

# Building a Mental Health and Substance Use System of Care

Data Snapshot  
April 2024



Ministry of  
Mental Health  
and Addictions

# Introduction

## Getting people the mental health and addictions care they need

People have been dealing with a lot over the last few years. As a result of the pandemic and the stress and social challenges it caused, more people are suffering from depression and anxiety. Drugs are becoming more toxic and are killing more people and hurting communities.

Government is taking action to make sure more people get the care they need when they need it by:

- Intervening early so people can access care sooner
- Reducing risk to save lives
- Connecting people to care
- Creating pathways to recovery and wellness

This data snapshot provides a point-in-time overview of the progress Government is making to build an integrated and seamless system of care that works for all British Columbians. Data presented in the snapshot are from a variety of sources, including the Ministry of Mental Health and Addictions, the Ministry of Health, the BC Centre for Disease Control, regional health authorities, First Nations Health Authority and government partners. Indicators will be refined as we continue to strengthen the system of care.



# Introduction

## B.C.'s Mental Health and Substance Use System of Care



**Intervening early  
so people can  
access care  
sooner**

By addressing mental health and addiction challenges early, we can get people access to care sooner.



**Reducing risk to  
save lives**

B.C. continues to confront the toxic drug crisis through adding new treatment and recovery services, expanding overdose prevention and harm reduction services, and working to end stigma about addiction.



**Connecting people  
to care where and  
when they need it**

People need to be met with the care they need when they need it. B.C. has been expanding treatment and recovery services to include outreach programs, day treatment, withdrawal management (detox), bed-based treatment and recovery, opioid agonist treatment, and more.



**Creating pathways  
to recovery and  
wellness so people  
can live healthy lives**

The pathway to recovery and ongoing wellness does not end at treatment. B.C. is expanding services so people in recovery can build connections, resiliency and wellness through mutual peer support, life-skills programming, and relapse prevention.



# Intervening early to help people access care sooner



# Intervening Early



## Why early intervention?

Young people deserve the best possible start in life, but the last few years have not been easy on young people. Studies have shown that youth were disproportionately impacted by the pandemic.

By addressing mental health and addiction challenges early, we can prevent little problems from becoming bigger ones down the road.

## What is Government doing to support this?

**Foundry BC:** A province-wide program operated in partnership with local lead agencies, Foundry is a network of youth wellness centres and online supports providing free primary care, mental health and addictions supports to young people between the ages of 12 to 24.

**Integrated Child and Youth Teams (ICY):** Teams operating in school districts helping families navigate services and providing mental health and addiction supports for children and youth.

**Community counselling:** Community counselling services, including virtual appointment and assessments, so more people can connect to care, especially those living in rural, remote and Indigenous communities.

**Mental health and substance use services in primary care:** Primary care services for those with mild to moderate mental health or substance use concerns.

# Intervening Early



## What We Are Monitoring: Foundry BC

**17,567** young people accessed Foundry services in 2022/23

**16** Foundry centres are open as of March 2024. An additional 19 are in development. All 35 Foundry centres are expected to be open by the end of 2027/28.

The number of young people accessing Foundry services has increased each year since 2019.

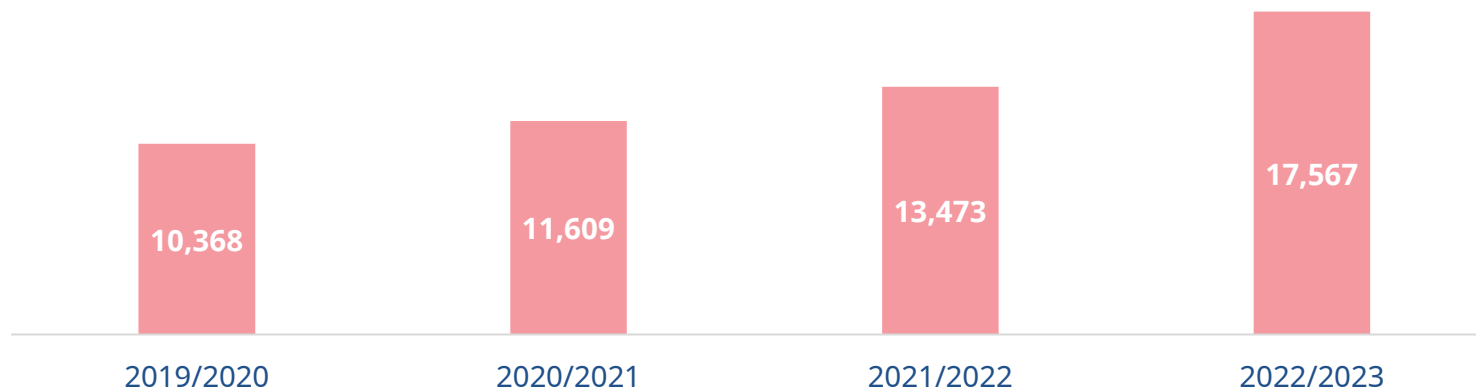


Figure: Number of young people accessing Foundry services (in-person or virtual).

## What is Foundry?

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 and their families – 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.

## Why is this indicator important?

The number of young people accessing Foundry services, and the number of Foundry centres open across the province continues to grow. This means more young people can access vital, barrier-free, mental health and substance use, primary care, sexual health, and peer support services in one place, whether in-person or virtually.

# Intervening Early



## What We Are Monitoring: Integrated Child and Youth Teams operating or in implementation

Children and families are being supported by an increasing number of communities with Integrated Child and Youth (ICY) Teams, as the Province works to fill gaps in mental health and substance use care, removing roadblocks, and bringing providers together to deliver better care.

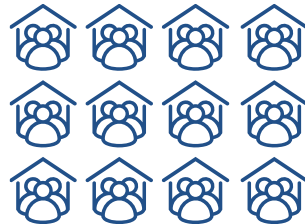
**2022**

5 communities



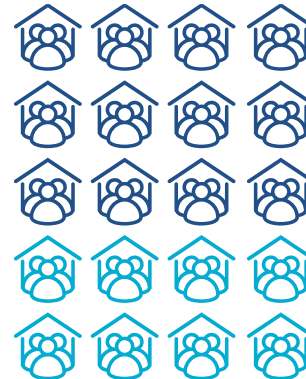
**2023**

12 communities



**2024 (Planned)**

20 communities



ICY teams are operating or being implemented in 12 school districts across the province in 2023.

In total, the Province will be implementing teams in 20 school districts by 2024, to be fully operational by 2025.

Additional indicators will be available in the future, including the number of children and families being served by ICY Teams.

## What are Integrated Child and Youth Teams?

The Province is creating new Integrated Child and Youth (ICY) Teams in communities across British Columbia. ICY Teams work to fill gaps in mental health and substance use care, by removing roadblocks, bringing providers together and delivering better care.

On the ground, these teams help families navigate services and provide mental health and addiction supports for children and youth.

## Why is this indicator important?

ICY Teams make it easier for young people and their families to connect to the care they need, when and where they need it – at school and in the community.

The teams also work towards culturally safer, distinctions-based approaches by building relationships based on trust and mutual respect with First Nations, Métis and Inuit communities.

Figure: Number of communities with ICY teams operating or in implementation.

# Intervening Early



## What We Are Monitoring: Utilization of community counselling

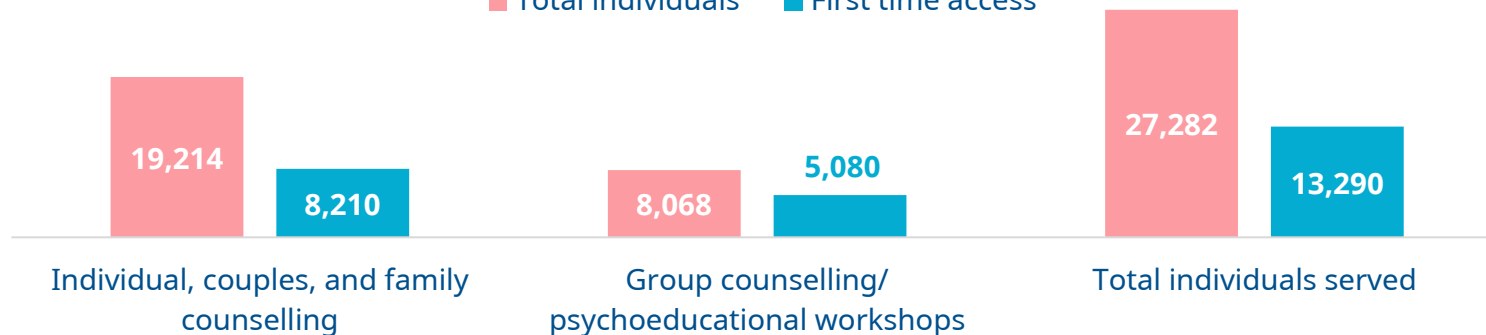
People in B.C. can access low or no-cost counselling, including virtually, through 49 agencies providing services, including those in equity-deserving communities across British Columbia. In fiscal year (FY) 2022/2023, more than 27,282 individuals accessed counselling, with **almost half** (13,290) doing so for the first time.

Region	Agencies
Fraser	13
Vancouver Island	8
Vancouver Coastal	12
Interior	10
Northern	6

### Number of people who accessed low or now cost community counselling in FY

2022/2023

■ Total individuals ■ First time access



Note: Data provided from Community Action Initiative, with 45 out of 49 agencies reporting. Data does not include health authority-funded counselling services or other counselling services not funded through this provincial program.

## What is community counselling?

Government is working to ensure people from all walks of life, including those in rural, remote and Indigenous communities, can access free or low-cost counselling services, when and where they need it.

Since 2019, the Province has invested \$35 million to support 49 community counselling agencies throughout B.C.

## Why is this indicator important?

Community counselling provides flexibility for counsellors to meet clients where they are at, whether that's through outreach, in-person counselling or through virtual supports.

The increase in the number of people accessing counselling for the first time shows improved accessibility of counselling services.



# Intervening Early



## What We Are Monitoring: Mental health and substance use capacity in primary care

**People can get mental health and substance use care in primary care settings. As of January 2024:**

- 318 FTEs** are delivering dedicated mental health and substance use services in primary care settings, with more expected as Primary Care Networks, Urgent and Primary Care Centres, Community Health Centres continue to grow. (↑ from 232 in January 2023)
- 32** Urgent and Primary Care Centres in implementation, with plans for an estimated 50 UPCC's operating by 2025. (↑ from 31 in January 2023)
- 77** Primary Care Networks in operation. (↑ from 68 in January 2023)
- 97%** of Primary Care Networks are successfully recruiting staff with mental health and substance use training to ensure increased access to these services. (↑ from 94% in January 2023)

### What is MHSU in primary care?

Equitable access to quality, culturally safe, person-and-family-centred mental health and substance use (MHSU) primary care services is a key focus within B.C.'s primary care strategy. Same day mental health services are provided in a number of primary care settings, where primary care physicians, psychiatrists, nurses and other mental health and substance use specialists are available 365 days per year.

### Why is this indicator important?

This strategy was put in place to improve services for people with mild to moderate MHSU challenges, including through addressing gaps in access and ensuring increased attachment. More primary care settings with MHSU practitioners means more people are reached with the care and support they need.



# Reducing risk to save lives



# Reducing Risk to Save Lives



## The toxic drug crisis in BC

The toxic drug crisis continues to claim lives across Canada and B.C. is no exception. In 2016, B.C. declared a public health emergency due to rising unregulated drug toxicity deaths. Since then, more than 14,000 lives have been lost due to toxic drugs, including more than 2,091 First Nations people. People working in the trades and construction sector, particularly men, are also disproportionately impacted by the toxic drug crisis due to factors such as high levels of injury or pain, stigma and workplace culture. According to a BC Coroners Service report in 2022, more than half of the employed people in the province who died of a toxic drug poisoning, worked in trades, transport, or equipment operations. This crisis also continues to put pressure on people on the frontlines, including first responders and paramedics.

