



# **Mental Health, Wellness and Recovery**

## **Minister's Briefing**

2021 Premier Transition

November 2021

## **TABLE OF CONTENTS**

I.	State of Manitoba.....	2
II.	Machinery of Government.....	9
III.	Department Organization .....	15
A.	Department Responsibilities and Mandate .....	15
B.	Organizational Structure.....	17
C.	Organizational Chart and Senior Leadership .....	20
IV.	Strategic Overview .....	22
A.	Urgent and Pending Issues .....	22
B.	Legal Action.....	32
C.	Strategic Priorities and Opportunities .....	35
V.	Impact of COVID-19 and Response Measures .....	38
VI.	Status of Throne and Budget Speech Commitments.....	40
VII.	Intergovernmental Affairs Overview .....	42
VIII.	Fiscal Overview and Status of Special Operating Agencies/ Other Operating Agencies....	43
IX.	Internal Structural Pressures .....	45
X.	Legislative and Regulatory Overview .....	47
XI.	Agencies, Boards, and Commissions Appointment.....	48
XII.	Appendices.....	49
A.	List of Departmental/ Cross-Departmental Committees and/or Advisory Committees .....	49
B.	Statutory Responsibilities of the Minister / Legal Framework .....	52
C.	Mental Health and Addictions Investments .....	53

# MANITOBA AT A GLANCE

## DEMOGRAPHICS



**Population 1,383,765**  
(as at July 2021) – 5<sup>th</sup> highest in Canada



**49.7%**  
Male

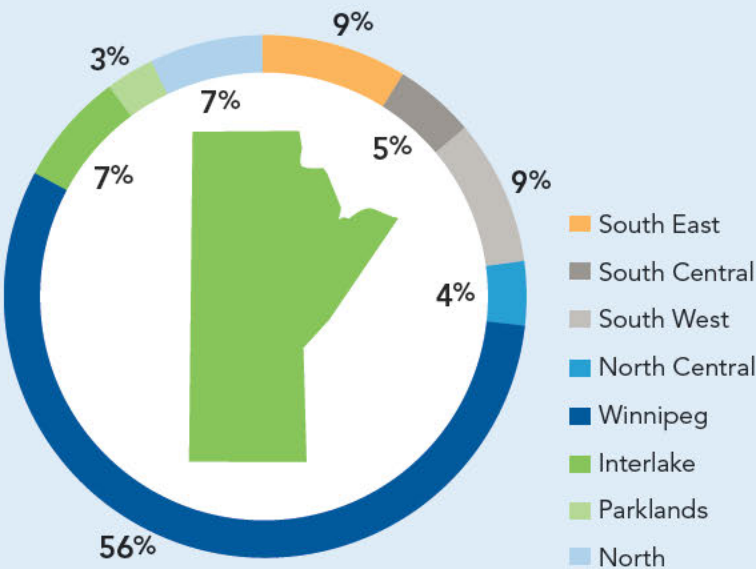


**50.3%**  
Female

**Median Age 37.8 years**

Manitoba is the **youngest province**; third youngest including the territories. The **Indigenous population is 29.3 years on average**, approximately 8.5 years younger than the provincial median age.

### Population by Economic Region



## KEY ECONOMIC MEASURES



**Real GDP is projected to grow 4.9%** in 2021, fully offsetting the worst economic downturn in Manitoba's history

**Real GDP at market prices - \$64,454 million**



**Debt-to-GDP 37.7%**

A ratio below 40 percent is desirable.



**Manitoba has the 5<sup>th</sup> lowest greenhouse gas emissions out of 10 provinces**

## LABOUR FORCE



**Unemployment Rate 5.6%**  
(lowest in Canada)

**Youth unemployment 9.9%**



**Participation Rate 66.6%**  
(3<sup>rd</sup> best out of provinces)

# MANITOBA AT A GLANCE *cont.*

## HOUSEHOLD FINANCES

### Median Income

**\$68,147**

(5<sup>th</sup> among the provinces - 2015)



### Average Weekly Earnings

**\$1,023.26**

(7<sup>th</sup> in Canada)



### Consumer Price Index

**+4.7%** from 2020

### Shelter Cost

**+7.3%** from 2020

(2<sup>nd</sup> highest increase in Canada)

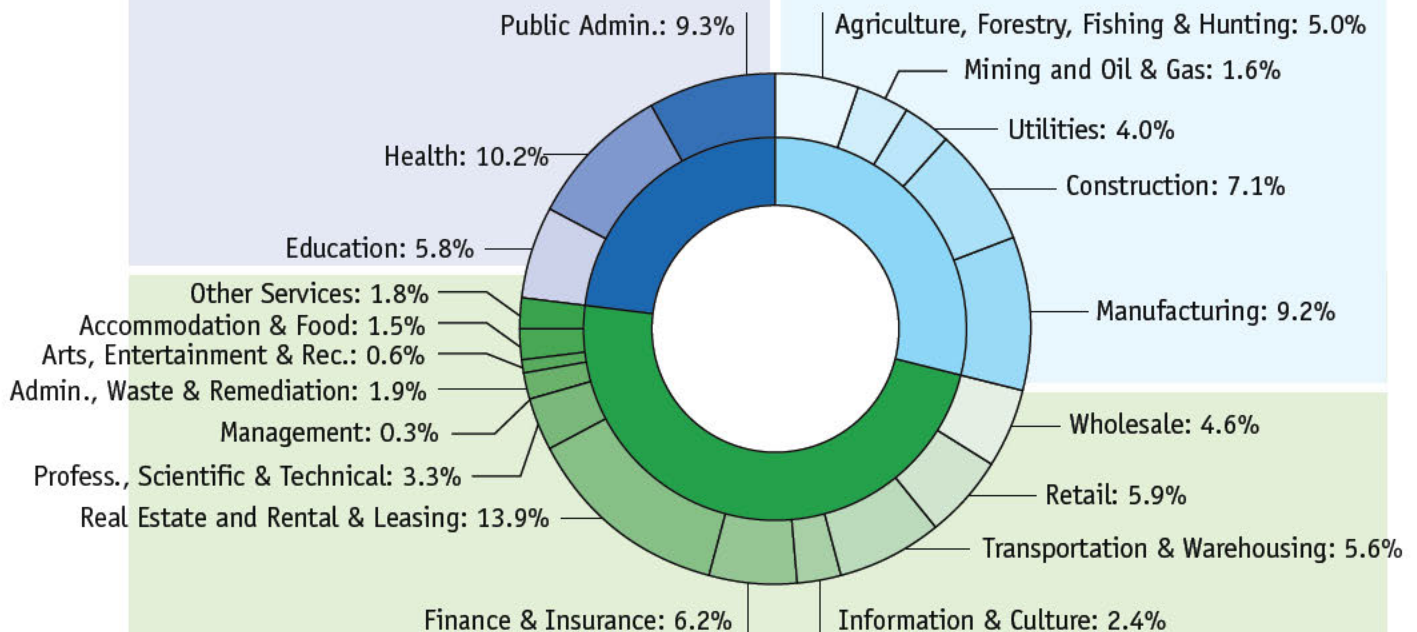


## LEADING SECTORS

### Manitoba's Economic Diversity

**Public Services: 25%**

**Goods-Producing: 27%**



**Private Services: 48%**

# STATE OF MANITOBA - PANDEMIC IMPACTS

**THE ECONOMY IS REBOUNDING, but there are major areas of concern – mental health and addictions, housing, youth learning loss, increasing labour slack, a significant backlog of medical treatments, and more.**

Manitoba may be close to a return to pre-pandemic metrics on growth and jobs, but still far behind pre-pandemic projections for 2022 – the province is facing a “growth gap”.

Vulnerable Manitobans have, in many ways, fallen further behind. This has increased the existing gap in wellbeing for many demographics.

## HEALTH

- Based on self-reported data gathered during the second wave, **40% of Manitoba respondents indicated their mental health deteriorated since the onset of the pandemic.** There is increasing evidence of a mental health “echo pandemic”.  
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- 23(1)(a)
- Median wait times at Winnipeg emergency departments and urgent care centres are the highest in at least the past seven years.

## EDUCATION

- 23(1)(a)
- Manitoba consistently ranks among the bottom of provinces and OECD countries in reading, math, and science scores. 23(1)(a)

## COMMUNITY

- African, Filipino, Latin American, Indigenous and South Asian communities in Manitoba were disproportionately impacted by COVID-19, with both more cases of, and deaths from, the disease.
- Immigration numbers plummeted in 2020 as the world locked down. **Manitoba welcomed 8,628 immigrants, a decrease of 54 percent from 2019.** Low immigration causes strain on the labour market, tax base, post-secondary sector, and economy as a whole.
- A recent Winnipeg survey found 424 people experiencing absolute homelessness (not using shelters) – an 84% increase since 2018.
- Manitoba’s Crime Severity Index (CSI) score indicates a decrease in both violent and non-violent crimes by 11 percent and 10 percent respectively through the pandemic, a greater decrease than the national average. Across Canada, the CSI decreased by 8 percent in 2020 compared to 2019.

## HOUSEHOLD INCOME

- In 2020, Manitoba household net savings was roughly \$6 billion. 23(1)(a)
- 23(1)(a)
- Manitoba has **the second-highest low-income persistence rate out of all provinces**, and a higher low-income immobility rate than the Canadian average.



# PANDEMIC IMPACTS *cont.*

## ECONOMY AND BUSINESS

- Across the board, key macroeconomic indicators in Manitoba are trending upwards in 2021, providing **early evidence of a strong recovery**.
- **The number of active businesses recovered** by May 2021, exceeding the pre-pandemic count in February 2020 by 130 businesses. The number has since fallen 0.3 percent and remains down 21 businesses compared to the pre-pandemic level.
- **Small businesses represent 98 percent of employers in Manitoba.** The majority (if not all) of the volatility in active business numbers can be attributed to small businesses.

