

Bedford, Sue HLTH:EX

From: Archibald, Karen HLTH:EX
Sent: Tuesday, June 7, 2011 5:36 PM
To: Bedford, Sue HLTH:EX
Subject: RE: Recovery Houses

Yes - I think Katie told her - and Katie and I are on a call with Leigh Ann and Susan tomorrow at 2:30 pm.

Karen Archibald
A/Director, Program Monitoring
Home, Community and Integrated Care
Ministry of Health Services
Phone: (250) 952-2784 Fax: (250) 952-1282
email: Karen.Archibald@gov.bc.ca

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-----Original Message-----

From: Bedford, Sue HLTH:EX
Sent: Tuesday, June 7, 2011 2:37 PM
To: Archibald, Karen HLTH:EX
Subject: FW: Recovery Houses

Fyi -- does Susan Adams know that you are taking the lead in Ramani's absence?

Sue Bedford Director of Licensing Community Care Facilities
Home, Community and Integrated Care Branch Health Authorities Division,
Ministry of Health TEAMWORK CURIOSITY PASSION SERVICE COURAGE ACCOUNTABILITY
Phone: (250) 952-1442
Fax: (250) 952-1282
sue.bedford@gov.bc.ca

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-----Original Message-----

From: Adams, Susan M ALR:EX
Sent: Tuesday, June 7, 2011 1:19 PM
To: Seymour, Amanda HLTH:EX
Cc: Bedford, Sue HLTH:EX; 'Myrna Hall'

22

Subject: RE: Recovery Houses

Good afternoon Amanda,

I apologize for taking several days to get back to you.

Hugh is asking a very relevant question. If we work from the two definitions that you provided to him, I expect that the majority of residences that fall in the 'residential treatment' category are licensed. While some are private pay, I expect the majority are health authority funded.

The group of residences that fall into your 'supportive residential program' category are a mixed bag. Those that are health authority funded are either licensed (in VCH and FH) or we have targeted them for registration (in VIHA, IH and NH). Those that are private pay (including those that have been approved by MSD to receive the \$30.90 per diem rate) have been targeted for screening and possible registration as part of my MH&A registration project.

There are some private pay residences that describe themselves as offering support recovery programs but, based on our high-level review, we felt their services were minimal and did not meet our assisted living definition as offering a 'prescribed service'. They appear to offer primarily housing, not a 'supportive recovery program'. We placed them on a list of 'not AL' level residences. I don't think that they would be suitable for people whose recovery is, as Hugh describes, 'at a precarious stage'.

So how do you want to handle Hugh's request? At the moment, the MH&A registration project is on hold and, in light of S22 and other factors, I am unsure when and whether we will move forward. If the registration project was complete, I would be in a position to offer Hugh a list of registered 'supportive residential program' resources in the province but since it isn't, I really don't have definitive information to share right now.

Susan

-----Original Message-----

From: Seymour, Amanda HLTH:EX

Sent: Thu, May 26, 2011 1:02 PM

To: Adams, Susan M ALR:EX; Bedford, Sue HLTH:EX; 'Myrna Hall'

Subject: FW: Recovery Houses

Hi folks

Please see the email train below for a question that Hugh Leschot from BC211 and ADIRS regarding supportive recovery houses and licensing questions. I can talk to him about some of this, but think he would be better off talking to both of you about specifics about the OALR, registration and the CCAL Act and licensing.

Would you like me to forward him your contact information, or would you like to contact him directly?

Thanks,
Amanda

Amanda Seymour
Manager
Mental Health and Substance Use
Ministry of Health Services
6-2, 1515 Blanshard Street,
Victoria, BC V8W 3C8
Telephone: 250-952-1858
Cell: 250-217-6582
E-mail: Amanda.Seymour@gov.bc.ca

P Please consider the environment before printing this email

-----Original Message-----

From: Hugh Leschot [mailto:Hugh@bc211.ca]
Sent: Tuesday, May 24, 2011 2:23 PM
To: Seymour, Amanda HLTH:EX
Cc: Snell, Anita HLTH:EX; Louise G
Subject: RE: Recovery Houses

Thanks Amanda,

These definitions are complete and accurate, and dovetail well with our knowledge to-date.

However, our problem is with the gray areas of the "Supportive Residential Programs". Traditionally, some of those residences have been funded by government, others not. Some are drug-free, others are not. Some are suitable for those whose recovery is at a precarious stage, others are not! So in a nutshell I was hoping you might be able to guide me in regards to which are the government-approved ones?

I realize it's not the easiest question - perhaps we can begin by asking who it is that actually licenses them, and what are the parameters?

Hugh

-----Original Message-----

From: Seymour, Amanda HLTH:EX [mailto:Amanda.Seymour@gov.bc.ca]
Sent: May 24, 2011 1:50 PM
To: Hugh Leschot
Cc: Snell, Anita HLTH:EX
Subject: RE: Recovery Houses

Hi Hugh

Hope you are well. I have provided a definition below that is being used in our provincial standards for residential substance use services that are almost completed. I can also send you a draft copy if you think that might be useful. This definition was developed in collaboration with the health authorities. These standards apply to health authority funded residential

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supportive recovery facilities only. As you mention, there are different terms used in each health authority - for instance, FHA uses the term "Stable and Transitional Living Residences" and insists that they are licensed in order to receive funding.

If you would like more information, please let me know.

Thanks,
Amanda

Supportive Residential Programs (e.g., Supportive Recovery, Stable and Transitional Living Residences):

Supportive residential programs are suitable for people who require low-moderate intensity of services. They meet the needs of individuals who are preparing to enter residential treatment or those who have left more intensive residential treatment but who require additional stabilization and support to reintegrate into the community. They are also suitable for individuals who do not require intensive residential treatment, but who need a safe, supportive environment, away from their usual living situation, to deal with their substance use.

Supportive residential programs provide safe, substance-free accommodation and a level of support appropriate for longer-term recovery from problematic substance use. Typically, supportive residential programs are less intensive than residential treatment. Support is generally provided through a combination of peer mentoring, group work and structured activities. Some programs also offer individual counselling from qualified staff. Supportive residential programs focus on education and life-skills training that will help the participant to reintegrate successfully into the community. Individuals in supportive residential programs may also access outpatient centres or day treatment programs and other community services and supports, including mutual aid groups.

Residential Treatment:

Residential Treatment facilities provide time-limited treatment in structured, substance-free, live-in environments. Individuals accessing these services are most likely to be those with more complex and/or chronic substance use for whom community-based treatment services have not been effective. Treatment includes individual, group and family counselling/therapy, as well as psycho-social education and life-skills training. Staff at residential programs generally have a higher level of training than staff at supportive residential programs. In addition, there are staff onsite 24 hours a day. Some programs may also provide medical, nursing or psychiatric support.

Residential treatment programs provide daily programming that supports participants to examine and work in depth on the underlying causes of their substance use (such as trauma, grief and family of origin issues). There is also a focus on identifying and practising skills to deal with issues such as boundary setting, co-dependency, communications, anger management and relapse prevention.

Amanda Seymour
Manager
Mental Health and Substance Use

Ministry of Health Services

6-2, 1515 Blanshard Street,

Victoria, BC V8W 3C8

Telephone: 250-952-1858

Cell: 250-217-6582

E-mail: Amanda.Seymour@gov.bc.ca

P Please consider the environment before printing this email

-----Original Message-----

From: Hugh Leschot [mailto:Hugh@bc211.ca]

Sent: Monday, May 16, 2011 9:06 AM

To: Stevens, Valerie HLTH:EX; Seymour, Amanda HLTH:EX

Cc: Snell, Anita HLTH:EX

Subject: RE: Recovery Houses

Hi All

Thank you for this, Val. I look forward to learning more about these important but hard-to-qualify services, from Amanda and Anita.

Hugh

-----Original Message-----

From: Stevens, Valerie HLTH:EX [mailto:valerie.stevens@gov.bc.ca]

Sent: May 12, 2011 8:46 PM

To: Hugh Leschot; Seymour, Amanda HLTH:EX

Cc: Snell, Anita HLTH:EX

Subject: RE: Recovery Houses

Hi Hugh.

I've moved into a different role since we met with your colleagues earlier this year. I've copied Anita Snell who is in the position now, and so she or Amanda will respond to your questions regarding supportive recovery residences. We appreciate you consulting with us on this - Amanda has excellent information on the definitions used by the various types of facilities across the province.

Thanks.

Val

From: Hugh Leschot [Hugh@bc211.ca]

Sent: May 12, 2011 4:26 PM

To: Seymour, Amanda HLTH:EX; Stevens, Valerie HLTH:EX

Subject: Recovery Houses

Hello Amanda, Valerie,

I'm following up on the long-standing issue of Recovery Houses (where people with addiction issues can live at different stages of their recovery), which I believe my executive director, Myrna Holman, has discussed with you in the

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past. I manage the database for BC211 and the Alcohol and Drug Information and Referral Service, and am very interetsed in any information that may help us portray these services properly, so that our callers can be referred to them appropriately.

In the late eighties, these facilities were divided into two types: Supportive Recovery (funded and "approved"); and Transitional Living (not funded or formally recommended). This division, simple as it was, enabled us to refer callers (some vulnerable, some less so...) to one or the other type with confidence. I wonder if there might be a way for Health Authorities to help us classify these sometimes-marginal but important services.

Regards,

Hugh Leschot, CRS
Manager, Resources and Publications/IT
604-708-4062
Fax: 604-660-9415
www.bc211.ca<<http://www.bc211.ca/>>
[cid:650020623@12052011-18D2]

Bedford, Sue HLTH:EX

From: Crane, Bob SG:EX
Sent: Thursday, March 31, 2011 3:42 PM
To: Adams, Susan M ALR:EX; 'Angus, Linda'; Bath, Alison L MSD:EX; Bedford, Sue HLTH:EX; 'Collins, Jane'; 'Daggitt, Reg'; 'Flanagan, Dominic'; Flexhaug, Monica HLTH:EX; 'Hall, Myrna'; 'Hemmingson, Karen'; Higham, Brenda HLTH:EX; Hold - 110204 - Mann, Krishna MSD:EX; Jensen, Dana MSD:EX; Magnusson, Kari MSD:EX; 'Marlow, Mary'; 'Muir, Allyson'; XT:HLTH Mumford, Sherry; 'Murray, Randy'; 'Popat, Shelina'; Seymour, Amanda HLTH:EX
Subject: Mental Health and Substance Use Supportive Housing meeting notes

Attached are the meeting notes for the supportive housing coordinating committee February 14 meeting.



Meeting notes 11
02 14.docx

Attachments



Meeting notes 10 Policy Statement FS40_Supportive_ Assessment Act
09 17 amended... 10 08 17.pdf Housing.pdf excerpts.docx

Bob Crane

Senior Policy Analyst
Housing Policy Branch
Office of Housing and Construction Standards
PO Box 9844 Stn Prov Govt, Victoria BC V8W 9T2
Phone: 250-356-7958 Fax: 250-356-8182
Bob.Crane@gov.bc.ca

**MENTAL HEALTH AND SUBSTANCE USE RESIDENTIAL SERVICES AND
SUPPORTIVE HOUSING
COORDINATING COMMITTEE**

**MEETING NOTES
SEPTEMBER 17, 2010**

Present:

Bob Crane, Ministry of Housing & Social Development (Chair)
Susan Adams, Assisted Living Registrar
Sue Bedford, Ministry of Healthy Living & Sports
Reg Daggitt, Vancouver Coastal Health Authority
Myrna Hall, Consultant to Assisted Living Registrar
Krishna Mann, Ministry of Housing & Social Development
Mary Marlow, Vancouver Coastal Health Authority
Amanda Seymour, Ministry of Health Services
Carol Todd, Interior Health Authority

Regrets:

Linda Angus, BC Housing
Alison Bath, Ministry of Housing & Social Development
Jane Collins, Provincial Health Services Authority
Dominic Flanagan, BC Housing
Monica Flexhaug, Ministry of Health Services
Karen Hemmingson, BC Housing
Dana Jensen, Ministry of Housing & Social Development
Tamalyn McKean, Ministry of Housing & Social Development
Allyson Muir, Vancouver Coastal Health Authority
Sherry Mumford, Fraser Health Authority

1. Meeting notes – March 31, 2010

The meeting notes were approved.