In 2012, unregulated **fentanyl** was present in four per cent of unregulated drug toxicity deaths. Since 2017, the proportion of drug toxicity deaths where fentanyl was detected has ranged from 82 to 86 per cent. There are now **increasing amounts of benzodiazepines in the unregulated drug supply**, the effects of which cannot be reversed with naloxone.

Despite these challenges, Government continues to confront the toxic drug crisis from every angle, making the large, systemic changes necessary to turn the tide on this emergency, including adding new treatment and recovery services, expanding overdose prevention and harm reduction services, and working to end stigma around addiction.

## What is Government doing to address the toxic drug crisis?

**Overdose Prevention and Supervised Consumption services (OPS/SCS):** Designated spaces providing on-site monitoring for people using drugs, allowing for rapid response when a drug poisoning event occurs.

**Take Home Naloxone Program:** Life-saving training and kits to people at risk of toxic drug poisoning.

**Drug checking:** Services helping people learn what is in their substances to reduce the risk of drug poisoning and connect them to supportive services.

**Connect by Lifeguard App:** A free app that connects people who use drugs alone to first responders if they become unresponsive.

**Toxic drug and health alerts:** A free, [real-time text messaging service](#) for anyone in B.C. to receive alerts about substances of concern or share information about drug poisonings in their community. As of mid-January 2024, there are 7,233 subscribers. To sign up, text the word JOIN to 253787 (ALERTS).

**Prescribed Alternatives:** A harm reduction strategy (previously known as prescribed safer supply), that separates people at the highest risk of death from the toxic drug supply so they can stabilize their lives and connect to further supports.

**Support for people in trades:** Future iterations of this data snapshot will include information on partnerships underway with WorkSafeBC and trades sector organizations that are working to reduce the risk of fatal overdose in this sector.

**Decriminalizing people who use drugs:** As one part of the province's strategy to help treat addiction as a health issue and not a criminal one, so more people struggling with addiction feel more comfortable reaching out for help, the Province has launched an innovative three-year pilot project that removes criminal penalties for people who possess small amounts of certain illegal drugs for personal use.

The BC Centre for Disease Control regularly models the estimated number of death events averted due to harm reduction and opioid agonist treatment interventions. From January 2015 to September 2022, **8,637 death events are estimated to have been avoided** due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment. For up-to-date information, visit [BCCDC Unregulated Drug Poisoning Emergency Dashboard](#).

# Reducing Risk to Save Lives



## What We Are Monitoring: Visits to Overdose Prevention and Supervised Consumption Services

To save lives and reduce the risk of toxic drug poisonings, B.C. has rapidly expanded access to overdose prevention services, as well as inhalation services, in communities hardest hit by the drug-poisoning crisis.



74,094 visits,  
Dec 2023

**The number of OPS sites has significantly increased** – from one site in 2016 to 50 as of December 2023, including 22 sites offering inhalation services.

From January 2017 until the end of December 2023, there have been:

 **More than 4.52 million visits to OPS/SCS**

 **27,703 drug poisoning events reversed and survived**

### What are Overdose Prevention and Supervised Consumption Services?

Overdose prevention and supervised consumption sites (OPS/SCS) respond to and prevent toxic drug poisonings and deaths by providing a safe environment in which someone can consume drugs while being supervised for safety by a trained professional or peer.

OPS/SCS save lives, reduce the risk of toxic drug poisonings and connect people to life-saving supports. Every contact an individual has with these services is an opportunity to connect that person with healthcare, with social services and housing and with treatment options.

### Why is this indicator important?

Visits to OPS/SCS means that more people are being connected to life-saving supports, and other healthcare, social services, housing and treatment services.

OPS/SCS services are a key public health service as part of the comprehensive approach to accelerating the response to the toxic drug crisis.

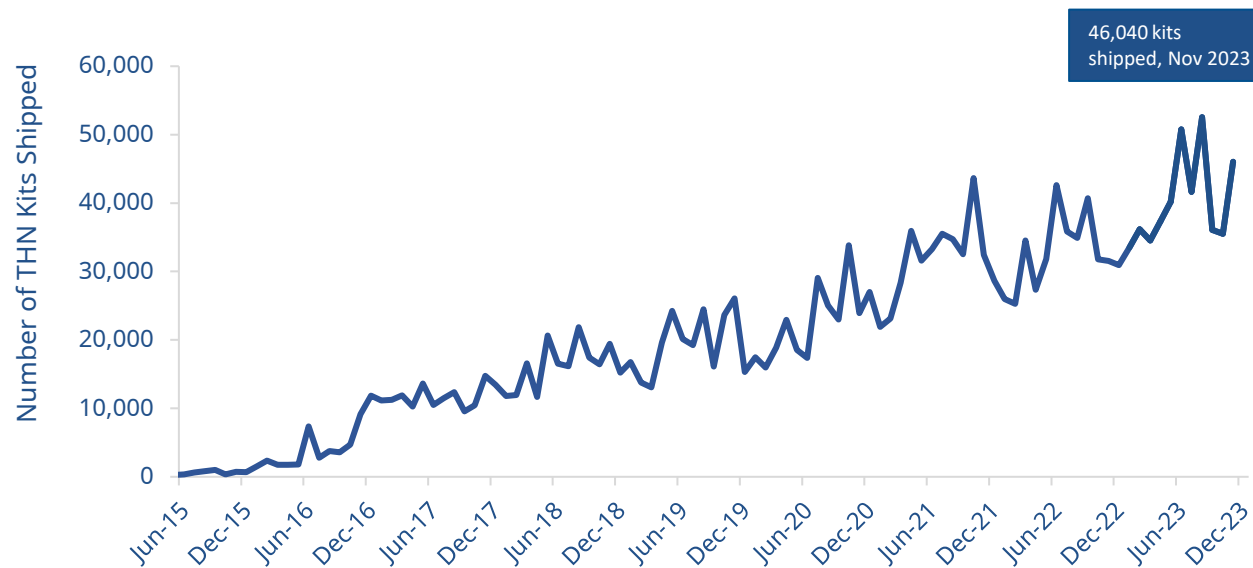
Figure: \*Visits to Overdose Prevention Sites (OPS) and Supervised Consumption Services (SCS) in B.C. (January 2017 – December 2023). Number of visits declined in January 2020 due to the COVID-19 pandemic, but visits have returned to an all-time high. Note: OPS/SCS visits may be limited by service availability (e.g., number of sites and hours).

# Reducing Risk to Save Lives



## What We Are Monitoring: Demand for Take Home Naloxone (THN)

The number of THN kits shipped to sites has steadily increased since January 2019, with **46,040 kits shipped in November 2023**.



- There are now more than **2,250 active distribution locations** for THN kits in British Columbia.

Figure: Number of THN kits shipped to sites (January 2015 – November 2023).

Note: Month-to-month variation of demand is expected due to the different number of processing dates, certain sites ordering for more than one month's supply each time, drug alerts, and other factors.

Data source: [BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)

## What is Take Home Naloxone?

Naloxone is a medication that quickly reverses the effects of an overdose from opioids such as heroin, methadone, fentanyl and morphine. It is available in B.C. without a prescription and often given as an injection into a muscle.

The BC Centre for Disease Control started the Take Home Naloxone program in 2012 to provide life-saving training and kits to people at risk of a toxic drug poisoning event

## Why is this indicator important?

B.C. has a [Take Home Naloxone \(THN\) program](#) in place to save lives.

Monitoring the number of kits shipped is a good way of understanding the demand for Take Home Naloxone across the province.

# BUILDING A MENTAL HEALTH AND SUBSTANCE USE SYSTEM OF CARE – DATA SNAPSHOT

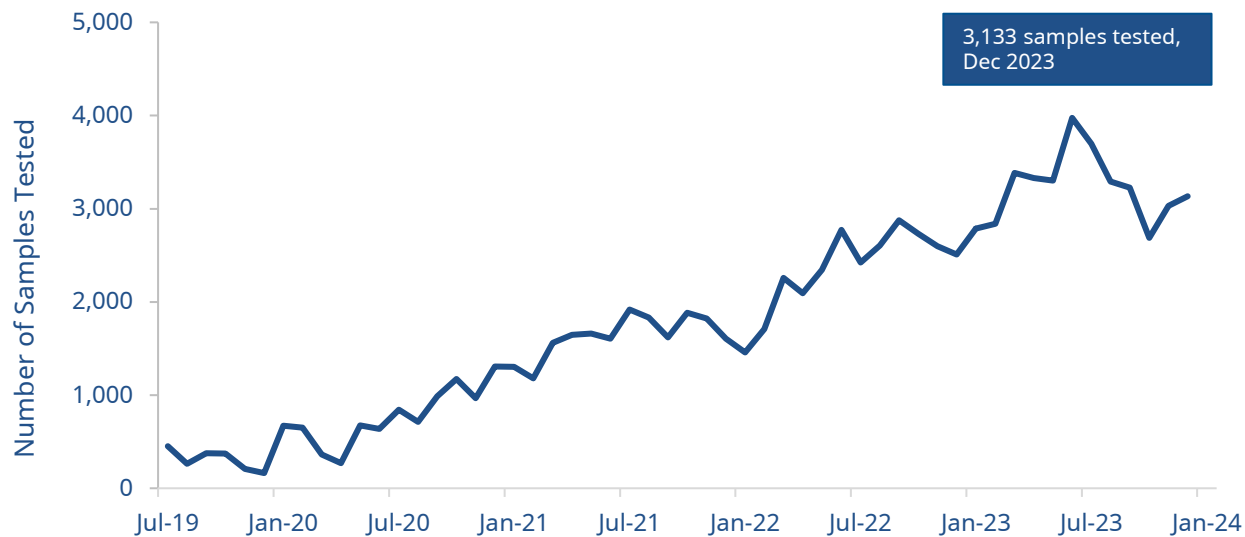
## Reducing Risk to Save Lives



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### What We Are Monitoring: Drug checking utilization

More people are accessing drug checking since 2019. B.C. has implemented a distributed drug sample collection model and health authorities gradually expanded their support of drug checking.



- **23 Fourier-transform infrared spectrometers** for drug checking in B.C.
- **119 locations** around the province where British Columbians can drop off a drug sample for analysis, **57 of which offer immediate point-of-care testing** with FTIR spectrometer on some days of the week.

Figure: Number of samples tested using FTIR spectroscopy at drug checking locations in B.C. (January 2019 – December 2023). Note: Drug checking may be limited by service availability (e.g., number of access points and hours). The data is based on [BC Centre on Substance Use \(BCCSU\) drug checking reports](#) and Vancouver Island Drug Checking project reports. Vancouver Island Drug Checking Project reporting does not start until September 2020.

### What is drug checking?

Drug checking services are available across the province to help people learn what is detected in the substances they are taking to reduce the risk of drug poisoning and connect them to other healthcare services, such as substance use services and supports.

Drug checking using Fourier-transform infrared (FTIR) spectroscopy is a harm reduction service that allows people to check what is in their drugs and what levels.

### Why is this indicator important?

Increasing number of visits to drug checking sites means that more people can make informed decisions about the substances they intend to use.

The data collected from these sites also helps provide public health with timely information about the composition of drugs circulating.

# MENTAL HEALTH AND SUBSTANCE USE SYSTEM OF CARE: INDICATOR REPORT

## Reducing Risk to Save Lives



Ministry of  
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### What We Are Monitoring: Prescribed Alternatives

The reach of prescribed alternatives has increased over time, separating more people from the toxic drug supply to help reduce the harmful effects of the toxic drug supply.

