathy@phsa.ca
	• BCMHSUS is a PHSA agency that provides specialized province-wide services related to:
	  ○ Provincial, specialized inpatient and outpatient services for adults with complex mental health and substance use issues
	  ○ Forensic psychiatric services for people with mental health and substance use challenges who have been in conflict with the law, or who are facing legal restrictions or community orders
	  ○ Health, mental health and substance use services for people who are incarcerated in provincial correctional facilities
	• In addition to service delivery, BCMHSUS also conducts research and
		• Forensic psychiatric and substance use services
		• Health care, mental health, and substance use services in provincial correctional facilities
		• Treatment and intervention for concurrent disorders (complex mental health and substance use)
		• Certified Practice for Opioid Use Disorder
		• Supports for individuals leaving corrections

Name	Description	Key Issues / Interests
	knowledge translation in the above areas.	
Canadian Mental Health Association – BC Division (CMHA-BC) Jonathan (Jonny) Morris CEO ceobc@cmha.bc.ca	• CMHA is a national charity that helps maintain and improve mental health for all Canadians. • Through over 100 local, provincial and national locations across Canada, CMHA provides a wide range of innovative services and supports tailored to and in partnership with our communities. CMHA-BC Division promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness and problematic substance use.	• Implementation of priority initiatives identified in A Pathway to Hope (2019) and subsequent government mandates • Strengthening mental health and substance use service in BC • Workplace mental health program design, development, implementation and delivery (careforcaregivers.ca and https://peopleworkingwellbc.ca/) • Administering multi-year grant programs on behalf of government/MMHA (285 grant funded substance use beds) • Leading implementation of Peer Assisted Care Teams
Centre for Advancing Health Outcomes (CHÉOS) at St. Paul's Hospital and Simon Fraser University Dr. Bohdan Nosyk Principal Investigator, OAT Cascade of Care bohdan_nosyk@sfu.ca	• The Centre for Health Evaluation and Outcome Sciences (CHÉOS) is a group of experienced health outcomes researchers based at St. Paul's Hospital. Their investigators evaluate the effectiveness of health interventions in populations to understand how to improve health and transform health systems for the future.	• Opioid Agonist Treatment (OAT) Cascade of Care • Co- Principal Investigator of the Mixed Methods Evaluation of the Implementation of Prescribed Alternatives •

Name	Description	Key Issues / Interests
Canadian Centre on Substance Use and Addiction (CCSA) Alexander Caudarella, MDCM CCFP AM ABAM(d), Chief Executive Officer acaudarella@ccsa.ca	• A national non-governmental organization to provide national leadership on substance use and to advance solutions to address alcohol- and other drug-related harms.	• Advancing knowledge by synthesizing research in the field of substance use and addictions • Collaboration through the Provincial and Territorial Advisory Group (PTAG) • Issues of Substance (IOS) Conference (annual) • Canadian Community Epidemiology Network on Drug Use (CCENDU)
Community Action Initiative (CAI) Julia Kaisla Executive Director jkaisla@caibc.ca	• CAI works to strengthen the role and capacity of the community sector to improve mental health and address substance use for British Columbians.	• Providing support to the community-based supportive recovery sector/operators • Administering grant programs on behalf of government/MMHA (substance use beds, Community Action Teams (CATs), rural-indigenous grants, harm reduction grants, Community Initiative Fund (CIF), Indigenous Treatment grants, community counselling grants) • Community capacity development within the mental health and substance use sector
First Nations Health Council (FNHC) Wade Grant Chair sharedsecretariat@fnha.ca	• The FNHC is a political advocacy body mandated to advance the health and wellness interests of BC First Nations.	Intergovernmental Communications
First Nations Health Authority Richard Jock Chief Executive Officer richard.jock@fnha.ca	• The FNHA is mandated by BC First Nations to plan, design, manage, fund and deliver First Nation health programs and services.	

Name	Description	Key Issues / Interests
		Intergovernmental Communications
Métis Nation BC Clara Morin Dal Col President Collette Trudeau-Bailey Chief Executive Officer ctrudeay@mnbc.ca	• MNBC, a political organization that represents the 38 Métis Chartered Communities in BC, is mandated to develop and enhance opportunities for Métis communities by implementing culturally relevant health, social and economic programs and services.	
BC Representative for Children and Youth Jennifer Charlesworth, Representative for Children and Youth Jennifer.charlesworth@rcybc.ca	• The Representative is a non-partisan, independent officer of the Legislature, reporting directly to the Legislative Assembly and not a government ministry. • The Representative also provides oversight to this system and makes recommendations to improve it.	• RCY investigative reports including Don't Look Away: How one boy's story has the power to shift a system of care for children and youth (2024), *Missing Pieces (2017)* and *Time to Listen (2018)* include recommendations for child and youth mental health and substance use services for MMHA (and partner ministries) and systemic changes for child and youth serving systems. • *A Pathway to Hope* (2019) initiatives align with these recommendations.

Name	Description	Key Issues / Interests
Foundry Dr. Steve Mathias Co-Executive Director and Child and Adolescent Psychiatrist smathias@foundrybc.ca Dr. Karen Tee Co-Executive Director ktee@foundrybc.ca	• Foundry (a program of Providence Health Care) is a province-wide network of integrated health and social service centres for young people ages 12-24. • Foundry youth centres provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services and youth and family peer supports. • Foundry Virtual offers online and telephone counselling, peer support and soon, primary care.	• Implementation of priority initiatives identified in the *Pathway to Hope* (2019) • Expanding Foundry Centres to 35 • Implementation of Foundry Virtual
The BC Coalition of Organizations By/For People Who Use Drugs Brittany Alenius Interim Coordinator bccoalitionopwud@gmail.com	• The Coalition by and for People Who Use Drugs (i.e., the Group of Groups) is a coalition of over 30 Organizations from across BC. These groups represent over 15,000 people who use drugs (PWUD) in BC and work regionally on improving the lives of PWUD.	• PWUD rights and advocacy • Decriminalization • Overdose toxic drug response • Supporting various interventions and initiatives along the substance use continuum of are (harm reduction, treatment, recovery) to improve the quality and accessibility of services for PWUD
Moms Stop the Harm Leslie McBain Personal Information	• Moms Stop the Harm (MSTH) is a network of Canadian families impacted by substance use related harms and deaths. They advocate to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances.	• Peer/family support and advocacy • Supporting various treatment and recovery focused initiatives to improve the quality and accountability of treatment, specifically the 2023/24 engagement process. • Decriminalization (Core Planning Table member)

Name	Description	Key Issues / Interests
College of Physicians and Surgeons Dave Unger Deputy Registrar daunger@cpsbc.ca	• The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians who practise medicine in the province must be registrants of the College.	• Pharmaceutical Alternatives • Prescription monitoring
Doctors of BC Dr. Ramneek Dosanjah President Elect president@doctorsofbc.ca	• Doctors of BC is a voluntary association of 14,000 physicians, residents and medical students in British Columbia. • Represents physicians in negotiations with the BC government for the Physician Master Agreement. Advocating on issues of importance to the profession and patients.	• Improving patient quality care and a high standard of health care for the public • Knowledge sharing and knowledge transfer between doctors and government – COVID-19 and Child and Youth Mental Health and Substance Use
BC College of Nurses and Midwives Cynthia Johansen Registrar & Chief Executive Officer	• Protect the public through the regulation of nursing professionals (LPNs, NPs, RNs, and RPNs), setting standards of practice, assessing nursing education programs in B.C., and addressing complaints about BCCNP registrants.	• Certified Practice for Opioid Use Disorder (Nurse Prescribing) • Pharmaceutical Alternatives
Nurses and Nurse Practitioners of BC Angela Wignall Interim Chief Executive Officer, Senior Executive Director, Nursing Programs and Policy awignall@nnpbc.com	• Professional association for all nursing designations - RNs, LPNs, NPs and RPNs - that acts on behalf of nursing in order to advance the profession and influence health and social policy.	• Certified Practice for Opioid Use Disorder (Nurse Prescribing) • Pharmaceutical Alternatives to the toxic drug supply

Name	Description	Key Issues / Interests
BC Pharmacy Association Jamie Wigston President president@bcpharmacy.ca	• BCPhA is an organization that supports and advances the professional and economic interests of community pharmacists and pharmacies in the province. • The Association takes a leadership role in supporting and expanding use of pharmacist expertise in the health-care system. • The BCPhA is separate and distinct for the College of Pharmacists of BC, which is the organization that licenses and regulates pharmacist and pharmacies in the province.	• Toxic drug crisis and pharmacists role in responding
College of Pharmacists of BC Suzanne Solven Suzanne.Solven@bcpharmacists.org Heather Biggar Heather.Biggar@bcpharmacists.org	• The College of Pharmacists of British Columbia protects the public by ensuring that registered pharmacy professionals provide safe and effective pharmacy care.	• Pharmaceutical alternatives • Prescription monitoring • Opioid Agonist Treatment
BC Association of Chiefs of Police (BCACP) Deputy Chief Fiona Wilson President Fiona.wilson@vpd.ca	• BCACP represents all senior police leadership in British Columbia from both the Royal Canadian Mounted Police (RCMP) and the 13 Municipal policing agencies. The Federation of Community Social Services of BC represents a fast-growing membership of over 140 agencies who provide support to individuals and communities in BC.MMHA's partnership with the BC Lions helps	• Decriminalization (Core Planning Table member) • Prescribed pharmaceutical alternatives (diversion) • Members deliver community-based mental health and substance use services • Implementation of priority initiatives identified in *A Pathway to Hope* (2019)

Name	Description	Key Issues / Interests
	expand the reach of the Province's StopOverdose social marketing campaign (the BC Lions have a fan base of approximately 1.6 million people across BC). This partnership gives the Ministry a unique opportunity to reach diverse audiences like men between 20-60 and youth through school-based programming	
Providence Health Care (PHC)/ Road to Recovery Medical Leadership Norm Peters Chief Operating Officer Npeters5@providencehealth.bc.ca Fiona Dalton President and Chief Executive Officer fdalton@providencehealth.bc.ca Dr. Seonaid Nolan Associate Professor, Department of Medicine, UBC Head, Interdepartmental Division of Addiction, PHC Medical Director, Provincial Addiction Recovery Treatment and Support (prov-ARTS) Network Clinician Scientist, BC Centre on Substance Use	• PHC operates 18 health care sites including St. Paul's Hospital. • PHC has developed addiction medicine expertise including operating the Vancouver Road to Recovery and the virtual Lighthouse substance use care clinic.	• Led the development of the Road to Recovery model of care and implementation of the Vancouver Road to Recovery. Operates the Opioid Treatment Access Line (virtual provincewide addictions medicine service)/ • Key link to the St. Paul's Foundation. • Governance organization for Foundry

Name	Description	Key Issues / Interests
Holder, UBC's Steven Diamond Professorship in Addiction Care Innovation snolan@providencehealth.bc.ca		
BC Housing Allan Seckel Board Chair Vincent Tong Chief Executive Officer vtong@bchousing.org	• Crown corporation that develops, manages and administers subsidized housing in BC.	• Key partner in development and implementation of Complex Care Housing

MINSTRY OPERATIONS BUDGET

Introduction:

- The Ministry has an annual operating budget of $40.75M in 2024/25, $40.54M in 2025/26, and $40.54M in 2026/27[1].

Background:

- The Minister's Office has an annual operating budget of $0.72M in 2024/25, $0.72M in 2025/26, and $0.72M in 2026/27.
- The Ministry has an annual salaries/benefits budget of $20.13M in 2024/25, $20.13M in 2025/26, and $20.13M in 2026/27.
- As of October 1, 2024, the ministry has 169 FTEs, including the Minister's Office (5) and Deputy Minister's Office (7) staff. The FTE count does not include secondments or Government Communications & Public Engagement (GCPE) staff.

Budget/ Expenditures:

Ministry Operations budget by Major Expense category ($ millions):

Expenses	2024/25	2025/26	2026/27
Salaries & Benefits	20.134	20.134	20.134
Operating Costs	4.498	4.285	4.285
Grants	16.108	16.108	16.108
Other Expenses	0.011	0.011	0.020
Recoveries	-0.002	-0.002	-0.002
Budget 2024	**40.749**	**40.536**	**40.536**

NOTES:

1. Operating Costs include Travel, Information Systems and Office & Business Expenses.
2. Grants consists of $10.108M for Peer Assisted Care Teams (PACT) and $6M for the Community Crisis Innovation Fund (CCIF).
3. Other Expenses include Legislative Assembly costs.
4. The $0.213M budget reduction from 2024/25 to 2025/26 primarily relates to the removal of one-time funding for Beds Modernization.

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
Budget 2024	**0.715**	**0.715**	**0.715**

[1] Funding for mental health and substance use programming is primarily held in the budget for the Ministry of Health.

Approvals:
October 16, 2024 – Grant Holly, EFO, Corporate Services Division
October 16, 2024 – Jonathan Dubé, Acting Deputy Minister

MINISTRY FTEs

Introduction:

- An overview of the ministry's staffing complement, or full-time equivalents (FTEs).

Background:

- As of October 1, 2024, the ministry has 169 FTEs, which include 5 staff in the Minister's Office; 16 of these positions are filled through temporary assignments.
- Employees in the Child, Youth, Indigenous Partnerships and Community Initiatives division are dedicated to priorities such as the development of integrated child and youth mental health and substance use 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.

Ministry Division	Active FTEs*
Minister's Office	5
Deputy Minister's Office	7
Corporate Services	31
Child, Youth, Indigenous Partnerships & Community Initiatives	53
Substance Use Policy	33
Treatment & Recovery	40
Total	**169**

**As of October 1, 2024*

Ministry/Government Actions to date:

- N/A

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. This provides funding for approximately 170-175 FTEs.

Salary & Benefits Estimates Details (Millions):

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:
September 26, 2024 – Grant Holly, EFO, Corporate Services Division
October 2, 2024 – Jonathan Dubé, a/Deputy Minister

SERVICE PLAN 2024-25

Introduction:

- The Ministry of Mental Health and Addictions' (MMHA) 2024-25 Annual Service Plan was tabled in the Legislature and released publicly on Budget Day, February 22, 2024.
- The 2023-24 Annual Service Plan Report was publicly released August 30, 2024.
- The 2025-26 Annual Service Plan will be released with Budget 2025 (TBD).

Background:

- The 2024-25 MMHA Annual 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.
- It includes 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 ministry 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 people in British Columbia.

Ministry/Government Actions to date:

- MMHA's 2023-24 Annual Service Plan Report, released August 30, 2024, demonstrated that the Ministry met or exceeded the following targets:
  - 1.1: Exceeded the target of 400,000 Take Home Naloxone kits shipped to distribution sites (actual: 488,411).
  - 2.1: Met the target of 12 communities with Integrated Child and Youth teams operating or in implementation (actual: 12).
- This 2023-24 Annual Service Plan Report noted further work to be done on three performance measures:
  - 1.2a: Percentage of people on opioid agonist treatment (OAT) who are retained (taking the medication consistently) for 12 months.
    - 2023-24 Target: 2-5 percent increase from 45.5 percent. 2023-24 Actual: 44.1 percent.
    - 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.

    - 2023-24 Target: TBD. 2023-24 Actual: 31.0 days.
        - In February 2024, MMHA's 2024-25 Annual Service Plan included a forecasted median wait time of 35 days for 2023-24.
        - With more complete data, the final 2023-24 median wait time was 31.0 days.
    - The 2022-23 service plan report was the first time MMHA reported on provincial wait times for adult substance use bed-based services. As more health authorities, and more programs within each health authority, provide wait time data, reporting has become more refined.
    - In 2023-24, health authorities reported increased demand for services, particularly treatment, as well as an increase in client complexity. Updated data shows that 4,649 unique adults were served in BC treatment and recovery beds in the 2023-24 fiscal year, a 28 percent increase in unique adults served in 2022-23.
    - 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 while work to enhance enhancing data quality continues to ensure a considered approach to wait time reduction. This will also allow for the refinement of benchmarks as new investments come online.
  - 2.2: Number of Foundry centres operating.
    - 2023-24 Target: 17. 2023-24 Actual: 16.
    - The actual number of Foundry centres operating at the time of publication of the ASPR was one less than the target of 17 centres, due to unexpected construction delays at Foundry East Kootenay. The 17th Foundry centre was subsequently opened in Cranbrook on May 23, 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 percent** of people who are on OAT are retained for 12 months in 2024-25, 45 percent in 2025-26 and 46 percent in 2026-27 (2 percent increase each year).
  - **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.

Budget/ Expenditures:

- The Ministry's operating budget is $40.749M in 2024-25, $40.536M in 2025-26 and $40.536M in 2026-27.
- Fifty percent of the budget is for salaries & benefits.

- The Ministry's operating budget increased by $14.034M from 2023-24 to 2024-25 due to $10.108M in new funding for Peer Assisted Care Teams (PACT), $3.868M in new funding for staffing, and $0.058M in prior budgets taking effect in 2024-25. For further information, please **see related notes: Estimates Notes on Ministry FTEs and Ministry Operations Budget.**
- The majority of the budget for mental health and substance use programs is allocated to the Ministry of Health.

Attachments:

- 2023-24 MMHA ASPR
- 2024-24 MMHA ASPR

Approvals:
October 11 2024 – Brad Williams, a/EFO, CSD
October 11, 2024 – Jonathan Dubé, Acting Deputy Minister

Ministry of Mental Health and Addictions

2023/24
Annual Service Plan Report

August 2024

For more information on the Ministry of Mental Health and Addictions, please contact us at:

PO Box 9087

STN PROV GOVT

VICTORIA, B.C.

V8W 9E4

250-952-7623

Or visit our website at:

gov.bc.ca/gov/mental-health-addictions

Published by the Ministry of Mental Health and Addictions

Minister's Accountability Statement

The Ministry of Mental Health and Addictions 2023/24 Annual Service Plan Report compares the Ministry's actual results to the expected results identified in the 2023/24 – 2025/26 Service Plan published in 2023. I am accountable for those results as reported.

Honourable Jennifer Whiteside
Minister of Mental Health and Addictions
August 6, 2024

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Letter from the Minister

People in B.C. continue to face unprecedented challenges that impact their mental health. This ministry was created in 2017 to close gaps in mental health and substance use care and build a more connected system that truly meets the needs of people and communities. Since then, we have expanded access for people with a sharp focus on early intervention, prevention, harm reduction, treatment and recovery services. Building out this continuum of care has never been more important. Budget 2023 invested a historic $1 billion toward expanding programs and services for mental health and addictions across the entire sector.

In 2023/24, we launched the made-in-B.C. Road to Recovery model. This model provides seamless, integrated care for people throughout their recovery journey addressing long-standing gaps in addictions care. We increased access and improved the quality of bed-based substance-use treatment and recovery services by expanding detox services, virtual addiction medicine services, outpatient and rapid access addiction clinics, and improved access to medication-assisted treatment including opioid agonist treatment (OAT). We also opened nearly 100 new publicly funded community adult substance use treatment and recovery beds with no out-of-pocket fees for all in British Columbia, with many more to come.

Harm reduction measures like drug checking and overdose prevention not only save lives but also provide vital entry points to care, helping people find their pathway to recovery. This is why we scaled up harm reduction services, such as Take-Home Naloxone and other drug checking services that offer low barrier connections to treatment and other services people need. We also delivered public awareness campaigns on transit and social media, particularly targeting youth, to break down stigma and to educate people on the dangers of using drugs.

We remain committed to supporting Indigenous-led mental health and wellness approaches to address the deep and ongoing impacts of colonialism, racism, intergenerational trauma, and gaps in the existing system of care. As part of the Province's efforts to expand access to mental-health and addictions care, we have been working with the First Nations Health Authority and Indigenous communities across the province to support the delivery of Indigenous-led, culturally appropriate services. This included funding for Indigenous Treatment, Recovery and Aftercare Services, and First Nations-led treatment centres like the Orca Lelum Youth Wellness Centre in Duncan.

We continued to work urgently to build a fully connected system of mental health and addictions supports for youth and young people, so more young people can get the care they need earlier, before problems become larger roadblocks. This included increased treatment options for youth, crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room, hospital-based care, and discharge planning for treatment and recovery services. To better support youth in crisis and to improve care and discharge planning, we launched new hospital crisis response teams in Fraser Health. These teams are dedicated to helping youth with mental health and addiction challenges who are admitted to emergency departments or moving from acute care transition to community-based services. These teams help young patients and their families stay connected to the

short-term and long-term supports they need in their community, providing more comprehensive care throughout their healing journeys.

To reach more young people, we also expanded Integrated Child and Youth (ICY) teams across 12 school district communities in 2023/24 to provide mental-health and addictions care to children and youth by bringing providers together to deliver effective and accessible services. We also committed to opening 10 more Foundry centres to provide free and confidential counselling, primary-care, sexual-health and substance use services to young people aged 12-24 and their families all under one roof. By the end of 2023/24, we had established plans for ICY teams in 20 communities and 35 Foundry centres across the province.

For adults with complex needs, there is now more high-quality, team-based care available through 446 Complex Care Housing (CCH) spaces. CCH offers voluntary and person-centered health, cultural, and social supports all under one roof, and where people live, for as long as they need it. This innovative program is designed to address the needs of people who have overlapping mental health and addiction issues, complex functional needs, and other significant health challenges that affect other areas of their lives, such as brain injuries or mobility impairments. Throughout 2023/24, we continued to support the work being done by the BC Consensus on Brain Injury and scaling up services for people living with brain injury related to an overdose through new programs like the Cognitive Assessment and Rehabilitation for Substance Use program (CARSU). This program helps people living with brain injury and their support persons develop a thorough understanding of their unique needs and limitations, and links them to rehabilitation supports to improve their quality of life.

We are committed to creating an integrated system of mental health and addiction services to support everyone in British Columbia. Given the ongoing toxic drug crisis, it is critical that we do all we can to keep people alive and connect them to care. We will continue to work across the continuum to ensure people have the access to the right care at the right time and in the right place. We know there is more to do, and we are taking action to deliver the programs and services that people need wherever they are in their journey.

Honourable Jennifer Whiteside
Minister of Mental Health and Addictions
August 6, 2024

Purpose of the Annual Service Plan Report

This annual service plan report has been developed to meet the requirements of the *Budget Transparency and Accountability Act* (BTAA), which sets out the legislative framework for planning, reporting and accountability for Government organizations. Under the BTAA, the Minister is required to report on the actual results of the Ministry's performance related to the forecasted targets stated in the service plan for the reported year.

Strategic Direction

The strategic direction set by Government in 2020 and Minister Whiteside's 2022 Mandate Letter shaped the goals, objectives, performance measures and financial plan outlined in the Ministry of Mental Health and Addictions 2023/24 – 2025/26 Service Plan and the actual results reported on in this annual report.

Purpose of the Ministry

The Ministry of Mental Health and Addictions (the Ministry) leads the Province of British Columbia (B.C.) in efforts to improve the mental well-being and reduce substance use-related harms for all people in B.C. The Ministry has overall responsibility for the development of a coherent, accessible, and culturally safe mental health and addictions system that is effective for individuals and families throughout the province. The Ministry is responsible for leading and accelerating B.C.'s response to the toxic drug crisis. The Ministry also works in collaboration with other agencies to strengthen social supports and services that impact mental health and problematic substance use (for example, housing, employment, poverty reduction, education, childcare, and workplaces). The Ministry leads the transformation of B.C.'s mental health and substance use system by setting the strategic direction for the Province through cross-sector planning and driving system-level improvement through research, policy development, and evaluation. To realize this mandate, the Ministry undertakes a whole-government, multi-systems approach in partnership with other ministries, First Nations, Métis, Inuit and urban Indigenous peoples and partners, service delivery partners, researchers, local and federal levels of government, families, youth, advocates, and people with lived and living experience.

Operating Environment

In 2023/24, the unrelenting toxic drug crisis continued to impact every community across the country, including throughout B.C., claiming lives at an unprecedented rate. The crisis is driven by an unpredictable and highly toxic drug supply with high concentrations of fentanyl and its analogues, along with cocaine, methamphetamines and benzodiazepines.

Even as the province recovers from the COVID-19 pandemic, communities continue to feel the lasting impact on mental health and wellbeing because of challenges accessing the services they needed. Access is made more difficult by other social, structural, and economic factors that impact daily lives – like climate emergencies, inflation and poverty, access to housing, food, and other basic needs. Altogether, these factors contribute to people's increasingly complex needs for the important services the Ministry continues to develop and implement.

Indigenous people are disproportionately impacted by the toxic drug crisis. In addition, First Nations communities across Canada continued to announce findings of unmarked graves at former residential school sites in 2023/24, which serve as a disturbing public awakening to the atrocities committed at residential schools - a truth that survivors and their families have always known. Our work towards reconciliation is just beginning. The Ministry acknowledges and continues its commitment to address systemic inequities, dismantle systemic racism, focus on co-creating systems with people with lived and living experience, and upholding the Declaration on the Rights of Indigenous Peoples Act by supporting Indigenous-led solutions identified in the Action Plan.

B.C. continued work to retain and recruit people to deliver the important services needed by people in British Columbia. Supporting psychological health and safety of workers in those roles and finding new ways to recruit much needed staff is fundamental to increasing the number of qualified professionals in key communities across B.C. who provide culturally safe care that meets people where they are at.

These challenges have highlighted the urgency of the work of this Ministry, and with healthcare providers and communities, we have advanced our mandate to build a better future for everyone in B.C. More than ever, it is critical for people to have the care and support they need, when and where they need it. We are committed to continuing our work to build an integrated system of care for all people throughout the province, one full of healing and hope, where no one falls through the cracks.

Report on Performance: Goals, Objectives, and Results

The following goals, objectives and performance measures have been restated from the 2023/24 – 2025/26 service plan. For forward-looking planning information, including current targets for 2024/25 – 2026/27, please see the latest service plan on the BC Budget website.

Goal 1: Accelerate B.C.'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 of British Columbians.

Improving access for British Columbians at risk of toxic drug poisonings to harm reduction services, including prescribed safer supply, remain key strategic priorities for the Ministry given that deaths due to toxic drug poisoning remain at a record high of approximately six deaths per day.

Objective 1.1: People at risk of toxic drug poisoning can access essential life-saving overdose prevention interventions that include harm reduction services, separating people from the toxic drug supply through using prescribed safe supply, reducing stigma, and connecting people to care and treatment.

Increasing access to evidence-informed programs and services across the full continuum i.e., prevention, harm reduction, treatment and recovery that are low barrier and tailored to the unique needs of individuals and communities are critical for reducing harms associated with the toxic drug crisis.

Key results:

- Worked to reduce stigma related to drug use and addiction through decriminalization, making it easier for people to reach out and be connected to care. The Ministry and partners implemented substance use navigators and proactive outreach positions to support implementation and connect people to care.
- Launched two new public awareness campaigns in December 2023 - Supports for Substance Use – Stories, and the Youth Drug Prevention campaign.
- Continued to increase capacity for life-saving response to toxic drug poisoning events through overdose prevention sites and supervised consumption sites; virtual harm reduction services; anonymous, community-based drug checking; and the publicly funded BC Take Home Naloxone program.
- Collaborated with health authorities and other health system partners to enhance prescribed alternative programs and enhanced the program's robust monitoring and evaluation plan.
- Provided $12.5 million to the First Nations Health Authority to support Indigenous-led approaches to prevention and harm reduction, and culturally safe substance use care and treatment services, including $8 million for initiatives to respond to the toxic drug crisis.

Summary of progress made in 2023/24

Starting January 31, 2023, B.C. launched a pilot to decriminalize possession of illegal substances for personal use (under 2.5g) for adults to reduce the fear and shame that keeps people silent and leads so many to hide their drug use and avoid treatment and support. In 2023/24, the Ministry invested $3.96 million in substance use navigators and proactive outreach positions in all B.C. health regions to support implementation, build relationships with law enforcement, and connect people to care. Police officers received training, and Government launched the Building Relationships in Collaboration: Indigenous-led Connections with Police grant (BRIC) to support decriminalization in culturally appropriate ways. In 2023/24, 25 BRIC grants were awarded with a total of $500,000 in funding directly to First Nations, Métis, and Indigenous organizations. Between February and October 2023, there was a 96 percent decrease in possession related drug seizures under the 2.5g threshold amount.

In 2023/24, the Ministry engaged with and listened to communities and partners to adjust the implementation of decriminalization and heard the need for ongoing investments in the broader system of care and supports that are responsive to the diverse needs of people who use drugs. In 2023, in response to feedback from stakeholders and partners including police, local governments and community members, B.C. requested and received an amendment to the exemption to prohibit possession of illegal substances on and near playgrounds, wading pools and spray parks, and skate parks, and the Ministry of Public Safety and Solicitor General developed legislation to regulate the use of illegal substances in certain public spaces. This had not come into force by March 2024, and Government continued to engage with a broad range of partners and stakeholders to inform the future direction for decriminalization.

In December 2023, Government launched two public awareness campaigns. The first, Supports for Substance Use - Stories campaign highlights real-life stories of healing and recovery, reinforces that recovery is possible for all people no matter their circumstances, and helps people navigate to mental health and substance use services at HelpStartsHere.gov.bc.ca (an evolution of the web resources previous on wellbeing.gov.bc.ca). Research indicates that people who have seen the provincial public awareness campaign were more likely to express compassion for people living with addiction and have a better understanding for the supports needed to help people find a pathway to healing. Government also launched a Poison Drugs campaign to raise awareness for youth and families of the poisoned drug supply and encouraging conversations among trusted supports. Research indicates that campaign ads effectively built awareness of the new campaign webpage with significant traffic to the site during the ongoing campaign period.

B.C. continued to scale up harm reduction services to save lives. In 2023/24, modelling estimated that between January 2015 and September 2022, 8,637 death events were avoided due to Take Home Naloxone, overdose prevention and supervised consumption services (OPS/SCS) and opioid agonist treatment (OAT) – with 1,788 death events (20 percent) averted

by OAT.[1] In 2023/24, the Province added 29 new Facility Overdose Response Box sites, where naloxone and supplies are available to staff who work at community and non-profit sites. The decriminalization initiative enhanced access to harm reduction supplies, enabling police departments to purchase 1,147 nasal naloxone kits to ensure frontline police officers have timely access to life-saving supplies. As of March 2024, there were 50 OPS/SCS in B.C. (5 more than March 2023), including 24 inhalation sites (4 more than March 2023); and 119 locations where people can drop off drug samples for analysis, with 57 sites offering immediate results with Fourier Transform Infrared (FTIR) spectrometer on some days of the week.

B.C. continued to work with health authorities and other health system partners to enhance access to prescribed alternatives[2] to separate more people from the toxic drug supply and enhance monitoring and evaluation of the program. In early 2024, a peer-reviewed study found that the B.C. prescribed alternatives program reduces the risk of death by as much as 91 percent in people with opioid-use disorder (OUD).[3] To support prescribers and increase access, the Ministry continued to fund the BC Centre on Substance Use to develop clinical protocols, deliver training and education to physicians and nurses, and review emerging evidence.

The Ministry continued to fund Indigenous-led approaches to prevention and harm reduction, and culturally safe substance use care and treatment services with $8 million in 2023/24 for the toxic drug crisis. FNHA reports publicly on the impact of First Nations-led initiatives. In 2023/24 the FNHA distributed 107 First Nations harm reduction grants, valued up to $50,000 each. Four hundred seventy-three people completed the Not Just Naloxone Training Course, 5,672 nasal naloxone kits were distributed to 120 First Nations communities; there were 2,204 virtual sessions with psychiatrists and addictions specialists; and 1,520 First Nations Health Benefits clients were supported on suboxone and generic buprenorphine/naloxone.

The Ministry previously provided funding to support First Nations treatment centres. Tsow-Tun Le Lum Healing House was completed in November 2023 and offers 20 treatment beds and living units to support people who have experienced addiction, trauma or grief.

In 2023/24, the Ministry continued to support Métis Nation BC with another $375,000 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.

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[1] BC Centre for Disease Control (2024). Unpublished modeling. Methodology from Irvine, M.A. et al (2019) Modelling the combined impact of interventions in averting deaths during a synthetic-opioid overdose epidemic. *Addiction* https://doi.org/10.1111%2Fadd.14664.

[2] In February 2024, the Ministry retired the term "prescribed safer supply", shifting to prescribed alternatives, which more accurately reflects the intervention clinicians deliver as part of a continuum of medication options for substance use care. Prescribed alternatives references prescribing medications to prevent toxic drug poisonings and death from the toxic drug supply and is often used alongside OAT as a way of managing and treating OUD.

[3] Slaunwhite, A. et al (2024) 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* https://doi.org/10.1136/bmj-2023-076336.

Objective 1.2: Support people with substance use challenges to access a range of evidence-based treatment and recovery services.

Improving access to a well-coordinated network of evidence-based treatment and recovery services is essential to ensuring people with substance use challenges receive the support they need in their recovery journey.

Key results

- Implemented the *Adult Substance Use System of Care Framework* by expanding access to opioid agonist treatment (OAT) and increasing access to adult substance use treatment and recovery beds and services. One hundred and ninety-six new publicly funded adult substance use beds opened in 2023/24, including the first Road to Recovery site in Vancouver.
- Budget 2023 included funding over three years towards a new program for Indigenous-led treatment, recovery, and aftercare services. Through this funding, in 2023/24 the Ministry provided funding to initiate planning and development of Orca Lelum Youth Wellness Centre in Lantzville, and engagement for Lheidli T'enneh to consult on a potential youth centre of excellence in Prince George/northern B.C.
- Undertook a comprehensive engagement process with stakeholders from the bed-based substance use treatment and recovery sector to learn more about what is working well within the current approach to oversight of treatment and recovery services, and how we can improve the safety and quality of services.

Summary of progress made in 2023/24

The Ministry continued to focus on delivering evidence-based treatment and recovery services to ensure people with addictions receive the support they need in their recovery journey. B.C. undertook significant work in 2023/24 to implement the *Adult Substance Use System of Care Framework* including two key areas of work – expanding access and reach of OAT, and expanding access to bed-based substance use treatment and recovery services across B.C. In June 2023, B.C. became the first province in Canada to provide universal coverage for eligible OAT medications for B.C. residents with active medical services plan coverage. In November 2023, B.C. was the first province to enable registered nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe OAT via a new class of certified practice. As of March 2024, 98 RNs and 38 RPNs were certified through that process, enabling better access to OAT particularly in rural and remote communities. In the month of March 2024 there were 2,063 OAT prescribers across B.C., 147 more than March 2023.

In 2023/24, the Ministry continued to make progress on building an integrated, patient-centered continuum of substance use treatment and recovery services. B.C. opened a total of 196[4] new publicly funded adult substance use beds in 2023/24. In 2023/24, 4,649 adults accessed bed-based substance use treatment and recovery bed-based services, 1,007 more

[4] This includes 99 health authority funded beds, and 97 beds funded by Budget 2023 through grants from the Canadian Mental Health Association – BC Region.

than 2022/23. Thirty-four of the new publicly funded beds were opened at B.C.'s initial Road to Recovery site in Vancouver - a made-in-B.C. model of a seamless continuum of addictions care from withdrawal management (detox) to treatment and aftercare services for people with moderate to severe substance use disorders. A fundamental part of the Road to Recovery model is Access Central, providing people with a "front door" for a central point of access and immediate clinical assessment. Clients calling Access Central Vancouver for withdrawal management services (detox) receive a clinical assessment and same-day substance-use virtual care provided by addiction specialists and nurses, with support from referral workers. Between October 1, 2023, and March 31, 2024, Vancouver's central access line received over 9,300 calls for services, and more than 2,100 of those requested withdrawal management were clinically assessed and received same day care. The Ministry also began planning to expand this model to other health regions.

Budget 2023 provided funding to initiate planning and development of Orca Lelum Youth Wellness Centre in Lantzville – this will be a first of its kind youth wellness centre founded on culture, with 20 substance-use treatment beds that offers culturally informed care to Indigenous people aged 12 to 18 years. It also supported an engagement process for Lheidli T'enneh to consult on a potential youth centre of excellence (Prince George/northern B.C.). The Ministry continued their investment of $10.75 million in 2023/24 to support First Nations land-based healing services grounded in cultural teachings at 81 sites across B.C., supporting 147 communities.

Budget 2023 provided funding to the Canadian Mental Health Association – BC Region to assist the Province in procuring 180 substance use treatment and recovery beds as part of the broader health system supporting treatment and recovery - 97 of which opened in 2023/24 free of charge to people in British Columbia. These beds expanded access for under-served populations, such as those in rural and remote areas, Indigenous people, people who are or have been involved with the criminal justice system, and new or pregnant parents.

In addition to investing in new services, MMHA is working to address gaps in oversight and quality of bed-based substance use treatment and recovery services in B.C. Through fiscal year 2023/24 the Ministry partnered with the Ministry of Health's Assisted Living Registry to co-develop a Provincial Oversight Policy for Registered Supportive Recovery Residences and other tools to improve oversight on-the-ground. At the same time, the Ministry provided supportive recovery operators with free access to online training to help them with implementing the 2021 Provincial Standards for Registered Assisted Living Supportive Recovery Services. In Fall 2023, the Ministry initiated engagement to guide next steps toward potential regulatory changes and improving sector oversight. By the end of March 2024, a total of 19 engagement sessions were complete, with feedback captured from over 100 representatives from 15 unique stakeholder groups.

Budget 2023 also committed to expanding Recovery Community Centres in all regional health authorities over the next three years. This builds off success at The Junction Vancouver which served 772 unique clients in 2023/24.

In 2023/24 the Ministry provided $500,000 to Métis Nation BC (MNBC) to host two gatherings to create an opportunity for Métis individuals to engage in safe, Métis-led dialogue related to

substance use. The Ministry also continued to support culture-based mental health and wellness capacity for MNBC and the BC Association of Aboriginal Friendship Centres with $375,000 each annually.

Performance measures and related discussion

Performance Measure	2021/22 Baseline	2022/23 Actual	2023/24 Target	2023/24 Actual
[1a] Number of publicly funded naloxone kits shipped to THN distribution sites around B.C. via the BC Take Home Naloxone (THN) Program[1]	393,086	424,390	400,000	488,411

Data source: BC Centre for Disease Control. Retrieved from: http://www.bccdc.ca/Health-Professionals-Site/Pages/Overdose-Response-Indicators.aspx.

[1] PM 1a targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 400,000 and 400,000, respectively.

[2] Based on order data for naloxone kits shipped to BC Take Home Naloxone distribution sites, based on fiscal period. Program shipping is based on orders from regional sites. Note: Naloxone has a shelf life of 2-3 years so demand for kits is driven by new kit recipients, and those replacing their kits for a variety of reasons (expired, lost, stolen, or used to reverse a toxic drug poisoning).

This measure reports on the number of THN kits that have been shipped to distribution sites across B.C. to save lives in the event of a toxic drug poisoning. In 2023/23, over 480,000 THN kits were shipped across the province, an increase of 15 percent over 2022/23 and well exceeding the 2023/24 target. Demand for THN kits remains high – 52,515 kits were to distribution sites around B.C in August 2023 alone. The THN program is part of a growing number of overdose prevention and supervised consumption services, including observed inhalation services, operating in B.C. health regions.

Performance Measure	2021/22 Baseline	2022/23 Actual	2023/24 Target	2023/24 Actual
[1b] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months[1,2]	45.5%	44.9%	2-5% increase	44.1%

Data source: B.C. PharmaNet data. Previous to July 2023, this measure was calculated by scientists at the Centre for Advancing Health Outcomes.

[1]PM 1b targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 2-5% increase and 2-5% increase, respectively.

[2] The methodology for this measure was refined in 2023 and again in 2024 to better reflect how well people are connected to and retained in OAT in B.C. The 2021/22 Baseline was reported in the 23/24 plan as 49.9%, updated to 45.4% in the 2022/23 service plan report, and refined to 45.5 percent as of July 2024. The actual for 2022/23 was stated as 45.2% in the 2022/23 service plan report, refined to 44.9% as of July 2024.

This performance measure indicates the number of people on OAT for OUD who have been taking the medication consistently for 12 months dispensed through a community pharmacy. In 2023, the Ministry of Health assumed responsibility for reporting of this measure and refined the methodology to better estimate retention. This includes a shift from a point in time count at some point during the fiscal year, to a measure of the percentage of clients that had been on OAT for more than 12 months on March 31 of each year. As a result of the updated

methodology, the 2021/22 baseline was recalculated from 49.9 percent to 45.5 percent, and the 2022/23 actual was recalculated from 45.2 percent to 44.9 percent. This is consistent with how the measure was reported in the 2022/23 Ministry Annual Service Plan Report, and the 2024/25 Ministry Annual Service Plan.

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. The 138 new registered nurses and registered psychiatric nurses prescribing OAT as of March 2024 improves access to OAT in rural and remote parts of the province.

Performance Measure	2021/22 Baseline	2022/23 Actual	2023/24 Target	2023/24 Actual
[1c] Median number of days between client referral and service initiation for community bed-based treatment and recovery services[1]	29.5 days[2]	31.25 days[3]	TBD	31.0 days

Data source: Health authority reporting to Ministry of Mental Health and Addictions and Ministry of Health.
[1]PM 1c targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as "TBD"
[2]Median number of days between client referral and service initiation reflects service wait times for health authority funded bed-based substance use treatment and recovery services but does not include withdrawal management or stabilization as these may operate quite differently than treatment and supportive recovery and some may not use waitlists or have wait times for services (e.g., if a bed is not available a prospective client is sent to their local hospital). It also does not include wait times for tertiary services such as Red Fish, Heartwood for Women and others.
[3]Baseline wait time for treatment and recovery beds reflects median of submitted aggregate data from Vancouver Coastal Health Authority, Provincial Health Services Authority, Fraser Health Authority, Vancouver Island Health Authority (treatment beds only) and Interior Health Authority only.
[4]2022/23 actual wait times reflects median of submitted aggregate data from all regional health authorities with caveats (NHA reported complete data for the time period Jan. to March 2023 only; IHA reported partial data for the full fiscal year; Island Health reported partial data for supportive recovery but full data for treatment).

Wait times are one way to understand accessibility of services and wait time targets can encourage changes that reduce service waits. In 2023/24, the median wait time for substance use treatment and recovery beds in B.C. was slightly lower than the wait time recorded in 2022/23. In 2023/24, 4,649 people were served in adult substance use treatment and recovery beds, a 28 percent increase over 2022/23. This data indicates a significant improvement over the forecasted wait time of 35.0 days included in the 2024/25 Ministry annual service plan – likely due to a combination of more complete, full fiscal year data and more beds to support people when they are read.

Service providers report they must be flexible in how they manage waitlists so as not to reduce access for clients that have difficulty reaching the service. For example, clients who must travel from their home community to a service cannot access a bed as soon as it is available; this may result in the service reporting a longer wait time. Wait times can also be impacted by personal readiness to start treatment, the need for longer stabilization periods, release from custody, precarious housing/homelessness, and access to childcare. Health authorities are considering new ways to enhance support for people to access a bed as soon as it is available.

Bed-based services are only one part of a much broader continuum of substance use services. While people often think of bed-based services when contemplating treatment or recovery, not everyone wants or needs bed-based services; outpatient services are just as important to enhancing access. Health authorities and service providers support people while they wait for a bed-based service (e.g., they are connected to a mental health and substance use clinician, receiving opioid agonist treatment, etc.). The Ministry continues work to better understand these broader factors, decrease wait times and improve access to the full range of substance use services for people in B.C.

Goal 2: Create a seamless, integrated, accessible, and culturally safe mental health and addictions system of care.

This goal is to improve access to a coordinated and effective mental health and addictions system for British Columbians.

Objective 2.1: Mental health and addictions services and supports are designed, coordinated, and delivered using a whole of government, cross-sector approach to remove barriers to mental health and well-being.

Given the complex and multifaceted nature of mental health and substance issues, a cross-government approach is required to ensure people with mental health and/or substance use issues can access the critical supports (i.e., housing, income security) needed to improve and maintain their mental health and well-being.

Key results

- Continued to work with Indigenous partners to support Indigenous-led service delivery models for mental health and wellness, and advance cultural safety and humility across the system.
- Continued implementation of new Complex Care Housing services, with new services for 276 people open in 2023/24.
- Launched seven new Mobile Integrated Crisis Response teams to respond to people experiencing mental health crises.
- Launched HelpStartsHere.gov.bc.ca, providing a comprehensive starting place for people looking for mental health and substance use services and supports in B.C.
- Continued to add resources and training for employees and employers via Care for Caregivers, Care to Speak, and the Workplace Mental Health Hub, with more people reached by Care for Caregivers webinars and peer support through Care to Speak.

Summary of progress made in 2023/24

The Ministry is leading the cross-government government approach to ensuring people with mental health and/or substance use issues can access critical supports.

In partnership with Northern First Nations Alliance, Northern Health Authority and the First Nations Health Authority, in 2023/24 the Ministry created the Northwest Working Group to advance discussions on more culturally appropriate resources to better serve First Nations people living with addiction in the Northwest. The working group is identifying approaches to ensure that withdrawal-management and treatment-and-recovery services for the region are culturally appropriate and meet the needs of First Nations and people living in the northwest of B.C.

Complex Care Housing (CCH) is a component of Belonging in BC, the provincial plan to address homelessness led by the Ministry of Housing. In addition to ongoing implementation of services funded through Budget 2022, in 2023/24 the Ministry worked with BC Housing, health authorities, and other partners to plan the forthcoming implementation of 240 new, purpose-built CCH units announced as part of B.C.'s Homes for People plan and funded through Budget 2023.

The Ministry also delivered key results under the provincial Safer Communities Action Plan, which committed to expand mobile mental health and substance use crisis response services like Peer Assisted Care Teams (PACT) and Mobile Integrated Crisis Response Teams (MICR). In 2023/24, MICR teams were launched in Abbotsford, Port Coquitlam/Coquitlam, Burnaby, Chilliwack, Penticton, Vernon, and on the Westshore. Three communities were identified for new PACTs - Kamloops, Comox Valley and Prince George.

In 2023/24 the Ministry refreshed the Wellbeing.gov.bc.ca website to create HelpStartsHere.gov.bc, the new name was chosen to reflect the site's mission to provide accessible information and supports. The site features links to the Supports for Substance Use - Stories campaign to bring together stories of hope, and a pathway to recovery. Analysis indicates that people are using the site to search for services and informational articles.

In 2023/24 the Ministry continued to add resources to www.careforcaregivers.ca to support healthcare workers; and initiated work to refresh other digital tools and training that were launched during the pandemic to better meet the needs of today's workforce (www.workmentalhealthbc.ca). In 2023/24, Care for Caregivers webinars reached 436 percent more people (1720 compared to 320), and Care to Speak peer support reached 75 percent more people (741 compared to 424), than in 2022/23. Learning coaches continued to be available to assist leaders in making organizational shifts to foster employee well-being. Service users consistently reported a high degree of satisfaction with the programs.

Objective 2.2: Improved wellness for children, youth, and young adults.

Children, youth, and young adults can also experience serious mental health and substance use challenges; therefore, it is critical they have access to rapid, high quality, and appropriate services and programming to support their overall well-being.

Key results

- Integrated Child and Youth (ICY) teams began serving children and youth in three new communities in 2023/24 - Fraser-Cascade, Mission and Nanaimo-Ladysmith. At the end of March 2024, hiring and implementation continued across a total of 12 school district communities.
- Port Hardy Foundry opened in May 2023, bringing the total number of Foundry centres in B.C. to 16. The Foundry BC App platform was integrated with three in-person Foundry centres at the end of the 2023/24 (Richmond, Cariboo-Chilcotin, and Port Hardy).
- The Ministry opened 20 new youth substance use treatment beds, and partnered with the Provincial Health Services Authority to develop and release guidance for youth in acute care settings with substance intoxication and acute withdrawal, and on development of the Provincial Child and Youth Substance Use and Wellness Framework for future release.
- The Ministry worked with regional health authorities to support expansion of Early Psychosis Intervention program across the province.

Summary of progress made in 2023/24

Integrated Child and Youth (ICY) Teams bring services together in a multidisciplinary team setting, making it easier for children and youth to connect to the care they need, where and when they need it – at school and in the community. The Ministry extensively engaged with community, Ministry and Indigenous partners to identify the next eight school district communities to host ICY Teams, which will bring the total number of communities to 20. Throughout 2023/24, community partners who support the implementation of ICY Teams in the first five school district communities (Phase One: Coast Mountains, Comox Valley, Maple Ridge-Pitt Meadows, Okanagan-Similkameen and Richmond) enhanced cross-community knowledge sharing practices and pursued innovative solutions for implementation challenges. This work benefitted the seven communities in earlier stages of ICY Teams implementation (Phase Two: Fraser-Cascade, Kootenay-Columbia, Mission, Nanaimo-Ladysmith, North Okanagan-Shuswap, Pacific Rim and qathet), and is resulting in quicker hiring and smoother development in these communities.

Foundry is a network of integrated youth wellness centres and online supports providing welcoming, free primary care, sexual healthcare, mental health and substance use supports, peer support, and social services for young people ages 12-24 and their families. As of March 2024, Foundry centres are open in rural and urban communities across all regional health

authorities. In 2023/24, the Ministry announced 12 new communities that will host a Foundry centre, expanding access to vital health and wellness services for young people and their families to 35 centres across the province over the coming years. Foundry Virtual ensures services are available province-wide, and in 2023/24 Foundry began to integrate the Foundry BC App platform into in-person Foundry centres. Starting with Richmond, Cariboo-Chilcotin, and Port Hardy, this is expanding the range of options available for young people to access health and wellness services by enabling them to schedule in-person appointments through the Foundry BC App platform and virtual appointments via in-person Foundry centres.

In 2023/24, B.C. continued to open more services to support young people struggling with substance use across health authorities, including 20 new treatment beds for youth and young adults in Vancouver (7), Surrey (8) and Kamloops (5). The Ministry also partnered with Child Health BC and the Provincial Health Services Authority (PHSA) to develop and release the new Provincial Child and Youth Substance Intoxication and Withdrawal Guideline for Acute Care Settings in September 2023. 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. Funding to Dan's Legacy Foundation provided access to more wraparound supports for young people with substance use challenges including counselling and other supports for underserved young people.

The Ministry also worked closely with regional health authorities to launch new community based-youth substance use services and expanded existing services to support more youth. Progress in 2023/24 included:

- Launch of Vancouver Coastal's Downtown Eastside Youth Outreach Centre and expansion of the outreach team, which provided temporary clinical and support services to 30 young people, and expansion of the Youth Integrated Case Management Team, which served 250 young people.
- Expansion of the Short-Term Assessment and Response Team in Fraser Health which supported 4,064 young people, and launch a new team Short-Term Assessment and Response Team in Island Health that served 224 young people.
- Launching a new Youth Substance Use Connection Worker service in Interior Health who received 532 referrals.
- Implemented a new Youth Substance Use Clinician service in Northern Health which served 186 young people.

The Ministry conducted significant engagement in collaboration with the Provincial Health Services Authority to inform a forthcoming Provincial Child and Youth Substance Use and Wellness Framework to strengthen care pathways and support coordinated, integrated, and evidence-informed youth substance use services across the province. Engagement included Indigenous partners, service system representatives, families, and over 180 young people with lived or living experience with substance use.

Government invested $25 million in 2023/24 to continue to expand access for young people to regional evidence-based Early Psychosis Intervention (EPI) programs, with specialized

multidisciplinary treatment for young people in community settings who are experiencing early signs of psychosis. Examples of progress in 2023/24 includes a 220 percent increase in reach in the Northern region (77 program enrollments compared to 24 in 2022/23); and a move into a new expanded and purpose-built space for the South Island program in Island Health.

Launched in 2023, the youth Poisoned Drugs campaign offered education and encouraged conversations about poison drugs to help create a safe place to ask questions, to find help and resources for young people and caregivers.

Performance measure(s) and related discussion

Performance Measure	2022/23 Actual	2023/24 Target	2023/24 Actual
[2a] Number of Complex Care Housing spaces operational[1]	184	325	460

Data source: Ministry of Mental Health and Addictions
[1] PM 2a targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 500 and 600, respectively.
[2] Totals are number of permanent and temporary services from active projects. Figure indicates overall system capacity and does not reflect the number of active clients at any one time.

Complex Care Housing (CCH) services enhances provincial capacity to provide high quality, team-based care for adults with complex mental health, substance use and/or functional needs who are experiencing or at risk of homelessness, or whose needs are not met by their existing housing. In 2023/24, B.C. significantly exceeded the target of 325 spaces with 460 spaces operating and serving clients as of March 2024.

People will move in and out of CCH for a variety of reasons. Some services are intended to be transitional, while others are permanent, offering services for as long as people need it. Every space has the capacity to serve multiple people in a year. As such, the total number of spaces reported does not reflect the total number of clients that have accessed CCH throughout the past year.

Performance Measure	2019/20 Baseline	2022/23 Actual	2023/24 Target	2023/24 Actual
[2b] Number of communities (school districts) with Integrated Child and Youth (ICY) Mental Health and Substance Use Teams operating or in implementation	0	12	12	12

Data source: Ministry of Mental Health and Addictions
[1] PM 2b targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 20 and 20, respectively.

As of March 2024, 23 ICY teams were in implementation or operating across 12 school district communities in B.C. ICY teams in the Phase One communities saw an average of 1,420 children and youth per month between August 2023 and January 2024. Progress in 2023/24 included expanding the team composition. By March 2024 family peer support workers had been hired in all Phase One communities. In addition, the Ministry continued to support

engagement with First Nations, Métis and Inuit community partners to create an Indigenous support position that is informed by specific community needs.

Performance Measure	2019/20 Baseline	2022/23 Actual	2023/24 Target	2023/24 Actual
[2c] Number of Foundry centres operating[1]	11	15	17	16

Data source: Internally compiled from Foundry Central Office reports, received on a quarterly basis by MMHA.
[1] PM 2c targets for 2024/25 and 2025/26 were stated in the 2023/24 service plan as 19 and 23, respectively.
[2] "Operating" refers to Foundry centres that have officially opened in communities and are actively providing services to young people and their caregivers. Target numbers do not include centres that are in development but not open.

As of March 2024, Foundry centres were providing services to youth and young adults in 16 communities - Vancouver-Granville, North Shore (North Vancouver), Campbell River, Abbotsford, Ridge Meadows, Kelowna, Prince George, Victoria, Penticton, Terrace, Comox Valley, Langley, Richmond, Cariboo-Chilcotin (Williams Lake), Sea to Sky (Squamish) and Port Hardy. In 2023/24, 16,047 youth accessed Foundry. In addition, nine 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).

Foundry Burns Lake broke ground in October 2023, at a ceremony held by lead agency Carrier Sekani Family Services. The actual number of Foundry centres operating in 2023/24 is one less than the target of 17 centres, as Foundry East Kootenay experienced unexpected construction delays.

Financial Report

The Ministry's financial results ended on target with Treasury Board approval to access the Contingencies Vote appropriation to support to funding to community organizations and increase or expand access to mental health, substance use, and treatment and recovery services.

Financial Summary

	Estimated ($000)	Other Authoriz-ations[1] ($000)	Total Estimated ($000)	Actual ($000)	Variance ($000)
Operating Expenses					
Policy Development, Research, Monitoring and Evaluation	22,891	61,166	84,057	80,667	(3,390)
Executive and Support Services	3,824	711	4,535	7,925	3,390
Sub-total	26,715	61,877	88,592	88,592	0,000
Adjustment of Prior Year Accrual[2]	0,000	0,000	0,000	(97)	(97)
Total	**26,715**	**61,877**	**88,592**	**88,495**	**(97)**
Ministry Capital Expenditures					
Executive and Support Services	3	0	3	0	(3)
Total	3	0	3	0	(3)

[1] "Other Authorizations" include Supplementary Estimates, Statutory Appropriations and Contingencies. Amounts in this column are not related to the "estimated amount" under sections 5(1) and 6(1) of the *Balanced Budget and Ministerial Accountability Act* for ministerial accountability for operating expenses under the Act.
[2] The Adjustment of Prior Year Accrual of $0.097 million is a reversal of accruals in the previous year.

Appendix A: Progress on Mandate Letter Priorities

The following is a summary of progress made on priorities as stated in Minister Whiteside's 2022 Mandate Letter.

2022 Mandate Letter Priority	Status as of March 31, 2024
Building a comprehensive system of mental health and addictions care, including by implementing A Pathway to Hope, B.C.'s roadmap for making mental health and addictions care better for people.	In progress. In addition to the other progress detailed in this report: • Since A Pathway to Hope was released in 2019, our government has continued to follow it as a roadmap to transform the sector through actions that are reflected in the mandate letter. The pillars set out in A Pathway to Hope strive for improved wellness for children, youth, and young adults, support for Indigenous-led solutions, improved access to seamless and cohesive care for substance use, and improved access to better quality mental health and substance use services and supports. The outcomes achieved and the experience gained by implementing the Pathway to Hope changes throughout the system will inform the future direction and evolution for our vision and strategy for mental health and addictions care in BC that truly meets the needs of people. • Seven Sisters opened at Mills Memorial Hospital in Terrace in February 2024, Seven Sisters is a regional mental-health facility that provides long-term rehabilitation and recovery programs for adults living with serious and persistent mental illness. This new facility is nearly twice the size of the previous site, with an additional 5 beds (for a total of 25). Five rooms are in apartment-type spaces to support transition to independent living.

2022 Mandate Letter Priority	Status as of March 31, 2024
Developing and launching complex care housing to provide an increased level of support – including more access to nurses and psychiatrists – for those with overlapping mental health, substance use, trauma, and acquired brain injuries.	In progress. • As of March 31, 2024, service providers have the capacity to support 460 people through complex care housing services.
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 B.C.'s response to the illicit drug toxicity crisis across the full continuum of care – prevention, harm reduction, safe supply, treatment, and recovery.	In progress. • B.C. continued to partner with health authorities, prescribers, and people with lived and living experience to expand access to prescribed alternatives. • Expanded overdose prevention services - as of March 2024 there were 50 sites, with 23 sites offering inhalation services. • Drug checking services continue to expand. As of March2024 there were 119 drug checking locations around the province where people can drop off a drug sample for analysis, and 57 of these offer immediate results on some days of the week. • Since 2017, B.C. has opened over 600 new adult and youth substance use beds - 238 in 2023/24. • The Ministry continued funding for First Nations-led responses to the toxic drug response – First Nations Health Authority (FNHA) reports publicly on progress. • In 2023/24 the FNHA distributed 107 First Nations harm reduction grants, valued up to $50,000 each; 473 people completed the Not Just Naloxone Training Course; 5,672 nasal naloxone kits were distributed to 120 First Nations communities; 2,204 virtual sessions with psychiatrists and addictions specialists; and 1,520 First Nations Health Benefits clients were supported on suboxone and generic buprenorphine/naloxone.

2022 Mandate Letter Priority	Status as of March 31, 2024
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.	In progress. • 196 new adult treatment and recovery beds opened in 2023/24. • 97 new beds opened in 2023/24 free of charge to people in B.C. is expanding access for under-served populations, such as those in rural and remote areas, Indigenous people, people who are or have been involved with the criminal justice system, and new or pregnant parents (implemented by Canadian Mental Health Association – BC Region). • Launched Road to Recovery in Vancouver, a made-in-B.C. model of addictions care that establishes a seamless continuum from withdrawal management (detox) to treatment and aftercare services. Budget 2023 supported expansion across the province. • Continued work to expand the recovery community centre model to a total of 6 sites across the province to ensure people continue to receive the support they need in community after leaving a substance use treatment facility. • Continued work to expand the Red Fish Healing Centre model of care to another site in B.C. to provide specialized care for people with serious and persistent mental health or concurrent substance use concerns who have not been successfully treated by other programs. • First Nations Health Authority (FNHA), Provincial Health Services Authority and the Ministry continue to work together to improve access pathways to provincial substance use beds. To-date changes have been made to improve the application form to better recognize the role of First Nations Treatment Centre and FNHA representation has been added to the case review process.

<table>
<tr><th>2022 Mandate Letter Priority</th><th>Status as of March 31, 2024</th></tr>
<tr><td>Expand B.C.'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.</td><td>In progress.
• The Ministry is expanding the continuum of medication options for substance use care including adding diacetylmorphine.
• To overcome barriers, the Ministry is coordinating with the BC Centre on Substance Use to develop a knowledge hub with resources on prescribed alternatives to support clinicians and inform the public.
• The Ministry has also partnered with the BC Centre for Disease Control to launch a publicly available dashboard that includes regularly updated data on prescribed alternatives prescribing. The dashboard includes monthly client and prescriber numbers, which can be broken down by health authority and class of medication.</td></tr>
</table>

2022 Mandate Letter Priority	Status as of March 31, 2024
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.	In progress. • Government engaged throughout 2023/24 with a broad range of partners and stakeholders who identified the need for ongoing investments in the broader system of care and supports that are responsive to the diverse needs of people who use drugs. • B.C. requested and received an amendment to the exemption to prohibit possession of illegal substances on and near playgrounds, wading pools and spray parks, and skate parks, and the Ministry of Public Safety and Solicitor General developed legislation to regulate the use of illegal substances in certain public spaces. This had not come into force by March 31, 2024. • Government continued to engage with a broad range of partners and stakeholders to inform the implementation of decriminalization moving forward. • Implemented all 12 substance use navigators (two in each health authority) and hired 22 of 24 health authority proactive outreach staff. • Provided resource cards with linkages to health and social services to all RCMP districts, municipal police departments, military police, sheriffs and regional health authorities. • Worked with health system partners, and support data monitoring and evaluation. • Added new decriminalization outreach and navigation staff to support connections to care.

2022 Mandate Letter Priority	Status as of March 31, 2024
	• Ongoing engagement with local governments, law enforcement, bylaw officers, corrections partners, people who use drugs, public health experts, and the business community. • Launched the Building Relationships in Collaboration: Indigenous-led Connections with Police grant to support implementation of decriminalization in culturally appropriate ways. • Monitoring and evaluation to inform implementation and reporting to Health Canada and public reporting.
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.	In progress. • February 2024 - A new, dedicated mental-health and substance use area opened in the expanded Peace Arch Hospital emergency department, doubling its capacity with 50 single-patient rooms. • February 2024 - a new in-patient psychiatric unit at the Vernon Jubilee Hospital was approved, providing 44 single-patient rooms for occupancy by 2029. • November 2023 - the Fraser Health regional mental health and substance use Access and Flow Team expanded its capacity to provide consistent 12-hour care daily, while Surrey Memorial Hospital enhanced its emergency services with four new addiction assessment nurses.

2022 Mandate Letter Priority	Status as of March 31, 2024
Work with the First Nations Health Authority to deliver culturally appropriate mental health and substance use services for Indigenous Peoples.	In progress. • In 2023/24 the Ministry provided funding to initiate planning and development of Orca Lelum Youth Wellness Centre in Lantzville, a first of its kind youth wellness centre founded on culture, with 20 beds specifically for Indigenous youth; and an engagement process for Lheidli T'enneh to design a youth centre of excellence (Prince George/northern B.C.). • Continued funding for Indigenous-led approaches to prevention and harm reduction, and culturally safe substance use care and treatment services with $8 million to the First Nations Health Authority (FNHA) in 2023/24. • Tsow-Tun Le Lum Healing House in Duncan opened November 2023. • Provided $10.75 million to the First Nations Health Authority to support First Nation land-based healing services grounded in cultural teachings at 81sites across BC., serving 147 communities.

2022 Mandate Letter Priority	Status as of March 31, 2024

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.	In progress. As part of the Safer Communities Action Plan:
	• New Mobile Integrated Crisis Response (MICR) teams have launched in six communities – Abbotsford, Burnaby, Chilliwack, Coquitlam/Port Coquitlam, Penticton and Vernon.
	• Community Transition Teams (CTTs) have been expanded to service people transitioning from all BC Correctional Centres to offer support services for people leaving provincial correctional centres.
	• 1,525 unique clients were served by 10 community transition teams in 2023/24, the median wait time from client referral to service initiation was 4.5 days.
	• CTTs are highly utilized (i.e., caseload capacity) by both people accessing CTTs from a correctional facility, and people accessing CTTs from the community[5]In Q4 of 2023/24:
	  ◦ 32.4% of clients reported achieving their goals while retained in service; an improvement over previous quarters.
	  ◦ Half (51percent) of clients were connected to services such as: regional health authority services (25.68%), forensics Regional Clinics (6.08%); bed-based substance use treatment (17.57%), long-term mental health counselling (4.73%); Indigenous specific care/service providers (4.05%); community-based non-profit (10.14%); peer support/groups (6.76%) or others (8.78%).

[5] CTTs in Interior Health reported lower utilization by clients in corrections, partially due to a vacant social worker position.

2022 Mandate Letter Priority	Status as of March 31, 2024
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.	In progress. • ICY teams were operating or being implemented in 12 school districts across the province as of March 2024. • In 2023/24 the Ministry continued to engage with First Nations, Métis and Inuit community partners to create an Indigenous support position that is informed by specific community needs.
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.	In progress. • 90 new transitional, fixed-term spaces with 24/7 support services opened in July 2023 in partnership with Vancouver Coastal Health to help address housing, health, and social needs of persons experiencing or at-risk homelessness within Vancouver's Downtown Eastside.

Ministry of Mental Health and Addictions

2024/25 – 2026/27 Service Plan

February 2024

For more information on the Ministry of Mental Health and Addictions contact:

PO Box 9087
STN PROV GOVT
VICTORIA, B.C.
V8W 9E4
250-952-7623

Or visit our website at
gov.bc.ca/gov/mental-health-addictions

Published by the Ministry of Mental Health and Addictions

Minister's Accountability Statement

The Ministry of Mental Health and Addictions 2024/25 – 2026/27 Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

Honourable Jennifer Whiteside
Minister of Mental Health and Addictions
February 14, 2024

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Strategic Direction

In 2024/25, the Government of British Columbia will remain focused on providing the services and infrastructure that people depend on to build a good life. Government will continue delivering results that matter to British Columbians including helping people with costs, attainable and affordable housing, strengthened health care, safer communities, and a secure, clean and fair economy. Government will continue working collaboratively with Indigenous Peoples as it implements the Action Plan for the Declaration on the Rights of Indigenous Peoples Act and delivers initiatives that advance reconciliation in ways that make a difference in communities throughout the province.

This 2024/25 service plan outlines how the Ministry of Mental Health and Addictions will support the government's priorities and selected action items identified in the December 2022 Minister's Mandate Letter.

Purpose of the Ministry

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

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

Operating Environment

The Ministry recognizes the numerous external factors which may affect the Ministry over the next fiscal and beyond. The toxic drug crisis is impacting every community across B.C., claiming lives at an unprecedented rate. The crisis is driven in part by an unpredictable and toxic drug supply with high concentrations of fentanyl and its analogues, along with cocaine, methamphetamines and/or benzodiazepines.

The COVID-19 pandemic has had a lasting impact on the mental health of people in B.C. The continued worsening of the toxic drug crisis and increasing climate-related emergencies such

as wildfires and floods create significant challenges, and these impact the well-being of people across every age group in our communities. This is compounded by other social, structural and economic factors that impact daily lives – inflation and poverty, access to housing, food and other basic needs. For many, these issues prevent access to crucial mental health and substance use services and supports.

In May 2021, 215 unmarked graves were found by the Tk'emlúps te Secwépemc First Nation at the former Kamloops Residential School. Since that time, communities across Canada have announced similar findings, serving as a disturbing awakening to the atrocities committed at residential schools, which is a truth that survivors have always known. Our work towards reconciliation is just beginning. The Ministry acknowledges and continues its commitment to address systemic inequities, dismantle systemic racism, focus on co-creating systems with people with lived and living experience, and upholding the Declaration on the Rights of Indigenous Peoples Act by supporting Indigenous-led solutions identified in the Action Plan.

The COVID-19 pandemic resulted in significant stress and anxiety for people working at the front lines of B.C.'s health system with a new pathogen and a struggling health system, compounding the burden on staff in communities on the front lines of the toxic drug poisoning crisis. An ensuing labor shortage in B.C. has resulted in challenges to adequately staff new mental health and substance use supports. B.C. is working to increase training, recruitment and retention of qualified health and social professionals, in addition to supporting the psychological health and safety of workers in those roles. This is fundamental to increasing the number of qualified professionals in key communities across B.C. to provide culturally safe care that meets people where they are at.

These challenges have highlighted the urgency of the work of this Ministry, and with healthcare providers and communities, we have continued to build a better future for everyone in B.C. More than ever, it is critical for people in B.C. to have the care and support they need, when and where they need it. We are committed to continuing our work to build an integrated system of care for all people in B.C., one full of healing and hope, where no one falls through the cracks.

Economic Statement

B.C.'s economy posted modest growth last year as interest rate increases weighed on the economy, and employment continued to expand, supported by immigration. Inflation in the province continued to ease and the Bank of Canada has not raised its policy interest rate since July 2023. The impact of higher rates on borrowing costs and elevated household debt led to lower consumer spending and reduced home sales. Lumber, natural gas and coal prices declined in 2023, reducing the value of the province's goods exports. Meanwhile, there was a record number of housing starts in the province in 2023. There is uncertainty over the transmission of high interest rates to the residential construction sector and the duration of slower growth for the rest of the economy in B.C. and among our trading partners. The Economic Forecast Council (EFC) estimates that B.C. real GDP expanded by 0.9 per cent in 2023 and expects growth of 0.5 per cent in 2024 and 2.1 per cent in 2025. Meanwhile for Canada, the EFC estimates growth of 1.1 per cent in 2023 and projects national real GDP growth of 0.5

per cent in 2024 and 1.9 per cent in 2025. As such, B.C.'s economic growth is expected to be broadly in line with the national average in the coming years. The risks to B.C.'s economic outlook continue to center around interest rates and inflation, including the risk of price increases stemming from geopolitical conflicts, the potential for interest rates remaining higher for longer, and uncertainty around the depth and timing of the impact on housing markets. Further risks include ongoing uncertainty regarding global trade policies, lower commodity prices, climate change impacts and the volatility of immigration levels.

Performance Planning

Goal 1: Accelerate B.C.'s response to the toxic drug crisis across a full continuum of substance use care that keeps people safe and improves health and well-being.

Improving access to life-saving harm reduction services for people in B.C. at risk of toxic drug poisonings remains a key strategic priority for the Ministry given the unacceptable harms, including deaths, from the toxic drug supply in B.C.

Objective 1.1: People at risk of toxic drug poisoning can access essential life-saving overdose prevention interventions that include harm reduction services, separating people from the toxic drug supply through using prescribed alternatives[1], reducing stigma, and connecting people to care and treatment.

Evidence-informed and low barrier harm reduction services that are tailored to the unique needs of communities to help save lives. Services such as overdose prevention and supervised consumption services including inhalation services, naloxone, and drug checking reduce harms for people accessing the toxic drug supply. Strategies such as prescribed alternatives and decriminalization seek to reduce harms by separating people from the toxic drug supply and reducing stigma.

Key Strategies

- Continue to work with partners, including people who use drugs, law enforcement, health, local governments, and First Nations, Métis, and other Indigenous partners to implement and monitor decriminalization of simple possession of small amounts of illegal drugs for personal use.
- Partner with health authorities, prescribers, and people with lived and living experience to improve access to prescribed alternatives to separate more people from the toxic drug supply.
- Enhance the capacity of people to provide life-saving support following a toxic drug poisoning event by ensuring access to publicly funded naloxone kits, as well as training to recognize and respond to drug-poisoning through the BC Take Home Naloxone and the Facility Overdose Response Box programs.

[1] In February 2024, 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 for substance use care. Prescribed alternatives references prescribing medications to prevent toxic drug poisonings and death from the toxic drug supply and is often used alongside opioid agonist treatment as a way of managing and treating opioid use disorder.

- Reduce substance use-related harms by ensuring that people who use drugs can access culturally safe overdose prevention and supervised consumption services, including inhalation services, and drug checking services.

Discussion

The drug supply continues to evolve. It is unpredictable and toxic with benzodiazepines and adulterants which do not respond to naloxone and can be fatal. Together, the strategies in this plan are intended to reduce the stigma that prevents people from accessing critical harm reduction services that are proven to be effective in saving lives and in reducing the harms associated with substance use.

Prescribed alternatives to the toxic drug supply are part of the substance use system of care and are intended to separate people from the toxic drug supply and to connect them to treatment. Government is closely monitoring the implementation of prescribed alternatives in partnership with the Canadian Institute for Substance Use Research, BC Centre on Substance Use, BC Centre for Disease Control, frontline physicians, and partners in public health. Recently published research shows that prescribed alternatives reduce a person's risk of death, increases engagement and retention in treatment and healthcare, and improves people's overall physical, mental health and wellbeing.

The provincially funded Take Home Naloxone (THN) Program provides free kits and training to people at risk of toxic drug poisoning and those most likely to witness and respond to a toxic drug poisoning. It is an evidence-based approach to save lives and reduce toxic drug poisoning-related harms, including death. In addition, the Province funds the Facility Overdose Response Box program which provides naloxone, supplies and training for community organizations so that staff can recognize and respond to drug poisonings. This increases the likelihood that someone who experiences a toxic drug poisoning receives life-saving emergency first aid support.

Overdose Prevention Services (OPS) provide on-site monitoring and witnessed consumption of people at risk of toxic drug poisoning and an immediate, emergency response should a drug poisoning occur. These are designated spaces uniquely positioned as a low-barrier point of access to a range of substance use services such as inhalation services, drug checking and THN, as well as health services and social supports. The Ministry will continue to work with partners, service providers, people with lived and living experience and communities to seek opportunities to address the need for these services in communities.

Drug-checking services test illegal drug samples to determine what they contain, so that people can make informed decisions about consuming those substances, such as how much, where, with whom or even whether to use. As an anonymous community-based service, drug checking reaches a broader range of people who use drugs, including people who use intermittently and who are especially vulnerable to fluctuations in the toxic drug supply. Drug-checking data provides valuable information to clinicians and public health officials about changes or trends in the toxic drug supply which can inform local drug alerts.

Objective 1.2: Support people with substance use challenges to access a range of evidence-based treatment and recovery services.

Improving access to a well-coordinated network of evidence-based substance use treatment and recovery services is essential to ensuring people receive the support they need in their recovery journey.

Key Strategies

- Continue work to increase access to a full continuum of substance use services from detox to treatment and aftercare by increasing the availability of evidence-based and culturally sensitive treatment beds and implementing a new seamless model of care.
- Ensure that bed-based treatment and recovery services are safe and high quality through improved supports for operators and new options for an updated approach to sector oversight.
- Improve access to and retention in opioid agonist treatment (OAT). Key strategies include training for prescribers, supporting prescribers with updated clinical guidance based on current evidence, and improving access in rural and remote communities. The Ministry will enhance access to culturally safe care, work to remove health system barriers, and provide a range of medication options for the management and treatment of opioid use disorder that meet the needs of people who would otherwise access the toxic drug supply. Improving access to OAT also includes supporting certified practice registered nurses and registered psychiatric nurses to prescribe OAT and connect more people across B.C. to evidence-based treatment for opioid use disorder.
- Improve access to distinctions-based, culturally sensitive, trauma informed treatment and recovery services for First Nations, Métis, and Inuit Peoples. Budget 2023 provided $171 million to launch an Indigenous program to support Indigenous-led mental health and wellness approaches to address the deep and ongoing impacts of colonialism, Indigenous-specific racism, intergenerational trauma, and gaps in the existing continuum of care.

Discussion

The Province continues to prioritize investment in a comprehensive system of care to support people along their healing journey. *Budget 2023* included $586 million for treatment and recovery services across B.C. to ensure people can get the help they need, when and where they need it. Budget 2023 included funding to work with partners and stakeholders to:

- Implement 180 new publicly funded community adult substance use treatment and recovery beds with no out-of-pocket fees for people in B.C. With implementation ongoing, the number of adult and youth treatment beds has increased to 3,596 as of January 2024.

- Create a new model of seamless care, Road to Recovery, to support people through their entire recovery journey, with 95 beds in Vancouver and expansion to three other locations in B.C.
- Expand the Red Fish Healing Centre model of care, so more people with complex and concurrent mental health and substance use challenges have access to care.
- Implement new community recovery sites, with dedicated workers to make sure people continue to receive the support they need when they leave a treatment facility.

In addition to expanding access to bed-based treatment and recovery services, the Ministry is working with partners and stakeholders ensure these services are safe and high quality. An engagement process is underway which will result in a report out in 2024 identifying opportunities to for system improvements.

The Ministry is working to improve access to and engagement in opioid agonist treatment (OAT). OAT is an effective first-line treatment for opioid use disorder. Consistently taking OAT (retention) is associated with improvements in health outcomes, including reductions in deaths from any cause for people who use drugs. OAT initiation and retention continues to be challenging due to many factors including treatment intensity, requirements to travel to access OAT in some areas of B.C., prescriber capacity, and the increased potency of the toxic drug supply makes it challenging to meet people's needs. The Ministry will improve system capacity to prescribe and dispense OAT by training additional physician and nurse practitioners to prescribe and supporting registered nurses and registered psychiatric nurses with a certified practice in opioid use disorder.

Across the spectrum of treatment and recovery services, the Ministry is supporting Indigenous-led mental health and wellness approaches for First Nations, Métis and Inuit people and communities. The Ministry leads Declaration Act Action 4.13, which supports healing from trauma through an increase in the availability and accessibility of culturally safe substance use services. This includes the renovation and construction of Indigenous-run treatment centres, and the integration of land-based and traditional approaches to healing. A new program will offer Indigenous-led and culture-informed mental health and wellness services that go beyond treatment, including recovery and aftercare. The Ministry will also continue working with First Nations Health Authority, Indigenous partners, and other health partners to find ways to improve access to treatment services.

Performance Measures

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1a] Number of publicly funded naloxone kits shipped to Take Home Naloxone (THN) distribution sites around B.C. via the BC THN Program	424,390	430,000	430,000	430,000	430,000

Data source: BC Centre for Disease Control Unregulated Drug Poisoning Emergency Dashboard. Retrieved from http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard.

Discussion

Naloxone is a life-saving medication that can quickly but temporarily block the effects of opioids to restore breathing. This performance measure tracks the number of Take Home Naloxone kits shipped to distribution sites for further distribution to people across B.C. who may witness and respond to a toxic drug poisoning. Naloxone has a shelf life of 2-3 years, so demand for kits is driven by new people getting kits, and people replacing kits because they were used, expired, lost, or stolen. As of February 2024, more than 2.15 million THN kits have been shipped to distribution sites since the program started in 2012, with over 159,000 kits reported as used to reverse a drug poisoning. THN kits are available at more than 2,200 locations in B.C, including 877 community pharmacies.

The continued toxicity of the drug supply and high rates of toxic drug poisoning events and deaths has contributed to ongoing record-breaking demand for THN kits. Increases have been consistent across the province, particularly in overdose prevention services, pharmacies, and health units. While the target is 430,000 kits shipped to distribution sites per year, this number is scalable based on demand.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1b] % of people on Opioid Agonist Treatment (OAT) who have been retained for 12 months[1]	44.9%	43.3%	44%	45%	46%

Data source: PharmaNet data

[1] The Ministry's 2023/24 Annual Service Plan included a target of increasing retention by 2 percent. Actual numbers of 2 percent increase have been included in the current service plan to improve target clarity.

Discussion

Prescribed alternatives are an important tool for separating people from the toxic drug supply. OAT is a key component of the province's comprehensive health system response to the toxic drug crisis. Increasingly, OAT in combination with prescribed alternatives is having an impact on initiation and retention in treatment. As of November 2023, approximately 104,765 people in B.C. are estimated to have opioid use disorder (OUD), with 24,377 people receiving OAT.

Indicator 1b measures the proportion of people on OAT who have been continuously on OAT for 12 months without significant interruption. Consistent adherence to OUD treatment is a validated indicator for associated patient stability, improvements in health outcomes, and reductions in deaths.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[1c] Median number of days between client referral and accessing service for community bed-based treatment and recovery services[1,2,]	31.25 days	35 days[3]	32 days	31 days	30 days

Data source: Health Authority reported data.
[1] "Median number of days between client referral and accessing service" refers to service wait times for health authority-funded bed-based substance use treatment and recovery services but does not include withdrawal management or stabilization as these may operate differently than treatment and supportive recovery. For example, some may not use waitlists or have wait times for services (e.g., if a bed is not available, a prospective client is sent to their local hospital). It also does not include wait times for tertiary services such as Red Fish, Heartwood Centre for Women and others.
[2] 2022/23 baseline wait times reflects median of submitted aggregate data from all regional health authorities with caveats: Northern Healthy Authority reported complete data for the time period Jan. to March 2023 only; Interior Health Authority reported partial data for the full fiscal year; Island Health reported partial data for supportive recovery but full data for treatment. MMHA continues to work with health authorities to enhance data completeness and quality.
[3] 2023/24 forecast reflects the increase in wait times in Q1 and Q2 2023/24 data. A number of factors can influence final results including increased demand.

Discussion

Substance use beds are important services that provide care appropriate for each person's unique circumstances, in addition to outpatient and virtual services. These services offer a structured and supportive setting and tend to be more appropriate for people who are experiencing significant barriers to care, including homelessness or housing insecurity. Enhancing access to publicly funded substance use treatment and recovery services is a priority for the Ministry. In 2022/23, 4,167 unique clients[2] (adults only) were served by bed-based treatment and supportive recovery. This is an increase from 3,679 clients served in 2021/2022, and this increase is forecasted to continue based on data available to-date.

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, the Ministry's approach to benchmarks is phased and iterative as we enhance data quality, work with partners such as health authorities, and ensure a thoughtful approach to wait time reduction. This will also allow the Ministry to refine benchmarks as new investments begin to open and serve clients in communities across B.C. The Ministry will continue to assess targets as new data is available and as we make progress in building the system of care.

Monitoring wait times and setting targets for maximum waits is one method of supporting access to services. B.C. 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

[2] This data has been updated since the Ministry 2022/23 Service Plan Report, with the inclusion of data from Northern Health Authority and Canadian Mental Health Association-BC.

recovery services, and there are no standards of benchmarks in Canada to guide the work. Wait time targets complement the Ministry's commitment to expand the substance use continuum of care across the province.

Wait times are complex data to collect and interpret, and there are numerous factors that contribute to wait times beyond bed availability. For example, wait times can be impacted by 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 these wait times reflect waits for bed-based treatment and recovery services only. People are often receiving support while waiting for a bed-based service (e.g., they are connected to a mental health and substance use clinician, receiving opioid agonist treatment, etc).

It is also important to note that bed-based services are only one part of a much broader continuum of substance use services. While people often think of bed-based services when contemplating substance use treatment or recovery, not everyone wants or needs bed-based services; outpatient services are just as important to enhancing access. The Ministry continues work to better understand these broader factors, decrease wait times and improve access to the full range of substance use services for people in B.C.

Goal 2: Create a seamless, integrated, accessible, and culturally safe mental health and substance use system of care.

The Ministry continues to focus on building a system of care that is accessible, culturally safe, and seamless across the full range of supports individuals and communities need.

Objective 2.1: Mental health and substance use services and supports are designed, coordinated, and delivered using a whole of government, cross-sector approach to remove barriers to mental health and well-being.

A cross-government approach is crucial to ensuring that people with mental health and/or substance use challenges receive a range of person-centred supports (including housing, income supports) that are coordinated and promote engagement in care and well-being.

Key Strategies

- Work with Indigenous partners to create a system of care for mental health and wellness in alignment with the Declaration on the Rights of Indigenous Peoples Act. This includes leading Action Plan actions 4.12 (address the disproportionate impacts of the overdose public health emergency on Indigenous Peoples) and 4.13 (increase availability and accessibility of culturally-safe substance use services).
- Lead work across ministries and with Indigenous, health, housing, and social sector partners to implement more Complex Care Housing for those who need more intensive care than is available in supportive housing.

- Continue to implement supports for people experiencing mental health and substance use emergencies by expanding community-based services such as Peer Assisted Care Teams and Mobile Integrated Crisis Response teams.
- Continue to improve access to mental health care and supports, including virtual supports, information resources like HelpStartsHere.gov.bc.ca, and accessible counselling services.
- Work with the Ministry of Health and other partners to increase the number of mental health and addictions workers across the system of care and continue to work with partners to enhance workplace mental health education and training for employees and employers to improve psychological health and safety.

Discussion

Mental health and substance use issues are complex and multi-faceted, requiring collaboration and integration across not just the health system, but across sectors, communities, and levels of government as well. The Ministry collaborates with government partners, Indigenous partners, health authorities, community partners, and service providers to design and implement services that will meet the needs of people living with complex mental health and substance use challenges. This includes key government priorities such as implementing the Declaration on the Rights of Indigenous Peoples Act Action Plan, the Safer Communities Action Plan, and the Belonging in BC Homelessness Plan. The Ministry is working to advance the implementation of the Declaration on the Rights of Indigenous Peoples Act and Action Plan. In 2023, the Ministry continued implementation of Declaration Act Action 4.13, which supports healing from trauma through an increase in 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.

The Ministry continues to guide Complex Care Housing implementation by working with BC Housing, health authorities, Indigenous partners, and the non-profit sector to remove barriers to services, meeting people where they are at, and providing the health, social, and cultural supports people need to live well in the community. The Ministry works with the Canadian Mental Health Association-BC Division (CMHA-BC) to expand Peer Assisted Care Teams, and with the Ministry of Public Safety and Solicitor General, health authorities, and policing partners to expand Mobile Integrated Crisis Response teams. These two approaches ensure people experiencing mental health emergencies in the community are met with health care workers and community members and are connected to the services and supports they need.

The Ministry continues to focus on strategies to bring mental health and substance use services closer to home – this includes improving access to virtual services and developing and promoting online resources to reach people across B.C. and continuing to support low to no cost community counselling. This also includes investing in system capacity and resiliency. Expanding the Health Careers Access Program will train mental health and addictions workers to add valuable frontline support for people in B.C. In addition, the Ministry is partnering with CMHA-BC and health and safety associations to support employers and employees to build and foster psychologically safe and healthy workplaces.

Objective 2.2: Improved wellness for children, youth, and young adults.

Children, youth, and young adults can also experience serious mental health and substance use challenges. It is critical they have access to rapid, high quality, and appropriate services and programming across the full spectrum of prevention, early intervention, treatment, and recovery to improve their overall well-being and prevent or reduce challenges as they age.

Key Strategies

- Continue to implement Integrated Child and Youth teams that bring together child and youth mental health and substance use services across the ministries of Mental Health and Addictions, Health, Education and Child Care, and Children and Family Development, to better meet the needs of young people and their families.
- Expand the Foundry network of centres and online supports that offer young people ages 12 to 24 integrated health and wellness resources and services.
- Implement a comprehensive substance use system of care for youth, including investing in a range of community-based services and bed-based treatment spaces across the province.
- In partnership with the Provincial Health Services Authority and regional health authorities, develop a Wellness Framework for the child and youth substance use system of care that will strengthen care pathways across the province by ensuring services are coordinated, integrated, and evidence-informed.

Discussion

The Ministry is leading the development of a more seamless system of mental health and substance use care for children, youth, and young adults. Through implementation of new, innovative initiatives and enhancing existing services, the Ministry is modeling an integrated system of care from prevention and wellness promotion to highly specialized services.

Work continues to expand the Foundry network of centres and online supports, including a *Budget 2023* investment of $74.9M. Foundry is a province-wide network of youth wellness centres that removes barriers, and provides free and confidential primary care, mental health and addictions supports, sexual health care, peer support and social services to young people between the ages of 12 to 24 – all in one location. Foundry is a core component of B.C.'s healthcare system, integrating with existing services within communities' primary care networks and providing wraparound services similar to urgent primary care clinics. Young people can receive welcoming and appropriate services – by simply walking into their local Foundry centre, accessing its provincial virtual services through the Foundry BC application, or exploring the tools and resources online at foundrybc.ca.

Integrated Child and Youth (ICY) teams are multidisciplinary, and include mental health clinicians, substance use clinicians, education counsellors, Indigenous supports, youth and family peer support workers and others to wrap services around young people. These community-based teams aim to provide better coordination of care and ensure timely access to services and supports. As of late 2023, 12 communities have been selected for ICY teams

and are in different stages of implementation. The Ministry is working towards full implementation of the teams in these communities.

Further improvements to the system of care are being made through investments into new and expanded youth substance use services ranging from prevention and early intervention to intensive treatment and crisis intervention. *Budget 2023* invested an additional $105M to create and expand youth substance use services, including culturally safe and wraparound services, crisis supports, and transition supports for young people moving between services. Work continues to establish performance indicators for youth substance use services and beds with the objective to inform future strategies and data collection. The Ministry is collaborating with partners to develop a wellness framework to address the opportunities for system improvement to establish a more inclusive, culturally safe, and person- and family-centred approach to youth substance use care. The framework, expected in 2024/25, will guide future planning and decision making for government, health authorities, and service delivery partners.

Performance Measures

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2a] Number of Complex Care Housing (CCH) spaces operational	184	415[1]	500	640	720

Data source: Ministry of Mental Health and Addictions, as reported by health authorities and partners.
[1] The 2023/24 forecast has increased from 325 described in the 2023/24 Ministry service plan due to expedited progress.

Discussion

People accessing CCH receive much needed services that can improve their mental health and wellness and housing outcomes. This performance measure refers to the total number of CCH spaces that are operational and serving residents and reflects two phases of implementation. Most Phase 1 projects will launch by the end of 2023/24, phasing in services in over time to account for staff recruitment and onboarding and reaching full capacity in 2025/26. Phase 2, funded through *Budget 2023*, created 240 new purpose-built CCH units over multiple years, with the first services starting to come online in 2025/26. Targets for 2025/26 and 2026/27 have been updated to reflect Budget 2023 funding for purpose-built CCH units. Targets include both permanent and temporary spaces. Data will be provided by regional health authorities and partners who are responsible for implementing the program.

People will move in and out of CCH spaces for a variety of reasons. Some spaces are intended to be temporary. People may also transition to independent living options or pass away. Each space has the capacity to serve multiple people in a year. Accordingly, the total number of spaces does not reflect the total number of clients who access these specialized services.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2b] Number of communities (school districts) with Integrated Child and Youth (ICY) teams operating or in implementation[1]	12	12	20	20	20

Data source: Ministry of Mental Health and Addictions.

Discussion

Expanding the number of communities offering ICY team services will enhance access to team-based, wrap-around, and culturally safe, mental health and substance use services for children, youth, and families.

This performance measure refers to the number of communities with Integrated Child and Youth teams that are being implemented or already operating in the province. This is an important indicator in assessing the Ministry's approach and collective impacts in shifting to integrated community mental health and substance use services for children, youth, and families.

The targets are cumulative and include both existing operational communities and new communities in which teams are being implemented and/or announced.

Performance Measure	2022/23 Actuals	2023/24 Forecast	2024/25 Target	2025/26 Target	2026/27 Target
[2c] Number of Foundry centres operating[1]	15	17	19	23	26

Data source: Internally compiled from Foundry Central Office reports, received on a quarterly basis by MMHA.

Discussion

Budget 2023 provided for 12 additional Foundry centres, which will result in a total of 35 Foundry centres by 2027/28. This expansion is currently underway, with Foundry accepting community applications in Fall 2023. Communities are selected based on several factors, including the goal of equitable distribution of centres across the province. Communities selected to open a new Foundry centre will be announced in Spring 2024. Precise completion dates for these new Foundry centres will be determined with the communities that are selected through the application process, with consideration to local factors such as whether a new facility must be built. Some of these new Foundry centres will begin opening in 2026/27, with the remainder expected to open in 2027/28.

Expanding the number of Foundry centres operating in B.C. will enhance provincial capacity to provide high quality, integrated care for youth and young adults aged 12-24. This is a crucial age to connect young people to supports and services that promote lifelong wellness.

This performance measure refers to the number of Foundry centres that have opened and are actively providing services to communities in the province ("operating"). Actual/target numbers do not include centres that are in development.

Financial Summary

($000s)	2023/24 Restated Estimates[1]	2024/25 Estimates	2025/26 Plan	2026/27 Plan
Operating Expenses				
Policy Development, Research, Monitoring and Evaluation	22,891	35,144	34,931	34,931
Executive and Support Services	3,824	5,605	5,605	5,605
Total	**26,715**	**40,749**	**40,536**	**40,536**
Capital Expenditures				
Executive and Support Services	3	3	3	3
Total	**3**	**3**	**3**	**3**

[1] For comparative purposes, amounts shown for 2023/24 have been restated to be consistent with the presentation of the 2024/25 Estimates.
[*] Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates.

BUDGET 2024 INVESTMENTS

Introduction:

- Budget 2024 continues to build on the Budget 2023 $1B investment in new funding over three years for mental health, addictions and treatment services for people in British Columbia.

Background:

- Budget 2024 invests $215M in operating funding over the next three years to "sustain addictions treatment and recovery programs currently operating or being implemented". This funding includes:
  - $117M to continue funding over 2,200 community mental health and substance use treatment beds at over 300 health authority and community care facilities;
  - $49M to support existing harm reduction initiatives at 49 overdose prevention sites throughout the province, drug checking, and naloxone kit distributions;
  - $39M to provide continued funding for existing Peer-Assisted Care Teams and Mobile Integrated Crisis Response Teams; and,
  - $10M to support ongoing policy development and implementation for treatment and recovery programs.
- In addition to operating funding investments, Budget 2024 added notional funding to the Ministry of Health's capital plan to support treatment and recovery beds. This includes:

  Government Financial Information

- The $215M does not include funds that were flowed in 2023/24 to be utilized starting in 2024/25 for:
  - CMHA BC for treatment and recovery beds ($15M)
  - Indigenous Treatment, Recovery and Aftercare ($7.7M)
  - Grants to various organizations to support mental health, addictions and treatment services ($3.9M)
  - Youth Emergency Shelter ($0.08M)
  - Government Financial Information

Budget/ Expenditures

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

Initiative	2024/25	2025/26	2026/27	Total
Overdose Prevention & 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**

Approvals:
October 15, 2024 – Grant Holly, EFO, Corporate Services Division
October 15, 2024 – Jonathan Dubé, Acting Deputy Minister

FALL LEGISLATIVE SESSION – FACT SHEET

Overview of Mental Health and Substance Use Services

TOPIC

Overview of mental health and substance use (MHSU) services and spending in British Columbia (BC).

CURRENT SITUATION

- The BC government has increased its investment in mental health and substance use (MHSU) services by over $2B over the next three years to build a continuum of care the responds to the needs of British Columbians, including a response to the ongoing opioid/toxic drug crisis.
- The toxic drug crisis is significant issue with toxic drug poisonings being the leading cause of death for people aged 10 to 59. Though the number of deaths to date this year is lower than at the same time this year versus the previous three years, approximately six people die every day due to unregulated toxic drugs. [1]
- In addition to deaths and harms from illicit drugs, alcohol-attributable health harms account for approximately 3.65% of the health care budget.[i]
- Alcohol was responsible for an estimated 160, 412 hospitalizations in 2020, including 127,984 emergency department (ED) visits (5.85% of all ED visits); 25,217 inpatient hospitalizations (5.75% of all inpatient hospitalizations), and 7,211-day surgeries[ii]. Alcohol was also responsible for 59,128 ambulance and paramedic events that year[iii].
- 7% of all deaths in the province were related to alcohol use (2,765 deaths) in 2020.[iv]
- Since 2020, alcohol consumption in BC has continued to increase year over year.[2]"
- In 2022/23, 41,184 hospital stays related to MHSU conditions were reported, a decrease from 44,972 in 2021/22.[3]
- In 2023/24, there were 1,210 Mental Health Alternate Levels of Care (ALC) cases reported across health authorities, with an overall ALC rate of 10.1%, and Vancouver Island recording the highest rate at 12.7%, highlighting ongoing challenges in successfully transitioning more complex patients post-acute treatment from acute services to more appropriate and cost effective levels of care. [4]
- From October 2023 to June 2024, over 1,500 individuals accessed detox services through the Road to Recovery (R2R) model, which expanded across BC, adding 100 treatment beds and outpatient services. [5]
- A province-wide Opioid Treatment Access Line was launched in August 2024 to provide immediate access for people with Opioid Use Disorders to a dedicated team of doctors and nurses, who can prescribe life-saving opioid agonist medication. [6]

FINANCIAL IMPLICATIONS

[1] Public Safety and Solicitor General (2024). *BC Coroners Service drug toxicity death update through June 2024.* https://news.gov.bc.ca/releases/2024PSSG0063-001183

[2] Canadian Institute for Substance Use Research. 2024. *Alcohol and Other Drug Monitoring Project: Alcohol consumption* [Data set]. http://aodtool.cfar.uvic.ca/pca/tool.php

[3] Ministry of Health. (2024, October 11). Mental Health & Substance Use Report: *Hospital Stays Related to MHSU Conditions*. Mental Health and Substance Use - Mental Health & Substance Use Service - Health System Performance Portal (gov.bc.ca)

[4] deBoer, R., & Xu, Q. (2024, September 11). *Mental health ALC cases, days, and rate: Hospital data for MHSU ALC clients to year end 2324*. Discharge Abstract Database. RMS 4877. Integrated Analytics, Primary & Acute Care and Sector Workforce | Hospital & Diagnostic Analytics. Extract uses the MHSU_Services definition from 2018, review of definition by program area needed.

[5] Ministry of Mental Health and Addictions. (2024, July 22). *Innovative model of addictions care expands throughout BC*. BC Gov News. https://news.gov.bc.ca/releases/2024MMHA0038-001175

[6] Government of British Columbia. (2024, September 5). *B.C. expands care for people with brain injuries, mental illness, and substance use challenges*. BC Gov News. https://news.gov.bc.ca/releases/2024MMHA0045-001382

- Budget 2024 invests $215M[7] over three years to sustain addictions treatment and recovery programs currently operating or being implemented.
  - $117M to support 2,200 community mental-health and substance use treatment beds at more than 300 health authority and community care facilities;
  - $49M to support existing harm-reduction initiatives at 49 overdose-prevention sites, drug checking and naloxone kit distribution;
  - $39M to fund existing Peer-Assisted Care Teams and Mobile Integrated Crisis Response teams; and
  - $10M to support the development and implementation of treatment and recovery programs.
- Budget 2023 announcements for MHSU services included a historic $867M, boosting total spending for MHSU services to $2B over three years. This included
  - $184M in prevention and early intervention dollars for addressing the opioid crisis.
  - $97M in operating and $169M in capital for complex care housing.
- In 2023, B.C. invested an additional $35M on top of the initial $60M investment in 2019, in collaboration with the federal government and the First Nations Health Authority, to upgrade and complete eight First Nations treatment centres across the province. [8]

KEY BACKGROUND

- The Ministry of Health collaborates with Indigenous governments, health authorities, clinical experts, those with lived MHSU experience, other ministries, and community partners to provide a coordinated system of care, including community-based support, acute care, and digital health solutions. [9]
- BC's five regional health authorities receive annual funding, focusing on regional challenges like harm reduction, treatment beds, and detox programs. [10]
- In FY 2022/23, 981,865 clients accessed MHSU services in BC with 24.9% being new clients. Most clients were in the Fraser region (344,397), followed by Vancouver Coastal (224,091), Vancouver Island (181,425), Interior (171,082), and Northern BC (53,853) respectively.[11]
- Additional background details on adult mental health, overdose prevention, harm reduction, treatment and recovery and youth specific services are identified within topic specific notes.

LAST UPDATED

The content of this fact sheet is current as of October 16, 2024, as confirmed by Roxanne Blemings obo Robyn White, Executive Director, Mental Health and Substance Use Division

APPROVALS

2024 10 28 - Darryl Sturtevant, ADM, Mental Health & Substance Use Division
2024 10 07 – Brenda Rafter obo Rob Byers, ADM, Finance and Corporate Services Division

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[7] Government of British Columbia (updated Feb. 22,2024). Budget 2024: Taking action for people, families in B.C. | BC Gov News.

[8] Government of British Columbia. (2024, August 9). *B.C. expands access to culturally safe, Indigenous-led mental-health and addiction treatment programs*. https://news.gov.bc.ca/releases/2024MMHA0036-001116

[9] Government of British Columbia. (2021, October 13). *Funding strengthens B.C.'s system of substance-use treatment, recovery care*. BC Gov News. https://news.gov.bc.ca/releases/2021MMHA

[10] Canadian Mental Health Association British Columbia. (2024, February 22). *BC Budget 2024: What it means for mental health and substance use*. CMHA BC Division. https://bc.cmha.ca/news/bc-budget-2024-mhsu/

[11] Mental Health & Substance Use Report: *Snapshot*.
Mental Health & Substance Use Report: *Number of Clients Receiving MoH-funded MHSU Services*.
Mental Health and Substance Use - Mental Health & Substance Use Service - Health System Performance Portal (gov.bc.ca)

2024 10 10 – Rhiannon Pretty obo Martin Wright, ADM, Health Sector Information, Analysis & Reporting Division
2024-10-24 – Grant Holly, EFO, CSD

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[i] Calculated using Statistics Canada data for Health spending from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1010000501&pickMembers%5B0%5D=1.11&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2020&referencePeriods=20200101%2C20200101 and Alcohol-attributable Total Healthcare Costs for BC, 2020, from Canadian Centre on Substance Use and Addiction and Canadian Institute for Substance Use Research. (2020). Canadian substance use costs and harms data visualization tool. Retrieved September 12, 2023, from https://csuch.ca/explore-the-data/

[ii] Canadian Centre on Substance Use and Addiction and Canadian Institute for Substance Use Research. (2020). Canadian substance use costs and harms data visualization tool. https://csuch.ca/explore-the-data/

[iii] Canadian Centre on Substance Use and Addiction and Canadian Institute for Substance Use Research. (2020). Canadian substance use costs and harms data visualization tool. https://csuch.ca/explore-the-data/

[iv] Internal analysis. Calculated using Canadian Centre on Substance Use and Addiction and Canadian Institute for Substance Use Research. (2020). Canadian substance use costs and harms data visualization tool. Retrieved September 2023, from https://csuch.ca/explore-the-data/ and Statistics Canada. Table 13-10-0708-01 Deaths, by month, for BC, 2020.

A PATHWAY TO HOPE OVERVIEW

Introduction:

- An overview of *A Pathway to Hope: A roadmap for making mental health and substance use care better for people in British Columbia* (Pathway to Hope) **(Attachment 1)** and progress to date.

Background:

- The Ministry of Mental Health and Addictions (MMHA) launched Pathway to Hope in June 2019.
- The Pathway to Hope outlines 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.
- Pathway to Hope 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. Refer to Appendix A for details on the 2023 progress report and major announcements since 2022.

Ministry/Government Actions to date:

- Significant progress has been made across the continuum of care from early intervention, reducing risk, connecting people to care, and supporting recovery and wellbeing (refer to Appendix A for details).
- Since the end of the initial action plan, the Ministry has continued to work in partnership with communities and service partners to build out a coordinated continuum of care for mental health and substance use.
- In the absence of a new action plan or refreshed strategy, the Ministry has advanced progress in alignment with the 2022 Minister Mandate letter.
- There is an opportunity to create a new action plan or refresh the 10-year strategy to be more inclusive of the major areas of work that have evolved since 2022. Including connections to housing and other social and structural determinants of health, public safety, gaps for youth substance use services, supporting Indigenous-led solutions, and responding to emerging evidence related to the toxic drug supply.
- Starting in September 2023, MMHA has released three Mental Health and Substance Use (MHSU) Data Snapshots to better illustrate the system of care (refer to September 2024 MHSU Data Snapshot).
- To support a deeper understanding of the impact of services and inform future planning, MMHA and the Ministry of Health are working closely to create a performance monitoring and evaluation framework for the MHSU system of care across the life course **(see related note: MHSU system**

performance monitoring and evaluation).

Budget/Expenditures:

Government Financial Information

Approvals:

October 8, 2024 – Grant Holly, EFO, Corporate Service Division

October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

Appendix A

- The second Pathway to Hope progress report (**Attachment 2**) described achievements over the course of the first three-year action plan (2019/20 – 2021/22), including:
  - Expanding **the Foundry model** of care across the province to connect people ages 12 to 24 and their families with integrated primary care, mental health and substance use supports.
  - 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 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** for people with significant mental health or substance use challenges - 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 (see UBCM note – Complex Care Housing).
  - **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 (see UBCM Note Decriminalization/Public Use).
  - Implementing **prescribed alternatives** to separate more people from the toxic drug supply.
  - 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 2022, the Ministry continues to work in partnership with communities and service partners, taking on further actions to address ongoing challenges facing BC communities:
  - Starting in November 2023, BC enabled registered nurses and registered psychiatric nurses to achieve **certified practice** to prescribe opioid agonist treatment (OAT), to improve reach to rural areas of BC.
    - In August 2024, MMHA announced a new province-wide **Opioid Treatment Access line** to connect anyone in BC to treatment for opioid use disorder.
  - In December 2023, MMHA launched a new **Stories of Recovery campaign**, and refreshed www.wellbeing.gov.bc.ca to https://helpstartshere.gov.bc.ca/to support people to learn about different paths to recovery and get connected to services.
  - In December 2023, Government announced the launch of **Road to Recovery** in Vancouver. This program establishes Access Central, a single line in each region people can call for a same-day clinical assessment and care plan.
    - On July 22, 2024, Government announced the Road to Recovery model will expand to other health regions.
  - In January 2024, MMHA announced **180 new publicly funded treatment and recovery beds** procured by the Canadian Mental Health Association – BC Region on behalf of the health system to support clients to meet recovery goals across various settings, including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds.

- In March 2024, MMHA announced **28 new community care beds** at Covenant House for unhoused young people aged 16-24.
- In April 2024, MMHA announced $25M annually to support expansion access for young people to regional evidence-based **Early Psychosis Intervention (EPI)** programs.
- Provided funding for Indigenous-led care and supports for Indigenous people including:
    - Funding to support eight new or renovated **First Nations Treatment Centres** – Tsow-Tun-Le-Lum opened in Duncan in 2023.
    - In April 2024, MMHA announced funding for **Orca Lelum Youth Wellness Centre** in Lantzville, a first of its kind centre with 20 substance-use treatment beds that offer culturally informed care to Indigenous people aged 12 to 18 years.
    - In July 2024, MMHA announced funding for the **We Wai Kai Nation** to convert the Tsa̲kwa̲'luta̲n resort into a new healing centre with 20 adult treatment beds.
- Creating and expanding mobile crisis response services in BC:
    - In April 2022, MMHA announced three civilian-led **Peer Assisted Care Teams (PACT)** and announced expansion to three new communities in July 2023.
    - In July 2023, MMHA announced expansion of **Mobile Integrated Crisis Response** teams, which pair a police and healthcare professional.
- In November 2022, the **Vancouver Junction** opened as a new model for care for support after substance us treatment (see UBCM Note Adult SU Treatment and Recovery Services – Outpatient services).
    - MMHA announced expansion in August 2024.
- In July 2024, MMHA announced the **Health Career Access Program for Mental Health and Addictions** workers to bolster the mental health and addictions workforce.

A Pathway to Hope:

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

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Message from the Minister

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

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

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

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

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

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

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

Introduction

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

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

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

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

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

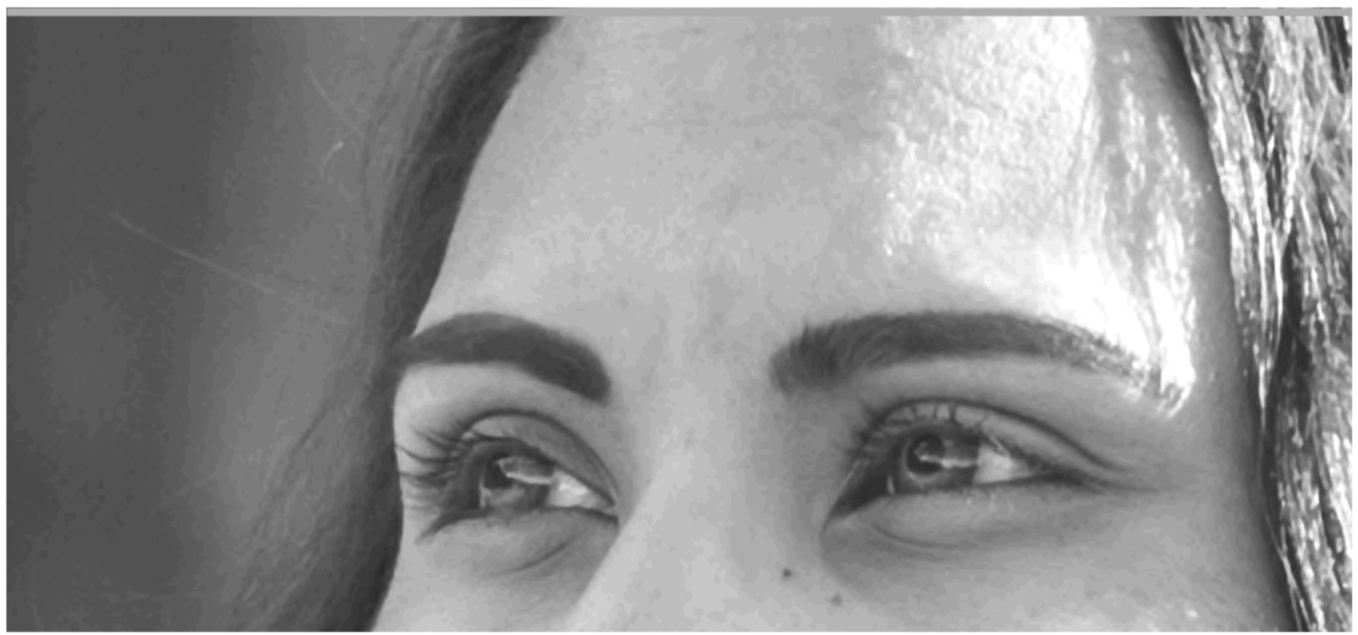
But let's be clear: this is a massive undertaking, and one that can't be completed overnight. In the area of mental health, evidence-based treatments and counselling services are not readily or equally available around the province. Where services do exist, they are often governed in many different ways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

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

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

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

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



Our starting point

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

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

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

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

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

The consequences are felt by us all:

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

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

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

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

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

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

Barriers to mental health and well-being

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

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

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

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

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

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

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

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

The barrier of stigma

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

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

In the workplace, stigma makes it difficult for managers or co-workers to offer assistance out of fear of saying the wrong thing or infringing on an employee's privacy.

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

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

2 Experiences of children, youth and their families

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

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

3 Experiences of Indigenous communities

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

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

B.C.'s overdose emergency

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

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

The roadmap at a glance

providers
hospitalization
wellness
ambitious
promotion
access
opportunity
change
long-term
overdose
prevention
indigenous
dedication
strengths
navigating
innovation
education
supply
well-being
connection
culture
humility
teamwork
recovery
person-centred
barriers
diversity
health
lived experience
intervention
delivery
quality
short-term
services
people
inclusive
safe
hope
mental health
flexibility
equity
care
waitlists
priorities
transforming
youth
empathy
peer
substance use
integrated
communities
reconciliation
access
demand
building
children
physical health
respect
evidence-based
seamless
stigma
solutions

A three-year snapshot

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

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

Charting a path forward

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

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

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

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

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

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

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

A foundation for the roadmap

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

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

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

1 Wellness promotion and prevention

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

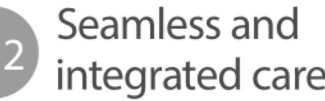
That's why a central tenet of this roadmap is to increase the prevention and wellness programs and services, so we can help prevent problems before they start or, at a minimum, from becoming ongoing or lifelong issues. This will reduce the pressures on acute health care services, reduce

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

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

Key Outcomes:

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



2 Seamless and integrated care

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

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

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

Key Outcomes:

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

3 Equitable access to culturally safe and effective care

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

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

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

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

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

If we are going to really make progress and help people heal, we need to do more to make sure that people with mental health and substance use challenges are included in our workplaces, schools and communities.

Key Outcomes:

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

Indigenous health and wellness

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

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

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

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

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

For the past decade, First Nations in B.C. have led a process to reclaim their decision-making and authority over health and wellness. Through a series of political and legal agreements, the federal and provincial government have committed to eliminate inequities in the health and wellness of First Nations. In 2013, this work culminated in the transfer of federal health programs and services to First Nations control through the First Nations Health Authority.

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

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

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

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

The initial focus: Three-year priority actions

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

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

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

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

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

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

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

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

Improved wellness for children, youth and young adults

KEY PILLARS:

Prevention, early intervention and wellness promotion

Seamless and integrated care

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

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

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

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

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

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

- **Delivering better outcomes:** Programs that reduce risk factors and strengthen protective factors can decrease symptoms and prevent the onset of some mental health and addictions disorders. Services and programs to prevent mental health challenges can improve positive mental health and physical health. These programs can help keep families together, improve employment (getting and keeping a job, attendance and productivity), and can increase Grade 12 and post-secondary graduation rates.
- **Reducing negative outcomes:** Access to early treatment can avert costs related to negative outcomes, such as hospitalization or involvement in the criminal justice system.
- **Reduced costs for care:** The Mental Health Commission of Canada estimated that if Canada reduced the number of people experiencing a new mental illness in a given year by 10%, at least $4 billion could be saved after 10 years.

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

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

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

Establish Integrated Child and Youth Teams	Integrated service delivery is a new and innovative model that has been successfully implemented in other jurisdictions and has been adapted for the unique context of British Columbia. In five school districts over two years, multi-disciplinary teams will be established with existing providers and new positions, each being connected to a cluster of schools and delivering services to children, youth and young adults whose needs are higher than can be met within a school or through primary care. Children and youth and their families can also be connected to an integrated team by many sources outside schools, including youth justice, primary care clinicians, and the young people themselves. These teams will: • work with young people and their family/caregiver to develop a common plan that will ensure the young person does not have to repeat their story and receives evidence-based and respectful care that matches them and their needs; • be "outbound" and meet young people and families where it is safe and comfortable for them; and • bring the services and supports to the young person so they and their families/caregivers do not have to find their own way through a system.
Step up/down: Specialized care home beds and intensive day programs	Step up/Step down services are intended for children and youth with severe mental health and/or substance use conditions who require intensive services. The term "step up" refers to treatment options at a higher intensity than regular community services as an alternative to hospitalization. The term "step down" also refers to intensive treatment but for children and youth transitioning out of hospital care before returning to community services. The goal is to prevent young people from entering intensive service settings such as hospitals or remaining there longer than necessary. Step up/step down services will be expanded. This will include two intensive day programs and 20 family care home spaces with clinical care.
Create virtual counselling for post-secondary students	Work is underway to develop a virtual mental health counselling and referral service for post-secondary students of all ages throughout British Columbia: • This service will include telephone and online chat capabilities. • The launch of this service is planned within the coming year.

Empowering students, educators and parents.

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

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

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

2 Supporting Indigenous-led solutions

KEY PILLAR:

Prevention and wellness promotion

Equitable access to culturally safe and effective care

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

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

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

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

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

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

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

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

3 Substance use: Better care, saving lives

KEY PILLARS:

Prevention, early intervention and wellness promotion

Seamless and integrated care

Equitable access to culturally safe and effective care

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

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

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

Complicating the situation, many individuals struggling with addiction are accessing ineffective, rather than evidence-based services. For instance, in their review of overdose deaths, the B.C. Coroner found that more than half of those who died in the crisis had accessed some form of mental health or primary care service, but had not been able to access effective addiction care.

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

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

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

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

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

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

	Integrated service models may include social workers, nurses, clinical counsellors, Elders, outreach and lived-experience support workers. They will deliver services, such as screening, case management, medication management, outreach, harm reduction, drop-in counselling, recovery supports and individual and group therapy that assist individuals in achieving and maintaining recovery and increasing health and wellness.
Overdose emergency response, including community-based harm reduction services	The Province will also continue to escalate its response to the overdose emergency; this includes the Overdose Emergency Response Centre's work to ensure that communities have access to the comprehensive package of essential health sector interventions with a focus on strategies that: • take immediate action to save lives: Take-home Naloxone, overdose prevention sites/supervised consumption sites. • expand access to safe medication alternatives to the poisoned drug supply. • reduce stigma. • connect people to primary care and social supports like housing; and • build a network of treatment and recovery services.
Supportive recovery services	The Ministry of Mental Health and Addictions will continue to partner with the Ministry of Health to strengthen the quality, consistency and oversight of supportive recovery services. This will include new regulations for supportive recovery assisted living residences aimed at improving the quality and consistency of care through training and minimum qualifications of people who operate and work in supportive recovery residences; access to evidence-based treatment; and safe transitions for those leaving supportive recovery residences. Through partnerships with leaders in the sector, the Province will also develop a common definition and specific standards for recovery services. Together, these efforts will help support individuals to access services that will put their health and safety first and provide the right level of services to meet their needs.
Provincial Peer Network	Government will establish a provincial network of people with lived experience. This network will provide funding and capacity building for organizations of people who use drugs and people in recovery to learn from their expertise and ensure that the provincial overdose emergency response is even more effective in saving lives and connecting people to harm reduction, treatment and recovery.

4 Improved access, better quality

KEY PILLARS:

Seamless and integrated care

Equitable access to culturally safe and effective care

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

Team-based care puts the patient at the centre of care, with all the team members working around them to ensure they receive appropriate care for their specific needs. This form of care makes the best use of each care provider, so we can serve more people more effectively and in a way that better meets their needs. These teams offer collaborative care from physicians, nurse practitioners, nurses, pharmacists, occupational therapists, social workers, mental health clinicians and other health professionals.

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

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

PRIORITY ACTIONS	
Expand access to affordable community counselling	Community counselling services will be expanded to help people access psychotherapy that they may not be able to afford because they do not have an Employee Family Assistance Program or Extended Health Plan. Through grants to non-profit organizations across the province that provide sliding scale or free counselling services, this initiative will create multiple, easy-to-access entry points that extend counselling beyond mainstream programs, including for individuals who face barriers related to race, ethnicity, religion, gender, age, social class and/or sexual orientation. Community-delivered, evidence-based counselling will help British Columbians experiencing a continuum of issues, including grief and loss; separation and divorce; abuse and violence; chronic illness; trauma; and mental health and substance use problems.

Team-based primary care (with mental health and substance use professionals) and specialized services	The Province has launched a Primary Care Strategy to deliver faster and improved access to health care for British Columbians in all parts of the province. The strategy, led by the Ministry of Health, focuses on team-based care and includes adding doctors, nurse practitioners and other health professionals to the primary care system. The Primary Care Strategy includes delivering services for mild to moderate mental health and substance use issues within primary care networks, and creating links and pathways to specialized services for higher level mental health and substance use needs. The Ministry of Mental Health and Addictions and the Ministry of Health are working together to ensure the Primary Care Strategy addresses mental health and substance use needs. This will be accomplished by: 1. Expanding hours of primary care to enhance access. 2. Adding mental health and substance use workers to primary care teams. 3. Co-ordinating referrals for patients to and from other services (emergency and hospital system, specialists, community services), and providing individuals and families with support to navigate the system. 4. Addressing and supporting families' needs and involving them in the care team as appropriate. 5. Ensuring services meet the diverse and unique needs of individuals including for: • race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious or political beliefs. • people living in rural and remote communities.
Enhanced provincial crisis lines network	Provincial Health Services Authority will lead the development of an enhanced, efficient provincial crisis line network, which will reduce duplication and provide emotional support, information, referral, crisis and suicide prevention/intervention services.
Framework and standards to improve care under the Mental Health Act	Nothing is more important than keeping people safe. This is balanced with the need to ensure dignity and fairness when someone is vulnerable and receiving mental-health care. The safe practice of involuntary admissions under the B.C. Mental Health Act balances the rights of the individual with the obligation to help and protect people living with mental illness. In follow-up to concerns highlighted by the B.C. Office of the Ombudsperson, the Ministry of Mental Health and Addictions is working with the Ministry of Health to establish clear and consistent provincial standards to achieve 100% compliance with the Mental Health Act. These standards will be supported by a quality improvement framework specific to the involuntary admission process under the Act. The framework will guide quality improvement and compliance with legislation, policy, practice and standards, and will contribute to improving the quality and safety of patient care.

Implement peer support co-ordinators	Full-time co-ordinator/navigator positions will be established in each regional health authority to work with people with lived experience. Coordinator/navigators will conduct a gaps/needs analysis at the regional level and work with lived experience and lived experience support organizations to ensure that services are delivered in a culturally appropriate and effective manner where and when people need them, including during life and care transition points.
Develop peer support worker training resources	Made-in-B.C. lived experience support worker training resources will: • recognize the valuable contributions that peer support workers make in supporting people in healing and recovery. • incorporate the practice principles described within the strategy. • provide employers and post-secondary institutions with provincially approved training resources. • Reflect the diverse needs of the population through the application of an equity lens. • enhance lived experience support worker training quality and consistency across the province.
Expand Bounce Back	Bounce Back, an online program available for free throughout B.C., teaches effective skills to help individuals (ages 15+) overcome symptoms of mild to moderate depression or anxiety, and improve their mental health. Participants can learn skills to help combat unhelpful thinking, manage worry and anxiety, and become more active and assertive. Funding will support the existing program reach and expand Bounce Back to support a greater number of clients, approximately 2,000 more referrals per year.
Mental Health and Wellness Disaster Recovery Guide	The Mental Health and Wellness Disaster Recovery Guide was developed in response to a recommendation in the Abbott Chapman report, Addressing the New Normal: 21st Century Disaster Management in BC to improve the timeliness of and access to culturally safe mental health and wellness supports following a disaster. The Mental Health and Wellness Disaster Recovery Guide is intended to be the guiding document that each partner/agency uses to plan, develop, co-ordinate and operationalize mental health and wellness disaster recovery supports and services in the event of an emergency.
Workplace mental health	Workplaces play an essential part in maintaining positive mental health. Today more and more workplaces are looking at different ways they can create healthy, psychologically safe and productive environments for employees. MMHA is working collaboratively with the Ministry of Labour, WorkSafeBC and key partners, including the Canadian Mental Health Association, the BC Federation of Labour and business organizations, to develop ways to make it easier for organizations to support workplace mental health.