2. Updates on initiatives

a. Assisted Living registration

- 41 residences in the Interior Health region were identified for screening to determine if they require assisted living registration.
- 28 were screened in; 7 were screened out.
- Consideration of the remaining 6 residences is on hold pending resolution of policy issues. These issues will be addressed as the project proceeds through Phase 2 (below).
- The Assisted Living Registrar will make some final changes to the application package and send it out to the 28 residences that require registration.

- Funding has been secured to begin Phase 2 of the registration project in the Vancouver Coastal and Fraser health regions. The Registrar will work with the two health authorities, BC Housing and local governments to identify residences to be screened. The screening process is expected to begin after Christmas and the application process in April/May 2011.
 - Following implementation in the Vancouver Coastal and Fraser regions, the project will proceed to the Northern and Vancouver Island regions.
- b. Housing & Social Development per diem funding for support recovery homes
- The Ministry of Housing and Social Development is coordinating data on support recovery homes with the Assisted Living Registrar. There has been limited uptake of the per diem by operators. When the registration project is completed, the ministry will consider making per diem funding will be contingent on homes being registered.
- c. Property tax exemption for supportive housing
- The list of properties eligible for the Assessment Class 3 Supportive Housing designation for the 2011 tax year has almost been finalized. There is a net increase of about 12 properties, bringing the total to about 138. The properties must be designated through order in council by October 31.
3. Next meeting
- A meeting will be scheduled for January 2011.

**Ministry of Community and Rural Development and
the Ministry of Housing and Social Development
Policy Statement**

**Definition of "Supportive Housing", Funding Requirements, and
Designated Property in the *Assessment Act***

PURPOSE

The purpose of the policy statement is to administratively define "supportive housing", funding requirements and designated property for the purposes of the *Assessment Act* (the *Act*).

BACKGROUND

In furtherance of a 2007 Throne Speech commitment, section 19 of the *Act* was amended in 2008 to provide the Lieutenant Governor in Council with the authority to create a new supportive housing property class by designating eligible supportive housing property to this class for a taxation year. This amendment also provided that if the Lieutenant Governor in Council designated property to a new supportive housing property class, the designation would only apply to that portion of the property that is used for the provision of supportive housing or for purposes ancillary to the provision of supportive housing.

While section 19 of the *Act* defines "eligible supportive housing property", in relation to a taxation year, as "property that is used by or on behalf of a person who received funding from the government or a regional health board in the preceding calendar year for the provision of supportive housing on that property", it does not define the term "supportive housing".

Due to the fluid nature of housing policy, government decided not to define "supportive housing" in the *Act* but rather to define this term by policy.

DEFINITION OF "SUPPORTIVE HOUSING"

"Supportive Housing" means:

housing that integrates long-term housing units for

- (i) persons who were previously homeless;
- (ii) persons who are at risk of homelessness;
- (iii) persons affected by mental illness; or
- (iv) persons who have or are recovering from drug or alcohol addictions,

with on-site support services that are available to residents of the housing project, but does not include supportive housing intended primarily for seniors.

In the definition of "supportive housing",

"long-term" means residents are not restricted by policy to occupancies of less than 90 days;

"on-site support services" are physically offered in the building's offices or common areas, and include but are not limited to:

- a. health and mental health services;
- b. health and community support referrals;
- c. addiction services;
- d. employment and education services;
- e. job and life skills training;
- f. assistance with meal preparation and housekeeping; or
- g. counselling and outreach services.

"housing unit" means residential sleeping accommodation where the resident:

- a. controls access to the room or rooms the resident or resident's family sleeps in;
- b. has access to private or shared bathroom facilities; and
- c. has access to private or shared cooking facilities.

ADDITIONAL CRITERIA FOR ELIGIBILITY:

Supportive housing does not include licensed facilities under the *Community Care and Assisted Living Act (CCALA)*.

Only public or non-profit owned supportive housing properties are eligible for Class 3 Designation.

FUNDING REQUIREMENTS:

As noted, section 19 of the *Act* defines "eligible supportive housing property", as "property that is used by or on behalf of a person who received funding from the government or regional health board in the preceding calendar year for the provision of supportive housing on that property". The phrase "received funding from the government...for the provision of supportive housing" means that the project must receive ongoing operational funding from government or a regional health board for the provision of supportive housing, and not have been in receipt of capital funding only.

The phrase "funding from the government", or a regional health board, means funding received from the provincial government as per the meaning of "government" in the *Interpretation Act*, or one of the province's five regional health boards (health authorities).

DESIGNATED PROPERTY:

A property will not be identified for designation unless it meets the definition of "supportive housing" (i.e., it must contain housing units and must offer on-site support services). However, it is acknowledged that a property that meets the definition of "supportive housing" may also include property used for purposes which may or may not constitute on-site support services (i.e., a retail space where residents may or may not receive job training).

Accordingly, the portion of the property that qualifies to be designated for the purposes of inclusion in Class 3 – Supportive Housing is:


- (i) the property actually comprised of the housing units;
- (ii) the property used for purposes ancillary to the housing units (e.g., shared or private bathroom or kitchen facilities, hallways, etc.); and
- (iii) the property used for the provision of on-site support services.

POLICY REVISION:

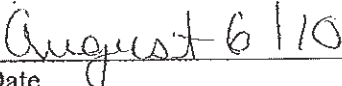
This policy is a joint policy of the Ministry of Housing and Social Development and the Ministry of Community and Rural Development.

This policy applies to the 2011 assessment roll and subsequent assessment rolls, unless amended at the discretion of the two undersigned Ministries. It is understood that direction and advice may be required and/or desired from BC Housing, Ministry of Health Services, the health authorities, and BC Assessment during the course of the implementation of the policy.

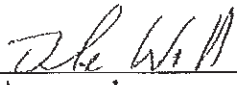
APPROVALS:



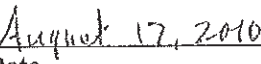
Approved
Cairine MacDonald
Deputy Minister
Ministry of Housing and Social Development



Date



Approved
Dale Wall
Deputy Minister
Ministry of Community and Rural Development



Date

**MINISTRY OF HEALTHY LIVING AND SPORT
INFORMATION BRIEFING DOCUMENT**

Cliff #832166

PREPARED FOR: Honourable Ida Chong, Minister of Healthy Living and Sport
FOR INFORMATION

TITLE: Regulation of Mental Health and Addictions Assisted Living Residences

PURPOSE: Operators objection to paying assisted living application fees

BACKGROUND:

The *Community Care and Assisted Living Act* requires operators of assisted living residences to register with the Office of the Assisted Living Registrar (OALR). The Act encompasses assisted living residences that serve a variety of populations including seniors and adults with physical disabilities, mental health and addiction disorders, and head injuries. Since the Act came into force in 2004, the OALR has focused on the rapidly growing sector of seniors' assisted living, registering 195 residences that provide services to seniors.

In 2008, the OALR began to expand registration to assisted living residences for people with mental health and addictions disorders. Mental Health and Addictions operators, particularly those in the addictions field, are largely opposed to government regulation. In the 1990s, the addictions sector was required to license, but then in 2001, as a result of pressure from faith-based operators (e.g., Union Gospel Mission), the sector was again deregulated. Faced with public criticism of some privately operated addictions residences, government has maintained it would regulate the industry through assisted living registration.

Because of these sensitivities, the OALR has consulted extensively with the Mental Health and Addictions sector, gradually gaining its confidence and cooperation. Working in the interior of the Province, the OALR has been screening Mental Health and Addictions residences to determine those that meet the definition of an assisted living residence. Later this spring, when the screening process is complete, the Office plans to distribute application packages to operators who have been screened in.

During consultation, Mental Health and Addictions operators have consistently raised objections to paying a \$250 application fee¹. They believe the application fee unfairly penalizes them as small operators.

FINANCIAL IMPLICATIONS:

The bulk of the OALR's revenue flows from annual registration fees, not the one-time application fee. In fiscal 2009/10, application fee revenue was \$5,750. Application fee revenue is projected to increase to \$11,500 in fiscal 2010/11 and remain at that level for the subsequent three years as the OALR implements province-wide registration of

¹ The Assisted Living Regulation requires operators to pay a one-time \$250 application fee and annual registration fees of \$12.50/unit. A "unit" is a resident's personal living quarters.

existing MH&A residences. After that, application fee revenue is projected to drop to \$4,000/year. See Appendix A.

DISCUSSION:

S13, S17

CONCLUSION:

S13, S17

BRIEFING RECOMMENDED:

Yes ☒ No ☐

Program ADM/Division:	Andrew Hazlewood, ADM, Population and Public Health
Telephone:	250 952-1731
Program Contact (for content):	Tim Lambert, Executive Director, Health Protection (250) 952-1987
Drafter:	Susan Adams, Assisted Living Registrar (604) 676-1411
Date:	May 11, 2010

File Name with Path: Z:\Health Protection\Protection\BRIEFING NOTES\2010\832166 Information Briefing Note - AL Registration of MHA.doc

APPENDIX A – Financial Implications

S13, S17

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Kelln, Brenna HLTH:EX

From: Marr, Ann HLTH:EX
Sent: Monday, May 2, 2011 2:13 PM
To: Seymour, Amanda HLTH:EX
Cc: Snell, Anita HLTH:EX
Subject: RE: OALR

Hi Amanda - I'd like to also connect with them - can you please include me in the call. In terms of questions, I was wondering how registration would impact them in terms of their funding of SR etc. Do they have any concerns about the reaction from the SR community. Do they have any short/medium or long term plans re: tenancy protections (does this still belong to them?). What do you think we should ask them?

-----Original Message-----

From: Seymour, Amanda HLTH:EX
Sent: Monday, May 2, 2011 11:08 AM
To: Marr, Ann HLTH:EX
Cc: Snell, Anita HLTH:EX
Subject: RE: OALR

Hi Ann

I am happy to follow up with MSD. Susan has been working very closely with them on the registration project - and they are supportive, and yes, they have seen our standards - and are supportive.

Could you let me know what you would like to find out specifically so that I can be focused in my meeting with MSD and ensure that I ask all the relevant questions.

Regards,
Amanda

Amanda Seymour
Manager
Mental Health and Substance Use
Ministry of Health Services
6-2, 1515 Blanshard Street,
Victoria, BC V8W 3C8
Telephone: 250-952-1858
Cell: 250-217-6582
E-mail: Amanda.Seymour@gov.bc.ca
P Please consider the environment before printing this email

-----Original Message-----

From: Marr, Ann HLTH:EX
Sent: Friday, April 29, 2011 5:53 PM
To: Snell, Anita HLTH:EX; Seymour, Amanda HLTH:EX
Subject: OALR

I think it is time to find out how msd feels about registration and the standards - has Susan been working with someone over there? Have they seen our draft standards? Thanks
Ann Marr - sent from wireless handheld

Kelln, Brenna HLTH:EX

From: Seymour, Amanda HLTH:EX
Sent: Tuesday, March 1, 2011 8:17 AM
To: Stevens, Valerie HLTH:EX
Subject: Fw: OALR Budget Proposal 2011/2012

----- Original Message -----

From: Marr, Ann HLTH:EX
Sent: Monday, February 28, 2011 05:28 PM
To: Seymour, Amanda HLTH:EX
Subject: FW: OALR Budget Proposal 2011/2012

fyi

From: Adams, Susan M ALR:EX
Sent: Monday, February 28, 2011 4:25 PM
To: Marr, Ann HLTH:EX
Cc: 'Myrna Hall'
Subject: RE: OALR Budget Proposal 2011/2012

Hi Ann,

S13, S17

S13, S17

Hope this helps,

Susan

From: Marr, Ann HLTH:EX
Sent: Fri, February 25, 2011 4:17 PM
To: Adams, Susan M ALR:EX
Subject: RE: OALR Budget Proposal 2011/2012

Ok thanks very much.

From: Adams, Susan M ALR:EX
Sent: Friday, February 25, 2011 4:07 PM
To: Marr, Ann HLTH:EX
Cc: 'Myrna Hall'; 'Jim Horncastle'
Subject: RE: OALR Budget Proposal 2011/2012

Hi Ann - We are working on a response for you for Monday. Susan

From: Marr, Ann HLTH:EX
Sent: Thursday, February 24, 2011 12:45 PM
To: Adams, Susan M ALR:EX
Cc: 'Myrna Hall'
Subject: RE: OALR Budget Proposal 2011/2012

Thanks

S13, S17

From: Adams, Susan M ALR:EX
Sent: Thursday, February 24, 2011 11:58 AM
To: Marr, Ann HLTH:EX
Cc: 'Myrna Hall'
Subject: RE: OALR Budget Proposal 2011/2012

Hi Ann,

S13, S17

Susan

From: Marr, Ann HLTH:EX
Sent: Thursday, February 24, 2011 10:18 AM
To: Adams, Susan M ALR:EX
Subject: RE: OALR Budget Proposal 2011/2012

Yes, thanks. Please keep in mind I have just shared with you a part of the BN - they can be no longer than 2 pages in length so hoping any proposed changes are as compressed as possible.