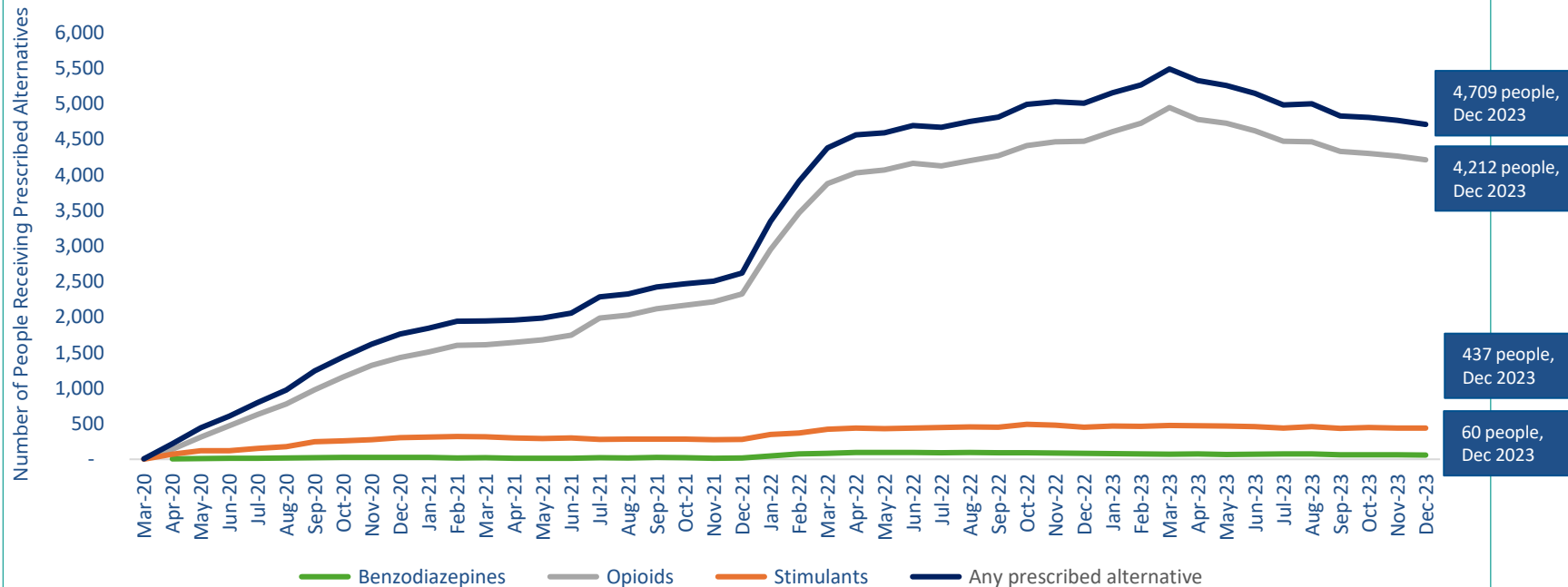


Figure: Number of people receiving prescribed alternatives by month and drug type (March 2020 – December 2023)  
 Note: BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, B.C. Ministry of Health. Data represent clients who filled prescriptions at community pharmacies within B.C., not all clients who received prescriptions. Recent data may change slightly due to prescription reversals/data quality improvements.

### What is Prescribed Alternatives?

Prescribed alternatives, previously known as prescribed safer supply, is a harm reduction strategy that separates people who use drugs from the toxic drug supply by providing access to prescribed alternatives to help reduce the harmful effects of the toxic drug supply and connect people who use drugs with supports and treatment. These medications are also used by people for other purposes such as pain management – approximately 15% of people dispensed hydromorphone in December 2023 received a dispensation through the prescribed alternatives program.

### Why is this indicator important?

Prescribed alternatives is part of B.C.'s ongoing work to improve services for people with substance use challenges.

The Provincial Health Officer, recently released a report ([A Review of Prescribed Safer Supply Programs Across British Columbia: Recommendations for Future Action](#)), that reviewed the program and provided recommendations for expansion and improvement.

# Reducing Risk to Save Lives



## What We Are Monitoring: Use of the Lifeguard Connect App

Since its launch in May 2020, more people who use drugs are supported by the life-saving overdose prevention app. As of December 2023:



- Nearly **30,000** users (↑ from 23,000 users in August 2023)
- More than **131,500** uses of the app (↑ from 123,500 uses in August 2023)



- **203** calls to 911 (↑ from 183 in August 2023) leading to **137** "confirmed OK" call-backs to the app user (↑ from 127 in August 2023) and **53** drug poisoning reversals (↑ from 50 in August 2023)

To date, **no drug poisoning deaths** have been reported through the app.

Lifeguard also now provides drug alerts.

Lifeguard Connect can be downloaded onto any desktop, tablet, or mobile device: <https://lifeguarddh.com/>

## What is the Lifeguard Connect App?

The Lifeguard Connect App is a life-saving tool that allows users to get help fast if an overdose occurs.

The app is activated by the user before they take their dose. After 50 seconds, the app will sound an alarm. If the user doesn't hit a button to stop the alarm indicating they are fine, the alarm grows louder. After 75 seconds a text-to-voice call will go straight to 911, alerting emergency medical dispatchers of a potential overdose.

The app includes a naloxone guide and CPR instructions, so that anyone present can assist before the ambulance arrives, and provides links to 811, suicide prevention and crisis hotlines, helping people to connect to other supports.

## Why is this indicator important?

Utilization of Lifeguard Connect demonstrates reach and positive impact (e.g., overdoses reversed averting deaths and other related harms) of this important low-barrier and confidential health intervention.



# Reducing Risk to Save Lives



## Overview - Decriminalization

### What is decriminalization?

As of January 31, 2023, adults 18+ in B.C. are not arrested or charged for possessing small amounts (up to 2.5g total) of certain illegal drugs for personal use (opioids, cocaine including crack and powder, methamphetamine, and MDMA). Decriminalizing people who use drugs is a key part of B.C.'s comprehensive approach to addressing the toxic drug crisis.

Decriminalization is not legalization. The drugs remain illegal and will not be sold in stores. Police continue to prioritize efforts to address trafficking, organized crime, and related offences.

### Wellbeing of people who use drugs

The criminalization of people who use drugs negatively impacts social factors like employment, income, and housing that are key to support the wellbeing of people who use drugs. These negative impacts can also prevent people from accessing life-saving services and supports due to fear of criminal repercussions.

Research conducted **before decriminalization** with people who use drugs suggests that participants are **hopeful that decriminalization will help reduce stress and societal stigma and improve access to services and social integration**. The research also identified interactions with police, including drug seizures, as a barrier to health and social supports for people who use drugs.

### Law enforcement

Decriminalizing people who use drugs aims to shift people who use drugs away from the criminal justice system and towards health and social supports, because drug use is a health issue, not a criminal one. Given this objective, decriminalization intends to reduce police interactions with people who use drugs based on simple possession of certain illegal drugs.

Early data suggests that **possession-related offences\* are decreasing** as intended since decriminalization.

Police agencies continue to prioritize efforts to address drug trafficking, organized crime, and related offences.

\*A violation of the Controlled Drugs and Substances Act (CDSA) is called a CDSA offence. An offence represents an interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction.

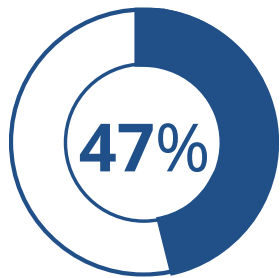
Two types CDSA offences are of interest for monitoring decriminalization:

- Possession offence: encounters involving personal possession.
- Trafficking offence: encounters involving trafficking or possession for the purpose of trafficking.

# Reducing Risk to Save Lives



## What We Are Monitoring: Criminalization and stigma as barriers to accessing health supports



Before decriminalization, almost half of survey respondents (238 of 503) reported at least one barrier that made them hesitant to access the services they needed to be healthy.

### Top reported reasons people were hesitant to access services in the last six months\*



Worried police, parole, probation would find out I use drugs



Worried I'd be stopped by police and have my drugs taken away



Worried friends or family would learn I use drugs



Worried about being treated badly based on my race or ethnicity



Worried family services would be notified



Worried employer would find out



Worried health care provider would find out

Before decriminalization, interview participants talked about **stigma and criminalization being barriers** to health and harm reduction services.

Some participants believe that the quality of care they received has been negatively impacted by their identity as a person who used illegal drugs.

*"If it's decriminalized to a certain point, you'd get better treatment in the hospital."*

### What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards life-saving health and social supports.

BC Centre for Disease Control (BCCDC) conducted [Harm Reduction Client Survey \(HRCS\)](#) in 2022 to provide baseline data on decriminalization.

### Why is this indicator important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Knowing the barriers to services is important to understanding how to better connect people to services.

\*Survey question included response options where respondents could answer yes or no.

Data Sources: [Baseline interviews with people who use drugs and who are marginalized](#) (conducted by Simon Fraser University between September and December 2022); and [Baseline Harm Reduction Client Survey](#) (by BCCDC).

# Reducing Risk to Save Lives



## What We Are Monitoring: Experiences of people who use drugs before and after decriminalization

Before decriminalization, interview participants saw decriminalization as a step in the right direction, and expressed:



Hope there will be **less stigma** associated with substance use and **better socio-economic opportunities** (e.g., employment) in the future



Hope that they will feel **decreased stress** resulting from reduced criminalization of drug use



Hope that decriminalization will **improve access** to health and harm reduction **services**

*“I was always raised to believe that drugs are evil and they’re bad - that you’re a criminal if you do them. And then I ended up on this road and so then you’re always thinking you’re a bad person. So, it [decriminalization] might take that stigma that we have on ourselves...where we think we’re bad because we use.”*

Data Sources: [Baseline interviews](#) with people who use drugs and who are marginalized (conducted by Simon Fraser University between September and December 2022); and [Baseline Harm Reduction Client Survey](#) (by BCCDC).

## What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In 2022, researchers from Simon Fraser University (SFU) conducted [baseline interviews](#) with people who use drugs and who are marginalized to provide baseline data on decriminalization.

## Why is this important?

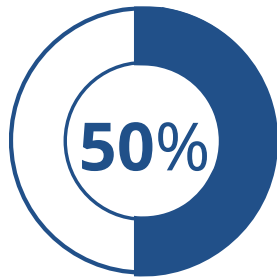
By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Understanding the barriers to services is important to encouraging these connections.

# Reducing Risk to Save Lives



## What We Are Monitoring: Changes in interactions with police



**Before decriminalization, about half of survey respondents (235 of 466) reported having at least one police interaction in the previous three months.**

Survey respondents indicated that before decriminalization, their interactions were centred more around enforcement than health. Decriminalization intends to shift people who use drugs away from the criminal justice system and towards health supports by having police offer information on voluntary health and social services when requested.

**Of the 235 respondents who reported an interaction, many indicated that they had their drugs or harm reduction supplies seized, specifically:**

- 31% (72/235) had their syringes or pipes taken away
- 28% (65/235) had non-prescription drugs, including illegal drugs, taken away
- 12% (27/235) reported being arrested for having drugs

**Fewer respondents indicated that their interaction involved police offering connections to health and social supports, including:**

- 25% (59/235) reported that police did a health check or asked if they were okay
- 8% (18/235) reported receiving information about health or harm reduction services
- 3% (6/235) reported being voluntarily taken to health services

Data Sources: [Baseline interviews](#) with people who use drugs and who are marginalized (conducted by Simon Fraser University between September and December 2022); and [Baseline Harm Reduction Client Survey](#) (by BCCDC).

## What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

BC Centre for Disease Control (BCCDC) conducted [Harm Reduction Client Survey \(HRCS\)](#) in 2022 to provide baseline data on decriminalization.

## Why is this important?

Criminalization and stigma can prevent people from accessing lifesaving services and supports. Drug seizure can lead to financial impacts, elevated overdose risk, loss of housing, violence, and survival crime.

Decriminalization aims to encourage voluntary connections to health and social supports.

# Reducing Risk to Save Lives



## What We Are Monitoring: Changes in interactions with police

Before decriminalization, 40% of survey respondents agreed that they were treated with respect in their last interaction with police, while 40% disagreed.



**40% - (186 of 464)**  
Agree



**20% - (91)**  
Neutral



**40% - (187)**  
Disagree

Before decriminalization, interview participants described interactions with police as an 'everyday' occurrence for some people who use drugs and often involving drug seizures.