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

Guiding principles for a better future

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

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

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

Conclusion

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

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

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

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

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

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

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

All the best,

Judy Darcy

Judy Darcy, Minister of Mental Health and Addictions

BRITISH
COLUMBIA

A Pathway to Hope

Progress report

SEPTEMBER 2023

A Message from the Honourable Jennifer Whiteside,

Minister of Mental Health and Addictions

On behalf of the Province of British Columbia as the Minister of Mental Health and Addictions, I am pleased to present *A Pathway to Hope: Progress Report for 2019-2022*.

A Pathway to Hope is our roadmap for building a comprehensive, integrated mental health and substance use system of care for all British Columbians.

No one is immune from mental health challenges. Stress and anxiety due to work or school, personal finances, changes in our physical health and more can all impact our mental health. There are also systemic factors that can trigger mental health challenges, often across generations, including the trauma from colonialism, discrimination, and global concerns such as climate change. Our unique experiences with mental health are also shaped by our culture, ethnicity, age, poverty, and sexual and gender identities.

Caring and compassionate people continue to provide much needed mental health care and substance use treatment to British Columbians. Yet gaps in care remain. People have shared their experiences with us including the challenges they have faced navigating the substance use continuum of care due to stigma, financial barriers, or systemic discrimination. We are committed to eliminating these gaps to ensure British Columbians have access to the care they need, when they need it, and are supported all along their wellness journey.

British Columbia's Ministry of Mental Health and Addictions was the first such ministry in Canada. Our primary focus includes working with other ministries such as Health, Housing, Social Development and Poverty Reduction, Children and Family Development, and Education and Child Care to cut across silos of care. Our goal is to ensure that when someone asks for help, every door is the right one.

This report looks back on the first three years of *A Pathway to Hope* and provides an update on the progress our government has made on our 10-year plan. It is written with deep appreciation for the individuals with lived experience, organizations, providers, front-line

workers, First Nations and other Indigenous communities, professionals, and researchers, who have informed and shaped this work.

So much has changed in the years since our government first presented our 10-year roadmap to build an integrated mental health and substance use system of care in BC. From the vast disruption of the COVID-19 pandemic to the consequent worsening of the toxic drug crisis, extreme weather due to climate change, and the trauma of the confirmation of unmarked graves of children on the grounds of former residential schools and Indian Hospitals, we've been through a lot over the last few years. These experiences have taught us about resiliency, hope in our communities, and the importance of sticking together.

These collective challenges have highlighted the urgency of our work. More than ever, it is critical for British Columbians to have the care and support they need, when they need it.

Through historic investments, we are building an integrated system of care that includes access to a full spectrum of treatment and recovery. We are adding new substance-use beds, out-patient, and virtual treatment, expanding medication-assisted treatment, and increasing access to low- and no-cost community counselling services throughout BC. We are also investing in lifesaving harm-reduction measures, such as prescribed safer supply, drug checking, and overdose prevention services.

In January 2022, we created and are now implementing complex care housing –a ground-breaking approach to support people with overlapping complex mental health and substance use challenges, who often experience cycles of homelessness, eviction, or jail.

It is critical that mental health supports are available for young people experiencing challenges, before they become lifelong struggles. To meet youth where they are, we have expanded Foundry Centres, implemented the Early Psychosis Intervention program (an evidenced-based specialized approach to providing services to individuals affected by first episode psychosis), and expanded Integrated Child and Youth teams across BC to help young people access health, wellness, and addictions supports. And in December 2022, we

announced the expansion of youth substance use services across BC in each of the regional health authorities, supported by approximately 130 new health-care workers, specifically for youth.

On January 31, 2023, BC took an important step in accelerating our response to the toxic drug crisis by decriminalizing people who use certain drugs. Substance use is a public health matter – not a criminal justice one. Decriminalization will help break down the barrier of stigma that so often prevents people from reaching out for life-saving supports, harm reduction resources and treatment and recovery services.

We have made significant progress working with our partners across all levels of government, in regional health authorities, with Indigenous partners and in community – but we know that there is still much more to do. We are determined to continue our work to build a system of care that is there for British Columbians. One full of healing and hope, where no one falls through the cracks. We also recognize that none of this would have been possible without the commitment and compassion of our frontline workers – thank you for all that you do to support the health and wellness of British Columbians.

A Pathway to Hope

On June 26, 2019, the Government of BC launched *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.* This roadmap lays out government's ten-year vision for mental health and addictions care to get people the services they need to address problems early on and support well-being. It aims to transform mental health and substance use care for children, youth, young adults, adults, families, and Indigenous populations, to reach them where they are – in their homes, communities, and schools.

In the spring of 2020, just nine months after the launch of *A Pathway to Hope*, BC declared a public health emergency due to the COVID-19 pandemic which had far-reaching impacts across the health, social, and economic sectors. It strained BC's health care system, impacted frontline workers, and fractured many of the social support networks that are critical to maintaining healthy communities. Data shows us that COVID-19 negatively affected the wellbeing of people across the province, exacerbating existing mental health

and substance use challenges in some, and triggering new levels of reduced mental health and wellness across all populations.

At the same time, the illicit drug supply has also become increasingly toxic and unpredictable. As of April 2023, 12,046 British Columbians living in communities across the province have lost their lives to toxic drug poisoning. BC has been a national and international leader in implementing a comprehensive continuum of innovative services and programs to address this public health emergency, but we continue to see high concentrations of fentanyl and other dangerous contaminants in the illicit drug supply.

In addition to simultaneously responding to these two public health emergencies, our province experienced a number of extreme weather events, including wildfires, floods, and heat waves, brought on by climate change. These crises displaced and devastasted communities across BC, impacting residents' health, social wellbeing, and their livlihoods – impacts that were disproportionately felt by some of our most vulnerable citizens.

In May 2021, 215 unmarked graves were detected by the Tk'emlúps te Secwépemc First Nation at the former Kamloops Residential School. The confirmation of these and other similar sites across the country continues to reverberate throughout Indigenous communities and has triggered a national reckoning of Canada and BC's past and present relationship with Indigenous peoples. These tragic discoveries serve as an important reminder of the legacy of colonialism, and that our work towards reconciliation is just beginning.

These challenges have required government to work collaboratively with our partners in public and community health and social services to rebuild, reorient, and integrate mental health and substance use care into a seamless continuum across BC. This includes new frontline services such as the implementation of Integrated Child and Youth teams, new ways of connecting people to care, including more treatment beds, and advancing new Indigenous-led solutions. It also includes behind-the-scenes system improvements, like enhanced data monitoring and evidence generation, new standards for service providers, and strengthening how we work across the different levels of care. It takes time to build a cohesive, integrated system of care, but significant advances have been made as this report will detail.

When *A Pathway to Hope* was first implemented, we did not anticipate the challenges that would lie ahead. We have faced these challenges together with a commitment to work across government and with our health system partners to improve the wellbeing of British Columbians. As we begin planning our future priority actions, the progress and challenges of the past three years will inform how we look at the work ahead. We are moving forward with confidence that we have built a strong foundation to support the achievement of the ten-year vision set out in *A Pathway to Hope.*

MENTAL HEALTH AND ADDICTIONS ROADMAP

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

Goals

1 Wellness Promotion and Prevention

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

2 Seamless and Integrated Care

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

3 Equitable Access to Culturally Safe and Effective Care

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

4 Indigenous Health and Wellness

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

Three Year Action Plan 2019/20 – 2021/22

Improved Wellness for Children, Youth & Young Adults

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

Supporting Indigenous-led Solutions

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

Substance Use: Better Care, Saving Lives

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

Improved Access, Better Quality

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

Our Progress to Date

A Pathway to Hope outlines four priority action areas to focus the first three years of investments and the work needed to achieve our long-term vision of creating an integrated, coordinated, and evidence-based system of care. This report details government's progress across these priority areas and takes stock of the impacts we have made on individuals, communities, and the mental health and substance use system.

In addition, over the past three years our government expanded a range of primary care services across BC, including opening Rapid Access to Addiction Care clinics and expanding Urgent Primary Care services. Our commitment to better integrate and coordinate mental health and substance use services across the primary care continuum will ensure that people can get connected to the services they need, when they need them.

The following details the progress made in each of the four priority action areas outlined in *A Pathway to Hope* while working towards our long-term vision to build a new system of mental health and substance use care.

Improved wellness for children, youth, and young adults

A cornerstone of *A Pathway to Hope's* initial three-year action plan is the focus on improving mental health and wellness for children, youth, and young adults, working across ministries and with Indigenous partners and service delivery partners. We have laid the foundation for transforming mental health and substance use care for children, youth, young adults, and their families by increasing efforts in prevention and early intervention, weaving together the existing fragmented patchwork of services, and filling gaps in care.

Below are highlights of our progress to March 31, 2022 across a broad suite of actions.

Early Childhood Intervention Services	Led by the Ministry of Children and Family Development (MCFD), this initiative provides flexible, holistic, integrated care, offered through a partnership between child and youth mental health services (MCFD Infant Mental Health Clinicians) and local early intervention service providers contracted by MCFD. Contracted services include behaviour support, family support and infant (and Indigenous Infant) Development Consultants. Services are designed to meet the needs of vulnerable young children (before school age) with emerging mental health, developmental, and behavioural needs. • Services are currently being provided to families with young children in Maple Ridge-Pitt Meadows, Comox Valley, Okanagan-Similkameen, Richmond, and Coast Mountain. • Work is underway to expand these services within 15 new communities, for a total of 20. These communities will be the same as those providing Integrated Child and Youth (ICY) teams.
Integrated Child and Youth Teams	ICY teams are innovative, community-based, multidisciplinary teams delivering mental health and substance use services and supports for children and youth aged 0 to 19. • Implementation is underway for 12 teams across the first five communities: Comox Valley (2 teams), Maple Ridge-Pitt Meadows (3 teams), Richmond (4 teams), Coast Mountains (2 teams) and Okanagan Similkameen (1 team). These communities will serve as a model for the next school district communities.

	• As ICY teams are formed, clinical and non-clinical team members are providing services to children, youth and families, including those on current waitlists, and strengthening relationships within the mental health and substance use systems of care. • Partners will soon start to implement ICY teams in seven more communities across the province: Nanaimo-Ladysmith, Powell River, Fraser-Cascade (Hope, Harrison, Agassiz), Pacific Rim (Port Alberni), Okanagan-Shuswap (Salmon Arm), Kootenay and Columbia (Trail), and Mission. • This is part of the expansion announced in Budget 2021, with a total of 20 communities actively being implemented by 2024.
Step Up/Step Down High Intensity Outreach Services	Led by MCFD, Step Up/Step Down High Intensity Outreach Services are for children and youth with severe mental health and/or substance use needs, with presenting safety concerns, and whose needs cannot be met through community supports and services. Services include clinical outreach support that aims to avoid or shorten hospitalization and support transitions back to community-based services after hospitalization. • Step-Up Step-Down High Intensity Outreach is operational in Maple Ridge-Pitt Meadows, Comox Valley, and Richmond. It will soon be operational in the Okanagan-Similkameen and Coast Mountain regions.
Expanding Foundry Youth Centres	A program through Providence Health Care, Foundry is a network of centres and online supports that offer young people ages 12 to 24 integrated health and wellness resources, services and supports. Each centre includes access to physical and sexual health care, mental health and substance use services, peer support, and social services, making it easier for youth to get help when they need it. • Currently, Foundry centres are open in 15 communities: Vancouver-Granville, North Shore (North Vancouver), Prince George, Campbell River, Kelowna, Abbotsford, Ridge Meadows, Victoria, Penticton, Langley, Comox Valley, Richmond, Terrace, Cariboo-Chilcotin (Williams Lake) and Sea to Sky (Squamish). • Eight new Foundry centres are also being implemented in Burns Lake, East Kootenay (Cranbrook), Port Hardy,

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Surrey, Fort St. John, Tri-Cities, Kamloops, and on the Sunshine Coast.

As part of the expansion, Foundry is focusing on supporting local partnerships with Indigenous communities and building the network's capacity to deliver culturally appropriate and culturally safe services.
Foundry services can also be accessed from anywhere through the Foundry BC app, phone or at: foundrybc.ca/virtual.

Youth Accessing Support Through Foundry
<table>
<tr><th></th><th>2019/20</th><th>2020/21*</th><th>2021/22*</th></tr>
<tr><td># of Unique Youth</td><td>10,368</td><td>11,609</td><td>13,473</td></tr>
<tr><td>Total # of Completed Visits</td><td>38,796</td><td>47,874</td><td>59,612</td></tr>
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*Includes access to Foundry Virtual Services
Source: Foundry Toolbox data, including community centres and Foundry Virtual access.
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<tr><td>Launching Foundry Virtual and the Foundry BC App</td><td>
Early in the COVID-19 pandemic, the Province funded an accelerated launch of Foundry provincial virtual services. Young people aged 12 to 24 and their families can access Foundry Virtual BC including counselling, peer support, primary care, vocational services, and family support through voice calls, video, and chat from anywhere in the province.

The Foundry BC app was launched in March 2021. The app incorporates features such as live clinician chat, clinical content (articles, videos, and podcasts), goal setting, scheduling, and other tools co-designed by clinicians and users.

The launch of the Foundry BC app in March 2021 facilitated a significant increase in new youth registering for services: in 2021/22, over 5,000 unique youth and over 1,100 families/caregivers registered on the app.

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Program Spotlight: Foundry

Jumping in the lake and getting slushies may be all that teenagers wanted to think about on the last days of June 2019. For Aslam* (he/they), they had just graduated from high school, and like many others, they dreamed of leaving their small town for the big city.

“Planning to move to Vancouver gave me so much hope,” says Aslam. “I was finally free to be openly queer, meet new friends and be immersed in a multicultural community.”

Within six months, COVID-19 cases began to rise, and self-isolation became the norm. Suddenly alone, Aslam’s mental health began to decline, and they started to use ~~indulge~~ substances.

“Moving came with so many pros that I forgot it also came with the cons,” says Aslam. “I thought everything was normal — drinking every night with my new friends and being hungover during class, wasting what little money I had left on the next disposable vape.”

The isolation from early spring until the following summer made accessing resources almost impossible, impacting youth all over the province.

“At first, I wasn’t even aware that I was at my worst,” says Aslam, “I was so used to my routine: wake up, still feeling helpless and empty, pack a bowl and take a couple of tokes out of my bedroom window, then go back to sleep. It was intense denial, and numbing.”

During the summer of 2021, Aslam gained the courage to reach out and receive support for their substance use and mental health. They went to Foundry.

“I spoke to someone through Foundry in the past, when I was going through a lot of transitions mentally and spiritually,” says Aslam. “They really helped guide me through my struggles at the time.”

Working with peer supporters with similar lived experience, Aslam was able to openly speak about their struggles with homophobia, past trauma and how it led to their battle with substance use. Aslam eventually connected with a physician through Foundry Vancouver-Granville and was able to learn more about their mental health, including their hereditary anxiety and signs of depression and obsessive-compulsive disorder (OCD).

Similarly, Lee*, a Foundry provincial youth advisor alongside Aslam, also experienced worsening mental health during the pandemic.

"To those of you who feel isolated or lonely — know that you are not alone," Lee (she/they) shares. "I was especially lucky that I was able to reach out to a counselor and doctor who have supported me through my path to recovery. I felt stuck for a long time, and with help, I realized the way I had been living was not the path I had to follow."

Throughout high school, some of Lee's close friends and peers used substances to alleviate feelings of anxiety and depression. As someone with lived experiences, Lee continues to encourage others to reach out to support services, no matter how difficult it may be to take the first step.

"Sometimes, we don't realize when we need to get help," says Lee, "until we know other people who have gone through similar experiences."

As Foundry provincial youth advisors, both Aslam and Lee share their perspectives to make Foundry services youth-friendly and inclusive to others.

"Being a part of my community has always been a critical part of my healing journey," shares Aslam. "Connecting with other youth and the opportunity to shape my own wellness journey has made me feel stronger and less isolated in my struggles."

With the ever-changing lingo for substances and new trends on the internet, Foundry's staff are well equipped to navigate diverse situations; some have their own lived experience as well. Encouraging youth to be open and honest about substance usage, and using harm reduction strategies, allows youth to feel less stigmatized.

"When I went to Foundry, I was accepted," says Aslam. "I didn't need to explain why I made the choices I did because they already knew why, and they didn't care. They just wanted me to feel supported and loved."

It is important to be able to meet youth where they are at in their journeys. Young people can walk into a local Foundry centre, explore online tools and resources at foundrybc.ca, or connect virtually through the Foundry BC app.

"Our generation is strong, willing to grow and change for the better," says Aslam. "With the services that Foundry is offering, no problem is too big or small. Foundry services are available, and they can help you."

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<td>Support for pregnant individuals and parents with substance use challenges</td>
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The Provincial Perinatal Substance Use Program, led by BC Women's Hospital and Health Centre, is advancing provincial capacity and expanding services for pregnant and early parenting women and people affected by substance use, and their infants.
The project over the last three years has seen success in increasing the number of mother/baby pairs staying together while receiving services, and continues to learn, grow, and respond to the needs of women, working toward transforming our system of care to a principles-based practice (example, women and person-centered, harm reduction oriented, and culturally safe).

In fiscal year (FY) 2021/22, the Program released the Provincial Blueprint for a Perinatal Substance Use Continuum of Care, and began work on a housing model designed and led by women and people with lived and living experience.
The project responds to the legacy and trauma of colonization and its current impacts by centering Indigenous ways of knowing and being. One example is through an Indigenous-led Elders Visioning for Perinatal Substance Use Toolkit. In the virtual toolkit, Elders outline how to support First Nations, Inuit and Métis women and children. Additionally, the project continues to support and prioritize Indigenous birth workers and doulas.

Engagement in Provincial Perinatal Substance Use Program
<table>
<tr><th></th><th>2019/20</th><th>2020/21</th><th>2021/22</th></tr>
<tr><td># of New Mothers & Babies Receiving Wraparound Perinatal Substance Services & Supports</td><td>511</td><td>679</td><td>1,156</td></tr>
<tr><td># of Health Professionals Trained in Perinatal Substance Use</td><td>1,862</td><td>5,272</td><td>4,028</td></tr>
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Promote early childhood social emotional development	A package of initiatives is being implemented to support social and emotional development in the early years of life, through interventions and resources aimed at young children, families, communities, and professionals. This includes: • To support the mental, emotional, and social development of children under the age of six, a one-stop-resource on early childhood development for foster caregivers, or anyone in a parenting role, was developed. Through this webpage, caregivers also have access to interactive tools such as animated videos, quizzes, and tip sheets, and a free mobile microlearning course. • With Child Health BC, developing a 13-week "Feelings First" social media capacity building initiative that focuses on fostering social emotional development in early childhood settings and at home. • With the Human Early Learning Partnership (HELP), expanding the Childhood Experiences Questionnaire (CHEQ) throughout the province to enhance our understanding of the experiences of children and families prior to school system entry and how they impact social and emotional development
Expand Confident Parents: Thriving Kids	Confident Parents Thriving Kids is a free, family-focused coaching service delivered through the Canadian Mental Health Association – BC Division (CMHA-BC). Services consist of parent coaching, groups, and parenting support for families with children ages three to 12 who are struggling with anxiety and/or behaviours. Over the past three years (2019/20 – 2021/22): • **3,470 families** commenced service in the Anxiety program • **4,081 families** commenced service in the Behaviour program In addition, recently announced in July 2022, Indigenous families with children three to 12 who are experiencing big worries and fears will have access to free, culturally grounded wellness practices through a virtual parent and caregiver coaching program.

	With the support of the Province, the We Are Indigenous: Big Worries/Fears Parent/Caregiver Support Program was developed with the guidance of the Indigenous advisory group Caring in All Directions and Indigenous writers in collaboration with CMHA BC. The program is grounded in Indigenous perspectives to support First Nations, Métis, and Inuit families throughout BC.
Mental Health in Schools	The Mental Health in Schools (MHiS) Strategy was launched by the Ministry of Education and Child Care (ECC) in September 2020 and is guided by two provincial strategies: erase = expect respect and a safe education; and *A Pathway to Hope*. The MHiS Strategy is an approach to embed positive mental health and well-being in all aspects of the education system, including culture, leadership, curriculum, and learning environments. The three core elements of the strategy are: Compassionate Systems Leadership (CSL), Capacity Building, and Mental Health in the Classroom. Recent highlighted progress includes: • Working with partners like UBC's Human Early Learning Partnership (HELP) on actions and resources to support education leaders. • Establishing a provincial network to share mental health and substance use resources for K-12 students, educators, administrators, and families. • Providing $3.6 million in mental health grants to help build capacity and promote mental health and well-being in schools. • Working with partners to identify and address impacts of the COVID-19 pandemic on schools. A product of this work was the Key Principles and Strategies for K-12 Mental Health Promotion in Schools. MCFD continues to fund and coordinate the provincial implementation of Everyday Anxiety Strategies for Educators (EASE), a collection of evidence-informed, curriculum-aligned resources for educators to support them in teaching K–12 students effective anxiety management and resiliency skills. Topics include understanding anxiety, creating a supportive environment, calming strategies, facing fears, anxiety in the classroom,

	and much more. EASE at Home extends accessible EASE resources in a variety of languages (French, Arabic, Chinese Simplified/Traditional, Filipino, Punjabi, Spanish and Ukrainian) to parents, care providers, and families. Additional highlights can be found on EASE (gov.bc.ca). • Approximately **5500 BC educators** enrolled in at least one EASE online course in 2021/2022. • **92%** of a sample of K-12 educators engaged in EASE agreed or strongly agreed that the resources taught them how to incorporate anxiety management strategies into classroom routines.
24/7 mental health support for post-secondary students	In April 2020 government launched Here2Talk, a free, and confidential 24/7 mental health counselling and referral service that offers options to reach out by phone or online chat through the Here2Talk app or website for all post-secondary students registered at public and private post-secondary institutions in BC. For the first time in BC every student—whether rural, urban, domestic, international, public, private, full-time or part-time, studying at home or abroad—has access to on-demand, single-session 24/7 counselling and community referral services that supplement existing mental health supports on campus and in the community. • Since its April 2020 launch, Here2Talk services have been accessed more than **23,600** times. Students used the chat feature 71% of the time and the phone feature 29% of the time. • 74% of students accessing the service said Here2Talk provided them with the support and tools they needed, and 71% would refer their friend or classmate to Here2Talk.

Program Spotlight: Here2Talk Virtual Counselling

Here2Talk was established in 2020 with the aim to provide more accessible mental health care to all post-secondary students in the province of BC. Here2Talk counsellors support students through a variety of concerns that they may experience in their academic journey.

> *"We've seen a drastic rise in post-secondary students seeking support for their mental health due to day-to-day challenges and the ever-changing conditions caused by the pandemic. Here2Talk counsellors at LifeWorks are available 24/7 via phone or chat to support students asking for help, wherever, whenever."*
> -Barb Veder, vice president, chief enterprise clinician and integrated health solutions clinical services lead, LifeWorks

Program evaluation data shows that 89% of students show an improvement in their level of concern about their main issue after a conversation with a Here2Talk counsellor. In the words of students:

> *"I was feeling so overwhelmed with everything I had to do this week as well as very homesick and chatting with a counsellor helped me to see how strong and brave I am, and gave me strength to face the week ahead and finally be able to sleep in peace. Thank you :)"*
> – Camosun College student

> *"You make me feel safe and accepted. I wish there were more Laurens* (a Here2Talk counsellor) *in this world. Lauren, I took a screenshot of our conversation so I can revisit it when I am sad. I think this would be the end of our wonderful talk. Thank you for giving me more hope and reason to live and love."*
> – Douglas College Student

Students have shared that access to this service is meaningful:

> *"Really appreciate your guidance, I wish I had someone who are like the counsellors in Here2Talk in my life"*
> -University Canada West Student

> *"I am feeling better. I feel more well equipped."*
> -Langara College

"It is very comforting to know I'm not alone. Thank you so much for listening to me, I really appreciate your time"
-University of British Columbia Vancouver Student

"Thank you. I've calmed down now and I feel more equipped to handle things."
–Douglas College Student

New Investments supporting children, youth, and young adults

Since the release of *A Pathway to Hope*, new challenges have shed light on new priorities, and our work has grown beyond the actions originally outlined in *A Pathway to Hope*.

Youth Substance Use System of Care

Starting in 2021/22, government is making an historic investment over three years in new and expanded youth substance use programs across the continuum of care and across all health authority regions, 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, and system supports which will help create a more seamless system of care for youth substance use.

These commitments build on government's expansion of bed-based services for youth across the province. In 2020/21, 20 new beds opened and government announced plans to open an additional 123 new beds, of which 34 of these new beds have opened to date. In addition to the bed expansion, funding was provided to support the addition of 33 new and expanded services ranging from prevention and early intervention to crisis intervention and intensive treatment. Currently, 32 have been implemented and there has been recruitment into over 80% of the new FTE's funded under this investment.

One example of a new service is the Vancouver Coastal Youth Outreach team, a new mobile youth outreach team in Vancouver's Downtown Eastside. The team serves youth experiencing mental health, substance use, and primary care needs who experience difficulties accessing mainstream services. Outreach workers are working with community partners who may have identified youth who may benefit from their services. The team was featured in a Vancouver Sun article and Vancouver Coastal Health is promoting the team in social media.

Government is also working with a wide range of partners to identify measures to improve hospital-based care for youth following a substance use emergency, including Indigenous peoples and organizations, service providers, system experts and organizations representing those with lived and living experience of substance use. Services will be implemented through new Budget 2023 youth substance use investments.

Early Psychosis Intervention

As part of Budget 2021, the Province is investing $53 million over three years to enhance early psychosis intervention services across BC. Early Psychosis Intervention is an evidence-based approach that provides timely recognition, assessment, and comprehensive treatments and supports for young people experiencing psychosis and their families. This investment has expanded capacity at specialized programs across all regional health authorities by funding over 100 new full-time early psychosis care positions provincewide, 90 of which have been hired as of December 2022. New care providers, including psychiatrists, nurses, case managers and peer support workers will be connected to each of the specialized programs, with outreach to rural and remote communities where appropriate.

Concurrent Disorder Clinicians for Transition-Aged Youth

Focusing on children and youth under 19 years of age is an important first step towards transforming the mental health and substance use system of care. However, gaps persist in the process of transitioning youth to adult services. Many existing health services are designed for pediatric or adult patients, rather than for transition-aged youth (loosely defined as youth aged 17 to 26). Additionally, many young people are faced with long wait lists for adult services upon turning 19, leading some to disengage from services altogether. This is even more difficult for youth transitioning from government care and others who lack parental supports.

Budget 2021 invested in transition-aged youth with $5.19 million to provide access to clinicians who treat concurrent disorders (mental health and substance use challenges that happen at the same time), with a focus on youth transitioning out of government care throughout the province. Clinicians will be based in communities of need, as informed by analysis of provincial data and through engagement with health authorities, cross-ministry representatives, and other strategic partners. The enhancement of concurrent disorder services supports transition-aged youth as we continue to build an integrated, coordinated, evidence-based system of mental health and substance use care in BC. Concurrent disorder clinicians will provide culturally safe, trauma informed care.

Living Life to the Full Program

Living Life to the Full is an eight-week community-based course for youth ages 13 to 18 that provides simple, practical skills for coping with stress, problem solving, and improving mood. The Province invested $0.2 million per year in this program through 2024/25. By digitizing the Living Life to the Full for Youth program, CMHA BC has expanded access to youth in rural/remote and Indigenous communities.

Indigenous-Led Solutions

One of the key pillars in *A Pathway to Hope* is supporting Indigenous-led solutions, recognizing that Indigenous peoples are in the best position to drive health programs and services in their communities and for their citizens. An important focus of *A Pathway to Hope* is collaborating with Indigenous partners on the design, planning and delivery of mental health and substance use services.

Our government acknowledges that many Indigenous people continue to face barriers to accessing the care and services they need. The *In Plain Sight* report commissioned by the Ministry of Health (HLTH) and released in 2020, shed light on racism, stereotyping and discrimination that Indigenous peoples experience in BC's health care system. This discrimination discourages many Indigenous people from seeking care, which negatively affects their health. Led by HLTH, BC is committed to addressing these isues and engaging in meaningful reconciliation with First Nations and Métis communities in the province and supporting Indigenous-led solutions to address mental health and substance use challenges. We know there is more work to be done to address these issues and ensure that our health care system provides services in a culturally safe manner, and that we are connecting people to the care that they need.

Tripartite Partnership to Improve Mental Health and Wellness Services	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)* established a new flexible funding approach that contributes to nation rebuilding by supporting First Nations in BC to plan, design and deliver a full continuum of culture and strength-based mental health and wellness services. In 2018, the Province, the Government of Canada, and the First Nations Health Authority (FNHA) each committed $10 million for a total commitment of $30 million over two years under the MOU. The FNHA administers this funding. The implementation of the MOU has been extended by the Partners until October 2023 in acknowledgement of the multiple crises impacting First Nations communities, including the dual public health emergencies, residential school graves, and environmental disasters. • As of March 2022, $22.7 million of the $30 million has been allocated to 52 First Nations-led mental health and wellness initiatives. • A total of 171 First Nation communities are participating in the process.

	The MOU funding supports communities to advance new models of care that integrate western and Indigenous approaches to mental health and wellness. Some examples of initiatives include: • Nation-specific Mental Health Plans or Nation-Based frameworks. • Mental Health Divisions, Teams, or clinical staffing positions within Nations. • Traditional practices and connections to land which support mental health. • Community engagement and feasibility studies to address issues related to mental health and wellness and to provide recommendations. This includes engaging youth in creating Youth Mental Health Plans. An evaluation of the implementation and impact of the MOU is underway, and a draft final report is being reviewed by partners. Preliminary findings indicate that the MOU funding is meeting a demonstrated need and making progress to improve mental health and wellness. Flexibility in reporting and support for communities when developing plans has helped increase access and address barriers; and there is a need for enhanced flexibility and long-term funding to build community capacity, address capital costs, meet immediate needs and support broader planning to address the social determinants of health.
10-year Strategy on Social Determinants of Health and Wellness	Experiences implementing the MOU are helping inform the development of a ten-year strategy to address the social determinants of health and wellness for First Nations in BC. This work is being led by FNHA in collaboration with the First Nations Health Council. Engagement with First Nations' community leaders is ongoing.

Cultural Safety and Humility	In 2018, the Ministry of Mental Health and Addictions (MMHA) signed the *Declaration of Commitment to Cultural Safety and Humility* (originally signed in 2015) with the FNHA, which commits MMHA to embed cultural safety and humility throughout its work and is reaffirmed in *A Pathway to Hope*. Since then, the 2020 *In Plain Sight* report highlighted the prevalence of and urgent need to address Indigenous-specific racism in the health care system. In March 2022, the BC Ministry of Indigenous Relations and Reconciliation (MIRR) released its first action plan under the *Declaration on the Rights of Indigenous Peoples Act*. The action plan contains 89 actions that BC plans to undertake over the next five years, including commitments to embed culturally safe and relevant Indigenous-led social services and supports for those who are in crisis. MMHA is working with Indigenous partners to actively embed anti-racism into all new initiatives by mandating that cultural safety and humility be defined as core attributes and characteristics of mental health and substance use services.
First Nations-Run Treatment Centres	As part of the commitment in the Tripartite MOU, the Province, Canada and the FNHA each committed $20 million to renovate six existing and build two new First Nations-run treatment facilities in BC. Implementation of the replacement of six existing First Nation-run treatment facilities is underway. These treatment facilities include: • North Wind Wellness Centre, Northern region • Carrier Sekani Family Services, Northern region • Telmex Awtexw Treatment, Fraser Salish region • New Treatment Centre, Fraser Salish Region • Namgis Treatment Centre, Vancouver Island region • Tsow-Tun-Le-Lum Healing Centre, Vancouver Island region • New Treatment Centre, Vancouver Coastal Region • 7 Nations Soaring Eagles, Interior region
Indigenous Land-Based Cultural and Healing Services	Land-based healing strengthens connection to the land while supporting the learning, revitalizing, and reclaiming of First Nations traditional wellness practices. • Since 2018/19, MMHA funded the FNHA to expand land-based healing programs. $10.75 million was provided

	towards land-based healing initiatives in 2021/22, supporting over 147 community-driven land-based healing Initiatives across all five health regions. With the funding received from MMHA, the FNHA provided the funding to the five regions in BC to support land-based healing initiatives that operate at community, sub-regional, and regional levels. FNHA is planning an evaluation of land-based healing and treatment and healing centres.

Program Spotlight: Indigenous Land-Based Cultural and Healing Services

Funding for land-based healing supports First Nations communities to provide culturally safe treatment and healing services related to mental health and wellness issues by focusing on healing from trauma, including through connecting people to traditional practices and protocols and sharing knowledge, foods, and stories that promote spiritual, emotional, mental, and physical wellness.

One example is the Tahltan Traditional Wellness Project, which celebrates Tahltan's unique cultural traditions and promotes awareness of Tahltan values. Land-based activities included fish camps, berry camps, traditional games, arts and crafts, skill building, language and harvesting methods. All of this was done by embedding Tahltan culture into programming.

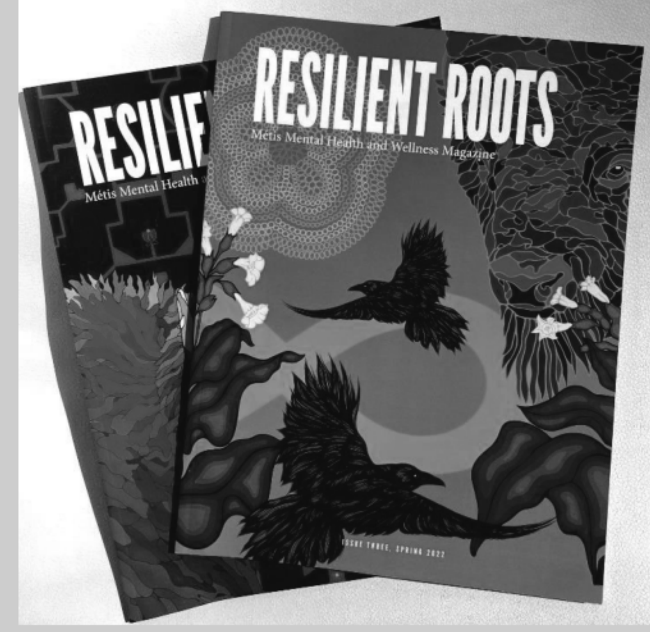
First Nations-Led Primary Health Care	First Nations-led Primary Health Care is a component of both *A Pathway to Hope* and HLTH's Primary Care Strategy, which is aimed at creating an integrated system of full-service community-based primary and community care. Through this strategy, the FNHA, with government partners, is developing up to 15 First Nations Primary Care Centres (FNPCC) in both urban and rural BC settings by 2024. The FNPCC model will enable team-based, culturally safe primary health care for Indigenous peoples. FNPCC models combine both Western and Indigenous approaches to health and wellness, incorporate and promote First Nations' knowledge, beliefs, values, practices, and employ holistic models of health and wellness. Two FNPCCs have been implemented, with several more expected in the coming year.

Enhanced Capacity for Métis Nation BC	*A Pathway to Hope* committed to funding Métis Nation BC (MNBC) to advance Métis-specific priorities in mental health, substance use, and cultural wellness, and to support their participation in the design, planning and implementation of provincial initiatives. This includes supporting MNBC's Ministry of Mental Health and Harm Reduction, which advocates for culturally appropriate mental health, substance use, and harm reduction programs and services at the national, provincial, and regional levels. The Ministry's goal is to improve mental health and harm reduction services and increase access to programs to meet the needs of the Métis Nation. They continue to highlight and address the gaps in existing services and advocate for changes needed at the health authority level for the Métis Nation to have better mental health and wellness outcomes. Highlighted progress of select projects over the past three years includes: • *Ooma la Michinn (Here is Medicine)* Initiative: This project is working to create a series of free online modules grounded in Métis voices and perspectives that focus on life promotion as a means of suicide prevention for Métis youth. Once completed, these modules will be offered for free online and will be made accessible for Métis individuals across BC. Modules will focus on connection to wellness; connection to culture; connection to community; connection to self; and connection to land/nature. • Working with the Canadian Mental Health Association to develop a Métis adaptation guide for the Living Life to the Full program, an eight-week, group based mental health promotion course, and deliver Métis-led cohorts of Living Life to the Full. To date, ten cohorts have been delivered by nine Métis facilitators to Métis participants across BC, including seven adult cohorts and three youth cohorts. • Developing a Mental Wellness and Harm Reduction Sash which works to represent the wisdom shared by the Métis participants of Métis Nation BC's Alcohol and Community Health Dialogue Sessions. • Working with creators of the Lifeguard app to adapt the app to resonate exclusively with the Métis community –

	the first Indigenous Nation in Canada to do so. With culturally sensitive imagery and language, the Métis-specific Lifeguard app provides instant access to Métis crisis lines, resources for mental health and addiction treatments and direct links to prevent drug-related deaths. This funding is ongoing and together with MNBC we continue to explore a long-term health and wellness partnership that reflects our shared commitment to improving mental health and wellness outcomes for Métis people in BC.

Program Spotlight: Métis Nation Youth Mental Health and Wellness Initiative

The Métis Nation Youth Mental Health and Wellness Initiative (MY Initiative) is comprised of ten core members of Métis youth. Together, the MY Initiative works to raise awareness, to empower Métis youth and communities, and to make a difference in mental health within the Métis Community through actioning projects, fostering education, reducing stigma, and providing opportunity for community discussion and engagement.



Resilient Roots: Métis Mental Health and Wellness Magazine is the cornerstone project of the Métis Youth Mental Health and Wellness Initiative. Since April 2020, three issues of *Resilient Roots* have been published, with issues released yearly in the spring and the most recent issue published in May 2022.

As shared by Minister Kate Elliott, "*this magazine hopes to be a testament to the shining strength and resilience of the Métis community. Every part of this magazine – from the stories, to the art, to the poetry - comes from the powerful voices of our Métis contributors. To our readers, we hope that what you find within these pages will bring you inspiration, connection, and act as a reminder of the deep resilience that lives within us all.*"

Since publication began in 2020, several thousand hard copies of *Resilient Roots* have been distributed across the province – to Métis youth, health authorities, Métis Chartered Communities, and beyond. This publication is also available for free download on MNBC's website.

Substance use: better care, saving lives

While continuing to accelerate the response to the toxic drug crisis, we are also taking a province-wide approach to building an integrated health care system where people have access to seamless and cohesive care. This includes improving access to overdose prevention services and prescribed safer supply to help separate people from the highly toxic and unpredictable drug supply.

We are working with our health system partners to successfully integrate substance use care across the continuum in every health region. Our partners havehave implemented new teams in every regional health authority to ensure that more people are able to stay connected to the treatment and recovery services they need. We have also expanded access to medication assisted treatments by adding more time with physicians and nurse practitioners. Finally, we recently released the Adult Substance Use System of Care Framework, a new technical policy framework to guide the planning and implementation of BC's ideal substance use system of care.

Expanding integrated approaches is key to increasing access and reducing barriers to mental health and substance use services in the community. Models such as Urgent Primary Care Centres bring together and enable coordination between health care providers, services and programs. They make it easier for people who often face barriers to accessing services to receive followup care and connect to other supports that they may need.

Developing options for virtual care is also making treatment and recovery accessible to more people around the province, particularly in rural and remote locations. For example, investments through Budget 2021 established a virtual prescribing service with the Interior Health Authority and expanded the Fraser Virtual Health Addictions Clinic throughout the region. In addition, the First Nations Health Authority Doctor of the Day provides First Nations with culturally safe virtual services to persons living in communities across the province. Finally, the Provincial Health Services Authority's (PHSA) Office of Virtual Health offers 24/7 access to web based applications for anonymous, confidential and person-centred treatment for challenges with mental health and substance use. These are a few of an expanding set of virtual and online tools designed to improve access to mental health and substance use services.

Rapid Access Addictions Clinics (RAACs), available in several Health Authorities as well as at St. Paul's Hospital, is connecting patients who use substances to evidence-based medical treatment and short-term stabilization through an integrated care team that includes addictions medicine physicians, nurses and social workers, working closely with local service providers in applicable health authority regions.

Below are highlights of our progress to date.

Adult Substance Use System of Care Framework	Building off work already underway to strengthen substance use services and supports, we have developed a new policy framework that articulates a shared vision for the adult substance use system of care. The is intended to help guide health system planning and policy development as we continue to improve the system of care. Starting in Fall 2020, MMHA engaged over 300 key partners to develop the Framework, including health authorities people with lived experience, Indigenous partners, research institutions, clinical experts, community organizations, and partners from communities that have historically not been well-represented but disproportionately experience substance use-related harms, including racialized and migrant communities, trans and gender-diverse communities, and survivors of violence. This extensive engagement helped ensure that the framework is meaningful and responsive to the current context of substance use challenges in BC. The Adult Substance Use System of Care Framework was released in December 2022.
Ensuring Best Evidence Guides Care	To establish standards and best practices in the clinical care of substance use disorders, we are working with the BC Centre on Substance Use (BCCSU) to develop and implement evidence-based guidelines for prevention and addiction treatment and recovery, including alcohol and other drug addictions. Highlights include: • In December 2019, we released a new made-in-BC alcohol guideline to help health care providers connect individuals — both youth ages 12 to 25 and adults — to services and treatment that better suits their needs. • In September 2020, the BCCSU and Canadian Institute for Substance Use Research published Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations, which provides guidance for setting up and delivering managed alcohol programs for individuals experiencing severe alcohol-related harms. • In March 2020, *the Interim Clinical Guidance: Risk Mitigation in the Context of Dual Public Health Emergencies* was released by the BC Centre on Substance Use

	(BCCSU), in partnership with the Province for providers supporting clients who use substances during COVID-19. This guidance was updated in January 2022. • A supplemental clinical guideline specific to high-risk drinking and alcohol use disorder in patients who are pregnant and post-partum was released in March 2021. • A practice update for the Opioid Use Disorder guideline was released in 2022, providing new information on the provision of opioid agonist treatments and introducing practice options to reduce individuals' reliance on the illicit drug supply and associated harms. • A practice update on Stimulant Use Disorder was released, providing an overview of evidence-based treatment options and new information for providers caring for people who use illicit stimulants. • A Fentanyl Patch protocol was released in 2022, providing standardized guidance for prescribers and care teams for the provision of fentanyl patches as prescribed safer supply to reduce reliance on the illicit drug supply and associated harms.
Increase access to evidence-based addictions care	This initiative increases rapid access to addictions medicine through enhancements to prescriber services. Our progress includes: • Expanding access to first-line medications for substance use disorders, such as Opioid Agonist Treatment (OAT) for opioid use disorders including buprenorphine/naloxone, methadone, and slow-release oral morphine; naltrexone, acamprosate for alcohol use disorders; and other prescription alternatives. • Strengthening addictions medicine education across disciplines, including through the BC ECHO on Substance Use, a community of practice that aims to build capacity within primary care to treat and manage substance use disorders, and by training 624 new professionals as part of an initiative to expand rapid access to addictions medicine. • Improving access to addiction treatment through the implementation of Rapid Access to Addictions Care Clinics in all health regions. • Adding over 1,260 additional session times with physicians and nurse practitioners to meet with clients and provide consult support in all regional health

	authorities to improve access to prescriber services. This includes: ▪ 721.5 prescriber sessions in Fraser Health Authority ▪ 248 sessions in Interior Health Authority • 297.79 prescriber sessions in Vancouver Coastal Health Authority
Integrated team-based service delivery: Substance Use Integrated Teams	We are supporting the regional health authorities to implement Substance Use Integrated Teams to put people at the centre of care, helping to engage and retain clients in treatment and recovery services and supporting seamless transitions between services. Teams include a diverse range of professionals, such as nurses, counsellors, social workers, outreach workers, and peers. Teams have been located based on regional needs. In total, the regional health authorities have established seven new and nine expanded teams. All teams are now fully implemented and serving clients. • The seven new teams are located in: Abbotsford; Hope and Fraser Canyon; Nanaimo; Cowichan; Oceanside; Shuswap North Okanagan; and the South Okanagan. • The nine expanded teams are located in: the Northeast Health Service Delivery Area (HSDA; North Peace); the Northwest HSDA (Smithers and Houston); Northwest HSDA (Prince Rupert); the Northern Interior HSDA (Prince George); Campbell River; Sea to Sky; Powell River; North Shore; and Vancouver. The team-based model for these new regional teams is aligned with existing team-based structures for each region (e.g. Integrated Treatment Teams in Interior Health). This has allowed for regional health authorities to use these additional team-based resources to fill key service gaps and build on existing strengths.

Program Highlight: Integrated Treatment Teams in Interior Health

Addiction is a highly stigmatized medical condition and people may be worried about how friends, family and employers will respond. For example, they may not want to be seen at a Mental Health and Substance Use centre. For many people, facility-based treatment is not the best option, as they may be worried about asking their employer for time off work or may be juggling a busy schedule caring for children or other family members.

Fortunately, there is a new, flexible, and discreet option for those interested in treatment for substance use in their community. As a form of Substance Use Integrated Teams, Interior Health has established Integrated Treatment Teams which are now available in Kamloops, North Okanagan, Penticton, West Kelowna, and Cranbrook. As of March 2022, these teams were serving approximately 226 clients.

These interdisciplinary teams provide support that includes: online and in-person counselling; assessment and support in developing personal treatment goals; individual and group counselling; education and self management support; connection to prescription medications for the treatment of substance use concerns; peer support from people with personal experience with substance use and with accessing similar supports; connection to cultural supports and/or land-based healing where available; and, personal wellness optimization.

"We work as a team directly supporting the individual person," says team member Shawna Calhoun. "Our goal is to engage and retain participants who are not already in treatment. They can call or text us directly when they are ready. We work with them to create a treatment plan. We can do substance use treatment virtually, over the phone or using Zoom, or email."

In the words of peer support worker Jessica, "I'm most excited about the collaborative aspect of the Integrated Treatment Team. Not only do we have a peer support worker, but we have a counsellor, and a nurse, and it just gives more options for people. For me, it's given me a space where I can go and use my lived experience to hopefully help somebody else work through their journey."

The integrated treatment team is different from traditional substance use services, and the team is available to provide treatment and support for people wanting to change their relationship with alcohol or other substances. Peer support worker Patrick shared that, "Really, what this is about, is I'm an options guy. If someone comes to me, as a peer support worker, and wants to move toward health and wellness, then I'll support them however I can in achieving those goals – and I don't have any attachment to what those goals are. It's a low barrier service, so you don't have to stop your job or go away somewhere to do this. It's not a huge commitment of time, maybe it's a couple hours a week, and it's just about getting the conversation started. This is a big change for how we approach substance use and mental health." The teams are working hard to build their profile and establish relationships, embedding themselves in their respective communities. "I think the beauty of the Integrated Treatment Team is that we're working proactively to build relationships. We have partnerships with primary care, pharmacies, and businesses. Someone may see a poster in a pharmacy and call or text us who may not have called or walked into a Mental Health and Substance Use office. We are really focused on that hard-to-reach population," says Team Lead Jennifer Howes. *"I think that the integrated treatment teams are going to make a huge difference in people's lives. It's about meeting people where they're at, and recovery might look different for one person than it does the other. There's no set way to recover, so it's about self care and learning to love ourselves. I think that the integrated treatment teams, especially the peer support aspect, will give people more tools and more options to move forward in their life, and whatever that might look like for that person."* -Peer Support Worker Jessica For more information on Integrated Treatment Teams in Interior Health, call 310-MHSU to connect with a local Mental Health & Substance Use Centre.	
Treatment and Recovery Services	Government's work on treatment and recovery services is strengthening the quality, consistency, and oversight of bed-based supportive recovery services. Highlights of our progress include: • BC expanded existing virtual mental health programs and services and launched new services during COVID 19 to support British Columbians, including Indigenous communities and those living in rural and remote areas. This includes expanding the BounceBack and Living Life to the Full programs, and

	expanding access to no- and low-cost community counselling programs. • In August 2021, we launched a new website called Wellbeing.gov.bc.ca. The Wellbeing website helps people find mental health and substance use information and supports through an easy-to-use online tool. Wellbeing was developed as one of the *Pathway to Hope* priority action items aimed at improving access to care. • Introducing the Provincial Standards for Registered Supportive Recovery Services in September 2021, along with training to support implementation. • The *Community Care and Assisted Living Act* has been amended, and the Assisted Living Regulation has been implemented to increase the regulatory oversight of supportive recovery homes. To support this change, we developed resources and provided training grants. • In October 2019, the per diem for eligible income assistance clients living in registered or licensed residences, including supportive recovery homes, was increased for the first time in 10 years. • In 2022, government started work to develop a multi-phased approach to improving oversight and accountability in bed-based treatment and recovery settings.

New Investments in Treatment & Recovery

The Province is building a system of care through unprecedented expansion of treatment and recovery services. In Budget 2021 and Budget 2022, the Province announced investments totalling $144.5 million over the fiscal plan for new and expanded services across the province. This includes supporting the creation of 195 new substance-use treatment and recovery beds to help more people access treatment, as well as community-based post-treatment follow-up services and supports to help people stay connected to care on their long-term recovery journey.

Treatment and recovery investments are focused on improving availability to a range of services including opioid agonist treatment, outpatient programs such as Day, Evening and Weekend programs, services that specialize in supporting people struggling with alcohol and stimulants, bed-based services and more.

Examples of recent investments and new models of care include:

- Launch of the Vancouver Junction, a recovery community centre to provide low barrier, community-based recovery oriented supports and services.
- Expanding Community Transition Teams to support connections to care for individuals transiting from provincial correctional centres.
- Establishing a Cognitive Assessment and Rehabilitation for Substance Use program for individuals impacts by brain injuries due to overdose.
- Establishing new managemed alcohol programs.
- Implementing new outpatient withdrawal management services.
- Expanding peer services to support ongoing connections to care and recovery.

In 2020, MMHA provided grant funding to CMHA-BC to implement 105 new publicly funded adult treatment and recovery beds across 14 organizations around the province. All beds were implemented between Spring and Fall 2021. Between April 2022 and December 2022, 390 clients accessed the beds and average occupancy was 88%. To meet continued need for these beds, the Province has committed funding to expand by another 100 beds through Budget 2023. This is in addition to the work to double the number of treatment beds for youth struggling with addictions, announced in August 2020

As of March 2022, there are 3,261 publicly funded adult and youth community substance use beds. This includes 3,156 health authority funded beds (3,005 for adults and 151 for youth) and 105 adult CMHA grant funded beds. There are an additional 145 health authority funded adult tertiary substance use/concurrent beds.

Toxic Drug Crisis Response

Guided by *A Pathway to Hope,* MMHA continues to accelerate the response to the toxic drug crisis and ensure communities have access to life-saving interventions such as Take Home Naloxone kits, overdose prevention and supervised consumption services, drug checking, prescribed safer supply, and low barrier and flexible treatment services and supports.

Deaths from confirmed or suspected illicit drug toxicity have been increasing since the beginning of the COVID-19 public health emergency in March 2020. One of the key drivers

of increased mortality is the highly toxic and unpredictable illicit drug supply. The Province's response to the toxic drug crisis continues to be advanced through the work of MMHA, in partnership with community organizations and health system providers. The BC Centre for Disease Control (BCCDC) estimates that from January 2017 to March 2022, 7,150 death events were averted due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment.

The Unregulated Drug Poisoning Crisis Dashboard reports the magnitude of toxic drug poisoning crisis and progress on selected interventions and is available publicly on the BCCDC website. The toxic drug crisis remains widespread across the rest of Canada and the United States.

Between January and December 2022, the majority of toxic drug related deaths occurred in BC (2,342), Ontario (ON) (2,201), and Alberta (AB) (1,499) accounting for 87% of all opioid toxicity deaths in Canada. The crude death rate (per 100,000 population) of total apparent opioid toxicity deaths was the highest in BC at 44.0 death, followed by the Yukon at 43.4 deaths, AB at 33.0 deaths, SK at 19.7 deaths, and Canada 18.80 deaths.[1]

Changing drug use patterns and preferences have also made responding to the toxic drug crisis more complex, with increases in inhalation as the primary mode of consumption and growing poly-substance use throughout the province.[2] For example, the percentage of toxic drug deaths from smoking versus other methods of consumption has increased from 29% in 2016 to 56% in 2021.[3] Also, from April 2020 to November 2022, approximately 14% of cases had extreme fentanyl concentrations compared to 8% from January 2019 to March 2020.[4]

Highlights of some of our successes between 2019/20 and 2021/22 include:

- **493 new sites** where people can access BC Take Home Naloxone kits.[5]
- **929164 Take-Home Naloxone kits** shipped to sites in BC.
- **165 new sites** where people can access Facility Overdose Response Boxes (Facility Overdose Response Boxes (FORB) containing naloxone and supplies and are free for not-for-profit community-based organizations where staff work with clients at risk of illicit drug toxicity events).

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[1] https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants

[2] Kamal, Ferguson, Xavier, et al. (2023). Smoking identified as preferred mode of opioid safe supply use. https://doi.org/10.1186/s13011-023-00515-4

[3] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/bccs_illicit_drug_mode_of_consumption_2016-2021.pdf

[4] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug-type.pdf

[5] http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard

- **1.81 million visits** to overdose prevention or supervised consumption services, with 11,920 overdoses survived at these sites.
- Increased number of people receiving opioid agonist treatment (OAT): **24,991 as of March 2022** compared to 22,378 in March 2019.
- Connect by Lifeguard app, a mobile technology that alerts emergency first responders to a person at risk of an illicit drug overdose. Since its launch in late May 2020 and up to the end of March 2022, the app has been used **99,000 times by 8,600 app users**. To date, no drug-poisoning deaths have been reported through the app. Lifeguard also now provides drug alerts.
- People have been accessing prescribed safer supply since March 2020, when the Province introduced the first phase of the program. From March 2020 to December 2021**, more than 12,200 people** were dispensed prescribed safer supply through Risk Mitigation Guidance and, of those, more than 7,000 (58%) were prescribed an opioid.
- The second phase of prescribed safer supply under the provincial prescribed safer supply policy released in July 2021, is being implemented in health authorities and federally funded SAFER programs settings.
- In October 2021, began distribution of a drug checking service which uses a federal Section 56 exemption to allow for the collection of drug samples in rural/remote locations and transportation of these samples for testing at locations equipped with FTIR spectrometry or higher-quality instruments.
- As of March 2022, 143 RNs and RPNs from all health authorities have enrolled and 71 have fully completed their training to begin prescribing medication-assisted treatment (OAT). This follows the Provincial Health Officer (PHO)'s order in September 2020 allowing registered nurses and registered psychiatric nurses to prescribe controlled drugs and substances to reach people who have been traditionally underserved.
- As of March 2022, there were **40** overdose prevention sites (OPS) and supervised consumption sites (SCS) locations in BC, including **13** inhalation sites, up from 38 sites as of March 2021.

Prescribed Safer Supply	With the intent to separate people who use drugs from the toxic illicit drug supply, BC is the first province to offer prescribed safer supply. People have been accessing the program since March 2020. In July 2021, the Province released the Access to Prescribed Safer Supply in British Columbia: Policy Direction – the first of its kind in the country to support the prescribing of a safer drug supply to those at risk of dying from the toxic illicit drug supply. To support prescribers and increase access to prescribed safer supply, clinical protocols and education sessions are being developed by the BCCSU based on emerging evidence and clinical expertise. The first prescribing protocol for fentanyl patches was

	released in October 2022.
Reducing stigma	A new StopOverdoseBC campaign was launched in fall 2021 and a refreshed StopOverdoseBC website in fall 2022, to address the stigma surrounding substance use and addiction. Informed by public opinion research and focus groups, the key messages aim to increase awareness that addiction is a complex health condition and not a choice. The province-wide campaign has been delivered through television, radio, out-of-home, and digital channels. Additionally, partnerships with the Vancouver Canucks, BC Lions and Vancouver Whitecaps help amplify the reach and extend the messages to the target audience. Early insights demonstrate shifts in perceptions and beliefs across BC and excellent campaign recall. Over three years, Community Crisis Innovation Fund grants have funded 14 projects to address substance use stigma in health care settings.

Program Spotlight: Stop the Stigma Campaign

In fall 2021, many British Columbians encountered "Stop the Stigma", a campaign developed by MMHA to help shift perceptions about people who use drugs, as well as their families and loved ones.

In early 2021, public opinion polling continued to show that many people in British Columbia believed that people who use drugs have made "poor choices", and that people who use drugs should "just stop" using them. These beliefs are reflective of stigma – harmful assumptions made about a group of people, which can have negative impacts on many areas of their lives. Stigma associated with substance use can lead people to hide their drug use, use in riskier ways and prevent them from accessing services and supports.

Recognizing the devastating impact of stigma, the team set out to create a message that would promote empathy and understanding, help foster compassionate connections, and ultimately create environments that support people to be safe.

Speaking to people with personal experience of drug use, as well as their family members was vital to informing the campaign. The team heard from many British Columbians about how stigma makes it hard to reach out for help for fear of judgement. That people felt branded by the harmful language that is used towards people who use drugs. That friends and family were judged and criticized for

maintaining relationships with family members who use drugs and were blamed for enabling their use by continuing to love and support them.

These stories became the heart of the campaign. In the videos, viewers see a family who experiences stigma first-hand. When the father was sick – with a more conventional illness – neighbours would bring by food and offer to drive the kids to school. Now that their son struggles with opioid use, no one knows what to say – they avoid the family, leaving them isolated and with no one to turn to.

Powerful and heart-breaking, participants shared that stories like this were all too common. From these conversations, three main themes emerged:

- There is a widespread misunderstanding about the nature of substance use and addiction.
- Stigma isolates people and prevents them from reaching out – for fear of being told that they have made bad decisions, or have done something wrong, and that they aren't deserving of support.
- Connecting in compassionate ways is important, and "tough love" is not an effective way of supporting someone.

The final campaign was shared broadly across the province – in television commercials, on billboards, in sports stadiums and community organizations, through social media, and online at StopOverdoseBC.ca. To date, thousands of people in BC have heard these stories and seen these messages. Champions in the community, such as the Vancouver Canucks, the BC Lions, and the Vancouver Whitecaps stepped up to lend their voices to the cause, sharing their own experiences with stigma. Many people across the province shared the messages with family and friends, beginning compassionate conversations to help stop the stigma.

In early 2022, Stop the Stigma was honoured with two awards at the 2022 Reed Awards in Nashville, Tennessee. The campaign was recognized for Best Canadian TV Advertisement (30 second) and Best Canadian Online Video (60 second).

While reception to the campaign been widespread, MMHA knows that there is still work to be done when it comes to shifting attitudes and creating safer communities for people who use drugs. People in BC can look forward to seeing "Stop the Stigma" continue throughout 2022.

Visit StopOverdoseBC.ca to find resources and view the campaign video here.	
Engaging People with Lived and Living Experience of Substance Use	MMHA continues to engage people with lived and living experience of substance use through the Provincial Peer Network, a grantee network representing 25 drug user groups from across BC, who share experience and expertise and take action on the ground in communities to respond to the toxic drug crisis. Community Action Teams in 36 communities across BC work with the support of health authorities to plan and undertake multi-sectoral work, including with people with lived and living experience of substance use, leading their communities to collaboratively respond to the crisis. Health authorities are implementing policies and engaging in activities to support the inclusion of peer coordinators, peer participation, and peer perspectives. These activities include: • Hiring peers and peer coordinators to support peer engagement • Developing toolkits and other resources for peer inclusion • Developing peer advisory committees, hosting events by peers for peers • Engaging Indigenous peers • Engaging peers in decision-making committees and action tables MMHA also works with Moms Stop the Harm to provide supports to family members grieving the loss of a loved one to drug toxicity, or supporting loved ones who are currently using substances.

New Investments in Toxic Drug Crisis Response

The Province continues to enhance BC's response to the toxic drug crisis, investing $430 million over three years, through 2024/2025. This includes funding with a focus on overdose prevention services, harm reduction supplies, and increased access to nursing care and interdisciplinary outreach teams.

As First Nations peoples are disproportionately represented in illicit drug toxicity deaths in BC, $24 million over three years will support the First Nations Health Authority with the drug-poisoning emergency response, with an increased focus on addressing the impact of the emergency on First Nations people. $1.13 million has been provided to the Métis Nation BC 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.

Improved access, better quality

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

Expand Access to Affordable Community Counselling	As part of A Pathway to Hope, MMHA has invested in community-based mental health care with an equity-focused approach to ensure adults in British Columbia have access to low-barrier mental health supports. Since 2019, MMHA has provided $20 million in funding to Community Action Initiative (CAI) to administer grants to 49 community-based non-profit and First Nations, Métis, or Urban Indigenous organizations to deliver counselling services. • Since 2019, funded organizations have supported more than 48,000 individuals and families with low-barrier, inclusive counselling services across urban and rural geographies, of which at least 34,000 individuals had not previously accessed counselling services with those agencies. • Grantees have hired more than 140 counsellors, Elders, and traditional Knowledge Keepers; and trained and mentored more than 170 counselling interns and practicum students using these funds. • In the first 3 months of 2022 alone, these services reached 2,789 people who had not previously accessed individual, couples, family, or group counselling from the organization they connected with.

Program Spotlight: Community Counselling

The Community Counselling Fund (CCF) fills a gap in services available to people who cannot access essential mental health care from the formal system or from private counselling practices:

"We were able to recruit experienced counsellors who are trained in trauma therapy to provide vital counselling for those who need it the most and can afford it the least. Though

this is a significant, ongoing, and underserved community need, this was particularly salient during this past year of a global pandemic. Mental-health crises are continuing to be on the rise, with not enough services to support all those in need. This funding has been crucial in providing timely support for many of these individuals."
- Grantee - Pacific Centre Family Services Association

Impact of the Community Counselling Fund

The CCF has direct and lasting impacts on clients, their families and the organizations that provide counselling:

"One thing that is so important is that when I have my own family, I do not want to bring all this burden and trauma and issues onto them. My therapist said that [I am] doing the work to break that cycle for your kids one day. That just made my heart explode. The fact that they just get it. They can empathize with you, and you can touch them as well."
- Client, Grantee - CMHA Prince George

"Our organization has greatly benefited from the CAI Surge Funding as it allowed us to build a base of infrastructure, administrative processes, and materials for programming. Our programming is now integrated well into the workflow of our primary care clinics as well. We also have developed relationships with community partners and elders who acted as co-facilitators [...] Our outreach efforts are now leading to greater community awareness of the services. [A] place-based community mental health approach can flourish to provide great wrap around care, given the appropriate resourcing."
- Grantee - REACH Community Health Centre

Positive outcomes in community

Community-based organizations are important entry points in the continuum of mental health care. They are uniquely situated to cultivate trusting, lasting relationships with clients who would not otherwise seek out care because of prior experiences with the formal health care system or due to cost, geography or other barriers. Community-based counselling organizations, who are often central hubs in their communities, are also well-positioned to connect clients with wraparound supports. As a direct result of the CCF, not only have people accessed counselling services, but people across British Columbia have obtained housing, reconnected with families, formed lasting relationships with others, found support for their substance use, and connected with other programs and services in their community.

"Residents who have been seeing the counsellor are also accessing other harm reduction staff more frequently, reaching out for support to staff and peers more often, have increased capacity for planning and are less isolated."
- Grantee - Peers Victoria Resources Society

"We believe that "burn-out" occurs not because of "difficult clients" but rather because of lack of resources or unresponsive systems. Community counselling can help address this; our clients feel heard and valued because our counsellors are knowledgeable and understand the challenges and strengths of our community." *- Hiiye'yu Lelum (House of Friendship) Society* People with lived and living experience, Indigenous Elders and Knowledge Keepers, social workers, outreach workers, nurses, physicians, and other practitioners work together in the community setting with the shared understanding of how mental health is intimately shaped by the social determinants of health. The CCF continues to demonstrate the positive outcomes of counselling located in the community setting and set an example of the many ways that community nurtures meaningful mental health connections.	
Team-Based Primary Care	This initiative is a component of HLTH's Primary Care Strategy, aimed at creating an integrated system of full-service community-based primary and community care that better supports access to mental health and addiction care. Implementation is well underway with 61 Primary Care Networks and 30 Urgent and Community Care Centres in place. As part of the primary care strategy, 59 of these centres have successfully recruited staff with MHSU specific classifications to ensure increased access to MHSU services. Of those, 232 FTEs are delivering dedicated MHSU services, with more expected as the number of PCNs, Urgent and Primary Care Centres (UPCCs), Community Health Centres (CHCs) and others continues to grow. New MHSU clinical positions include psychologists, counsellors, social workers, outreach workers, and life skill workers.
Provincial Crisis Lines	BC's crisis lines services provide a vital service to British Columbians who need mental health and substance use support. In spring 2022, the Provincial Health Services Authority (PHSA) assumed responsibility of overseeing all crisis line services in BC, which were previously managed by regional health authorities. PHSA and community partners in each health authority are working on a Crisis Line Enhancement Project that will improve the system and give British Columbians access to more reliable, seamless, high-quality crisis line support. This provincial project will support a coordinated and

	effective provincial system that will enhance capacity and build upon the expertise and community connections that exist with current crisis line service providers. As part of the project, in January 2022 the Province announced an additional $2.35 million in annual funding for crisis lines.
Mental Health Act Framework and Standards	MMHA created the *British Columbia Mental Health Act Quality Improvement Framework: Involuntary Admissions — 2019* and supported HLTH in developing provincial standards for involuntary admissions (released December 2020). In December 2020, HLTH released updated *Mental Health Act Standards for Operators and Directors of Designated Mental Health Facilities*, focusing on accountability measures, audit and reporting requirements, cultural safety and humility, training and education, protocols with police, disclosures of personal information, and completion of forms. Provincial *Mental Health Act* standards were developed and endorsed by a provincial advisory committee comprised of senior representatives of health authorities, MCFD, CLBC, MMHA and the First Nation Health Authority. HLTH established quantitative and qualitative provincial audit measures for the completion of the *Mental Health Act* forms. Since 2019 quarterly audits are undertaken by Health Authorities of each designated facility to measure improvements in form completion. Both ministries continue to work together in partnership with the health authorities to identify and act on further opportunities to improve the quality and safety of care. One example of an initiative to improve care is a new patient rights advice service. In spring 2022, government introduced legislation to establish a province-wide independent rights advice service for all patients who are involuntarily admitted to designated facilities under the *Mental Health Act*. The role of the rights advice service will be to explain rights and options available under the Act, 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

	legislation received Royal Assent on June 2, 2022.
Peer Support Curriculum	The "Where We are At: Provincial Peer Support Worker Training Curriculum" was launched in July 2021 and is available at PeerConnectBC.ca. It is the first of its kind, provincially approved curriculum that's been guided and evaluated by existing peer support organizations and people with lived experience in the province – from start to finish. It's designed to enhance support worker training and to ensure quality and consistency across BC. • More than 200 people with lived and living experience participated in the development of the curriculum – through surveys, interviews, participation on expert working groups, and in review processes. • From August 2021 to April 2022, the site had 2,800 visits, with 756 people registered to the site. • As of March 2022, 89 people have completed the "Provincial Peer Support Worker Training Curriculum" and received the certificate, and 85 have completed the "Employers Guide to Supporting and Engaging Peer Workers".

Program Spotlight: Peer Support Worker Curriculum

One of the key objectives outlined in *A Pathway to Hope* is ensuring that when people seek services, "…every door is the right door."

Jonathan Orr, project manager at BCcampus, which developed the Peer Support Worker Curriculum, explains that "We know that if the door you knock on is opened by someone who shares their lived and living experience, the likelihood you will stay connected to care is greatly increased. The unique relational capacity of those with lived and living experience to create bonds of trust and encourage clients toward hope-inducing strategies is one the most powerful and effective interventions in our health-care system. As peer workers, you are always that 'right door.'"

"Lived experience in the service of hope is the greatest expertise humans have."
-Anonymous, Peer Support Worker

The Provincial Peer Support Training Curriculum was created by peers for peers. This work integrates the valuable contributions of peer workers in helping people with mental health, prevention and treatment, stigma, harm reduction, and recovery. We have heard that this has had meaningful impacts both on the mental health and substance use system:

"I was never given any core values to have as a guide to interacting with those I worked with. I only had my own values to rely on. It takes the onus off me knowing that I have a set of standards that are the same across the board. "
-Anonymous, Peer Support Worker

"The fact that the modules were created by people with lived experiences makes it unique."
-Anonymous, Peer Support Worker

The lived expertise of peer-support workers is a powerful and effective tool employed in a wide range of mental health and substance use services throughout the province that can create bonds of trust with service users that result in fewer hospitalizations and a lessening of potential emotional distress.

The creation of the Peer Support Curriculum was also a powerful experience for those involved in its creation. In the words of Millie Schulz, a member of the working group:

"It was cathartic for me to be a part of this project. Helping people find ways to support someone like me gave me confidence that I lacked from the start. The process honestly helped me figure some things out about myself by learning new ways to examine and share them. Many people going into this had some hesitancy – it's a big institutional kind of project, so we were all careful to ensure we didn't get lost in the weeds, worried that we'd say things but not be heard. But that wasn't the case – in the modules I've read, I recognize people's input: direct quotes from some of the people involved. It makes sense, and it was more than I expected."

Millie also shared,

"There's this outsider feeling, and you need these people to connect with because you're a little bit rejected by society. If you're one in 100 people, then you're surrounded by only the other 99, then you feel alien, but if you find the other 1 per cent, then it makes you feel like you're not alone. With peers, you can compare stories and lives, and understand it's just how it was supposed to be at the time."

Expand BounceBack	BounceBack is a free online or phone-based cognitive behaviour therapy program, designed to help adults and youth aged 15+ manage low mood, mild to moderate depression, anxiety, stress or worry. Funding provided as part of *A Pathway to Hope* has helped BounceBack to reach more people throughout BC. An expansion of 2,000 additional BounceBack sessions were funded on a one-time basis as part of the COVID-19 response. • Over three years (to March 31, 2022), a total of 17,784 adults aged 25+ and 4,253 youth aged 15-24 were referred to BounceBack.
Workplace Mental Health	*A Pathway to Hope* includes a commitment to build on existing training and education programs to increase access and expand the reach of workplace mental health training throughout BC. Initially, work has focused on workplace settings significantly impacted by the COVID-19 pandemic — long-term and continuing care; tourism and hospitality; and community social services – that experienced high incidences of mental health claims prior to the pandemic, and employment circumstances that increased their risk of psychological distress. New and expanded resources include: • CareforCaregivers.ca was launched in May 2020. The website provides tailored content for workers and managers in long-term and continuing care. As of January 31, 2022, the site received over 127,000 pageviews and continues to host weekly webinars that have had over 2,700 registrants. • Care to Speak was launched in June 2020. This peer-based text, chat and phone service provides emotional support to healthcare workers and assists with service navigation. They received 300 calls/text as of January 31, 2022. • The Mobile Response Team (MRT) provides psychological first aid to healthcare workers experiencing increased fear, stress, and anxiety due to COVID-19. Between April 1 2020, and March 31st, 2022, the MRT has connected with more than 6,000 individuals and more than 1,400 agencies across the province. • WorkMentalHealthBC.ca, BC's Hub for workplace mental health was launched in April 2021. The Hub

	provides workshops, webinars, and information to support employers and employees, particularly those who work in the tourism, hospitality, and community social services sectors. The Hub has received over 21,000 pageviews and continues to grow. • It also hosts the the CARE Training Program, a three-level, self-paced training course in workplace mental health for employees, managers, senior leaders, and human resource professionals. • Tailgate Toolkits delivered through the Vancouver Island Construction Association (VICA) is made-in-BC trades-specific harm reduction education and training that connects workers with valuable information, supports and local resources available to people who use substances. The training is free of charge and can be delivered in-person or virtually upon submission of an application form on the website. As VICA is a registered distribution site with the BCCDC's Take-Home-Naloxone Program, Tailgates Toolkits can also supply Naloxone kits to workers who partake in training.
WellBeing.gov.bc.ca	Wellbeing.gov.bc.ca has been launched to help people living in BC find mental health and substance use supports. The site was designed to help citizens who may be searching for supports for the first time by offering an intuitive guided search and curated lists of supports specific to their interests. Wellbeing also offers trusted information about commonly searched mental health and substance use topics, written to be accessible for a wide and diverse audience across the province.

Moving forward

Through Budget 2019, government invested $74 million into building a better, more integrated system of mental health and substance use care, under *A Pathway to Hope.* Through this strategy, we began a long-term plan to transform BC's mental health and substance use system. Budget 2021 made a historic investment of $500 million to continue to expand mental health and substance use services to better connect people to the culturally safe and effective care they need. Budget 2022 continued to support actions of *A Pathway to Hope*, and it is estimated that, government-wide, the Province spends approximately $3.3 billion annually on mental health and substance use service delivery.

MMHA works across government – with the Ministry of Public Safety and Solicitor General (PSSG) on crisis response in communities; with Ministry of Housing on homelessness and supportive housing initiatives; with MCFD and ECC on more integrated service delivery for children, youth and young adults; with HLTH on health human resource planning; supporting vulnerable populations across the social sector - and much more – to ensure systemic change that is coordinated, meaningful, and puts people at the centre.

Though we have made a tremendous amount of progress towards the priority actions outlined in *A Pathway to Hope's* three-year action plan, unprecedented societal and environmental events over the past three years, along with the continuing toxic illicit drug supply, have created even greater need for mental health and substance use services. These challenges provide us with the opportunity to reassess our focus within the context of a changing and evolving landscape around us while we celebrate the progress we have made. Our work has grown beyond the actions originally outlined in *A Pathway to Hope.* We are looking ahead to how the needs of British Columbians are evolving, and we are taking action to address these necessary changes in mental health and substance use care.

As we move beyond our initial three-year plan, we continue to build on our progress and drive the change that will make a difference to those impacted by the toxic drug crisis. Going forward our resolve is deepened to improve the lives of those who continue to struggle with mental health and substance use and develop a comprehensive, integrated continuum of care spanning from harm reduction supports to treatment and recovery services.

This commitment is reflected in new historic levels of targeted investments to scale up detox, treatment and recovery services across the full spectrum of care so people can find and stay connected to vital supports. Our focus includes finding ways to act early to support young people at risk, like expanding supports in their communities through new Foundry centres and other early intervention and prevention actions that can stop small problems from becoming bigger down the road. These efforts continue to recognize the

underlying causes that lead people to use drugs, including the ongoing effects of colonialism and intergenerational trauma. Prevention is a key strategy and we are working across government on a range of initiatives, including new housing, food security and crisis supports in communities. Our goal is to always be there with the support and care people need, when they need it, to save and change lives for the better.

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CHILDREN, YOUTH AND YOUNG ADULSTS MENTAL HEALTH AND SUBSTANCE USE - OVERVIEW

Introduction:

- Improving Wellness for Children, Youth, and Young Adults

Background:

- 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 diagnosis[1] 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 concurrently.[4]
- Indigenous children and youth are at higher risk for mental health and substance use challenges due to systemic inequities and the historical and ongoing impacts of colonialism.[5]
- The Ministry of Mental Health and Addictions (MMHA) continues to build an integrated network of services to support children, youth, young adults and their families by promoting mental wellness.
- These services are 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.
- Prevention and early intervention are critical because 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 conditions.[6.]
- MMHA provides coordination and governance for the provincial child, youth and young adult (CYYA) MHSU system. Services are delivered by partners in the Ministry of Children and Family Development (MCFD), school districts (overseen by the Ministry of Education and Child Care (ECC)), regional health authorities, Provincial Health Services Authority, First Nations Health Authority, Foundry, and community and Indigenous partners through contracts and grants.
- MMHA is the provincial government lead on Foundry (**see related note: Foundry**) and Integrated Child and Youth (ICY) teams (**see related note: Integrated Child and Youth teams**) and oversees funding and implementation of non-acute, community-based CYYA MHSU services delivered by regional health authorities and Provincial Health Services Authority. This includes youth substance use beds, non-bed-based youth substance use services, Early Psychosis Intervention program, and Youth Concurrent Disorders program.

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[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_bcahs_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

Ministry/Government Actions to date:

- MMHA works with Indigenous partners, cross-ministry partners, health authorities, people with lived and living experience and other system partners to build an integrated, seamless system of mental health and substance use supports for young people and their families.
- Through key investments in Budgets 2021 and 2023, and together with partners, MMHA is implementing the following priority actions for children, youth, young adults and families:
    - Expanding ICY Teams to 20 school district communities across the province (**see related note: Integrated Children and Youth (ICY) Teams**).
    - Expanding the Foundry network of youth health and wellness centres and virtual supports, bringing the total to 35 centres province-wide once complete (**see related note: Foundry**).
    - Creating new and expanded youth substance use beds and non-bed-based services across the province (**see related notes: Youth Substance Use Beds and Youth Substance Use Services**).
- Other Initiatives:
    - Supporting MCFD's implementation of two Step Up/Step Down services: High Intensity Outreach Services (Maple Ridge-Pitt Meadows, Richmond, Comox Valley, Coast Mountains, and Okanagan-Similkameen), and two Maples Adolescent Treatment Centre satellite sites providing specialized programs in Prince George and Coldstream.
    - Supporting the expansion of Early Childhood Intervention services to provide enhanced support to children with social, emotional, and/or developmental challenges through partnerships with community-based agencies in the same communities that are implementing ICY Teams.
    - Mental Health in Schools Strategy (MHiS), led by ECC with support from MMHA, which embeds positive mental health and wellness programs and services for students in all school districts.
    - Enhanced support for pregnant and parenting individuals with substance use challenges through the Provincial Perinatal Substance Use Program delivered by BC Women's Hospital and Health Centre.
    - Supported implementation of Feelings First, led by Child Health BC (a program of Provincial Health Services Authority) and the BC Healthy Child Development Alliance, promoting early childhood social emotional development.
    - Expanded the Canadian Mental Health Association-BC Division's program Confident Parents: Thriving Kids (CP:TK), through funding MCFD's contract for this program. CP:TK supports parents with children aged 3-12 experiencing behavioural or anxiety challenges.
    - Supported MCFD's implementation and expansion of Everyday Anxiety Strategies for Educators, providing training and resources for educators of K-12 students.
    - Launched Here2Talk, a 24/7 mental-health counselling and referral service for post-secondary students through the Ministry of Post-Secondary and Future Skills.
    - Enhancing and expanding Early Psychosis Intervention (EPI) services delivered by health authorities by funding approximately 100 new full-time professionals and increasing the number of staff in all program areas. EPI services aim to reduce the severity of psychosis by providing comprehensive treatment to those aged 13-30 experiencing the early signs of psychosis.
    - Implementing new Youth Concurrent Disorder clinician FTEs province-wide to support transition-age youth living with concurrent mental health and substance use disorders. Health authorities prioritize youth transitioning from government care for this service and collaborate with MCFD at the local and regional levels to support access for this vulnerable population.

Budget/Expenditures:

- Budget 2023 provided $236.42M over three years to increase services for young people, including $74.9M for expansion of the Foundry network of service and $105M 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, over the next years, to improve wellness for children, youth, and young adults. Highlights include:
  - Early Psychosis Intervention: $75M
  - Foundry: $78.27M
  - Integrated Child and Youth teams: $101M
  - Mental Health in Schools: $15M
  - Early Childhood Services: $30.6M
  - Step Up/Step Down: $22.4M
  - 123 Youth Substance Use Beds: $50.55M

Approvals:

September 20, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives Division
October 10, 2024 – Grant Holly, EFO, Corporate Services Division.
October 15, 2024 – Jonathan Dubé, Acting Deputy Minister

FOUNDRY

Introduction:

- Foundry services are a critical part of a seamless, coordinated mental health and addictions system of care that better meets the needs of youth and their families.

Background:

- Foundry is a province-wide network of in-person centres and virtual supports, offering young people aged 12-24 and their families access to integrated health and wellness services. Foundry provides primary care, mental health and addiction supports, sexual health care, youth and family peer support, and social services at centres and province-wide through Foundry Virtual.
- 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 operation of Foundry centres and virtual services.
- The Ministry of Mental Health and Addictions (MMHA) is the provincial government lead for the Foundry initiative, providing funding for centre establishment and core services.
- Funding from the Province comprises most of Foundry's budget, including both one-time and base operating funding. Foundry receives additional funding through grants and philanthropic donations, which are generally used for one-time centre costs and research activities led by FCO.
- The Foundry model integrates existing services in communities, including through in-kind contributions. 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.
- Each Foundry centre is operated by a lead agency. Youth-serving non-profit and health/social service organizations, including health authorities and Indigenous nations/service providers, are eligible to be lead agencies.
- The selection of new communities to receive a Foundry centre, and lead agencies to operate them, is done through a province-wide application process led by FCO. Selection is informed by independent panels of youth, families, and subject matter experts/system partners, including local Indigenous and service delivery partners in the given communities.
- Foundry Governing Council (FGC), chaired by MMHA, supports Executive-level dialogue between partner ministries (Health, MCFD, Education and Child Care, and SDPR), PHC, and FCO to provide strategic oversight, ensure alignment with provincial direction, and support integration of Foundry services into the broader system of care for young people.
- With expansion and increased government funding, MMHA is working with Providence Health Care and Foundry Central Office to review and strengthen governance (including for expansion projects).
- A summary of Foundry reporting can be found in **Appendix A** for 2023/24 and **Appendix B** for Q1 – 2024/25.

Ministry/Government Actions to date:

<u>Foundry BC Expansion:</u>

- There are currently 17 Foundry centres open throughout the province in Vancouver-Granville, North Shore (North Vancouver), Campbell River, Abbotsford, Ridge Meadows, Kelowna, Prince George, Victoria, Penticton, Terrace, Comox Valley, Langley, Richmond, Cariboo-Chilcotin (Williams Lake), Sea to Sky (Squamish), Port Hardy, and East Kootenay (Cranbrook).

- In addition, 18 new Foundry centres are in development in Burns Lake, Surrey, Fort St. John, Tri-Cities, Kamloops, Sunshine Coast, Vernon, Powell River (qathet), Vanderhoof, Quesnel, Burnaby, South Surrey (White Rock/Cloverdale), Chilliwack, West Kootenay/Boundary Region, Snuneymuxw/Nanaimo, Sooke-West Shore, Port Alberni, and Vancouver.
- Foundry centres have developed in a series of five phases to-date.

Budget 2019

- Through Budget 2019, and as part of *A Pathway to Hope*, the Province committed to expanding Foundry from 11 centres by a further eight centres. It also included funding for FCO operations, increased operating budgets for the 11 existing centres, and investment to support Foundry's capacity to deliver culturally safe and relevant services.
- Six of these eight centres are now open (Comox Valley, East Kootenay, Port Hardy, Langley, Sea to Sky, and Cariboo Chilcotin). The remaining two centres will be in Burns Lake and Surrey, which are both estimated to open by Spring 2025.

Budget 2021

- Budget 2021 committed funding for four additional Foundry centres, for a total of 23 centres implemented or in development province-wide.
- This phase was built upon the previous community selection process, with the following communities selected from applications shortlisted in the 2019/20 selection process: Fort St. John, Kamloops, Tri-Cities, and Sunshine Coast. These centres are currently in development.

Budget 2023

- Budget 2023 included funding for 12 additional Foundry centres to bring the provincial total to 35 centres once the current Phase 5 expansion is complete.
- Two of the 12 communities (Powell River/qathet and Vernon) were announced in July 2023. Similar to the Budget 2021/Phase 4 centres, these communities had been shortlisted during the 2019/20 centre selection process.
- Foundry led an application process to select the remaining 10 communities for the Phase 5 expansion from November 2023 to January 2024, receiving 22 applications.
- The 10 communities selected were announced in March 2024: Vanderhoof, Quesnel, Burnaby, South Surrey, Chilliwack, West Kootenay/Boundary Region, Snuneymuxw/Nanaimo, Sooke-West Shore, Port Alberni, and Vancouver. Each of these centres is currently under development.
- Budget 2023 also committed funding to increase service delivery at existing centres and for enhancements to the Foundry BC app and virtual platform.

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 working to integrate its virtual platform – to date, it has been implemented at the Richmond, Cariboo-Chilcotin, Port Hardy, and East Kootenay centres. This will provide benefits to both clinicians and young people, support enhanced data collection and monitoring, and improve service accessibility by enabling both in-person and virtual services to be scheduled via the app.

Budget/Expenditures:

- Through Budget 2023, the ministry is providing $74.9M 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 $1.5M toward the

establishment of each new centre.

Approvals:
September 17, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
September 25, 2024 – Grant Holly, EFO, Corporate Service Division
October 15, 2024 – Jonathan Dubé, Acting Deputy Minister

Foundry quarterly and annual reporting: 2023/24 Q4 and 2023/24 fiscal year

Foundry Central Office (FCO) prepares quarterly and annual (fiscal year) reports including a Foundry Toolbox data report and centre progress report. The 2023/24 Q4 reporting (January 1 – March 31, 2024) also includes FCO's 2023/24 fiscal year financial report on its funding received from MMHA.

BACKGROUND:

Key takeaways from the **Q4** Toolbox data report include the following:

- 6,687 unique young people accessed Foundry services in Q4 (a 2% increase over the Q3 rate of 6,545 unique young people).
- There was a total of 20,071 visits in Q4 (a 9% increase over the Q3 rate of 18,460 visits).
- Foundry Virtual accounted for 15% of new young people accessing Foundry.
- Approximately 54% of young people accessing Foundry services (in-person or virtual) were aged 14-19, while approximately 24% were aged 21 – 24.
- 13% of Foundry clients identified as gender diverse, 56% identified as female and 29% identified as male.
- 18% of Foundry clients identified as Indigenous. The majority of young people accessing Foundry (68%) identified as Caucasian.
- 30% of young people accessing Foundry services indicated that they would not have sought help had Foundry services not been available.
- 43% of young people accessing Foundry services self-rated their mental health as fair, 36% as poor, 16% as good, 3% as very good, and 1% as excellent.

Key takeaways from the **fiscal year (2023/24)** Toolbox data report are included below. Note that for some metrics, Foundry refined the specific metric between its 2022/23 and 2023/24 data collection or submitted revised 2022/23 figures based on its finalized data analysis. As such, some metrics may not be directly comparable between 2022/23 and 2023/24; footnotes are included below to clarify where that is the case. MMHA staff continue to work with Foundry to support standardized data counting across periods.

- 16,047 unique young people accessed Foundry services in FY 2023/24, an increase from 15,809 in 2022/23.[1]
- There was a 5% increase in total visits between FY 2022/23 and FY 2023/24 (74,594 in FY 2022/23[2] vs. 78,690 in FY 2023/24).
- Foundry Virtual accounted for 13% of new young people accessing Foundry

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[1] Foundry's FY 2022/23 Toolbox data report had initially reported serving 17,567 unique young people in 2022/23 though this figure has since been updated to 15,809 following completion of Foundry's internal data analysis.
[2] Foundry's FY 2022/23 Toolbox data report had initially reported 72,175 total visits in 2022/23, though this figure has since been updated to 74,594 following completion of Foundry's internal data analysis

services.[3]

- There was an increase in total in-person visits to Foundry centres between FY 2022/23 and FY 2023/24 (65,185 in 2022/23 vs. 72,061 in 2023/24), and a decrease in total visits to Foundry Virtual between these two years (6,990 vs. 6,629).[4]
- Approximately 25% of young people accessing Foundry centres or virtual services were aged 21 or older, while the highest percentage of youth (under 19) accessing services were ages 16 and 17 (each accounting for 10% of clients).
- 11% of Foundry clients identified as gender diverse, 58% identified as female and 30% identified as male.
    - In FY 2022/23, approximately 17% identified as gender diverse, 58% identified as female and 24% identified as male.
- 17% of Foundry clients identified as Indigenous. The majority of Foundry clients (66%) identified as Caucasian.
    - In FY 2022/23, 15% identified as Indigenous, with the majority (65%) identifying as Caucasian.
- 28% of young people accessing Foundry indicated that they would not have sought help had Foundry services not been available (this figure was 30% in FY 2022/23).
- 42% of young people self-rated their mental health as fair, 38% as poor, 16% as good, 4% as very good, and 1% as excellent.
    - In FY 2022/23, 39% of young people self-rated their mental health as fair, 43% as poor, 14% as good, 3% as very good, and 1% as excellent.

DISCUSSION:

The Q4 Foundry centre progress report, including status updates on issues identified in the Q3 report, is summarized in Appendix A.

Foundry continues to see high levels of unique youth accessing services, visits, and the number of services being accessed. New updates such as the expansion of centres and the Foundry Virtual platform, the implementation of new Physician contracts, and strategies to reduce service delivery gaps are expected to contribute to the continued successes of this program.

Program ADM/Division: Francesca Wheler, Child, Youth, Indigenous Partnerships and Communities Initiatives Division
Program Contact (for content): Kristina Ponce, Senior Director, Strategic Policy & Integration
Drafter: Bryce Caetano, Policy Analyst
Date: July 15, 2024

[3] A direct comparison to the 2022/23 figure is not possible as Foundry shifted this metric in its 2023/24 reporting (from "new virtual registrations" to "new young people accessing virtual services").

[4] The FY 2022/23 figures have been pulled from the FY 2022/23 Toolbox report, and the FY 2023/24 figures have been pulled from the attached FY 2023/24 Toolbox report. Foundry reports that it is currently updating its methodology for the "number of visits" metric to align with indicators defined by the Canadian Institute for Health Information.

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DISCUSSION:

The Q1 Foundry centre progress report, including status updates on issues identified in the FY 2023/24 Q4 and annual reports, is summarized in the table beginning on the following page.

Foundry continues to see high levels of unique youth accessing services, visits, and the

number of services being accessed, with levels being comparable with previous fiscal years. New updates such as the expansion of centres and the Foundry Virtual platform, the implementation of new Physician contracts, and strategies to reduce service delivery gaps will contribute to the continued successes of this program.

Program ADM/Division: Francesca Wheler, Child, Youth, Indigenous Partnerships and Communities Initiatives Division
Telephone: 778-974-2164
Program Contact (for content): Kristina Ponce, Senior Director, Strategic Policy & Integration
Drafter: Bryce Caetano, Policy Analyst
Date: August 7, 2024

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INTEGRATED CHILD AND YOUTH TEAMS

Introduction:

- Implementation of Integrated Child and Youth (ICY) Teams.

Background:

- ICY Teams are an important part of BC's commitment to build a comprehensive system of care for children and youth.
- ICY Teams serve children and youth aged 0-19 with the flexibility to continue care up to 21 years old, if needed, to ensure smooth and appropriate transitions.
- ICY team members work in an integrated way to deliver multidisciplinary wrap-around mental health and substance use supports and services to children, youth and their families/caregivers, connecting them to the care they need, where and when they need it – at school and in the community.
- Services are provided in both flexible and traditional community settings (e.g., park, coffee shop, office), working closely with schools, early years services, and primary care, and connecting children and youth to specialized and higher intensity services when needed.
- To ensure an integrated approach, the Ministry of Mental Health and Addictions (MMHA) works across government with the three key employer organizations for core (clinical and non-clinical) team members:
    - Ministry of Children and Family Development (Child and Youth Mental Health clinicians, and FamilySmart under contract for family peer support workers);
    - School Districts (school-based clinical counsellors and youth peer support workers); and,
    - Health Authorities (ICY program leaders, youth substance use or concurrent disorder clinicians, and administrative support).
- Specific roles serving Indigenous children, youth and families are also being embedded in each ICY Team, via health authorities and/or contracted Indigenous partners. The teams and employer organizations also work closely with First Nations Health Authority (FNHA), Métis Nation BC, urban Indigenous service providers, and individual Nations.
- Additional collaboration in community occurs with other service providers such as Foundry, Primary Care Centres, and local community service organizations.
- ICY teams are supported by a Provincial Support Office, housed within MMHA.
- Governance of ICY Teams includes provincial and local-level committees.

Ministry/Government Actions to date:

- The Province committed to implement ICY Teams in 20 school district communities by 2024, to be operational in fiscal year 2025/26. There are a total of 39 ICY Teams being established across the 20 school district communities.
- ICY Teams are operating or being implemented in the following communities:
    - Phase 1: five communities announced in 2019 and 2020: SD42 Maple Ridge-Pitt Meadows; SD71 Comox Valley; SD82 Coast Mountains (Terrace, Hazelton); SD53 Okanagan-Similkameen (Oliver, Osoyoos); and SD38 Richmond. ***All are serving children and youth.***
    - Phase 2: seven communities announced in February 2023: SD78 Fraser-Cascade (Hope, Agassiz/Harrison)*; SD20 Kootenay-Columbia (Castlegar/Trail); SD75 Mission*; SD68 Nanaimo-Ladysmith*; SD83 North Okanagan-Shuswap (Salmon Arm)*; SD70 Pacific Rim (Port Alberni)*; and SD47 qathet*. ***Those with * are serving children and youth as they continue to scale up implementation.***
    - Phase 3: eight communities announced in April 2024: SD49 Central Coast (Bella Coola – Bella Bella); SD79 Cowichan Valley; SD37 Delta; SD74 Gold Trail (Lytton, Cache Creek, Lillooet); SD58

Nicola-Similkameen (Princeton, Merritt); SD59 Peace River South (Dawson Creek, Chetwynd); SD69 Qualicum; and SD36 Surrey (neighbourhood to be determined). ***All are in recruitment and implementation stages, not yet serving children and youth.***

- Hiring status, by phase (average):
  - Phase 1: approx. 80% hired
  - Phase 2: approx. 70% hired
  - Phase 3: hiring beginning
- Teams in the Phase 1 communities serve an average of 1,447 children and youth per month (August 2023 – March 2024).

Budget Expenditures:

- The Province has committed $101M over three years to implement ICY teams in 20 school district communities by 2025.

Approvals:

September 27, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiative
October 3, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

YOUTH INVOLUNTARY CARE

Introduction:

- Advice/Recommendations
- The law respecting the consents required for a child or youth under 19 to access substance use treatment may fall under various statutes depending on the given circumstances, including the *Mental Health Act*, *Infants Act*, *Family Law Act*, and *Child, Family and Community Service Act*.

Background:

- Advice/Recommendations
- A child or youth may be admitted via the process above. If they are under 16, their admission may also be based on their parent/guardian's consent without the need for the child or youth to consent themselves.
- Advice/Recommendations
- In BC, there is no legislated age at which a child or youth is deemed capable of providing, or withholding, consent to healthcare services. Whether or not a healthcare service will be provided to a child or youth will depend on the specific circumstances.
- The *Family Law Act* provides that a child or youth's legal guardian is responsible for giving, refusing, or withdrawing consent to medical and other health-related treatments for the child or youth. This only applies, however, if the criteria under the *Infants Act* is not met for the child or youth to provide, or withhold, the consent themselves.
- The *Child, Family and Community Service Act* (CFCSA) allows a delegated child protection worker to apply for a court order authorizing healthcare for a child or youth, if two medical practitioners confirm that it is necessary to preserve the child or youth's life or prevent serious or permanent impairment to their health. This type of order can be sought for any child or youth, not solely those in foster care under the CFCSA.
- The Ministry of Children and Family Development (MCFD), as the ministry responsible for the CFCSA, has advised that this CFCSA provision is rarely used and in practice, has been used primarily for young children where the parent is unwilling to consent to lifesaving medical treatment.

Ministry/Government Actions to date:

- Since 2000, there have been both private members' bills and government bills aimed at enabling broader involuntary care of children and youth (also known as secure care and safe care):
  - *The Secure Care Act* in 2000 (Bill 25) received Royal Assent though was not brought into force. It applied to youth aged 12 and older (or younger by exception) with emotional/behavioural conditions that present a high risk of serious harm or injury to themselves, who are unable or unwilling to take steps to reduce the risk.
  - Private members bills in 2017, 2018, 2019, and 2024 did not proceed beyond First Reading.
    - The 2019 bill, which was substantially similar to the 2017 and 2018 bills, applied to youth aged 12 and older (or younger by exception) who are at risk of serious harm, if there is no less intrusive measure available to keep them safe.
    - The 2024 bill applied to youth aged 12 and older (or younger by exception) with severe substance misuse/addiction or who are being, or are likely to be, commercially sexually exploited.
  - MHA amendments introduced in 2020 (Bill 22) were paused to enable further engagement in 2021/22. It provided for short-term involuntary stabilization care for children and youth under 19 who were engaged in severe problematic substance use and had experienced an overdose. Under the bill, longer-term substance use treatment could not be provided without the child or youth's consent.
    - In response to concerns raised in the 2021/22 engagements, including concerns about re-traumatization of Indigenous youth and communities, a decision was made not to reintroduce Bill 22 and to instead focus on improving the voluntary system of mental health and substance use care for children and youth.
- Involuntary care legislation has been criticized for its potential to disproportionately impact Indigenous youth and females (the latter where risk of sexual exploitation is grounds for involuntary care), a lack of procedural limits, and a lack of evidence on the effectiveness of involuntary care.[1] Specifically, some research has noted increased overdose rates and eroded trust in the healthcare system following care.[2]
- The Office of the Representative for Children and Youth (RCY) has expressed seemingly conflicting views regarding involuntary care, likely reflecting differing opinions of individual RCYs:
  - In 2017, then-RCY Bernard Richard issued a statement in support of secure care as part of a "well-integrated and robust cross-ministerial network of support and services for children and youth".[3]
  - In 2020, the RCY expressed concerns with the Bill 22 MHA amendments, noting that "short-term, involuntary periods of hospitalization can further alienate young people from their families and community supports and… may put some youth at greater risk… of relapse upon discharge."[4]
  - The RCY's 2021 report "Detained: Rights of children and youth under the *Mental Health Act*" notes that involuntary admission is a "powerful tool that can be misused and generate harm".[5]
- Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, and New Brunswick have some form of youth involuntary care legislation.

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[1] British Columbia Law Institute (2019): Analysis of the BC Safe Care Act Bill. Analysis of the BC Safe Care Act Bill - British Columbia Law Institute (bcli.org)

[2] Pilarinos, A., Kendall, P., Fast, D., DeBeck, K. (2018). Secure care: more harm than good. Canadian Medical Association Journal. 190 (41). https://doi.org/10.1503/cmaj.180700

[3] From a Statement from the RCY, April 10 2017, secure_care_statement_10_april_2017.pdf (rcybc.ca)

[4] From a Statement from the RCY, June 23, 2020. Stabilization-statement.June_.2020.pdf (rcybc.ca)

[5] "Detained: Rights of Children and Youth under the *Mental Health Act*" (page 4)

Budget/ Expenditures:

- N/A

Approvals:
October 7, 2024 – Francesca Wheler, ADM, CYIPCI
October 8, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
October 11, 2024 – Jonathan Dubé, Acting Deputy Minister

YOUTH SUBSTANCE USE (YSU) BED IMPLEMENTATION

Introduction:

- The Province continues to fill critical gaps in substance use services, treatment, recovery, and aftercare options for children, youth, and young adults including youth substance use beds.

Background:

- As of September 2024, there are 208 health authority funded community-based youth substance use beds across the province providing services to young people aged 12-24 (facilities may apply more specific age criteria within this range).
- In August 2020, government announced 123 new youth substance use beds across the province:
  - 115 community-based treatment and withdrawal management beds allocated to regional health authorities, increasing access to bed-based services closer to home.
  - Eight provincially accessible specialized treatment beds through the Provincial Health Services Authority (PHSA) and service enhancements to 37 existing provincially accessible beds across the province.
- 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. They 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 hospital-based acute and emergency services related to youth substance use.
- The Child, Youth, Indigenous Partnerships and Community Initiatives Division of the Ministry of Mental Health and Addictions (MMHA) oversees funding and implementation of community-based (non-acute/emergency) youth substance use beds in regional health authorities and PHSA.

Ministry/Government Actions to date:

- Of the 123-bed investment announced in 2020, 90 beds have been implemented and, as of September 2024, 39 beds are in the planning stage.
  - Recent additions include: 10 beds operated by Orca Lelum Youth Wellness Centre in Lantzville, and 28 beds operated by Covenant House in Vancouver
- Previous investments in youth substance use (YSU) treatment and recovery beds include:
  - In 2017/18, one-time funding of $3.7M to Fraser Health Authority (FHA) to implement 20 youth live-in treatment beds and intensive outpatient treatment services at Traverse (Chilliwack), a facility which opened in Chilliwack in August 2020.
  - Since 2017, additional base funding for specialized youth treatment beds and services and one-time funding for specialized substance use treatment beds for adults and youth.
- Utilization of youth substance use beds fluctuates across health authorities and bed types. At a given time, there could simultaneously be wait times and low utilization across youth bed-based services.
- 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. Wait times may also be impacted by health human resource challenges that Health Authorities and contracted service providers experience, particularly acute for withdrawal management beds where the need for 24/7 care makes recruitment more challenging.
- Youth bed-based treatment may see lower utilization rates than adult bed-based treatment due to youth and family hesitancy to access services outside of their home community, which remove them from friends, family, and school connections. Hesitancy to access residential treatment options may be

particularly pronounced for Indigenous youth and families given intergenerational trauma from residential schools.

- The utilization rates for youth substance use beds may also reflect increased uptake in non-bed-based health authority services through investments in Budgets 2021 and 2023 (see related note: "Youth Substance Use Services").
- MMHA is working with health authorities and service delivery partners to address youth substance use bed utilization rates and reduce wait times.

Advice/Recommendations

Advice/Recommendations

Budget/ Expenditures:

- Government will invest $50.55M from 2024/25 through 2026/27 to support 123 new youth substance use beds and enhance provincially accessible specialized beds.

Approvals:
September 25, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

YOUTH SUBSTANCE USE DATA

Introduction:
The Ministry of Mental Health and Addictions (MMHA) relies on data to support evidence-based policy development.

Background:

- Decision making and planning in the youth substance use system of care is informed by internal and external data sources, including population health data available through the Ministry of Health's Health System Information Portal, BC Coroners Service (BCCS) and BC Centre for Disease Control (BCCDC) data on illicit drug deaths, and reports from the Provincial Adolescent Health Survey administered by the McCreary Centre Society, UBC Human Early Learning Partnership[1] and other research partners.
- Engagement with clinical and system experts, as well as people with lived and living experience, also informs policy development, including through the Ministers' Advisory Council on Youth Substance Use and advisory groups that guided the development of the draft Provincial Child, Youth and Young Adult Substance Use and Wellness Framework.

Key outcomes/stats:
Data on 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 opioid use disorder (OUD) has remained stable and low provincially, and among people aged 19-24, the rate has been decreasing since 2017.
- The 2023 Provincial Adolescent Health Survey (AHS)[4,5] showed that when compared to AHS in 2018:
  - More youth report having an addiction to alcohol or another substance (5% in 2023 vs 3% in 2018)
  - Youth are using substances at an earlier age (those age 12 or younger is 15% vs 14% in 2018)
  - Use of mushrooms and misuse of prescription drugs among youth has increased (6% vs 5% in 2018)
  - Use of alcohol, cannabis, ecstasy/MDMA among youth has decreased (2% vs 3% in 2018)
  - There was a decrease in youth who had vaped (26% in 2023 vs 27% in 2018) and who had smoked tobacco (15% in 2023 vs 18% in 2018).
  - There has been a decrease in youth using substances other than alcohol or cannabis (14% vs 16% in 2018)
- In 2018, 54% of youth who reported a substance use challenge also reported a mental health condition. An updated figure was not included in the 2023 AHS report.

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[1] Includes the Childhood Experiences Questionnaire (CHEQ), Early Development Instrument (EDI), Middle Years Development Instrument (MDI), and Youth Development Instrument (YDI).
[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.

Opioids[6]:

- Opioid use appears to represent a minority of youth substance use challenges in comparison to other types of substances:
  - 3% of youth reported needing help/being told they needed help for alcohol use
  - 4% reported the same for cannabis use
  - 5% reported the same for vaping, and
  - 1% reported the same for other substances, including opioids.
- Reported lifetime use of any opioid, including fentanyl, was 1% among youth in 2023. Previous surveys only asked about lifetime use of heroin (not all opioids), which was reported at 1% in 2018.

Youth and Young Adult Drug Toxicity Deaths

- Illicit drug toxicity was the leading cause of death for BC youth aged 10-18 in 2022 and 2023.[7]
- 2023 data on youth (ages 0-18) shows the following:
  - There were 28 youth deaths from illicit drug toxicity (13 males, 15 females)
  - Fraser Health Authority saw the highest youth deaths (8), followed by Interior Health Authority (7), Vancouver Island Health Authority (6), Vancouver Coastal Health Authority (5) and Northern Health Authority (2).[8]
- This is a decrease of 22% from the 2022 provincial figure and the lowest number of illicit drug toxicity 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 2.8 per 100,000 in 2023 (the lowest per capita rate for this age group since 2020).[10]
- From January to June 2024, there were 12 youth (ages 0-18) illicit drug toxicity deaths, representing a rate of 2.3 deaths per 100,000.[11]
- 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.[12] From the years 2016 to 2019 there was an average of 17.5 unregulated youth drug toxicity deaths per year. From 2020-2023 there was an average of 28.25 youth drug toxicity deaths per year.[13]
- There were 341 young adult deaths (ages 19-29) in 2023, representing the highest ever illicit drug toxicity deaths for this age group in a single year. However, the rate declined slightly for this age group on a per capita basis from 42.6 per 100,000 in 2022 to 40.3 per 100,000 in 2023.[14]
- From January to June 2024, there were 167 deaths in the 19-29 age group (37.3 deaths per 100,000).
- Fentanyl or its analogues were detected in 83% of all child and youth illicit drug deaths, either alone or in combination with other substances, between January 1, 2017, and December 31, 2023.[15]

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[6] 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.
[7] BCCDC Mortality Context Application.
[8] BC Centre for Disease Control Unregulated Drug Deaths (HA/HSDA indicators). Note that BCCDC did not disclose the specific number of deaths for Northern Health Authority as it is <5. This figure is an inference based on the total provincial number.
[9] BC Coroners Service. Unregulated Drug Deaths in .C (to June 30, 2024). Posted July 30, 2024, retrieved August 30, 2024.
[10] Ibid.
[11] Ibid.
[12] Ibid.
[13] BC Coroners Service Youth Unregulated Drug Toxicity Deaths in British Columbia: January 1, 2017 – December 31, 2023.

[14] BC Coroners Service. Unregulated Drug Deaths in BC (to June 30, 2024). Posted July 30, 2024, retrieved August 30, 2024.
[15] BC Coroners Service Youth Unregulated Drug Toxicity Deaths in British Columbia: January 1, 2017 – December 31, 2023.

Youth Emergency Department Visits and Hospitalization for Substance Use[16]

- In 2022/23, there were 1,265 hospitalizations reported province-wide for those aged 0-25 where the primary diagnosis was drug or alcohol abuse/dependence (22% were youth aged 0-18). This represents a decrease on a per capita basis from the preceding two years.
- In 2022/23, there were 6,117 Emergency Department visits (with no related hospital admission) reported for those aged 0-25 where the primary diagnosis was drug or alcohol abuse/dependence (29% were youth aged 0-18). This represents an increase on a per capita basis from the preceding two years.

Budget/ Expenditures:

- N/A

Approvals:

October 10, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

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

YOUTH SUBSTANCE USE SERVICES

Introduction:

- Together with bed-based youth substance use (YSU) services, health authorities provide non-bed-based YSU services to help meet the needs of young people struggling with substance use.
- Services across the continuum of care include prevention, early intervention, treatment and recovery, and harm reduction supports.
- The Ministry of Mental Health and Addictions (MMHA) has been working with health authorities and other system partners to address gaps in youth substance use services with the goal of building a comprehensive system of care.

Background:

- The toxic drug crisis continues to have a tragic impact on young people and their families **(see related note: Youth Substance Use Data)**.
- Regional health authorities, Provincial Health Services Authority (PHSA), and First Nations Health Authority deliver community-based youth substance use services, with MMHA overseeing provincial funding and working with the health authorities to support service implementation.
- Across the province, availability of youth substance use services can vary. Some rural and remote communities have limited services, compounded by health human resource challenges.
- Through Budgets 2021 and 2023, the Province has aimed to fill gaps and improve consistency of youth substance use service availability, through new and expanded services across the province including new outreach teams and virtual supports for rural and remote communities.
- The Province is implementing and expanding a suite of evidence-based and culturally safe programs and supports that focus on problematic substance use prevention for children, youth, and young adults, and connecting young people to integrated care early before small needs become large including the following:
    - Foundry in-person and virtual supports **(see related note: Foundry)**,
    - Integrated Child and Youth (ICY) teams (**see related note: Integrated Child and Youth teams)**, and
    - Youth substance use beds and non-bed-based services **(see related note: Youth Substance Use Beds)**.

Ministry/Government Actions to date:

- Budget 2021 provided funding for 33 new and expanded youth substance use services across the continuum of care across the province. These services complement bed-based youth substance use services **(see related 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, and
    - wraparound youth substance use services.
- 32 of the 33 new and expanded services are operational (the remaining service is a part-time Nurse Practitioner position in Northern Health Authority, which is currently being recruited).
- Budget 2023 built on the investments made through Budget 2021 to increase substance use services for young people by filling existing gaps crisis supports, culturally safe wraparound services, improved emergency room hospital-based care, and enhanced discharge planning and transition between acute

care and community-based services. MMHA staff are currently working with health authorities to support implementation of these new and expanded services.

- MMHA and PHSA recently co-led the development of a Provincial Child, Youth and Young Adult Substance Use and Wellness Framework, for Minister's consideration. If approved, it will guide future planning of YSU services and set the strategic direction for a more responsive and integrated youth substance use system of prevention and care.

Budget / Funding Allocations:

- Budget 2023 provided $236.420M in funding over three years to increase services for young people, including $56.523M for Youth Substance Use Services, $74.900M for expansion of the Foundry network of services and $105.000M in new and expanded non-bed-based youth substance use services (crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning).

Approvals:
September 25, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

PREVENTION AND EARLY INTERVENTION FOR CHILDREN AND YOUTH

Background:

- Prevention and early intervention are a key focus area.
- 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 conditions[1].
- Prevention and early intervention services for both mental health and substance use can take place in community and school environments, and through virtual supports for children and youth and their families. They may be aimed at children and youth themselves, or at adults in their lives (teachers, parents/caregivers).
- Prevention initiatives within the school system have been found to be effective at preventing or reducing substance use when they target risk and protective factors and centre evidence-based approaches in educational material. [2] [3] [4]
- The Ministry of Education and Child Care (ECC) and the Ministry of Children and Family Development (MCFD), health authorities, and Foundry are key partners in the delivery of prevention and early intervention services.

Ministry/Government Actions to date:

- The Ministry of Mental Health and Addictions (MMHA) and/or cross-ministry partners have taken actions that focus on prevention and early intervention in the early years of life – for example:
    - The Feelings First social media campaign was launched in 2021 to increase public knowledge of the importance of social and emotional development. Feelings First is led by ChildHealthBC (part of Provincial Health Services Authority) and funded by MMHA. Currently, ChildHealthBC is expanding Feelings First to include a free, accessible online curriculum for families.
    - Led by MCFD, Enhanced Early Childhood Intervention services are being implemented in the same communities as Integrated Child and Youth (ICY) teams to provide enhanced support to children with social, emotional and/or developmental challenges through partnerships with community-based agencies. This initiative allows for increased staff in those communities to be available to families with children up to age six.
    - Confident Parents: Thriving Kids supports parents with children ages 3-12 who are experiencing behavioural or anxiety challenges. It includes telephone coaching and online resources. This was expanded to include an Indigenous-focused anxiety component. Confident Parents: Thriving Kids is offered by the Canadian Mental Health Association-BC Division under contract with MCFD (with funding provided by MMHA).
    - ECC has launched the Mental Health in Schools Strategy (MHiS), embedding positive mental health and wellness programs (including substance use prevention) for students in all school districts. ECC receives $3.00M per year (committed through 2026/27) to support implementation of the MHiS strategy for school-based health promotion and prevention. ECC provides MHiS grant funding to all school districts to support mental health and substance use initiatives in school communities.

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[1] 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

[2] Substance Abuse Treatment, Prevention, and Policy. (2022). School-based harm reduction with adolescents: a pilot study. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-022-00502-1

[3] Pediatric Child Health. (2008). Harm reduction: An approach to reducing risky health behaviours in adolescents. (1):53-60. doi: 10.1093/pch/13.1.53. PMID: 19119355; PMCID: PMC2528824.

[4] National Library of Medicine. (2010). Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744/

    - MCFD has implemented and expanded Everyday Anxiety Strategies for Educators, including through MMHA funding, providing training and resources for educators of K-12 students.
- School Districts have the autonomy to determine and provide prevention programs that best meet the needs of their district. In addition to MHiS, there is a range of prevention programs currently offered in districts across the province, including (for example):
    - PreVenture is a targeted program based on student personality traits aimed to support mental health and reduce the risk of substance use. PreVenture is offered to youth ages 12-18 and, as of May 2024, is currently provided in 16 districts through Foundry or health authorities.
    - Open Parachute provides educators with lesson plans and learning materials to support them in teaching about a range of mental health substance use topics. Open Parachute focuses on grades 6-12 but can be used as early as kindergarten.
    - ABCs of Substance Use aims to promote comprehensive evidence-based approaches to youth substance use education in BC schools through a collection of resources to support teachers in providing substance use education in grades 4-12. MMHA oversees the contract with Bunyaad Public Affairs for ABCs of Substance Use.
- Community based prevention and early intervention services can also be accessed through:
    - Foundry, a provincial network of integrated health and wellness services for young people aged 12-24 and their families **(see related note: Foundry).**
    - ICY Teams, which provide wraparound mental health and substance use services and supports for children and youth, including early intervention services **(see related note: Integrated Children and Youth Teams).**
- MCFD's Healthy Minds BC website provides evidence-informed Prevention and Early Intervention tools and resources for BC parents, caregivers, families, educators and other professionals to help them support the "everyday" mental health of children and youth.
- MMHA's HelpStartsHere website provides service listings for mental health and substance use supports as well as articles with information on mental health promotion and mental health and substance use prevention and early intervention.
- MMHA and Government Communications and Public Engagement (GCPE) led a youth drug prevention public information campaign, which ran between December 2023 and June 2024. The campaign was designed to provide fact-based information about the risks associated with street drug use to youth and their families, driving traffic to PoisonDrugs.gov.bc.ca where they could learn more. **(see related note: Youth Drug Prevention Public Awareness Campaign).**

Budget/ Expenditures:

- Business Information; Intergovernmental Communications
-
- **School Mental Health:** $3.00M per year to ECC (for disbursement of grants to school districts) from the federal-provincial bilateral agreement funding.

Approvals:

September 25, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT AND ACTION PLAN

Introduction:

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

Background:

- The *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) is an international human rights instrument that describes the minimum standards for the survival, dignity and wellbeing of Indigenous peoples and affirms the right of Indigenous peoples to self-determination and the right to autonomy and self-government.
- The Truth and Reconciliation Commission (TRC) called for federal, provincial and territorial governments to adopt UNDRIP as the framework for reconciliation with Indigenous peoples in Canada.
- In November 2019, British Columbia passed the *Declaration on the Rights of Indigenous Peoples Act* ('the Declaration Act') to establish UNDRIP as the framework for reconciliation with Indigenous peoples in BC.
- The Declaration Act requires the Province, in consultation and cooperation with Indigenous peoples, to:
    - Ensure new and existing laws are consistent with UNDRIP;
    - Implement an Action Plan to achieve the objectives of UNDRIP and to monitor progress on implementation of this plan through annual public reporting; and,
    - Support shared decision making through government-to-government agreements with a broader range of Indigenous governing bodies on matters that impact their citizens.
- The Declaration Act Action Plan (see Attachment 1), 'Action Plan', was released on March 30, 2022, with 89 actions to implement over the next five years. Annual public reports are to be released by June 30 of each of those five years (see Attachment 2 for 2023/24 Annual Report).
- The Ministry of Mental Health and Addictions (MMHA) leads and is responsible for reporting on actions 4.12 and 4.13.
    - 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.
- MMHA also supports six other actions: 3.11, 4.7, 4.8, 4.11, 4.14 and 4.26.
- Action reports are provided to the Ministry of Indigenous Relations and Reconciliation (MIRR) in early fall and early spring of each year. The purpose of fall reporting is to inform the Cabinet Status update, engage with First Nations and Métis partners, and plan for the Annual Report. Spring reporting informs the public-facing Annual Report.
- The MMHA is in a strong position to advance the articles of UNDRIP through its current approach that emphasizes:
    - Fostering self-determination by working with Indigenous communities to take on a larger role in the design, planning and delivery of mental health and substance use services;
    - The advancement of cultural safety and humility in service delivery by creating health care environments that are free of anti-Indigenous racism and discrimination and that promote relationship-based care; and,
    - Taking a distinctions-based approach that acknowledges the distinct rights, priorities and perspectives of First Nations, Inuit and Métis peoples in BC.

Ministry/Government Actions to date:

Declaration Act Action Plan development

- The Ministry of Health (HLTH) and MMHA collaborated in 2020/21 to propose initial health and wellness actions to be included in the draft Action Plan, based on priorities shared with Indigenous partners through mutual agreements, planning, and policy documents.
- Through phase one engagement, HLTH and MMHA validated these actions with the First Nations Health Authority (FNHA) on January 29, 2021 and First Nations Health Council (FNHC) on February 8, 2021 via dedicated sessions, and participated in MIRR-led engagement sessions with Métis Nation BC (MNBC) and the BC Association of Aboriginal Friendship Centres (BCAAFC).
- MMHA, HLTH and MIRR participated in the spring 2021 First Nation regional caucus sessions to provide an overview of actions being proposed and received feedback.
- From March to May 2021, provincial ADMs, DMs, and Cabinet were engaged in review and approval processes of the draft Action Plan. Subsequently, the draft Action Plan was publicly posted for phase two of engagement, from June 11 – September 15, 2021.
- MIRR received 72 written submissions and 143 online comments on the draft Action Plan, of which there were 26 written submissions, and 41 online comments related to MOH/MMHA-led actions.
- MMHA and HLTH presented at the First Nations Gathering Wisdom forum in October 2021 to report back to Chiefs and leaders on what was heard from the engagement process.
- As a result of feedback received, three actions were modified to strengthen the language, and one new action was created (strengthening the health and wellness partnership with MNBC).

Next Steps for Action Plan Implementation

- MMHA continues to work with its government and Indigenous partners on implementation of the actions, noting that there are existing mandate priorities where Indigenous partners are part of the decision-making and partnership structures.
- MIRR is leading the development of Action Plan annual report reporting requirements, and MMHA is working with colleagues and Indigenous partners to identify suitable tools and measures for reporting on MMHA-led actions (4.12 and 4.13) while meeting annual reporting requirements.

Budget/Expenditures:

N/A

Approvals:

September 11, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships & Community Initiatives Division

October 9, 2024 – Jonathan Dubé, a/Deputy Minister

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT ACTION PLAN

2022-2027

Copies of this report are available from:

Reconciliation Transformation and Strategies Division
BC Ministry of Indigenous Relations and Reconciliation
Email: declaration@gov.bc.ca

and electronically (in a .pdf file) from:
http://declaration.gov.bc.ca

Cover design:

Cover photo: The photo was taken by Melody Charlie, a First Nations photographer. Melody is based out of Yuuthluithaht (Ucluelet) B.C. Her photography reflects the love and respect she holds for her culture and ways of life, always focussing on the strengths and resilience of her people.

Front and back cover art: The feather and drum art presented on the cover was developed by Andy Everson. Andy is an accomplished artist from the K'omoks First Nation on Vancouver Island. He draws upon his roots amongst the Kwakwaka'wakw, Salish and Tlingit peoples to create artwork that reflects the convergence of ancient traditions with modern society.

The four feathers represent the diversity of the Indigenous Peoples of British Columbia, while the drum symbolizes the heartbeat of ceremonies. The feathers are arranged in four directions to represent the people of the North Coast (North), Interior (East), Salish (South) and those who are disenfranchised or have relocated to western Canada (West).

JOINT MESSAGE FROM THE PREMIER OF BC AND THE MINISTER OF INDIGENOUS RELATIONS AND RECONCILIATION

On November 26, 2019, with the unanimous passage of the *Declaration on the Rights of Indigenous Peoples Act* in the B.C. legislature, we committed to upholding the human rights of Indigenous Peoples. Under this legislation, we have begun with a five-year action plan in consultation and cooperation with Indigenous Peoples to advance this vital work. We are pleased to present the first *Declaration on the Rights of Indigenous Peoples Act* action plan.

This has been challenging work in challenging times. Over the past two years while we worked together on this plan, we faced incredible adversities. We have been grappling with a global pandemic, a toxic drug supply crisis, and our communities were ravaged by wildfires, floods and heat waves. Through all of these challenges, Indigenous Peoples have carried a disproportionate burden. This burden was made even heavier by the devastating findings of unmarked graves at former residential school sites. These experiences have been stark reminders of the continued effects of colonialism and systemic racism. They also reinforce with absolute certainty the importance of the work to be carried out through this action plan to implement and uphold the human rights of Indigenous Peoples.

Even in the face of these overwhelming challenges, Indigenous Peoples throughout the province continued to work with us on this action plan, determined to create a better future for all generations to come. We are grateful for the time, energy, leadership, and expertise they contributed to finalizing this action plan.