From: Adams, Susan M ALR:EX
Sent: Wednesday, February 23, 2011 5:14 PM
To: Marr, Ann HLTH:EX
Subject: Re: OALR Budget Proposal 2011/2012

Hi Ann - trouble with our network all day. Can't get at my files. Responses to all your questions are in process. You'll receive by latest tomorrow afternoon. Does this time-line work ok for you. I have meeting tomorrow a.m. S

From: Marr, Ann HLTH:EX
Sent: Wednesday, February 23, 2011 12:58 PM
To: Adams, Susan M ALR:EX
Subject: RE: OALR Budget Proposal 2011/2012

Would think RT would be broader than community care facility but not sure. Below is the info I received from Val. As you can see it was an imperfect process and we won't be doing any more research at this time so it is what it is.

"on our list we have 92. This list was developed by internet search of various sources, consultation with licensing and OALR, ADIRS, various documents, health authority websites and documents, etc. We would not want to quote a number as we are not confident that it is accurate. It is our best guess that the facilities on the list are providing services similar to those provided in HA funded SR and RT."

From: Adams, Susan M ALR:EX
Sent: Wednesday, February 23, 2011 12:16 PM
To: Marr, Ann HLTH:EX
Subject: RE: OALR Budget Proposal 2011/2012

Ann - what is RT? Residential treatment (i.e., a community care facility)?

From: Marr, Ann HLTH:EX
Sent: Wednesday, February 23, 2011 11:46 AM
To: Adams, Susan M ALR:EX
Subject: FW: OALR Budget Proposal 2011/2012

Hi again

FYI - we have a rough estimate of 92 private facilities that are either SR or RT (or perhaps neither?). Not sure how this compares to numbers you would know about through your work to register the SRs - just trying to get a sense of the orders of magnitude.

115

Kelln, Brenna HLTH:EX

From: Snell, Anita HLTH:EX
Sent: Thursday, April 14, 2011 4:23 PM
To: Arthur, Emily HLTH:EX
Cc: Seymour, Amanda HLTH:EX
Subject: regs, OALR links

http://www.bclaws.ca/EPLibraries/bclaws_new/content?xsl=/templates/toc.xsl/group=C/lastsearch=/

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_02075_01

http://www.health.gov.bc.ca/library/publications/year/2007/handbook_Health_and_Safety_Standards.pdf

<http://www.health.gov.bc.ca/assisted/>

<http://www.health.gov.bc.ca/assisted/complaints.html> - complaints info; glanced through it; if you could follow the links there might be a report on #s/outcomes, etc. Once you go through all the links please write up their complaint approach/procedures using 2-3 bullets.

Thanks

Anita Snell, PhD, R Psych

Director, Mental Health & Substance Use
Health Authorities Division, Ministry of Health
250.952.1270
anita.snell@gov.bc.ca

From: Stevens, Valerie HLTH:EX
Sent: Tuesday, January 25, 2011 10:06 AM
To: Seymour, Amanda HLTH:EX
Subject: Agenda for OALR meeting

Hi Amanda.

I've started off an agenda for the meeting next week, not much content here.

Could you please take a look. I'm thinking that the specific questions we are interested in don't necessarily need to be identified as agenda items, but I also don't want to miss anything important. We are interested in knowing more about the privates – how many will likely be left out of registration (and how many will likely be registered); more about the fee waiver proposal; better understanding of municipal regulations that apply in this area. Anything else?

F:\HAD General\Programs\MHA\Addictions\Assisted Living\OALR Project to Register MHSU Residences - Agenda Feb 3, 2011.docx

Thanks.

Val Stevens
Director, Mental Health and Substance Use
Health Authorities Division
BC Ministry of Health Services
Phone: (250) 952-2857
Email: valerie.stevens@gov.bc.ca

Health Protection Branch
Population and Public Health Division
Ministry of Healthy Living and Sport

PROJECT CHARTER

Assisted Living Registration of Mental Health and Addictions Residences

Project Number:	MHLS-HPB-2011-56
Author:	Susan Adams
Creation Date:	20-Apr-10
Last Updated:	23-Apr-10
Documber Number:	
Version:	V 0.4

APPROVALS:**Executive Director:**

Tim Lambert

Signature

Date

**Stem Director:**

Susan Adams

Signature

Date

**Project Manager:**

Myrna Hall

Signature

Date



1.0 Project Sponsor

The sponsor of the project is Tim Lambert, Executive Director of the Health Protection Branch, Ministry of Healthy Living and Sport.

2.0 Project Purpose

The purpose of the project is to complete Phase I of the Office of the Assisted Living Registrar's (OALR) Mental Health and Addictions Registration Project and begin Phase 2, thus protecting the health of British Columbians.

3.0 Background

The Community Care and Assisted Living Act (CCALA) came into force in 2004. Part 3 requires operators of all publicly subsidized and private pay assisted living residences to register with the OALR.

Since 2004, the OALR has focused on the seniors' assisted living sector. In 2006, the OALR began an initiative to extend the regulatory framework to the mental health and addictions (MH&A) sector. Because this sector serves a population with service delivery needs that differ from seniors, the OALR consulted with a health authority work group to develop a framework document entitled Defining an Assisted Living Residence for Persons with Mental Illnesses and/or Substance Use Disorders.

The MH&A sector includes support recovery homes for people recovering from addictions. From time to time, privately operated support recovery homes cause public nuisance issues related to drug and alcohol use including noise, littering and disturbances by visitors, which concerned citizens then report to local governments. These issues also occasionally end up being reported in the media.

The OALR's mandate pertains only to residents' health and safety. The impact of a residence on the surrounding community will remain the responsibility of local zoning, by-law enforcement and parking authorities and the police. For that reason, the OALR is working closely with local governments in establishing the regulatory framework.

In addition to local governments, the OALR is consulting regularly with provincial bodies with interests in the mental health, addictions, rehabilitation, housing and income assistance sectors, including the Ministry of Health Services, Ministry of Housing and Social Development (MHSD) and BC Housing.

Registration in the MH&A sector is being phased in. In April 2008, the Ministry of Healthy Living and Sport issued a Request for Proposals for consulting resources to assist the OALR in conducting Phase 1 and 2 of the MH&A Registration project. This project charter reflects the scope of work and

deliverables associated with Phase 1 and the beginning of Phase 2. Phase 1 is taking place in the interior of the province, where the OALR is tailoring its registration package to reflect the MH&A sector and test the application and health and safety materials. The lessons learned from phase 1 are being incorporated into province-wide implementation. Based on the implementation plan, the lower mainland has been selected for Phase 2, which the OALR is beginning in Fall 2010.

4.0 Objectives

The objectives of the project are to:

1. Based on the definition of assisted living residence contained in the CCALA, describe the characteristics of a MH&A residence;
2. Develop an application package specifically for the MH&A sector;
3. Conduct the registration process in the Interior (Phase 1);
4. Engage stakeholders in the registration initiative so as to establish good will between the OALR and the MH&A sector;
5. Develop a province-wide implementation strategy for the registration of MH&A residences;
6. Begin the registration process in the lower mainland (phase 2).

5.0 Scope

5.1 In-Scope

The scope of the project includes:

- Verifying the descriptions of housing, hospitality services and prescribed services as set out in Defining an Assisted Living Residence for Persons with Mental Illnesses and/or Substance Use Disorders.
- Analyzing MHSD data to extract and report on typical addiction recovery program models;
- Modifying the OALR's existing application package for seniors' residences to create an application package for MH&A residences.

- Identifying potential MH&A assisted living residences in the interior through an internet search and with the assistance of Interior Health Authority (IHA).
- Using a knowledgeable resource to interface with MH&A operators in the interior.
- Assisting the OALR to determine the eligibility of applicants.
- Based on experience gained during the Phase I registration process, recommending modifications to the application package and documenting policy issues identified during the process.
- Training OALR staff about the MH&A sector.
- Communicating with various government agencies regarding their program roles relative to MH&A assisted living residences.
- Maintaining communication with local governments and other interested parties about their approaches to local oversight of MH&A residences, particularly supportive recovery homes (SRH).
- Develop content about MH&A for the OALR website;
- Coordinating development and implementation of a communications strategy for Phase 1.
- Assisting the OALR to develop and submit a Decision Note regarding changes to Application Fees.
- Responding either verbally or by email, within 48 hours [unless otherwise agreed upon] to the OALR's request for advice on questions related to the implementation of the assisted living registration process to assisted living residences for people with MH&A.
- Completing modifications to the application package.
- Resolving policy issues identified in Phase 1.
- Updating the communications strategy to address Phase 2.
- Identifying potential MH&A assisted living residences in the lower mainland through an Internet search; cross-referencing lists from funding agencies such as Ministry of Housing and Social Development, Provincial Community Corrections, Forensic Psychiatric Services and Correctional Service of Canada; and local Health Authorities.
- >Conducting information sessions with identified potential MH&A operators in the lower mainland.
- >Develop the table of Contents for a MH&A Registrant Handbook and compile operating policies as they evolve.

5.2 Out of Scope

The following items are out of scope and provided here to clarify project scope boundaries:

- Modifying the OALR's business processes related to registration or complaints.
- Modifying policies and procedures and communication materials targeted to the seniors' sector.
- Analyzing issues and developing policy, over and above that documented in Phase 1.
- Posting amendments to the OALR Website.

6.0 Major Deliverables

The major deliverable products for this project are:

- Revised Decision Note regarding Application Fees;
- Updated Description of Addiction Recovery Models;
- Province-wide Implementation Strategy;
- Resolved policy issues from Phase 1;
- Revised application package based on Phase 1;
- Updated communication strategy and related communication materials; and
- List of potential MH&A residences in the lower mainland.

7.0 Stakeholders

7.1 Stakeholder Categories

For the purposes of defining the most appropriate methods for engaging the stakeholder groups, the stakeholders have been assigned categories according to their level of influence and their expected interest in or impact from the project and its outcomes. The table below illustrates the categories to be used for the stakeholder.

Stakeholder Category	Description	Stakeholder Groups
Partner	*High level of influence on the project and highly impacted by the project; therefore should be highly interested Commitment is required by these stakeholders in order for the project to succeed Stakeholder would be represented on the Steering Committee Would also participate in the working groups	<ul style="list-style-type: none"> • Health Protection Branch • Phase 1 & 2 Health Authority partners • Mental Health & Addictions Branch • Phase 1 & 2 MH&A operators
Involve	Low level of influence on the project and high level of impact by the project; should be very interested. Involvement is required to ensure the stakeholder group's requirements are represented on the project.	<ul style="list-style-type: none"> • Ministry of Housing and Social Development <ul style="list-style-type: none"> o Social Policy o Housing Policy • MH&A operators elsewhere in the province
Explain	High level of influence, low level of impact; interest is usually focused on one or two aspects only. Stakeholder must be kept clearly informed on the project outcomes and progress so that they continue to support the project	<ul style="list-style-type: none"> • BC Housing
Inform	Low level of influence, low level of impact; general interest only Stakeholder needs to be kept informed of the project.	<ul style="list-style-type: none"> • Licensing • BC Non-profit Housing Association • BC Seniors Living Association • AL Provincial Standing Committee (seniors) • Consumer groups e.g., Canadian Mental Health • BC Law Institute Assisted Living Law Reform Project SC

7.2 Stakeholders and their Interests

The table below identifies the major stakeholders for the project, who will represent them, what their interests, expectations and concerns in the strategy are understood to be (these will be confirmed via the engagement strategy), as well as the stakeholder category they have been assigned. The following stakeholders (internal and external) interests must be considered throughout the project.