## GOVERNMENT

- The pandemic required significant unplanned spending, resulting in an actual deficit of \$2.1 billion in 2020/21, compared to the budgeted a deficit of \$220 million. **The First Quarter Report in 2021/22 forecasts a \$1.6 billion deficit for this year.**
- Own-source revenues fell by over \$1.1 billion.
- Government is required to balance the budget by 2028/29 under the Balanced Budget Legislation.

## LABOUR

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- Labour slack: **over 89,651 Manitobans are looking for work or want to work more than they currently do.** While Manitoba's unemployment rate has returned to 5.6% (up 0.5 points from Feb 2020), labour slack has returned to 12.8% (up 1.4 points from Feb 2020).
- **Transportation & Warehousing is experiencing the highest job vacancy rate** in Manitoba at 6.4%. In contrast: nationally, the Accommodation & Food and Arts, Entertainment & Recreation sectors are experiencing considerably higher job vacancy rates at 9.0% and 8.4%.

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# STATE OF MANITOBA – MANITOBA 2050

**PLANNING FOR MANITOBA 2050 requires responding to the province's immediate needs while anticipating the demands of the future.**

The medium- to long-term outlook for Manitoba is informed by factors that are reasonably certain, such as the growth and aging of the population, as well as more enigmatic factors such as climate change. At the same time, the COVID-19 pandemic is a reminder that disruptors of unknown scope and scale can occur at any time.

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## POPULATION

- By 2050, **Manitoba's population could grow to between 1.7 million and 2 million residents**, compared to 1.3 million in 2021.
- In ten years, **21% of Manitoba's population will be First Nations or Métis.**
- **Despite the overall young age of the province, the fastest growing age group is seniors.** Projections show that, over time, the number of seniors will increase from 27 to 34 for every 100 workers, increasing demand for public services while reducing the tax base.
- **Immigrant attraction and retention will be crucial** to offsetting population loss to other provinces and a stagnant birth rate. **Manitoba's 5-year retention rate for the 2018 tax-year was 75%, ranking fifth nationally and below Canada's rate of 87%.**

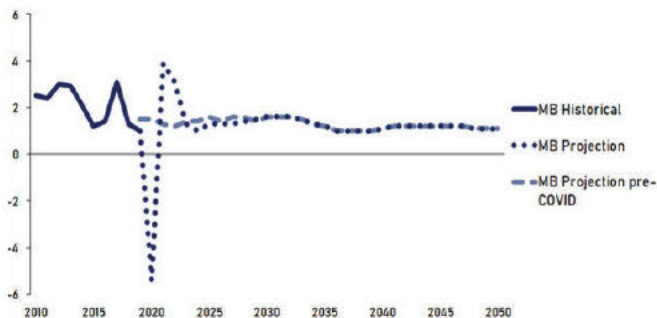


# MANITOBA 2050 *cont.*

## ECONOMIC OUTLOOK

- The pandemic is not anticipated to have persisting impacts on Manitoba's economy in the longer term.

**Real Economic Growth (%), Manitoba, Past & Projected**



Data Source: Stokes Economics

- Over the next three decades, **Canada's economy is projected to slightly outperform Manitoba's economy.**
- **Manitoba is the only province with more potential labour market entrants than potential retirees** and Manitoba will likely continue to have an **unemployment rate between 5 and 6%**, which is currently consistently among the lowest in Canada.
- The sectors with the greatest growth projections are, **transportation and warehousing, other services** (e.g. maintenance and repairs, personal and pet care, funerals, religious activities, and advocacy) and **health and social services sectors.**

## CLIMATE CHANGE

- The **largest contributors to provincial emissions are transportation, agriculture, and stationary combustion.**
- **The Prairies, and Western Canada generally, have had the strongest warming to-date across southern Canada, especially in winter.**
- 23(1)(a)



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## GOVERNMENT



- An aging population **will increase demand for services**, particularly in healthcare.
- Provincial government expenditures are projected to outpace revenue under current conditions.
- 23(1)(a)



# MANITOBA 2050 *cont.*

## AN INDIGENOUS DRIVEN FUTURE

- **Manitoba has a high Indigenous population compared to other provinces**, and Winnipeg has more Indigenous residents per capita (11.1%) than any other major Canadian city.
- **First Nations communities in Manitoba have the lowest average Community Well-Being scores in Canada**, at 49.3 points. The score for non-Indigenous communities in Manitoba is 78 points.
- In 2016, **Indigenous people spent \$9.3 billion in Manitoba**. The bulk of that spending was by Indigenous businesses and created over 35,700 jobs, contributed \$2.3 billion to Manitoba's GDP and **\$231 million in taxes to federal and provincial governments**.
- Closing the significant opportunity gaps between Indigenous and non-Indigenous Canadians which, if addressed, would **boost Manitoba's economy by nearly \$3 billion annually**.
- The Indigenous population in Canada is young and growing. Since 2006, the Indigenous population across the country has grown at more than four times the rate of the non-Indigenous population.

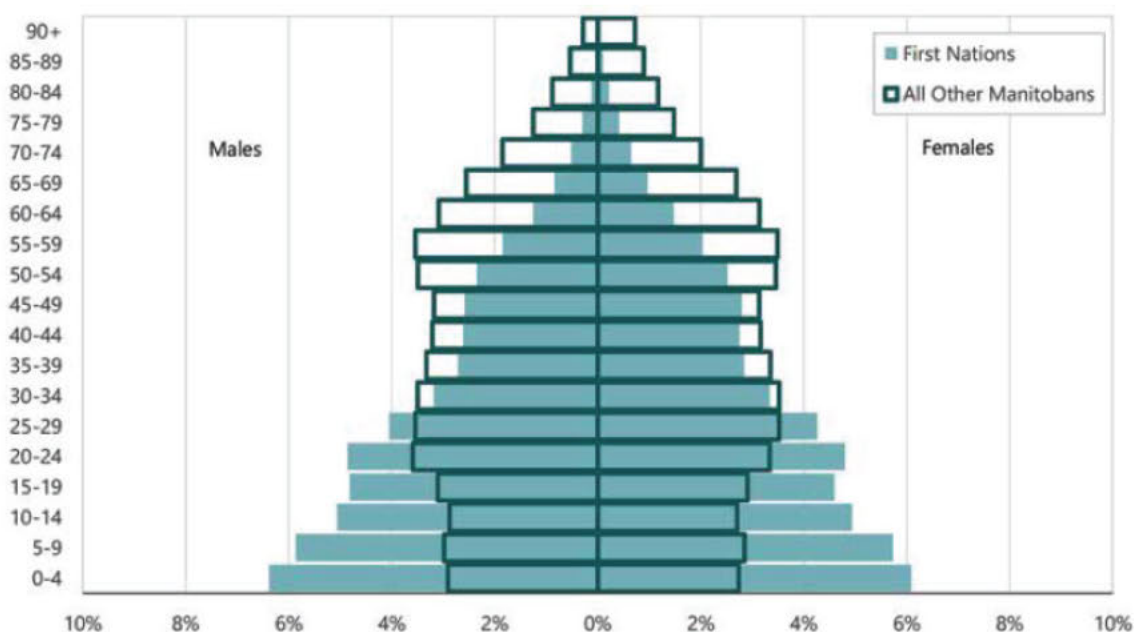


### Age and Sex Distribution for Manitoba

Age Profile of Manitoba, 2016

First Nations: 141,965

All Other Manitobans: 1,209,214



Source: Manitoba Centre for Health Policy, Autumn 2019

## II. Machinery of Government

### **Machinery of Government**

This section focuses on the existing structure, machinery and procedure of government.

#### **Premier's Office**

Partisan political staff occupy 'technical' (non-civil service) positions in the Premier's Office and provide policy advice and support. Key staff and functional areas of support typically include the Principal Secretary, Chief of Staff, Communications and Stakeholder Relations, and the Premier's Secretariat.

#### **Executive Council**

The Executive Council is the central, senior executive authority in government. It is the Premier's Ministry – 'department of the Premier'. Its mission is to support the Premier and Cabinet in fulfilling their commitments and undertakings. Within Executive Council, members from the public service work in tandem with the Premier's Office to support the Premier and Cabinet and the achievement of the government's priorities.

#### Office of the Clerk of the Executive Council

Composed exclusively of public servants, the Office of the Clerk is responsible for supporting the work of the Clerk and of Cabinet. The Executive Council Office is comprised of three primary division: Cabinet Operations and Planning Division, Policy and Research Division, and the Communications and Engagement Division. The Cabinet Operations and Planning Division supports the Clerk on the planning and delivery of government's agenda as Cabinet Secretary. The Policy and Research Division advances strategic, long-term policy work across departments in alignment with overarching government priorities and whole-of-government thinking. Lastly, the Communications and Engagement Division is in the ECO and serves the whole-of-government in communicating to and from Manitobans.

#### Ministerial Office Staff

Administrative staff in Ministerial offices (e.g., Correspondence Secretaries, Assistants to Ministers, Appointment Secretaries) are public servants. Their experience and knowledge are critical to the effective operation of Minister Offices and departments. On a day-to-day basis, they function within the parameters set by ministers and their staff.

## **Cabinet**

Cabinet is a forum for Ministerial consultation and coordination. It is the highest decision-making body in government. It offers the Premier and Ministers the opportunity to meet with colleagues to make proposals, outline interests or concerns, and collectively contribute to the decision-making of government. Fundamental Cabinet principles are confidentiality, consensus, and solidarity.

## **Cabinet Committees**

### Priorities and Planning (P&P)

Mandate: Advises on policy direction and priorities to Cabinet and oversees the implementation of government's priorities.

### Treasury Board (TB)

Mandate: Treasury Board's role is to make resource allocation decisions within the context of Cabinet's direction. In fulfilling this objective, Treasury Board provides a forum for the specific review of the financial and human resources required to fulfill departmental proposals. Generally, even policy issues requiring Cabinet review would be considered first by Treasury Board from a resource requirement perspective prior to referral to Cabinet.

