

PROVINCIAL STANDARDS FOR REGISTERED ASSISTED LIVING SUPPORTIVE RECOVERY SERVICES

Ministry of Health and
Ministry of Mental Health and Addictions
Fall 2021



WELCOME
SUPPORTIVE
RECOVERY
OPERATORS AND
STAFF





Photo Credit Goldstream

TERRITORIAL ACKNOWLEDGEMENT

We acknowledge that the Provincial Standards for Registered Assisted Living Supportive Recovery Services were created on the unceded traditional and ancestral land of the ləkʷəŋən People, known today as the Esquimalt and Songhees Nations

THANK YOU

The Ministry of Mental Health and Addictions and the Ministry of Health wish to thank the people with lived experience, family representatives, service providers, Community Advisory Committee members, Indigenous organizations, and regional health authority managers who participated in focus group sessions, and who also provided written and oral feedback on draft versions of the document.

DURING OUR TIME TODAY

During our Session...

- Background and Context
- Introduction to the Standards
- Implementation requirements
- Case Study: Standard 6 Personal Service Planning
- Implementation tools and resources –overview
- Additional resources under development

By the end of our session today we hope you will understand

1. The role the standards play in supporting sector consistency, quality and accountability
2. The general structure of the Standards (*required elements, enhanced practice, and guidance on implementation*)
3. Provincial direction and requirements for contracted services
4. How to use the implementation tools available to support adoption of the standards