Stakeholder Group	Represented by	Interests, Expectations, Concerns
Health Protection Branch, Ministry of Healthy Living and	Tim Lambert, Executive Director	<ul style="list-style-type: none"> • Overall mandate for regulating public health and safety in the province • Wishes to bring MH&A residences under the CCALA
Phase 1 & 2 Health Authority partners	Cliff Cross, IHA Allyson Muir, VCH Sherry Mumford, FH	<ul style="list-style-type: none"> • Responsible for establishing MH&A services in their Health Authorities • Interested in how AL regulation will affect MH&A
Mental Health and Addictions Branch, Ministry of Health Services	Ann Marr, Executive Director Val Stevens, Director	<ul style="list-style-type: none"> • Responsible for establishing MH&A services in the province, through the auspices of the health authorities • Expects AL registration to integrate with standards for government funded MH&A residential services • Concerned about the cost impact on operators. • Concerned about any changes to current service delivery models
MH&A operators in the interior	Harold Hartel Executive Director Freedom's Door	<ul style="list-style-type: none"> • Generally opposed to any form of government regulation • Interested in why regulation is necessary • and how it will affect their operations • Interested in whether registration will result in funding from government • Concerned about the cost of registration
Ministry of Housing and Social Development	Janice Nakamura, Executive Director, Regional Operations Bob Crane, Senior Policy Analyst, Housing Policy Branch Marg McNeil, VP, Operations, BC Housing	<ul style="list-style-type: none"> • Interested in having assisted living registration replace its inspection process associated with approving per diem funding to SRHs • Concerned about how assisted living registration will affect BC Housing 's supportive housing development program.
MH&A operators elsewhere in the		<ul style="list-style-type: none"> • Generally opposed to any form of government regulation (e.g., Union Gospel Mission)

province		<ul style="list-style-type: none"> • Interested in why regulation is necessary and how it will affect/benefit their operations. • Concerned about cost pressures and changes to current service delivery models
BC Law Institute Assisted Living Law Reform Project SC	Jim Emerton	<ul style="list-style-type: none"> • Concern is law reform related to seniors assisted living
Health Authorities elsewhere in the province	Provincial MH&A Planning Council OALR's MH&A Work Group	<ul style="list-style-type: none"> • The Council has endorsed the Project • Interested the outcome of Phase I • Interested in the province-wide implementation strategy.
Supportive Recovery Homes Task Force	Cities of Abbotsford, Surrey, Mission, Chilliwack	<ul style="list-style-type: none"> • Concerned about the operation of unregulated SRHs in their jurisdictions – public disorder, crime, etc. • Interested in how assisted living registration will regulate the industry and interface with municipal licensing processes • Concerned that operators not be 'over loaded' with layers of regulation when operating on narrow margins.

8.0 Dependencies

This project is dependant on the following:

- An amendment to the Assisted Living Regulation to address operators' concerns about the effect of application fees on their operations.
- The Ministry of Health Services' Mental Health and Addictions Branch's development of standards for government funded SRHs. These standards should complement the OALR's MH&A Health and Safety Standards.
- MHSD's continued implementation of a special funding rate for non-licensed SRHs. This level of funding enables operators to adopt the higher standards associated with assisted living registration.

Projects and initiatives that depend on this project include:

- Mental Health and Addictions Branch's development of standards for government funded SRHs. The Branch is looking to assisted living registration to address health and safety issues.

- The cities of Abbotsford and Mission have developed municipal licensing procedures. The cities are looking to assisted living registration to address health and safety issues.
- To approve non-licensed SRHs for its special funding rate, the MHSD conducts an inspection. Assisted living registration will allow the Ministry to eliminate the inspection process for registered residences.

9.0 Issues and Constraints

Issues and constraints that could impact the project

- Insufficient funding to complete the project.
- Availability of stakeholders to participate in the project.
- Complaints to MLAs by disgruntled MH&A operators.

10.0 Assumptions

The following assumptions have been made for the project:

- MH&A registration will extend to only those residences that meet the definition of assisted living residence in the CCALA, hence, registration will not provide a regulatory framework for sub-standard residences that fall outside of the definition.
- Health Authorities and the Ministries of Health Services and Healthy Living and Sport will continue to support this project.

11.0 Milestones

The major milestones/targets/review points for the project are:

Milestone	Target Date
Decision Note re Application Fees submitted	May-10
Addiction Recovery Models document updated	Apr-10
Screening of Okanagan and Kootenay Boundary residences complete	Mar-10
Implementation Plan complete	Mar-10
Policy issues from Phase 1 resolved	Dec-10
Application package revised based on Phase 1	Oct-10
Communications strategy revised	Oct-10
Lists of potential MH&A operators in the lower mainland.	Nov-10
Meetings with potential operators in the lower mainland complete.	Dec-10

12.0 Budget

S17

14.0 Overall Resources Required**14.1 Internal Resources**

Estimated internal resource requirements include:

Resource Role	Individuals	Time Estimate Range
Project Manager	Susan Adams	
Assisted Living Coordinator	Rachel Miles	S17
Communications Staff (MHLS)		

14.2 External Resources and Committees

The project involves the following external resources, committees and groups

Committee or Group Name	Purpose	Representatives
Health Authority staff representatives	<ul style="list-style-type: none"> • Vets MH&A service profile and application materials • Identifies potential residences • Facilitates screening visits to funded residences 	<ul style="list-style-type: none"> • One representative from each HA Service Delivery Area
Mental Health and Substance Use Residential Services & Supportive Housing Coordinating Committee (interministry committee)	<ul style="list-style-type: none"> • Receives progress reports from project manager • Provides strategic advice to project manager • Identifies linkages to other government-based MH&A initiatives 	<ul style="list-style-type: none"> • MHSD's Housing Policy rep (Chair) • MHSD's Social Policy rep • OALR • BC Housing • Mental Health & Addictions Branch rep • Licensing rep

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Kelowna Non-profit Operator Work Group	<ul style="list-style-type: none"> • Vets MH&A service profile and application materials • Identifies potential residences • Provides strategic advice to project manager • Vets MH&A service profile and application materials • Identifies potential residences • Provides strategic advice to project manager 	<ul style="list-style-type: none"> • Freedom's Door • John Howard Society • Kelowna Gospel Mission • Karris Support Society • Now Canada • Society of St Vincent de Paul

REVIEWS AND DOCUMENT CONTROL

Reviews

This document has been sent to the following for their review and comment:

Name	Position
Tim Lambert	Executive Director, Health Protection Branch

Project Management

This document has been sent to the following for their review and comment:

Name	Position
Susan Adams	Assisted Living Registrar
Norm Helewa	Project Manager

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF BRITISH COLUMBIA, represented
by the Minister of Health Services

(the "Province", "we", "us", or "our" as applicable)
at the following address:

Office of the Assisted Living Registrar
Suite 300 - 1275 W 6th Avenue
Vancouver BC V6H 1A6

AND:

MJH Consultants Ltd.

(the "Contractor", "you", or "your" as applicable) at
the following address:

Not Responsive

BACKGROUND

- A. The parties entered into an agreement dated December 18, 2009, and amended on September 2, 2010, a copy of both is attached as Exhibit 1 (the "Agreement").
- B. The Parties have agreed to further amend the Agreement.

AGREEMENT

The parties agree as follows:

- That paragraph 30 shall be deleted in its entirety.
- That Schedule A shall be deleted in its entirety and replaced with the attached Schedule A.
- That Schedule B shall be deleted in its entirety and replaced with the attached Schedule B.
- In all other respects, the Agreement is confirmed.

THE PARTIES have duly executed this agreement the ^{30th} day of December, 2010.

SIGNED AND DELIVERED on behalf of the
Province by its duly authorized representative



(Authorized Representative)

SIGNED AND DELIVERED by or on behalf of
the Contractor (or by an authorized signatory or
signatories if the Contractor is a corporation)



(Contractor or Authorized Signatory)

SCHEDULE A – SERVICES

PROJECT DESCRIPTION

1. The goals of the project are to implement the business processes (registration, health and safety standards and complaint investigation) associated with the Office of the Assisted Living Registrar (OALR) for assisted living residences for people with mental health and substance use (MH&SU) issues, including support recovery homes.
2. Desired outcomes for the project include improved health and safety for people with MH&SU and creating awareness of the existence of regulatory oversight in British Columbia for assisted living residences for people with MH&SU issues.
3. The first phase of the Project is in the Interior health region (Phase 1); the second phase of the Project is in the Fraser Health and Vancouver Coastal health regions (Phase 2); and the third phase of the Project is in the Northern and Vancouver Island health regions (Phase 3).

SERVICES

S13, S17

S13, S17

DELIVERABLES

5. The deliverables are:

S13, S17

Clarification to the scope or minor changes to the requirements will be documented via e-mail and mutually agreed to by both parties to the agreement.

CONTACTS

7. The representative for the Province during the term of this Agreement will be:

Susan Adams,
Assisted Living Registrar
Phone: 604 676-1414
Email: Susan.Adams@alregistrar.bc.ca

8. The representative for the Contractor during the term of this Agreement will be:

Myrna Hall
President, MJH Consultants Ltd.

Not Responsive

TERM

9. Extend the contract end date from **December 31, 2010 to March 31, 2011.**

SCHEDULE B – FEES AND EXPENSES

1. Fees:

- (a) At a rate of \$1,100.00 per day (based on a day of 8 hours), for Not Responsive for those days during the term of this Agreement when you provide the Services. If you provide the Services for less than the required hours on any day, your fees for that day will be reduced proportionally.
- (b) At a rate of \$700.00 per day (based on a day of 8 hours), for Not Responsive for those days during the term of this Agreement when you provide the Services. If you provide the Services for less than the required hours on any day, your fees for that day will be reduced proportionally.
- (c) At a rate of \$600.00 per day (based on a day of 8 hours), for Not Responsive for those days during the term of this Agreement when you provide the Services. If you provide the Services for less than the required hours on any day, your fees for that day will be reduced proportionally.
- (e) \$135,650.00 is the maximum amount of fees we must pay to you for providing these services.

2. Expenses:

The following expenses, less the Harmonized Sales Tax ("HST") component will be paid to the Contractor:

- (a) travel, accommodation and meal expenses for travel greater than 32 kilometers away from Victoria on the same basis as we pay our Group 2 employees when they are on travel status. The Province will pre-approve all travel expenses;

(b) your actual long distance telephone, fax, postage and other identifiable communications expenses; and

(c) \$8,500.00 is the maximum amount of expenses we must pay you.

Any HST paid on expenses under this Agreement and not recoverable by the Contractor from the Government of Canada may be reimbursed by the Province.

3. **Maximum Amount:** \$144,150.00 is the maximum amount of fees and expenses which we must pay to you under sections 1 and 2 of this Schedule.

4. **Statements of Account:** In order to obtain payment of any fees and expenses under this agreement for a period from and including the first day of a month to and including the last day of that month (each a "Billing Period"), you must deliver to us on a date after the billing period (each a "Billing Date"), a written statement of account in a form satisfactory to us containing:

- (a) your legal name and address;
- (b) the date of the statement, and the month to which the statement pertains;
- (c) your calculation of all fees claimed for the month, including a declaration by you of all hours worked during the month for which you claim fees and a description of the applicable fee rates;
- (d) a chronological listing, in reasonable detail, of any expenses claimed by you for the month with receipts attached, if applicable;
- (e) a description of this agreement;
- (f) a statement number for identification; and
- (g) any other billing information reasonably requested by us.

5. **Payments Due:** Within 60 days of our receipt of your written statement of account delivered in accordance with this Schedule, we must pay you the fees and expenses claimed in the statement if they are in accordance with this Schedule.

**MINISTRY OF HEALTH SERVICES
INFORMATION BRIEFING NOTE**

Cliff #853586

PREPARED FOR: Heather Davidson, ADM, Health Authorities Division
- FOR INFORMATION

TITLE: Update on Office of the Assisted Living Registrar (OALR) Project to Register Mental Health and Substance Use (MHSU) Residences

PURPOSE: To provide an update on the current status of the project

BACKGROUND:

In 2001, *support recovery homes* were exempted from licensing under the then Community Care Facility Act (the precursor to the Community Care and Assisted Living (CCAL) Act) because they did not provide all the prescribed services required for a community care facility. Fraser Health Authority increased the services provided by its support recovery homes and required that they remain licensed. Other health authorities did not make this mandatory.

