

TO: CITY MANAGER 2003 February 26
FROM: DIRECTOR PLANNING AND BUILDING OUR FILE: 17.466
SUBJECT: DRUG AND ALCOHOL RECOVERY SERVICES

PURPOSE: To respond to Council's requests for information on issues facing a) Charlford House Society for Women and b) addictions treatment services in the Fraser Health Authority.

RECOMMENDATION:

1. **THAT** copies of this report be sent to:
 - a) Linda Shaw, Program Director, Charlford House Society for Women
 - b) Rock Chalifour, spokesperson for the Addiction Treatment Advocacy Group
 - c) Bob Smith, CEO of the Fraser Health Authority
 - d) the Social Issues Committee.

REPORT

1.0 INTRODUCTION

At its meeting of 2003 January 13, Council considered a letter from Linda Shaw, Program Director at Charlford House - a supportive recovery home for women in north Burnaby. The letter cited several concerns regarding changes in the Fraser Health Authority's funding and policies for addiction services. It requested Council to write to various Provincial ministers to request a halt to the changes. Council referred the matter to staff for a report.

At its meeting of 2003 January 20, Council received a delegation from Rock Chalifour, a Registered Nurse with the Royal Columbian Hospital who was speaking on behalf of the Addiction Treatment Advocacy (ATA) Group. Mr. Chalifour described the seriousness of addiction issues in the region and expressed strong concerns about recent FHA funding cuts for addiction treatment. He also expressed concerns about the FHA's failure to adequately consult with stakeholders in making those cuts.

After hearing from Mr. Chalifour, Council requested staff to include an assessment of his concerns in the report being prepared on Charlford House. This report responds to Council's request. It consists of four sections: a) a general overview of addiction services and planning initiatives in the Fraser Health Authority; b) information on Charlford House's

background and concerns; c) a preliminary assessment of the issues raised through Mr. Chalifour's presentation, and d) concluding comments.

2.0 ADDICTIONS SERVICES IN THE FRASER HEALTH AUTHORITY REGION

The Fraser Health Authority (FHA) funds various types of core services for persons with addictions or substance misuse problems, including out-patient, day treatment, residential, and detox services. An overview of these services is provided below.

- a) *Out-Patient Clinics:* The FHA directly operates two out-patient clinics in Burnaby. The clinics are staffed by eight full-time counsellors, who each maintain a caseload of 40-50 clients. The Health Authority also has a contract with Family Services of Greater Vancouver, which operates the Burnaby Addictions Services clinic near Lougheed Mall. Burnaby Addictions Services is staffed by 1.5 full-time counsellors and a program coordinator. Services offered through out-patient clinics include screening, assessment, treatment planning and client matching, one-to-one and group counselling and therapy, recovery support, and referral to other appropriate programs or agencies¹. Out-patient clinics also provide prevention and educational activities for the general community, and some deliver school-based prevention programs for children and youth. In addition to the clinics, the Seniors Wellness Awareness Program (SWAP) offers out-patient and mobile detox services to seniors, primarily on an outreach basis (i.e., in their homes).
- b) *Day Treatment Services:* Day treatment services in the FHA catchment area are provided on a mobile basis, by a contracted community agency. These services are offered in a group setting, over several sessions, using specified treatment modules. Each of the FHA's three health service areas (i.e., Fraser North, Fraser South and Fraser East)² receives a share of the mobile day treatment programs, based on need and referrals.
- c) *Residential Facilities:* Two categories of residential facilities for people with addictions-related issues are funded within the FHA catchment area: residential treatment facilities and supportive recovery facilities. At present, three residential treatment facilities (located in Maple Ridge, Abbotsford, and Clearbrook) are

¹ FHA staff indicate that the only route into a residential facility is by way of a referral from an out-patient clinic.

