

Road to Recovery (R2R) Service Expectations for Contracted Substance Use Beds: Licensed Facilities

R2R Service Expectation	Reference to Service Model and Provincial Standards for Adult Residential Substance Use Services *
1. To support informed decision-making, clients must have accurate and current information about Substance Use Recovery sites and their programming.	Standard 1- Screening and Assessment Standard 2- Informed Decision Making Standard 8 -Evidence Based Practice
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 3- Community Supports Standard 7-Treatment Planning Standard 9- Safety Standard 11- Transition Planning Standard 12-Aftercare Treatment and Supports
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- Screening and Assessment. Standard 6- Medical Needs (6.5) Standard 7- Treatment Planning
4. Service provider will not decline referrals based on a client’s prescribed medications.	Standard 6- Medical Needs
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- Settling into the Residence Standard 7- Treatment Planning Standard 9-Safety Standard 11-Transition Planning Standard 12-Aftercare Treatment and Supports
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 3- Community Supports Standard 6- Medical Needs Standard 7- Treatment Planning Standard Standard 9-Safety Standard 11-Transition Planning
7. Clients must have access to Indigenous /cultural supports on site. This includes easy access to traditional medicines.	Standard 5- Settling into the Residence Standard 9: Safety
8. Service providers facilitate access to spiritual/cultural supports as identified by a client.	Standard 1-Screening & Assessment Standard 3- Community Supports Standard 7-Treatment Planning

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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 6-Medical Needs Standard 8- Evidence Based 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 6-Medical Needs Standard 8- Evidence Based 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 6-Medical Needs Standard 8- Evidence Based Practice
12. Service providers must facilitate client access to prescribed medications including all OAT, injectable medications, and medication patches.	Standard 6-Medical Needs Standard 8- Evidence Based Practice
13. Service providers must support clients to access medications, including OAT, that require administration/dispensing more than once per day.	Standard 6-Medical Needs Standard 8- Evidence Based 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 5- Settling into the Residence. Standard 7-Treatment Planning Standard 8- Evidence Based Practice Standard 12- Aftercare Treatment and Supports
15. Service Providers will implement the VCH/PHC Harm Reduction Policy.	Standard 9- Safety
16. Service Providers are to submit copies of Critical Incidents to licensing (where appropriate) or to contract holder if not licensed.	Standard 9- Safety
17. Service Providers will support the administration of VCH/PHC client experience surveys.	Standard 8- Evidence and Informed Practice
18. Service Providers will post the VCH/PHC complaints process in an area visible to all clients.	Standard 9-Safety

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<p>19. Service Provider staff will complete the following required training.</p> <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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 4-Staff Experience and Qualifications
<p>20. Service Provider will report staff training completion rates every 6 months.</p>	Standard 4-Staff Experience and Qualifications
<p>21. Urine drug screening and breathalyser testing will not be performed or requested by the service provider.</p>	Standard 8- Evidence and Informed Practice
<p>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).</p>	Standard 8- Evidence and Informed Practice
<p>23. Service provider must review concerns regarding clients with Health Authority prior to making an unplanned discharge unless an imminent critical safety risk exists.</p>	Standard 9-Safety

*[Provincial Standards for Registered Assisted Living Supportive Recovery Services](#)