We are also grateful for the dedication of the many public servants who contributed to this work, and who will work in partnership with Indigenous Peoples to carry out these actions to advance our shared long-term vision of reconciliation. We acknowledge the support for this action plan from local governments, business and industry, the non-profit sector, scholars, and many others who share our commitment to reconciliation.

Our government is committed to pursuing the goals and achieving the outcomes articulated in this action plan. It includes 89 actions that represent contributions by each and every ministry. Together, we will work to advance reconciliation in tangible and measurable ways in communities across the province.

This work requires real and meaningful systemic change. We see the commitment to that change across the board – from the Province, Indigenous Peoples, allies, and supporters, and it gives us great hope that the outcomes of this plan are not only possible, but achievable. We have much work ahead of us, and together we will create a better future for everyone.

John Horgan
Premier

Murray Rankin, QC
Minister of Indigenous Relations and Reconciliation

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INTRODUCTION

The *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act)[1] was unanimously passed by the British Columbia Legislative Assembly in November 2019. This made B.C. the first jurisdiction in Canada to adopt the United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration).[2] The Declaration Act was developed jointly with Indigenous leaders and legal staff and was introduced through historic ceremony.

The Declaration Act established the UN Declaration as the Province's framework for reconciliation, as called for by the Truth and Reconciliation Commission.[3] Section 4 of the Declaration Act requires development and implementation of an action plan, in consultation and cooperation with Indigenous Peoples,[a] to achieve the objectives of the UN Declaration. The UN Declaration is a "universal framework of minimum standards for the survival, dignity and well-being of the Indigenous [P]eoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to the specific situation of Indigenous [P]eoples."[4] The provincial government is committed to upholding these human rights in its institutions, laws, policies and practices to advance reconciliation and address the legacy and harms of colonialism on Indigenous Peoples. The Province reaffirms its intent to achieve government-to-government relationships based on respect, recognition and exercise of Aboriginal title and rights and reconciliation of Aboriginal and Crown titles and jurisdiction.

The *Declaration on the Rights of Indigenous Peoples Act* contributes to the implementation of the UN Declaration in B.C. by:

- requiring the Province, in consultation and cooperation with Indigenous Peoples to take all measures necessary to ensure the laws of B.C. are consistent with the UN Declaration (section 3);
- requiring the development and implementation of an action plan, in consultation and cooperation with Indigenous Peoples, to achieve the objectives of the UN Declaration (section 4);
- requiring the Province to report annually on progress made toward alignment of laws and achievement of the goals in the action plan (section 5); and
- enabling agreements with Indigenous governing bodies, including joint or consent-based decision-making agreements that reflect free, prior and informed consent (sections 6 and 7).

This action plan outlines significant actions the Province will undertake in consultation and cooperation with Indigenous Peoples over the next five years. The Province will continue to demonstrate commitment and ensure accountability to implement the UN Declaration and the Declaration Act Action Plan through collaborative annual reporting.

a Consistent with section 35 of the *Constitution Act, 1982* and section 1 of the Declaration Act, the term "Indigenous Peoples" includes First Nations, *Métis* and Inuit Peoples in Canada.

The Province conducted initial engagement to develop the draft action plan with Indigenous Peoples between July 2020 and February 2021.[b,5] The Province conducted broader engagement on the draft action plan to seek input from Indigenous Peoples to inform the final action plan between June and September 2021. Engagement focused on Indigenous Peoples in B.C.; however, local governments and non-Indigenous people, organizations, business and industry leaders also participated.[c] Engagement feedback was carefully reviewed, considered and utilized to finalize this action plan.

Colonization and the associated attempted genocide of Indigenous Peoples fractured the self-determined lives, cultures and well-being of Indigenous Peoples across Canada. The Declaration Act is both an acknowledgment of these histories and a commitment by the Government of B.C. to respect and uphold the human rights of Indigenous Peoples. If history is a teacher, meeting this collective responsibility will require a different approach from that previously taken. This action plan has been built through discussion with Indigenous Peoples in B.C. It describes initial actions for the Province to take in consultation and cooperation with Indigenous Peoples over the next five years. Through the action plan, the Province is committed to changing the trajectory of history through coherent, concrete and cooperative action.

b For further details on the development of the draft action plan, see the *Declaration on the Rights of Indigenous Peoples Act 2020/21 Annual Report*.

c Further details and reflection on the draft action plan engagement process will be included in the forthcoming annual report for 2021-2022.

PURPOSE

This action plan provides a province-wide, whole-of-government approach to achieve the objectives of the UN Declaration over time. The Province acknowledges the widespread socio-economic and health inequities for Indigenous Peoples in B.C. and across Canada. This includes the overrepresentation of Indigenous people in the justice and child welfare systems, lower rates of education, and higher instances of poverty, unemployment and homelessness. The goals and outcomes of this action plan focus on addressing the inequities experienced by Indigenous Peoples by achieving the highest attainable standard for health and well-being.

DISTINCTIONS-BASED APPROACH:

The Province is committed to a distinctions-based approach. This requires that the Province's dealings with First Nations, Métis and Inuit Peoples be conducted in a manner that acknowledges the specific rights, interests, priorities and concerns of each, while respecting and acknowledging these distinct Peoples with unique cultures, histories, rights, laws, and governments. Section 35 of the *Constitution Act, 1982*, recognizes and affirms the rights of Aboriginal Peoples of Canada, while all Indigenous Peoples have human rights that are expressed in the UN Declaration. However, not all rights are uniform or the same among or between all Indigenous Peoples. In many cases, a distinctions-based approach may require that the Province's relationship and engagement with First Nations, Métis and Inuit Peoples include different approaches or actions and result in different outcomes.

These actions are intended to support changes in understandings, behaviours and systems to shift the status quo, address Indigenous-specific racism and establish new foundations of government that respect and uphold the human rights of Indigenous Peoples. The actions identified advance a distinctions-based approach that recognizes First Nations, Métis and Inuit as the Indigenous Peoples of Canada.

The action plan is meant to help everyone who lives in British Columbia understand the importance of reconciliation and how it will help the province achieve its greatest social, cultural and economic potential.

The actions identified in the plan build on priorities brought forward through decades of advocacy and leadership by Indigenous Peoples. These include existing priorities identified in current agreements between the Province and Indigenous organizations.

The 2018 *Implementing the Commitment Document - Concrete Actions: Transforming Laws, Policies, Processes and Structures*[6] is one existing document between the First Nations Leadership Council[d] and

d The First Nations Leadership Council is comprised of the political executives of the BC Assembly of First Nations, First Nations Summit, and the Union of BC Indian Chiefs.

the Province that sets out priorities with First Nations, including with respect to policy and legislative changes that reflect the recognition and implementation of title and rights.

The October 27, 2021 Letter of Intent[7] between Métis Nation British Columbia (MNBC) and the Province is another document that commits to strengthening relationships. This Letter of Intent proposes a new whole-of-government approach to Métis relations as a partnership between MNBC and British Columbia that respects Métis self-determination.

The 2022 government-to-government Shared Priorities Framework between each of the eight modern treaty nations and the Province commits to concrete actions to ensure timely, effective and fully resourced implementation of modern treaties.

Each action listed in this plan will be implemented in consultation and cooperation with Indigenous Peoples, reflecting our commitment to work in partnership and collaboration. The plan outlines actions that will be undertaken between 2022 and 2027. Progress will be reviewed on an annual basis and publicly reported in the Declaration Act annual reports.

It is important to note that the action plan does not include all provincial initiatives to advance reconciliation in B.C. Further, while closely linked to work under section 3 of the Declaration Act to ensure laws are consistent with the UN Declaration, the action plan is a separate and distinct obligation. Actions proposed in this plan do not replace, limit, change or stop existing initiatives or related commitments. These efforts will continue alongside the development and implementation of the action plan.

ANTI-RACISM:

The government of British Columbia recognizes the need to address Indigenous-specific racism in this province and within our systems, practices, and policies. First Nations, Métis and Inuit Peoples have experienced ongoing, systemic and race-based discrimination that has maintained unequal treatment and normalized the false notion that Indigenous Peoples are 'less than' their non-racialized counterparts.

Anti-racism is fundamental to achieving the objectives of the UN Declaration. Therefore, anti-racism is foundational to the goals, objectives and actions laid out in this plan. Key to the implementation of the Declaration Act are actions that identify, challenge, prevent, eliminate and change the values, structures, policies, programs, practices and behaviours that perpetuate racism. This will require understanding and targeting the root causes of systemic discrimination, our colonial and racist foundations, and committing to take action to create conditions of greater inclusion, equality and justice.[e,8]

e Indigenous-specific racism and anti-racism in this action plan are defined as per the 2020 *In Plain Sight* Report.

MODERN TREATIES IN BRITISH COLUMBIA:

The Province's relationship with the eight Nations with whom it has signed modern treaties is distinct and unique. These treaties, to which the Government of Canada is also a signatory, set out constitutionally protected rights and obligations of the parties and contain the actions and language necessary to carry out those rights and obligations. The rights and obligations contained in modern treaties have been established, a distinction that has significant and important implications for the work the Province does with modern treaty nations.

The Province recognizes that, consistent with the distinctions-based approach, all Indigenous Nations can choose whether they wish to enter the treaty making process.

The Province's work with modern treaty nations to fully implement these treaties occurs both with individual nations and collectively through the Alliance of British Columbia Modern Treaty Nations (the Alliance). The Alliance was formed to collaborate and advance areas of shared interest relating to the implementation of modern treaties in B.C.

As part of the continued work under the action plan, the Province has entered into a government-to-government Shared Priorities Framework with modern treaty nations with the goal of renewing its commitment to timely, effective and fully resourced implementation of modern treaties. The framework will address three broad outcomes:

- Comprehensive organizational and policy changes in the public service to ensure timely, effective, fully resourced whole-of-government approach to treaty implementation;
- Appropriate fiscal arrangements to fulfill treaty rights and obligations; and
- Meaningful involvement of modern treaty nations in legislative and policy initiatives.

Progress made to achieve these outcomes will be included in future annual Declaration Act annual reports.

SHARED UNDERSTANDINGS

This action plan and its implementation are informed by the following understandings:

Comprehensive The articles of the UN Declaration are interrelated and interdependent, intended to be read together and understood as an indivisible whole.

Distinctions-based The Province of British Columbia recognizes First Nations, Métis and Inuit as the Indigenous Peoples of Canada with rights recognized and affirmed in section 35(1) of the *Constitution Act, 1982*. The Province also recognizes that First Nations, Métis and Inuit are distinct, rights-bearing communities, and is committed to a distinctions-based approach to its relationship with each.

Diverse The action plan reflects the principle of diversity amongst Indigenous Peoples as stated in section 1(2) of the Declaration Act, which includes meeting the standard in article 37(2) that nothing in the UN Declaration "may be interpreted as diminishing or eliminating the rights of [I]ndigenous [P]eoples contained in treaties, agreements and other constructive arrangements."[9]

Legally Plural The action plan is grounded in the affirmation, consistent with the UN Declaration, that upholding the human rights of Indigenous Peoples includes recognizing that within Canada there are multiple legal orders, including Indigenous laws and legal orders with distinct roles, responsibilities and authorities.

Principled The goals, outcomes and actions in the action plan, and the process of implementing them will be consistent with "the minimum standards for the survival, dignity and well-being"[10] of Indigenous Peoples in the UN Declaration.

Cooperative The action plan has been developed and will be implemented in consultation and cooperation with Indigenous Peoples.

Enabling The action plan must enable and support government-to-government relationships between Indigenous Peoples and the Province based on recognition and implementation of the rights of Indigenous Peoples.

Impactful The implementation of the action plan must make tangible improvements to Indigenous Peoples' social, physical, cultural and economic well-being.

Transparent Progress under the action plan will be reviewed and publicly reported on annually.

2022-2027 ACTIONS

The actions are organized by the following four themes:

1. **Self-determination and inherent right of self-government**
2. **Title and rights of Indigenous Peoples**
3. **Ending Indigenous-specific racism and discrimination**
4. **Social, cultural and economic well-being**

Each theme includes a ***Goal***, with ***Outcomes*** and ***Actions.***

The **goals** and **outcomes** are drawn from the UN Declaration. They describe what the Province is striving for with this action plan and set the vision for achieving the objectives of the UN Declaration.

The **actions** articulate the specific commitments and steps that the Province will take between 2022 and 2027 to achieve those goals and outcomes.

Each action identifies the ministry or ministries responsible for leading its implementation. As this action plan takes a cross-government approach, other ministries may be involved in the work, even if they are not listed within an action.

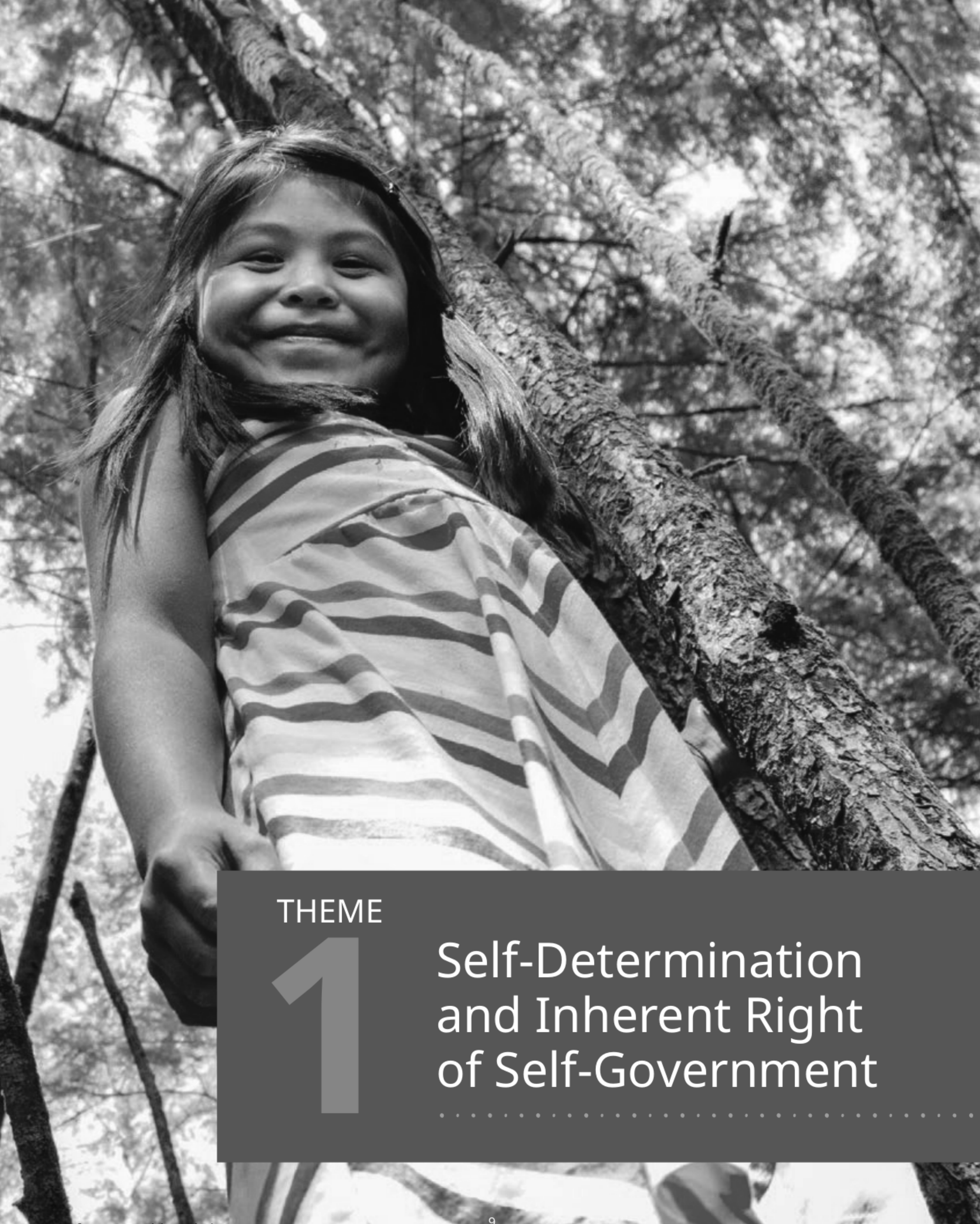
INTERPRETIVE GUIDANCE

The following *must* be applied when interpreting and implementing this action plan.

First, all actions identified in this action plan are to be implemented in consultation and cooperation with Indigenous Peoples in B.C., as described in the Declaration Act.

Second, a wide range of terminology is used in the goals, outcomes and actions referring to Indigenous peoples including: "Indigenous Peoples," "First Nations," "Indigenous Nations," and others. Effort has been made to use this terminology consistently and coherently using a distinctions-based approach; wherever possible, reference to First Nations, Métis and Inuit Peoples are made intentionally to reflect these distinctions. There are currently some variances in use for several reasons; for example, out of respect for the diversity of preferences among Indigenous Peoples, or to reflect and remain consistent with terminology used in existing commitments, agreements and other constructive arrangements. A distinctions-based approach must be applied in the interpretation and implementation of the action plan. Some of the actions referencing Indigenous Peoples may, through implementation, come to be more aptly focused on First Nations and/or Métis people.

Lastly, progress on implementing this action plan will be provided through the Declaration Act annual reports. In those reports, the Province must make reference to First Nations, Métis and Inuit Peoples intentionally to uphold a distinctions-based approach.



THEME

1

Self-Determination and Inherent Right of Self-Government

THEME 1. Self-Determination and Inherent Right of Self-Government

GOAL

Indigenous Peoples exercise and have full enjoyment of their rights to self-determination and self-government, including developing, maintaining and implementing their own institutions, laws, governing bodies, and political, economic and social structures related to Indigenous communities.

OUTCOMES

A British Columbia where:

- Indigenous Peoples are fully supported in their work of freely determining and implementing their systems and institutions of government, through their internal processes of nation-rebuilding.
- Through their governments, Indigenous Peoples are recognized and engaged through formalized and predictable relationships with the Province, and exercise their jurisdictions and laws.
- Indigenous Peoples exercise self-determination and self-government.
- Through their governments, Indigenous Peoples have open, respectful and productive working relationships with the Province that recognize legal pluralism and reflect cooperative federalism.
- Indigenous Peoples have the necessary legal space to strengthen the application of their Indigenous Laws and legal orders in various areas not adequately addressed through the Canadian legal system.
- The overall emergency management structure and regime in B.C. is revised, in collaboration with the Government of Canada and Indigenous Peoples, to enhance Indigenous Peoples' emergency management outcomes through a strong tripartite approach.

2022-2027 ACTIONS

The Province recognizes that the work of nation-rebuilding is the work of Indigenous Peoples, and is to be conducted in accordance with Indigenous legal processes, rights, cultures, languages, protocols, traditions and standards, and undertaken as part of expressing, building, strengthening and implementing freely chosen governance systems.

To advance this, the Province will take the following actions in consultation and cooperation with Indigenous Peoples from 2022 to 2027:

1.1 In partnership with the Government of Canada, establish a new institution designed and driven by First Nations to provide supports to First Nations in their work of nation- and governance-rebuilding and boundary resolution in accordance with First Nations laws, customs and traditions. *(Ministry of Indigenous Relations and Reconciliation)*

1.2 Shift from short-term transactional arrangements to the co-development of long-term agreements that recognize and support reconciliation, self-determination, decision-making and economic independence. *(Ministry of Indigenous Relations and Reconciliation)*

1.3 Utilize sections 6 and 7 of the Declaration Act to complete and implement government-to-government agreements that recognize Indigenous self-government and self-determination. *(Ministry of Indigenous Relations and Reconciliation)*

1.4 Co-develop with Indigenous Peoples a new distinctions-based fiscal relationship and framework that supports the operation of Indigenous governments, whether through modern treaties, self-government agreements or advancing the right to self-government through other mechanisms. This work will include collaboration with the Government of Canada. *(Ministry of Finance, Ministry of Indigenous Relations and Reconciliation)*

1.5 Co-develop and implement new distinctions-based policy frameworks for resource revenue-sharing and other fiscal mechanisms with Indigenous Peoples. *(Ministry of Finance, Ministry of Indigenous Relations and Reconciliation)*

1.6 Co-develop an approach to deliver on the BC Tripartite Education Agreement commitment, in which the Ministry of Education and Child Care and the First Nations Education Steering Committee will co-develop legislation that requires local education agreements (LEAs) with First Nations where a First Nation wants one, and that requires the application of the provincial LEA at the request of a First Nation. *(Ministry of Education and Child Care)*

1.7 Update the Bilateral Protocol agreement between the BC Ministry of Education and Child Care and the First Nation Education Steering Committee for relevancy, effectiveness, and consistency with the UN Declaration to support First Nation students in the K-12 education system. *(Ministry of Education and Child Care)*

1.8 Recognize the integral role of Indigenous-led post-secondary institutes as a key pillar of B.C.'s post-secondary system through the provision of core funding, capacity funding and the development of legislation. This includes institutes mandated by First Nations, as well as a Métis post-secondary institute being developed by Métis Nation BC. *(Ministry of Advanced Education and Skills Training)*

1.9 Work with the Nicola Valley Institute of Technology, and the Urban Native Youth Association to co-develop an urban Indigenous centre that supports the childcare, housing and post-secondary needs of Indigenous learners, and strengthen the capacity of the Native Education College to provide culturally relevant post-secondary opportunities for urban Indigenous learners. *(Ministry of Advanced Education and Skills Training)*

1.10 Co-develop modernized emergency management legislation (replacing the *Emergency Program Act*) with First Nations. *(Emergency Management BC)*

1.11 Support inclusive regional governance by advancing First Nations participation in regional district boards. *(Ministry of Municipal Affairs)*

THEME

2 Title and Rights of Indigenous Peoples

THEME 2. Title and Rights of Indigenous Peoples

GOAL

Indigenous Peoples exercise and have full enjoyment of their inherent rights, including the rights of First Nations to own, use, develop and control lands and resources within their territories in B.C.

OUTCOMES

A British Columbia where:

- The distinctions-based rights of Indigenous Peoples are respected, upheld and exercised.
- The rights of Indigenous Peoples, including First Nations title, are exercised, recognized and respected, and cooperatively implemented including through treaties, government-to-government agreements and other constructive arrangements.
- The Province's laws, policies and practices recognize and respect the distinctions-based rights of Indigenous Peoples.
- Dispute-resolution and relationship-building with Indigenous Peoples are supported through cooperatively established institutions and processes that are fair, just and accessible, integrate Indigenous laws and protocols, and use the court system only as a last resort.
- First Nations benefit socially, culturally and economically from land and resources in their territories, including having access to multiple and diverse streams of revenue to finance their governments and deliver services to their citizens.
- Through their governments, Indigenous Peoples exercise their autonomy to set their own priorities, allocate fiscal resources and determine how to deliver programs and services to their citizens.
- Indigenous Peoples have meaningful and sufficient access to abundant and healthy traditional foods and have peaceful enjoyment of their harvesting rights.
- First Nations exercise their right to determine and develop priorities and strategies for the development, use and/or stewardship of their traditional territories and other resources.

2022-2027 ACTIONS

The Province recognizes the need to shift from patterns of litigation, and expensive and slow negotiations about title and rights, to cooperative implementation through effective government-to-government relationships.

To advance this, the Province will take the following actions in consultation and cooperation with Indigenous Peoples from 2022 to 2027:

2.1 Establish a Secretariat to guide and assist government to meet its obligation to ensure legislation is consistent with the UN Declaration on the Rights of Indigenous Peoples, and is developed in consultation and cooperation with Indigenous Peoples. *(Declaration Act Secretariat)*

2.2 Finalize the Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples.[11] *(Ministry of Indigenous Relations and Reconciliation)*

2.3 Issue guidelines from the Attorney General of B.C. to the Ministry of Attorney General legal counsel regarding the conduct of civil litigation involving the rights of Indigenous Peoples. *(Ministry of Attorney General)*

2.4 Negotiate new joint decision-making and consent agreements under section 7 of the Declaration Act that include clear accountabilities, transparency and administrative fairness between the Province and Indigenous governing bodies. Seek all necessary legislative amendments to enable the implementation of any section 7 agreements. *(Ministry of Indigenous Relations and Reconciliation, Ministry of Land, Water and Resource Stewardship)*

2.5 Co-develop and employ mechanisms for ensuring the minimum standards of the UN Declaration are applied in the implementation of treaties, agreements under sections 6 and 7 of the Declaration Act and other constructive arrangements with First Nations. *(Ministry of Indigenous Relations and Reconciliation)*

2.6 Co-develop strategic-level policies, programs and initiatives to advance collaborative stewardship of the environment, land and resources, that address cumulative effects and respects Indigenous Knowledge. This will be achieved through collaborative stewardship forums, guardian programs, land use planning initiatives, and other innovative and evolving partnerships that support integrated land and resource management. *(Ministry of Land, Water and Resource Stewardship, Ministry of Indigenous Relations and Reconciliation, Ministry of Environment and Climate Change Strategy, Ministry of Forests, Ministry of Energy, Mines and Low Carbon Innovation, BC Oil and Gas Commission)*

2.7 Collaborate with First Nations to develop and implement strategies, plans and initiatives for sustainable water management, and to identify policy or legislative reforms supporting Indigenous water stewardship, including shared decision-making. Co-develop the Watershed Security Strategy with First Nations and initiate implementation of the Strategy at a local watershed scale. *(Ministry of Land, Water and Resource Stewardship)*

2.8 Collaborate with Indigenous partners on issues related to conservation and biodiversity in B.C., including the protection of species at risk. *(Ministry of Land, Water and Resource Stewardship)*

2.9 Develop new strategies to protect and revitalize wild salmon populations in B.C. with First Nations and the federal government, including the development and implementation of a cohesive B.C. Wild Pacific Salmon Strategy. *(Ministry of Land, Water and Resource Stewardship)*

2.10 Reform forest legislation, regulations and policy to reflect a shared strategic vision with First Nations that upholds the rights and objectives of the UN Declaration. *(Ministry of Forests)*

2.11 Integrate traditional practices and cultural uses of fire into wildfire prevention and land management practices and support the reintroduction of strategized burning. *(Ministry of Forests, Emergency Management BC)*

2.12 Collaboratively develop and implement CleanBC and the Climate Preparedness and Adaptation Strategy to support resilient communities and clean economic opportunities for Indigenous Peoples that benefit our shared climate and advance reconciliation. *(Ministry of Environment and Climate Change Strategy)*

2.13 Identify and advance reconciliation negotiations on historical road impacts and road accessibility with First Nations on reserve, treaty and title lands, including reporting-out on the completion and implementation of these negotiations collaboratively with First Nations partners. *(Ministry of Transportation and Infrastructure)*

2.14 Modernize the *Mineral Tenure Act* in consultation and cooperation with First Nations and First Nations organizations. *(Ministry of Energy, Mines and Low Carbon Innovation)*

THEME

3 Ending Indigenous-specific Racism and Discrimination

THEME 3. Ending Indigenous-specific Racism and Discrimination

GOAL

Indigenous Peoples fully express and exercise their distinct rights, and enjoy living in B.C. without interpersonal, systemic and institutional interference, oppression or other inequities associated with Indigenous-specific racism and discrimination, wherever they reside.

OUTCOMES

A British Columbia where:

- All citizens have a constructive and respectful understanding of the distinct history and unique rights of Indigenous Peoples in B.C.
- The overrepresentation of Indigenous Peoples in the justice system is eliminated.
- Indigenous Peoples feel safe accessing the health-care system, knowing that they will receive high quality care, be treated with respect and receive culturally safe and appropriate services.
- Indigenous women, girls, and 2SLGBTQQIA+[f] people enjoy full protection and guarantees against all forms of violence and discrimination.
- Indigenous Knowledge, laws and legal orders are affirmed and recognized as part of decision-making.
- Indigenous learners feel welcomed, respected, and comfortable learning and being Indigenous in schools and other educational institutions.

2022-2027 ACTIONS

The Province recognizes that systemic racism and discrimination against Indigenous Peoples exists throughout British Columbia and that fundamental changes to systems, behaviours, attitudes and beliefs are needed.

To advance this, the Province will take the following actions in consultation and cooperation with Indigenous Peoples between 2022 and 2027:

3.1 Develop essential training in partnership with Indigenous organizations, and deliver to the B.C. public service, public institutions and corporations that aims to build foundational understanding and competence about the history and rights of Indigenous Peoples, treaty process, rights and title, the UN Declaration, the B.C. Declaration Act, the dynamics of proper respectful relations, Indigenous-specific racism, and meaningful reconciliation. *(Public Service Agency, Ministry of Finance – Crown Agencies and Board Resourcing Office)*

3.2 Establish an operational approach to set and achieve targets for equitable recruitment and retention of Indigenous Peoples across the public sector, including at senior levels. *(Public Service Agency, Public Sector Employers' Council Secretariat)*

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f 2SLGBTQQIA+ refers to two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual and other sexually and gender diverse people.

3.3 Conduct an external review of Indigenous-specific racism and discrimination in the provincial public education system, and create a strategy, including resources and supports, to address findings. *(Ministry of Education and Child Care*)

3.4 Implement a mandatory course or bundle of credits related to First Peoples as part of graduation requirements in B.C. and co-create culturally relevant provincial resources with Indigenous people for use by all educators across the K-12 education system. *(Ministry of Education and Child Care)*

3.5 Provide resources to Indigenous organizations to improve public understanding of Indigenous histories, rights, cultures, languages and the negative impacts of Indigenous-specific racism. *(Ministry of Tourism, Arts, Culture and Sport)*

3.6 Introduce anti-racism legislation that addresses Indigenous-specific racism. *(Ministry of Attorney General)*

3.7 Implement recommendations made in the *In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care*[12] report, striving to establish a health care system in B.C. that is culturally safe and free of Indigenous-specific racism. *(Ministry of Health)*

3.8 Develop and implement community-driven activities to end violence against Indigenous women, girls and 2SLGBTQQIA+ people, beginning with the foundational activities in *A Path Forward: Priorities and Early Strategies for B.C.*[13] and steps towards achieving the mandate commitment to develop a gender-based violence action plan. *(Ministry of Public Safety and Solicitor General, Ministry of Attorney General, Ministry of Finance - Gender Equity Office)*

3.9 Identify and implement multi-modal transportation solutions that provide support and enable the development of sustainable, safe, reliable and affordable transportation options for First Nations communities. *(Ministry of Transportation and Infrastructure*)

3.10 Implement improvements to public safety oversight bodies and complaints processes, such as enhanced investments in the B.C. Human Rights Tribunal and new models for including Indigenous laws in complaints resolution. *(Ministry of Attorney General, Ministry of Public Safety and Solicitor General)*

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

3.12 Prioritize implementation of the First Nations Justice Strategy to reduce the substantial overrepresentation of Indigenous Peoples involved in and impacted by the justice system. This includes affirming First Nations self-determination and enabling the restoration of traditional justice systems and culturally relevant institutions. *(Ministry of Attorney General, Ministry of Public Safety and Solicitor General)*

3.13 Prioritize endorsement and implementation of the Métis Justice Strategy to reduce the substantial overrepresentation of Métis Peoples in and impacted by the justice system. This includes affirming Métis self-determination, and enabling the restoration of traditional justice systems and culturally relevant institutions. *(Ministry of Attorney General, Ministry of Public Safety and Solicitor General)*

3.14 Advance the collection and use of disaggregated demographic data, guided by a distinctions-based approach to Indigenous data sovereignty and self-determination, including supporting the establishment of a First Nations-governed and mandated regional data governance centre in alignment with the First Nations Data Governance Strategy. *(Ministry of Citizens' Services)*

3.15 Adopt an inclusive digital font that allows for Indigenous languages to be included in communication, signage, services and official records. *(Ministry of Citizens' Services)*

THEME

4 Social, Cultural and Economic Well-being

THEME 4. Social, Cultural and Economic Well-being

GOAL

Indigenous Peoples in B.C. fully enjoy and exercise their distinct rights to maintain, control, develop, protect and transmit their cultural heritage, traditional knowledge, languages, food systems, sciences and technologies. They are supported by initiatives that promote connection, development, access and improvement, as well as full participation in all aspects of B.C.'s economy. This includes particular focus on ensuring the rights of Indigenous women, youth, Elders, children, persons with disabilities and 2SLGBTQQIA+ people are upheld.

OUTCOMES

A British Columbia where:

- Indigenous Peoples, communities and nations in B.C. are thriving and prospering as full participants in the social, cultural and economic landscape of the province.
- Indigenous Peoples design, control and set the standards and policies for the services that support and facilitate the well-being of Indigenous citizens.
- Indigenous Peoples care for their own children and youth in their communities, and exercise jurisdiction over their own child and family services through systems and practices they determine for themselves, with family preservation prioritized and children and youth kept within their families and communities.
- Indigenous children in need of protection are cared for by their community, and where they cannot be cared for by their community, they are connected to their communities and cultures.
- Health, social and education systems apply an intersectional lens to meet the needs and honour the worldviews, cultures, lived experiences, knowledge and histories of Indigenous Peoples.
- Indigenous languages are living, used, taught and visible throughout their respective territories, including in the provincial public education system.
- Indigenous food systems are recognized and supported in their foundational and interconnected role in providing for cultural, social, environmental and economic well-being.
- Indigenous learners lead graduation rates, are supported to pursue their own excellence, and can access relevant and responsive post-secondary education and skills training.
- Government functions in such a way that distinct Indigenous cultures and identities are understood, upheld and respected, including how Indigenous Peoples access and interact with all provincial government services.
- Respect for Indigenous cultures is tangibly demonstrated through Indigenous maintenance, control, protection and development of their cultural heritage resources, intellectual property, art, spiritual traditions, knowledge systems, economic systems, food systems and spiritual and sacred sites.

- Indigenous Peoples are thriving in their role as stewards and managers of their cultural heritage and receive funding and support to develop community-based cultural heritage plans and programming that will assist with: documenting oral histories and cultural traditions; managing cultural heritage sites, objects and systems; and supporting the intergenerational transmission of cultural knowledge; and showcasing and commemorating Indigenous cultural heritage.
- First Nations create archives for historical community records, mapping services and place-naming.
- Governance of the economy respects, acknowledges and upholds Indigenous rights and interests and First Nations title, is co-led with Indigenous Peoples, and ensures that all First Nations have economic opportunities and benefit from the lands and resources in their territories.
- Indigenous Peoples freely determine their economic development goals, priorities and strategies, and exercise their right to maintain and develop their economic systems and institutions to support self-governance, along with traditional and other economic activities.
- The Province and Indigenous Peoples collaborate and participate in ongoing, meaningful, and enduring dialogue to achieve a more inclusive, innovative, and sustainable economy for the benefit of present and future generations that reflects Indigenous values, interests, goals and worldviews.
- The Province and Indigenous Peoples collaborate through meaningful dialogue to create more inclusive, sustainable and low carbon economies for the benefit of present and future generations and a just climate transition.
- Indigenous peoples with disabilities are supported in accessing culturally relevant care and services.

2022-2027 ACTIONS

The Province recognizes that social and economic disparities exist in British Columbia with particular impacts on Indigenous Peoples, and that addressing these disparities while supporting the cultural distinctiveness of Indigenous Peoples is fundamental to upholding human rights.

To advance this, the Province will take the following actions in consultation and cooperation with Indigenous Peoples from 2022 to 2027:

Social

4.1 Identify and undertake concrete measures to increase the literacy and numeracy achievement levels of Indigenous students at all levels of the K-12 education system, including the early years. *(Ministry of Education and Child Care)*

4.2 Develop and implement an effective recruitment and retention strategy to increase the number of Indigenous teachers in the K-12 public education system. *(Ministry of Education and Child Care, Ministry of Advanced Education and Skills Training)*

4.3 Co-develop and implement a framework for the involvement of Indigenous Education Councils in school district financial planning and reporting. *(Ministry of Education and Child Care)*

4.4 Identify, develop and implement mechanisms and approaches to enable boards of education to better support Indigenous students, including increasing and ensuring equitable access to education and safe environments. *(Ministry of Education and Child Care)*

4.5 Co-develop a policy framework for Indigenous post-secondary education and skills training that includes:

- supporting post-secondary institutions to be more culturally relevant and responsive to the needs of First Nations, Métis and Inuit learners and communities;
- expanding the Aboriginal Service Plan program to all 25 public post-secondary institutions;
- ensuring that Indigenous learners have access to student housing that is safe, inclusive, and enables them to thrive personally, academically, and culturally;
- developing mechanisms for First Nations, Métis and Inuit learners and communities to play an integral role in public post-secondary institutions' decision-making; and
- identifying legislative amendments needed to ensure all public post-secondary institution boards include at least one Indigenous person.

(Ministry of Advanced Education and Skills Training)

4.6 Promote culturally relevant sport, physical activity and recreation initiatives and opportunities that increase Indigenous engagement, participation and excellence in both traditional and mainstream sports for individuals in both urban and rural or remote areas. *(Ministry of Tourism, Arts, Culture and Sport)*

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

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

4.9 As a part of the implementation of the *Accessible British Columbia Act*, support the identification, prevention and removal of barriers for Indigenous persons with disabilities. This includes ensuring that the development of accessibility standards considers the rights recognized and affirmed by the UN Declaration. *(Ministry of Social Development and Poverty Reduction)*

4.10 Prioritize the implementation of Primary Care Networks, the First Nations-led Primary Health Care Initiative, and other primary care priorities, embedding Indigenous perspectives and priorities into models of care to increase Indigenous Peoples' access to primary care and other health services, and to improve cultural safety and quality of care. *(Ministry of Health)*

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

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

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

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

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

4.14 Increase the availability and accessibility of resources to Indigenous partners in COVID-19 pandemic health and wellness planning and response, including the implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Framework[15] to ensure access for all Indigenous Peoples to immediate and culturally safe and relevant care closer to home. *(Ministry of Health, Ministry of Mental Health and Addictions)*

4.15 Incorporate Indigenous experiences and knowledge of poverty and well-being into ongoing poverty reduction efforts and the 2024 Poverty Reduction Strategy. The strategy will recognize the ongoing impacts of colonialism and include Indigenous-identified actions and progress measures. *(Ministry of Social Development and Poverty Reduction)*

4.16 Co-develop a B.C.-specific fiscal framework, in partnership with First Nations, Métis and Inuit, and in consultation with key Indigenous organizations, to support and move forward with jurisdiction over child and family services. *(Ministry of Children and Family Development)*

4.17 In collaboration with B.C. First Nations and Métis Peoples, and Inuit, continue implementing changes to substantially reduce the number of Indigenous children and youth in care through increased prevention and family support services at all stages of contact with the child welfare system. *(Ministry of Children and Family Development)*

4.18 As committed to in the First Nations Children and Youth in Care Protocol, co-develop and implement measures to support improved education outcomes of current and former First Nation children and youth in care, including meaningful data collection to inform policy planning and service delivery. *(Ministry of Education and Child Care, Ministry of Children and Family Development, Ministry of Advanced Education and Skills Training)*

4.19 As part of a commitment to an inclusive, universal childcare system, work in collaboration with B.C. First Nations, Métis, and Inuit Peoples to implement a distinctions-based approach to support and move forward jurisdiction over child care for First Nations, Métis and Inuit Peoples who want and need it in B.C. *(Ministry of Education and Child Care)*

4.20 Advance a collaborative, whole-of-government approach in the partnership between the Métis Nation of British Columbia and the Province of B.C., respecting Métis self-determination and working to establish more flexibility and sustainability in funding. *(Ministry of Indigenous Relations and Reconciliation)*

4.21 Bring together key Indigenous urban leaders to create a provincial urban Indigenous advisory table to develop and implement a five-year plan to address the priorities of urban Indigenous Peoples, including a focus on Elders, youth, children, women, men, 2SLGBTQQIA+ and persons with disabilities. *(Ministry of Indigenous Relations and Reconciliation, Ministry of Social Development and Poverty Reduction)*

4.22 Ministers and executives across the provincial government social sector will meet annually with urban Indigenous service organization leaders, such as the provincial urban Indigenous advisory table (see Action 4.21), to discuss successes, innovations, and challenges of supporting the social, cultural and economic needs of urban Indigenous Peoples. (*Ministry of Indigenous Relations and Reconciliation*)

4.23 Undertake a cross-government review of provincial supports and services for Indigenous Peoples in urban settings and develop a plan with clear timelines that will provide greater collaboration and coordination to meet needs. *(Ministry of Indigenous Relations and Reconciliation)*

4.24 Expand support to Aboriginal Friendship Centres and other urban Indigenous organizations that serve the needs of urban Indigenous people in B.C. while also acknowledging that Aboriginal Friendship Centres and other urban Indigenous organizations play a vital role for those that wish to connect to their cultures and traditions. *(Ministry of Indigenous Relations and Reconciliation)*

4.25 Work with Indigenous Peoples to build more on- and off-reserve housing and pursue new federal contributions. *(Ministry of Attorney General, Ministry of Indigenous Relations and Reconciliation)*

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

Cultural Heritage

4.27 Review the principles and processes that guide the naming of municipalities and regional districts, and evolve practices to foster reconciliation in local processes. *(Ministry of Municipal Affairs)*

4.28 Draft a report with recommendations for how BC Parks can better reflect Indigenous Peoples' histories and cultures in provincial parks and protected areas. *(Ministry of Environment and Climate Change Strategy)*

4.29 Establish an Indigenous-led working group to develop a strategy for the revitalization of Indigenous languages in B.C., including potential legislative supports. *(Ministry of Indigenous Relations and Reconciliation, Ministry of Education and Child Care, Ministry of Advanced Education and Skills Training)*

4.30 Support Indigenous language revitalization through sustainable funding. *(Ministry of Indigenous Relations and Reconciliation, Ministry of Advanced Education and Skills Training)*

4.31 Develop full-course offerings in First Nation languages and implement the educational Calls to Action from the Truth and Reconciliation Commission in the K-12 education system. *(Ministry of Education and Child Care)*

4.32 Co-develop a K-12 First Nations Language Policy and associated implementation plan for the public education system with the First Nations Education Steering Committee, including ensuring that the language and culture of the local First Nation(s) on whose territory(ies) a board of education operates schools are the ones primarily reflected in any First Nations language and culture programs and services of the board. *(Ministry of Education and Child Care)*

4.33 Co-develop a policy framework to support repatriation initiatives. *(Ministry of Tourism, Arts, Culture and Sport)*

4.34 Reset the relationship between the Royal BC Museum and Indigenous Peoples in B.C. by ensuring that Indigenous voices are prioritized and inform the development of narratives, exhibitions and learning programs. *(Ministry of Tourism, Arts, Culture and Sport)*

4.35 Work with First Nations to reform the *Heritage Conservation Act* to align with the UN Declaration, including shared decision-making and the protection of First Nations cultural, spiritual, and heritage sites and objects. *(Ministry of Forests, Ministry of Tourism, Arts, Culture and Sport)*

Economic

4.36 Ensure every First Nations community in B.C. has high-speed internet services. *(Ministry of Citizens' Services)*

4.37 Provide funding to assist Indigenous tourism businesses that have been financially impacted by the COVID-19 pandemic, in order to further support recovery of the Indigenous tourism sector in B.C. *(Ministry of Tourism, Arts, Culture and Sport)*

4.38 Provide investments to Indigenous Tourism B.C. to support Indigenous tourism, Indigenous job creation, preservation of Indigenous languages, celebration of Indigenous cultures and the stewardship of territories, and to tell the stories of Indigenous Peoples in B.C. in their own words. *(Ministry of Tourism, Arts, Culture and Sport)*

4.39 Work with the Province's Economic Trusts and First Nation partners to develop a mechanism that ensures inclusion of First Nations at a regional decision-making level. *(Ministry of Jobs, Economic Recovery and Innovation)*

4.40 Ensure Indigenous collaboration in the development and implementation of the BC Economic Plan, including a technology and innovation roadmap. *(Ministry of Jobs, Economic Recovery and Innovation)*

4.41 Work with First Nations, Métis chartered communities and urban Indigenous organizations to provide funding for self-determined, community-led programs for Indigenous Peoples to upgrade skills, obtain credentials, secure employment, and develop and support community economies. *(Ministry of Advanced Education and Skills Training, Ministry of Social Development and Poverty Reduction)*

4.42 Co-develop economic metrics to help evaluate progress as reconciliation is advanced. The baseline data will begin to address the persistent gap in Indigenous-specific economic metrics and through this co-designed effort, build a comprehensive set of data to measure Indigenous economic well-being and track progress over time. *(Ministry of Jobs, Economic Recovery and Innovation, Ministry of Indigenous Relations and Reconciliation)*

4.43 Co-develop recommendations on strategic policies and initiatives for clean and sustainable energy. This includes identifying and supporting First Nations-led clean energy opportunities related to CleanBC, the Comprehensive Review of BC Hydro, and the BC Utilities Commission Inquiry on the Regulation of Indigenous Utilities. *(Ministry of Energy, Mines and Low Carbon Innovation)*

4.44 Review, evaluate and improve B.C.'s Indigenous Youth Internship Program. *(Public Service Agency)*

4.45 Prioritize and increase the number of technology sector training opportunities for Indigenous Peoples and other groups currently under-represented in B.C.'s technology sector. *(Ministry of Jobs, Economic Recovery and Innovation)*

4.46 Improve economic supports for Indigenous workers and employers by increasing access for Indigenous clients to the Ministry of Labour's services and programs, including employment standards, workers' compensation and workplace safety. *(Ministry of Labour)*

4.47 Advance a collaborative approach to cannabis-related governance and jurisdiction between First Nations and the Province that reflects common objectives to protect youth, prioritize public health and safety, strengthen First Nations governance capacity and secure economic benefits for First Nations. *(Ministry of Public Safety and Solicitor General)*

4.48 Work with the B.C. Indigenous Advisory Council on Agriculture and Food and other Indigenous partners to identify opportunities to strengthen Indigenous food systems and increase Indigenous participation in the agriculture and food sector. *(Ministry of Agriculture and Food)*

4.49 Review existing provincial mandates to enhance treaty and self-governing Nations' fiscal capacity to deliver services to their citizens. *(Ministry of Indigenous Relations and Reconciliation)*

ACCOUNTABILITY AND IMPLEMENTATION

The Province's development of the action plan was undertaken in consultation and cooperation with Indigenous Peoples in B.C. and centred around the shared understandings outlined on page 6. The process to implement the action plan will be approached in the same way: comprehensive, distinctions-based, diverse, legally plural, principled, cooperative, enabling, impactful and transparent.

Ministries across government will continue to work in consultation and cooperation with Indigenous Peoples across the province to implement actions identified in this plan, reflecting our mutual commitment to work together in partnership. Identified ministries are accountable for their actions as well as ensuring effective monitoring and reporting on progress. As the action plan is province-wide in scope, it requires an all-of-government approach with coordination across ministries to support implementation.

The Province will work with Indigenous Peoples to identify suitable tools, indicators and measures for monitoring, assessing and reporting progress on implementation of the Declaration Act. Progress under the action plan will be reviewed on an annual basis and publicly reported in an annual report that will be prepared consultation and cooperation with Indigenous Peoples, and submitted to the B.C. Legislature by June 30 each year. The action plan will be comprehensively updated within five years.

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PHOTOGRAPHY CREDITS

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Declaration on the Rights of Indigenous Peoples Act

2023-2024 ANNUAL REPORT

Territorial Acknowledgement

With respect and gratitude, the Province acknowledges that the Declaration Act Annual Report was prepared on the territories of the lək̓ʷəŋən People, the Songhees and Esquimalt Nations, whose deep connections with this land continue to this day.

The work profiled in this report took place in the territories of First Nations throughout B.C. The Government of British Columbia respectfully acknowledges these First Nations with gratitude for the many partnerships that enable us to carry out this important work.

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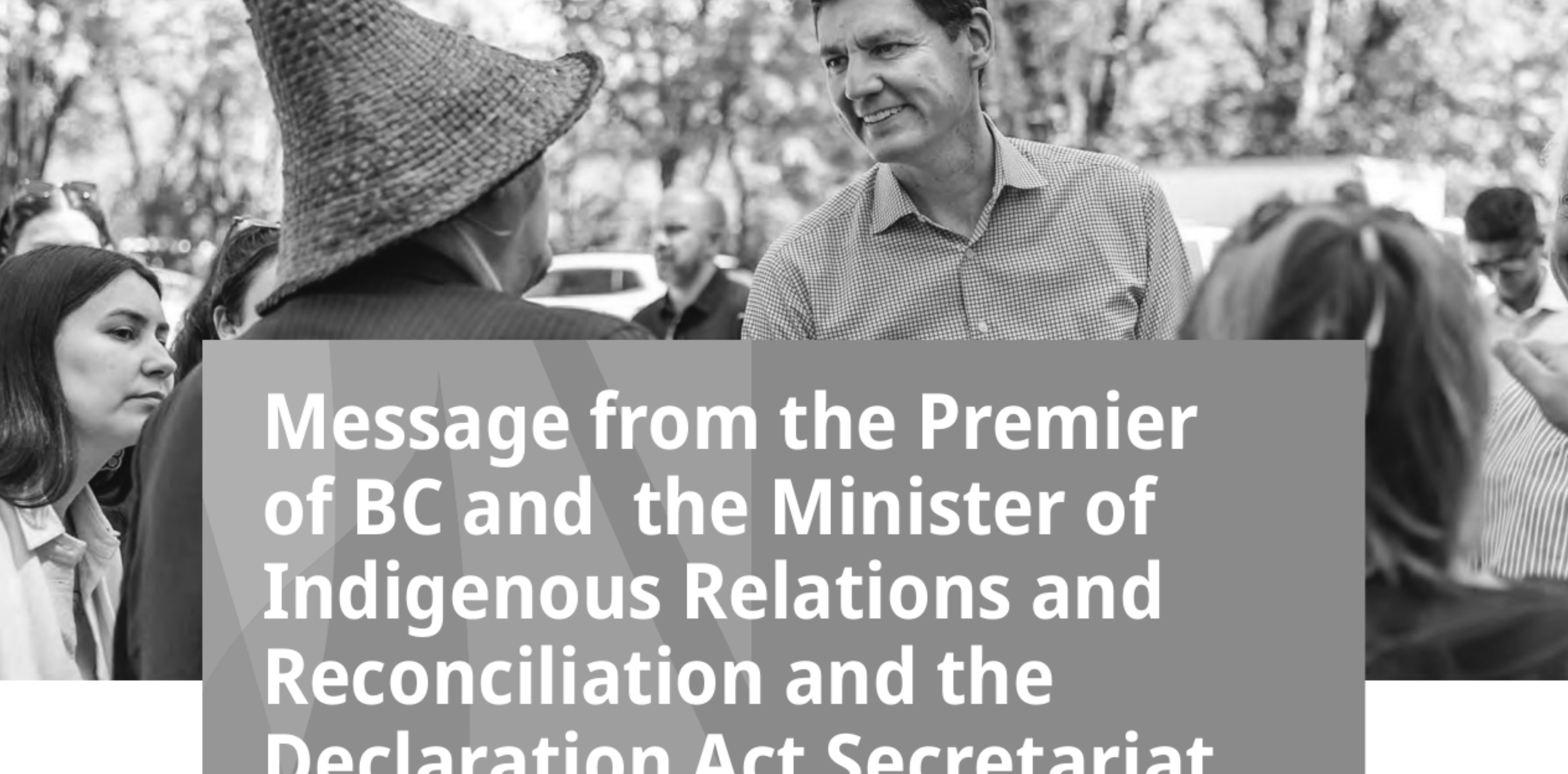
Photo credits: Most of the photographs found throughout this report were taken by Melody Charlie, a First Nations photographer from Ahousat B.C. Her photography reflects the love and respect she holds for her people, their culture and their ways of life, focusing on the strengths and resilience of her people. The Tsawwassen First Nation provided the photo on page 141 of this report, as well as the back cover.



Message from the Premier of BC and the Minister of Indigenous Relations and Reconciliation and the Declaration Act Secretariat

Together with Indigenous Peoples and all British Columbians, we're building a stronger B.C. through partnerships and agreements that create economic opportunities, good jobs, and help build a better future for all.

The 2023-24 Declaration Act Annual Report outlines efforts being made across the entire provincial government to implement the United Nations Declaration on the Rights of Indigenous Peoples and covers the period between April 1, 2023, to March 31, 2024. We are grateful to the many people whose time, energy, leadership, and expertise are reflected in the work outlined in the report.

B.C. is our home. And as neighbours, we are stronger when we work together to build a brighter future for everyone. In other words, a rising tide lifts all boats.

We all want to build a good life here – but for too long, Indigenous Peoples have been pushed aside. Indigenous Peoples continue to face racism, discrimination, poverty and poor health outcomes.

Our ongoing work seeks to address those inequities and support the health and well-being of Indigenous Peoples. Reconciliation is a shared responsibility, and when we all do our part, we all feel the benefits.

The path of partnership laid out in the Declaration on the Rights of Indigenous Peoples Act Action Plan – working together with Indigenous and non-Indigenous people, local and federal governments, organizations and businesses – is the route to a better future.

This is the fifth Declaration Act Annual Report. It details work underway on 60 of 89 specific actions and reflects the tremendous efforts being made across all governments and partners to put our collective words into action in our communities.

Partnerships are supporting healthy communities, economic opportunity, services that make life easier, and sustainable stewardship of the land, water and resources.

We are working shoulder-to-shoulder with First Nations to develop mechanisms for co-operation and co-investment in housing and infrastructure; economic development and job creation; and new ways of achieving certainty, especially related to the sustainable development of natural resources.

This is vital to the future of our province, as communities around B.C. depend on sustainable resource development to keep people working, businesses open and local economies running.

By collaborating and co-operating with Indigenous Peoples, we are taking thoughtful action on reconciliation:

- Building unique partnerships encourages investment and improves the services and infrastructure we all rely on.
- Eliminating laws and policies that deny equal opportunity for Indigenous Peoples to build a good life.
- Restoring Indigenous jurisdiction over child and family services, helping to keep families safely together.
- Changing the way First Nations can acquire, hold and register fee simple land in B.C., reducing discriminatory and racist barriers.
- Improving outcomes for students with First Nations educators teaching First Nations children; and implementing a new graduation requirement to ensure all students complete Indigenous-focused coursework before they graduate from the B.C. education system.
- Recognizing the importance of First Nations post-secondary institutes with funding to support the revitalization of First Nations languages and cultures and to provide quality education to First Nations learners.

By working together, we're building strong partnerships with Indigenous Peoples, and creating a brighter future for all British Columbians.

Honourable David Eby
Premier of British Columbia

Honourable Murray Rankin
Minister of Indigenous Relations and Reconciliation and the Declaration Act Secretariat

Introduction

The 2023/24 Declaration Act Annual Report is the fifth annual report since the Declaration on the Rights of Indigenous Peoples Act (Declaration Act) came into force in 2019. These annual reports track the progress made to advance the Province's commitment to reconciliation in British Columbia. With each passing year, this work grows and evolves, as do partnerships with First Nations, Métis and Inuit in B.C.

The Annual Report contains status updates for several key sections of the Declaration Act, which must be implemented in consultation and co-operation with Indigenous Peoples. Each annual report covers a year of progress, like a snapshot in time. This report covers work completed from April 1, 2023, to March 31, 2024.

The Annual Report contains the following sections where important work is progressing:

- **Alignment of Laws:** Updates on the alignment of provincial laws with the United Nations Declaration on the Rights of Indigenous Peoples.
- **Themes & Action Item Reporting:** The Declaration Act Action Plan includes 89 tangible, achievable actions across four themes: self-determination and self-government; rights and title; ending anti-Indigenous racism; and enhancing social, cultural and economic well-being. The 60 actions reporting in the 2023/24 Annual Report have an icon dashboard that illustrates progress in four dimensions, along with detailed reporting on highlights, challenges and how the Province is working with Indigenous partners and other stakeholders. For more information on icon design, meaning and methodology, visit *https://declaration.gov.bc.ca/action-item-reporting/all-actions/*
- **Advancement of modern treaties through the Shared Priorities Framework:**[1] Signed in March 2022 between the Province and the members of the Alliance of BC Modern Treaty Nations, this framework renews a commitment to timely, effective and appropriately resourced implementation of modern treaties.
- **Measuring Progress:** Early work on Action Plan implementation with First Nations and Métis partners has illuminated the need for cross-cutting outcome indicators rather than action specific progress indicators. To effectively measure change, the Province is developing an Action Plan Indicator Framework in consultation and co-operation with First Nations and Métis partners that will provide a common approach to measurement.

Each piece is unique and critical to advancing reconciliation across British Columbia. The Province extends deep gratitude to First Nations and Métis partners who have guided this work and provided their valuable contributions to the 2023/24 Annual Report.

1 Province of British Columbia: Shared Priorities Framework. Online: https://www2.gov.bc.ca/gov/content/environment/natural-resource-stewardship/consulting-with-first-nations/first-nations-negotiations/first-nations-in-treaty-process/shared-priorities-framework

Declaration Act Engagement Fund

First Nations across B.C. are being supported to work in consultation and co-operation with the Province on implementing the Declaration on the Rights of Indigenous Peoples Act, building a better future for all. Through the $200-million Declaration Act Engagement Fund (DAEF), First Nations are eligible for approximately $1 million in funding to support government-to-government engagement with the Province on a number of priorities, helping to shape provincial laws, policies and programs.

The DAEF, which is administered by the New Relationship Trust (NRT) on behalf of the Province, reflects a significant shift in how engagement funding is provided, as First Nations are able to self-determine their engagement priorities based on their distinct needs and interests.

As of March 31, 2024, more than 90% of eligible First Nations in B.C. had been approved for funding through the DAEF in its first year.

Distinctions-Based Approach

The Province is required to take a distinctions-based approach in all relations with First Nations, Métis and Inuit in British Columbia. This requirement has a legal foundation in the Constitution Act, 1982; the United Nations Declaration on the Rights of Indigenous Peoples; the Declaration on the Rights of Indigenous Peoples Act; treaties; as well as the respective and distinct laws, legal systems and systems of governance of First Nations, Métis and Inuit.

On December 5, 2023, the Province released a distinctions-based approach primer (the Primer) to assist B.C. public service employees in understanding the current legal basis for, and core elements of, a distinctions-based approach. This document helps meet this requirement by affirming the Provincial position and ensuring it is applied consistently in legislation, policy and practice.

The Primer supports public service employees to make good, consistent and informed decisions. Work is underway to develop additional resources that will provide guidance on the practical application of a distinctions-based approach.

Almost 2,000 public sector staff have received distinctions-based approach training across many sectors and levels of government, including:

- Crown agencies;
- Ministry of Health executive, all management and public sector partners;
- Over 1,000 staff in the Natural Resource sector, and
- Senior executive and core government leadership.

As part of a broader plan to educate public service employees on the distinctions-based approach, the Ministry of Indigenous Relations and Reconciliation delivered 23 orientation sessions on the distinctions-based approach across the public service, including Caucus, Cabinet, Crown corporation boards and committees and many ministries, including Health, Housing, Social Development and Poverty Reduction, Water, Lands and Natural Resources and Mental Health and Addictions.

Section 3: Alignment of Laws

The Declaration Act Secretariat's core functions are to support the advancement of Section 3 of the Declaration on the Rights of Indigenous Peoples Act (Declaration Act), which mandates the Province to take all measures necessary to ensure provincial laws are aligned with the United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration), doing so in consultation and co-operation with Indigenous Peoples. Meeting this obligation is an essential pathway for the recognition and implementation of title and rights, including treaty rights, and for the survival, dignity and well-being of Indigenous Peoples as protected under Section 35(1) of the Constitution Act, 1982.

British Columbia became the first jurisdiction in Canada to lead these legislative transformations and there is much to be learned from the ongoing work. The core of alignment of laws work is co-development, co-operation, co-drafting and consultation with Indigenous

"The UN Declaration is the most comprehensive instrument detailing the rights of Indigenous Peoples in international law and policy, containing minimum standards for the recognition, protection and promotion of these rights. It establishes a universal framework of minimum standards for the survival, dignity, wellbeing and rights of the Indigenous Peoples.

The Declaration addresses both individual and collective rights; cultural rights and identity; rights to education, health, employment, language, and others. It outlaws discrimination against Indigenous Peoples and promotes their full and effective participation in all matters that concern them.

It also ensures the right to remain distinct and to pursue their own priorities in economic, social and cultural development. The Declaration explicitly encourages harmonious and cooperative relations between States and Indigenous Peoples."

Source: UN Declaration on the Rights of Indigenous Peoples | OHCHR

Peoples. The Declaration Act Secretariat (the Secretariat) continues to identify the systemic and cultural shifts needed to enable success: partnering with Indigenous Peoples and the B.C. public service, applying new learnings from past feedback and further evolving existing policies, processes and systems.

Provincial, National and Global Leadership

The Secretariat's mandate is to ensure alignment with the UN Declaration. While delivering on this mandate, the Secretariat benefits from maintaining connection to those who developed it, as well as others across Canada and the world who are similarly involved in its implementation.

The Province has worked with the federal government, the Expert Mechanism on the Rights of Indigenous Peoples and the University of British Columbia in pursuit of the full implementation of the Declaration Act. On behalf of the Attorney General and the Minister of Indigenous Relations and Reconciliation, the Province submitted a formal response to the call by the United Nations Office of the High Commissioner for Human Rights for inputs on establishing effective mechanisms at the national and regional levels for implementing the UN Declaration. This continuing work is an important opportunity for the impact of the Province's work to be included in the official reports of the Human Rights Council, and for B.C. to partner with other states working towards similar goals, as well as to further showcase British Columbia as a global leader.

Aligning Laws with the UN Declaration

> *"The alignment of B.C. policies and laws with the United Nations Declaration on the Rights of Indigenous Peoples is a monumental undertaking. Having an Indigenous-led central agency mandated to drive this work is an invaluable key to success. Their guidance and advocacy within government to shift systems and culture is work that has the potential to transform the landscape in the province for years to come. We have appreciated building relationships with the Secretariat to support the implementation of Section 3 through a distinctions-based approach that recognizes and enforces modern treaty rights in B.C."*
>
> *- Alliance of BC Modern Treaty Nations*

In 2023/24, the Province continued to develop and pass legislation consistent with the requirements of Section 3. The Secretariat's contribution spans formal input and advice on consultation and co-operation with Indigenous partners, informal troubleshooting, review of materials and issues resolution.

Below are some examples of key legislation passed that incorporated the UN Declaration and was effectively developed in consultation and co-operation with Indigenous Peoples:

BILL 31 EMERGENCY AND DISASTER MANAGEMENT ACT (NOVEMBER 2023)

On November 8, 2023, the Emergency and Disaster Management Act (EDMA) came into force, replacing the Emergency Program Act. The EDMA reflects the realities of the modern world including global pandemics, security threats and climate change. Guided by the United Nations Sendai Framework for Disaster Risk Reduction, it responds to the four phases of emergency management: mitigation, preparation, response and recovery.

The EDMA is also an important step in aligning the Province's laws with the UN Declaration as it:

- Recognizes Indigenous Peoples' inherent rights of self-government, including the authority to make laws in relation to emergency management;
- Establishes a framework for agreements between Indigenous governing bodies and other authorities that can help advance shared decision-making and co-ordination;
- Authorizes agreements with Indigenous governing bodies to coordinate the exercise of emergency powers, as well as plans, policies and programs related to the response and recovery phases; and
- Includes engagement provisions that require municipalities and regional districts to consult and co-operate with Indigenous governing bodies and incorporate Indigenous knowledge and cultural safety across emergency management practices.

Given this scope of change and the length of the legislation, appropriate engagement on the EDMA took time. In 2019 and 2020, the Province undertook a broad public engagement

process that included meetings with First Nations, Indigenous organizations and other partners in emergency management. In 2022, focused work with First Nations partners began. This included regular sessions with technical teams representing the First Nations Leadership Council and member Nations of the Alliance of BC Modern Treaty Nations, First Nations and Indigenous technical organizations and service providers to discuss the core policy interests underpinning the legislation and subsequently review drafts of the legislation.

The Province is now developing regulations in consultation and co-operation with First Nations, including member Nations of the Alliance of BC Modern Treaty Nations, and informed by engagement with Indigenous organizations, local authorities, critical infrastructure owners, service providers, emergency management practitioners, and the public. The Province has also released a new Indigenous engagement requirements document that provides guidance for implementing the engagement provisions of the EDMA. For more information, please see Theme 1, Action 1.10.

> *"This is a much-needed update to the emergency management regime in B.C. First Nations maintain their rights to decide, prepare, mitigate and recover from emergencies. B.C. needs to ensure their laws and regulations will work in partnership with First Nations governments. The BC Assembly of First Nations supports the inclusion of First Nations in all areas of emergency management. This has been another historic year for wildfires and we always are the first to feel the impacts from the climate emergency."*
>
> ***– Terry Teegee, Regional Chief,***
> *BC Assembly of First Nations.*

BILL 5 CHILD, FAMILY AND COMMUNITY SERVICE AMENDMENT ACT (MARCH 2024)

In November 2022, significant changes were made to the Child, Family and Community Service Act (CFCSA) to align with the UN Declaration. This was the first legislative initiative to enable joint and consent-based decision-making agreements as described in section 6 and 7 of the Declaration Act.

In the early work to implement these provisions, Indigenous partners identified a number of key issues for clarification and amendment to strengthen opportunities for the exercise of inherent Indigenous jurisdiction. Working in consultation and co-operation with Indigenous partners, communities and service providers, the Ministry of Child and Family Development undertook a number of multiple-partner engagement sessions to listen to the challenges, problem-solve solutions and develop legislative amendments together.

The resulting amendments expand the scope for joint and consent-based decision-making agreements in Indigenous child and family services and broaden the definition of "Indigenous child". This ensures that Indigenous governing bodies not yet exercising their inherent jurisdiction have a pathway to identify their children, provide more culturally relevant care and preserved connection to culture. These amendments to the CFCSA also ensure that appellate courts can hear matters under Indigenous law. Bill 38 introduced a pathway for Indigenous governing bodies to refer to the Provincial court for dispute resolution under their Indigenous law, which is the same dispute resolution process available in the CFCSA. The addition of appellate courts will ensure that, where an Indigenous governing body opts to use provincial courts for dispute resolution, the full provincial appeals process is available to families. These amendments further support the multijurisdictional child and family services model and bring the Act closer to alignment as intended under the Declaration Act. For more information, please see Theme 4, Action 4.17.

BILL 40 SCHOOL AMENDMENT ACT (NOVEMBER 2023)

The School Amendment Act supports better education outcomes for First Nations and other Indigenous students attending provincial public schools, in part through hardwiring processes for effective relationships between boards of education and First Nations.

The amendments ensure that First Nations and Treaty First Nations have the option to apply a Model local education agreement (Model LEA) with boards of education should a First Nation request it, setting out processes for information sharing, collaboration and decision-making. The amendments also take a distinctions-based approach, requiring all boards to establish an Indigenous education council (IEC) in their school districts to ensure decisions being made for Indigenous students are made by Indigenous organization representatives and people. This amendment also embeds continuous consultation and co-operation among school districts and IECs, prioritizing the views of local First Nations, their languages, histories and cultures. Finally, the amendments ensure that First Nation students who live on-reserve or Treaty lands have priority to attend public schools designated by their First Nation through the First Nation school of choice provision.

Furthermore, these amendments support reconciliation commitments with the intent to better meet the needs of community and reflect respect for inherent rights and jurisdiction in the education sector. LEAs were a specific commitment set out in the BC Tripartite Education Agreement (BCTEA), the Declaration Act Action Plan, and First Nations school of choice evolved from LEAs. Consultation and co-operation continues in the implementation of the Bill. For more information, please see Theme 1, Action 1.06, and Theme 4, Action 4.03.

> *"Today is an important day for First Nation learners and the provincial education system in B.C. These changes to the School Act are aimed at improving First Nation student learning outcomes through effective relationships and processes that respect the inherent authority and role of First Nation governments, parents and communities in the education of their children and youth. First Nations control of First Nations education underpins the First Nation education system we have spent three decades building in B.C. This work includes ensuring the provincial public school system is responsive to, and respects and incorporates the perspectives of, First Nations to better support this student population in a meaningful and appropriate way."*
>
> *"Indigenous students, particularly First Nation students living on reserve, face systemic barriers that result in inequitable outcomes in the K-12 system, and so the changes in this suite of amendments represent systemic, transformative and welcome changes."*
>
> ***– Tyrone McNeil, President,***
> *First Nations Education Steering Committee*

Capacity Growth

In addition to supporting individual ministries and legislative and policy initiatives, the Secretariat plays a key role in supporting the overall capacity of the provincial public service – and key external agencies and partners – to undertake this work.

One way the Secretariat advances this capacity growth is through developing tools, guidelines and similar resources to support alignment of laws, consultation and co-operation, and the key enabling conditions needed for lasting change and system shifts. This year, the Secretariat has worked with Indigenous partners and ministries across government to initiate the development of consultation and co-operation guidance and support tools, and a broader emerging change leadership framework. The Secretariat has also initiated the development of metrics, indicators, and case studies which will more clearly illuminate progress and spread key learnings and successful practices.

> *"The implementation of the Interim Approach has presented us with a valuable opportunity to work with government in a way we have never seen before. The Secretariat as a driver of the Interim Approach and alignment of laws work has played an important role in First Nations' participation in government process. As a result, First Nations are engaging with government on more legislative pieces to align with the UN Declaration."*
>
> ***- Grand Chief Stewart Phillip, President,***
> *Union of BC Indian Chiefs*

Another way that the Secretariat supports capacity is through consistent participation in cross-government committees at the executive level. These committees are a key forum through which legislative and policy initiatives are shaped and advanced through their development. Participation in them ensures Section 3 obligations are represented, and perspectives shared by Indigenous Peoples and partners are threaded throughout provincial government business.

There is significant interest in the Secretariat's work and the alignment of laws, and Secretariat staff invest time and energy in delivering education sessions to internal and external audiences. Over the past year, the Secretariat facilitated over 28 presentations to internal and external groups, including: ministries, provincial councils, Crown corporations, board leadership, local governments and more. These education sessions provide critical awareness and understanding of the UN Declaration and everyone's obligations to advance Indigenous human rights, including the specific obligations under the Declaration Act.

Relationship Building

Alignment of laws work must be done in true partnership between the Province and Indigenous Peoples. The development of genuine relationships and trust takes time. In some places, these relationships already exist but in many sectors and spaces, they are just forming. The Secretariat serves a critical interlocutor role, supporting the public service and Indigenous partners to advance substantive issues through policy advice, and facilitate partnership and collaboration to mitigate issues.

The co-development of legislation, policies and consultation and co-operation is a significant task that requires considerable capacity and resources. The launch of the Declaration Act Engagement Fund has provided for First Nations partners to invest in Declaration Act engagement work in a way that meets their needs. This includes work specific to engagement with the Province on alignment of laws, as well as consultation and co-operation.

> *"The launch of the Declaration Act Engagement Fund gives First Nations the opportunity for much needed capacity funding to engage with government. This supports First Nations participation in the critical work of implementing the Declaration Act and the alignment of laws – and upholding the values of the United Nations Declaration on the Rights of Indigenous People."*
>
> ***- Cheryl Casimer, Political Executive,***
> *First Nations Summit*

Section 4: Declaration Act Action Plan

The Declaration Act Action Plan 2022-2027[2] outlines the specific actions every ministry in government will take to achieve the objectives of the UN Declaration over time. The Province is committed to initiating all 89 actions by 2027 and is taking a phased approach to action implementation and reporting, as not all actions can or should be implemented at the same time.

The 60 actions reporting in the 2023/24 Annual Report have an icon dashboard that illustrates progress in four dimensions along with detailed reporting on highlights, challenges and how the Province is working with Indigenous partners. For more information on icon design, meaning and methodology, visit *https://declaration.gov.bc.ca/action-item-reporting/all-actions/*

2 Province of British Columbia: Declaration on the Rights of Indigenous Peoples Act Action Plan 2022-2027.

ICON MEANINGS AND LEGEND

How far along is this work?
Stage of transformation (Salmon)

When we think of life, it's cycles of transformation. We think of our relations with salmon. Salmon is the chief of the water and a representation of critical thinking, taking action and overcoming obstacles. Their cycle of birth, journey, and returning to the land remind us of our reciprocal responsibility and that, with our limited time on earth, we must contribute in a meaningful way. Salmon return the earth and feed it so that other beings may thrive.

Lowest level	Mid-level	High level	Transformed
Initiation Stage	Planning Stage	Implementation Stage	Completed

How complicated is this work?
Complexity (Rock)

How much work needs to be done? How big is the rock we must carry? We call on the image of the rock, which reminds us of the physicality of our test of strength competitions. The heavy lifting is not just about brute strength but about how we position ourselves and use our whole being to lift.

Lowest level	Mid-level	High level	Transformed
Some Complexity	Moderate Complexity	Notable Complexity	Complexity Resolved

Are there challenges?
Risks (Medicine bundle)

The medicine bundle is a symbol of protection and ceremony. When it comes to risk and challenges, we are reminded of the work that our ancestors undertook to prepare mind, body, and spirit for the things creator would place in front of us. Managing risk is achieved through years of preparation, gaining knowledge, training, ceremony, and mastery.

Lowest level	Mid-level	High level	Transformed
Some Challenges	Moderate Challenges	Notable Challenges	Challenges Resolved

How are we working together?
Engagement (Weaving)

Braiding all the necessary pieces together, the land, water, and the people into spaces where deep consultation and co-operation can happen. Each strand is important, each voice is important.

Lowest level	Mid-level	High level	Transformed
Some Engagement	Moderate Engagement	Notable Engagement	Full Engagement

Theme 1: Self-Determination and Inherent Right of Self-Government

GOAL

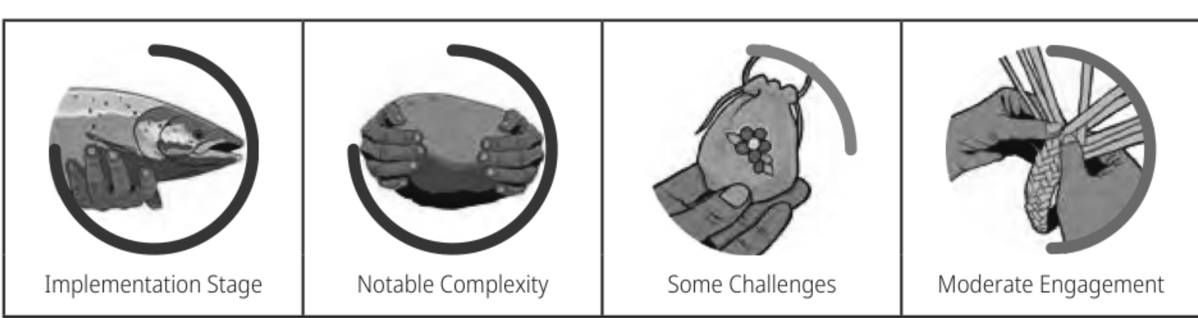
Indigenous Peoples exercise and have full enjoyment of their rights to self-determination and self-government, including developing, maintaining and implementing their own institutions, laws, governing bodies, and political, economic and social structures related to Indigenous communities.

1.02

Shift from short-term transactional arrangements to the co-development of long-term agreements that recognize and support reconciliation, self-determination, decision-making and economic independence.

MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION

Year 1



Highlights

Long-term agreements demonstrate a structured and intentional approach towards reconciliation. Increasing the number of signed long-term agreements demonstrates an emphasis on being intentional about progress toward reconciliation with a focus on achieving self-determination, decision making and economic independence.

Over the reporting period, ten long-term agreements were co-developed that recognize and support reconciliation, self-determination, decision making and economic independence:

- Ktunaxa Nation Interim Revenue Sharing Agreement (Columbia River Treaty) - June 8, 2023
- Syilx Okanagan Nation Alliance Interim Revenue Sharing Agreement (Columbia River Treaty) - June 8, 2023
- Secwepemc Interim Revenue Sharing Agreement (Columbia River Treaty) – June 8, 2023
- Nlaka'pamux Nation Tribal Council Land and Resource Decision Making Agreement – June 28, 2023
- Tseshaht Contribution Agreement – July 6, 2023
- Ts'uubaa-asatx First Nation Incremental Treaty Agreement – July 7, 2023
- Nang K'uula Nang K'uulaas (Haida Nation Recognition Agreement) – July 19, 2023
- Kwadacha Nation Reconciliation Framework Agreement – February 16, 2024
- Gwa'sala-'Nakwaxda'xw Nations Consultation Engagement Agreement – 2023 to 2026
- Xwulqw'selu Watershed Planning Agreement with Cowichan Tribes – May 12, 2023

Several treaty tables are in stage 5 negotiations and after decades of hard work, the Province is working to initial treaty agreements. Initiating starts the ratification process where First Nations vote on the treaty.

Both treaties and other agreements contribute to achieving reconciliation and creating economic opportunities and sustainable, healthy and resilient communities. Several negotiations continue on a range of agreements inside and outside of the treaty process.

How are we working together?

The negotiation of long-term agreements is a collaborative process with First Nations that requires ongoing engagement. These negotiations involve close working relationships and the co-development of collaborative solutions.

The Province is working with First Nations and the federal government to create innovative agreements that are flexible and better suited to addressing the needs of individual Nations. This past year, the Province signed several unique and diverse agreements to exemplify this action, including with the Haida Nation, Kwadacha Nation and others. Engagement is ongoing with First Nations across B.C. through regular meetings to negotiate additional agreements to support reconciliation, self-determination, shared decision-making and economic independence. The Province also engages with local government, the public and stakeholder groups on an on-going basis.

Are there challenges?

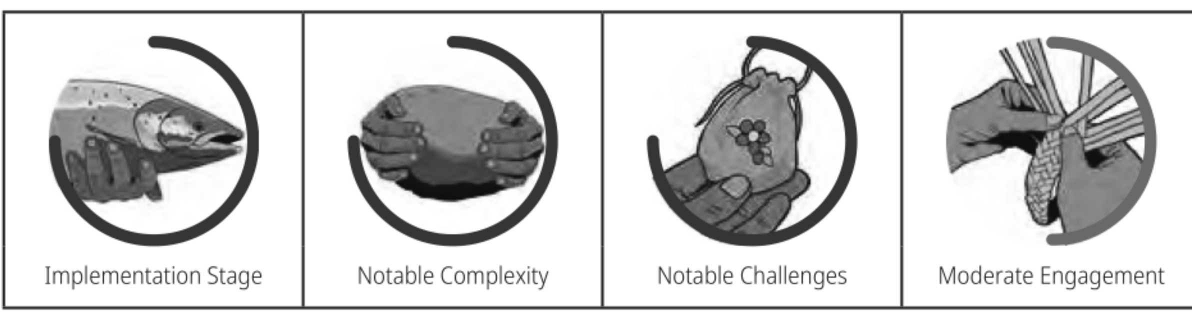
The negotiation of long-term agreements is a collaborative process with First Nations that requires ongoing engagement, and this can be impacted by challenges in capacity across all levels of government and First Nations partners. As new agreements demonstrate change and positive steps towards reconciliation, there will be increased demand on capacity. Another challenge is that new and innovative approaches to achieve long-term reconciliation may require new policy and legislation. This work takes time and requires cross government co-ordination with First Nations and their representative bodies, as well as public and stakeholder engagement.

1.03

Utilize sections 6 and 7 of the Declaration Act to complete and implement government-to-government agreements that recognize Indigenous self-government and self-determination.

MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION

Year 2



Highlights

This year Tahltan Central Government and the Province entered into a second consent-based decision-making agreement under section 7 of the Declaration Act in relation to the future operation of the Red Chris mine located in Tahltan Territory. This agreement is a necessary step forward in the evolving progression of co-governance relationships between First Nations and the B.C. government.

The Province and Tahltan Central Government will begin discussions for a third decision-making agreement related to the collaborative assessment of proposed changes to the previously approved Galore Creek copper and gold mine.

A structured and intentional approach to the negotiation of section 7 agreements under the Declaration Act demonstrates positive progress towards reconciliation. Whether joint or consent-based, section 7 agreements allow Indigenous governing bodies and the Province to work in partnership to address the legacy of colonialism and create more durable decision-making approaches.

How are we working together?

The collaborative nature of negotiations of section 6 and 7 agreements requires ongoing engagement with Indigenous governing bodies. The Province has been working with the First Nations Leadership Council and the Alliance of BC Modern Treaty Nations on the approach to the negotiation and implementation of these new agreements. Exploratory discussions are underway with Indigenous governing bodies who are interested in developing agreements which may result in additional mandated negotiations.

Are there challenges?

Progress is being made in negotiations and the Province is advancing agreements that share statutory decision-making with Indigenous governing bodies, where appropriate. Although the Declaration Act establishes space for negotiating these agreements, statutory amendments may be required for section 6 and 7 agreements to be fully enacted This work takes time, cross-government alignment, and consultation and co-operation with Indigenous Peoples. The Province will continue to work to implement section 6 and 7 agreements under Action 2.4 including seeking approval for legislative amendments where required. As part of any proposed legislative amendment process, there will be public and stakeholder engagement. The Province is working to build awareness of the scope and opportunities within section 6 and 7 agreements across government and with Indigenous partners, stakeholders and the public.

1.04 and 1.05

Actions 1.04 and 1.05 guide the Province's work to co-develop a new fiscal relationship and framework with Indigenous Peoples. The Province is consulting and co-operating on both actions through a single engagement process. Actions 1.04 and 1.05 state:

1.04: Co-develop with Indigenous Peoples a new distinctions-based fiscal relationship and framework that supports the operation of Indigenous governments, whether through modern treaties, self-government agreements or advancing the right to self-government through other mechanisms. This work will include collaboration with the Government of Canada.

MINISTRY OF FINANCE; MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION

Year 1

1.05: Co-develop and implement new distinctions-based policy frameworks for resource revenue-sharing and other fiscal mechanisms with Indigenous Peoples.

MINISTRY OF FINANCE; MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION

Year 2

 Implementation Stage	 Notable Complexity	 Notable Challenges	 Notable Engagement

Highlights

The release of the 'New Fiscal Framework's 'What We Heard' report in April 2023 Highlights the significant time and effort that First Nations and the Province invested in co-developing a new fiscal framework. The report summarizes the variety of perspectives and ideas raised by First Nations. It also underscores the complexity of the work and the transformational changes required to achieve a principled new fiscal framework between the Crown and First Nations governments. Going forward, the 'What We Heard' report provides a foundation to identify shared principles that reflect feedback from First Nations and apply the principles to the development of new fiscal tools and arrangements.

A key theme of the 'What We Heard' report is the strong interest among many First Nations to move beyond current revenue sharing approaches, which are seen as transactional. In response to this feedback, in March 2024 the Province implemented a new approach to accommodation in the Forest Consultation and Revenue Sharing Agreement (FCRSA) program. Under this new approach, the requirement for First Nations to agree that FCRSA funds are an accommodation will be removed from the agreement template. The Province will continue to consider the funds provided through FCRSA agreements as recognition of First Nation's economic interests and as such, as a contribution to accommodation. However, First Nations are no longer required to contractually agree as a condition for receiving the revenue.

As co-development of a new fiscal framework continues, the Province will also maintain the increase to FCRSA revenue sharing rates announced in April 2022. Under these increased rates, the Province is expected to share about $162 million in forestry revenues with First Nations in fiscal year 2023/24.

Budget 2024 announced that the Province is taking action to support First Nations and the B.C. business sector in developing strong economic development partnerships through the development of a provincial First Nations Equity Financing Framework. This framework will establish tools to support equity financing opportunities for First Nations. This framework includes equity loan guarantees and potentially other supports that begin to address the systemic barriers many First Nations face in gaining meaningful representation in projects where there is shared interest and readiness with the Province.

How are we working together?

Specific consultation and co-operation activities undertaken to date include: a discussion paper released in November 2022, followed by a virtual engagement opportunity; participation at the First Nations Leaders' Gathering in November 2022; province-wide engagement during the fall of 2022 and winter 2023, including bilateral government-to-government meetings with First Nations and participation at regional meetings hosted by the First Nations Forestry Council; and the release of a 'What We Heard' report in April 2023.

Given the broad scope of the new fiscal framework, engagement with First Nations across the province will be required over the five-year span of the Declaration Act Action Plan and beyond. To date, this engagement has focused on co-developing principles for a new fiscal framework and on co-developing a new approach to forestry revenue sharing. Engagement with key stakeholders in the forest sector and elsewhere is also ongoing.

The Province is continuing to work with Modern Treaty Nations as part of the collaborative fiscal process on fiscal policy and taxation to implement Action 1.04 and the Shared Priorities Framework.

Are there challenges?

The scale of the work and the variety of perspectives involved pose a capacity and project management risk to the implementation of this action. The Province will need to ensure that its approach to co-development honours the time and expertise of First Nations governments and leaves space for the diverse interests, priorities and needs of First Nations to be incorporated.

The variety of perspectives raised during the engagement process to date have underscored the complexity of co-developing a new fiscal framework. The Province understands that the new fiscal framework cannot be a 'one-size-fits-all' model. First Nations have different values and worldviews, as well as resources in their territories. As a result of this complexity, current timelines have not matched what was anticipated in the discussion paper. On forestry revenue sharing, the Province will be re-engaging with First Nations to continue co-developing options for a new model to replace FCRSA program.

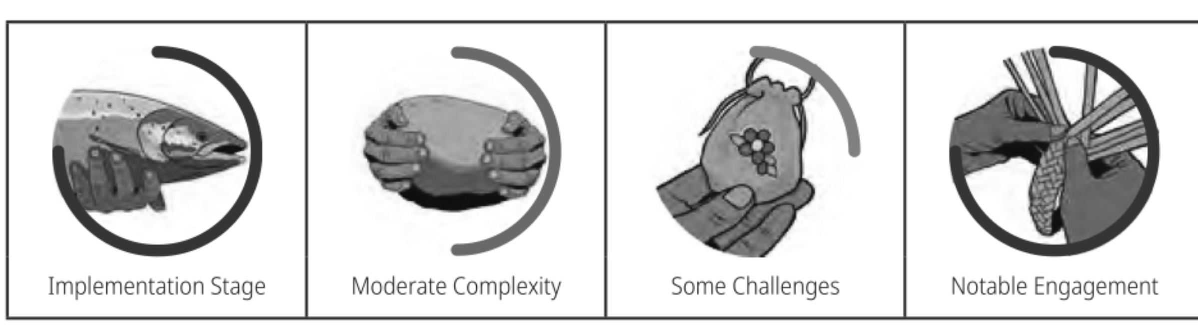
The Province and First Nations must be confident that co-developed options will support the shared objectives of recognizing and implementing rights, advancing self-governance and self-determination, and supporting the broader economy for all British Columbians.

1.06

Co-develop an approach to deliver on the BC Tripartite Education Agreement commitment, in which the Ministry of Education and the First Nations Education Steering Committee (FNESC) will co-develop legislation that requires local education agreements (LEAs) with First Nations where a First Nation wants one, and that requires the application of the provincial LEA at the request of a First Nation.

MINISTRY OF EDUCATION AND CHILD CARE

Year 1



Highlights

Bill 40 was passed in the B.C. Legislature on November 8, 2023, introducing a requirement that school districts apply a Model Local Education Agreement (Model LEA) at the request of a First Nation. First Nations may also choose not to have an LEA, to remain in their existing LEA, or to negotiate a custom LEA with school districts. Legislation was co-developed with the First Nations Education Steering Committee (FNESC).

How are we working together?

The Ministry of Education and Child Care (ECC) and FNESC have met regularly since April 2021 to co-develop the LEA approach, including a Model LEA. FNESC has been consulting with First Nations prior to the signing of the BC Tripartite Education Agreement in 2018 and, over the last four years to ensure First Nations' directions are incorporated into the Model LEA. ECC has been meeting with First Nations and Treaty First Nations on the proposed policy since February 2023.

Are there challenges?

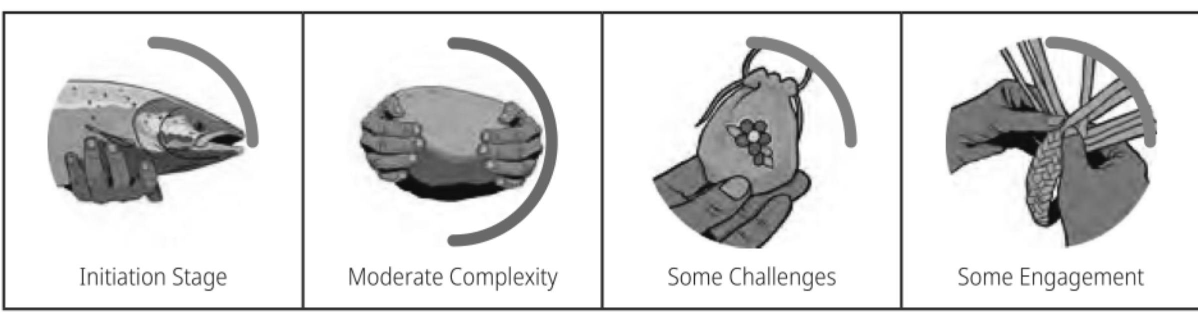
Organizational capacity and competing priorities for all parties impact the ability to meet key legislative timelines for Ministerial Order amendments.

1.07

Update the Bilateral Protocol agreement between the BC Ministry of Education and the First Nation Education Steering Committee for relevancy, effectiveness, and consistency with the UN Declaration to support First Nation students in the K-12 education system.

MINISTRY OF EDUCATION AND CHILD CARE

Year 2



Highlights

The Ministry of Education and Child Care (ECC) provided a grant to the First Nations Education Steering Committee (FNESC) in April 2023 for $4 million over two years to support their participation in policy, program and resource development, including engagement on this action. Engagement with FNESC on a joint approach to this action is underway to prioritize actions and ensure readiness of both partners.

How are we working together?

Updates to the Bilateral Protocol Agreement will be co-developed with FNESC.

Are there challenges?

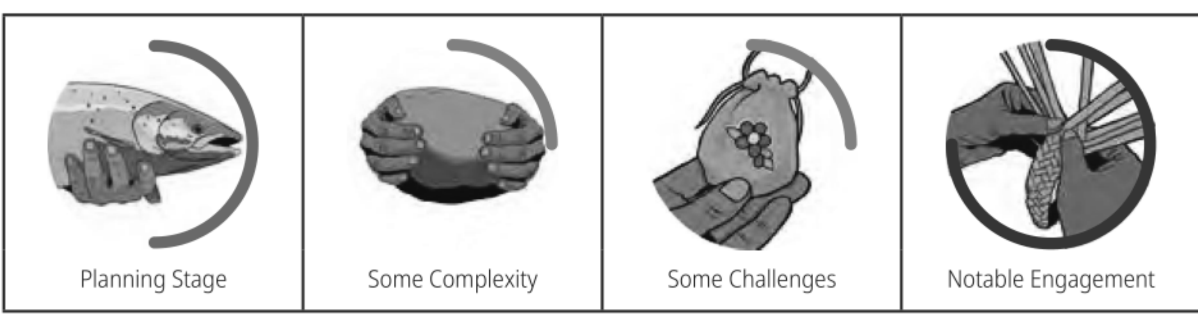
Initiating this work will require significant staffing, capacity and engagement between ECC and FNESC.

1.08

Recognize the integral role of Indigenous-led post-secondary institutes as a key pillar of B.C.'s post-secondary system through the provision of core funding, capacity funding and the development of legislation. This includes institutes mandated by First Nations, as well as a Métis post-secondary institute being developed by Métis Nation BC.

MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

Year 1



Highlights

First Nations-mandated institutes play a vital role by providing First Nations learners with the opportunity to access programs that are rooted in their language and culture, and to experience success in a safe and culturally relevant environment. First Nations have repeatedly and consistently identified the need for recognition and stable funding of First Nations-mandated institutes given that they fill a critical need for First Nations' learners that cannot be met by public post-secondary institutions. The intent of this action is to ensure that legislation enacted reflects the critical role of First Nations-mandated institutes in B.C.'s post-secondary system and establishes ongoing core and capacity funding commitments. The proposed legislation supports the alignment of B.C. laws with Article 14 (1) and (2) of the United Nations Declaration on the Rights of Indigenous Peoples.

Through the StrongerBC: Future Ready Action Plan, the Ministry of Post-Secondary Education and Future Skills (PSFS) secured $6 million in annual ongoing core operating funding for eligible First Nations-mandated institutes and $450,000 in annual capacity funding for institutes that meet eligibility criteria for that funding. In response to the Métis Nation BC (MNBC) business plan, strategic consultations on the Métis component of this action are underway and continue, with MNBC engaging all 40 Chartered Communities across B.C.

How are we working together?

PSFS has been working in collaboration and consultation with the First Nations Education Steering Committee (FNESC) and the Indigenous Adult and Higher Learning Association (IAHLA) throughout the legislative development process. PSFS has undertaken two rounds of consultation pertaining to the policy and draft legislation with First Nations and Modern Treaty Nations.

PSFS and MNBC engage regularly at ongoing meetings and as work is developed.

Are there challenges?

The First Nations-mandated institutes legislation was introduced in the B.C. Legislature during the Spring 2024 legislative session. Work is still required prior to bringing the legislation into force, including collaboratively developing a Cabinet regulation to establish eligibility criteria, along with the policies and processes needed to fully implement the act.

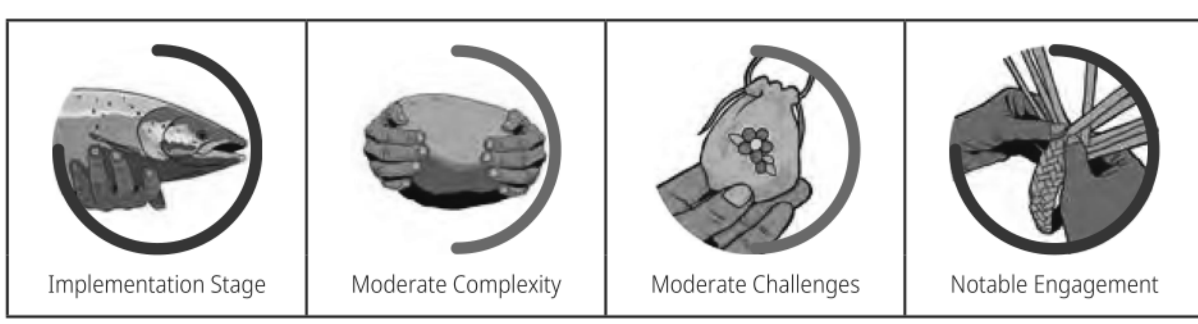
1.09

A) Work with the Nicola Valley Institute of Technology, and the Urban Native Youth Association to co-develop an urban Indigenous centre that supports the childcare, housing and post-secondary needs of Indigenous learners, and

B) Strengthen the capacity of the Native Education College to provide culturally relevant post-secondary opportunities for urban Indigenous learners.

MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

Year 2



Highlights

The Native Education College (NEC) has received conditional approval to offer their first Associate Degree in Indigenous studies, which signifies their growing capacity. Engagement and discussion will continue in 2024/25.

How are we working together?

Work continues between the partners to advance these initiatives. For work related to the NEC, through the StrongerBC Future Ready Action Plan, ongoing operational funding has been secured.

Are there challenges?

A) Urban Indigenous Youth Education Project: Project costs are exceeding established funding. PSFS is identifying options for managing project budget and risks.

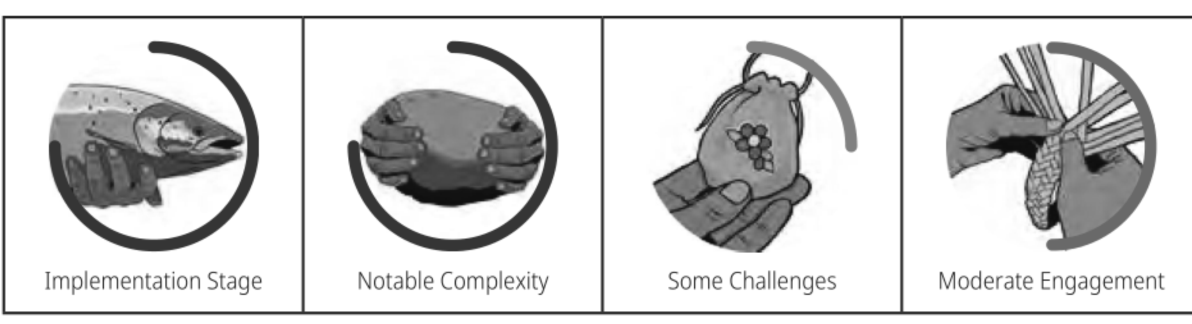
B) Native Education College: Challenges faced by Native Education College include building capacity without additional public funding. PSFS is committed to seeking opportunities for additional funding.

1.10

Co-develop modernized emergency management legislation (replacing the Emergency Program Act) with First Nations.

MINISTRY OF EMERGENCY MANAGEMENT AND CLIMATE READINESS

Year 1



Highlights

In 2023, the Emergency and Disaster Management Act (EDMA) was enacted following extensive consultation and collaboration efforts, representing a significant achievement in emergency management in B.C. The foundation of the EDMA rests upon the United Nations Sendai Framework "all-of-society" concept – a collective commitment to safeguarding communities and mitigating risks. The EDMA recognizes First Nations as true partners in emergency management and seeks ways of coordinating and harmonizing emergency management practices between provincial, local authority and First Nations decision-makers. With the enactment of the statute, attention now shifts towards the development of regulations to support its implementation. The EDMA includes a requirement for a five-year review, which will help assess the legislation's effectiveness.

The EDMA is the first piece of provincial land-based legislation developed through consultation and co-operation with First Nations since the Declaration on the Rights of Indigenous Peoples Act (Declaration Act) came into force. The legislation includes guiding principles that set the tone for emergency management in B.C. The principles recognize that the inherent right of self-government of Indigenous Peoples includes the authority to make laws in relation to emergency management, emphasize the importance of Indigenous advice and stewardship activities in emergency management and promote cultural safety in emergency management, including incorporating relevant actions in emergency management plans, policies and programs.

The Act formally recognizes treaty areas and First Nations' traditional territories, incorporating the concept of Indigenous governing bodies, consistent with the Declaration Act. Further, the Act enables co-ordination and joint or consent based decision-making agreements with Indigenous governing bodies. The EDMA is an important step in aligning B.C.'s legislation with the UN Declaration on the Rights of Indigenous Peoples.

The legislation drafting phase started in 2021 and continued until the legislation came into force on November 8th, 2023.

In December 2023, $18 million of funding was announced to support local authorities (municipalities and regional districts) and First Nations in the implementation of the Indigenous engagement requirements. Recipients can choose one or more eligible activities to address their individual needs. Recipients can also pool funding to achieve shared goals.

How are we working together?

The Ministry of Emergency Management and Climate Readiness (EMCR) engaged in consultation and co-operation through the development of the EDMA and supporting implementation materials. During the development of the Request for Legislation and the drafting of the EDMA, EMCR met regularly with legal and policy representatives. EMCR worked with the First Nations Leadership Council and the Alliance of BC Modern Treaty Nations to collaboratively write a three-column document, address legislative concepts, discuss technical matters and review consultation drafts.

In 2022, focused work with First Nations partners began. In December of that year, EMCR circulated a consultation draft of the legislation to First Nations, Treaty Nations, Indigenous partners (including First Nations Leadership Council, Alliance of BC Modern Treaty Nations and Métis Nation B.C.) and Indigenous service providers (including B.C. Association of Aboriginal Friendship Centers, First Nations Health Authority and First Nations Emergency Service Society) and followed up with webinars to hear and address concerns. This process was replicated in April 2023 when another draft was shared. The feedback on the draft legislation was used to further refine the final statute.

Nine engagement workshops were held on future EDMA regulations for local authorities and post-emergency financial assistance. There were 212 participants including 144 different First Nations and Indigenous led organizations attended the post emergency financial assistance sessions.

In the summer of 2023, EMCR partnered with the BC Association of Emergency Managers to offer six webinars for emergency management partners, including First Nations, on the content of the proposed legislation. In February 2024, EMCR completed three virtual engagement sessions with rights and title holders gather to feedback on future EDMA regulations.

$18 million of funding was announced in December 2023 to support local authorities (municipalities and regional districts) and First Nations in the implementation of the Indigenous engagement requirements under the Act.

Are there challenges?

EMCR engaged the representatives of Aboriginal rights and title holders throughout the development of EDMA and is currently engaging on future EDMA regulations. First Nations provided feedback to EMCR that an area for improvement in the engagement process is reporting out on what was heard during consultation and co-operation sessions. Reporting should be done in a manner that is transparent and summarizes the ways in which feedback from rights and title holders has informed the legislation and guidance materials. The relationships with First Nations and other Indigenous partners require care and reciprocal feedback to ensure all partners are collectively working respectfully and within their capacity.

The EDMA regulations that are currently under development will clarify the new requirements for regulated entities, including provincial ministries, local authorities and critical infrastructure operators. Communication and engagement on regulations and implementation methods is crucial in moving forward. Collaboration among First Nations, Treaty Nations, Indigenous partners, stakeholders and impacted parties is vital for navigating complexities and ensuring successful integration of EDMA initiatives. A legislated five-year review of the Act offers an opportunity for future refinement.

Some local authorities and First Nations have requested clarity and guidance on EDMA implementation, particularly concerning capacity, to ensure effective utilization of funding programs and fulfillment of new obligations. Advice was also provided to ensure clear communication and support mechanisms are in place to support successful EDMA implementation.

Theme 2: Title and Rights of Indigenous Peoples

GOAL

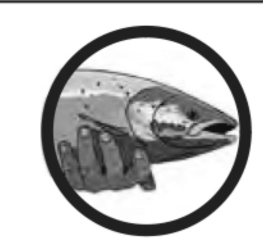
Indigenous Peoples exercise and have full enjoyment of their inherent rights, including the rights of First Nations to own, use, develop and control lands and resources within their territories in B.C.

2.01

Establish a Secretariat to guide and assist government to meet its obligation to ensure legislation is consistent with the UN Declaration on the Rights of Indigenous Peoples, and is developed in consultation and co-operation with Indigenous Peoples.

DECLARATION ACT SECRETARIAT

Year 1

ACTION COMPLETE

Highlights

The Declaration Act Secretariat was established in 2022 as a central agency within government that guides and assists the Province to ensure provincial laws align with the UN Declaration and are developed in consultation and co-operation with Indigenous Peoples, as set out in section 3 of the Declaration Act. Learn more about the Secretariat's work *here*.

2.03

Issue guidelines from the Attorney General of B.C. to the Ministry of Attorney General legal counsel regarding the conduct of civil litigation involving the rights of Indigenous Peoples.

MINISTRY OF ATTORNEY GENERAL

Year 1

ACTION COMPLETE

Highlights

On April 21, 2022, the Directives on Civil Litigation involving Indigenous Peoples were published. The core objectives of the directives are to prioritize and promote resolution, innovation and negotiated settlement, and to reduce the potential for litigation involving Indigenous Peoples. When matters do result in litigation, these directives instruct counsel to engage honourably and to assist the court constructively, expeditiously and effectively.

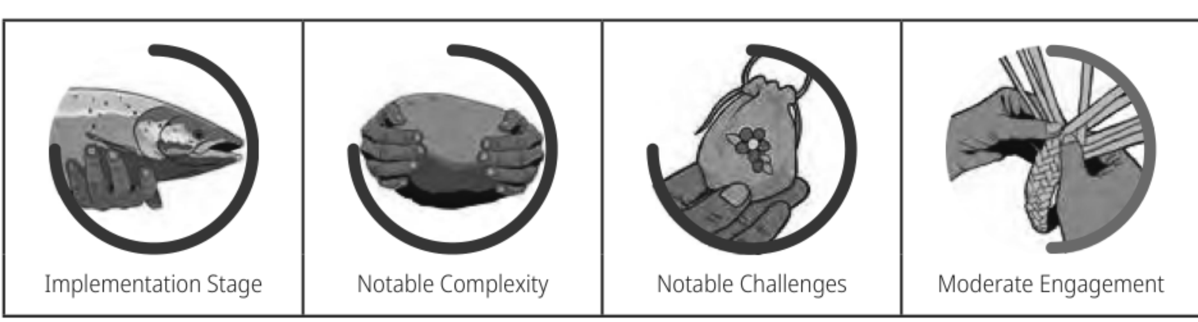
Since the directives were published, counsel have become increasingly knowledgeable about all aspects of the directives and adept in their implementation in all litigation matters. The directives are considered and applied in all new and ongoing litigation matters and they inform instructions in every matter. They are applied throughout the litigation process including pleadings, procedural issues, court submissions, and inter-party communications. Consistent with the directives, counsel regularly encourage and support negotiated outcomes in the context of active litigation.

2.04

Negotiate new joint decision-making and consent agreements under section 7 of the Declaration Act that include clear accountabilities, transparency and administrative fairness between the Province and Indigenous governing bodies. Seek all necessary legislative amendments to enable the implementation of any section 7 agreements.

MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION; MINISTRY OF WATER, LAND AND RESOURCE STEWARDSHIP

Year 1



Highlights

The negotiation of section 7 agreements under the Declaration Act demonstrates a structured and intentional approach towards reconciliation. Whether joint or consent-based, agreements under section 7 of the Declaration Act help address the legacy of colonialism by allowing the Province to work together with Indigenous Peoples on decisions that affect them. Legislative amendments are often required for these agreements to be operationalized.

The Tahltan Central Government (TCG) and the Province entered into a second consent-based decision-making agreement under section 7 of the Declaration Act in November 2023, adding an agreement for the operation of the Red Chris mine located in Tahltan Territory.

In the fall of 2023, B.C. modernized emergency management legislation by enacting the Emergency and Disaster Management Act (EDMA) to enable joint or consent-based agreements with Indigenous governing bodies.

How are we working together?

Negotiation of section 7 agreements is a collaborative process with Indigenous governing bodies that involves ongoing engagement. In addition to engaging with Indigenous governing bodies, the Province has been working with the First Nations Leadership Council and the Alliance of BC Modern Treaty Nations on the approach to the negotiation and implementation of section 7 agreements. In 2023, the Province successfully entered into a second section 7 agreement with Tahltan Central Government and secured a mandate to negotiate a third section 7 agreement. Exploratory discussions are underway with Indigenous governing bodies interested in developing section 7 agreements that could result in additional mandated negotiations.

Are there challenges?

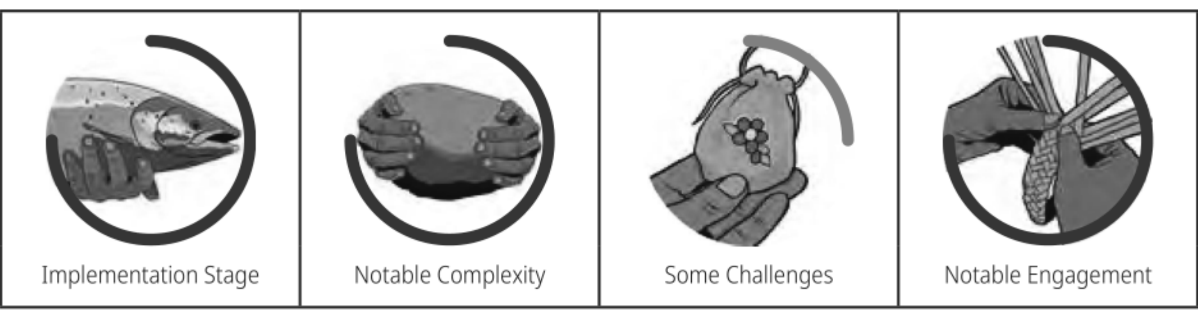
The Province is advancing agreements that share statutory decision-making with Indigenous governing bodies, and progress is being made in negotiations. Although the Declaration Act establishes the space for negotiating section 7 agreements, statutory amendments are required for these agreements to be implemented. This work is complex and requires cross-government alignment and consultation and co-operation with Indigenous Peoples, stakeholders and the public. To this end, the Province is working to build awareness and understanding of section 7 of the Declaration Act across government and with Indigenous partners, stakeholders and the public.

2.06

Co-develop strategic-level policies, programs and initiatives to advance collaborative stewardship of the environment, land and resources, that address cumulative effects and respects Indigenous knowledge. This will be achieved through collaborative stewardship forums, guardian programs, land use planning initiatives, and other innovative and evolving partnerships that support integrated land and resource management.

MINISTRY OF WATER, LAND AND RESOURCE STEWARDSHIP; MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION; ENVIRONMENT AND CLIMATE CHANGE STRATEGY; MINISTRY OF FORESTS; MINISTRY OF ENERGY, MINES AND LOW CARBON INNOVATION; BC ENERGY REGULATOR

Year 1



Highlights

Collaborative Marine Planning (i.e., Marine Protected Areas Network and Marine Plan Partnership for the Great Bear Sea):

This past year, Marine Protected Areas Network (MPAN) partners began the implementation of Marine Protected Areas in the Great Bear Sea. For example, the Province is working with Mamalilikulla First Nation on the implementation of an Indigenous Protected and Conserved Area (IPCA) in Gwaxdlala/Nalaxdlala (Lull Bay/Hoeya Sound) in Knight Inlet, resulting in the establishment of governance structures, the drafting of a collaborative management plan and the implementation of a language restoration strategy. In addition, the Marine Plan Partnership (MaPP), a co-led marine planning process between the Province and 17 First Nations, continues to advance the regional kelp monitoring program. Kelp is a culturally important species and an invaluable component of marine habitat, providing important benefits to communities, species and ecosystems.

Guardians and Stewardship Training Initiative:

Guardians play a crucial role in supporting the self-determination and governance of First Nations and facilitating the co-management of the natural environment with the Province. In April 2023, B.C. committed $8.9 million over three years to partner with First Nations representatives to co-develop the Guardians and Stewardship Training Initiative. The "Guardians Working Group", made up of representatives of 61 First Nations with expertise and experience in managing guardians programs and activities, was convened to support this work, including collaboratively developing draft principles and parameters for the training initiative. Working collaboratively with the Guardians Working Group, the Ministry of Water, Land, and Resource Stewardship (WLRS) funded six pilot initiatives from First Nations in B.C. and one from a First Nation organization that will support training on the ground and inform research into guardians-related curriculum development. The pilot initiatives will also inform the broader implementation of the training initiative. In February 2024, WLRS hosted a B.C. guardians gathering with over 170 attendees, providing a chance to network, collaborate and gather feedback on the guardians and stewardship training initiative.

Collaborative Indigenous Stewardship Framework:

The Collaborative Indigenous Stewardship Framework (CISF) and associated regional forums continue to inform key resource management decisions, objective setting and planning processes with trusted data. The governance working group executive, which provides strategic guidance and oversight for CISF, is looked to as an inclusive First Nations and provincial government co-governance model that has made progress in moving towards co-management, advancing shared decision-making, and implementing the Cabinet-endorsed recommendations for long-term collaborative stewardship throughout the past year. The 2023/24 fiscal year also represents the first year that the annual budget for WLRS included base operational funding to support the Province's long-term commitment to the collaborative stewardship model.

Guardian Shared Compliance and Enforcement Pilot Project with Kitasoo Xai'xais and Nuxalk First Nations:

In July of 2023, BC Parks signed a formal agreement with the Kitasoo Xai'xais and Nuxalk First Nations to enable the shared compliance and enforcement pilot program. The pilot is a 2.5-3-year initiative (two years of field work plus another 6-12 months of evaluation prior to new designations) resulting in designation of 11 First Nations guardians with the same legal authorities as park rangers within the parks and protected areas in their ancestral territories. The pilot program is the first of its kind in Canada. The designated guardians now have the same suite of authorities as park rangers but remain employees of their Nations. This new partnership approach recognizes the invaluable local knowledge, capacity, presence and stewardship responsibility and authority of the Nations, while also supporting broader goals for Indigenous self-determination and enhanced environmental and cultural resource protection.

In addition to the highlighted initiatives above, the Province is also making progress on land use planning, forest landscape planning and implementation of the Great Bear Rainforest Agreement. Overall, 128 First Nations are participating in 42 collaborative stewardship tables, programs and initiatives that are making notable progress and contribute to advancing this action.

How are we working together?

For the 2023-2024 reporting year, the focus for consultation and co-operation was for the Province and First Nations partners to agree on what policies, programs or initiatives currently demonstrate that progress on Action 2.6 is underway, and which activities, accomplishments and impacts to publicly highlight. The identified programs and initiatives jointly set priorities for environmental stewardship activities through province-wide working groups, regionally established forums and/or government-to-government partnerships, as well as integrated data and decision-making through a variety of collaborative and co-operative processes. The respect and recognition of the distinct knowledge systems of participating First Nations is key in all these processes. Each of the initiatives identified under 2.6 will contribute to the advancement of this action and each represents joint stewardship in action.

Are there challenges?

It is a challenge to develop meaningful and comprehensive performance measures across the wide range of initiatives advancing under Action 2.6 as each has their own unique objectives, partnerships, capacity constraints, and governance structures. Other challenges include the ability to jointly secure and implement a long-term, sustainable funding model for collaborative stewardship initiatives that is equitably distributed, easily accessible, and adaptable to the evolution of shared priorities on the land and water. Additionally, this work must be integrated with related initiatives, such as: the conservation financing mechanism; Tripartite Framework Agreement on Nature Conservation; Together for Wildlife Strategy; draft Biodiversity and Ecosystem Health Framework; and with the new fiscal framework.

Possible barriers also exist within policy and legislation to advance the innovative approaches required to achieve collaborative stewardship in alignment with UN Declaration on the Rights of Indigenous Peoples and the Declaration on the Rights of Indigenous Peoples Act.

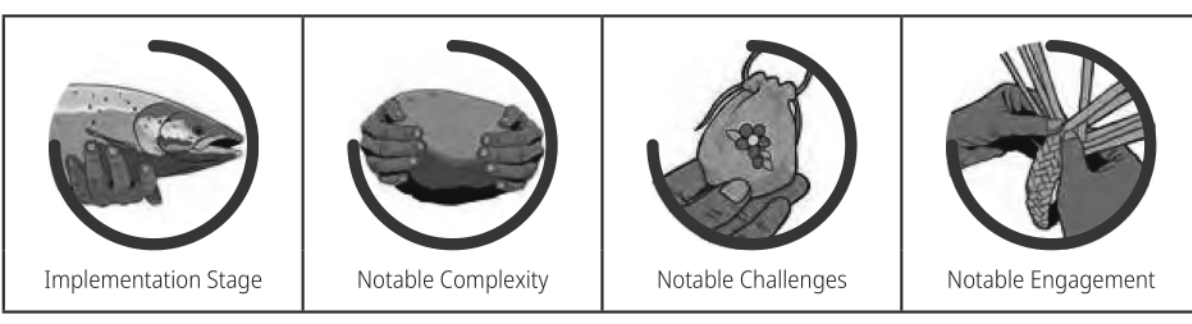
2.07

(A) Collaborate with First Nations to develop and implement strategies, plans and initiatives for sustainable water management, and to identify policy or legislative reforms supporting Indigenous water stewardship, including shared decision-making.

(B) Co-develop the Watershed Security Strategy with First Nations and initiate implementation of the Strategy at a local watershed scale.

MINISTRY OF WATER, LAND AND RESOURCE STEWARDSHIP

Year 2



Highlights

The B.C. First Nations Water Table is a long-term governance body focused on water and watershed issues of shared concern. The water table was established in June 2022 after a year of co-planning among First Nations and the Province. It is comprised of the First Nations water caucus – First Nation delegates from major watersheds across B.C. – and several provincial ministries. The water caucus and the water table have been important spaces for co-developing the Watershed Security Strategy, advancing reconciliation, implementing the Declaration Act and addressing watershed security issues of shared concern. As part of the creation of the water table, First Nations delegates have forged structures and processes for working together, building on existing First Nations-led strategies and initiatives.

As the Watershed Security Strategy reaches completion and transition to implementation commences, the work of the water table will also shift its focus to strategy implementation and to water and watershed issues and policy more broadly. The work of the water table is supported by subcommittees (e.g., watershed governance subcommittee). In 2024, the water table will undertake strategic planning to renew its focus. The First Nations Fisheries Council and the Province form a joint secretariat supporting the water table and its subcommittees.

How are we working together?

First Nations in B.C. continue to stress the importance of healthy water and watersheds as foundational to all life and livelihoods. To better protect and conserve B.C.'s watersheds, a 'whole of watershed approach' is needed where everything within a watershed is considered – from the water and land to the people, plants and animals – and decisions are made, taking each of these elements into account. To uphold and exercise First Nations' rights meaningfully, B.C. must recognize First Nations' rights and responsibilities to watersheds and move towards co-development and equal authority in decision-making to protect these ecologically sensitive systems. A distinctions-based approach forms the basis of consultation and co-operation with First Nations. First Nations and the Province each have goals related to watershed security focused on providing for the current and future generations of B.C.

For watershed-level projects, WLRS is working in partnership with First Nation(s) and co-developing the products (e.g., water sustainability plan, Water Sustainability Act objectives, shared decision-making framework, etc.) together in a manner that reflects both Western and First Nations ways of knowing and legal traditions. Engagement is typically monthly, although for some projects it may be more frequent. The work with the First Nation on each project is unique and is developed together. As an example of this work, the Xwulqw'selu Watershed Planning Agreement was signed by the Province and Cowichan Tribes on May 12, 2023. Cowichan Tribes was subsequently designated by the Minister of Water, Land and Resource Stewardship as the person responsible for developing the Xwulqw'selu (Koksilah) Water Sustainability Plan on December 12, 2023.

For ongoing work on the provincial-scale Watershed Security Strategy, the Province has taken a 'multiple pathways' approach to foster early and sustained dialogue with First Nations. The Province continues to work directly with interested First Nations, including Treaty Nations, to establish enduring and collaborative processes that reflect their distinct rights, histories and interests. To-date, outreach has included engagement letters to all First Nations in B.C., meetings, webinars, workshops and an open invitation for engagement and co-development of the strategy in ways that meet the needs of First Nations communities. Work to finalize the strategy continues with continued engagement of a broader set of stakeholders.

Because water crosses watersheds, territories and borders, the Province also seeks to work collaboratively through the BC-First Nations Water Table to jointly define, support, implement, and achieve water and watershed security for all people in B.C. The first priority of the water table has been co-development of the Watershed Security Strategy. The water table is now considering its role in strategy implementation.

Pathways for partnership on strategy implementation between the Province and First Nations, including many historic and Modern Treaty Nations are being built and will support enduring relationships focused on watershed security, stewardship and planning.

Establishing long-term processes to implement the strategy together supports opportunities to meaningfully uphold and exercise First Nations rights and help move towards co-development and equal authority in decision-making. Long-term processes also support the work needed to move towards healthier and more resilient watersheds through the building of strong collaboration and partnership. All First Nations are and will continue to be invited to work with provincial government staff directly in the manner of their choosing. This approach will continue as work under Action 2.07 continues.

Are there challenges?

One of the key challenges is having opportunities to work with all First Nations throughout B.C. Not all First Nations have the capacity and interest to participate at the water table or work with the Province directly (i.e., government-to-government) on strategy development and implementation. Some First Nations have expressed that the Province's timelines often do not allow for their meaningful participation. Additionally, the priorities and interests of some First Nations do not always align with provincial priorities and interests. As the work to develop and implement the Watershed Security Strategy and Action 2.7 more broadly continues, a distinctions-based approach will continue to be used. The Province will continue to improve its approaches to be responsive to the ways of working together with First Nations.

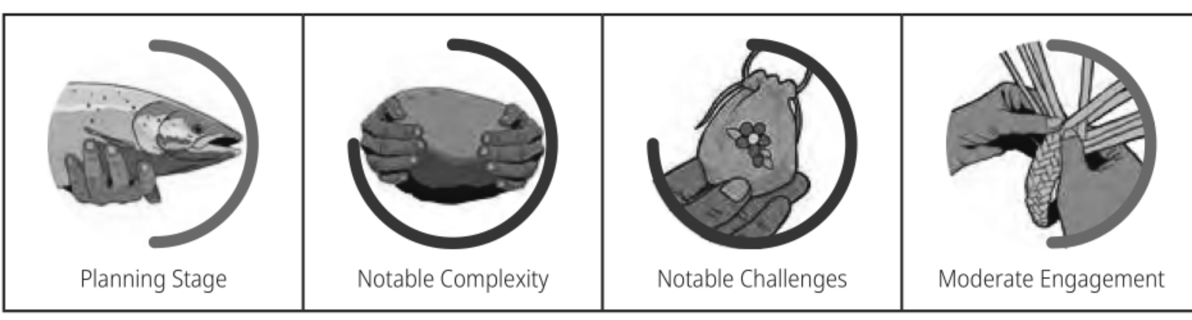
In terms of resourcing, capacity is limited for both First Nations and the Province. The needs and interests around collaboration on Watershed Security Strategy co-development, implementation and water and watershed issues and policy already exceed existing capacity, and they continue to grow. Limited capacity may be an obstacle in moving ahead on strategy implementation and working with First Nations on policy, planning and governance issues more broadly should the interest and need exceed the available capacity. It is likely that priorities will be established and, through working together with First Nations, will be phased to mirror priorities and correspond to available resourcing.

2.09

Develop new strategies to protect and revitalize wild salmon populations in B.C. with First Nations and the federal government, including the development and implementation of a cohesive B.C. Wild Pacific Salmon Strategy.