### Regulatory Accountability Committee (RAC)

Mandate: RAC was established by legislation to oversee and promote regulatory accountability and red tape reduction across government. Its mandate has expanded to include review of all legislative proposals. RAC is mandated to oversee the modernization of regulatory development practices within government. This is accomplished by promoting alternatives to regulation and current best practices with departments and government agencies, encouraging simple, high quality, efficient regulatory requirements. The goal of these efforts is to reduce the administrative burden on external stakeholders associated with regulatory requirements and to reduce internal costs for government.

### All Aboard (Poverty Reduction)

Mandate: Responsible for advising on poverty-related policies, programs and services. Provides advice on the poverty reduction strategy, monitors implementation, and facilitates community involvement in strategy development.

### Public Sector Compensation Committee (PSCC)

Mandate: Review and consider public sector management and labour relations issues and resulting strategic options in a fiscally responsible and sustainable manner. Review and direct specific public sector compensation mandates for bargaining purposes, ensuring necessary oversight and consistency. Align direction with broader fiscal

challenges and imperatives, ensuring that mandates reflect government's ability to pay. Ensure mandates reflect Manitoba's relative economic position within Canada. Ensure overall direction balances and supports government's priorities as to service delivery, through retention and recruitment of qualified and competent employees.

#### Economic Growth Committee of Cabinet (EGCC)

Mandate: Oversee a whole-of-government approach to growing the provincial economy and to deliver on the Economic Growth Action Plan's key outcomes. Mandate is to ensure that the government's approach towards economic development is comprehensive and strategically aligned across provincial departments and agencies.

#### Gender Based Violence Committee of Cabinet (GBVCC)

Mandate: Integrate services and takes a whole of government approach to co-ordinate policies, legislation and initiatives on pervasive issues such as domestic and sexual violence and harassment.

### **Central Agencies, Departments, and Supporting Bodies**

#### Treasury Board Secretariat

Situated within Manitoba Finance, the Treasury Board Secretariat provides financial and analytical support and advice to the Chair of Treasury Board (normally the Minister of Finance) and to Treasury Board in fulfilling expenditure management responsibilities.

#### The Department of Finance

The department is responsible for managing the province's fiscal and financial resources, allocating funds to other governmental departments, labour relations and employment standards, consumer protection, business services and promoting an open government and engaged Manitobans.

#### The Regulatory Accountability Secretariat

Currently located within the responsibility of Legislative and Public Affairs, the Regulatory Accountability Secretariat (RAS) provides analytical and operational support to the Regulatory Accountability Committee of Cabinet. The RAS also acts as the provincial government's representative on pan-Canadian forums to remove trade barriers that impede the free flow of labour, capital and goods and services amongst provinces.

#### Civil Service Commission

The Civil Service Commission (CSC) provides human resource services and management for the Manitoba government consistent with the provisions of The Civil Service Act. This organization reflects the consolidation of responsibility for the human resource function from departments to the CSC which occurred in 2010.

### Intergovernmental and International Affairs

Intergovernmental Affairs provides strategic advice, analysis, and support to the Premier of Manitoba on matters of intergovernmental and international significance to Manitoba. This includes matters concerning Manitoba's relationships with the federal government, other provincial and territorial governments, as well as on Manitoba's international relations, activities, and interests, including trade agreements.

### Central Services

The Department of Central Services was established in 2019 to focus on modernization of government services including procurement, Information Technology (IT), and capital management with the mandate to be the service delivery organization for government.

### Legal Services Branch

The Legal Services Branch, situated within the Department of Justice, functions as the law firm to the provincial government. It provides legal services to all government departments, agencies, boards, commissions, committees and government corporations that do not have their own legal counsel. The role of the Legal Services Branch flows from the constitutional and statutory responsibilities of the Attorney General as the chief legal advisor to government and the guardian of the public interest.

### Legislative Counsel

Legislative Counsel, situated in the Department of Justice, prepares all Manitoba bills, acts and regulations in English and French as well as consolidations of current acts and regulations. The office also provides advice and assistance as the Law Officer of the Legislative Assembly in the manner contemplated by the Rules of the Assembly. Publishes acts and regulations on the Manitoba Laws website, and provides French translation services to the Legislative Assembly.

### Protocol Office

The Manitoba protocol office facilitates official visits to Manitoba; acts as Manitoba's principal point of contact for the numerous countries that comprise Winnipeg's Consular Corps; serves as the secretariat to the Order of Manitoba Advisory Council; provides event and travel support for the Premier's (or Deputy Premier's) office; provides logistical support for Cabinet Shuffles and ceremonial aspects of the Cabinet Swearing in event; and organizes ceremonial aspects of the Speech from the Throne Ceremony, among other responsibilities. Formally with Intergovernmental Affairs, it is now situated in the Office of the Minister of Legislative and Public Affairs.



## **Existing Departments**

1. Advanced Education, Skills and Immigration (AESI)
2. Agriculture and Resource Development (ARD)
3. Central Services (CEN)
4. Civil Service Commission (CSC)
5. Conservation and Climate (C&C)
6. Crown Services (CS)
7. Economic Development and Jobs (EDJ)
8. Education (ED)
9. Families (FAM)
10. Finance (FIN)
11. Health and Seniors Care (HSAL)
12. Indigenous Reconciliation and Northern Relations (IRNR)
13. Intergovernmental Affairs (IGA)
14. Justice (JUS)
15. Legislative and Public Affairs (LPA)
16. Manitoba Infrastructure (MI)
17. Mental Health, Wellness and Recovery (MHWR)
18. Municipal Relations (MR)
19. Sport, Culture and Heritage (SCH)

## **Secretariats and Special Offices**

1. Accessibility Compliance Secretariat
2. Francophone Affairs Secretariat
3. Manitoba Status of Women Secretariat (MSW)
4. Multiculturalism Secretariat
5. Climate and Green Plan Implementation Office
6. Social Innovation Office

## **Deputy Ministers**

The highest ranking public servants, namely the Deputy Ministers and the Clerk of the Executive Council, are appointed by Order in Council. Deputy Ministers are appointed on advice of the Clerk of the Executive Council. The Deputy Minister is the principal source of support for a Minister in fulfilling his or her collective and individual responsibilities and respecting his or her accountability to the Legislature.

## **Machinery of Government and Procedural Matters**

### Cabinet Committees – Protocols and Procedures

Traditionally, Cabinet has met in the Executive Council Chamber (Room 208) on Wednesdays, weekly when the House is sitting and less often when it is not, with attendance restricted to Cabinet members, a small number of Executive Council Office

and Premier's Office staff, none of whom participate in discussions unless specifically requested to do so.

Discussions at Cabinet are open and confidential, with Ministers bringing to the table proposals within their area of responsibility. Decisions are made by consensus and reflected in Cabinet "minutes", distributed to Ministers and departments by the Clerk of the Executive Council.

### Setting Priorities

Mandate Letters: Since 2016 in Manitoba, the assignment of responsibilities to Ministers has been formalized through the issuance of a mandate letter from the Premier to the Minister. This confirms the responsibilities assigned to each minister, policy goals, performance expectations, and commitments. The letters are published on the government's external website. Traditionally, these have been drawn from the party's electoral platform.

### **Officers of the Legislative Assembly**

Officers of the Legislative Assembly (OLAs) are responsible for upholding and promoting the fundamental principles of democracy, fairness, transparency and sound governance. Each OLA is assigned a specific mandate through statute to oversee that these principles are respected in the operations of executive government.

There are currently six OLAs in Manitoba, two of which (Conflict of Interest Commissioner and Information and Privacy Adjudicator) are combined operationally:

1. Auditor General
2. Chief Electoral Officer
3. Children's Advocate
4. Conflict of Interest Commissioner
5. Information and Privacy Adjudicator
6. Ombudsman

### III. Department Organization

#### A. Department Responsibilities and Mandate

##### **Department of Mental Health, Wellness and Recovery**

The new department of Mental Health, Wellness and Recovery was created in response to the increased prevalence and complexity of mental health and addictions issues, and increasing demand for services and supports that will be required to recover from the COVID-19 pandemic.

##### **Vision**

Manitobans have access to wellness and health promotion supports and a coordinated system of quality, recovery oriented mental health and addiction services.

##### **Mission**

To provide access to mental health and addictions supports and treatment that improve life outcomes for Manitobans in their journey through recovery and healing.

##### **Overview**

The department provides provincial leadership and oversight for mental health, addictions and recovery services and programming, and wellness and health promotion programs and services to improve health outcomes for Manitobans. This includes setting strategic direction and policies as well as funding mental health, recovery and wellness programs within Manitoba. The department is also focused on delivering improvements and investments to increase access and provide additional services for Manitobans.

The department uses leading and evidence based practices to align and integrate programs and services through a whole of government approach. This involves aligning cross-governmental mental health and addictions programming, including work underway in service delivery organizations with a focus on improving access and coordination.

The department leverages the work of *“Improving Access and Coordination of Mental Health and Addictions (MHA) Services: A Provincial Strategy for all Manitobans”* (the Virgo Report), and other reports, to guide future improvements and investments. This includes expanding virtual technologies to increase access to support, as well as enhancing and strengthening the current continuum of mental health, addictions and wellness services across the lifespan to better meet the needs of all Manitobans.

The department leads wellness, active living and prevention efforts focused on a combination of legislation, policy and program interventions to strengthen and advance health and wellness at the community level. This is accomplished through the development and support of policies and programs in multiple settings aimed at youth smoking, physical activity, healthy eating, healthy sexuality and harm reduction. The department also facilitates engagement and collaboration with provincial, regional and non-government organizations in its work to develop a diabetes

prevention strategy, improve physical activity opportunities, improve access to nutritious foods in schools to improve educational outcomes, reduce youth smoking and vaping, and strengthen provincial harm reduction efforts.