BACKGROUND AND
CONTEXT:
THE ROLE OF REGISTERED
SUPPORTIVE RECOVERY
SERVICES

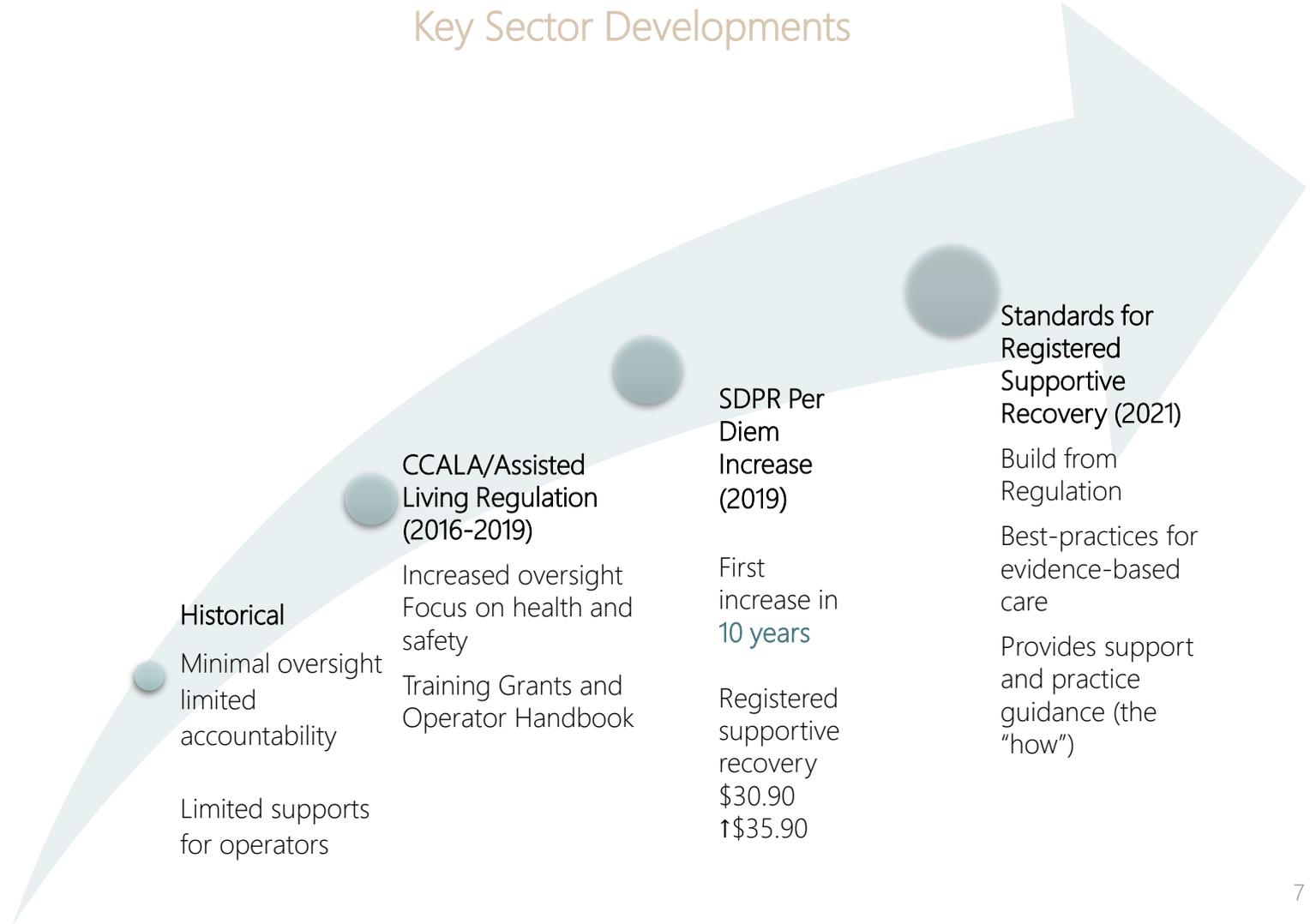


SUPPORTIVE RECOVERY: SECTOR DEVELOPMENTS

Background

Since 2017 the Ministry of Health and the Ministry of Mental Health and Addictions has been working to improve the overall safety, quality and consistency of supportive recovery services in the province

Key Sector Developments

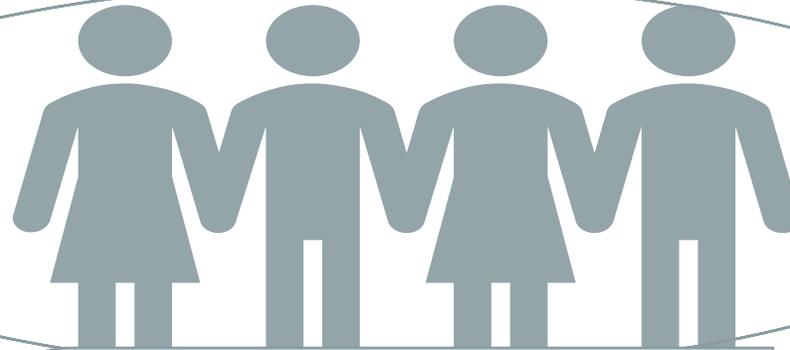


REGISTERED ASSISTED LIVING SUPPORTIVE RECOVERY SERVICES– SERVICE DEFINITION

Registered Supportive Recovery Services

Service Setting

Live-in supportive recovery services registered as assisted living under the *Community Care and Assisted Living Act* (supportive recovery residences) have the requirement of providing a safe, communal environment where individuals have the opportunity and the support to focus on their recovery journey



Who May Benefit from a Registered Supportive Recovery Service?

Individuals who have a goal to reduce, abstain from, or reduce harms associated with substance use and need a supportive environment.

Goals of the Service

- 1.Support individuals to reduce, abstain from, and/or reduce harms associated with substance use
- 2.Help individuals to stabilize and prepare for the next steps of their recovery journey
- 3.Help individuals to build skills and confidence to achieve their recovery goals

WHY CREATE SERVICE STANDARDS?



Support greater consistency in service quality beyond the health and safety and focus of regulations



Distinguish registered services from the 2011 Standards which are geared towards licensed services



Support understanding of how to implement best/wise practices and principles of evidence-based care in registered services



Opportunity to provide further supports and tailored approach for substance use focused services



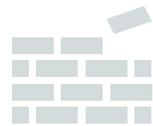
Recognize that the context in which registered services operate is also increasingly complex

REGULATIONS V. SERVICE STANDARDS

The standards build from the regulation to establish criteria for the delivery of high-quality care as supported by research evidence. In meeting the standards, service providers will generally be exceeding the regulatory requirements for services in the Assisted Living Regulation.