MINISTRY OF WATER, LAND AND RESOURCE STEWARDSHIP

Year 2



Highlights

Development of the trilateral collaboration on salmon with the First Nations Fisheries Council (FNFC) and the federal Department of Fisheries and Oceans (DFO) continues and is building on productive discussions. The FNFC is initiating robust engagement with First Nations in B.C. with the intention of providing information about the initiative and having open communication and dialogue. Part of this dialogue has involved hosting sessions on the trilateral accord at FNFC's 2024 annual spring assembly and including provincial and federal representatives in discussions with First Nations and their respective organizations. The Province has provided funding to support this work, and FNFC has released a year two annual progress report. The progress report outlines the work completed by FNFC in year two of the trilateral collaboration for salmon initiative. The next steps of the trilateral collaboration on salmon include finalizing a declaration of urgency and a signed trilateral accord. FNFC is working to garner the necessary support from First Nations leadership and determine the appropriate level and type of endorsement for the initiative. More work is required to engage First Nations not directly part of FNFC's network, including Modern Treaty Nations.

The B.C. Salmon Restoration and Innovation Fund (BCSRIF) has been a successful joint initiative with the federal government, delivering funding to projects that support salmon research and protection. BCSRIF is the main avenue for WLRS to fund salmon habitat restoration work. Currently, 97 projects are coming to an end in March 2024, which will finalize the BCSRIF investment of $142.85 million in phase one of BCSRIF.

In 2022, phase two of BCSRIF was announced with 58 new projects and $86 million in funding committed in December 2023. There are currently no plans for additional intakes for BCSRIF phase two as all funds are allocated to projects already underway or undergoing negotiations. Throughout both phases of BCSRIF, there has been significant involvement of First Nations within projects, with about 40% of projects led by First Nations.

How are we working together?

WLRS consults and engages with FNFC and DFO on a regular basis regarding the trilateral collaboration on salmon. The ministry has an existing MOU and governance structure in place with the FNFC to guide work on joint priorities. In addition, WLRS attends ad-hoc meetings with individual First Nations, Indigenous fisheries organizations (e.g., Lower Fraser Fisheries Alliance, Coastal First Nations, Skeena Fisheries Commission etc.) to engage and discuss opportunities for increased collaboration on salmon recovery initiatives.

FNFC has undertaken tier two engagement and is incorporating the results into the process and structure of a pacific salmon trilateral table. Once finalized, the trilateral accord will be signed by each agency.

Through BCSRIF, 29 projects (40%) of the phase two projects that have been funded are being delivered by First Nations, with partnerships being a key component of many other projects. The projects will be undertaken by proponents between now and March 2026.

As reported under Action 2.07, the Watershed Security Strategy is being co-developed with First Nations partners. To date, outreach to First Nations has included engagement letters, meetings, webinars, workshops and an open invitation for engagement and co-development of the strategy in a way that meets individual needs. This approach will continue as work under Action 2.07 continues. Co-development of the Coastal Marine Strategy and consultation has followed a similar process.

Are there challenges?

The Province, DFO and FNFC continue to work together to discuss the trilateral accord, but no agreement has been finalized to date.

A potential risk to BCSRIF projects is that agreements and negotiations would be unsuccessful before a contribution agreement has been signed, or there would be impacts to the project during the work that precludes the completion of the project, such as the proponent being unable to obtain necessary permits. At this time, no BCSRIF project has been unable to achieve a signed contribution agreement, and future risks are specific to individual projects and proponents.

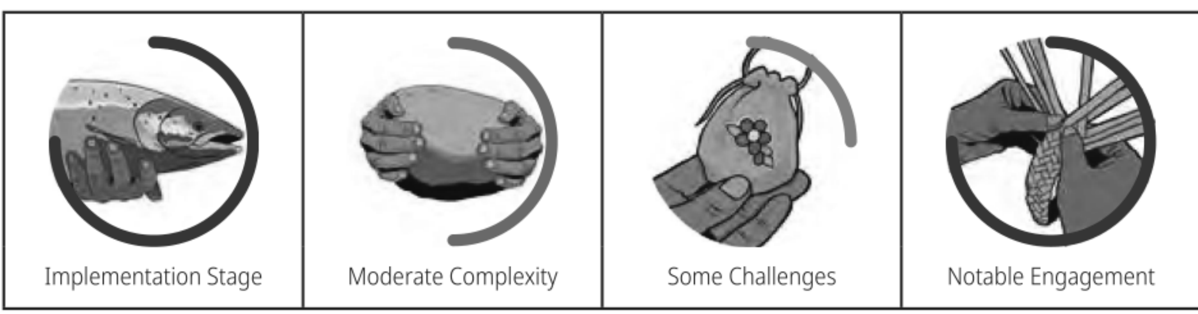
Agreement has not yet been reached on the full scope of activities to be addressed in the Watershed Security Strategy, and it is unclear if some fundamental aspects within federal jurisdiction (e.g., fisheries management and salmonid enhancement) will be included. This may limit the extent of co-governance advanced within the trilateral accord, and it could raise questions about whether this work will garner sufficient support from First Nations. The initiative will need to ensure all First Nations are provided the opportunity for inclusion in these trilateral salmon discussions. Some First Nations prefer to work independently of the FNFC for matters affecting fish and fisheries, and some Treaty Nations work withing existing Treaty tables and associated committees. B.C. has been clear that all First Nations need equitable engagement and opportunity to participate using a distinctions-based approach to engagement.

2.10

Reform forest legislation, regulations and policy to reflect a shared strategic vision with First Nations that upholds the rights and objectives of the UN Declaration.

MINISTRY OF FORESTS

Year 2



Highlights

Over the past year the Ministry of Forests (FOR) has worked on multiple initiatives in consultation and co-operation with First Nations, developing policy, regulations and legislation. The Ministry has successfully developed regulations to support Bill 28 (The Forest Amendment Act, 2021), developed regulations to update the Forest and Range Practices Act, and amended legislation to support cultural and prescribed fire, by strengthening compliance and enforcement and authorizing discretion in cutting and road permitting (Bill 41). Ministry staff worked in consultation and co-operation with First Nations on these changes to the regulations and legislation. FOR worked through an iterative process to ensure First Nations perspectives and priorities were considered and incorporated into the legislation as it was developed. The procedures used for consultation and co-operation are ever-evolving and improving

to better align with the objectives of the UN Declaration, and to ensure a distinctions-based approach. FOR recognizes that opportunities remain to continue improving this process and looks forward to undertaking that work in collaboration with First Nations, stakeholders and the public.

FOR has worked in partnership with the First Nations Forestry Council (FNFC), through the FNFC/FOR working group, to better understand and deliver the resources and information needed to support First Nations participation in reforming and modernizing forest legislation, regulations and policy, and collectively work towards a shared strategic vision that upholds the rights and objectives of the UN Declaration the Declaration Act.

After working together in this way, in November 2023, FOR received Royal Assent in the legislature for Bill 41. This bill was inclusive of three of the items identified in the intentions paper as necessary changes to modernize forest policy.

How are we working together?

FOR has committed to establishing a strong distinctions-based approach to working with First Nations and Indigenous governing bodies to further the goals of collaboration and improved accountability.

A distinctions-based approach means that the Province's work with First Nations will be conducted in a manner that acknowledges the specific rights, interests, priorities and concerns of each of over 200 First Nations while respecting and acknowledging these distinct peoples with unique cultures, histories, rights, laws and governments. The importance of engagement through a distinctions-based approach is imperative to reflect a shared strategic vision with First Nations that upholds the rights and objectives of the UN Declaration.

In 2022, FOR and FNFC established a working group to collaboratively identify how best to support First Nations in policy, regulatory and legislative work and to develop tools and pathways to support First Nations rights holders.

The FNFC/FOR working group meets monthly to discuss current FOR policy initiatives, related to the known interests and concerns of First Nations in British Columbia. At these meetings, FOR reports out on the progress of, and discusses with FNFC, the Action Plan item 2.10 and the work of reforming forest legislation, regulations and policy to reflect a shared strategic vision with First Nations. The working group has also developed resources and has hosted online and in-person events and networking opportunities to support First Nations rights holders to engage in consultation and co-operation on this work.

Specifically, the working group hosted four in-person events throughout the province in 2023 for First Nations representatives and FOR staff to come together to discuss priority topics. These events were a continuation of the series of four events the FNFC/FOR working group hosted in 2022 and there are

plans to continue hosting these events together to create space for discussion and collaboration. These events, and the collaboration with the FNFC, provide FOR staff with opportunities to meet with First Nations representatives in a workshop and networking setting. They provide additional consultation and collaboration opportunities outside of direct government-to-government discussions and engagement with rights holders.

FOR has engaged with over 140 First Nations on topics under modernizing forest policy in British Columbia (the intentions paper), through government-to-government meetings, surveys, facilitated engagement sessions and through written correspondence.

FNFC reports to the First Nations Leadership Council, and through that reporting structure, the work associated with this action is being monitored by the First Nations Leadership Council.

Are there challenges?

Reforming forest legislation, regulations and policy that reflects a shared strategic vision with First Nations and that upholds the rights and objectives of the UN Declaration is an ambitious and significant undertaking. Navigating how to do this effectively takes time to ensure shared efforts foster collaboration and align with collective goals and values.

Capacity pressures within the Ministry of Forests and amongst First Nations to ensure comprehensive consultation and co-operation are creating challenges in the timely completion of work. Internally, FOR is mitigating this challenge by ensuring that staff have clear processes, training, resources and tools to engage and consult fully with all First Nations in alignment with the Declaration Act. Due to limited resources and capacity, some Nations are challenged to engage in all of the work of FOR in a fulsome way. The high volume of initiatives and work being done limits the amount of engagement each Nation has the capacity to participate in. FOR will continue to monitor and adapt timelines as needed to ensure effective and complete consultation and co-operation, which can be complex and challenging with over 200 First Nations.

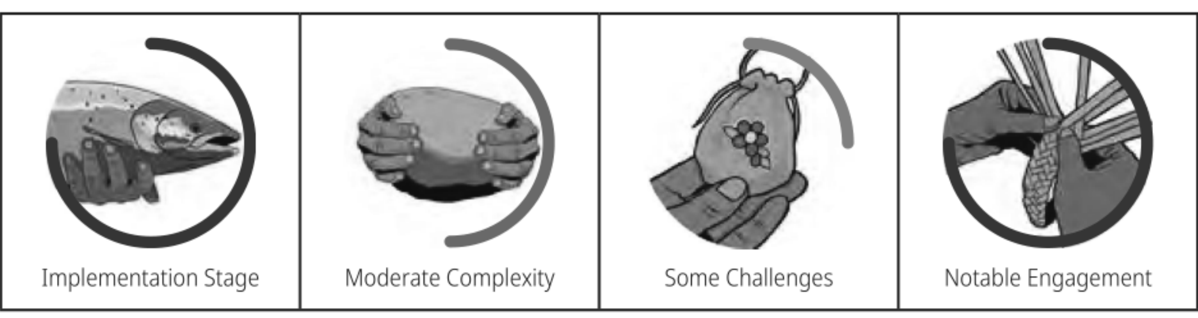
While FOR has a strong working relationship with FNFC, FNFC does not represent Aboriginal rights holders, and FOR staff must ensure they directly contact all First Nations in the manner to which the Province has committed, in order to engage on legislation, regulations and policy work that may have impacts on their territory. Engaging with over 200 First Nations on provincial-level changes is a complex but vital undertaking that can be challenging to effectively deliver. To manage this effectively, FOR staff are being provided with support for engagement planning, as well as the tools and resources needed to allow for full engagement with all First Nations on legislative, regulatory and policy work.

2.12

Collaboratively develop and implement CleanBC and the Climate Preparedness and Adaptation Strategy to support resilient communities and clean economic opportunities for Indigenous Peoples that benefit our shared climate and advance reconciliation.

MINISTRY OF ENVIRONMENT AND CLIMATE CHANGE STRATEGY

Year 1



Highlights

2024 marked the third year of the Indigenous climate resilience forum. This year, 349 participants came together to share and learn about various perspectives, initiatives and insights related to Indigenous climate resilience. Over the three-day virtual forum, 143 B.C. First Nations and 15 Nations outside of B.C. attended the event. In addition, 101 different organizations also attended the event, of which 36 were Indigenous organizations, including 23 First Nations organizations, three Métis organizations, and 10 unspecified Indigenous organizations. Fourteen First Nations communities and Indigenous organizations presented at the forum. This is an increase from the forum held in March 2023, which included 235 people representing 113 First Nations and Indigenous organizations. The B.C. Ministry of Environment and Climate Change Strategy's Climate Action Secretariat (CAS) and the B.C. Ministry of Emergency Management and Climate Readiness (EMCR) collaborated with the Indigenous climate adaptation working group to host the forum. This year's event included keynote speaker David Suzuki; Elder and Knowledge Keeper, Shane Pointe; and Youth Witness, Taylor Behn-Tsakoza.

In collaboration with Coastal First Nations Great Bear Initiative and First Nations Emergency Services Society, the Province launched the Indigenous climate resilience capacity-building pilot project. The $2 million pilot project has been extended to the end of 2024/25. Program design is underway and four regional climate action coordinators have been hired and are being onboarded. The pilot project steering committee, with representatives from Indigenous Climate Adaptation Working Group (ICAWG) and the First Nations Leadership Council – BC Technical Working Group on Climate Change (FNLC-TWG),

will provide oversight over the life of the project. In 2023, Minister George Heyman joined ICAWG members (Co-Chair Denni Clement and Judy Wilson) at the COP28 UN Climate Change Conference in Dubai to talk about the collaboration between the Province and Indigenous Peoples through ICAWG and the pilot. The pilot tests known models (as demonstrated by the CFN-GBI Climate Action Coordinator network) for enhancing Indigenous capacity in climate adaptation and resilience and demonstrates the value of this increased capacity of First Nations from around the province to inform potential future investment. It is intended to support First Nations to pursue their climate adaptation planning and implementation priorities and protect First Nations' title and rights and their holistic health and well-being from the impacts of climate change.

The First Nations Leadership Council, with financial assistance from the Province, will support a climate capacity and needs assessment for First Nations. The initiative will identify climate capacity best practices, needs, gaps and challenges within First Nations communities to support and strengthen their capacity and it will be available to First Nations to prepare for and respond to climate change. This assessment will also identify barriers to the implementation of self-determined climate change actions and First Nations participation in provincial decision-making on climate initiatives, and help to develop solutions to those barriers.

CAS worked with the FNLC-TWG and the ICAWG to collaboratively develop indicators noted below for Action 2.12:

- Appropriate mechanisms or governance structures have been developed to support collaborative implementation of CleanBC and the Climate Preparedness and Adaptation Strategy, as well as collaborative prioritization and work planning. The expected outcome is a formal structure for Indigenous advisory/working groups to engage in dialogue, provide strategic advice and ensure the perspectives, knowledge and experience of First Nation/Indigenous rights and title holders are included in development and implementation of climate initiatives.
- Collaborative prioritization and work planning with Indigenous advisory/working groups, with the outcome of meaningful engagement and collaboration with advisory/working groups on areas of shared priorities pertaining to CleanBC, the Climate Preparedness and Adaptation Strategy, and the First Nations Climate Strategy and Action Plan.
- A number of Indigenous partners, First Nations title and rights holders and treaty rights holders meaningfully engaged, with the outcome of broad engagement with Indigenous Peoples on climate initiatives in addition to collaboration with advisory/working groups (e.g., 95 participants from Fall 2022 CleanBC engagement).

How are we working together?

CAS meets monthly with the FNLC-TWG and are making progress on the collaborative implementation of CleanBC and CPAS. First Nations rights-holders are also engaged directly on policy and legislation development projects associated with CleanBC and CPAS, in accordance with a distinctions-based approach.

For example, CAS utilized different approaches for First Nations, Modern Treaty Nations and Métis according to each group's distinct rights, laws, legal systems and systems of governance during engagement on new policies relating to the CleanBC Roadmap to 2030, including: Province-wide net zero target, net zero new industry, output-based pricing system, and the oil and gas emissions cap. First Nations and Modern Treaty Nations were engaged on the policies as rights holders in B.C. Métis Nation BC was included through information sharing but was not engaged as a rights-holder. In 2023, in co-ordination with the Ministry of Forests, CAS continued engagement with First Nations and First Nations organizations that was initiated in 2021 on the B.C. Forest Carbon Offset Protocol (FCOP), also following a distinctions-based approach.

CAS is working with FNLC-TWG to further improve the provision of consistent information to First Nations on future planned engagements. CAS is also working with FNLC and ministry partners to continue to improve co-ordination, alignment and prioritization on engagement in the climate action space and communicate how First Nations' input and feedback is used in a way that is more integrated across policy issues.

The ICAWG comprises people who identify as Indigenous (i.e., have First Nations, Métis and/or Inuit ancestry) and have expertise and/or experience related to climate change adaptation and advancing climate action in their communities and/or as part of their work. CAS meets with ICAWG monthly to discuss matters related to implementation of the Climate Preparedness and Adaptation Strategy, including planning the Indigenous Climate Resilience Forum.

Are there challenges?

Both the FNLC-TWG and the ICAWG provide valuable input to numerous provincial ministries to ensure consultation and engagement processes and policy/legislative development related to climate change and adaptation are aligned with the Declaration Act.

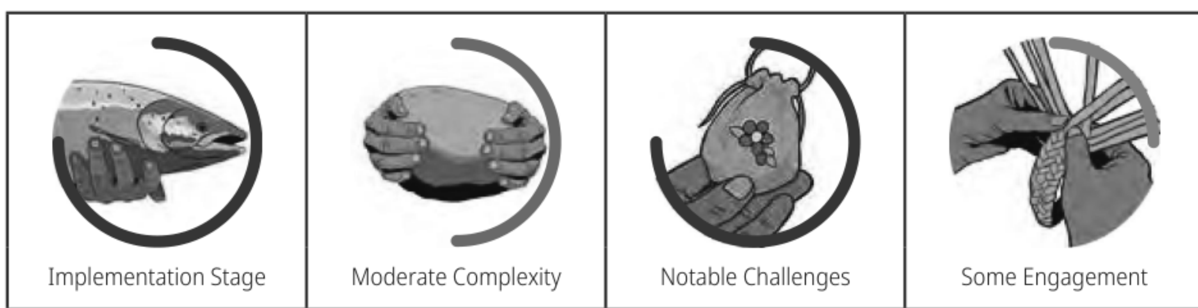
CAS has adopted a distinctions-based approach to create engagements tailored for First Nations and Modern Treaty Nations as rights holders and utilize a separate approach to engage with Métis. These tailored approaches were used to engage on the CleanBC Roadmap to 2030 policies including: province-wide net zero target, net zero new industry, output-based pricing system, and the oil and gas emissions cap. Concerns have been raised regarding the capacity of First Nations to meaningfully engage in co-development of policies and legislation associated with B.C.'s climate plans, with some expressing a need for additional supports and information when conducting analyses and engaging on more technical matters. CAS has also heard concerns from First Nations about the need to improve the co-ordination of engagements and priorities and provide more clarity on how the Province is integrating feedback from engagement activities, as well as the need for more resources/training to support non-Indigenous staff to effectively action the Declaration Act and engage First Nations in a culturally safe manner.

2.13

Identify and advance reconciliation negotiations on historical road impacts and road accessibility with First Nations on reserve, treaty and title lands, including reporting-out on the completion and implementation of these negotiations collaboratively with First Nations partners.

MINISTRY OF TRANSPORTATION AND INFRASTRUCTURE

Year 2



Highlights

The Ministry of Transportation and Infrastructure (MOTI) is creating processes and technology solutions to track and report on historical road impacts. This provides the opportunity to improve the Province's relationship with First Nations by increasing transparency and allowing MOTI's Indigenous relations teams to learn from other negotiations, develop creative solutions, and create a more coordinated approach. MOTI will now be able to track and report on the status of important relationships or historical road impact agreements and highlight benefits for First Nation communities.

MOTI recognizes that the historical road impact negotiations with First Nations partners are complex, time consuming and can take years to resolve. This new system for storing, tracking and reporting information has a spatial component, which will allow MOTI to understand current and future negotiations so MOTI can plan and resource accordingly. Because this information will now be easily accessible, MOTI can share information transparently, which will help progress negotiations. Currently, MOTI has 59 active negotiations to resolve historical road impacts on reserve, treaty and title land, and 11 projects with a signed agreement in various stages of implementation.

How are we working together?

MOTI meets regularly with First Nations that have active negotiations to resolve historical road impacts on reserve, treaty and title land. These negotiations can include a broader relationship agreement to outline how MOTI and involved First Nations will co-ordinate future discussions related to MOTI activities on reserve, treaty or title land.

Each negotiation is unique, and with the help of a centrally tracked system, MOTI will be able to share information of ongoing and upcoming negotiations more transparently with First Nations partners.

Are there challenges?

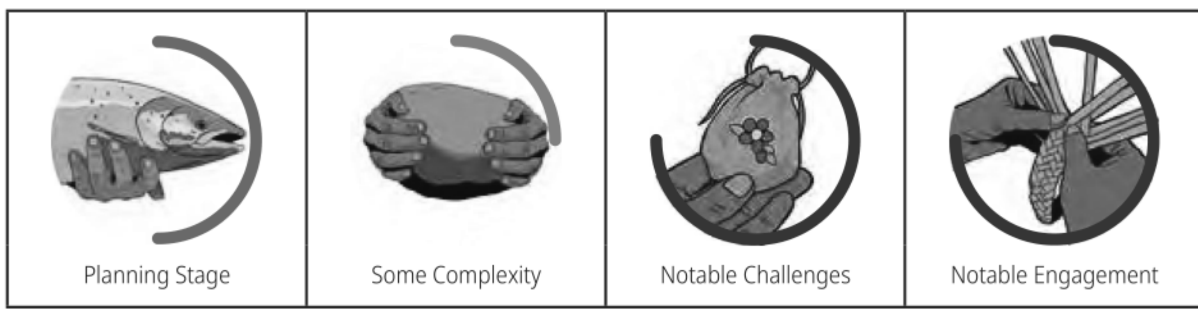
These complex road impact negotiations require time and resources from both MOTI and First Nations partners. After the implementation of the central tracking system, interests to resolve the historical road impacts on reserve, treaty and title land could increase within negotiations. The new system will create internal efficiencies that will support MOTI staff and resourcing to help meet these demands. MOTI is ensuring that the new system can keep sensitive information related to these negotiations secure and private by utilizing secure platforms and data storage. The release date for the new centralized project management tool will be announced later in 2024. Substantive progress has been made and the cross-government team creating the tool has started rolling out targeted training. Project data will be entered this summer.

2.14

Modernize the Mineral Tenure Act in consultation and co-operation with First Nations and First Nations organizations.

MINISTRY OF ENERGY, MINES, AND LOW CARBON INNOVATION

Year 2



Highlights

The Ministry of Energy, Mines and Low Carbon Innovation (EMLI) is committed to working in consultation and co-operation with First Nations and First Nations organizations to modernize the Mineral Tenure Act (MTA). In July 2023, a dedicated MTA Modernization Office was established along with a working group with the First Nations Leadership Council (FNLC) technical team and First Nations Energy and Mining Council (FNEMC). The working group has focused on co-development of foundational documents for the reform. Engagement with First Nations was initiated in September 2023, and a First Nations Technical Advisory Group was established to support this work in March 2024.

How are we working together?

The Ministry has established tables for government-to-government conversations with nations, a First Nations technical advisory group to provide policy recommendations related to mineral exploration, and a working table with FNLC and the BC First Nations Energy and Mining Council (FNEMC) on the alignment of a new statute with the UN Declaration.

Are there challenges?

While the work to establish a dedicated MTA modernization office was underway, a decision by the B.C. Supreme Court (BCSC) (Gitxaala vs. British Columbia (Chief Gold Commissioner)) in September 2023, found that the Province has a constitutional duty to consult First Nations on mineral claims. The decision was suspended for 18 months to allow time for the Province to design and implement a consultation process for claim staking.

EMLI is required to undertake the work directed by the BCSC, while simultaneously taking on the broader and transformational work of MTA reform. Differentiating the near-term consultation and co-operation work to develop a consultation standard for claim staking from the broader alignment of the statute with the UN Declaration is complex.

Pre-engagement information sessions in March 2024 identified the degree of broad public interest in the reform, specifically a desire to see focused conversations with various interested groups. EMLI has been responsive to this interest through establishing dedicated engagement opportunities for industry and providing publicly available information on the reform.

Theme 3: Ending Indigenous-Specific Racism and Discrimination

GOAL

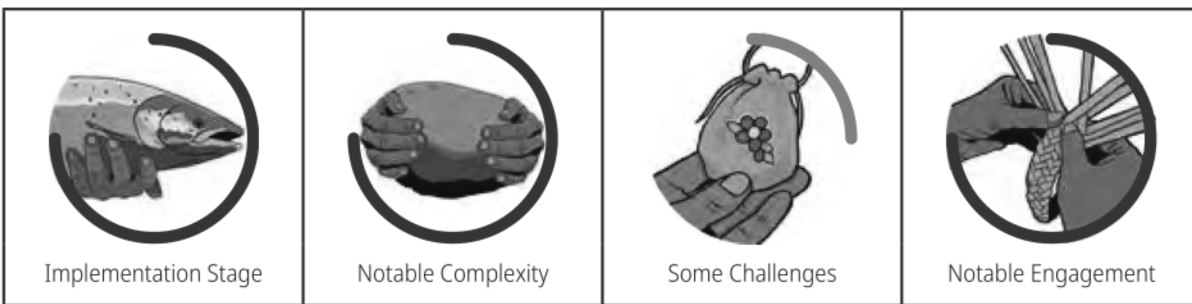
Indigenous Peoples fully express and exercise their distinct rights and enjoy living in B.C. without interpersonal, systemic and institutional interference, oppression or other inequities associated with Indigenous-specific racism and discrimination, wherever they reside.

3.01

Develop essential training in partnership with Indigenous organizations and deliver to the B.C. public service, public institutions and corporations that aims to build foundational understanding and competence about the history and rights of Indigenous Peoples, treaty process, rights and title, the UN Declaration, the B.C. Declaration Act, the dynamics of proper respectful relations, Indigenous-specific racism and meaningful reconciliation.

BC PUBLIC SERVICE AGENCY; MINISTRY OF FINANCE – CROWN AGENCIES AND BOARD RESOURCING OFFICE

Year 1



Highlights

In alignment with a distinctions-based approach, the Public Service Agency (PSA) is working with the First Nations Leadership Council (FNLC), Alliance of BC Modern Treaty Nations (the Alliance), historic treaty nations, and Métis Nation BC (MNBC) to develop and deliver a learning framework that addresses the learning needs identified in this action item. These partners provide guidance and feedback on the mandatory Indigenous Crown relations essentials e-course (level 1 of 3) content currently under development.

Co-development of learning with partners is proving successful in two key ways. First, it enables the perspectives of Indigenous Peoples about the history of B.C. to be better integrated. Secondly, the ability to jointly identify learning for BC Public Service (BCPS) employees will improve experiences of Indigenous Peoples when they interact with the provincial government.

The timelines for launching the course have been adjusted to accommodate partner engagement so that the work can be more effective and for the opportunity for meaningful partner participation in course development. The final course content will be made available to Crown Agency boards through a Memorandum of Understanding with the Crown Agency and Board Resourcing Office (CABRO).

How are we working together?

In Spring 2023, with primary partner FNLC, the PSA endorsed a three-level training framework for the BCPS to meet learning requirements outlined in action item 3.01. Between February and July 2023, FNLC and PSA co-developed an instructional design plan for level one mandatory training for all BCPS employees, the Indigenous Crown relations essentials e-course. In August and September 2023, the instructional design plan was shared with the Alliance and MNBC to discuss co-development of companion courses (out of scope to action item 3.01) to supplement the mandatory e-course. In Fall 2023, PSA also met with historic treaty nations, urban coalitions, the BC Association of Friendship Centres and Inuit Tapiriit Kanatami to discuss training development to support this action item.

PSA worked with external subject matter experts on content development for Indigenous Crown relations essentials, which was provided to interested partners in March 2024 for input. Once feedback from partners is received and incorporated to all parties' satisfaction, it is anticipated the pilot activities for this e-course will begin in Spring 2024.

PSA meets and maintains regular email contact with partners to provide progress updates and seek advice on the companion course approach, followed by emails to share resources and receive feedback. Input from partners is integrated into Indigenous Crown relations essentials content development and/or held for future course development.

Engagement with First Nations, Métis and Inuit BCPS employees occurs regularly via an Indigenous employee feedback group formed to support PSA's three action items and through the Indigenous employee network. All interested internal and external partners will be invited to participate in the course pilot to validate that the course meets the intended learning outcomes. CABRO has sought feedback through interviews of Indigenous members of Crown agency boards to inform the design and delivery of training to all Crown agency boards.

Are there challenges?

Building capacity within the PSA to lead this work has required an investment of time and resources. Dedicating learning developers, subject matter experts and facilitators is key to ensuring the success of remaining course development and delivery. Given the rapid increase in requests for Indigenous engagement, partner capacity to support continued co-development is a major consideration, though to date it has not been an obstacle to progress on Indigenous Crown relations essentials course development.

There is a risk of not accurately reflecting the diversity of Indigenous Peoples' experiences in B.C. in course content. The learning required to adequately address action item 3.01 is also vast. These challenges are being mitigated by contracting subject matter experts to revise content and through the creation of companion courses, which supplement the mandatory training in the Indigenous Crown relations essentials e-course. Having companion courses will provide BCPS employees with opportunities to learn more about and better understand distinctions-based approaches to working with First Nations, Inuit and Métis in B.C., including urban Indigenous Peoples.

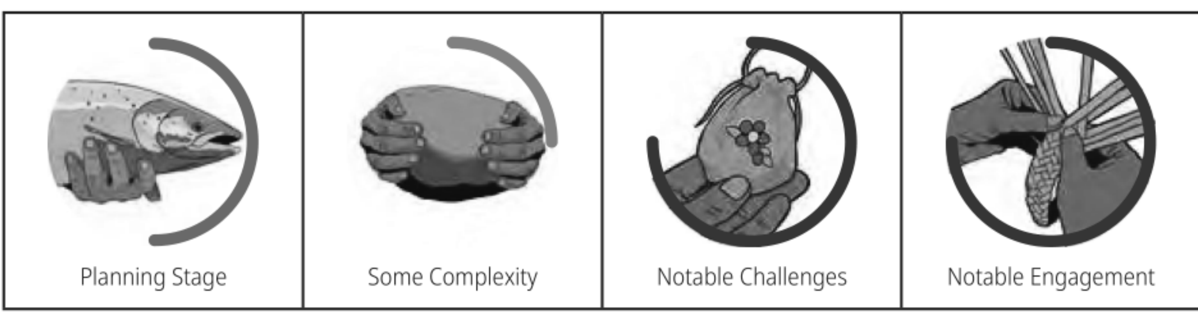
Although timelines have been impacted, steps have been taken to help ensure that course content reflects the perspectives of all partners and that the three-level framework scaffolds learning and guides BCPS employees through foundational and skills-based learning opportunities to meet the intended outcomes of this action item.

3.03

Conduct an external review of Indigenous-specific racism and discrimination in the provincial public education system and create a strategy, including resources and supports, to address findings.

MINISTRY OF EDUCATION AND CHILD CARE; MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

Year 2



Highlights

In August 2023, the First Nations Leadership Council (FNLC) sent a letter to the Ministers of Education and Child Care (ECC) and Post-Secondary Education and Future Skills (PSFS) requesting the initiation of an Indigenous-specific racism review in British Columbia's K-12 and post-secondary public education sectors. In response to this letter, work on this action has expanded to include a post-secondary review with PSFS.

An Indigenous-specific racism review of B.C.'s public education sectors has been identified by First Nations leadership and the First Nations Education Steering Committee (FNESC) as an integral aspect of reconciliation and an opportunity for truth-telling, in addition to being a health and safety issue. The primary driver of this work is to address systemic racism in the K-12 and post-secondary sectors, following a student-centered approach. The review will take a distinctions-based approach while ensuring the involvement of local First Nations, Treaty Nations and additional Indigenous groups to address Indigenous-specific racism in B.C.'s public education sectors.

How are we working together?

ECC, PSFS, FNESC, and FNLC met in October and November 2023 to initiate discussion about timelines, a workplan and expectations for an Indigenous-specific racism review in the K-12 and post-secondary education sectors. A technical table has been formed with these partners to co-develop a terms of reference and a workplan for moving forward. MNBC has been informed of upcoming engagement on this work.

Are there challenges?

Initiating this work requires significant staffing, capacity and engagement between multiple ministries and partners, which would require significant funding to support the work.

3.04

Implement a mandatory course or bundle of credits related to First Peoples as part of graduation requirements in B.C. and co-create culturally relevant provincial resources with Indigenous People for use by all educators across the K-12 education system.

MINISTRY OF EDUCATION AND CHILD CARE

Year 1

Highlights

The Ministry of Education and Child Care (ECC) implemented a new graduation requirement in the 2023/24 school year to ensure all students complete Indigenous-focused coursework before they graduate from British Columbia's K-12 education system. The new requirement will impact approximately 40,000 students graduating this school year.

How are we working together?

ECC engaged with First Nations Education Steering Committee (FNESC) to co-develop resources in support of the graduation requirement. With the support of ECC, FNESC offered a number of professional development sessions to support the effective implementation of this initiative.

Are there challenges?

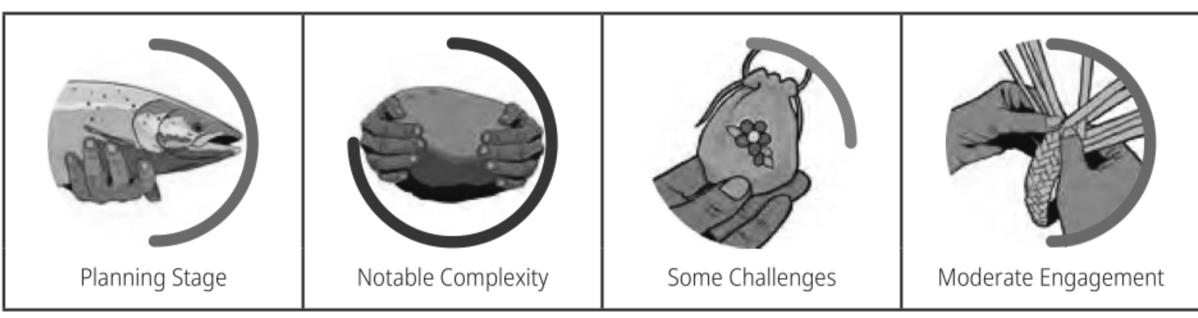
Risks and obstacles have been overcome; the work is complete. Previous challenges related to communications, specifically around building awareness and understanding of the importance of the new graduation requirement among teachers and school staff, students, families and the general public; and providing classroom teachers with access to resources and professional development opportunities to build their competence and confidence in delivering the provincial courses that meet the new requirement.

3.06

Introduce anti-racism legislation that addresses Indigenous-specific racism.

MINISTRY OF ATTORNEY GENERAL

Year 2



Highlights

In follow-up to the Anti-Racism Data Act, tabled in June 2022, the First Nations Leadership Council (FNLC), Alliance of BC Modern Treaty Nations (the Alliance), BC Association of Aboriginal Friendship Centres (BCAAFC) and Métis Nation British Columbia (MNBC) were consulted and engaged in 2023-24 to gather thoughts on the new broader anti-racism legislation and explore how government could address systemic racism within its programs and services.

A collection of in-depth what we heard reports was received. A report from the FNLC shared the key conditions and expectations of First Nations in B.C. with respect to the anti-racism legislation. A report from the Alliance included the Modern Treaty Nations' collective interests in the legislation. MNBC provided a report with extensive recommendations for the Province to implement through legislation, policies, programs and funding. These three reports were shared publicly online at [antiracism.gov.bc.ca/history/what-they-heard-reports/] in March 2024. Including consultation and engagement with FNLC, the Alliance, BCAAFC and MNBC, more than 7,000 people from across B.C. shared their input on the anti-racism legislation in 2023 through a public online questionnaire and over 200 community-led sessions.

The anti-racism legislation was introduced and became law in the Spring 2024 legislative session.

How are we working together?

The policy and engagement teams continue to collaborate with First Nations and Métis partners using a distinctions-based approach to co-develop the anti-racism legislation. Regular co-development and follow-up meetings were hosted from January 2023 to March 2024. Meeting materials such as policy framework, policy backgrounder and drafted legislation documents have been shared prior to the meetings to ensure meaningful participation. The feedback received was incorporated and an echo meeting with each of FNLC, the Alliance, BCAAFC and MNBC was organized to allow for opportunity for review of feedback incorporated. Consultation and co-operation are ongoing for this legislative initiative.

Are there challenges?

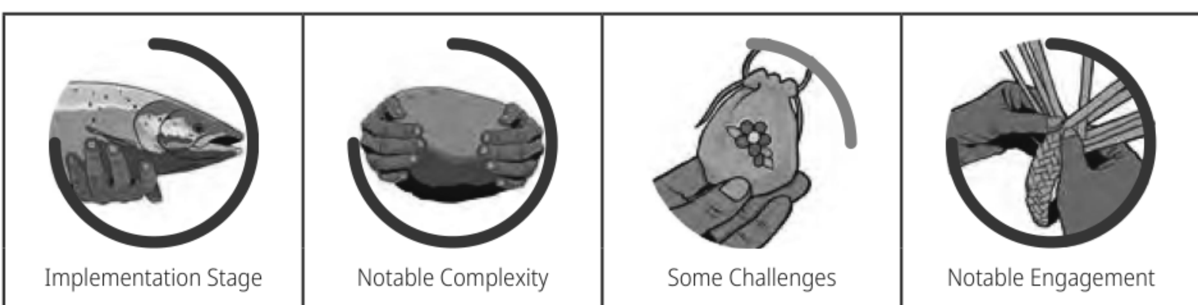
To ensure proper application of a distinctions-based approach in the development of the anti-racism legislation, the team worked closely with the Declaration Act Secretariat to confirm alignment with cabinet-endorsed approaches. While the legislation has been co-developed with regular consultations with First Nations and Métis partners, the team engaged and sought feedback from the Declaration Act Secretariat and the BC Association of Aboriginal Friendship Centres to ensure voices from Indigenous individuals who live far from their home community were also included in the legislation's development.

3.07

Implement recommendations made in the In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. health care report, striving to establish a health-care system in B.C. that is culturally safe and free of Indigenous-specific racism.

MINISTRY OF HEALTH

Year 1



Highlights

The Ministry of Health's In Plain Sight (IPS) task team, which included representation from the First Nations Health Authority (FNHA), Métis Nation BC, provincial health authorities and other ministries and health system partners, created to fulfill the obligations of recommendation #24 of the report In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, concluded their 24-month mandate. The *24-month IPS task team report* was publicly released in October 2023.

Monitoring of progress towards full implementation of the IPS recommendations will now happen under Action 3.7, which includes annual reporting to ensure accountability.

The task team members' knowledge, experience and wisdom have achieved considerable progress on the recommendations and have laid the groundwork with the necessary partners, organizations, and teams to ensure that this collaborative work continues to move forward. The Province recognizes that some of this work will take several years to complete, for example, including new or amended legislation. Some of the significant advances that have been seen within this past year include:

1) **Recommendation 1**: Health sector collective agreements ratified for 2022-25 (with the Facilities Bargaining Association, the Health Science Professional Bargaining Association, Resident Doctors of BC, the Ambulance Paramedics and Ambulance Dispatchers Bargaining Association, the Community Bargaining Association, and the Nurses Bargaining Association) and the Physician Master Agreement include new provisions to address systemic racism and cultural safety and humility. The new language is a vital first step in creating lasting change by confronting Indigenous-specific racism, promoting cultural safety, identifying and removing collective agreement barriers, and increasing representation of Indigenous employees in the health system. The new provisions include cultural leave and addressing the recruitment and retention of Indigenous employees.

2) **Recommendation 2**: In June 2023, the provincial government provided significant support with changes such as the inclusion of all health authority employees under the Public Interest Disclosure Act, which makes it easier to denounce racism and discrimination by supporting witnesses to speak up when they see wrong being done.

3) **Recommendation 23**: The Province's prospective *new medical school at Simon Fraser University* will set a new direction by embedding Indigenous knowledge systems in learning, research and practices of healing into the curriculum.

4) **Recommendation 22**: The Ministry of Education and Child Care (ECC) launched its *anti-racism strategy* in April 2023 with additional resources for teachers. For the 2023/24 school year, all students working toward a B.C. Certificate of Graduation ("Dogwood Diploma"), in English or French, must successfully complete at least four credits in *Indigenous-focused course work*.

How are we working together?

The various elements of the recommendations require different approaches for consultation and co-operation depending on who is leading the implementation and who the key partners are. Partnership with Indigenous organizations, leaders and communities across the province primarily include FNHA, MNBC, FNHC, regional partnership tables and the FNLC. Some recommendations are being pursued primarily through partnerships and actions from health authorities. The approach that each health authority is taking on implementation can be driven by their relationships with FNHA, MNBC and regional Indigenous leaders and governing bodies, and while there are significant alignments across the province, each region can have a unique structure and processes that work in that regional context. There are also regular working meetings with the VPs of Indigenous health from across the health authorities as well as regular meetings with MNBC and FNHA. The Ministry of Health continues to observe and learn from the consultation and co-operation pathways that other projects and ministries are following in addition to the guidance provided by the Declaration Act Secretariat, FNHC and MNBC. The Ministry has identified a need to consider Modern Treaty Nations and their unique status as treaty rights holders, as well as urban Indigenous organizations, Elders, youth and Indigenous Peoples with disabilities, in the work ahead.

Are there challenges?

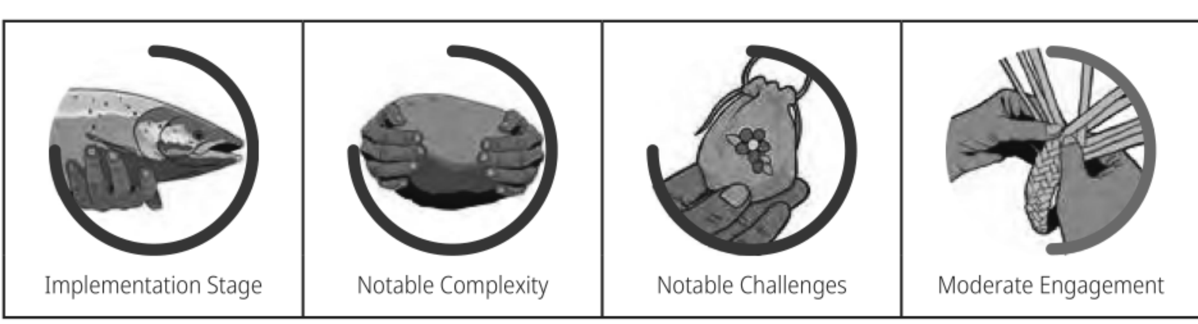
The greatest risks to full implementation in a timely manner are: 1) competing priorities and pressures across the health system and within Indigenous organizations and communities; and 2) finite capacity and resourcing across government and Indigenous governing bodies for meaningful engagement and partnerships. There is recognition that Indigenous organizations and communities and government have finite capacity and multiple competing priorities and crises to manage particularly during the COVID-19 pandemic and climate change issues (i.e., wildfires, floods, etc.).

3.11

Develop and implement comprehensive policing reforms to address systemic biases and racism. This will include: updating the Police Act, BC Provincial Policing Standards and mandatory training requirements; enhancing independent oversight; clarifying the roles and responsibilities of police officers in the context of complex social issues such as mental health, addiction and homelessness; and contributing to the modernization of the federal First Nations Policing Program.

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL; MINISTRY OF ATTORNEY GENERAL; MINISTRY OF MENTAL HEALTH AND ADDICTIONS

Year 2



Highlights

At the end of the 2023/24 reporting cycle, the Ministry of Public Safety and Solicitor General was preparing to introduce the first phase of Police Act legislative amendments, which are focused on municipal police governance and oversight, and represent an interim step towards longer-term and broader legislative modernization. The bill includes over 80 amended sections and 40 new sections, as well as numerous consequential amendments to 22 other provincial statutes. By March 2024, the ministry had distributed grants to support community-led engagement with diverse and intersectional British Columbians and provided capacity funding to First Nations and Modern Treaty Nations for co-development of policing policy during the second phase of legislative work.

Beginning in February 2024, the Ministry of Mental Health and Addictions initiated an engagement process to discuss Indigenous-led mental health crisis response services.

As a complement to these policing and mental health policy reform efforts, in July 2023 the Province announced the locations for three new peer assisted care teams and nine new mobile integrated crisis response teams. Six of the new mobile integrated crisis response teams were launched between October 2023 and January 2024.

A total of $1.536 million in funding was provided by the Ministry of Public Safety and Solicitor General in 2023/24 to interested First Nations (all 200+ First Nations and Métis Nation BC were invited to apply), the First Nations Leadership Council, the BC First Nations Justice Council and community organizations, to support capacity and engagement for the second phase of policing policy co-development. This amount included 37 community-led engagement grants totaling $0.350 million, including five engagement grants for urban Indigenous-serving organizations totaling $0.050 million; and capacity funding for over 50 First Nations, Modern Treaty Nations and leadership organizations totaling $1.186 million.

Three peer assisted care teams are currently operational in the North Shore, New Westminster and Victoria. Three additional peer assisted care teams are in the process of being implemented in the Comox Valley, Kamloops and Prince George. Seven mobile integrated crisis response teams are currently operational in Abbotsford, Port Coquitlam/Coquitlam, Burnaby, Chilliwack, Penticton, Vernon and the West Shore. Two additional mobile integrated crisis response teams are in the process of being implemented in Squamish and Prince Rupert.

How are we working together?

The new policing and oversight legislation will be co-developed with interested First Nations, Modern Treaty Nations and Indigenous leadership organizations such as the BC First Nations Justice Council. Capacity funding is available to support this work. A draft consultation and co-operation plan has been developed to ensure meaningful co-development at each stage of the policy and legislation development process.

Robust engagement with First Nations and Modern Treaty Nations is underway with support from Deloitte's Nation building advisory services team. Eight in-person regional sessions took place in March 2024. Over 20 virtual and in-person sessions are scheduled to take place over the summer of 2024 focused on co-developing policy that will become the foundation of new policing and police oversight legislation. The ministry is also meeting with First Nations and Modern Treaty Nations who wish to participate in government-to-government meetings outside of the consultation sessions.

The Ministry of Mental Health and Addictions is working with Mahihkan Management to conduct engagement on Indigenous-led crisis response. Mahihkan Management has conducted 10 Indigenous engagement sessions throughout the province in both in-person and virtual formats, with two more sessions to come. Engagement sessions were open to all Indigenous Peoples in B.C., including First Nations, Métis and Inuit. Mahihkan Management is also offering an engagement survey for those who wish to contribute in a written format. These engagements will inform potential development of Indigenous-led mental health crisis response models in B.C.

Are there challenges?

Due to the scale and complexity of co-developing new policing and police oversight policy and legislation, significant capacity, time, and efforts are required of First Nations, Modern Treaty Nations and Indigenous leadership organizations to meaningfully participate in the co-development process. For this process to be effective, partners are required to arrive at a shared understanding of the policy and legislation co-development process and there is limited experience and best practice available to partner groups, the ministry and within government in general.

Capacity and resources also need to be secured to plan for and implement the reformed policing policies and programs once new legislation has been enacted, which could include but is not limited to the creation of new police oversight and training models.

Given the scale, complexity and funding implications associated with this initiative, some reforms desired by partners may need to be prioritized over others to ensure meaningful progress can be made in the key areas. Staffing numbers and experience, in addition to partner capacity, remain key considerations in the successful completion of policing policy reforms.

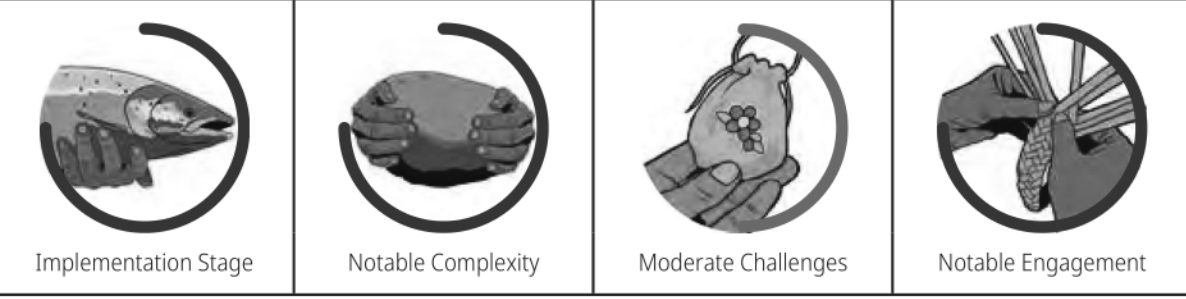
To effectively implement new mobile integrated crisis response teams, health authorities and the RCMP must determine roles and responsibilities.

3.12

Prioritize implementation of the First Nations Justice Strategy to reduce the substantial overrepresentation of Indigenous Peoples involved in and impacted by the justice system. This includes affirming First Nations self-determination and enabling the restoration of traditional justice systems and culturally relevant institutions.

MINISTRY OF ATTORNEY GENERAL; MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL

Year 1



Highlights

In June 2023, a new Indigenous Justice Centre (IJC) opened in Chilliwack. IJCs provide culturally appropriate information, advice, supports and representation for all Indigenous Peoples involved in the justice system for both criminal and child-protection matters. IJCs aim to address the circumstances that may have led to the offences in the first place and ensure that needs, such as housing, mental health and addictions treatment and employment services are addressed. There are already IJCs operating in Prince George, Prince Rupert, Merritt and a virtual IJC. As part of the Safer Communities Action Plan, a further five IJCs opened in Victoria, Vancouver, Surrey, Kelowna and Nanaimo in late 2023 and early 2024. Six more IJCs plan to be opened by the end of fiscal year 2024/2025.

On April 1, 2021, the BC First Nations Justice Council (BCFNJC) took on delivery of Gladue Services from Legal Aid BC for all Indigenous Peoples in B.C. Since that time, the volume of Gladue report requests has increased to over 500 in 2023/24. A Gladue report is a report prepared for sentencing, bail, appeals, long term offenders hearings, dangerous offenders hearings or parole hearings that provide the court with comprehensive information on the offender, their community, and their family as well as a healing and restorative justice plan as an alternative to prison time. Under BCFNJC's leadership, the program transitioned to a staff writer model from what was previously a contracted writer model.

How are we working together?

In developing the strategy, BCFNJC consulted with First Nations leadership over numerous meetings and summits. Consultation with First Nations communities continues when needed to execute strategies that operate at the community level. Consultation with communities occurred over the fall of 2023 regarding the Indigenous Women's Justice Plan, the Indigenous Youth Justice Plan, transition of legal aid services for Indigenous Peoples, and identification of future Indigenous Justice Centre locations. B.C., BCFNJC and the federal government host a tripartite leadership circle, and an annual tripartite ministers' meeting.

Are there challenges?

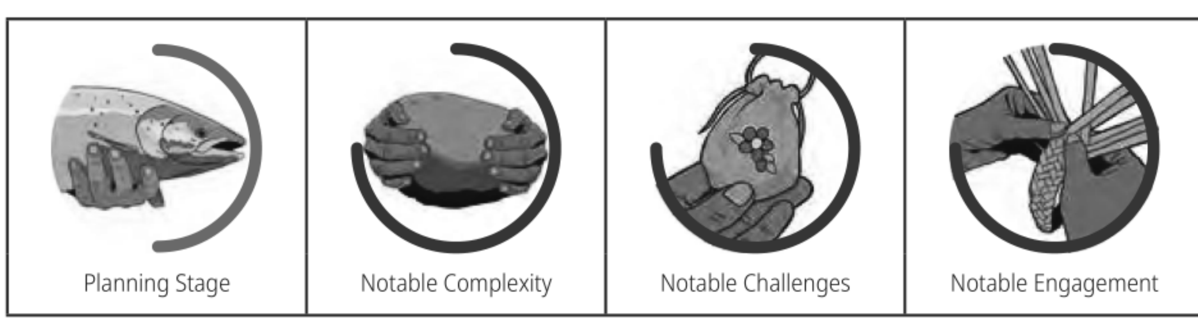
The implementation workplan was endorsed in 2021, and both BCFNJC and the Province are advancing work on individual strategies while awaiting funding for full implementation.

3.13

Prioritize endorsement and implementation of the Métis Justice Strategy to reduce the substantial overrepresentation of Métis peoples in and impacted by the justice system. This includes affirming Métis self-determination and enabling the restoration of traditional justice systems and culturally relevant institutions.

MINISTRY OF ATTORNEY GENERAL; MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL

Year 1



Highlights

The Province and Métis Nation BC (MNBC) continued negotiations and engagement on the Métis Justice Strategy throughout 2023-24. The Province deferred making an endorsement decision in summer 2023 and continued engagement with MNBC through fall-winter 2023/24. The Province is now working towards endorsement of the Métis Justice Strategy during fiscal 2024/25.

How are we working together?

Métis Nation BC completed consultation with Métis people through their Chartered Communities on the development of the Métis Justice Strategy in 2019. Additional consultation will be completed as required during the implementation of each recommendation in the Métis Justice Strategy.

Are there challenges?

Financial constraints have limited MNBC's capacity throughout engagement and negotiations. The Province continued engagement with MNBC through fall-winter 2023/24, which consisted of several series of engagements and negotiations to finalize the Métis Justice Strategy. The Province is now working towards endorsement of the Métis Justice Strategy during fiscal 2024/25.

Theme 4: Social, Cultural and Economic Well-Being

GOAL

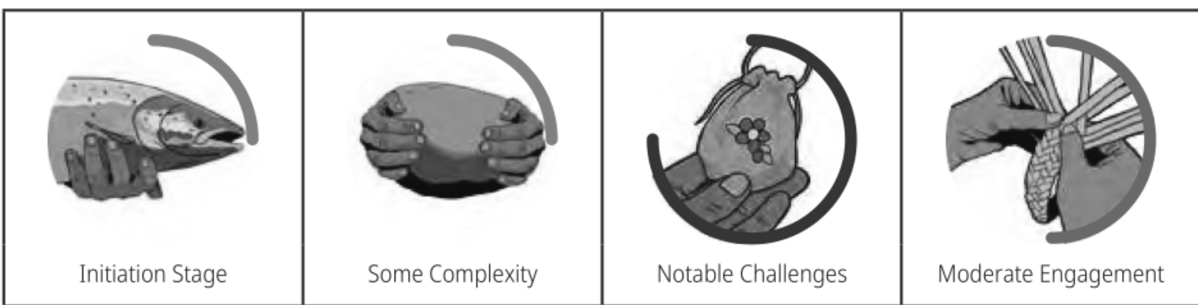
Indigenous Peoples in B.C. fully enjoy and exercise their distinct rights to maintain, control, develop, protect and transmit their cultural heritage, traditional knowledge, languages, food systems, sciences and technologies. They are supported by initiatives that promote connection, development, access and improvement, as well as full participation in all aspects of B.C.'s economy. This includes particular focus on ensuring the rights of Indigenous women, youth, Elders, children, persons with disabilities and 2SLGBTQQIA+ people are upheld.

4.01

Identify and undertake concrete measures to increase the literacy and numeracy achievement levels of Indigenous students at all levels of the K-12 education system, including the early years.

MINISTRY OF EDUCATION AND CHILD CARE

Year 1



Highlights

The Ministry of Education and Child Care (ECC) releases the Aboriginal: How Are We Doing? Report annually. For the second year, superintendents of each of the 60 school districts received letters with district-level reports that also highlighted the Foundation Skills Assessment (FSA) as a key indicator for literacy and numeracy. ECC acknowledges the importance of mechanisms such as the FSA to maintain accountability in school districts for improving outcomes for First Nations, Métis and Inuit students throughout the province.

School districts are required to report FSA results through the Framework for Enhancing Student Learning, and ECC will continue to collaborate and support school districts to improve outcomes for Indigenous learners within their strategic planning, collaborating with First Nations, Métis Chartered Communities and key stakeholders through the process.

How are we working together?

Engagement with First Nations Education Steering Committee (FNESC), B.C. Aboriginal Child Care Society (BCACCS) and Métis Nation B.C. (MNBC) is required to address the broader scope of this action and increase participation in FSAs to support improved literacy and numeracy outcomes. Measures for addressing literacy and numeracy assessment results are included within discussions at the Advisory Group on Provincial Assessment III (AGPA III), which includes FNESC and MNBC. Bilateral conversations between ECC and FNESC are also happening on assessment system topics.

Are there challenges?

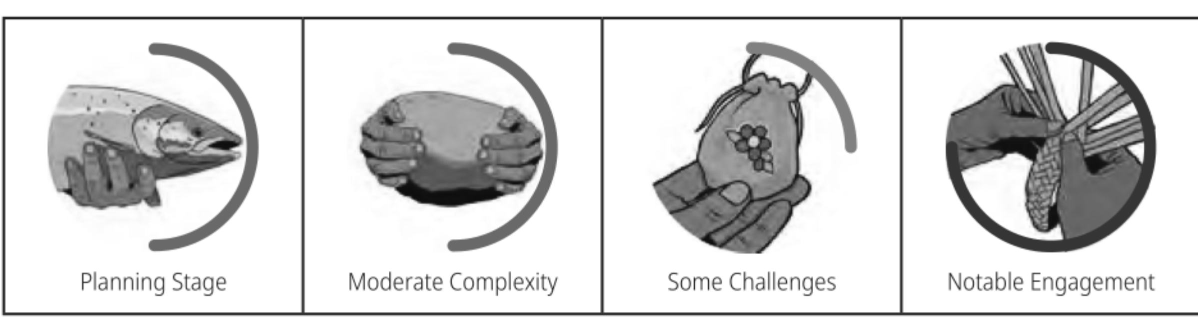
ECC and partner capacity to fully implement this action is a challenge. The student outcomes published in the annual Aboriginal: How Are We Doing? Report demonstrate that there are persistent gaps in the results between Indigenous and non-Indigenous students, highlighting the need for the public school system to better support all Indigenous learners.

4.02

Develop and implement an effective recruitment and retention strategy to increase the number of Indigenous teachers in the K-12 public education system.

MINISTRY OF EDUCATION AND CHILD CARE; MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

Year 2



Highlights

The Ministry of Education and Child Care (ECC), Ministry of Post Secondary Education and Future Skills (PSFS), First Nations Education Steering Committee (FNESC) and Indigenous Adult and Higher Learning Association (IAHLA) have formed a working group that is co-developing initiatives to support the training, recruitment and retention of First Nations teachers. This includes engaging with public school districts to better understand their human resources practices to attract, recruit and retain First Nations teachers and hearing directly from First Nations teachers about their experiences.

A research and engagement project on First Nations teachers recruitment and retention included a survey to all 60 public school districts on their use of special programs under B.C.'s Office of the Human Rights Commissioner; conduct interviews and focus groups in 10 to 15 school districts with 1) HR representatives to gain insights on local practices to attract, recruit, and retain First Nations Teachers, and 2) First Nations teachers to hear directly from them about their experiences working in the K-12 public education system.

How are we working together?

A working group with FNESC/IAHLA, ECC and PSFS has been established to identify priorities and co-develop strategies for First Nations teacher training, recruitment and retention. The working group meets monthly.

ECC is engaging with MNBC, as part of the development of a broader K-12 workforce strategy, to identify priorities and actions specific to Métis teacher recruitment and retention.

ECC, PSFS, and FNESC are also engaging with existing teacher education programs, the Association of B.C. Deans of Education and First Nations communities to develop and implement a plan to support community-based teacher education programs.

A sub-working group has been convened for the collaborative development and implementation of a plan that supports community-based Teacher Education Program (TEP), including identification of First Nations communities with student cohorts, partner public post-secondary institutions and TEP delivery model.

Are there challenges?

An agreement on a meeting schedule, an established working group with roles and responsibilities, and a work plan have been developed to mitigate capacity challenges.

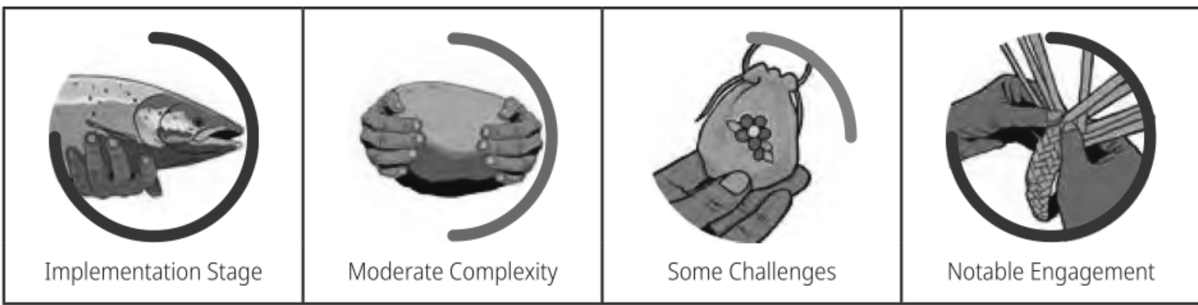
A sub-working group is being established to develop an implementation plan to support community-based teacher education programs to address Indigenous learner attrition.

4.03

Co-develop and implement a framework for the involvement of Indigenous Education Councils in school district financial planning and reporting.

MINISTRY OF EDUCATION AND CHILD CARE

Year 1



Highlights

The passing of Bill 40, the School Amendment Act, on November 8, 2023, introduces a provincial requirement for Indigenous Education Councils in every school district to advise boards on improving achievement of Indigenous students, provide advice on, and approve the board's spending plans and reports in relation to Indigenous Education Targeted Funds. These changes will support better education outcomes and attendance for First Nation and other Indigenous students attending provincial public schools, and more effective relationships between boards of education and First Nations.

Co-development of terms of reference to be set out in a Ministerial Order and an Indigenous education council policy is underway with the First Nations Education Steering Committee (FNESC). The Ministry of Education and Child Care (ECC) is also consulting with Modern Treaty Nations and engaging with Métis Nation BC (MNBC).

How are we working together?

ECC and FNESC have had meetings approximately monthly, or more often, since May 2022 to develop the Indigenous education council policy. ECC has also been meeting with First Nations rightsholders on the proposed policy since February 2023. Engagement on the policy with MNBC is also underway.

Are there challenges?

Organizational capacity and competing priorities for all parties impact the ability to meet projected timelines.

4.06

Promote culturally relevant sport, physical activity and recreation initiatives and opportunities that increase Indigenous engagement, participation and excellence in both traditional and mainstream sports for individuals in both urban and rural or remote areas.

MINISTRY OF TOURISM, ARTS, CULTURE AND SPORT

Year 1

ACTION COMPLETE

Highlights

The Ministry of Tourism, Arts, Culture and Sport (TACS) and the sport branch celebrate the many achievements of the Indigenous Sport, Physical Activity & Recreation Council (ISPARC) from 2023-24. TACS is proud to provide $1.4 million in annual funding to ISPARC, which has had a great impact on B.C.'s Indigenous sport landscape. The additional $3.6 million provided to ISPARC in 2022 for the RISE grant program continues to create opportunities for Indigenous youth in and from care to participate in sport, physical activity, recreation and cultural activities. Highlights of ISPARC's 2023-24 programming include:

- 118 youth athletes, coaches and official development camps and five programs facilitated, reaching 5,581 participants (interim 2023-24 data).
- Over 500 athletes, coaches, Elders and mission staff sent to the North American Indigenous Games (NAIG). This is not only an opportunity for Indigenous youth to participate in their sport but also an opportunity to connect with their culture. The NAIG was recently hosted in Kjipuktuk (Halifax), Dartmouth, Millbrook First Nation, and Sipekne'katik from July 15-23, 2023. Team BC secured an impressive 159 total medals (53 gold, 62 silver and 44 bronze) across 14 sports, earning second place in overall team standings.

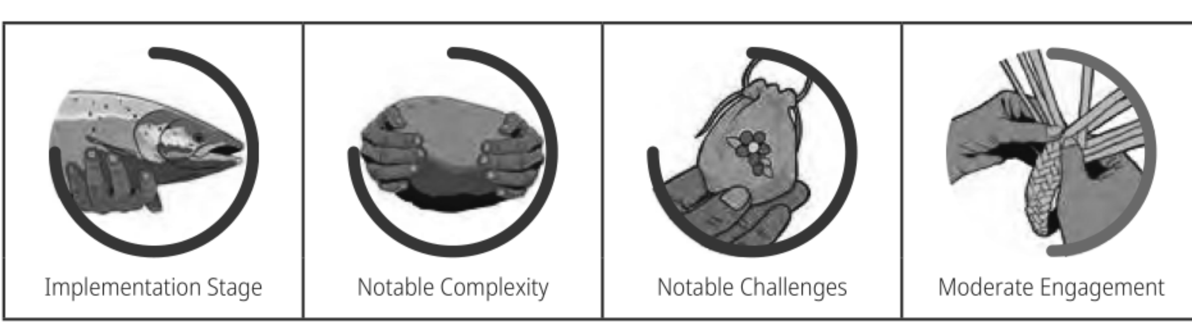
- 139 Indigenous youth participated in selection camps for the 2023 National Aboriginal Hockey Championships (NAHC). ISPARC sent two teams to NAHC to represent Team BC, each comprised of 20 athletes, four alternates and five staff. The U18 female team placed fourth in the tournament and the U18 male team finished third. The 2024 NAHC will be hosted by Grand Prairie, Alberta from May 5-11, 2024.
- Secured hosting rights for the 2025 National Aboriginal Hockey Championships (to be hosted by the Tk'emlúps te Secwépemc in partnership with the City of Kamloops). The Sport branch is supporting the execution of the event with $80,000 from the major sport event hosting program.
- At the interim point of 2023-24, ISPARC has funded 268 individual RISE grant applications, amounting to $152,140, and 15 organizational RISE grant applications, amounting to $126,375.
- ISPARC delivered three pilot cultural safety training workshops with the BC Games Society, the sport branch from the Ministry of Tourism, Arts, Culture and Sport, and viaSport, reaching over 60 participants. These pilots were an important step in finetuning the training prior to delivering training to provincial and disability sport organizations.
- 28 youth participated in the Aboriginal Youth FIRST provincial camp from August 28 to September 4, 2023. In total, 87 certifications were achieved at the camp in activities like lifesaving, first aid, scuba diving and dry suit diving.
- ISPARC received 126 applications across six regions for the Premier's Awards for Indigenous Youth Excellence in Sport. The Premier's Awards recognizes both excellence in performance sport and leadership qualities of Indigenous youth athletes throughout the province. From 126 applications, 33 individuals were selected as regional recipients of the award, and 10 of those individuals were selected as provincial recipients of the Premier's Award.

4.10

Prioritize the implementation of Primary Care Networks, the First Nations-led Primary Health Care Initiative, and other primary care priorities, embedding Indigenous perspectives and priorities into models of care to increase Indigenous Peoples' access to primary care and other health services, and to improve cultural safety and quality of care.

MINISTRY OF HEALTH

Year 1



Highlights

The Ministry of Health is advancing the planning and implementation of Primary Care Networks (PCNs) and First Nations-led Primary Care Centres (FNPCCs) across the province, involving First Nations and Métis partnerships that are reflective of the local communities and regions they will serve. As of March 2024, 79 of 103 planned PCNs have launched (77%) and eight of 15 FNPCCs are approved or in approval (53%).

The ministry worked with First Nations and Métis partners to collect feedback on the planning and implementation of cultural safety and humility activities and learning occurring in PCNs and FNPCCs. Indigenous-led and determined indicators of progress and outcomes will be developed moving forward. Provision of physician services through locum work within First Nations communities is also progressing, as is work to ensure that First Nations and Métis representatives are included within PCN governance structures and at planning and steering committee tables.

Eight FNPCCs have been approved; three FNPCCs (Lu'ma Medical Centre, All Nations Healing House and, most recently, Éyameth) are already active, and the other five (Fraser West, Gitxsan and Wet'suwet'en, Northern Nations Wellness Centre, Nuu-chah-nulth, Dak'elh, and Fraser West) are planned for phased opening in 2024/2025. The Lu'ma and All Nations Healing House FNPCCs had 15,067 patient visits in FY2023/24.

Local community PCNs are engaging with First Nations and Métis health-serving organizations in service plan development and implementation. Representatives from each are part of the PCN planning and steering committees and are active in PCN governance, including serving as committee co-chairs.

As of January 2024, the Ministry of Health committed $7.3 million in annualized funding for 71.5 full-time equivalent (FTE) Elders and traditional wellness supports for First Nations communities. These FTEs are based in PCNs or at Community Health Centres (CHCs), and 38.8 of the 71.5 FTEs have been hired and are supporting culturally safe team-based primary care delivery.

A total of 121.65 team-based care FTEs (82.5 FTEs funded by the Ministry of Health and 39.15 FTEs funded by FNHA) has been committed to the First Nations-led Primary Care Initiative (FNPCI). Once operationalized, they will serve up to 14,950 new patients across all approved FNPCCs.

As of January 2024, the three active FNPCCs (Lu'ma, All Nations Healing House, and Éyameth) have recruited 26.1 out of 39.5 planned FTEs (66%).

How are we working together?

FNPCCs are created in partnership between the Ministry of Health, First Nations Health Authority (FNHA) and local First Nations to provide culturally safe care to First Nations people living in B.C. For the guidelines and protocols advisory committee, a permanent committee representative from the Chief Medical Office at the FNHA was added in 2020.

In response to the In Plain Sight report, the Ministry and FNHA collectively established a provincial working group on Indigenous cultural safety and humility in primary and community care, with Indigenous and non-Indigenous members representing clinical committees, professional practice organizations, regional health authorities and Indigenous health and wellness organizations.

The cultural safety and humility standard implementation plan outlines four pillars through which the standard will be operationalized in the ministry including (a) shared accountability, (b) portfolio management, (c) change management and (d) budget and resource management. A robust implementation plan will enable successful and accountable delivery of objectives and key results (OKRs). OKRs help identify, measure and achieve culturally safe systems and services that better respond to the health and wellness priorities of First Nations, Métis and Inuit and their communities regardless of where they are located.

Are there challenges?

PCNs and FNPCCs have experienced service planning delays due to health human resource shortages across the province, significantly impacting progress in some regions. Additionally, growing patient attachment gaps are commonly outpacing physician and nurse practitioner recruitment in First Nations communities.

PCNs and FNPCCs have experienced risks due to the limited availability of capital funding. This impacts progress of regional service planning as they look for space and facilities to provide health services to the communities.

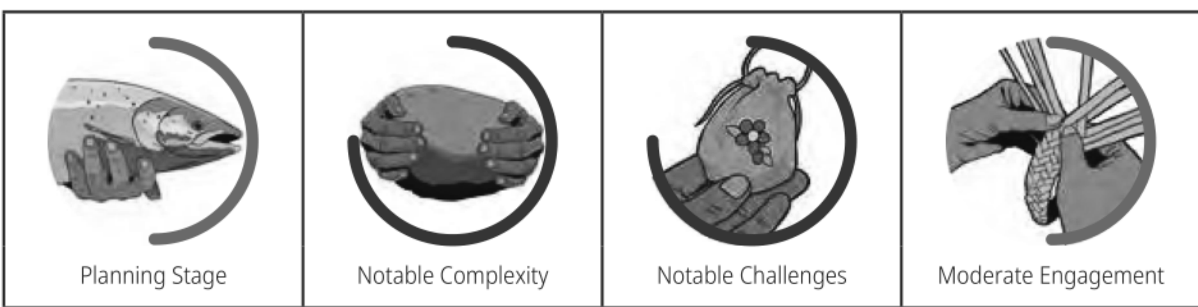
Obstacles to progress on PCN and FNPCC implementation relate to physician compensation issues and PCN governance structures. Actions are being taken to address these issues through the Ministry of Health's health sector workforce and beneficiary services division and the primary care division, which are working with impacted communities, refreshed primary care strategy compensation models, and a refreshed approach to restructuring PCN governance.

4.11

Increase the availability, accessibility and the continuum of Indigenous-led and community-based social services and supports that are trauma-informed, culturally safe and relevant, and address a range of holistic wellness needs for those who are in crisis, at-risk or have experienced violence, trauma and/or significant loss.

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL; MINISTRY OF HEALTH; MINISTRY OF MENTAL HEALTH AND ADDICTIONS

Year 2



Highlights

A wide variety of innovative and meaningful partnerships, programs and initiatives that are underway or have been completed are contributing to the advancement of this action. The following examples demonstrate progress made during the 2023/24 reporting year.

The Ministry of Public Safety and Solicitor General (PSSG) procured 70 new sexual assault services programs across B.C., 18 of which are Indigenous-focused. PSSG also procured five sexual assault centres located in Victoria, Vancouver, Surrey, Kamloops and Prince George, which provide wraparound services to survivors of sexual assault, including trauma-informed spaces for police interviews and medical forensic examinations, among other available services, if the survivor chooses them. The new programs and centres are survivor-centred, trauma-informed, inclusive and culturally safe.

With funding from Women and Gender Equality Canada, PSSG is enhancing the Indian Residential School Survivor Society's existing crisis line, which provides support to Indian residential school survivors and intergenerational survivors, as well as support for families impacted by missing and murdered Indigenous women and girls. The crisis line is being enhanced to provide province-wide and specialized gender-based violence response including risk assessment and immediate safety planning and addressing the unique needs of Indigenous survivors of gender-based violence.

A traditional Indigenous games curriculum was developed by a contracted service provider in collaboration with community Elders. This project was funded by PSSG and piloted in interior region First Nation communities and schools to help communities explore the relationship between traditional gambling practice, destigmatizing gambling, and integrating wholistic wellness and community connections through play.

The 2023-24 reporting cycle also saw the introduction of three new peer assisted care teams in B.C., and seven new mobile integrated crisis response teams. These are described in detail in Action 3.11.

Urgent homelessness response planning is complete and services are operating. The regional health authorities continue to engage with First Nation communities and regional partners on specific programs.

The enhanced health in supportive housing program is in the early stages of planning. The First Nations Health Authority (FNHA) and Métis Nation BC (MNBC) are engaged to inform implementation and ensure regional programs include appropriate elements to support First Nation and Métis clients. Regional health authorities will be required to incorporate traditional wellness supports into their program designs, in collaboration with First Nation and Métis partners.

The Ministry of Health is working with the FNHA to develop an implementation plan to deliver traditional wellness supports to First Nations supported rent supplement program clients. This work is being informed by detailed engagement and implementation planning provided by the regional health authorities.

How are we working together?

The broad scope of this action has led to varying approaches to engagement, with the respect and recognition of Indigenous knowledge systems being a key element of all the approaches.

The engagement approaches are largely distinction-based. For example, the Ministry of Health is engaging with the FNHA and MNBC provincial directors of mental health and harm reduction separately to discuss how implementation planning may differ for First Nation and Métis clients on integrated support framework initiatives.

Broad consultation is often required on initiatives within this action, as is the case with First Nations, Métis and urban Indigenous engagement to inform complex care housing (CCH) projects. The Aboriginal Housing Management Association and Ktunaxa Nation are leading CCH projects, and Nuxalk First Nation, Tla'amin Nation, Kekinow Native Housing Society and Lu'ma Native Housing Society have partnered with regional health authorities to co-lead CCH projects.

Since May 2023, there have been ongoing engagements with First Nations, Métis and urban Indigenous organizations to inform new purpose-built CCH housing units. In addition, the CCH policy advisory committee includes representatives from the FNHA, MNBC and the Aboriginal Housing Management Association. Engagements have taken place with:

- Organizations that are planning or delivering CCH services;
- BC Association of Aboriginal Friendship Centres;
- First Nations Housing and Infrastructure Council;
- All Nations Outreach Society;
- Vancouver Aboriginal Community Policing Centre Society;
- Vancouver Aboriginal Transformative Justice Services Society;
- Aboriginal Mother Centre Society;
- Fraser Region Aboriginal Friendship Centre;
- Surrey Urban Indigenous Leadership Committee;
- Cariboo Friendship Society;
- Aboriginal Coalition to End Homelessness;
- Lii Michif Otipemisiwak Family and Community Services;
- New Relationship Trust; and
- Fraser Salish First Nations.

For other initiatives within this action, engagement has been more targeted. For example, PSSG focused their engagement with Indigenous experts on the procurement process for the new sexual assault services programs, and with the Indian Residential School Survivor Society on the expansion of their crisis line.

Are there challenges?

Risks to fully implementing this action include the following:

- Strategic prioritization within and across the ministries will be required to optimize engagement and implementation capacity for this action;
- First Nations and Indigenous leadership organizations will need to prioritize and optimize their engagement capacity to partner in moving the action forward;
- Possible barriers within policy and legislation to advance the innovative approaches required by the action;
- Difficulty securing Indigenous service providers for some projects; and
- The ability to develop meaningful performance indicators in consultation and co-operation with Indigenous partners for the whole of this action, while respecting the diversity of partnerships, programs, and initiatives to advance it.

Staff recruitment continues to be a challenge for all CCH projects. Partners are expanding services as staff are hired and trained and the Ministry of Mental Health and Addictions is monitoring risks to implementation and operations.

Online gambling, specifically federally approved single event sports betting, has resulted in an increased risk of gambling harms. GamblingSupportBC, which provides prevention and clinical services to those suffering gambling harms has seen an over 80% increase in referrals in the last three years. Clinical services, including resources available for Indigenous-specific services, may be impacted by this increased demand. Priority deliverables will be to engage with First Nations and Métis Chartered Communities to determine appropriate services and service delivery.

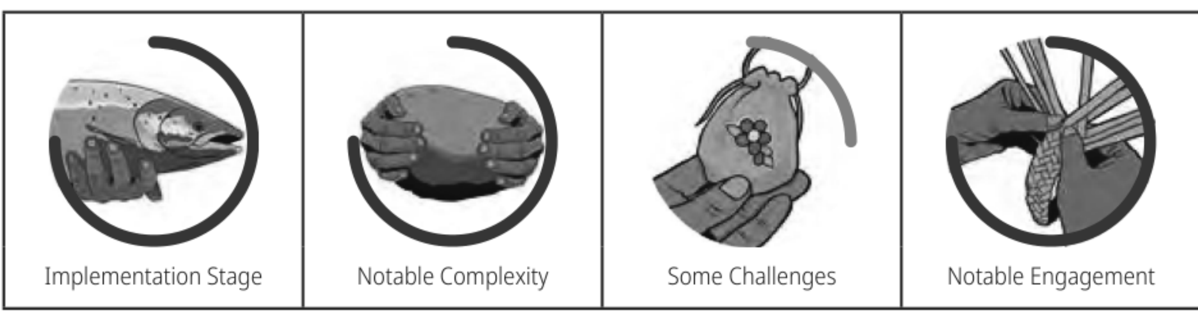
4.12

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

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

MINISTRY OF MENTAL HEALTH AND ADDICTIONS; MINISTRY OF ATTORNEY GENERAL; MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL

Year 1



Highlights

Prescribed alternatives to the toxic supply (formerly termed ‘prescribed safer supply’) and other harm reduction efforts are part of a comprehensive package of health sector interventions to address the toxic drug crisis and function to provide life-saving interventions. As of December 2023, there are 50 overdose prevention services (OPS) and supervised consumption services (SCS) sites across all health regions, including 24 sites offering inhalation services. In 2023, three new OPS/SCS sites opened, and six sites added inhalation services.

Prescribers are able to offer prescribed alternatives according to BC Centre on Substance Use clinical guidance and protocols. Two prescribed alternatives protocols were published in August 2023, Fentanyl tablet (Fentora) and Sufentanil protocols. These documents support prescribers with standardized clinical protocols for the provision of prescribed alternatives to reduce reliance on the toxic drug supply.

The Province has also implemented an enhanced prescribed alternatives evaluation and monitoring framework under which, external contracted scientists are leading a provincial evaluation of the prescribed alternatives policy until March 2026.

$4 million allocated to the First Nations Health Authority (FNHA) to provide harm reduction grant funding to First Nations communities, First Nations health service organizations and friendship centres to lead work in community; $236.42 million over three years provided in Budget 2023 to increase services for young people, which includes funding specifically for Indigenous youth.

Funding program in development for Indigenous treatment, recovery, and aftercare services fund, $171.08 million (over three years). This includes $7 million in 2024-25 for the Orca Lelum Youth Wellness Centre in Lantzville, which will be the first in the province to offer detox services, specifically for Indigenous youth. The centre will provide 20 substance-use treatment beds that offer culturally informed care to Indigenous people aged 12 to 18 years.

Through a provincial investment of $73 million over three years in 2023, the Canadian Mental Health Association BC (CMHA-BC) launched a grant process that has funded a total of 180 substance use treatment and recovery beds, nearly double the Budget 2023 commitment to 100 beds. These beds will be added across the province over the next several months with 97 already open and serving clients as of January 2024. This funding also extends the operations of 105 existing CMHA-BC administered beds to the end of 2027. Together, the 285 beds provide quality treatment and recovery care and services with no out-of-pocket fees for people struggling with addiction challenges. People can be referred from their health-care professional or other organizations. Self-referrals are also accepted. Service providers prioritize clients based on the unique needs of their community, with a focus on expanding services for underserved populations such as those in rural and remote areas, Indigenous People, people who are or have been involved with the criminal justice system and new or pregnant parents.

Progress towards the development of tripartite MOU funded Indigenous-led treatment centres continues to be made. In January 2024, the Tsow-Tun Le Lum Society Helping House Treatment Centre in Duncan, B.C. became operational and began client intake.

In the first six months of decriminalization, there was a 76% decrease in drug possession offences and a 97% decrease of possession related drug seizures under the 2.5g threshold from the past four-year average during the same period from February to July. Reducing criminal offences of people who use drugs aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

As a part of decriminalization, B.C. funded new navigator positions in the FNHA including two decriminalization 'project managers/navigators' to support First Nations communities in their implementation of decriminalization, engage with First Nations on decriminalization and broader harm reduction work, address emerging issues and support liaison with law enforcement. B.C. also funded five FNHA proactive outreach positions, one for each FNHA region. These roles support more local, community-level coordination and connections to care. As of November 1, 2023, 79% of RCMP officers and 98% of municipal officers have completed phase one training meant to support implementation of decriminalization. Overall compliance for frontline officers is at 88%. In September 2023, phase two police training, a health-based approach to drug possession in British Columbia, was launched.

$1 million over two years has been allocated in Budget 2023 through the Ministry of Public Safety and Solicitor General (PSSG) until 2025 for building relationships in collaboration (BRIC) grants to support First Nations, Métis, Inuit, and other Indigenous organizations to self-determine how best to work with police to implement decriminalization and shifts to approaching substance use as a health issue at the community-level. The Ministry of Mental Health and Addictions (MMHA) and PSSG has allocated $500,000 of this funding to recipients of the 2023-24 funding period.

How are we working together?

MMHA continues to collaborate and engage with First Nations, Métis, and urban Indigenous organizations on this action and throughout its varying components. Specific efforts, engagements and partners include:

- Continued development of prescribed alternatives program and harm reduction initiatives being pursued through planning tables, oversight committees, working groups and engagement workshops;
- Dialogue sessions hosted as part of prescribed safer supply service delivery framework engagement that included representatives from FNHA, MNBC and BC Association of Aboriginal Friendship Centres (BCAAFC);
- Overdose Emergency Response Centre (OERC) and FNHA work to understand needs related to overdose prevention services (OPS);
- Implementing Community Action Teams (CATs) to respond to the toxic drug crisis;
- FNHA is a key partner in supporting harm reduction-related toxic drug crisis response and participates in regional response team meetings;

- Regular meetings and working directly with the FNHA to co-develop a culturally safe and specific service mapping process with First Nations;
- The FNHA facilitates connections between the services mapping team and community on data collection protocols. An Indigenous consultant will conduct on-site consultations in each FNHA region;
- Provincial child and youth wellness framework development, including regional engagement with First Nations individuals and monthly discussion with MNBC, FNHA and BCAAFC;
- First Nations and Métis advisory table to inform provincial child and youth wellness framework;
- Engagement on development of Indigenous funding envelope includes FNHA, MNBC, First Nations and VPs of Indigenous health within health authorities;
- The Canadian Mental Health Association BC (CMHA-BC) expansion grant was developed in partnership with the FNHA to ensure that prospective applicants demonstrated how they were supporting Indigenous clients to access culture-based services, that were non-discriminatory and anti-racist;
- In addition to developing the grant, the FNHA and MNBC were part of the applicant review panel and decision-making process. In partnership with the Province, the FNHA and MNBC conducted and completed a rigorous process of selecting service operators to administer all 180 beds. The application design and adjudication process was done in full partnership with the FNHA. This included review of application requirements, particularly those relating to ensuring that successful applicants could demonstrate how their service and programs support Indigenous clients to access culture-based services. Applicants were also required to demonstrate how their policies and procedures foster an environment that is non-discriminatory and anti-racist;
- Decriminalization core planning table (MNBC, FNHA, FNJC). FNJC is a member of the law enforcement implementation working group;
- Co-developing the building relationships in collaboration (BRIC) Grants and participating in grants committee (FNHA, FNJC, MNBC).

Are there challenges?

Prescribed alternatives/harm reduction: partner capacity to engage with multiple streams of work at varying touchpoints may impact depth of engagement achieved. Mitigation sought via close communication with key Indigenous partners supporting the streams of work.

Substance use policy: Condensed timeline to deliver preliminary substance use service inventory; however, co-designing the process with the First Nations Health Authority has allowed all partners to establish realistic goals and expectations while still achieving project deliverables.

Decriminalization: Disaggregated data is needed to fully evaluate the equity impacts of decriminalization for Indigenous Peoples. The Ministry of Mental Health and Addictions continues to work with all partners to improve access to disaggregated data.

Local governments and police agencies have raised concerns about challenges with managing public drug use in the context of decriminalization. In response, the Province passed Bill 34, The Restricting Public Consumption of Illegal Substances Act. However, the Act was subject to a court challenge and injunction.

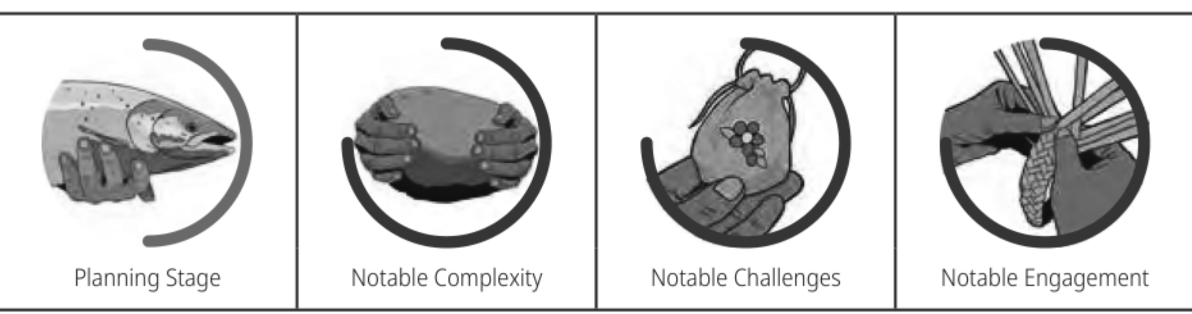
While the Act is before the courts, the Province began working with Health Canada on an update to B.C.'s s.56 exemption to prohibit public drug use, which was granted on May 7, 2024.

4.14

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

MINISTRY OF HEALTH; MINISTRY OF MENTAL HEALTH AND ADDICTIONS

Year 1



Highlights

Approved funding for real-time virtual support services in 2023/24 supported physicians and other health care providers to provide culturally safe virtual primary care services, including extended hours and increased access to care for those who have difficulties travelling. While respectfully acknowledging the capacity and priorities of First Nations, Métis and Inuit across the province, the Ministry of Health is committed to improving collaboration and representation of First Nations, Métis and Inuit partners to support improvements to the availability and accessibility of primary care-funded virtual care services.

- From the start of implementation on April 1, 2020 to March 31, 2024, there were 42,098 First Nations virtual doctor of the day (FNvDOD) encounters.
- From implementation on August 17, 2020 to March 31, 2024 there were 6,779 First Nations virtual substance use and psychiatry services (FNvSUPs) encounters.
- From April 1, 2023 to March 31, 2024, approximately 23,386 (11,846 for FNvDOD and 2,207 for FNvSUPS) inbound and outbound calls were managed by MOAs, nurses, wellness liaisons, mental health care coordinators and registered clinical counsellors.
- From patient satisfaction surveys from November 10, 2022 to March 31, 2024, over 93% of users accessing the FNvDOD service reported satisfaction with their appointment, and over 94% of users indicated they would recommend the service to their family and friends.
- From patient satisfaction surveys from April 1, 2023, to March 31, 2024, over 93% of users accessing the FNvDOD service reported satisfaction with their appointment and over 93% of users indicated they would recommend the service to their family and friends.
- From patient satisfaction surveys from April 1, 2023, to March 31, 2024, over 92% of users accessing the FNvSUPS service reported satisfaction with their appointment and over 92% of users indicated they would recommend the service to their family and friends.
- The Indigenous cultural safety and humility working group between the Ministry of Health and the First Nations Heath Authority (FNHA) has committed to examining and refreshing the Declaration Act standards, recommendations and calls to action into primary and community care; this will include 1) implementing cultural safety and humility recommendations and standards into daily practice by creating a toolkit of resources that reference college standards for primary and community care; 2) Supporting committees and working groups that inform primary and community care across the province to implement cultural safety and humility tools, recommendations and standards into the practices and engagement approaches, including supporting PCNs; 3) Develop a provincial community of practice comprised of existing groups working towards cultural safety and humility across the healthcare continuum, to support collaboration, reduce duplication, and inform best practices; 4) Develop a strategic workplan that defines the goals, objectives and outcomes the working group will seek to achieve with metrics to monitor the improvement of cultural safety and humility across primary and community care.

How are we working together?

Collaborative partner meetings with the First Nations Health Authority to support program implementation and oversight. Planning for engagement with First Nations, Métis and Inuit health care providers and patients to provide feedback on their experience, outcomes, and opportunities to improve primary care funded virtual care services.

Are there challenges?

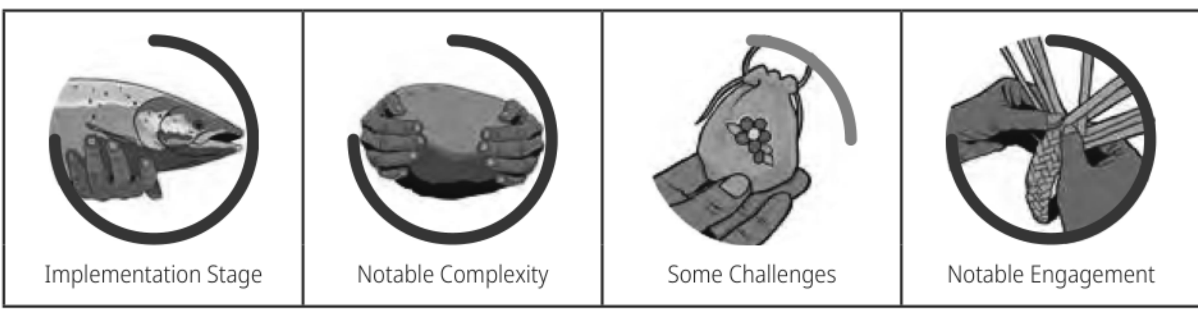
Funding is currently derived from COVID-19 contingency budget, with long term base funding to be determined.

4.15

Incorporate Indigenous experiences and knowledge of poverty and well-being into ongoing poverty reduction efforts and the 2024 Poverty Reduction Strategy. The strategy will recognize the ongoing impacts of colonialism and include Indigenous-identified actions and progress measures.

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Year 2



Highlights

Engagement activities led to advice and input from First Nations and Métis leadership, as well as First Nations, Métis, Inuit and urban Indigenous representatives, organizations and people. Engagement results are available on the Ministry of Social Development and Poverty Reduction's (SDPR) website.

Key Highlights include:

- Communication with representatives from 61 First Nations, including Modern Treaty Nations, providing follow-up information, holding bilateral meetings (both at the First Nations Leadership Gathering and individual meetings), hosting engagement sessions and townhalls, attending First Nations Gatherings, presenting at Indigenous advisory tables and circles, focused discussions on legislative materials to support drafting approaches with representatives from all interested First Nations;
- Consultation with the First Nations Leadership Council (FNLC), specifically, the FNLC policy and legal staff through a number of legislative co-development discussions over the length of the project to support the development of B.C.'s Poverty Reduction Strategy Act; and
- Partnership with Métis Nation BC (MNBC) throughout the project including funding a Métis-led engagement approach and consultation discussions on legislative materials to support the development of B.C.'s Poverty Reduction Strategy Act.

The poverty reduction strategy, which will be released in Spring 2024, recognizes the ongoing practices and impacts of colonialism on First Nations, Métis and Inuit. It includes Indigenous-identified actions, as gathered through engagement activities over the last year and a review of previous reports. As a result of feedback received, distinctions-based language has also been added into the Poverty Reduction Strategy Act. Further changes include the addition of new requirements that, when reviewing, developing and updating the strategy, the minister must also consider:

- the systemic causes of poverty when developing and updating the strategy, and
- actions and progress measures respecting the reduction and prevention of poverty that are recommended by Indigenous Peoples.

Progress measures are not included in the strategy but will be made available in the poverty reduction strategy annual reports, which are legislatively required to be prepared by October 1 of each year, tabled in the legislature as soon as is practicable after October 1, and posted online.

How are we working together?

SDPR undertook a distinctions-based engagement from winter 2022/2023 through March 2024 to renew B.C.'s poverty reduction strategy by the spring of 2024.

SDPR developed a consultation and co-operation plan based on advice from Indigenous leadership organizations and advisory groups. This includes the Minister's Poverty Reduction Advisory Committee whose membership includes Indigenous leadership representatives from FNLC, MNBC and the BC Association of Aboriginal Friendship Centres (BCAAFC). SDPR hired an Indigenous facilitator (Mahihkan Management) to ensure engagement sessions were culturally safe, hosted in-person sessions, attended pre-existing conferences and gatherings, and provided appropriate honoraria and other financial supports at engagement sessions.

Métis were invited to attend engagement sessions hosted by the Indigenous facilitator, and there was Métis representation at three of the nine sessions. In addition, to ensure increased opportunity for Métis participation, SDPR funded a separate Métis engagement process through MNBC, focused on housing. This process resulted in a poverty reduction engagement and recommendations final report which informed the development of the strategy.

Urban Indigenous populations were engaged through various engagement streams: public survey, urban coalitions, town halls organized in partnership with BCAAFC, and SDPR attendance at gatherings, specifically, the BCAAFC membership meeting, the Elders Gathering and Gathering Our Voices Indigenous Youth Conference. SDPR has attended the BCAAFC membership meeting and Gathering Our Voices Indigenous Youth Conference in 2023 and 2024, and the ministry anticipates attending the Elders Gathering again in August 2024. SDPR had a number of co-development discussions on legislative materials to support drafting approaches with FNLC, specifically, the FNLC policy and legal staff. SDPR also had discussions on legislative materials to support drafting approaches with MNBC's policy team as well as First Nations representatives who expressed interest.

Are there challenges?

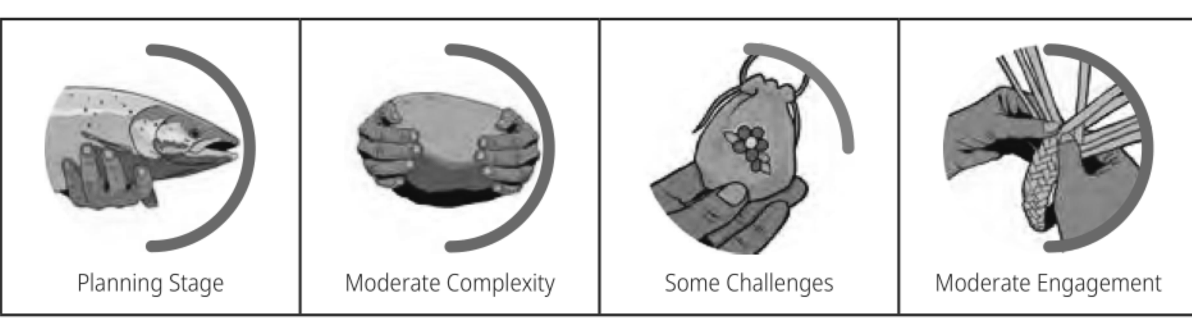
Timing: The Poverty Reduction Strategy Act requires the strategy be tabled in the spring of 2024. Engagement with Indigenous partners was extended through to winter 2023 at the request of partners such as Métis Nation BC, who continued to receive feedback through December 2023. As a result, First Nations and Métis review of the poverty reduction strategy occurred through March 2024. Timelines are challenging but have been mitigated by sharing embargoed confidential drafts with interested First Nations and Métis representatives, who signed confidentiality agreements, to allow for a meaningful opportunity for input to be reflected. Addressing poverty requires broad and ongoing Indigenous engagement, so SDPR continues to engage all First Nations and seek invitations to pre-established Indigenous advisory councils and committees.

4.16

Co-develop a B.C.-specific fiscal framework, in partnership with First Nations, Métis, and Inuit, and in consultation with key Indigenous organizations, to support and move forward with jurisdiction over child and family services.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

Year 2



Highlights

The Ministry of Children and Family Development (MCFD) was successful in launching the funding model co-development process in September 2023, with the release of a discussion paper and introductory engagement sessions. The paper and introductory engagement sessions were generally received positively. However, partners were critical of the initial April 2024 timeline as being too rushed and inconsistent with a meaningful co-development process. Partners also requested more detail than what was provided in the discussion paper. MCFD reflected on the feedback and presented partners with a revised timeline with an early 2025 implementation date and a more detailed co-development process based on MCFD's experience in co-developing Bill 38, Indigenous Self-Government in Child and Family Services Amendment Act in 2022 with First Nations, Métis and Inuit. These changes were communicated in early 2024 and were generally well received by partners. Detailed co-development sessions launched in March 2024 and will continue.

During the reporting year, 49 sessions were held to support a wide range of Nations in understanding, advancing and contributing to the process of co-development for a provincial funding model to support First Nations jurisdiction over child and family services.

A draft discussion paper, Building a Funding Model to Support First Nations Jurisdiction over Child and Family Services in B.C., was released in September 2023, with feedback from the First Nations Leadership Council (FNLC) and Indigenous Services Canada. The interim What We Heard report recapping feedback received in fall 2023 engagement sessions is in development.

How are we working together?

MCFD is consulting with the partners who expressed interest in engagement, as well as with Canada, in co-development sessions to facilitate the co-development of a provincial funding model to support First Nations jurisdiction over child and family services in B.C. MCFD will continue to send communications to First Nations providing written updates and invitations to engage in bi-weekly co-development sessions, monthly update sessions and in-person workshops. The first in-person workshop was held in Vancouver on April 25, 2024. Feedback received will be documented and shared in a What We Heard report and will be used to inform the development of a provincial funding model.

Are there challenges?

All 204 First Nations, FNLC, MNBC and Inuit groups have been invited to review the September 2023 discussion paper, provide feedback and participate in engagement sessions designed to co-develop a new funding model for children and family services in B.C. However, not all have been engaged. Frequent written updates have been sent to funding model co-development partners as the process continues. Multiple invitations to engage were sent to all First Nations in B.C. and FNLC via letter, MCFD's Indigenous child and family services newsletter and through a govTogether website. MNBC and some First Nations have indicated challenges with capacity to engage and currently only First Nations can access engagement funding through the Declaration Act Engagement Fund.

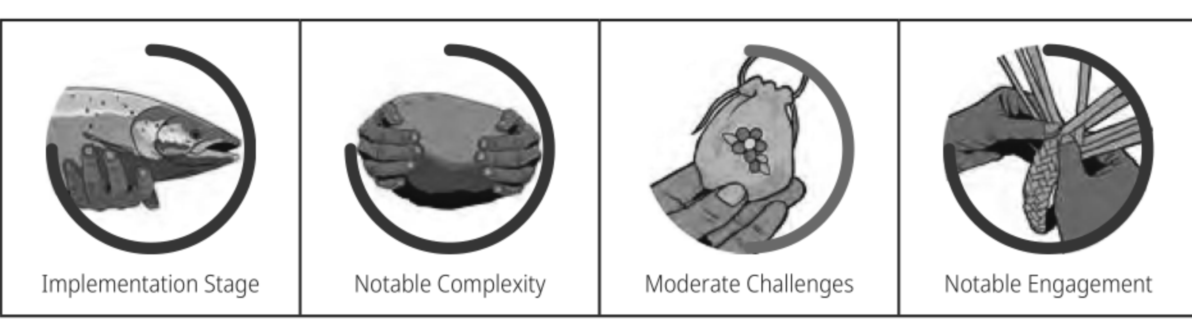
In February 2024, MCFD invited all First Nations to participate in bi-weekly co-development planning sessions. In keeping with a distinctions-based approach, MNBC was invited to meet monthly to provide feedback on the Building a Funding Model to Support First Nations Jurisdiction over Child and Family Services in B.C. report.

4.17

In collaboration with B.C. First Nations, Métis Peoples, and Inuit, continue implementing changes to substantially reduce the number of Indigenous children and youth in care through increased prevention and family support services at all stages of contact with the child welfare system.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

Year 1



Highlights

In collaboration with First Nations in B.C., Métis and Inuit, the Ministry of Children and Family Development (MCFD) continues the work to substantially reduce the number of Indigenous children and youth in care through the ongoing transformation and enhancement of children and family services across British Columbia. First Nations, Métis and Inuit have long advocated for the creation of an Indigenous Child Welfare Director (ICWD) position within the ministry. The creation of this position was included in Bill 38 in 2022, and an enabling regulation came into force in March 2024. The ICWD position was posted on the B.C. government job board and is accepting applications from May 2, 2024, to May 30, 2024.

This ICWD role will expand information sharing with First Nations, Métis and Inuit and collaborate with First Nations developing agreements for enabling jurisdiction over children and family services, including preventive and family supports. Example agreements that First Nations and Indigenous governing bodies can initiate with MCFD include community agreements and information sharing agreements entered into under section 92.1 of the Child, Family and Community Service Act (CFCSA), enabling agreements and amending agreements under the CFCSA; and co-ordination agreements under the federal Act: An Act respecting First Nations, Inuit and Métis children, youth and families.

MCFD has one signed co-ordination agreement, three signed section 92.1 community agreements, and 111 signed information sharing agreements. MCFD is in the process of negotiating an additional six co-ordination agreements and an additional five section 92.1 community agreements.

Since April 1, 2023, MCFD has signed 10 new information sharing agreements with: Sqwá First Nation, Kwantlen First Nation, Gitanmaax Band, McLeod Lake Indian Band, Ucluelet First Nation, Simpcw First Nation, Inuvialuit Regional Corporation, Tsawout, Kitasoo Xai'xais Nation, and Malahat Nation. MCFD has signed one new section 92.1 community agreement with Gwa'sala-'Nakwaxda'xw Nations.

How are we working together?

Agreements enabled under legislation are initiated by First Nations and Indigenous governing bodies and carried out in a manner, frequency, and timeline that reflects their needs. The number, nature (bi-lateral with the Province, tripartite with the Province and Canada); and scope of the agreements (e.g., prevention and/or protection services, requirements for funding, communities and children and families served) are determined by the relevant First Nations and Indigenous governing bodies.

MCFD continues to engage with Indigenous Services Canada (ISC) and First Nations communities at the six co-ordination tables as well engaging in negotiations for section 92.1 community agreements as requested. Ongoing consultation and co-operation continues with First Nations Leadership Council (FNLC) receiving regular updates. Six new Nations have received Indigenous governing body status since April 2023. The ongoing enhancement, development and implementation of new programs is informed through ongoing consultation with First Nations leadership organizations, communities and service providers.

Are there challenges?

A wide range of agreements enabled under legislation exist to support First Nations jurisdiction of children and family services (section 92.1 agreements, enabling agreements, amending agreements, co-ordination agreements and treaties). The number of negotiations across all agreements is expected to increase significantly over time. For co-ordination agreements alone, the number of negotiations is expected to rise from six agreements being negotiated in 2023/24 to 10 agreements being negotiated in 2024/25, to 19 being negotiated in 2025/26, with another 19 Indigenous governing bodies who could confirm intent to begin a co-ordination agreement at any time.

Jurisdiction over Indigenous child and family services has been recognized as a Constitution Act, 1982 section 35 right of Indigenous Peoples by the Province in section 4.1 of the CFCSA. However, it is not clear at this time which precise section 35 rights may or may not be held by MNBC, including those over child and family services in B.C. Additionally, MCFD is waiting for the outcome of the judicial review on

the federal decision to not recognize MNBC as an Indigenous governing body in B.C. This has created complexity on which agreements can apply to MNBC, and MCFD leadership has engaged with MNBC on the legal complexities as it pertains to this area.

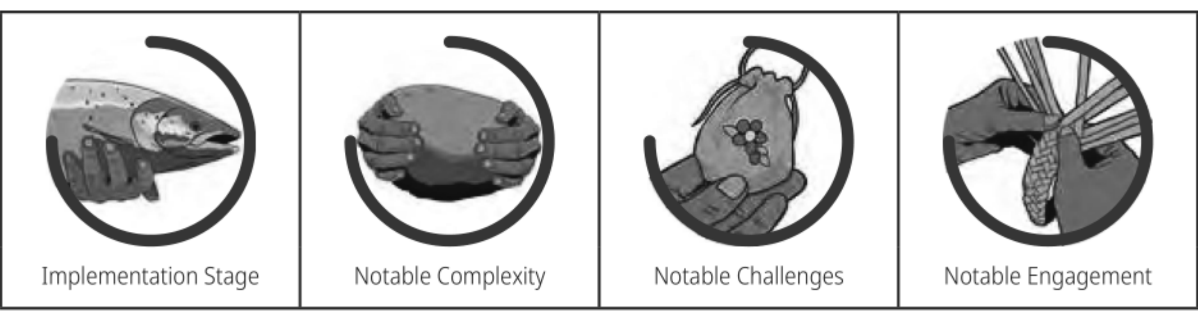
With the initial increase in agreements resulting from amendments to federal legislation (Bill C-92 in January 2020) and provincial legislation (Bill 22 in 2018, Bill 38 in 2022), a new branch was created in summer 2023 to support and co-develop Indigenous agreements. Temporary staffing has been put in place by MCFD to respond to strong interest by Indigenous governing bodies to exercise jurisdiction over child and family services. Actions are being taken to retain experienced and knowledgeable staff and to increase staffing further to meet the expected demand.

4.18

As committed to in the First Nations Children and Youth in Care Protocol, co-develop and implement measures to support improved education outcomes of current and former First Nation children and youth in care, including meaningful data collection to inform policy planning and service delivery.

MINISTRY OF EDUCATION AND CHILD CARE; MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT; MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

Year 2



Highlights

On November 22, 2023, leadership from the Ministry of Education and Child Care (ECC), the Ministry of Children and Family Development (MCFD), the Ministry of Post-Secondary Education and Future Skills (PSFS), the First Nations Leadership Council (FNLC), and the First Nations Education Steering Committee (FNESC) met as an oversight table to approve a co-developed workplan designed to implement key aspects of the protocol. This marks an important step towards operationalizing the children and youth in care (CYIC) protocol that aims to improve the educational outcomes for First Nations children and youth in care and former youth in care.

The oversight table will continue to meet bi-annually to ensure that the objectives of the protocol and the workplan are being met.

A First Nations CYIC Protocol workplan and technical table terms of reference, endorsed by the oversight table, was completed November 22, 2023.

One of the milestones completed was collection of qualitative and quantitative data regarding existing school-based supports, services, and expenditures for children and youth in care.

How are we working together?

The Ministry meets regularly with FNESC, FNLC, and other provincial ministries as a technical working table to implement key actions and milestones from the workplan.

An oversight table with representation from senior leadership at FNESC and FNLC, and the Ministers of ECC, MCFD and PSFS is required to meet twice per year to review and provide feedback on progress to date. The oversight table met on November 22, 2023, and again on April 12, 2024.

Are there challenges?

Organizational capacity based on competing priorities for all parties (ECC, MCFD, PSFS, FNLC, and FNESC) to meet key milestones and deliverables within the established timelines.

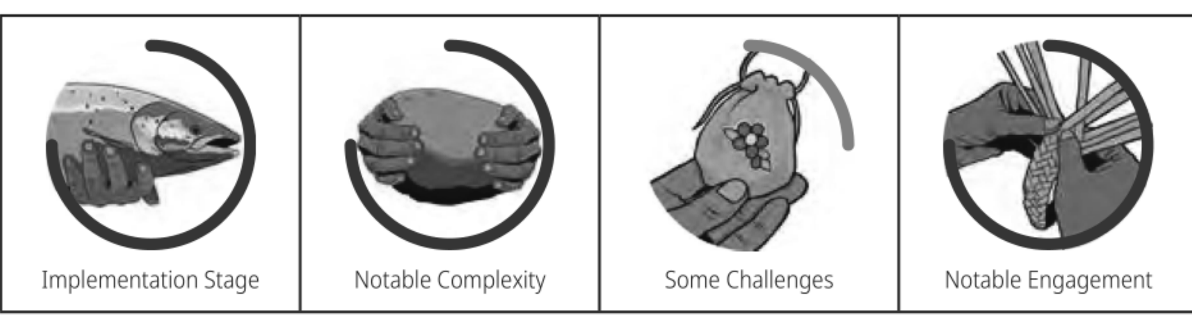
Identified limitations to existing legislation and sharing agreements may require changes as they impact the ability to complete the action.

4.19

As part of a commitment to an inclusive, universal childcare system, work in collaboration with B.C. First Nations, Métis, and Inuit Peoples to implement a distinctions-based approach to support and move forward jurisdiction over child care for First Nations, Métis and Inuit Peoples who want and need it in B.C.

MINISTRY OF EDUCATION AND CHILD CARE

Year 2



Highlights

Work is underway to finalize a First Nations Early Learning and Child Care (ELCC) tripartite memorandum of understanding (MOU) with the First Nations Leadership Council (FNLC) and Government of Canada.

Standing up the First Nations early learning and child care (ELCC) grants providing funding directly to First Nations to address self-determined child care priorities for their communities. Nations began reporting out on the grant funds through a brief survey in March 2024, which will help to inform future planning.

In 2023, the Ministry hosted a series of webinars and in-person, regional engagements to build relationships with Indigenous Peoples to support the work of advancing jurisdiction of child care for Indigenous Peoples in B.C. who want or need it. Ministry staff worked in collaboration with Indigenous partners – B.C. Aboriginal Child Care Society (BCACCS) , First Nations Health Authority (FNHA), Aboriginal Head Start Association of B.C. (AHSABC), Métis Nation BC (MNBC), and BC Association of Aboriginal Friendship Centres (BCAAFC) – to plan these engagements.

Ministry staff also hosted a series of webinars in February 2024 for First Nations, including Modern Treaty Nations, Métis, and urban Indigenous partners to consult and engage on the proposed review of the child care subsidy regulations (CCSR).

Continued expansion of the Aboriginal Head Start (AHS) program providing no-fee AHS services to families. AHS is community designed, developed, and delivered culturally based ELCC program with wrap around supports for families.

43 First Nations were engaged on the CW-ELCC Action Plans and a total of 13 individuals representing First Nations, one Modern Treaty Nation and two Indigenous organizations along with MNBC attended the child care subsidy regulation (CCSR) webinars.

$35 million in First Nations ELCC grants was made available each FY 22/ 23, 189 First Nations accessed these grants in 22/23, another process is underway to send an additional $35 million in grants out in 23/24; $50 million to Aboriginal Head Start (AHS) for minor capital and operational funding to roughly 1,780 AHS spaces province-wide in 2023/24 providing no-fee AHS child care for families. The number of AHS spaces is expected to grow in future years to over 2,300 spaces and further anticipated growth to approx. 2500 spaces by 2026.

$0.574 million for MNBC to continue their early years navigator program. Since its inception, the Métis early years have enrolled over 1,700 children into the Métis family connections program to support Métis families in accessing early years and child care programs grounded in Métis culture. $0.5 million for MNBC providing a Métis-led delivery of child care supports and services to Métis families, providers, and organizations across the province. Additionally, $10.47 million to MNBC (to support 126 new child care spaces with priority for Métis children, open to all Indigenous families).

How are we working together?

The Ministry meets regularly with Indigenous partners to maintain and strengthen relationships.

In response to October 2022 resolutions from Union of BC Indian Chiefs, BC Assembly of First Nations, and First Nations, Education and Child Care staff are working on a First Nations early learning and child care (ELCC) tripartite memorandum of understanding (MOU) with First Nations Leadership Council and the Government of Canada.

Ministry staff meet bi-weekly with FNLC, BCACCS and FNESC for guidance on First Nations child care and approaches to consultation and co-development with First Nations.

In the fall of 2023, the Ministry worked with FNLC, BCACCS and FNESC to co-develop a First Nations ELCC consultation and engagement plan. Phase one consultation focused on broad engagements and phase two consultation will focus on the question of jurisdiction in ELCC.

In April 2023 the Ministry engaged with First Nations regarding their priorities for the 23/24 to 25/26 Canada Wide-ELCC action plan. Eight regional in person engagement sessions across the province were co-developed and co-hosted with BCACCS, AHSABC, FNHA, MNBC, and BCAAFC on ELCC in the winter and spring of 2024. Engagement is being planned with MNBC to co-host ELCC webinars with Métis Chartered Communities in Spring 2024.

Are there challenges?

To support the long-term goals of Action 4.19, there will need to be fundamental shifts in the child care system. In the meantime, changes to exiting policies and processes are underway which aim to support self-determination. These changes include implementing new approaches to funding and engaging in ongoing consultation with Indigenous Peoples.

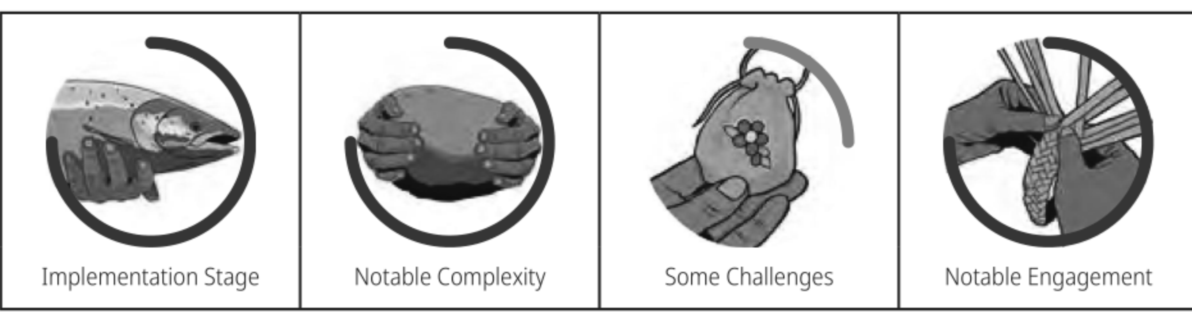
Fiscal year and federal/provincial deadlines do not align with the need for meaningful engagement and consultation with First Nations, Métis, and urban Indigenous service organizations. The Ministry will need to work alongside First Nations and Métis partners to understand the distinct pace and sequence of activities that will advance respective jurisdiction of child care.

4.20

Advance a collaborative, whole-of-government approach in the partnership between the Métis Nation of British Columbia and the Province of B.C., respecting Métis self-determination and working to establish more flexibility and sustainability in funding.

MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION

Year 1



Highlights

Métis Nation British Columbia (MNBC) and the Province of British Columbia have reset their relationship to support the B.C.-Métis relations table and fulfill objectives under the Declaration Act Action Plan. The formation of technical tables specific to economic development, culture, housing, health and emergency management are significant steps forward in supporting Métis reconciliation efforts with MNBC's 25,000 Registered Citizens. The Ministry of Indigenous Relations and Reconciliation (MIRR) continues to provide annual capacity from the Indigenous program fund ($750,000), and has provided capacity for alignment of laws with the Declaration Act Action Plan through to March 2025 ($1 million).

MNBC provides progress reporting for the Indigenous funding program that supports the B.C. - Métis relations table, which is mandated to develop a Métis Reconciliation Agreement. MIRR is leading work on indicator development and have initiated meetings with MNBC.

How are we working together?

MIRR is engaging with MNBC through a quarterly senior leadership table, monthly staff table and topic-specific technical tables.

The staff table meets regularly to ensure progress on Action Plan item 4.20. Each quarter, MIRR and MNBC convene the senior leadership table to provide oversight of the reconciliation process.

This collaborative approach ensures that work done at the staff table aligns with MNBC's strategic priorities. Action plan indicator development is co-developed.

Are there challenges?

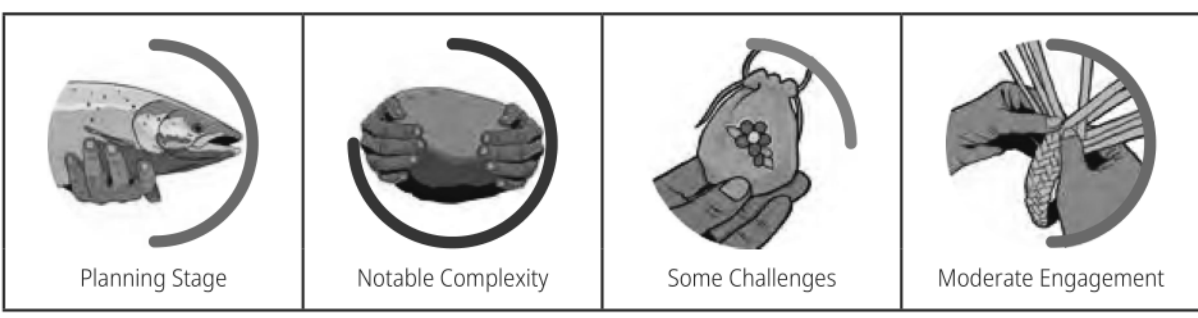
The development and introduction of a distinctions-based approach necessitated a pause in the work. As it is completed and being implemented, additional work is required to ensure its integration is done in a way that continues the path to reconciliation.

4.21

Bring together key Indigenous urban leaders to create a provincial urban Indigenous advisory table to develop and implement a 5-year plan to address the priorities of urban Indigenous Peoples, including a focus on Elders, youth, children, women, men, 2SLGBTQQIA+ and persons with disabilities.

MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION; MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Year 1



Highlights

The Province committed to an Indigenous-led process that brings together urban Indigenous leaders to create better outcomes for Indigenous Peoples in urban areas. On February 22, 2023, an initial dialogue was attended by 50+ urban Indigenous leaders from across the province. This started the conversation and provided an opportunity to explore how people and communities can organize to have their voices heard and mobilized in the context of the Declaration on the Rights of Indigenous Peoples Act.

A follow-up online dialogue was held on June 1, 2023, and a What We Heard Report was issued in September 2023. Participants expressed gratitude for the Indigenous-led approach, and going forward, are looking to increased involvement from the Province.

A collaboratively built workplan that reflects on the recommendations of the What We Heard Report is being developed by the Victoria Urban Indigenous Coalition, with support from the Ministry of Indigenous Relations and Reconciliation and the Ministry of Social Development and Poverty Reduction, to guide this working group's current activities. While this demonstrates great forward-moving action, there is more to be done before Action 4.21 can be considered complete.

Urban Indigenous leaders will inform the development of the table and subsequent development of a five-year plan to address the priorities of urban Indigenous people. Indicators will be developed iteratively in consultation and co-operation with Indigenous partners through the urban leadership forum and table.

How are we working together?

This work is taking an Indigenous-led approach, with a focus on relationship building, increasing awareness of the contributions and history of urban Indigenous People, and cultural safety. As a start, a monthly working group with both external and provincial government partners has been established. The working group is comprised of the Victoria Urban Indigenous Coalition, the Victoria Native Friendship Centre, the Ministry of Indigenous Relations and Reconciliation, and the Ministry of Social Development and Poverty Reduction. These meetings focus on activities that will be described within the collaboratively built workplan (currently being developed), such as relationship building and increasing B.C.'s awareness of urban Indigenous People. These activities are guiding the development of an engagement process with urban Indigenous People. A phased approach is being used to hear from urban Indigenous People and organizations first in an Indigenous-led way. In the next phase, the Province will be engaging directly with groups including title holders.

Are there challenges?

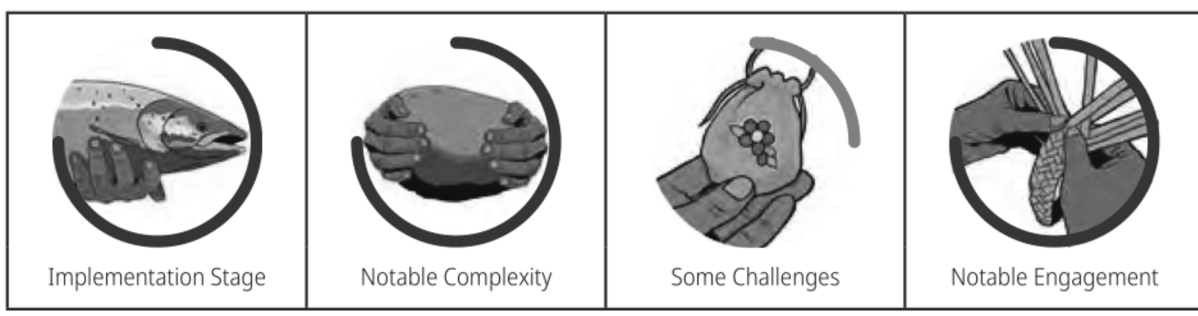
A grassroots community-led approach is essential to build trust-based, long-term relationships, and strengthen the engagement process. Risks include the currently narrow scope of engagement which needs to be broadened (both in geographic area and recognition of the diversity and complexity within the urban Indigenous population in B.C.) to ensure all areas of the province are included. The working group is currently building out relationships with urban Indigenous leaders and partners throughout all regions of B.C. to ensure a broader group of urban Indigenous voices and interests are included at the table. This requires both time and resources. Creating new processes takes time and resources, and a thoughtful approach is essential. The working group wants to take the time with Indigenous partners to get this right.