² Burnaby is in the Fraser North health service area (the former Simon Fraser Health Region) which stretches from Burnaby to Maple Ridge on the north side of the Fraser River.

available in the region. They collectively offer a total of 124 beds - 108 for men, 11 for women, and five for children aged under five years whose mothers are in residence. The facilities offer a range of treatment services and accommodate clients for varying lengths of time. All are primarily intended to serve residents living within the Health Authority boundaries; however, they also serve residents from outside the region, as space permits. In addition, the FHA provides funding for three beds for youth at specialized foster homes in its catchment area.

Supportive recovery facilities offer clients a supportive, safe and secure place to stay for 30 to 90 days while the clients work towards reintegration into their home communities. The facilities do not offer treatment per se; rather, they focus on pre-treatment and post-treatment care. A total of eight supportive recovery facilities exist throughout the Health Authority region, including the nine-bed Charlford House in Burnaby. The total capacity of funded beds in the region is 104, consisting of 70 beds for men and 34 for women.

- d) *Detox services:* Detox services in the FHA's catchment area are offered through Maple Cottage Detox Centre, a 22 bed facility in New Westminster. The Maple Cottage Detox Centre is one of only two large detox facilities in BC (the other being in Vancouver). As noted, SWAP also offers mobile or home detox services for seniors in the region.

Over the past decade or so, responsibility for addiction services has shifted amongst various Provincial ministries and authorities (e.g., Ministry of Health, Ministry for Children & Family Development, the FHA). Responsibility was transferred to the Health Authority in 2002. In spring 2002, the FHA developed an *Addiction Services Strategic Plan, 2002-2005*, which calls upon the FHA to support and deliver a broad range of early treatment and intervention services on substance misuse. The *Strategic Plan* outlines seven strategies for reducing the misuse of alcohol and all other drugs. At present, an Addictions Planning Steering Committee of the FHA is working on implementation details. The *Strategic Plan* notes that the FHA will consider specific recommendations on how to implement the strategies as it moves forward in addressing service delivery and fiscal issues.

3.0 CHARLFORD HOUSE

3.1 Background

Charlford House is a non-profit supportive recovery home for women overcoming alcohol or drug dependency that has been operating in north Burnaby since 1972. The program operates out of one side of a rented duplex and is currently contracted to provide beds for nine women in supportive recovery. When the facility was first established, health authorities concluded that it would not require a Community Care Facility (CCF) License. This position changed in 1998, when the Ministry of Health

determined that supportive recovery facilities throughout BC would be subject to CCF Licensing.

In 2000, in conjunction with pursuit of a CCF License, representatives of Charlford House met with Planning staff. They were informed that their facility did not meet the Zoning Bylaw definition of “group home” and did not comply with the R4 (Residential District) zoning of the site. Charlford House representatives subsequently applied to rezone the property to a CD (Comprehensive Development) District designation, based on P7 (Special Institutional District) and R4 guidelines (Rezoning Reference #01-10). The application was intended to bring the existing operation into compliance with the Zoning Bylaw. It was also intended to facilitate potential future expansion of Charlford House into the other side of the duplex in which it was housed.

Shortly after the rezoning was initiated, the Ministry of Health Services issued an information bulletin which indicated that supportive recovery facilities would no longer require a CCF License (i.e., reversing the 1998 position on the matter). After learning of the Province’s change of position, representatives of Charlford House explored the possibility of using the US-based CARF accreditation system to address quality assurance concerns at the home. They subsequently determined that such a system would be too expensive and onerous - especially as their contract funding would not cover the costs of pursuing the option. While keeping Planning staff apprized of their deliberations, they have not pursued their rezoning application or had it advanced to a Public Hearing.

Council should be aware that Charlford House is a non-conforming use and will need to proceed with its rezoning application to bring the property into compliance with the Zoning Bylaw. That said, it should be acknowledged that Charlford House provides a valuable community service and has an enviable record of success (e.g., reporting that, after three years of leaving the home, 57% of its clients have not returned to drugs or alcohol). Further, it should be noted that the City has no record of neighbourhood complaints regarding the facility. Indeed, there are several indications that the home has been a “good neighbour,” with residents and staff making a concerted effort to contribute to community life (e.g., engaging in door-to-door Christmas caroling, helping with activities at a nearby community school).