Assisted Living Regulation

- ✓ Health and Safety focus
- ✓ Intended to support a variety of service populations (*seniors, mental health, substance use*)
- ✓ Operators must adhere to **all** regulations as set out in the ALR.
- ✓ Outcomes focused “what you should be doing”
- ✓ Enforceable under the CCALA and monitored by Assisted Living Registry



KEY DISTICTIONS

2021 Standards for Supportive Recovery

- ✓ Focus on best-practices, service quality and evidence-based care
- ✓ Distinct from professional or clinical care standards
- ✓ Focused on substance use specific supportive recovery services
- ✓ Provide guidance “how to get there”
- ✓ Enforceable through health authority contracts: operators not under contract with health authorities are encouraged to adopt standards into their services

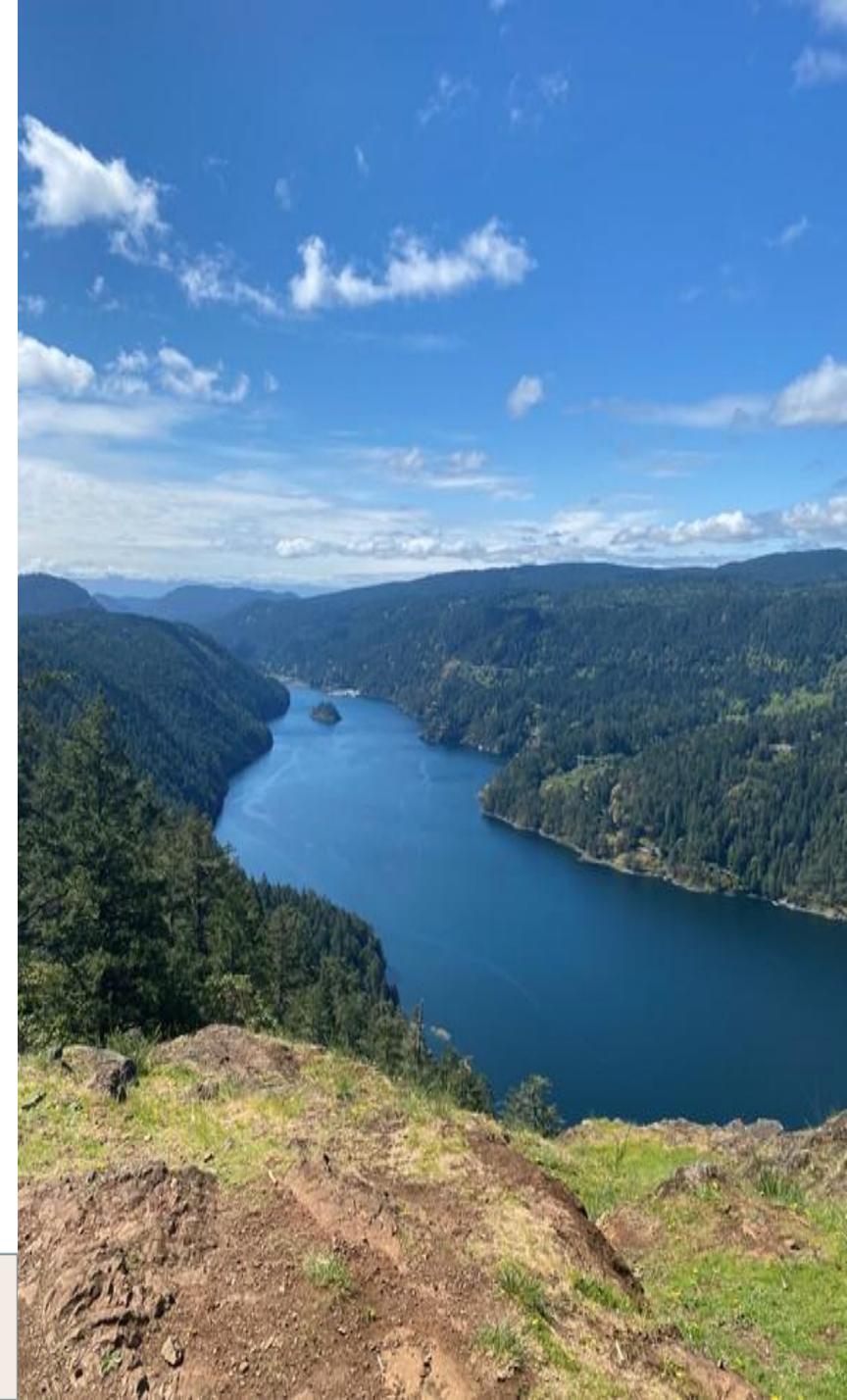
APPLICABILITY

- ❖ The 2021 Standards are applicable to all supportive recovery services currently registered under the Community Care and Assisted Living Act
- ❖ The 2021 Standards supersede the 2011 *Provincial Standards for Adult Residential Substance Use Services* with respect to the provision of registered supportive recovery services
- ❖ **All** Registered Assisted Supportive Recovery services must to follow the Assisted Living Regulation.
- ❖ Compliance with the Standards is not a regulatory requirement.
- ❖ Contracted services must comply with the Standards as part of their contract requirements

SHAPING THE STANDARDS

THE STANDARDS WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE CONTRIBUTIONS OF THE WRITING TEAM FROM INSIDEOUT INCLUDING TRACY BYRNE, JENNY WESTON, AND MICHELE MUNDY.

