



CMHA BC Bed-Based Treatment & Recovery Services Grant Opportunity Request for Proposals – Application Guidelines

Timeline

Application available online: **June 28, 2023**

Application deadline: **August 23, 2023**

Funding decisions: **November 2023**

All proposed project activities must be completed, and funding spent, at the end of the three-year grant term: **March 31, 2027**

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Overview

The Ministry of Mental Health and Addictions (MMHA) is working to lead the province in building a seamless, coordinated network of mental health and addictions services in British Columbia. As part of this commitment, the Province is partnering with CMHA-BC to add an additional 100 publicly funded treatment and recovery beds across the Province. This work is being done in partnership with the First Nations Health Authority. This funding opportunity is available for not-for-profit and for-profit services providers who offer high quality, evidence-informed bed-based treatment and recovery services and are:

- Licensed or registered under the Community Care and Assisted Living Act
- Accredited First Nations, Métis and Urban Indigenous led services

The Canadian Mental Health Association (CMHA) is Canada's most established mental health charity and the nation-wide leader and champion for mental health. CMHA BC helps people access the resources they need to maintain and improve mental health, build resilience, and support recovery from mental health and substance use disorders. Each year in BC alone, CMHA supports more than 100,000 people across the province. For more information and resources, please visit www.cmha.bc.ca.

Purpose of Grant Funding

Bed-based treatment and recovery services are an important part of the mental health and substance use continuum of care. They provide safe, structured living environments where people can focus on their recovery journey. Expanding access to these services will help people who live in British Columbia struggling with substance use and addiction to access these important services. This grant opportunity seeks to address service gaps and improve service access by increasing the number of publicly funded treatment and recovery beds available to adult clients (19 years of age and older) in licensed facilities, registered residences, or, Accredited First Nations, Métis, Inuit and Urban Indigenous led a services. Grant funding will be awarded to successful applicant organizations for a **time-limited three-year term**.

Applicants will be required to demonstrate that they provide high quality, evidence-informed care including, but not limited to:

- embedding [trauma-informed](#), and [gender responsive](#) practices in their work
- delivering [anti racist](#) and [non-discriminatory](#) services
- providing [evidence-based and trauma -informed treatment](#) for substance use disorders
- demonstrating an ongoing relationship with regional HAs, Provincial Health Services Authority (PHSA), FNHA, and other community partners.
- demonstrating compliance with relevant provincial standards (e.g. [2021 Provincial Standards for Registered Assisted Living Supportive Recovery Services](#))
- demonstrating how the service supports positive client outcomes (e.g. support in achieving personal recovery goals)

Where possible, priority will be given to proposals that provide tailored programming for un/underserved adult populations and locations where significant service gaps exist see: [Appendix A: Funding Priorities and Considerations](#). See [Core Criteria](#) and [Appendix A: Application Guidance](#) for

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more information.

Grant Funding Streams

Applicants **must** operate at least one of the following and can apply to three funding streams for each new publicly funded bed per year:

- CCALA Licensed** substance use bed-based community treatment facility or supportive recovery residence.
- CCALA Registered** substance use bed-based community treatment facility or supportive recovery residence.
- Accredited First Nations, Métis, Inuit, or Urban Indigenous led** substance use bed-based treatment

Stream 1:

Licensed, Registered or Accredited First Nations, Métis, Inuit, or Urban Indigenous led [Supportive Recovery](#) can apply for **\$19,000-\$64,000 per bed/year**.

Stream 2:

Licensed, Registered or Accredited First Nations, Métis, Inuit, or Urban Indigenous led [bed-based treatment facility](#) can apply for **\$65,000-\$109,000 per bed/year**.

Stream 3:

Focus on moderate to severe complex client population.

Licensed, Registered or Accredited First Nations, Métis, Inuit, or Urban Indigenous led bed-based treatment facility can apply for **\$110,000 to \$183,000 per bed/year**. Applicants applying for this funding are required to meet [additional criteria](#).

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- Licensed and registered organizations must be operating in compliance with the [Community Care and Assisted Living Act](#) (CCALA) and related regulations, such as the [Residential Care Regulation](#) or the [Assisted Living Regulation](#).
- Accredited First Nations, Métis, Inuit and Urban Indigenous led organizations must demonstrate good standing with nationally recognized accrediting bodies (e.g. [Accreditation Canada](#), [CARF](#)).
- Organizations that have started the process of obtaining regional Community Care licensure or registration with the [Assisted Living Registry](#) before applying will be considered on a case- by-case basis and will be independently confirmed by CMHA BC.
- Funding ranges are provided as a guide only. Budgets that fall within these funding ranges may be preferred during the review process. **Budget requests must be proportionate and appropriate to the level and range of service(s) attached to each proposed new bed.**
- Service operators that operate both substance use bed-based treatment facilities and supportive recovery residences may apply to both streams if all other eligibility criteria are met see: [Eligibility and Essential Requirements](#).
- Applications for the three different funding streams will be reviewed and evaluated separately.