*"All the time. I get stopped everyday by the cops. Everyday."*

Experiences of the interaction varied and depended on the officer and the situation, with regional differences.

People who use drugs reported feeling insecure and distrustful of police based on histories of negative interactions.

Impacts of drug seizure included emotional distress, financial impacts, housing precarity, violence, and survival crime.

Data Sources: [Baseline interviews](#) with people who use drugs and who are marginalized (conducted by Simon Fraser University between September and December 2022); and [Baseline Harm Reduction Client Survey](#) (by BCCDC).

## What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In 2022, researchers from Simon Fraser University (SFU) conducted [baseline interviews](#) with people who use drugs and who are marginalized to provide baseline data on decriminalization.

## Why is this Indicator important?

Criminalization and stigma of drug use impact social factors like employment, income, and housing, and can prevent people from accessing lifesaving services and supports.

Decriminalization aims to improve interactions between law enforcement and people who use drugs and increase trust in law enforcement and the criminal justice system.

# Reducing Risk to Save Lives



## What We Are Monitoring: Possession offences after Decriminalization

The number of possession offences decreased by 77% compared to the previous four-year average.

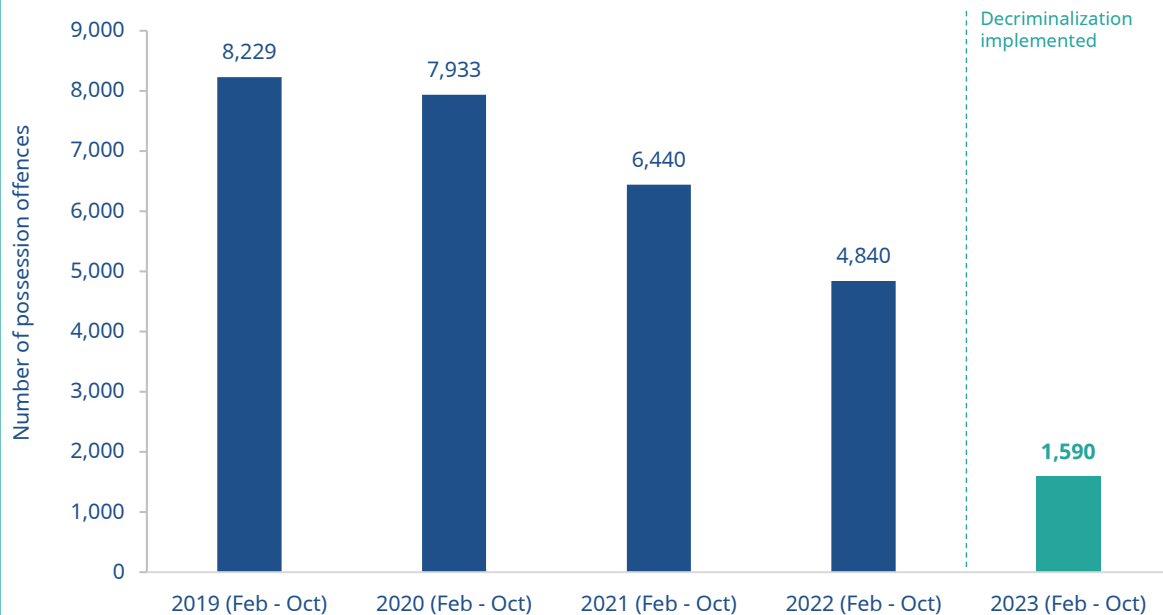


Figure: Number of possession offences, where possession is the most serious offence, by all police in B.C. (February – October; 2019 - 2023).

In the first nine months of decriminalization, there has been a:



**77% decrease from the past four-year average during the same period from February to October.**

Remaining possession offences include:

- Possession above 2.5g
- Possession of non-exempted substances
- Encounters where the exemption does not apply

### What is a possession offence?

A possession offence is a police encounter involving personal possession of controlled substances listed in the exemption.

An offence is not a charge nor a conviction. An offence represents a formal police interaction or investigation based on a particular type of suspected crime.

### Why is this indicator important?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In most cases, a possession offence represents a police interaction based on simple possession. An intended outcome of decriminalization is a decrease in these kinds of offences.

# Reducing Risk to Save Lives



## What We Are Monitoring: Possession Seizures Below 2.5g after Decriminalization

The number of possession seizures below 2.5g decreased by **96%** compared to the previous four years' average.

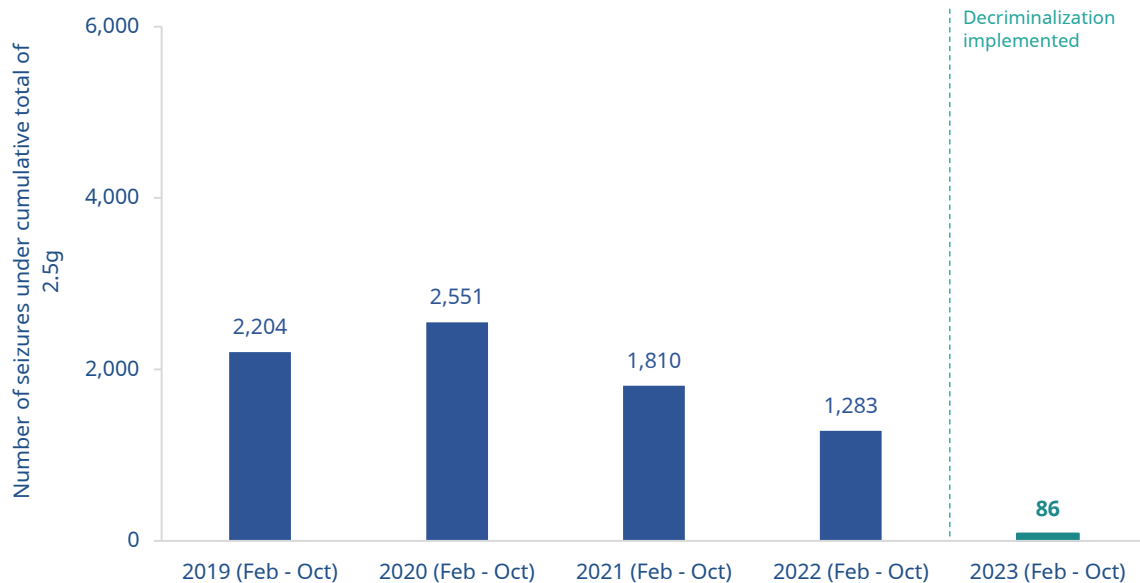


Figure: Number of seizures of exempted drugs under the exemption threshold (2.5g), where possession is the most serious offence, and the amount is quantifiable (February – October; 2019 - 2023)

Note: The seizure amount in this dataset represents the cumulative total amount of drugs seized.

In the first nine months of decriminalization, there has been a:



**96% decrease from the past 4-year average during the same February – October period**

Remaining possession seizure offences could be due to:

- Seizures in instances when exemption does not apply (e.g., accessible to drivers of motor vehicles)

### What is possession seizure?

A possession seizure is a police seizure of controlled substances listed in the exemption based on a possession offence.

### Why is this important?

Drug seizures can put people who use drugs in unsafe situations by forcing them to turn to riskier or unknown sources to replace seized drugs or to engage in survival crime to replacement drugs.

An intended outcome of decriminalization is a decrease in the number of seizures based on possession offence (“possession seizure”) that are below 2.5g, B.C.'s cumulative threshold limit for the amount of drugs one can possess under decriminalization.

# Reducing Risk to Save Lives



## What We Are Monitoring: Decriminalization: Proactive Outreach

Proactive Outreach workers in the health authorities provide information and help connect people to services.

### Regional Highlights:



**Average**  
**50 calls a**  
**month**

**Island Health** created a toll-free call line - Service Link - to connect community members, families and clinicians to Mental Health and Substance Use services. Addiction and Recovery call takers respond to an **average of 50 calls a month**.



**Average**  
**266**  
**interactions**  
**a month**

**Fraser Health** placed three new Proactive Outreach workers across the region. Between September and December 2023, these outreach workers have made an **average of 266 connections per month** with community members to support their access to care.



**Average**  
**246**  
**interactions**  
**a month**

**Northern Health** added two new Proactive Outreach positions in Fort St. John and Quesnel. Between September and December 2023 alone, these outreach workers have made an **average of 246 connections per month** with community members to support their access to care.

Note: Data is preliminary and hiring Proactive Outreach positions is still in progress. Because Proactive Outreach varies significantly from community to community, they are not easily comparable.

### What is Proactive Outreach?

New Proactive Outreach positions in each regional health authority and the First Nations Health Authority support connections to care for people who use drugs and liaison activities with law enforcement in communities.

Proactive Outreach roles vary greatly across the province to align with community needs and mental health and addictions services.

### Why is this indicator important?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

Data associated with Proactive Outreach help determine the number and quality of connections to care.





**Connecting people to care  
where and when they  
need it**



Ministry of  
Mental Health  
and Addictions

# Connecting People to Care



## Connecting people to care so they can get the help they need

When people take the brave step towards recovery and wellness, they must be met with the care they need, when they need it. Everyone's journey to healing and recovery is different, and we are building a system that is comprehensive and responsive to meet individuals' needs. Options are key to meeting people where they're at and making sure they can access treatment and recovery services that are appropriate for their unique circumstances.

Since 2017, B.C. has been expanding treatment and recovery services, which span a range of options including outreach programs, day treatment, withdrawal management (detox), as well as bed-based services, medications for the treatment of substance use disorders (including opioid agonist treatment) and more, throughout the province.

## What is Government doing to support this?

**Substance use beds:** Include withdrawal management (detox), supportive recovery, stabilization and treatment beds to support people along a continuum of care.

**Outpatient substance use services:** Outpatient services such as intensive case management teams (ICMTs), outpatient withdrawal management (detox), or evening and weekend programming.

**Youth substance use beds and services:** Substance use beds and programming specifically for young people.

**Road to Recovery:** A new model of seamless addictions care to support people through their entire recovery journey. Road to Recovery transforms how people access services through centralized access, standardized same-day clinical assessment, medical triaging to match people to the right level of care and coordinated care teams.

**Concurrent Disorders Treatment:** Live-in sites that are generally staffed 24/7 with medical professionals and offer highly structured programming to individuals with complex concurrent mental health and substance use concerns.

**Opioid Agonist Treatment (OAT):** Also referred to as medication-assisted treatment, is an option for people with substance use disorder that helps reduce the risk of death.

**Expanded scope of nursing practice:** Enabling registered nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe OAT.

**Peer Assisted Care Teams (PACT):** Mobile civilian teams comprised of mental health professionals and peers with lived and living experience responding to mental health crises.

**Mobile Integrated Crisis Response Teams:** Teams pairing a police officer with a health-care worker responding to mental health calls.

**Help lines:** The Provincial Crisis Lines Network provides short-term emotional support and intervention by phone for people throughout British Columbia who are in crisis or contemplating suicide.

**Assertive Community Treatment (ACT) Service Teams:** Service delivery model facilitating community living supports and psychosocial rehabilitation for persons with severe and persistent mental illness, and/or substance use disorders.

**First Nations-led services:** First Nations Health Authority-led services play an integral role in providing connection to community, promoting person-centred wellness and supporting culturally safe healing that is informed by Indigenous Ways of Knowing.

# Connecting People to Care



## Substance Use Treatment & Recovery Continuum of Care

A **continuum of care** is an integrated, patient-centred approach to care that better supports people across their recovery journey.

A safe space to manage the more serious symptoms of withdrawal from substances.

May be **bed-based** (short-term stays for five to seven days) or **outpatient** but always monitored by a healthcare professional.

### Withdrawal Management (Detox)\*

A safe, temporary bed-based setting for people moving between services.

These are short-term services that **may** last from 24 hours to 30 days.

Provides a space for stabilizing for those who cannot safely do so from home.