Mental Health, Wellness and Recovery's whole of government approach to engage and collaborate with other departments includes the following priorities:

- leveraging work from *"Improving Access and Coordination of Mental Health and Addictions (MHA) Services: A Provincial Strategy for all Manitobans"* (the Virgo Report) and other reports
- developing a five-year action plan roadmap to shape the strategic priorities, direction, and action items for the department to work towards their mission
- accelerating Manitoba's response to increases in drug misuse and overdose
- implementing mental health and addictions initiatives for children and youth
- investing in community-based mental health and social services
- expanding hub models to connect front-line workers with priority populations including youth
- expanding mental health intervention supports and addressing public safety concerns
- working with service delivery organizations and community partners on the prevention and cessation of smoking with emphasis on youth vaping
- working across government to encourage and expand access to opportunities for healthy living for all Manitobans

Currently, the department is leading a consultation focused on the development of the five-year action plan road map to help ensure services and programs are meeting the needs of Manitobans, and that they have access to coordinated, quality care. The consultation process, to be completed by December 2021, will be used to inform the plan with a focus on policy, planning, funding and oversight.

The department operates under the authority of the following acts of the Consolidated Statutes of Manitoba: The Addictions Foundation Act, The Caregiver Recognition Act, The Mental Health Act, The Smoking and Vapour Products Control Act, and The Youth Drug Stabilization (Support for Parents) Act.

## B. Organizational Structure

### **Governance Structure:**

In January, 2021 the former department of Health, Seniors and Active Living was restructured into two new ministries: Health and Seniors Care and Mental Health, Wellness and Recovery.

Under the direction of the Minister, the Deputy Minister of Mental Health, Wellness and Recovery provides oversight for the department through an Executive Management Committee comprised of:

- Deputy Minister, Mental Health Wellness and Recovery
- Assistant Deputy Minister, Mental Health, Wellness and Recovery
- Assistant Deputy Minister, Transition Division, Health and Seniors Care
- Acting Assistant Deputy Minister and Chief Financial Officer, Health and Seniors Care
- Director, Civil Service Commission

A number of divisions are shared services provided to both Mental Health, Wellness and Recovery and Health and Seniors Care. This includes the previous Manitoba Health, Seniors, and Active Living's Health Policy and Planning, Performance and Oversight, Public Health, Insurance, Finance and Transition divisions.

Health sector service delivery organizations (the five regional health authorities and Shared Health) provide mental health, addictions, wellness and recovery services under the direction of the Mental Health, Wellness and Recovery minister and department.

### **Organizational Structure:**

#### **Mental Health, Wellness and Recovery Division**

The objectives of the Mental Health, Wellness and Recovery Division are:

- to lead policy, planning, funding and oversight in support of the department priorities
- to provide and oversee funding to service delivery organizations for mental health and addiction services, physician psychiatry services, and wellness and health promotion programs, including funding for Selkirk Mental Health Centre, and the Addictions Foundation of Manitoba
- to build a system that offers more coordinated and accessible mental health and addictions care, evidence based prevention interventions, harm reduction services, and wellness and recovery initiatives to those who need it
- to establish a plan, using leading practices to align and integrate programs and services using a whole of government approach



### Mental Health and Recovery Branch

The objectives of the Mental Health and Recovery Branch are:

- to provide policy, planning, funding and oversight to service delivery organizations, the Addictions Foundation of Manitoba, Selkirk Mental Health Centre, and funded community mental health and addiction agencies
- to leverage the work of the Virgo Report, the provincial strategy for improving access to mental health and addictions services, to guide and monitor future improvements and investments including leveraging virtual technologies and innovations to increase access to mental health and recovery services and supports

### Wellness and Health Promotion Branch

The objectives of the Wellness and Health Promotion Branch are:

- to provide policy, planning, funding and oversight to service delivery organizations and other funded community agencies focused on wellness and health promotion
- to lead wellness, active living and prevention efforts to strengthen and advance health and wellness at the community level by developing and supporting policies and programs in multiple settings aimed at youth smoking, physical activity, healthy eating, healthy sexuality and harm reduction
- to facilitate engagement and collaboration with provincial, regional and non-government organizations to develop a diabetes prevention strategy, improve physical activity opportunities, improve access to nutritious foods in schools, reduce youth smoking and vaping, strengthen provincial harm reduction and enhance evidence based prevention interventions.

### **Office of the Chief Provincial Psychiatrist**

The Office of the Chief Provincial Psychiatrist/Director of Psychiatric Services is responsible for numerous legislated and non-legislated functions.

As Director of Psychiatric Services, the legislated functions include:

- administering *The Mental Health Act* of Manitoba
- administering the Orders of Committeeship Program, including issuing/canceling Orders of Committeeship
- issuing Authorizations of Transfer
- promoting proper interpretation and application of *The Mental Health Act*

As Chief Provincial Psychiatrist, the non-legislated functions include:

- providing professional consultation to various sectors of the health care system
- administering and coordinating the Career Program in Psychiatry
- promoting recruitment and retention of psychiatrists for underserved areas in Manitoba

- maintaining working linkages with relevant professional and licencing bodies and participating on numerous committees, working groups and boards

### **Mental Health Review Board**

- the Mental Health Review Board is a quasi-judicial body and administrative tribunal established under The Mental Health Act
- the Board hears appeals regarding specific aspects of the admission or treatment of a patient in a psychiatric facility
- legislation also requires that there be automatic reviews of all long-term involuntary patients and patients on extended leave certificates

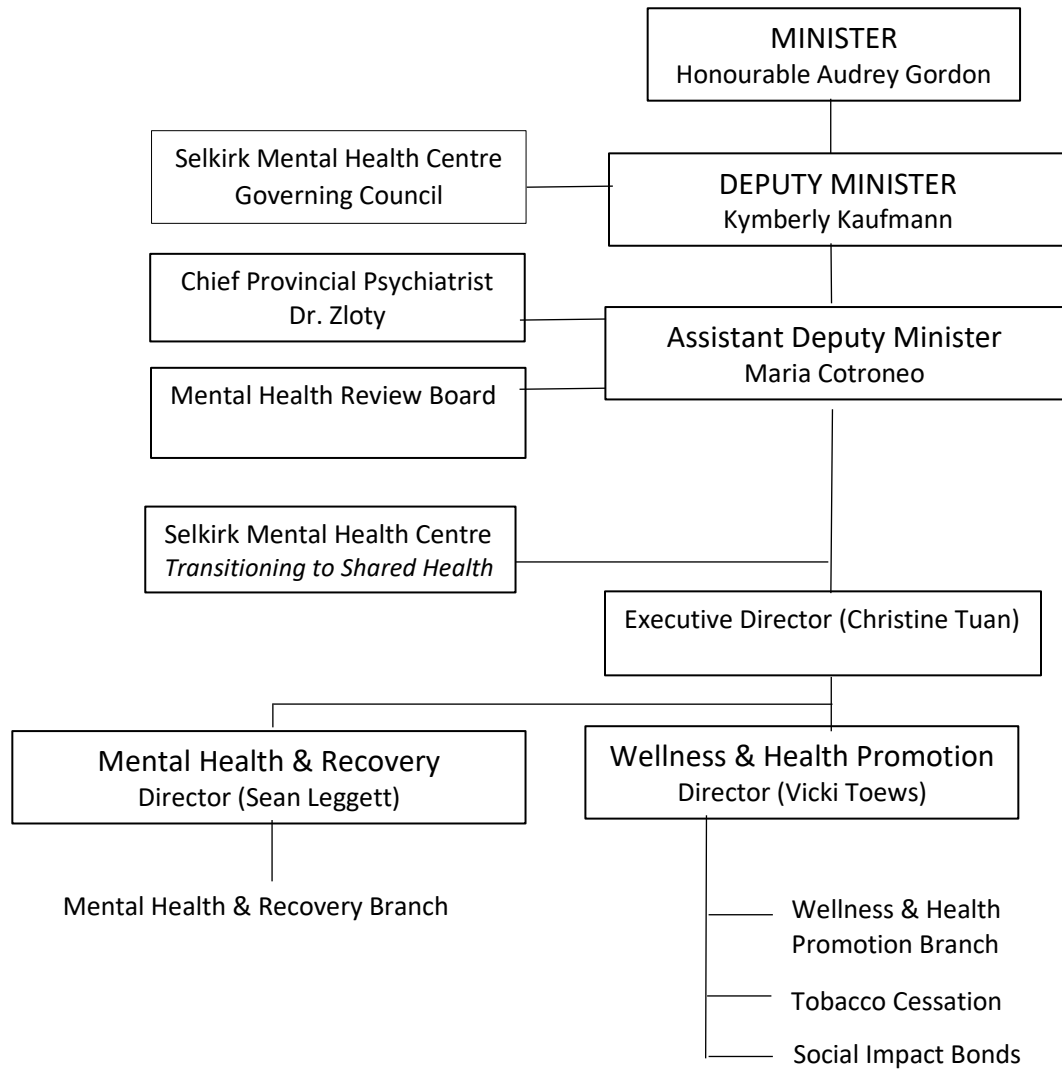
### **Selkirk Mental Health Centre** (\*transitioning to Shared Health by March 31, 2022)

- Selkirk Mental Health Centre (SMHC) is a 252-bed facility that provides specialized inpatient mental health and acquired brain injury treatment and rehabilitation services to residents of Manitoba whose challenging needs cannot be met elsewhere in the provincial health care system
- services are provided through five specialized patient programs: Acute, Geriatric, Rehabilitation, Forensic and Acquired Brain Injury
- SMHC also provides mental health services to people from the Territory of Nunavut without locally available inpatient mental health facilities

### **Department Vacancies (not including Selkirk Mental Health Centre):**

There are currently 13.3 FTE vacant positions in the department, including one senior manager.