PLEASE LISTEN AS WE TAKE A MOMENT TO HEAR THEM SPEAK ABOUT THE CREATION OF THE STANDARDS AND THEIR HOPES FOR THE SECTOR.



DEVELOPING THE STANDARDS

Approach

Evidence-informed and reflective of diverse perspectives

Process (12 months)

Initial Information Gathering:

- Evidence and Literature Review
- In-person consultations (4 sessions)

Thematic Review and Development:

- Define structure, audience, and tone
- Confirm approach and standards focus (client journey)

Drafting and Review and Refinements:

- Consultation groups and expert panel draft review
- Creation of evaluation tool and implementation resources

Contributors

- Community Advisory Committee-operators of supportive recovery residences
- Indigenous Community Partners and Treatment and Recovery Service Operators
- People and Loved-Ones with Lived and Living Experience
- Health Authority Substance Use Leads

Project Oversight and Advice

- Expert advisory panel
- Strategic Advisory Committee

SETTING THE FOUNDATION

Supportive Recovery Services Guiding Assumptions

The Standards recognize:

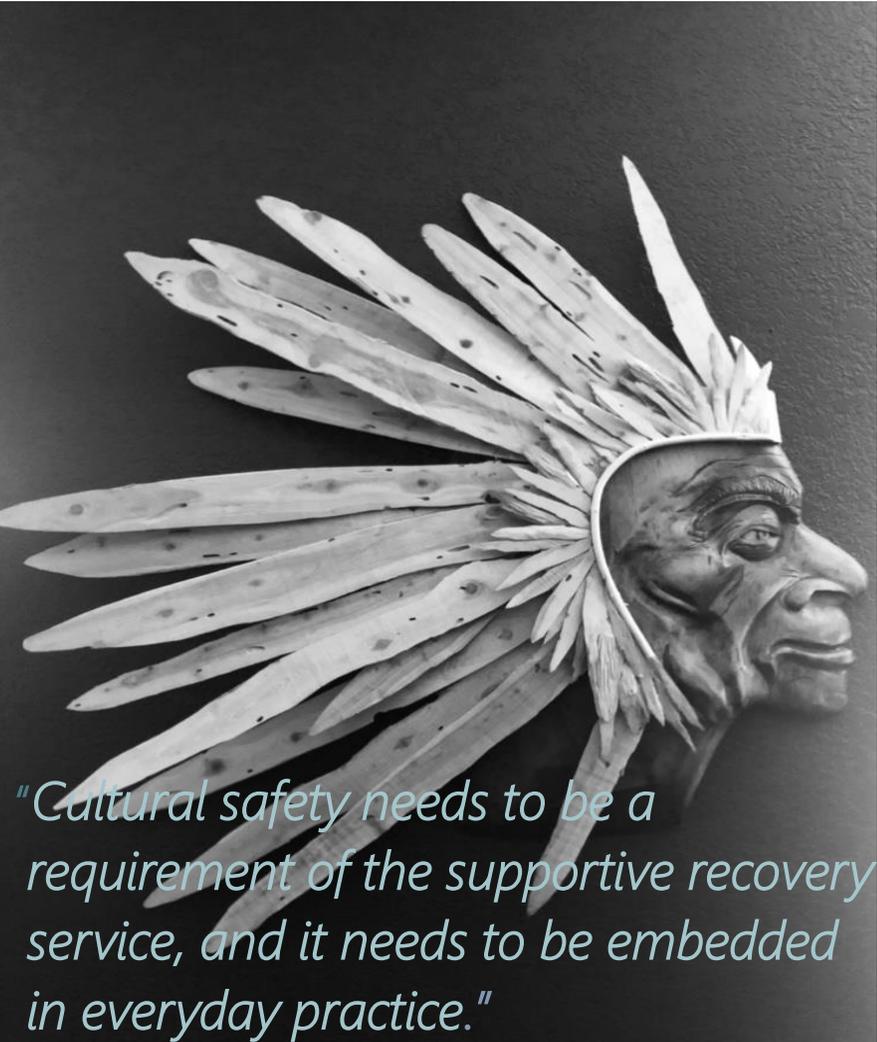
- The effects of colonization continue to impact the wellness of First Nations, Metis and Inuit
- Personal experience with trauma and stigma plays a role in how people seek care and interact with healthcare systems
- There is a diverse landscape of Supportive Recovery Services in British Columbia,
- Those services may be delivered by operators with diverse approaches and perspectives.
- People have different recovery goals related to substance use, and
- There are many different paths to achieving “recovery”

