

Road to Recovery (R2R) Service Expectations for Contracted Substance Use Beds: Registered Sites

R2R Service Expectation	Reference to Provincial Standards for Registered Assisted Living Supportive Recovery Services **
1. To support informed decision-making, clients must have accurate and current information about Substance Use Recovery sites and their programming.	Standard 1-Informed Decision Making and Admissions Standard 6-Personal Service Planning Standard 9- programming
2. Clients not connected to an existing VCH/PHC team will be referred to a VCH/PHC outreach team to ensure they have appropriate supports while waiting for service and following discharge.	Standard 2- Supporting people who are waiting to access your service. Standard 5-The Evidence that Informs the Standards (5.3) Standard 6-Personal Service Planning Standard 7- Medical Needs and Prescribed Medication Standard 11- Transition Planning
3. Receiving sites will respond within 2 business days to a referral. If site determines safety concerns impacting on ability to accept the client a discussion must occur with the referring team. In collaboration, will determine if plan of care can be modified to support client admission.	Standard 1-Informed Decision Making and Admissions Standard 2- Supporting people who are waiting to access your service. Standard 6- Personal Service Planning
4. Service provider will not decline referrals based on a client's prescribed medications.	Standard 1- Informed Decision Making and Admissions Standard 7- Medical Needs and prescribed medications
5. Community teams/providers are part of the client's circle of care and must be engaged in service planning across the clients stay unless a client explicitly indicates they do not want team/provider involved.	Standard 5- Helping New Residents Settle In Standard 6- Personal Service Plan Standard 11-Transitions Planning and Ongoing Connections
6. The Service Provider Case Manager must meet with the client weekly or more frequently if there is a need identified by staff or client.	Standard 6- Personal Service Plan Standard 11-Transitions Planning and Ongoing Connections
7. Clients must have access to Indigenous /cultural supports on site. This includes easy access to traditional medicines.	Standard 3-Staffing Standard-4 Indigenous Cultural Safety and Humility.

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8. Service providers facilitate access to spiritual/cultural supports as identified by a client.	Standard 1- Informed Decision Making and Admissions Standard 4- Indigenous Cultural Safety and Humility Standard 7-Medical Needs and Prescribed Medications
9. Proposed changes to a client's long-term medication regime that have the potential to affect their chronic physical health, mental health or substance use disorders must be reviewed with their community prescriber.	Standard 7: Medical Needs and Prescribed Medications. Standard 8-Evidence Informed Practice
10. Service providers must consult with the Health Authority team that submitted the referral, prior to initiating a plan to taper a client off their OAT medication.	Standard 7: Medical Needs and Prescribed Medications. Standard 8-Evidence Informed Practice
11. Pharmacy services must include: <ul style="list-style-type: none"> a. Providing the service provider with a Medication Administration Record. b. Providing training on medication safety for service provider staff. c. Having a medication standard operating procedure with the service provider. d. Blister packing of medications when requested. e. Daily witnessed ingestion of medications when requested. f. Availability for medication deliveries and administration at least once per day including weekends. 	Standard 7: Medical Needs and Prescribed Medications. Standard 8-Evidence Informed Practice
12. Service providers must facilitate client access to prescribed medications including all OAT, injectable medications, and medication patches.	Standard 7: Medical Needs and Prescribed Medications. Standard 8-Evidence Informed Practice
13. Service providers must support clients to access medications, including OAT, that require administration/dispensing more than once per day.	Standard 7: Medical Needs and Prescribed Medications. Standard 8-Evidence Informed Practice
14. Clients must be supported to develop community connections and attend programs that will be accessible and supportive to them post discharge. If the Service provider cannot support client attending these programs, they must contact the clients VCH/PHC team to determine if support can be provided.	Standard 8-Evidence Informed Practice Standard 9-Programming 9.5 (build & maintain linkages....)
15. Service Providers will implement the VCH/PHC Harm Reduction Policy.	Standard 10- Keeping Residents Safe

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16. Service Providers are to submit copies of Critical Incidents to licensing (where appropriate) or to contract holder if not licensed.	Standard 10- Keeping Residents Safe
17. Service Providers will support the administration of VCH/PHC client experience surveys.	Standard 12-Evaluating your Service and Continuous Quality Improvement
18. Service Providers will post the VCH/PHC complaints process in an area visible to all clients.	Standard 10-Keeping Residents safe
19. Service Provider staff will complete the following required training. a. Indigenous Cultural safety-San'yas course b. Evidence based care- BCCSU Addiction Care and Treatment online course. c. Resisting stigma- offered online by RAP. d. Supportive Recovery Standards Course- Pending availability from the province. e. Naloxone 101 course Toward the Heart (BCCDC service) i. In person consolidation and refresher training every 6 months f. Med management training g. First Aid and CPR h. Gender Diversity- Trans Care BC Course (1 hr) i. Suicide risk screening	Standard 3- Staffing
20. Service Provider will report staff training completion rates every 6 months.	Standard 3- Staffing
21. Urine drug screening and breathalyser testing will not be performed or requested by the service provider.	Standard 8- Evidence Informed Practice
22. Service Provider will demonstrate that clients have been provided with access to a diverse range of recovery groups (on site, online or in the community), including informal support networks (family, friends, Elders, Traditional Knowledge Keepers).	Standard 8- Evidence Informed Practice Standard 9-Programming
23. Service provider must review concerns regarding clients with Health Authority prior to making an unplanned discharge unless an imminent critical safety risk exists.	Standard 10-Keeping Residents safe

** Service Model and Provincial Standards for Adult Residential Substance Use Services (2011)