3.2 Current Issues

As a follow up to the letter appearing on the 2003 January 13 Council agenda, staff met with representatives of Charlford House. We also contacted the FHA for information on the matter.

The key concerns, from Charlford House's perspective, relate to changes in the FHA's funding guidelines and allocations, priorities for supportive recovery homes, and client referral policy. These concerns are addressed below.

- a) *Funding Guidelines and Allocations:* As noted, responsibility for, and organization of, addiction services have shifted numerous times over the past decade. When responsibility was transferred to the health authorities in 2002, the funding allocation did not reflect scheduled cost increases for contract settlements and other items (amounting to a \$1.2 million shortfall for the FHA in the 2002-2003 fiscal year). The FHA thus looked at all its addictions contracts with a view to standardizing funding and finding efficiencies. The Health Authority introduced a standard administrative fee, consistent with its mental health contracts, which equated to 15% of the costs of direct service salaries and benefits. It also standardized the amount of money available for food and disallowed items for which various recovery houses, including Charlford House, had previously been able to claim (e.g., board expenses, membership fees, reimbursement for client "round ups," recreational expenses, client phone calls, accreditation costs). FHA contacts stress that, despite the shortfall, they have tried to maintain service delivery capacity, and have not cut funding for direct services.

Notwithstanding the merits of ensuring that limited resources are used efficiently, the FHA's funding guidelines have created significant challenges for Charlford House (and presumably other small operations which have executive directors but relatively few direct service staff). To illustrate the point, in the 2001 fiscal year, the Ministry of Health allocated \$72,088 in core funding to Charlford House.³ For the 2003 fiscal year, the FHA is committing \$36,662 to the home (nearly a 50% reduction from the 2001 totals). A contact at the Health Authority noted that its core funding represents only a portion of Charlford House's overall budget and that the funding decrease had not resulted in service reductions to date. Nonetheless, a \$36,000 cut to an organization with an operating budget of less than \$300,000 is substantial.

- b) *Priorities for Supportive Recovery Homes:* The FHA's *Addiction Services Strategic Plan* recognizes that a continuum of addiction services must be

³ This figure does not include the per diem funding (currently \$40 per client per day) that is provided to contracted supportive recovering homes by the Health Authority. The figure also does not include the daily room and board fee of \$40 per day, provided by the Ministry of Human Resources for qualifying clients.

- b) *Priorities for Supportive Recovery Homes:* The FHA's *Addiction Services Strategic Plan* recognizes that a continuum of addiction services must be available, ranging from prevention and early intervention services to intensive treatment options. That said, representatives of Charlford House are uncertain about the Health Authority's level of commitment towards their program and other supportive recovery homes, contending that the FHA may be placing too much emphasis on lower cost out-patient services. Charlford House representatives note that their residents are required to participate in activities such as alcoholics anonymous sessions and daily group meetings, stay substance-free, and obey the "rules of the house." They further note that their residents are offered a safe, supportive environment - one in which the residents can learn about and deal with their addictions and acquire life skills to pursue careers or educational opportunities.

While acknowledging the important role of Charlford House and other supportive recovery facilities, a Health Authority contact stressed that such facilities are but one component of the continuum of addiction services. The contact further asserted that the majority of people with substance abuse problems can be effectively served on an out-patient basis in the community. As well, the contact noted that the FHA gets "the biggest bang for its alcohol and drug program buck" through out-patient services (i.e., the per client cost is lower and the majority of people in need are in the lower need category).

- c) *Client Referral Policy:* As part of its contract with the FHA, Charlford House is required to take its clients from referrals through out-patient clinics and detox facilities. This policy is not new; however, the Health Authority is planning to be more diligent in its application in the future. Health Authority representatives note that the client referral policy is designed to ensure that clients will be placed with a resource that best meets their needs - an improvement over what they describe as the "putting heads in a bed" approach that had been practiced in some parts of the system in the past.