Application Process and Successful Grantee Expectations

- New applicants that meet the core criteria detailed below are eligible to apply for the Bed-Based Substance Use Services Expansion Grant.
- Existing CMHA bed-based treatment & recovery grantees are eligible to apply via a streamlined application, [available here](#).
- New applicants that were not recipients of the CMHA bed-based treatment & recovery grants in 2021 can apply through the application form, [available here](#).
- All successful applicants will receive funding in installments as described in Grantee contracts provided by CMHA BC. Successful Grantees will be responsible for demonstrating and remaining in “good standing” for continued payment. Success in initially meeting granting requirements does not guarantee that a Grantee will continue to meet the criteria for success as set out by CMHA BC. Grantees will be responsible for continuing to demonstrate their eligibility throughout the granting period. Successful Grantees **do not** need to submit a new application for funding each year.
- Several factors will be used by CMHA BC to determine if an applicant organization is in “good standing”. Organizations must:
 - Maintain their license or registration under the CCALA. Indigenous led services that are

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- Submit any and all reporting and surveys as requested by CMHA BC. This includes quarterly and/or annual Progress Reporting. Any requests for information and reporting must be on time and complete; and
- Actively participate in monitoring and evaluation activities, including collecting and sharing client- and program-level outcome data with grant program evaluators and CMHA BC (see [Data Collection, Reporting, and Program Evaluation](#)).
- As funding partners, MMHA will rely on CMHA BC to collect and share information associated with the grant with MMHA, including information to support grant adjudication and any information collected from monitoring and evaluation activities.

Funding will be released in early 2024, or sooner, if possible, upon confirmation of the following:

- Confirmation that all granting requirements and criteria have been satisfactorily met.
- A signed Contribution or Agency Agreement has been developed and distributed by CMHA BC and signed by both CMHA BC and the successful Grantee's authorized financial representative and Executive Director/CEO.

Grant funding is time-limited to a fixed three-year term, scheduled to start in early 2024 and conclude on March 31, 2027.

CMHA BC grants must be used solely to support items included in the approved budget of an applicant's grant proposal and in accordance with terms of the Contribution/Agency Agreement issued by CMHA BC and signed by both parties.

Core Criteria:

Existing Grantees

A streamlined application is available.

- Grantees are required to meet the same eligibility requirements as new applicants and are eligible to apply for the same funding ranges outlined in [Grant Funding Streams](#).
- There is no expedited process for application review. All funding decisions will be communicated in November.
- Existing grantee applications will be adjudicated based upon the merit of the application submitted, funding for additional beds is not guaranteed.

New Applicants

To support your application please ensure you meet the following core criteria:

Applicants **must** operate at least one of the following:

- CCALA Licensed** substance use bed-based community treatment facility or supportive recovery residence.

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- CCALA Registered** substance use bed-based community treatment facility or supportive recovery residence.
- Accredited First Nations, Métis, Inuit, or Urban Indigenous led** substance use bed-based treatment facility or supportive recovery residence.

Proof of Licensure or Registration, or Accreditation (if First Nations, Metis, Inuit or Urban Indigenous led) must be included in your application as a file. Upload of documentation will be required.

Applicants must meet the following requirements:

- The beds must be designated for **adult** clients who are **19 years of age or older**.
Note: Facilities that accommodate youth and adult populations are eligible to apply if new beds are designated for adult clients over the age of 19 years only.
- The new beds **must not** have any pre-existing publicly funded contracts attached to them (e.g., beds are not health authority contracted).
- Applicant **must have a minimum of 3 years** of organizational experience of administering/overseeing substance use services to be eligible to apply.
- Organizations must confirm that no additional out-of-pocket fees (i.e. no fees at all) will be charged to clients accessing the service.

Note: If you are the process of opening a new site your application must show:

- What stage your organization is at in the process of obtaining CCALA licensure or registration, or accreditation if First Nations, Metis, Inuit or Urban Indigenous led.

