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s.16 ; s.21 ; s.22

Page 003 of 205 to/à Page 004 of 205

Withheld pursuant to/removed as

s.21 ; s.22

## Concerns of the lack of progress for permanent shelter in Salmon Arm B.C.

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From: s.22  
To: Minister, HOUS HOUS:EX <HOUS.minister@gov.bc.ca>, OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>, Kyllö.MLA, Greg LASS:EX <Greg.Kylo.MLA@leg.bc.ca>  
Sent: May 25, 2023 10:25:43 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

To: Housing Minister, Ravi Kahlon, The Honorable Premier, David Eby.

I am writing this letter as a follow up to my correspondence from last year inquiring of the status of the homeless shelter in Salmon Arm. The temporary shelter was put in place after part of the winter was already gone. The shelter was only used by a few. We were told for years a new permanent building was to be built or bought. Now with the turmoil at B.C. housing in Salmon Arm going to be swept aside yet once again? There is lots of support for women's transitional house in our town but little to no support for the homeless here.

So..What is the plan for this year? The city has moved them all by the sewer treatment plant to a tent city, is this it? Are we leaving them out in the elements for another year? It is time for this city to catch up and deal with the homeless. The city has washed their hands of them stating it is all on you two to fix this.

There is no homeless society to speak or represent these people. So they are left unheard and unhelpful. As the governing body that is in charge of this you need to act now, with results, not more of "It is in the works" or "behind the scenes there is lots happening". That has been the story the last few years. Enough time has been wasted while these people continue to suffer.

So in closing please tell me there will be progress on the permanent shelter soon. We have all seen enough "passing the buck" on this issue while these people freeze again this coming winter. The city of Salmon Arm has been no help, we need your leadership and guidance to help these poor souls.

Respectfully, s.22

s.22

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NR

## FW: R2R

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From: Salter, Shannon PREM:EX <Shannon.Salter@gov.bc.ca>  
To: RE, D PREM:EX <DRE@gov.bc.ca>, Smith, Matt PREM:EX <Matt.Smith@gov.bc.ca>, Machell, Aileen PREM:EX <Aileen.Machell@gov.bc.ca>, Prince, Jessica PREM:EX <Jessica.Prince@gov.bc.ca>, Bain, Don PREM:EX <Don.Bain@gov.bc.ca>  
Sent: June 12, 2023 1:13:11 PM PDT  
Information on Road to Recovery project status and delay.

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**From:** Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>  
**Sent:** Monday, June 12, 2023 12:45 PM  
**To:** Salter, Shannon PREM:EX <Shannon.Salter@gov.bc.ca>  
**Cc:** Prince, Jessica PREM:EX <Jessica.Prince@gov.bc.ca>  
**Subject:** R2R

Shannon – while we are getting more information on potential mitigation strategies for the delay in beds, here is additional information on progress on other aspects of the project.s.13

s.13; s.16; s.21; s.22



## MMHA Briefing.msg

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**From:** EBYCAL PREM:EX </O=BCGOVT/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=25A8FB3C5F644859917025866C858C66-CAL PREM PREM:EX>

**To:** Sali, Meghan PREM:EX <Meghan.Sali@gov.bc.ca>, Salter, Shannon PREM:EX <Shannon.Salter@gov.bc.ca>, Olson, Michael GCPE:EX <Michael.Olson@gov.bc.ca>, Prince, Jessica PREM:EX <Jessica.Prince@gov.bc.ca>, Brewer, Lia PREM:EX <Lia.Brewer@gov.bc.ca>, Newhook, Kelly PREM:EX <Kelly.Newhook@gov.bc.ca>, Smith, Matt PREM:EX <Matt.Smith@gov.bc.ca>, PREM VAN EXEC MTR PREM:EX <VANEXECMTR@gov.bc.ca>

**Cc:** Bain, Don PREM:EX <Don.Bain@gov.bc.ca>, Wolfe, Seamus MMHA:EX <Seamus.Wolfe@gov.bc.ca>, Wilson, Taylor MMHA:EX <Taylor.Wilson@gov.bc.ca>, Machell, Aileen PREM:EX <Aileen.Machell@gov.bc.ca>

**Sent:** June 21, 2023 12:13:06 PM PDT

**Received:** June 21, 2023 12:13:11 PM PDT

**Attachments:** SU Bed Monthly Data Sheet June 14.pdf, Budget 2021 Beds Implementation - 1260787 - Initiative.pdf, CMHA-BC Grant Expansion - 1260787 - Initiative.pdf, FN Investment Fund - 1260787 - Initiative.pdf, Foundry - 1260787 - Initiative.pdf, Complex Care Housing - 1260787 - Initiative.pdf, YSU Beds - 1260787 - Initiative.pdf, Aftercare Workers - 1260787 - Initiative.pdf, Treatment, Recovery and Wellness Centre Proposals - 1260787 - Briefing Material.pdf, R2R St. Pauls Hospital - 1260787 - Initiative.pdf, Red Fish Model Expansion - 1260787 - Initiative.pdf, Sector Overview and Trends - 1260787.pdf, Recovery Community Centres - 1260787 - Initiative.pdf, R2R Expansion - 1260787 - Initiative.pdf

**Priority:** Normal (5)

**Calendar Item Type:** REQUEST

Topics:

- State of play on treatment investments
- Safer supply programs

Materials: Received/attached.

MMHA (all in person): MJW, CoS Seamus Wolfe, DM Christine Massey

PO: Meghan Sali, Matt Smith, Lia Brewer | OPTIONAL: Don Bain, Aileen Machell

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Microsoft Teams meeting

Join on your computer, mobile app or room device

s.15; s.17

Download Teams<<https://www.microsoft.com/en-us/microsoft-teams/download-app>> | Join on the web<<https://www.microsoft.com/microsoft-teams/join-a-meeting>>

Or call in (audio only)

s.15; s.17



## Quick links

[Current Bed Counts \(UPDATED\)](#)

[Most Recent Survey Analysis \(Substance Use Data Notes\) \(UPDATED\)](#)

[Substance Use Beds - Investments and Funding \(UPDATED\)](#)

[Appendix A: Considerations for Messaging – Publicly Funded Substance Use Beds \(UPDATED\)](#)

[Appendix B: List of CMHA -BC Bed Expansion Grantees](#)

[Appendix C: Bed Survey Background Information](#)

[Appendix D: Substance Use Bed Type Definitions](#)

## Publicly Funded Substance Use Beds

### How Data is Collected – The Bed Survey:

Public reporting of bed counts includes health authority (HA) funded beds and beds funded through specific provincial grant processes. Information regarding the number of HA funded beds is collected 4 times a year via the Ministry of Health Bed Survey (March, June, September, and December). The survey is a snapshot in time, and changes are ongoing.

See *Appendix D* for more information on the Bed Survey.

### Data Summary – The Big Picture:

#### **Current Substance Use Bed Counts (March 2023)**

- As of March 2023, there are **3,237** publicly funded adult and youth *community substance use beds*:
  - **3,132** health authority funded beds including **2,976** adult beds (Table A) and **156** youth beds (Table B)
  - **105 adult CMHA grant funded beds (Table C)**
- There are an additional **145** health authority funded adult *tertiary substance use concurrent beds*. (Table D)

### Bed Categories and Numbers – The Details:

There are 3 categories of beds captured on the bed survey (community, tertiary and acute) and then they are further organized into sub-categories based on the setting, type of support/care offered and intensity (e.g., detox/withdrawal management, treatment, supportive recovery).