### Stabilization & Transition\*

Treatment can take place in a **live-in environment** (30 to 90 days) or at home through outpatient services. Often includes clinical supports such as counselling, life-skills training, and medical services like Opioid Agonist Treatment (OAT).

**Supportive Recovery** provides low to moderate supports in a live-in environment. Supportive recovery may be accessed after treatment or instead of treatment, depending on a person's needs.

### Treatment & Supportive Recovery

Recovery doesn't end after treatment. Aftercare supports help people in community and keep them connected to services like peer support, housing, and employment services.

### Ongoing Recovery & Aftercare

\*Additional indicators on withdrawal management (detox) and stabilization and transition beds are being identified and developed for potential inclusion in future data reporting.

**Each person's journey is different;** not everyone needs a bed-based service. **The journey is not always linear,** but people often start at withdrawal management (detox) and **assessment and care planning are ongoing through the journey.**

**The Province is strengthening the continuum of care by adding** new approaches like **Road to Recovery**, a new, seamless model of care that supports same day access to care across different services in Vancouver. Budget 2024 includes funding in the capital plan to expand the Road to Recovery model

# Connecting People to Care



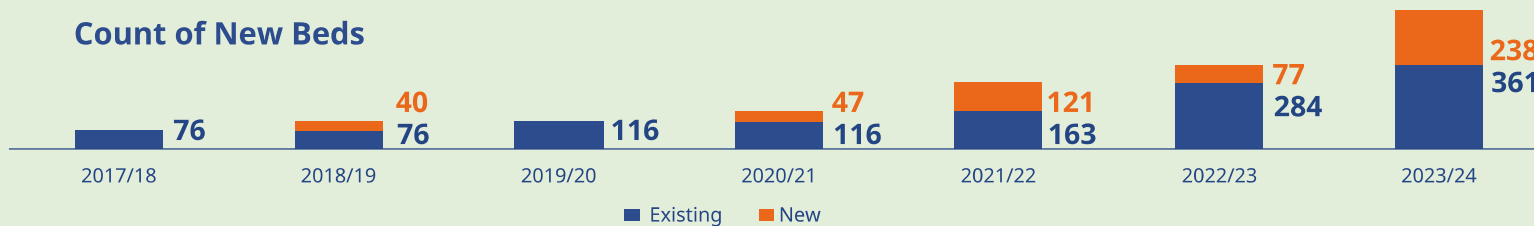
## What We Are Monitoring: Substance use bed-based support

**4,167\*** **unique clients (adults only)** were served by bed-based treatment and supportive recovery beds\* in 2022/2023. This is an increase from 3,679 clients served in 2021/2022.  
\* not including clients of other substance use beds specifically, withdrawal management (detox) and transitional beds; and \* not including youth

**3,601^** **publicly funded adult and youth substance use beds** are available across B.C., including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds, as of February 2024 (174 new beds implemented since August 2023).

**599** **new** publicly funded adult and youth substance use beds opened since 2017.

### Count of New Beds



**200** First Nations Health Authority also funds more than **200 treatment beds**, which offer a variety of cultural and clinical interventions and support for all genders, youth and families. Ten First Nations treatment and healing centres operate throughout B.C.

^This includes 145 tertiary beds that were not previously included in this count.

Figure: Number of new adult and youth beds (cumulative). Data updates since September 2023 to better reflect annual distribution.  
Note: Data is organized by date funded. All beds are implemented as of February 2024. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by a health authority or a contracted third-party. The number of beds implemented does not account for beds that may have closed during the same time period.

## What are substance use beds?

B.C. funds substance use beds to support clients to meet recovery goals across various settings, including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds.

First Nations Health Authority also delivers treatment and recovery services to First Nations people. The establishment of partnership, funding flexibility, land-based healing services, and First Nations-run treatment centers all contribute to autonomy, cultural sensitivity, and tailored care, promoting holistic wellbeing and community resilience.

## Why is this indicator important?

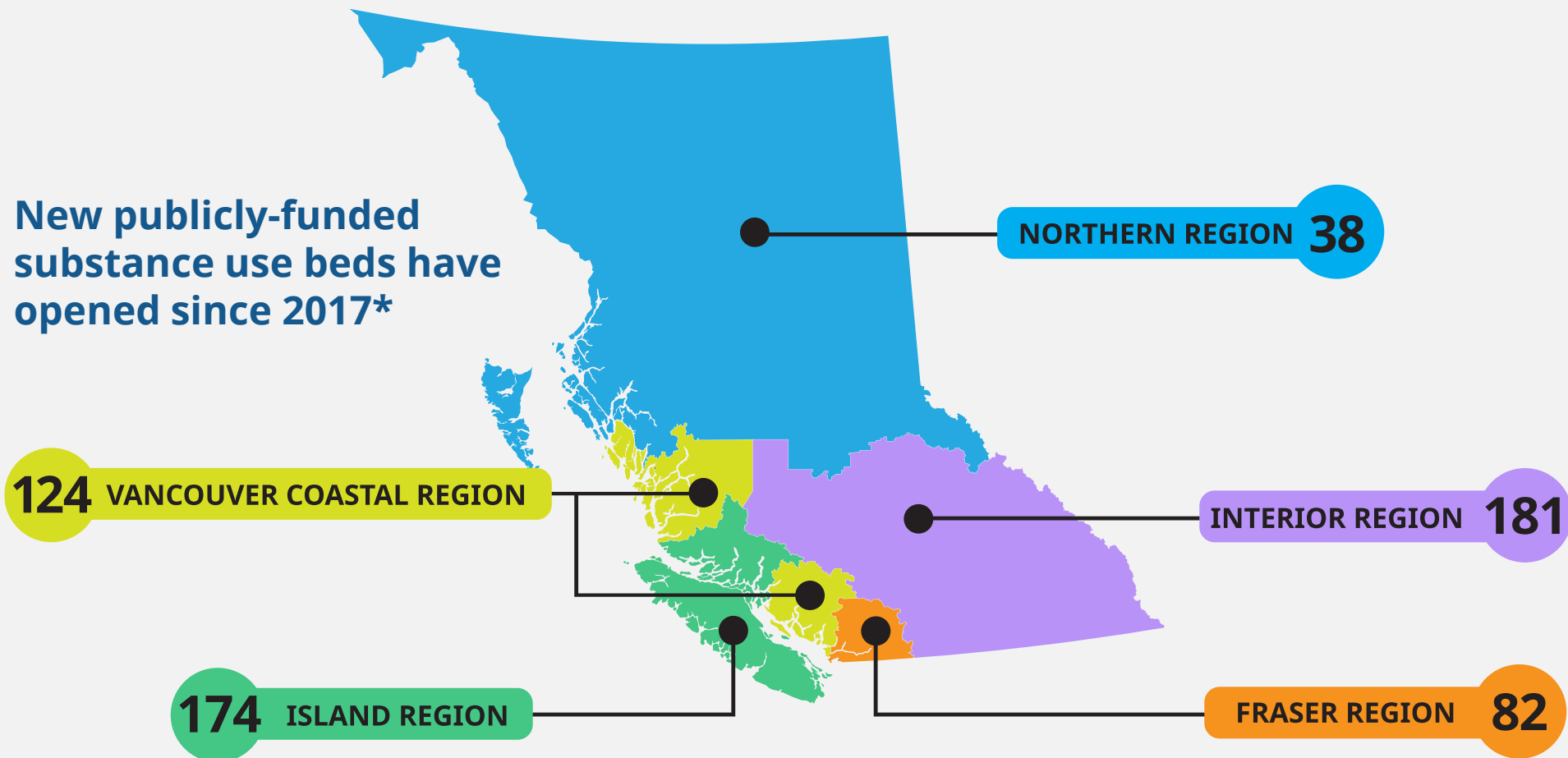
Substance use beds are important services that provide care appropriate for each person's unique circumstances. The number of beds available in the province provides a picture of B.C.'s capacity to provide care to more people.

# Connecting People to Care



# 599

New publicly-funded  
substance use beds have  
opened since 2017\*



\*As of March 2024

51 of the beds in the Fraser region and 10 beds in the Island region are delivered or contracted by PHSA, and available to clients from anywhere in the province. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by a health authority or a contracted third-party.

# Connecting People to Care



## What We Are Monitoring: Road to Recovery

The first Road to Recovery site was implemented in the Vancouver area in Fall 2023.

As part of this model, people now receive a clinical assessment and same-day connection to care from an addiction-medicine physician and/or nurse. This might be access to a bed-based service, like Detox, or connection to outpatient services including same-day access to Opioid Agonist Treatment (OAT).

### Access Central (October 1, 2023 to February 29, 2024)



- 7,855 calls received
- 1,826 calls were from people requesting access to withdrawal management (detox) services. They were clinically assessed and received same day care. Of these:



- 88 were prioritized as urgent (same day access to a bed)
- 280 were prioritized as high priority (access to bed in 1-3 days)
- 854 were prioritized as routine (access to a bed when available)
- 438 were redirected to other appropriate services
- 30 were coordinated transfers from hospital or emergency department\*

\* does not include a small number of cases where data is unknown

### Road to Recovery Withdrawal Management Beds (October 1, 2023 to February 29, 2024)



- 256 clients were served.
- Median wait time for people prioritized as urgent was 1 day.

*"I came into the Rapid Access Addiction Clinic at St. Paul's Hospital looking for help. That same day, I was here in a bed, which is something entirely new. Usually, it's call back in a month."*

- Road to Recovery Patient

## What is Road to Recovery?

Road to Recovery is a new model of seamless addictions care to support people through their entire recovery journey. Road to Recovery transforms how people access services through centralized access, standardized same-day clinical assessment, medical triaging to match people to the right level of care and coordinated care teams.

The initiative launched in Vancouver in the September 2023 and will be expanded to other regions in the province.

## Why is this indicator important?

Implementation of this new model of care is part of the Government's work to expand treatment options for people living with addiction challenges and is an integral part of the work to address the toxic-drug crisis in B.C.

# Connecting People to Care



## What We Are Monitoring: Youth substance use beds and services

**72** *new publicly funded youth substance use beds\** have been implemented since 2017 (↑ from 67 in September 2023)

Youth are able to access new beds in Fraser, Interior, Island, and Vancouver Coastal health authorities and through the Provincial Health Services Authority. These services support youth to meet their substance use treatment goals and include withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds. For more info: [gov.bc.ca/youthsubstanceusecare](http://gov.bc.ca/youthsubstanceusecare)

**8,568** *young people were served* by new or expanded youth substance use services in FY 2022/23\*\*

Young people can access 32 new or expanded youth substance use services since June 2021. Budget 2021 invested in new and expanded youth substance use services. Budget 2023 provides funding for additional youth substance use services.

Note: Health authority data. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by health authorities or contracted third-parties. The number of beds implemented does not account for beds that may have closed during the same time period.

\* Includes 20 beds at Traverse in Chilliwack and 52 of the 123-bed investment.

\*\* Not including young people accessing bed-based services

## What are youth substance use beds and services?

Bed-based services are designed to support people with mental health or substance use challenges in a safe and structured environment.

In addition to bed-based services, B.C. supports a range of substance use services for youth delivered as part of a continuum of care. Services can include case management, outreach programs, community counselling, day treatment, harm reduction supports, crisis intervention services, and medication-assisted treatment.

## Why is this indicator important?

Implementation of new and expanded youth substance use services will ensure youth have access to the right service, at the right time, close to home.

# Connecting People to Care



## What We Are Monitoring: Concurrent disorders treatment at Red Fish Healing Centre

**Red Fish Healing Centre** is a 105-bed facility, which is designed for people with the most complex and concurrent mental health and addictions challenges. Red Fish treats mental health and addictions together and research shows that this can result in better outcomes for people because each affects the other.



Red Fish Healing Centre is highly utilized, with an average occupancy rate of 95%, indicating a sustained, high demand for this type of service.

Through Budget 2023, the Red Fish model of care will be expanded so more people will have access to treatment closer to home.



A total of 214 clients were admitted to Red Fish in 2022/23.



95% of Red Fish clients reported improved mental health between admission and discharge.