Applicants must provide and show:

- Two (2) letters of support from external partner or community organizations or individual, **one must be** from a Regional Health Authority or First Nations Health Authority.
- For existing CMHA grantees, one (1) letter of support from a Regional Health Authority of First Nation Health Authority must be provided.
- How organizational policies and programming is inclusive, equitable, and anti-racist.
- Proof of Registration or Licensure through the Community Care and Assisted Living Act (CCALA)
- How people are supported to access medication assisted therapies (MAT) while at the service on an ongoing basis. (e.g., Opioid Agonist Treatment (OAT))
If your organization does not currently provide access to medication such as OAT consideration may be given to organizations that demonstrate a current organizational limitation for not being able to provide this support.
- Provide examples of the organization's services and programs that are evidence-informed, safe, and respectful and demonstrate compliance with provincial service quality standards (e.g. 2021 Provincial Standards for Supportive Recovery Services)
- How the organization ensures that all people who identify as Indigenous, are welcomed into an environment that supports cultural practices, connection to culture-based programming and connection to community.
- Provide examples of the organization's commitment to ongoing program quality improvement and program monitoring and evaluation capacity.

Please see [Appendix A: Application Guidance](#) for more information.

Note: Bed-based substance use services are expected to adhere to:

- [Community Care and Assisted Living Act](#)
- Associated Regulations ([Residential Care](#), [Assisted Living](#))
- 2021 [Provincial Standards for Assisted Living Supportive Recovery Services](#) (**For Registered Supportive Recovery Services only**)
- 2011 [Service Model and Provincial Standards for Adult Residential Substance Use Services](#) (**For bed-based community treatment facilities and Licensed Supportive Recovery services only**),
- [Provincial Guidelines](#) for the treatment of clients with substance use disorders, and all other relevant policies where applicable and appropriate for their service (see for details).
- [BC Human Rights Code](#)

Budget Information

- Applicants will be required to submit an itemized budget breakdown for each new publicly funded bed requested in Year 1 of the 3-year contract.
- If costs per bed vary depending on the location of service for a multi-site request, applicants have the option to submit separate budgets for each site.
- Applicants can submit a budget for adjunct transitional programs. Please see [Appendix A: Application Guidance](#) for more information. Additional Budget Guidance

Existing Temporary and Annualized Service Contracts

Applicant organizations that hold temporary or annualized service contracts for bed-based services from their regional Health Authority, PHSA, FNHA, or other contractor agencies (including existing CMHA bed-based treatment & recovery contracts) are eligible to apply for this grant but **must ensure that there is no pre-existing public funding attached to the beds you are applying to fund and CMHA funding would not impact existing service contracts or negatively impact service delivery or quality of care**. Applicants are strongly encouraged to contact their contracting agency if there is any uncertainty about impacts of adding new publicly funded beds on their service contract(s). Applicants will be asked to describe considerations and impacts on existing service contracts in the grant application.

Applicants that have a current service agreement with or receive bed-based funding from their regional health authority, PHSA, or FNHA must ensure that referral pathways for the newly funded beds follow referral processes and systems already in place and accept self-referred clients. Applicants who do not have a pre-existing relationship will be asked to collaborate with their regional health authority, PHSA, or FNHA to strengthen referral pathways and linkages, where regional resources are available.

Data Collection, Reporting, and Program Evaluation

Successful applicants will be required to maintain effective records and to share certain program- and client-level outcome data with CMHA BC and MMHA, as part of standard progress reporting activities. Where possible, efforts will be made to align reporting requirements with current systems and processes in place with contracting agencies (regional health authorities, PHSA, FNHA). Expectations and requirements will be fully articulated in contribution agreements executed between CMHA BC and successful applicants.

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Successful applicants will also be required to participate in program evaluation activities conducted by Reichert & Associates, a CMHA contracted organization. Program evaluation may involve participatory action approaches, quantitative and qualitative data collection and exchange, and/or connecting evaluators with clients, staff, and Health Authority or community partners. Successful applicants will be consulted during evaluation planning to ensure feasibility and relevancy. Expectations and requirements will be fully articulated in contribution agreements executed between CMHA BC and successful applicant.

All successful grantees will be obligated to report to CMHA BC any and all formal complaints made to the Assisted Living Registry or Community Care and Assisted Living Act for assessment.

How to Apply

Applications must be completed through the CMHA BC Online Grant System and are due by **5:00 pm (Pacific Time) on August 23, 2023.**

[Opportunities \(cmha.bc.ca\)](https://cmha.bc.ca)

This deadline is FIRM. Applications submitted after 5:00 pm on August 23 will not be accepted.

Submission Guidelines

To avoid potential technical difficulties, applicants are strongly urged to submit their application in advance of the deadline. The August 23, 2023, submission deadline is **FIRM**. Regardless of technical difficulties, completed applications must be received by CMHA BC by the deadline. Receipt of your full application will be acknowledged by an automatic e-mail.