1. **Community Beds:** Typically offer low to moderate substance use supports with the goal of supporting recovery and reducing harms related to substance use. Exceptions include some withdrawal management or treatment beds (e.g., PHSA Provincial Substance Use Treatment Beds (PSUTB) at Phoenix) which provide more intensive services. Community substance use beds primarily fall under the *Community Care and Assisted Living Act* or *Residential Tenancy Act*\* (\*supported housing categories).

# SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

Prepared by: SUSI Branch

⇒ There are **3,237** publicly funded adult and youth community substance use beds, including 2,976 HA adult beds (Table A), 156 HA youth beds (Table B) and 105 adult CMHA grant funded beds (Table C).

Table A: Community Health Authority Funded Adult Bed Count (March 2023)

ADULT SUBSTANCE USE BEDS	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
Bed Based Treatment	76	150	31	9	0	90	356
Supportive Bed Based Services	79	177	97	131	77	9	570
Transitional Services	12	14	78	13	0	0	117
Withdrawal Management* Facility Based and Supportive Beds (detox)	60	24	54	43	30	0	211
Sobering and Assessment Beds	0	25	15	66	0	0	106
Low Barrier Housing	30	0	908	280	0	0	1,218
Supported Housing**	0	28	363	6	1	0	398
<b>TOTAL</b>	<b>257</b>	<b>418</b>	<b>1546</b>	<b>548</b>	<b>108</b>	<b>99</b>	<b>2,976</b>

\*Facility based and supportive bed-based Withdrawal Management services have been combined

\*\* The Supported Housing category has been rolled up to include 7 different types of supported housing categories reported on the bed survey

Table B: Community Health Authority Funded Youth Bed Count (March 2023)

YOUTH SUBSTANCE USE BEDS	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
Bed Based Treatment	5	20	18	0	7	30	80
Supportive Bed Based Services	20	4	6	19	0	0	49
Transitional Services	0	0	0	4	0	0	4
Withdrawal Management (detox)*	4	10	0	8	1	0	23
Supported Housing	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>29</b>	<b>34</b>	<b>24</b>	<b>31</b>	<b>8</b>	<b>30</b>	<b>156</b>

\*Facility based and supportive bed-based Withdrawal Management services have been combined.

Table C: CMHA-BC Adult Grant Funded Beds by Regional Location

Island Health	29
Fraser Health	7
Vancouver Coastal Health	34
Interior Health	29
Northern Health	6
<b>Total</b>	<b>105</b>

- Tertiary Beds:** Generally, provide specialized care to meet the needs of individuals with serious and persistent mental health or concurrent MHSU concerns who have not been successfully treated by other programs. These live-in treatment facilities are generally staffed 24/7 with medical professionals and offer highly structured programming. Tertiary beds primarily fall under the *Hospital Act*, the *Community Care and Assisted Living Act*, and the *Mental Health Act*.

## SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

Prepared by: SUSI Branch

⇒ There are 1,269 tertiary mental health and substance use treatment beds across the province. Of these, **145** are primary substance use /concurrent beds (Table D)

Table D: Tertiary Health Authority Funded Primary Substance use /Concurrent beds.

Provincial Health Services	Heartwood Centre for Women	30
Provincial Health Services	Red Fish Healing Center	105
Vancouver Coastal Health	Hope Centre	10
<b>Total</b>		<b>145</b>

**3. Acute Beds:** Generally, provide time-limited treatment, assessment, and stabilization in hospitals for individuals who have urgent healthcare needs related to mental health and/or substance use. After initial stabilization, treatment and assessment, clients may be referred/transferred to additional MHSU services that can best support the person's longer-term health and wellness.

⇒ In total, there are **859** health authority acute mental health and substance use treatment beds across the province. These beds are not included in substance use bed counts as they have multiple uses and are not dedicated substance use beds.

## Substance Use Data Notes for March 2023 Survey:

### Adult Community Bed Count:

- Since the December 2022 survey there has been an overall increase of 9 adult substance use treatment and recovery beds. Table E provides an overview of bed number changes between the December 2022 and March 2023 beds surveys.
- PHSA adult beds details:
  - 8 forensic beds and 30 Provincial Treatment Substance Use Beds (PTSUB) located at The Phoenix Centre (Surrey), and 6 forensic beds located at Baldy Hughes (Prince George)
  - 40 bed-based treatment beds operated by Coast Mental Health (2 registered assisted living sites in Coquitlam)
  - 3 beds located at Discovery House (Penticton) and 12 PTSUB at Elizabeth Fry (Abbotsford).
- New beds that will be included in the next beds survey.
  - VIHA has contracted for 45 new adult treatment beds, with 35 operational
    - 15 beds at Cedars at Cobble Hill, 10 beds at Edgewood and 5 beds at Ravensview are accepting clients
    - 10 beds contracted at Kackaamin with 5 beds currently accepting clients. Kackaamin is currently renovating the site, increasing staffing, and acquiring necessary permits that will allow them to accept clients in the other 5 beds.
    - VIHA has also contracted for 5 beds with Tsow Tun Lelum but these will likely not accept clients until Fall 2023
  - NHA has implemented 16 new supportive recovery beds that are accepting clients
  - IHA implemented 19 (12 treatment and 7 stabilization) beds in Kamloops that will accept clients starting June 2023

# SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

Prepared by: SUSI Branch

- IHA contracted for 5 new supportive recovery beds
  - 2 beds are implemented and are accepting clients as of June 2023
  - 3 more to be implemented, pending registration

## Changes in Adult Community Bed Count:

Every quarter the total bed count naturally fluctuates as beds are added or subtracted. Table E provides an overview of increases and decreases in the bed numbers over two survey periods. Details are provided below the table.

Table E: Adult bed numbers December 2022 and March 2023 by type and health authority

	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC Total
<b>Bed Based Treatment</b>							
December 2022	76	150	31	9	0	100	366
March 2023	76	150	31	9	0	90	356
							(-10*)
<b>Supportive Bed Based Services</b>							
December 2022	79	198	97	131	79	9	593
March 2023	79	177	97	131	77	9	570
							(-23)
<b>Transitional Services</b>							
December 2022	12	14	78	13	0	0	117
March 2023	12	14	78	13	0	0	117
							(0)
<b>Withdrawal Management</b>							
December 2022	52	24	54	43	30	0	203
March 2023	60	24	54	43	30	0	211
							(+8)
<b>Sobering and Assessment Beds</b>							
December 2022	0	25	15	66	0	0	106
March 2023	0	25	15	66	0	0	106
							(0)
<b>Low Barrier Housing</b>							
December 2022	30	0	874	280	0	0	1,184
March 2023	30	0	908	280	0	0	1,218
							(+34)
<b>Supported Housing</b>							
December 2022	0	28	363	6	1	0	398
March 2023	0	28	363	6	1	0	398
							(0)
<b>TOTAL</b>							
December 2022	249	439	1512	548	110	109	2,967

## SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

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<b>March 2023</b>	257	418	1546	548	108	99	2,976
<b>Difference</b>	+8	-21	+34	0	-2	-10	+9

s.16

### Female-Only SU Beds:

Female only beds are an important part of the SU Treatment & Recovery continuum of care. Currently, there 376 female-only beds, accounting for just over one-tenth of the total HA-funded bed count (12%). Table F provides an overview of female only beds by type and location.