4.25

Work with Indigenous Peoples to build more on- and off-reserve housing and pursue new federal contributions.

MINISTRY OF HOUSING; MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION

Year 1



Highlights

To achieve the Province's target of building 3,500 new housing units for Indigenous Peoples on- and off-reserve across British Columbia, the Ministry of Housing is working to strengthen existing partnerships, build new relationships, and advance housing projects that support Indigenous leadership, input, and participation throughout the housing sector and across all Ministry initiatives. The Ministry of Housing is making good progress on its commitments with 1,559 units of new social housing completed or underway as of December 31, 2023. These units are all part of the Indigenous Housing Fund.

A call for proposals for the next round of projects under the Indigenous housing fund closed on May 15, 2024. Projects initiated through this funding call will result in additional progress toward the Ministry's target of building 3,500 units of Indigenous housing on and off reserve. Other Indigenous affiliated units underway or completed as of December 31, 2023, include: 1,063 units through the community housing fund, 270 units through the supportive housing fund, 55 units through the women's transitional housing fund, and 261 units through the deepening affordability program.

The Ministry of Housing is working hard to consult and engage First Nations, the First Nations Leadership Council, Métis Nation B.C., and the Alliance of BC Modern Treaty Nations in a meaningful way on housing legislation, policy, regulations, programs and projects. The Ministry has formally engaged on several different legislative, regulatory and programmatic initiatives, including a number of items since the beginning of 2024, and has received thoughtful input and feedback from partners that has resulted in meaningful progress.

An example of progress on this action includes work with kʷikʷəƛ̓əm (Kwikwetlem) First Nation. In December 2023, members of kʷikʷəƛ̓əm First Nation moved into 14 new homes with the opening of an affordable rental development on kʷikʷəƛ̓əm First Nation›s ancient village site called slakəyánc, which means «young sockeye» in the Nation›s hən̓q̓əmin̓əm̓ language. The new development is comprised of two three-story buildings and a one-bedroom building. There is a mix of one-bedroom, one-bedroom-plus-den, three- and four-bedroom homes to support families of different sizes. With this opening, more people from the kʷikʷəƛ̓əm First Nation can live in their home community connected to family and culture. These homes are the first project to be completed by the kʷikʷəƛ̓əm First Nation under its historic Land Code passed in 2020, which transferred the management of reserve lands from the Government of Canada back to the Nation. The housing will be operated by the kʷikʷəƛ̓əm First Nation Housing Society, a non-profit housing provider owned by the Nation. This housing development received funding through the Indigenous housing fund.

How are we working together?

In late 2023, the Ministry of Housing created the Indigenous housing partnerships team. The goal of the team is to align the Ministry's engagement and consultation approach with the spirit, intent, and implementation of the Declaration Act. The role of the team is to provide strategic advice and support to Ministry and BC Housing staff in their engagement and consultation efforts on housing legislation, policy, regulations, programs and projects. The team is also responsible for building strong partnerships with leadership organizations while continuing to advance progress on Indigenous housing mandate commitments and the Declaration Act.

The Ministry of Housing engages and consults with First Nations, Modern Treaty Nations, Métis and Indigenous housing and leadership organizations on the development of significant provincial initiatives, such as the development of the belonging in BC homelessness plan and the downtown eastside partnership plan, as well as on key pieces of legislation. Together with BC Housing, the Ministry of Housing also works with local communities and leaders when implementing HEART and HEARTH programs, which provide support for Indigenous-led responses and culturally safe services.

BC Housing works with First Nations, Métis, Métis Nation BC, local health authorities and Indigenous serving non-profit partners, and continues to engage with First Nations and Métis on active and proposed projects and meets to discuss housing opportunities on and off reserve. A request for proposal for the Indigenous housing fund (IHF) was announced in November 2023, and closed in May 2024. The IHF program is aimed at Indigenous families, seniors, individuals, and people living with disabilities, on and off reserve. B.C. became the first province in Canada to invest provincial housing funds on-reserve, which is a federal jurisdiction. Since 2018, BC Housing opened all Building BC funding programs to applications from First Nations and Indigenous organizations.

As well, BC Housing has engaged with First Nations, Métis, and housing sector organizations over many years. BC Housing will be sustaining such strategic engagements as it moves into more collaboration and co-creation with these partners. BC Housing continues to consult with First Nations and Métis on active and proposed projects and meets to discuss housing opportunities on- and off- reserve. One example is the shelter and supportive housing at 1275 7th Avenue in Hope, in which BC Housing has been engaging with First Nation communities and the First Nations Health Authority to ensure services, design and opportunities for cultural practices are made available for First Nations tenants and shelter guests.

Are there challenges?

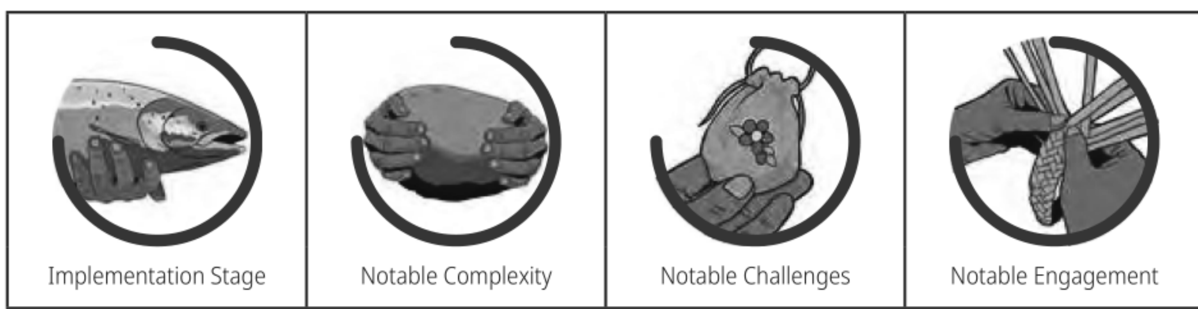
There are a number of systemic challenges associated with Indigenous housing in B.C., including those related to the ongoing impacts of colonialism, issues regarding infrastructure required to support housing particularly on reserve, and a need for greater federal support with respect to funding and programming. Related to the delivery of housing, supply chain shortages, difficulty sourcing qualified labour, and inflationary construction costs all affect the timelines and project success for housing across the province.

4.26

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

MINISTRY OF HEALTH; MINISTRY OF MENTAL HEALTH AND ADDICTIONS

Year 1



Highlights

On September 11, 2023, Métis Nation BC (MNBC) signed a letter of understanding with the Provincial Health Services Authority (PHSA). The letter recognizes the common goals between the two organizations of providing equitable access to health services for Métis people, and improving health and wellness outcomes for Métis people within PHSA's health services in B.C.; the letter also recognizes that MNBC Regional Governance Councils have the responsibility as elected officials of MNBC to provide guidance on the delivery of health services to Métis people, and commits MNBC and PHSA to ensuring that the planning and delivery of Métis health services are appropriate, culturally safe, and humble. MNBC has now signed or renewed letters of understanding with all provincial health authorities.

On December 7, 2023, MNBC and the Office of the Provincial Health Officer refreshed their letter of understanding.

The 2021 baseline report Taanishi Kiiya: Métis public health surveillance program monitors and reports on the health and wellness of Métis people over ten years, tracking indicators co-developed by the Office of the Provincial Health Officer and MNBC; interim reports are to be released every three years.

How are we working together?

MNBC and Ministry of Health representatives meet regularly to review and discuss issues impacting Métis health and wellness, and to explore opportunities to partner on health system priorities. MNBC and the Ministry of Mental Health and Addictions (MMHA) meet monthly to discuss priorities and opportunities to continue working towards the health and wellness priorities outlined in the October 27, 2021 letter of intent (supporting the mental health and wellness of Métis people in B.C., including exploring harm reduction and substance use programming), as well as additional priorities as they emerge.

In 2023, in support of the province-MNBC Métis relations working table, the Ministry of Health, MMHA, and MNBC established a Métis health, mental health and wellness, and harm reduction table.

Are there challenges?

MNBC has stated that funding supports are inadequate to address community needs or facilitate MNBC's engagement in provincial initiatives and opportunities; current funding is from multiple partners, resulting in a heavy administrative burden.

Program continuity is at risk due to funding uncertainty. Métis health initiatives, such as the Métis counselling connection program, are at risk of not being able to continue if funding is not renewed. The program has exceeded capacity and is currently waitlisted.

The Ministry of Heath now provides $825,000 in annual funding for Métis health initiatives.

MMHA provides $375,000 to support capacity building on partnered mental health and wellness initiatives. In addition, MMHA has provided MNBC with $500,000 as part of the culture-based recovery and aftercare grants.

Sustainable funding for MNBC to meaningfully engage and participate in partnership initiatives is a challenge to this action. MNBC capacity to engage with multiple streams of work may delay development/implementation of specific initiatives and partnership opportunities.

Capacity issues may result in MNBC being unable to meaningfully engage and participate in the work. MNBC have stated that their reporting volume is exceeding capacity.

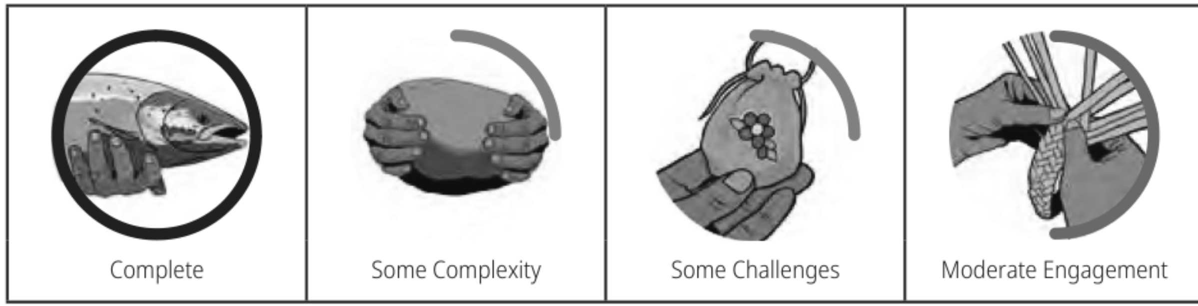
Discussions about the possibility for shared reporting between the Ministry of Health and MMHA to streamline reporting and reduce the administrative burden/redundancies. Funding and capacity funding previously was renewed annually which posed challenges for MNBC to meet reporting and administrative requirements. MNBC has expressed a need for long-term funding that is stable and flexible, such as multiple year agreements, to reduce administrative burden and provide continuity for programming; The Ministry of Health and MNBC now have a multi-year funding arrangement in place through 2024-25 and will explore options for future funding.

4.28

Draft a report with recommendations for how BC Parks can better reflect Indigenous Peoples' histories and cultures in provincial parks and protected areas.

MINISTRY OF ENVIRONMENT AND CLIMATE CHANGE STRATEGY

Year 2



Highlights

A new report, "Reflecting Indigenous Peoples' Histories and Cultures in BC Parks and Protected Areas: Progress Report and Recommendations" has been drafted. To develop the report, the former Parliamentary Secretary of Environment held meetings with five First Nations partners. Feedback was solicited on BC Parks' efforts to incorporate First Nations' histories and cultures into parks and protected areas. Interviews were also performed with BC Parks staff and executive, and a desktop review of collaborative cultural projects in parks and protected areas was completed. The results were used to draft the report which will include a set of recommendations, highlighting how BC Parks can continue and build upon important partnerships with First Nations.

How are we working together?

The draft report was completed with input from five of the many First Nations partners the agency has collaborated with. Each of these partners provided their perspectives, priorities, and recommendations for how BC Parks can improve the reflection of Indigenous Peoples' histories and cultures in parks and protected areas.

Are there challenges?

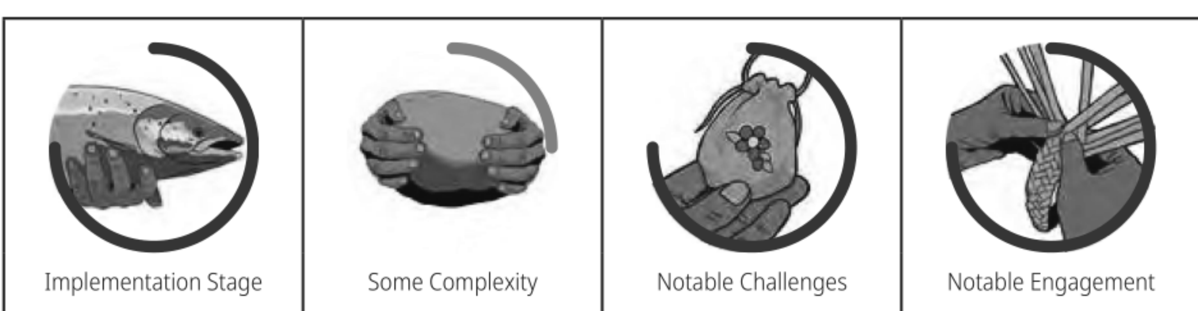
No challenges identified.

4.30

Support Indigenous language revitalization through sustainable funding.

MINISTRY OF INDIGENOUS RELATIONS AND RECONCILIATION; MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS

Year 1



Highlights

Initiatives delivered by the First Peoples' Cultural Council

In 2023/24, the First Peoples' Cultural Council (FPCC) provided grants, training, technologies and resources to assist First Nations with work to revitalize their languages, arts and heritage.

Highlights included:

- Provided more than $36 million in grants to communities by the end of December 2023;
- Supported repatriation pilot projects with funding so First Nations can plan, develop policies, conduct research and repatriate their cultural belongings from museums and other holding institutions;
- Doubled the number of arts mentorships;
- Launched a new version of FirstVoices, a suite of technology tools that is provided free to First Nations in B.C. to assist with language documentation and learning;
- Hosted a week-long summer learning series with more than 90 participants;
- Supported and funded work to update regulations to include the pentl'ach language, which had been considered a "sleeping language" since the 1940s.

In February 2023, FPCC released the fourth edition of the Report on the Status of BC First Nations Languages (*https://fpcc.ca/stories/status-of-languages/*), which reveals a more than 20% growth in First Nations language learners since 2018, and more young children are immersed in their language for an average of 18 hours a week as the number of language nests has tripled.

Initiatives Delivered Through Language Fluency Degree Funding from the Ministry of Post-Secondary Education and Future Skills

The Indigenous Languages Fluency Degree Framework was initiated by First Nations and First Nations-mandated post-secondary institutes and continues to be First Nations-led, with $1 million in funding provided to support the framework. Six First Nations are offering or moving towards offering language fluency degree programs. The first degree approved under this framework was the Bachelor of Nsyilxcən Language Fluency Degree, with the first eight students receiving this degree in June 2023. The Syilx Okanagan Nation, Nicola Valley Institute of Technology and University of British Columbia Okanagan have launched the Bachelor of Nłeʔkepmx Language Fluency (approved in November 2022). The Lillooet Tribal Council, Nicola Valley Institute of Technology and the University of British Columbia Okanagan have launched the Bachelor of St'át'imc Language Fluency (approved in May 2023). The inaugural offering of the University of Victoria Bachelor of Arts, Indigenous Language Proficiency has been developed in partnership with the local SENĆOŦEN community, represented by the W̱SÁNEĆ School Board and will be offered first to the SENĆOŦEN and Lekwungen speaking communities (approved in August 2023).

Wilp Wilxo›oskwhl Nisga'a Institute and the University of Northern British Columbia have launched the Bachelor of Arts, Nisga'a Language Fluency and are enrolling students to begin in September 2024 (approved in November 2023). Lake Babine Nation, Nicola Valley Institute of Technology and University of Northern British Columbia are planning to launch the Bachelor of Nadut'en Language Fluency.

How are we working together?

The Ministry of Indigenous Relations and Reconciliation (MIRR) is the lead on this action and works directly with the First Peoples' Cultural Council and First Peoples' Cultural Foundation.

The Ministry of Post-Secondary Education and Future Skills works directly with the First Nations Education Steering Committee and the Indigenous Adult and Higher Learning Association. The Indigenous Languages Fluency Degree Framework was initiated by First Nations and First Nations-mandated post-secondary institutes and continues to be First Nations-led.

The Ministry of Post-Secondary Education and Future Skills has also supported Métis Nation BC to advance increased access to culturally relevant post-secondary opportunities for Michif language revitalization by providing $300,000 through the StrongerBC: Future Ready Action Plan.

Are there challenges?

FPCC revitalization work is fundamental to supporting the reclamation of First Nations arts, language and culture in B.C and is critical to reconciliation and self-determination. Provincial program funding for FPCC was announced in June 2022 ($25 million) and sustainable operational funding for FPCC was confirmed through budget 2023 ($6.49 million for 2023/24, $6.75 million in 2024/25 and $7.17 million in 2025/26 and onwards). The federal government recently released its 2024 budget allocating $225 million throughout Canada over five years and ongoing, with $45 million per year going to Canadian Heritage for Indigenous languages and cultures. B.C.'s share of this will be known in the coming months. There is concern that given this is a decrease from previous years, First Nations' language revitalization efforts will be impacted in B.C. MIRR continues to work with FPCC and the federal government towards securing sustainable funding.

Although the Ministry of Post-Secondary Education and Future Skills has secured $1 million in annual funding, an important milestone, additional funding is required. Funding secured to date will not meet the current and on-going needs of the six existing programs or support additional language degrees being offered. The Ministry of Post-Secondary Education and Future Skills will seek additional funding for the Indigenous language fluency degree in consultation and collaboration with First Nations Education Steering Committee and the Indigenous Adult and Higher Learning Association.

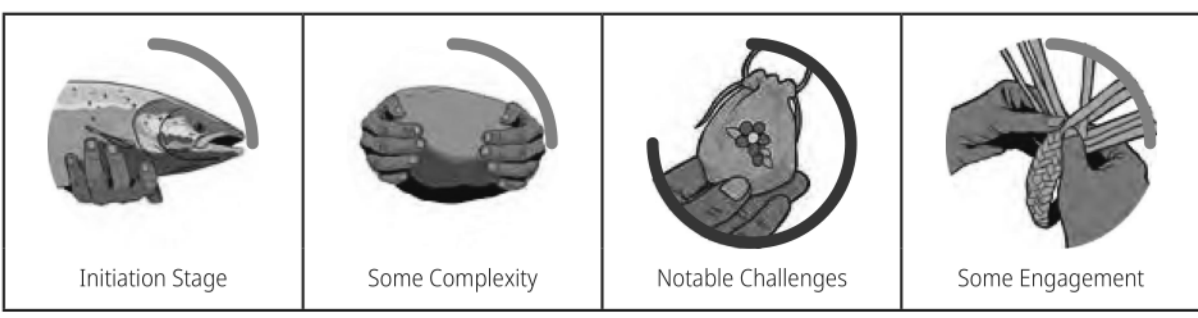
Though there is consistent progress being made, current funding levels are insufficient to meet the needs for language revitalization in B.C.

4.31

Develop full-course offerings in First Nation languages and implement the educational Calls to Action from the Truth and Reconciliation Commission in the K-12 education system.

MINISTRY OF EDUCATION AND CHILD CARE

Year 2



Highlights

In alignment with a distinctions-based approach, the Ministry of Education and Child Care (ECC) continues to support partnerships between school districts and First Nations communities in developing curriculum documents for First Nations languages. There are currently 20 ministry-recognized First Nation language curriculum documents, to support the teaching and learning of 20 First Nations languages.

The Ministry has provided direction to B.C. Superintendents that the language, culture, heritage, history, and land-based connections of the First Nation(s) whose territory a school district is located are honoured, acknowledged, and taught. Historically, Boards of Education have decided which languages will be offered in their school district. The passing of the School Act Amendment (Bill 40) will now require that boards engage with Indigenous education councils to ensure that the learning of local First Nation languages and cultures are prioritized.

How are we working together?

In the context of a distinctions-based approach, it is essential that the language, culture, heritage, history, and land-based connections of the First Nation(s) on whose territory a school district is located are honoured, acknowledged, and taught. The Ministry will continue to engage with First Nations Education Steering Committee (FNESC) as the organization mandated by the First Nations Leadership Council to discuss matters related to education with other First Nations rights holders.

ECC has regular communication with the FNESC on priority actions. Supporting First Nations languages has been acknowledged as a key priority, however with competing priorities on additional Year 2 actions, there is currently no progress to report.

Are there challenges?

To do this work effectively and properly acknowledge the diversity and richness of First Nations languages in B.C., long-term, sustainable funding will be required to complete this action.

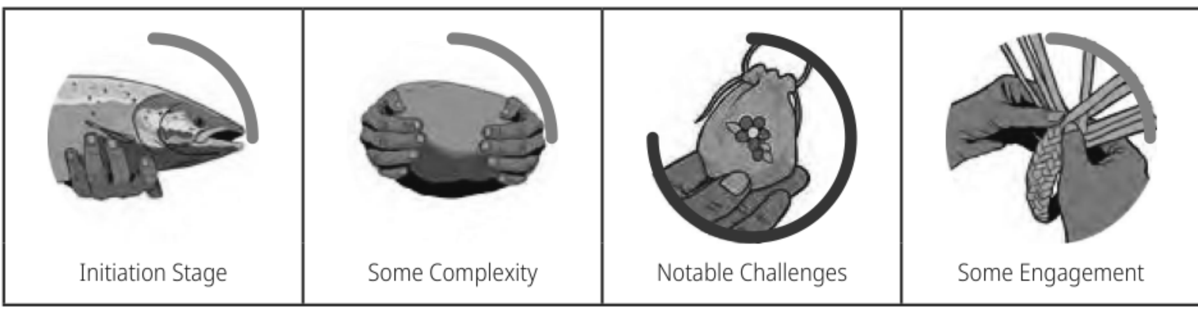
Further consideration for how to appropriately engage Indigenous Peoples living in urban settings will be required to determine how First Nations, Métis, and Inuit languages can be supported in the K-12 public education system in alignment with a distinctions-based approach.

4.32

Co-develop a K-12 First Nations Language Policy and associated implementation plan for the public education system with the First Nations Education Steering Committee, including ensuring that the language and culture of the local First Nation(s) on whose territory(ies) a board of education operates schools are the ones primarily reflected in any First Nations language and culture programs and services of the board.

MINISTRY OF EDUCATION AND CHILD CARE

Year 2



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Are there challenges?

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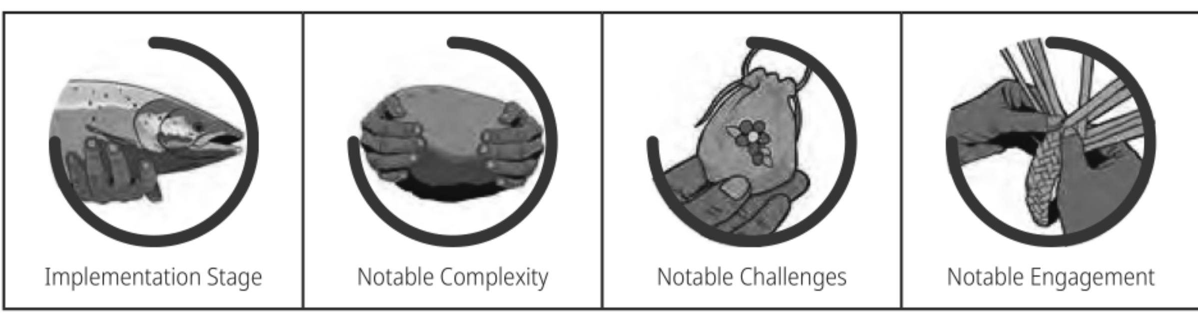
4.35

Work with First Nations to reform the Heritage Conservation Act to align with the UN Declaration, including shared decision-making and the protection of First Nations cultural, spiritual, and heritage sites and objects.

MINISTRY OF FORESTS; MINISTRY OF TOURISM, ARTS, CULTURE AND SPORT

Year 1



Highlights

The Heritage Conservation Act transformation project (HCATP) has co-developed materials and resources through the joint working group on first nations heritage conservation, with input from the Alliance of B.C. Modern Treaty Nations. The first two phases of engagement with First Nations and stakeholders on the HCATP has successfully concluded. Analysis of feedback has led to two comprehensive What We Heard Reports available on the archaeology branch website. The co-development of an HCATP consultation and co-operation plan for First Nations has been completed which helped to inform initial policy thinking currently under development.

How are we working together?

Heritage Conservation Act transformation project work is being led through the joint working group on first nation heritage conservation, with input from the Alliance of B.C. Modern Treaty Nations. The HCATP consultation and cooperation plan outlines in detail how the Province will consult and co-operate with First Nations on the HCATP. This has set the foundation for the collaborative development of resources and materials, two Cabinet submissions, and two phases of What We Heard reports. The first two phases of engagement included five in-person and four virtual engagement sessions with First Nations, as well as an online survey, written submissions and government-government meetings as requested.

In phase two (fall 2023) engagement, 63 individuals representing 43 First Nations and eight First Nation organizations participated in two virtual engagement sessions, while upward of 258 participants representing 176 different organizations attended two virtual external stakeholder sessions. Participant feedback was received by way of oral commentary during the sessions, responding to questions via interactive presentation voting software, and by written submissions. The next phase will include opportunities for further consultation and co-operation.

Are there challenges?

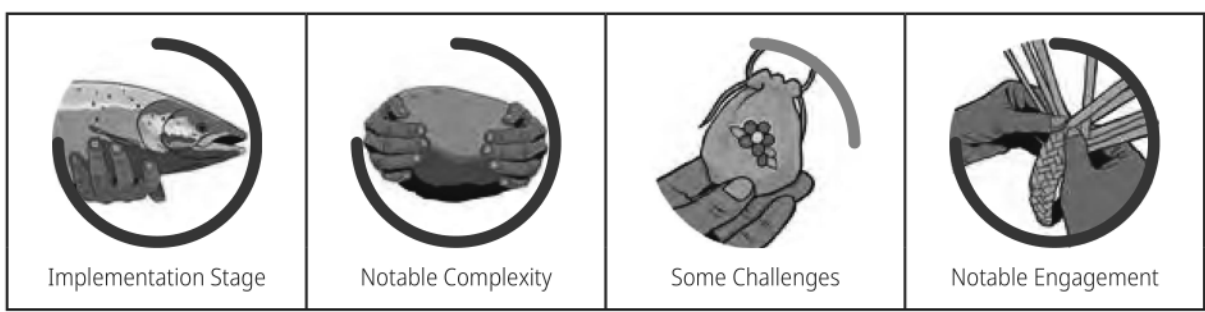
Initial target timelines to introduce proposed legislative amendments within this mandate to ensure consistency with the UN Declaration are inadequate, as indicated by feedback from phase two engagement with First Nations. Current public dialogue and understanding of shared decision-making agreements indicate a need for increased education among stakeholders to support successful implementation of HCATP. As such, project timelines are being amended to allow for development of a more comprehensive package for future legislative sessions, allowing more time for consultation and co-operation with First Nations to ensure the proposed legislative amendments are more responsive to First Nations feedback, and to provide for additional engagement with stakeholders.

4.36

Ensure every First Nations community in B.C. has high-speed internet services.

MINISTRY OF CITIZENS' SERVICES

Year 1



Highlights

As of January 2024, 80% of homes on First Nation reserves and Modern Treaty Nation lands have access to high-speed internet services. When all current projects are complete, that figure will rise to 91.7%. As more projects are received and assessed through the Connecting Communities BC program, this figure will increase until all homes have access to high-speed internet services.

Highlights include funding for a project led by service provider CityWest in Lax Kw'alaams in the north to bring high-speed internet to more than 340 homes, and a Telus project to bring internet access to more than 850 households in 11 First Nations communities between Yale and Ruby Creek in the Fraser Valley. *https://www.youtube.com/watch?v=iFSAgGGKBug&t=5s*

The project built new internet infrastructure to serve residents in the communities of Dogwood Valley, Squeah and Yale, as well as the First Nations communities of Yale First Nation (Yale Town 1, Albert Flat 5, Lukseetsissum 9 and Stullawheets 8), Chawathil First Nation (Chawathil 4 and Schkam 2) and Sq'ewá:lxw (Skawahlook) First Nation (Skawahlook 1 and Ruby Creek 2).

How are we working together?

First Nations Health Authority

The First Nations Health Authority (FNHA) and the Ministry of Citizens' Services share a mutual interest in accelerating high-speed connectivity access and digital optimization in First Nations across the province to strengthen community resiliency and improve quality of life. Through a memorandum of understanding, the organizations agree to mutual collaboration, support, and information sharing. By combining strengths, focus and energies to bring connectivity to rural and remote First Nation communities, support First Nations-led health and wellness initiatives will increase, as connectivity is foundational for access to programs for health promotion and disease prevention, such as primary care, mental health, e-health and traditional wellness.

Coastal First Nations

Connectivity plays an integral role in the new Coastal First Nations-BC Reconciliation Framework Agreement as human well-being and increased quality of life benefits are realized through significantly improved communications and enhanced delivery of digital services and technologies throughout the North Pacific Coast. Regional connectivity is foundational for the overall success of this agreement and the Declaration Act Action Plan – digital equity and enablement leads to greater governance capability, land and marine stewardship, access to educational and small business opportunities, blue economy development, health solutions deployment, and cultural wellbeing through language preservation.

First Nations Technology Council

The Province has provided the First Nations Technology Council with a grant of $1.5 million for the council to support Declaration Act Action Plan Implementation through education, engagement, and research across identified strategic priority areas of digital equity including spectrum, digital skills and digital literacy, employment and business development, partnerships, relationships and capacity building.

Are there challenges?

There are overall programmatic risks to meeting the 2027 targets for a number of reasons including:

- Technology solutions i.e., Low Earth Orbit (LEO) satellite services for the final homes that are cost prohibitive to serve with a terrestrial build;
- Disruption in build cycles due to emergency and weather conditions i.e., many underserved communities are in high-risk wildfire and flood areas; and
- The sheer volume of complex permitting and consultations, which are a major time component for connectivity projects to complete i.e., land tenure applications, access to BC Parks, etc.

4.37

Provide funding to assist Indigenous tourism businesses that have been financially impacted by the COVID-19 pandemic, in order to further support recovery of the Indigenous tourism sector in B.C.

MINISTRY OF TOURISM, ARTS, CULTURE AND SPORT

Year 1

ACTION COMPLETE

Highlights

The Ministry of Tourism, Arts, Culture and Sport (TACS), in partnership with the Ministry of Social Development and Poverty Reduction (SDPR), provided $6 million to Indigenous Tourism BC (ITBC) in March 2023, to develop and implement Indigenous-led and culturally focused training and educational opportunities for Indigenous tourism workers and employers.

The $6 million Indigenous tourism training initiative was officially announced at the ITBC AGM on October 25, 2023, by Lana Popham, Minister of Tourism, Arts, Culture and Sport, and launched immediately following the announcement. Employers and people working in Indigenous tourism can now grow their skills and education through programs designed to attract and retain Indigenous tourism talent, develop careers, and strengthen the sector.

In February 2024, ITBC launched *a landing page on the ITBC corporate website* dedicated to the initiative. The landing page features four professional development and training options available for ITBC stakeholders, Indigenous tourism businesses, Indigenous entrepreneurs, or First Nations communities. This work reflects the first phase of the program, and ITBC looks forward to launching the second phase in the new fiscal year (FY24/25).

Programs open for application for ITBC stakeholders, Indigenous tourism businesses, Indigenous entrepreneurs, or First Nations communities include: first aid certifications; occupational, marine, and wilderness first aid, professional development series; working smart in meetings hybrid edition, customer service training; SuperHost certification, FOODSAFE; level 1 in addition to MarketSafe & ProcessSafe and Jelly Academy Digital Marketing Bootcamp.

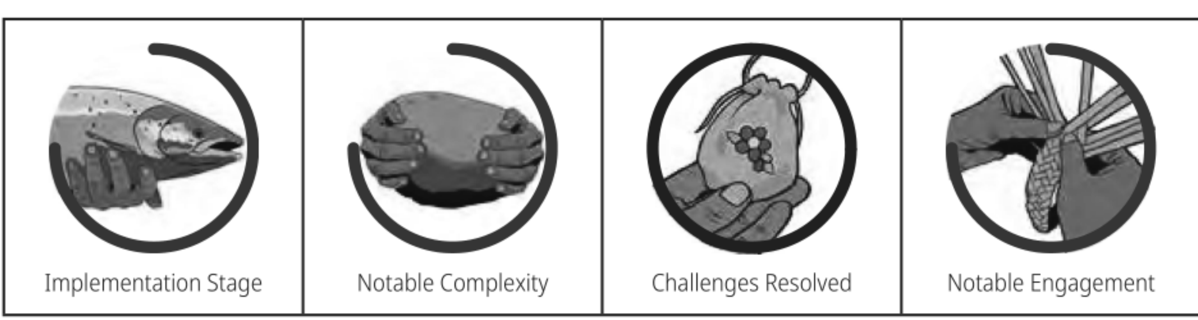
The Indigenous Tourism Training Initiative is off to a strong start and ITBC has received positive feedback on the first series of training and workshops.

4.38

Provide investments to Indigenous Tourism B.C. to support Indigenous tourism, Indigenous job creation, preservation of Indigenous languages, celebration of Indigenous cultures and the stewardship of territories, and to tell the stories of Indigenous Peoples in B.C. in their own words.

MINISTRY OF TOURISM, ARTS, CULTURE AND SPORT

Year 2



Highlights

In early 2022, the Ministry of Tourism, Arts, Culture and Sport (TACS) provided Indigenous Tourism BC (ITBC) with $3.7 million to support the implementation of ITBC's alignment strategy (2021–2024) to support the recovery of Indigenous tourism to pre-pandemic levels.

To achieve recovery, ITBC created the capacity building and resiliency program as a direct result of the $3.7 million in funding. The program offered hands on pathfinding assistance through regional Indigenous tourism specialists, tourism planning resources, training, capacity building, mentorship, resources to advance digitization of businesses, and visitor experience support.

Through the regional Indigenous tourism specialist roles, ITBC engaged over 90% of Indigenous communities in B.C. and nearly all Indigenous tourism businesses and provided them with resources and services based on their unique needs.

> *"We feel incredibly fortunate that we've had the opportunity to work with ITBC. Their support has been instrumental in the development of our new resort, and as a result, we were able to win the prestigious 2023 BC Indigenous Tourism Award for "Indigenous Operator or Experience" after just a few short years of operation. We recognize the importance of ITBC, and our success has been largely aided with their collaboration and guidance."*
>
> ***– Chris Tait, Tourism Manager,***
> *Klahoose Wilderness Resort*

An Indigenous tourism specialist shared that they are "continually astonished at how diverse the ITBC stakeholders are, and how many people and visitors are using the tourism sector to connect to Indigenous culture."

The capacity building and resiliency program ended on March 31, 2024. Impacts from the program will continue to be realized through its legacy.

The $6 million Indigenous tourism training initiative was announced at the ITBC AGM on October 25, 2023, by Lana Popham, Minister of Tourism, Arts, Culture and Sport.

In February 2024, ITBC launched a landing page on the ITBC corporate website dedicated to the *Indigenous Tourism Training Initiative*

How are we working together?

TACS meets quarterly with ITBC to discuss progress on both programs and identify challenges, successes, where support is needed, and upcoming opportunities for further collaboration. ITBC also submits written progress reports bi-annually, and an annual report for both programs. This approach ensures that the work is Indigenous-led. Through the capacity building and resiliency program, ITBC has engaged with over 90% of Indigenous communities in British Columbia. This has resulted in ITBC narrowing down their focus to support 8-12 Indigenous communities that have an interest in tourism development. TACS and ITBC have a very strong partnership and are continually consulting and collaborating with each other on Indigenous tourism opportunities and impacts.

Are there challenges?

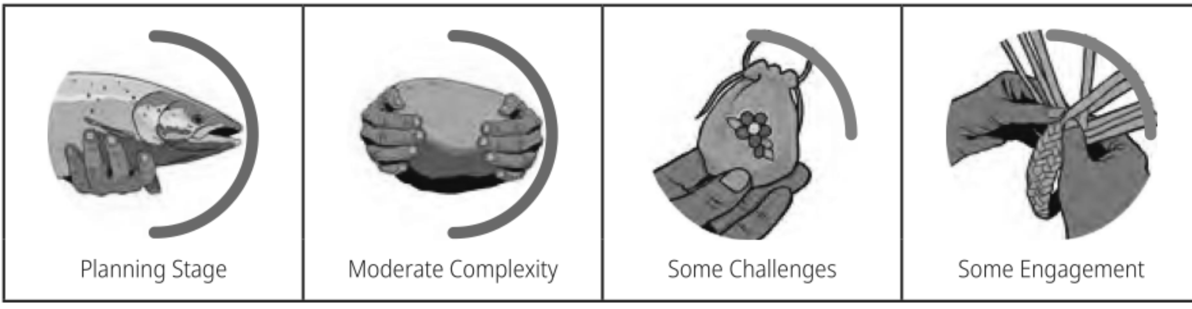
No challenges identified.

4.39

Work with the Province's Economic Trusts and First Nation partners to develop a mechanism that ensures inclusion of First Nations at a regional decision-making level.

MINISTRY OF JOBS, ECONOMIC DEVELOPMENT AND INNOVATION

Year 2



Highlights

- Northern Development Initiative Trust has advanced planning and discussion of Action 4.39 through an Indigenous advisory committee. Northern Development Initiative Trust's engagement team is currently being assembled with First Nations engagement expected to begin in Spring 2024. Northern Development Initiative Trust formed an Indigenous advisory committee to advance this work and has met six times since late 2022.
- Island Coastal Economic Trust is working with an independent Indigenous consultant from K'ómoks First Nation to develop an engagement and project plan with a goal to create a pathway for transformation of the trust in alignment with Action 4.39 and with Island Coastal Economic Trust's strategic goal of co-governance. Island Coastal Economic Trust is working with an independent First Nations consultant on a project plan for engagement expected to occur throughout 2024/25 and has met with the Ministry of Jobs, Economic Development and Innovation (JEDI) and the consultant twice since early 2024.
- Economic Trust of the Southern Interior has initiated early engagement and planning with the intent to work with an Indigenous partner or advisor to further develop a region-specific engagement plan. Economic Trust of the Southern Interior has initiated early planning to explore potential First Nation partners with engagement expected to occur throughout 2024/25.

How are we working together?

The Province and the Trusts are planning an inclusive, broad-based engagement with First Nations in each service region throughout 2024/25 with the understanding that this will strengthen relationships between the Trusts and First Nations, raise awareness about the role of the Trusts, and allow for an open dialogue with First Nations on how they wish to be included in the governance of the Trusts going forward. Each Trust is working with an Indigenous partner or advisor to develop a region-specific engagement plan that reflects the diverse interests, priorities, and governance structures of First Nations in their respective service regions. The purpose of the engagement process is to seek input on mechanisms to ensure the inclusion of First Nations in regional decision-making, which may require changes to the enabling legislation and related regulations for each Trust.

The Province and the Trusts have established a working group and have convened to advance an approach for engagement with First Nations on potential changes to provincial legislation as to establish a mechanism that enables the inclusion and representation of First Nations in the governance of the Trusts.

Northern Development Initiative Trust established an Indigenous advisory committee in late 2022 for the purposes of strengthening relationships with the 89 First Nation communities in its service region, including engagement on a mechanism to ensure the inclusion of First Nations in the governance of the trust going forward.

Are there challenges?

The Province and the Trusts will need to explore ways to address capacity constraints for engaging in direct dialogue with First Nation Governments across each service region as to ensure a diversity of perspectives and interests are incorporated into the design of a new mechanism for regional decision-making.

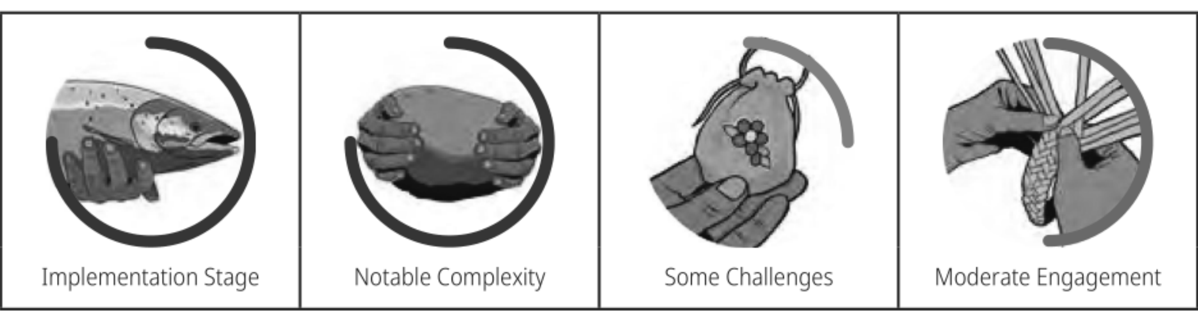
Engage First Nation partners at a provincial and regional level to design inclusive engagement processes that allow for an open exchange of interests and ideas with First Nations across each service region, including opportunities to leverage capacity funding for communities available through the Declaration Act Engagement Fund, as well as the flexibility to support these processes through funding recently provided by the Province to each Trust.

4.40

Ensure Indigenous collaboration in the development and implementation of the BC Economic Plan, including a technology and innovation roadmap.

MINISTRY OF JOBS, ECONOMIC DEVELOPMENT AND INNOVATION

Year 2



Highlights

The Ministry of Jobs, Economic Development and Innovation (JEDI) continues to collaborate with First Nation partners in the development and implementation of the 10 JEDI-led flagship initiatives from the StrongerBC Economic Plan that was released in 2022. This collaboration occurs on an initiative-by-initiative basis in recognition that the StrongerBC Economic Plan involves a diverse range of industries, sectors, and initiatives that each contribute to clean and inclusive economic growth.

An important step taken to support continued collaboration this past year was the successful launch of the new First Nations Centre of Excellence for Economic Development. The creation of a Centre of Excellence is identified as a flagship initiative in the StrongerBC Economic Plan and is being supported by the Province through an initial investment of $1.2 million. Established under the leadership of the BC Assembly of First Nations, this new Centre of Excellence is an independent, non-political, First Nations-led institution that will provide services and supports to First Nations as they pursue their economic development priorities. A key focus for the Province and the Centre of Excellence in 2023/24 was strategic planning, securing long-term funding, and setting a strong foundation for ongoing dialogue on the long-term direction of the economy.

A sector-specific example of strong collaboration in the implementation of the StrongerBC Economic Plan is the implementation of the Mass Timber Action Plan. Through a collaborative effort with the First Nations Forestry Council, there has been regular engagement this past year with First Nations to explore, activate, or expand opportunities for greater participation in the mass timber supply chain and manufacturing.

How are we working together?

Engagement with First Nation partners is ongoing across flagship initiatives from the StrongerBC Economic Plan. This includes:

- JEDI, through the Office of Mass Timber Implementation, continues to collaborate with First Nations communities, the BC Assembly of First Nations, the First Nations Summit, and the First Nations Forestry Council on the implementation of the Mass Timber Action Plan. As an example, JEDI hosted a series of "Mass Timber Manufacturing & Funding Opportunities" information sessions in Fall 2023 for First Nations. The information sessions were specifically designed to center the issues identified by First Nation partners as most important, specifically the federal and provincial funding programs available to First Nations to explore, activate, or expand opportunities in the mass timber supply chain and manufacturing.
- JEDI has been advancing dialogue with the First Nations Business Development Association on policy issues related to the identification of lands that can support sustainable industrial activity. These policy discussions have led to a larger opportunity to partner with the First Nations Business Development Association through a new Collaborative Consultative Working Agreement. This proposed agreement is meant to create new channels to support an ongoing dialogue with First Nation Development Corporations about economic opportunities across BC.
- The Province launched a new Environmental, Social and Governance (ESG) Centre of Excellence to provide business owners with additional tools to attract new markets and investments. The ESG Centre of Excellence was developed through engagement with First Nation organizations and business leaders with a view to incorporate Indigenous priorities and perspectives.

JEDI continues to establish relationships with Indigenous partners consistent with commitments made in the StrongerBC Economic Plan to create forums for ongoing dialogue with Indigenous Peoples on the long-term direction of the economy.

Are there challenges?

JEDI is still in the early stages of engagement with First Nation partners on some flagship initiatives that are identified in the StrongerBC Economic Plan. In part, this is due to the diverse range of industries, sectors, and initiatives in the StrongerBC Economic Plan. A key focus for JEDI is working with First Nation partners to determine high-priority areas that will benefit from deeper and ongoing dialogue. The new First Nations Centre of Excellence for Economic Development will be an important partner in the identification of sectors and initiatives that are of highest priority and interest to First Nations.

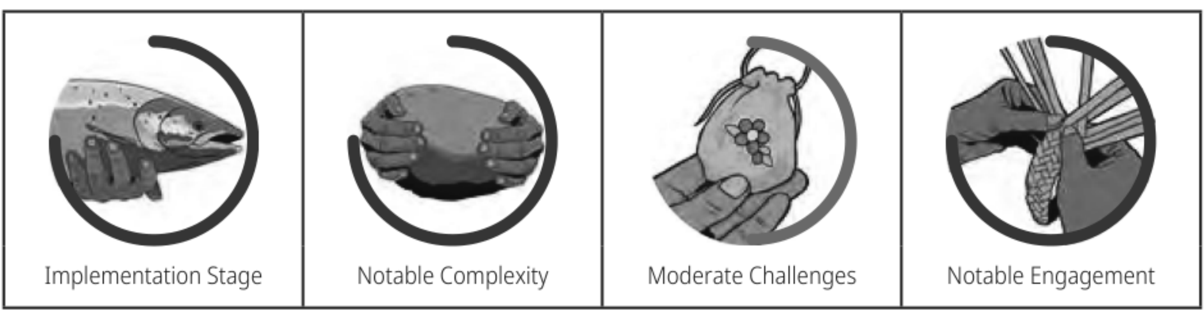
From the Mass Timber Action Plan, there is a risk that First Nation governments and organizations may not have the capacity to consider and fully activate opportunities in the mass timber sector. To help mitigate this risk, the Office of Mass Timber Implementation aligns JEDI's work along existing relationships and tables between government and Indigenous peoples, with a focus on wayfinding and introducing suitable funding programs to Indigenous partners. JEDI also develops and implements approaches and resources that centre the interests and needs of Indigenous partners.

4.41

Work with First Nations, Métis chartered communities and urban Indigenous organizations to provide funding for self-determined, community-led programs for Indigenous Peoples to upgrade skills, obtain credentials, secure employment, and develop and support community economies.

MINISTRY OF POST-SECONDARY EDUCATION AND FUTURE SKILLS; MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Year 2



Highlights

In 2023/24, the Indigenous skills training and education program provided $27 million in funding to First Nations and designated partner organizations, Métis Nation BC and BC Aboriginal Friendship Centres.

The Ministry of Post-Secondary Education and Future Skills (PSFS) provided $20 million in funding to First Nations and designated partner organizations. This funding supported community-led skills training and post-secondary education and supports to upgrade skills, secure employment, and grow local economies. Most programs include wraparound participant supports such as child care, transportation, life skills, counselling, and culture. The funding is delivered using a self-determined approach in which First Nations determine their needs and priorities, and the design and delivery of their skills training and education projects.

PSFS provided funding to Métis Nation BC to support community-led skills training and post-secondary education, and supports to upgrade skills, secure employment, and grow local economies. The types of programs vary and include: essential skills and upgrading; language revitalization; guardianship; driver's license training; various trades training programs; and occupational certifications. The program is delivered using a distinctions-based approach in which Métis Nation BC as the representative organization of Métis Chartered Communities determine their needs and priorities, and design and deliver their self-determined skills training and education projects. The Ministry of Post-Secondary Education and Future Skills supports them in design and delivery, providing information, advice, connections, and flexibility as needed for the successful implementation of projects.

PSFS provides funding to support a range of programs that are intended to build capacity and support First Nations workforce priorities including providing funding directly to First Nations for self-determined, community-based education and skills training programs that supported 44 First Nations directly and an additional 24 First Nations who designated an organization to administer the funding on their behalf.

Funding is provided to Métis Nation BC and the BC Association of Aboriginal Friendship Centres for Métis and urban Indigenous labour market programming. The majority of these programs are ongoing, outcome indicators are not yet known and will be reported in future years. These indicators will include the number of Métis participating in and completing a training program. In addition, the number of Métis people who move on to employment, further education, or training after a program will also be reported in future years. PSFS, in collaboration with Métis Nation BC will co-develop future success indicators that are meaningful.

How are we working together?

For direct funding, PSFS sends out a call every year to all First Nations to advise them of available funding. Staff work with interested Nations to support First Nation-led, community-based design and delivery of skills training and education projects based on their self-determined needs and priorities.

The Indigenous Skills training and education program staff work with Métis Nation BC, as the representative organization of Métis Chartered Communities, to provide funding for Métis people in B.C. PSFS also meets monthly with Métis Nation BC and prioritizes collaboration work based on mandate and capacity. In addition, the Ministry of Post-Secondary Education and Future Skills, Métis Nation BC, and Employment and Social Development Canada have established a funders table committee working group that shares best practices, reporting, and effective co-ordination of provincial and federal labour market funding.

PSFS and the Ministry of Social Development and Poverty Reduction meets monthly with the federally funded Indigenous Skills and Employment Training holders to discuss best practices, share success, and discuss how labour market funding programs can better complement each other.

Are there challenges?

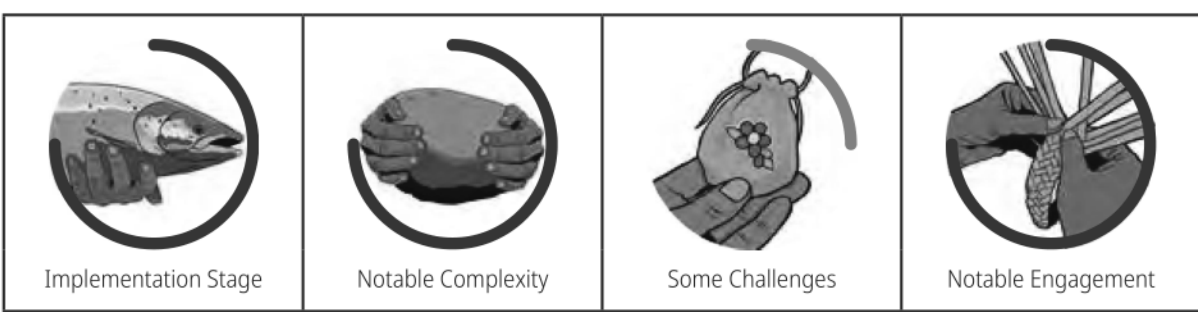
Demand may exceed the available budget in future years. First Nations Education Steering Committee and Indigenous Adult and Higher Learning Association have objected to the approach taken by the Province and First Nations Leadership have formally, through resolutions, advocated for greater First Nations control of administration of this funding.

4.43

Co-develop recommendations on strategic policies and initiatives for clean and sustainable energy. This includes identifying and supporting First Nations-led clean energy opportunities related to CleanBC, the Comprehensive Review of BC Hydro, and the BC Utilities Commission Inquiry on the Regulation of Indigenous Utilities.

MINISTRY OF ENERGY, MINES, AND LOW CARBON INNOVATION

Year 1



Highlights

Capacity Building:

In June 2023, Indigenous Clean Energy Opportunities (ICEO) held a two-day virtual workshop on hydrogen market opportunities, knowledge building presentations on the electricity sector and an interactive overview of BC Hydro's UNDRIP implementation plan. Participation for the June workshop included representation from 50 First Nations. Presentations were delivered by subject experts and developed based on commonly asked questions from First Nations. The full two days were facilitated by First Nations Energy and Mining Council (FNEMC) facilitators and included opportunities for participants to ask questions and raise concerns. Presentations and additional resources from these two days can be found on the ICEO website: *IndigenousCleanEnergyOpportunities.gov.bc.ca*

Developing Strategic Relationships:

The electricity table advisory group (ETAG), made up of First Nations and non-Indigenous representatives with technical and subject matter expertise in the electricity sector, informed the development of the June 2023 energy workshop and continues to advise the ICEO on priorities for the electricity table.

Capacity and relationships built as a result of ETAG have led to additional relationships, with First Nations ETAG representatives serving as advisors on the BC Hydro task force and BC Hydro's UNDRIP implementation committee, as well as supporting BC Hydro's call for power engagement and development.

How are we working together?

FNEMC and Ministry of Energy, Mines, and Low Carbon Innovation (EMLI) representatives have developed a strong working relationship co-leading the ICEO process. Meetings occur bi-weekly, or more frequently as particular engagements approach. The ICEO team utilizes their mutual connections to facilitate conversations among First Nations representatives, BC Hydro, Fortis BC, the British Columbia Utilities Commission (BCUC), and various branches within EMLI to encourage co-development and early engagement on program, policies, proposed legislative changes, and CleanBC roadmap initiatives.

Are there challenges?

Many First Nations have expressed an interest in ensuring a consistent revenue stream through clean power projects. While the launching of BC Hydro's call for power for an additional 3,000GWh annually between 2028 and 2031 was welcomed, First Nations have expressed disappointment with the timing of the announcement and short time frame for responding to this call. In addition, many First Nations proposed project plans fall below the minimum 40MW threshold which is the minimum size project in the call.

In June 2023, the Province announced it is providing $140 million to the New Relationship Trust's BC Indigenous Clean Energy Initiative (BCICEI) to support Indigenous-led power projects, create economic opportunities for First Nations, and advance community self-determination. The Province's $140 million contribution will support smaller Indigenous-led power projects (under 15 megawatts) that may otherwise not be competitive in BC Hydro's upcoming call for power due to their smaller size. The ICEO will continue to provide information to First Nations on how they may access this program, once developed. Through ICEO, FNEMC has met with the New Relationship Trust and the BCICEI program development team and offered to support program development and engagement to help ensure it meets the needs of First Nations.

Access to capital for First Nations interested in infrastructure ownership and/or equity participation continues to be a concern and barrier identified by FNEMC and First Nations communities.

B.C.'s Budget 2024 established enabling tools to help support equity financing opportunities for First Nations. These tools include equity loan guarantees and potentially other supports that may be required for First Nations meaningful participation in projects, where there is shared interest and readiness with the Province. The provincial government continues to work with the federal government on aligning efforts on these types of programs. The ICEO will provide information and details as these opportunities become available for First Nations.

Capacity within FNEMC and EMLI has been limited as changing priorities in the clean energy space and within the ministry, and pressing work on BC Hydro's call for power, have taken precedence for staff from both organizations in 2023.

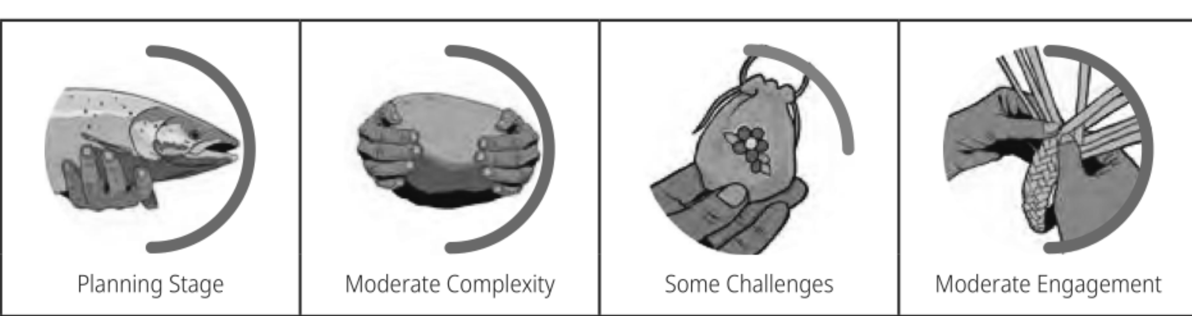
ICEO staff from both organizations continue to exercise agility in responding to changing priorities as determined by EMLI's Minister mandate letter and strategic priorities, BC Hydro's call for power (announced June 15, 2023), and clean energy priorities as raised by First Nations. EMLI and FNEMC will continue an open dialogue around resource constraints and are open to exploring and approaching other funding sources, as needed, for additional resources to support ICEO and clean energy initiatives.

4.44

Review, evaluate and improve B.C.'s Indigenous Youth Internship Program.

BC PUBLIC SERVICE AGENCY

Year 2



Highlights

The Indigenous Youth Internship Program (IYIP) is entering its 18th year. IYIP is a valued employment program with far reaching impact within the BC Public Service and broader Indigenous organizations and First Nations communities in B.C. A vendor has been identified through BC Bid to conduct the evaluation of IYIP and is being supported through the work of the IYIP advisory committee, which includes representatives and/or IYIP alumni from the BC First Nations Summit, the Union of BC Indian Chiefs, Métis Nation BC, and Indigenous BC Public Service employees.

Members of the IYIP advisory committee participated in reviewing the request for proposals that was posted to BC Bid in December 2023, as well as the evaluation of submitted bids and selection of successful vendor. IYIP advisory committee members will guide and approve the contractor's evaluation framework, implementation, and reporting. It is anticipated that the IYIP evaluation will include interviews of current and former IYIP staff and surveys and focus groups with 300+ IYIP alumni, former supervisors and mentors, and Indigenous partner organizations.

How are we working together?

PSA engaged with members of the Indigenous Youth Internship Program (IYIP) advisory committee, which includes representatives from the First Nations Summit, the Union of BC Indian Chiefs and IYIP program alumni employed by the BC Public Service. Métis Nation BC did not have capacity to participate at this time but will be involved in future. Engagement with committee members was via email and virtual meetings. IYIP advisory committee members will be invited to a working group to guide and approve the contractor's evaluation framework, implementation, and reporting. It is anticipated that the evaluation process will include interviews of current and former IYIP staff and surveys and focus groups with 300+ IYIP alumni, former supervisors and mentors, and Indigenous partner organizations.

Are there challenges?

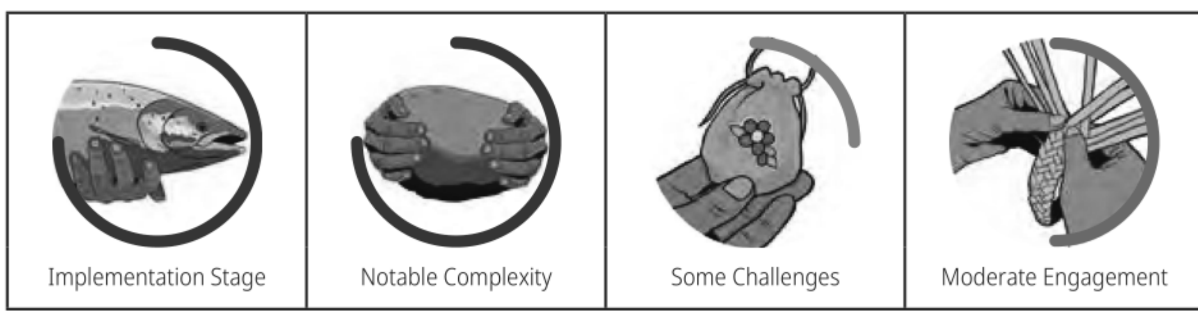
Developing the procurement required significant time and resources which delayed posting the opportunity to BC Bid until December 2023. The Province developed the Indigenous Procurement Initiative to increase Indigenous Peoples' participation in B.C. Government procurements, while also helping to address the legacies of colonization which have contributed to the systemic exclusion of Indigenous Peoples from economic opportunities. The intent of Action 4.44 is to conduct a culturally safe evaluation of an Indigenous-specific employment program, which necessitated close examination of the Province's existing procurement and legal practices to ensure alignment to reconciliation commitments. Initial timelines were extended to accommodate this examination and the PSA and its internal partners gained valuable insight to apply to future procurements of this nature. To mitigate this delay, PSA will ensure there is adequate time for planning, engagement and implementation once the successful proponent begins work.

4.45

Prioritize and increase the number of technology sector training opportunities for Indigenous Peoples and other groups currently under-represented in B.C.'s technology sector.

MINISTRY OF JOBS, ECONOMIC DEVELOPMENT AND INNOVATION

Year 1



Highlights

The innovator skills initiative, run by Innovate BC, has reached new milestones and established new partnerships. Over this last fiscal year, Indigenous participation in the innovator skills initiative has surpassed the participation rate for the 2021-2022 reporting period by 3%. The formal partnership between Innovate BC and the First Nation Technology Council (FNTC) is an achievement of this year's delivery of the innovator skills initiative and represents a "first" for Innovate BC and the FNTC working together on a hiring grant initiative. Mitacs is also offering enhanced support for Indigenous students through the innovator skills initiative to better recruit and provide enhanced support for Indigenous interns throughout B.C.

In 2023/24, the innovator skills initiative and the Canadian Tech Talent Accelerator provided technology sector training to over 1,230 participants, including 42 participants that self-identified as Indigenous.

How are we working together?

The innovator skills initiative program was designed to increase diversity in the tech sector and help B.C.-based business fill talent shortages and grow. A key priority of the programs extension in 2023 was to support more Indigenous placements. To accomplish this, Innovate BC, the delivery partner, sought out partnerships with Indigenous led businesses and accelerators within the B.C. tech ecosystem. Innovate BC values the work being done by the First Nations Technology Council and their mission to advance digital literacy by improving internet connectivity and providing guidance on digital technology for all Nations across the province. Innovate BC partnered with the FNTC to support their employees, who recently completed a digital training course, in a minimum four month work placement. Innovate BC was in regular contact with the FNTC throughout the four month process, providing support and ensuring the placements were progressing. The FNTC provided Innovate BC with a final report of the interns' experiences after all placements were completed in January 2024. The report included very positive outcomes as the interns were able to explore new careers in B.C.'s technology sector, apply transferable skills, and build meaningful connections with trusted technology partners. The Vancouver International Airport, a recipient of a First Nations Technology Council work placement was extremely satisfied with their experience and offered their intern extended employment. After a discussion with the Vancouver International Airport, Innovate BC proposed to extend the agreement with the First Nations Technology Council to support several more Indigenous placements through the innovator skills initiative. The extension was officially signed in March and interns are scheduled to commence placements in April. The First Nations Technology Council will be submitting monthly progress reports to Innovate BC and a final report by March 31, 2025.

DIGITAL, previously Digital Technology Supercluster, is the program administrator for the Canadian Tech Talent Accelerator and is focusing on sustaining continued engagement and building deeper, respectful partnerships with Indigenous communities that had been engaged prior to the 2023/24 fiscal year. In spring 2023, NPower, the Canadian Tech Talent delivery partner, partnered with the Ministry of Education & Child Care and Future Skill Centre to launch the youth careers in tech initiative. This initiative provides career exploration workshops to students and graduates to spark the interest among youth and adults to pursue careers in tech. Through the promotion of the workshops, NPower connected with the Ministry of Youth at the Métis Nation BC who expressed interested in the new initiative and had a workshop in Fall 2023. NPower is also working with Mokwateh to develop a reconciliation action plan. This is following a series of interviews the consultancy conducted with several NPower staff, Indigenous community partners, and participants. NPower will be hiring staff shortly to focus on executing the strategy Mokwateh has devised. The priority will be to recruit Indigenous-identifying talent for these positions.

The next iteration of the digital skills bootcamp is anticipated to launch in 2024, and consultation and co-operation with Indigenous Peoples and organizations is expected.

Are there challenges?

Consultation and co-operation with Indigenous Peoples and organizations for the development of the digital skills bootcamp will be sought under the timeline requirements. Innovate BC is the program administrator and will work with the delivery partner to ensure meaningful consultation and co-operation takes place. The program is expected to launch in the first half of 2024, which may put stress on the duration and extent of consultation prior to program launch. The relationship between Innovate BC and the First Nations Technology Council and other entities may be relied on. While there is a low risk of not meeting program uptake targets, knowing the exact number of Indigenous and under-represented participants is difficult when identification is not a program qualification requirement. Self-identifying is often voluntary and not everyone may feel comfortable answering. Having accurate data is important to monitor and evaluate the success of program development to inform future initiatives to increase the number of tech training opportunities for Indigenous and under-represented groups. Future engagement with Indigenous partners may include discussing how to frame self-identification aspects to encourage more accurate reporting and data.

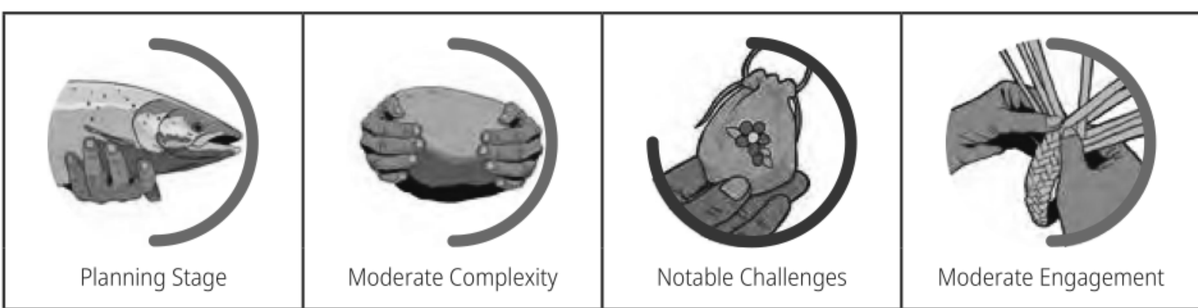
Developing a new digital skills program to meet current gaps in the sector can be challenging. The successful service provider is well-versed in digital skills training and understands the gap in digital skills training looking to be met. Issues in this area are not anticipated.

4.47

Advance a collaborative approach to cannabis-related governance and jurisdiction between First Nations and the Province that reflects common objectives to protect youth, prioritize public health and safety, strengthen First Nations governance capacity and secure economic benefits for First Nations.

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL

Year 2



Highlights

First Nations, including the Alliance of BC Modern Treaty Nations, were invited to engagement sessions held in the spring of 2023, hosted in partnership with the First Nations Leadership Council. The engagements aimed to identify shared priorities and inform the development of principles to guide the advancement of collaborative cannabis governance and jurisdiction. The Ministry of Public Safety and Solicitor General co-developed the engagement sessions and the discussion paper with the First Nations Leadership Council. A summary report of these engagements was completed and circulated to all First Nations in the fall of 2023.

The Province contributed a total of $3.50 million to the B.C. Indigenous Cannabis Business Fund in 2023/24. Since the program's launch in December 2022, the Province has contributed a total of $4.75 million to the initiative. The program was co-developed in partnership with the First Nations Leadership Council and the federal government and is administered by the New Relationship Trust and participating Aboriginal Financial Institutions. It provides financial and business planning support to First Nation communities and Indigenous entrepreneurs in B.C. that want to participate in, and advance cannabis-related economic development opportunities.

How are we working together?

After completing the five engagement sessions in the spring of 2023, a "what we heard" report was developed and circulated to all First Nations later in that fall. An Indigenous majority owned engagement firm facilitated the engagement sessions and produced the report. It summarizes the contributions from over 50 First Nations and Indigenous organizations who provided perspectives and recommendations to the Province and the First Nations Leadership Council on how to move forward on cannabis-related governance and jurisdiction. The First Nations Leadership Council partnered with the Ministry of Public Safety and Solicitor General to design and deliver the engagement and contributed to the final report.

From April to August 2023, the Ministry met on a recurring basis with various partners, including the First Nations with Cannabis Control and Licensing Act section 119 agreements, the Alliance of BC Modern Treaty Nations, as well as the First Nations Leadership Council to continue discussions around cannabis governance and jurisdiction.

Throughout this reporting year, the Ministry of Public Safety and Solicitor General also met with section 119 partners on an as-needed basis to support advancing interests as they relate to government-to-government agreements.

Are there challenges?

The Canadian cannabis sector continues to experience substantial challenges, with many small and medium sized businesses finding it increasingly difficult to maintain profitability. In addition to adjusting the provincial cannabis regulations and policy, the Ministry of Public Safety and Solicitor General is advocating for federal changes to support the success of the legal cannabis sector, particularly for small scale and Indigenous operators. Federal involvement and action is required to ensure the success of smaller scale cannabis operations and to support collaborative cannabis governance and jurisdiction with First Nations and B.C.

Provincial discussions reveal that there are diverse views on how collaborative governance and jurisdiction between First Nations and the Province could be advanced. This work is further complicated as cannabis jurisdiction intersects with federal law. In March 2024, the federal government released the final report of the Legislative Review of the Cannabis Act. While this report includes recommendations that are responsive to the interests of First Nations in B.C., any potential changes will take time to advance through the federal process.

4.48

Work with the B.C. Indigenous Advisory Council on Agriculture and Food and other Indigenous partners to identify opportunities to strengthen Indigenous food systems and increase Indigenous participation in the agriculture and food sector.

MINISTRY OF AGRICULTURE AND FOOD

Year 1

Implementation Stage	Moderate Complexity	Moderate Challenges	Notable Engagement

Highlights

Indigenous Food Security and Food Sovereignty Program delivered by New Relationship Trust

In July 2023, the Ministry of Agriculture and Food announced *a $30 million program* to be delivered by the New Relationship Trust (NRT) to support Indigenous Peoples to develop food sovereignty, food security and Indigenous-led agriculture initiatives. The first intake of the *Indigenous food security and food sovereignty grant program* was fully subscribed and closed early due to the high demand. Sixty-four new projects were approved and a total of $9.3 million committed in the program's first year. Projects are diverse and include examples such as planning for the revitalization of food harvesting sites, scaling up of commercial value-added enterprises, investments in grocery stores within communities and increasing local food production capacity in many rural and remote First Nations communities.

This monumental investment in the Indigenous food security and food sovereignty fund sees the Ministry actioning key recommendations received through the work of the B.C. Indigenous Advisory Council on Agriculture and Food (IACAF), including to: 1) provide low-barrier, inclusive, flexible funding; 2) provide funding at a meaningful level; and 3) support Indigenous-led program delivery. As part of this program launch, 24 applications from Investment Agriculture Foundation's 2022 over-subscribed Indigenous Food Systems and Agriculture Partnerships Program (IFSAP) were successfully transferred to the NRT and approved for funding totaling $1.4 million.

Cooking in Two Worlds

This groundbreaking guide for B.C.'s hospitals, post-secondary institutions, schools, and correctional facilities brings together culmination of wisdom from Elders and Knowledge Holders and insights from B.C. institutions on how to incorporate Indigenous foods and recipes in a good way. *Cooking in Two Worlds* recognizes the vast diversity of Indigenous communities and their respective food and cultural practices across British Columbia. It aims to inspire and empower institutions to embark on the necessary work of building relations with Indigenous communities and to deepen their understanding of cultural safety and humility as a foundation to do so. Cooking in Two Worlds is the first and only resource of its kind in the world. Since its launch in June 2023, the impact has been significant: over 750 copies have been shared, 400 individuals have engaged in webinars and presentations, and a cohort of 20 institution staff participated in a pilot learning series.

How are we working together?

The Ministry is prioritizing working directly with Indigenous advisors, facilitators, subject matter experts and enabling Indigenous-led program design and delivery. IACAF meets on a quarterly basis with the Ministry and through ad hoc sessions as needed to provide advice and guidance on the Ministry's approach to Declaration Act implementation and to work together on IACAF strategic plan implementation. IACAF has both First Nations and Métis members. The new $30 million Indigenous Food Security and Food Sovereignty Program is delivered by the New Relationship Trust. Indigenous consultants have also been hired to facilitate IACAF meetings, develop resources to support the inclusion of traditional foods and Indigenous recipes in publicly funded institutions, and, in collaboration with preparing our home, undertake the design and facilitation of Indigenous engagement on the emergency preparedness for food security strategy.

Are there challenges?

The gaps between current realities and desired outcomes are often significant and can present challenges in identifying effective steps, sufficient resources, and in demonstrating timely progress towards achieving goals. For example, although many public institutions have expressed their openness and desire to source from Indigenous suppliers, there are relatively few Indigenous food and agriculture businesses relative to non-Indigenous businesses and fewer still that are at scale to match the requirements of public institutions. Another example is the challenge of effectively demonstrating tangible progress on all priority action areas within IACAF's three-year strategic plan as the plan completed this fiscal. The new Indigenous food security and food sovereignty grant program is designed to provide more flexible funding in larger amounts for a wider range of eligible activities than any past provincial programs to support Indigenous food and agriculture. The goal is that over time, the broader, more responsive style of program design will meaningfully turn the dial and enable Indigenous agriculture and food enterprises to achieve their goals and objectives, including where desired, entry into economically profitable markets.

Shared Priorities Framework with Modern Treaty Nations

Advancing the implementation of Modern Treaties through the Shared Priorities Framework

The Shared Priorities Framework was developed in 2022 out of multi-year collaborative discussions between the Province and the Alliance of BC Modern Treaty Nations to identify new pathways to renewing treaty relationships and advancing treaty implementation.

The Declaration Act Action Plan states that progress to achieve the outcomes of the Shared Priorities Framework will be included in Declaration Act annual reports.

The Province works in consultation and co-operation with *Modern Treaty Nations (MTNs)* and the *Alliance of BC Modern Treaty Nations* (Alliance) to advance the shared vision set out in the Shared Priorities Framework to ensure that:

- Modern treaties are recognized, observed, and enforced;
- MTNs and the Province are resourced for a whole of government approach to timely and effective treaty implementation;
- The Province's relationships with MTNs are distinct and reflect their established rights; and
- The Province's relationships with MTNs are dynamic and evolve and improve over time.

Shared Priority One: Establishing fiscal arrangements to fulfil treaty rights and obligations

In the reporting period, MTNs and the Province:

- Completed co-development of a new lands and resource funding model and brought it forward for consideration through their respective approvals processes;
- Began preliminary discussions to explore potential options for replacing existing transfer mechanisms with new fiscal arrangements that align with the government-to-government relationship in modern treaties;
- Established a dedicated working group to co-develop policy approaches for forestry revenue sharing with MTNs; and
- Co-developed a new approach to treaty property taxation that will broadly enable MTNs to self-determine property taxation on their Nisga'a Lands and Treaty Lands, including whether and how to exercise their own assessment and property taxation laws and policies. The new, collaboratively developed legislative framework was introduced in the provincial budget and fiscal plan 2024/25-2026/27.

Shared Priority Two: Establishing meaningful participation of Modern Treaty Nations in the Province's legislative and policy initiatives

In the reporting period:

- MTNs collectively reviewed and discussed over 90 provincial policy and legislative initiatives and their implications for modern treaties;
- Actively participated in many provincial engagements, including the development of the anti-racism legislation;
- MTNs and the Province planned and began developing guidelines for public servants on engaging MTNs; and
- Initiated planning discussions to work collaboratively to develop modern treaty-specific distinctions-based approach guidance.

Shared Priority Three: Establishing organizational and policy changes in the provincial public service to advance a whole-of-government approach to treaty implementation

In the reporting period, MTNs and the Province:

- Held the 2023 annual leadership meeting between the Province and Modern Treaty Nations (Premier's Forum) and began planning the 2024 forum;
- Worked collaboratively to develop an instructional design plan for a treaty implementation course for public servants; and
- Advised the development of the Indigenous-Crown relations essentials course in development for all public servants.

Modern Treaty Nations and the Declaration Act

The Shared Priorities Framework includes a priority outcome that the Declaration Act be implemented in a manner consistent with distinct modern treaty rights.

Modern Treaty Nations are self-governing First Nations with established and constitutionally protected rights set out in the treaties.

It is important that in implementing the Declaration Act, Modern Treaty Nations are included early and often, as supported by Article 37 of the UN Declaration which states that:

1. Indigenous peoples have the right to the recognition, observance and enforcement of treaties, agreements and other constructive arrangements concluded with States or their successors and to have States honour and respect such treaties, agreements and other constructive arrangements.
2. Nothing in this Declaration may be interpreted as diminishing or eliminating the rights of Indigenous peoples contained in treaties, agreements and other constructive arrangements.

Measuring Progress

As the first jurisdiction to adopt the UN Declaration and create an action plan, B.C. is leading the way to advance reconciliation with Indigenous Peoples and create a better future for all.

The Declaration Act Action Plan represents complex, interconnected, and generational change – all within the context of first-of-its-kind work. As the Province navigates this work in partnership with Indigenous Peoples, there is a need for early signals of what is working and what is not so efforts can be expanded or shift course. At the same time, longer-range signals of progress towards the Action Plan outcomes will also need to be considered.

While the Declaration Act Annual Report has included action specific indicators in the past, the Province is working with First Nations and Métis partner organizations to identify more meaningful indicators that will support accountability and show progress against the Action Plan outcome statements. These indicators will be organized in a wholistic indicator framework reflecting the breadth and interconnectedness of the UN Declaration.

The collaborative work underway across government will identify new indicators where significant and critical work is occurring, but little data or visibility exists. This work will be grounded in Indigenous data sovereignty and will reflect the growing institutional capacity among First Nations and Métis to govern and report on their data.

The shared development of indicators is a strong indicator itself – an indicator of the growth and development of collaborative work under the Declaration Act. Measuring progress on outcomes through an action plan indicator framework will provide new and unique insights that will strengthen this complex work in efficient, effective, and partnered ways. The Province is committed to accountable and transparent reporting through improved data and measurement in consultation and co-operation with Indigenous Peoples.

Photo: Tsawwassen First Nation

FIRST NATIONS TREATMENT CENTRES

Introduction:

- The Province, Canada, and the First Nations Health Authority (FNHA) made a joint funding commitment of $60M total ($20M each) to replace six existing First Nation-run treatment centres throughout BC and build two new ones. BC provided additional one-time funding of $35M in 2022/23 to FNHA to support the completion of the centres.
- First Nations Treatment Centres offer mental health and substance use healing and wellness programs for First Nations people that places culture at the centre of a person's wellness journey. Centres may offer a mix of culturally appropriate programming (e.g., land-based healing) and western approaches (e.g., trauma programming); the types of programs and models of care vary. The centres are primarily bed-based services.

Background:

- The disproportionate impact on Indigenous peoples from the toxic drug crisis continues to grow, based on the most recent 2023 statistics, First Nations people die at six times the rate of other British Columbians; First Nations women die at almost 12 times the rate of non-First Nations women. Furthermore, due to the dual impacts of the toxic drug crisis and the COVID-19 pandemic, the life expectancy of First Nations people decreased by 7.1 years between 2015 and 2021.
- New investments into cultural and land-based healing modalities are essential to support Indigenous-led treatment, recovery and aftercare services and supports founded on the strengths of culture, language, and indigeneity to build resiliency and overcome intergenerational trauma from colonialism and Indigenous-specific racism.
- Since the transfer of health services from the federal government to FNHA in 2013, FNHA has been responsible for providing financial support for the programming and facility operations and maintenance of 10 existing National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres in BC.

Ministry/Government Actions to date:

- The Province and BC First Nations have a health partnership that is described in a series of health plans and agreements, including the *Tripartite First Nations Health Plan* (2007), the *Framework Agreement on First Nations Health Governance* (2011) and the *Health Partnership Accord* (2012).
- In 2018, the First Nations Health Council (FNHC), the Government of Canada and the Province signed the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (the "MOU"). The MOU is to establish a new and more flexible funding approach that enables First Nations to plan, design, and deliver a continuum of mental health and wellness services.
- As per commitments in the MOU, the FNHA developed the First Nation Treatment Centre Investment Plan that outlined an approach and an estimated cost of $60M to replace six existing NNADAP treatment facilities and build two new treatment facilities (see the table below for project status). This investment was intended to fully cover capital construction costs for the projects.
- Construction costs rose steeply over the course of the COVID-19 pandemic \ and some of the treatment centre project leads brought forward proposals for additional beds and services that would require increased funding.
- BC provided additional one-time funding of $35M in 2022/23 to FNHA to support the completion of the facilities. This funding was to address the estimated shortfall for all eight projects, as identified to the Ministry by FNHA, through a report from Atlus Group, a third-party group that provided construction

cost consulting services. Business Information

- FNHA continues to provide funding for the operations and maintenance, emergency, and cyclical repairs for the 10 treatment centres, including the six projects that are being replaced through this initiative.

Current Status of Treatment Centre Projects:

- FNHA continues to manage all aspects of this investment, including project management, discussions with communities, funding allocations, etc.
- In the past year, MMHA staff have been working closely with FNHA on monitoring Treatment Centres. MMHA staff have been invited by FNHA to attend some working groups established for the Treatment Centres and have been involved in discussions about the Treatment Centers' phases, and their progress.
- Currently, one of the eight MOU funded First Nation Treatment Centres is complete and operational. Tsow-Tun-Le-Lum Society - Helping House Centre opened for intake on January 8 and 9, 2024, for treatment from trauma based on culture and supportive recovery. Its grand opening event was September 13, 2024.
- The remaining seven Treatment Centres projects are in various phases of capital construction. Specifically:
  Intergovernmental Communications
-

Budget Expenditures:

- As per commitments in the MOU, BC contributed $20M to replace six existing First Nations treatment facilities and build two new facilities. A total of $60M was initially contributed by all partners. BC also provided one-time funding of $35M in 2022/23 to FNHA for the completion of the eight First Nations treatment centers.

Approvals:
September 26, 2024 – Grant Holly, EFO, Corporate Services Division
October 7, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives Division
October 11, 2024 – Jonathan Dubé, Acting Deputy Minister

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Withheld pursuant to/removed as

Government Financial Information ; Intergovernmental Communications

INDIGENOUS TREATMENT, RECOVERY, AND AFTERCARE SERVICES PROGRAM

Introduction:

- The Indigenous Treatment, Recovery, and Aftercare Services Program (Indigenous Program) is a strategic initiative to empower Indigenous communities to design, plan, and deliver self-determined 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 culturally based healing modalities, along with Indigenous-led treatment, recovery, and aftercare facilities and services.

Background:

- Budget 2023 provided $171M to support Indigenous-led treatment, recovery, and aftercare services. BC publicly announced the $171M in March 2023.
- Five proposed funding streams were determined through early program planning:
  1. *Major Projects*: To support major infrastructure projects and Indigenous-led treatment programs, inclusive of medical withdrawal management (detox) and treatment facilities.
  2. *Culture-based Recovery and Aftercare Grants*: To support culturally relevant recovery and aftercare services and programs. This stream is sub-divided into grants to support initiatives for First Nations people, Métis citizens; and urban Indigenous people.
  3. *Community-based Capacity Building*: To support initiatives that enhance the capacity of bed-based treatment and recovery providers to deliver culturally appropriate services to people experiencing substance use challenges. This stream also includes development and delivery of a training module on culture-based aftercare for treatment and recovery operators;
  4. *First Nations Health Authority (FNHA) Healing Houses and Healing Modalities:* To support priorities identified by regional First Nation health caucuses, focused on healing trauma through culture. Projects may include community infrastructure, or implementation of culture-based healing modalities.
  5. *Social Determinants of Health (SDOH):* To support mental health and wellness projects implemented under the Tripartite Memorandum Of Understanding (MOU), along with new tripartite deliverables (TBD, as work to advance the 10-year Social Determinants of Health Strategy progresses).
- Six major projects were identified, and in January 2024, TB provided early access to Contingencies Vote funding for a portion of two major projects ahead of a formal approval on the Indigenous Program report back: Lheidli T'enneh Youth Centre of Excellence (North), and Orca Lelum Youth Wellness Centre (Island). Intergovernmental Communications

Ministry/Government Actions to date:

- *Major Projects*

  Tsakwa'lutan Healing Centre (Quadra Island, BC)
  - Ministry provided $7.860M in 2023/24 toward the Centre's renovations and operations (Announced July 2024). It is expected to open 20 adult supportive recovery beds by Fall / Winter 2024.

  Orca Lelum Youth Wellness Centre (Lantzville, BC)
  - Ministry provided $7.069M in 2023/24 toward the phased implementation of 20 youth substance use treatment beds (including detox) for Indigenous people aged 12-18 (announced April 2024). Business Information; Government Financial Information

As of August 2024, 10 cultural wellness beds were open and operational.

Northwest Working Group Initiatives (Terrace, BC and surrounding areas)

- Partners include the Northern First Nations Alliance (NFNA), Northern Health Authority, FNHA and the Ministry (announced October 2023). Discussions on proposed service models and budget are ongoing, thus formal budget allocations remain undetermined.

Northern Centre of Excellence for Children and Youth (Prince George, BC)

- Ministry provided $0.675M in 2023/24 (announced January 2024) to support engagement, planning and development of a final report. Chief Logan provided the report and letter to Premier Eby in July. The report provides the results of the engagement sessions, an initial scan of potential services and two potential facilities. The letter asks BC to commit to building the Centre and to enter an MOU. A joint response from the Ministers of MMHA and MCFD was provided in September 2024, with provincial leadership teams to reach out to explore next steps after the interregnum period.

Tŝilhqot'in Healing and Wellness Centre (Interior Location – Deer Creek Ranch, TBD)

- Government Financial Information; Intergovernmental Communications Ministry and Tŝilhqot'in National Government (TNG) signed an LOU in September 2024 to establish a working group and for TNG to develop a comprehensive health services plan; and advance the vision of the Tŝilhqot'in Healing and Wellness Centre.

Carrier Sekani Government Financial Information; Intergovernmental Communications

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- *Culture-Based Recovery and Aftercare Grants*
  - Government Financial Information; Intergovernmental Communications
- *Community Based Capacity Building*
  - Ministry allocated $5.700M in 2023/24 including: $0.150M toward capacity building grants for Indigenous-led treatment and recovery operators, (in partnership with Community Action Initiative (CAI); $0.750M toward the development and implementation of a culture-based aftercare training module; and $4.800M toward a community aftercare training module implementation grant. As of September 2024, approved CAI grant applicants were selected.
- *FNHA Healing Houses and Healing Modalities*
  - Government Financial Information; Intergovernmental Communications
- *Social Determinants of Health (SDOH)*
  - Government Financial Information; Intergovernmental Communications

Budget/ Expenditures:

Cabinet Confidences; Government Financial Information

Approvals:

October 11, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnership and Community Initiatives Division
October 11, 2024 – Brad Williams, a/EFO, Corporate Service Division
October 15, 2024 – Jonathan Dubé, Acting Deputy Minister

TRIPARTITE MEMORANDUM OF UNDERSTANDING / SOCIAL DETERMINANTS OF HEALTH

Introduction:

- The Government of BC, including the Ministry of Mental Health and Addictions (MMHA), has committed to advancing a Mental Health and Wellness approach in partnership with the First Nations Health Council (FNHC) and the Government of Canada, and collectively now look to advance a Social Determinants of Health Strategy.
- In 2018, the FNHC, Indigenous Services Canada (ISC), and the Province signed the Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness (the MOU).

Background:

- The social determinants of health approach are advanced through:
  - ***2011*** *British Columbia Tripartite Framework Agreement on First Nation Health Governance* demonstrates commitment to build an integrated health system that reflects First Nations traditional knowledge and approaches; and to engage in discussions about the social determinants;
  - ***2015*** *Protocol on the Social Determinants of Health*, signed by the First Nations Leadership Council (FNLC) and the FNHC, confirms a shared commitment to improve health and wellness outcomes through engagement and cross-sector collaboration;
  - ***2016*** *Bilateral MoU – A Regional Engagement Process and Partnership to Develop a Shared Ten-Year Social Determinants Strategy for First Nation Peoples in BC* laid the foundation for two years of regional engagement sessions between provincial social ministries and First Nations leadership, culminating in a tripartite MOU; and
  - ***2018*** *Tripartite MoU – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* confirmed provincial support through four Ministers' signatures: Ministry of Health (HLTH), MMHA, Children and Family Development (MCFD), and Ministry of Indigenous Relations and Reconciliation (MIRR).
- The 2018 MOU supports Nation-rebuilding and health through a community-driven, Nation-based approach to the design, planning, and delivery of mental health/wellness services and supports. This is implemented through flexible funding to meet the needs and priorities of the Nation and its communities, with success measured by outcome indicators as determined by the Nation.
- FNHA developed an evaluation of the MOU in December 2022. Findings include:
  - Community contributors expressed overall enthusiasm for the MOU because of the focus on Nation-centered or community-centered, close to home, accessible, and rooted in culture services. The importance of which was also recognized by regional, operational, governance, and political partners.
  - Flexible options and support are appreciated and help to increase access to funding opportunities by decreasing managerial burden.
  - Community and regional contributors identified that earlier communication about new initiatives and opportunities to get involved in planning would be beneficial to ensure that messaging is clear and that appropriate plans and supports are in place.
- The 10-year strategy that facilitates a whole-of-government approach on the social determinants of health and wellness (SDOH) was approved by consensus of First Nations leadership at Gathering Wisdom (March 2023).
- The SDOH will chart a new collaborative direction for First Nations health and wellness in the province. The partners are considering how to best transition from the 2018 MOU to the SDOH 10-Year Strategy.

Ministry/Government Actions to date:

- In 2018, the FNHC, Indigenous Services Canada ISC, and the province signed the MOU.
- On October 2023, FNHC requested an 18-month extension of the Tripartite MOU. The extension would be effective from October 2, 2023, to April 2, 2025. In March 2024, the Province approved a proposal for extension of the MOU implementation period to April 1, 2025.
- In April 2024, senior executive representatives from FNHC, FNHA, ISC, HLTH, MMHA, MIRR, and MCFD met to discuss the 10-Year Strategy.
- FNHC/FNHA have provided a draft implementation plan outlining a proposed SDOH health governance structure, with bilateral and tripartite DM-level strategic planning tables that will meet annually to oversee strategic implementation and to track progress.
- Government Financial Information; Intergovernmental Communications

  Funding is designed to be flexible for Nations to use at their discretion on self-determined SDOH priorities; the formula for determining Nation allocations adjusts for remoteness and total Nation population and may be updated as needed.
- A 'whole of government' approach is required and informed at the highest levels to advance meaningful planning and implementation:
    - Central direction to establish expectations around Ministry roles, responsibilities, mutual accountabilities, funding approaches, and other provincial considerations.
    - Determination of a provincial lead to serve as the coordinating body and champion, and to lead internal discussions to achieve short- and long-term positive outcomes.
    - Capturing alignments between existing provincial reconciliation work through the Declaration on the Rights of Indigenous Peoples Act and In Plain Sight, and the partnership objectives of the 10-year strategy.

Budget/ Expenditures:

- The province through MIRR provided $1.9M over 2016/17 – 2017/18 in support of the engagement process to develop the shared 10-year social determinants strategy, as per the 2016 MoU.
- HTLH provided FNHA with $5M/year in 2018/19 and 2019/20 to support the tripartite partnership in improving mental health and wellness. This funding represents the government's commitment to support planning and implementation of Nation-based plans and initiatives.
- ISC, FNHA and the province have each committed $10M to support implementation of the 2018 MOU, totaling $30M. The Province contributed a further $5M to support ongoing MOU projects for 2023-24.
- The funding provided by the Ministry represents contributions from Health, MIRR, MMHA, and MCFD.
- In 2019, the Province, FNHA, and ISC made a joint capital commitment of $20M each (totaling $60M) to replace six existing First Nation-run treatment centres and build two new centres in BC.
- A further $35M has been allocated in 2023 to the FNHA from MMHA to support completion and operationalization of the eight treatment centre projects.
- Government Financial Information; Intergovernmental Communications
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Approvals:

September 20, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives Division
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

TREATMENT AND RECOVERY SYSTEM OF CARE - OVERVIEW

Introduction:

- Since 2017, the Ministry of Mental Health and Addictions (MMHA) has been working to increase services for people with substance use (SU) challenges to create a seamless continuum of care for substance use supports – from withdrawal management to treatment and aftercare long-term recovery supports.

Background:

- The treatment and recovery system of care in BC includes a mix of bed-based and outpatient, in-person and virtual services, available to both adults and youth.
  - Outpatient services provide treatment and support for people in their homes and community settings; they may also provide additional support when people are discharged from or waiting for bed-based care. These services provide important supports for people who may not need or want a bed-based service (e.g., outpatient option may enable someone to continue working or maintain childcare responsibilities).
    - Outpatient programs in BC span the continuum of treatment and recovery and include options such as the provincial Opioid Treatment Access Line, Rapid Access Addiction Clinics, outpatient withdrawal management services, day treatment and supportive recovery programs, programs for specialized populations, and long-term recovery supports including new aftercare clinicians and Recovery Community Centres.
  - Bed-based services represent a small portion of the overall service continuum and are generally appropriate for people who require a higher intensity of service to address complex or acute substance use problems and/or those who are experiencing significant barriers to care (including homelessness or housing insecurity). Bed-based services can be delivered in community-based and/or acute care settings.
    - As of July 2024, there are 3,645 publicly funded substance use beds in BC.
- MMHA priorities for the adult treatment and recovery system include:
  - Improving access to substance use services, including through the implementation of new provincial models of care (e.g., Road to Recovery and Recovery Community Centres) and initiatives to advance accessible, culturally safe and responsive care.
  - Strengthening governance to improve oversight, accountability and service quality.
  - Enhancing evidence through data and monitoring with a focus on continued implementation and improvement of performance monitoring and work to improve access to client outcome data.
- Improving mental health and substance use supports is a focus of the Safer Communities Action Plan (SCAP). MMHA-led SCAP initiatives related to the Treatment and Recovery system of care include Road to Recovery and Community Transition Teams (funded through Budget 2021).

Ministry/Government Actions to date:

- As of July 2024, 659 new publicly funded substance use beds have been added in BC since 2017.
- Sector investments between 2017- 2021 focused on primarily targeted initiatives designed to respond to a focused issue or gap.
- Through Budget 2021, $149.5M over three years was provided for increased substance use treatment and

recovery services to strengthen the system as a whole, focusing on regionally identified gaps. This resulted in 65 new or expanded services and the implementation of 197 new beds.

- In 2020, MMHA provided $13.5M to the Canadian Mental Health Association of BC (CMHA BC) to implement 105 publicly funded beds across the Province with no out of pocket fees (i.e., no fees at all) for people struggling with substance use challenges. These beds prioritize service access for historically underserved populations, including rural and remote communities, First Nations, Metis, Inuit, or self-identified Indigenous peoples, in urban and rural environments, parents requiring access to services that accommodate children, and people with involvement or prior involvement with the criminal justice system. These beds also accept self-referrals.
- From 2023/24 onward, work to build the continuum of treatment and recovery services has focused on implementing provincial models of care, including:
    - Road to Recovery,
    - Recovery Community Centres,
    - Aftercare clinicians, and
    - Expanding the Red Fish model of care.
- Through Budget 2024, MMHA has continued the roll out of these initiatives and provided capital funding to support the development of new and expanded services.
- Budget 2023 also introduced a new Indigenous treatment fund to support Indigenous-led treatment, recovery and healing initiatives.
- In March 2023, new funding extended the existing CMHA grant funded beds and added an additional 180 new beds.
- 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.

Budget / Expenditures:

- Advice/Recommendations; Cabinet Confidences; Government Financial Information
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Approvals:

September 24, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Chris Van Veen, a/ADM, Treatment and Recovery Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

SUBSTANCE USE BEDS (Including How They are Funded)

Introduction:

- As of July 2024, there are 3,645[1] publicly funded substance use beds in BC. This includes:
    - Beds delivered by or funded through health authorities (HAs)
    - Beds funded by grants administered by Canadian Mental Health Association of BC (CMHA-BC)
- Of these, 659 are new publicly funded substance use beds that have opened since 2017. More beds have been funded and will become operational in the coming year.
- Substance use beds include different types, depending on need, including: sobering and assessment, withdrawal management (detox), stabilization/transition, treatment, supportive recovery and substance use low barriers or supported housing beds.
- Under the *Community Care and Assisted Living Act* (CCALA), some beds (primarily treatment and supportive recovery) are licensed through HAs or registered with the Assisted Living Registry (ALR) of the Ministry of Health (HLTH).

Background:

- Substance use services in British Columbia are part of a broad continuum of care that includes non-bed-based case management services, outreach programs, community counselling, day treatment programs, home and outpatient withdrawal management (detox), harm reduction services and supports, crisis intervention services, and medication assisted treatment as well as community and hospital bed-based substance use services.
- Bed-based services represent a small portion of this continuum and are generally appropriate for people who require a higher intensity of service to address complex or acute substance use problems and/or those who are experiencing significant barriers to care (including homelessness).
- Most publicly funded substance use beds in BC are funded through **two main sources**.
- **HA funding** that is typically awarded to service operators through RFP processes with applicable funding requirements (e.g., Provincial Standards, licensing or registration, and provincial reporting requirements as appropriate). There is no standard cost for an adult treatment and/or recovery bed. Policy analysis and engagement to date has identified standardized funding approaches as a potential area for improvement.
- Adults accessing HA funded treatment and supportive recovery beds often 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.
- **Per diem payments from the Ministry of Social Development and Poverty Reduction (SDPR)** for eligible income and disability assistance clients cover the costs of attending registered supportive recovery residences and licensed treatment facilities. As of June 1, 2024, the daily rate increased from $35.90 to $60 for registered bed-based services and $45.00 to $70 for licensed bed-based services
- If a person does not qualify for assistance through SDPR and cannot afford the Health Authority user fee they may qualify for hardship assistance through the regional health authority. Some beds, including CMHA-BC grant funded beds, do not charge any out-of-pocket fees.
- Additionally, the Province funds a number of beds through various grant programs including through partnership with CMHA-BC, Our Place Therapeutic Recovery Community, and the Indigenous Treatment Fund.

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[1] These totals do not include privately funded beds that may receive public funding via per diem benefits from the Ministry of Social Development and Poverty Reduction (SDPR). This also does not include beds funded by First Nations Health Authority (FNHA).

- First Nations individuals are eligible for no-cost treatment at the 10 First Nations run treatment centres funded through the First Nations Health Authority.

Ministry/Government Actions to date notice:

Year	Initiative	Beds Commitment	Status – Beds Open
2023	Funding partnership with CMHA- BC	180	In Progress 117
	Road to Recovery Vancouver	95	In Progress 34
	Road to Recovery Expansion (2024/25-2026/27)	100	Initiating
	Red Fish Healing Centre Expansion	TBD	Planning
2021	Funding partnership with CMHA- BC	105	Complete 105
	Adult substance use system of care	195	Complete 197
	Red Fish Healing Centre	11 new (105 total)	Complete 11 new (105 total)
2020	Youth Beds	123	In Progress 90[2]
2019	Our Place	40	Complete 40
2018	Surge Funding	45	Complete 45
	Specialized Youth Treatment beds	20	Complete 20

Budget/ Expenditures:

- Advice/Recommendations; Cabinet Confidences; Government Financial Information
-
-

[2] Currently, 90 of 123 beds have been implemented at various sites, including 28 youth beds at Covenant House (Sanctuary) in Vancouver funded through Budget 2023 (opened June 2024), and 10 First Nations-led youth beds at Orca Lelum in Lantzville funded through the Indigenous Treatment Fund (opened July 29, 2024).

Fiscal	2024/25	2025/26	2026/27	3-year Total
Advice/Recommendations; Cabinet Confidences; Government Financial Information				
Operating				
HLTH – Bed Funding	$17.308	Government Financial Information		
SDPR – Per Diems	$20.167			
Operating Total	$37.475			
Combined Total	Government Financial Information	Advice/Recommendations; Cabinet Confidences; Government Financial Information		

- MMHA provided CMHA-BC $13M in 2021 to create 105 new substance use beds, and an additional grant of $73M in March 2023 to continue funding the 105 existing beds, and to add an additional 180 new beds. MMHA provided CMHA-BC $15M in 2024 to continue support for the implementation of substance use beds, bringing the total funding received by CMHA-BC for substance use beds since 2021 to $101M.

Approvals:

September 20, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives Division
October 16, 2024 – Grant Holly, EFO, Corporate Services Division
October 16, 2024 – Ally Butler, ADM, Treatment and Recovery Division
October 16, 2024 – Jonathan Dubé, Acting Deputy Minister

ADULT SUBSTANCE USE BEDS - WAIT TIMES & UTILIZATION

Introduction:

- In 2023/24, 5,328 people were served in publicly funded adult treatment and recovery beds in BC. This is over 1,000 more people (a 28% increase) served than in 2022/23.
    - Of these 4,649 people were served in Health Authority (HA) funded adult treatment and recovery beds.
    - 679 clients were served in Canadian Mental Health Association-BC grant funded beds in 2023/24.
- The Ministry of Mental Health and Addictions (MMHA) publicly reports on wait times for HA funded adult substance use treatment and recovery beds.[1] MMHA has set a wait time benchmark target of 30 days to be achieved by fiscal year 2026/27.
    - In 2023/24, the median wait time for a bed was 31 days, consistent with 2022/23 (31.3 days).
- Advice/Recommendations; Cabinet Confidences

Background:

- Historically, little data was collected from treatment and recovery services beyond bed counts.
- Starting in 2021, the Ministry of Mental Health and Addictions (MMHA) worked with partners to develop a performance measurement framework to monitor service access (with a focus on wait times), service utilization, client experience, and outcomes. Significant work by Ministry staff and HA partners was required to implement the framework (e.g., HAs updated contracts to require data collection and submission).
- HAs first reported 2021/22 baseline access and utilization data in June 2022.
- Data is submitted quarterly for health authority funded beds. Services that are in-scope for data collection include adult community substance use beds that are either HA delivered or contracted by the HA, including: treatment, supportive recovery, and stabilization and withdrawal management beds.
- Data on wait times (treatment and recovery beds only) is reported in MMHA's Annual Service Plan, making BC the first provincial or territorial government in Canada to publish and report wait times.
- Literature review and jurisdictional scan revealed little to inform development of wait time benchmarks.
- Data collection and submission processes are manual and time consuming. Data is mostly reported in aggregate through spreadsheets; two HAs use a cloud-based system, REDCap, for reporting, although data entry into this system is still manual.
- Very limited reporting on client outcomes and experience is available.
- A summary of the HA data for treatment, supportive recovery, and withdrawal management is below in Table 1 (see next page).

[1] Ministry of Mental Health and Addictions 2023/24 - 2025/26 Service Plan (gov.bc.ca)

Table 1. HA-Funded Bed-Based Access & Utilization Data Overview[2]

	Unique Client Served			Cabinet Confidences	**Median Wait Time (days)**		
Fiscal Year	21/22	22/23	23/24		21/22	22/23	23/24
Treatment	1,152	1,620	2,098		37.7	41	44
Supportive Recovery	2,043	2,022	2,551		27	19	18
Overall (T& SR)	**3,195**	**3,642**	**4,649**		**29.5**	**31.3**	**31.0**
Withdrawal Management	NA	NA	**6,980**		NA	NA	**7**

- There are numerous factors that contribute to wait times beyond bed availability. For example, wait times can be impacted by personal readiness to start treatment, the need for longer stabilization periods, release from custody, travel time to services, and access to childcare. For this reason, wait times are not expected to be zero days.
- Median reported wait times for withdrawal management services may also be impacted by a number of factors. For example, clients with extremely high acuity/need for withdrawal management services may be directed to emergency department for service while other clients are accepted into service by date that the service is requested (i.e., "first come first served).
- It is not expected that utilization rates will be 100%. Bed occupancy is also impacted by factors beyond availability. For example, clients may need to travel to access a service and providers will hold their bed for that time. The team has introduced new occupancy measures to understand when beds are held and this data will be available in future.

Ministry/Government Actions to date:

- MMHA has been working to hold HAs accountable to improving access and utilization. Actions include quarterly reporting and data validation and a provincial data working group to discuss the data challenges and identify solutions.
- Additional changes to wait times are anticipated through the implementation of Road to Recovery (R2R). As a first phase of R2R, BC will shift to a medical triage approach for withdrawal management and stabilization beds to ensure that people with the most urgent medical needs are prioritized for beds. Wait time for those prioritized as urgent at the pilot Vancouver R2R is now 1 day.
- R2R is also expanding access to outpatient services. Clients will be matched to the appropriate service for their needs; not everyone needs access to a bed and outpatient services can play an important role in system flow.
- Additionally, MMHA is working with HAs and other partners develop evaluations for large initiatives, including the Vancouver R2R and the Recovery Community Centers.
- **See related note: Substance Use Beds (including how they are funded)** for bed numbers throughout the province.

Budget/ Expenditures:

- N/A

Approvals:
September 9, 2024 – Ally Butler, ADM, Treatment and Recovery Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

[2] Stabilization beds not included in the data as data on these beds was not previously reported consistently and is only now becoming reliable. This data may be included in future reporting as data quality improves.

ROAD TO RECOVERY

Introduction:

- 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 for clients with moderate to severe substance use disorders.
- R2R was initially piloted in the Vancouver region and is now being expanded to every health region.

Background:

- Developed in 2023, the R2R model of care has key components including:
    - **Single point of access** to substance use services in each health region.
    - **Same day clinical assessment for substance use care**: clients are provided a same day clinical assessment by a doctor or nurse and care with expertise in addictions medicine.
    - **Medical triage**: clients are medically triaged and matched to the right level of care in the right setting. Those with the most urgent needs are prioritized for beds; this is enabled through centralized bed management for withdrawal management. Clients may also be immediately started on Opioid Agonist Treatment.
    - **Client engagement and continuity:** health authority teams will ensure consistent and proactive connection with clients so that they are not lost-to-care. This may include identification of a care team to provide support while waiting for a bed, or a supported transition to the appropriate outpatient service.
- Single point of access, same day clinical assessment and medical triage services will all be delivered through a new virtual substance use service called Access Central, which will be established in each health region. Access Centrals will also manage regional bed-based substance use services, beginning with withdrawal management services, to maximize use of bed-based services for those with priority needs.
- Before this, access to service was managed locally and access to withdrawal management was primarily 'first come, first serve'. A client may have only been referred to some of the available services or referred to the wrong level of service for their needs and clients waited the same length of time, regardless of level of need. Clients were also placed on multiple waiting lists, making management of the system ineffective and driving longer wait times.
- Implementation of the R2R model involves significant system transformation as well as adding and expanding services.
- R2R responds to recommendations from the Select Standing Committee on Health and the Lepard-Butler report. It is also part of the Safer Communities Action Plan.

Ministry/Government Actions to date:

- The Provincial Addiction Recovery Treatment and Support Network (the Network) of substance use operational and addiction medicine leadership in BC, co-chaired between the Ministry of Mental Health and Addictions (MMHA) and Providence Health Care (PHC), is driving implementation and consistency across the province.
- The Network has developed the R2R model of care, including standardized clinical assessment and triage tools, and common reporting requirements to enable monitoring and reporting.
- The initial R2R site opened in Vancouver in October 2023 through a partnership between Providence Health Care (PHC) and Vancouver Coastal Health (VCH). The implementation of R2R Vancouver includes 95 new substance use beds in the region. As of August 2024, 34 beds are open, with the remainder expected to open by end of fiscal 2024/25
- From opening in October 2023 until June 2024, Vancouver Access Central connected more than 1,500

people to access detox services across three sites in Greater Vancouver.

- The R2R model is now being expanded to the remaining health regions:
  - Fraser, Interior and Island Health will implement regional R2R models across their respective health authorities.
  - Northern Health will implement the model in the Northwest region in partnership with the Northern First Nations Alliance in response to high need and service gaps in the area.
- To create the seamless continuum of care in alignment with the R2R model for all health authorities will:
  - implement Access Central in their region by the end of fiscal 2024/25;
  - create up to 100 new beds over the next three years and implement new or expand existing outpatient services; and
  - Advice/Recommendations; Cabinet Confidences
- MMHA is working with regional health authorities (RHAs) to finalize detailed implementation planning for the above priorities and will be working closely with RHAs to monitor implementation over the coming three years.

Budget/ Expenditures:

- Budget 2023 provided $60.971M in operating funding over three years to support the Road to Recovery at St. Paul's Hospital in Vancouver.
- Budget 2023 provided $153.757M in operating funding over three years to support Road to Recovery expansion.
- Advice/Recommendations; Cabinet Confidences; Government Financial Information
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Approvals:

October 4, 2024 – Chris Van Veen, a/ADM, Treatment and Recovery Division
October 1, 2024 – Grant Holly, EFO, Corporate Service Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

RED FISH HEALING CENTRE

Introduction:

- In BC, concurrent disorder treatment beds, such as Red Fish Healing Centre (RFHC), provide specialized care (tertiary-level care) to meet the needs of individuals with serious and persistent concurrent mental health substance use disorders who have not been successfully treated by less intensive programs.

Background:

- RFHC is a 105 bed, purpose-built facility that opened in October 2021 on səmiq̓ʷəʔelə in Coquitlam, (formerly known as the Riverview lands). The facility provides the highest tier of service intensity for concurrent mental health and substance use services.
- It is a live-in treatment site staffed 24/7 with medical professionals and offers highly structured programming including psychiatric care.
- RFHC clients may be admitted voluntarily, or involuntarily under BC's *Mental Health Act*.
- Since opening in 2021, RFHC has been operating at 95% capacity, indicating a sustained, high demand. A total of 202 clients were admitted to RFHC in 2023/24. [1]
- In 2023/24, 89% of Red Fish clients reported improved mental health between admission and discharge.[2]
- Advice/Recommendations; Cabinet Confidences; Government Financial Information
-

Ministry/Government Actions to date:

- In 2023/24, work began to plan the expansion of the RFHC model of care.
- A clinical service model and functional plan have been developed. The service model includes a Secure Enhanced Care Unit (SECU) that will serve individuals who suffer from a serious mental illness and a co-occurring aggression and/or significant behavioural challenges.
- Advice/Recommendations; Business Information; Cabinet Confidences; Government Financial Information
-
-
-

Table 1: Bed Distribution Models

[1] Source substance use data snapshot, September 2024 draft
[2] Ibid

Advice/Recommendations; Business Information; Cabinet Confidences; Government Financial Information

Budget/ Expenditures:

- Budget 2023 includes $1.1M over three fiscal years to evaluate Red Fish and to support the development of a clinical care model for the expansion.
- Advice/Recommendations; Cabinet Confidences; Government Financial Information

Approvals:

September 09, 2024 – Ally Butler, ADM, Treatment & Recovery
September 27, 2024 – Grant Holly, EFO, Corporate Services Division
October 4, 2024 – Grant Holly, EFO, CSD
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

OVERSIGHT OF SUBSTANCE USE BEDS

Introduction:

- Since 2018, the Ministry of Mental Health and Addictions (MMHA) has worked in partnership across ministries, health authorities and health sector partners to strengthen oversight of bed-based treatment and recovery services and to support greater accountability for safety and quality care.

Background:

- Bed-based substance use treatment and recovery services provide a safe, structured, communal environment for individuals with substance use disorders to focus on their recovery.
- The majority of these services are delivered in licensed treatment facilities or registered supportive recovery residences, regulated under the *Community Care and Assisted Living Act* (CCALA), Residential Care Regulation (Licensed Services), and Assisted Living Regulation (Registered Services).
    - The Ministry of Health (HLTH)'s Assisted Living Registrar (ALR) is responsible for the oversight of registered residences, which typically offer a lower intensity of support and programming.
    - Health authorities are responsible for the oversight of licensed facilities, which typically offer a higher intensity of support and programming.
- Indigenous-led services offering culture-based programs with federal funding are generally governed by the First Nations Health Authority (FNHA) in partnership with First Nations, with some exceptions.
- Bed-based substance use treatment and recovery services (particularly registered supportive recovery residences) have drawn media attention and generated stakeholder concerns related to safety, quality, oversight and accountability. The ongoing illicit drug toxicity crisis has compounded these challenges.
- To-date, significant cross-government efforts to improve the bed-based substance use treatment and recovery sector in BC have included investments to increase the quality and quantity of services province-wide as well as policy and legislative improvements.
- In 2022, MMHA launched the Bed-based Substance Use Treatment Oversight and Accountability (BOA) Project to develop further strategies and policy options that support equitable access to services, improve sector oversight and accountability, and enhance service quality and consistency.

Ministry/Government Actions to date:

- ***Legislation and Regulations***:
    - In 2019, the government introduced the *Assisted Living Regulation*, establishing comprehensive standards for service operators and aligning with updated legislative provisions to ensure greater protection and accountability in assisted living.
    - The introduction of the new regulation also brought into force amendments to the CCALA strengthening oversight powers.
    - These changes responded to recommendations from advocates and significantly enhanced regulatory oversight for supportive recovery homes.
- ***Provincial Standards***: Provincial Standards for Registered Assisted Living Supportive Recovery Services (Standards) were introduced in September 2021.
    - The Standards expand on minimum regulatory health and safety requirements and set service expectations including evidence-based care.
    - Health authorities (HAs) and Canadian Mental Health Association (CMHA-BC) have been directed to incorporate Standards into funding agreements for publicly funded beds **(see related note: substance use beds).**
- ***Operator Training and Resources***: Key resources for operators include an updated operator handbook, educational fact sheets, updates to the ALR's website, and an online learning course developed for operators and staff to support Standards implementation. Funding to the sector has also increased in

recent years.
  - Over 500 recovery service operators/staff, peer support workers/volunteers, and health authority staff have registered for *Safe, Respectful, Quality Care: Implementing BC's Supportive Recovery Standards*, the new, self-paced online course developed in 2023 to support implementation of the Standards.
- ***Performance Monitoring and Reporting**:* Starting in 2021, MMHA worked with partners to develop a performance measurement framework to monitor service access (with a focus on wait times), service utilization, client experience, and outcomes.
- ***BOA Phase 1**:* improving safety within the current oversight framework.
  - Cabinet Confidences
  - In 2024, the ALR established a new team of dedicated investigators focused on overseeing registered mental health and supportive recovery homes.
  - In June 2024, the ALR initiated proactive annual inspections at registered supportive recovery sites starting in the Fraser Health region.
- ***BOA Phase 2**:* exploring options for an updated approach, which could include a new legislative framework or updated funding models.
  - Between October 2023 - July 2024, MMHA engaged with 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.
  - Cabinet Confidences
  -

Budget Expenditures:

- Budget 2023 invested $4.39M over the fiscal plan to increase accountability for supportive recovery residences and explore options to further enhance oversight.

Approvals:
October 4, 2024 – Chris Van Veen, A/ADM, Treatment and Recovery
September 25, 2024 – Grant Holly, EFO, CSD
September 30, 2024 – Brenda Rafter obo Rob Byers, ADM and EFO, Finance and Corporate Services Division, HLTH
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

NURSE CERTIFIED PRACTICE FOR OPIOID USE DISORDER

Introduction:

- BC is the first jurisdiction in Canada to establish a permanent, certified practice for opioid use disorder (CP-OUD) for eligible Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs). CP-OUD enables certified nurses to provide comprehensive care for people with opioid use disorder (OUD), including prescribing of life-saving opioid agonist treatment (OAT).

Background:

- Nurse prescribing for OUD was first enabled through a 2020 Provincial Health Officer (PHO) order authorizing RNs and RPNs with additional training to prescribe federally regulated controlled substances in response to the toxic drug crisis according to standards, limits and conditions established by the BC College of Nurses and Midwives (BCCNM).
- Nurse prescribing has (1) increased the workforce for substance use care across the province; (2) enabled broader provincial access to evidence-based treatment for OUD; and (3) Advice/Recommendations
- 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 populations.
- Cabinet Confidences to permanently enable RNs and RPNs, who have a certified practice designation established by the BCCNM, to diagnose OUD and prescribe OAT.
- On November 1, 2023, the BCCNM brought a new designation of CP-OUD into effect, replacing the PHO order as the mechanism through which RNs and RPNs can diagnose and treat OUD.
- The existing PHO order remains in place and is currently under review by the Office of the PHO.
- CP-OUD nurses are required to complete the online BC Centre on Substance Use (BCCSU) Provincial Opioid Addiction Treatment Support Program (POATSP) to receive the designation.
- CP-OUD nurses are required to follow the standards, limits, and conditions set out by the BCCNM, including following relevant Decision Support Tools (DST) in their practice.

Ministry/Government Actions to date:

Implementation:

- Implementation is co-led between the Ministry of Mental Health and Addictions (MMHA) and Ministry of Health (HLTH), in collaboration with the Office of the PHO, First Nations Health Authority (FNHA), BCCNM, Nurses and Nurse Practitioners of BC, and the BCCSU.
- Since 2020, nurse prescribing for OUD has been implemented in all five regional health authorities, the Provincial Health Services Authority (PHSA), and FNHA, in a variety of settings including mental health and substance use programs, outreach, virtual care, acute care and First Nation communities.
- MMHA continues to meet regularly with partners through the RN/RPN Prescribing Steering Committee and the RN/RPN Prescribing Implementation Committee.
- MMHA also hosts a monthly RN/RPN CP-OUD Community of Practice.
- Current implementation efforts are focused on increasing the number of CP-OUD nurses practicing in BC and enabling CP-OUD nurses to prescribe an expanded range of OAT medications.

Transition to Certified Practice

- The transition of nurse OAT prescribing under the PHO order to a certified practice expands access to OAT in BC.
- MMHA has worked in collaboration with partners to enable the transition to CP-OUD through the development and review of resources to support CP-OUD nurses and employers to provide safe and

effective care. Work continues through ongoing efforts to monitor outcomes, address implementation barriers, and expand the number and scope of CP-OUD nurses operating in BC.

Scope of Practice Expansion

- The scope of practice for nurse prescribers (now CP-OUD) has progressed in a phased approach, starting with buprenorphine/naloxone and then expanding to include methadone and slow-release oral morphine.
- As of October 1, 2024, education and training for the prescribing of extended-release buprenorphine (Sublocade®) will be available for CP-OUD RNs/RPNs. After completion of the required training, RNs/RPNs will be able to prescribe Sublocade® for OUD in accordance with BCCNM standards, limits and conditions.

Evaluation and Monitoring

- Advice/Recommendations

- In July 2024, 697 patients received dispenses for buprenorphine/naloxone, methadone, or slow-release oral morphine at community pharmacies within BC, written by 69 RN/RPN prescribers.
- As of August 31, 2024, 195 RNs/RPNs from all health authorities have fully completed their training for CP-OUD.
- As of September 2024, 109 RNs and 39 RPNs have been granted a CP-OUD designation by the BCCNM.

Budget Expenditures:

- Cabinet Confidences; Government Financial Information

Approvals:
October 2, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
October 8, 2024 – Grant Holly, EFO, CSD
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

OPIOID AGONIST TREATMENT

Introduction:

- Opioid agonist treatment (OAT) is the evidence-based standard of care for opioid use disorder (OUD).[1]
- OAT medications have demonstrated higher retention rates and reduced consumption of illicit drugs 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.

Background:

Opioid Use Disorder

- OUD is a chronic, sometimes relapsing condition, with elevated rates of morbidity and mortality.
- People who use opioids in British Columbia, including individuals with OUD, are at elevated risk of experiencing fatal and non-fatal toxic drug poisonings due to the increasingly unpredictable and toxic illicit drug supply.
- Advice/Recommendations

Opioid Agonist Treatment

- OAT emerged as a treatment in BC for OUD in the 1990s through methadone maintenance treatment. In recent years, medication options have expanded to better meet client needs and address the increasingly toxic and unpredictable illicit drug supply.
- The four most prescribed OAT medications in BC are methadone (e.g. Methadose® and Metadol-D ®), buprenorphine/naloxone (e.g. Suboxone®), slow-release oral morphine (Kadian®), and long-acting injectable buprenorphine (e.g. Sublocade®).
- In August 2024, there were 2,103 OAT prescribers across BC, an increase from 912 in July 2017.[4]
- The monthly counts of total OAT clients increased from 14,743 in January 2015 to 24,021 in January 2021. Between January 2022 and August 2024, monthly client counts have ranged between 23,000 and 25,000.
- Advice/Recommendations; Cabinet Confidences
- In 2023/24, the percentage of people who continued OAT for 12 months or longer was 44.1 percent (a slight decrease from 2022/23, where it was 44.9 percent).[5]

Injectable OAT

- While most OAT medications are oral, injectable OAT (iOAT) provides additional options aimed to meet the needs of people who inject drugs and have not experienced benefits from or have declined other OAT options.
- Intergovernmental Communications
- While both injectable hydromorphone (HDM) and injectable diacetylmorphine (DAM) are evidence-

[1] BCCSU. (2023). A Guideline for the Clinical Management of Opioid Use Disorder
[2] Nielsen, S., et al. (2016). Opioid agonist treatment for pharmaceutical opioid dependent people. Cochrane Database of Systematic Reviews. https://doi.org/10.1002/14651858.CD011117.pub2
[3] Advice/Recommendations
[4] BCCDC. Unregulated Drug Poisoning Emergency Dashboard
[5] https://www.bcbudget.gov.bc.ca/Annual_Reports/2023_2024/pdf/ministry/mha.pdf.

based options available in BC, DAM has been identified as a preferred iOAT medication option by people who use illicit opioids.
- In August 2024, 102 people were dispensed DAM iOAT and 20 were dispensed HDM iOAT at iOAT clinics in BC.[6]

Tablet Injectable OAT
- Tablet Injectable OAT (TiOAT) is an alternative model where HDM tablets are usually crushed for injection, taken orally or inhaled. In recent years, many TiOAT clients have transitioned to other medication options that better meet their needs.
- Intergovernmental Communications
- In August 2024, 181 people in BC received a dispensation for HDM TiOAT for OUD.[12]

Ministry/Government Actions to date:
- Government Financial Information
- Injectable HDM is funded through HA iOAT program funding allocations and via PharmaCare for community clients when the prescriber has completed the BC Centre on Substance Use iOAT training and signed a Collaborative Prescribing Agreement indicating they will follow criteria for funding access as set out by the PharmaCare program.