Note: Bed utilization rate is a measure of service access. Specifically, it indicates the percentage of beds occupied by clients in specific time periods. PHSA continues to monitor and evaluate Red Fish Healing Centre.

## What is concurrent disorder treatment?

A concurrent disorder is when a person has both a substance use and mental health disorder at the same time. In B.C., concurrent disorder treatment beds provide specialized care to meet the needs of individuals with serious and persistent mental health and/or concurrent substance use concerns who have not been successfully treated by other programs.

These live-in treatment sites are generally staffed 24/7 with medical professionals and offer highly structured programming. There are 145 primary substance use/concurrent beds in the province.

## Why is this indicator important?

Concurrent disorder treatment fills the service gap for clients who often end up in custody or emergency departments instead of getting the help they need.



# Connecting People to Care



## What We Are Monitoring: Opioid Agonist Treatment (OAT) - people receiving OAT each month

OAT helps reduce the risk of death. The reach of OATs has increased over time through expanding the medications covered, reducing costs, and expanding who can prescribe OATs.

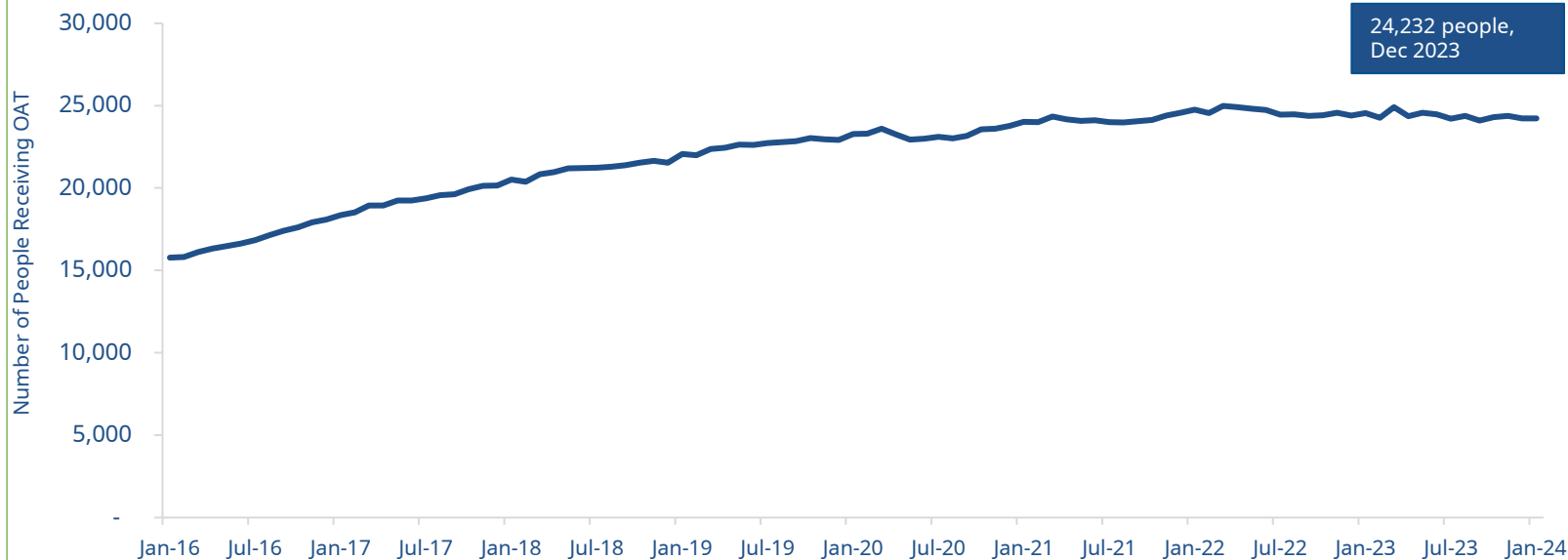


Figure: Number of people receiving OAT by month (January 2015 – December 2023).

Note: BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, B.C. Ministry of Health. Data represent clients who filled prescriptions at community pharmacies within B.C., not all clients who received prescriptions. Recent data may change slightly due to prescription reversals/data quality improvements.

### What is OAT?

Opioid agonist treatment (OAT) is a suite of medications for the treatment of opioid use disorder that helps reduce the risk of a toxic drug poisoning event and death and sustained abstinence from unregulated opioid use.

Access to medications for the treatment of substance use disorders has been significantly expanded through Rapid Access to Addictions Care Clinics in all health regions, so more people can access the care they need, where and when they need it.

### Why is this indicator important?

B.C.'s evidence-based opioid agonist treatment guidelines support the use of a diverse range of medication-assisted treatment options.

Increasing the availability of this treatment represents an essential component of a comprehensive health system response to the toxic drug crisis.

# Connecting People to Care



## What We Are Monitoring: Opioid Agonist Treatment (OAT) - people receiving OAT for the first time

The number of people dispensed OAT for the first time has stabilized after an initial increase in 2016 and 2017.

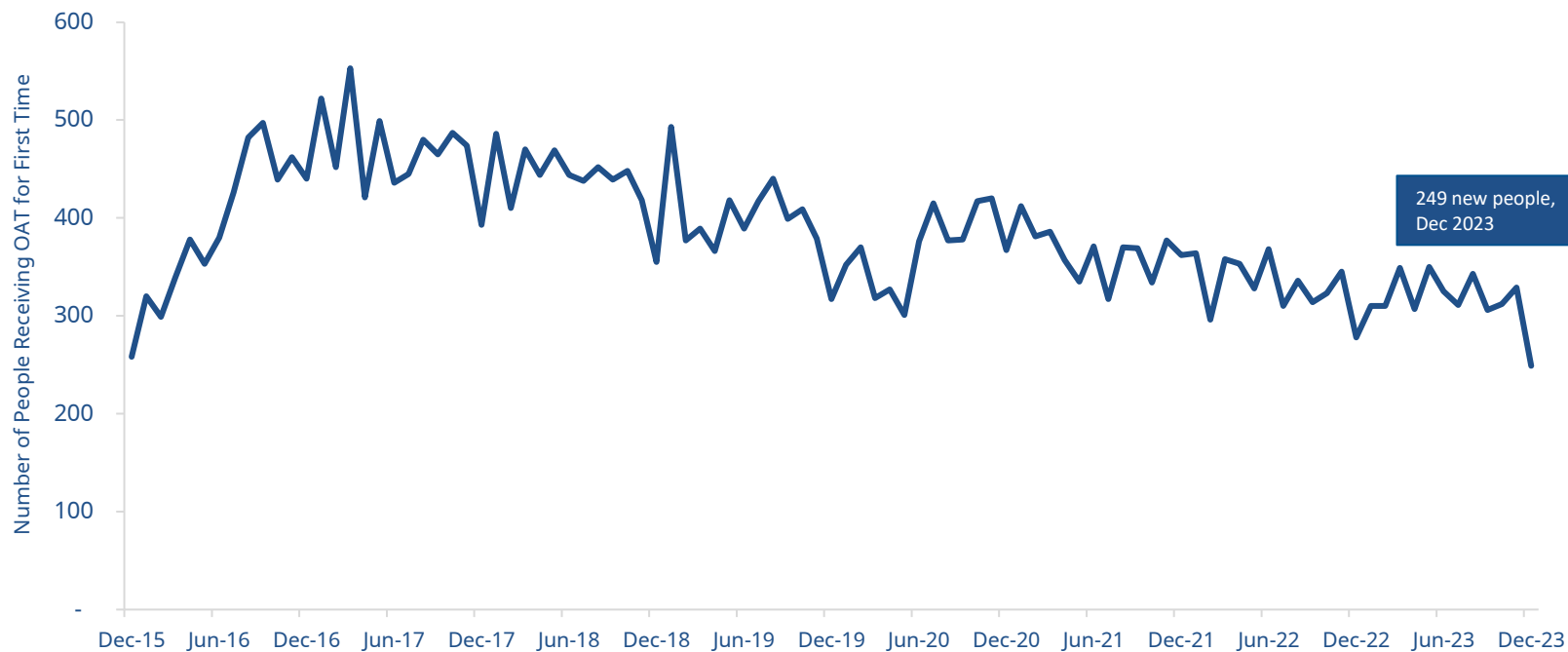


Figure: Number of people receiving opioid agonist treatment by month for the first time (December 2015 - December 2023).

Note: BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, B.C. Ministry of Health. Data represent the number of unique clients dispensed OAT medication(s) for the first time at community pharmacies in BC.

### What is OAT?

Opioid agonist treatment (OAT) is a suite of medications for the treatment of opioid use disorder (OUD) that helps reduce the risk of a toxic drug poisoning event and death.

Through Rapid Access Addictions Clinics, access to medications for the treatment of substance use disorders has been significantly expanded in all health regions. This means more people can access the care they need, where and when they need it.

### Why is this indicator important?

The number of people dispensed OAT for the first time helps describe improved OAT access for people who may not have been offered OUD treatment previously. OAT is an essential component of a comprehensive health system response to the toxic drug crisis.

# Connecting People to Care



## What We Are Monitoring: Opioid Agonist Treatment (OAT) – percentage of people retained for 12 months

The % of people on OAT and retained for 12 months has fallen over time. Barriers to access and retention in OAT are multifactorial and span throughout and beyond the health system.

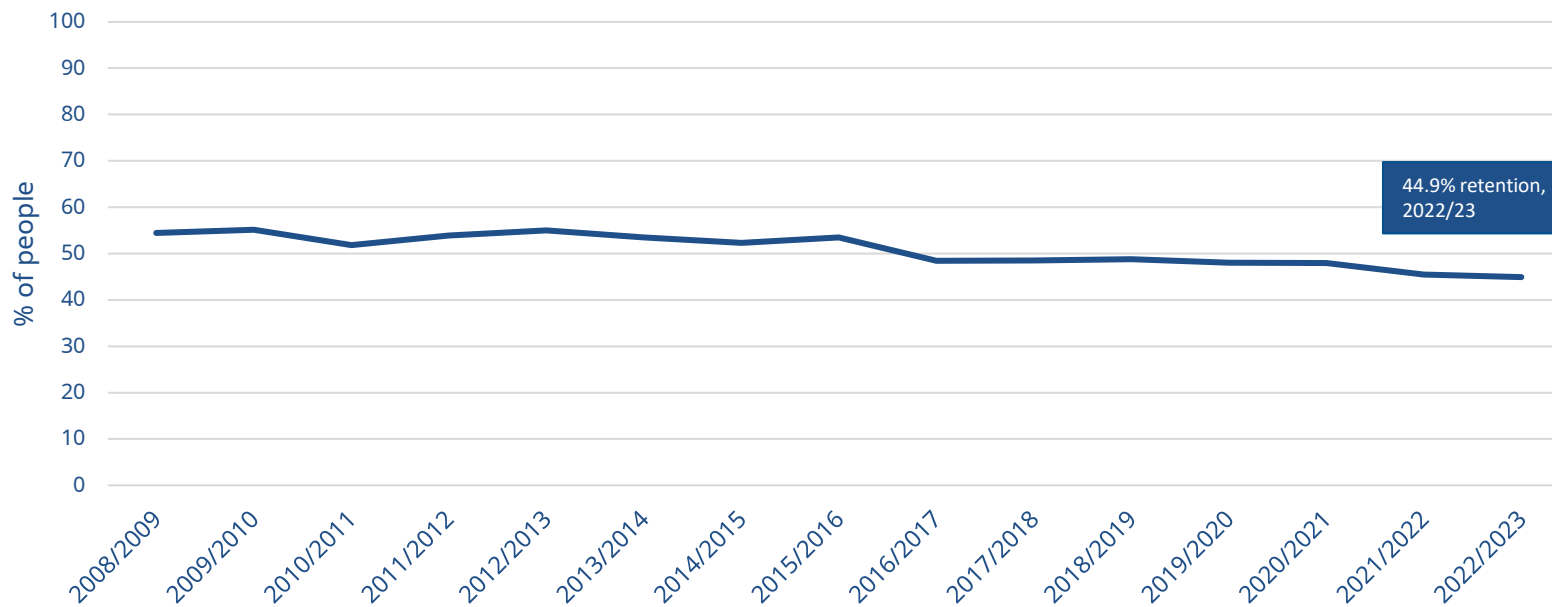


Figure: Percent of people who continue OAT for 12 months or longer to treat opioid use disorder.  
Note: BC PharmaNet data are provided by Health Sector Information, Analysis, & Reporting Division, BC Ministry of Health. The number of people continuously on OAT for 12 months or more are divided by the total number of people engaged in OAT at the end of the fiscal year and reported as a percentage.