Notwithstanding this rationale, representatives of Charlford House contend that the client referral process needs to be more flexible, or social and economic costs will result. On the social side, they are concerned that, without greater flexibility, people in need could be denied service. Charlford House representatives point out that their clients are generally at a higher need level than those who would visit an out-patient clinic. They also note that, when people with addictions choose to clean up their lives, there is a narrow "window of opportunity." If services are not promptly available (e.g., if there is a waiting period to see a counselor authorized to make a referral), the "window"

through health care or crime (i.e., addicts often revert to crime to support their habits). Therefore, while acknowledging the FHA's need to ensure accountability, Charlford House representatives believe that they should be able to serve people needing their services - regardless of the referral source. In addition to helping their clients, they contend such a flexible approach would be cost-effective and benefit society, saving money that may otherwise need to be spent in other areas of the health, social or correction services systems.

4.0 CONCERNS OF THE ADDICTION TREATMENT ADVOCACY GROUP

4.1 2001 November Delegation: Need for Hospital-Based Addictions Treatment

At its meeting of 2001 November 5, Council received a delegation from Mr. Rock Chalifour who, as with his 2003 January appearance, spoke on behalf of the Addiction Treatment Advocacy Group. Mr. Chalifour requested City support for the development of a hospital-based program dedicated to addictions treatment and research. The proposed program would complement services offered at the two residential addictions treatment facilities already operated by the Fraser Health Authority in the Fraser North service area - the Maple Ridge Treatment Centre and Maple Cottage Detox.

Council requested a staff report on the proposal, which it considered at its meeting of 2002 February 4. The February 2002 staff report quoted a health official who indicated that, if the FHA had additional resources for addictions treatment, it would favour increasing out-patient treatment programs over residential programs. The report concluded that the proposed hospital-based treatment program for substance abuse could be a desirable component of a continuum of services for people with substance abuse or addiction problems. It noted, however, that other types of services would also be needed to make the continuum a reality. Given the complexity of the topic, and preliminary nature of the staff review, the report did not recommend that Council take action on Mr. Chalifour's proposals at the time.

4.2 2003 January Delegation: Lack of Residential Addictions Resources in the FHA

In his 2003 January 20 delegation to Council, Mr. Chalifour expressed concern about two matters: the increasing shortage of residential addictions resources in the FHA region and the lack of a plan for ensuring an adequate level of treatment for those with substance addictions in the region. Mr. Chalifour alluded to recent FHA funding reductions for addictions treatment - particularly for detox and longer-term residential treatment programs. He also alleged that the Health Authority had not undertaken adequate consultation with addictions experts or local governments before making those reductions.

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He concluded by asking Council to support his call to the Health Authority to:

- a) refrain from cutting the number of inpatient detox beds or recovery beds in the region prior to consulting with municipal councils regarding alternatives;
- b) explore external funding sources for addiction treatment;
- c) develop a plan for addressing the recommendations of the Lower Mainland Municipal Association (LMMA) Addictions Strategy Committee and former Provincial Coroner Vince Cain's report on addiction fatalities and implement research-based treatment options;
- d) consult with psychiatrists and addictions specialists during preparation of an addictions treatment plan; and
- e) develop an education program for existing first-line nurses, doctors, and social workers to ensure that patients being treated for ailments caused by their addictions are also treated for their addictions.

As discussed previously, with shifts in jurisdictions, the addictions care system has faced considerable changes for the past decade or so. Undoubtedly, the changes have resulted in uncertainty both for those delivering and receiving services. The changes have also caused some fragmentation of services. While acknowledging the challenges, health system contacts maintain, as noted above, that no direct client services have been affected thus far, and that the FHA still has the same services and capacity with regard to addiction services that it did when it assumed responsibility for those services last spring. They further note that the Health Authority does not intend to reduce funding for detox services; rather, it is seeking ways of providing more equitable access to those services throughout its catchment area.