It is the responsibility of the applicant to consult the CMHA BC Grant Application Guidelines ([Opportunities \(cmha.bc.ca\)](https://cmha.bc.ca) and/or contact Jennifer Ellaway at jennifer.ellaway@cmha.bc.ca for clarification and updates concerning submission requirements.

Technical Difficulties: If you are unable to access or complete the application form for any reason, please contact Greg Maxin at greg@decisionhub.org.

Application Checklist

Applications must be fully completed at the time of submission to be considered for funding. A fully completed application includes the following:

- REQUIRED: Submission of fully completed online application form
- REQUIRED: Copy of current license, registration, or accreditation for each site where newly funded beds will be located, if available.
- REQUIRED: Copy of past-year financial statements (audited preferred but not required)
- REQUIRED: Two (2) letters of support from external partner organizations or individual, one must be from a regional HA or FNHA. One (1) letter if current grantee.
- REQUIRED: Copy of an anonymized client transition plan
- REQUIRED: Copy of an anonymized client care (or service) plan
- OPTIONAL: Facility floor plan or diagram of physical plant layout
- OPTIONAL: Example of daily/weekly schedule of programming and activities for clients

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Existing CMHA treatment & recovery grant funded organizations must submit the following:

- REQUIRED: Submission of fully completed online application form
- REQUIRED: One (1) letter of support from a regional HA or FNHA
- REQUIRED: Copy of an anonymized client transition plan
- REQUIRED: Copy of an anonymized client care (or service) plan
- OPTIONAL: Facility floor plan or diagram of physical plant layout
- OPTIONAL: Example of daily/weekly schedule of programming and activities for client

Notification and Final Decision

Successful applicants will be notified of the Bed-Based Substance Use Services Expansion Grant funding decisions in **November 2023**.

For further information please contact:

Jennifer Ellaway, Senior Provincial Manager, Strategic Initiatives & Integration

Office Phone: 604-404-0496

Email: jennifer.ellaway@cmha.bc.ca

Appendix A: Application Guidance:

Applications will be reviewed based on programming and service quality, budget and funding, and alignment with funding priorities. For information and guidance on how your application will be required to demonstrate these criteria please see below.

A **strong application** would address the following elements outlined below (listed in alphabetical order). If the applicant has applied for funding between \$110,000 to \$183,000, applicants must strongly demonstrate the elements outlined below **and** clearly demonstrate the requirements outlined in additional funding requirements (see [Stream 3 Additional Funding Requirements](#)).

Programming and Service Quality:

- Access to culture-based supports:** Applicant demonstrates commitment to supporting First Nations, Métis, and Inuit clients connection with culture through creating a space that feels/is welcoming and incorporates access to cultural/healing practices in a respectful way while recognizing that culture and ceremony are practised differently across different First Nations, Métis and Inuit communities. This commitment is demonstrated from the moment the client is in contact with the organization to the time the client discharges from the service.
- Alignment with evidence-based/wise practice and compliance with relevant provincial standards:** All programs and services offered by the applicant are well described and align with evidence-based, evidence-informed, trauma-informed, gender-responsive and/or wise practices for substance use treatment and recovery. Applicant demonstrates that programs and services are delivered by trained and qualified staff and that programs/services available to support clients prescribed OAT and other MAT on an ongoing basis. Applicant demonstrate compliance with the relevant provincial standards (e.g. [Service Model and Provincial Standards for Residential Substance Use Services \(2011\)](#) (for licensed supportive recovery services only) or [Provincial Standards for Registered Assisted Living Supportive Recovery Services \(2021\)](#) (for registered supportive recovery services only))
- Anti-racist and Non-discriminatory:** Applicant demonstrates commitment to an environment free of racism, discrimination, and stigma at their organization and in all aspects of programming. Applicant demonstrates commitment to creating an environment where clients feel/are respected and supported through organizational policy, staff training and composition, and programming.
- Care Planning:** Applicant has well-developed process to develop an individualized care plan (or personal service plan) that reflects the client's goals and the steps that will be taken to achieve them, and to ensure that these decisions are clearly documented and regularly reviewed.
- Collaboration and Linkages:** Applicant shows high levels of collaboration and strong linkages with health authority-led programs (regional health authorities, PHSA, and/or FNHA), First Nations, Metis, Inuit and/or urban Indigenous community partners, and/or other community-based programs and services to develop and implement a streamlined referral process that reduces wait times and ensures clients are appropriately matched to services and ultimately support the client's recovery journey on an ongoing and as needed basis during their stay. Accredited First Nations, Métis, Inuit, and Urban Indigenous led organizations must

Application Guidelines: CMHA-BC Bed-Based Treatment & Recovery Services Grant demonstrate an ongoing relationship with regional health authority and/or FNHA to be considered for funding.