Table F: Adult and Youth Female Only Beds

Health Authority	Community	Bed Type	# Beds
IH	Penticton, Kamloops	Supportive Recovery	8
IH	Kelowna	Bed-Based Treatment	7
FH	New Westminster, Burnaby, Maple Ridge, Surrey	Supportive Recovery	81
FH	Abbotsford, Chilliwack	Bed Based Treatment	42
FH	Agassiz, Burnaby	Supported Housing	15

## SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

Prepared by: SUSI Branch

VCH	Richmond, Vancouver, North Vancouver, Courtenay	Supportive Recovery	19
VCH	Vancouver	Supported Housing	9
VCH	Vancouver	Transitional Services	38
VCH	Vancouver	Low Barrier Housing	60
VIHA	Victoria, Courtenay	Supportive Recovery	14
VIHA	Campbell River	Withdrawal Management	3
VIHA	Victoria	Bed Based Treatment	6
NHA	Masset, Prince Rupert, Terrace, Fort St. James, Prince George	Supportive Recovery	40
PHSA	Surrey	Bed Based Treatment	10
PHSA	Abbotsford	Youth Bed Based Treatment	12
PHSA	Surrey	Youth Bed Based Treatment	12*
<b>Total Beds</b>			<b>376</b>

\*Service provider is renovating site to ensure it meets licensing requirements. Beds are currently funded but not serving clients.

### Youth Community Bed Count:

- The number of youth beds on the bed survey is unchanged from December 2022.
- The bed survey counts the number of funded beds; therefore, there are some beds reported in the survey that are funded, but not currently available. They will continue to be reported as long as funding is in place:  
s.13; s.16

- s.13; s.16

s.13; s.16

## SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

Prepared by: SUSI Branch

### CMHA-BC Bed Grant Bed Count:

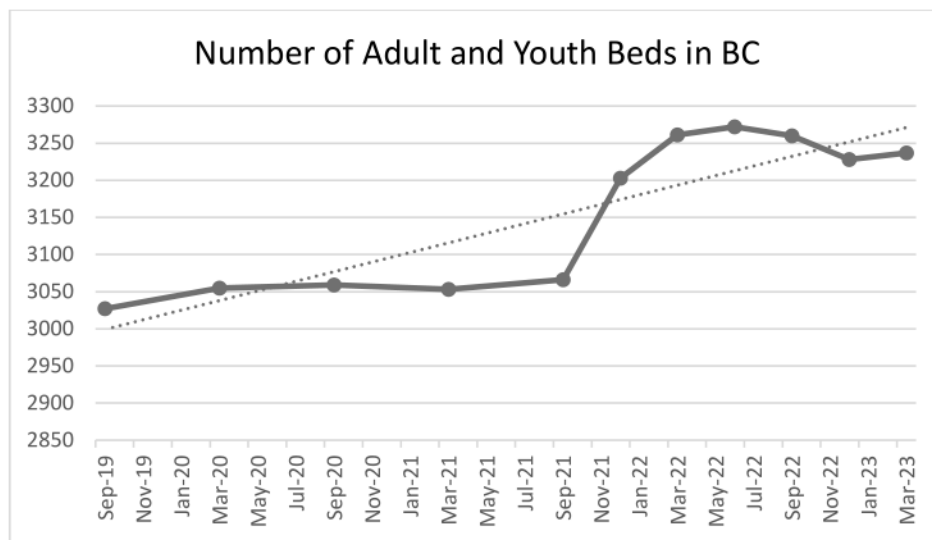
- In 2021, 14 organizations across BC received grant funding totaling \$13M to add 105 new publicly funded treatment and recovery beds across all regions.

s.21

## Substance Use Beds Over Time

Figure 1 provides the number of treatment and recovery beds in BC over time.<sup>1</sup> While there have been fluctuations in the bed counts over time, in general, there is an upward trend in the number of SU beds between Sept. 2019 and March 2023.

Figure 1. Total number of HA-funded and grant-funded treatment and recovery beds in BC over time



## Substance Use Beds – Investments and Funding

There are 3 sources of public funding for substance use beds in BC:

1. Health Authority (HA) funding for HA operated and/or contracted services.
2. Provincial grant funding (e.g., CHMA-BC bed grant program)
3. SDPR per diems paid directly to eligible operators on behalf of eligible income and disability assistance (IA/DA) clients.

### Investment Summary:

- Budget 2022 provides \$144.5 million over the fiscal plan to provide a full spectrum of adult substance-use treatment and recovery services, including new and enhanced withdrawal management services, transition and assessment services, treatment and recovery services and

s.21

## SUBSTANCE USE BEDS DATA

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Prepared by: SUSI Branch

aftercare throughout the province. This includes the 195 new adult substance use beds announced in Budget 2021, to help more people get on a path to recovery.

- 163 of these 195 new adult beds have been implemented as of June 2023.
- In addition to this, in 2021, the Province opened the Red Fish Healing Centre for Mental Health and Addiction in Coquitlam (on former Riverview lands). This 105-bed centre treats complex mental illness and addictions simultaneously with a model of care that is innovative and progressive - the first of its kind in North America.<sup>2</sup>
- In 2020/21, the Province invested:
  - \$13M to add 105 new publicly funded beds for adults in 14 organizations<sup>3</sup>.
  - \$36M to open 123 more youth beds<sup>4</sup>. As of 2021/22, this funding has been annualized and is currently \$50.44M over the fiscal plan (from 2022/23 to 2024/25). Currently, 47 of these beds are operational or contracted.
  - \$2M to support treatment/recovery service providers who have been financially challenged by COVID-19 to ensure ongoing services for people with addictions.

s.16; s.17

- In 2018/19, government provided \$4.7M to support Our Place Society to open 40 new beds at New Roads Therapeutic Recovery Community on Vancouver Island<sup>5</sup>.

s.16; s.17

### How Many New Beds Has Government Implemented/Opened Since 2017?

Funding Date	Funding Source	Implementation Date	Number of beds
2017/18	HLTH Funding	Spring 2017	<b>45</b> adult beds (30 PHSA beds located at Phoenix in Surrey and Cedars in Cobble Hill and 15 beds located in Comox Valley, and Prince George)
2017/18	HLTH Funding	Summer 2020	<b>20</b> youth beds (Traverse in Chilliwack)
2018/19	MMHA Grant Funding	Fall 2018	<b>40</b> adult beds (Our Place in View Royal)

<sup>2</sup> <https://news.gov.bc.ca/releases/2021MMHA0056-002058>

<sup>3</sup> <https://news.gov.bc.ca/releases/2021MMHA0004-000226>

<sup>4</sup> <https://news.gov.bc.ca/releases/2020MMHA0043-001514>

<sup>5</sup> <https://news.gov.bc.ca/releases/2018MMHA0059-002074>



## SUBSTANCE USE BEDS DATA

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2020/21	HLTH Funding	Ongoing	<b>47</b> youth beds (various sites to date of the 123 total)
2020/21	MMHA Grant Funding	Fall 2021	<b>105</b> adult beds (14 locations across BC)
2017	HLTH Funding	December 2021	<b>11</b> adult beds (Additional Capacity at Red Fish)
20/21	Budget 2021	Ongoing	<b>163</b> Regional beds (60 in IH, 16 in NH, 12 in PHSA, 23 in VCH and 56 in VIHA)**
<b>TOTAL NEW BEDS OPENED</b>			<b>431</b> adult and youth beds

\* This table is updated monthly between Beds Surveys therefore the totals may not reflect the totals in Tables A and B.

\*\*Although HAs have brought more beds online (e.g., supportive recovery beds in NH and treatment beds in VIHA and IH) these were implemented after the March 2023 survey data was collected and are not reflected in Table A or E or in the overall bed numbers. They will be reflected in future survey data summaries.