Principles that Underpin the Standards



INDIGENOUS CULTURAL SAFETY AND HUMILITY

- There is a standard devoted specifically to Indigenous Cultural Safety (ICS) and Humility; however, ICS principles and practices are also woven into all the standards.
- The voices of Indigenous and non-Indigenous service providers and people with lived experience are included throughout.
- A companion document has been created that offers service providers tools and Indigenous Cultural Safety resources to help with implementing the standards.

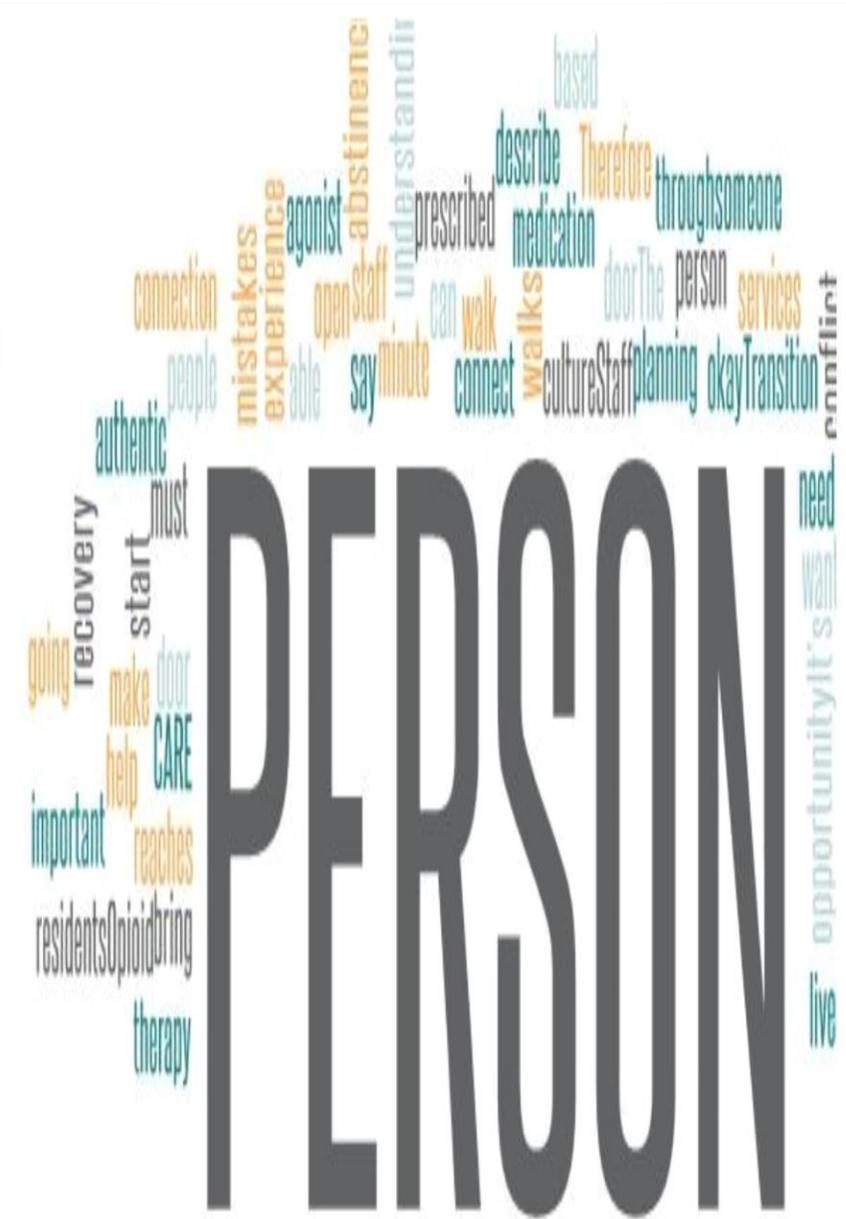


"Cultural safety needs to be a requirement of the supportive recovery service, and it needs to be embedded in everyday practice."