- Feasibility and Ability to Implement:** Applicant clearly demonstrates capacity to add new bed(s) efficiently and effectively, with a clear, well-considered and documented plan for adding new publicly funded beds. Applicant must also demonstrate that there are/will be no negative impacts on other clients' needs (safety, privacy, space), staffing, programs, and services, CCALA status, accreditation status and/or and existing service contracts (if applicable)
- Model & Service Delivery:** Applicant demonstrates organization has appropriate complement of staff members that have the skills and competencies to perform the duties outlined in their job descriptions, and to create a positive and safe living environment for residents, and a safe working environment for staff.
- Transitions in Care:** Applicant demonstrates service has well-developed transition planning process in place to support clients in returning to living independently in the community that emphasizes safety, connections, and ongoing recovery support. This includes:
- Pre-admission:** Regular check-ins, outreach teams, supported access to withdrawal management or detox, connection to health authority-led programs, community resources and [harm reduction](#) services;
- Community transition planning:** Collaborating with or establishing working partnerships with health authority-led programs, community service agencies, housing organizations, employment services to ensure that clients have supports and resources needed to safely return to living independently in community; hiring dedicated, qualified staff to coordinate transitions in care and follow-up activities; and
- Post-completion:** Outreach teams, aftercare programs, connection to health authority-led and community resources, overdose prevention and response training

Note: Funding will prioritize organizations who can demonstrate continuity of care and transition planning that provides clients with the tools and resources needed to support recovery and reduce risk of harm before and after they complete the program.

Funding Priorities:

- This funding opportunity will prioritize applications that clearly articulate how they (will) address current service gaps experienced by underserved populations **and/or** barriers to access in [small population centres](#) and [rural/remote communities](#).
- Applicants will be asked to briefly describe how their organization addresses these funding priorities through the application of an equity lens.
 - [Health equity](#), inclusive of mental health, exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation, disability status or other socially determined circumstance.

Where possible, preference may be given to applications that include a proposed approach to addressing provincial gaps, such as tailored programs and services for:

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- [Rural and remote communities](#) or [small population centres](#)
- First Nations, Metis, Inuit, or self-identified Indigenous peoples, in urban and rural environments
- Parents requiring access to services that accommodate children
- People with involvement or prior involvement with the criminal justice system
- People with diverse mobility needs
- Regionally specific un/under-served populations, service gaps and needs.

Please Note: Applicants that do not directly address these additional funding priorities are eligible to apply to this grant opportunity but may be scored differently during the review process.

Budget and Funding:

- Per-bed budget is within proposed funding range and matches level of service and programming provided by the supportive recovery service.
- Applicant demonstrates efficient use of available infrastructure and resources to provide high quality service. Budget items are complete, well described, appropriate and clearly justified in Budget module.
- If applicant has applied for funding between \$110,000 to \$183,000, please refer to Additional Funding Considerations below. Applicants must **strongly** demonstrate elements outlined in the review criteria for this funding stream.

Eligible Expenses:

Direct and indirect costs of providing treatment and recovery services, may include:

- Staff salaries and benefits
- Core programs and services
 - Inclusive of land-based healing opportunities
 - Therapeutic recreation (inclusive but not limited to):
 - Additional programming that develops physical, cognitive, social, emotional and spiritual skills
 - Opportunities to introduce positive lifestyle changes through recreational activities and real-life practice in community.
 - Job, volunteer, and life skills practice and readiness training
- Individualized/tailored programs and services.
- Transitional programs including pre-admission, community transition, and aftercare programs.
- Supplies and consumables, including (but not limited to):
 - Client transportation (vehicle to transport clients to/from appointments etc., mileage costs, transit passes)
 - Client communication costs (phones, computers, Wi-Fi service for client use)
 - Personal Protective Equipment (PPE) and cleaning supplies related to pandemic response and safety requirements.
- Required furnishings and minor maintenance costs directly related to addition of new beds.

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- Small scale renovations. This can include upgraded HVAC systems to allow for indoor smudging.
- Administrative/Overhead Fees that can include the following **up to a maximum of 10% of overall budget**:
 - Furnishings, maintenance or upgrading offices or spaces designated for staff use only
 - Computers or IT systems that are designated for staff use only

Ineligible Expenses:

The following items are not eligible for funding through this grant opportunity:

- Program expenses that have been incurred prior to the term of the grant.
- Large capital or infrastructure projects
- Expenses not directly related or required for implementation of service expansion.