### Progress towards Budget 2021 – 195 adult bed commitment

Health Authority	Community	Bed Type	Implementation date	# Beds
IH	Kelowna Williams Lake, Cranbrook	Withdrawal Management	April – September 2022	5
			January 2023	11
IH	Kelowna  Lillooet	Transition	April 2022	13
			January 2023	5
IH	Kelowna  Kamloops	Treatment (Women's Only) Treatment	September 2022	7
			June 2023	12
IH	Kamloops	Stabilization	June 2023	7
IH	Lillooet	Supportive Recovery	June 2023	2
NH	Northwest: Burns Lake/ Haida Gwaii/ Kitimat/ Prince Rupert/ Terrace, Quesnel, and Dawson Creek	Supportive Recovery	March – June 2023	16
VCH	Vancouver	Withdrawal Management	Ongoing funding confirmed Spring/Summer 2021	4
VCH	Vancouver	Transition	April 2022	17

## SUBSTANCE USE BEDS DATA

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Prepared by: SUSI Branch

VCH	Sea to Sky	Withdrawal Management	September 2022	1
VIHA	Nanaimo	Sobering and Assessment	April 2022	4
			September 2022	2
VIHA	Nanaimo	Stabilization	April 2022	4
VIHA	Victoria	Treatment (women only)	January 2023	6
VIHA	Cobble Hill, Nanaimo, North Saanich	Treatment	April-June 2023	30
VIHA	Port Alberni	Supportive Recovery	June 2023	5
PHSA	Surrey/Abbotsford	Provincial Substance Use Treatment	February 2022	12
<b>Total Beds</b>				<b>163**</b>

\* This table is updated monthly between Beds Surveys therefore the totals may not reflect the totals in Tables A and B.

\*\*Although HAs have brought more beds online (e.g., supportive recovery beds in NH, treatment beds in VIHA and IH and Stabilization beds in IH) these were implemented after the March 2023 survey data was collected and are not reflected in Table A or E or in the overall bed numbers. They will be reflected in future survey data summaries.

### Cost of substance use beds:

- There is no one "standard" cost for a recovery bed since each health authority contracts with various service providers to deliver different types and intensity of services to their respective client populations over the terms of their agreements.
- Currently, the annual program-specific costs for an adult community-based bed range from a low of ~\$20,000 (regional recovery beds) to a high of \$187,000 for full intensive treatment beds (specialized, trauma informed programming for women in Island Health).
- The annual program-specific funding for a new child or youth bed ranges from \$110,000 per withdrawal management bed, \$135,000 per bed for community-based treatment, and \$165,000 per provincially accessible treatment bed.

*Note:* This range does not represent the full cost of beds as facility capital costs, the cost of private for-profit services, and the full cost of wrap-around supports are not included.

## Appendix A: Considerations for Messaging – Publicly Funded Substance Use Beds

- Substance use services in British Columbia are delivered as part of a broad continuum of care that includes case management services, outreach programs, community counselling, day treatment, home and community-based withdrawal management (detox), harm reduction services and supports, crisis intervention services, medication assisted treatment and prescribed safer supply as well as bed-based services.
- It's important to note that bed-based services represent a small portion of this continuum and are generally appropriate for people who require a higher intensity of services to address complex or acute mental health and/or substance use problems and/or those who are experiencing significant barriers to care (including homelessness or housing insecurity).
- Bed-based services are delivered in a variety of service settings such as community residences, hospitals, or community facilities.
- As of March 2023, there are:
  - **3,132 health authority funded adult and youth community substance use beds.**
  - **105 additional publicly funded adult substance use treatment and recovery beds** have been implemented through \$13M in three-year grant funding distributed by CMHA-BC in 2021. These beds are fully operational and accepting clients. These beds are not included on the bed survey.
  - **145 health authority substance use concurrent beds.** These include beds at the PHSA Heartwood Centre for Women (30) and Red Fish Healing Center (105), and the VCH Hope Centre (10) and are highly specialized to support people with both mental health and substance use needs that cannot be addressed in less intensive settings.
  - There are additional publicly funded beds in BC (acute and tertiary) that provide support to individuals with severe mental health and substance use needs but the primary use of these beds is not specific to substance use and therefore they are not included in the counts above.

# SUBSTANCE USE BEDS DATA

Last Updated: June 14, 2023.

Prepared by: SUSI Branch

## Appendix B: List of CMHA -BC Bed Expansion Grantees

#	Organization Name	Health Authority	Location (geographic region served)	Target Population	# Of beds	Type (Net New vs. Converted)	s.16; s.17; s.21
1	Penticton Recovery Resource Society	Interior	Penticton (serves South, Central and North Okanagan and West Kootenays)	Men, including transgender men	5	2 New 3 Converted	
2	The Bridge Youth and Family Services	Interior	Kelowna and Penticton (serves Okanagan Valley)	Adult (general)	4	New	
3	Turning Points Collaborative Society	Interior	Vernon (serves North Okanagan)	Adult (general)	8	Converted	
4	ASK Wellness	Interior	Kamloops (serves Thompson Cariboo Shuswap area)	Adult (general)	12	New	
5	Comox Valley Transition Society	Island	Comox Valley (serves Central and North Vancouver Island)	Women - Primarily Indigenous	3	Converted	
6	Edgewood Treatment Centre (For Profit)	Island	Nanaimo (serves all province and Western Canada)	Adult (general)	5	Converted	
7	Realistic Success Recovery Society	Fraser	Surrey (serves Metro Vancouver/Fraser Valley)	Men	5	Converted	
8	Elizabeth Fry Society	Fraser	Surrey (serves Fraser Health Region)	Pregnant and parenting mothers	2	New	
9	Chrysalis Society	Coastal	Vancouver (serves Vancouver and Metro Vancouver)	Women (with systemic barriers)	7	Converted	
10	The Salvation Army Harbour Light	Coastal	Vancouver (serves DTES and Metro Vancouver)	Men	16	Converted	
11	Turning Point Recovery Society	Coastal	Vancouver (serves Vancouver Coastal region)	Adult (general)	11	6 New 5 Converted	
12	John Howard Society – Nanaimo	Island	Nanaimo (serves central Vancouver Island primary)	Men with corrections history	15	New	
13	333 Recovery Homes	Northern	Prince Rupert (serves northwest BC)	Men (primary Indigenous)	6	Converted	
14	Port Alberni Shelter Society	Island	Port Alberni (serves West Coast of Vancouver Island)	Women	6	New	

Total Converted Beds (i.e., from private pay / non-HA funded)	Total Net New Beds	Total Beds	Total Amount Funded
58	47	105	s.17; s.21

## Appendix C: Bed Survey Background Information

The Ministry of Mental Health and Addictions (MMHA) and the Ministry of Health (MoH) report on health authority funded beds via the same source for data: *The Mental Health and Substance Use (MHSU) Bed Information Survey*. The survey is administered by MoH's Health Sector Information, Analysis and Reporting (HSIAR) Branch, and is carried out in March, September and December. Once the survey has been carried out, the numbers are typically approved and published in a couple of months following e.g., November, February and May, August.

While MMHA may interpret and report out on data captured on the survey, MoH - HSIAR is the designated steward of and authority on the information and must confirm the accuracy of data that is publicly reported.

Reporting on MHSU Bed Information Survey data supports:

- Accountability to citizens regarding expenditure of public funds,
- Tracking of trends in service funding, and
- Tracking of how health authority (HA) funded bed numbers may shift over time.

The MHSU Bed Information Survey is intended to capture point in time information about bed-based substance use services for youth and adults that are funded by HAs; MMHA currently publicly reports on beds in each regional HA as captured by the survey in the community totals category and adds in additional information to capture non-HA funded sources as well.

