

Recovery-oriented Overdose Prevention Services Guide

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1. Introduction

This purpose of this guide is to support current or future providers of supervised consumption services in Alberta to understand and meet certain licensing requirements set out by the Government of Alberta under the *Mental Health Services Protection Act* and Mental Health Services Protection Regulation (collectively referred to in this guide as MHSPA).

The requirements in this guide apply equally whether the service provider operates a supervised consumption site (SCS) or an overdose prevention site (OPS), as both offer supervised consumption services and are held to the same requirements in the MHSPA. For clarity, in this guide SCS refers to sites that are in possession of an exemption under section 56.1 of the *Controlled Drugs and Substances Act* (CDSA), while OPS refers to sites that are in possession of an exemption under section 56(1) of the CDSA, either directly from Health Canada or through a letter of authorization from the Government of Alberta under the authority of the province's class exemption. In addition to fulfilling the requirements in this guide and receiving a licence under the MHSPA, service providers must also be in possession of one of these three types of CDSA exemptions.

Applying for funding?

Although the focus of this guide is on helping service providers understand and meet requirements for licensing, Appendix 2 offers guidance for those who wish to apply for provincial funding to provide supervised consumption services.

Public funding is not a prerequisite of holding a licence, and separate application processes are used for each.

This guide is not intended to replace, but rather augment Health Canada's supervised consumption services program by encouraging consistency of services and policies at SCS and OPS in Alberta. For information on Health Canada's program, please visit Health Canada's website.

2. Overdose prevention and recovery services in Alberta

Supervised consumption services are evidence-based interventions that can reduce morbidity and mortality. Whether operated in a facility or a mobile location, SCS and OPS provide a hygienic place for people to use pre-obtained illicit drugs while being monitored by trained employees. Employees are available to respond to people in medical distress and connect people to services like treatment within a **recovery-oriented system of care**. It is important that these services exist within a broad continuum of services that can support Albertans on their path to recovery.

The following is a list of mandatory services that all service providers must provide:

- In-person supervision of illicit drug consumption (may include injection, intranasal, inhalation, and oral) by a trained employee.
- Emergency care in response to an adverse event.
- On-site or defined pathways to addiction treatment and recovery-oriented services, including mental health supports.
- On-site or defined pathways to a variety of wrap-around services including but not limited to primary care, housing and other social supports.
- Services that reduce harm, including:
 - education on the consequences of illicit drug use, less harmful consumption practices and how to use naloxone
 - provision of take-home naloxone
 - provision of sterile consumption supplies for use on site
 - monitoring for and removing discarded consumption supplies (e.g., needles and other drug use equipment) from public spaces surrounding the site

Recovery-oriented systems of care

A recovery-oriented system of care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve a life free of illicit drugs and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems or mental health issues.

Adapted from: Center for Substance Abuse Treatment, U.S. Department of Health and Human Services.

Additional requirements related to these mandatory services are found below.

3. Good neighbours

Service providers must work to nurture strong relationships with both their surrounding community and the wider community that they serve.

3.1 Good neighbour agreement

As part of a broader community engagement policy, service providers must implement a good neighbour agreement (see Appendix 1 for a sample template), in addition to demonstrating rigorous community consultation and engagement regarding the site. Good neighbour agreements will support the successful integration of a site with the surrounding neighbourhood and community as a whole. Good neighbour agreements must include the following:

- interested parties signing on to the agreement (e.g., local businesses, community associations and nearby residents within a minimum 200-metre radius)
- the responsibilities and commitments of each party, including the service provider
- a dispute resolution process

3.2 Community engagement

The service provider's policies respecting community engagement must outline ongoing commitments to engage, at a minimum once a year, with local government, first responder organizations (local police, fire department, Emergency Medical Services), the local business community and persons with lived experience who use the site.

- It is recommended that parties or organizations within a 500-metre radius that are impacted by day-to-day operations of the site be engaged.
- Community engagement policies must demonstrate a relationship with local law enforcement and plans to mitigate public safety concerns in an ongoing way.
- Community engagement policies must also demonstrate how, in good faith, service providers will attempt to resolve issues raised during community engagement in an ongoing way.