Additional Budget Guidance

- Budget requests should be proportionate to the level and range of service(s) attached to each proposed new bed.
- Funding ranges are provided as guidance, applications that propose a higher per bed cost will be considered if applicant provides clear justification.
- In addition to direct costs of bed-based services, applicant organizations are strongly encouraged to submit a budget for adjunct transitional programs, including pre-admission, community transition and aftercare programs and supports (optional budget module is available in the online application)

Note: Appropriate cost estimates and value for money will be considered during the review process but will not be the sole or priority determinant of whether an application is funded.

Guidance for Supporting Material / Attachments

Letters of support:

New Applicants: Two letters of support from an external individual or agency not directly employed or affiliated with the applicant organization are required for new applicants.

Existing Grantees: One letter of support from a regional Health Authority or FNHA is required for existing CMHA grantees.

Letters should include the following:

- A brief description of the author's relationship or history with the applicant organization, and may attest to the applicant's overall alignment with this funding opportunity (e.g., applicant's ability to address regional needs or service gaps, deliver high quality services)

Stream 3 Additional Funding Requirements:

In addition to core criteria, community-based bed-based treatment programs applying to Stream 3 **must** strongly demonstrate how their service safely provides support for people with **moderate to**

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severe substance use and concurrent mental health concerns including:

- Organization has a multidisciplinary staffing team with onsite services not limited to the following:
 - Physician(s)
 - Psychiatrist(s)
 - Addictions Specialist(s)
 - Social workers
 - Recovery workers
- Organization offers various programming to support mental health and substance use needs (e.g., individual, group, trauma, and family therapy)
- Aftercare and alumni programs.
- Ability to administer medications to support client needs including OAT.

Appendix B: Key Resources

Health Authority Licensing Bodies

- Fraser Health Authority:
<https://www.fraserhealth.ca/health-topics-a-to-z/community-care-facilities-licensing>
- Interior Health Authority:
<https://www.interiorhealth.ca/YourEnvironment/RCFacilities/Pages/default.aspx>
- Northern Health Authority
<https://www.northernhealth.ca/services/community-care-licensing>
- Vancouver Coastal Health Authority
<https://www.vch.ca/en/service/community-care-facilities-licensing>
- Vancouver Island Health Authority
<https://www.islandhealth.ca/our-services/community-care-facilities-licensing>

Assisted Living Registry

- <https://www2.gov.bc.ca/gov/content/health/assisted-living-in-bc/assisted-living-registry>

Provincial Regulations and Standards

Applicant organizations are expected to operate in compliance with:

- Community Care and Assisted Living Act (CCALA)
https://www.bclaws.ca/civix/document/id/complete/statreg/02075_01

CCALA Regulations:

- Residential Care Regulations:
https://www.bclaws.ca/civix/document/id/complete/statreg/96_2009
- Assisted Living Regulations:
https://www.bclaws.ca/civix/document/id/complete/statreg/189_2019
- Assisted Living in BC – A Handbook for Operators – Supportive Recovery (*For Registered Services only*)
https://www2.gov.bc.ca/assets/gov/health/accessing-health-care/assisted-living-registry/handbook_supportive_recovery.pdf

Provincial Standards:

- Service Model and Provincial Standards for Adult Residential Substance Use Services (2011) – (*For Bed-based Treatment and Licensed Supportive Recovery services only*)
<https://www.health.gov.bc.ca/library/publications/year/2011/adult-residential-treatment-standards.pdf>
- Provincial Standards for Registered Assisted Living Supportive Recovery Services

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[https:// https://www2.gov.bc.ca/assets/gov/health/accessing-health-care/assisted-living-registry/registered-assisted-living-supportive-recovery-standards-sept2021.pdf](https://www2.gov.bc.ca/assets/gov/health/accessing-health-care/assisted-living-registry/registered-assisted-living-supportive-recovery-standards-sept2021.pdf)

Resources on Evidence-Based, Trauma-Informed, Gender-Responsive and Culturally Safe Practice

- BC Centre on Substance Use / Ministry of Health: Provincial Guideline for the Clinical Management of Opioid Use Disorder (2017)

https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

- BC Centre on Substance Use / Ministry of Health: Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder (2020)

<https://www.bccsu.ca/wp-content/uploads/2020/03/AUD-Guideline.pdf>

- BC Centre on Substance Use: Addiction Care and Treatment Online Certificate (free and open to public)

<https://www.bccsu.ca/about-the-addiction-care-and-treatment-online-certificate/>

- BC Centre on Substance Use: Provincial Opioid Addiction Treatment and Support Program (free and open to public)

<https://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/>

- BC Provincial Mental Health and Substance Use Planning: Council Trauma-Informed Practice Guide (2013)

https://bccwh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

- Canada's Source for HIV and Hepatitis C Information: Harm Reduction Fundamentals: A toolkit for service providers