### Common Questions

#### How is the survey administered?

MoH - HSIAR distributes the survey to HAs, who in turn populate data for each applicable contracted service. Once returned, HSIAR collates, reviews and validates the information reported and, upon approval, releases the bed survey information for public reporting and internal use by MoH and MMHA.

#### What information is requested from HAs?

The MHSU Bed Information Survey collects information from each contracted service which includes:

- Geographical information
- Operator type (e.g., private for profit, First Nations, HA, private not for profit)
- Governing Legislation, Mental Health Act, Hospital Act, Community Care and Assisted Living Act (CCALA) etc.
- Client eligibility parameters (minimum and maximum age, female only, male only, or co-ed)
- The number of beds or units

#### What can the data tell us?

The data reported on the bed survey can give us valuable information about:

- What bed-based SU services HAs are funding across the province.
- What the current trends are in bed-based service funding and how HA funded bed numbers shift over time.

- Service demographics, such as the spread of bed-based services across region and the proportion of contracted services that are tailored specifically to support men, women, young people, families, and/or Indigenous populations.

### **What are the data limitations?**

Because the survey only captures treatment and recovery services that are HA funded, the data cannot tell us:

- The total number of CCALA licensed and registered private bed-based treatment and recovery service providers currently operating across the province; private operators are not included in the Bed Survey.
- The total number of all treatment and recovery beds in operation across the province (e.g., beds may be funded but not staff, temporarily closed or unavailable to clients for other reasons).
- How beds in hospitals or co-located settings are utilized, (e.g., a bed could be used for multiple different reasons mental health, substance use or concurrent)
- Information regarding Indigenous-led services, unless funded by RHAs.
- The service model or programming approach within each reported service (e.g., abstinence based, faith-based, or 12-step).
- What services support/facilitate Medically Assisted Therapies (Opioid Agonist Treatment)
- Access and utilization data (waitlists, wait times, utilization rates)
- How many beds are being funded (either wholly or in part) by other sources, such as per diems from the Ministry of Social Development and Poverty Reduction (SDPR).

### **Are there any services that receive funding through HAs that are not captured on the survey?**

Yes. Some specialized services, such as treatment centers that are overseen by First Nations Health Authority, may receive funding through HAs but not be reported on the survey. Additionally, community bed-based treatment and recovery programs that receive one-time grant funding are not captured on the survey; for example, the new adult beds recently funded through \$13M in grants will not be reflected on the survey.

### **Why do bed numbers change over time?**

Bed number changes can sometimes be the result of: beds moving between different service classifications, service closures, deregistration of services, or resource allocation. When there are significant changes in bed numbers, MMHA may consult with MoH partners for context and clarity regarding the fluctuation.

### **Why don't we report out on the total number of beds in the tertiary and acute categories as substance use beds?**

- Many tertiary and acute beds are designated under the *Mental Health Act* or the *Hospital Act*. These beds may have multiple uses or designations and may fluctuate frequently between serving patients with MH-primary or SU-primary needs.
- While work is underway, there is currently no provincial standardization regarding regional use or categorization of acute or tertiary beds. To report out on this consistently requires further consultation with regional Health Authorities.

## Appendix D: Substance Use Bed Type Definition

### Definitions of SU Adult and Youth Bed Types

SU Bed Type	Definition*
Adult and Youth Bed Based Treatment	Provide time-limited, live-in intensive treatment. Staff are on-site 24 hours a day. Programs generally range from 30-90 days.
Adult and Youth Supportive Recovery	Support recovery programs deliver low to moderate, time-limited supports and services for clients. Programs generally range from 60-120 days.
Adult and Youth Transitional Services	Transition supports are provided to individuals who may be transitioning into or out of a residential or withdrawal management bed, or who are awaiting housing. Programs last between 24hrs to 30 days.
Adult and Youth Withdrawal Management	Services are provided in a community (non-hospital) residential setting for individuals going through the acute stages of withdrawal from substances who may need to be medically monitored or medically supervised.
Sobering and Assessment	Short-term (less than 24 hours) safe place for people under the influence of substances. The objective is to provide short-term respite, and not necessarily facilitate a referral to other substance use and/or mental health services, although that may be a secondary outcome of the service.
SU Supported Housing	Services include provision of safe, secure and affordable accommodation and support services, which vary in the level of intensity, such as assistance with personal life skills and crisis management.
SU Low Barrier Housing	Individuals are provided an opportunity to become connected with health, social and other community services. There is no requirement for the person to be abstinent or involved in treatment to access this housing.

\*Definitions are taking for HSIAR's Beds Survey definitions.



## Meeting with Premier Eby, June 21, 2023 Ministry of Mental Health and Addictions

**Initiative:** Budget 2021 Treatment & Recovery Investments

### Description:

- Budget 2021 invested \$132M to address regional gaps and strengthen the full continuum of substance use treatment and recovery services, including: withdrawal management (WM), transition and assessment, treatment and aftercare services.
- This investment was allocated towards 65 new or enhanced initiatives, adding at least 130 full-time-equivalent staff (FTEs), and creating 195 new substance use beds.

### Current Status:

- 60 initiatives are fully or partially implemented - services or service enhancements are benefiting clients in 92% of the 65 funded initiatives.
  - 131.30 FTEs have been added throughout the province.
  - 163 new SU beds are implemented and operational (84% of the 195 beds commitment) with planning for the remaining beds underway.

### Key Milestone(s) including Announceables:

- June 2023
  - IHA has secured a contract for 5 supportive recovery beds in Lillooet, 2 beds are operational.<sup>1</sup>
  - VIHA implemented 35 treatment beds in Cobble Hill, Nanaimo, Port Alberni, and North Saanich (announcement planned, June 27).
- To be implemented, 2023/24:
  - NHA will implement 8 sobering and assessment beds in Prince George targeting Summer 2023 (investment announced, 2022).

s.13; s.16

- Planning for additional substance use beds underway in: VIHA, NHA and IHA.

s.13; s.16

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s.13





Ministry of  
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- Investment of 5 supportive recovery beds in Lillooet, pending assisted living registration processes.
- Announcement when all 195 beds and 65 initiatives are implemented - targeting end of fiscal 2023/24.

s.13; s.17

**Program Area Key Contact:** Ally Butler, ADM

Date: June 9, 2023



## **Meeting with Premier Eby, June 21, 2023**

### **Ministry of Mental Health and Addictions**

**Initiative:** Canadian Mental Health Association of BC (CMHA-BC) Treatment and Recovery Beds

#### **Description:**

- In 2020 \$13.5M in funding was provided to CMHA-BC for the administration of a grant process to increase the number of accessible, publicly funded treatment and recovery beds, particularly for underserved populations.
- Funding for 105 beds was distributed to 14 operators across BC, through an open grant call.
- In 2023 a provincial investment of \$73.2M was provided to CMHA-BC to extend funding for the existing 105 beds (an additional 3 years) and add a further 100 beds through a second grant process. All beds (existing and new) will be funded until the end of 2026/27.
- The new grant process will increase access to publicly funded and evidence-based services and respond to public demand for timely access to services. Core criteria includes:
  - Must be registered or licensed under the Community Care and Assisted Living Act or an accredited Indigenous-led service.
  - Must not charge any out-of-pocket fees to clients (no user fees).
  - Accepts self-referrals.
  - Provides anti racist, non-discriminatory services and culture-based programming.
  - Supports clients to access medication assisted treatment (MAT).
  - Aligns with relevant provincial standards.