### C. Organizational Chart and Senior Leadership



23(1)(a)

**Deputy Minister – Kym Kaufmann**



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**Assistant Deputy Minister – Maria Cotroneo**



23(1)(a)



23(1)(a)



## IV. Strategic Overview

DOMAIN	ISSUE
Economic and Social Recovery	Rising wait times
COVID-19	Patient flow in hospitals
Funding	Funding constraints
Quality of Life	Rising overdose deaths
Stakeholder Engagement	Low stakeholder and citizen engagement

### A. Urgent and Pending Issues

**1. Issue Title:** Economic and Social Recovery: Reducing Wait Times to Ensure Timely Access to Mental Health and Addictions Services throughout the Province

**Timeline for Action:** 23(1)(a)  
23(1)(a) .

#### High Level Summary:

- 27% of Manitobans have a mental illness and this has been made worse by the pandemic.
- There is a strong correlation between the mental health and economic health of a population. The successful recovery of economies is dependent on the mental health of the population.
- The impacts of COVID-19 are far reaching and have caused significant unintended impacts, including economic disruption and insecurity as well as the worsening of mental health conditions and substance use problems.
- As a result, there has been a significant increase in wait times for some mental health and addictions services since the start of the pandemic.

#### Current Status:

Recent investments to improve wait times include:

- expansion of the Women's Health Clinic's Provincial Eating Disorders Prevention and Recovery Program and expansion of the Health Sciences Centre Adult Eating Disorders Program
- increased capacity at the two RAAM clinics in Winnipeg to manage pressure resulting from higher numbers of people requiring services
- expansion of access to telepsychiatry services in First Nations and rural emergency departments
- expansion of capacity at the Crisis Stabilization Unit in Winnipeg




**Confidential Advice to Minister:**

23(1)(a)



**Options and Recommendation:**

23(1)(a)



**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753

## **2. Issue Title:** COVID-19 Patient Flow in Hospitals and Closure of Residential Care Facilities

**Timeline for Action:** Transition 20% of Alternate Level of Care (ALC) mental health patients currently in hospital into housing with supports by 23(1)(a)

### **High Level Summary:**

- 23(1)(a)
- On occasion, these patients are discharged into specialized contracts which are costly to the health care system and department. A more sustainable, cost-effective model needs to be implemented to quickly transition people out of hospital.
- This is a long standing issue but has reached a crisis point due to the pressures on the health system related to the pandemic. Recently, this has also had an impact on timely access to psychiatric assessment and intervention for Not Criminally Responsible patients coming through the Justice system.

### **Current Status:**


- As of October 2021, there are 90 ALC mental health patients in Manitoba.
- 23(1)(a)
- Historically, there have been a number of private operators housing patients with chronic mental illness in the community, however, 23(1)(a)
- 23(1)(a)

### **Options and Recommendation:**

23(1)(a)

23(1)(a)

23(1)(a)



**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753

**3. Issue Title:** Funding: Increase in Mental Health, Wellness and Recovery Investments to Ensure Core Mental Health and Addictions Services are Available throughout the Province

**Timeline for Action:** Multi-year incremental increase in budget to invest in core mental health and addictions services in the province (based off of capacity requirements in needs based planning). 23(1)(a)

23(1)(a)

**High Level Summary:**

- Manitoba has the highest mental health/substance use needs in the country, but investment in MHA is amongst the lowest. 23(1)(a)
- The national average spending on MHA is 7.2%, while other Organisation for Economic Co-operation and Development (OECD) countries spend 9-11%.
- *“Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans”* (the Virgo Report) recommends 7-9% of the Manitoba health budget be dedicated to MHA treatment and supports.
- 23(1)(a)

**Current Status:**


- The Shared Health Priorities Bilateral Agreement and Action Plan for Home and Community Care and Mental Health and Addictions (ten-year agreement) provides funding for 31 whole of government MHA initiatives (\$23.7 million in 2021/22).
- The agreement expires on March 31, 2022 and the next five-year agreement has not yet been renegotiated.

**Confidential Advice to Minister:**

23(1)(a)

**Options and Recommendation:**

23(1)(a)



**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753



**4. Issue Title:** Quality of Life: A Whole of Government Approach to Address Rising Overdoses, Focused on Evidence Based Prevention

**Timeline for Action:**

- Develop an evidence-based action plan to reduce overdose incidents and deaths in Manitoba by 23(1)(a)
- Reduce overdose deaths in Manitoba by 10% between 23(1)(a)

**High Level Summary:**

- The significant increase in opioid use in Manitoba has led to increased numbers of overdose deaths, events and related harms and has been exacerbated by the pandemic.
- Drug-related deaths in Manitoba almost doubled from 191 in 2019, to 372 in 2020.

**Current Status:**


- There has been a substantial increase in overdose deaths since the onset of COVID-19.
- To address rising overdose deaths, a coordinated, whole of government approach to enhancing the mental health and addictions system is required.
- Recent investments and strategies aimed at reducing the number of overdose deaths in Manitoba include:
  - the implementation of a Sexually Transmitted and Blood Borne Infection/Problematic Substance Use and Harms Incident Command
  - development of an Illicit Drug Overdose Response Steering Committee
  - expansion of Rapid Access to Addiction Medicine Clinic capacity to address the higher numbers of individuals requesting services
  - expansion of access to specialized opiate agonist therapy services

**Confidential Advice to Minister:**

23(1)(a)

**Options and Recommendation:**

23(1)(a)



**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753

**5. Issue Title:** Stakeholders: Engagement with Stakeholders to Improve Programs, Services, Awareness and Access

**Timeline for Action:** A five-year action plan roadmap will be developed by 23(1)(a) informed by a four-phase engagement and consultation process, which is currently underway.

**High Level Summary:**

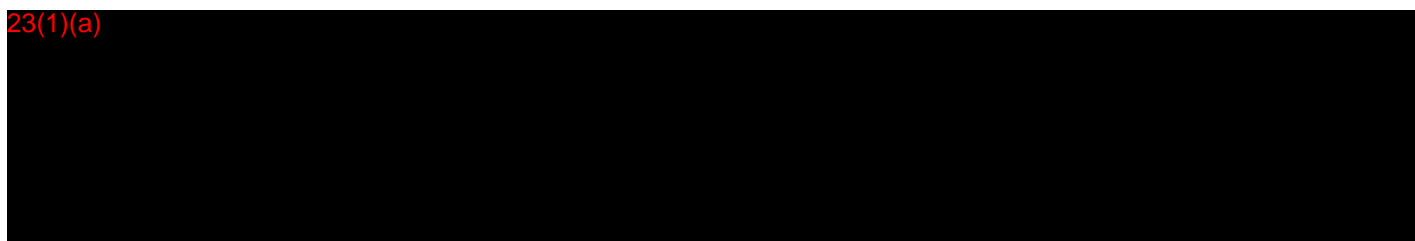
- The department is leading an engagement process, including a series of consultations, to inform an integrated, whole of government five-year action plan roadmap that will guide the work of the department. The action plan roadmap will shape the strategic priorities, direction, and action items for the new department to work towards its mission.
- The consultations include Service Delivery Organizations, Shared Health, Community Agencies, Indigenous Partners, Manitoba Government Departments, people with lived experience, and the public to ensure to the department is meeting the needs of Manitobans.

**Current Status:**

- With the creation of a new department, a renewed focus is required to establish priority areas. Engaging Manitobans has been identified as foundational to ensure the success of the department. This has been done across four different phases, including:
  - Phase 1: Creation of the department, including engagement with internal stakeholders to establish the scope of work. This phase included transferring mental health, wellness, and recovery related programs from other departments into the new ministry/department (complete).
  - Phase 2: Consultations with external stakeholders, including service delivery organizations, service providers, community agencies and persons with lived experience. These consultations are underway and will be complete in fall, 2021.
  - Phase 3: Public consultations, including town halls and regional meetings. This phase is currently underway and will be complete in fall, 2021.
  - Phase 4: Drafting, validating and finalizing the roadmap to inform the work of the new department, incorporating feedback from previous phases. This phase will be complete by 23(1)(a)

**Confidential Advice to Minister:**

23(1)(a)



**Options and Recommendation:**

- Continue meaningful engagement with stakeholders, 23(1)(a)

**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753

## B. Legal Action

### CONFIDENTIAL ADVICE

#### Opioids

On August 29, 2018, the BC government filed a class action lawsuit against opioid drug companies. The lawsuit, filed in the Supreme Court of BC, aims to recover millions of dollars in opioid-related health care costs incurred by the provincial government. Manitoba has announced that it will participate in the BC class action lawsuit and The Opioid Damages and Health Care Costs Recovery Act (the Act) received Royal Assent on December 3, 2020. The Act enables Manitoba to participate in the BC lawsuit or file a lawsuit of its own. 23(1)(a)

[REDACTED]

#### Tobacco Litigation

In 2006, the Legislature passed The Tobacco Damages and Health Care Costs Recovery Act (the Act) which enables the province to sue tobacco companies for the historical costs of providing health care for tobacco-related illness. The Act was proclaimed into force on May 31, 2012 and the province's statement of claim against tobacco manufacturers was filed. All provinces in Canada have now filed lawsuits against tobacco manufacturers to recover health care costs.

As part of the lawsuit, Manitoba is required to undertake a "document discovery" process that, under Manitoba's court rules, must be undertaken as part of the lawsuit against tobacco manufacturers. 23(1)(a); 25(1)(n)

[REDACTED]

#### Manitoba Metis Federation (MMF)

There is a lawsuit filed by the MMF regarding the discontinuation of funding by the province for the MMF Health and Wellness Department (HWD). Starting in 2012, the Manitoba government provided funding to the MMF-HWD to develop Knowledge Networks. 21(1)(c.1); 23(1)(a)

[REDACTED]

[REDACTED]

21(1)(c.1); 23(1)(a)

At the November 29, 2016 meeting, the Minister advised the MMF that no funding would be provided to the MMF-HWD for the 2016/2017 fiscal year.