Service providers must maintain records of all engagement activities which include:

- who was consulted
- summary of feedback from each stakeholder group
- letters of notice provided to parties in advance of opening or substantial changes
- letters of community support, including support from local law enforcement

- concerns raised by stakeholder groups and how any concerns will be addressed

Different consultation requirements may apply to sites established on an urgent basis.

4. Site operational requirements

The following sets out operational requirements for providers of supervised consumption services. Noted policies and procedures must clearly demonstrate how requirements will be met.

4.1 Referral pathways to recovery-oriented and other services

Supervised consumption services are part of the addiction and mental health service continuum and service providers are expected to support clients to access other services along the continuum of treatment and recovery services. Service providers must have in place policies that demonstrate clearly defined referral pathways to treatment and recovery services and, where possible, minimize barriers to accessing detox and treatment programs. Policy requirements include the following:

- documented referral pathways to treatment and recovery services. Pathways should encourage warm hand-offs wherever possible
- partnerships with treatment providers to reduce barriers, such as wait times, when possible, for clients accessing services
- documented referral pathways and partnerships with other community agencies and services providers (e.g., housing, primary care, mental health)
- an employee training plan that includes training on referral pathways and the expectations for referring clients to recovery-oriented treatment and other community agencies and services
- a commitment that referral processes are tracked for each client, including known outcomes of referrals
- collection of and support for clients to obtain a personal health number in order to access referral services when they need them (see section 4.9 for more information)
- a strategy to support clients with complex needs (e.g., care conferences, behaviour plans)

4.2 Site requirements

A service provider must meet the following requirements for each facility or other location at which it offers or provides services:

- A floor plan for the site must be kept up to date.
- A policy or policies respecting physical safety and security measures must be in place, including:
 - fire safety plan prepared in cooperation with the fire department as per section 2.8 of the *National Fire Code (Alberta Edition)*
 - security plan
 - a plan for first responder access to and within the site reviewed by local Emergency Medical Services organizations
 - occupational health and safety requirements
 - infection prevention and control requirements

4.3 Safety and security

Service providers must ensure policies and/or protocols are in place that address the safety and security of clients, employees and the community surrounding the site.

All service providers must have policies in place to support and respond to clients accessing the site who may:

- have complex psychosocial needs
- be in a state of distress or crisis
- be experiencing a psychotic episode
- behave in an aggressive or violent manner

Service providers are required to have in place policies that outline:

- a process for communicating expectations for behaviour of clients using the services and a policy for circumstances when services may be refused (e.g., violence, aggression)
- strategies and protocols to mitigate and respond to threats to the safety and security of clients and employees
- protocols developed with agreement (e.g., sign-off) from local law enforcement for responding to issues that may threaten the safety and security of the surrounding community, including protocols for how employees and/or contracted security personnel communicate with and hand off incidents to law enforcement
- identified employee roles during incidents, including contracted security personnel
- strategies to discourage loitering and support client engagement in the broader community (e.g., facilitating transportation and navigation to health and social service providers)

4.4 Needle debris and distribution

Service providers have a key role to play in reducing the impact of needle debris in their surrounding communities. Needle debris and needle distribution policies are required to ensure needle issues are mitigated. Requirements include, at minimum:

- needle distribution policy, and
- needle debris mitigation protocols which set out:
 - boundaries of the area where needles will be collected
 - employees responsible for needle debris pick up
 - protocols for disposing of needles
 - any other protocols related to needle debris mitigation

4.5 Washroom access

Washroom access is required for clients and to reduce negative impacts on the surrounding community.

- Policies relating to facilities or other locations used in providing the supervised consumption services must include a washroom access plan for clients and employees. This may include partnerships with nearby service providers (e.g., for mobile sites).
- Policies respecting client rights and expectations must clearly outline how clients will be informed of washroom access options.