#### **Current Status:**

- MMHA is working in partnership with CMHA-BC and FHNA to launch the new grant call on June 28, 2023.

#### **Key Milestone(s) including Announceables:**

- June 28, 2023: Grant process opens. The grant call will be open for 8 weeks (June 28<sup>th</sup> to August 23<sup>rd</sup>).
- November 2023: Successful grantees and number of funded beds to be confirmed.

s.13

#### **Financial Implications / Funding Details:**

Budget / Expenditures:

- \$73.2M provided to CMHA-BC via year-end funding.

**Program Area Key Contact:** Ally Butler, ADM

Date: June 8, 2023



**Meeting with Premier Eby, June 21, 2023**  
**Ministry of Mental Health and Addictions**

**Initiative:** Indigenous Cultural Healing and Wellness Fund

**Description:** Budget 2023 provided an historic investment for Indigenous-led cultural healing and wellness initiatives. This was in addition to one-time funding of \$35 million provided to the First Nations Health Authority to support the completion of eight community-based First Nations treatment centre projects. s.12; s.16; s.17  
s.12; s.16; s.17

**Key Milestone(s) including Announceables:**

- March 2, 2023: \$171M Indigenous envelope announced as part of \$1B mental health news release.  
s.12; s.16; s.17

s.12; s.13; s.17



## Meeting with Premier Eby, June 21, 2023 Ministry of Mental Health and Addictions

**Initiative:** Foundry Expansion

### **Description:**

Foundry is a provincial network of integrated health and wellness services for young people aged 12 -24 and their families. Since its inception in 2015, Foundry has grown to include 16 in-person centres in communities across the province (with an additional seven centres actively being implemented, with a mix of opening dates), providing single-point access to youth-friendly primary care, sexual health, mental health, substance use, and peer support services. Additionally, Foundry Virtual was launched in 2020, with dedicated staff providing virtual counselling, peer support, primary care, and family support services province-wide.

Foundry is recognized as a national leader in Integrated Youth Services. It is a program of Providence Health Care (PHC), an affiliate of Vancouver Coastal Health (VCH). Foundry Central Office (FCO) provides governance and operational leadership for the Foundry initiative including the development, implementation and expansion of centres and services. FCO is accountable to the PHC Board of Directors, which is accountable to VCH; VCH is accountable to the Province.

*Budget 2023* invests \$74.9M over three years in the expansion of Foundry services, including the following:

- implementation of an additional 12 Foundry centres, extending support to more young people and their families, for a total of 35 centres province-wide;
- increase services at existing Foundry centres to meet growing demand;
- expand Foundry services to rural/remote areas surrounding some existing centres;
- expand Foundry peer support services; and
- improve functionality of Foundry Virtual services and fully integrate it with the in-person network of Foundry services across the province.

### **Current Status:**

Treasury Board approval is being sought to release the *Budget 2023* funding for Foundry expansion s.13

FCO will undertake the community selection process for the new 12 centres, beginning this summer, though an Expression of Interest and Request for Proposals. The 12 new Foundry centre locations are expected to be announced by the end of fiscal 2023/24.



**Key Milestone(s) including Announceables:**

- Early July 2023: Treasury Board decision on release of *Budget 2023* funds for Foundry expansion.
- June – August 2023: Announcement of 2 new Foundry centre locations (in collaboration with FCO).
- January – March 2024: Announcement of 10 new Foundry centre locations (in collaboration with FCO).
- \*All new Foundry centre locations announced by end of 2023/24.

**Financial Implications / Funding Details:**

Budget / Expenditures:

**Source: Budget 2023**

23/24	24/25	25/26
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s.12; s.17

**Program Area Key Contact:** Francesca Wheler, ADM

Date: June 9, 2023



## **Meeting with Premier Eby, June 21, 2023**

### **Ministry of Mental Health and Addictions**

**Initiative:** Complex Care Housing

#### **Description:**

- Complex Care Housing (CCH) is an innovative health-led housing model providing wraparound health, social and cultural supports to those at risk of or experiencing homelessness.
- CCH aims to serve persons who have overlapping mental health, substance use, trauma and complex health challenges such as acquired brain injuries and developmental disabilities.
- CCH is part of BC's overall homelessness plan: Belonging in BC.
- There are currently two phases of CCH:
  - Phase 1, funded through Budget 2022, includes 33 projects that will serve up to 600 individuals in 23 communities.
  - Phase 2 will create 240 new units of CCH across the province, with both capital development and operational funding announced as part of Budget 2023.

#### **Current Status:**

##### **Phase 1**

- As of June 1, 2023, 20 of the planned 33 CCH projects have been partially or fully implemented, providing services for up to 256 people in all regions of the province.
  - Seven CCH projects are anticipated to launch later in 2023, with the final six projects in 2024.
  - MMHA meets regularly with health authorities, BC Housing (BCH) and Indigenous partners to oversee planning and implementation for all projects.
  - 19 CCH projects have been publicly announced. Of the announced projects, 14 have launched.
- s.13; s.16

##### **Phase 2**

- Budget 2023 announced \$169M in capital funding for new, purpose-built CCH units. This is part of a larger, 5-year investment that will create 240 units of complex care across the province.
- The first 80 units are targeted to come online in 2025/26; however, BCH has noted that delays to construction and municipal development processes are likely to affect this timeline.
- To select communities for this first wave of 80 units, MMHA is working with Ministry of Housing (HOUS) and BCH on an expedited process:
  - BCH identifies available land and potential municipal support for development;



- MMHA and BCH use available health and housing data to scope service need;
- Health authorities confirm proposed communities have a service need and identify if health human resourcing can support service delivery; and
- Other considerations include municipal readiness and alignment with other health/housing programs under Belonging in BC.
- Based on the results of this process, MMHA and HOUS will recommend communities for the first 80 units to Ministers Whiteside and Kahlon. A briefing is being scheduled.
- After receiving Minister direction, MMHA, HOUS, and BCH will engage with selected municipalities to confirm support for CCH and development/rezoning. With support confirmed, the communities for the first 80 units will be finalized.
- 40 Phase 2 CCH units will be Indigenous-led or co-led projects. To enable effective engagement, these units will be included in later waves of implementation, scheduled to come online in 2026/27 and 2027/28.

**Key Milestone(s) including Announceables:**

- JUNE 2023: Government is working with partners to build 240 purpose-built units over the next five years: MMHA, HOUS and BCH will work with regional health authorities and other partners.

s.13; s.16

**Financial Implications / Funding Details:**

*Phase 1*

- Budget 2022 invested \$164M over three years into Phase 1 of CCH.
- Budget 2023 invests an additional \$75.11M over three years into Phase 1.
- The total Phase 1 investment is \$238.25M over three years.

*Phase 2*

- Budget 2023 invests in Phase 2 through:
  - \$21.63M in Health Services funding through Ministry of Health.
  - \$168.84M in Capital through Ministry of Housing.

**Program Area Key Contact:** Francesca Wheler, ADM Child, Youth & Mental Health Policy

Date: June 12, 2023

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s.13 ; s.16 ; s.21



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s.12 ; s.13 ; s.16 ; s.17 ; s.18.1

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s.12 ; s.13 ; s.16 ; s.17 ; s.21

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s.12 ; s.13 ; s.16 ; s.21

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Withheld pursuant to/removed as

s.13 ; s.16



## Meeting with Premier Eby, June 21, 2023 Ministry of Mental Health and Addictions

**Initiative:** Youth Substance Use Beds (123 Bed Expansion)

**Description:** In August 2020, government announced 123 new youth substance use treatment and withdrawal management beds across the province to increase access to bed-based services closer to home for youth and young adults. This doubles the number of beds available at the time of announcement. Of the 123 new beds, at least 43 included a requirement for Indigenous youth to receive priority access.