On September 26, 2018, the MMF filed a statement of claim against the province in relation to the decision of the Minister not to provide funding to the MMF-HWD for the 2016/2017 fiscal year. Health and Seniors Care legal counsel has recommended that the province attempt to settle this lawsuit.

### **Manitoba Families Lawsuit – department input requested**

There is currently a lawsuit against Manitoba Families by an individual, who was disqualified from Employment and Income Assistance (EIA) because he earned more than the allowable amount to stay on EIA, and is now alleging that he cannot afford necessary health services, including mental health, dental, optometric, massage therapy, and physiotherapy services. 23(1)(a); 25(1)(n)

**The following lawsuits impact the department of Health and Seniors Care, however, there may be implications for Mental Health, Wellness and Recovery:**

### **Swampy Cree**

In 1964, Manitoba entered into an agreement (the 1964 Agreement) with Canada to rationalize the provision of health services in sparsely populated northern areas of the province. Under the 1964 Agreement, Manitoba assumed responsibility for the delivery of clinical and public health services on reserves, governed by Swampy Cree Tribal Council (SCTC) member Bands.

In 1998, the seven First Nation member Bands of the SCTC filed a statement of claim against

Canada in Federal Court (the Lawsuit). The Lawsuit alleges that the provision of health services on reserves is the responsibility of Canada, that Canada failed to provide an adequate level of services to the SCTC First Nations, and that the services and facilities provided by

Manitoba to the five above-noted SCTC First Nations are inadequate.

The plaintiffs, among other things, have asked the Court to find that the 1964 Agreement is void. Canada subsequently filed a Third Party Claim against Manitoba seeking contribution and indemnification in respect of any judgment or order made in relation to the First Nations to whom Manitoba Health and Seniors Care is providing health services as noted above.

The case remains in court at the document discovery stage.

### **Northern Nursing Station Death**

The province is currently included in a lawsuit against the federal government and others in relation to the death of an individual, who presented for health care at a northern nursing station operated by the federal government, and was sent home by a nurse without seeing a physician and later died of a heart attack. The province is included, as Health and Seniors Care funds itinerant physicians for the nursing station.

### **Protection for Persons in Care**

A nurse has filed for punitive damages against the Protection for Persons in Care Office (PPCO), Manitoba Health and Seniors Care. The PPCO found that the nurse had abused a patient and referred the case to the Adult Abuse Registry Committee to consider placing the nurse's name on the registry. The Committee decided to place the name on the registry and the nurse appealed to the court and was successful. During the appeal, it was identified that there were issues with the PPCO investigation of the matter. The nurse was awarded court costs in the appeal and later filed the statement of claim for punitive damages. 23(1)(a)

As the alleged abuse and investigation occurred some time ago, the PPCO has already taken steps to address the issues that were identified in the case.

## C. Strategic Priorities and Opportunities

### 1. Issue Title: Health System Transformation

**Timeline for Action:** Released in 2019, the Clinical and Preventive Services Plan (CPSP), lead by Shared Health, is a five-year plan consisting of recommendations from clinical experts intended to improve Manitoba's clinical health service delivery.

#### High Level Summary:

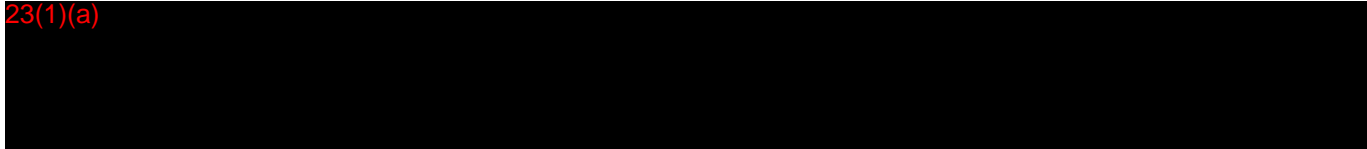
- The transformation of the Department of Health and Seniors Care along with Manitoba's health system has required significant structural changes impacting mental health and addictions (MHA) services.
- Manitoba's first CPSP makes significant recommendations to improve the availability, quality and reliability of care provided to Manitobans.
- The CPSP includes the development of an integrated provincial MHA service that will see a shift to a more integrated, provincial approach to service delivery.
- The CPSP commits to better care, close to home. For MHA, this will include easier local access to MHA services, an increased role for virtual care, and clear pathways to more specialized services.
- Health System Transformation is led by Health and Seniors Care but Mental Health, Wellness and Recovery is actively involved in many of the work streams including:
  - Enhancing commissioning and accountability framework for the health system
  - Bargaining for Physicians, Nursing, Professional/Technical and Community/Facility support sectors
  - Workforce planning for health system sustainability
  - IT infrastructure modernization

#### Current Status:

- Wave II of the health system transformation includes extending services and processes to achieve more consistent provincial service delivery. The department will transfer service delivery functions to Shared Health and other service delivery organizations and will focus on the implementation of a robust commissioning and accountability framework.
- The integration of Selkirk Mental Health Centre (SMHC) and the Addictions Foundation of Manitoba (AFM) into Shared Health's provincial MHA service is consistent with the transformation blueprint and roadmap approved by Government in June 2018, which is based on various health system review report recommendations.

#### Confidential Advice to Minister:

23(1)(a)





**Options and Recommendation:**

- 23(1)(a) [REDACTED]
- MHWB continue to focus on development of a five year roadmap action plan by 23(1)(a) [REDACTED] and a robust commissioning and accountability framework by 23(1)(a) [REDACTED]

**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753

## **2. Issue Title:** Access and Coordination

**Timeline for Action:** A multi-year plan to improve coordination, access and quality of mental health and addictions services.

### **High Level Summary:**

- Improving access and coordination of mental health and addiction services is a longstanding need in Manitoba and a key theme identified in “Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans” (Virgo Report). 23(1)(a)

### **Current Status:**

- Manitoba has participated on the National Needs Based Planning (NBP) Advisory Committee since 2010, with results of the pilot feeding into the gap analysis that informed the Virgo Report. NBP was instrumental in informing many of the Virgo recommendations related to substance use, addiction and co-occurring disorders.
- Manitoba currently utilizes a core services framework developed through Needs Based Planning lead by Dr. Brian Rush (author of the Virgo Report) to inform capacity requirements for core mental health and addictions services and investment decisions.
- Through the Shared Health Priorities Bilateral Agreement and Action Plan for Home and Community Care and Mental Health and Addictions, investments have been made in initiatives that have contributed to improved access and coordination of mental health and addictions services in the areas of mental health promotion and universal supports, children and youth with complex needs, mental health and addictions treatment and trauma support (see Appendix C).

### **Options and Recommendation:**

- Undertake a number of steps to increase access and coordination of mental health and addiction services, including:

23(1)(a)

**Contact Person:** Maria Cotroneo, Assistant Deputy Minister, 204-788-6753

## V. Impact of COVID-19 and Response Measures

The new department of Mental Health, Wellness and Recovery was established as a result of the significant impact COVID-19 has had on the mental health and wellness of Manitobans, including:

- 27% of Manitobans have a mental illness and this has been made worse by the pandemic
- in 2020, there were 372 overdose deaths 23(1)(a)
- 23(1)(a)

Impacts of COVID-19 and response measures on the department include the following:

### **Wellness and Health Promotion Branch**

Between March 2020 and June 2021, the Wellness and Health Promotion Branch provided between 2-3 FTE to the Health and Seniors Care COVID-19 Response for the following: leading Public Health Clinical Specialist training/coordination; providing daily speaking points, incident reports and Incident Action Plans; contact tracing reporting; and, participation on Incident Command, COVID Planning Table, Alternative Isolation Accommodation Committee, and Equity Committee.

### **Mental Health and Recovery Branch**

19(1)(e); 23(1)(a)

The impact of the pandemic on mental health and addictions also lead to a significant increase in workload for the branch already experiencing limited capacity.

The pandemic and public health measures also lead staff of both branches to shift to working from home, which has lead to efficiencies and new opportunities for collaboration.

## **Mental Health Review Board**

The Mental Health Review Board has continued to hold hearings throughout the pandemic, within the 21-day limit mandated by *The Mental Health Act* and its regulation. Hearings were held exclusively by teleconference from March 2020 to spring 2021, and a hybrid of Microsoft Teams and Telehealth is now used to hold video conference hearings.


Board office staff experienced barriers in accessing the technology needed to allow staff to work from home which was not resolved until the end of 2020.

The physical office space has limited access to the public due to the pandemic, however, the office receives less than one per cent of its applications in person and gets very little walk-in traffic in normal times.

## **Selkirk Mental Health Centre (SMHC)**

SMHC created safe admission areas to isolate acute admissions at the onset of the pandemic. This resulted in the temporary and ongoing closure of the Dialectical Behaviour Therapy program (10 beds) and the restructuring of 10/20 beds in the Acquired Brain Injury program. This has allowed SMHC to accommodate up to 20 COVID suspect (orange status) patients at any given time.

23(1)(a)



Staff have been redeployed from various patient related programs to assist with managing the vacancies on the patient care areas in an attempt to reduce overtime.

SMHC had to reallocate internal resources to initiate a staff screening process, staffed from 0600 to 1100 hrs, 7 days/week. Staff have also been reassigned to monitor and supervise patient and family visits. SMHC was provided a visitation pod, along with an associated budget to manage. In addition, point of care rapid testing has been implemented (Abbott ID NOW COVID-19 rapid test) for patients displaying COVID symptoms or for the asymptomatic testing of newly admitted patients, in May of 2021.

SMHC is currently determining the vaccination status of its 651 employees and will put in place a staff testing process by October 18, 2021.