The CCAL Act came into force in 2004. The Act sets out requirements for facilities to either be licensed or registered (as assisted living (AL)): residences need to register if they provide housing, hospitality services, and one or two prescribed services such as psychosocial rehabilitation and assistance with medication. If three or more prescribed services are provided the facility must be licensed. The Act requires all AL residences, whether non-profit, or publicly or privately owned, to register with the Office of the Assisted Living Registrar (OALR). The OALR is responsible for ensuring resident health and safety in AL residences. The regulatory model is "complaints based", meaning the OALR enforces health and safety standards through the investigation of complaints. The registration process initially focused on seniors' residences.

In 2006 the Assisted Living Registrar (ALR) received approval from the Mental Health and Addictions Planning Council (MHAPC) to form a working group made up of health authority representatives to develop and refine the AL service profile that had been created for seniors' residences to make it appropriate for MHSU residences. The Mental Health and Addictions (MHA) branch of the Ministry of Health Services (MoHS) has been consulted by the OALR and has provided input and edits that are being incorporated into the service profile (please see Addendum A for the latest draft).

The ALR began the process of registering MHSU residences in September 2008 with a pilot project in the Interior Health Authority which ran until June 2009. The project was on hold from July – December 2009. Work in the interior restarted in January 2010 and in parallel, a province-wide implementation plan was developed. Phase 2, started in September in the lower mainland, was projected to be completed in spring 2011; however, the internal reorganization of the ministries means that the OALR is waiting for approval of funds past December 2010. If funds are made available, Phase 3 (Vancouver Island and the North) will commence in January 2011. The OALR is also working with some of the municipalities which have set up regulations or business licensing requirements for support recovery facilities, in particular with the cities of Abbotsford, Surrey, Mission and the Greater Vancouver Regional District.

DISCUSSION:

The majority of health authority funded adult substance use *residential treatment facilities* are licensed under the CCAL Act; but many of the support recovery facilities in BC are not licensed. Health authority contracts provide a level of oversight but AL registration will offer additional regulatory protection to ensure that residents' health and safety needs are met.

In private facilities there has not been any oversight to date unless they met criteria for licensure. The Alcohol and Drug Information and Referral Service, a provincial service, has received some complaints about private facilities, but there has not been any established mechanism to respond to these. Registration of these facilities as AL will provide a means to uphold health and safety standards for the residences that meet the criteria for registration. Some private residences will not trigger AL registration because they do not offer one or two prescribed services. At this point it is unknown how many will not be covered by either registration or licensing. AL only applies to residences for adults, so some facilities may be excluded (even if they meet health and safety standards) because they provide service to women and children, or to youth.

In the Home and Community Care (HCC) sector a number of concerns with the current legislation have been raised, including, but not limited to Section 26(3): *A registrant must not house in assisted living residence persons who are unable to make decisions on their own behalf.* HCC's concerns are that Section 26(3) can cause problems when applied too rigorously to people with dementia when the operator and case manager's clinical assessment differs from the OALR's judgement. This particular concern is not likely to apply to MHSU residences because they provide 30-90 day abstinence based treatment programs for clients who are ready, willing and able to participate.

The MoHS has recently established a cross-ministry working group with MOHS, Ministry of Social Development and Ministry of Public Safety and Solicitor General to review options for planning and delivering housing with support/health services – and for ensuring the health and safety of people in these environments. As a component of this cross-ministry group, and anticipating a robust set of recommendations from the Ombudsperson in the HCC area, a review of the legislation and regulatory oversight model may be required.

ADVICE:

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Program ADM/Division:	Heather Davidson, ADM, Health Authorities Division
Telephone:	250-952-1049
Program Contact (for content):	Ann Marr, Executive Director, Mental Health & Addictions
Drafter:	Amanda Seymour, Senior Policy Analyst
Date:	November 22, 2010
File Name with Path:	\\HAD General\Briefing Notes\2010\MH&A\853586 - Update for ADM re Office of the Assisted Living Registrar Project to Register MHSU Housing.doc

From: Stevens, Valerie HLTH:EX
Sent: Monday, January 24, 2011 12:21 PM
To: Seller, Leigh Ann HLTH:EX; Marr, Ann HLTH:EX
Cc: Seymour, Amanda HLTH:EX
Subject: FW: OALR Project - Registration of MHSU residences/facilities

just fyi



Addiction
every Models (MF

From: Stevens, Valerie HLTH:EX
Sent: Thursday, January 20, 2011 3:40 PM
To: Adams, Susan M ALR:EX
Cc: 'Myrna Hall'; Seymour, Amanda HLTH:EX
Subject: RE: OALR Project - Registration of MHSU residences/facilities

Hi Susan.
Thanks so much for this good information.

I'll try to find some time in our calendars and set up a meeting for us to chat.

Val

From: Adams, Susan M ALR:EX
Sent: Thursday, January 13, 2011 12:41 PM
To: Stevens, Valerie HLTH:EX
Cc: 'Myrna Hall'
Subject: RE: OALR Project - Registration of MHSU residences/facilities

Hi Val,

Happy new year to you as well. It is nice to be back in the Ministry of Health Services, and I look forward to continuing the collaboration with your Branch on our MH&A Registration Project

In terms of the materials you mentioned, we developed the Service Profile you gave us feedback on some time ago. We are updating it as we learn more about how these residences operate. The contract with MJH Consultants Ltd. refers only to current deliverables.

The Health and Safety Standards are still in draft. Once the Project Team and I agree on our working draft, I will be circulating it to stakeholders for their input and will welcome feedback from your Branch.

We created the Emerging Addictions Recovery Models document (attached) in Spring 2009 with the Ministry of Social Development. Based on information MHSD had gathered on applications operators made for the then new \$30.90 per diem rate, we identified three service delivery models. The models we found in the MHSD data were the Faith-based 12 Step Model, the Bio-psycho-social model and the Therapeutic Community model. The faith-based operators all required abstinence. The bio-psycho-social operators varied. I believe most required abstinence but a few allowed methadone treatment. We concluded that the operators applying for MHSD funding would likely all qualify for assisted living registration and that the therapeutic community model might require a combination of registration and licensing under the Community Care and Assisted Living Act. We looked again at MHSD data in the Spring of 2010 and found that the additional applications were consistent with the three models that we had identified the previous year.

Since that time, in the lower mainland, we have noticed that a couple of private operators advertised medically supervised detox and/or full time nursing. VCH CCF Licensing inspected one of these residences (The Orchard on Bowen Island) and found it needed to apply for a CCF license. This week, we're doing a joint visit with CCF Licensing to a second similar residence (Tranquil Waters in Chilliwack). We anticipate that all privately operated residences we encounter that profess to offer a 'medically oriented' program will, upon screening, require licensing, not registration.

We actually have not yet developed a Registrant Handbook for MH&A operators. A bit too early in our work plan! However, what I can tell you is that I will be following the same format as the Registrant Handbook for operators of seniors' AL residences. I'm not sure how familiar you are with that resource so I'll describe it here. The Registrant Handbook for MH&A will be in the form of a well-indexed tabbed binder, which in turn will consist of a brief introduction, the Health and Safety Standards for MH&A operators, related policies, the Community Care and Assisted Living Act and Regulations, and also include tabs for registration materials, e.g., application form, which the operator would insert, bulletins and newsletters. To get a sense of the format we intend to follow, see http://www.health.gov.bc.ca/assisted/ops_devs/operating.html and scroll down the page to the heading Registrant Handbook. While this information is about seniors AL, it should give you a good idea of the format. As with seniors AL, the same Standards will apply equally to residences operated with publically subsidized and private pay (support recovery home) units.

The Province-wide Implementation Strategy basically contemplates a regional roll-out of registration. There are three phases: Phase 1 - interior (status: potential applicants have been screened in/out; no applications have been issued pending resolution of a policy matter); Phase 2 - the lower mainland (a "long list" of potential applicants has been developed, which we will be scaling down to a shorter list for screening for whether the operators need to register the residences); and Phase 3 - Vancouver Island and the North (beginning now).

As you suggest, it would be good to touch basis in person.

Susan

<< File: Addiction Recovery Models (MHDS funded) Mar30 2009.doc >>

From: Stevens, Valerie HLTH:EX
Sent: Friday, January 7, 2011 10:36 AM
To: Adams, Susan M ALR:EX
Cc: Seymour, Amanda HLTH:EX
Subject: OALR Project - Registration of MHSU residences/facilities

Hi Susan. Happy new year to you.

I was asked to review the recent contract re registration of MHSU facilities from a program-area perspective, and noticed there were a few documents referenced in the contract that we've not yet seen. I didn't see reference to the Service Profile (the document we have seen and provided input to), but perhaps it is described as something else in the contract.

Would you mind flipping me these documents in particular:

- draft Health and Safety Standards
- OALR's description of Emerging Addiction Recovery Models
- MHSU Registrant Handbook
- the March 2010 province-wide implementation strategy, including options, for registration of AL for MHSU

As well, I'm going to set up a meeting for us to meet together to discuss the project; we're hoping you can help us to understand more of the detail around the implications for the privately funded facilities in particular as we've not previously delved into that area – our focus was always on the implications for HAs, but scope has now broadened a bit with you folks coming into our division (and welcome! – great that we'll be working more closely!).

Thank you in advance – I'll send a meeting invite soon.

Val Stevens
Director, Mental Health and Substance Use
Health Authorities Division
BC Ministry of Health Services
Phone: (250) 952-2857
Email: valerie.stevens@gov.bc.ca

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From: Stevens, Valerie HLTH:EX
Sent: Friday, February 4, 2011 2:08 PM
To: Seymour, Amanda HLTH:EX
Subject: FW: OALR project to register support recovery facilities

Key messaging from all these PAB Issues Notes is:

- In 1998, the Health and Children & Families ministries had reached a protocol to license supportive recovery residences; many operators could not meet the requirements, which included requirements such as recording height/weight of "tenants", organized/supervised recreational and social activities; prescribed window sizes, etc.
- In Dec. 2001, as part of its move away from prescriptive regulations to a more outcome-based approach, the ministry deregulated supportive recovery residences
- CCALA proclaimed in 2004; discussions began on registration of MH and seniors housing
- commitment made in 2006 to register support recovery residences as AL
- First meeting with HAs to discuss registration of support recovery facilities was in September 2006
- Former Health Minister Abbott publicly committed to registration of SR in 2006, and in February and March of 2009



IN_Substance Use IN_ALR Licensing IN_ALR Licensing
and Residenti... Mental Health... Mental Health...

From: Jabs, Ryan PAB:EX
Sent: Friday, February 4, 2011 1:47 PM
To: Stevens, Valerie HLTH:EX
Subject: RE: OALR project to register support recovery facilities

One more from 2006.



080906_IN_Surrey_
Recovery_Home...

From: Jabs, Ryan PAB:EX
Sent: Friday, February 4, 2011 1:42 PM
To: Stevens, Valerie HLTH:EX
Subject: RE: OALR project to register support recovery facilities

Hi Val,

I'll call you about these... please don't circulate yet.

<< File: IN_Substance Use and Residential Treatment_licensing_support recovery_Nov 2 10_FINAL.docx
>> << File: IN_ALR Licensing Mental Health recovery facilities_June 4 09 FINAL.docx >> << File: IN_ALR
Licensing Mental Health recovery facilities_August 25 09 FINAL.docx >>

Thanks,

Ryan Jabs
Manager, Media Relations and Issues Management
Ministry of Health Services Communications
Public Affairs Bureau, B.C.
(250) 952-3387
Cell: (250) 413-7121
Ryan.Jabs@gov.bc.ca

From: Stevens, Valerie HLTH:EX
Sent: Friday, February 4, 2011 1:26 PM
To: Jabs, Ryan PAB:EX
Subject: OALR project to register support recovery facilities

hi Ryan.

We're doing a fair bit of work on briefings around this project in the coming weeks, and it would be really helpful if you could forward any (and all?) issues notes you have from the last few years on this project (if that's not too huge of a request) – this would help us to know what has been stated publicly and what commitments have been made; and a bit on the history of how the project has moved forward over the years.

Thanks very much – I appreciate your help with this.

