

**MINISTRY OF MENTAL HEALTH AND ADDICTIONS  
MEETING MATERIAL**

**CLIFF #1121652**

**PREPARED FOR:** Minister Judy Darcy, Ministry of Mental Health and Addictions

**TITLE:** Meeting between Minister Darcy and Susan Sanderson, Executive Director, The Realistic Success Recovery Society

**MEETING REQUEST/ISSUE:** Minister Darcy has been invited by Ms. Sanderson to visit the Trilogy Houses operated by The Realistic Success Recovery Society and to discuss per diem for recovery providers who support those who cannot afford privately-run supportive recovery services

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Yes; Taryn Walsh, Assistant Deputy Minister and Bethany Estiverne, A/Director will be attending in-person, and EFO/ADM Michael Lord (SDPR) will participate on the call to speak to per diems

**BACKGROUND:**

- The Realistic Success Recovery Society (RSRS) is a non-profit charitable society based in Surrey.
- The RSRS operates three residential supportive recovery homes (Trilogy Houses) for adult males living with substance use disorders who are street entrenched or who have recently been released from a correctional facility
- Collectively, Trilogy Houses have 30 beds available to offer residential supportive recovery services.
- The RSRS is registered under the *Community Care and Assisted Living Act* (see Appendix A for a list of requirements).
  - Trilogy Houses One, Two, and Four are listed on the Assisted Living Registry as of September 21, 2018
- The RSRS facilitates group counselling and a twelve-step program for substance use disorders in an abstinence-based residential environment. It is unclear whether RSRS accepts clients with opioid use disorder on opioid agonist treatment (e.g. Suboxone, methadone).
- The RSRS is not contracted by the health authority. A significant portion of its revenue comes from client user fees. For clients on income and disability assistance, this user fee is paid for by the Ministry of Social Development and Poverty Reduction (SDPR).
- Client user fees and rates of \$30.90 per day, per resident are applied to supportive recovery residential services to cover the cost of food, housing and recovery supports.
- s.17
- Hardship waivers are available from health authorities for those clients who do not qualify for income and/or disability assistance. The administration of waivers is reported to be onerous.
- Health authorities and SDPR report that user fees are a barrier to access.

- Many people are denied hardship waivers due to budget limitations with the health authorities.
- Issues exist with the timing of income assistance payments and the application of user fees, which impede people from receiving care in a timely manner.
- The British Columbia Medical Association has stated that per diem fees for mental health and substance use treatment programs function as a barrier to access.
- This per diem has not been raised in nearly a decade.
- Ms. Sanderson has noted publicly that she does not charge residents of the Trilogy Houses more than \$30.90 per day.

#### **FINANCIAL IMPLICATIONS:**

- The RSRS has noted that they would like to discuss per diem rates for recovery providers who support those clients who cannot afford privately-run supportive recovery services.
- This issue is within the scope of SDPR, and Minister Darcy is on the record (Vancouver Sun) noting that the government is looking at this issue.

#### **ADVICE:**

- The Ministry of Health (MoH) is working with SDPR and health authorities to conduct a quantitative and qualitative scan of barriers created by charging mental health and substance use user fees.
- s.13

#### **JOINT MINISTER MEETING: Y**

#### **IF SO, CAN THIS MATERIAL BE SHARED: Y**

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**Program ADM/Division:** Taryn Walsh, Assistant Deputy Minister

**Telephone:** 604-760-1277

**Program Contact (for content):** Carolyn Davison, A/Executive Director

**Drafter:** Kendall Hammond/Haley Miller

**Date:** September 27, 2018

## **APPENDIX A: Requirements under the *Community Care and Assisted Living Act***

All providers must operate assisted living residences in a way that does not jeopardize the health or safety of residents, which includes:

- Complying with the *Community Care and Assisted Living Act*, Regulations, and Health and Safety Standards.
- Housing only residents who are able to make a range of decisions necessary to function safely in the residence.
- Maintaining a “watchful eye” over residents’ health and safety.
- Reporting serious incidents to the Assisted Living Registry within 24 hours.
- Establishing and communicating their internal complaint process by:
  - communicating the complaint process in a manner that is readily accessible to residents, staff and visitors; and
  - not preventing or intimidating anyone from making a complaint
- Communicating the Assisted Living Registry’s complaint process by:
  - making the registry’s complaint process and contact information readily accessible to residents, staff and visitors; and
  - not preventing or intimidating anyone from making a complaint to the Assisted Living Registry
- Maintaining a 24-hour emergency response system for residents and staff to summon help in an emergency.
- Protecting residents from abuse and neglect by complying with the Criminal Records Review Act to ensure that owners, site managers, employees, contractors and volunteers have a current criminal record review (within 5 years).
- Operating within the number of resident units that are registered.