## VI. Status of Throne and Budget Speech Commitments

### **Budget 2021 Commitments**

#### Funding for the Mental Health and Addictions Strategy (\$1.7 million)

Through a whole of government approach, a number of mental health and addictions initiatives have been implemented, in alignment with recommendations from the Virgo report.

#### Funding for 24/7 Mental Health Housing Supports (\$1.8 million - MHWR and Families)

The Winnipeg Regional Health Authority is currently implementing a model to improve access, flow, and to allow community integration for mental health and addictions and residential care clients with complex needs, requiring 24/7 support. The MHWR investment is focused on provision of mental health support to tenants and Manitoba Families manages the housing aspect.

#### Whole of Government Approach to engage with communities and stakeholders (\$5 million)

The department is leading consultations (\$500,000) to be completed by December 2021, to inform an integrated, whole of government five-year action plan roadmap for mental health, wellness, and recovery and to inform future programming of the department.

Nine pilot projects (\$4,500,000) have recently been approved by Treasury Board to begin early implementation of the action plan. The projects are focused on overdose prevention/response, mental health and addictions standards development, virtual care, reducing wait times for services, child nutrition and smoking cessation.

### **Other Government Commitments**

#### **2019 Speech from the Throne (transition from Health and Seniors Care)**

##### Ongoing:

- Development of 100 new supportive recovery housing units throughout Manitoba
- Development of a sobering unit at the Health Sciences Centre
- Increasing mental health promotion and supports through community programs in schools
- Expansion of mental health services for children at the Health Sciences Centre
- Development of a Diabetes Action Plan
- Development of a strategy for the prevention of women's heart disease

## **2018 Minister Mandate Letter (transferred to Mental Health, Wellness and Recovery)**

### Ongoing:

Lead the social impact bond – “Smoking Cessation”


The smoking cessation social impact bond is set to begin in 23(1)(a). The department continues to work collaboratively with Pharmacists Manitoba, Loblaws and the Social Innovation Office to support implementation.

## VII. Intergovernmental Affairs Overview

### **Issues:**

#### **Canada-Manitoba Home and Community Care and Mental Health and Addictions Services Funding Agreement (Shared Health Priorities Bilateral Agreement)**

The 2018-2022 Canada-Manitoba Home and Community Care and Mental Health and Addictions Services Funding Agreement (Shared Health Priorities Bilateral Agreement) provides funding for 31 mental health and addictions initiatives (\$23.7 million). Funding through this agreement is fully allocated for 2021/22 and the agreement expires in March, 2022. 23(1)(a)



#### **Canada Mental Health Transfer**

A new Canada Mental Health Transfer, to provide permanent, ongoing funding for mental health services was promised by the federal government in the recent election. To date, no further information has been provided to the department about this program.

#### **Council of the Federation Award for Innovation in Mental Health and Addictions Care**

In January 2021, Premiers from across the country agreed to implement a mental health and addictions awards program with 13 awards, one for each province, valued at \$5,000 each. The award will recognize and support individuals and organizations who are excelling in the field of mental health and addictions care. The aim is to reward achievement and innovation, and encourage others in the field to be innovative in their work. All recipients will be recognized nationally and used as examples to promote innovation and collaboration across Canada. Award recipients will be announced at the Council of the Federation summer meeting 23(1)(a)

## VIII. Fiscal Overview and Status of Special Operating Agencies/ Other Operating Agencies

The 2021/22 core budget for MHWR is \$341.9M.

<b>BA24 Mental Health, Wellness and Recovery (MHWR)</b>		
<b>Sub-Appropriation #</b>	<b>Sub-Appropriation</b>	<b>2021/22 Final Estimates \$(000s)</b>
24-1	Executive	935
24-2	Mental Health and Recovery	18,471
24-3	Wellness	6,831
24-4	Physician Services - Psychiatry	62,039
24-5	Funding to Health Authorities	253,071
24-6	Costs Related to Capital Assets	556
<b>Total Part A - Operating</b>		<b>341,903</b>

19(1)(e); 23(1)(a)



Justice and Education and Training. Under the first four years of the agreement, Manitoba will receive approximately \$171.3M for all agreed programming (home and community care and mental health and addictions). This funding has been invested in a range of mental health and addictions initiatives focused on the following areas: mental health promotion and universal supports; children/youth with complex, multi-system needs; and addictions/mental health/trauma support. Examples include:


- Integrated Youth Services
- Access to mental health emergency, assessment and treatment services
- School based mental health supports for youth
- Indigenous led health services
- Withdrawal management services
- Supportive recovery housing
- Rapid Access to Addictions Medicine clinic expansions
- Eating disorder supports
- Acute medical sobering unit
- Community 24/7 drop in centre
- Newcomer Trauma Supports
- Pregnancy and infant loss program

MHWR is currently forecasting a break-even position for core budget for the 2021/22 fiscal year as at August 31, 2021.

The 2021/22 summary budget for MHWR is \$367.0M.

MHWR is currently forecasting a break-even position for summary budget for the 2021/22 fiscal year as at June 30, 2021.

19(1)(e); 23(1)(a)



\*Please note that the Department of MHWR does not have any Special Operating Agencies.


## IX. Internal Structural Pressures

### Department Structural Pressures

The new department of Mental Health, Wellness and Recovery was created in January 2021, in response to the increasing mental health and addiction issues impacting Manitobans as a result of COVID-19. The result of developing a new department at a time when significant issue and project management is required has highlighted the need for additional staff capacity in the department. There are currently 11.5 FTE working in the department and efforts are underway to fill vacant positions (currently 13.3 FTE) to address limited capacity.


As work and staff have transitioned to the new department some shared services (finance and administrative) are being provided to both Mental Health, Wellness and Recovery and to Health and Seniors Care. This has also created pressure and capacity limitations for the department.

23(1)(a)



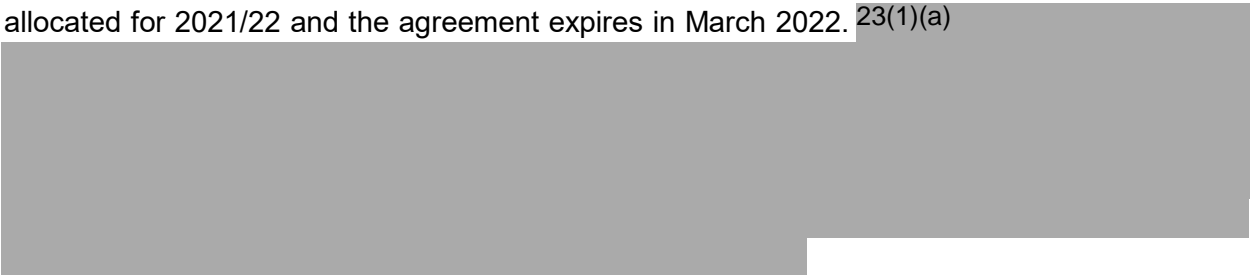
### Department Expenditure/Financial Pressures

23(1)(a)



The evidence identifying the impact of COVID-19 on Manitobans' mental health and substance use highlights that it is expected that there will be increasing and ongoing pressure for significant investment in this area as the lasting effects of the pandemic are felt.


The 2018-2022 Canada-Manitoba Home and Community Care and Mental Health and Addictions Services Funding Agreement (Shared Health Priorities Bilateral Agreement) provides funding for 31 mental health and addictions initiatives (\$23.7 million). Funding through this agreement is fully allocated for 2021/22 and the agreement expires in March 2022. 23(1)(a)



### **Mental Health Review Board – Staff Capacity Pressure**

There has been sustained growth in the number of applications to the Board, leading to an increase in caseload, creating staff capacity pressure.

23(1)(a)




### **Selkirk Mental Health Centre (SMHC) - Key Vacancies**

SMHC is currently transitioning from the department of Mental Health, Wellness, and Recovery to Shared Health (SH) – Mental Health and Addictions. 23(1)(a)




There is uncertainty as to how some of the positions/teams will be incorporated into SH at this time.

23(1)(a)



## X. Legislative and Regulatory Overview

19(1)(e); 23(1)(a)



## XI. Agencies, Boards, and Commissions Appointment

### **Mental Health Review Board**

The Mental Health Review Board is comprised of 30 members:

- Eight (8) lawyers (chairs)
- Fourteen (14) psychiatrists
- Eight (8) lay members

There are currently two psychiatrist vacancies.

## XII. Appendices

### A. List of Departmental/ Cross-Departmental Committees and/or Advisory Committees

COMMITTEE	FUNCTION	MEMBERSHIP
Integrated Policy Committee – Mental Health, Addictions and Wellbeing (Deputy Ministers)	<p>Ensures coordination with larger health transformation agenda</p> <p>Information-sharing and streamlining of Treasury Board submissions</p> <p>Provides oversight and strategic direction to the Mental Health and Addictions Cross Departmental Working Group</p> <p>Ensures a whole of government approach to mental health, wellness, and recovery</p>	<p>Kym Kaufmann, Deputy Minister, Mental Health, Recovery, and Wellness (Chair)</p> <p>Karen Herd, Deputy Minister, Health and Seniors Care</p> <p>Kathryn Gerrard, Deputy Minister, Families</p> <p>Dave Wright, Deputy Minister, Justice</p> <p>Michelle Dubik, Deputy Minister, Indigenous and Northern Relations</p> <p>Dana Rudy, Deputy Minister, Education</p> <p>Jeff Hnatiuk, Deputy Minister, Sport, Culture and Heritage and Status of Women</p> <p>Ashley Challinor, Assistant Deputy, Policy and Research, Executive Council</p> <p>Dr. Roussin, Chief Public Health Officer (or member of his team)</p>
Mental Health and Addictions Cross Departmental Working Group	<p>Manages the funding and investments through the Shared Health Priorities Bilateral Agreement</p> <p>Ensures a whole of government approach to mental health, wellness, and recovery</p>	<p>Sean Leggett, Acting Director, MHWR</p> <p>Maria Cotroneo, Assistant Deputy Minister, MHWR</p> <p>Kym Kaufmann, Deputy Minister, MHWR</p> <p>Christine Tuan, Executive Director, MHWR</p> <p>Tamara King, Strategic Communications Analyst, Executive Council</p> <p>Shauna Appleyard, Executive Director, Probation Services &amp; Restorative Justice,</p>