In addition to the expansion of youth substance use beds, starting in Budget 2021, a significant investment was made to build out the entire youth substance use service system. New and expanded services vary across health authorities based on local needs, ranging from prevention and early intervention to crisis intervention and community-based treatment. They have been implemented in accordance with provincial guidelines that cover topics such as providing gender-affirming and culturally safe care. Budget 2023 provides additional funding for expanded youth services including crisis supports, culturally safe wraparound services, enhanced transition services and improved emergency room hospital-based care and discharge planning.

**Current Status:** Of the 123 new beds, 47 are operational, and an additional 19-22 are expected to open between fall 2023 to spring 2024. Factors that may be affecting the pace of bed implementation include limited regional health authority and Indigenous partner capacity, lack of suitable facilities and absence of capital funding, time required for procurement/contracting processes,<sup>s. 16</sup> MMHA continues to work with the Ministry of Health, regional health authorities, and Indigenous partners to mitigate the challenges where possible, and implement the remaining beds.

There has been a historically low uptake for youth substance use bed-based services, with the provincial average fluctuating between 39% and 52% over the last five fiscal years. Factors that may be affecting beds utilization include:

- Best practice is evolving away from bed-based services for youth to outreach, day programs, integrated teams, and home-based services that allow youth to maintain connections with family, school, work, and community.
- Relocation to a treatment facility may be a barrier for many youth, plus removal from community and family may impose additional challenges to treatment. This is especially true in the North and Interior where youth often must travel large distances to access bed-based services.
- Mismatch between youth and bed eligibility criteria (e.g., age or gender restrictions; requirement to detox prior to entering some treatment programs; client's complex needs exceed the intensity/service model of the program).



- Lack of awareness of the services at the local community level amongst youth, families, and partners. Access and referral pathways are unique to each health authority and system navigation is a known issue raised by youth and families.

The Ministry is taking the following steps to address utilization rates:

- engaging with First Nations Health Authority and Métis Nation BC to increase awareness of youth beds amongst partners;
- working with regional health authorities to assess systemic barriers in the referral process for Indigenous youth accessing withdrawal management and treatment beds;
- examining practices at sites that have high utilization rates, for any applicable learnings (e.g., referral processes integrated with other services); and
- leading an internal communications strategy to enhance awareness of service locations among youth-focused service providers (including those in health authorities, Ministry of Children and Family Development, and Indigenous child and family service agencies).

**Key Milestone(s) including Announceables:**

- June 15, 2023: Announcement of 25 beds: 18 Provincial Health Services Authority and 7 Vancouver Coastal (15 of the 25 beds are funded through the 123 Bed Expansion).  
s.13; s.16

**Financial Implications / Funding Details:**

s.13; s.16; s.17

**Program Area Key Contact:** Francesca Wheler, ADM

Date: June 9, 2023



## Meeting with Premier Eby, June 21, 2023 Ministry of Mental Health and Addictions

**Initiative:** Aftercare clinicians

**Description:**

- Aftercare clinicians/health care workers ensure people can access long term, evidence-based recovery-oriented supports in the community.
- Budget 2023 includes funding for 50 aftercare clinicians (10 per region). The majority of these positions will be implemented in fiscal 2023/24 (12 months).
- Essential criteria for the investment includes:
  - Supports retention to service pre and post treatment, particularly in communities which are rural and remote and/or currently underserved.
  - Serves at least 5 communities per region.
  - Roles can be filled by various professions, such as community SU workers, Indigenous specific community health care workers, peers and/or other relevant health care workers.
  - Provide a variety of longer term, recovery-focused services: recovery coaching, relapse prevention, culture-based healing initiatives and other related services.

s.13; s.16; s.17

**Program Area Key Contact:** Ally Butler, ADM

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<sup>1</sup> Aftercare clinicians will be implemented in NHA by end of fiscal year 24/25.





Ministry of  
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Date: June 8, 2023

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s.13 ; s.16 ; s.21

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s.13 ; s.16 ; s.17 ; s.21



## Meeting with Premier Eby, June 21, 2023 Ministry of Mental Health and Addictions

**Initiative:** Road to Recovery St. Paul's Hospital

### **Description:**

Road to Recovery (R2R) is a new innovative and seamless model that supports clients with moderate to severe substance use disorders through a continuum of care.

An initial site at St. Paul's is in development through a partnership between Vancouver Coastal Health Authority, Providence Health, and BC Centre on Substance Use (BCCSU), including:

- 14 Bed Withdrawal Management Unit
- 11 Bed Acute Stabilization Unit
- 20 Bed Short Stay (Transitional) Unit
- 50 Treatment (Recovery) Beds

### **Current Status:**

- **14 Bed Withdrawal Management Unit**
  - Construction is on track to be completed by September s.13; s.16
  - The interim workflow for joint clinical assessment between VCH withdrawal management service and PHC launched May 24<sup>th</sup> and is already improving access.
    - Lighthouse (a virtual service offered out of the St. Paul's Rapid Access Addiction Clinic) is receiving calls, supporting clients with same day interdisciplinary clinical assessment and access to same-day care and treatment initiation when clinical assessment determines they do not require a bed-based service.

s.13; s.16

s.13; s.16

- **11 Bed Acute Stabilization Unit**
  - A building Permit has been received for the Acute Stabilization Unit and construction will take place between July 2023 – February 2024.
  - Currently targeting the unit to open February 2024.
  - Recruitment material has been developed and will launch late June - August/September to support recruitment for the unit.
  - 6 beds will open over Fall 2023 in a temporary location in St. Paul's hospital.



Ministry of  
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and Addictions

s.13; s.16

s.13; s.16

**Financial Implications / Funding Details:**  
Budget / Expenditures:



- Budget 2023 includes \$60.971M to fund the annual operating costs of the R2R at St. Paul's Hospital. This funding starts in the fiscal year 2023/24.
- Capital funds have been provided through a private donation from the Diamond Foundation.

**Source: Budget 2023**

23/24	24/25	25/26
13.555	23.708	23.708

**Program Area Key Contact:** Ally Butler, ADM

Date: June 8, 2023





## **Meeting with Premier Eby, June 21, 2023**

### **Ministry of Mental Health and Addictions**

**Initiative:** Red Fish Model of Care Expansion

**Description:** The Red Fish Centre for Mental Health and Addiction provides treatment for people with severe mental illness and chronic or severe substance use. It is the first of its kind in Canada with a model of care custom-designed by a team that includes mental health and substance use professionals, clients, and their families from across BC. Red Fish clients often have a history of trauma and marginalization, poverty, unsafe housing or homelessness, high involvement with the criminal justice system, and/or difficulty accessing or maintaining involvement with less intense or traditional mental health and substance use services.

To address current wait times and demand projections, PHSA is working with MMHA and HLTH to develop a plan to expand the Red Fish model of care.

**Current Status:**

s.13; s.16

- Development of a model of care and clinical services plan is underway, including staffing model, location considerations and capacity (number of beds).