Unnamed Indigenous Artist- used with permission of the family

SUPPORTING A CLIENT ON THEIR
JOURNEY:

INTRODUCING THE PROVINCIAL
STANDARDS FOR REGISTERED ASSISTED
LIVING SUPPORTIVE RECOVERY SERVICES



OBJECTIVES OF THE STANDARDS

Historically, many supportive recovery services have operated outside the traditional healthcare system. As evidence-based best practices regarding substance use grows, the role of supportive recovery services and their importance as a part of the substance use system of care continues to evolve

Recognizing the vital role supportive services play in the substance use system of care, the Standards have been developed with the following objectives:

- ❖ To facilitate the **provision of evidence-informed, safe and respectful** care across the province;
- ❖ To **improve linkages** between registered supportive recovery services and other substance use services, primary care providers, and organizations that provide psychosocial supports;
- ❖ To **strengthen staff competencies** in the areas of trauma- and resilience-informed practice and Indigenous Cultural Safety and Humility; and
- ❖ To **improve the information available to people** about what they can expect from registered supportive recovery services as well as what is expected of them while they are accessing a service.

SUPPORTING A CLIENT'S JOURNEY WHILE AT A SERVICE

Overview

Following the journey of a client who is considering and ultimately participating in a registered supportive recovery service, the Standards are intended to help operators consider how to incorporate quality person-centered elements into their service

Structure

Twelve individual standards with a standard devoted specifically to Indigenous Cultural Safety (ICS) and Humility;

Standards are oriented around a **client's journey**, and address:

- ❖ Supporting informed decisions and preparing for the journey
- ❖ Program planning, embedding principles and practices of Indigenous Cultural Safety and Humility, and keeping residents safe
- ❖ Supporting a person during their stay
- ❖ Preparing to leave the service
- ❖ Evaluation and continuous quality improvement

Each standard includes an overarching statement, an expression of intent and required elements

STANDARDS AT A GLANCE

Standard 1: Introducing Your Service and Supporting Informed Decision Making

Standard 2: Supporting People Who Are Waiting to Access Your Service

Standard 3: Staffing

Standard 4: Indigenous Cultural Safety and Humility

Standard 5: Helping New Residents Settle In

Standard 6: Personal Service Planning

Standard 7: Medical Needs and Prescribed Medications

Standard 8: Evidence-Informed Practice

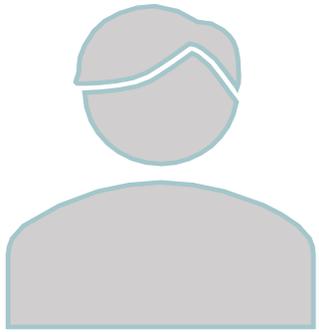
Standard 9: Programming and Supports

Standard 10: Keeping Residents Safe

Standard 11: Transitioning Planning and Ongoing Connections

Standard 12: Evaluating Your Service

CASE STUDY: DEVELOPING A PERSONAL SERVICE PLAN



In this scenario we will be applying the required elements of the Standards and using the Implementation Resource to support Peter to create a Personal Service Plan

Background:

- ❖ Peter joined a registered service two days ago and has spent his first couple of days adjusting to a routine, connecting with other clients, and checking in with staff.
- ❖ During the daily touch base Peter has indicated that he is ready to start thinking about making some plans to support his stay and his recovery

"I want to be asked what do I want and what do I need. I want to make sure that their plan is my plan."

Details About Peter:

- His wellness support system includes his Mom, and a medical doctor
- Peter was referred to your service through his regional health authority

Sections 33 – 35 and Schedule D of the Assisted Living Regulation deal with the personal service plan and describe general requirements for meeting the resident's needs and achieving their personal goals.

Standard 6 sets out further requirements for how to go about creating the plan as well as the range of personal goals that the plan might include

CASE STUDY: REQUIRED ELEMENTS AND GETTING STARTED

Required Elements: A Service Provider Must

6.1	Support the person to actively participate in creating their personal service plan, together with service staff, other members of their health and social care team and, if the person wishes, members of their family or support circle.
6.2	Make sure that the plan covers personal goals, programming and activities, communication with other health and social care providers, transition planning, and connections to community-based services and supports. The plan must also deal with medication needs and align with the person's clinical treatment plan, if they have one.
6.3	Ensure the person retains a copy of their personal service plan.
6.4	With the person's consent, share the plan with their primary care provider or other clinician(s) involved in their care.
6.5	Review the plan with the person regularly and update it to reflect their changing situation, preferences and goals.