COMMITTEE	FUNCTION	MEMBERSHIP
		<p>Community Safety Division, Manitoba Justice</p> <p>Tracey Arnold, Manager, Community Engagement and Program Development, Strategic Initiatives and Program Support, Child and Youth Services, Manitoba Families</p> <p>Ashley Challinor, Assistant Deputy Minister, Clerk's Office</p> <p>Todd Clarke, Assistant Deputy Minister, Correctional Services Division, Manitoba Justice</p> <p>Tasmin Collings, Senior Policy Analyst, Child and Youth Services Division, Manitoba Families</p> <p>Carly Duboff, Senior Policy Analyst, Manitoba Housing</p> <p>Allan Hawkins, Executive Director, Inclusion Support Branch, Education</p> <p>Julie Kentner, Communications Coordinator, Communications Services Manitoba</p> <p>Craig Wynands, A/Director, Operations &amp; Transformation Management</p> <p>Adult Disability Services, Disability and Specialized Services, Manitoba Families</p> <p>Monica Novotny, Senior Data Scientist, Social Innovation Office</p> <p>Frankie Snider, Executive Director, Youth Justice Community Safety Division, Manitoba Justice</p> <p>Myra Sitchon, Strategic Policy Analyst, Manitoba Indigenous and Northern Relations</p>

COMMITTEE	FUNCTION	MEMBERSHIP
Gender Based Violence Committee of Cabinet - Working Group	Leads a government-wide approach to coordinate policies, legislation and initiatives on pervasive issues such as domestic and sexual violence and harassment	<p>Maria Cotroneo, ADM MHWR</p> <p>Jaime Carnegie, Executive Director, Status of Women</p> <p>Scott DeJaegher, Director Indigenous and Northern Relations</p> <p>Elizabeth Debicka, Executive Director, Families</p> <p>Sara Tello, Policy Analyst, Families</p> <p>Suzanne Gervais, ADM, Justice</p> <p>Jennifer White, Director Health and Seniors Care</p> <p>Dawn Osciak, Policy Analyst Health and Seniors Care</p> <p>Ashley Challinor, ADM Executive Council Office</p> <p>Caterina Ferlano, Project Manager, Priorities and Planning Secretariat</p> <p>Michelle Wallace, Executive Director, Economic Development and Training</p> <p>Mona Pandey, ADM Education</p> <p>Lesley McFarlane, ADM, Municipal Relations</p>



B. Statutory Responsibilities of the Minister / Legal Framework

<b>STATUTORY RESPONSIBILITIES OF THE MINISTER</b>
The Addictions Foundation Act
The Caregiver Recognition Act
The Mental Health Act
The Smoking and Vapour Products Control Act
The Youth Drug Stabilization (Support for Parents) Act

## C. Mental Health and Addictions Investments

The Manitoba government has previously announced 34 initiatives valued at more than \$51.3 million to improve mental health and addictions services throughout the province, including:

1. Expanding the distribution of Thrival Kits (\$1.4 million). The kits incorporate evidence-based mental health practices such as mindfulness meditation, personal reflection, stress reduction and coping strategies, as well as interpersonal skills development. At least 30,000 grades 4 to 6 students across the province are expected to benefit from distribution of these kits, which are introduced to children through activities led by their teachers throughout the school year.
2. Increasing support for the NorWest Youth Hub (\$823,000). This includes funding for additional counselling and psychologist appointments, primary care visits and mental health support group sessions. In total, the additional investment will allow the number of youth served at NorWest to increase by approximately 150 per year.
3. Expanding Project 11 (\$621,000). Established by the True North Youth Foundation, this is a school-based mental health promotion program for students in kindergarten to Grade 8. It includes virtual and in-person lessons and activities designed to improve mental health awareness and positive coping strategies for students. Approximately 5,000 additional students will benefit from the province's investment in this program.
4. Implementing the Métis CART pilot project (\$1.9 million). The project will see teams established in Dauphin and Winnipeg that include a caseworker, family mentor, and addictions and mental health workers. These teams will provide support for families with parental substance use and child abuse or neglect problems.
5. Expanding the community schools program (\$1.6 million). Funding from the program will be given to implement five new schools, as well as expand the scope of programming currently offered for 14 kindergarten to Grade 6 schools already. This will help extend the benefits of resources and services to more than 10,000 children.
6. Investing \$1.12 million in a collaboration between StreetReach Winnipeg and the Manitoba Adolescent Treatment Centre. Investment also provides support new partnerships with Indigenous organizations.
7. Expanding Neecheewam's Winnipeg facility (\$3.8 million). Funding will also be used to improve access to Indigenous-led healing, care and treatment services to sexually exploited youth.
8. Expanding services at Klinik Community Health Centre and Laurel Centre (\$2.4 million). This includes walk-in mental health services and specialized trauma counselling.
9. Enhancing access to mental health assessments and treatment for children and youth (\$4.2 million). Over three years, the funding will allow additional resources to be added to services already available at Children's Hospital.

10. Expanding StreetReach programming in Thompson and enhancing the community mobilization hub (\$2.1 million).
11. Recruiting, training and employing community helpers (\$525,000). Community helpers provide mental health and addictions services to families and caregivers, reducing the risk of Manitoba Child and Family Services apprehension or placement breakdown.
12. Issuing a request for proposals to add 100 supportive recovery-housing beds to help those who have received addictions treatment successfully transition back into the community. Cost will be subject to the tendering process.
13. Enhancing access to school-based mental health and addictions supports, beginning in Brandon, Portage la Prairie and Steinbach (\$4.4 million). A pilot project will expand existing school-based clinical teams with psychiatric nurses and addictions support workers.
14. Investing more than \$1.5 million over three years in a new initiative to provide peer and family support services in Winnipeg and the Prairie Mountain Health region, led by the Manitoba Schizophrenia Society.
15. Investing in a one-year pilot project to launch Granny's House (\$400,000). The facility will provide short-term, culturally safe and community-led care to children and families who could otherwise be at risk of becoming involved in the child welfare system.
16. Providing \$300,000 to provide education programs offered by the Alzheimer Society of Manitoba for individuals living with dementia and their families.
17. Investing \$3.5 million toward the capital construction costs at the Bruce Oake Recovery Centre to enhance access to mental health and addiction treatment in Manitoba.
18. Providing \$2.8 million to the City of Thompson to establish and operate a sobering centre, which will offer an effective alternative to police and hospital-based responses to public intoxication, while keeping Manitobans safe.
19. Providing \$2.1 million to Siloam Mission, Riverwood Church Community Inc. and Tamarack Recovery Inc. to develop 70 supportive housing units including on-site support services for people completing their addictions treatment.
20. Investing \$2.1 million to provide more community-based trauma services for newcomers and refugees suffering from post-traumatic stress disorder (PTSD).
21. Investing more than \$675,000 over three years in PAX Dream Makers, a successful youth engagement and leadership initiative that will provide two years of training and engagement to an additional 88 youth from northern First Nation communities, Rolling River and other school divisions.
22. Investing \$1.1-million to expand eating disorder programs at Health Sciences Centre Winnipeg, as well as create a safe nutrition clinic for people living with eating disorders.

23. Investing \$3.5 million to create a new unit and hire additional addictions, mental health and security staff at Health Sciences Centre (HSC) Winnipeg's emergency department (ED) to improve outcomes for patients in various stages of intoxication, withdrawal or mental health crisis.
24. Investing more than more than \$650,000 per year to open a sixth Rapid Access to Addictions Medicine (RAAM) clinic while enhancing the level of care patients receive with the establishment of a centralized hub.
25. Providing \$1.55 million in provincial support as part of a partnership with a number of organizations to further expand a hub model for integrated youth services (IYS), including mental health and addiction services for youth and young adults.
26. Investing \$262,500 for the creation of a community drop-in space for adults with addictions and mental health issues operated by the Spence Neighbourhood Association to ensure services are available 24 hours a day, seven days a week in Winnipeg. Going forward, the province will provide \$300,000 in annual operating funding.
27. Investing \$2.3-million in the Community-Emergency Department Violence Intervention Program (CEDVIP) program that provides wraparound care to youths and young adults injured by violence, decreasing their risk of continued physical harm while reducing patient traffic to HSC Winnipeg's emergency department.
28. Providing \$200,000 for the development and implementation of the provincial pregnancy and infant loss program. It will provide individual and group counselling and support to assist individuals and families who are dealing with complex grief and mental health issues associated with loss of a child during pregnancy and infancy (first year of life), which can include increased risk of depression, anxiety and post-traumatic stress disorder, substance use disorder and other mental health issues.
29. Investing \$1.92 million to create five additional youth hub sites in Winnipeg, Brandon and Selkirk to provide youth-centred services across a continuum of care so that young people can access all of the core health and social services they need in one place.
30. Providing \$1.2 million for mental health and addictions initiatives supporting vulnerable populations, including children and youth, and an increase in community prevention services for families based on best practices that recognize the importance of cultural connection, safety and prevention.
31. Investing \$428,000 to support counselling through the crisis lines and expand mobile withdrawal management services at Klinik Community Health Centre to help address addictions and mental health needs as the COVID-19 pandemic continues.
32. Providing \$185,000 to the NorWest Youth Hub for additional counselling support during the COVID-19 pandemic.

33. Providing \$35,000 to Tamarack Recovery Centre to continue the operation of their phone lines for addictions and substance use support during the COVID-19 pandemic.
34. Investing more than \$500,000 annually to add six crisis stabilization unit (CSU) beds to the Crisis Response Centre's intervention program.