## **MINISTRY OF MENTAL HEALTH AND ADDICTIONS MEETING MATERIAL**

**Cliff #: 1120767**

**PREPARED FOR:** Honourable Judy Darcy, Minister of Mental Health and Addictions

**TITLE:** Meeting with Scott McCannell, Executive Director and Melissa Moroz, Labour Relations Officer at Professional Employees Association (PEA); Dr. Patty Wilson, psychologist with Ministry of Children and Family Development (MCFD), Child and Youth Mental Health and PEA member.

**MEETING REQUEST/ISSUE:** This meeting request is focused on the role that psychologists play in delivering mental health services; the ways in which psychological services are provided; and PEA members' perspectives on the workplace.

### **SHOULD MINISTRY STAFF ATTEND THIS MEETING:**

Would recommend the following staff to attend:

- Nick Grant, Assistant Deputy Minister, Strategic Policy and Planning;
- Jonny Morris, Director, Mental Health

### **BACKGROUND:**

**Professional Employees Association -** The PEA is a labour union that represents over 2,500 professional workers in British Columbia. They were formed in 1974 and represent unionized professionals including lawyers, foresters, engineers, agrologists, teachers, veterinarians, fundraisers, physiotherapists, pharmacists, psychologists, program managers, and librarians, among others. The PEA represents workers at numerous employers including the BC Public Service, the University of Victoria, Okanagan Regional Libraries, the Law Society of BC, the Legal Services Society of BC, and health authorities. The PEA represents over 1,200 professional employees who work directly for the BC Public Service. These include foresters, engineers, agrologists, geoscientists, psychologists, and other professionals. The PEA represents approximately 108 (headcount) members of the Health Sciences Professionals Bargaining Association (HSPBA) who are employed directly in the health care system by health authorities. These members are physiotherapists, pharmacists, psychologists, and public health engineers.

**Psychological Services in BC -** The PEA last met with the Ministry of Health in the Fall of 2016 regarding recruitment and retention issues of psychologists. The PEA's position was that the compensation for psychologists working in the public sector and public service in BC are below other jurisdictions in Canada, and this is causing recruitment and retention issues particularly in high acuity service areas such as Forensics at the Provincial Health Services Authority (PHSA). The PEA wants government to address the issue with increased compensation, enhanced professional development, stopping the promotion of non-licensed psychological services, and implement more equitable professional fee reimbursement. The PEA prepared a full report on recruitment and retention issues of psychologists (see attached).

**DISCUSSION** – In BC, psychologists perform a range of roles across the public sector. Forensic psychologists practice within a context that includes psychological assessment, treatment, and the legal system. As of October 2016, forensic psychologists are governed by the PHSA HSPBA Collective Agreement represented by the PEA. Elsewhere in the public sector, psychologists provide clinical services for health authorities, also governed by the HSPBA, and represented by PEA. PEA public service psychologists provide youth forensics expertise and clinical services, for example, within Child and Youth Mental Health Services for MCFD.

The *Psychologist Salary Comparison* report issued by PEA in October 2016 points to the wages of BC public sector psychologists sitting at the lower end of the scale when compared to unionized counterparts in other provinces. Further, there is significant variation between the wages of public sector psychologists when compared to those in private practice, with PEA stating that hourly rates paid to public sector psychologists are about “. . . 25% of private sector psychologist billing rates in BC.” (p.1)

It is important to note that an up-to-date validation of the data in the PEA’s report has **not** been completed by Ministry staff, but anecdotally the data in the report reflects comments made by health authorities and psychology faculty during recent engagements on publicly funded psychotherapy. One health authority cited significant difficulty recruiting psychologists into their clinical teams, while faculty from a large university cited opportunities to strengthen training and supervision opportunities for training psychologists to retain them in the province post-PhD.

The federally funded Early Actions Initiatives has a focus on building a “stepped care” clinical framework and business case for high quality depression and anxiety care in the province. Experts involved in the project so far include a number of practicing psychologists. It is contemplated that psychologists would have a key role in the clinical framework to provide training, supervision and treatment, alongside other healthcare professionals. The PEA, BC Psychological Association, Federation of Associations of Counselling Therapists in BC, and other professional associations and community organizations will be invited to provide expert input when the work is ready for broader dissemination.

**ADVICE:**

- Psychologists are an integral part of the province’s mental health and addictions system. They represent a skilled workforce with the capacity to assess and treat a full range of mental and substance use disorders across the lifespan. They can also provide valuable clinical supervision to other healthcare professionals providing interventions;
- s.13

**JOINT MINISTRY MEETING:** No

**IF SO, CAN THIS MATERIAL BE SHARED:** N/A

Drafter: Jonny Morris (250.952.1471)

Approver: Nick Grant, ADM

Date: September 17, 2018

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