Val

Val Stevens
Director, Mental Health and Substance Use
Health Authorities Division
BC Ministry of Health Services
Phone: (250) 952-2857
Email: valerie.stevens@gov.bc.ca

ADVICE TO MINISTER

<p>CONFIDENTIAL ISSUES NOTE</p> <p>Ministry: Health Services</p> <p>Date: Nov 2, 2010</p> <p>Minister Responsible: Honourable Kevin Falcon</p>	<p>Substance Use Residential Treatment</p>
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ADVICE AND RECOMMENDED RESPONSE:

S13

KEY FACTS REGARDING THE ISSUE:

- On Oct. 25/10, CBC reported on the story of Tyler Argent, whose parents are calling for more regulations on private drug and alcohol rehab centres after the 17-year-old died after drinking antifreeze at a centre in Alberta.
- Tyler was checked into the private clinic after the list was too long at the publicly-funded one (not clear if this was in B.C. or Alberta).
- In the story, a rep from the Sunshine Coast Health Centre was quoted as saying that "licensing is not always enforced in B.C."
- The Office of the Assisted Living Registrar (OALR) is working toward implementing registration of assisted living residences, health and safety standards and a complaint investigation, using a phased approach.
 - Residence operators that provide five hospitality services as well as one or two prescribed services will be required to register under the CCALA as assisted living residences.
 - Residences that provide accommodation and some hospitality services, but no prescribed services, are not required to be registered or licensed under the CCALA.
- This work is being used to develop a provincewide implementation plan for registering such residences across B.C. The OALR has recently begun to move forward with the registration process in the lower mainland.

History:

- In Dec. 2001, as part of its move away from prescriptive regulations to a more outcome-based approach, the province exempted supportive recovery residences. Such residences typically provide room and board services, in a drug and alcohol-free environment, and some lay counselling (e.g., AA/12-step programs).
- Under the CCALA, proclaimed in May 2004, a community care licence is required for facilities that provide at least three "prescribed services" such as central storage or dispensing of medications, management of cash or other resources, psychosocial rehabilitation, etc.
- The CCALA also requires that all residential substance use facilities that provide services to children/youth be licensed.
- In February and March of 2009, and previously in 2006, former Minister of Health Services George Abbott publicly committed that registration would commence in "several months."

Communications Contact: Jeff Groot, Shae Greenfield
 Program Area Contact: Susan Adams, Sue Bedford
 File Created: Nov. 2, 2010
 File Updated:
 File Location: Z:\PABGroups\Medstrat 2010\Operations\Issues Notes\Home and
 Community Care\IN_Substance Use and Residential
 Treatment_licensing_support recovery_Nov 2 10_FINAL.docx

Minister's Office	Program Area	ADM	Comm. Dir
	Susan Adams Sue Bedford Val Stevens	Tom Gregory (on behalf of Andy Hazlewood)	Michelle Stewart

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE

Ministry: Health Services

Date: August 25, 2009

Minister Responsible: Kevin Falcon

ALR regulating addictions support recovery residences

KEY FACTS REGARDING THE ISSUE:

June 4 update:

- In January 2010, further funding became available and the project recommenced.
- Through site inspections, the ALR has completed identification of which residences in the interior would need to apply to register.
- Prior to distributing the packages in the Interior, operators there have come forward, objecting to the \$250 application fee, saying that this will affect their bottom line. Minister Chong is considering waiving this fee.
- Once the facilities in Interior are identified and registered (approximately 40), the ALR will begin its registration process in other HAs.

August 25, 2009 update:

- The ministries were informed that the ALR may slow down this process because of the economic environment and budgeting issues.
- The Ministries of Health Services and Healthy Living and Sport requested that the Assisted Living Registrar (ALR) continue to move forward with the registration of Mental Health and Addictions (MHA) residences.
- The media and the opposition may argue that because of this decision, the government is ignoring the people seeking and needing treatment.
- In addition, they may point out that in February and March of 2009, and previously in 2006, former Minister of Health Services George Abbott publicly committed that registration would commence in "several months."
- In these accounts, the minister told the media that work was going on in the Interior, where the Assisted Living Registrar was beginning to register support recovery residences, noting that this work would be used as a template for registering residences across the province.
- The opposition were also quoted saying that deregulation policies brought forward in 2001 had made it possible for certain recovery houses to take advantage of people that needed their services.
- Minister Abbott responded to this accusation, saying that he stood by the deregulation policy, as the previous regulation structure made it too difficult for support recovery homes to operate.

Background:

- In 1998, the Health and Children & Families ministries had reached a protocol to fully license supportive recovery residences. Provincial funding was provided to assist them to comply with the new licensing requirements. However, some operators found it difficult or impossible to meet the accommodation, meal service and staffing requirements of a care facility on a room-and-board budget.
- For example, there were about 54 supportive recovery residences operating in Surrey in 1997. Of those, only four had obtained licenses by 2001.

- In Dec. 2001, as part of its move away from prescriptive regulations to a more outcome-based approach, the province exempted supportive recovery residences. Such residences typically provide room and board services, in a drug and alcohol-free environment, and some lay counseling (e.g., AA/12-step programs).
- Under the *Community Care and Assisted Living Act* (CCALA), introduced in 2002 and proclaimed in May 2004, licensing is required for facilities that provide detox or other intensive addictions treatment services, or provide at least three "prescribed services" such as central storage or dispensing of medications, management of cash or other resources, nursing care, psychosocial rehabilitation, etc., and five hospitality services
 - Operators of residences that provide five hospitality services as well as one or two prescribed services for seniors are currently required to register under the CCALA as Assisted Living Residences.
 - Residences that provide accommodation and some hospitality services, but no prescribed services, are not required to be registered or licensed under the Act.
- When the minister made his comments to the media in February and March 2009, the ALR was working on a phased in approach to registration of MHA residences that would meet the definition of Assisted Living Residences, beginning in Interior Health. The registration process included both publicly subsidized and private pay MHA residences.
- This work has been ongoing for the past three years.
- Following the completion of the first phase of registration of these MHA residences in the interior region, the plan is to develop a province-wide implementation strategy.

ADVICE AND RECOMMENDED RESPONSE:

ADVICE TO MINISTER

S13

Communications Contact: Ryan Jabs 952-3401
Program Area Contact: Susan Adams
File Created:
File Updated:
File Location: Z:\Medstrat 2009\Operations\Issues Notes\Mental Health and Addictions\IN_ALR Licensing Mental Health recovery facilities_August 25 09 FINAL.docx

Minister's Office	Program Area	Deputy	Comm. Dir
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	<p>Sue Bedford Approved August 17, 2009</p> <p>Tim Lambert Approved August 18, 2009</p> <p>HAD – Approved August 16, 2009</p> <p>Robert Easton – Approved August 25, 2009</p> <p>Susan Adams – August 25, 2009</p> <p>Susan Adams June 4, 2010</p>		<p>Michelle Stewart</p>
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From: Stevens, Valerie HLTH:EX
Sent: Monday, February 1, 2010 3:31 PM
To: Adams, Susan M ALR:EX
Cc: Seymour, Amanda HLTH:EX
Subject: MHA Service Profile

Hi Susan. It was good meeting you this morning, and I appreciate you leaving the Services Profile for me to review.

I have a few questions that I'm hoping you can answer for me, re content in the document:

1. p. 5 – with reference to the requirement that the resident be medically stable, the text states that “..the individual does not require onsite medical supervision and/or professional nursing services”. This will not be the case for all our residents – in some cases, nursing professionals are on staff, and in others it may be possible that home care nursing is being utilized. Therefore this wording may be problematic.
2. p. 5 – regarding the same footnote, the text states “..a prospective resident will have completed the withdrawal process and be abstinent or stable”. Again, we're not sure that this will or should be the case in all situations, so more discussion may be required on this one.
3. p. 6 – if a resident requires more than 3 prescribed services and is therefore not eligible to live in an AL facility any longer, where will our MHA clients go? Unlike the more or less linear continuum of services in HCC where the more complex clients are admitted to residential care often for the rest of their lives, we do not have the same services for MHA – in fact the system objective over the last decade has been to reduce the number of beds and boost community settings, so only the most severe clients will need a long term residential setting.
4. p. 7 – regarding the prescribed services, I'm wondering if I'm understanding this section properly. As I read it, no more than two of the services that are bulleted in the right hand column of all three tables (A, B, C) – total 9 bullets/services altogether – can be provided in this setting. This seems problematic to me. Or did I mis-read it and in fact any number of the bullets/services in each of the three boxes can be provided as long as not more than two boxes (A, B, C) are considered.

Thanks very much, I appreciate your clarification of these items for me. I understand that with respect to my numbers 1) and 2) above, the health authorities have expressed similar concerns.

Val Stevens
Director, Mental Health and Addictions
Health Authorities Division
BC Ministry of Health Services
Phone: (250) 952-2857
Email: valerie.stevens@gov.bc.ca

From: Osoko, Diane M HLTH:EX
Sent: Wednesday, September 23, 2009 10:35 AM
To: "Alan Campbell"; "Amie MacNeil"; "Amy Chang"; Marr, Ann HLTH:EX; "Beth Ann Derksen"; "Betty Katan"; "Betty Quon"; "Brenda Ingram"; "Campbell, Joan"; "Donna Costello"; "Heather Hay"; "Janyce McIntosh"; "Jessie Gowe"; XT:HLTH Campbell, Jim; "Joanne Bezzubetz"; XT:HLTH Tanner, Karmel; "Kully Atwal"; XT:Arnold, Leslie LCS:IN; "Linda Bidese"; "Linda Dodd"; "Lois Dixon"; XT:HLTH Howes, Lorna; "Lynda McCloy"; Pack, Lynn HLTH:EX; "Marie Favia"; "Michelle Dartnall"; "Pam Miller"; "Pam Pollock"; "Pam Whiting"; "Patrick Smith"; "Peter Coleridge"; "Ramneek Toor"; "Robert Miller"; "Rae.Samson@interiorhealth.ca"; "Sue Melnychuk"; XT:HLTH Takeshita, Lynn; "Terry Isomura"; "Tyrone MacPherson"; O'Briain, Warren W HLS:EX; "Yasmin Jetha"
Cc: Seymour, Amanda HLTH:EX; Pack, Lynn HLTH:EX; Stevens, Valerie HLTH:EX
Subject: MHSD Supportive Recovery Approval & OALR Pilot Updates

As followup to the MHAPC meeting in September, I am re-sending the note (see below) sent out in August regarding the MHSD Support Recovery approval process. Since the note was sent, we have heard from MHSD that there are funding limitations for per diems. MHSD will continue to accept applications for per diem funding from operators, and will review them to determine whether the operator meets the criteria for MHSD funding. Although the operator may be approved for a per diem they may not receive the per diem this fiscal year.

With regard to the pilot registration of MHA facilities as Assisted Living residences, underway through the Office of the Assisted Living Registrar, the project has been on hold since June pending budget clarification. Should funding become available to continue the project, the OALR anticipates being able to complete phase one of the registration process in IHA by fiscal year end. Application packages are ready to go and operators eligible to register have been largely identified.

If you have any questions about this update, please contact Amanda Seymour at 250 952-2394. Thank you.

From: Osoko, Diane M HLTH:EX
Sent: Wed, August 19, 2009 12:47 PM
To: "Alan Campbell"; "Amie MacNeil"; "Amy Chang"; "Beth Ann Derksen"; "Betty Katan"; "Betty Quon"; "Brenda Ingram"; "Donna Costello"; "Heather Hay"; "Janyce McIntosh"; "Jessie Gowe"; XT:HLTH Campbell, Jim; "Joanne Bezzubetz"; XT:HLTH Tanner, Karmel; "Kully Atwal"; XT:Arnold, Leslie LCS:IN; "Linda Bidese"; "Linda Dodd"; "Lois Dixon"; XT:HLTH Howes, Lorna; "Lynda McCloy"; Pack, Lynn HLTH:EX; "Marie Favia"; "Michelle Dartnall"; "Pam Miller"; "Pam Pollock"; "Pam Whiting"; "Patrick Smith"; "Peter Coleridge"; "Ramneek Toor"; "Robert Miller"; "Sue Melnychuk"; XT:HLTH Takeshita, Lynn; "Terry Isomura"; Newbury, Trudi HLS:EX; "Tyrone MacPherson"; O'Briain, Warren W HLS:EX; "Yasmin Jetha"; Smith, Stephen HLS:EX; Marr, Ann HLTH:EX; "Martin.McMahon@interiorhealth.ca"; Samson, Rae; "Joan Campbell"
Cc: Seymour, Amanda HLTH:EX; Pack, Lynn HLTH:EX
Subject: MHAPC - MHSD Support Recovery Approval Process Update - Agenda Item June 2009

At the MHAPC meeting in June, Jim Campbell raised a question about delays in NHA regarding MHSD approving support recovery facilities for the MHSD per diem.