4.6 Employee requirements, qualifications and training

Service providers must have a policy that clearly outlines employee requirements so there is a common understanding regarding expectations of employees (whether employed on a full-time or part-time basis, paid or unpaid, or as a consultant, contractor or volunteer). Such a policy must, at minimum:

- identify necessary employee ratios for any facility or other location used in providing supervised consumption services, including an employee complement per shift
- document employee position titles, position description, and qualifications
- require that client-facing employees complete a criminal record check and a vulnerable sector check
- require employee training, including:

- training on policies, procedures and protocols
- naloxone training and safer injection training
- training for referral pathways
- training to support interactions with clients with complex needs (e.g., Mental Health First Aid)
- training for safety and security in response to aggressive or violent incidents
- all client-facing employees on site have current Standard First Aid; at least one employee on site at all times must have Standard First Aid – Basic Life Support for Health Care Providers

4.7 Clinical practice standards

Service providers must have policies and procedures in place respecting clinical practices of the supervised consumption services. Policies must include, at minimum:

- ongoing training for overdose response and other medical emergencies
- on-shift review of adverse events
- process for obtaining the consent of clients prior to use of services
- protocols for determining eligibility for who can access services (e.g., agreeable to sign consent/waiver, agreeable to follow policies and procedures)
- protocols for supervised illicit drug consumption (e.g., what supplies provided, processes)
- oversight of supervised consumption services at the site by a health professional that is regulated by the *Health Professions Act*.
- monitoring and evaluation of clinical practices to support effective practice and quality improvement
- protocols for disposal of injection equipment

Adverse event protocols

As part of policies and procedures related to clinical practice, service providers must have clearly defined protocols for responding to adverse events. These include:

- opioid overdose response protocol
- stimulant overdose response protocol

4.8 Critical incidents

Critical incidents are incidents that cause or threaten to cause serious injury or death to a client, service provider, employee or any other individual in relation to the provision of services. These incidents do not include overdoses, cardiac arrests or any other negative health outcome that is related, or likely to be related, to the consumption of illicit drugs where the incident does not result in serious injury or death.

Requirements related to reporting of critical incidents are set out in section 7 of the Mental Health Services Protection Regulation. Critical incident reports should be submitted using the form approved by the director and published at [alberta.ca/amh-licensing](https://open.alberta.ca/publications/recovery-oriented-overdose-prevention-services-guide).

Service providers must have clearly defined protocols for responding to critical incidents, which include:

- death response protocol
- serious injury protocol

4.9 Record creation, maintenance and retention

To ensure the privacy and confidentiality of a client's personal information and individually identifying health information, service providers will collect, use, disclose, and protect client information in accordance with applicable privacy legislation and best practices.

Effective information management is required for all service providers.

Information collected about client demographics, usage patterns and referral processes is also critical to understand and evaluate the impact of sites. Service providers are required to have policies and/or procedures in place respecting:

- management of an electronic database to log client use of the service and referrals made
- creating a unique identifier for each client when registering new clients accessing the site
- recording clients' critical incident contacts and substitute decision makers, if any
- documenting all adverse events and critical incidents relating to each client
- tracking and documenting outcomes of referrals whenever possible
- collecting and maintaining information and documents relating to the service provider including, where applicable, business permits and licences, proof of insurance, incorporation or association, etc.

Personal health numbers

Service providers must have policies and procedures in place respecting the collection and use of each client's personal health number (PHN). This ensures clients can be easily referred to a continuum of services within the health care system.

Specifically, procedures implemented by service providers must include:

1. collecting a PHN from each client on initial intake
2. if at intake a client is unable to produce or does not remember their PHN, calling 780-643-2210 with the client to obtain it
3. if a client does not have active Alberta Health Care Insurance Plan (AHCIP) coverage, assisting them during intake to obtain or renew their coverage
4. stating the purpose(s) in the *Health Information Act* that authorize the collection and use of a client's PHN, such as to provide a health service or for internal management purposes, such as reporting; clearly stating to the client that identifying information is kept confidential in accordance with the *Health Information Act*
5. recording personal health numbers in a separate field in the service provider's electronic database

Clients shall not be refused service while they are in the process of looking up a PHN or obtaining/renewing AHCIP coverage.