PharmaCare Plan Z
- As of June 6, 2023, most 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.
- Individuals with Plan Z have 100 percent coverage for the four most frequently accessed OAT medications in BC:
  - Several formulations of methadone (Methadose® (cherry flavoured) and Metadol-D® (unflavoured))
  - Buprenorphine/naloxone 2mg and 8mg sublingual tablets
    - generic products are fully covered
    - brand-name buprenorphine/naloxone (Suboxone®) 2mg and 8mg sublingual tablets are partially covered
  - 24-hour slow-release oral morphine (Kadian®)
  - Long-acting injectable buprenorphine (brand name Sublocade®)

Updated Provincial OUD Guidelines
- In November 2023, the BCCSU released the updated Guideline for the Clinical Management of OUD Guideline, first released in 2017.[7]
- The OUD Guideline provides recommendations to healthcare professionals on supporting patients with OUD, including detailed information and recommendations on providing OAT.
- The updated guidelines promote flexible, patient-centered care and are intended to improve OAT access and retention.

Nurse Prescribing
- BC is the first jurisdiction in Canada to establish a permanent, certified nursing practice for OUD, enabling certified nurses to diagnose and treat OUD including prescribing OAT. **(see related note: *Nurse Certified Practice for OUD*)**

[6] BCCDC. Unregulated Drug Poisoning Emergency Dashboard.
[7] BCCSU. (2023). A Guideline for the Clinical Management of Opioid Use Disorder.

Opioid Treatment Access Line

- In August 2024, the Province launched the Opioid Treatment Access Line, providing expanded OAT access, especially in rural and remote communities **(see related note: Provincial Opioid Treatment Access Line*).***

Budget Expenditures:

- Government is investing $89.570M 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 $48.000M over three years.

Approvals:

October 10, 2024 – Mitch Moneo, ADM, Pharmaceutical Services Division, Ministry of Health
October 11, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 17, 2024 – Brad Williams A/EFO, Corporate Services Division
October 17, 2024 – Jonathan Dubé, Acting Deputy Minister

PROVINCIAL OPIOID TREATMENT ACCESS LINE

Introduction:

- The Opioid Treatment Access Line (the Access Line) is a virtual health phone service (1-833-804-8111), available 7 days / week between 9am – 4pm, that people in BC can call to receive same-day, same-call access to Opioid Agonist Treatment (OAT).
- The Access Line serves people anywhere in BC, through a dedicated team at Providence Health Care (PHC). The PHC team conducts an initial addiction medicine consultation over the phone and when medically appropriate, will provide callers with a new OAT prescription or a prescription restart.
- The Access Line also supports clients to connect to local services and enables continued access to OAT through a rapid and seamless connection to Health Authority Substance Use Liaison Nurses.
- Health Authority Substance Use Liaison Nurses support clients to navigate barriers to OAT retention and prescription access.

Background:

- OAT is an evidence-based treatment option for people experiencing addiction to opioids, such as Heroin, Fentanyl, Oxycodone, Hydromorphone (Dilaudid), or Percocet.
- OAT medications act slowly in the body, work to prevent withdrawal, reduce cravings for opioids[1], and can reduce the risk of overdose/toxic drug poisoning that is associated with illicit substance use.[2]
- The Access Line is staffed by trained clinicians who prescribe OAT medications, such as methadone, buprenorphine/naloxone (Suboxone®) and Kadian ®, to treat opioid addiction.
- The service was developed to help expand access to OAT and address some of the access barriers people experience:
  - Do not currently have an OAT provider in their community
  - Work or attend school during the hours that their local OAT provider is open
  - May feel that they could be stigmatized or judged for going to their local OAT provider's clinical space
  - May not be able to receive culturally appropriate care in their home community
  - Have childcare or accessibility needs that prevent them from attending their local OAT provider
- The intent to increase the accessibility of OAT through the implementation of a provincewide virtual OAT system was announced in April 2024.
- A multi-disciplinary team including Dr. Penny Ballem, Provincial Health Services Authority, Fraser Health, PHC, Ministry of Mental Health and Addictions (MMHA) and several other partners, led the design and development of the service.
- The Access Line aligns with the expansion of the Road to Recovery (R2R) model of care that is being implemented in each health authority.
- It is anticipated to be a time limited program (two-three years) to close gaps in access to OAT while regional Access Central services are established through the R2R expansion.
- The Nurse Liaisons' work as part of their respective health authorities' R2R Access Central team.

Ministry/Government Actions to date:

- The Access Line launched on August 27, 2024.
- A project team led by the MMHA meets regularly to monitor program usage, assess operational

[1] Opioid Agonist Treatment (bcmhsus.ca)

[2] BAHJI, A. et al. Reduction in mortality risk with opioid agonist therapy: a systematic review and meta-analysis. Acta Psychiatrica Scandinavica, [s. l.], v. 140, n. 4, p. 313–339, 2019. DOI 10.1111/acps.13088. retrieved from: https://search-ebscohost-com.ezproxy.hlth.gov.bc.ca/login.aspx?direct=true&AuthType=ip,url,uid&db=a9h&AN=138688708&site=ehost-live&scope=site July 12, 2024

concerns, and respond to emerging issues.

- Initial program usage and health authority referral data is being collected and reported to the project team weekly.
- A monitoring and evaluation plan is being developed to assess program impact and long-term outcomes.
- Hiring for the Substance Use Nurse Liaison positions is underway in regional health authorities which will be supported by a community of practice once positions are filled.
- Program Usage Data:

Advice/Recommendations; Personal Information

Budget/ Expenditures:

- The total cost of the Access Line is estimated to be $2.0M in 2024/25, $4.2M in 2025/26 and $4.4M in 2026/27.
- The funding to support the Access line is from the Budget 2023 R2R Operational funding allocation of $153.757M ($27.712M in 2024/25, $60.335M in 2025/26, and $65.710M in 2026/27)

Approvals:

October 4, 2024 – Chris Van Veen, Acting ADM, Treatment and Recovery Division
October 2, 2024 – Grant Holly, EFO, Corporate Service Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

RECOVERY COMMUNITY CENTRES – The Junction

Introduction:

- Long-term recovery supports are being expanded in every region through Recovery Community Centres (RCCs) and new aftercare clinicians.
- Increasing access to RCCs is directly connected to the expansion of the Road to the Recovery model across BC so more people can receive seamless care from assessment to detox and treatment through to aftercare.
- BC is developing RCCs under the common name and brand "The Junction". Junctions are *"a place to share, belong, and heal".*

Background:

- RCCs provide low barrier community-based recovery support services beyond the clinical setting. RCC core principles include services that:
  - Are low-barrier and inclusive
  - Provide multiple pathways to recovery
  - Are grounded in harm reduction principles and include abstinence supportive approaches
  - Are peer driven from design through planning, implementation, and evaluation
- Services offered include:
  - 1:1 supports like recovery coaching
  - Relapse prevention
  - Care planning
  - Support groups
  - Education and learning programs, like the Navigating Recovery program
  - Health and wellness activities
- RCCs are recovery-oriented community centres that support people's long-term recovery; not harm reduction services like Overdose Prevention Sites (OPS). While some harm reduction supplies may be available upon request, substance use is not permitted on site and people seeking harm reduction services will be supported by the Junction team to connect with the appropriate services in the community.
- Vancouver Coastal Health (VCH) implemented the first RCC in BC, the Vancouver Junction, in 2022 with services delivered virtually and in person at sites throughout Vancouver. A site search is currently underway to secure a permanent location in which to consolidate services.
- Since opening its doors, the Vancouver Junction has seen over 855 participants sign up to access programs and support and has offered more than 1,175 groups and activities.
- As of August 2024, VCH has also implemented the Northshore Junction and a smaller Junction model in Sechelt, the Sunshine Coast Junction.
- Planning for an additional four RCCs is actively underway with health authorities and community partners (see below for additional details).
- Further expanding the reach of substance use recovery services, 50 new aftercare clinicians are also being hired across the province. Aftercare clinicians connect individuals to local services post-treatment, offer clinical guidance such as recovery coaching and relapse prevention, and assist with personalized care planning. As of August 2024, 33 of 50 planned aftercare clinicians have been hired with the final clinicians to be hired through 2024/25- 2025/26.

Ministry/Government Actions to date:

- Budgets 2023 and 2024, included funding to expand the RCC model, with one RCC planned to be opened in 2025/26 in each health authority. As of September 20, 2024, the Ministry of Mental Health and Addictions (MMHA) has directed each regional health authority to commence capital planning

related to securing appropriate space for each RCC.
- The Vancouver Junction is the model for the expansion sites across BC.

Advice/Recommendations; Intergovernmental Communications

- VCH is leading a Junction BC implementation support working group that will provide implementation guidance and support to new RCCs. To date, a "how-to" manual, consistent branding for all current and future Junctions, an evaluation plan, and a website (junctionbc.ca) with information and resources for clients, families and the public have been developed through this partnership. All Junctions across BC will add information to this website as they become operational.

Budget/ Expenditures:

- Operating Commitments:
  - $3.2M to expand RCCs to IH, NH, FHA and Island
  - $1.15M for VCH to establish the first Junction and support the expansion to other regions
  - $6.28M to all HAs for aftercare clinicians
  - $1.54M to support HA planning
- Advice/Recommendations; Cabinet Confidences; Government Financial Information

Approvals:
October 7, 2024 – Chris Van Veen, a/ADM, Treatment and Recovery
September 25, 2024 – Grant Holly, EFO, Corporate Services
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

DECRIMINALIZATION IMPLEMENTATION

Introduction:

- The Province of British Columbia is currently in year two of a three-year decriminalization pilot, which is set to run until January 31, 2026. This pilot includes a range of implementation activities, many of which are required by Health Canada.

Background:

- In 2022, BC submitted a request to Health Canada for an exemption to the *Federal Controlled Drugs and Substances Act* (CDSA) to decriminalize personal possession of small amounts of illegal substances.
- Health Canada granted an exemption. On January 31, 2023, decriminalization came into effect in BC, allowing adults aged 18 and over to possess up to 2.5 grams of certain illegal substances with certain exceptions.
- Due to feedback from law enforcement and local governments about problematic public drug use and public disorder, on May 7, 2024, at the request of the Province, Health Canada issued a revised exemption.
- Health Canada also released a Letter of Requirements **(Appendix A)** accompanying the exemption. It details required activities related to health system and law enforcement implementation, engagement with the public, Indigenous partners and other stakeholders, monitoring and evaluation, and governance.
- The intent of decriminalization is to treat addiction as a health matter, not a criminal justice one, and to encourage people to reach out for care and access life-saving services, including treatment, recovery and harm reduction services.

Ministry/Government Actions to Date:

Alternative Measures

- As a requirement of BC's initial section 56 exemption, the Ministry of Mental Health and Addictions (MMHA) developed regional resource cards with information about health services that are distributed by law enforcement partners when interacting with individuals in possession of illegal substances.
- To date, the Province has completed and distributed three print runs, totaling 351,000 cards.
- A fourth print run planned for fall 2024 will include updated language on the new exemption, and the new Opioid Treatment Access line.

Health System Pathways

- To support decriminalization, the Province provided funding to regional health authorities (HA) and First Nations Health Authority (FNHA) for 36 new full-time equivalents (FTEs):
  - 12 Decriminalization Navigators (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 workers support on-the-ground connections to care and referrals for people who use drugs.

Law Enforcement

- MMHA and the Ministry of Public Safety and Solicitor General (PSSG) developed a training framework in collaboration with police partners to meet federal requirements from Health Canada and support police to implement decriminalization safely and effectively.

- Police training for the first exemption was implemented in two phases:
  - Phase 1: *Decriminalization in BC: Shifting to a Health Approach to Substance Use*, launched in December 2022. It focused on the details of the initial 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 2: *A Health-Based Approach to Drug Possession in British Columbia*, launched in September 2023. It 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, however, RCMP did not. This course is still active.
- Phase 3 will include information on the new exemption and launch in fall 2024.
- MMHA 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 Bylaw Officers, and the Provincial Health Services Authorities Community Transition Teams.
- PSSG provided funding to municipal police to purchase 2,000 naloxone kits. PSSG now manages procurement, distribution and monitoring utilization of naloxone kits to all municipal police over the next three years.

Stakeholder Engagement & Public Education and Communications

- MMHA continues to engage with stakeholders, including law enforcement, local governments, Indigenous partners, health authorities, and the Core Planning Table on an as-needed basis.
- Active working groups include the Local Government Working Group (which meets quarterly) and the Health System Pathways Working Group (which meets monthly).
- MMHA developed updated communications materials, including a fact sheet **(Appendix B)**, key messages **(Appendix C)**, and revised website content **(Appendix D)**, to reflect the new exemption.

Budget/ Expenditures:

Government Financial Information

Approvals:

September 3, 2024 – Ally Butler, ADM, Treatment and Recovery
September 24, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

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Decriminalization of People Who Use Drugs in BC

Decriminalization allows adults 18+ in BC to possess ('hold') small amounts of certain illegal drugs (opioids, crack and powder cocaine, methamphetamine, MDMA) for personal use in specific locations.

Why

Substance use is a public health issue, not a criminal one. Decriminalization helps reduce the stigma and fear of criminal prosecution that prevent people from reaching out for help. Limiting decriminalization to specific locations balances this goal with the importance of ensuring that public spaces remain safe and accessible for all community members.

Who

Adults 18+ in BC. It does not apply to people under the age of 18.

When

From May 7, 2024, until January 31, 2026.

Where

Private residences, places unhoused people are legally sheltering, overdose prevention, drug checking, and supervised consumption sites, and at outpatient addictions service sites in BC.

What is decriminalized

Adults 18+ in BC are allowed to possess ('hold') a total amount equal to or less than 2.5 grams of these illegal drugs for personal use:

- Opioids (including heroin, morphine, and fentanyl)
- Cocaine (including crack and powder cocaine)
- Methamphetamine (meth)
- MDMA (ecstasy)

Decriminalization applies in:

- Private residences
- Places unhoused individuals are legally sheltering (indoor and outdoor locations)
- Overdose prevention, drug checking and supervised consumption sites
- Places that provide out-patient addiction services

In these locations, adults 18+ will not be arrested, charged, fined, or have their drugs seized. Instead, information about voluntary health and social supports will be offered.

What remains illegal in BC

Adults 18+ cannot possess:

- More than 2.5 grams combined of the drugs covered under the exemption
- Any amount of other illegal drugs not covered under the exemption
- Any amount of drugs in public places like hospitals, businesses, transit and parks

Consumption in public remains illegal, except in the locations covered under the exemption.

Youth under 18 cannot possess any amount of drugs.

Illicit drugs are not legal. They cannot be:

- Imported or exported
- Produced
- Trafficked
- Taken across a domestic or international border

Version: June 28, 2024
For the latest information and a complete list of exceptions, please refer to **www.gov.bc.ca/Decriminalization**

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

Where does decriminalization apply under the revised exemption?

Within a private residence: A private residence is a building, portion of a building, or trailer used exclusively for residential purposes, and includes adjacent property intended for use by residents (e.g. a private balcony or backyard). It can also refer to a private guest room in a hotel, motel or other facility used for accommodation.

Where an unhoused person is legally sheltering: A person is legally sheltering if there are no bylaws against sheltering in a location. Both outdoor locations and indoor emergency shelters are included in this definition. Police recognize that people will have different types of shelters (e.g., sleeping bag, tent, tarps, etc.) and there may be safety considerations (e.g., fire risk) of smoking substances within a tent. Note: decriminalization does not override applicable bylaws or shelter policies.

Within a designated health care clinic: Designated health care clinics include those that primarily offer harm reduction (e.g. overdose prevention, drug checking and supervised consumption sites) or out-patient addiction services (e.g. rapid access addiction clinics or other community-based treatment clinics).

KEY MESSAGES
Federal Exemption granted

May 7, 2024

Background: On April 26, 2024, the Province of B.C. requested an exemption to the decriminalization policy to ban illegal drug use in all public spaces. On May 7th, 2024, the Federal Government granted the exemption which is effective immediately.

Key messages:

- Our communities are facing big challenges – people are dying from toxic street drugs, and we see the issues with public use and disorder on our streets.
- To help address these challenges, we asked the federal government to amend the decriminalization policy to ban public drug use in public spaces like parks, beaches, transit, and outside businesses.
- We thank the federal government for reviewing and granting our request urgently.
- This change gives police the tools to address problematic instances of public substances use.
- Effective today, police can move people along who are causing a disturbance by using drugs in public spaces.
- Decriminalization is about treating addiction as a health matter.
- We want to encourage more people to reach out for care and access life-saving services, including treatment, recovery and harm reduction services.
- That's why personal possession remains allowed in private residences, places where unhoused people are legally sheltering, some community-based addictions clinics and places where people who use drugs can access life-saving services like overdose prevention and drug-checking sites.
- We all want the same thing – for people and communities to be safe and secure, and for treatment to be available for those who need it.
- We are going to keep doing everything we can to save lives, and build strong, livable communities where everyone feels safe.

<u>If asked, how will you make sure police know these new rules:</u>

- This change was requested by our policing partners and allows them to move people who are using drugs in public places along if needed.

- We're pairing this exemption with guidance to police to only arrest for simple possession of illicit drugs in exceptional circumstances.
- This additional guidance and training are under development and will be shared with policing agencies in the coming days.

<u>If asked, is this really decriminalization anymore?</u>

- We all want people and communities to be safe and for treatment to be available for those who need it.
- We are going to keep doing everything we can to save lives.
- Decriminalization is one of several actions that the province is taking to address issues related to the toxic drug supply that is killing too many people.
- It is just one part of the Province's continuing efforts to build out a comprehensive system of mental-health and addictions care that includes expanding the number of treatment beds, rehabilitation services and housing options for people struggling with substance-use disorder and offering them a chance at recovery.
- Decriminalization was never about being able to use in public spaces – but it is critical that people feel able to come forward for help.
- Addiction is a health matter, not a criminal justice one.
- We are maintaining decriminalization in specific spaces – while making it clear that public spaces are not places to use drugs - that we can continue to support people to come forward and ask for help.

<u>If asked, what is a designated health care clinic?</u>

- MMHA is working with our partners (e.g. Health Authorities) to ensure that designated healthcare sites are clearly listed, and the public has a clear understanding of where BC's s.56 exemption applies.
- This includes a very narrow list of sites that primarily provide substance use services, support or access to addictions medicine such as Overdose prevention sites, drug checking sites and clinics that offer out-patient addiction services like Rapid Access Addiction clinics.

<u>If asked, are hospitals covered considered designated health care clinics?</u>

- No. Possession and use of illegal substances is not permitted in hospitals.
    - **If pressed on hospital-based RAAC or OPS:** However, in some cases there are Rapid Access Addictions Clinics located within hospitals, and those clinics would be designed within the exemption, alongside any overdose prevention sites.
- The Ministry of Health is undertaking urgent work with Health Authorities to ensure that comprehensive guidance and clinical protocols are in place to keep healthcare workers and patients safe, while providing improved access to additions treatment for people who use drugs.

<u>If asked, what is a designated drug checking site? How do sites get designated?</u>

  - A designated drug checking site is a space (room, tent, building or mobile van) where a client can drop off an illicit drug sample and have it tested to learn what it contains. To get designated as a drug checking site, a community agency can contact their regional health authority, and when approved, obtain a letter designating them drug checking site by a regional Medical Health Officer.

<u>If asked, isn't the amendment promoting drug use alone at home?</u>

- We know that the majority of deaths are indoors, when people use alone.
- We continue to encourage people to utilize OPS and drug checking services, use the lifeguard app, and never use alone etc
- By maintaining the exemption in private residences people will be less likely to use alone in secret, and will have less fear of reaching out for help in the event of an emergency.

<u>If asked, how can I travel to an OPS or other health clinic for addictions care with my substances?</u>

- Decriminalization was never intended to permit widespread use of drugs in public.
- This amendment is intended to provide police with tools to address problematic instances of public substance use.
- The change is not intended to recriminalize people who simply possess drugs or create barriers to individuals accessing harm reduction or treatment services.
- By maintaining decriminalization of personal possession at OPS and addictions clinics, we hope to continue to support people to come forward and ask for help.

<u>If asked, are mobile overdose prevention services exempted?</u>

- The exemption continues to apply to designated OPS', including designated mobile OPS'.

<u>Police</u>

<u>If asked, how will police officers be trained on this updated exemption?</u>

- The Province will be working closely with police leadership to ensure that officers get the relevant information about the updated amendment, so that they can apply it in the spirit of the exemption, on the ground in communities.
- In September 2023, Policing and Security Branch (PSB) launched an online course, *A Health-Based Approach to Drug Possession in British Columbia*, to further support law enforcement readiness in response to British Columbia's decriminalization framework.
- The course provides information on the use of trauma-informed policing in reducing stigma associated with substance use.
- Course content will help support police officers as they continue to shift their approach to understanding substance use as a health issue from a criminal issue.
- It is strongly recommended that police agencies prioritize and implement this training.

If asked, should police still distribute resource cards? If so, under what circumstances?

- Police agencies have copies of regional resource cards, specific to their health authorities.
- These cards were developed in partnership with health system partners, police leadership, and other partners, and include information on local health and substance use services.
- Resource cards will be updated to reflect the change in the exemption scope; however, resources listed continue to be up to date.
- Police officers may continue to distribute resource cards when there is a police interaction in progress or if an individual makes a request to pursue a service, resource, program, or treatment.
- As per 10.2 (1) of the CDSA, this approach will assist police in providing information and referrals to individuals who wish to access supports, including treatment, as they find a pathway to recovery.

If asked, will this updated exemption give police new authorities?

- No, this updated exemption will provide police with the lawful authority to address public use that existed under the CDSA prior to decriminalization.

If asked, how will this updated exemption affect police officer liability?

- PSSG will be working with the BC Association of Chiefs of Police, the Independent Investigations Office, the Office of the Police Complaints Commissioner, and the Civilian Review and Complaints Commission on amended policy directives and information bulletins regarding the updated exemption, with consideration of the harms of drug seizures.

If asked, how will officers know if/when someone is "lawfully" sheltering?

- Police officers work with municipal bylaw officers and staff to determine whether an individual is sheltering lawfully according to the bylaws of the municipality.

If asked, can police arrest someone for possession outside of their private residence, OPS, or other places covered by this exemption?

- Yes; however, the updated exemption is intended to give police officers the lawful authority to address concerns about problematic drug use in public spaces.
- The change is not intended to recriminalize people who simply possess drugs or create barriers to individuals accessing harm reduction or treatment services.

If asked, how will police determine what is considered "problematic drug use"?

- This exemption affirms that substance use should be treated as a health and social issue. This principle aligns with PPSC Guideline 5.13 and amendments to the CDSA in November 2022, which assert that drug possession is a health-related issue while acknowledging that certain substance use may present particular public safety concerns.

- Police agencies will need to update their policies to align with guidance from the Public Prosecution Service of Canada and the principles outlined in 10.1 and 10.2 of the CDSA.
- Police officers will need to consider the totality of circumstances surrounding public drug use, particularly if the use is directly and negatively impacting the safety, health, and well-being of the public, especially for children, youth and families.
- In addition, police officers are familiar with federal guidelines which seek a principled approach to the prosecution of the possession of a controlled substance and balance the health impact of substance use with the presence of public safety concerns.

If asked, do we expect simple possession charges to return to pre-decriminalization levels?

- Before implementing the decriminalization pilot, some police agencies indicated there was already de facto decriminalization in many jurisdictions across BC.
- In December 2022, prior to decriminalization, the CDSA was amended to promote the use of diversion for simple possession of drugs. These principles were not in effect in BC prior to decriminalization, and now the law requires that police officers consider evidence-based diversion measures as treat substance use as a health and social issue.
- MMHA will continue to lead oversight, monitoring, and evaluation of the exemption. This includes monitoring policing data (personal possession related offences, drug seizures and recommended charges) and submitting quarterly data reports to Health Canada.
- MMHA will continue to work with policing partners to assess these data and liaise with PSB accordingly to monitor the implementation of the updated exemption, which will provide more insights into trends in possession charges.

If asked, does this amendment allow police to approach and search people for drugs if they are not openly using drugs?

- The amendment does not provide police officers with any new legal authorities regarding search and seizure laws.
- The change is not intended to recriminalize people who use drugs or act as a barrier to individuals who may want to come forward and ask for help.

If asked, can police now confiscate drug paraphernalia in public?

- This updated exemption applies to drug possession only, not drug paraphernalia.
- PSSG and MMHA will continue to provide training and job aids for police to support a health focused approach to addressing illegal substance use.

If asked, when can police seize drugs?

- Police officers will need to consider the totality of circumstances surrounding drug seizures and have been provided with information that explains why drug seizures have negative impacts for people who use drugs.

- The law requires that police agencies consider harm reduction principles, recent amendments to the CDSA, and federal guidelines as they adopt policies specific to drug seizures.

Health

If asked, will the role of the decriminalization navigators and outreach worker change?

- No, connecting people to care and building relationships with police remain key objectives. The province will continue to work with health system partners, including health authorities, to support people who use drugs.

If asked are urgent primary care centres (UPCCs) included?

- No, the exemption applies to addictions clinics.

If asked, given that many rural and remote areas do not have addictions health clinics, are primary care services exempt in these circumstances?

- No, the exemption only applies to addictions clinics.

Other

If asked, who was consulted during the amendment request?

- The amendment request was made considering feedback from local governments and police agencies regarding the need for more tools to address problematic public substance use.
- Throughout the development of Bill 34, the Ministry of Public Safety and Solicitor General consulted a broad range of stakeholders regarding public drug use, and received a range of perspectives, with general agreement that the issue must be approached in a way that balances public health, public safety, and broader community interests.

If asked, will decriminalization still achieve its desired goals?

- The province remains committed to connecting people to care and reducing stigma associated with substance use. The Province will continue to rigorously monitor and evaluate our s.56 exemption, while scaling up treatments and supports for people who use drugs.

If asked, what will happen if the injunction against the Restricting Public Consumption of Illegal Substances Act is lifted?

- The injunction remains in place and the litigation is before the courts.

If asked, how does this affect use or possession of prescribed alternatives (safe supply) in public spaces?

- People can lawfully possess and consume prescribed medications as directed by their physician.

If asked, can local governments still put bylaws in place regarding substance use?

- Yes, but given that the amendment prohibits drug use in all public locations, it is unlikely that additional bylaws are needed.
- As was the case before the amendment, any local government considering additional bylaws concerning substance use must consult their local medical health officer before adopting.

If asked, how does the protections in the exemption differ from the Good Samaritan Drug Overdose Act?

- Maintaining the exemption for private residences is consistent with the goals of the Good Samaritan Act. Both are intended to encourage people to feel comfortable reaching out for help in the event of an emergency.

Joint statement from May 2nd:

Statement from Canada's Minister of Mental Health and Addictions and Associate Minister of Health, and the British Columbia Minister of Mental Health and Addictions

"Last week, Minister Saks and Minister Whiteside met in Vancouver to discuss shared priorities, including British Columbia's (B.C.) ongoing efforts to respond to the toxic drug crisis, improve access to services and better mental health.

The Government of B.C. has requested to amend the current exemption to prohibit possession of controlled substances in public spaces, including public transit, while maintaining the exemption in private residences, healthcare clinics that provide outpatient addiction services, overdose prevention and drug checking sites, and to people lawfully sheltering overnight. The Government of Canada and the Government of B.C. are committed to working together with urgency to review this request.

Our communities are facing extremely serious challenges – people are dying from deadly street drugs and we see issues with public consumption. B.C. and Canada want the same things, which is for people and communities to be safe and secure, and for treatment to be available for those who need it.

Health Canada is supporting B.C.'s work, at their request, to address this public health crisis."

Decriminalizing people who use drugs in B.C.

Last updated: **August 7, 2024**

繁體中文 | 简体中文 | Français | ਪੰਜਾਬੀ | فارسی | Tagalog | 한국어 | Español | عربي | Tiếng Việt | 日本語 | हिंदी

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- What is decriminalization of people who use drugs
- How the Health Canada Exemption works
- What remains illegal
- Enforcement and public safety
- Connecting people to care and treatment
- Monitoring and evaluation
- Reports
- Resources

What is decriminalization of people who use drugs

Addiction is a health issue, not a criminal one. Decriminalizing people who use drugs is one of the many actions B.C. is taking to respond to the toxic drug crisis that is killing our loved ones, so people live to get the care they need – from prevention and harm reduction to treatment and recovery.

The goal of decriminalizing people who use drugs is to reduce stigma and fear of criminal prosecution that prevents people from reaching out for help, including medical assistance.

Currently in B.C.:

- Public drug use is illegal. People are not allowed to use or possess illicit drugs in public spaces, such as hospitals, businesses, transit, and parks
- Adults can legally possess small amounts of some illicit drugs (opioids, cocaine, meth and ecstasy) for personal use in specific places including private homes, shelters, and outpatient addiction, overdose prevention and drug-checking service locations

How the Health Canada Exemption works

Health Canada granted the province of B.C. a three-year exemption under the Controlled Drugs and Substances Act to decriminalize people who use drugs, which came into effect January 31, 2023.

Under the exemption, possessing small amounts of certain illicit drugs for personal use in specific locations is allowed.

In these locations, adults 18 and older will not be arrested, charged or have drugs seized for possessing small amounts of certain illicit drugs for personal use. Instead, people will be offered health information and referred to treatment and supports if requested.

Locations:

- Private residences
- Places unhoused individuals are legally sheltering (indoor and outdoor locations)
- Overdose prevention, drug checking and supervised consumption sites
- Places that provide out-patient addiction services like rapid access addiction clinics

Illicit drugs covered under the exemption (up to 2.5 grams combined):

- Opioids (such as heroin, morphine and fentanyl)
- Crack and powder cocaine
- Methamphetamine (meth)
- MDMA (ecstasy)

What remains illegal

- Adults 18 and older cannot possess:
  - More than 2.5 grams combined of the drugs covered under the exemption
  - Any amount of other illegal drugs not covered under the exemption
  - Any amount of drugs in public places like hospitals, businesses, transit and parks
- Youth under 18 cannot possess any amount of drugs
- Illicit drugs are not legal. They cannot be trafficked or sold in stores
- Drug production, import and export remain illegal, unless authorized under the CDSA

Enforcement and public safety

- Police have received guidance to support treating addiction as a health issue not a criminal one
- Officers now have tools and the power to enforce against problematic drug use in public places
- When called to a scene where illegal and dangerous drug use is taking place, police can:
  - Offer health information and referrals to treatment and social services
  - Compel the person to leave the area
  - Seize the drugs, when necessary

- Arrest the person, if required

- In addition, rapid response teams operate in many communities to respond to calls for people in mental health or addiction crisis:
  - Mobile Integrated Crisis Response Teams pair police with a psychiatric nurse or social worker trained to deescalate high-risk situations, offer immediate specialized care, and connect people to recovery supports instead of legal consequences
  - Peer Assisted Care Teams of mental health and trained peer support workers provide compassionate, trauma-informed care in low-risk situations
- Safe Community Situation Tables bring together frontline staff from police, health and social services sectors to connect vulnerable people to addiction, mental health and housing supports before they experience a negative or traumatic event like overdose or incarceration

Connecting people to care and treatment

Addiction treatment and recovery is complex. There's no single solution that works for every person.

B.C. is building a model of care that helps people no matter where they're at in their journey – from prevention and harm reduction to treatment and recovery.

- If looking for help now, supports are available 24/7 at Help Starts Here
- If using drugs, take steps to stay safer:
  - Carry a Naloxone kit
  - Use the Lifeguard app when using alone, it will alert 911 in case of overdose
  - Access services at drug checking, overdose prevention, and supervised consumption sites
  - Ask a health care provider how to find a pathway to recovery that works for you

Monitoring and evaluation

- Health Canada requires B.C. to closely monitor and evaluate the implementation, early outcomes, public awareness and unintended consequences to inform ongoing adjustments
- B.C. is monitoring:
  - Changes to law enforcement practices
  - Changes in socio-emotional wellbeing of people who use drugs
  - Pathways to services and treatment
  - Progress on efforts to build a system of care for mental health and addiction

    - Data on drug seizures and charges for personal possession related offences
    - Public awareness and understanding of decriminalization
- BCCDC continues to monitor and report data on unregulated drug poisonings
- Government of Canada, through the Canadian Institutes for Health Research, is funding third-party research to assess the impact of the exemption on addressing substance use harms

Reports

- Building a Mental Health and Substance Use System of Care – Data Snapshot
- Decriminalization Early Outcomes - Quarterly Reports to Health Canada
    - July 2023 report (PDF, 1.1MB)
    - November 2023 report (PDF, 0.6MB)
    - February 2024 report (PDF, 1.1MB)
    - May 2024 report (PDF, 1.2MB)

Resources

- For more information on where decriminalization applies in B.C. (PDF, 160KB)
- Learn more about decriminalization (PDF, 75KB)
- Health Canada Letter of Requirements (May 7, 2024)
- How to Talk to Youth About Drugs
- Help Starts Here – Mental Health and Substance Use Care

DECRIMINALIZATION – MONITORING AND EVALUATION

Introduction:

- Health Canada's Letter of Requirements for BC's Section 56 exemption includes a requirement for robust monitoring and evaluation of decriminalization, including monthly narrative reports, quarterly data reports, and an implementation evaluation.
- BC's evaluation framework and activities have been updated in accordance with the May 7, 2024, change to the exemption.
- Monitoring and evaluation activities are proceeding according to plan with new reports available in November 2024.

Background:

- Decriminalization of personal possession of small amounts of illegal substances came into effect in BC on January 31, 2023, under a Health Canada exemption to Section 56 of the *Canadian Drugs and Substances Act* (CDSA). On May 7, 2024, at the request of the Province, Health Canada issued a new exemption that applies only in specific locations (private homes, shelters, and specific health care settings). This change was requested in response to concerns about public substance use.
- The new Letter of Requirements issued by Health Canada in May continues to emphasize the importance of monitoring and evaluation, and includes new requirements that quarterly data reports be made public, and that interim and final reports from BC's implementation evaluation be shared with Health Canada within a month of being finalized. Narrative status reports continue to be required to be submitted monthly.
- Quarterly data reports are due to Health Canada by February 15 (combined with an annual report), May 15, August 15, and November 15 of each year the exemption is in effect.
- The federal government, through the Canadian Institutes for Health Research, is also funding third-party research to assess the impact of the exemption in BC. The funding was issued to members of the Canadian Research Initiative in Substance Misuse - Ontario Node (CRISM). Final reports from this group are expected in 2027/2028.

Ministry/Government Actions to date:

Reporting

- In accordance with Health Canada's requirements, the Ministry of Mental Health and Addictions (MMHA) has submitted quarterly data reports since the beginning of the exemption. Reports up to May 2024 are posted to BC's decriminalization webpage. The August 2024 report has been submitted to Health Canada but not yet posted online. An annual report was submitted to Health Canada in February 2024.
- Data sources for quarterly and annual reports include police data (i.e., drug-related offences and seizures), health service utilization data, health authority reporting, public awareness polling, academic research, and administrative health data.
- As part of the decriminalization budget, MMHA funds research with people who use drugs (PWUD), including an annual Harm Reduction Client Survey (HRCS) conducted by the BC Centre of Disease Control (BCCDC) and annual qualitative research conducted by Simon Fraser University (SFU).
- MMHA also funds a contracted third-party implementation evaluation focusing on BC's implementation and early outcomes (0 to 3 years) of decriminalization.
- Two quarterly data reports will be available by November 2024. Health Canada requires that quarterly data reports be posted publicly.

  - The August 2024 quarterly data report was submitted to Health Canada in September 2024. It is the final quarterly report covering the original exemption period (data before May 2023). It also includes findings from BCCDC's HRCS and SFU's qualitative research.
  - The November 2024 quarterly data report will be the first quarterly report with data relevant to the new exemption period (May-July 2024).
- Three additional decriminalization monitoring and evaluation reports by external agencies will be available by November. These reports all present findings from data collection during the original exemption period of decriminalization (between February 2023-April 2024).
  - SFU Post-implementation Qualitative Interviews with PWUD Report (completed July 2024). Report is complete and presents findings from interviews with 78 people who use drugs (PWUD) between August 2023 and January 2024 on views, attitudes, and experiences of decriminalization.
  - BCCDC HRCS Knowledge Updates related to decriminalization (completed August 2024). This package of knowledge updates and infographics is complete and covers the following topics from the BCCDC's 2023 annual survey of PWUD: using substances in public and supervised consumption and overdose prevention sites; awareness of decriminalization; interactions with law enforcement; stigma, hesitance, and 'outcomes'; and drug use quantity/frequency and changes in the drug supply.
  - Third party year one implementation evaluation report will be available by October 31, 2024. The report will draw from primary data collection completed by the contractor during the original exemption period including interviews with law enforcement, health system, local government, and Indigenous partners, and triangulate with evidence across all components of the provincial framework.
- Findings from decriminalization monitoring and evaluation must be interpreted with caution and in context with the significant policy change that occurred in May 2024.

Budget/ Expenditures:

- The Implementation Evaluation contract has an estimated amount of $0.239M in fiscal 2023/24, $0.216M in fiscal 2024/25, and $0.225 million in fiscal 2025/26. The total estimated amount of the contract is $0.680M over three years.
- Annual funding of $0.215M 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 $0.645M over three years.

Approvals:
September 12, 2024 – Ally Butler, ADM, Treatment and Recovery
October 4, 2024 – Grant Holly, EFO, Corporate Service Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

DECRIMINALIZATION – PUBLIC USE AND HRNA LITIGATION

Introduction:

- Following implementation of decriminalization, BC passed the *Restricting Public Consumption of Illegal Substances Act* (RPCISA) to address concerns about problematic public use of illegal substances.
- The RPCISA was prevented from coming into force by an injunction granted by the BC Supreme Court in response to legal action by the Harm Reduction Nurses Association (HRNA).
- In May 2024, the Ministry of Mental Health and Addictions (MMHA) requested and received an updated s.56 exemption from Health Canada which prohibits possession in most public spaces.
- The new exemption is now subject to Judicial Review in Federal Court requested by a coalition of groups advocating for people who use drugs. MMHA is a respondent in the case.

Background:

- On January 31, 2023, at the request of the Province, an exemption to the federal *Controlled Drugs and Substances Act* (CDSA) came into effect in BC, allowing adults aged 18 and over to possess up to 2.5 grams of certain illegal substances, with certain exceptions.
- The exemption was accompanied by a Letter of Requirements setting out required implementation activities related to health system readiness, law enforcement training, engagement with stakeholders and Indigenous partners, public communications, monitoring and evaluation, and governance.
- The intent of decriminalization is to treat addiction as a health matter, not a criminal justice one. It aims to encourage people to reach out for care and access life-saving services, including treatment, recovery and harm reduction services.
- Following implementation of decriminalization in January 2023, local governments and law enforcement expressed increasing concerns over public substance use and lack of law enforcement tools to address problematic use. These concerns led to the consideration and passage of a number of municipal bylaws to restrict substance use in a range of public spaces.
- The Provincial and Federal Governments' policy responses to these concerns are the subject of legal proceedings brought by groups advocating on behalf of people who use drugs.

Ministry/Government Actions to date:

- In Spring 2023, the Ministry of Public Safety and Solicitor General (PSSG) began work to develop legislation to restrict substance use in certain public settings. This included engagement activities with local governments, First Nations, law enforcement, public health officials, and people with lived and living experience of drug use. MMHA supported PSSG in undertaking this work.
- On September 18, 2023, Health Canada granted a request from the Province to amend the exemption to prohibit possession within 15 metres of playgrounds, spray parks and wading pools, and skate parks.
- On October 5, 2023, the Restricting Public Consumption of Illegal Substances Act (the Act) was introduced in the Legislature; it received Royal Assent on November 8, 2023. The Act sets out certain public spaces where drug use is not allowed and was supported by a number of local governments and law enforcement organizations. It does not come into force until a Regulation is deposited; this has not yet occurred.
    - The Act would prohibit public substance use in parks, beaches, sports fields, outdoor community recreation areas, business or residential building entrances, and bus stops. The Act would empower police to direct an individual using drugs to cease using or leave the prohibited area. If the individual refused, police would have authority to seize the

individual's drugs and/or make an arrest.
    - On November 9, 2023, the Harm Reduction Nurses Association (HRNA) filed a Notice of Civil Claim in the BC Supreme Court, seeking to prevent the Act from coming into force.
    - On December 29, 2023, the BC Supreme Court granted HRNA an injunction, preventing the Act from coming into force.
    - On March 1, 2024, the BC Supreme Court denied the Province's request for leave to appeal.
- In response to the injunction and continued concerns about problematic public drug use, the Province asked Health Canada to amend its s.56 exemption to prohibit possession in most public spaces, including parks, beaches, businesses, transit, sidewalks and hospitals. This new exemption came into effect on May 7, 2024, giving police the ability to enforce the CDSA in public places.
    - The new exemption differs from the Act in its application to possession rather than use, its broader list of prohibited areas, inclusion of exceptions, and stronger penalties.
    - On June 6, 2024, a coalition of groups advocating for people who use drugs filed a Notice of Application in Federal Court requesting a judicial review (JR) of the federal Minister of Mental Health and Addictions' decision to grant the revised s.56 exemption to BC and asking the Federal Court to either quash the federal Minister's decision or direct her to reconsider. Legal Information
    - No provincial representatives were named as respondents in the JR.
- On August 21, 2024, the Federal Court granted the Province's request to be named as a respondent in the JR.

Advice/Recommendations; Legal Information

Budget/ Expenditures:

- N/A

Approvals:

October 2, 2024 – Chris Van Veen, Acting ADM, Treatment and Recovery
October 17, 2024 – Jonathan Dubé, Acting Deputy Minister

ADULT MENTAL HEALTH OVERVIEW

Introduction:

- Adult mental health services in BC are overseen collaboratively by the Ministries of Mental Health and Addictions (MMHA) and Health (HLTH).
- Services are delivered through five regional Health Authorities, the Provincial Health Services Authority (PHSA) and First Nations Health Authority (FNHA) along with a diverse range of non-profit service providers, private practitioners, and community agencies.
- In BC, adult mental health services are organized through the Tiers of Service Framework categorizing care into levels based on complexity and specialization (from Tier 1 i.e., broad, comprehensive services in communities as well as many hospitals with increasing specialization up to Tier 6 i.e., high-complexity subspecialized services delivered at a provincial level).[1]
- All health authorities in BC provide key services including Assertive Community Treatment (ACT) Teams, Intensive Case Management (ICM), Early Psychosis Intervention (EPI), eating disorders programs, psychiatric inpatient care, and community mental health services, ensuring comprehensive support across the province.[2]
- In 2022/23 825,273 adult clients (19+ years) received mental health and substance use (MHSU) services in B.C.[3]
- In 2023/24, there were 40,454 hospitalizations for adult patients (19+ years) with a mental disorder as the primary diagnosis at acute/rehab care facilities compared with 39,563 hospitalizations in 2022/23.
- An additional 418 stays for adults occurred at reporting psychiatric facilities in 2023/24 compared to 385 stays in 2022/23.[4]

Background:

- MMHA, established in 2017, coordinates mental health and addiction services in BC and leads the toxic drug crisis response. [5]
- HLTH partners with MMHA to deliver integrated care in collaboration with other ministries, health authorities, and Indigenous governments to improve services and expand evidence-based practices.
- MHSU division in HLTH is the policy and program lead for specialized adult mental health services such as ACT, tertiary and correction/forensic mental health and substance use services, and is responsible for the *Mental Health Act*, sets service standards and monitors performance, focusing on care continuity and data-driven approaches. [6]

Mental Health Bed Availability in BC:

- As of June 30, 2024, there were 18,515 publicly funded community mental health and supported housing beds across BC, with the highest concentrations in Vancouver Coastal Health (7,906 beds) and

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[1] Provincial Health Services Authority. (2024). *Tiers of service*. http://www.phsa.ca/health-professionals/tiers-of-service
[2] Government of British Columbia. (2024). *Mental health and substance use services*. Government of British Columbia. https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use
[3] Ministry of Health. *Mental Health & Substance Use Report (Fiscal Year 2022/23)*. Health System Performance Portal. https://hspp.hlth.gov.bc.ca/framework/service-delivery/specialized-community-services/mental-health-substance-use-service
[4] Ministry of Health. Hospitalizations for Mental Disorders (under the Mental Health Act) for type of designated facilities: RMS 10615. HSIAR. Data extracted as of Oct 10, 2024. Note: not all psychiatric facilities report to the hospital database and the definition used to determine MHSU cases has not been updated since 2018; the definition is with the MHSU division/MMHA for review.
[5] Ministry of Mental Health and Addictions. (2024). *Ministry of Mental Health and Addictions*. Government of British Columbia. Retrieved from https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/mental-health-addictions
[6] Ministry of Health. (2024). *Mental Health and Substance Use Division*. Government of British Columbia. Retrieved from https://gww.health.gov.bc.ca/our-ministry/divisions/mental-health-and-substance-use

Fraser Health Authority (FHA) (4,549 beds).[7]

- Supported housing for mental health includes 3,750 beds, with variations in housing types such as independent living, group homes, and apartments.[7]
- Included in the bed count are 1,142 mental health community long-term care beds and 1,878 supported independent living beds under the Mental Health Supported Housing category.[7]
- Supported housing focuses on mental health needs with specialized services, while BC Housing offers general support to a wider group, including low-income individuals and seniors.[8]
- In addition, as of September 12, 2024, HLTH data shows a total of 1,340 MHSU base beds across various hospital sites in BC, with FHA accounting for 319 beds and PHSA having 373 beds.[9]

Ministry/Government Actions to Date:

- The province has increased funding for mobile crisis response teams (**see related notes: Mobile Integrated Crisis Response Teams and Peer Assisted Care Teams**) and psychiatric emergency services to reduce pressure on emergency rooms and to provide immediate support to individuals in crisis.
- ACT teams operate 24/7 across BC, delivering community-based care for adults with severe mental health and concurrent disorders. These teams offer comprehensive support, including crisis intervention, psychiatric care, and addiction management. Currently, 30 teams serve nearly 1,800 people per month across B.C.[10]
- Complex care housing provides services and supports for adults with complex mental health and/or addiction issues, and other challenges, who are homeless or at risk of homelessness. The initiative, launched in 2022 and expanded in 2023 with an additional 240 units under the Homes for People plan, now supports over 500 individuals**(see related notes: Complex Care Housing Phase 1 and Complex Care Housing Phase 2)**
- HLTH funded enhanced health services for individuals at risk of homelessness or who are unhoused such as the Supported Rent Supplement Program, urgent encampment response health services, and specialized healthcare supports in supportive housing settings.[11]
- Digital and virtual care expansion is underway to enhance access through telehealth, virtual counseling, and online resources, particularly in remote and underserved areas.
- Since 2019, the province has funded community-based adult mental health and substance use counselling through the Community Counselling Grants program (**see related note: Community Counselling Grants**).
- Integration into Primary Care Networks by embedding mental health professionals in primary care to offer coordinated support.

Budget/Expenditures:

- See referenced related notes for specific program funding:
  - Mobile Integrated Response Teams
  - Peer Assisted Care Teams
  - Complex Care Housing – Phase 1

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[7] Ministry of Health. Community and Cross Sector Branch, Health Sector Information, Analytics and Reporting Division. (2024, June 30). *MHSU Bed Survey for June 30, 2024: Bed Counts at Facility Level*.

[8] BC Housing. (2024). *Supportive housing*. BC Housing. https://www.bchousing.org/housing-assistance/housing-with-support/supportive-housing

[9] Integrated Analytics, Primary & Acute Care and Sector Workforce. Provided by Matthew Erickson, Director Hospital Services, Sep. 13, 2024.

[10] Government of British Columbia. (2024). *Building Better Mental Health and Addictions Care.* Retrieved from https://www2.gov.bc.ca/gov/content/health/mental-health-and-addictions/building-better-mental-health-and-addictions-care.

[11] Government of British Columbia. (2024). *Integrated Support Framework report*. https://www2.gov.bc.ca/assets/gov/housing-and-tenancy/social-housing/supportive-housing/isf_-_integrated_support_framework_report_web_fnl.pdf

    - Complex Care Housing – Phase 2
    - Community Counselling Grants
- Budget 2024 provided $215M to support both new and ongoing mental health and addictions programs across British Columbia. This investment builds on the $1B in funding from Budget 2023. [12]

Approvals:
October 11, 2024 - Christine Voggenreiter obo ADM Martin Wright, HSIAR, Ministry of Health
October 16, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 16, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 17, 2024 – Brad Williams, A/EFO, CSD
October 17, 2024 – Jonathan Dubé, Acting Deputy Minister

[12] Government of British Columbia. (2024). *Province invests $215 million in Budget 2024 to expand mental health and addictions support.* Retrieved from https://news.gov.bc.ca/releases/2024MMHA0015-000334

LEGISLATIVE SESSION - FACT SHEET

Access to Psychiatric Services in BC

TOPIC

Accessing psychiatric services in British Columbia.

CURRENT SITUATION

- Psychiatrists in BC are accessible through referrals from emergency room doctors, family physicians, or nurse practitioners.
- In BC, individuals can access a wide range of psychiatric services through health authorities, including community mental health teams, Assertive Community Treatment (ACT) teams, Intensive Case Management (ICM) teams, Access and Assessment Centres (AACs), Rapid Access Clinics (RACs), telehealth services, psychiatric inpatient care, and emergency department crisis support.
- Service delivery partners include the First Nations Health Authority (FNHA), Ministry of Children and Family Development (MCFD), and Provincial Health Services Authority (PHSA).
- Youth can access psychiatric services via the Ministry of Children and Family Development (MCFD), Child and Youth Mental Health (CYMH) and through specialized health authority community and tertiary mental health programs such as Early Psychosis Intervention (EPI), eating disorders, psychiatric inpatient units, and telepsychiatry.
- Family physicians and nurse practitioners cannot refer directly to CYMH psychiatry; the child or youth must first be involved with CYMH services for a referral.
- The British Columbia Children's Hospital's (BCCH) Compass Program provides specialized psychiatric care and telepsychiatry for children and youth across BC and the Yukon, enhancing access by providing consultation support to family doctors and nurse practitioners when access is limited or complex. [1]
- As of June 2024, BC had 21,799 community-funded beds across the age span (84% occupancy), 1,277 tertiary beds, and 928 acute beds, including 210 secure rooms, 26 quiet rooms, and 20 observation units. Also included are 251 community child youth beds, 24 tertiary child youth beds and 56 acute beds for children/youth.[2]
- For all ages, wait times vary significantly across BC, ranging from 0 days day to several months, depending on location, program type, and the severity of the patient's condition.
- In Q1 of FY 24/25, the average time from referral to first outpatient children's psychiatry appointment/initial assessment by a Psychiatrist at BCCH was 69 days (down from 83 days in FY 23/24), while inpatient children's psychiatry has a 0-day wait time as patients at BCCH, as children are seen by a Psychiatrist on the first day of admission. [3]
- Red Fish Healing Centre expanded in 2023, the 105-bed centre has a 95% occupancy rate, admitting 202 clients (age 19 and over) with 89% reporting improved mental health outcomes.[4]
- On September 15, 2024, the Province announced that it is building more than 400 mental-health beds at new and expanded hospitals in B.C. by modernizing approximately 280 outdated beds and adding more than 140 new mental-health beds.[5] *Some of the projects included above are:*
  - [6]new psychiatric unit with 44 single-occupancy rooms, integrating community and hospital services at the Vernon Jubilee Hospital, expected by 2029.[7]

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[1] Czmielewski, K. (2024, Sept 6). Email communication.
[2] BC Ministry of Health. (2024). *Mental Health and Substance Use - Mental Health and Substance Use Bed Survey Report.* Health System Performance Portal. https://hspp.hlth.gov.bc.ca/Home/Report/63?section=12&program=3. (2024, June 30) MHSU BS
[3] Rathgeber, M. (2024, Sept 17). Email communication.
[4] Morgan, J. (2024, Sept 3). Ministry of Mental Health and Addictions. Email communication. BC Gov News
[5] BC Gov News Release (2024, Sep 15). Retrieved from BC Gov News

[7] BC Gov News Release. (2024, Feb 2).https://news.gov.bc.ca/releases/2024HLTH0004-000137

  - In Campbell River, a new 153 bed long-term care home including a hospice unit, convalescent care unit and a specialized population unit for people experiencing challenges related to traumatic brain injury, mental health or substance use issues, expected by 2027.[8]
  - In Terrace, the Mills Memorial Hospital replacement project will see a new 78-bed hospital with a level 3 emergency trauma and inpatient surgery centre as well as a 20-bed adult inpatient psychiatric care unit. A new 25-bed Seven Sisters regional mental health facility for adults living with serious and persistent mental illness and addiction, full completion expected in 2026.[9]
- BC continues to experience challenges with psychiatry recruitment and retention, particularly in specialty areas such as community-based tertiary programs like ACT, as well as in rural and remote regions. An updated snapshot of vacancies, inclusive of a breakdown of specialty psychiatry (i.e. children/youth, adolescent, geriatric) is underway.

FINANCIAL IMPLICATIONS

- Psychiatrists billed $219.35 million in fee-for-service work for the fiscal year 2023/24 as of September 30, 2024.[10]

KEY BACKGROUND

- In 2023/24, a total of 886 psychiatrists received BC MSP[11] fee-for-service payments for patient care. This is an increase from approximately 630 psychiatrists in 2018.[12]
- Health Authorities in BC are implementing strategies, including international recruitment, to address psychiatrist shortages.[13] For example, in 2024/2025 Fraser Health Authority sought and received approval for above-range payments to psychiatrists on ACT Teams.[14]
- In 2023, the First Nations Virtual Substance Use and Psychiatry Service conducted 2,194 virtual sessions with psychiatrists and specialists, up from 1,937 sessions in 2022.[15]
- In 2022/23, 67 psychiatrists contracted with MCFD delivered 14,956 sessions to children and youth, with access coordinated through CYMH, not directly from referrals from family doctors or nurse practitioners.[16]
- Legislative changes in 2023 enabled nurse practitioners to complete medical certificates under the Mental Health Act, facilitating voluntary and involuntary admissions to designated mental health facilities.[17]

LAST UPDATED

The content of this fact sheet is current as of October 18, 2024, as confirmed by Roxanne Blemings, a/Executive Director, Mental Health and Substance Use Division.

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[8] BC Government News (July 19, 2023). Retrieved from BC Gov News
[9] BC Government. Health capital projects in B.C. Last updated Sep 19, 2024. Health capital projects in B.C. - Province of British Columbia (gov.bc.ca)
[10] B.C. Ministry of Health. Health Sector Information, Analysis, & Reporting Division. (2024). *MSP Information Resource Manual (IRM) Fee-For-Service Payment Statistics 2023/2024: Table 1.1*. https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp_information_resource_manual.pdf
[11] MSP Information Resource Manual. (2024). *Fee-For-Service Payment Statistics 2023/2024.* (https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msp_irm_2_prac.pdf)
[12] Canadian Medical Association. (2024). *Physicians by specialty and province.* https://www.cma.ca/sites/default/files/pdf/Physician%20Data/01-physicians-by-specialty-province-e.pdf
[13] George, K. S. (2023, Feb 6) Health Sector Workforce and Beneficiary Services Branch. Email communication.
[14] O'Donnell, C. (2024, July 31). Ministry of Health, Alternate Payment Program. Email Communication.
[15] Dreilich, B. (2024, Sept 4). Ministry of Mental Health and Addictions. Email communication.
[16] Czmielewski, K. (2023, Feb 6). Ministry of Children and Families. Email communication.
[17] British Columbia College of Nurses and Midwives. (2023, February 1). *Changes to standards for nurse practitioners.* https://www.bccnm.ca/bccnm/Announcements/Pages/Announcement.aspx?AnnouncementID=421

LEGISLATIVE SESSION - FACT SHEET

APPROVALS

2024 10 22 - Darryl Sturtevant, ADM, Mental Health and Substance Use Division

2024 09 27 – Christine Voggenreiter obo Martin Wright, ADM, Health Sector Information, Analysis and Reporting Division

2024 10 16 – Brenda Rafter obo Rob Byers, Assistant Deputy Minister, Finance and Corporate Services

COMMUNITY COUNSELLING GRANTS

Introduction:

- Government actions to increase access to mental health and substance use counselling services via the Community Counselling Grants (CCG) program.

Background:

- Research completed for the BC Ministry of Health in 2020 estimated that 18% of adults in British Columbia experience a mental illness or substance use issue each year
- *A Pathway to Hope* identifies the cost of counselling as a significant barrier to accessing this important, early intervention service.

Ministry/Government Actions to date:

- 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 fund low and no-cost community-based adult mental health and substance use counselling across the province.
- The grants are intended to increase access to underserved or hard to reach populations and to make counselling more accessible, including in rural, remote and Indigenous communities.
- Grants were initially distributed to 29 organizations in 2019, and in response to the COVID-19 pandemic in 2020/21, the program was expanded to 20 additional organizations.
- As of September 2024, 47 counselling service organizations receive annual grants, issued and administered by CAI. Originally, grants were provided to 49 organizations; however, in 2024 CAI terminated its contracts with two organizations due to non-compliance with contract requirements.
- For the 2023/24 and 2024/25 fiscal years, each organization received up to $130,000 per year.
- From its start in 2019 until March 2024, the CCG program has enabled the delivery of counselling services to 107,977 clients through 290,247 individual, couples, and family counselling sessions and 14,153 group counselling and psychoeducational workshops.

Budget Expenditures:

- Since 2019, the Province has provided a total of $35 million to support the CCG program. The current funding cycle is set to end in March 2025.
  - 2018/19 -$11.0M to support 29 counselling services providers
  - 2020/21 - $4.8M to expand supports to an additional 20 counselling service providers
  - 2021/22 - $4.2M to continue grant funding through March 2023 for all providers
  - 2022/23 - $15M to continue funding to the end of March 2025

Approvals:

September 11, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships & Community Initiatives
October 1, 2024 – Grant Holly, EFO, Corporate Services Division
October XX, 2024 – Jonathan Dubé, Acting Deputy Minister

LEGISLATIVE SESSION - FACT SHEET

MENTAL HEALTH ACT

TOPIC

Overview of *Mental Health Act* (MHA)

CURRENT SITUATION

- 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:
  - suffers from a mental disorder that seriously impairs their ability to react appropriately to their environment, or to associate with others;
  - requires psychiatric treatment in or through a designated facility;
  - 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 are not suitable as a voluntary patient.
- Legal Information
- In September 2024, Monarch Homes on the grounds of the Alouette Correctional Centre in Maple Ridge was designated as a complex tertiary mental health facility, a 20 beds facility that will provide longer-term, involuntary care to individuals with complex mental health and substance use need.
- In September 2024, a unit at the Surry Pretrial Services Centre was the first designated mental health unit in a correctional facility. It is a 10-bed unit that will provide timely mental health care to individuals within the correctional system requiring involuntary treatment under the MHA.
- In response to the BC Ombudsperson and the Representative for Children and Youth, amendments to the Mental Health Act (April 2022) were made to strengthen the protection of rights for people involuntarily admitted under the Act. Patients will be advised of their rights when admitted and provided with the option to meet with an Independent Rights Advisor.
- The Canadian Mental Health Association, BC Division has been contracted to deliver this service and is currently in the implementation phase of this work prior to the legislation being brought into force in Spring 2025. CMHA BC is currently hiring advisors and providing training to all 75 facilities and extended leave patients which is expected to be completed by Fall 2024.

FINANCIAL IMPLICATIONS

Independent Rights Advice Service (IRAS):

- Cabinet Confidences; Government Financial Information

LEGISLATIVE SESSION - FACT SHEET

KEY BACKGROUND

- In 2023/24, 30,812 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.[1]
- An additional 30,167 patients received treatment for mental illness and/or substance use challenges during hospital stays where the primary diagnosis was another condition. [2]
- The total number of patients treated for mental illness and/or substance use challenges in 2023/24 at these facilities was 60,979. This total was an increase of approximately 1% from 2022/23 (60,650 patients) and an increase of 6% since 2020/21 (57,504 patients).[3]
- In 2023/24, there were 25,400 involuntary hospitalizations under the MHA, down from 26,960 involuntary hospitalizations under the MHA in 2022/23. [4]
- In 2023/24, there were 18,245 unique patients involuntarily hospitalized under the MHA, down from 19,014 unique patients involuntarily hospitalized under the MHA in 2022/23.
- Unique voluntarily admitted patients were up from 42,036 in 2022/23 to 43,080 in 2023/24.[5]
- In 2023/24, 3,928 unique patients were discharged on Extended Leave of which 1,517 individuals had community support/referrals.
- 75 Facilities are designated under the MHA as of August 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
    - 13 Observation Units in rural hospitals, providing short stay for stabilization and/or transfer.[6]

<u>Ombudsperson</u>

- 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

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[1] Health System Performance Portal, Hospital services, Hospitalizations under MHA, 2023/2024. Not all tertiary mental health facilities report to the Discharge Abstract Database.
[2] ibid
[3] 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 09/24/2024.
[4] Health System Performance Portal, Hospital services, Hospitalizations under MHA, 2023/2024
[5] ibid
[6] 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 August 30, 2024.

Authorities (HAs). A follow-up report was released in Spring 2022 acknowledging accomplishments and further work required.

The Ministry's progress to date includes:

- Updated **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. The ministry is working with the DRIPA Secretariat, and Indigenous Health and Reconciliation, Indigenous Health to facilitate feedback on the current draft Guide as well as supporting the development of an additional document (either stand-alone or embedded in the next version of the Guide) which will share information in a way that is more aligned with Indigenous ways of knowing.
- **Independent Rights Advice Service (IRAS)** In June 2022, the Province passed amendments to the *Mental Health Act* to lay the foundation for the Rights Advice Service. These amendments introduced a new *Part 5 – Rights Advice* to the Act. 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. Currently, there are 47 mental health facilities operating IRAS. Planning for the implementation of IRAS service to individuals accessing community mental health centres and individuals on extended leave will start in the fall/winter of 2024.
  - IRAS legislation and regulation amendments are anticipated to be brought into force in Spring 2025.
- 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. Forms were updated to ensure they reflected current practice and the MHA. This included the addition of the Director's signature on Form 4.1. Change Management work with the HAs is ongoing.
- **Quarterly Provincial Audits-**The MoH has been auditing MHA designated facilities on a quarterly basis for the completion of the MHA forms. As of August 2024, there have been 17 Provincial Audits. For every form audited, compliance rates have been increasing over time.
- Work is in progress to update the **Secure Room Standards** which have not been updated since 2014. This work will address recommendations by both the OoO and the Office of the Representative for Children and Youth.
- We are collecting information to perform a review of all MHA **educational materials** developed by HAs. This review will respond to the OoO recommendations 12 and 13, as well as inform the development of consistent, Province-wide, MHA educational materials.

LEGISLATIVE SESSION - FACT SHEET

LAST UPDATED

The content of this fact sheet is current as of September 20, 2024, as confirmed by Roxanne Blemings obo Robyn White, Executive Director, Mental Health, and Substance Use

APPROVALS

2024 10 09 - Darryl Sturtevant, Mental Health and Substance Use
2024 10 07 – Brenda Rafter obo Rob Byers, Finance and Corporate Services Division
2024 10 02 – Rhiannon Pretty obo ADM Martin Wright, Health Sector Information, Analysis & Reporting Division

SUICIDE PREVENTION

Introduction:

- Government investments and work underway in suicide risk reduction initiatives.

Background:

- Approximately 6,700 individuals in British Columbia lost their lives to suicide between 2013 and 2023. [i]
- Across Canada, an estimated 4,500 people die by suicide each year and suicide is the second leading cause of death among youth and young adults. [ii]

Ministry/Government Actions to date:

- Since 2020, the Province has invested strategically in suicide prevention and life promotion initiatives through grants to Canadian Mental Health Association-BC Division (CMHA-BC), First Nations Health Authority (FNHA), and Métis Nation BC (MNBC).
- Beginning in 2020, FNHA expanded suicide prevention and life promotion services in First Nations communities and implemented youth advisory committees in more regions. MNBC focused on promoting youth wellness through the creation of Métis-specific online mental health courses, and an anti-stigma and life promotion awareness campaign.
- Funding to CMHA-BC was for two initiatives: Campus Suicide Prevention and Safer Suicide Care Initiative.
- In 2020, CMHA-BC administered Campus Suicide Prevention grants to 25 post-secondary institutions, delivering services in priority areas underserved by suicide prevention resources. The initiative enhanced capacity at these institutions with a suicide prevention grants program, supported by specialist technical assistance from CMHA-BC, their partners, and the Healthy Minds, Healthy Campuses network.
- Starting in 2021, CMHA-BC has partnered with regional health authorities on the Safer Suicide Care Initiative, which includes two key components:
    - Development of a Provincial Suicide Risk Reduction Framework. The Framework is intended for clinicians providing services to adults in emergency departments, acute psychiatry/inpatient units, and Mental Health and Substance Use (MHSU) outpatient mental health services. It provides guidance related to risk screening, safety planning, care management, and transitions in care. The framework has been shared in draft form with health authorities, and as of September 2024 is undergoing review and information updates in the Ministry of Health and Ministry of Mental Health and Addictions.
    - Grants and expert support for suicide care quality improvement in the health authorities. Health authorities are focusing in areas such as training; standard assessments and protocols; patient, family and clinician resources; and Indigenous-specific suicide care.
- In addition to provincial work, the federal government has recently released its National Suicide Prevention Action Plan, which seeks to build on existing provincial and territorial efforts with a national focus on data and monitoring; research and evaluation; supports and services; and governance.

Budget/ Expenditures:

- 2020: $0.8M to FNHA for expansion of suicide prevention services
- 2020: $0.2M to MNBC for Métis Youth Mental Health and Wellness Initiative
- 2020: $1.3M to CMHA-BC for Campus Suicide Prevention
- 2022 and ongoing: $1M annually for suicide prevention through CMHA-BC Safer Suicide Care Initiative

Approvals:
September 23, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
September 26, 2024 – Grant Holly, EFO, Corporate Services Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

[i] BC Coroners Service. (2024). *Suicide Deaths in BC: 2013-2023.* Retrieved from Suicide Deaths in B.C. 2013-2023 (gov.bc.ca)

[ii] Government of Canada website. (2024). *Suicide in Canada: Key Statistics (infographic).* Retrieved from Suicide in Canada: Key Statistics (infographic) - Canada.ca

CRISIS LINES

Introduction:

- Crisis lines provide 24/7 support to callers in mental health-related distress, including suicide-related calls. Calls are responded to by trained staff and volunteers who use crisis and suicide assessment, and intervention methods based on best practices.

Background:

- The Province provides crisis line services through the BC Crisis Line Network (BCCLN), which is made up of 10 regional crisis centres composed of local crisis lines operated by not-for-profit organizations.
- The BCCLN is contracted by the Provincial Health Services Authority (PHSA) and funded by the Province.
- Collectively, these crisis centres answer:
    - 1-800-SUICIDE, which provides immediate support to those at risk of suicide;
    - 310 Mental Health Support (310-6789), which provides support for all other mental health crises; and
    - Regional or local crisis lines.
- On November 30, 2023, the federal government launched 988, a national suicide prevention helpline for those at risk of suicide or those concerned about someone who may be at risk.
- Seven crisis lines and/or centres in BC are part of the national 988 network **(see Table 1 below)**.

Table 1: Provincially-Funded Crisis Centres

Crisis Centre	Location	Answers Calls on 988?
Crisis Intervention and Suicide Prevention Centre of BC	Vancouver	Yes
Chimo Crisis Services	Richmond	Yes
Options Community Services	Surrey	No
Interior Crisis Lines Network	Cranbrook	Yes
Interior Crisis Lines Network	Kelowna	Yes
Interior Crisis Lines Network	Trail	No
Interior Crisis Lines Network	Vernon	Yes
Interior Crisis Lines Network	Williams Lake	No
Vancouver Island Crisis Society	Nanaimo	Yes
Crisis Prevention, Intervention, and Information Centre for Northern BC	Prince George	Yes

- In addition to the BCCLN, several other organizations provide crisis line services for particular communities or populations. For example, KUU-US Crisis Line society provides support to callers within the Port Alberni area as well as Indigenous people throughout BC. KUU-US's toll-free line is funded by the First Nations Health Authority and its Métis line is funded by Métis Nation BC.

Ministry/Government Actions to date:

- In October 2022, as part of the provincial Crisis Line Enhancement Project (CLEP), PHSA assumed responsibility for overseeing provincially funded crisis line services in BC. Previously, these crisis lines were managed by the 5 regional health authorities.
- Other CLEP actions to date include:
    - Implementation of standards across all crisis line centres on the provincial network.
    - Enhanced training and upskilling to crisis line centre staff.

- In September 2023, provincial crisis lines transitioned to new contact centre technology that has increased call-response capacity and provides more accurate call data than under the previous technology.
- BC crisis lines support many thousands of callers each year:
  - Provincial lines:
    - In 2022/23, provincially funded crisis lines responded to 12,875 calls on 1-800-SUICIDE and 36,879 calls on 310 Mental Health Support.
    - In Q3 and Q4 of 2023/24 (note: Q1 and Q2 data is not available due to loss of data following transition to the new technology), provincially funded crisis lines responded to 5,117 calls on 1-800-SUICIDE and 23,065 calls on 310 Mental Health Support.
  - 988:
    - Between January and August 2024, BC crisis line service providers responded to 12,048 calls and 8,357 texts to 988 from BC area code numbers.

Budget/ Expenditures:

- The Province provides annual funding of $5.800M to PHSA to support the BCCLN, $2.350M of this is federal funding through a bilateral funding agreement. The remainder is transferred from the regional health authorities' base budgets.

Approvals:
October 4, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 4, 2024 – Grant Holly, EFO, Corporate Service Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

LEGISLATIVE SESSION - FACT SHEET

B.C.'s Health Human Resources Strategy

TOPIC

An update on the implementation of B.C.'s Health Human Resources (HHR) Strategy with 53 of 70 actions complete or underway across all four cornerstones – retain, redesign, recruit, and train.

CURRENT SITUATION

- **15 actions are substantially complete:** Highlights of work by the Ministry of Health (HLTH) include:
  - Introducing regulatory changes to **enable paramedics and first responders to provide more services in emergencies** (Action 25).
  - Expanding pharmacists scope of practice so residents can seek **treatment for 21 ailments and contraception directly from a pharmacist** (Action 26).
  - Modernizing the **Emergency Health Provider Registry** to improve response times during health system emergencies (Action 33)
  - Hiring **320 relational security officers and 14 violence prevention leads** to enhance safety at 26 high risk sites across B.C.
  - Adding **65 annual training seats for nurse practitioners across B.C.**

- **10 actions are launched and ongoing** (e.g. have a continuous intake). Highlights include:
  - The Associate Physician (AP) Deployment Expansion (Action 23). From Apr. 1, 2023 to Jun 30, 2024, HAs have hired **50 international medical graduates not eligible for independent licensure to work as APs** who provide care unde the supervision of an attending physician.
  - Go Health BC (Action 34), the provincially coordinated travel service. From Jan. 1 to Aug. 30, 2024, **288 Go Health Nurses have worked 170,000 hours in 29 rural communities**.
  - The **Internationally Educated Nurse (IEN)** support program (Action 36). From Jan 1, 2023 to Aug 31, 2024, **health authorities (HAs) have hired 1,222 IENs and 112 IE Health Care Assistants (HCAs)**.
  - The **Health Career Access Program** (HCAP) which – from Sep 9, 2020 to Sep 10, 2024 has hired **over 9,000 participants** into non-clinical care roles while they train to become HCAs.

- **28 actions are underwa**y, including seat expansions for undergraduate and resident physicians and others, and the launch of programs across all four cornerstones. Some actions **in implementation in 2024/25** with one-time funding and the possibility of renewal in 2025/26 include:
  - Government Financial Information
  -
  -

- **17 actions are on hold or in planning** – many of which will get underway in 2025/26.

FINANCIAL IMPLICATIONS

The HHR Strategy is supported with three year funding of $995 million starting with Budget 2023 including $273.6 million in FY2023/24, $349.6 million in FY2024/25, and $372.7 million in FY2025/26.

HLTH's year one report back to Treasury Board was accepted in July 2024. The report back confirmed that in 2023/24, $266.336 million of the $273.591 million annual budget was spent (97.3%).

LEGISLATIVE SESSION - FACT SHEET

KEY BACKGROUND

- B.C.'s HHR Strategy received Cabinet and Treasury Board approval in 2022 and was released publically on September 29, 2022.[1]
  - While HLTH provides ultimate covernance and oversight to the Strategy, it is also supported by the Provincial Health Human Resources Coordination Centre (PHHRCC) with leadership from HLTH, HAs, the Health Employers Association of British Columbia (HEABC), Providence Health Care (PHC), and the First Nations Health Authority (FNHA).

- On December 5, 2023, HLTH released the first annual report on the strategy – highlighting 39 actions complete or underway across four key 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 to eliminate financial and other barriers to practice for internationally educated healthcare workers.

- The annual report also highlighted **HLTH'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.

- While Government's investments in the HHR Strategy are substantial, the health workforce challenges articulated in the Strategy continue to evolve and accelerate.
  - Healthcare workers have been under increased pressure to support the health system's response to the worsening toxic drug supply crisis, COVID-19 and other respiratory illnesses, and climate related emergencies including wildfires and heat waves.
  - Several health sector strategic plans with significant human resources requirements were designed and launched at the same time as the HHR Strategy, or after it's release.
  - Population growth is another major factor driving demand with 10,000 people added to B.C. every 37 days.[2]
  - Net new demand sits on top of long-standing and worsening health workforce pressures including high vacancy rates, generational changes in work preferences, and distributional inequities impacting rural and remote communities and Indigenous peoples.
  - Despite these pressures, **HLTH and partners remain committed to implementing actions that address long-standing systemic challenges and build for the future in alignment with the vision of a health system that puts people first.**

LAST UPDATED

The content of this fact sheet is current as of September 24, 2024 as confirmed by Lynn Hancock, Director of Worforce Research and Results Management Office.

APPROVALS

2024 09 26 – Miranda Mason, Health Sector Workforce and Beneficiary Services Division
2024 XX XX – Brenda Rafter obo Rob Byers, Finance and Corporate Services Division

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[1] BC Government (Sep 29, 2022) New health workforce strategy improves access to health care, puts people first. https://news.gov.bc.ca/27538. Accessed 2024-9-24

[2] Charlie Carey and Michael Williams, CityNews (Jun 10, 2024). 1 in 3 'seriously' considering leaving B.C. due to cost of living pressures: poll. https://vancouver.citynews.ca/2024/06/10/bc-residents-leaving-cost-of-living-housing/ Accessed 2024-9-24

HEALTH CAREER ACCESS PROGRAM – MENTAL HEALTH AND SUBSTANCE USE EXPANSION

Introduction:

- Expansion of the Health Career Access Program to train and recruit mental health and addictions workers.

Background:

- Initially 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.
- Through Budget 2023, $43.260 million was committed to train and recruit mental health and addictions workers within the HCAP framework.
- The expansion is a tri-ministry initiative, between the Ministry of Mental Health and Addictions (MMHA), the Ministry of Health (HLTH), and the Ministry of Post Secondary and Future Skills (PSFS).
- It supports Action 53 of the Health and Human Resources Plan (*New Employer-Sponsored 'Earn and Learn' Programs*).
- 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, participants complete a 1-year return of service (ROS) as a mental health and addictions worker (or equivalent).
- The program soft-launched on November 30, 2023, with funding for up to 500 participants over 3 years, and was formally announced by MMHA on July 31, 2024.

Ministry/Government Actions to date:

- Design and launch of HCAP-Mental Health and Substance Use (MHSU).
- Successful negotiations with the Community Bargaining Association (CBA) to secure *support* worker role and terms of ROS.
- Designed bespoke web portal and application process.
  - 47,270 visits to new HCAP-MHSU webpage.
  - 4,000+ participant applications received.
- All regional health authorities committed to participating in the program, with 64 hires to-date.
- First two cohorts are currently enrolled in the mental health and addictions worker/community mental health worker certificate program (31 students at Vancouver Island University, 22 students at Douglas College).
- Worked with PSFS to map education cohorts (delivered in-person and online) for: Nov 2024, Jan 2025, May 2025, Sept 2025.

Budget/ Expenditures:

- Through Budget 2023, $43.260M was committed from 2023/24 – 2025/26.
  - $7.500 million of the $43.260M is allocated to PSFS to fund the educational component.
  - The remaining funds are transferred to the health authorities to administer and operate the program.

Approvals:

September 5, 2024 – Ally Butler, ADM, Treatment and Recovery Division
October 4, 2024 – Grant Holly, EFO, Corporate Service Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

WORKPLACE MENTAL HEALTH INITIATIVES

Introduction:

- Supporting psychological health and safety (PH&S) in workplaces across BC with focused initiatives in targeted sectors.

Background:

- "Workplaces" are identified as a key setting for the promotion and protection of mental health in *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.*
- According to Deloitte, mental health issues are the leading cause of work absence and on average account for 30-40% of short-term disability claims and 30% of long-term disability claims.[1]
- 2,977 of the 6,791 WorkSafeBC psychological injury claims reported in 2023 were from workers in the health care and social services sectors.[2]
- An Ipsos survey of working Canadians found that 75% of respondents were reluctant, or would refuse, to discuss a mental health challenge with an employer or co-worker, owing mainly to stigma, concern about judgement, or anticipated negative consequences.[3]
- Every $1 invested into workplace mental health initiatives sees a return of between $1.60 in improved health and productivity, which increases to $2.18 after three years.[4]

Ministry/Government Actions to date:

- The Ministry of Mental Health and Addictions (MMHA) - in partnership with the Canadian Mental Health Association (CMHA-BC) - launched workplace mental health initiatives at the outset of the COVID-19 pandemic to meet the acute needs of highly impacted sectors (e.g., long-term care, hospitality and tourism, community social services).
- Subsequent actions have widened the scope to additional sectors while focusing efforts on providing support and training to workers and leaders to strengthen their mental health and decrease mental health stigma in workplaces. MMHA continues to work closely with health and safety associations, union representatives, industry partners, and sector advocates, on many of these initiatives, including:
  1) *People Working Well* - (formerly, BC's Hub for Workplace Mental Health) Free PH&S tools and resources with targeted content for workers and leaders in the hospitality and tourism and community social service sectors.
     - As of June 30, 2024, the Hub has received more than 71,000 page views and delivered 96 webinars to nearly 1,300 attendees.
     - Training – A series of self-paced online training modules covering PH&S topics for workers, leaders, and HR professionals in BC's tourism and hospitality sector.
       - Almost 750 People Working Well training courses have been completed since October 2022.
     - Learning Coaches - Advisors – embedded in health and safety associations - assist organizations to advance PH&S in their workplaces.
  2) *Care for Caregivers* - Tailored content for healthcare workers, that hosts regular webinars and a podcast as well as directs users to a range of services to meet diverse needs.
     - As of June 30, 2024, the site has received almost 250,000 page views and delivered over 125 webinars to over 3,750 attendees.

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[1] Deloitte. (2019). The ROI in workplace mental health programs: Good for people, good for business
[2] WorkSafeBC. (2023). Mental disorder claims: Reported to WorkSafeBC 2019-2022
[3] Ipsos (2019). Mental illness increasingly recognized as disability
[4] Deloitte. (2019). The ROI in workplace mental health programs: Good for people, good for business

  - Delivered in partnership with CMHA-BC and SafeCare BC (BC's health and safety association for long-term care).
  - The program is part of the Ministry of Health's broader Health Human Resource Strategy and supports Action 4 to: "increase supports for healthcare worker wellness".
- Care to Speak - A free and confidential voice, text, and chat service for healthcare workers that provides short-term peer-based emotional support and service navigation.
  - As of June 30, 2024, there has been a total of 1,765 interactions.
- Leading from the Inside Out - A six session mental health-based training program to support leaders to gain knowledge and skills to effectively lead their teams, and care for themselves.

3) *BC Fire Fighter – Occupational Awareness Training* - The training intends to expand awareness of sector-specific stressors and decrease the shame and stigma associated with mental health challenges and aims to have 80% of provincial fire fighters participating by March 2026.Training is delivered by the BC Municipal Safety Association (BCMSA) via online modules with program expansion to over 12,000 BC Wildfire Service members through MMHA's support.

4) *Expansion of Presumptive Workers' Compensation Coverage to Selected MHSU Occupations* – Ensures coverage for work-related psychological injury under Workers' Compensation Act, which was supported by MMHA by providing definitions to LBR for new MHSU occupations: Harm Reduction Worker and Withdrawal Management Worker.

5) *Enhanced Training (SDPR)* – MMHA acts as liaison and advisor to CMHA-BC on this Ministry of Social Development and Poverty Reduction funded initiative to develop innovative tools for employers to improve PH&S for employees living with mental illness.

Budget Expenditures:

2020/2021
  - MMHA provided $0.960M in funding to CMHA-BC to launch Care to Speak and $0.250M for Care for Caregivers as part of wider COVID-19 response measures.

2021/2022
  - MMHA provided a $0.735M year-end grant to CMHA-BC to continue operations of Care to Speak and Care for Caregivers.

2022/2023
  - MMHA year-end grant of $0.065M to CMHA-BC to expand Leading from the Inside Out until March 31, 2026.
  - MMHA year-end grant of $5.012M to CMHA-BC to sustain and expand the People Working Well and People Working Well Training program until March 31, 2026.

2023/2024
  - $1.490M added from HLTH through Budget 2023 to sustain operations for Care for Caregivers and Care to Speak, as part of HHR Strategy, until March 31, 2026.
  - MMHA year-end grant of $0.3M to BCMSA to support the second and third years of the BC Fire Fighter Occupational Awareness Training, enabling it to be expanded to the BC Wildfire Service until March 21, 2026.

Approvals:

August 26, 2024 – Ally Butler, ADM, Treatment and Recovery Division
September 23, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Brad Williams, a/EFO, Corporate Services Division
October 11, 2024 – Jonathan Dubé, Acting Deputy Minister

MENTAL HEALTH AND SUBSANCE USE WORKFORCE

Introduction:

- Overview of relevant initiatives from BC's Health Human Resource (HHR) Strategy, to help increase the mental health and substance use (MHSU) workforce.

Background:

- In September 2022, the Ministry of Health (HLTH) announced BC's HHR Strategy with 70 actions organized around four cornerstones: retain, redesign, recruit, and train. Budget 2023 provided nearly $1 billion for the Strategy over three years (2023/24 – 2025/26).
- MHSU is a priority service area in the HHR Strategy which recognizes that consistent access to MHSU services throughout BC is reliant upon the workforce to provide these services.

Ministry/Government Actions to date:

Retain: Build Healthy, Safe, and Inspired Workplaces

- Action 03: Relational Security Officers (RSOs) – health authorities and Providence Health Care (HAs/PHC) have hired 320 new RSOs and 14 Violence Prevention Leads (VPLs) to improve security services at 26 high-risk sites across BC, including those providing complex mental health services.
- Action 06: Provincial Rural Retention Incentive (PRRI) – provides up to $8,000 (pro-rated against regular hours worked) for all regular health authority employees – including those providing MHSU services – in select rural and remote communities across BC.

Redesign: Optimize and Innovate

- Action 18: Workload Standards (Minimum Nurse to Patient Ratios, mNPR) –- HLTH, the Nurse Bargaining Association (NBA), the BC Nurses Union (BCNU), and HAs/PHC are implementing new provincial standards for nursing care with nurse-to-patient ratios, including in hospital MHSU settings.
- Action 30: Human Capital Management System (HCMS) – HLTH and HAs/PHC are partnering with Workday Canada to deliver a new HCMS which will enable accurate and standardized workforce reporting and planning, including for HA/PHC employees delivering MHSU services.
- Action 34: GoHealth BC – BC's provincial travel resource program supports planned deployments of nurses (including registered psychiatric nurses) and select allied health providers in rural communities.
  - Between January 1 and August 30, 2024, GoHealth BC Nurses have delivered 170,000 hours of nursing care (including psychiatric nursing care) in communities across BC.

Recruit: Attract and Onboard

- Action 36: Internationally Educated Nurse (IEN) Support Program: A zero-cost registration pathway with a return of service agreement, and innovative immigration, testing, and registration opportunities.
  - Between January 1, 2023 and August 31, 2024, 1,319 IENs have been approved for full or provisional registration by the BC College of Nurses and Midwives (BCCNM).
- Action 41: Practice Ready Assessment (PRA) BC Program Expansion – PRA-BC provides an alternative pathway to licensure for international physicians. PRA-BC physicians contribute to the delivery of MHSU services through primary care networks (PCNs) and the delivery of longitudinal primary care as part of an interdisciplinary care team. The full expansion from 32 to 96 seats has been fulfilled in spring 2024.
- Action 43: New to Practice Incentives – Medical education debt relief and a signing bonus to attract new physicians to longitudinal family practice including MHSU care as part of PCNs. Between January 1, 2023 and October 1, 2024, 173 physicians have received incentives through this program.

- Action 47: Recruitment Incentives – Signing bonuses for eligible health care workers (including Registered Psychiatric Nurses, Clinical Counsellors, and Social Workers).
- Action 48: Health and Care Careers Promotion Program – the Ministries of Education and Child Care (ECC), Post Secondary Education and Future Skills (PSFS) and HLTH are collaborating to expand health career entry opportunities for high school students, including the following new dual credit cohorts:
  - Social Services: 28 students starting Feb 2024, 10 students starting Sept 2024.
  - Social Work: 2 students starting Feb 2024.
  - Nursing and Medical Pathways: 1 student starting Feb 2024.
  - Nursing: 20 students starting Feb 2024, 25 students starting Feb 2025.

Train: Create Accessible Career Pathways

- Action 52: Health Career Access Program (HCAP) – MMHA has partnered with HLTH, PSFS, and HAs to expand HCAP to MHSU. The program soft-launched in Nov 2023 and was announced formally on July 31, 2024 with funding for up to 500 participants over three-years.
  - HLTH delivers the program in partnership with HAs/PHC who recruit participants and PSFS who coordinate HCAP cohorts for the Community Mental Health Worker Certificate Program at Vancouver Island University, Selkirk College, and Douglas College.
  - 53 students are currently participating and 90 are scheduled to join in Nov 2024 and Jan 2025.
- Action 57: Priority Program Bursaries – HLTH and PSFS are partnering to deliver the following bursaries:
  - Student Recruitment/Retention ($2000/year) – Eligible MHSU programs: registered psychiatric nursing (RPN), clinical counsellor, social work (SW), speech language pathology (SLP).
  - Indigenous Student ($5000/ year) – Eligible MHSU programs: RPN and SLP.

MHSU Workforce Changes since 2017:

- RPNs:
  - Added 40 RPN training seats, bringing the total to 160.
  - Added 599 net new practicing RPNs with the BCCNM (Total: 3,418 in December 2023).
- Social Workers (SWs):
  - Added 25 SW training seats, bringing the total to 165.
  - Added 562 SWs employed by HAs/PHC and affiliates (Total: 2,192 in 2022, +32% since 2017).
- Resident Physicians: Expanded MHSU specialist residencies including child psychiatry (9 in 2023, up from 5 in 2019), psychiatry (28 in 2023, up from 23 in 2019), and family practice - addiction (2 in 2023).

Budget/ Expenditures:

- MMHA works collaboratively with other ministries to advance workforce responses - especially HLTH where most of the funding has been allocated.
- BC's HHR Strategy is supported by nearly $1 billion in funding over three years.
- Government Financial Information

Approvals:
September 25, 2024 - Grant Holly, EFO, Corporate Service Division
October 15, 2024 – Miranda Mason, ADM Health Workforce Planning, Nursing, and Allied Health
October 17, 2024 – Brenda Rafter obo Rob Byers, ADM and EFO Finance and Corporate Services Division, Ministry of Health
October 17, 2024 – Ally Butler, ADM, Treatment and Recovery Division
October 17, 2024 – Jonathan Dubé, Acting Deputy Minister

ANOXIC/HYPOXIC BRAIN INJURY

Introduction:

- The increasingly toxic and unpredictable unregulated drug supply means more people are at a risk of brain injury after they survive a toxic drug poisoning event.
- Current estimates of the number of people living with brain injuries due to non-fatal drug poisoning in British Columbia are limited and likely underestimations.
- The Province is working to improve the system of care for people with brain injury due to toxic drug poisoning while creating effective monitoring and performance measures for ongoing service planning and response.

Background:

- 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).
- Reporting on drug poisonings tends to focus on fatalities rather than long-term health and social outcomes for survivors. However, non-fatal toxic drug poisoning (NFTDP) events tend to be far more prevalent when compared to fatal toxic drug poisoning events, not only in BC but also worldwide.
- Recent analysis of data from the BC Centre for Disease Control (BCCDC) Provincial Overdose Cohort indicates that of the 52,227 people who experienced at least one drug poisoning between 2015 and 2021, 10,826 (21 percent) experienced fatal drug poisoning with 79 percent of those who experienced one or more drug poisoning surviving the event.
- In 2020, the BCCDC found that between 2015 and 2017, 2.3 percent (*n*=543) of those in their 'overdose cohort' experienced neurological injury following non-fatal toxic drug poisoning compared to 0.06 percent in the general BC population.[1]
    - An update to this analysis is currently underway, and initial findings demonstrate that between 2015 and 2021 BC residents were 15.2 times more likely to be diagnosed with an encephalopathy after the toxicity event than people who did not experience drug toxicity events **(for internal use only)**.
- HBI/ABI due to non-fatal toxic drug poisoning (HBI/ABI-NFTDP) is not currently reported making it difficult to fully assess the growing impact of substance induce brain injury on health and social services.
- HBI/ABI can have a lasting impact on individuals that may include significant changes to physical, cognitive, and behavioural functioning requiring both short and long term treatment and care.

Ministry/Government Actions to date:

- Dr. Daniel Vigo was appointed as BC's chief scientific advisor for psychiatry, toxic drugs and concurrent disorders to provide advice and recommendations on how to support people with severe mental health, addiction and brain injury.
    - Working across disciplines and with experts, system partners, etc., Dr. Vigo is reviewing data and research to estimate the size of and the care needs of individuals with severe mental health, addiction and brain injury, assessing the existing supply of services and any gaps, and providing advice on potential legislative or regulatory changes that may be required to support this population.

<u>Brain Injury Alliance:</u>

[1] BCCDC, *Neurological Injury Following Overdose: Preliminary Descriptive Results from the Provincial Overdose Cohort* (2020)

- 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, the Ministry of Mental Health and Addictions (MMHA) provided $4.500 million to the Brain Injury Alliance to support three 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 and 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:

- In March 2022, MMHA provided $0.345M 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 $0.025M 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.[2]
- From September 2022 to September 2023, a Mitacs post-doctoral fellowship project was undertaken by HLTH (led by neuroscientist Dr. Aysha Basharat) to scope ABI/HBI-NFTDP in BC. The project involved extensive engagement with health and social service professionals, 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.

Budget/ Expenditures:

- In 2023 MMHA provided $4.500M to the Brain Injury Alliance to support 3 years of delivery of services to those living with brain injury.
- In March 2022, MMHA provided $0.345M in funding to Constable Gerald Breese Centre for Traumatic Life Losses to support research into the intersections of brain injury and mental health and addictions and propose evidence-based solutions and services that are integrated, accessible and culturally safe.[3]
- In 2020, MMHA provided $35,000 in grant funding to the Constable Gerald Breese Centre for Traumatic Life Losses to fund its BC Heads Together Thank Tank projects.

Approvals:

September 26, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 2, 2024 – Grant Holly, EFO, Corporate Service Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister, Ministry of Mental Health and Addictions

[2] https://news.gov.bc.ca/releases/2023MMHA0029-000802
[3] https://news.gov.bc.ca/releases/2023MMHA0029-000802

COMMUNITY TRANSITION TEAMS

Introduction:

- Community Transition Teams (CTTs) support individuals with Opioid Use Disorder (OUD) to transition safely from provincial correctional facilities to the community.
- CTTs were implemented in 2018 as a response to the toxic drug crisis and are delivered by the Provincial Health Services Authority (PHSA).

Background:

- 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.
- CTTs provide comprehensive care coordination and peer support to clients with OUD to facilitate safe outcomes for those transitioning from correctional centres to the community. The goal is to provide seamless support and care for individuals at high risk of substance use harms or fatal overdose.
- In 2018, PHSA established five CTTs to support clients with an elevated risk of harms from the toxic drug supply when transitioning from correctional facilities. Five more CTTs were added through Budget 2021.
- CTTs are comprised of social workers, nurses, peer support workers and Indigenous patient navigators who connect people with short-term substance use and mental health treatment, medication-assisted treatment, life-skills training, as well as psychiatric, clinical and social support.
- This is a voluntary service, and clients are not mandated by the courts or corrections to participate. Clients are triaged based on factors such as risk level and expected discharge from correctional services.

Ministry/Government Actions to date:

- Through Budget 2021, the Province expanded this initiative to a total of 10 CTTs, serving people transitioning from all BC correctional centres (provincial correctional centres) and Tier 5 Mental Health and Substance Use (MHSU) facilities (such as the Red Fish Healing Centre).
- This expansion also improved CTT services by:
  - Increasing the length of service offered from 30 days post release 90 days.
  - Providing 7 days a week access and virtual support options.
  - Adding Indigenous patient navigator positions to better support Indigenous clients.
  - Standardizing care coordination through enhanced clinical and operational oversight and infrastructure.
  - Providing virtual specialized resources to teams working in communities.
- PHSA reports quarterly on this initiative:
  - As of October 2023, all 10 CTTs were fully implemented and serving clients.
  - In 2023/24, 1,525 unique clients accessed CTTs, with a median wait time (from client referral to service initiation) of 4.5 days.
  - On average, 44.59% of clients were retained in CTTs for 90 days or more in 2023/24.
  - In Q4 of FY 23/24, PHSA started collecting data on the proportion of CTT clients connected to a health and/or community service upon discharge. Half (51%) of clients were connected to these services.
  - In Q1 of 2024/25, CTTs reported 460 clients served.

Budget/ Expenditures:

- Budget 2021 provided $10.356M over three years to support CTTs in PHSA.

Approvals:

September 9, 2024 – Ally Butler, ADM, Treatment and Recovery Division

September 23, 2024 – Grant Holly, FFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

MOBILE INTEGRATED CRISIS RESPONSE TEAMS

Introduction:

- Mobile Integrated Crisis Response (MICR) teams pair a police officer with a mental health clinician (e.g., psychiatric nurse, social worker) to respond by car to mental health related 911 and non-emergency calls for service. These teams offer on-site crisis intervention (e.g., de-escalation), mental health assessments, and referrals to appropriate services in the community.

Background:

- In BC, police are the default first responders to mental health and substance use (MHSU) crisis situations.
- Communities across BC have implemented integrated teams where a mental health worker responds alongside a police officer. These teams improve the quality and safety of the response and ensure people experiencing a MHSU crisis are connected to the care and supports they need.
- MICR teams are known by different names in different communities, including Car programs, co-response teams, and Integrated Crisis Response Teams.
- Prior to government investment in MICR, these teams were developed locally by health authorities and police departments and funded out of existing budgets (see Table 1).

Ministry/Government Actions to date:

- In November 2022, as part of the Safer Communities Action Plan (SCAP), the Province committed to establishing nine new MICR teams. This was the first time the provincial government provided targeted funding for these teams. Funding is for the health component of the teams.
- Communities were selected based on need, feasibility in terms of health human resources, and confirmed availability of police resources (both human and financial).
- Advice/Recommendations; Intergovernmental Communications
-

Table 1: Existing Car Teams in BC (prior to/outside of SCAP)

Community	Name
Vancouver	Car 87, 88
North Vancouver	Car 22
Richmond	Fox 80
Surrey	Car 67
Kamloops	Integrated Crisis Response Team (ICRT)
Kelowna	Integrated Crisis Response Team (ICRT)
Nanaimo	Car 54
Victoria	Co-Response Team (CRT)
Prince George	Car 60
Fort St. John	Car 60

Table 2: MICR Teams in BC

Community	Status
Abbotsford	Launched Oct 2023
Burnaby	Launched Nov 2023
Chilliwack	Launched Nov 2023
Coquitlam/Port Coquitlam	Launched Nov 2023
Vernon	Launched Nov 2023
Penticton	Launched Jan 2024
Westshore	Launched Feb 2024
Advice/Recommendations; Intergovernmental Communications	

Budget/ Expenditures:

- Budget 2024 provides $9.000M over three years to continue to support MICR.

Approvals:

September 25, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 2, 2024 – Grant Holly, EFO, Corporate Service Division
October 8, 2024 – Jonathan Dubé, Acting Deputy Minister

PEER ASSISTED CARE TEAMS (PACT)

Introduction:

- Peer Assisted Care Teams (PACT) are a civilian-led mobile crisis response model that responds over the phone and in person to people experiencing a mental health or substance use challenge or crisis.

Background:

- In BC, police are the default first responders to mental health and substance use crisis situations.
- The aim of PACT is to provide a community-based, client-centered alternative to police response in mental health and substance use (MHSU) crisis situations that do not involve risks to public safety.
- Benefits include: preserving police resources for their core public safety mandate; reducing stigmatization of MHSU challenges; and preventing people in crisis from being unnecessarily involved in the criminal justice system.
- PACTs 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).
- PACTs are overseen by the Canadian Mental Health Association, BC Division (CMHA-BC). Each PACT is operated in partnership with a local non-profit operator.

Ministry/Government Actions to date:

- As of September 2024, five PACTs are operating in BC:
  - North Shore – operated by CMHA North and West Vancouver, launched in November 2021
  - Victoria – operated by AVI Health and Community Services, launched in January 2023
  - New Westminster – operated by Lower Mainland Purpose Society, launched in January 2023
  - Prince George – operated by Prince George Native Friendship Centre, launched in July 2024
  - Comox Valley – operated by AVI Health and Community Services in relation with K'omoks First Nation, limited launch to K'omoks First Nation Health Centre in October 2024 with services to the full community to follow later in 2024.
- One more PACT will launch before the end of 2024:
  - Kamloops – Kamloops Aboriginal Friendship Society and Ask Wellness.
- Data from the operational PACTs demonstrates that they are responding to a variety of calls with only 1% of calls requiring support from law enforcement.
- From January 1 to July 31, 2024, the Victoria and New Westminster PACTs responded to 2,582 calls. Data for the North Shore PACT is currently unavailable as CMHA-BC is undertaking a quality assurance review to ensure data is reported consistently across all teams.
- Top reasons for calls in 2024 were anxiety, loss of reality, and substance use challenges. Other common reasons for calls included depression, suicidal ideation, altered reality, and panic.
- In early 2024, the Ministry of Mental Health and Addictions (MMHA) contracted Indigenous consulting firm Mahihkan Management to conduct engagement on the delivery of fully Indigenous-led civilian crisis response services. As of September 2024, MMHA staff are exploring options for next steps related to Indigenous-led teams.

Budget/Expenditures:

- Budget 2024 provides $30.324M over three years to support PACTs and Indigenous-led crisis response.
- This builds on previous investments from fiscal 2022/23 and fiscal 2023/24:
  - $1.261M to expand North Shore PACT and launch Victoria and New Westminster PACTs.
  - $9.944M, announced in SCAP, to begin further expansion of PACT.

- $0.200M in Budget 2023 to engage on the development of Indigenous-led civilian crisis response services.

Approvals:
October 4, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 2, 2024 – Grant Holly, EFO, Corporate Service Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

MAJOR CORPORATE ISSUE NOTE

Ministry/Ministries: Public Safety and Solicitor General (PSSG) with support from AG, MMHA, HLTH, and HOUS.

Issue: Addressing concerns about public safety

- PSSG is partnering with other ministries to deliver a range of important public safety initiatives including the Repeat Violent Offending Intervention Initiative (ReVOII) and the Special Investigations and Targeted Enforcement (SITE) program. ReVOII carries an annual cost of $13M for corrections and prosecution and is currently funded through contingencies. SITE is also funded through contingencies.

- PSSG is collaborating with Health Canada and the Ministry of Mental Health and Addictions (MMHA) to address public safety concerns associated with public drug use and prescribed alternatives (i.e., safer supply) such as drug diversion. The Province is continuing to defend against a constitutional challenge of the *Restricting Public Consumption of Illegal Substances Act* (RPCISA), and a judicial review of Health Canada's recent decision to issue a new *Controlled Drugs and Substances Act* (CDSA) s.56(1) exemption to B.C.

Background:

Approach to creating safer communities

- The approach called for steps at the provincial level to make communities safer by way of two tracks: enforcement and intervention services. Each initiative is structured to improve coordination between law enforcement, community service organizations, justice system agencies, health providers, and people who are recovering from addiction and mental-health challenges. They apply a collaborative, coordinated approach to address the issues people are seeing in their communities.

Public drug use

- On January 31, 2023, the Province implemented an exemption granted by Health Canada under s.56(1) of the CDSA to decriminalize adults in B.C. from possessing opioids, cocaine, methamphetamine, and MDMA, for personal use, up to a combined 2.5g, for a three-year term.
- While public drug use long predated decriminalization, growing concerns from local governments, the police and some members of the public influenced the Province to collaboratively develop public drug use laws. The RPCISA received Royal Assent on November 8, 2023, but is not yet in force, as a Regulation is required to bring the RPCISA into effect.
- Under the RPCISA, people are not allowed to use illegal drugs: 1) within 15-metres of a playground, spray or wading pool; or skate park; 2) at parks, beaches, sports fields, and outdoor community recreation areas; 3) within 6-metres of an entrance to a business or a residential building that is next to a publicly accessible space, and; 4) within 6-metres of a bus stop.
- The RPCISA utilizes a progressive enforcement approach, meaning that if a person is using, or has recently used drugs in one of the above places, a police officer must first ask them to stop using and/or leave the vicinity before considering arrest and/or drug seizure.
- On November 9, 2023, the Harm Reduction Nurses Association (HRNA) filed a constitutional challenge against the RPCISA in the Supreme Court of BC. On December 29, 2023, former Chief

Justice Hinkson ordered a temporary injunction preventing the RPCISA from coming into force. This injunction has been extended several times and remains in place today.

- On May 7, 2024, at the request of the Province, Health Canada replaced the originally issued CDSA s.56(1) exemption with a new one that prohibits adults from possessing the listed drugs in all places, except in private residences, for unhoused people who are lawfully sheltering, and at designated health care clinics, such as overdose prevention sites and drug testing facilities.
- On June 6, 2024, a coalition of advocacy organizations filed an application for a Judicial Review (JR), challenging Health Canada's decision to issue the new CDSA s.56(1) exemption to B.C. Despite this Federal Court application, the new CDSA s.56(1) exemption remains in effect.

Legal Information

Diverted prescribed alternatives (i.e., "safe supply")

- There is presently no evidence that there is currently widespread diversion of prescribed alternatives in the illicit market in BC or Canada.
- Hydromorphone tablets have consistently comprised a small proportion of law enforcement-seized opioid samples in BC.
- There are other reasons for diversion that are not related to the prescribed safer supply program (e.g., pharmacists and/or prescribers overprescribing and failing to abide by professional guidelines/policies).
- According to the BC Coroners Service there is no indication that prescribed alternatives are contributing to unregulated drug deaths
- Since early March 2024, there has been increased interest and attention to the perceived issue of prescribed alternatives being diverted away from the intended recipients and sold to youth and other members of the public.
- Policing and Security Branch (PSB) is leading a cross-sector "Diverted Prescribed Alternatives Working Group" (the "Working Group") to coordinate, review, and address the issue of suspected diversion of prescribed alternatives in BC. The inaugural meeting was held on April 25, 2024.

Implications / Considerations / Opportunities:

Approach to creating safer communities

- In the context of continued random violent attacks, street disorder, shoplifting and attacks on business staff, there have been calls from many areas including UBCM, business leaders, media and BC residents, to take additional actions regarding safer communities in addition to the investments to date.
- Ministry staff continue to develop both short-term and long-term strategies surrounding street disorder and community safety.
- Additional consideration for continuation of programs in the plan will be needed for those public safety initiatives noted above that are funded through contingencies or have grants ending in the coming years.

Public drug use

- Public drug use restrictions continue to remain in place pending a resolution to the federal JR.
- Advice/Recommendations; Cabinet Confidences; Legal Information
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Diverted prescribed alternatives (i.e., "safe supply")

- Dr. Penny Ballem is a member of the Working Group as the Operations Specialist on Addictions and the Toxic Drug Crisis. As of September 2024, Dr. Bonnie Henry is also a member of the Working Group in her role as the Provincial Health Officer.
- One of the core objectives of the Working Group is to consider the process for more accurate data collection from both the policing, and health sectors, as well as pharmacy representatives, with the intention to create training materials for police to better identify counterfeit drugs.
- The Working Group will also contribute to the Ministry of Mental Health and Addictions' monitoring framework of prescribed alternatives and assess how the provincial government can

support our police partners through monitoring the diversion of prescription medications.

Decision(s) Required / Next Steps:

Approach to creating safer communities

- Ministerial and government direction will be required on key decisions regarding the approach to public safety and associated initiatives, including the funding of initiatives.
- **Direction required:** The newly formed government should consider and provide direction on an approach early in its mandate.

Public drug use

Advice/Recommendations; Cabinet Confidences; Legal Information

SAFER COMMUNITIES ACTION PLAN

Introduction:

- The Safer Communities Action Plan (SCAP) was announced in November 2022, and 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).

Background:

- The Ministry of Public Safety and Solicitor General (PSSG) is the overall lead for coordination of SCAP, however there are multiple initiatives led by or closely involving the Ministry of Mental Health and Addictions (MMHA) as well as, Attorney General (AG). Social Development and Poverty Reduction (SDPR) and Housing (HOUS).
- 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).

Ministry/Government Actions to date:

- The following MMHA-led initiatives are included in SCAP **(see topic specific transition note for each MMHA-led initiative listed below)**:
    - Expansion of Peer Assisted Care Teams (PACT);
    - Expansion of Mobile Integrated Crisis Response (MICR) teams, also known as “Car programs”;
    - Implementation of Road to Recovery;
    - Investments in the Brain Injury Alliance; and
    - Implementation of Community Transition Teams.
- The following initiatives are led by other ministries, with MMHA and/or health system involvement:
    - Public drug use legislation **(see related note)**;
    - Implementation of Situation Tables, which are 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.
    - Health IM, a digital system 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).

Budget/ Expenditures:

- Budget information is available in topic specific transition notes on Peer Assisted Care Teams (PACTs), Mobile Integrated Crisis Response Teams (MICR), Road to Recovery, Brain Injury, Community Transition Teams, and Decriminalization - Public Use and HRNA Litigation.

Approvals:

September 23, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

MAJOR CORPORATE ISSUE NOTE

Ministry of Housing

Issue: Homelessness and Encampments

- Housing insecurity is at the confluence of a series of ongoing crises in BC, including the availability of affordable housing, economic and inflationary pressures and poverty, and the toxic drug supply crisis.
- Provincial administrative data from shelter and income assistance programs indicates that at least 28,710 individuals experienced homelessness in 2022 (the most recent year of available data). In the 2023 Point in Time Homeless Counts, 40 per cent of people experiencing homelessness in BC were identified as unsheltered, defined as living outside or in a building not intended for habitation.
- With increasing numbers of unsheltered people, and with limited vacancies in subsidized and other forms of housing, communities across BC have seen increasing numbers of homeless encampments in parks and streets and are struggling with the increased costs and service expectations required to manage those sites and support the people sheltering there.
- The Province is working to address the challenges of encampments and homelessness through targeted planning and actions under the cross-Ministry Belonging in BC homelessness plan, launched in April 2023, which includes co-developed initiatives between Ministries as well as strong collaboration with partners across the province (including the federal government, municipalities, and community organizations and Indigenous partners). While the Ministry of Housing plays a leadership role in advancing the plan, homelessness is a complex social issue and no one ministry or level of government can effectively address it on its own.

Background:

- Homelessness has an impact on every community in BC. A 2020 mandate commitment directed the development of a provincial plan to address homelessness. The development of the homelessness plan was supported through the mandate letters of the Ministries of Social Development and Poverty Reduction, Health, Mental Health and Addictions, Municipal Affairs, and Children and Family Development.
- In 2022, the province created the Ministry of Housing which came with a significant increase in funding to address housing and homelessness through Budget 2023/24. Initial investments in Belonging in BC initiatives were first funded through Budget 2022/23.
- Belonging in BC is the Province's plan to prevent and reduce homelessness. The plan includes three overarching goals: **Prevention** of homelessness, **Immediate Response**, and encouraging **Stability & Integration**. The plan takes a 'Housing First' approach to homelessness, recognizing that people are better able to access support when they have safe, stable shelter and their basic needs are met.
- Belonging in BC brings together cross-ministry, local governments, and Indigenous and community partners on a shared path with a phased plan and policy framework to guide coordinated actions aimed at making homelessness rare, brief, and one-time. Key initiatives under this plan include:

- **Encampment Response**: The Ministry of Housing leads Provincial encampment response coordination and support through BC Housing and partner ministries by coordinating available shelter and housing and non-housing services in a targeted way for vulnerable individuals in encampments.
- **Homeless Encampment Actions Response Teams (HEART) & Homeless Encampment Action Response Temporary Housing (HEARTH)**: Two programs in priority communities to provide people sheltering outdoors and in encampments with better access to a range of support services, rapidly deployed new shelters, and housing options. Current HEART/H communities are; Abbotsford, Kamloops, Kelowna, Nanaimo, Prince George, Vancouver, and Victoria. Current HEARTH only communities are; Campbell River, Chilliwack, and Duncan.
- **Complex Care Housing (CCH):** Led by the Ministry of Mental Health and Addictions in partnership with the Ministry of Housing and BC 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 issues, as well as functional needs arising from chronic conditions such as acquired brain injury or physical, intellectual, or developmental disabilities.
- **Integrated Support Framework (ISF):** A new model to help coordinate and streamline the delivery of health and social supports to people who are unhoused or at risk of homelessness. The intention of the ISF is to create a system where people in need of services and the providers who support them can easily gain access to the right supports at the right time. Current work is focused on developing real-time, comprehensive, person-specific data for homelessness to develop consistent, equitable and efficient processes by which people experiencing or at-risk of homelessness access services.
- **Enhanced Health in Supportive Housing (EHSH):** To support implementation of the ISF, the Ministry of Housing is leading the planning to provide enhanced health support in up to 3,800 new supportive housing units over ten years.
- **Supports for Renters:** A new Supported Rent Supplement Program to reduce and prevent homelessness by pairing ISF wraparound supports with a rent supplement. Budget 2023 also included additional funding for the BC RentBank program, helping people with low-incomes maintain and access rental housing, preventing homelessness and evictions across BC.
- **New units**: New Supportive Housing investments announced through the *Building BC*'s Supportive Housing Fund, Community Housing Fund, Women's Transition Housing Fund, and Indigenous Housing Fund, alongside the broad investments across the housing spectrum through *Homes for People*.
- **Community Integration Specialists**: expansion by the Ministry of Social Development and Poverty Reduction to provide additional Community Integration Specialists to help people experiencing homelessness access financial support and navigate government programs.
- **Increased supports for youth**: 33 per cent of respondents to the 2023 Provincial Point in Time Homeless Count identified as having lived in foster care, a youth group home, or on an independent living agreement. The Ministry of Children and Family Development increased supports for youth transitioning to adulthood from government care until the age of 27, including a new rent supplement program.

- Revitalizing the DTES has been a key priority under provincial homelessness initiatives to improve outcomes for residents. In addition to increasing supportive housing and other forms of housing and shelter in the area, there are targeted plans to address the prevalence of homelessness, poverty, and mental health and substance use challenges targeted to the DTES.
  - **Downtown Eastside Provincial Partnership Plan**: The Plan outlines the approach to supporting community health, wellness and safety in Vancouver's Downtown Eastside neighbourhood, working with the City of Vancouver, BC Housing, Indigenous and community organizations, and service providers to help DTES residents' access integrated housing, health, social and cultural supports. Released in March 2023, the DTES Provincial Partnership Plan outlines a range of actions and establishes revitalizing the Downtown Eastside as a key priority for the Province. Recent work has included a proposed Indoor Safe Spaces Program, which would create new daytime drop-in spaces for people experiencing and at risk of homelessness within the Downtown Eastside.
  - **Single Room Occupancy (SRO) Hotel Revitalization:** The Province has advanced multiple initiatives to improve health and safety within SRO buildings in Vancouver, including a partnership with the City of Vancouver and the Government of Canada to develop a strategy to revitalize the current Single Room Occupancy units by repairing, renovating, or replacing existing units with purpose-built supportive housing. A Trilateral Investment Plan is currently under development and is targeted for completion in early 2025.

Implications / Considerations / Opportunities:

- **Public / Community / Local Government Sentiment:** The public continues to identify homelessness as a critical issue that requires action by all levels of government. Encampments often elicit a range of community reactions ranging from safety concerns to calls for appropriate housing alternatives. Housing and homelessness continue to be dominant issues raised by local governments, often focused on the increasing complexity of needs, community safety and the need for more provincial funding and leadership for housing and supports to meet those challenging needs.
- **Belonging in BC:** The Province continues to work on implementing initiatives under the plan, and to mitigate challenges and risks to the delivery, including service provider capacity and municipal and public opposition to new shelters and supportive housing. The plan represents an opportunity for the Province to show leadership in addressing one of the most challenging social issues facing jurisdictions across the world. Sustained funding and continued cross-ministry support for actions to prevent and respond to homelessness will be required.
- **Affordable Housing**: As rental rates rose within the private market and redevelopment of older housing stock results in more expensive units, there is increasing demand for housing units affordable to low-income households. While the Building BC funds increase the supply of low-income housing, there remains significant unmet demand throughout the province. This supply constraint continues to challenge progress on homelessness.
- **Downtown Eastside (DTES) Provincial Partnership Plan:** The Province is prepared to release a Phase 2 DTES Plan early in a new mandate; the development of it was informed by engagement with DTES service providers and community members and key government and city partners.

Key themes that emerged from the community engagement included the need to improve conditions in SROs and the need to improve overall community safety. Ongoing community engagement and successes in delivering on the DTES Plan will support the Province's position as a leader in restoring community health, wellness, and safety in the DTES.

- **Prevention focus:** Despite sustained investment in homelessness interventions and focused investment in other upstream areas (e.g. *Homes for People*, *TogetherBC*, *A Pathway to Hope*), the number of people experiencing homelessness in BC continues to rise. Transitions between government services (e.g. discharges from health and correctional facilities) have been identified as posing risks for individuals who are at risk of experiencing homelessness and require continued effort to improve communication and collaboration between ministries.
- **Indigenous/Lived Experience Engagement:** Belonging in BC created two distinct committees to advise on the implementation of the Provincial homelessness plan: one for Indigenous people and one for people with lived experience of homelessness. These advisory committees present opportunities for Government to pursue meaningful reconciliation with Indigenous people and seek meaningful feedback from people with lived experience of homelessness on collaborative efforts to prevent and reduce homelessness.

Decision(s) Required / Next Steps:
The following issues will require decisions over the next 30/60/90 days:

Cabinet Confidences

COMPLEX CARE HOUSING – PHASE 1

Introduction:

- The first phase of Complex Care Housing provides services and supports for adults with complex mental health and/or addiction issues, and other challenges, who are homeless or at risk of homelessness.

Background:

- In November 2020, the Ministry of Mental Health and Addictions (MMHA) was mandated to lead the development of Complex Care Housing (CCH), which provides housing with access to health, social and cultural supports to adults who have significant mental health, addictions, or concurrent disorders, as well as functional needs arising from chronic conditions such as acquired brain injury or physical, intellectual, or developmental disabilities.
- CCH is a key commitment under the Province's Belonging in BC and Homes for People plans and is also referenced within the Safer Communities Action Plan.
- The first phase of CCH was announced as part of Budget 2022, which committed to implementing CCH services for up to 500 people. MMHA achieved this goal in July 2024.
- Budget 2023 provided additional funding to expand Phase 1 services to 600 people.
- Phase 1 projects are being implemented by the five regional health authorities, the Provincial Health Services Authority (PHSA), the Aboriginal Housing Management Association (AHMA), and Ktunaxa First Nation.
- Services vary across projects but may include primary care; specialized mental health and substance use services; social, cultural and peer supports; and assistance with activities of daily living.
- Phase 1 has been implemented using a mix of service delivery models:
  - Services embedded in larger supportive housing or smaller congregate sites
  - In-reach to multiple supportive housing sites, market rentals, and other housing settings
  - Transitional or respite spaces for temporary periods of heightened need
- CCH aims to improve housing stability, health outcomes, and community inclusion, while reducing use of acute and emergency services, and criminal justice system involvement.

Ministry/Government Actions to date:

- As of August 1, 2024, 26 of 33 planned projects are operating, providing services for up to 514 people:

CCH Lead	Total Projects	Operational Projects	Implemented Spaces	Planned Spaces
AHMA	4	0	0	40
Fraser Health	9	8	127	155
Interior Health	2	2	34	40
Island Health	3	3	90	142
Ktunaxa	1	1	15	15
Northern Health	3	3	27	30
PHSA	2	2	67	67
Vancouver Coastal Health	9	7	154	180
TOTAL	**33**	**26**	**514**	**669**

*All data is current to August 1, 2024

- The remaining projects are anticipated to be implemented by end of FY 2024/25.

- Phase 1 projects have been announced in the following communities: Abbotsford, Bella Coola, Chilliwack, Cranbrook, Kamloops, Kelowna, Langley, Maple Ridge, Nanaimo, New Westminster and the Tri-Cities, North Vancouver, Powell River, Prince George, Richmond, the Sunshine Coast, Surrey, Terrace, Vancouver and Victoria.
- MMHA has developed a comprehensive monitoring and evaluation plan that includes:
  - Ongoing monitoring that will capture program outputs
  - Administrative data that will provide client demographics and service pathways
  - Outcome evaluation that will assess service and client outcomes

Budget/ Expenditures:

- Budget 2022 invested $164M over three years into Phase 1.
- Budget 2023 invested $75.105M over three years to expand Phase 1.

Approvals:

September 24, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

COMPLEX CARE HOUSING – PHASE 2

Introduction:

- The second phase of Complex Care Housing expands services through new capital and operating funds to create 240 new purpose-built units.

Background:

- In November 2020, the Ministry of Mental Health and Addictions (MMHA) was mandated to lead the development of Complex Care Housing (CCH), which provides access to health, social and cultural supports to adults who have significant mental health, addictions, or concurrent disorders, as well as functional needs arising from chronic conditions such as acquired brain injury or physical, intellectual, or developmental disabilities.
- CCH is a key commitment under the Province's Belonging in BC and Homes for People plans and is also referenced within the Safer Communities Action Plan.
- Budget 2023 provides capital and operating funds to initiate the development of 240 purpose-built units; 40 are intended to be Indigenous-led.
- BC Housing leads the capital development of these units, with policy direction from MMHA.
- In partnership with regional health authorities, BC Housing will select non-profit operators to provide housing and property management services. No operators have been selected yet.
- Regional health authorities will provide on-site clinical services.

Ministry/Government Actions to date:

- MMHA and the Ministry of Housing (HOUS) identified 11 priority communities for 200 units Phase 2 CCH. These communities were announced on April 15 2024, in Kelowna.
- All projects are in the early planning stages, with partners confirming site locations and initiating design and capital development.
- Work to identify a process and approach for community and partner selection for Indigenous-led units is underway.
- Total unit allocation by community:

Community	Units Allocated
Abbotsford	20
Burnaby	10
Kamloops	20
Kelowna	20
Nanaimo	20
New Westminster	10
Prince George (2 projects)	10 10
Sechelt	20
Surrey	20
Vancouver	20
Victoria	20
Indigenous-led units – communities TBD	40
Total	240

- Phase 2 projects in Prince George were announced on August 7, 2024.

Budget/ Expenditures:

- Budget 2023 provides $266M for CCH over three years, including $169M in capital funding for Phase 2.

Approvals:
September 24, 2024 – Kelly McConnan, A/ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

Provincial Homelessness Overview – Mental Health and Substance Use Supports

TOPIC

Overview of the Province's response to homelessness and encampments with a focus on integrated health, mental health and substance use (MHSU) supports and services.

CURRENT SITUATION

- According to the most recent (*2023)* *Report on point-in-time Homeless Counts in B.C.*, 11,352 people were identified as experiencing homelessness in BC.
- Of the communities included in both the 2020-21 and 2023-24 point-in-time homelessness counts, there was an increase of 8.8% in the Fraser Health region, 26% in the Island Health region, 4.7% in the Vancouver Coastal Health region, 31.9% in the Interior Health region, and 40.7% increase in the Northern Health region[1].
- **Urgent Homelessness Response (UHR)**
  - UHR-funded services support the immediate health, mental health and substance use needs of people unsheltered or living in encampments, temporary shelters, or are moving into new housing and shelter sites.
  - Health Authorities (HAs) continue to implement outreach-based health services through multidisciplinary teams to support the health needs of people experiencing homelessness.
  - Across the regional HAs, UHR resources added over 353.35 FTEs to new and existing services providing foundational health and mental health and substance use care to individuals who are at risk of or are unhoused.
- **Provincial Encampment Response**
  - The the Ministry of Health (HLTH) supports the coordination of encampment response in partnership with Health Authorities (HAs) and provincial partners, monitoring and tracking, and contributing to Encampment Response Plans. HAs ensure outreach health supports are connected to encampment residents, and as people transition to shelter and temporary/permanent housing options.
  - In 2023 the Ministry of Housing tracked 2,906 people in over 305 encampment locations in BC. Collaborative formal Encampment Response Plans have been developed for six encampments located in Abbotsford (Bradner; Gladys; City Hall; Riverside), Prince George (Lower Patricia/Moccasin Flats) and Victoria (Pandora).
  - HLTH in collaboration with the ministries of Housing and Social Development and Poverty Reduction as well as BC Housing, City of Vancouver and Vancouver Coastal Health Authority have implemented a cross-sector coordinated approach to address encampments in Vancouver's Downtown Eastside.
    - Phase 1 was completed in spring 2024.
    - Phase 2 is currently underway.

