

EXPRESS LANE

How A Faith-Based Addictions Program Jumped the Queue During A Shortage of Services

December 2024



Office of the New Brunswick Advocate

P.O. Box 6000

Fredericton, NB, E3B 5H1

Toll Free: 1.888.453.8653

Local: 1.506.453.8653

Fax: 1.506.453.5599

Email address: advocate-defenseur@gnb.ca



www.nbadvocate.ca

How to cite this document:

New Brunswick Advocate, *Express Lane: How A Faith-Based Addictions Program Jumped the Queue During A Shortage of Services*, December, 2024.

Electronic Version ISBN# : 978-1-4605-4145-6

Table of Contents

The Matter Reviewed.....	3
Jurisdiction of the Advocate.....	3
Reasons for Investigating and Reporting.....	6
About Village of Hope	9
The Issue of Addictions	11
What Is the Regional Development Corporation?	14
Timeline of the Approval Process	15
Analysis of Timelines.....	18
Using RDC to Fund Social Programming	21
Oversight of Village of Hope	25
Conclusion.....	28

The Matter Reviewed

On September 5, 2024, the Government of New Brunswick announced that the Regional Development Corporation (hereinafter RDC) had provided \$1.46 million to a private, religious-based organization operating under the name Village of Hope Inc. for the “expansion of a recovery Centre” connected to the organization’s established programming for individuals suffering from or recovering from substance abuse addictions and disorders. In that announcement the Government of New Brunswick quoted the then-Minister responsible for addictions and mental health services as saying “our government is committed to helping those with addictions and mental health issues by providing funding to projects like Village of Hope”. The funding was provided not through the departments with the statutory responsibility for providing addiction and mental health services but through the RDC, whose statutory mandate is to provide for community development projects. Indeed, the project was funded through a program called the “Community Development Fund” (hereinafter CDF).

By letter to the administrative head of the RDC, dated September 11, 2024, the Advocate advised the Corporation that the Office of the Advocate was exercising its authority under Section 19 of the *Child, Youth and Senior Advocate Act* (hereinafter CYSAA) to review the decision of RDC through the lens of exploring whether or not the deviation from normal practice in the approval of programs “helping those with addictions and mental health issues” (in the words of the Minister) was good public policy and served the interests and rights of the vulnerable adults affected by that decision.

Jurisdiction of the Advocate

When the Legislative Assembly approved amendments adding responsibility for seniors to the Advocate’s responsibilities, the Assembly also charged the Advocate with oversight of programs and decisions affecting “adults under protection”. Under Section 1 of the *Child, Youth and Senior Advocate Act* an adult under protection is defined as follows:

“adult under protection” means a person who meets the following qualifications:

(a) is at least 19 years of age but under the age of 65 years; and

(b) has a physical or mental disability.

In interpreting the scope of the section providing for adults under protection, I have reviewed whether or not both legal jurisprudence and medical literature consider substance use addictions to be a “disability”. In both cases, I have reached the conclusion that substance use addiction is, in fact, a disability. I draw authority for this conclusion from numerous tribunal and court decisions which have considered this very question. That substance addictions are recognized as a disability under Canadian law has been firmly established across the country for decades in tribunal and court rulings, including at the Supreme Court of Canada (*Stewart v. Elk Valley Coal Corp.*, 2017 SCC 30 (CanLII), [2017] 1 SCR 591.)

In *Mortillaro v. Ontario (Transportation)*, 2011 HRTO 310, the Ontario Human Rights Tribunal heard expert evidence on this point and wrote as follows:

[19] Dr. Judson testified that the *Diagnostic and Statistical Manual of Mental Disorders (“DSM-IV”)*, used by medical practitioners to diagnose mental health disorders defines and describes substance dependence (which is also known as addiction) as a maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by three or more of the following occurring at any time in the same twelve month period:

- i. Tolerance, as defined by either of the following:
 - a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. markedly diminished effect with continued use of the same amount of the substance.

- ii. Withdrawal, as manifested by either of the following:
 - a. the characteristic withdrawal syndrome for the substance.
 - b. the same or a closely related substance is taken to relieve or avoid withdrawal symptoms.

- iii. The substance is often taken in larger amounts or over a longer period than was intended.

- iv. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

- v. A great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g. chain-smoking), or recover from its effects.

- vi. Important social, occupational, or recreational activities are given up or reduced because of substance use.

- vii. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

[20] Substance dependence is considered a disease entity because in this condition individuals are unable to control their substance use once an addictive chemical is ingested. Definite neuro-chemical changes and psychological influences are contributing factors to such loss of control.

[...]

[69] *There is no dispute that the applicant suffers from substance dependence and that this dependence constitutes a “disability” within the meaning of the Code. See Entrop v. Imperial Oil Ltd., 2000 CanLII 16800 (ON CA), [2000] O.J. No. 2689 (C.A.) at para. 89.*

The Ontario Court of Appeal decision in *Entrop*, supra. did indeed accept the definition just as the Tribunal described:

[89] *The Board found, on uncontradicted expert evidence, that drug abuse and alcohol abuse -- together substance abuse -- are each a handicap. Each is "an illness or disease creating physical disability or mental impairment and interfering with physical, psychological and social functioning." Drug dependence and alcohol dependence, also separately found by the Board to be handicaps, are severe forms of substance abuse. Therefore, on the findings of the Board, which are not disputed on this appeal, substance abusers are handicapped and entitled to the protection of the Code.*

While a number of cases may see disagreements over the limits of accommodation or the distinction between individual behaviour and manifestations of disability, there does not seem to be any significant legal opinion in the arbitration and tribunal decisions I have reviewed which disagrees with the medical and legal assessment that substance use addiction is a disability. As such, I am interpreting the *Child, Youth and Senior Advocate Act* as sufficiently capacious to allow the Advocate to exercise discretion to review government decisions affecting citizens suffering from the disability of addictions.