**Key Milestone(s) including Announceables:**

- July 2023: Development of the model of care and clinical service plan to be completed.
- August 2023: Functional program (e.g., room count, facility size) completed.

s.13; s.16; s.17

**Program Area Key Contact:** Ally Butler, ADM



Ministry of  
Mental Health  
and Addictions

Date: June 13, 2023



## Meeting with Premier Eby, June 21, 2023 Ministry of Mental Health and Addictions

**Description:** Bed-Based Substance Use Treatment and Recovery Sector: Overview and Trends

### Overview

- The bed-based substance use treatment and recovery sector provides services to people struggling with addictions who need the structure and support of a live-in program. In many cases, people who access bed-based programs have co-occurring challenges such as mental health concerns, experiences of homelessness, or a history of criminal justice system involvement.
- As of March 2023, there are 3,237 publicly funded adult and youth community substance use beds and an additional 145 health authority funded adult tertiary substance use concurrent beds.
- Since 2017, the Province has implemented over 400 new publicly funded adult and youth substance, including 163 of the 195 beds announced through Budget 2021.
- Oversight of the sector is shared between regional health authorities and Ministry of Health's Assisted Living Registry. Services fall under the *Community Care and Assisted Living Act* and relevant regulations.
- There are inconsistencies throughout the sector (availability, funding rates, terminology and access process) that make system navigation challenging for individuals and families. This complexity also creates significant policy, planning, and funding consistency challenges for government and sector partners.
- There are over 190 unique sites operating treatment and recovery beds. Some services are very large, while others operate as few as 3 beds in a home-like environment. Across all these sites, service models vary.
- The sector is funded through a complicated mixed model of public and private funding. Around 35% of operators have contracts in place with health authorities for public funding, while about 90% of operators accept per diem funding through SDPR for income assistance eligible clients. In addition to these provincial funding sources, many people are still paying fees out of pocket to access services.



## Sector Trends

### *Funding:*

- Due to inflation, the cost of delivering bed-based substance use services has significantly increased in recent years.
- As historical contracts end or change, health authorities are required to increase the funding to retain and/or attract new service providers. In some instances opportunities have been posted to BCBid multiple times with no qualified respondents.
- Given the complexity of funding structures within the sector, many operators have replied on mixed public/private revenue sources to cover operational expenses.
- In the current fiscal climate, service providers, both not-for-profit and for-profit providers, are reporting a decrease in private pay clients. This has resulted in difficulty with covering operational costs and pressure to increase funding for publicly funded beds.
- Recently, a small number of service providers have approached health authorities asking for one-time funding infusions and/or contract lifts to avoid closure.

### *Client Needs:*

- In general, service providers advise that the acuity and complexity of client needs is increasing with many clients demonstrating multiple substance use disorders and concurrent mental health concerns.
- Health system partners such as health authorities and operators report that access to longer term housing options are a barrier that is impacting flow across the continuum of care.

**Program Area Key Contact:** Ally Butler, ADM

Date: June 12, 2023



## **Meeting with Premier Eby, June 21, 2023**

### **Ministry of Mental Health and Addictions**

**Initiative:** Recovery Community Centres (RCCs)

**Description:**

- RCCs provide a dedicated place for ongoing, community-based recovery supports beyond the clinical setting that helps people achieve sustained recovery by building and successfully mobilizing personal, social and community resources.
- The first two RCCs (Vancouver Junction and North Shore Junction) were funded through Budget 2021.
- In the first 3.5 months of operating in 22/23, the Vancouver Junction saw over 150 clients signed up for services and more than 130 groups and activities were offered. Typical services include:
  - Support groups
  - Recreational and social activities (e.g., running club, art and music classes)
  - On-demand system navigation support (e.g., peer or social work assisted referrals to a variety of services)
  - Peer recovery wellness supports (e.g., 1-on-1 recovery support, proactive recovery check-ins)
  - Harm reduction services (e.g., overdose education training, take-away harm reduction supplies) – Note: These are not OPS services; only supplies are offered for people to take away
  - Skills building and education (e.g., vocational training, budgeting, cooking/nutrition)
  - Services tailored to priority populations, such as women or LGBTQ2S individuals
- Funding through Budget 2023 will evaluate the current VCH sites and expand the model to 4 additional sites over the next three years.

s.13; s.16; s.17; s.21



Ministry of  
Mental Health  
and Addictions

s.13; s.16; s.17; s.21



## **Meeting with Premier Eby, June 21, 2023**

### **Ministry of Mental Health and Addictions**

**Initiative:** Road to Recovery Provincial Expansion (3 additional sites)

**Description:**

Road to Recovery (R2R) is a new innovative and seamless model that supports clients with moderate to severe substance use disorders through a continuum of care. An initial site is in development through a partnership between Vancouver Coastal Health Authority, Providence Health, and BC Centre on Substance Use (BCCSU).

Through Budget 2023, the Province will expand the R2R model to 3 additional sites across BC.

Although there will be regional variability, all R2R sites will:

- Be primarily health authority developed, driven and operated.
- Have clinical capacity to serve clients with more acute or complex withdrawal management needs.
- Include a continuum of services within the model of care.
- Implement net new services, including substance use beds (HAs may also reorganize existing services to support the model of care).
- Include services that demonstrate culture-based care, that are anti-racist and non-discriminatory, and that are trauma informed.
- Use provincial R2R metrics and/or data systems.
- Include a strong partnership with MMHA throughout the planning process.

s.13; s.16



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## Ministry of Mental Health and Addictions – Meeting Material

**CLIFF:** 1260985

**PREPARED FOR:** Honourable David Eby, Premier

**TITLE:** Northern First Nations Alliance (Alliance), represented by Linda Morven, Chief Administrative Officer, Gitwinksihlkw Village, and others (TBD)

**DATE, TIME AND LOCATION OF MEETING:** June 28, 2023, 12:30-1:30 PM; VCO/MS Teams

**MEETING REQUEST/ISSUE:** The Alliance is seeking government support for a medically supervised substance withdrawal, detox centre and land-based treatment facility.

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Yes, Ally Butler, ADM, Treatment and Recovery Division and Kelly McConnan, Executive Director, Child, Youth and Mental Health Policy Division

**BACKGROUND:**

The Northern First Nations Alliance (the Alliance) was established in 2020 as a community-driven, nation-based collective of representatives from the Haisla, Gitanyow, Kitselas, Kitsumkalum, and Gitxaala Nations, as well as the four Nass Valley Nisga'a Nation villages of Gitlaxt'aamiks, Gitwinksihlkw, Laxalt's and Gingolx.

The Alliance works collaboratively to address social determinants of health, engage community members, investigate the impacts of development, and prepare for future opportunities by sharing information and resources.

s.16

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s.16; s.21

s.16; s.21

Minister Whiteside met with the Alliance in April 2023 and committed to set up an ongoing discussion amongst all relevant parties (MMHA, FNHA, NHA, and the Alliance), with the goal to identify short and longer term actions to close the immediate gaps in needed services and to address the long-term system needs of the northwest (NW).

On May 18, 2023, an initial meeting was held with a broad range of representatives from all relevant parties. The Alliance representatives spoke of the many community and family members whose lives were lost from the drug crisis. They again raised the issues around lack of services in the NW, including the current transportation issue which requires those seeking access to in-patient detox to take a six-hour bus ride to Prince George.

An outcome from the May 18 meeting was the formation of a smaller, operational working group to map out existing services and gaps, discuss the intersections of the Alliance and NHA proposals, identify any other First Nations in the region who should be involved, and identify short-term solutions as well as recommendations for long term strategies. s.13; s.16  
s.13; s.16

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**Program ADM/Division:** Francesca Wheler, ADM, Child, Youth and Mental Health Policy Division

**Telephone:** (778) 974-2164

**Program Contact (for content):** Bryan Dreilich, Senior Director, Indigenous Partnerships and Wellness

**Drafter:** Bryan Dreilich

**Date:** June 19, 2023