### What is OAT?

Opioid agonist treatment (OAT) is a suite of medications for the treatment of opioid use disorder (OUD) that helps reduce the risk of a toxic drug poisoning event and death.

OAT drugs consist of methadone, buprenorphine/naloxone, buprenorphine, slow-release oral morphine, diacetylmorphine, hydromorphone injection, and hydromorphone tablets.

### Why is this indicator important?

People who are retained on OAT (or take it consistently without interruption) experience improved health outcomes, including reductions in toxic drug poisoning-related mortality and is a key indicator tracking the optimization of OAT as a key component of the province's health system response to the toxic drug crisis.

# Connecting People to Care



## What We Are Monitoring: Expanded scope of nursing practice

To increase the number of people who can access medications for opioid-use disorder, particularly in rural and remote parts of the province, registered nurses (RNs) and registered psychiatric nurses (RPNs) can now complete training to begin prescribing opioid agonist treatment, joining family physicians, psychiatrists and nurse practitioners.

### Training

As of December 2023



**272** Nurses enrolled in training (↑ from 255 as of June 2023)



**167** Nurses completed training (↑ from 137 as of June 2023)

### Program Outputs

In December 2023



**594** Patients had dispenses for opioid agonist treatment (↑ from 353 in June 2023) (prescribed by an RN or RPN)



**51** RNs and RPNs prescribing medication-assisted treatments (↑ from 40 in June 2023)

Note: BC PharmaNet data are provided by Health Sector Information, Analysis, & Reporting Division, B.C. Ministry of Health. Recent data may change slightly due to prescription reversals/data quality improvements. Training data from BC Centre on Substance Use.

## What is nurse prescribing?

To increase the number of clinicians who can prescribe medications for opioid-use disorder – particularly in rural and remote parts of the province – registered nurses (RNs) and registered psychiatric nurses (RPNs) can now complete training to begin prescribing opioid agonist treatment.

In November 2021, the British Columbia Centre on Substance Use launched education and training to enable RN/RPN prescribers to offer methadone and slow-release-oral-morphine, in a phased approach, in addition to existing education and training focused on buprenorphine/ naloxone.

As of November 1, 2023, a new class of certified practice for nurses came into effect, Certified Practice for Opioid Use Disorder, that enables certified RNs and RPNs to diagnose and treat opioid use disorder

## Why is this indicator important?

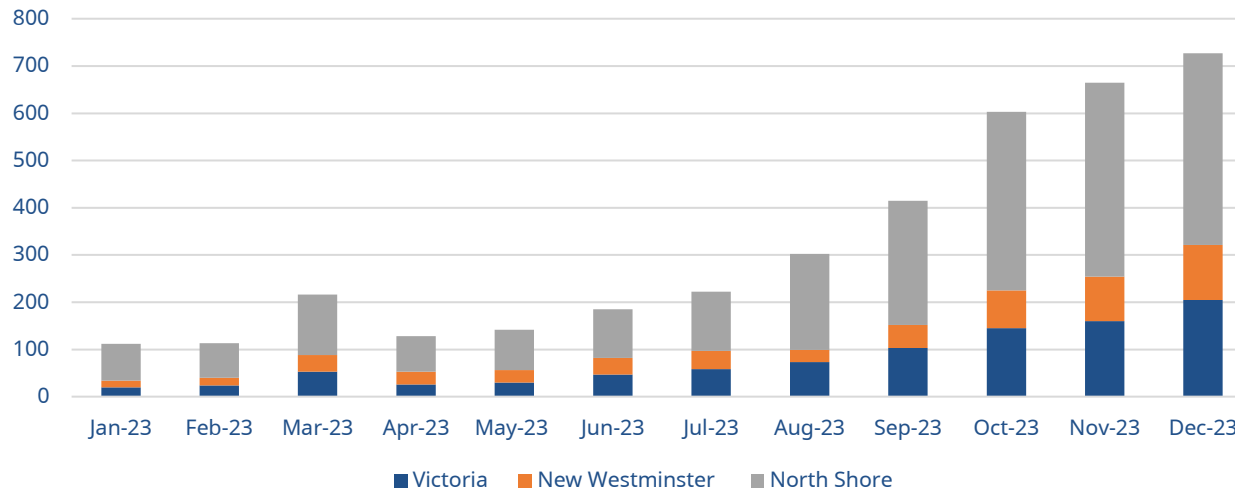
Increasing the number of clinicians who can prescribe medications for opioid-use disorder is an essential health system response to the toxic drug crisis. By enabling certified practice for opioid use disorder, more people with opioid-use disorder have access to medication-assisted treatments, reducing the risk of a toxic drug poisoning event and death.

# Connecting People to Care



## What We Are Monitoring: Peer Assisted Care Team (PACT) services

Peer Assisted Care Teams operate in Victoria, New Westminister and on the North Shore, and responded to **3,830 calls from January to December 2023** (↑ from 896 calls between January and June 2023).



**Only 0.6% of all PACT calls in 2023 were referred to police**

The **top three reasons** for calls to PACT were:

- **Mental health crisis** calls, particularly for depression, anxiety, psychosis, and suicidal thoughts
- **Substance use-related crisis** situations
- **Well-being checks**

The North Shore PACT began operations in November 2021.

Victoria and New Westminister began operations in January 2023.

PACTs in Comox Valley, Kamloops and Prince George will launch in Spring 2024.

### What is PACT?

Peer Assisted Care Teams, or PACTs, are mobile teams that respond to mental health crisis calls. PACTs provide crisis support over the phone, by text, and dispatch mobile responders as needed. PACTs ensure that people experiencing a mental health or substance use crisis are met by a peer with lived and living experience and a mental health professional and are connected to the services and supports they need.

### Why is this indicator important?

PACT call numbers demonstrate the need for a mobile, civilian-led crisis response and highlight the degree to which a community is aware of the program. As community awareness grows and PACTs expand operating hours, the number of calls the teams receive is expected to increase.

Each call PACTs respond to represents a person in crisis who was supported by professionals and peers.

Figure 1: PACT Call Totals in B.C., January – December 2023.

Note: Data provided by the Canadian Mental Health Association – B.C. Division. New Westminister and Victoria teams launched in January 2023.

# Connecting People to Care



## What We Are Monitoring: Mobile Integrated Crisis Response Teams in B.C.

Through the Safer Communities Action Plan, Government is expanding Mobile Integrated Crisis Response Teams in B.C. As of January 2024, six new teams have launched. These teams are new and working to establish standard data collection. Future iterations of this report will include additional measures as available and appropriate.



**New Mobile Integrated Crisis Response Teams launched since September 2023**  
in Abbotsford, Burnaby, Chilliwack, Coquitlam/Port Coquitlam, Vernon, Penticton.



**New Mobile Integrated Crisis Response Teams are coming to** Squamish, Prince Rupert, and the West Shore.



**Established Mobile Integrated Crisis Response Teams** (or similar services with different names) are found in Vancouver, Richmond, Surrey, the North Shore, Victoria, Nanaimo, Kelowna, Kamloops, Prince George, and Fort St. John.

## What are Mobile Integrated Crisis Response Teams?

Mobile Integrated Crisis Response Teams pair a police officer with a healthcare worker to respond to mental health calls to ensure that people experiencing a mental health or substance use crisis are met by mental health experts – and not only police – and connected to the services and supports they need on their pathway to wellbeing.

The health care worker provides on-site emotional and mental health assessments, crisis intervention and referrals to appropriate services in the community, while the police officer looks after any safety concerns and makes sure everyone is safe.

## Why is this indicator important?

Implementation of new Mobile Integrated Crisis Response Teams in communities will ensure that people experiencing a mental health or substance use crisis are met by mental health experts – and not only police – and connected to the services and supports they need on their pathway to wellbeing.

# Connecting People to Care



## What We Are Monitoring: Help line utilization

### Suicide Line (1800)

In FY 2022/2023\*

**1800SUICIDE (1-800-784-2433)** is for individuals considering suicide, or for those who are concerned about someone who may be at risk of suicide.

**12,875** calls answered in FY 2022/23

### Mental Health Line (310)

In FY 2022/23\*

**310Mental Health Support (310-6789)** is a help line that provides emotional support, information and resources specific to mental health and substance use disorders.

**36,879** calls answered in FY 2022/23

### National Suicide Crisis Helpline (988)

Launched in November 2023\*\*

**988** provides a free, easy-to-remember call or text option that integrates all the other lines and ensures immediate and effective response to any crisis, 24/7 and from anywhere in the province.

\*Note: Data provided by Health Authorities' quarterly reporting.

\*\* [National Service Data](#) was released in February 2023. B.C. specific data will be included in future iterations of this data snapshot

## What are help lines?

When people are in crisis because of mental health or addiction challenges, they need to be met with care and compassion.

Help lines provide a vital service to residents of British Columbia who need mental health and or substance use support.

## Why is this indicator important?

Help line workers are empathic, active listeners and partners. They use crisis and suicide assessment and intervention methods based on today's best practices.

The help lines offer immediate, 24-hour access to services for anyone in the province considering suicide or those with mental health or substance use challenges.

# Connecting People to Care



## What We Are Monitoring: Assertive Community Treatment (ACT) Teams

ACT Teams operates **24 hours a day, seven days a week** and provides a **low staff-to-client ratio, frequent contact** with clients, and an integrated **multi-disciplinary team** approach.



**32** ACT Teams are available across the province in 2023.



**1,288** persons (approximate) with severe mental health and concurrent substance challenges were served by ACT Teams in August 2023

In 2020/21, the Ministry provided regional health authorities (RHAs) with \$3.5 million to begin implementing additional ACT Teams; eight new Teams were created.

Since 2021/22, the Ministry has provided RHAs with \$17 million in annual funding to support the additional eight ACT Teams, as well as the expansion of other ACT Teams.

### What is ACT?

Assertive Community Treatment Teams are made up of a range of professionals working together to fill gaps in the current system and connect people with mental health and addiction challenges to ongoing support and health care services and treatment.

ACT Teams deliver services in community settings, such as in client homes, workplaces, parks, and recreation locations. Services may include crisis assessment and intervention, housing supports, psychiatric/psychological treatment, medication management, supports for substance use disorder, work-related services and family support.

### Why is this indicator important?

Ongoing monitoring and evaluation of the number of teams and people served ensures consistent, high-quality service delivery across the province.

- As reported to August 2023 by health authorities with available data.
- \*\*Data pulled from the February 3, 2022 Assertive Community Treatment Services (ADM) – Legislative Session Fact Sheet – not supplied/verified by Island Health.



# Connecting People to Care



## What We Are Monitoring: Progress and impact of First Nations Health Authority (FNHA)-led services

This information is collected and reported by the First Nations Health Authority. MMHA will continue to work with First Nations, Métis and Indigenous partners to refine and/or add indicators in the future. Further information can be found [here](#).

### First Nations Virtual Substance Use and Psychiatry Service



- Psychiatrists and specialists conducted 1,937 virtual sessions in 2022



- Care coordinators had 826 encounters with First Nations individuals and families in 2022

### Access to Opioid Agonist Treatments (OAT)



- 20 rural and remote First Nations communities supported by FNHA to provide opioid agonist treatment in community



- 295 people received subsidies to access opioid agonist therapy at medical clinics in 2022

### Indigenous-led Harm Reduction Initiative



- 97 harm reduction grants provided by FNHA in 2022



- 597 people completed *Not Just Naloxone* training sessions in 2022



- In 2022, FNHA distributed:
  - 3,311 doses of nasal naloxone to individuals through community pharmacies
  - 8,011 nasal naloxone kits (each kit contains two doses) to 70 First Nations communities and organizations through bulk ordering.