Supporting clients to obtain a personal health number

Any client with Alberta Health Care Insurance Plan (AHCIP) coverage can call **780-643-2210** (toll-free by first dialling 310-0000) to look up their personal health number. They will need to provide their date of birth, last known address on file, and any other names on the account. A service provider can call with a client or on their behalf if they have written consent and have verified the client's identity.

If a client does not have coverage, the AHS ID Program supports eligible Albertans* who are vulnerably housed to obtain or renew their AHCIP coverage. To use this service, service providers should:

1. assist the client to complete/submit a Consent to Contact Form (contact AHSIDProgram@ahs.ca for a copy)
2. take copies of documents that confirm identity and eligibility (examples at ahs.ca/about/Page13447.aspx)

Any documents used to verify identity should be stored in a secure location and returned to the client. Copies should be destroyed immediately when no longer needed.

* AHS ID Program eligibility: The client must be 18 years or older (or an emancipated youth), have lived in Alberta for 90 days or longer and be legally entitled to remain in Canada.

4.10 Managing personal information and health information

Service providers must be either a custodian under the *Health Information Act* or an affiliate of an approved custodian with respect to the supervised consumption services. If the service provider is an affiliate, the service agreement making it so must address the collection, use and disclosure of health information. Related to this obligation, service providers must have in place policies and/or procedures that:

- designate an employee as a privacy officer with respect to the services
- establish protocols to protect the privacy of clients when accessing the services
- ensure policies and procedures respecting the collection, use and disclosure of personal information and individually identifying health information meet the requirements of all applicable provincial and federal legislation
- set out their obligations under the *Health Information Act* and ensure all employees with access to health information are trained appropriately to fulfill these obligations
- ensure policies respecting client consent do not disallow access to information by other authorized service providers who deliver health services to the client in accordance with the *Health Information Act*, or access by other authorized custodians to track, in aggregate, the outcomes of supervised consumption services

Understanding *Health Information Act* requirements

The [Health Information Act Guidelines and Practices Manual](#) provides detailed guidance about the *Health Information Act*'s requirements. This manual includes information about the authorized collection of personal health numbers as well as a custodian's duty to submit a Privacy Impact Assessment to the Office of the Information and Privacy Commissioner for review and comment before implementing a new, or making changes to an existing, information system or administrative practice.

5. Accountability

5.1 Reporting requirements

All providers of supervised consumption services are required to provide monthly service utilization reports to Alberta Health using the form approved by the director and published at alberta.ca/amh-licensing.

Service utilization indicators include visits, consumption modes, negative health outcomes, adverse events, adverse event responses, percentage of most prevalent illicit drugs used, general demographics, detailed referral data and qualitative information (e.g., successes, challenges and any other relevant information).

Reporting on adverse event responses includes the number of times supportive care, oxygen, and, in the event of a suspected overdose event, naloxone was administered as well as the number of times Emergency Medical Services attended.

Alberta Health may also request supplemental reporting on a different basis such as quarterly, semi-annually or ad hoc. Service providers that receive provincial funding should also pay close attention to additional reporting requirements set out in their grant agreement(s).

5.2 Enforcement

No person or organization shall operate an SCS or OPS without a licence, as required under the MHSPA. All service providers must adhere to requirements set out under the MHSPA, the terms and conditions of a licence, those identified in this guide, as well as the terms and conditions of any grant agreement if applicable. Failure to comply could result in penalties and other measures as set out in the MHSPA and other legislation.

Appendices

Appendix 1: Good neighbour agreement sample template¹

GOOD NEIGHBOUR AGREEMENT

- for -

[insert service provider name]

- and -

[insert interested party or parties]

¹ Good Neighbour Agreement sample template adapted with permission from Alpha House Society

ABOUT [insert service provider name]

Provide a brief description of service provider's organization. Also, include overview of the site and the services offered.

ABOUT [insert interested party or parties name(s)]

Provide a brief description of the interested party or parties that are part of this agreement.

GOALS OF THE AGREEMENT

Outline the goals of the agreement. The agreement must identify a dispute resolution process (see examples below).