Guidance in Implementation

To support Peter and incorporate the required elements of Standard 6 service providers **should consider**:

- ❖ Peter's readiness to begin thinking about his short-term plans (**required element 6.1**)
- ❖ Ask if Peter would like to include his Mom or his doctor when creating the plan; (**required element 6.1**)
- ❖ Confirm Peter's permission to share his plan (**required element 6.4**) (*Consent to Release Information pg. 45*)

CASE STUDY: SETTING GOALS AND MAKING PLANS

It is important capture and ensure the following:

- ❖ Wellness goals: (Required element 6.2) (*setting & tracking personal goals, personal goals plan-how to guide, personal goals plan pgs. 41-45*)
- ❖ Health and Safety information: (Required element 6.2) (*Client Record- Prescriptions and OTC medications list- pg. 56*)
- ❖ Unplanned Departure/Emergency: (Required element 6.4) (see also Standard 11-Transition Planning) (*Emergency Departure Plan- pg.47*)
- ❖ Peter has a copy of his care plan; (Required element 6.3)
- ❖ Peter's consent to send a copy of his care plan sent to his Mom and doctor; and (Required element 6.4)
- ❖ A plan to check in with Peter and review his personal care plan, see how he is feeling, and document any changes. (Required element 6.5)

IMPLEMENTATION RESOURCES

Organization “Self Assessment” Tool

Provides an “organizational self-assessment tool” designed to help service operators and staff to reflect on and gauge how their service is doing with respect to meeting the *Provincial Standards*.

Sample Forms

Provides sample forms to support implementation of the required elements in

Standard 1: Informed Decision Making and Admissions, and

Standard 6: Personal Service Planning.

Resources to Support Cultural Safety

Offers a curated list of Indigenous Cultural Safety and Humility training and education resources, as well as definitions of key terms

USING THE ORGANIZATION SELF ASSESSMENT TOOL

The tool is intended support a collaborative process between operators and staff to support conversations about:

- ❖ Where the service is at
- ❖ Where it needs to go
- ❖ What steps can be taken towards adopting the *Provincial Standards*

Suggested 3 Step Guide

Self Reflection

Individual staff members complete the organizational self-assessment template



Collaboration

Staff members meet as a group to share and discuss their individual assessments



Action

Senior staff/leadership write up the findings (including the actions and timeline for implementing them) and share with all staff members

The process of using the tool should help to build / further strengthen relationships between staff and ensure that everyone is working towards shared goals and outcomes, to the benefit of all residents. (See *Implementation Tools pg. 3*)

WHAT'S NEXT: CONTRACTED SERVICES

KEY NEXT STEPS:

- ❖ Health Authority Owned/Contracted Services are expected to incorporate the Standards into contract language by **March 2022**
- ❖ Health Authority Owned/Contracted Services are expected to follow the Standards by **March 2023**.
- ❖ Health Authority Contracting and MHSU leads should work together to support implementation of the Standards and create a performance monitoring tool to measure compliance with the Standards.

IN DEVELOPMENT: TRAINING MODULE

TO SUPPORT IMPLEMENTATION OF THE STANDARDS...

- An online course is being developed in collaboration with OpenSchoolBC and InsideOut.
- The focus will be on providing operators, staff, and health authority partners with a **no/low-cost** resource to support implementation of the Standards.
- Operators and staff who complete the training course will receive a certificate and hours towards their required 20 hours of training (per the regulation). **This training module is distinct from other training being developed to support the regulation implementation**
- Target timeline for launch of this Training Module is Fall 2022

QUESTIONS AND MORE INFORMATION

To support answers to commonly asked questions an FAQ is currently under development and will include questions from our time today.

For more information please contact:

- Bethany Estiverne, Director, Substance Use and Strategic Initiatives, with the Strategic Priorities and Initiatives Branch in the Ministry of Mental Health and Addictions (bethany.estiverne@gov.bc.ca)
- Holly Clow, Acting Director, Substance Use, with the Mental Health and Substance Use Branch in the Ministry of Health (holly.clow@gov.bc.ca)