With respect to consultation, the FHA's *Addiction Services Strategic Plan* states that the Authority consulted with a wide range of stakeholders through a two-staged consultation process. In the first stage, the FHA developed a draft plan with the assistance of senior addictions and mental health staff, and representatives from public health, continuing care, acute care, psychiatry and contracted service agencies. In the second stage, the Authority distributed the draft plan to a broader range of stakeholders including mental health, continuing care, psychiatric and

addictions specialists, community service providers, and police and corrections officials. All stakeholders were asked to review the draft plan with additional people involved in addictions services, then forward their comments to the FHA. The Health Authority indicates that it considered the comments in the development of the final strategic plan. Charlford House Society for Women was among the agencies listed as participating in the consultation process. According to FHA, it is premature to conjecture on changes in service levels and delivery for 2003 and beyond, as the Addictions Planning Steering Committee (i.e., the group developing an implementation strategy for the *Strategic Plan*) has yet to complete its work.

5.0 CONCLUSION

This report has been prepared in response to Council's requests for information about funding and policies for addictions-related services in the Fraser Health Authority region. Specifically, it discusses concerns brought to Council by representatives of Charlford House supportive recovery home and the Addiction Treatment Advocacy group. The report provides a general overview of addiction services and planning initiatives in the Fraser Health Authority; information on Charlford House's background and concerns; and a preliminary review of the issues raised by Mr. Rock Chalifour, speaking on behalf of the ATA group.

Key conclusions from the report are as follows:

- The addiction treatment system in BC has been in considerable flux for the past decade or so. It has moved amongst various Provincial ministries and, since 2002, has come under the auspices of regional health authorities.
- When the FHA assumed responsibility for addiction services, the funding allocation it received from the Province did not reflect scheduled cost increases for contract settlements and other items (amounting to a \$1.2 million shortfall for the 2002 - 03 fiscal year). The Health Authority introduced efficiency and accountability measures to help manage its addictions' budget. It is adamant, however, that these measures did not result in cuts to direct service delivery.
- Notwithstanding the FHA's claims, representatives of Charlford House and the ATA group are concerned that addiction-related services have and will continue to suffer as a result of funding and priority-setting decisions by the Health Authority (e.g., placing increased emphasis on out-patient service options). Charlford House cited specific concerns regarding the FHA's funding guidelines and allocations; its priorities for supportive recovery homes; and its client referral policy. The ATA group cited more general concerns regarding perceived FHA funding reductions for

with service providers, local governments, other key stakeholders, or the general public. The FHA, for its part, maintains it consulted widely with, and considered the input of, stakeholders involved in addictions services in preparing its *Addiction Services Strategic Plan, 2002- 2005*.

- It is widely recognized that a continuum of services for persons with substance abuse and addiction problems is required. In the FHA catchment area, the services along the continuum - out-patient clinics, day treatment programs, residential treatment and residential supportive recovery facilities, and detox centres - all play an important role. They are also competing for a share of a finite addictions-related budget, whereby the allocation of additional resources to one component of the continuum is likely to have a negative impact on another component.

Addiction and substance abuse problems are key issues facing society - ones that, if not adequately addressed, will result in heavy social and economic costs. They are also complex issues, which require innovative approaches to overcoming funding and other service delivery challenges. Council and staff do not have the expertise - nor access to all relevant information - which would be required to comment on how addictions treatment programs in the FHA should be delivered. Given this fact, and the somewhat conflicting information and views which have emerged from this review, staff propose that specific recommendations from the City to the FHA not be made at this time. That being said, staff are currently working on an outstanding report to Council on the Lower Mainland Municipal Association's (LMMA) *Regional Action Plan to Reduce the Harmful Effects of Alcohol and Drug Misuse*. In addition to assessing the LMMA's proposals for local government involvement in the initiative, staff would propose, in that report, to identify possible City actions on addiction concerns. At that time, staff may also be in a better position to suggest some specific recommendations for Council to submit to the FHA on addiction service needs and associated consultation practices.

It is recommended that copies of this report be sent to representatives of Chalford House and the ATA group, as well as the CEO of the FHA and the Social Issues Committee.



J.S. Belhouse, Director
PLANNING AND BUILDING

JF/JS/jc

cc: Director Finance