[1] These are only for the communities that were included in the PiT counts, there may be homeless individuals in other communities in each region.

- **Supported Rent Supplement Program (SRSP)**
  - The SRSP pairs a $600 Canada-BC Housing Benefit with wraparound supports to enable individuals live independently in private market rentals. To date, over 1100 rent supplements have been awarded to 27 non-profit operators in 17 priority communities and about 118 issued to clients as of September 13, 2024.
  - Of the 110.14 FTEs planned by HAs to provide outreach-based health supports to SRSP clients in the communities, 59.88 FTEs hires are confirmed with 21.3 FTEs in active recruitment.
- **Homeless Encampment Action Response Teams/ Temporary Housing (HEART/H)**
  - HEART and HEARTH are priority initiatives for rapid, coordinated, multidisciplinary responses when encampments arise (see *MMHA Transition Note: HEART and HEARTH*).
  - HLTH-funded Integrated Health Outreach Team (IHOT) in Kelowna delivered through Interior Health supports 120 HEARTH residents with primary care (e.g. wound care) and referrals to MHSU services including counselling supports.

  - Northern Health's proposed Specialized Outreach Team for Prince George is pending final funding approval.
- **Enhanced Health in Supportive Housing (EHSH)**
  - Through Budget 2023, HLTH is to provide enhanced health services in up to 3800 new supportive housing units over a 10-year period.
  - HLTH, ministry partners, BC Housing, Health Authorities, Metis Nation BC, and First Nations Health Authority are developing a model of care for EHSH residents that is aligned and coordinated along a continuum with Complex Care Housing (CCH).
  - To date, HLTH has approved implementation plans and allocated funding to HAs as follows: VCH: Community-Based Homelessness Stabilization Unit in Squamish (10 units); VCH: DTES workforce modular housing (90 units) and (20 units) at Chalmers SH; FHA: Burnaby and Maple Ridge SH sites (147 units total) and IHA: Kelowna IHOT (120 units total HEARTH supports).
- **Complex Care Housing (CCH)** (See *MMHA Transition Note: Complex Care Housing*)

FINANCIAL IMPLICATIONS

- HLTH provided $92.67M in 2023/24 to HAs to support their homelessness response efforts providing MHSU services for persons experiencing homelessness across BC.
  - $72.48M in Urgent Homelessness Response funding.
  - $20.193M in Supported Rent Supplement Program funding.
- Budget 2023 provides $7.3 million in funding to HLTH in 2023/24 and $10.95 Million in 2024/25 for Enhanced Health in Supportive Housing.

KEY BACKGROUND

- HLTH has been working with ministries of Housing, Social Development and Poverty Reduction, BC Housing and health authorities on an integrated actions to address homelessness, with a move towards a greater focus on prevention and stability as well as immediate response.

- This includes 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.

LAST UPDATED

The content of this fact sheet is current as of September 25, 2024, as confirmed by Robyn White, Executive Director, Mental Health and Substance Use Division.

APPROVALS

2024 10 07 - Darryl Sturtevant, ADM, Mental Health and Substance Use
2024 10 07 – Brenda Rafter obo Rob Byers, Finance and Corporate Services Division

OVERVIEW – PUBLIC HEALTH EMERGENCY – TOXIC DRUG CRISIS (INCLUDING DATA)

Introduction:

- BC is experiencing an unprecedented toxic drug poisoning crisis, which has claimed the lives of more than 15,200 people since being declared a public health emergency in 2016.
- This crisis is fueled by the increasingly toxic and unpredictable unregulated drug supply, compounded by broader systemic factors such as poverty and the impacts of colonialism.
- The Province is responding with action across the full continuum of substance use care, spanning prevention, early intervention, harm reduction, treatment, and recovery.

Background:

- On April 14, 2016, BC's Provincial Health Officer (PHO) declared a public health emergency under the *Public Health Act* in response to an unprecedented increase in unregulated drug-related harms.
    - Since the declaration of the public health emergency, and as of July 2024, 15,218 lives have been lost in BC to toxic drugs.
- BC Coroners Service has reported there were 192 suspected unregulated drug deaths in July 2024, a 15 percent decrease from the number of deaths reported in July 2023 (226). The cumulative number of deaths in 2024 (January to July) is 1,365 – a 9% reduction from the first seven months of 2023 (1,505).
- The annualized rate of death in 2024 (January to July) is 41 per 100,000 residents, which is less than the annual rates from 2021 (43.9), 2022 (44.5) and 2023 (46.6).
- The decline observed in the number of deaths reported does not correlate to paramedic-attended overdose events. There were 2,004 paramedic-attended overdose events in BC in July 2024, which does not represent a meaningful change from July 2023 (2,094).
- In 2023, there were 2,572 suspected unregulated drug deaths in BC.
    - This is the highest number of suspected deaths ever recorded in a year.
    - The number of unregulated deaths in 2023 equates to about 7.0 deaths per day.
- BC's unregulated drug supply is highly toxic and unpredictable, contributing to high death rates.
    - In 2013, illicit fentanyl was present in 15 percent of drug toxicity deaths; since 2017, fentanyl has been detected in 82 percent to 87 percent of drug toxicity deaths.
    - In May 2024 (the most recent month data is available), 7 percent of cases had extreme fentanyl concentrations (>50ug/L).
- It is estimated that at least 125,000 – and potentially as many as 225,000 – people in BC are accessing the illicit drug supply and are at risk of toxic drug poisoning. Note that many people at risk of toxic drug poisoning may not be formally diagnosed with a substance use disorder.
- The toxic drug crisis has differential impacts on regions across BC.
    - By health authority, in 2024, the highest number of deaths occurred in Fraser and Vancouver Coastal Health Authorities (368 and 374 deaths, respectively).
    - By health authority, in 2024, the highest rates of death occurred in Northern Health (75.7 deaths per 100,000 individuals) and Island Health (53.4 per 100,000).
    - The overall death rate in BC is 41.2 per 100,000 individuals.
- The toxic drug crisis is disproportionately harming First Nations people in BC.
    - In 2023, First Nations people died of toxic drug poisoning at 6.1 times the rate of other BC

residents. Death rates for First Nations men and women were 4.8 and 11.7 times higher than those for other BC men and women, respectively.[1]

- In 2024, 69 percent of individuals dying from unregulated drugs were aged 30 to 59.
- In 2024, 73 percent of individuals dying from unregulated drugs were male. However, the rate of female deaths has increased year over year.
- Of those who were employed, approximately 52 percent of those who died between August 2017 and July 2021 were employed in the trades, transport, or as equipment operators.
- In 2024, 81 percent of unregulated drug deaths occurred inside (48 percent in private residences and 33 percent in other indoor residences such as shelters, Single Room Occupancy (SRO)s, hotels, and social and supportive housing) and 18 percent occurred outside (in vehicles, sidewalks, streets, parks, etc.)
- In 2024, smoking was implicated in 68 percent of unregulated drug deaths, more than any other mode of consumption, followed by nasal insufflation (15 percent), injection (12 percent), and oral (5 percent).

Ministry/Government Actions to date:

Early Intervention and Prevention **(see related note: *Prevention and Early Intervention for Children and Youth*)**

- MMHA) and/or cross-ministry partners have taken actions that focus on prevention and early intervention in the early years of life – for example:
    - The Feelings First social media campaign was launched in 2021 to increase public knowledge of the importance of social and emotional development.
    - Led by the Ministry of Children and Family Development (MCFD), Enhanced Early Childhood Intervention services are being implemented in the same communities as Integrated Child and Youth (ICY) teams to provide enhanced support to children with social, emotional and/or developmental challenges through partnerships with community-based agencies. This initiative allows for increased staff in those communities to be available to families with children up to age six.
    - Confident Parents: Thriving Kids supports parents with children ages 3-12 who are experiencing behavioural or anxiety challenges. It includes telephone coaching and online resources.
    - ECC has launched the Mental Health in Schools Strategy (MHiS), embedding positive mental health and wellness programs (including substance use prevention) for students in all school districts.
    - MCFD has implemented and expanded Everyday Anxiety Strategies for Educators, including through MMHA funding, providing training and resources for educators of K-12 students.
- School Districts have the autonomy to determine and provide prevention programs that best meet the needs of their district. In addition to MHiS, there is a range of prevention programs currently offered in districts across the province, including (for example):
    - PreVenture is a targeted program based on student personality traits aimed to support mental health and reduce the risk of substance use. PreVenture is offered to youth ages 12-18 and, as of May 2024, is currently provided in 16 districts through Foundry or health authorities.
    - Open Parachute provides educators with lesson plans and learning materials to support them in teaching about a range of mental health substance use topics.
    - ABCs of Substance Use aims to promote comprehensive evidence-based approaches to youth substance use education in BC schools through a collection of resources to support teachers in providing substance use education in grades 4-12.
- Community based prevention and early intervention services can also be accessed through:
    - Foundry, a provincial network of integrated health and wellness services for young people aged

[1] First Nations people without status, Métis and Inuit persons are not included in this data.

    12-24 and their families **(see related note: *Foundry*).**
  - ICY Teams, which provide wraparound mental health and substance use services and supports for children and youth, including early intervention services **(see related note: *Integrated Children and Youth Teams*).**
- MCFD's Healthy Minds BC website provides evidence-informed Prevention and Early Intervention tools and resources for BC parents, caregivers, families, educators and other professionals to help them support the "everyday" mental health of children and youth.
- MMHA's HelpStartsHere website provides service listings for mental health and substance use supports as well as articles with information on mental health promotion and mental health and substance use prevention and early intervention.
- MMHA and Government Communications and Public Engagement (GCPE) led a youth drug prevention public information campaign, which ran between December 2023 and June 2024. The campaign was designed to provide fact-based information about the risks associated with street drug use to youth and their families, driving traffic to PoisonDrugs.gov.bc.ca where they could learn more. **(see related note: *Youth Drug Prevention Public Awareness Campaign*).**

Harm Reduction:

- The Province has been investing in programs and services that reduce the risk of harms from drug poisonings while also connecting them to critical health and social services, including:
  - Overdose prevention/supervised consumption services (OPS/SCS) **(see related note: *Overdose Prevention Services*)**:
    - OPS/SCS allow for observed consumption and rapid response to adverse events.
    - From January 2017 until the end of July 2024, OPS/SCS have seen approximately 5 million visits, 29,394 overdoses responded to and survived, and 1 death.
  - Lifeguard Digital Health apps:
    - Since launching in late May 2020 and as of June 2024, the LifeguardLite™ and Lifeguard Connect™ apps have been used 147,933 times by 18,856 app users, prompting 224 emergency responder calls and over 92 overdose reversals.
    - Lifeguard Digital Health Apps also provide drug alerts.
  - Drug checking **(see related note: *Drug Checking*):**
    - Drug checking helps people make more informed decisions about substance use.
    - People can drop off a drug sample for analysis at 120 locations around BC.
    - From August 2023-July 2024, 40905 samples were tested across BC.
  - Take-home naloxone (THN) **(see related note: *Naloxone*):**
    - Naloxone is a medication that can reverse opioid poisoning.
    - Since the THN program started and as of July 2024, more than 2.44 million THN kits have been shipped.
    - The Facility Overdose Response Box program provides organizations with naloxone, supplies, and training to respond to drug poisonings. As of July 2024, there are 807 active sites in BC.
  - Prescribed alternatives (PA) **(see related note *Prescribed Alternatives*)**:
    - PA aims to separate individuals at risk of drug poisoning from the unregulated drug supply by providing pharmaceutical-grade alternatives.
    - 4,029 people were dispensed any PA (opioid, stimulant, benzodiazepine) in July 2024, a

decrease from June 2024 (4,163).

- From January 2015 to September 2022, an estimated 8,637 deaths have been averted due to THN, OPS/SCS, and opioid agonist treatment.

Treatment and Recovery: **(see related note: *Treatment and Recovery System of Care Overview*)**

- As of July 2024, there are 3,645 publicly funded substance use beds in B.C. More than 650 new publicly funded substance use beds have been implemented since 2017; this includes 110 new publicly funded youth beds.
  - *Road to Recovery (R2R)* **(see related note: *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 for clients with moderate to severe substance use disorders.
    - In July 2024, the Province announced the expansion of Road to Recovery from the initial pilot in Vancouver, throughout the province, as well as a single-access line to get connected to addictions care in each health-authority region.
  - *Expanding the Red Fish model of care* **(see related note: *Red Fish Healing Centre*)**
    - The first Red Fish Healing Centre (105 beds) opened in October 2021 on the former site of the Riverview Hospital in Coquitlam, to treat people with complex, concurrent disorders. The Province is working to expand this service and is actively searching for an appropriate location for a new site or sites.
    - Budgets 2023 and 2024 also introduced a new Indigenous treatment, recovery and aftercare fund to support Indigenous-led treatment, recovery and healing initiatives, and extended funding for existing CMHA grant funded beds and added funding for 180 more beds **(see related note: *Indigenous Treatment, Recovery and Aftercare Services Program*)**.

Budget/ Expenditures:

- For specific financial information, please see the following related notes:
    - Prevention and Early Intervention for Children and Youth
    - Foundry
    - Integrated Child and Youth Teams
    - Youth Drug Prevention Public Awareness Campaign
    - Overdose Prevention Services
    - Drug Checking
    - Naloxone
    - Prescribed Alternatives
    - Treatment and Recovery System of Care Overview
    - Road to Recovery
    - Red Fish Healing Centre
    - Indigenous Treatment, Recovery and Aftercare Services Program

Approvals:
October 11, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 15, 2024 – Grant Holly, EFO, Corporate Services Division
October 16, 2024 – Jonathan Dubé, Acting Deputy Minister

INDIGENOUS PEOPLE – TOXIC DRUG CRISIS AND FNHA RESPONSE

Introduction:

- First Nations people continue to be disproportionately impacted by toxic drugs. First Nations people died at 6.1 times the rate of other BC residence in 2023. This number was 5.9 in 2022. First Nations women died at 11.7 times the rate of other female BC residents in 2023[1].

Background:

- Surveillance data collected (via the First Nations Client File held by Ministry of Health) 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.
- As outlined in various reports,[2] 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.

First Nations Health Governance

- In 2006, a tripartite Memorandum of Understanding (MOU) regarding the First Nations Health Plan was struck between the First Nations Leadership Council (FNLC), Government of Canada, and Government of British Columbia. The MOU committed to a new administrative arrangement for the delivery of health services to First Nations in BC with the aim of increasing First Nations control over health services to their own peoples.
- The MOU also called for a new First Nations Health governance structure, to increase First Nations decision-making in matters of health.
- The First Nations Health Authority (FNHA) was established in 2013, assumed responsibility for health services that were formerly delivered by the federal First Nations and Inuit Health Branch, in addition to any agreed-upon Provincial services. FNHA is now the provincial authority responsible for programs and services for BC First Nations individuals, communities, and Nations.
- FNHA is funded by the Government of Canada, and Ministry of Health (HLTH), with additional funding from MMHA and other government Ministries to provide community-based services including primary care, mental health and wellness services, health benefits, and social services.
- The First Nations Health Governance Structure in BC includes: the FNHA; the First Nations Health Council (FNHC); the First Nations Health Directors Association (FNHDA); and the Tripartite Committee on First Nations Health (TCFNH).
- HLTH has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all people living in British Columbia, however, First Nations in BC collectively own the First Nations health governance structure and together are responsible for making key decisions and resolving concerns. HLTH works with regional health authorities, other Ministries (including MMHA), health care providers, agencies, and FNHA to ensure that all people living in British Columbia are supported in their efforts to maintain and improve their health.

Ministry/Government Actions to date:

- In 2017, First Nations Health Authority (FNHA) released *A Framework for Action: Responding to the Toxic Drug Crisis for First Nations,* a system-wide public health response for First Nations in BC, a holistic and inclusive approach to harm reduction supporting physical, mental, spiritual and emotional wellness, as well

[1] Annual Data Infographic: First Nations and the Toxic Drug Poisoning Crisis in BC: January -December 2023.

[2] *A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action; In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care; First Nations and the Toxic Drug crisis 2023; First Nations and the Toxic Drug Crisis 2021; 2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths*

as connections to people, Nations, lands and cultures. It 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 expanding access to evidence-based opioid agonist treatment (OAT) for First Nations people across BC by supporting communities in the planning and implementation of OAT access programming. This includes supporting implementation of certified practice for opioid use disorder (Nurse OAT prescribing).
- FNHA provides virtual programs that enable OAT access for First Nations people and their families living in BC (*Virtual Substance Use and Psychiatry Service* and *Virtual Doctor of the Day Program*).
- Government Financial Information; Intergovernmental Communications
- FNHA was an active member of the MMHA Joint Steering Committee on BC's Overdose Response (this committee no longer exists) and is embedded in the planning and decision-making tables of the Overdose Emergency Response Centre.
- In keeping with the report, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, MMHA is working to support cross government and health authority action on recommendation 17 to increase access to culturally safe mental health and wellness and substance use services, including harm reduction. For example, FNHA has developed 'Indigenous Harm Reduction' principles and practices learning model to support the integration of cultural knowledge and values into harm reduction strategies and services. NJN is an Indigenous Harm Reduction train-the-trainer program that teaches people how to have culturally informed, culturally relevant, and culturally safe conversations about substance use in First Nations.
- 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.

First Nations treatment and healing centres

Government Financial Information; Intergovernmental Communications

Government Financial Information; Intergovernmental Communications

Canadian Mental Health Association (CMHA-BC) beds

- Government Financial Information

- In total the CMHA-BC project funds a total of 285 beds.
- As part of the application and selection process, applicants were required to demonstrate how their organization supported provision of evidence-based, anti-racist and culturally safe care.
- The muti-stage review process included pre-screening for basic eligibility, financial review, an online peer review, and an in-person adjudication panel that included partners from FNHA, MNBC, and the Province.
- As of September 2024, 123 of the 180 beds are open with the remaining beds set to open by the end of the fiscal year.
- Intergovernmental Communications
-

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, anti-stigma campaigns, and community-led initiatives, including supports and prevention for opioid/fentanyl use.
- MMHA partners with MNBC on projects and initiatives related to expansion of treatment and recovery services. They were a partner in the adjudication of the CMHA-BC grant, and supported development of the CAI Indigenous-led treatment and recovery capacity grants.
- MMHA also works with the BC Association of Aboriginal Friendship Centres (BCAAFC) for capacity building and community engagement.

Budget/ Expenditures:

- With a new investment over three years through Budget 2023, MMHA is developing a program to support Indigenous-led treatment, recovery and aftercare services as well as Indigenous-led training and skills development.

Government Financial Information; Intergovernmental Communications

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- Government Financial Information; Intergovernmental Communications
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Approvals:
October 08, 2024 – Chris Van Veen, a/ADM, Treatment and Recovery
October 10, 2024 - Grant Holly, EFO, Corporate Services Division
October 15, 2024 – Darryl Sturtevant, ADM, Substance Use and Policy Division
October 16, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships & Community Initiatives
October 16, 2024 – Jonathan Dubé, Acting Deputy Minister

SUBSTANCE USE IN THE TRADES

Introduction:

- People who work in the trades are experiencing significant and disproportionate rates of substance use-related harms, including death.

Background:

- 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.
- 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.

Ministry/Government Actions to date:

- Since 2017, the Ministry of Mental Health and Addictions (MMHA) has worked with industry partners to enhance the substance use continuum of care and to target 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 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, the BC Centre of Disease Control (BCCDC) has shipped 325 kits to Vancouver Island Construction Association (since 2021) and 6,146 to CIRP (since 2017) for distribution.
- 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.
- Following the Roundtable, MMHA 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.
- The ideas and opportunities identified through this collaborative process identified key next steps for government, industry, and health care on how to better support the wellbeing of tradespeople.
- MMHA will continue to engage with industry members including working with contracted support to

undertake new engagement with industry and health care partners on establishing substance use care pathways and supports for people who work in the trades, and participation on the CIRP-led mental health and substance use taskforce that launched in Fall 2024.

Budget/ Expenditures:

- The Province currently provides funding for a number of specialized substance use initiatives in collaboration with industry partners, including:
  - $1.200M since 2021 for Tailgate Toolkit
  - $2.260M in 2022/23 year-end funding for trades-specific harm reduction supports, including CIRP's Opioid Free Pain Service and BuildStrong App.
- $11.060M in 2022/23 to the BCCDC's THN Program, which provides THN kits to distribution sites in the construction industry.
- 2023/24 year-end grant funding provided $0.160M to continue supporting this work. In addition to their existing site in the Lower Mainland, CIRP will be opening a second location in Langford (Vancouver Island) in Fall 2024.
- Following the Working Group process, MMHA has committed to the following initiatives based on industry advice and need:
  - $0.264M in a one-time grant to enhance CIRP's BuildStrong App functionalities. This will include developing personalized, self-directed plans for mental health and well-being, enhancement of educational resources, and expanding access to the app for all members of the construction community.
  - $1.800M over three years to PainBC to develop new trades-specific resources that will provide tailored resources for workers who are struggling with pain. This will include:
    - Enhancing the Pain Support Line with new priority pathways for workers who reach out.
    - Developing and leading Peer Groups for workers living with pain.
    - Developing new resources on pain that can be distributed to trades organizations, worksites, and workers to help people better understand pain and pain management.
- Business Information; Government Financial Information

Approvals:

September 25, Date, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 9, 2024 – Jonathan Dubé, Acting Deputy Minister

DRUG CHECKING / DRUG ALERTS

Introduction:

- BC's provincial drug checking services provide timely, life-saving information for people who use illicit drugs and provide essential data to health service planners to monitor the illicit drug supply for emerging toxicity risks at regional and provincial levels.

Background:

Drug Checking

- Drug checking services test small samples of substances by a trained technician using technology designed to determine their chemical makeup. Individuals are provided a report on the composition of the sample.
- The results provide critical information to users so they can make informed decision on how best to consume the substance or whether to consume it at all.
- It also provides researchers and epidemiologists with information on the composition and status of illicit substances being sold at regional and provincial levels.
- Drug checking provides unique information about purchases made from the illicit drug supply, for which no consumer safety protections or quality assurance standards exist, allowing individuals to make better 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 harm reduction or mental health and substance use care.
- Drug checking also improves 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.
- In April 2020, a Section 56 class exemption under federal *Controlled Drugs and Substances Act*, enabling "Urgent Public Health Need Sites" (UPHNS), was issued by Health Canada to BC's Minister of Health.
- In June 2021, Health Canada amended the UPHNS class exemption to allow for service providers to collect, store, and transport illicit drug samples for drug checking purposes, which has allowed BC to establish drug sample collection sites in communities across the province.

Drug Alerts

- Drug alerts provide rapid public dissemination of information about unusual or exceptionally toxic substances that may be circulating in the illicit drug supply.
- In BC, regional health authorities issue drug alerts based on intelligence gathered through several sources, including through suspected toxic drug poisonings, paramedic-attended events, and drug checking results.
- The Provincial Health Services Authority's Provincial Virtual Health office compiles alerts from across the province and posts them on Toward the Heart.[1] BC Centre for Disease Control (BCCDC) also disseminates drug alerts to the public via a subscription-based anonymous text message service for each health region.

Ministry/Government Actions to date:

- Budget 2017 provided $1.0M of provincial funding to regional health authorities for drug checking investment, which was primarily used for procurement and deployment of fentanyl test strips to detect

[1] https://towardtheheart.com/alerts

presence or absence of fentanyl in illicit drug samples.

- 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 (UVic) Substance project. Following the expiry of these grants, the Province provided BCCSU and UVic with a combined total of $1.6M to sustain these initiatives over the 2023/24 fiscal year.
- In 2020/21, the Ministry of Mental Health and Addictions (MMHA) provided a $0.305M grant to Vancouver Island University to acquire a Paper Spray Mass Spectrometer (PS-MS), which is currently in service through UVic Substance. This device provides confirmatory testing that is able to detect presence of substances at lower concentrations, which is critical information given the high toxicity of some adulterants and the volatility of the illicit market.
- The number of drug checking access points has significantly increased since 2018. There are 50 sites where individuals can access immediate results through an on-site Fourier Transform Infrared Spectrometry (FTIR) device operating one day/week or more, as well as additional sites where individuals can drop off samples for off-site testing.
- Most drug checking in BC is done with FTIR technology that is less costly and simpler to deploy but more limited than PS-MS machines in their sensitivity and resulting accuracy and precision of their tests.
- All drug checking services incorporate fentanyl immunoassay test strips as an additional part of their sample testing procedures. Fentanyl test strips are also more broadly available (including for take-home distribution) in harm reduction services across the province.
- MMHA continues to work with health authorities, community agencies and university partners to develop and improve the provincial network of drug checking services.
- Through Budget 2024 investments, MMHA is working with health system partners to stabilize current service levels where they exist in the province, however there are high needs communities and high-risk sub-populations that currently do not have access to this life-saving service.
- Service partners and roles include:
  - **UVic Substance:** Provision of secondary or confirmatory testing using PS-MS technology and development of new provincial client results portal.
  - **BCCDC:** Development and delivery of new centralized reporting and surveillance system.
  - **BCCSU:** Technician training, education, and data stewardship.
  - **Regional health authorities:** Maintenance of current service capacity through new or existing service delivery models.
  - **First Nations Health Authority:** Establish capacity building and innovation seed funding for new drug checking services for First Nations communities.

Budget/ Expenditures:

- Budget 2024 provided an investment of $15.67M over three years to sustain Drug Checking services at their current level.
- Previous investments provide $3.0M over three years in base funding to support Drug Checking. The $15.67M B2024 investment brings government's total base budget for Drug Checking to $18.67M over three years.

Approvals:
October 2, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
October 9, 2024 – Grant Holly, EFO, CSD
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

NALOXONE

Introduction:

- Naloxone is a medication that quickly reverses the effects of drug poisoning from opioids such as heroin, methadone, fentanyl and morphine. It is not effective in reversing the effects of stimulants (e.g., cocaine, methamphetamine), benzodiazepines or other adulterants currently detected in illicit substances.
- Naloxone is available in two formulations: intramuscular (injectable) and intranasal. Both formulations have similar efficacy, however the different formulations are recommended for different populations.
- Intramuscular (IM) naloxone is available free-of-charge to anyone in BC at risk of experiencing or witnessing an overdose via the BC Centre of Disease Control's (BCCDC) Take Home Naloxone (THN) Program.
- The THN program also offers training opportunities for individuals while picking up a kit to ensure safe and effective use.

Background:

- The THN program aims to provide low-barrier access to life-saving medication as well as appropriate training to ensure individuals can prevent, recognize, and respond to overdose events.
- THN was one of the first programs of its kind in North America. Since its launch in 2012, over 2.2M naloxone kits have been distributed in BC.
- Naloxone is also carried by first responders, such as paramedics, firefighters, police officers, corrections staff and others whose occupation may routinely involve responding to a suspected drug poisoning.
- Naloxone training is available at community pharmacies and through harm reduction services such as Overdose Prevention Services (OPS), and it can be accessed online via the BCCDC's interactive virtual platform.
- Printed "SAVE-ME" instructions are included in every THN kit [SAVE-ME stands for: Stimulate; Airway; Ventilate; Evaluate: Medication (i.e., naloxone); Evaluate (& support)] – see https://www.naloxonetraining.com/
- It is recommended that 911 be called anytime naloxone is administered.
- Naloxone administration has few-to-no side effects, even when opioids are not present, making it a very safe medication for widespread distribution.

Ministry/Government Actions To Date:

- The THN program is the primary pathway for at-risk individuals to access naloxone. Individuals can pick up pre-assembled IM naloxone kits for free from over 2,200 participating distribution sites, including community pharmacies (>880), hospitals and emergency depts (>80), corrections facilities (>20) and First Nations sites (>175)
- 479,000 kits were distributed by the program in 2023 (up from 393,000 kits distributed in 2022). It is estimated that 43% of distributed naloxone kits are used to reverse an overdose.
- The Ministry of Citizens' Services Product Distribution Centre (PDC) is a pathway for publicly-funded organizations with occupational needs (e.g., paramedics, schools, fire departments) to access naloxone—both IM medication alone, as well as pre-assembled kits.
- The First Nations Health Authority (FNHA) operates the federally funded Harm Reduction Hub & Bulk Ordering Program for Indigenous organizations. First Nations individuals can access IM and nasal (NS) naloxone through these channels.
- Indigenous people eligible for Non-Insured Health Benefits can access both IM and NS naloxone for free from community pharmacies.
- Through funding from Ministry of Health (HLTH), Ministry of Public Safety and Solicitor General (Police

Services Branch) manages the distribution of grant funding to municipal and designated policing agencies of NS naloxone for their occupational use. Detachments then purchase their NS naloxone themselves. HLTH and the Ministry of Mental Health and Addictions (MMHA) do not have a mechanism to transfer funds directly to police agencies.

- RCMP has a shared cost agreement with the federal government for the provision of NS naloxone for occupational use by their members.

Nasal Naloxone Pilot

- Business Information; Government Financial Information

- HLTH procured supplies for 40,000 kits of NS naloxone for distribution through a pilot initiative that is examining the logistics and viability of expanding the program to include both formulations of naloxone.
- Purchase of a further 20,000 NS naloxone kits was authorized in August 2024.
- In September 2024, an initial 1,600 NS naloxone kits were distributed to post-secondary institutions in coordination with the Ministry of Post-Secondary and Future Skills; an additional 3,400 kits are notionally allocated for a pilot deployment at other institutions serving the public to ensure more consistent access where there are barriers to administering IM naloxone.
- Given that drug poisonings most frequently occur in residential settings, MMHA recommended the majority of NS naloxone kits be distributed through BCCDC's THN program for use by vulnerable individuals to evaluate how the nasal formulation impacts the user experience and program effectiveness.
- Distribution of the NS naloxone for the THN pilot is expected to begin in late October 2024 and is expected to conclude by end of calendar year 2024.

Budget/ Expenditures:

- The province provides PHSA $13.06M annually to support the THN program, including $1.00M from Budget 2024
- MMHA has allocated approximately $7.35M in 2024/25 to purchase 60,000 nasal naloxone to support a provincial nasal naloxone pilot program.

Approvals:

September 27, 2024– Darryl Sturtevant, ADM, Substance Use Policy Division
October 4, 2024 – Grant Holly, EFO, Corporate Service Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

OVERDOSE PREVENTION SERVICES/SUPERVISED CONSUMPTION SERVICES

Introduction:

- Overdose prevention services (OPS) and supervised consumption services (SCS) are low barrier substance use services where participants can consume illicit substances under the observation of personnel trained in providing an immediate emergency response in the event someone goes in a medical crisis due to a toxic poisoning.
- In addition, OPS/SCS provide services such as the provision of harm reduction education and supplies, drug checking as well as to connect people with critical health and social services, including treatment and recovery, primary care, and supportive housing.

Background:

- 48 SCS/OPS sites provided inhalation and/or injection consumption visits in the BC Centre of Disease Control's (BCCDC) latest reporting (July 2024). There is work underway with the BCCDC and Regional Health Authorities to review and standardize the reporting criteria of these services.
- From January 2017 until the end of July 2024, there were over five million visits to OPS/SCS, 29,395 overdoses responded to and survived, and one death.
- Observed consumption services (an umbrella term which encompasses both OPS and SCS) have been shown to reduce the risk of drug poisoning-related harms and are also associated with other positive changes in drug use practices (e.g., decrease in syringe sharing and public drug injecting or smoking), reductions in infection transmission, and increased connections to other key services.[1]
- OPS sites currently operate under a provincial ministerial order (M488/2016), which authorizes Regional Health Boards and BC Emergency Health Services to establish OPS where needed to respond to the toxic drug public health emergency.
  - OPS are operated by health authorities, by service providers contracted by health authorities, and/or by service providers/community groups that are not contracted by health authorities.
  - Under BC's amended decriminalization exemption, OPS are considered "designated healthcare clinics."
  - Various OPS service models exist in BC:
    - Fixed OPS: An OPS service model providing observed consumption in a fixed location (i.e., a permanent address). These sites are staffed by trained personnel working on-site and have regular operating hours to provide core overdose prevention services (including observed consumption and response to adverse events).
    - Mobile OPS: An OPS service model providing vehicle-based venues for observed consumption. These services are regularly staffed and have regular hours. Trained personnel are on-site throughout operating hours to provide core overdose prevention services (including observed consumption and rapid response to adverse events).
    - Housing OPS (HOPS): OPS based in housing facilities (e.g., single room occupancy hotels; supportive housing) that are typically for residents only (i.e., not open to the public.)
    - Episodic OPS (eOPS): An OPS service model providing observed consumption on an as-needed basis in the context of already existing services (e.g., primary care clinic), and/or by (a) trained person(s) in locations where more formalized overdose prevention services are not available.

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[1] Canadian Research Initiative in Substance Misuse (CRISM). *National Operational Guidance for the Implementation of Supervised Consumption Services*. Edmonton, Alberta: Canadian Research Initiative in Substance Misuse; July 17, 2023. Version 1.; Pauly B, Wallace B, Pagan F, Phillips J, Wilson M, et al. (2020) Impact of overdose prevention sites during a public health emergency in Victoria, Canada. PLOS ONE 15(5): e0229208. https://doi.org/10.1371/journal.pone.0229208

    - In contrast with the models above, eOPS is a service that can be offered by a trained provider, not a setting of care.
    - Virtual OPS: Is an eOPS service model whereby observed consumption is provided remotely through telecommunications platforms (e.g., telephone call, video call, smartphone app) and emergency responders deployed in the event of an overdose occurring.
- SCS operate under exemptions granted by Health Canada under Section 56(1) of the federal *Controlled Drugs and Substances Act*.
- Key barriers to OPS/SCS service delivery include:
    - Community opposition (e.g., concerns about congregation, public nuisance, community clean-up, proximity to residential dwellings or other services such as schools or daycares).
    - Securing resources (e.g., space, infrastructure, staff, funds) for safe service delivery, particularly where observed inhalation is offered.

Ministry/Government Actions to date:

- The Ministry of Mental Health and Addictions (MMHA) has supported health authorities with a needs assessment tool to help identify areas in need of OPS/SCS, to address barriers to OPS/SCS implementation and operation, and to maintain an inventory of existing services. These tools are to aid mutual understanding and planning for stewardship of the sector, with health authorities retaining operational discretion at the local level relative to demonstrated need in the community.
- In 2023, MMHA and the BCCDC released the Provincial Episodic Overdose Prevention Service (eOPS) Protocol.
    - Future work includes updating the protocol to align with the spring 2024 amendments to BC's decriminalization exemption.
- In alignment with Office of the Auditor General recommendations (*B.C.'s Toxic Drug Crisis: Implementation of Harm Reduction Programs*, 2024), MMHA is developing Minimum Service Standards (MSS) for publicly funded fixed and mobile OPS in BC.
    - The MSS will outline baseline requirements for OPS consistency, quality, service accessibility, and cultural safety.
    - The new government will need to confirm MSS and timing of release.

Budget/ Expenditures:

- OPS/SCS have $39.227M in annual funding, including $29.227M through historical investments and an additional $10.000M invested through Budget 2024.

Approvals:
October 11, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 16, 2024 – Grant Holly, EFO, Corporate Services Division
October 16, 2024 – Jonathan Dubé, Acting Deputy Minister

PEER SUPPORT PROGRAM

Introduction:

- People with lived and living experience have historically been excluded from providing input into the policies and programs designed to address their health care needs with respect to substance use.
- Incorporating the voice and perspectives of people with lived experience in policy development and the design of programs and services helps to ensure their overall effectiveness in achieving their stated goals.
- Peer Support Workers play a critical role in frontline service delivery and there is a robust evidence base that indicates involvement of peers results in a stronger connection and retention with services resulting in better outcomes for people with mental health and substance use issues.
- One of the ways the BC Ministry of Mental Health and Addictions (MMHA) supports people who use drugs to be leaders in the drug toxicity crisis response is by funding the Provincial Peer Network.

Background:

- Since 2019, MMHA has supported and provided funding for a Provincial Peer Network (PPN) through the provincial Community Crisis Innovation Fund (CCIF).
- The PPN is a provincial network of drug user-led organizations that serves to strengthen collaboration and information sharing between the organizations in communities.
- The PPN helps ensure that the provincial emergency response is effective in saving lives by providing advice on policy and program design/delivery.
- Many of these organizations provide critical lifesaving services for people who use substances and help to connect them to health and social services including harm reduction services such as episodic overdose prevention services, drug checking, and systems navigation.
- Peer-led services are an evidence-based approach to providing harm reduction supports.

Ministry/Government Actions to date:

- MMHA funds the Community Action Initiative (CAI) to provide contribution grants and training to community organizations across BC, including peer-led organizations to develop and deliver innovative projects that respond to the needs of individuals and families experiencing mental health and/or substance use challenges.
- Since 2018, the number of peer-led organizations receiving contribution grants has grown from 6 to 24 in 2024 in all health regions in the province (see **Table 1**).
- 27 PPN groups were provided with 3-year contribution agreements in 2023/24 which expire in 25/26. Two agreements were cancelled in Q3 2023/24 (DULF and KISSS), and two agreements have been paused to date in 2024/25 due to temporary disruption of these group's capacity to deliver activities.

Budget/ Expenditures:

- Government Financial Information
- CAI holds multi-year contracts with PPN members that conclude in 2025/26.
- MMHA also provided $4.750M of one-time year-end funding in 2022/23 to PPNs for capacity building, evaluation, Indigenous equity training, and administration.

Government Financial Information

Approvals:
September 26, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
October 11, 2024 – Brad Williams, a/EFO, Corporate Services Division
October 15, 2024 – Jonathan Dubé, Acting Deputy Minister

Government Financial Information

PRESCRIBED ALTERNATIVES

Introduction:

- Prescribed alternatives (PA) is a life-saving therapeutic intervention whereby a clinician prescribes medications to individuals with substance use disorder (SUD) in order to separate them from the toxic drug supply while also connecting them to needed health and social services.
- For individuals with severe addiction, PA is one way to access the system of care, including treatment and recovery services.

Background:

- PA involves the provision of pharmaceutical-grade substances to people at risk of death and other harm from the toxic drug supply.
- PA is delivered through a therapeutic, medical model, meaning that these medications can only be accessed if they are prescribed by a physician or nurse practitioner.
- PA stabilizes individuals with severe SUD by managing their withdrawal symptoms in order to separate them from using illicit substances. PA establishes a therapeutic relationship with a prescriber who connects them to other health and social services, including treatment and recovery services.
- PA medication types include benzodiazepines (i.e., Diazepam, Cloazepam), opioids (i.e., Hydromorphone, Morphine, Fentanyl, Oxycodone) and stimulants (i.e., Dextroamphetamine, Methylamphetamine, Lisdexamfetamine).
- These medications are covered by BC PharmaCare and are regularly prescribed for a range of health conditions in addition to PA.
- In June 2024, 4,162 people were dispensed PA medication (primarily opioids) and the number of clinicians prescribing was 717.
- A recent peer-reviewed study of BC's PA program published in the *British Medical Journal* found that PA opioids reduced the risk of death by as much as 91% in the week following a dispensation.
- Emerging research on PA in BC and across Canada, including a recent scoping review, rapid evidence review, and evidence brief, has demonstrated numerous benefits for the health system and people who use substances, reduced risk of overdose and death, reduced emergency department visits and hospitalizations, reduced healthcare costs, reduced stigma, reduced involvement in criminal activities, increased engagement and retention in healthcare, improved mental and physical health, greater personal autonomy, and improved wellbeing.
- Recent reports by the B.C. Coroners Service (An Urgent Response to a Continuing Crisis) and Provincial Health Officer (A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action) recommend expanding access to PA across BC.
- Concerns have been raised about the diversion of PA, where patients sell, trade or share their prescribed medications to obtain a substance that better meets their needs or to obtain basic needs like food and shelter.
- Diversion is not limited to PA medications (the same medications are prescribed for other reasons, such as pain management) and can occur at various points along the supply and distribution chain, including healthcare facilities, prescribers, employees, and pharmacies.
- Although anecdotal evidence suggests some diversion of PA is occurring, the extent and impacts are unknown. There is no scientific or clinical evidence linking the diversion of PA to increased substance use, mortality or morbidity in the population.

Ministry/Government Actions to date:

- In March 2020, the Ministry of Mental Health and Addictions (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.
- To support prescribers and increase access to PA, MMHA is funding BCCSU to develop clinical protocols and education sessions based on emerging evidence and clinical expertise.
- MMHA has supported the BCCSU to develop protocols for PA medications, including the Fentanyl Patch Protocol (October 2022), Fentanyl Tablet Protocol (August 2023) and the Sufentanil Protocol (August 2023).
- There are 38 sites and two virtual services across the province that currently offer PA, with services delivered by health authorities or non-profits, funded provincially and/or federally through the Substance Use and Addictions Program funding. MMHA has provided additional support for one such site, Hope to Health Research and Innovation Centre, which offers PA as part of a coordinated one-stop shop that provides the low-barrier, wraparound services that people who use substances need for their treatment and care.
- PA can also be prescribed to patients through independent practitioners.
- The Province is undertaking an Enhanced Evaluation and Monitoring Framework for the implementation of PA under which external contracted scientists are leading a mixed methods evaluation to rigorously investigate the extent to which the 2021 PSS Policy direction is meeting its stated goals, and assess potential unintended consequences, such as diversion, until March 2026.
- To mitigate the risk of diversion, the Province has focused on witnessed consumption of PA medications and expanding medications that better meet the needs of those relying on toxic street supply. As well, the BCCSU's protocols provide direction for clinicians to identify and address diversion.
- The Province also established a Diverted PA Working Group, chaired by the Ministry of Public Safety and Solicitor General to improve information sharing and understanding between law enforcement practices and health programs. Membership includes MMHA, HLTH, RCMP, Victoria and Vancouver Police Departments, and Dr. Penny Ballem (as a subject matter expert).
-

Budget/ Expenditures:

- Through Budget 2023, the Province allocates $8.870M annually to support the implementation of PA health authority programs across BC.
- In April 2024, Government announced a $25M investment to support and expand the Hope to Health Research and Innovation Centre.

Approvals:
September 25, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 15, 2024 – Jonathan Dubé, Acting Deputy Minister

OPIOID LITIGATION / LEGISLATION

Introduction:

- In 2018, the Province, through the Ministry of Health and the Ministry of Attorney General, commenced litigation against opioid manufacturers and distributors.

Background:

Opioid Prescribing and Litigation:

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

Ministry/Government Actions to date:

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

Legislation:

- The *Opioid Damages and Health Care Costs Recovery Act* was proclaimed on October 31, 2018. Amendments to the Act were assented to on November 3, 2022, to address the issue of consultants, inclusion of the Federal Crown, and the damages methodology for non-manufacturers.
- The legislation will allow the Province to prove its claim in a more efficient fashion, similar to litigation against big tobacco.

- Instead of bringing forward individual expense records for each British Columbian, the legislation would allow government expenditures to be proven by use of population-based evidence.
- This will help to reduce pressure on the courts and promote expediency and efficiency.

Budget Expenditures:

- N/A

Approvals:
September 25, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

OAG AUDIT

Introduction:

- In March 2024, BC's Office of the Auditor General (OAG), the independent office of the legislative body responsible for auditing provincial programs and services to ensure financial and performance efficiency and effectiveness, released the report: B.C.'s Toxic Drug Crisis: Implementation of Harm Reduction Programs **(Attachment 1).**
- The audit examined whether the Ministry of Mental Health and Addictions (MMHA) and Ministry of Health (HLTH) effectively implemented two programs: (1) overdose prevention sites (OPS)/supervised consumption services (SCS), and (2) the initial phases of prescribed safer supply (PSS).
- The audit covered the periods from January 1, 2020, to June 30, 2023, for OPS/SCS, and from July 1, 2021, to June 30, 2023, for PSS/Prescribed Alternatives (PA).

Background:

- The audit concluded the ministries:
    - Did not ensure effective implementation of OPS/SCS by the health authorities across the province.
    - Did not properly monitor the initial implementation of PSS province wide.
- The report makes seven recommendations – five related to OPS/SCS and two related to PSS, all of which were accepted by the ministries.
- The OPS/SCS recommendations include collaborating with health authorities, Indigenous Peoples, and those with living and lived experience in substance use to:
    1. Establish province-wide standards for OPS/SCS;
    2. Set achievable implementation targets;
    3. Initiate a new, systematic evaluation of OPS/SCS;
    4. Address barriers to ensure Indigenous communities' needs are met; and,
    5. Develop community-level guidance that supports OPS/SCS implementation.
- The PSS/PA recommendations include:
    1. Creating an action plan to address barriers to implementation that involves all relevant stakeholders and partners with targeted engagement of rural and remote communities, and
    2. Regularly reporting to the public and health sector partners on whether the PSS program is effectively meeting its objectives.

Ministry/Government Actions to date:

The ministries have taken several actions to date to implement the recommendations, including:

- OPS/SCS actions:
    - MMHA is developing Minimum Service Standards for publicly funded fixed and mobile OPS in BC, which will include data collection requirements, and has developed a needs assessment tool.
    - MMHA is developing a Harm Reduction Community Guide.
    - More broadly, MMHA continues to work closely with all health authorities to support OPS/SCS service delivery and to address barriers.
- PSS actions:
    - At the request of Government, Dr. Bonnie Henry completed a review of the PSS program in December 2023 and provided recommendations for ensuring PSS is effectively meeting its objectives, including:

    - Renaming the program to "prescribed alternatives" to better situate prescribing in the context of off-label use of prescription medications, which is a routine part of clinical practice;
    - Building on models of care where PAs are provided as part of holistic, integrated care, including Opioid Agonist Treatment (OAT);
    - Updating Clinical guidance to better support clinical decision-making, including guidance related to off-label use of prescribed alternatives; and
    - Strengthening the current evaluation plan with an emphasis on identifying unmet need among people.
  - MMHA is working with the BC Centre on Substance Use on updating clinical guidance to better support clinical decision-making for the full range of available medications for the management and treatment of people with severe addictions.
  - Cabinet Confidences
  - MMHA is supporting the development of tools to enhance public knowledge and awareness.

Budget/Expenditures:

- Through Budget 2023, the Province allocates $8.87M annually to support the implementation of PA health authority programs across BC.
- The Ministry has notional allocations of $14.938M for 2024/25 and $24.297M in 2025/26 to support PA Program Medication and Expansion.
- The Province allocates $39.23M annually to health authorities for OPS.

Approvals:
October 7, 2024 – Darryl Sturtevant, ADM, Substance Use Policy
October 4, 2024 – Grant Holly, EFO, CSD
October 10, 2024 – Jonathan Dubé, Deputy Minister

March 2024

B.C.'s Toxic Drug Crisis: Implementation of Harm Reduction Programs

An independent audit report

623 Fort Street
Victoria, British Columbia
V8W 1G1

P: 250.419.6100
F: 250.387.1230
oag.bc.ca

The Honourable Raj Chouhan
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Mr. Speaker:

I have the honour to transmit to the Speaker of the Legislative Assembly of British Columbia the report, *B.C.'s Toxic Drug Crisis: Implementation of Harm Reduction Programs*, which includes two independent audits.

We conducted the audits under the authority of Section 11(8) of the *Auditor General Act*. All work in the audits was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the *CPA Canada Handbook – Assurance*.

Michael A. Pickup, FCPA, FCA
Auditor General of British Columbia
Victoria, B.C.

March 2024

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The Office of the Auditor General of British Columbia acknowledges with respect that we conduct our work on Coast Salish territories. Primarily, this is on the Lekwungen-speaking people's (Esquimalt and Songhees) traditional lands, now known as Victoria, and the W̱SÁNEĆ people's (Pauquachin, Tsartlip, Tsawout and Tseycum) traditional lands, now known as Saanich.

Audits at a glance

Why we did these audits

- At least 14,000 deaths as of January 2024 have been linked to drug-related toxicity since the province declared a public health emergency in 2016, making it B.C.'s leading cause of unnatural death.
- The Ministry of Mental Health and Addictions and the Ministry of Health lead B.C.'s response to the emergency. The response spans the continuum of care, from prevention and harm reduction, to treatment and recovery.
- Two key harm reduction approaches are overdose prevention and supervised consumption services, and increased access to prescribed safer supply.

About this report

- Our two audits looked at whether the ministries effectively implemented (1) overdose prevention and supervised consumption services, and (2) the initial phase of prescribed safer supply.
- Our report considers the two programs in separate chapters, each with its own conclusions.

Chapter 1: An audit of the implementation of overdose prevention and supervised consumption services

Objective

To determine whether the Ministry of Mental Health and Addictions and the Ministry of Health ensured effective province-wide implementation of overdose prevention and supervised consumption services by the health authorities.

Audit period

January 1, 2020 – June 30, 2023

Conclusion

We found that the ministries:

- monitored operational performance;
- monitored funding and adjusted when necessary; and
- reported publicly on the implementation of overdose prevention and supervised consumption services.

However, we found deficiencies in key areas:

- Operational guidance lacked minimum service standards and did not always reflect engagement with health authorities, people with lived and living experience, and Indigenous Peoples.
- Persistent challenges and barriers to province-wide implementation were not addressed.
- There were deficiencies in target setting and evaluation.

For these reasons we concluded that the Ministry of Mental Health and Addictions and the Ministry of Health did not ensure effective province-wide implementation of overdose prevention and supervised consumption services by the health authorities.

The ministries have accepted all five of our recommendations on service standards, target setting, evaluation and addressing barriers.

Audits at a glance *(continued)*

What we found

Provincial guidance for health authorities and service providers was inadequate	▪ Operational guidance for overdose prevention and supervised consumption services (OPS/SCS) didn't include minimum service standards to support consistent quality, access, and availability of services. ▪ The ministry consulted with Indigenous Peoples and health authorities, but their input was not consistently reflected in the guidance. ▪ The guidance was out of step with changes in the toxic drug supply. ▪ Some health authorities created their own guidance to address gaps, such as delivery of services in remote and rural Indigenous communities. **OPS/SCS recommendation 1**
The ministries planned, monitored, evaluated, and reported on OPS/SCS, but a new provincial evaluation is needed	▪ The ministries set objectives and worked with health authorities to develop performance measures, but only two health authorities set explicit quantitative targets for OPS/SCS in their detailed implementation plans. ▪ The ministries monitored the operational performance of OPS/SCS. ▪ The ministries monitored funding and worked with health authorities to reallocate funds as needed. ▪ The ministries evaluated OPS/SCS programs but the toxic drug supply has changed considerably since the last evaluation in 2021. ▪ The ministries reported publicly on OPS/SCS. **OPS/SCS recommendations 2, 3**
The ministries had not developed strategies to address persistent challenges and barriers to province-wide OPS/SCS implementation	▪ The ministries identified challenges and barriers through established lines of communication with health authorities and other key groups. ▪ Significant barriers included municipal resistance, the lack of infrastructure, and health-care staffing. ▪ The ministries didn't work effectively with health authorities, people with lived and living experience, or Indigenous Peoples to develop or implement strategies addressing persistent challenges and barriers to OPS/SCS implementation. **OPS/SCS recommendations 4, 5**

Audits at a glance *(continued)*

Chapter 2: An audit of the initial implementation of prescribed safer supply

Objective

To determine whether the Ministry of Mental Health and Addictions and the Ministry of Health effectively monitored the initial province-wide implementation of prescribed safer supply.

Audit period

July 1, 2021 – June 30, 2023

Conclusion

We found that the ministries:

- developed a data collection framework;
- monitored and adjusted funding; and
- initiated an evaluation of prescribed safer supply.

However, we also found deficiencies in key areas. Specifically:

- the ministries didn't develop or implement strategies to address prominent barriers to implementation; and
- they didn't effectively report publicly on the performance of prescribed safer supply.

For these reasons we concluded that the Ministry of Mental Health and Addictions and the Ministry of Health did not effectively monitor the initial province-wide implementation of prescribed safer supply.

The ministries have accepted both of our recommendations on addressing barriers and public reporting.

What we found

The ministries implemented a data collection framework and initiated an evaluation of the prescribed safer supply program

- Data collected included service utilization, program outputs, clinical outcomes, and population-level impacts and outcomes.
- The ministries had contracted an external evaluation on prescribed safter supply, which was underway.

The ministries monitored and adjusted funding for prescribed safer supply

- The ministries monitored funding and worked with health authorities to reallocate funds as needed.

Audits at a glance *(continued)*

The ministries' strategies do not adequately address key barriers to prescribed safer supply implementation	▪ The ministries are aware of challenges and barriers, such as lack of prescribers, and types of drugs offered. ▪ Prescribed safer supply meetings with health authorities and health sector partners haven't resulted in sufficient collaborative strategies. ▪ Current strategies don't demonstrate how the ministries will address key issues. ▪ Prescribed safer supply delivery in rural and remote communities faces persistent challenges. **Prescribed safer supply recommendation 1**
The ministries' public reporting on prescribed safer supply was not sufficient	▪ Current public reporting doesn't compare prescribed safer supply program performance to its objectives. ▪ Internal data monitoring wasn't made public, despite plans for release. ▪ Current reporting is inadequate because it doesn't inform the public about work done to monitor and evaluate prescribed safer supply. **Prescribed safer supply recommendation 2**

After reading the report, you may want to ask the following questions of government:

1. What are the most important lessons learned from the development and implementation of OPS/SCS and prescribed safer supply programs?
2. How can government establish clear lines of accountability to support complex mental health and addiction program implementation?
3. How can government improve public information and education about complex health programs and issues in order to reduce stigma and build public confidence?

Background

In April 2016, the Provincial Health Officer declared a public health emergency due to a significant rise in unregulated drug-related toxicity and deaths.[1] Since then, at least 14,000 people in B.C. have died as of January 2024 from unregulated drug toxicity. According to the BC Coroners Service, unregulated drug toxicity is the leading cause of death in British Columbia for people between the ages of 10 and 59, accounting for more deaths than homicides, suicides, accidents, and natural disease combined. The toxic drug crisis has so severely impacted men that it has reduced their overall life expectancy in B.C.

The impact of the toxic drug crisis is not felt evenly across the province. In 2023, the health authorities with the highest rates of death were Northern Health (67 per 100,000) and Vancouver Coastal Health (56 per 100,000). The health authorities with the highest overall unregulated drug deaths were Vancouver Coastal and Fraser Health, which together had 56 per cent of unregulated drug deaths in 2023.

Certain populations – including people experiencing poverty, people who are or have been incarcerated, transgender and non-binary people, Indigenous Peoples, and survivors of violence and trauma – have been disproportionately impacted by the unregulated toxic drug crisis.

For example, from January 2021 to August 2023, 16.5% of all unregulated toxic drug deaths in B.C. were First Nations people, despite only making up 3.4% of the provincial population. First Nations women are also disproportionately impacted compared to non-First Nations women. In the first half of 2023, the rate of toxic drug deaths of First Nations women was 11.9 times higher than non-First Nations women. A key principle of the government's response to the unregulated toxic drug crisis is to include Indigenous Peoples and people with lived and living experience (PWLLE) of substance use in its policy design, planning, and service delivery.

Who are "people with lived and living experience"?

In this context, lived experience refers to people who have used one or more substances and who are currently in recovery. Living experience refers to people who are currently using one or more substances.

The toxic drug crisis was compounded by the COVID-19 public health emergency, which posed obstacles to the delivery of health services by governments. Restrictions and social distancing measures limited in-person services, disrupting the continuity of care. Various other factors contribute to the ongoing, complex toxic drug crisis, including stigma, poverty, and housing insecurity. During the same period, the toxicity of the unregulated drug supply increased.

1 Language describing the unregulated toxic drug crisis has changed since the crisis was declared in 2016. Throughout this report we refer to unregulated toxic drugs and the unregulated toxic drug crisis. The terms drugs and substances are used throughout the report and can include both legal (e.g., prescribed opioids) and illegal or illicit substances (e.g., non-prescribed opioids, amphetamines, etc.).

Responding to the toxic drug crisis: roles and responsibilities

The Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (HLTH) lead the province's response to the toxic drug crisis but it's a complex governing structure and numerous other ministries and organizations have roles (see "Appendix C: Abbreviations" on page 49)

MMHA was established in 2017, approximately one year after the toxic drug crisis emergency was declared. Policy development, program evaluation and research relating to mental health and addictions (including facilities designated under the Mental Health Act) were transferred to MMHA from HLTH. One assistant deputy minister is responsible for HLTH's Mental Health and Substance Use division and MMHA's Substance Use Policy division.

The current mandates of the ministries include working together – with HLTH in support – to lead and accelerate B.C.'s response to the toxic drug crisis and involves the full continuum of care: prevention, harm reduction, treatment, and recovery. The two harm reduction programs covered in this audit are part of this comprehensive response to the toxic drug crisis.

A 2018 memorandum of understanding between the ministries establishes their respective roles and responsibilities for mental health and addictions initiatives. Today these initiatives include – but aren't limited to – overdose prevention and supervised consumption services, and prescribed safer supply:

- MMHA is responsible for developing a response to the toxic drug crisis, including setting strategic direction, engaging in policy development, program evaluation and research, deciding on investments, and monitoring and adjusting the response over time.
- HLTH is also accountable for working with health authorities to provide funding and ensure implementation of policy direction. It also supports MMHA to respond to the toxic drug crisis.

The five regional health authorities govern, plan, and deliver health-care services, including harm reduction services, within their geographic areas. They are responsible for:

- identifying population health needs;
- planning appropriate programs and services;
- ensuring programs and services are properly funded and managed; and
- meeting performance objectives.

MMHA has relationships with Indigenous Peoples through a partnership with First Nations Health Authority (FNHA), which is formalized in a letter of understanding. FNHA plans, designs, manages, and funds the delivery of First Nations health programs and services in B.C. This work doesn't replace the role or services of HLTH, MMHA, and the regional health authorities. They collaborate, co-ordinate, and integrate their respective health programs and services.

The Provincial Health Services Authority oversees the co-ordination and delivery of provincial programs and highly specialized health-care services. One of these services is the BC Centre for Disease Control, which provides public health surveillance, detection, treatment, prevention and consultation services.

With help from HLTH, MMHA implemented essential health sector programs (delivered by regional health authorities and FNHA) to reduce drug toxicity death and drug-related harms, including expanding overdose prevention and supervised consumption services and introducing prescribed safer supply.

About harm reduction

Supervised consumption and overdose prevention services and prescribed safer supply are considered harm reduction initiatives. Harm reduction is a set of principles, practices and approaches to care that aim to minimize the negative health, social, and legal impacts associated with substance use. An integral component of the substance-use system of care, harm reduction is grounded in equity, justice, human rights, and respect for self-determination. This pragmatic and person-centred response focuses on keeping people safe and minimizing substance-related morbidity and mortality. Harm reduction-oriented services do not require a person to stop using substances as a precondition of care, support, and respect for human rights.

Source: The Ministry of Mental Health and Addictions

Our audits looked at whether the ministries effectively implemented overdose prevention and supervised consumption services, and the initial phase of prescribed safer supply, across the province.

The report considers these two programs in separate chapters and offers two conclusions about their implementation by the ministries:

Chapter 1: An audit of the implementation of overdose prevention and supervised consumption services

Chapter 2: An audit of the initial implementation of prescribed safer supply

Harm reduction supplies.

Source: Island Health

An independent audit report

Chapter 1: An audit of the implementation of overdose prevention and supervised consumption services

Abbotsford mobile OPS and inhalation tent.

Source: Fraser Health

Observed consumption spaces allow people to use their own substances in settings where trained staff are available to respond to drug poisoning events. In B.C., observed consumption is offered through supervised consumption services (SCS) and overdose prevention services (OPS). OPS and SCS are managed by health authorities under a variety of operational structures and often in cooperation with community partners.

Supervised consumption services are regulated by Health Canada. They require applicants to receive an exemption under section 56.1 of the *Controlled Drugs and Substances Act*. This process can be time consuming and cumbersome, especially in the context of a public health emergency. There are four SCS locations in B.C. (as of December 2023).

In response to increasing deaths from toxic drug events, the Minister of Health authorized overdose prevention services in December 2016, under the *Emergency Health Services Act* and the *Health Authorities Act* (Ministerial Order 488/2016). It mandates regional health authorities and BC Emergency Health Services to establish overdose prevention services "in any place there is a need for these services, as determined by the level of overdose related morbidity and mortality." There are 46 OPS locations in B.C. (as of December 2023).

OPS and SCS vary in design and operation, based on local context. For example, mobile OPS operates from vehicles moving between multiple locations. Fixed-site OPS remain in a permanent location.

Responding to COVID-19, the ministries introduced an episodic OPS protocol to allow clients of health and social services to use substances on-site under staff supervision (e.g., in a hospital or supportive housing site).

OPS and SCS provide safer environments for people to use drugs under the supervision of a health-care professional, harm reduction worker, and/or a trained peer (i.e., a person who formerly used or currently uses drugs) to monitor for signs of drug toxicity. This permits rapid response if a drug toxicity event occurs, reducing the risk of brain injury or death. OPS and SCS are meant to be low-barrier access points to health and social services for people who use drugs.

OPS/SCS sites provide different levels of service and may include:

- witnessed consumption for injection, inhalation, oral consumption, or insufflation (i.e., snorting) of drugs
- overdose prevention/harm reduction education
- Take Home Naloxone training and distribution
- distribution of harm reduction supplies (e.g., sterile needles)
- safe disposal options
- drug checking
- referrals to mental health and substance use services

Objective

The objective of the audit was to determine whether the Ministry of Mental Health and Addictions and the Ministry of Health ensured effective province-wide implementation of overdose prevention and supervised consumption services (OPS/SCS) by the health authorities.

Scope

We audited the Ministry of Mental Health and Addictions and the Ministry of Health to see whether they:

- effectively provided strategic guidance and monitored, evaluated, and reported on the implementation of OPS/SCS;
- monitored and adjusted funding as necessary;
- identified and addressed challenges and barriers to implementation; and
- sought and incorporated, across all aspects of service implementation, the perspectives of health authorities, Indigenous Peoples and people with lived and living experience.

We only looked at publicly accessible, adult-serving OPS/SCS that are funded by the ministries.

We did not audit the delivery of OPS/SCS by health authorities or by contracted service providers. However, the audit team did interview staff from all health authorities, including the First Nations Health Authority and the Provincial Health Services Authority, and reviewed relevant documents to understand their perspectives and experiences working with the ministries to implement OPS/SCS.

The audit period was from January 1, 2020, to June 30, 2023.

Learn more about the audit criteria on page 47.

Learn more about how we did this audit on page 42.

Conclusion

We found that the ministries:

- monitored operational performance;
- monitored funding and adjusted when necessary; and
- reported publicly on overdose prevention and supervised consumption services implementation.

However, we found deficiencies in key areas:

- Operational guidance lacked minimum service standards and did not always reflect engagement with health authorities, people with lived and living experience, and Indigenous Peoples.
- Persistent challenges and barriers to province-wide implementation were not addressed.
- There were deficiencies in target setting and evaluation.

For these reasons we concluded that the Ministry of Mental Health and Addictions and the Ministry of Health did not ensure effective province-wide implementation of overdose prevention and supervised consumption services by the health authorities.

Source: Island Health

Findings and recommendations

Province-wide standards and guidance

Province-wide standards and guidance help ensure accessibility and a consistent quality of care. Guidance must reflect the perspectives of Indigenous Peoples since they are disproportionately affected by the toxic drug crisis. The Ministry of Mental Health and Addictions and the Ministry of Health have committed to building a substance use continuum of care that is culturally safe for Indigenous Peoples and includes the perspectives of people with lived and living experience.

Provincial guidance was inadequate

What we looked for

We examined whether the ministries developed province-wide guidance for providing overdose prevention and supervised consumption services and whether the guidance had:

- minimum service level standards, including accessibility and availability;
- policies and guidelines, including physical space requirements; and
- reflected engagement with health authorities, Indigenous Peoples and people with lived and living experience (PWLLE).

Given the emergent nature of the toxic drug crisis, and the ministerial order to provide OPS where necessary, it may not have been feasible to determine minimum service standards during the early emergency period. However, given the crisis was in its seventh year at the time of the audit, we expected the ministries to have set minimum level service standards.

Learn more about the audit criteria on page 47.

What we found

The ministries developed high-level and operational OPS/SCS guidance, but the operational guidance wasn't current and it was out of step with changes in the toxic drug supply. We found that OPS/SCS guidance didn't include standards to ensure quality of care, availability, and accessibility. We also found that while the ministries consulted with health authorities, Indigenous Peoples, and PWLLE, their perspectives weren't always reflected in the guidance.

Operational guidance developed

The ministries delegated the development of OPS guidance to the BC Centre for Disease Control (BCCDC), which published the BC Overdose Prevention Services Guide in 2019. The ministries also adopted the existing Supervised Consumption Services Operational Guidance, which was originally developed by the British Columbia Centre on Substance Use in 2017.

The operational guidance includes, but isn't limited to:

- drug toxicity event prevention, recognition, and response;
- physical space requirements for ventilation and privacy;
- participant eligibility;
- equipment;
- data collection; and
- staff training.

No service standards in guidance

The operational guidance doesn't provide any service standards for providers to ensure quality of care, accessibility, and availability of OPS/SCS across the province. The need for service standards was also noted in the Select Standing Committee on Health's 2022 report *Closing Gaps, Reducing Barriers: Expanding the Response to the Toxic Drug and Overdose Crisis*.

Consultation not reflected in guidance

Health authorities, Indigenous Peoples, and PWLLE were consulted during the development of the BC Overdose Prevention Services Guide. Their perspectives weren't always reflected in the guidance. This was particularly evident for health authorities serving rural and remote communities where the guidance wasn't always relevant. For example, two regional health authorities stated that a lack of implementation guidance was a barrier to OPS/SCS implementation in their region. The guidance was also seen as urban-focused. Further, the First Nations Health Authority developed its own guidance because the OPS guidance didn't adequately reflect the needs of the rural and remote First Nations communities that the FNHA serves.

Guidance out of step with developments in toxic drug supply

The BC Overdose Prevention Services Guide describes itself as a living document that will be updated as circumstances change. We found that its detailed operational guidance was lacking and out of date. For example, the guide was published in early 2019 before the widespread introduction of benzodiazepines into the unregulated drug supply chain. Benzodiazepines made drug toxicity presentation and reversal more complex. There is a need for detailed guidance on approaches to respond to toxic drug events involving benzodiazepines. At the time of the audit, the BCCDC was working on guidance specific to indoor inhalation to address changing preferences in modes of consumption and changes in observed consumption service delivery.

Why this matters

Because the ministries haven't developed minimum service level standards for availability, services may not be available when and where they are needed, creating geographic inequity across the province. Additionally, because the ministries haven't developed service standards for accessibility, it's possible that even if an OPS/SCS is available, it may not be physically accessible or safe for particular groups of people, such as women or Indigenous Peoples (e.g., physical safety, cultural safety). Additionally, a lack of detailed, up-to-date guidance may put client safety at risk and increase legal risks – related to standard of care – for health authorities delivering the services in partnership with non-profits.

Because Indigenous Peoples are disproportionately affected by the toxic drug crisis, and because the ministries have committed to a culturally safe continuum of care, it's imperative that guidance reflect Indigenous perspectives, including the perspectives of rural and remote Indigenous communities.

Recommendation

1. We recommend that the ministries work collaboratively with health authorities, service providers, PWLLE, and Indigenous Peoples to:
    - develop appropriate minimum level standards for OPS/SCS province-wide, including availability, accessibility, and service quality; and
    - update guidance for OPS/SCS to ensure it meets the needs of all these groups.

See the response from the auditee on page 43.

Planning, monitoring, evaluating and reporting

Clear objectives, performance measures, and targets help the ministries adopt a focused approach to OPS/SCS implementation across the province. The ministries are also responsible for province-wide data collection, which they monitor to make informed decisions about priorities, resource allocation, and program evaluation. The ministries track, assess, and analyze data to evaluate implementation progress and risks, and guide the allocation of resources.

The ministries can use program evaluations to know whether OPS/SCS are effective, if they meet community needs, and meet the needs of the diverse populations who use OPS/SCS. Regular reporting between the health authorities and the ministries supports OPS/SCS implementation. Public reporting by the ministries on OPS/SCS implementation supports government transparency and promotes public trust.

Objectives and performance measures were set, but not all health authorities had quantitative targets

What we looked for

We examined whether the ministries worked with health authorities to develop objectives, performance measures, and targets.

Learn more about the audit criteria on page 47.

What we found

The ministries set high-level objectives related to OPS/SCS. They worked with health authorities to set and use performance measures to monitor the province-wide performance of OPS/SCS. However, challenges were noted with respect to the ministries' monitoring of performance measures set by health authorities. We also found that not all regional health authorities set quantitative targets in implementation planning.

The objectives were included in policy documents, service, and business plans, and in program implementation planning with the health authorities. For example, recent MMHA service plans had the objective of ensuring people at risk of overdose can access life-saving interventions. These included harm reduction services, with a related strategy to reduce harms by ensuring that people who use drugs can access OPS/SCS. The ministries also worked with health authorities to set performance measures within the detailed implementation plans that health authorities and the First Nations Health Authority are required to complete.

In a sample of accelerated overdose detailed implementation plans, the ministries provided general, high-level objectives and guidance to each of the five regional health authorities. They worked with health authorities to set program level objectives and performance measures. The ministries directed each health authority to set their own targets (within set parameters). Targets are output based, such as total number of sites, and total consumption visits. This collaborative process allowed the health authorities to maintain autonomy in their operations. Autonomy is important given the level of variation across the province in OPS/SCS, the low-barrier nature of the services, and the different needs of communities.

Only two health authorities set quantitative targets

The ministries requested health authorities submit targets when completing their detailed implementation plans. However, in the sample of plans we received (one from each regional health authority for accelerated overdose funding in 2021/22) only two health authorities of the five explicitly set quantitative targets for OPS/SCS. Examples of targets set by the health authorities include number of total OPS sites and inhalation OPS sites, and number of visits to OPS sites.

Lack of collaboration with some health authorities created planning challenges

Three health authorities noted a lack of collaboration with the ministries contributed to challenges in their implementation planning. This included difficulties for health authorities to ensure funding could be used to meet objectives and targets within a given timeframe, or in adapting high level goals to meet the needs of community specific contexts (e.g., rural and remote). Short timeframes also contributed to one health authority being challenged to develop appropriate plans and appropriately consult Indigenous Peoples and PWLLE.

Why this matters

Without clear objectives, performance measures, and targets agreed to by both ministries and health authorities during planning processes, the health authorities may lack clear direction and purpose, which can affect efforts to ensure a focused approach to OPS/SCS implementation across the province. Objectives, performance measures, and targets can help ministries establish clear oversight of OPS/SCS operations. They also help the ministries and health authorities situate OPS/SCS within a whole-of-government response to the toxic drug crisis and across the continuum of health and social care.

Recommendation

2. We recommend that the ministries work proactively with health authorities to develop targets that are achievable within given timeframes to help ensure effective province-wide implementation of OPS/SCS.

See the response from the auditee on page 44.

The ministries monitored the operational performance of OPS/SCS

What we looked for

We looked at whether the ministries monitored operational performance of OPS/SCS across the province.

Learn more about the audit criteria on page 47.

What we found

The ministries worked with health authorities and the BC Centre for Disease Control to monitor the province-wide operational performance of the OPS/SCS program. The ministries receive program monitoring reports three times per year from all health authorities. In these, health authorities provide data on agreed-upon OPS/SCS indicators and give qualitative updates on program status (relative to the detailed implementation plans). Ministries update the program monitoring templates as needed in response to changes in program context (e.g., to reflect accelerated overdose funding in the 2021 provincial budget).

In the sample of program monitoring reports we received (one per regional health authority from the same reporting period), all were submitted to the ministries as required. The ministries also monitor program performance through monthly regional response team meetings (attended by the MMHA, HLTH, regional health authorities and the FNHA), as well as through additional ad-hoc meetings as needed.

BCCDC receives OPS/SCS data from health authorities monthly and shares it with the ministries in a highlights document. BCCDC also publishes data on select indicators (visits to OPS/SCS, visits to inhalation OPS/SCS, overdoses attended at OPS/SCS) on the OPS/SCS tab of the publicly available Unregulated Drug Poisoning Emergency Dashboard that the ministries use.

We found duplication of some of the indicators health authorities reported to BCCDC and the ministries. Some health authorities noted that the program monitoring templates contribute to a high reporting burden and are resource-intensive and time consuming.

There had been discussion within MMHA around updating the program monitoring templates, but they face capacity issues to move the work forward. However, we didn't find that these issues prevented the ministries from monitoring overall province-wide OPS/SCS operational performance.

Why this matters

Efficient operational performance monitoring allows the ministries to determine if objectives for OPS/SCS are being met. It informs decisions on priorities, resource allocation and program evaluation. It also allows the ministries to compare implementation to larger policy priorities.

Recommendation

No recommendation.

The ministries monitored OPS/SCS funding and adjusted funding as necessary

What we looked for

We looked at whether the ministries monitored OPS/SCS funding and adjusted funding as necessary.

Learn more about the audit criteria on page 47.

What we found

The ministries monitored OPS/SCS funding and worked with the health authorities to adjust and reallocate funds as necessary. Monitoring was also done by the health authorities, and there are several processes the ministries use to gather and monitor financial data.

Finance departments in HLTH and in MMHA receive financial information from health authorities three times per year. Program areas within each ministry receive additional financial information, as needed, from health authorities. The ministries worked with the health authorities to make funding adjustments throughout the fiscal year.

During the audit period, we found OPS/SCS funding was usually overspent by health authorities. Some health authorities attributed overspending to the initial investments in new sites. The ministries worked with health authorities to cover the difference by reallocating funding from other mental health and substance use programs that were underspent.

Why this matters

Tracking and analyzing funding information allows the ministries to determine whether adjustments need to be made to support provincial OPS/SCS implementation. It allows the ministries to track spending against spending frameworks, and to determine if OPS/SCS are operating within allocated budgets. It also helps inform ministry decision making and resource allocation, including requesting additional funding from government when needed.

Recommendation

No recommendation.

The ministries evaluated OPS/SCS, but new evaluation needed

What we looked for

We looked at whether the ministries conducted evaluations of OPS/SCS to assess effectiveness, and whether the evaluations included engagement with health authorities, Indigenous Peoples, and people with lived and living experience.

Learn more about the audit criteria on page 47.

What we found

We found that the ministries evaluated the effectiveness of OPS/SCS and that they engaged with health authorities, Indigenous Peoples, and PWLLE. The most recent evaluation of the provincial response (including OPS/SCS) was completed in 2021. No further provincial evaluation has been conducted since then, and the landscape of the toxic drug crisis has changed considerably.

The ministries contracted with the Michael Smith Foundation for two performance evaluations (completed in 2019 and 2021) of the overall provincial response (including OPS/SCS) to the unregulated toxic drug crisis. These evaluations included engagement with health authorities, Indigenous Peoples, and PWLLE.

In addition, the ministries rely on a number of other methods of evaluation, including:

- external, peer-reviewed literature on OPS/SCS effectiveness;
- health authority-initiated evaluations;
- the BC Harm Reduction Client Survey; and
- BCCDC's quarterly reports on mathematical modelling of deaths averted by the key harm reduction programs (e.g., number of take-home Naloxone kits, visits to OPS/SCS, and access to opioid agonist therapy).

No new formal evaluation of the overall provincial response (including OPS/SCS) has been started since the Michael Smith Foundation evaluations were done in 2021. Those findings, based on data up to August 2020, are likely to be outdated given the increased preference for inhalation of drugs, the expansion of OPS/SCS, and the introduction of different, more toxic, drugs into the supply chain.

We recognize that COVID-19 and the unregulated toxic drug crisis created compounding challenges that would have made it difficult for the ministries to undertake an evaluation during the audit period. However, COVID-19 has stabilized. Given the severity of the toxic drug crisis and the rapidly changing circumstances – and since evaluation is a core mandate of MMHA – we expected the ministries to have initiated or planned a new province-wide evaluation of OPS/SCS.

Why this matters

The ministries need to evaluate the effectiveness of OPS/SCS to determine if they are meeting the needs of communities. Because the ministries didn't conduct timely evaluations, there's a risk of them not knowing if OPS/SCS respond as effectively as possible to the rapidly changing unregulated toxic drug crisis.

Engagement with health authorities, Indigenous Peoples, and PWLLE in the evaluation process allows for a diversity of perspectives and ensures that the ministries know if services are meeting the needs of people who use them.

Recommendation

3. We recommend that the ministries work with health authorities, Indigenous Peoples, and PWLLE to initiate a new, systematic evaluation of OPS/SCS in B.C.

See the response from the auditee on page 44.

The ministries reported on OPS/SCS implementation

What we looked for

We looked at whether the ministries reported on the province-wide implementation of OPS/SCS.

Learn more about the audit criteria on page 47.

What we found

The ministries reported to the public on OPS/SCS through several channels. BCCDC's Unregulated Drug Poisoning Emergency Dashboard is the main source of information on OPS/SCS implementation. It's online, updated monthly, and provides reports for each health authority and the province as a whole. It uses three OPS/SCS indicators:

- the number of visits to OPS/SCS;
- number of visits to inhalation OPS/SCS, and
- the number of overdoses attended at OPS/SCS.

The ministries also publish information on the toxic drug crisis response, including on OPS/SCS implementation. Fact sheets (generally coinciding with the release of BC Coroner's reports), reports, updates, and policy documents are on the ministries' websites.

Why this matters

Public reporting by the ministries educates health system partners and the public, provides transparency, and builds public trust in OPS/SCS.

Recommendation

No recommendation.

Identifying and addressing challenges and barriers

The ministerial order establishing overdose prevention services states they should be available wherever there is need, as determined by the level of drug toxicity-related morbidity and mortality.

MMHA's role is to resolve barriers to overdose prevention at local, regional, and provincial levels. HLTH works with MMHA to ensure policies are implemented.

OPS/SCS are largely concentrated in urban areas, and inhalation OPS sites are only available in three of the five regional health authorities (as of June 2023). In the absence of OPS/SCS, people who use drugs face increased risk of death and injury. This places an additional burden on people who use the services and their families, communities, and the health-care system.

The ministries identified but had not addressed persistent challenges and barriers impacting OPS/SCS implementation province-wide

What we looked for

We looked at whether the ministries worked with health authorities, PWLLE, and Indigenous Peoples to identify challenges and barriers to the effective province-wide implementation of OPS/SCS.

We also looked at whether the ministries worked with health authorities, PWLLE, and Indigenous Peoples to develop and implement strategies to address challenges and barriers to the effective implementation of OPS/SCS.

Learn more about the audit criteria on page 47.

What we found

The ministries worked with health authorities to identify challenges and barriers and provided funding to support OPS/SCS service expansion. However, they didn't work effectively with health authorities, PWLLE, or Indigenous Peoples to develop or use strategies to address persistent obstacles to effective province-wide implementation of OPS/SCS.

The ministries are aware of challenges and barriers

The ministries engaged with health authorities and other health sector partners across several forums, and worked with community-based organizations (e.g., Community Action Teams and the Provincial Peer Network). They used multiple reporting mechanisms to understand challenges and barriers to OPS/SCS implementation province-wide (see "OPS/SCS roadblocks to implementation" on page 24). MMHA developed and maintains a tracking tool to ensure awareness of bylaws in development, being proposed, or in force that may impact OPS/SCS implementation.

OPS/SCS roadblocks to implementation

The ministries, health authorities, and health sector partners face several hurdles to establishing and maintaining OPS/SCS sites, among them:

Municipal resistance This includes bylaws, zoning, and/or permits used by municipalities to prevent health authorities from implementing the services where they are needed.

Infrastructure/location Finding and securing appropriate sites for OPS/SCS, including renovations to support inhalation OPS/SCS. This can be linked to difficulties securing capital funding.

Human resources Challenges relate to hiring and retaining staff (including for service expansion) and high rates of burnout.

Service access and acceptability Services are concentrated in urban areas and there's a lack of services in rural and remote areas. There's a need for comfortable and safe spaces for a range of service users, including Indigenous Peoples and women. There can be access barriers related to privacy (e.g., concerns of privacy in smaller communities, stigma around drug use).

Service models Challenges relate to integration with external support services, and with providing and optimizing services in rural and remote areas. This also includes the overarching challenge of the services being set up quickly under ministerial order M488, and the shift to the services becoming more permanent programs.

Collaboration This includes a lack of effective collaboration between health authorities and the ministries during planning, siloing within the ministries, and the need for greater cross-ministry action and integration of services to support a government-wide response to the crisis.

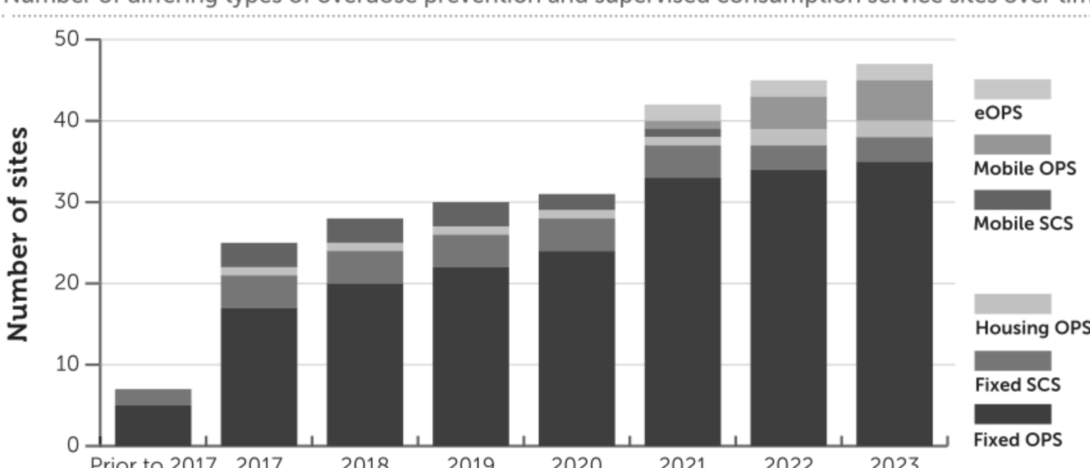
Lack of progress addressing persistent challenges and barriers

The ministries alone can't fully address everything that stands in the way of province-wide implementation of OPS/SCS. However, we expected the ministries to have developed strategies to begin addressing the persistent, known barriers, such as municipal resistance.

We found that the ministries funded and supported community organizations and community-based initiatives, including:

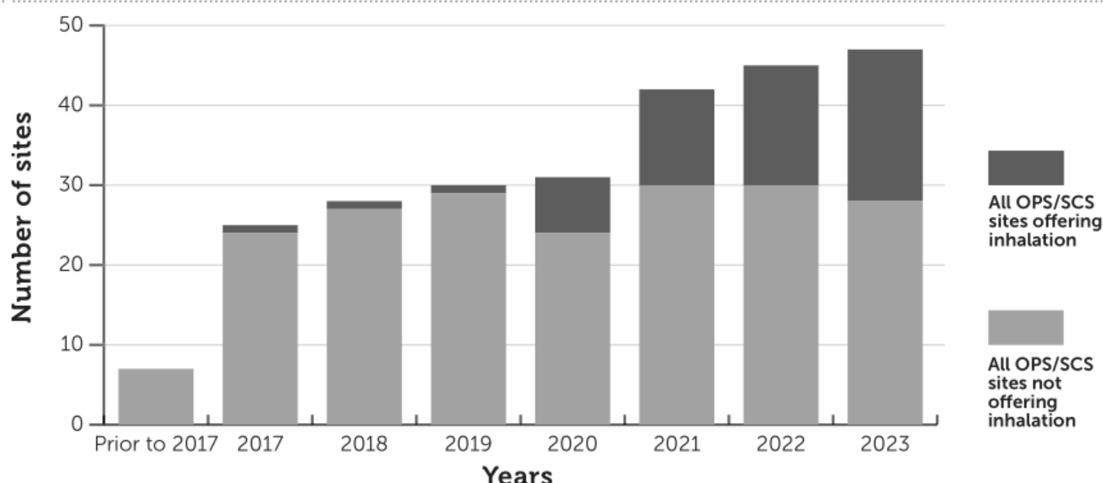
- research and projects addressing issues including stigma, inequities in drug toxicity response, and harm reduction in rural, remote, and Indigenous communities and at the regional level;
- peer coordinators, funded by MMHA with positions in all health authorities, work to enable the meaningful engagement of people with lived and living experience in harm reduction policy, program development, and implementation;
- Community Action Teams, which facilitate representatives from community organizations (e.g., local government, health authorities, NGOs) in the most at-risk communities to work together to respond to the toxic drug crisis. They often advocate for OPS implementation and extended OPS hours, engage communities, and support peer employment at OPS.
- Local Leadership United, a project to bring together local governments and harm reduction resource providers. It encourages engagement among key parties on related issues facing local governments and strategies for responding to them.

Number of differing types of overdose prevention and supervised consumption service sites over time



The different types of OPS/SCS shown may or may not offer inhalation. Please see the chart below for number of sites offering inhalation.

Number of overdose prevention and supervised consumption service sites (all types) offering inhalation



Data shown in these two charts only represents health authority-funded OPS/SCS across B.C. that are reported to the BCCDC, and therefore do not represent all OPS/SCS sites. For example, sites that operate out of supportive housing and are not open to the general public may not be included.

Source: The Ministry of Mental Health and Addictions and the BC Centre for Disease Control to June 2023

The ministries secured more funding for access to OPS/SCS services and new inhalation OPS to meet the shift in consumption preferences towards inhalation. In response to challenges posed by COVID-19, and to support expanded access to OPS services, MMHA and BCCDC created a protocol intended to increase access to episodic OPS, an on-demand overdose prevention service offered by trained health and social services staff outside established OPS/SCS locations.

As of June 2023, the ministries had worked with the health authorities to set up 47 OPS/SCS sites of which 19 are inhalation sites. Inhalation sites were only in three health authorities (Vancouver Coastal Health, Fraser Health, and Island Health) despite inhalation being the preferred method of drug use province-wide, according to the 2021 BC Harm Reduction Client Survey (see "Overdose prevention and supervised consumption service locations in B.C." on page 26).

Overdose prevention and supervised consumption service locations in B.C.

sites offering inhalation

sites without inhalation

Locations shown represents health authority-funded OPS/SCS across B.C. that are reported to the BCCDC, and therefore do not represent all OPS/SCS sites. For example, sites that operate out of supportive housing and are not open to the general public may not be included.

Source: Prepared by the Office of the Auditor General of British Columbia, with data provided from the Ministry of Mental Health and Addictions and the BC Centre for Disease Control as of June 2023

Lack of tools to support OPS/SCS implementation

Three health authorities and one key party reported a lack of support to address difficulties in OPS/SCS implementation, noting that there has been little leadership from the ministries in this area.

In one case, a health authority asked – verbally and in writing – for support to address a municipality's opposition to a proposed OPS site. The ministries didn't take substantive action in response.

Some health authorities and health sector partners raised concerns about how issues and challenges are escalated and acted upon within the ministries. For example, they noted they had lacked access to decision-making meetings, and that the meeting structures were ineffective.

We also found gaps in support tools – like current guidelines and toolkits – to help health authorities deal with municipal opposition. For example, one health authority noted the need for additional guidance on municipal engagement for implementing OPS/SCS.

The perspectives of PWLLE and Indigenous Peoples were not adequately sought or reflected

The ministries work with health authorities and other partners to incorporate the perspectives of Indigenous Peoples and PWLLE in strategy development and implementation. But, the health authorities and health system partners don't universally consider the relationships to be working well or as intended.

We found evidence that the ministries' work with Indigenous Peoples and PWLLE had challenges related to peers entering the mental health and substance use workforce. One health authority reported a need for the ministries to work with them to address barriers to peers entering and remaining employed in an OPS/SCS.

Some health authorities and a key party also noted the ministries' ineffective engagement with Indigenous Peoples and PWLLE. The FNHA observed an overreliance placed on them to speak for all First Nations Peoples and that they didn't feel heard at larger meetings with the ministries.

Why this matters

The ministries' development and use of strategies to address implementation challenges and barriers is key. It can provide a structured, organized approach to complex challenges facing OPS/SCS programs. Despite the ministries' awareness of the importance of OPS/SCS, persistent hurdles remain unresolved.

A comprehensive approach to overdose prevention involves collaboration and integration with other health and social services. It's integral to the effective implementation of OPS/SCS. Lack of guidance to support health authorities and communities resistant to these services contributes to barriers, making it more difficult for people who use these services to access them.

Multiple reports and organizations, including the Select Standing Committee on Health, have pointed out the risks of OPS/SCS not being available. The most serious risk is an increase in injury and death from drug toxicity among B.C.'s most vulnerable people.

Recommendations

4. We recommend that the ministries work with health authorities to develop province-wide strategies to address barriers to OPS/SCS implementation. The strategies should:
   - clearly articulate the ministries' and health authorities' responsibilities for implementation, oversight, and engagement; and
   - meaningfully reflect the needs of Indigenous Peoples and PWLLE.
5. We recommend that the ministries continue to work with health authorities to develop community-level guidance that supports health authorities and communities with OPS/SCS implementation.

See the response from the auditee on page 45.

Interior of the Cheam mobile OPS in Chilliwack.

Source: Fraser Health

An independent audit report

Chapter 2: An audit of the initial implementation of prescribed safer supply

Source: Getty Images

In the face of mounting drug toxicity deaths and the increasingly toxic drug supply, the Ministry of Mental Health and Addictions and the Ministry of Health released a prescribed safer supply policy in July 2021. The policy allows physicians or nurse practitioners to prescribe pharmaceutical grade alternatives for people at risk of harm or death from the toxic drug supply.

The program's goals are to reduce injury and death, increase well-being, and increase health and social supports for people who use drugs. MMHA provides stewardship and oversight of prescribed safer supply, in partnership with HLTH. The policy mandates regional health authorities to provide prescribed safer supply either directly or through contracted service providers. It lays the groundwork for individual prescribers to offer prescribed safer supply outside of health authority programs.

B.C. is the first province to introduce and invest in a provincial prescribed safer supply policy. Because of its novelty, the program was introduced in phases.

The first phase allowed certain opioids to be prescribed through health authorities or federally funded programs. The ministries are using the evidence from the programs to evaluate effectiveness. The BC Centre on Substance Use is using the evidence to develop provincial clinical protocols for specific drugs.

The clinical protocols and evidence from previous phases (e.g., risk mitigation guidance) will be used to expand the program to additional settings, with additional funding.

Risk mitigation guidance

- Risk Mitigation in the Context of Dual Public Health Emergencies (RMG) was introduced in 2020 as an emergency, interim, clinical guidance document for prescribing various pharmaceutical alternatives in the context of the COVID-19 pandemic.
- Like prescribing under the 2021 provincial prescribed safer supply policy direction, the goal of RMG is to reduce harm to those at risk of drug toxicity. It's also intended to assist in social distancing and isolation and prevention of withdrawal.
- Unlike the initial phase of prescribed safer supply under the 2021 provincial policy direction, RMG includes non-opioid drugs such as stimulants and benzodiazepines.
- RMG prescribing continues and is understood to be under the umbrella of prescribed safer supply even though it is a distinct clinical protocol.

Objective

The objective of the audit was to determine whether the Ministry of Mental Health and Addictions and the Ministry of Health effectively monitored the initial province-wide implementation of prescribed safer supply.

Scope

We audited the Ministry of Mental Health and Addictions and the Ministry of Health to see whether they effectively monitored the initial province-wide implementation of prescribed safer supply, including:

- whether the ministries implemented a data collection framework;
- initiated an evaluation;
- reported publicly on program performance;
- monitored and adjusted funding if necessary;
- identified, and worked to address, implementation challenges and barriers; and
- sought and incorporated, across all aspects of service implementation, the perspectives of health authorities, Indigenous Peoples and people with lived and living experience.

We did not look at the delivery of prescribed safer supply by health authorities, although the audit team interviewed representatives of all five regional health authorities, the First Nations Health Authority, and the Provincial Health Services Authority. The team reviewed their documents to understand their perspectives and experiences working with the ministries to implement prescribed safer supply.

The audit period was from July 1, 2021, to June 30, 2023.

Learn more about the audit criteria on page 47.

Learn more about how we did this audit on page 42.

Conclusion

We found that the ministries:

- developed a data collection framework;
- monitored and adjusted funding; and
- initiated an evaluation of prescribed safer supply.

However, we also found deficiencies in key areas. Specifically, the ministries:

- did not develop or implement strategies to address prominent barriers to implementation; and
- did not effectively report publicly on the performance of prescribed safer supply.

For these reasons we concluded that the Ministry of Mental Health and Addictions and the Ministry of Health did not effectively monitor the initial province-wide implementation of prescribed safer supply.

Source: Getty Images

Findings and recommendations

Data collection, evaluation, and financial monitoring

Prescribed safer supply is a novel practice and there's limited evidence to develop provincial clinical guidance, so consistent and high-quality data are crucial to the success of the program. A data collection framework is the foundation for evaluating the effectiveness of prescribed safer supply.

Performance evaluations play a vital role in ensuring accountability, improving program effectiveness, optimizing resource allocation, and promoting evidence-based decisions. The quality of the evaluation largely depends on the quality and consistency of the data used by researchers.

Tracking and analyzing funding information allows the ministries to determine whether adjustments need to be made to guide the allocation of resources supporting provincial prescribed safer supply implementation.

Prescribed safer supply data collection framework and program evaluation initiated

What we looked for

We looked at whether the ministries:

- implemented a data collection framework for prescribed safer supply, including service utilization, program outputs, clinical outcomes, and population-level impacts and outcomes;
- initiated a provincial evaluation of prescribed safer supply to assess effectiveness, including clinical outcomes and population-level impacts; and
- included PWLLE and Indigenous Peoples in the provincial evaluation to ensure prescribed safer supply is meeting their needs.

Learn more about the audit criteria on page 47.

What we found

We found that the ministries developed and implemented a data collection framework that includes monitoring service utilization and outputs and evaluating clinical outcomes and population-level impacts and outcomes.

We also found that the ministries initiated a provincial evaluation of prescribed safer supply to assess effectiveness, including clinical outcomes and population-level impacts. The evaluation included working with PWLLE and Indigenous Peoples to ensure prescribed safer supply is meeting their needs.

Data collection framework implemented

In June 2021, MMHA released its prescribed safer supply evaluation and monitoring framework, which serves as the basis for several subsequent monitoring and evaluation plans. The framework was developed to support consistent data collection by health authorities and third-party evaluation experts and researchers. The framework also enables monitoring and evaluation activities at the provincial and regional level.

The framework includes a table of outcomes of interest and potential data sources for measuring outcomes along four dimensions: service utilization, individual clinical and social outcomes, population-level impacts and outcomes, and implementation barriers/facilitators. The sources range from administrative data such as PharmaNet (a province-wide prescription database), to quantitative surveys and qualitative interviews.

BCCDC and the Health Sector Information Analysis Reporting branch of HLTH worked together to develop prescribed safer supply monitoring. Data is available to staff in the ministries and health authority epidemiologists through a browser dashboard maintained by BCCDC.

Prescribed safer supply evaluation underway

Evaluation focuses on an overall picture of the impacts of prescribed safer supply. It brings together monitoring and new primary data collection to better understand specific program implementation activities, individual clinical outcomes, and population-level outcomes. MMHA solicited expert evaluators through a request for proposals issued in December 2021. In June 2022, the external evaluation team developed the detailed evaluation plan envisioned in the MMHA evaluation and monitoring framework.

Source: Getty Images

The evaluation of prescribed safer supply was to:

- determine the impacts on non-fatal/fatal drug toxicity and all-cause mortality (primary outcomes), substance use, mental health, referrals, access and use of health and social services, and health-related quality of life (secondary outcomes);
- identify barriers and facilitators to implementation and service delivery from the perspectives of PWLLE, prescribers, service providers (including health authorities), Indigenous organizations and communities, and policymakers; and
- explore potential unintended consequences of prescribed safer supply implementation (e.g., availability/diversion), including harms and benefits to PWLLE and wider communities.

Early work by the evaluation team demonstrates participation of PWLLE and Indigenous Peoples in evaluation design and conducting. We found that the evaluation is on schedule. Additionally, an earlier evaluation of risk mitigation guidance (begun in 2020) had significant overlap and continuity with the prescribed safer supply evaluation in terms of evaluation team members and methodology. Results from the earlier evaluation are currently under peer-review.

The evaluation and monitoring framework originally included an examination of unintended consequences, including diversion (see textbox). However, considering persistent concerns from the public regarding the potential diversion of prescribed safer supply, MMHA has developed an enhanced plan to further monitor the impact of prescribed safer supply diversion, as part of the broader evaluation and monitoring framework.

Diversion

The ministries define diversion as "the channeling of regulated pharmaceuticals from a legal source to another party. This may include redirecting prescribed drugs into the illicit market, sharing prescribed drugs with others, and/or using these drugs in ways that were not intended by the prescriber."

Why this matters

Prescribed safer supply is intended to be an evidence generating program, and evidence gathered through evaluation is crucial to the program's continuation. The ministries' data monitoring framework means data is being collected to form an evidence base. Given clinician concerns about a lack of evidence for prescribed safer supply, and the politicization of the program, high-quality evaluation data is a requirement for assessing the success of prescribed safer supply. The ministries, having initiated the evaluation, will know how the program is performing compared to its intended outcomes. They will be aware of implementation barriers and unintended consequences.

By including PWLLE and Indigenous Peoples in the design and conducting of the evaluation, the ministries ensure that the evaluation is asking the right questions to determine if prescribed safer supply is meeting the needs of those groups.

Recommendation

No recommendation.

The ministries monitored prescribed safer supply funding and adjusted if necessary

What we looked for

We looked at whether the ministries monitored prescribed safer supply funding and adjusted it if necessary.

Learn more about the audit criteria on page 47.

What we found

The ministries monitored prescribed safer supply funding and had processes to adjust funding if necessary. Monitoring was carried out by both ministries and the health authorities. There are several processes in place for the ministries to gather financial data and obtain an accurate picture of how initiatives are performing compared to budget allocation, and to monitor program implementation.

Finance departments in HLTH and in MMHA receive financial information from health authorities three times per year, which they share with program specific areas in the ministries. Program areas receive additional financial information on an ad-hoc basis from health authorities. The ministries work with health authorities to make funding adjustments throughout the fiscal year.

During the audit we found health authorities consistently underspent prescribed safer supply funding due to program implementation challenges, such as filling staff vacancies. The ministries worked with health authorities to use the underspent funds to support other mental health and substance use programs.

Why this matters

Tracking and analyzing funding information allows the ministries to determine whether adjustments need to be made to support prescribed safer supply. Monitoring allows the ministries to compare spending with spending frameworks, determine if programs are operating within budget, and it can inform future decisions and resource allocations.

Recommendation

No recommendation.

Identifying and addressing challenges and barriers

The ministries' mandates include expanding prescribed safer supply programs so that more people have safer alternatives to the toxic drug supply. The ministries must work with regulatory colleges, professional associations, and other levels of government to ensure program success. Prescribed safer supply is delivered by health authorities, so the ministries need to work with them to identify and address challenges and barriers. Since prescribed safer supply is a novel program, it's important for the ministries to closely monitor it to identify barriers and act quickly to address them before they become entrenched.

The ministries' current and planned strategies do not adequately address key barriers to prescribed safer supply implementation

What we looked for

We looked at whether the ministries have worked with health authorities and other partners, including other ministries, agencies, service providers and clients/user groups, to identify and address obstacles to prescribed safer supply.

Learn more about the audit criteria on page 47.

What we found

The ministries have regular opportunities to collaborate with health authorities and other key parties to identity issues surrounding prescribed safer supply. While these efforts have yielded solutions to some issues, continued efforts are needed to devise a comprehensive workplan to tackle key barriers more effectively.

The ministries haven't made significant progress in addressing some of the most challenging barriers such as rural and remote access, a lack of prescribers and prescriber hesitancy, and appropriateness of drugs offered. The current strategy doesn't demonstrate how these barriers will be addressed.

The ministries are aware of challenges and barriers

The ministries have several ways to exchange information with health authorities and other partners about prescribed safer supply implementation challenges and barriers. They include the prescribed safer supply working group, prescribed safer supply steering committee, and regional response team meetings.

We recognize that COVID-19 compounded the challenges and barriers faced by the ministries. However, many of the issues were identified during the initial implementation of risk mitigation guidance in 2020, and through the 2021 Michael Smith Foundation evaluation of the provincial overdose emergency response.

Further, external committee reports, such as the BC Coroners Service Death Review Panel report (2022) and the Select Standing Committee on Health report on the toxic drug crisis (2022) noted similar challenges to prescribed safer supply implementation. The ministries also contracted external evaluations that identified important challenges and barriers.

Major obstacles to prescribed safer supply implementation

The ministries identified prescribed safer supply implementation issues:

1. **Drug type/strength/route of administration not available**
   - Drugs aren't often available in a smokeable form. The most prescribed drug, hydromorphone, isn't potent enough for many people who regularly use fentanyl.
2. **Lack of prescribers**
   - Health-care providers may be hesitant to prescribe safer supply to clients due to stigma and perceived risks, such as liability and unintended consequences, such as diversion.
   - Since the evidence for prescribed safer supply – especially for population-level outcomes – is new and evolving, health-care providers may be cautious and avoid prescribing under prescribed safer supply.
   - The lack of prescribers is also directly linked to broader shortage of staff across the health sector.
3. **Restrictive dispensing protocols**
   - Most prescriptions, to mitigate the risk of diversion, require the recipient to go to the pharmacy every day, sometimes at a specific time. This may conflict with a recipient's ability to keep a job, freedom of movement, and isn't feasible in communities where travel to a pharmacy is difficult and time consuming.
4. **Geographic inequity**
   - Many rural and remote communities lack health-care providers, prescribers, pharmacies, and support services required to safely and reliably access prescribed safer supply.
5. **Racism/trauma/stigma**
   - Racism, specifically anti-Indigenous racism, means that many people who would qualify for prescribed safer supply don't feel safe navigating the health-care system.
   - Stigma against people who use drugs prevents people from accessing prescribed safer supply and leads to a lack of prescribers.

Prescribed safer supply meetings have not resulted in effective collaboration

We interviewed all regional health authorities and the First Nations Health Authority regarding the initial implementation of prescribed safer supply. Four of the five regional health authorities, FNHA, as well as other health-system partners, reported that these channels haven't effectively supported the implementation of prescribed safer supply and they haven't resulted in collaborative solutions. Suggestions were made as early as December 2020 for engagement with PWLLE, clinicians, and key parties across B.C. for improved service delivery.

Current strategies do not show how key challenges and barriers will be addressed

The ministries haven't made significant progress on some of the most challenging barriers, such as access in rural and remote communities. To date, the ministries haven't shown how they'll be addressed.

The ministries have documented issues – including program, legal, and medical practice barriers – but they haven't assigned responsibility for the vast majority of specific steps to address them.

The ministries haven't developed strategies to address client-focused challenges (such as anti-Indigenous racism and sufficiency and appropriateness of drugs offered) which also affect the implementation of the prescribed safer supply program.

Health authorities and health-system partners also noted a lack of progress on strategies to address other issues. For example, health authorities noted the need for more engagement by the ministries with prescribers and the colleges. Prescribed safer supply relies on prescribers, and prescriber hesitancy has been a major barrier throughout the province. We found that health authorities want the ministries to be proactive and facilitate more coordinated planning to create province-wide support for implementation.

The ministries secured funding in 2023/24 to expand access to prescribed safer supply, and to expand the types of drugs available. With this funding, ministries indicated they are working on expanded and alternative service delivery options. We found no action plan or explanation of how the expanded/alternative service delivery options will resolve significant issues, especially those associated with prescribed safer supply implementation in rural and remote areas that lack health-care providers. Until these challenges are resolved, it's unlikely the services will be fully implemented.

While the program is novel and is in a relatively early stage of implementation, the barriers are known and significant. They should be addressed early on. We found substantive work hadn't started in this regard.

Why this matters

It's crucial for the ministries to engage with key parties, health-system partners, Indigenous Peoples and PWLLE to address prescribed safer supply implementation barriers. Up to 225,000 people in B.C. may be at risk of death from the toxic drug supply, yet less than 5,000 of them access prescribed safer supply (as of June 2023). As the drug supply has become more toxic, the need for low-barrier access to prescribed safer supply has become more pressing. People continue to die in increasing numbers across the province and at a high rate in rural and remote areas.

Recommendation

1. We recommend the ministries develop an action plan to address barriers to prescribed safer supply implementation that includes:
   - working with health authorities to clearly define ministerial and health authority responsibilities for implementation and oversight;
   - working with health authorities to ensure all key parties and partners, including Indigenous Peoples, PWLLE, and professional medical associations, are appropriately and adequately consulted and that their needs are meaningfully reflected in implementation strategies; and
   - targeted engagement with rural and remote communities to determine if implementation is feasible.

See the response from the auditee on page 46.

Public reporting

Regular public reporting provides transparency, allows the ministries to educate partners and the public, and builds public trust in the prescribed safer supply program. This is especially important for a novel program like prescribed safer supply since evidence of its impact is being gathered as the program emerges.

The ministries' public reporting on prescribed safer supply is insufficient

What we looked for

We looked at whether the ministries publicly reported on the performance of prescribed safer supply. Specifically, we looked for:

- the performance information the ministries have internally compared to what they reported publicly; and
- reporting metrics that inform the public whether the prescribed safer supply program is meeting objectives, such as decreasing the use of unregulated drugs, reducing illicit drug toxicity injuries and deaths, and mitigating potential harms of prescribed safer supply.

Learn more about the audit criteria on page 47.

What we found

We found that the ministries didn't adequately report publicly on the performance of prescribed safer supply. The ministries periodically publish the number of prescribed safer supply clients and they released some initial evaluation findings from early 2022. But the current level of public reporting is insufficient for the public to be informed about whether the prescribed safer supply program is meeting its intended outcomes.

Public factsheets do not inform public of performance

The ministries' periodic factsheets have updates on prescribed safer supply implementation and utilization. They include the number of monthly prescribed safer supply clients and they are updated monthly. However, archived factsheets are not available to the public, so there's no way to track trends or progress against objectives.

The factsheets also link to an infographic on initial risk mitigation guidance findings. At the time of the audit, the findings were approximately 18 months old.

The public information gives a snapshot of the number of prescribed safer supply clients but doesn't offer information about whether the program is meeting stated objectives.

Internal data not made public

There is an internal prescribed safer supply dashboard available to staff and partners of the ministries (e.g., regional health authority epidemiologists) with statistics for prescribed safer supply prescribers and prescribed safer supply clients. New clients per month, total clients per month, and total prescribers per month are listed in aggregate or by health authority, drug class, sex, and age group (if applicable).

The ministries had intended the dashboard to be public by September 2022, but this hadn't occurred during the audit period.

When and if the public dashboard is launched, analysis done by the ministries shows geographic reporting will be limited. This means that the public, including people seeking the service, will not see where prescribed safer supply is offered.

Lack of transparency

We found that health-system partners and some health authorities believe that communication by the ministries about prescribed safer supply, specifically about diversion, has been weak. MMHA has developed an enhanced monitoring plan on diversion, however they have not publicly reported that this work is underway. While the evaluation findings will report outcomes once they have been peer-reviewed (e.g., decreasing the use of unregulated drugs, reducing illicit drug toxicity injuries and deaths, and mitigating potential harms of prescribed safer supply), there's no communication plan for the ministries to publicly report the outcomes.

Why this matters

The ministries' current level of public reporting is insufficient for health system partners and the public to be informed about whether prescribed safer supply is meeting its intended outcomes effectively and efficiently.

Recommendation

2. We recommend the ministries report regularly to the public and health sector partners on whether the prescribed safer supply program is effectively meeting its objectives.

See the response from the auditee on page 46.

About the audits

We conducted these audits under the authority of Section 11(8) of the *Auditor General Act* and in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the *CPA Canada Handbook – Assurance*. These standards require that we comply with ethical requirements and conduct the audits to independently express a conclusion against the objective for each of the audits.

A direct audit involves understanding the subject matter to identify areas of significance and risk, and to identify relevant controls. This understanding is used as the basis for designing and performing audit procedures to obtain evidence on which to base the audit conclusion.

Due to the complex and technical nature of the subject matters for both audits, the audit team contracted three experts to act in an advisory capacity. The experts did not conduct audit work, but rather reviewed our work and provided feedback at all phases of the audits. The subject matter experts have a wide range of expertise, including clinical work, epidemiology, research, and provincial and federal policy work around harm reduction activities. The scope of their work on the audits included:

- reviewing the objectives and criteria and providing feedback to the audit team;
- reviewing and providing feedback to the audit team on the reasonableness of the findings and recommendations;
- reviewing and providing feedback to the audit team on the draft report, including use of correct terminology; and
- providing advice on any contentious issues that arose during the audits.

We carried out the following audit procedures for both audits: document review; sampling of administrative data; and interviews with ministries, health authorities and other health system partners.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our conclusions on both audits.

Our office applies the Canadian Standard on Quality Management (CSQM 1), and we have complied with the independence and other requirements of the code of ethics issued by the Chartered Professional Accountants of British Columbia that are relevant to these audits.

Audit report date: March 6, 2024

Michael A. Pickup, FCPA, FCA
Auditor General of British Columbia
Victoria, B.C.

Appendix A: Recommendations and auditee response

An audit of the implementation of overdose prevention and supervised consumption services

Recommendation 1: We recommend that the ministries work collaboratively with health authorities, service providers, PWLLE, and Indigenous Peoples to:

- develop appropriate minimum level standards for OPS/SCS province-wide, including availability, accessibility, and service quality; and
- update guidance for OPS/SCS to ensure it meets the needs of all these groups.

Recommendation 1 response: The ministries agree with the recommendation. To improve availability, MMHA plans to develop a community needs assessment tool. To enhance service quality, safety, and accessibility, MMHA is working with partners to develop Minimum Service Standards (MSS) for OPS. Areas covered include (but are not limited to) governance, core services, facility requirements, staffing composition, and reporting requirements.

Regional health authorities, the First Nations Health Authority, and people with lived and living experience of substance use are among the partners that have or will been engaged in developing the MSS. MMHA staff will work with the BC Centre of Disease Control to ensure any updated OPS/SCS guidance is distinct from and aligned with the MSS.

Recommendation 2: We recommend that the ministries work proactively with health authorities to develop targets that are achievable within given timeframes to help ensure effective province-wide implementation of OPS/SCS.

Recommendation 2 response: The ministries agree with the recommendation. Given variations in OPS sites and local contexts, it will be necessary to work with individual health authorities to set appropriate targets for each site. The OPS Minimum Service Standards (MSS) will include enhanced data collection requirements to inform service planning. MMHA will establish OPS-specific standing meetings with each health authority to better understand local needs and how they relate to opportunities and barriers to province-wide OPS implementation.

In addition, there are currently no commonly accepted metrics for systematized OPS needs-assessment, though MMHA and system partners are working to develop them. Stakeholders and partners outside of the health system heavily influence the pace of OPS/SCS implementation through their interests and regulatory powers.

Recommendation 3: We recommend that the ministries work with health authorities, Indigenous Peoples, and PWLLE to initiate a new, systematic evaluation of OPS/SCS in B.C.

Recommendation 3 response: The ministries agree with the recommendation. MMHA, together with its partners, will initiate a new evaluation of OPS/SCS that includes health authorities, Indigenous Peoples, and people with lived and living experience of substance use. This evaluation may be contracted to an external research group. The evaluation will draw on metrics used in the OPS Minimum Service Standards as well as emerging metrics and tools developed to systematically assess the potential benefits of additional OPS in communities.

Recommendation 4: We recommend that the ministries work with health authorities to develop province-wide strategies to address barriers to OPS/SCS implementation. The strategies should:

- clearly articulate the ministries' and health authorities' responsibilities for implementation, oversight, and engagement; and
- meaningfully reflect the needs of Indigenous Peoples and PWLLE.

Recommendation 4 response: The ministries agree with the recommendation. The ministries have identified and begun to address persistent challenges and barriers impacting OPS/SCS implementation. More work is required to fully overcome these challenges and barriers.

The ministries will work with health authorities to clearly define, formalize, and where possible, standardize responsibilities for implementation and oversight. MMHA will establish OPS-specific standing meetings with each health authority to better understand barriers as they arise and inform internal strategies and direction to assist HAs w/ their defined role in OPS implementation. In addition, MMHA is working with health authorities and other interested parties on an updated Harm Reduction Community Guide with operational guidance and implementation strategies for OPS/SCS.

Recommendation 5: We recommend that the ministries continue to work with health authorities to develop community-level guidance that supports health authorities and communities with OPS/SCS implementation.

Recommendation 5 response: The ministries agree with the recommendation. MMHA is working with health authorities and other stakeholders on an updated Harm Reduction Community Guide, including implementation strategies for OPS/SCS. An open line of communication exists between health authorities and MMHA through standing monthly meetings.

An audit of the initial implementation of prescribed safer supply

Recommendation 1: We recommend the ministries develop an action plan to address barriers to prescribed safer supply implementation that includes:

- working with health authorities to clearly define ministerial and health authority responsibilities for implementation and oversight,
- working with health authorities to ensure all key parties and partners, including Indigenous Peoples, PWLLE, and professional medical associations, are appropriately and adequately consulted and that their needs are meaningfully reflected in implementation strategies; and
- targeted engagement with rural and remote communities to determine if implementation is feasible.

Recommendation 1 response: The ministries agree with the recommendation. Some of the most challenging barriers to implementing prescribed safer supply include access in rural and remote areas. The ministries have already been working to address these barriers. For example, MMHA and its partners have developed an enhanced evaluation and monitoring framework to address prescriber concerns and are exploring opportunities to support services to increase access in rural and remote communities.

MMHA will work with health authorities, rural and remote communities, and other relevant stakeholders and partners to better delineate ministerial and health authority responsibilities for prescribed safer supply implementation and oversight and to identify how to address barriers to implementation.

Recommendation 2: We recommend the ministries report regularly to the public and health sector partners on whether the prescribed safer supply program is effectively meeting its objectives.

Recommendation 2 response: The ministries agree with the recommendation. Work underway by the ministries include:

Supporting the BC Centre on Substance Use to develop a knowledge hub for prescribed safer supply resources for clinicians and the general public.

Appendix B: Audit criteria

An audit of the implementation of overdose prevention and supervised consumption services

Objective: To determine whether the Ministry of Mental Health and Addictions and the Ministry of Health (the ministries) ensured effective province-wide implementation of Overdose Prevention and Supervised Consumption Services by the health authorities.

Criterion 1.1 The ministries developed province-wide guidance for the provision of OPS/SCS.

- **1.1.1** Guidance included minimum level service standards, including availability and accessibility.
- **1.1.2** Guidance included province-wide policies and guidelines, including physical space requirements for ventilation and privacy.
- **1.1.3** Guidance development included engagement with health authorities, Indigenous Peoples and PWLLE.
- **1.1.4** Guidance reflects the results of engagement with health authorities, Indigenous Peoples and PWLLE.

Criterion 1.2 The ministries worked with health authorities to set objectives, performance measures, and targets for the provision of OPS/SCS across the province.

Criterion 2.1 The ministries monitored province-wide operational performance of OPS/SCS program.

Criterion 2.2 The ministries monitored province-wide OPS/SCS funding and adjusted if necessary.

Criterion 2.3 The ministries conducted evaluations of OPS/SCS to assess effectiveness that included engagement with health authorities, Indigenous Peoples and PWLLE.

Criterion 2.4 The ministries reported on the province-wide implementation of the OPS/SCS program.

Criterion 3.1 The ministries identified challenges and barriers impacting the effective implementation of OPS/SCS.

- **3.1.1** The ministries worked with health authorities to identify challenges and barriers.
- **3.1.2** The ministries sought input from health authorities on the perspectives of Indigenous Peoples and PWLLE.

Criterion 3.2 The ministries developed strategies to address challenges and barriers impacting the effective implementation of OPS/SCS.

- **3.2.1** The ministries worked with health authorities to develop strategies.
- **3.2.2** Strategies to address challenges and barriers included the needs of Indigenous Peoples and PWLLE.

Criterion 3.3 The ministries worked with health authorities to implement strategies to address challenges and barriers impacting the effective implementation of OPS/SCS.

An audit of the initial implementation of prescribed safer supply

Objective: To determine whether the Ministry of Mental Health and Addictions and the Ministry of Health (the ministries) effectively monitored the initial implementation of prescribed safer supply province-wide.

Criterion 1.1 The ministries implemented a data collection framework for prescribed safer supply, including service utilization, program outputs, clinical outcomes, and population-level impacts and outcomes.

Criterion 1.2 The ministries monitored prescribed safer supply funding and adjusted if necessary.

Criterion 1.3 The ministries worked with health authorities and stakeholders to identify and address prescribed safer supply implementation challenges and barriers.

Criterion 1.4 The ministries initiated a provincial evaluation of prescribed safer supply to assess effectiveness.

1.4.1 The evaluation included working with PWLLE to ensure prescribed safer supply meets their needs.

1.4.2 The evaluation ensured the prescribed safer supply is provided in a culturally safe manner that meets the needs of Indigenous Peoples.

Criterion 1.5 The ministries reported publicly on the performance of prescribed safer supply.

Appendix C: Abbreviations

BCCDC – British Columbia Centre for Disease Control

FNHA – First Nations Health Authority

MMHA – Ministry of Mental Health and Addictions

HLTH – Ministry of Health

OPS – Overdose prevention services

PWLLE – People with lived and living experience

RMG – Risk mitigation guidance

SCS – Supervised consumption services

Report team
Laura Hatt
Assistant Auditor General

Amy Hart
Executive Director

Daria Babaie
Director

Christina Plaschka
Manager

Adam Carmichael
Performance Auditor

Julianne King
Performance Auditor

Cat Johnston
Performance Analyst

Mercedeh Mosavi
Performance Analyst

Dara Penner
Performance Analyst

Subject matter experts
Dr. Vicky Stergiopoulos, MD, MSc, FRCPC

Tara Gomes, PhD
Director
Ontario Drug Policy Research Network, Toronto

Daniel Werb, PhD
Director
Centre on Drug Policy Evaluation, Toronto

Cover source: Getty Images

Location
623 Fort Street
Victoria, British Columbia
Canada V8W 1G1

Office Hours
Monday to Friday
8:30 a.m. – 4:30 p.m.

Telephone: 250-419-6100
Toll-free through Enquiry BC: 1-800-663-7867
In Vancouver: 604-660-2421

Fax: 250-387-1230
Email: bcauditor@bcauditor.com

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COMMUNITY ACTION INITIATIVE (CAI)

Introduction:

- CAI is a not-for-profit organization that supports BC's Mental Health and Substance Use (MHSU) system of care by fostering diverse, cross-sectoral initiatives that promote mental health and wellness using a "whole community" approach.
- In partnership with the Ministry of Mental Health and Addictions (MMHA), CAI supports community-driven projects in response to the toxic drug crisis by providing funding administration, project management oversight and ongoing capacity building supports to funded groups.
- Key projects delivered via MMHA/CAI partnership include Community Action Teams (CATs), the Provincial Peer Network (PPN), Local Leadership United (LLU), Moms Stop the Harm (MSTH) and the Community Counselling Grants program (CCG).

Background:

- In 2008, the Ministry of Health (HLTH) provided $10M to the BC Mental Health Foundation to establish CAI. Beginning in 2010, Canadian Mental Health Association, BC Division (CMHA-BC) acted as fiscal agent for CAI. Fiscal agent responsibilities transferred from CMHA-BC to CAI in June 2024.

Ministry/Government Actions to date:

- MMHA funding to CAI supports grants to local community organizations as follows:
    - 36 CATs in communities hardest hit by the toxic drug crisis across the province to help communities develop partnerships to provide focused, action-oriented strategies that will help to address the toxic drug crisis on a local level including 5 in the Northern Health Authority region; 4 in the Vancouver Coastal Health Authority region; 7 in the Vancouver Island Health Authority region; 11 in the Fraser Health Authority region; and 8 in the Interior. Health Authority region.[1]
    - Funding through the PPN for 24 community-led organizations that provide services that reduce harm and help people who use substances get connected to care and treatment.
    - CCG program to fund low and no-cost adult mental health and substance use counselling, currently delivered by 47 community-based organizations across the province **(see related note: Community Counselling Grants).**
- MMHA and CAI staff regularly meet to exchange updates and ensure progress on each funded initiative's annual service plan.

Budget/ Expenditures:

- In 2024/25, CAI received a total of $5.156M to support CATs ($3.072M), the PPN ($1.785M) and MSTH ($0.299M).
- Since 2019, the Province has provided a total of $35M to support CAI's CCG Program.
- CAI is an independent organization that receives program funding from additional sources beyond the Province.

Approvals:
October 4, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 8, 2024 – Grant Holly, EFO, CSD
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

[1] https://caibc.ca/grants-training/oerc-cai-stream-grants/oerc-cai-stream-1/

COMMUNITY ACTION TEAMS (CATs)

Introduction:

- Community Action Teams (CATs) are local, multistakeholder cross-sector tables, resourced through provincial funding, that are currently implemented in 35 communities across the province
- CATs are mandated to facilitate focused, action-oriented strategies and actions with local partners (including health authorities, municipalities, law enforcement, health and social service non-governmental organizations) on community needs in response to the toxic drug crisis.
- CATs are composed of individuals and organizational representatives who understand the local context and are able to provide urgent and nimble input on emerging issues. With a focus on community engagement, CATs build relationships with organizations that may otherwise not be involved in the community crisis response and facilitate the provision of responsive programs and services that did not exist in many under-resourced communities prior to the formation of the CAT.
- CATs often provide employment and community building opportunities for people with lived and living experience of substance use.
- Locations of CATs—and direction of financial resources to support them—are determined by health authorities, the Ministry of Mental Health and Addictions (MMHA) and the Community Action Initiative (CAI) based on epidemiological data on overdose death rates and paramedic-attended overdose events, in addition to factors such as community readiness and capacity.
- CAT membership typically includes a variety of different local partners (Indigenous communities, municipalities, first responders, community agencies, people and families with lived experience, business associations, etc.)
- CATs are supported by an annual investment from the provincial Community Crisis Innovation Fund (CCIF), administered through grants disbursed by CAI, with $3.072 million provided in 2024/25.