I followed up with MHSD on this request and was advised that the delay is usually related to a facility not providing all the required documentation. The reviewer needs the complete set of documents in order to complete the application process; once all the documentation has been submitted the review usually takes only a few days. MHSD has tried to improve the process by

providing operators with a clear list of required documents so they are prepared to submit the full package. MHSD also noted that the BC Housing inspections have been timely, and that once that is complete and MHSD receives the documentation from the regional MHSD Executive Director, the turn-around on an approval decision is about a week.

Please let me know if you have any questions about this MHSD per diem approval process, or any remaining concerns on the length of time it is taking for operators to complete the application process. Thank you.

Diane Osoko
Director, Mental Health and Addictions
Health Authorities Division
Mental Health & Addictions and Performance Accountability (IHA, VIHA)
Ministry of Health Services
6 - 2 1515 Blanshard Street, Victoria, B.C. V8W 3C8
Phone Number: 250 952-3638
Fax Number: 250 952- 1282
Email: Diane.Osoko@gov.bc.ca

Diane Osoko, Director
Mental Health and Addictions
6 - 1515 Blanshard Street
Victoria, BC V8W 3C8
250 952-2352

diane.osoko@gov.bc.ca

From: Stevens, Valerie HLTH:EX
Sent: Monday, February 7, 2011 1:38 PM
To: Not Responsive Adams, Susan M ALR:EX
Cc: Seymour, Amanda HLTH:EX
Subject: OALR Project to register MHSU residences

Thank you both again for the good meeting last Thursday; it was helpful to have a reminder of the details of the project from the beginning and to get a full understanding of the relationship of the various policy pieces to the legislation, and how all fits together.

As we discussed, we appreciate you forwarding to us any briefing notes or other documents that you may have from the last few years that would help us to understand some of the pieces that are less clear to us, including processes around complaints unrelated to AL regulation and perhaps the health/safety standards, and various decision points that have affected this project along the way.

In addition, we'd be grateful if you could forward us the most recent version of the Service Profile that reflects our most recent comments from some months back, as well as your latest draft of the H&S standards document (we realize it is still a work in progress).

I was able to get a few Issues Notes from PAB so you don't need to worry about sending those to me.

Thank you again.

Val

Val Stevens
Director, Mental Health and Substance Use
Health Authorities Division
BC Ministry of Health Services
Phone: (250) 952-2857
Email: valerie.stevens@gov.bc.ca

From: Stevens, Valerie HLTH:EX
Sent: Monday, September 20, 2010 4:03 PM
To: Seymour, Amanda HLTH:EX
Subject: RE: Bullets on Assisted Living Registration

thanks Amanda.

In the document attached are the suggested edits already incorporated? as there are no tracked changes.

Also, could you please remind me of the OALR's timeline for finalizing this document and distributing to stakeholders.

In your very last bullet I would actually say that HCC is not currently contemplating changes to legislation but that may well be looked at down the road. We've asked them to involve MHA if they come to the place where they're recommending the legislation and/or regulation be re-visited. I chatted with Katie again about this today to confirm this piece.

From: Seymour, Amanda HLTH:EX
Sent: Monday, September 20, 2010 2:29 PM
To: Stevens, Valerie HLTH:EX
Subject: Bullets on Assisted Living Registration

Hi Val

After the meeting on Friday (cross-government committee around housing and supports) made up of: MoHS, MHLS (licensing and registration), MHSD (housing policy, income assistance), health authorities (VCHA, FHA, IHA, PHSA) and BC Housing; I have put together the bullets below to provide a highlight of the Assisted Living Project:

Phase One – pilot project in IHA

- The project has completed screening in IHA
- Next steps – making some final changes to application package that will be sent out to operators that screened in. Reviewing MHA branch's comments on the Service Profile and then will cross reference Service Profile with the Substance Use Residential Standards for congruency

Phase Two – rest of province

- The project has confirmed funding for implementation across the rest of the province and applies to both publicly funded and private residences
- Next regions are FHA and VCHA. Work will be coordinated with health authority staff and will begin this fall: find out how many residences exist; determine which of these may fit the definition of AL; follow those up with an in-person visit or telephone call to screen (Sept 2010 – March 2011). Where a residence meets the definition, send out application for registration (April/May 2011). Also working with the municipalities in some areas (especially Abbotsford, Surrey and Mission)

- All of the HAs are involved with this project, either through the above cross ministry working group or by working directly with the Assisted Living Registrar
- MHSD and the OALR are working closely together (share the same contractor to screen applications for assisted living and for HSD per diems)
- Once registration is complete, approval for MHSD per diems will be contingent upon registration
- The OALR has developed a service profile (attached) to make sure that the Assisted Living registration of MH & A residences fits with this sector
- Myself and Monica have been involved in this work and have provided feedback
- Next steps is for the OALR to look at our feedback, incorporate or amend where necessary, follow up with us with any questions, take to the working group for their feedback and send out to operators
- Assisted Living Registration will provide the province with the ability to improve health and safety in MHA residences and is the only regulation available for some types of services such as support recovery
- I am involved with the cross government working group. Once the Project Charter for Housing and Health Services is approved, some of the people on this working group will likely be involved in that larger piece of work

Not Responsive

I have also attached a copy of the OALR's service profile. This is a draft and both Monica and myself have sent in comments that they are currently working on incorporating into the document.

Z:\HAD General\Programs\MHA\Addictions\Assisted Living\MHA Residences Service Profile 2010 edits ver 1.doc

Thanks, Amanda

Amanda Seymour

Senior Policy Analyst

Mental Health and Addictions

Ministry of Health Services

Telephone: 250-952-2394

E-mail: Amanda.Seymour@gov.bc.ca



Please consider the environment before printing this email

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From: Stevens, Valerie HLTH:EX
Sent: Wednesday, October 21, 2009 2:29 PM
To: Randall, Megan HLTH:EX
Cc: Harding, Annette HLTH:EX; Seymour, Amanda HLTH:EX
Subject: RE: licensing for private addictions centres

Hi Megan.

We've put together a few notes that may be helpful. Pls let me know if you need anything else.

Thanks.



Addictions tx
regulation licen...

From: Randall, Megan HLTH:EX
Sent: Monday, October 19, 2009 12:48 PM
To: Stevens, Valerie HLTH:EX
Subject: RE: licensing for private addictions centres

It is replying to correspondence – someone working at Canadian Centre on Substance Abuse gathering info...

Megan Randall

Strategic Management Branch, Health Authorities Division
Ministry of Health Services
6-2 1515 Blanshard Street
Victoria, BC V8W 3C8
Phone: (250) 952 2889

From: Stevens, Valerie HLTH:EX
Sent: Monday, October 19, 2009 12:18 PM
To: Randall, Megan HLTH:EX
Subject: RE: licensing for private addictions centres

Hi Megan.

Is this for replying to correspondence? i.e. who needs this info?

thanks.

From: Randall, Megan HLTH:EX
Sent: Monday, October 19, 2009 11:45 AM
To: Stevens, Valerie HLTH:EX
Subject: licensing for private addictions centres

Good morning Val

I wonder if you could please point me in the right direction for researching requirements for setting up a new private addictions treatment centre including regs and guidelines as well as inspections/monitoring once opened?

Please?

Thanks so much - hope you're having a great day so far,

Megan Randall

Strategic Management Branch, Health Authorities Division

Ministry of Health Services

6-2 1515 Blanshard Street

Victoria, BC V8W 3C8

Phone: (250) 952 2889

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Question: "... please point me in the right direction for researching requirements for setting up a new private addictions treatment centre including requirements and guidelines as well as inspections/monitoring once opened?"

Response:

Private substance use treatment facilities may be licensed or regulated in a variety of ways. However there is no requirement that private facilities are licensed or registered. If private facilities have not applied for licensing or registration under the Community Care and Assisted Living Act (CCALA) then there is no mandated inspection/monitoring.

It is important to note that there *is* a requirement for facilities to be licensed if they provide 3 or more prescribed services (along with housing and the 5 hospitality services).

The following is an overview of the various mechanisms for licensing and registration for facility care in BC, and associated inspection and monitoring.

Community Care and Assisted Living Act

In BC the Community Care and Assisted Living Act (CCALA) and its regulations apply to a wide variety of settings including some residential addiction facilities. Details are provided below:

Licensed Facilities

"community care facility" means a premises or part of a premises:

(a) in which a person provides care to 3 or more persons who are not related by blood or marriage to the person and includes any other premises or part of a premises that, in the opinion of the medical health officer, is used in conjunction with the community care facility for the purpose of providing care, or

(b) designated by the Lieutenant Governor in Council to be a community care facility;

http://www.bclaws.ca/Recon/document/freeside/--%20C%20--/Community%20Care%20and%20Assisted%20Living%20Act%20%20SBC%202002%20%20c.%2075/00_02075_01.xml#section1

Facilities *must* acquire a license if they provide *three or more prescribed services* to people that are not related by blood or marriage to the person. Prescribed services are defined in the Act as:

2 For the purpose of the definition of "prescribed services" in section 1 [definitions] and section 34 (4) (a) [power to make regulations] of the Act, prescribed services mean the following:

(a) regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene;

(b) central storage of medication, distribution of medication, administering medication or monitoring the taking of medication;

(c) maintenance or management of the cash resources or other property of a resident or person in care;

(d) monitoring of food intake or of adherence to therapeutic diets;

(e) structured behaviour management and intervention;

(f) psychosocial rehabilitative therapy or intensive physical rehabilitative therapy.

October 21, 2009

Mental Health and Addictions, Health Authorities Division

http://www.bclaws.ca/Recon/document/freeside/--%20C%20--/Community%20Care%20and%20Assisted%20Living%20Act%20%20SBC%202002%20%20c.%2075/05_Regulations/13_217_2004.xml#section2

What is the role of the medical health officer?

The medical health officer is mandated under the Community Care and Assisted Living Act to issue a license to operate a community care facility, inspect premises operating as community care facilities, revoke, suspend, cancel or attach terms and conditions to a licence and investigate every complaint of an unlicensed community care facility being operated and investigate every complaint that a community care facility is being operated that does not fully comply with the Act and regulations.

What is the role of a licensing officer?

A licensing officer is delegated to carry out duties on behalf of a medical health officer, and helps to protect the health, safety and well being of person in care by monitoring compliance with the Community Care and Assisted Living Act and regulations. Licensing officers conduct, facility inspections, and provide education and, guidance to operators. Each facility is monitored and assessed on a case-by-case basis. Licensing officer must also deal quickly and effectively with situations that pose a risk to persons in care.

If facilities provide less than 3 prescribed services they are not required to be licensed. In 2001, supportive recovery homes were exempt from the then Community Care Facility Act (the precursor to the CCAL Act). Some operators increased their service levels in order to remain licensed, others did not.

In 2004, the Community Care Facility Act was replaced by the new Community Care and Assisted Living Act that limits licensing to facilities providing high levels of care and provides for a less prescriptive registration system for residences providing assisted living as defined in the legislation.

Assisted Living

In order for a residence to become registered and the OALR to regulate the operator of the residence, the residence must meet the definition of an assisted living residence in the CCLA: "assisted living residence" means a premises or part of a premises, other than a community care facility,

(a) in which housing, hospitality services and at least one but not more than 2 prescribed services are provided by or through the operator to 3 or more adults who are not related by blood or marriage to the operator of the premises, or

(b) designated by the Lieutenant Governor in Council to be an assisted living residence;

http://www.bclaws.ca/Recon/document/freeside/--%20C%20--/Community%20Care%20and%20Assisted%20Living%20Act%20%20SBC%202002%20%20c.%2075/00_02075_01.xml#section1

To fit the definition under the CCAL Act a facility must provide:

October 21, 2009

Mental Health and Addictions, Health Authorities Division

- Housing
- Five hospitality services:
 - 1) Meals
 - 2) Housekeeping
 - 3) Laundry
 - 4) Social and Recreational opportunities
 - 5) 24-hour emergency response system; and
- One or two Personal Assistance Services at the 'prescribed service' level

When BC's Community Care and Assisted Living Act came into force in 2004 it required all assisted living residences, whether non-profit or publicly or privately owned and whether servicing a publicly subsidized or private pay clients, to register with the Office of the Assisted Living Registrar (OALR), which is headed by a Registrar and operates under the auspices of MHLS. Since 2004 OALR focused on seniors assisted living.