- Share open, honest, and meaningful communication
- Develop a respect and understanding of roles, needs and constraints
- Provide clear expectations regarding how issues are identified and resolved [required part of the agreement]
- Foster an inclusive community where everyone feels welcome

PARTIES ENTERING INTO THIS AGREEMENT SHARE A COMMON DESIRE TO

This section should outline the shared values and common desires of the parties (see examples below).

- Create a safe neighborhood
- Acknowledge the importance of each organization's success to the community
- Ensure respectful and open communication
- Resolve disputes and common issues facing the interested parties

[Insert service provider] AND [interested parties] COMMITMENTS:

List all commitments made by the service provider and interest parties to each other (see example commitments below).

- Agree to meet quarterly at a minimum (more frequently if issues require)
- Commit to keeping communication lines open with each other and the community
- [Service provider] will provide and monitor a phone line to identify and resolve non-emergent concerns from community members
- If [interested parties] experience a concern, they will contact the appropriate number, per the *Who to Contact And When* information below
- If [Service provider] experiences a concern in the community, they will contact the appropriate member of the community

COMMUNICATION AND ENGAGEMENT PLAN

Please outline the dates and location the service provider and interested parties will meet to discuss ongoing issues and concerns.

Date	Location
TBD	TBD
TBD	TBD
TBD	TBD
TBD	TBD

WHO TO CONTACT AND WHEN

Service provider;

(p): (xxx) xxx-xxxx; (e): siteoperator@example.com

E.g., If you have a concern directly related to our building, or if you have reason to believe an issue involves a client of the site.

911 Emergency Services

E.g., If you believe that anyone's safety is in jeopardy or you see a violent/criminal situation occurring.

Local Police Non-Emergency Services (p): (xxx)-xxx-xxxx

If for any reason you feel that the situation should be dealt with by or reported to the police, but there are no threats to anyone's safety. Police will attend on a lesser-priority response time.

Appendix 2: Funding application requirements

Any service provider intending to apply for provincial funding to deliver supervised consumption services should contact Alberta Health at albertaaddictionandmentalhealth@gov.ab.ca early for guidance and to request access to an up-to-date grant proposal template.

These service providers must meet all the requirements for a licence, as outlined in the MHSPA and in this guide. They must also clearly indicate the services they provide (or intend to provide with funding), provide information to demonstrate the need for services, and meet other obligations outlined below.

Services offered

Funding proposals must describe the services that will be offered at the site including, at minimum, the mandatory services identified in section 2 of this guide.

Service delivery model

Funding proposals must outline the service model, including, at minimum:

- hours of operation
- site capacity, including number of consumption stations (i.e., booths and inhalation rooms, if applicable); a floor plan must be attached
- staffing model with a demonstrated ability to:
 - a. provide immediate adverse event response
 - b. support clinical decision making
 - c. prevent and manage security incidents
 - d. respond to a variety of clients needs using a multidisciplinary team approach

Community engagement

Funding proposals must include a report detailing consultation conducted prior to the site opening (it may be the same report submitted to Health Canada for a SCS exemption), and include a letter of support from local law enforcement.

Applicants may also be asked by Alberta Health to provide additional engagement information.

Different consultation requirements may apply to sites established and funded on an urgent basis.

Community-specific information

Funding proposals must provide the following information for the geographic area where the site is proposed:

- mortality data – number of opioid-related deaths, rate of opioid-related deaths
- morbidity data – rate of opioid-related emergency department visits, rate of opioid-related hospitalizations
- information regarding local illicit drug trends
- nearby detox, addiction treatment and social service agencies
- description of how the proposed model is best suited to local conditions
- any other local or neighbourhood data to support the site choice

Operational budget requirements

Typically, funding proposals are for operations, or direct service delivery. A detailed budget must be provided with the funding proposal and may include a request to support the following:

- salaries
- training
- medical supplies
- liability insurance
- program, administrative, data management and minor information technology expenses

Funding must not be used for physician services. Other eligible and ineligible expenses will be defined in the grant agreement(s).

Capital budget requirements

Minimal capital start-up costs may be considered on a case-by-case basis. Any capital start-up funds will be provided as one-time funding. Capital costs may include:

- renovations to site location to become operational
- site improvements needed to meet local bylaws and permitting requirements