FNHA also collaborated with health system partners in their distribution of 8,498 injectable naloxone kits (each kit contains three doses) to 163 First Nations take-home naloxone sites

## What are First Nations-led solutions?

First Nations Health Authority-led services play an integral role in providing connection to community, promoting person-centred wellness and supporting culturally safe healing that is informed by Indigenous Ways of Knowing. These services are guided by their unique perspectives, fostering healing, resilience and empowering while addressing historical challenges and promoting positive change.

Land-based healing initiatives include culturally safe models of care that connects to traditional territories and land-based values. FNHA has supported 147 land-based healing initiatives across five regions, investing \$10.8 million beginning in 2021/22.

## Why is this indicator important?

These indicators offer a holistic view of the efforts being made to improve First Nations mental health and wellness, showcasing both successes and areas that may require attention.



**Creating a pathway to recovery  
and wellness so people can live  
healthy lives**

YES YOU  
CAN



Ministry of  
Mental Health  
and Addictions

# Pathway to Recovery and Wellness



## Creating pathways to recovery and wellness so people can live healthy lives

Aftercare services and ongoing wellness supports are crucial to ensure people continue to receive the support they need on their pathway to recovery.

But the pathway to recovery and long-term wellness does not end at treatment. The Province is investing in services so people in recovery can build connections, resiliency and wellness through mutual peer support, life-skills programming, and relapse prevention.

In addition, training for aftercare providers such as recovery coaching, relapse prevention, culture-based healing initiatives and other services is critical to helping our loved ones on this journey.

## What is Government doing to support this?

**Complex Care Housing:** Housing services helping people with overlapping mental health, addiction, and other complex health challenges.

**Recovery Community Centres:** Sites where people in recovery can build connections, resiliency, and wellness through mutual peer support, life-skills programming, and relapse prevention.

**Care for Caregivers and Care to Speak:** Online peer support and targeted mental health education resources for health care and community social workers.

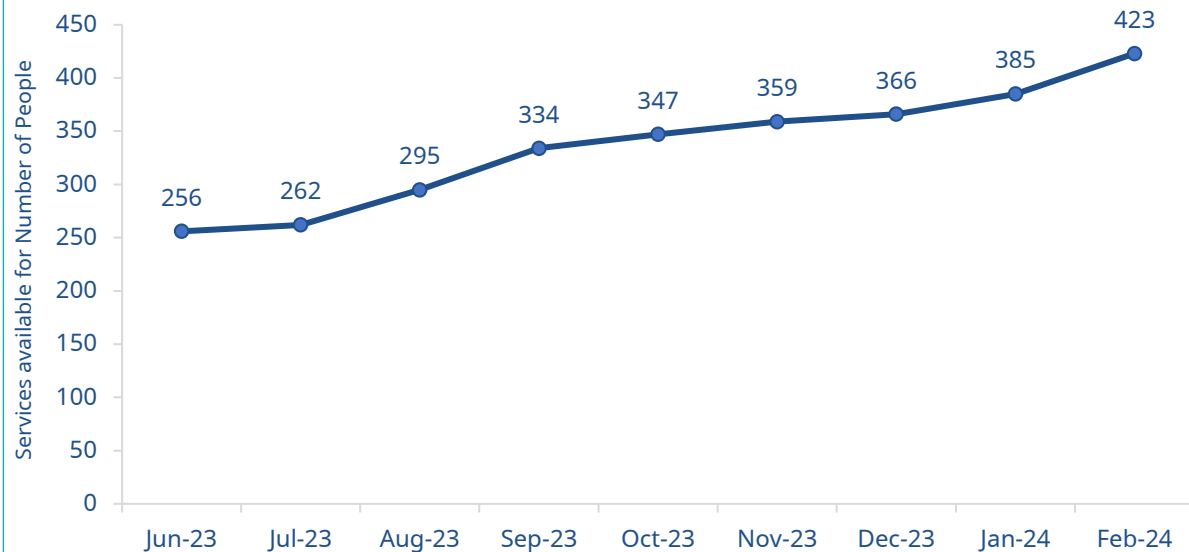
**Workplace Mental Health Hub:** Program providing mental health information, training, and coaching services to improve mental health of workplaces in B.C.

# Pathway to Recovery and Wellness



## What We Are Monitoring: New complex care housing

As of February 1, 2024, Service providers have the capacity to support **423 people** through complex care housing services.



As part of Budget 2022, Government announced new complex care housing services for up to 500 people. We are working to put these services in place by 2025.

Through Budget 2023, Government is **expanding** complex care housing. As part of the [Homes for People housing action plan](#), Government will build 240 new complex care housing units across British Columbia.

Figure: Complex care housing service capacity.

Note: Totals reflect data collected the previous month through health authority reporting. Totals are # 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.

## What is complex care housing?

Complex care housing is a ground-breaking approach to address the needs of people with overlapping mental health, addictions, and other complex health challenges who are left to experience homelessness or at risk of eviction.

New, team-based health services wrap around complex care housing clients, supporting them to achieve their wellness goals and housing stability. Many people engaged through complex care housing are making connections and building relationships with service providers after years of cycling through emergency services and the shelter system.

## Why is this indicator important?

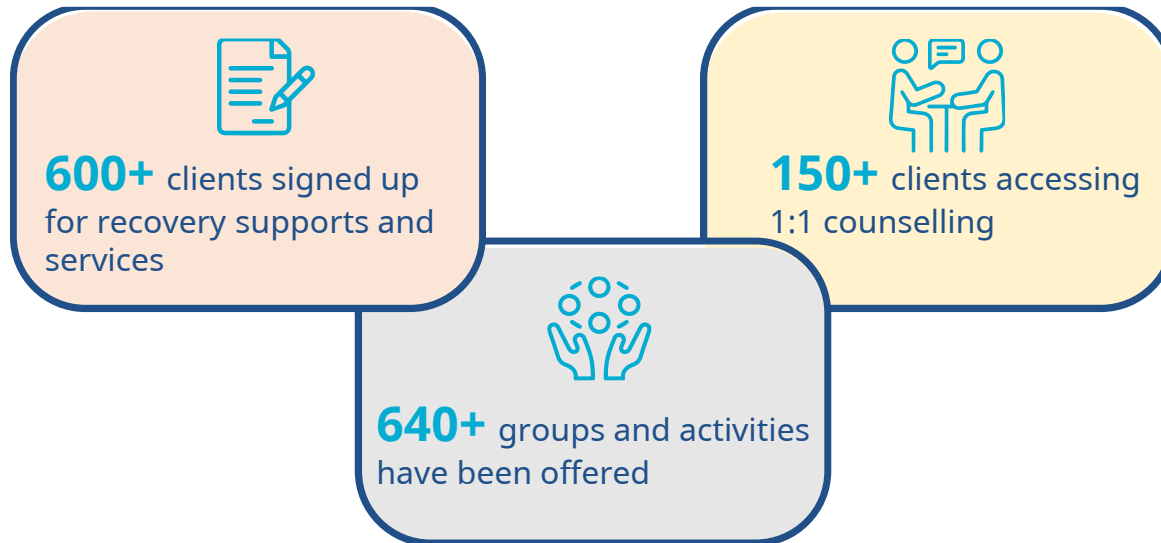
Some people with complex challenges require additional supports to maintain their housing and have improved health and wellness. Monitoring the complex care housing service capacity is important to understanding how many people may be supported by this service at any one time.

# Pathway to Recovery and Wellness



## What We Are Monitoring: Recovery Community Centres (RCCs)

Vancouver's RCC, the Junction, is new but already serving many clients and offering a wide variety of recovery-oriented supports. Since November 2022, the Junction has seen:



Clients of the Junction have access to a variety of low-barrier recovery supports, including:

- Mutual support groups
- Recreational and social activities
- Peer and system navigation support
- Skills building and education
- Harm reduction services
- Special programming for Indigenous and 2SLGBTQ2S+ people

Figure: Overview of Junction participation and recovery-oriented activities since implementation November 2022. Note: Data collected through regular health authority reporting to MMHA; current as of December 2023.

## What are Recovery Community Centres?

Recovery Community Centres (RCCs) offer community-based recovery supports beyond the clinical setting that help people achieve sustained recovery by building personal, social and community resources. Government has been funding Vancouver's RCC site, the Junction, since November 2022, with Budget 2023 funding the expansion of RCCs to communities across B.C. in the future.

Budget 2023 also supports the implementation of 50 aftercare clinicians across the province. Aftercare clinicians provide services that complement other treatment and recovery services (e.g., RCCs, bed-based services) and ensure people can access long term, evidenced-based recovery-oriented supports in the community.

## Why is this indicator important?

Recovery supports in the community are crucial to make sure people continue to receive the support they need when they return home from bed-based substance use programs and throughout their recovery journey.

# Pathway to Recovery and Wellness



## What We Are Monitoring: Care for Caregivers and Care to Speak Programs

Since April 2020, Care for Caregivers and Care to Speak programs has provided resources to mental health and community social services workers across B.C.

### Care for Caregivers

Between April 2020 and January 2024



- **220,000+ page views**  
[www.careforcaregivers.ca](http://www.careforcaregivers.ca)  
(↑ from 200,000+ as of July 2023)



- **105+ webinars delivered**  
(↑ from 90+ as of July 2023)
- **2,900 employees in health and community social services reached through webinars** (↑ from 2,100+ as of July 2023)

### Care to Speak

Between April 2020 and January 2024



- **1,100+ interactions with peer support workers (online chats, calls, and texts)**  
(↑ from 800+ as of July 2023)



- **Users report increases in their ability to cope**
- **Feedback indicate that users would access service again**

## What is Care for Caregivers and Care to Speak?

These two unique programs, delivered by the Canadian Mental Health Association-B.C. division, in partnership with SafeCare BC, offer online peer support and targeted mental health educational resources for healthcare and community social services workers at all levels.

Care to Speak is a free and confidential peer-based phone, text, and chat line for workers in need of short-term emotional support.

## Why is this indicator important?

These programs are part of B.C.'s comprehensive Health and Human Resources Strategy. People working in healthcare are doing extraordinary work in the face of multiple chronic and acute pressures.

These programs are one way we're helping to foster psychologically safe and healthy workplaces.

# Pathway to Recovery and Wellness



## What We Are Monitoring: Workplace Mental Health Hub



- **54,000+ page views** [workmentalhealthbc.ca](http://workmentalhealthbc.ca)  
(↑ from 47,000+ as of July 2023)



- **790 CARE training courses completed**  
(↑ from 600 as of July 2023)



- **75+ webinars delivered** (↑ from 70+ as of July 2023)
- **1,000+ worked in tourism and hospitality, as well as community social services reached**  
(↑ from 900+ as of July 2023)



- **Learning coaches handled over 700 inquiries between January 2022 and February 2023**

*"We haven't seen something like this before, and I think just the fact that it's available and a place to turn to. It is really impressive and helpful. I think if we can get more awareness out there."*

-- Hub client

## What is the Workplace Mental Health Hub?

The Hub includes a website ([www.workmentalhealthbc.ca](http://www.workmentalhealthbc.ca)), webinars, free training courses and access to learning coaches. It provides workplace psychological health and safety resources, education, and support for two sectors that were especially hard-hit during the COVID-19 pandemic, including community social services and tourism and hospitality.

The program is delivered in partnership with the Canadian Mental Health Association.

## Why is this indicator important?

This represents actions to create a continuum of sector-specific, relevant resources that support employee, managers and organizational leaders to create and promote a psychologically safe and healthy workplace culture.

1. Website analytics reported since launch in June 2021-January 2024.  
2. CARE training program data reported from January 2022-January 2024.



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