<https://www.catie.ca/harmreduction>

- Centre for Excellence in Women's Health: New Terrain: Tools to Integrate Trauma and Gender Informed Responses into Substance Use Practice and Policy (2018)

https://bccwh.bc.ca/wp-content/uploads/2018/06/NewTerrain_FinalOnlinePDF.pdf

- First Nations Health Authority: Cultural Safety and Humility Initiative

<https://www.fnha.ca/wellness/cultural-humility>

- Indigenous Cultural Safety Collaborative Learning Series

<http://www.icscollaborative.com/home>

- National Aboriginal Health Organization: In the Words of Our Ancestors: Métis Health and Healing

https://www.ruor.uottawa.ca/bitstream/10393/30596/1/TK_IntheWordsofOurAncestorsMetisHealthandHealing.pdf

- Les Femmes Michi Otipemisiwak: Métis Trauma Informed Toolkit

<https://www.mnbc.ca/sites/default/files/2022->

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[07/trauma_informed_toolkit_women_of_the_metis_nation.pdf](https://www.indigenoushealthnh.ca/sites/default/files/2017-03/booklet-cultural-safety-web_0.pdf)

- Northern Health Authority: Cultural Safety, Respect and Dignity In Relationships
https://www.indigenoushealthnh.ca/sites/default/files/2017-03/booklet-cultural-safety-web_0.pdf
- Provincial Health Services Authority: San'yas Indigenous Cultural Safety Training
<http://www.sanyas.ca/>

Resources on Medication-Assisted Therapies and Recovery

Note: Resources below are U.S.-based and may not fully reflect Canadian context.

- National Alliance of Recovery Residences: Helping Recovery Residences Adapt to Support People with Medication-Assisted Recovery (2019)
<https://c4innovates.com/wp-content/uploads/2019/04/Recovery-Residences-MAR-Brief.pdf>
- National Alliance of Recovery Residences MAT-Capable Recovery Residences (2018)
https://narronline.org/wp-content/uploads/2018/09/NARR_MAT_guide_for_state_agencies.pdf
- William White. Medication-assisted recovery from opioid addiction: Historical and contemporary perspectives. *Journal of Addictive Diseases*, 31(3), 199-206. (2012)
<http://www.williamwhitepapers.com/pr/2012%20Perspectives%20on%20Medication-assisted%20Recovery.pdf>

Appendix C: Glossary

Accredited: accrediting body must have reputable standing and standards focusing on evidence-based service delivery, continuous quality improvement, and the best care for clients.

Anti-racist: Anti-racism is the practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality, and justice. Source: [In-Plain-Sight-Data-Report_Dec2020.pdf1 .pdf \(gov.bc.ca\)](#)

Cultural Humility: Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. Source: www.fnha.ca

Cultural Safety: Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Source: www.fnha.ca

Application Guidelines: CMHA-BC Bed-Based Treatment & Recovery Services Grant

Equitable/Equity: Something is fair and just for everybody. It may refer to many things, including programs, services and society as a whole. Equity is different than equality, which means everyone is treating in the same way. Equity recognizes that we are not starting at the same place and seeks to address these imbalances. [Source: Anti-racism definitions - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/anti-racism/anti-racism-definitions)

Evidence-Based vs Evidence-Informed Practice: Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical trials, but other methods of establishing evidence are valid as well. Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity, has been validated by some form of scientific evidence.

Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for adaptation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed practice and programs should be responsive to individual, family, and community values, needs, and preferences. Sources: www.childwelfare.gov and www.samhsa.gov

Gender Affirming Care/Supports: Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people. Source: [Gender-Affirming Care and Young People \(hhs.gov\)](https://www.hhs.gov/gender-affirming-care/)

Gender Inclusivity: All services, opportunities, and establishments are open to all people and that male and female stereotypes do not define societal roles and expectations. Source: [Definitive Guide to All-Gender Inclusion | Maryville Online](https://www.maryville.edu/gender-inclusion/)

Gender Responsive: Gender informed approaches to substance use treatment and support consider how social factors such as gender relations, roles, norms, gender identity and gendered policies affect individual experiences of substance use, the effectiveness of treatment, and a person's ability to access care and treatment. Source: [bccewh.bc.ca](https://www.bccewh.bc.ca)

Harm Reduction: Harm reduction refers to policies, programs, and practices that seek to reduce the adverse health, social, and economic harms associated with substance use. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease, and injury associated with substance use, while recognizing that the behaviour may continue despite the risks. Source: www.bccdc.ca

Health Equity: Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance. Health inequities are health differences between population groups that are systematic, avoidable, and unfair. Source: www.bccdc.ca

Lived or Living Experience: This grant uses the phrase to describe individuals or family members who have lived/living experience of mental health and/or substance use challenges.