In September 2008 the OALR began phase one of a process that will lead to the registration of assisted living residences for people with substance use or mental illness. These individuals needs differ from those of seniors so the OALR decided to take a phased approach to tailor its registration materials and test those materials in this sector. It began with a pilot phase in the interior part of the region with the goal of implementing those lessons to the rest of the province.

The OALR's MH&A Registration Project has been on hold pending budget clarification since June 1, 2009. The status of year 2 of the OALR's registration project is unclear at this time. However, once the OALR registration process continues, there will be a requirement for facilities that provide housing, 5 hospitality services and 1 or 2 prescribed services to be registered.

Differences between Assisted Living and Licensed Community Care Facilities

Assisted living residences provide housing and a range of supportive services, including personalized assistance, for seniors and people with disabilities who can live independently but require regular help with day-to-day activities. Persons who live in assisted living must be able to make decisions on their own behalf. *They will receive one or two "prescribed services"*. See list of prescribed services above.
<http://www.hls.gov.bc.ca/ccf/faq.html>

From: Kumar, Ramani HLTH:EX
Sent: Wednesday, February 23, 2011 12:15 PM
To: Seymour, Amanda HLTH:EX
Subject: RE: OALR Budget Proposal 2011/2012

S13, S17

Ramani Kumar
Director, Performance Accountability (NHA and NVHA)
Health Authorities Division| MoHS
Phone: (250) 952-2011| Cell: (250) 507-5846

From: Seymour, Amanda HLTH:EX
Sent: Wednesday, February 23, 2011 11:55 AM
To: Kumar, Ramani HLTH:EX
Subject: FW: OALR Budget Proposal 2011/2012

Hi Ramani

S13, S17

Thanks,
Amanda

Amanda Seymour
Manager
Mental Health and Addictions
Ministry of Health Services
Telephone: 250-952-1858
Cell: 250-217-6582
E-mail: Amanda.Seymour@gov.bc.ca



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From: Marr, Ann HLTH:EX
Sent: Tuesday, February 22, 2011 1:50 PM
To: Stevens, Valerie HLTH:EX; Seymour, Amanda HLTH:EX
Subject: FW: OALR Budget Proposal 2011/2012

FYI. Costs are additional information that would be useful to note in the BN.

From: Seller, Leigh Ann HLTH:EX
Sent: Tuesday, February 22, 2011 10:52 AM
To: Collins, Teri HLTH:EX; Marr, Ann HLTH:EX
Cc: Kumar, Ramani HLTH:EX
Subject: FW: OALR Budget Proposal 2011/2012

Fyi, I have not discussed with Susan yet. Ann, sharing this with you as well as it includes the MH&A registration.

Will need to discuss with Heather.

Teri, can you please share with me the budget transfer that has been agreed to with Pop Health or if not yet complete, the status.

Thanks, LAS

From: Adams, Susan M ALR:EX
Sent: Friday, February 18, 2011 6:29 PM
To: Seller, Leigh Ann HLTH:EX
Cc: Tubman, Heather ALR:EX
Subject: OALR Budget Proposal 2011/2012

Dear Leigh Ann,

S13, S17

I would be happy to address any questions about the proposal.

Susan Adams

OFFICE OF THE ASSISTED LIVING REGISTRAR

604-676-1414 | toll free 1-866-714-3378

www.health.gov.bc.ca/assisted/contact.html

Protecting the health and safety of assisted living residents

<< File: Master - OALR Expenditures 2011-2012.xlsx >>

From: Stevens, Valerie HLTH:EX
Sent: Thursday, January 27, 2011 12:56 PM
To: Adams, Susan M ALR:EX; Seymour, Amanda HLTH:EX; Marr, Ann HLTH:EX; 'mjhconsulting@shaw.ca'; Kumar, Ramani HLTH:EX
Cc: Pack, Lynn HLTH:EX
Subject: RE: OALR Project to Register MHSU Residences

Hello everyone.
Attached is a short agenda for our meeting next week.



OALR Project to
Register MHSU ...

-----Original Appointment-----

From: Stevens, Valerie HLTH:EX
Sent: Monday, January 24, 2011 1:58 PM
To: Stevens, Valerie HLTH:EX; Adams, Susan M ALR:EX; Seymour, Amanda HLTH:EX; Marr, Ann HLTH:EX; 'mjhconsulting@shaw.ca'; Kumar, Ramani HLTH:EX
Subject: OALR Project to Register MHSU Residences
When: Thursday, February 3, 2011 3:00 PM-4:00 PM (GMT-08:00) Pacific Time (US & Canada).
Where: HLTH R 695 HLTH:EX

OALR Project to Register MHSU Residences Meeting February 3, 2011

Participants:

Susan Adams	Assisted Living Registrar
Myrna Hall	MJH Consultants
Ann Marr	Executive Director, Mental Health and Substance Use
Val Stevens	Director, Mental Health and Substance Use
Amanda Seymour	Manager, Mental Health and Substance Use
Ramani Kumar	Director, Integrated Primary and Community Care

Agenda

1. Objective of Meeting Ann
1. Project status update / overview of current activities Susan / Myrna
2. Provincial Service Model and Standards for Substance Use Residential Treatment - status update Amanda / Val
3. Other All

From: Seymour, Amanda HLTH:EX
Sent: Monday, March 22, 2010 2:26 PM
To: Stevens, Valerie HLTH:EX; van der Leer, Gerrit HLTH:EX
Subject: RE: funded by the health authority

No, not everything is licensed or registered under the CCALA – only those things that the Act is applicable to. It does not cover supported housing, low barrier housing etc. The registration process is only at the beginning stages for MHA facilities and will not be covering the whole province for quite a while (depending on funding). Once the registration process is complete it should cover all SU residential treatment and support recovery facilities but will still not cover supported housing because they do not provide the level of services required to trigger licensing or registration.

Amanda Seymour

Senior Policy Analyst
 Mental Health and Addictions
 Ministry of Health Services
 Telephone: 250-952-2394
 E-mail: Amanda.Seymour@gov.bc.ca



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From: Stevens, Valerie HLTH:EX
Sent: Monday, March 22, 2010 2:18 PM
To: van der Leer, Gerrit HLTH:EX; Seymour, Amanda HLTH:EX
Subject: FW: funded by the health authority

isn't it our understanding that all beds that are funded have to either be registered or licensed under CCALA? I thought our messaging in correspondence indicated this...?

tk.

From: Yang, William HLTH:EX
Sent: Monday, March 22, 2010 1:51 PM
To: Stevens, Valerie HLTH:EX
Cc: Brar, Dave S HLTH:EX
Subject: funded by the health authority

Hi Val,

Just checked my notes and yes, all the beds collected in our Mental Health & Substance Use Beds/Units Survey project are funded by the health authority. However, not all of them are registered under the CCALA. Does that clarify things? Let me know if you would like me to check more information on this.

Thanks,

William Yang
 Health Information Analyst
 Mental Health and Addictions
 Office of the CAO/HSPD/MIB/Health Information Support
 Tel: 1.250.952.2358

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From: Myrna Hall [mjhconsulting@shaw.ca]
Sent: Wednesday, February 24, 2010 3:27 PM
To: Stevens, Valerie HLTH:EX; Seymour, Amanda HLTH:EX
Cc: Adams, Susan M ALR:EX; Harding, Annette HLTH:EX; 'Jim Horncastle'
Subject: MHA Service Profile
Attachments: MHA Residences Service Profile 2010.pdf

Hi Val and Amanda,

I want to thank you again for your helpful feedback on the MHA Service Profile. Attached is a new copy of the document and below is a summary of the changes we made to the document:

S13

I hope we have addressed all of your concerns. Please let us know if you spot anything else.

Cheers, Myrna

Myrna Hall
MJH Consultants
(250) 385-0424
mjhconsulting@shaw.ca

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RE OALR Service Profile

From: Seymour, Amanda HLTH:EX
Sent: Tuesday, July 27, 2010 12:20 PM
To: van der Leer, Gerrit HLTH:EX; Flexhaug, Monica HLTH:EX; Stevens, Valerie HLTH:EX
Subject: RE: OALR Service Profile

Importance: High

Thanks Monica

On the whole I am fine with the changes you and Gerrit have suggested - I have some suggestions:

S13

Val, what are your thoughts on this?

Amanda Seymour
Senior Policy Analyst
Mental Health and Addictions
Ministry of Health Services
Telephone: 250-952-2394
E-mail: Amanda.Seymour@gov.bc.ca
P Please consider the environment before printing this email

-----Original Message-----

From: van der Leer, Gerrit HLTH:EX
Sent: Tuesday, July 27, 2010 12:01 PM
To: Flexhaug, Monica HLTH:EX
Cc: Stevens, Valerie HLTH:EX; Seymour, Amanda HLTH:EX
Subject: RE: OALR Service Profile

S13

Page 1

RE OALR Service Profile

S13

Thanks

Gerrit van der Leer
Director
Mental Health and Addictions
Health Authorities Division
Ministry of Health Services
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1689
mail to Gerrit.vanderleer@gov.bc.ca

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-----Original Message-----

From: Flexhaug, Monica HLTH:EX
Sent: Tuesday, July 27, 2010 11:28 AM
To: van der Leer, Gerrit HLTH:EX
Cc: Stevens, Valerie HLTH:EX; Seymour, Amanda HLTH:EX
Subject: RE: OALR Service Profile
Importance: High

Thanks Gerrit - I was unable to work with the document you'd sent as the formatting was out of whack and very difficult to work with. So, below is the list of revisions that could then be sent back to the OALR on this document:

S13

S13

I'd be pleased to entertain thoughts around this.

M

Monica Flexhaug, BSc., MHS
Senior Policy Analyst, Mental Health & Addictions Health Authorities Division
6-2, 1515 Blanshard St.
Victoria, BC V8W 3C8
250.952.2399
Monica.Flexhaug@gov.bc.ca

-----Original Message-----

From: van der Leer, Gerrit HLTH:EX
Sent: Monday, July 26, 2010 7:37 PM
To: Flexhaug, Monica HLTH:EX
Cc: Stevens, Valerie HLTH:EX; Seymour, Amanda HLTH:EX
Subject: RE: OALR Service Profile

Monica, please add to my tracked feedback & comments and forward back to me by tomorrow noon. Thx

Gerrit van der Leer
Director
Mental Health and Addictions
Health Authorities Division
Ministry of Health Services
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1689
mail to Gerrit.vanderleer@gov.bc.ca

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RE OALR Service Profile

-----Original Message-----

From: Seymour, Amanda HLTH:EX
Sent: Friday, July 23, 2010 1:20 PM
To: van der Leer, Gerrit HLTH:EX
Cc: Flexhaug, Monica HLTH:EX; Stevens, Valerie HLTH:EX
Subject: OALR Service Profile

Hi, please see attached

-----Original Message-----

From: van der Leer, Gerrit HLTH:EX
Sent: Fri 23/07/2010 12:03 PM
To: Seymour, Amanda HLTH:EX
Cc: Flexhaug, Monica HLTH:EX; Stevens, Valerie HLTH:EX
Subject: FW: MHLS Addition to the Draft MHSU 10 Yr Plan - Assisted Living

Amanda, see my tracked changes and comment. As you know, our branch has not been included in the consultation and I'm not clear what the latest wording is and whether our comments were incorporated, however, the last version I saw from Monica in March had problematic language in terms of facilities serving mental health clients. I suggest we provide concerns to you next week when Monica returns. Please forward the latest draft to me. Thanks

Gerrit van der Leer
Director
Mental Health and Addictions
Health Authorities Division
Ministry of Health Services
6-2, 1515 Blanshard St
Victoria BC V8W 3C8
Ph. (250) 952 1610 Fax: (250) 952 1689
mail to Gerrit.vanderleer@gov.bc.ca

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-----Original Message-----

From: Seymour, Amanda HLTH:EX
Sent: Friday, July 23, 2010 7:46 AM
To: van der Leer, Gerrit HLTH:EX; Hill, Katie HLTH:EX
Cc: Stevens, Valerie HLTH:EX
Subject: MHLS Addition to the Draft MHSU 10 Yr Plan - Assisted Living
Importance: High

Hi Gerrit and Katie

I have prepared the attached bullets for the meeting about this next week. Could you please take a look and for HCC check if I captured the essence of your input (please amend as necessary), and for MHA please add any input from your area.

Val needs this back by end of day today if at all possible.

Thanks very much
Amanda