Background:

- CATs were among the first community-driven projects to receive funding from the CCIF and now stand as a key MMHA initiative in response to the toxic drug crisis.
- With initial implementation in 20 priority communities in 2018, the CAT Network has grown to currently support 35 active groups, with several additional CATs pending launch/relaunch in 2025.
- The CAI administers provincial funding and provides project management oversight to CATs. Annual reports and project proposals from CATs are submitted to CAI for review prior to MMHA approval.
- 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 local implementation of overdose prevention services in the community.
- CAI host an annual convening for CAT coordinators to share information, successes/challenges, build cohesion and develop skills and capacity via workshops and guest speakers.

Ministry/Government Actions to date:

- Multi-year provincial funding to support operations of all CATs, with $3.072 million provided in 2024/25.

- Joint oversight of the CAT Network by MMHA and CAI, the latter organization which assesses proposals, monitors activities, and disburses funding to each of the 35 CATs.
- MMHA attendance and presentation at the annual provincial CAT convening meeting that provides current strategic framing and stewardship guidance to the CAT leadership attendees annually. The convening was last held in November 2023 and this year's has been postponed to March 2025 due to the election period and will provide an opportunity for the incoming Minister to attend.

Budget/ Expenditures:

- 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
  - $3.072 million in 2024/25
- Total grant funding provided for CATs since 2017/18 is $15.874 million.

Approvals:

September 25, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

PUBLIC INFORMATION CAMPAIGNS

Introduction:

- In 2023 and 2024, the Ministry of Mental Health and Addictions (MMHA) ran public information campaigns to reach priority audiences in BC to raise awareness of addiction services available in the province.

Background:

- Previous provincial advertising messages to British Columbians focused on reducing stigma to reduce the number of people using drugs alone and to make it easier for them to seek help.
- Those campaigns did succeed in reducing stigma in the province. Polling by Leger for government internal use indicated 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 rather than a "poor choice".
- Recognizing the changes in the challenges around the toxic drug poisoning crisis, the government evolved the approach to ensure people in BC understand that help is available for at-risk populations as well as the general public so anyone can receive the necessary support and build healthier lives for themselves and their families.
- The 2024/2025 marketing plan prioritizes audiences who are significantly affected or may be disproportionately impacted by the toxic drug crisis in BC. These priority groups include men, particularly those working in trades and construction, the South Asian community, and young adults.
- A "Stories of Support" campaign that ran in 2024 drove people to HelpStartsHere.gov.bc.ca. The site aims to make it easier for people to find relevant, free and low-cost services by providing clear and straightforward information in a user-friendly format.
- HelpStartsHere.gov.bc.ca was formerly known as Wellbeing.gov.bc.ca which was created as one of the Pathway to Hope priority action items. The site was enhanced ahead of the "Stories of Support" campaign launch with improved content, design, and search functionality. A new 'stories' section was also added to amplify the campaign message that everyone's recovery story is unique. The stories were created to resonate with priority campaign audiences, highlighting individuals who have recovered from addiction and accessed services in BC. These stories feature men, young adults, and a South Asian individual. HelpStartsHere.gov.bc.ca has evolved to become the primary source of information for mental health and addictions care in BC, including the new Opioid Treatment Access Line.
- Additional tactics, including key partnerships with professional sports teams and the South Asian Health Institute (SAHI), have been leveraged to deliver tailored and impactful messages to priority audiences.
- Specifically, partnership agreements with the Vancouver Canucks and the BC Lions include both in-arena and online opportunities to deliver campaign messages to priority audiences through these trusted organizations.
- Funding was provided to SAHI (Fraser Health) to support their existing in-language public advertising campaign, to effectively reach South Asian individuals with information on accessing services in that region. This campaign aims to humanize the impact of the toxic drug crisis and encourage people to seek out help for substance use challenges.

Ministry/Government Actions to date:

- **Wave 1**: The provincial "Stories of Support" public information campaign launched a first wave on December 11, 2023 and ran through and January 21, 2024, driving traffic to HelpStartsHere.gov.bc.ca.
- This wave of 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.

- **Wave 2**: A second wave of the campaign was launched on April 22, 2024, running on TV, radio and digital platforms until May 26, 2024 with continued partnership with the Vancouver Canucks.
- **Wave 3**: A third wave of digital ads were launched between June 10 and July 7, 2024 featuring selected cutdowns of the individual stories (featuring: Trevor, Olivia and Mike), targeting the campaign's priority audiences.
- **Additional activities**
    - BC Lions partnership: launched in Summer 2024 at the start of the football season
    - Print outreach: 10k materials sent to over 200 organizations across BC in July 2024
    - SAHI campaign: included TV, radio and digital was live August - September 2024
    - Google search plan: in place between April - September 2024
- Campaign activities were paused during the election period (starting September 21, 2024).
- Campaign analysis to date shows significant increases in traffic to the website (compared to pre-campaign periods), and a strong and memorable call to action to the Help Starts Here website.
- While all three waves of the campaign have shown high levels of engagement across platforms and products, Wave 3, featuring individual stories, proved especially effective. It achieved the highest video completion rates and click-throughs to the website, demonstrating the powerful impact of personal narratives in reaching target audiences.

Budget/ Expenditures:

- An ongoing investment of $2.370M annually is committed to maintain substance use public advertising efforts.
- In 2023/24, approximately $0.660M was invested (research and production) to develop and launch the new "Stories of Support" campaign.
- In 2024/25, approximately $2.200M has been committed (advertising and sports partnerships) to promote the campaign in a variety of channels across BC, including $0.023M provided to support SAHI.
- Government continues to invest in the design and development of the HelpStartsHere website. $0.500M 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.

Approvals:
October 4, 2024 – Grant Holly, EFO, Corporate Services Division
October 8, 2024 – Jonathan Dubé, Acting Deputy Minister

YOUTH DRUG PREVENTION PUBLIC INFORMATION CAMPAIGN

Introduction:

- The youth drug prevention public information campaign was designed to provide fact-based information about the risks associated with street drug use to youth and their families.

Background:

- 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.
- The Ministry of Mental Health and Addictions (MMHA) and Government Communications and Public Engagement (GCPE) Headquarters led the development of the campaign to raise awareness about the increasing dangers of the street drug supply, highlight the risks young people face, and encourage families to stay connected through open conversations about drug use and its dangers.
- The target audience for this campaign was youth who had not yet begun experimenting with drugs, along with their families.
- The campaign served as a complement to the "Stories of Support" public information campaign, which aimed to inform British Columbians about available addiction support services.

Ministry/Government Actions to date:

- The campaign had two waves:
    - Wave 1: Advertisements in market December 11, 2023, to March 3, 2024.
      Wave 2: Advertisements in market May 6 to June 30, 2024.
- The campaign included digital display, social media, and out-of-home transit shelter posters near high schools and in buses. Campaign assets were also translated into Punjabi and Chinese.
- The campaign drove traffic to PoisonDrugs.gov.bc.ca, where young people and their families could find information and resources.
- Since its launch, the Ministry has received feedback from Foundry BC and Interior Health. Feedback included concern about the language used in the campaign and lack of consultation with key stakeholders and youth.
- Insights from the advertising reports showed that the campaign ads saw success in the first wave with high engagement rates, however the engagement was not as high in second wave of advertisements.
- This public information campaign is now complete, with no further phases currently planned.

Budget/ Expenditures:

- In 2023/24, MMHA invested approximately $0.188M in production and advertising to develop and launch the "Youth Drug Prevention" campaign in Punjabi and Chinese language media.
- In 2024/25, approximately $0.338M has been invested in advertising to promote the campaign across digital and out-of-home channels throughout BC.
- The remaining budget came from GCPE HQ.

Approvals:

October 4, 2024,– Grant Holly, EFO, Corporate Services Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

BC CORONERS SERVICE – DEATH REVIEW PANEL: AN URGENT RESPONSE TO A CONTINUING CRISIS (NOVEMBER 2023)

Introduction:
On November 1, 2023, the British Columbia Coroners Service (BCCS) released *An Urgent Response to a Continuing Crisis* report **(Appendix A)**.

The report included the following four recommendations as key areas to reduce deaths due to illicit drug toxicity:

1. Apply for a class exemption to the *Controlled Drugs and Substance Act (CDSA)* to allow access without a prescription to the class of opioid and stimulant drugs;
2. Develop an application for agencies to distribute regulated substances on a non-prescription basis;
3. Engage with people with lived and living experience in the process of planning, implementation, and evaluation; and
4. Fund, support, and engage with Indigenous leadership to identify Indigenous solutions

Background:
On April 14, 2016, in response to an alarming increase in drug-related emergencies and deaths in British Columbia, the Provincial Health Officer declared a public health emergency.

Chief Coroner Lisa Lapointe convened a standing death review panel (DRP) with a mandate to consider previous DRP recommendations that could be quickly implemented to reduce substance-related deaths in BC.

In 2017, the Chief Coroner convened a DRP to review 1,854 drug toxicity deaths that occurred between January 1, 2016, and July 31, 2017.

Since August 2017, and particularly after the COVID-19 pandemic, the illicit drug supply has become increasingly toxic due to the higher potency of fentanyl and the addition of other substances, such as benzodiazepines.

The recommendations from the first Illicit Drug Toxicity Death Review Panel report, released April 2018, focused on the expansion of evidence-based treatment, expansion of harm reduction services and options, and the need for an integrated, accountable substance use system of care to reduce deaths due to illicit drug toxicity.

On March 9, 2022, the British Columbia Coroners Service (BCCS) released its *2022 Death Review Panel: A Review of Illicit Drug Toxicity Deaths* report after reviewing in aggregate 6,007 deaths that occurred due to illicit drug toxicity between August 1, 2017 and July 31, 2021.

Recommendations from the 2022 DRP report focused on ensuring a safer drug supply, developing an illicit drug toxicity action plan, and the establishment of an evidence-based continuum of care.

The Chief Coroner convened a third DRP in December 2022, and released *An Urgent Response to a Continuing Crisis* report on November 1, 2023. Major findings of the 2023 DRP review include:

- Drug poisoning deaths have continued to increase.
- The unregulated drug supply is the primary driver of the increased deaths.
- The unregulated drug supply remains increasingly volatile, inconsistent, and toxic.
- The current medical model for provision of safe supply faces a number of overwhelming challenges, including scalability, geographic reach, and adequacy of available drugs.
- The medical model should be reviewed and enhanced.

- Non-medical models to distribute safe supply are needed.
- Existing responses have not been commensurate with the urgency, magnitude and scope of the crisis.
- First Nations people are disproportionately affected by the public health emergency[1].
- Individuals living in poverty and those with housing instability are particularly vulnerable.
- Effective interventions for youth at risk of death and injury are also needed.
- While the highest rate of death is in Vancouver's downtown eastside, deaths are increasing in urban, rural, and remote centres throughout BC.
- Interventions need to be monitored and rapidly adapted to remain effective.
- People with lived and living experience must be involved in planning and implementation.

The central theme of the November 2023 DRP report is the public health emergency requires a non-medical model that provides people who use drugs with an alternative to the unregulated drug market.

The BCCS November 2023 report highlighted the number of people accessing the illicit drug supply in British Columbia and at risk of toxic drug poisoning to be at least 125,000 and could be up to as high as 225,000. MMHA staff worked with the Canadian Centre on Substance Use and Addiction (CCSA) and two external scientists to review and validate the methodology BC scientists undertook to determine the estimate. This number was recently updated by the Provincial Health Officer, reporting that the illicit drug supply is accessed by an estimated 165,000 to upwards of 225,000 people in BC in a 12-month period[2].

In April 2024, Chief Coroner convened a fourth DRP focused on the treatment and recovery system of care. Ally Butler, ADM, Treatment and Recovery Division, from the ministry is a panel participant. This DRP is currently paused as of September 2024.

Ministry/Government Actions to date:

- A response to the DRP report was sent from the Minister of Mental Health and Addictions to the Chief Coroner on November 1, 2023, to acknowledge input from past DRPs and the extensive expertise of panel members to inform response **(Appendix B)**.
- This response confirmed that the primary recommendation of non-prescription models for the delivery of pharmaceutical alternatives is not under consideration at this time.

Budget/ Expenditures:

- N/A

Approvals:
October 11, 2024 – Darryl Sturtevant ADM, Substance Use Policy
October 11, 2024 – Chris Van Veen, a/ADM, Treatment and Recovery
October 11, 2024 – Jonathan Dubé, Acting Deputy Minister

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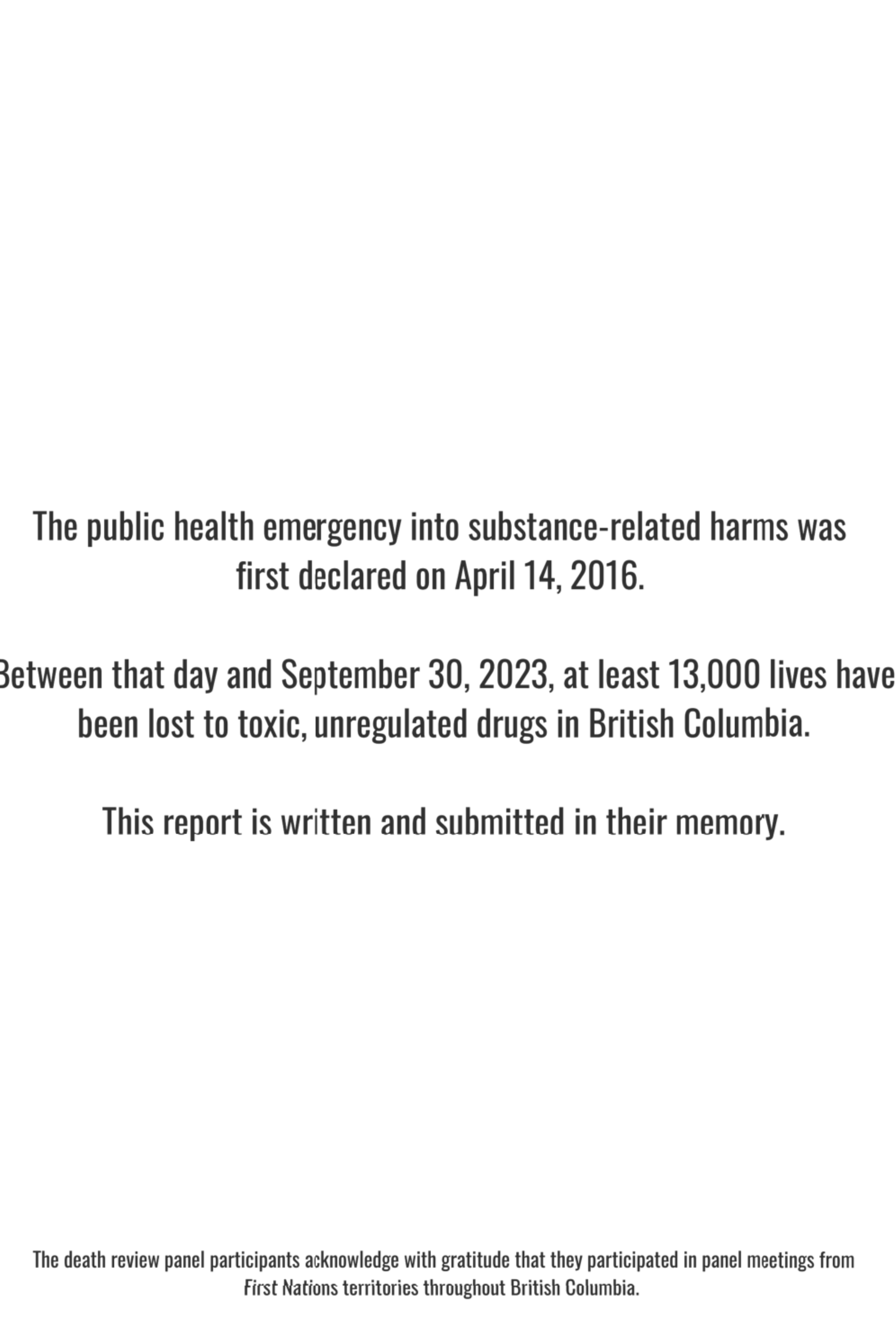
[1] According to the report, while data is not currently available for non-First Nations Indigenous people, many of the underlying determinants of the greater rate of death among First Nation people also exist for other Indigenous peoples, therefore it is likely they are also disproportionately affected.
[2] Office of the Provincial Health Officer (July 9, 2024). *Alternatives to Unregulated Drugs: Another Step in Saving Lives.* Provincial Health Officer's Special Report. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/alternatives_to_unregulated_drugs.pdf

13,000

BC Coroners Service Death Review Panel: An Urgent Response to a Continuing Crisis

Report to the Chief Coroner of British Columbia

Release Date: November 1, 2023



The public health emergency into substance-related harms was first declared on April 14, 2016.

Between that day and September 30, 2023, at least 13,000 lives have been lost to toxic, unregulated drugs in British Columbia.

This report is written and submitted in their memory.

The death review panel participants acknowledge with gratitude that they participated in panel meetings from *First Nations* territories throughout British Columbia.

Preface

In response to the continued increase in unregulated drug-related deaths throughout British Columbia, the chief coroner convened a third death review panel in December 2022. This standing panel was tasked with providing ongoing advice related to public health and safety and the prevention of deaths caused by the unregulated drug supply. Reaffirming the need for a comprehensive strategy to address the ongoing crisis, the panel focused on short-term priorities intended to significantly reduce preventable deaths caused by the unregulated drug supply.

Panel members include:

Dr. Paxton Bach, Addictions Medicine Specialist, St. Paul's Hospital, Co-Medical Director, BC Centre on Substance Use
Dr. Jennifer Charlesworth, Representative for Children and Youth
Miranda Compton, Executive Director, Substance Use and Priority Populations, Vancouver Coastal Health
Dr. Alexis Crabtree, Public Health Physician, Substance Use and Harm Reduction, BC Centre for Disease Control
Dr. Patricia Daly, Chief Medical Health Officer, Vancouver Coastal Health
Dr. Ramneek Dosanjh, President, Doctors of BC
Dr. Brian Emerson, Deputy Provincial Health Officer, Office of the Provincial Health Officer
Guy Felicella, Peer Clinical Advisor, Vancouver Coastal Health
Dr. Carol Fenton, Medical Health Officer, Interior Health Authority
Dr. Reka Gustafson, Chief Medical Health Officer, Island Health
Sammy Iammarino, Senior Practice Lead, Harm Reduction and Substance Use, BC Centre for Disease Control
Kim Isbister, Senior Coroner, BC Coroners Service
Katrina Jensen, Executive Director, AVI Health and Community Services Society
Cheyenne Johnson, Executive Director, BC Centre on Substance Use
Dr. Randal Mason, Medical Director, AVI Health Centre – Westshore
Dr. Bohdan Nosyk, Professor, Simon Fraser University, St. Paul's Hospital CANFAR Chair in HIV/AIDS Research
Dr. Bernie Pauly, Professor, University of Victoria School of Nursing, Canadian Institute for Substance Use Research
Jat Sandhu, Interim Executive Lead, BC Centre for Disease Control
Mike Serr, Chief Constable, Abbotsford Police Department
Dr. Sharon Vipler, Program Medical Director, Addiction Medicine and Substance Use Services, Fraser Health Authority
Dr. Nel Wieman, A/Chief Medical Officer, First Nations Health Authority

Panel support was provided by BC Coroners Service staff, Ryan Panton, Carla Springinotic, and Quiana Foster.

I thank and recognize the panel members for sharing their expertise, for their commitment to saving lives, and for maintaining a sense of urgency in the work they do. I also gratefully recognize the contributions and input provided by:

Carol Anne Chenard, Director of Offices of Controlled Substances at Health Canada; and
Dr. Bonnie Henry, Provincial Health Officer.

We can and must do better to reduce the number of deaths caused by the unregulated drug supply in our province. On behalf of the panel, I submit this report and recommendations to the chief coroner of B.C.

Michael Egilson
Chair, Death Review Panel

"A comprehensive, culturally safe system of substance use education, prevention, harm reduction, treatment and social support was needed before the public health emergency was declared. It is still required to address the crisis today.

"Such a system is complex, costly, and time-consuming to develop, implement and expand. This will require time we simply do not have, as more than 13,000 people have died since the public health emergency was declared in B.C., and dozens more die each week.

"It is estimated that as many as 225,000 people in B.C. remain at risk of unregulated drug injury or death.

"The immediate priority for action must be on elements of that system that can be rolled out quickly in order to save lives now. As the primary cause of the current crisis is the unregulated toxic drug supply, our urgent attention must be on creating access to alternatives to the unregulated drug supply for people who use drugs."

- Michael Egilson, Chair, Death Review Panel

Executive Summary

On April 14, 2016, in response to an alarming increase in drug-related emergencies and deaths in British Columbia, the provincial health officer declared the province's first-ever public health emergency. More than seven years later, the emergency remains in place, and more than 13,000 people have died.

These deaths are largely preventable, and yet, in 2023, British Columbians are being lost to unregulated drug supply at twice the rate they were when the emergency was first declared. With the passing of each day, week, month, and year, we risk becoming numb to the scale of this emergency as the current devastation becomes the norm. Any response to addressing the magnitude and severity of the emergency will experience challenges but the current system of prohibition is failing badly, and the status quo is no longer acceptable.

We can and must do better.

> *"These drug poisoning deaths have been primarily driven by an increasingly toxic illicit drug supply, exacerbated by under-resourced health and social supports that have been unable to keep up with increasing demands and complexities."*
> MMHA 2022

The chief coroner convened a standing death review panel with a mandate to consider previous death review panel recommendations that could be quickly implemented on a scale that could meaningfully reduce substance-related deaths in B.C. The panel reaffirms the need for a comprehensive and timely approach to the crisis and recognizes that, in the short term, the fastest way to reduce deaths is to reduce dependence on the unregulated toxic drug supply for people who use drugs. This requires creating access to a quality-controlled, regulated supply of drugs for people at risk of dying.

The panel identified that:

- Drug poisoning deaths have continued to increase;
- The unregulated drug supply is the primary driver of the increased deaths;
- The unregulated drug supply remains increasingly volatile, inconsistent and toxic;
- The current medical model for provision of safer supply faces a number of overwhelming challenges including scalability, geographic reach within the province and the adequacy of available drugs to meet the needs of people accessing the unregulated drug market;
- The medical model should be reviewed and enhanced to ensure innovation and maximum effectiveness for people accessing the service;
- Non-medical models to distribute safer supply are needed;
- Existing responses, initiatives and services, and their associated allocated resources; have not been commensurate with the urgency, magnitude and scope of the crisis;
- First Nations people are disproportionately affected by the public health emergency*;
- Individuals who are living in poverty, and those with housing instability, are particularly vulnerable;
- Effective interventions for youth at risk of death and injury from the unregulated drug supply are also needed;
- This is a province-wide health and social issue. While the highest rate of death is in Vancouver's downtown eastside, deaths are increasing in urban and rural and remote centres throughout B.C.;
- Due to the rapidly changing unregulated drug supply, interventions need to be monitored and rapidly adapted to remain effective; and
- People with lived and living experience must be involved in planning and implementation as they are experts on their own needs and have a real-time understanding of the rapidly evolving crisis itself.

The urgent need for a practical, scalable response to the public health emergency requires pursuit of a non-medical model that provides people who use drugs with an alternative to the unregulated drug market.

At appropriate scale, providing quality-controlled alternatives of sufficient quantity and potency will immediately reduce the risk to people who would otherwise access the substances they use through the unregulated drug supply. In addition to expanding what is available in the medical model, these substances could be responsibly provided without a prescription in a manner that also includes a robust system of oversight and evaluation to respond to concerns about individual risk, public health and public safety.

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*-While data is not currently available for non-First Nation Indigenous people, many of the underlying determinants of the greater rate of death among First Nation people also exist for other Indigenous peoples, therefore it is likely they *are also disproportionately affected*.

Many efforts have been made to provide services and supports intended to positively impact the public health emergency. While these interventions have in many cases averted death or other harms, they have not led to a reduction in the number of people dying or experiencing serious injury at a population level. Our approach needs to change. Throughout the COVID-19 public health emergency, new ideas were quickly implemented that were intended to reduce the risks of the SARS-CoV-2 virus to British Columbians. To date, similarly novel but rapid approaches have not been introduced at the scale required to reduce the risks to British Columbians from unregulated drugs.

This crisis is complex, and there are no simple solutions that will lead to its resolution. People who use drugs come from every socio-economic background and live in communities of all sizes. There is no single stereotype or "face" representative of the thousands of lives lost. Because of the toxicity of the unregulated drug supply, any use puts people at immediate risk of death and other harms. Substance use often results from unaddressed concurrent challenges related to chronic pain, homelessness, poverty, racism, and mental health. Many of these challenges are multi-generational and are often rooted in unaddressed physical, emotional, and psychological trauma.

Indigenous Peoples are disproportionately impacted by the toxic drug crisis and a specific strategy will need to be developed with Indigenous Peoples to meet the needs of Indigenous Peoples and communities and respect their right to self-determination.

Previous reports authored by Coroners Service death review panels, the Office of the Provincial Health Officer, the BC Centre on Substance Use, the Legislative Assembly's Select Standing Committee on Health and the Representative for Children and Youth have called for a variety of initiatives including:

- Creation and evaluation of a substance use system of care that includes prevention, education, early identification and intervention, screening, care assessment and planning, treatment and care and ongoing health promotion, and where harm reduction services are embedded throughout the system;
- Social/emotional learning programs for youth;
- Greater access to withdrawal management and stabilization services;
- Increased access to voluntary treatment and after care support services;
- Provincial regulation and evaluation of all treatment services to ensure evidence-based practices and reportable treatment outcomes;
- More overdose prevention sites;
- More drug checking sites;
- Expanded accessibility of naloxone;
- Greater access to regulated drugs as an alternative to the unregulated toxic drug market for people at risk of unintended overdose due to an unregulated drug supply;
- Improved accessibility and navigation to all publicly funded substance use services available in the province; and
- Development of culturally relevant and culturally safer services and supports for Indigenous peoples, including youth and their families.

These initiatives must be included in a cohesive strategy that will effectively reduce deaths. Many currently exist, but lack the scale required to meet the increasing challenges of the crisis. Some of the unimplemented initiatives will take longer to develop and deploy equitably across the province.

A comprehensive provincial response should identify short-, medium- and long-term goals, and provide specific timeframes, clearly stated intended outcomes and measurable ways to evaluate effectiveness. Specific accountabilities for every level of government, including health authorities and other health systems partners, must be included, and publicly reported. The priorities must be preventing the multiple deaths occurring daily in our province and ending the public health emergency.

It is important to recognize that all substance use has inherent risks. However, these risks are significantly increased when the substances are obtained illicitly via an unregulated market with no quality controls or other protections. While the evidence base for safer supply services is still developing, early research findings from federally funded programs are promising (Government of Canada 2023).

B.C. is the first province in Canada to implement policy permitting access to a safer supply of substances for people who use drugs. The current program is prescriber-based, meaning that participants must first be assessed by a physician or nurse practitioner before being provided with a prescription to access pharmaceutical alternatives to the unregulated drug supply. Early evidence suggests there are benefits for people able to access these substances; however, systemic barriers have only allowed about 5,000 individuals to take part in these programs in any given month.

Current prescriber-based models are designed and intended to primarily serve individuals with an opioid use disorder and who already have access to the health care system. There are limits on the types of medications that can be prescribed, and any expansion of the programs would place additional burden on an already strained health care system in which more than twenty percent of British Columbians do not have a primary care provider (BCCFP 2022).

Significant coordination between the provincial and federal government, including a federal exemption to the *Controlled Drugs and Substances Act (CDSA)* would be required to pursue a non-prescriber-based model.

A fundamentally different approach is urgently required as incremental increases of existing interventions are unlikely to make a meaningful population difference and people will continue to die at unprecedented rates.

Recommendations

The panel recognizes that Indigenous peoples are disproportionately impacted by the unregulated drug crisis. In respecting commitments to reconciliation and supporting self-determination, the Province must further engage with Indigenous leadership to identify Indigenous-led solutions that align with *UNDRIP** and *DRIPA*** and to develop safer supply models that are designed for and by Indigenous communities.

The panel further acknowledges that the primary driver of the drug crisis is the inherently toxic and volatile nature of the unregulated drug supply. Providing people at risk of dying with access to quality controlled, regulated alternatives is required to significantly impact the number of people dying.

The existing recommendations made in the death review panel reports issued in 2018 and 2022 remain urgent priorities today.

In addition, due to significant limitations of the current medical model, a non-prescribed approach must be adopted, implemented, and evaluated. To urgently reduce the number of people dying, by general consensus the panel recommends:

1. That the provincial Ministry of Mental Health and Addictions immediately begin taking steps to apply to the federal Minister of Health and Minister of Mental Health and Addictions for a class exemption to the *Controlled Drugs and Substance Act (CDSA)* to allow access without a prescription to the class of opioid and stimulant drugs, for people at risk of dying due to the toxicity of the drug supply in British Columbia.

   The exemption request must describe how the Province will implement the necessary policy and programmatic structures to ensure public health and public safety will be addressed through:

   a. Governance and oversight at the provincial, regional and program levels;
   b. Eligibility criteria for people accessing non-prescribed controlled substances;
   c. How an eligible person's substance needs will be assessed to determine which substances can be accessed, and in what amounts;
   d. How the province would procure and sustain a legal and pharmaceutical grade supply of regulated substances;
   e. How the regulated substances would be managed and distributed from a central distribution resource;
   f. Minimum staffing requirements for programs, including staffing and training requirements for those providing services;
   g. The methods of storing and securing the regulated substances; and
   h. The methods of monitoring, evaluating, researching and reporting on implementation and outcomes.

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*-UNDRIP is the *United Nations Declaration on the Rights of Indigenous Peoples*

**-DRIPA is B.C. legislation, the *Declaration on the Rights of Indigenous Peoples Act*, also known as the *"Declaration Act"*

2. That the Ministry of Mental Health and Addictions develop an application for agencies to apply for licensure and delegated authority to distribute the regulated substances on a non-prescription basis requiring:

    a. Agency governance and oversight of the program;
    b. That processes are in place to comply with the provincial eligibility criteria;
    c. That processes are in place to support participants to access treatment services as desired;
    d. That program processes/protocols are in place to ensure participant and public safety needs are adequately and safely determined;
    e. That processes are in place to utilize the services of a central provincial distribution resource;
    f. That workforce recruitment, staff training and safety protocols are developed;
    g. Compliance with provincial storage and security requirements and utilization of existing secure storage where available; and
    h. That processes are in place to provide program data and client information to the province for monitoring and evaluation purposes.

3. That the Ministry of Mental Health and Addictions engage with people with lived and living experience with substance use and family/caregivers in the process of planning, implementation, and evaluation to ensure the needs of people most at risk of dying from the unregulated drug supply are met.

4. That the Ministry of Mental Health and Addictions, in conjunction with the Ministry of Health and the Ministry of Indigenous Relations and Reconciliation, and respecting Indigenous self determination, further fund, support and engage with Indigenous leadership to identify Indigenous solutions to the crisis, potentially including, but not limited to the actions suggested above.

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Introduction

More than 13,000 British Columbians have died as a direct result of unregulated drugs since the provincial health officer first declared a public health emergency in 2016. In 2023, this equates to about 200 deaths each month, or about 6 people per day, across all areas of the province, including urban, rural, remote, and Indigenous communities.

The primary driver of death is the increased toxicity, volatility, and unpredictability of the unregulated drug supply. Various synthetic opioids and other adulterants including benzodiazepines and other substances are often found in toxicological testing and in drug sample testing, but the one constant throughout the emergency is illicitly produced fentanyl, a powerful synthetic opioid. The cause of death in nearly all instances is mixed drug toxicity, with fentanyl present in more than 85% of deaths in 2022.

Addressing the public health emergency and mitigating the impacts of the crisis demands an approach that blends prevention and response. Significant investment is required in building more robust prevention, treatment, and harm reduction approaches. However, in the short term, the most immediate way to meaningfully reduce the risks of significant injury and death is to ensure people who use drugs are not dependent on the unregulated drug supply.

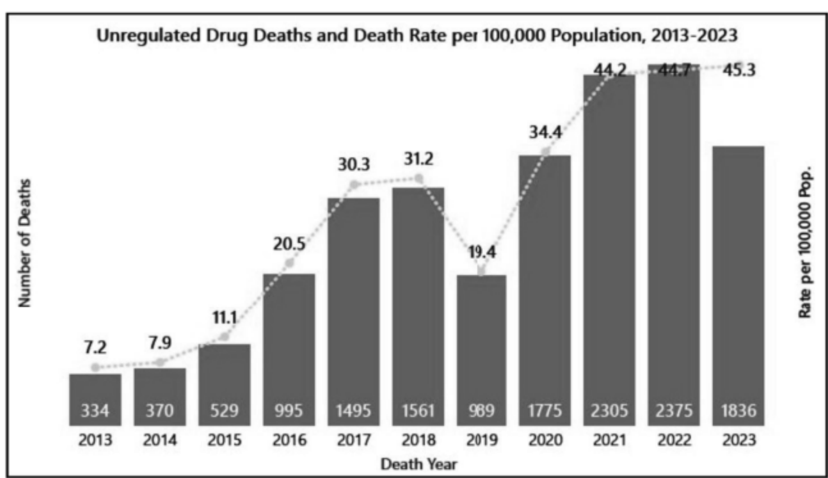
Providing quality-controlled alternatives of sufficient potency to people at risk of dying will reduce their reliance on the unregulated market. While recognizing that all drug use carries inherent risks, the panel believes the alternatives can be responsibly made available without a prescription by ensuring that rigorous safety and monitoring processes that address individual and public health and safety needs are in place.

Because the current unregulated supply is illegal, there are no consumer protections to ensure the safety of people who access the unregulated market. It is impossible to know what or how much of a substance is contained in a product when it is purchased, and adulteration and cross-contamination is an ever-present threat. This is a particularly significant concern for people who have never previously used **opioids**, have relapsed after a period of abstinence, or are stimulant, alcohol or benzodiazepine users and inadvertently consume fentanyl or one of its analogues. As the toxicity of the substances increase, so too does the risk of death from accessing them.

Currently as many as 225,000 in British Columbia may be at risk of death or serious injury through accessing unregulated drugs via the illicit market.

The Coroners Service releases monthly updates on unregulated drug toxicity deaths. While the numbers of people dying has increased over time, the demographic characteristics and risk factors of decedents have remained relatively consistent. The most current information can be accessed via the Statistical Reports page of the Coroners Service website.

Deaths due to toxic drugs are not unique to British Columbia. However, the rapid increase in the prevalence and concentration of fentanyl in the illicit drug supply since 2015 has dramatically increased the number of drug-related deaths in B.C. Between 2015 and 2022, the number of unregulated drug deaths more than quadrupled.



Source: Unregulated Drug Deaths in B.C. (to September 30, 2023), BC Coroners Service

The public health emergency is not limited to inner cities or urban areas, nor is it confined to people experiencing or at risk of homelessness or poverty. Deaths occur in every region of the province, in every health authority, to people of all socio-economic groups and in both youth and adults. Vancouver's downtown eastside (DTES) is the neighbourhood most severely impacted by the crisis, with a rate of death 10 times the provincial average. However, about 85% of deaths occur in areas outside the DTES and, amongst health authorities, the Northern Health Authority consistently experiences the highest death rate. Communities from Penticton and Prince George to Kamloops and Kitimat have been forever altered by the loss of family, friends, and neighbours. The impacts of the crisis will be felt for generations.

First Nations Health Authority data shows that First Nations peoples are overrepresented in both toxic drug poisoning events and deaths in B.C. This also likely applies to non-First Nations Indigenous people, as many of the underlying determinants of the greater rate of death among First Nations people also exist for other Indigenous peoples.

"In 2022, First Nations people represented 3.3% of the province's population, yet accounted for 16.4% of all toxic drug poisoning deaths. In 2022, First Nations people were also dying at a rate of 5.9 times that of other B.C. residents." (FNHA, 2023)

"First Nations women are experiencing even higher rates of toxic drug death. In 2022, First Nations women were dying at a rate of 11.2 times that of other B.C. women." (FNHA, 2023)

"First Nations people are disproportionally represented in toxic drug deaths because of: insufficient access to culturally safe mental health and addiction treatment; systemic racism being a barrier to accessing health care; intergenerational trauma caused by colonial laws, policies and practices." (FNHA, 2021)

Actions and interventions already implemented by governments at the federal, provincial, and local levels to address the crisis have not been effective in addressing the immensity of the problem. Now in its eighth year in BC, the threat to people who use drugs is as elevated as ever.

Many officials, committees, organizations, independent officers, agencies and expert panels, including the BC Coroners Service Death Review Panels convened in 2017 and 2021, and the all-party provincial Standing Committee on Health in 2022, have called upon government, both provincially and federally, to urgently address the crisis by taking measures to reduce stigma, expand harm reduction services and prevention efforts, deliver evidence-based, accessible treatment and recovery services, and address access to a legal regulated drug supply.

> *"...B.C.'s life expectancy at birth for males has declined as a direct consequence of the drug toxicity crisis."* (Government of BC, 2021, page 7)

Part One: Previous Work

Coroners Service Death Review Panels and Recommendations

The BC Coroners Service is mandated to investigate and review all unnatural and unexpected deaths in British Columbia. This process includes attending the location of the death, completing a physical assessment of the decedent, conducting interviews with family, friends and persons or service providers involved in the decedent's life, arranging necessary post-mortem testing, obtaining medical and pharmaceutical records, and documenting the investigation findings in a coroner's report. These investigative findings provide insight into the circumstances of a decedent's life.

Throughout the public health emergency, the Coroners Service has supported data-based decision making and public awareness efforts by:

- Providing monthly drug poisoning death data;
- Supporting partner agencies such as the First Nations Health Authority, the BC Centre for Disease Control, the Office of the Provincial Health Officer and the BC Centre on Substance Use through sharing coroner data as required under the Public Health Emergency declaration;
- Creating and releasing knowledge updates and reports that focus on the impacts of the crisis on those who are affected and the communities where they live; and
- Convening three death review panels to review drug poisoning deaths and make recommendations to government and other agencies to improve public health and safety and the prevention of deaths.

A death review panel is convened* to review and analyze the facts and circumstances of deaths to provide the chief coroner with advice on medical, legal, social welfare and other matters concerning public health and safety. A death review panel may review one or more cases before, during or after a coroner's investigation, or inquest. Death review panel members are appointed by the chief coroner under section 49 of the *Coroners Act* and have included professionals with expertise in substance use, mental health and addictions, medicine, public health, First Nations health, persons with lived experience, regulatory practices, policy, research, policing, and public safety.

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*-Under the *Coroners Act*

The first death review panel reviewed the circumstances of **1,854 people who died from unregulated drugs between January 1, 2016 and July 31, 2017.**

The panel made three recommendations:

- **Recommendation 1:** *Ensure Accountability for the Substance Use System of Care* which would set standards for provision of evidence-based treatment and require that these programs be systematically evaluated and monitored to ensure compliance.
- **Recommendation 2:** *Expand Opioid Agonist Treatment (OAT) and Assessment of Substance Use Disorders* to link patients at risk of overdose to evidence-based treatment services and to ensure the availability of Opioid Agonist Therapies for treatment of persons with opioid addiction.
- **Recommendation 3:** *Expand Drug Use Safety Options* through expanded access to naloxone and community-based drug checking services.

In December 2021, a second death review panel was convened as a response to the continued increase in unregulated drug toxicity deaths, with **6,007 more British Columbians dying between August 1, 2017 and July 31, 2021.**

The panel made three broad recommendations:

- **Recommendation 1:** *Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply* by identifying eligibility criteria and availability to those at risk of dying due to toxic illicit drugs, as well as ensuring oversight, monitoring and evaluation.
- **Recommendation 2:** *Develop a 30/60/90 Day Illicit Drug Toxicity Action Plan with Ongoing Monitoring* by setting clear goals, targets and timelines to reduce the number of deaths; enhance oversight, monitoring, tracking of outcomes, and identifying and managing risks.
- **Recommendation 3:** *Establish an Evidence-Based Continuum of Care* by implementing the framework, increasing access to evidence-based care, evaluating the services and addressing policies that discourage workers from seeking help and support for substance use disorders.

The actions reported by the various agencies who received these panel recommendations are available on the Coroners Service website.

In response to the continued and increasing death toll, in December 2022 the chief coroner convened a standing death review panel of subject matter experts to meet on an ongoing basis. The panel was tasked with the priority of identifying urgent and immediate actions that could significantly reduce the number of deaths resulting from the unregulated drug crisis.

Between August 1, 2021 and September 30, 2023, another 5,238 people lost their lives to toxic drugs in British Columbia.

Accordingly, the current panel has focused its attention on the 2022 death review panel report's Recommendation #1, to *Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply* that is available and accessible to people who use drugs throughout B.C.

March 2022 Death Review Panel Recommendation One

RECOMMENDATION 1: Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply

Priority actions identified by the panel are:
On an urgent basis and by May 9, 2022, the Ministry of Mental Health and Addictions and the Ministry of Health, in collaboration with the CEOs of the Regional Health Authorities, the Provincial Health Services Authority, and the First Nations Health Authority, will develop a plan to:

- Create a provincial framework for safer supply distribution, in collaboration with the BC Centre for Disease Control and the BC Centre on Substance Use and people who use drugs, that includes both medical and non-medical models.
- Rapidly expand the safer drug supply throughout the province to ensure a safer supply is available in all communities, including rural/remote and Indigenous communities where people are at risk of dying due to toxic illicit drugs.
- Identify eligibility criteria for people at risk of death from toxic illicit drugs that lowers barriers to obtaining and continuing a safer drug supply of pharmaceutical alternatives, and ensure this criteria is adopted across health authorities and practitioners in the province.
- Provide a range of medication options that reflect the needs and substance use patterns of those at risk.
- Ensure oversight, monitoring and timely evaluation of safer drug supply distribution and dissemination of preliminary findings.
- Connect more people accessing safer drug supply services with health and social services including substance use treatment where appropriate.
- Increase meaningful engagement of a diverse range of people with lived and living substance use experience in all health system planning, design and implementation to ensure the safer drug supply and distribution mechanisms address their needs.
- Ensure that high-quality and fast drug checking services are available and accessible across the province, so that:
    - People have better knowledge about non-pharmaceutical drugs they consume, and
    - Health authorities can establish improved illicit drug market surveillance, identify novel dangerous adulterants, and provide early warnings about changes in the illicit drug supply.

Part Two: Discussion

Indigenous Self-Determination

The panel acknowledges and supports Indigenous leadership and communities being fully involved in discussions and planning for safer supply and in leading that development through a separate process based on readiness and need.

> *"In working to uphold Indigenous rights in the context of safer supply distribution, program leaders and developers can draw on the following principles:*
> - *Reducing the harms of the unregulated drug supply is inextricably linked with reducing the harms of colonization.*
> - *Recognition for the diversity of Indigenous communities' views on harm reduction and safer supply.*
> - *Respect for Indigenous ownership of community data in accordance with the principles of OCAP (ownership, control, access and possession).*
> - *Self-determination about how safer supply is implemented (programs must meet obligations under the Declaration on the Rights of Indigenous Peoples' Act).*
> - *Acknowledgement of Indigenous perspective on health and wellness.*
> - *Recognition of opportunities to learn from Indigenous models of care."*
>
>   (BCCDC/BCCSU/FNHA report 2023)

Youth

Since the public health emergency was declared approximately 1.3 percent of unregulated drug poisoning deaths have been among children and youth (Coroners Service data). The impact of unregulated drug harms comprises the largest percentage of youth deaths and a larger number of critical injury incidents. Additionally, young people experience trauma due to the deaths and injury of parents, siblings, relatives, and caregivers which can result in coming into government care, losing contact with family and friends, and losing a sense of cultural and community connection.

The panel considered the impact of the unregulated drug supply on youth and determined that the needs of young people are significant, but would better be addressed through a separate process from the work of this panel which focuses on adults. Given the mandate, and work done to date in this area, a focused review of the impacts of illicit toxic drug supply on children, youth and young adults and the necessity of a coordinated trauma-informed and culturally attuned response would most appropriately be led by the Office of the Representative for Children and Youth.

Every person's relationship with substances is unique, and the underlying reasons for why someone uses drugs may be complex and can be rooted in trauma or other life conditions beyond their control or may be for recreational purposes. Solutions that adequately address the scale and severity of the public health emergency must sufficiently address those needs in the population.

The stigma, racism and discrimination associated with substance use creates societal, institutional, and personal barriers that prevent people from accessing the services they require to stay safe. (Death Review Panel Report 2022, page 24) While substance use disorders are a significant risk factor, Coroners Service protocol cohort data from previous death review panels show that many of the people who have died did not have a substance use disorder diagnosis, representing a segment of the population that could particularly benefit from access to alternatives to the unregulated drug supply.

Table 5: Percentage of Illicit Drug Toxicity Deaths with a Mental Health Diagnostic Code within the Past Year, Linked Data Cohort, Aug 2017 – Dec 2018

	Linked Data Cohort	20% Random BC Population
Mental health diagnostic code (including substance use disorder)	43%	14%
Mental health diagnostics code (excluding substance use disorder)	20%	13%
Substance use disorder codes	35%	2%

Note: December 31, 2018 or date of death used as reference date for 20% random population sample.

Source: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

Regulation of Controlled Substances in Canada

Controlled Drugs and Substances Act

In Canada, substances produced as medication are regulated under the federal *Food and Drugs Act (FDA)*. These regulations describe the production and quality assurance processes that ensure the purity and potency of the products. The *Controlled Drugs and Substances Act (CDSA)* regulates the importation, production, exportation, distribution, and use of scheduled substances*.

In B.C., a federal exemption under section 56 of the *CDSA* would be required for distribution of any scheduled substances using a non-prescriber model, and regulatory changes under the *FDA* might also be required.

> *A Section 56 (1) exemption authorizes specific activities with controlled substances or precursor chemicals that would otherwise be illegal.* (Government of Canada, 2022)

*-*For the purposes of this panel, scheduled* substances include those in Schedule I, II, III, IV or V of the *CDSA*

A Section 56 exemption is a formal document issued to a person or group by the federal Minister of Health. Although no formal application exists and via discussions with the federal government, a Section 56 exemption application to distribute controlled drugs without a prescription must address:

- Medication supply, transport, handling, storage, and labelling;
- The role of any regulated health professionals (if applicable) and other staff in managing medication supply; safeguards adopted to minimize unintended consequences, including diversion;
- Participant eligibility criteria;
- Security measures, controlled substance disposal protocols;
- Service locations, staffing policies, hours of operation; and
- Results of engagement with local groups and communities. (BCCDC/BCCSU/FNHA report 2023)

Continuum of Substance Use Services

In any emergency, the greatest number of resources are usually dedicated to addressing the most extreme potential consequences. In the drug toxicity public health emergency, the most extreme outcome is death from toxic drug poisoning.

The issue of drug use in British Columbia, and in society in general, is complex. Long-term solutions to the harms caused by substance use are not simple, and any effective intervention will require significant investment of both financial and human resources to address the underlying determinants of substance use harms, reform to modernize drug policy and upgrade the overall substance use system of care, from education and health promotion to harm reduction, stabilization and recovery programs and post-treatment supports.

> *"In Canada, services for people who use substances are chronically underfunded. With the system struggling to meet the more acute needs, access to services for people with substance use disorder is inadequate, and services for people at risk but not diagnosed with a disorder are almost non-existent."*
> (Health Canada Expert Task Force on Substance Use, June 11, 2021, p 9)

Adequately addressing both the current crisis and the concurrent harms demands a comprehensive approach. This includes:

- Supporting children, youth and families by giving them the tools to grow up physically, emotionally and socially healthy in safe and supportive families, communities and institutions.
- Developing substance use policies and programs that minimize health and social harms.
- Providing effective voluntary substance use treatment and support services that are:
    - Evidence-based, regulated, evaluated, available when and where people need them, and that are free of stigma, trauma informed and culturally safe.
    - Subject to the same rigour, regulation and oversight that would be demanded through treatment for other chronic health issues like asthma, diabetes, or cancer.
- Recognizing that not everyone using substances requires treatment, and those with substance use disorder may not be ready or able to access treatment. Everyone is still deserving of access to a full range of harm reduction services.
- Accepting that no single intervention will resolve the crisis on its own.

Provincial actions undertaken to address the unregulated drug toxicity crisis to date include:

- Expansion of **supervised consumption sites** and **overdose prevention sites**;
- Expansion of the delivery of treatments such as **Opioid Agonist Therapy (OAT)** and **injectable Opioid Agonist Therapy (iOAT)**;
- Creation and implementation of provincial safer supply policy;
- Increased funding for treatment and supportive recovery; and
- Expansion of **naloxone** availability and **drug checking** services.

While in many cases these interventions have been novel and unique among Canadian jurisdictions and supported by evidence of efficacy at an individual level, at a population level the death toll continues to rise (Death Review Panel Report, 2022, p. 24).

Many of the treatment and support programs and services required to address the crisis (as illustrated in the Ministry of Mental Health and Addictions' "B.C.'s Ideal Substance Use System of Care" on the page following) will take years to create, implement, expand, and evaluate. That reality should not prevent the development of immediate initiatives to ensure that people who use drugs are not forced to rely on an unregulated drug supply until a comprehensive approach is available.

Efforts to prevent deaths should continue to be escalated alongside the building up of a full-spectrum system of service to support long-term healing and wellness.

"Rapidly scale up a flexible, evidence-based, low-barrier, comprehensive continuum of care that spans the social determinants of health, prevention and education, harm reduction, safer supply, and treatment and recovery..."
-List of Recommendations, Select Standing Committee on Health, 2022

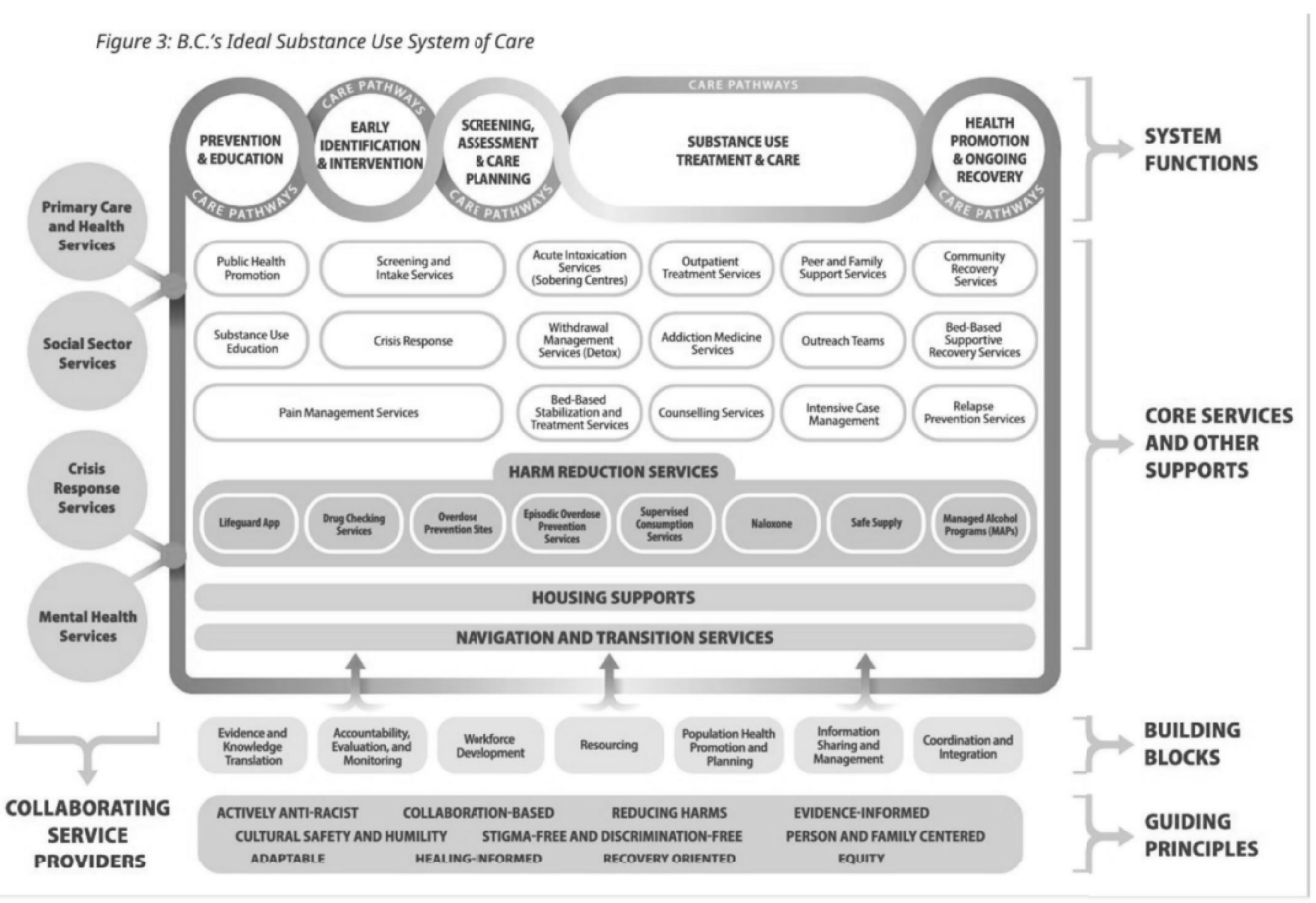


Figure 3: B.C.'s Ideal Substance Use System of Care

Decriminalization

> *"There is widespread global recognition that the failed 'war on drugs' and the resulting criminalization and stigmatization of people who use drugs has not reduced drug use but instead has increased health harms."* (PHO, 2021)
>
> *"Drug prohibition was meant to reduce drug use and the perceived associated harms. Instead, it has fuelled an epidemic of drug poisonings/overdose deaths and created a dangerous illegal market supporting high-level, transnational organized crime."*
> (Canadian Drug Policy Coalition, 2023)

The **stigma** associated with substance use disorder is a barrier for many people who might otherwise seek help. Recognition that substance use is a health issue, rather than a criminal offence, encourages people to seek help instead of hiding their addiction for fear of criminal sanction and/or public disapproval.

On January 31, 2023, Health Canada granted the Province of B.C. a 3-year subsection 56 (1) exemption under the *Controlled Drugs and Substances Act* to decriminalize people who possess a small amount of certain illegal drugs for personal use.

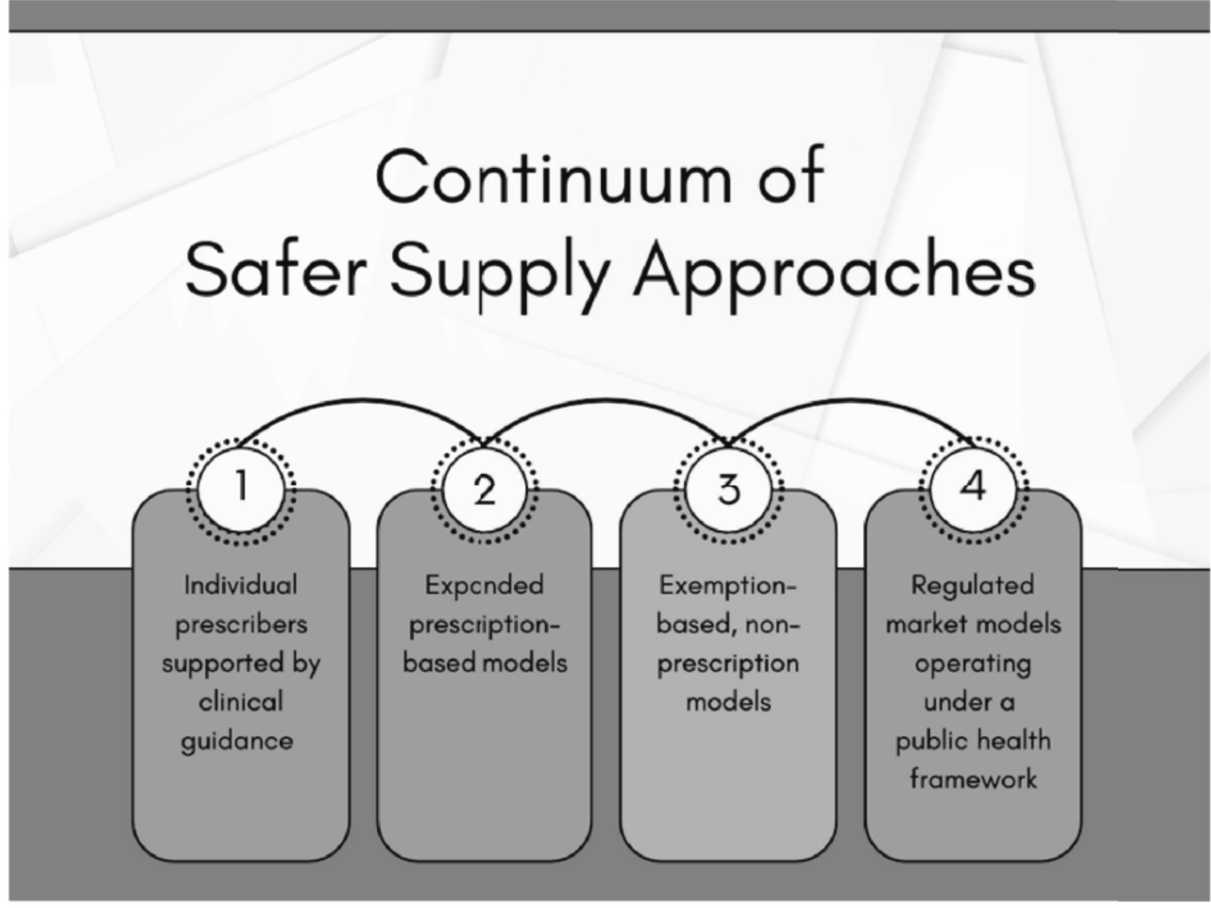
> *"This exemption does not mean drugs are legalized. The drugs included in the exemption remain illegal; however, adults who are found in possession of a cumulative total of as much as 2.5 grams of opioids, cocaine, methamphetamine and MDMA for personal use will no longer be arrested, charged or have their drugs seized, if abiding by the scope and conditions of the exemption. Instead, police will offer information on available health and social supports, as well as local treatment and recovery options."*
> (Government of BC Media Release)

While **decriminalization** may help reduce the stigma surrounding drug use and substance use disorders and support people in seeking help and services, it is not a primary strategy to reduce deaths in the short term or to better link people to health and social services. Although decriminalization removes criminal sanctions, the illicit drugs remain unregulated and their composition is of unknown quantity and quality.

Approaches to Replacing the Unregulated Drug Supply

Any successful approach to providing a regulated supply of drugs must recognize that:

- Not everyone who uses drugs has a substance use disorder;
- Not everyone who uses drugs is seeking to reduce or stop their use;
- Not everyone needs in-patient treatment and recovery services. The current services in B.C. are limited, often not evidence based and often expensive, and those wishing to access these services often encounter significant waiting times, navigation and/or other barriers for example precarious housing, employment, childcare;
- There is a need for a regulated drug supply beyond urban areas, and universal provision of access to a regulated drug supply will require addressing the systemic barriers faced by Indigenous and rural/remote communities;
- Recovery journeys are rarely linear; relapses should be anticipated; and
- Securing stable housing and pathways to employment positively impacts health outcomes.



Source: BCCDC/BCCSU

In British Columbia, the current safer supply model is a medical model guided by a provincial safer supply policy.

Most often, this approach is used to engage people in care or as a supplement to other forms of treatment. The decision to allow access to the substance rests with the medical professional and not with the person using it.

> *"Barrier-free access to treatment is essential for persons with substance use disorders and mental illness."* (BCCDC / BCCSU, FNHA 2022)

A regulated drug supply assures certainty about what compounds are in the substances they are using. They can then take measures to ensure their safety when consuming them. It is important to distinguish this from drug checking activities that, even with scale, will not entirely separate people from the illicit drug supply and should therefore be considered a separate harm reduction strategy.

Knowledge of the ingested substances can also greatly assist in life saving efforts in the case of an emergency. For example, medications like naloxone will reverse the effects of opioids, but will not reverse the sedation caused by benzodiazepines.

Additionally, access to regulated substances will allow people to have greater control over their health and remain safer if they are waiting to access withdrawal and/or treatment and recovery services. Though there is no available provincial data, experts estimate that, depending on location, wait times to access withdrawal management services can be up to a month, with additional wait times for other treatment services. Geographical limitations and eligibility restrictions also limit access. At a minimum, a regulated drug supply can be seen as a bridge to keep people safer while they wait for services or during periods of relapse.

Prescriber-Based Regulated Substances

Providing access to regulated, quality-controlled alternatives for people who use drugs does not eliminate all risks related to substance use. It does, however, greatly reduce the risk of death. Similarly, while this approach should significantly reduce the number deaths, it will not resolve the crisis on its own. It will begin to address the most urgent priority of the crisis: keeping people alive.

Prescribed safer supply is a provincial government policy that supports prescribing pharmaceutical grade alternatives to people who are at risk of drug poisoning events from the unregulated drug supply. It is meant to reduce drug-related harms, including injuries and deaths, enhance connections to health and social supports, and improve health and wellbeing for people receiving these medications.

It is intended to support people with a diagnosed substance use disorder, or those who actively use unregulated drugs and are therefore at high risk of death. (Government of BC, 2021, p. 3-4). Recent research shows that there is a reduction in all-cause mortality and drug poisoning among recipients of regulated pharmaceutical alternatives.

Prescriber-based initiatives exist within a medical model and as such primarily reach individuals who are willing and able to access the health care system. There are limits on the types of medications that can be prescribed, and any expansion of existing programs would place additional burden on an already strained health care system in which more than twenty percent (BCCFP 2022) of British Columbians do not have a primary care provider. Additionally, prescriber-based models face challenges in simultaneously trying to exist within the responsibilities of the medical model and provide a true public health safer supply approach.

On March 26, 2020, the Province of B.C. and the BC Centre on Substance Use (BCCSU) introduced interim Risk Mitigation Guidance for the prescribing of pharmaceutical alternatives to the toxic drug supply in the context of COVID-19. In July of 2021, the provincial policy on prescribed safer supply was released and in coordination with government and the BCCSU updated the Risk Mitigation Guidance in January 2022. Since then, additional clinical guidance and protocols have been developed to support expansion of a variety of medications enabled under the provincial prescribed safer supply policy.

Prescribed safer supply is **not** intended to be or replace substance use disorder treatment.

Some people with substance use disorders may benefit from evidence-based pharmacological treatments. For example, some individuals with opioid use disorders may benefit from prescribed opioid agonist treatments (OAT and iOAT) used to manage withdrawal symptoms and/or cravings. These treatments are most commonly available in the form of buprenorphine/naloxone, methadone, and slow-release oral morphine. Doses may be witnessed at a pharmacy or provided via take-home doses.

Provincial government data shows that, in June 2023, "approximately 4,619 people were prescribed safer supply opioid medications," meaning that only a small percentage of British Columbians at risk of death or serious injury are accessing prescriber-based safer supply. Hydromorphone is the most prescribed safer supply opioid medication, and when indicated for safer supply prescribing is noted on the prescription as "PSS" for tracking and evaluation purposes.

Hydromorphone is also prescribed for pain management in many other contexts. Prescriptions for safer supply account for about 14% of the total hydromorphone prescriptions written in B.C. (Government of BC, September 25, 2023)

Most of the people accessing prescribed safer supply live in urban areas like Vancouver and Victoria, and access in smaller communities and more rural and remote areas of the province is limited. Because it is still a relatively new initiative, declarative findings on the efficacy of safer supply initiatives are still being established. Programs are being monitored and evaluated; evidence is being generated through evaluation and research.

In addition to provincial safer supply policy and programming, Health Canada has also funded several other safer supply pilot projects throughout the country. While the evidence base for these services is also developing, the Government of Canada notes that early research findings are promising and show that services contribute to:

- Reduced infections;
- Decreased crime activity;
- Lower rates of overdose deaths;
- Reduced hospital admissions and emergency room visits;
- Improved connections to general medical care;
- Improved connections to housing and social supports; and
- Improved connections to care and treatment for people who have not had support services in the past. (Government of Canada, April 25, 2023), (Ontario Drug Policy Research Network, July 2023), (Gillian, K., & Fajber, K., 2023)

The current evidence suggests that prescribing a safer supply has a role to play in creating alternatives for people to accessing the unregulated drug market. More research and evaluation of the current model is needed to assess its efficiency and effectiveness in meeting the needs of people who access the program.

BC Coroners Service data consistently shows that prescribed safer supply is not contributing to the increase in drug-related deaths.
-BC Coroners Service Statistical Reports

Challenges of attempting to place safer supply within the medical model include:

- A medical model, which may be inappropriate for those who use illicit substances but do not have substance use disorder;
- The current model is primarily only reaching those with an opioid use disorder and connection to the health care system, leaving the majority of people at risk without access;
- Concerns related to cultural appropriateness and cultural safety that exist in the health care system;
- The limited hours of operation of prescribers and pharmacies;
- The limited implementation of safer dug prescribing among prescribers, especially outside of urban centres;
- Issues related to diagnostic and monitoring requirements such as urine drug screens and witnessing of drug consumption;
- Lack of accessibility to primary health care providers (approximately 1 million British Columbians do not have a primary care provider); and
- Limited scope of available pharmacological options, including both limits of potency (i.e. fentanyl exposure may indicate a high tolerance that cannot be matched with a less potent opioid such as hydromorphone) as well as route of administration (i.e. lack of options for those whose preferred route of consumption is inhalation).

Non-Prescriber-Based Regulated Substances

Because the current prescriber-based model is unable to address the scale of the public health emergency and the needs of people who are either unable to access that program or whose needs cannot be addressed by that program, a lower barrier, non-prescriber model to support expanded access to regulated drugs has become more urgent. A non-prescriber model (or models) will help reduce the significant risk of injury or death to the tens of thousands of people currently reliant on the unregulated supply.

There is a need for equitable access to a safer drug supply beyond urban areas. Universal provision of access to a non-prescribed regulated supply must address systemic barriers faced by Indigenous and rural communities. Meeting exemption requirements may be a significant barrier in some areas that cannot meet transportation, storage, and distribution requirements. Additional supports and funding will be required to ensure equity of access and sustainability throughout the province.

> *"There are unique barriers to both accessing and providing substance use care in rural and remote areas (e.g., distances between townships, limited transportation systems, small service centres, inclement and/or extreme weather, potentially limited social, educational and employment opportunities and reduced anonymity and ability to maintain privacy)."*
> (BCCS Panel Report 2022 p. 16)

The panel believes that, with rigorous safety and monitoring processes in place, provision of regulated drugs without a prescription can be performed responsibly and in a manner that ensures individual and public health and safety concerns are addressed.

A non-prescriber-based model recognizes that:

1. We are in a crisis that is not abating – more than 13,000 people have died, with projections that 2023 will have the highest death rates since the public health emergency was declared in 2016.
2. Interventions to date have not reduced the number of people dying at a population level and have not been commensurate with the scope and magnitude of the crisis.
3. The primary cause of drug poisoning deaths is the unregulated toxic drug supply – enabling access to alternatives to the toxic drug supply for people who use drugs is therefore key in reducing the number of deaths.
4. Regulated, evidence-based treatment services are not currently widely available or accessible throughout the province.
5. Not all people who use unregulated toxic drugs are eligible, able or want to obtain treatment.
6. Even those able to access treatment successfully are at risk of relapse and death from the unregulated drug supply; relapse is often part of the recovery journey.
7. Replacing toxic drugs with alternatives of known composition will reduce the number of people who die.
8. Providing stability to vulnerable populations results in less crime and improved health and social outcomes.
9. **Urgent action is required to prevent further drug poisoning deaths and end the public health emergency.**

Caveats

- The use of any medication, including controlled substances, is not without risk.
- Providing controlled substances without a prescription will not eliminate all deaths and would be one component of a comprehensive overdose response and a strategic approach to building a substance use system of care.
- Evidence suggests that some people receiving regulated substances may also continue to access the unregulated drug supply.
- Some people will continue to solely access the illicit drug market for reasons such as product availability, distrust of government initiatives, ease of access, and cost.
- Although research from prescribed models shows benefits, ongoing review will be needed to ensure that benefits are maximized and potential harms and mitigated through non-prescription access.
- Robust oversight and monitoring are required to meet individual and, public health and safety concerns.

Part Three: Components of a Non-Prescriber-Based Regulated Drug Supply Model

A non-prescriber-based model must be informed by, and responsive to, the unique needs and circumstances of different communities and populations. Sufficient safety precautions must adequately balance the magnitude of the crisis with the need to minimize unintended potential harms.

As safer supply distribution programs would exist on a continuum, the ability for people to transition between a non-prescriber model, a medical model and substance use treatment (when appropriate) should be a key feature. The model must include processes for comprehensive data collection, real time monitoring, and measurable targets for outcome evaluation and monitoring. It must also include mechanisms that allow for approaches to be adapted quickly based on evidence generated through monitoring, evaluation, and oversight.

The panel recognizes the need for balance, ensuring the fewest barriers to access with the ability to maintain individual and public health and safety. Cost to participants for regulated drugs creates a barrier for some people to access but must be balanced off with individual and public health and safety concerns such as diversion. Charging participants a price equivalent to unregulated drugs would remove any incentive to divert non-prescribed regulated drugs, by eliminating any potential economic benefit. However, charging for non-prescribed drugs would create a barrier for people with limited income.

Options to achieve a balance of access and addressing concerns about diversion could be achieved by charging an equivalent price to unregulated drugs for people wishing to consume the substances offsite and providing the regulated drugs at no cost to people consuming drugs onsite. Additionally, in terms of establishing prices for regulated non-prescribed drugs, a user-pay model could apply other public health tools such as incentivizing lower potency drugs and alternatives.

The panel identified the following components/criteria that must be addressed to ensure the success of a request for an exemption under section 56(1) of the *CDSA*:

- Governance (Oversight) – at the provincial, regional and local levels
- Eligibility
- Program Access Processes
- Production and Procurement
- Supply Management and Distribution
- Staffing and Training
- Storage and Security
- Monitoring, Evaluation, and Research

Governance

A non-prescriber-based model would be overseen by the province, under the direction of the Ministry of Mental Health and Addictions, and with participation from all levels of government and Indigenous leadership. Regional and local governance structures should be established that include representation from people with lived and living experience.

The Ministry of Mental Health and Addictions would apply for a class exemption and, through its governance function, would delegate responsibility for distributing regulated drugs without a prescription to agencies who apply and satisfactorily demonstrate their ability to meet the established criteria to do so.

General Eligibility

The panel agreed that, while establishing criteria for eligibility was important, it must be balanced with the reality that anyone accessing the unregulated drug supply is at direct risk of death. Provincial eligibility criteria for non-prescriber drug supply:

- B.C. residents 19 years and older who are at risk of injury or death from drug poisoning.

Access

To maximize public health and public safety, the province must require that any agency applying to distribute non-prescribed regulated substances identify how participants would be:

- Verified for eligibility using provincial protocols;
- Reviewed for drug required, dosage and amount, risk of harm and counselled on ways to reduce that risk including access to substance use treatment (if applicable);
- Provided with information about drugs that are available, the risks and benefits;
- Offered connection to range of other existing services (including substance use and social services); and
- Referred to supports or services if ineligible for non-prescribed regulated drugs.

Standardized protocols must be established that determine participant needs and increase awareness of how to reduce risks of drug-related harms and how to access other substance use supports, treatment and services. Protocols will also need to identify the level of personal information needed to access non-prescribed regulated drugs.

Manufacturing, Production and Procurement

The province (in partnership with the federal government where appropriate) must establish an ability to acquire a quality-controlled supply of substances that is labeled, of known concentration and composition and from a regulated source. Focus should initially be on a limited number of products (i.e. opioids and stimulants) that are of a sufficient quality to minimize continued dependence on the unregulated market. Importantly, the list of substances will require regular review to ensure the evolving needs of the community are met. Compounding pharmacies should be engaged to investigate the production of specific formulations.

Securing a regulated supply may require the province to contract with suppliers to ensure the substances are manufactured in the quantity needed. Coordination at the provincial and federal level may also be required to ensure stable supply chains for these medications. This is critical to ensure that programs do not experience product shortages.

Central Provisioning Resource

A central distribution centre model must be established to oversee supply management, drug orders, product security requirements, supply chain, medication availability, transport and delivery mechanisms. The central distribution resource would perform an auditing function and actively participate in program evaluation and monitoring.

Distribution from Supplier

To support rapid scale up, the province should leverage existing public health and public safety regulations regarding the distribution of regulated drugs. The province should also ensure protocols are in place for secure transport and delivery from the manufacturer to a secure storage facility (i.e. hospital/local pharmacy/community health centre).

Staffing and Training

The province would require standardized curriculum and skills training for those working in non-prescriber safe supply programs. Training would include knowledge of:

- Drugs and drug amounts;
- Methods of transitioning people from the illicit drug supply to the regulated drug supply;
- Drug storage and handling;
- How to assess participant needs;
- How to respond to a toxic drug emergency;
- Harm reduction and local/regional substance use supports, treatment and social services;
- Trauma-Informed Services; and
- Culturally safe and inclusive Indigenous perspectives on health and wellness and Indigenous models of care.

The province should develop the training in conjunction with other levels of government and Indigenous leadership. Training requirements will vary based on job function. The creation of additional work will necessitate additional work force staff. Recruitment efforts must include engagement of people with lived and living experience of substance use as potential employees.

Storage and Security

The province should utilize existing public health and public safety regulations with regards to storage and security of regulated drugs. Measures that would be in place to audit and maintain safety of inventory and security of the drugs (both in storage and in transit) would include:

- Appropriate storage for quantities of drugs on site;
- Security and safety measures in place for staff;
- Identified criteria for persons within agencies who will be responsible for drug supply management; and
- Accounting and handling processes to identify and mitigate risks of diversion or missing medications.

Monitoring, Evaluation and Research

A robust provincial and regional monitoring and evaluation process must be established to support client and public safety, generate evidence regarding the efficacy of the model, and support ongoing service quality improvements. Activities will need to be developed, and regional and agency data must be linked to overarching provincial non-prescription monitoring and evaluation processes.

Data will be made publicly available and program participants will be informed of ongoing program evaluation needs to support the viability of the program. Consent would be obtained for participation in any additional research or client surveys. The capacity to monitor the impact of a non-prescribed regulated drug supply on deaths and emergency health services already exists.

The panel discussed the need to balance low barrier access with the necessity of collecting information about participants. A requirement for participants to provide personal identifiers may prevent some people from accessing the program because of concerns about anonymity, distrust of government use of information, fear of employment or child welfare repercussions. Further, the ability to conduct program evaluation and generate population outcomes could be done without personal identifiers.

However, other forms of real time monitoring and evaluation would require personal identifiers. These would include:

- The ability to determine whether non-prescribed drugs contributed to an individual's death;
- The ability to determine whether non-prescribed regulated drugs were contributing to overall drug poisoning deaths; and
- The ability to track whether people were accessing non-prescribed drugs from more than one provider.

Monitoring, evaluation, and research should leverage existing systems and infrastructure such as the BC Centre on Substance Use and the BC Centre for Disease Control and include linkage to existing government databases to rigorously assess outcomes experienced at the individual and the population level. It would include qualitative and quantitative approaches and focus on the following approaches:

1. Operations and Service Delivery

- Participant surveys
- Implementation processes and outcomes
- Program evaluation: number of sites, number of participants, drugs dispensed, amount dispensed etc.
- Participant health indicators and outcomes
- Public safety indicators and outcomes
- ***Population Indicators (Provincially and by Local Health Area; not an exhaustive list):***
    - Numbers of drug poisoning deaths and death rates
    - Numbers of deaths and death rate attributed to a non-prescribed drug supply
    - Number of people with opioid use disorder, stimulant use disorder and alcohol use disorder over time
    - Data on patterns of youth substance use
    - EHS Attended Opioid Events
    - Hospitalization /ER visits for overdose
    - Newly diagnosed substance use disorders

2. Research and Evaluation

- Generate new knowledge – as there is not a precedent for a non-prescriber model of regulated drugs there is much to learn. It will be important to:
    - Determine the intended and unintended outcomes (i.e., deaths, injuries and diversion) of the non-prescriber program to allow quick program change and adaptation;
    - Determine beyond the impact on death rates, how a non-prescribed regulated drug program impacts upon the quality of the lives of people utilizing the program;
    - Determine lessons learned from program implementation; and
    - Identify and access appropriate health and other government data to measure and monitor longer term outcome through linked data sets.

"Evaluation ....is fundamental to determining the impacts of this policy, and to identify, understand, and prevent or mitigate any potential risks or harms to individual clients, as well as at a population level." (Government of BC, 2021)

Provincial Delegation to an Agency

An agency seeking to deliver a program providing non-prescribed substances would apply through provincial application for licensure and delegated authority. The agency would need to identify through the application how it will:

- Govern and oversee the program;
- Comply with the provincial eligibility criteria;
- Ensure participant needs were adequately assessed;
- Utilize the services of the central distribution centre;
- Comply with workforce recruitment, staff training and safety protocols;
- Comply with provincial storage and security expectations and utilize existing secure storage where available; and
- Provide program participant information for monitoring and evaluation purposes.

> *"Safer supply means providing people who use drugs with drugs that are safe, regulated, and of known type, quality, and concentration so that they are not seeking those drugs."*
> (PHO, 2021)

Part Four: Recommendations

The panel recognizes that Indigenous peoples are disproportionately impacted by the unregulated drug crisis. In respecting commitments to reconciliation and supporting self-determination, the Province must further engage with Indigenous leadership to identify Indigenous-led solutions that align with *UNDRIP* and *DRIPA,* and to develop safer supply models that are designed for and by Indigenous communities.

The panel further acknowledges that the primary driver of the drug crisis is the inherently toxic and volatile nature of the unregulated drug supply. Providing people at risk of dying with access to quality controlled, regulated alternatives is required to significantly impact the number of people dying.

The existing recommendations made in the death review panel reports issued in 2018 and 2022 remain urgent priorities today.

In addition, due to significant limitations of the current medical model, a non-prescribed approach must be adopted, implemented, and evaluated. To urgently reduce the number of people dying, by general consensus the panel recommends:

1. That the provincial Ministry of Mental Health and Addictions immediately begin taking steps to apply to the federal Minister of Health and Minister of Mental Health and Addictions for a class exemption to the *Controlled Drugs and Substance Act (CDSA)* to allow access without a prescription to the class of opioid and stimulant drugs, for people at risk of dying due to the toxicity of the drug supply in British Columbia.

   The exemption request must describe how the Province will implement the necessary policy and programmatic structures to ensure public health and public safety will be addressed through:

   a. Governance and oversight at the provincial, regional and program levels;
   b. Eligibility criteria for people accessing non-prescribed controlled substances;
   c. How an eligible person's substance needs will be assessed to determine which substances can be accessed, and in what amounts;
   d. How the province would procure and sustain a legal and pharmaceutical grade supply of regulated substances;
   e. How the regulated substances would be managed and distributed from a central distribution resource;
   f. Minimum staffing requirements for programs, including staffing and training requirements for those providing services;
   g. The methods of storing and securing the regulated substances; and
   h. The methods of monitoring, evaluating, researching and reporting on implementation and outcomes.

2. That the Ministry of Mental Health and Addictions develop an application for agencies to apply for licensure and delegated authority to distribute the regulated substances on a non-prescription basis requiring:

    a. Agency governance and oversight of the program;
    b. That processes are in place to comply with the provincial eligibility criteria;
    c. That processes are in place to support participants to access treatment services as desired;
    d. That program processes/protocols are in place to ensure participant and public safety needs are adequately and safely determined;
    e. That processes are in place to utilize the services of a central provincial distribution resource;
    f. That workforce recruitment, staff training and safety protocols are developed;
    g. Compliance with provincial storage and security requirements and utilization of existing secure storage where available; and
    h. That processes are in place to provide program data and client information to the province for monitoring and evaluation purposes.

3. That the Ministry of Mental Health and Addictions engage with people with lived and living experience with substance use and family/caregivers in the process of planning, implementation, and evaluation to ensure the needs of people most at risk of dying from the unregulated drug supply are met.

4. That the Ministry of Mental Health and Addictions, in conjunction with the Ministry of Health and the Ministry of Indigenous Relations and Reconciliation, and respecting Indigenous self determination, further fund, support and engage with Indigenous leadership to identify Indigenous solutions to the crisis, potentially including, but not limited to the actions suggested above.

Appendix 1: Glossary

The following terms are used within this report to mean:

Decriminalization is an evidence-based policy strategy (PHO, 2019) meant to reduce the harms* associated with the criminalization of unregulated substances by removing mandatory criminal sanctions and replacing them with access to a wide range of prevention, harm reduction and treatment services.

Drug checking is a service that allows people who use substances to identify the contents of an unregulated drug and receive drug information or counselling about using unregulated substances. It helps people understand the risks that are present in unregulated drugs so that they can use the information to reduce their risk. In Canada, drug checking requires an "exemption under the *Controlled Drugs and Substances Act* to allow service staff to offer clients the means of drug checking without handling the samples themselves" (BC Centre on Substance Use, 2017).

Drug poisoning refers to physiological harms that can occur from consumption of substances. Drug poisoning is preferred to the term "overdose" as it is also used in toxicology to describe the physiological harms that can occur from consumption of substances. Overdose is used to discuss current programs and initiatives (i.e. overdose prevention services).

Injectable Opioid Agonist Treatment (iOAT) (prescription diacetylmorphine, injectable hydromorphone) is an evidence-based treatment alternative for persons who cannot be effectively treated using oral OAT (buprenorphine/naloxone, methadone or slow-release oral morphine) (B.C. Centre on Substance Use, 2017) (Byford et al, 2013) (Lingford-Hughes et al., 2012).

Naloxone is an opioid antagonist medication that reverses the effects of an opioid drug (heroin, morphine, fentanyl or oxycodone, etc.). Naloxone is administered (by IM or nasal route) to reverse life-threatening respiratory depression and restore breathing.

Overdose Prevention Sites (OPS) are service locations where people who use unregulated substances can be observed for the primary purposes of responding promptly to any drug poisoning that may occur. They are also able to be connected to health and social services. Sites provide various levels of services, including overdose prevention education and Take Home Naloxone training and distribution. Some sites may also distribute harm reduction supplies (such as sterile needles, filters, cookers, condoms, etc.) offer safe disposal options, and facilitate referrals to mental health and substance use services. Currently, each British Columbia overdose prevention site offers drug-checking services (Government of BC).

Opioid Agonist Treatment (OAT) (methadone, buprenorphine/naloxone, methadone or slow-release oral morphine) is an evidence-based pharmacological approach to treating and managing OUD.

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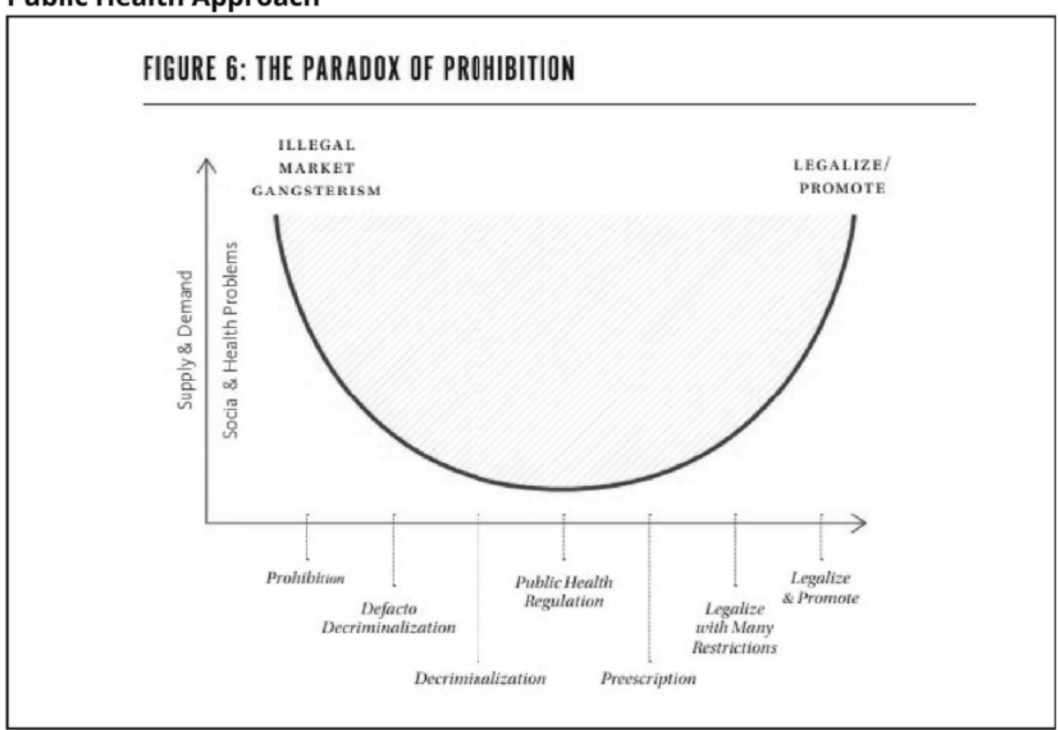
*-Substance use harms include stigma and shame associated with substance use, criminal justice system involvement, using alone and high-risk consumption patterns, the transmission of blood-borne disease, and drug toxicity injuries and death.

Opioid poisoning refers to drug pcisoning caused by opioids (i.e. fentanyl, heroin). Drug or opioid poisoning reflects the unpredictability and volatility of the toxic unregulated drug supply used instead of drug poisoning.

Prohibition means legislation and policies that restrict access to and criminalize the sale and possession of certain drugs.

Public Health Approach



Source: Canadian Drug Policy Coalition, 2013

"There is a "sweet spot" of sorts, at which the harms associated with rigid control of a substance (social stigma, criminal convictions, lack of access to treatment) are minimized as are the harms of a completely uncontrolled, commercially driven market in which substance use increases despite deleterious effects. Health and social harms may be similar in magnitude under either prohibition or total legalization. Further those harms can never be fully eliminated, only minimized through responsible public health regulation focused on harm reduction" (Steiner, & Nicol, & Eykelbosh, 2019, page 10).

Regulated substance refers to a substance that is currently legal and controlled by *CDSA*.

Risk Mitigation Interim Clinical Guidance (RMG) is the prescribing of pharmaceutical alternatives to the toxic drug supply in the context of COVID-19 risk for infection, which were implemented in March 2020. The RMG provided clinical guidance to prescribers on providing pharmaceutical alternatives that could reduce the risk of deaths and COVID-19 risk and transmission due to illicit drug toxicity and withdrawal symptoms related to opioid, stimulant, benzodiazepine and alcohol consumption.

Supervised Consumption Services (SCS) provide similar services to OPS sites. These operate under a federal exemption under section 56.1 of the *Controlled Drugs and Substances Act*, to provide drug poisoning (overdose) prevention and response for people using substances. SCS have been proven to reduce overdoses, morbidity (e.g. HIV and HCV acquisition) and mortality from drug use, syringe sharing, unsafe injection practices, public injection drug use and public syringe disposal (Bouvier et al., 2017). Systematic reviews have demonstrated that SCS do not increase injection drug use, drug trafficking or crime in surrounding areas (Bouvier et al., 2017).

Unregulated substance refers to a substance that is currently illegal and not monitored for quality or consistency (i.e. crystal methamphetamine). Often referred to as "illicit substances" or "street drugs."

Population At Risk

Estimating of the size and characteristics of the population at risk of death and serious injury from the unregulated drug supply is challenging due to the illegal nature of the unregulated drug supply.

The BC Centre for Disease Control estimated that 42,200 people in BC used drugs by injection in 2015. This study did not estimate non-injection drug users, which have become more prevalent over the last few years.

Using this administrative data, the prevalence of opioid use disorder (OUD) in B.C. has been estimated and recently updated and extended to people with stimulant use disorder (StimUD). It found that there were approximately 105,000 people with OUD, and 59,000 people with stimulant use disorder as of August 31, 2001. The number of people on opioid agonist treatment (OAT), which is about 25,000, needs to be taken into account. While many of these people continue access the unregulated drug supply, many will not. Counter to this, because the number of people estimated to have OUD or StimUD is derived from administrative databases, it so does not capture people who access the unregulated drug supply that have not been identified as having OUD or StimUD.

The most recent survey data is from the 2019 Canadian Alcohol and Drugs Survey which, when applied to the BC population, indicated that about 156,000 people (95% confidence interval of 92,000 to 221,000) reported using one of six illegal drugs (cocaine/crack, speed/methamphetamine, ecstasy, hallucinogens, heroin, salvia). This would likely be an underestimate as due to challenges reach this population and a reluctance to respond.

Given that other drug use such as cannabis and alcohol has increased since 2019, as has the BC population, it is expected that the total number of people accessing the unregulated drug supply has also increased.

Taking the above into consideration, it would not be unreasonable to estimate that the number of people accessing the unregulated drug supply in B.C., at the lower end of the range, would be at least 125,000 and could be up to as high as 225,000.

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limited capacity of the healthcare system, and providing access to PA through the health-care system makes it unlikely to reach a large enough proportion of the population at risk to impactfully reduce deaths.

- A report by Dr. Jonathan Caulkins, a researcher and professor at Heinz College at Carnegie Mellon University in Pittsburg, '*White Paper: Providing an Economic Framework for Thinking Through Possible Effects of Prescribed Safer Supply*' was released alongside the report.
  - The paper provides a framework to consider the economic and market implications of enabling access to alternatives to toxic street drugs, and Caulkins concludes that diversion would be reduced by charging market price for PA.
  - Caulkins was unable to predict whether PA will benefit or harm BC overall.

Ministry/Government Actions to date:

- Following the release of *A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action*, the Province committed to taking immediate action in the following areas:
  - Advice/Recommendations
  -
  - Working with partners to develop a provincial child, and-youth and young adult substance-use and wellness framework that will set the strategic direction for policy makers and system planners in implementing a more responsive and integrated youth substance-use system of prevention and care.
    - Advice/Recommendations
  - The name of the program was immediately changed from "prescribed safer supply" to "prescribed alternatives" to better describe the nature of the program.
- Following the release of *Alternatives to Unregulated Drugs: Another Step in Saving Lives,* the Province rejected the recommendations stating it will not pursue non-medical models of distributing medications.

Budget/ Expenditures:

- N/A

Approvals:

September, 23, 2024 – Darryl Sturtevant, ADM, Substance Use Policy Division
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

LEPARD-BUTLER REPORT

Introduction:

- Summary of the October 2022 report, *Rapid Investigation into Repeat Offending and Random Stranger Violence* (the LePard-Butler Report) **(Appendix A)**.

Background:

- In April 2022, BC's Urban Mayors Caucus sent detailed information to the Attorney General (AG) and the Minister of Public Safety and Solicitor General (PSSG) 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 it had hired two experts in mental health and policing—Dr. Amanda Butler, MA, PhD Criminology (SFU), and Doug LePard, Officer of the Order of Merit of the Police Forces (O.O.M.), MA—to conduct a rapid investigation into the apparent challenges of repeat offenders and unprovoked, violent stranger attacks, and to recommend evidence-based solutions to keep people and communities healthy and safe.
- More than 60 experts with practical or academic knowledge contributed to the report, including mayors, police, the BC Prosecution Service, health authorities, and the Crown Police Liaison Committee. While the BC First Nations Justice Council (BCFNJC) submitted recommendations that were fully endorsed by the investigators, the investigators noted that, because of the rapid nature of the review, the voices of Indigenous communities were missing from their consultations.
- LePard and Butler's final investigative report, released on October 1, 2022, makes 28 recommendations clustered into the following groups:
    - Addressing gaps in the continuum of care for people with mental health and substance use (MHSU) needs who are involved with the criminal justice system and enhancing opportunities for diversion along the criminal justice pathway (e.g., police, courts, corrections);
    - Improving guidance, information-sharing, and collaboration between the health, criminal justice, and social service sectors; and,
    - Addressing repeat offending and improving public confidence in the justice system.
- Recommendations with implications for the MHSU system include:
    - Continue to invest in civilian-led (non-police) mental health crisis response teams, e.g., Peer Assisted Care Teams (PACTs);
    - Create Crisis Response and Stabilization Centres that would accept walk-ins, as well as people being transported by ambulance, fire and police;
    - Assign a dedicated forensic psychiatric nurse to every Provincial Court;
    - Research the potential for advocating the federal government for legislation similar to the UK's "restricted patient" laws;
    - Create Low Secure Units for clients with complex MHSU needs who pose a high risk of harm to others and who need the safety of a secure setting;
    - BC Prosecution Service to review the potential for increasing the use of "therapeutic bail" 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 the resources required to support this work;
    - Consider commissioning an independent review to identify resource gaps in the forensic mental health system that need to be addressed to 1) ensure there is adequate capacity for fitness and not criminally responsible on account of a mental disorder (NCRMD) assessments and to 2) provide services to people accused/convicted of criminal offences who are living with serious mental disorders;

  - Explore the creation of designated facilities or units for people with acute and chronic MHSU needs who are in provincial custody;
  - Invest in dedicated services and programs for people with acquired brain injuries and developmental disabilities, including enhanced screening and community-based, outpatient, and residential treatment options;
  - Work with Indigenous service providers, BCFNJC, and Metis Nation BC to increase the accessibility of Indigenous healing centres and practices throughout BC;
  - Explore the creation of a provincial committee, or regional committees, that would coordinate communication and service integration between the health, criminal justice, and social service sectors, 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;
  - Create and maintain an inventory of all MHSU services that could benefit people working at all levels of the criminal justice system (e.g., police, Crown, defence counsel, corrections); and,
  - Create comprehensive guides to assist Crown Counsel and defence counsel in making decisions about cases involving accused people with mental disorders.

Ministry/Government Actions to date:

- Government has implemented or expanded several programs in relation to the LePard-Butler recommendations, including:
  - The Repeat Violent Offending Intervention Initiative (ReVOII) (PSSG)
  - New Indigenous Justice Centres (AG)
  - New Peer Assisted Care Teams (PACT) (MMHA)
  - Investing in the Brain Injury Alliance (MMHA)

Budget/Expenditures

- Budget information for MMHA-led initiatives that respond to the LePard-Butler recommendations is available in **related notes: Peer Assisted Care Teams (PACT) and Brain Injury.**

Approvals

October 9, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 10, 2024 – Jonathan Dubé, Acting Deputy Minister

A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia

EXECUTIVE SUMMARY AND RECOMMENDATIONS

SEPTEMBER 2022

Amanda Butler, PhD | Doug LePard, O.O.M., M.A.

AUTHOR BIOS

Dr. Amanda Butler is the Principal of A. Butler Consulting, providing research and evaluation services to government, universities, health care and non-profit organizations. She holds a PhD in Health Sciences from Simon Fraser University (SFU), an MA in Criminology from SFU, and BA Hons. in Criminal Justice and Public Policy from the University of Guelph. Her key research interests include improving outcomes for justice-involved people with mental and substance use disorders, complex comorbidity, continuity of care, and criminal justice diversion. She has published several academic articles, book chapters, and technical reports on issues at the intersections of health and justice. She received several notable awards during her PhD including a CIHR Doctoral Fellowship, the Dean's Convocation Medal, and an Endeavor Research Fellowship based in Melbourne, Australia. She is a founding member of the Applied Health and Justice Research Collaborative.

Doug LePard, O.O.M., is the Principal of Doug LePard Consulting, providing services in the justice system to police, government, and others. He is a tribunal member of the Mental Health Review Board and BC Review Board and is a Director on the BC Emergency Health Services Board. After 35 years' service, he retired as a Deputy Chief in the Vancouver Police Department, then served for several years as the Chief of the Metro Vancouver Transit Police. He holds a B.A. in Criminology and an M.A. in Criminal Justice. He has authored/co-authored articles, book chapters and major reports on a variety of policing issues, about which he has presented nationally and internationally. He was a member of the Attorney General of Canada's Expert Panel on Sentencing Reform and a FPT Working Group on Preventing Wrongful Convictions. His honours include the Queen Elizabeth II Diamond Jubilee Medal, the Governor General's Academic Medal, the Lieutenant Governor's Merit Award, the Gold Medal of the International Society for the Reform of Criminal Law, and investiture by the Governor General as an Officer of the Order of Merit of the Police Forces.

EXECUTIVE SUMMARY

The mandate of the Investigate Panel was to provide information and recommendations as to how BC can better respond to two public safety challenges. The first concerns "prolific offenders," who have generated increasing concerns in communities throughout BC. The second is an apparent increase in violent, unprovoked stranger attacks generally believed to be committed by people with mental disorder and substance use needs. The term "prolific offender" was historically used to refer to a relatively small and stable group of people engaged in somewhat skilful and planned repeated property crimes. In recent years it has been used much more broadly to include people who are street entrenched, often living with severe mental health and substance use needs, who are engaged in increasingly aggressive theft and petty crime. We provide analysis of both subgroups, who we describe as people with repeat criminal justice encounters. We acknowledge that "prolific offender" terminology may contribute to stigma and ignores the many systems-level failures that contribute to crime.

We consulted with a variety of stakeholders including police, mayors and city officials, health authorities, Crown Counsel, community agencies, and academics. However, there are many voices that are missing from our consultations, namely the voices of Indigenous communities. Consultation with Indigenous communities requires relationship and trust-building, which takes time and resources that were unavailable as part of this rapid review. We want to acknowledge and stress that Indigenous Peoples in Canada continue to be disproportionately impacted by harms associated with and perpetrated by the criminal justice system as well as prohibitionist drug policy. For all recommendations included in this report, the relevance and appropriateness for Indigenous clients must be considered. Indigenous leaders and communities (including First Nations, Métis, and urban Indigenous) should have direct input into development, service design, planning, implementation, delivery, and governance of justice services. Any action taken by the Provincial Government in response to this report should align with the BC Government's obligations under the *Declaration on the Rights of Indigenous Peoples Act* and its commitment to the implementation of the BC First Nations Justice Strategy.

The COVID-19 pandemic, and the public health measures to control it, have had devastatingly negative impacts on British Columbians. Research shows that the pandemic has worsened mental health and contributed to loneliness, substance use, suicide, disruptions in care, and financial difficulties. Importantly, the pandemic has disproportionately impacted those who are underserved, marginalized, and already living with the fewest resources. We heard from many stakeholders that the pandemic has had a profound impact on service access and social determinants of health, contributing (at least in part) to crime and disorder. The pandemic has also contributed to a reduction in the number of people

held for trial on remand, and a decrease in charges for substantive offences and for breaching bail conditions. This trend, already underway due to recent changes in federal legislation and case law, has left police and probation officers frustrated that the only tools they have to manage people who offend in the community have been virtually eliminated.

Community stakeholders (e.g., mayors, municipal officials, retailers) across the province expressed extreme frustration with increases in repeat and violent property crime. Police and probation officers conveyed that because people who offend repeatedly are not being held accountable and conditions are not being enforced, they are emboldened to continue offending, deteriorating community confidence in the justice system. Crown Counsel explained that they are bound by recent legislation and case law, and the lack of health and social services for accused, particularly in the northern regions, contributes to repeat cycles of offending. Stakeholders across the justice system expressed their desire for increased coordination of a multi-sectoral approach – with a robust governance structure – to provide access to services for people with repeat criminal justice encounters, and for dedicated Crown Counsel and probation officers to better manage cases in court and the community. There are also opportunities to expand access to specialized/integrated courts, particularly for those people whose offending behaviour is directly related to psychosocial and health-related problems.

Most of the community angst appears not to be centred on skilful/planned repeat criminal offending, which most police agencies felt they were able to manage reasonably well. Rather, stakeholders were concerned about violent thefts, aggressive behaviours, and highly visible street crime. For several reasons, including decreased crime reporting, official reported crime statistics may not provide an accurate picture of crime trends in BC. For example, the Vancouver Police Department (VPD) reported that in the first three months of 2022, 40.5% of calls to the non-emergency line managed by E-Comm went unanswered (due to lack of capacity), a dramatic increase from the 24.7% not answered in the previous quarter.

The number of people receiving custodial sentences declined drastically during the pandemic, from 15,284 admissions in 2019 to 9,165 admissions in 2021. While the overall numbers have decreased, BC Corrections and Correctional Health Services staff have seen an increase in the complexity of mental health issues among people admitted to custody, and this is supported by reliable prison health data. We heard that people in custody continue to be underserved, particularly with respect to access to psychologists and psychiatrists. Many stakeholders recommended the creation of new units or facilities which would be therapeutically designed and dedicated to providing high quality psychiatric care to people who are incarcerated. Typical sentences for property offenders are often too short for meaningful intervention, but custody provides a unique opportunity to do a comprehensive health screening and assessment and connect clients directly to community-based resources.

Unfortunately, there is a shortage of resources available to meet the needs of people who have been incarcerated when they are released. This is a crisis that must be ameliorated. Many people return to precarious housing, shelters or homelessness, and back to communities where they are at high risk of returning to crime because their needs remain unmet by the systems that should be supporting them. Having a concrete plan and supports for the post release period is critical for sustaining any health gains that may have been made while people are in custody. Probation officers described many challenges they face gaining access to high-quality care for mental health and substance use for their clients, and how limitations around information-sharing makes it difficult to prepare for clients' re-entry into community. Adequate transitional housing supports post prison release, and bail housing with appropriate supervision, were identified as key areas for investment to improve outcomes post-prison release. Bridging services, such as Correctional Health Services' Community Transition Teams, are critical to filling an important gap in the transition period from prison to community (which is a high-risk period for adverse outcomes including drug toxicity death).

Many stakeholders believe a solution to repeat offending is more aggressive prosecution and sentencing to support police enforcement and detain people who repeatedly offend. However, sentencing is in the hands of an independent judiciary bound by legislation and precedent. The typical sentence is short and there is evidence that short custodial sentences cause harm and do not reduce recidivism. Yet seeking longer sentences as a solution is undesirable and unrealistic because it conflicts with Canadian sentencing laws, including the principle of proportionality. Furthermore, **long-term reductions in crime require that the Provincial Government invest significantly in addressing the systems-level issues that contribute to offending including systemic racism, poverty, inadequate health services, food insecurity, and housing unaffordability.**

With respect to repeat offending, a promising and evidence-based response is a carefully coordinated, multidisciplinary approach that combines enforcement with targeting of resources to address the underlying causes of offending. This type of approach, based on the Prolific Offender Management Model (from the UK), was piloted in BC from 2008-2012. Stakeholders expressed general support for resurrecting this model but emphasized that senior government support is required to facilitate effective information sharing between participants. It is not sustainable, desirable, or effective for police to continue to bear the primary responsibility to manage people who offend repeatedly. Prolific Offender Management Teams should include representatives from police, BC Corrections, Correctional Service Canada, Crown Counsel, and relevant ministries, such as Mental Health and Addictions, Social Development and Poverty Reduction, Attorney General and Minister Responsible for Housing, and Public Safety and Solicitor General.

Unprovoked stranger attacks have been a concern particularly in Vancouver and Victoria. In Vancouver, stranger attacks in 2021/2022 increased by 35% compared to 2019/2020, coinciding with the pandemic. Some of the incidents have been extremely violent and the subject of extensive media

coverage. An analysis of a sample of 40 cases indicates most involved suspects living with serious mental illness and/or substance use. Most suspects had been apprehended previously under the *Mental Health Act* and most had been named as suspects or charged in previous violent crime incidents. While BC's non-violent Crime Severity Index (CSI) score went down by 7.55% in 2021, its violent CSI score went up by 4.32%. Victoria's non-violent CSI dropped by 20%, but its violent CSI increased by 21% between 2020 and 2021.

The vast majority of people with mental illness will never be involved in crime or violence. However, there appears to be a moderate but significant association between psychotic disorders and violence. Further, the use of stimulant drugs like methamphetamine, which may cause hallucinations and paranoia, is an exacerbating factor and is associated with an increased risk of violence compared to other drugs. Stakeholders confirmed that the number of people presenting with methamphetamine induced psychosis has "skyrocketed" in emergency departments across BC and this coincides with an increase in the reported use of methamphetamine according to the BC Centre for Disease Control. In addition, repeated nonfatal overdoses are resulting in increasing rates of acquired brain injury and research has robustly demonstrated that aggression and agitation are common consequences of brain injury. People with acquired and traumatic brain injuries are also overrepresented in Canadian prisons. Resources are woefully inadequate to meet the needs of this population and an urgent response is required, including enhanced screening and community-based outpatient, and residential treatment options for people with acquired brain injuries.

Anecdotally, changes in drug patterns and the toxic illicit drug supply are contributing to unpredictable, and sometimes violent, behavioural patterns with one service provider explaining "the drugs are changing… people are now becoming violent who we have never seen act violently in the past." An average of six people per day are dying from highly toxic drugs in BC. There are significant opportunities to address this, including expanding access to a safer drug supply (e.g., pharmaceutical alternatives). The BC government has received approval to remove criminal penalties for small amounts of illicit substances including heroin, cocaine, and methamphetamine, and this will take effect in January 2023. This is an important step towards reducing the harms of criminalization associated with prohibitionist drug laws, but its impact on reducing deaths from drug toxicity is yet to be determined.

Stakeholders explained that with the exception of forensic care, health services and facilities in BC are not equipped or appropriately staffed to meet the needs of people who present with violent behaviours. Furthermore, a critical area of policy/practice that requires strengthening in BC is the civil psychiatry and forensic psychiatry interface. There is an urgent need to fill the gaps in the continuum of health care services for people with complex, often concurrent, mental health and substance use needs – some of whom have violent behaviours. While we recognize that involuntary admission may be necessary when violence is a concern, strict accountability mechanisms should be in place to ensure

compliance with the *Mental Health Act* as well as access to independent rights advice services. Safeguards and oversight are especially important given BC's history of lack of compliance with the *Mental Health Act* (this is well-documented in the Ombudsperson's report *Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act*).

For people who engage in violent attacks who are living with serious mental disorders that have rendered them incapable of appreciating that what they were doing was illegal or wrong, they may be found Not Criminally Responsible on Account of Mental Disorder (NCRMD). They may then be detained in a forensic hospital under the jurisdiction of the BC Review Board until they are ready to be released with or without conditions. In BC, the NCRMD provision is most often used as a defence, although in some cases Crown Counsel can lead NCRMD evidence, despite several legal, practical, and philosophical barriers. It is an open question whether Crown can and should more often lead NCRMD evidence to divert people with serious mental illness away from the criminal system and into the forensic mental health system to better address their health needs and enhance community safety.

An expert in mental health law advised that seeking federal legislation similar to "restricted patient" legislation in the United Kingdom could help address the gaps between the civil and forensic mental health systems in BC. These may be used in cases where mental disorder is clearly related to offending behaviour, allowing the accused to be diverted to the hospital through a regime that offers another pathway through sentencing to the forensic system or low secure care. Such new legislation would be within federal jurisdiction and therefore outside of the control of the BC Provincial government. Nevertheless, we believe this is a matter worthy of further research and analysis by the Ministry of Attorney General with a view to the potential, as a longer-term solution.

We have conducted a rapid investigation into better responding to those who offend repeatedly, and those who commit violent unprovoked stranger attacks. We have made several recommendations that have the potential to improve the management of these challenges and enhance health and safety outcomes. We recognize there is considerable work ahead. Many of the recommendations will require significant analysis and legislative work to ensure they are the most effective and efficient action to address the identified areas of concern. Our recommendations are not meant to be overly prescriptive - there are myriad ways that the Provincial Government may address the key issues and gaps we have identified. However, it is important that the Provincial Government is transparent about the steps they are taking and that they regularly, and publicly, report on the progress of these efforts.

There is an urgent need to add specialized interventions to the continuum of care for people with complex mental health and substance use needs, and to strengthen the interface between general and forensic psychiatry. Currently, mental health related crisis response in BC is primarily left to police and hospital emergency departments - both of which have been shown to contribute to adverse outcomes

for people in crisis. We need a broader and more creative set of solutions including (non-police) mental health crisis response teams. We have also recommended three major investments, including the creation of Crisis Response and Stabilization Units (or an equivalent model) to enhance emergency department and police diversion; Low Secure Units for people who are at serious risk of violence, the treatment of whom requires a secure setting with long-term supports; and separate, custom-built units or facilities for people with acute and chronic mental health needs who are incarcerated (e.g., Regional Treatment Centres or Prison Health Units). While our focus is on people who interact with the justice system, expanding crisis care and tertiary care options has the potential to reduce and prevent justice contacts. People should not be forced to interact with the justice system before getting access to high-quality, publicly funded mental health care.

We emphasize the need for structured, mandated, coordination between health and justice agencies. While increased coordination of stakeholders is important, its impact will be limited by the services available to address the underlying causes of offending, including substance use and mental disorders, parental neglect, trauma, poverty, and homelessness. We suggest that the Provincial Government use a public health framework that prioritizes prevention and social justice with a focus on addressing inequities to improve health, wellbeing, and public safety throughout BC. Bold and courageous actions will be required to effect sustainable change.

RECOMMENDATIONS

The *following recommendations focus on addressing critical gaps in the continuum of care for people with mental health and substance use needs who are involved with the criminal justice system and enhancing opportunities for diversion along the criminal justice pathway (e.g., police, courts, corrections).*

1. We recommend that the Provincial Government continue to invest in civilian-led (non-police) mental health crisis response teams in collaboration with community service providers (e.g., Peer Assisted Care Teams).

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

3. We recommend that every Provincial Court be assigned a dedicated forensic psychiatric nurse (or health professional with the relevant forensic psychiatry training). The nurse can support immediate client psychiatric assessments and recommend diversion opportunities in both traditional and specialized court settings. The nurse can also recommend fitness and Not Criminally Responsible on Account of Mental Disorder (NCRMD) assessments, to be conducted in community or at the forensic psychiatric hospital.

4. We recommend that the Provincial Government, as a longer-term strategy, research the potential for advocating with the Government of Canada for legislation similar to the UK's "restricted patient" laws. The purpose would be to create a mechanism to divert accused people with serious mental disorders from the criminal system to the forensic system or low secure care (see Recommendation 5 for information about low secure care).

5. We recommend that the Provincial Government create Low Secure Units for clients with complex mental health and substance use needs who present with a high risk of harm to others, and who need the safety of a secure setting. The units would be for people who are not appropriate for forensic care but whose needs exceed the structural design and capacity of an open in-patient hospital unit. These units should be designed to provide intensive rehabilitation as well as social, housing, education, and employment services. The Provincial Government should refer to best practices guidance for low secure care (developed by the UK) as well as National Institute for Health and Care Excellence (NICE) guidelines for improving service user experience in adult mental health services.

As with all other involuntary care settings, strict accountability mechanisms should be in place to ensure compliance with the *Mental Health Act* as well as access to independent rights advice services. Safeguards and oversight will be especially important given BC's history of lack of compliance with the *Mental Health Act.* Ongoing legal support should be provided to people in the low secure units who have been accused, charged, or convicted of a crime. A person's placement in a low secure unit should only be considered after all appropriate voluntary options have been exhausted.

6. We recommend that the BC Prosecution Service conduct an internal review as to the potential for increasing the use of "therapeutic bail" orders for people with mental health and substance use needs. Therapeutic bail (sometimes called therapeutic sentencing delay) involves agreement between Crown and defence counsel to delay sentencing while a person undertakes treatment or programming, which can result in avoiding a criminal conviction.

7. We recommend that the Provincial Government 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 mental health and substance use needs and to ensure that Legal Aid BC has the resources required to support such work. BC First Nations Justice Council must also receive adequate resources to support Indigenous clients.

8. We recommend that the Provincial Government consider commissioning an independent review to identify the resource gaps in the forensic mental health system that need to be addressed to ensure there is adequate capacity for fitness and NCRMD assessments, and to provide services to those people who are accused/convicted of criminal offences who are living with serious mental disorders.

9. We recommend that the Provincial Government explore the creation of facilities or units for people with acute and chronic mental health and substance use needs who are in provincial custody. It is an urgent priority to improve the quality of mental health care for people who are detained and to decrease the use of segregation. Models that may be considered include Regional Treatment Centres (similar to the model operated by Correctional Services Canada for people in federal custody) or Prison Mental Health Units (a model which is common in the UK). The key features of the model should include a therapeutically designed space, trauma-informed practice, 24/7 on-site health professionals, and separation from the general prison population. These facilities/units should be operated by the Ministry of Health.

10. We recommend that the Provincial Government make a significant investment in dedicated services and publicly funded programs for people with acquired brain injuries and developmental disabilities (e.g., Fetal Alcohol Spectrum Disorders) - including enhanced screening and community-based, outpatient, and residential treatment options. These programs should be informed by people with lived experience and family members/caregivers.

11. We recommend that the Provincial Government continue to work with BC First Nations Justice Council and Métis Nation BC to ensure future investment and expansion of the Indigenous Courts, First Nations Courts as well as development of First Nations justice institutions (this recommendation is aligned with the BC First Nations Justice Strategy - Strategies #2 & #12).

12. We recommend that the Provincial Government work with Indigenous service providers, BC First Nations Justice Council and Métis Nation BC to fill gaps in the accessibility of Indigenous healing centres and practices throughout BC. Initiatives should be nation led, and adaptable to regional and local traditional practices.

The following recommendations are focused on improving guidance, information-sharing and collaboration.

13. We recommend that the Provincial Government explore the creation of a dedicated Provincial committee (and/or regional committees) focused on coordinating communication and service integration planning between health, criminal justice, and social service organizations. The committee(s) should focus on people with complex health needs who come into conflict with the law. These committee(s) should be created in partnership with the BC First Nations Justice Council, Métis Nation BC, community agencies, and people with lived justice system experience. A backbone organization must be funded in order to maintain the committee infrastructure and support the implementation of objectives, workplans, and policies across regions (the Provincial Government may consider assigning this function to the Canadian Mental Health Association, BC Division).

    We recommend that the Provincial/regional committee(s) engage in service planning, policy development, the creation of guides/toolkits, education, and training, and promoting/sharing best practices at the intersections of health and justice. (For a relevant model, see Ontario's Human Services & Justice Coordinating Committees.)

14. We recommend that Police Services develop a clear guidance document to support decision-making when responding to violent offences alleged to have been committed by people living with serious mental disorders. The guidance should speak to the appropriate and complementary use of the *Mental Health Act* and the *Criminal Code*.

15. We recommend that the Provincial Government commit to assigning or contracting staff to conduct a thorough inventory of appropriate mental health and substance use services that would benefit people working at all levels of the criminal justice system (police, Crown, defence counsel, corrections) and that this inventory be documented in a highly accessible and useful format, and that it be regularly updated to ensure it remains current.

16. We recommend that the BC Prosecution Service, in collaboration with the criminal defence bar, arrange for the creation of comprehensive guides for Crown Counsel and defence counsel to assist in making decisions about cases involving accused people with mental disorders. The guides should be in a highly accessible and useful format. (See the UK's *Prosecution Guidance for Suspects and Defendants with Mental Health Conditions and Disorders* as an example.)

17. We recommend that the Provincial Government reform the necessary legislation to strengthen and enhance information-sharing options between health, justice and social services agencies.

The following recommendations are focused on better addressing repeat offending and improving public confidence in the justice system.

18. We recommend that the Provincial Government fund a pilot project led by the BC First Nations Justice Council to develop a program that will serve the unique needs of First Nations people who experience repeat contact with the justice system (see related Recommendation 28).

19. We recommend that police agencies create a Retail/Business Liaison position (or portfolio within an existing unit) to provide a single point of contact for retailers and businesses to raise concerns about crime. This organized approach can help police agencies develop focused projects, engage in crime prevention, and enhance community confidence in the justice system.

20. We recommend that police agencies, wherever relevant and practicable, submit "Community Impact Statements" as provided for in Section 722.2 of the *Criminal Code*, which may assist Crown Counsel and the courts with respect to charge assessment, bail hearings, and at trial regarding the impact of those who offend repeatedly in a particular community.

21. We recommend that the Provincial Government revisit the evidence-based Prolific Offender Management model that formed the basis of the pilot projects (~2008 - 2012) and that they fund, and allow sufficient time for, a robust evaluation of the model. The Situation Table model in BC may be adapted to fit this purpose. The Prolific Offender Management model may require updating but we recommend that the core components of the model be retained:

    a. Creating a cohort of people who are involved in repeat crime using a selection prioritization tool

    b. Identifying the unique needs of each person in the cohort

    c. Ongoing services and enforcement activity based on each person's unique profile

d. Feedback and case coordination at regular (e.g., monthly) Prolific Offender Management Team meetings. Teams should include representatives from police, BC Corrections, Correctional Service Canada, Crown Counsel, and relevant ministries, such as Mental Health and Addictions, Social Development and Poverty Reduction, Attorney General and Minister Responsible for Housing, and Public Safety and Solicitor General.

22. We recommend the BC Prosecution Service consider increasing the number of Crown Counsel specifically or primarily dedicated to repeat offender cases in communities large enough to warrant them and that these Crown Counsel sit on the Prolific Offenders Management Team, if/when they are formed.

23. We recommend that BC Corrections consider increasing the number of probation officers specifically or primarily dedicated to supervising repeat offenders in communities large enough to warrant them and that these probation officers sit on the Prolific Offenders Management Team, if/when they are formed.

The following recommendations were provided by the BC First Nations Justice Council (BCFNJC) and are also endorsed by the Investigative Panel. BCFNJC recommends:

24. The term "prolific offenders" is abandoned by government authorities and all police, as this term not only perpetuates harm and stigma but also fails to address that these individuals lack security and safety.

25. Harm reduction efforts should be centred to focus on the underlying systematic issues that perpetuate a cycle of abuse and harm.

26. A new process of consultation is put in place, including other Indigenous organizations, front-line workers, and people who commit crimes.

27. The collection of race-based disaggregated data to inform stakeholders and investigators of their mandate, with contextual information on the different categories to be considered.

28. Funding of $100,000 and resource allocation should be granted for the design of a pilot program by BCFNJC in Prince George's Indigenous Justice Centre to address the issue of criminal recidivism amongst First Nations people.

REPRESENTATIVE FOR CHILDREN AND YOUTH REPORTS OVERVIEW

Introduction:

- Overview of the Representative for Children and Youth's Reports and Recommendations relating to the Ministry of Mental Health and Addictions (MMHA).

Background:

- The Representative for Children and Youth (RCY) is an independent officer of the legislature with the authority to:
    - advocate on behalf of children, youth and young adults to improve their understanding of and access to designated services,
    - monitor, review, audit and publicly report on designated services for children and youth,
    - conduct independent reviews and investigations into the critical injuries or deaths of children receiving reviewable services.
- Since 2017, the RCY has released several reports that contain findings and recommendations directed at, or relevant to, MMHA, including:
    - Don't Look Away: How one boy's story has the power to shift a system of care for children and youth (July 2024)
    - 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)
    - 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.
- The most recent RCY report, "Don't Look Away", includes a systemic review and calls for the creation of a cross-government child wellbeing strategy and action plan with associated outcome indicators. It also calls on each relevant ministry to review its outstanding RCY recommendations to determine how those will guide the development of the framework. A Deputy Minister level committee has been formed to action the work under this report.
- Annual updates on progress towards addressing recommendations are provided to the RCY for each report that contains recommendations for MMHA.

- The RCY assesses ministries' action plans and publicly posts their findings.
- In April 2024, MMHA along with the Ministries of Health (HLTH), Children and Family Development (MCFD), and Attorney General (AG), provided an update on the status of implementing "Detained" to the Select Standing Committee on Children and Youth, focusing on the significant progress made in strengthening the voluntary system of child and youth mental health and substance use care, and how these improvements respond to the RCY's recommendations.

Ministry/Government Actions to date:

- MMHA continues to coordinate with partners to implement system changes that address the focus and intent of many RCY recommendations.
- Guided by *A Pathway to Hope*, government investments have been made to strengthen the mental health and substance use system of care for children, youth and their families, including the following:
    - expansion of the Foundry network of integrated youth wellness centres and virtual supports through Budget 2023,
    - creation of new youth substance use beds and new/expanded non-bed-based youth substance use services through Budgets 2021 and 2023,
    - development and expansion of Integrated Child and Youth teams,
    - investments in early childhood programs and school-based mental wellness promotion initiatives,
    - expansion of the Early Psychosis Intervention program in health authorities, and
    - establishment of Youth Concurrent Disorders clinicians in health authorities (this service prioritizes youth transitioning out of government care).
- Following the RCY's release of "Don't Look Away", MCFD issued a news release confirming a new provincial direction to support vulnerable children and youth, including through the following:
    - establishment of a cross-ministry group of senior public officials to guide development of a cross-government child and youth wellbeing action plan and associated outcome-based framework, and
    - exploration of the reconfiguration of child and youth mental health (CYMH) and children and youth with support needs (CYSN) services across ministries (MCFD is currently responsible for delivery of many community-based CYMH and CYSN services).
- As the MCFD-led planning unfolds for actioning the cross-government work in response to "Don't Look Away", MMHA staff will monitor to better understand timelines and scope of the work as well as existing initiatives that might be leveraged to support it.

Budget Expenditures:

- N/A

Approvals:

September 11, 2024 – Francesca Wheler, ADM, Child, Youth, Indigenous Partnerships and Community Initiatives
October 8, 2024 – Jonathan Dubé, Acting Deputy Minister