Bed-based treatment facility: Bed-based treatment facilities (also known as Residential Treatment facilities) provide time-limited treatment in structured, substance-free, bed-based environments. Treatment may include individual, group, and family counselling/therapy, as well as psycho-social education and life-skills training. Staff at bed-based treatment programs are generally onsite 24 hours a day and provide a higher level of care and supervision than supportive recovery residences

Application Guidelines: CMHA-BC Bed-Based Treatment & Recovery Services Grant (see below). Some programs may also provide medical, nursing, or psychiatric services. Bed-based treatment programs provide daily programming that supports participants to examine and work in depth on the underlying issues that may have contributed to their substance use (such as trauma, grief, and family of origin issues). Length of stay typically ranges from 30 to 90 days but can be longer.

Medication-Assisted Therapies: Medication-assisted therapies (MAT) is the use of prescribed medications, often in combination with counseling and behavioral therapies, to provide a “whole-person” approach to the treatment of substance use disorders. Several different medications are available in Canada to treat alcohol, nicotine, and opioid use disorders. Medications used for MAT are evidence-based treatment options proven to reduce or prevent substance-related harms and do not just substitute one drug for another. Source: www.samhsa.gov

Non-Discriminatory: The practice is described by an equal opportunities policy for people. The aim is to ensure that no patient receives less favourable treatment on the grounds of gender, race, colour, nationality, ethnic or national origin, sexual orientation, gender identity, or disability. Sources: <https://www.cadburyheathhealthcare.co.uk/>

Opioid Agonist Treatment: Opioid agonist treatment or OAT is a treatment for opioid addiction that involves taking opioid agonist medications such as methadone, buprenorphine/naloxone (Suboxone), or slow-release oral morphine (Kadian). These medications act slowly in the body, prevent withdrawal, and reduce cravings for opioid drugs. OAT is prescribed by trained clinicians in a structured clinical setting to ensure the patient or client's safety. OAT is proven safe and effective for preventing and reducing substance-related harms and can be an important tool to support long-term recovery. Although oral OAT is most commonly prescribed in BC, long-acting implant and injectable formulations of buprenorphine (Probuphine, Sublocade) were recently approved for use in Canada and their clinical use is expected to increase. Additionally, several clinical programs in BC offer injectable OAT using hydromorphone or diacetylmorphine (heroin) for individuals who have not benefited from oral OAT. Source: www.bcmhsus.ca

Rural and Remote Location: Rural and remote areas include all territory lying outside population centres. Small towns, villages and other populated places with less than 1,000 population according to the current census. Source: www150.statcan.gc.ca

Small Population Centre: Small population centres are defined as having a population between 1,000 and 29,999, with no fewer than 400 persons per square kilometre. Source: www150.statcan.gc.ca

Supportive Recovery Residences: Supportive recovery residences provide safe, substance-free accommodation in a communal living environment that provides individuals with the opportunity and the support to focus on their recovery journey as they prepare for living independently in the community. Typically, supportive recovery residences provide a lower level of supervision and higher level of resident independence than bed-based treatment facilities. Most programs offer some scheduled programming with a focus on peer support and mentorship, group work, education, and life-skills training, as well as social or recreational opportunities, hospitality services (meals, housekeeping, laundry), and connection to offsite professional services (therapy, medical care) and community-based programs (employment, housing). Some programs may offer one-on-one or group counselling onsite.

Application Guidelines: CMHA-BC Bed-Based Treatment & Recovery Services Grant
Length of stay typically ranges from 60 to 120 days but can be longer.

Trauma-Informed Practice: Trauma-informed policy and practice involves integrating an understanding of experiences of violence and trauma into all aspects of service delivery, so that any service user feels safe and able to benefit from the services offered. The goal of trauma-informed services and systems is to avoid re-traumatizing individuals and to support safety, choice, and control on the part of all service users. Source: bccewh.bc.ca

Wise Practices: This phrase is widely used in Indigenous contexts to describe locally appropriate Indigenous actions that contribute to sustainable and equitable conditions. Wise practices are interventions and protocols that are reflective of Indigenous peoples' worldview and ways of creating knowledge. Rather than only implementing practices that draw on a narrow range of research methodologies or only relying on practices that are exported from elsewhere, it is essential to learn from what is already working well in communities, based on their own Indigenous knowledge systems and experience. The notion of wise practices acknowledges that a "one size fits all" best practices model is not always appropriate or effective. Source: wisepractices.ca