Section 13 of the *Child, Youth and Senior Advocate Act* charges the Advocate with reviewing actions of government authorities in both systemic and individual files. That section of the Act reads as follows:

Powers and duties of the Advocate

13(1) *In carrying out the functions and duties of the office of Advocate, the Advocate may do any of the following on petition to the Advocate or on his or her own initiative:*

(a) receive and review a matter relating to a child, youth, adult under protection or senior or a group of children, youths, adults under protection or seniors;

(b) advocate, mediate or use another dispute resolution process on behalf of a child, youth, adult under protection or senior or a group of children, youths, adults under protection or seniors;

(c) if advocacy, mediation or other dispute resolution process has not resulted in an outcome the Advocate considers satisfactory, conduct an investigation on behalf of the child, youth, adult under protection or senior or the group of children, youths, adults under protection or seniors;

(d) initiate and participate in, or assist a child, youth, adult under protection or senior to initiate and participate in, a case conference, administrative review, mediation or other process in which decisions are made about the provision of services;

(e) inform the public about the needs and rights of children, youths, adults under protection and seniors, including information about the Office of the Child, Youth and Senior Advocate; and

(f) make recommendations to the government or an authority about legislation, policies and practices respecting services to or the rights of children, youths, adults under protection and seniors.

For reasons that shall be set out herein, I have exercised my statutory discretion under subsections (e) and (f) to make recommendations to the government, the Legislative Assembly, and the public regarding the advisability of the use of the processes of the Regional Development Corporation to fund programs whose dominant purpose is the treatment of individuals suffering from the disability of substance use addiction.

Reasons for Investigating and Reporting

It is established that New Brunswick has a significant shortage of services for the treatment and counselling of individuals with addictions. That fact has been the subject of significant public debate and, as shall be seen in the report, concern on the record from government departments such as Health and Public Safety. It is estimated that over 300 individuals currently remain on formal waitlists for treatment, and this does not include those who may desire assistance but are deterred by the widespread public knowledge of the lack of immediate help. Further, there have been numerous statements of concern from the judiciary, particularly Provincial Court judges, regarding the lack of readily available treatment spots which could be included or considered when crafting sentences or conditions of release.

There has also been extensive concern expressed by First Nations governments regarding crisis-level demand for mental health and addiction services in those communities, and frustration regarding delays in addressing legitimate proposals for building capacity in those communities. This frustration has been exacerbated by the fact that there has not been a legitimate accounting for federal monies provided to provincial governments for the express purpose of improving First Nations mental health services, a deficiency noted in this office's recommendation monitoring reports in the last year. As such, it is of concern from a good governance perspective when one project appears to be fast tracked through a process that, on its face, is neither charged with, nor resourced to, address the complex public policy issues around funding addiction treatment programs.

These concerns were brought into sharper relief by the tenor of political debate around mental health and addiction services in legislative debates and in the media. I have taken notice of the intention of the government of the day to introduce legislation allowing for the involuntary treatment of individuals suffering with mental health and addiction related disabilities and to expand the power of the state to detain individuals beyond those powers currently provided for in other statutes. Departments were indeed charged with developing proposals for consideration by the Legislative Assembly during the last session of the House and there were clear statements from the executive branch that these proposals could well return. In order for this office to do its job in providing review and advice to the legislative branch of government, it appeared to be necessary (again, in my discretion) to review both the available mix of possible services and the process used by the executive branch to provide for those services.

If the power of the state were to be brought to bear upon vulnerable individuals, and these individuals were to face detention for the purpose of involuntary treatment, oversight would be absolutely essential. If the state power of detention were combined with inadequate or exclusionary services, the risk to individual rights and liberties, and indeed the basic safety of individuals unable to assert their rights and

interests, would be high. This is precisely the reason why legislative oversight, and legislative officers who assist in that oversight, exists.

As such, pursuant to section 19 of the *Child, Youth and Senior Advocate Act*, I wrote to the administrative head of the Regional Development Corporation with the following requests for documentary information and the official response of that government authority as follows:

Given the scarcity of funds and the intense and growing demand for mental health and addiction services, it is the responsibility of this Office to scrutinize expenditures and ensure that both the process and the substance of these decisions places the needs of vulnerable New Brunswickers first before any other consideration. **Pursuant to section 19 of the *Child, Youth and Senior Advocate Act*, I am providing notice of our intention to review the decision-making process around this expenditure by the criteria of whether or not it was an adequately researched, efficient, and effective use of \$1.4 million towards services for New Brunswickers needing addictions services.**

Pursuant to this investigation, I am requesting the following documentation from the Regional Development Corporation:

- 1) All correspondence and communication, however stored in whatever medium, between the Regional Development Corporation and the Department of Health and/or Horizon Health Network regarding the assessment of the grant to Village of Hope Inc., announced on September 5, 2024 (hereinafter “the grant”).
- 2) All correspondence and communication, however stored in whatever medium, between the Regional Development Corporation and Village of Hope Inc. regarding the grant, including any documents sent by the Regional Development Corporation for purposes of assessing the clinical competency, past results, and other due diligence regarding the effectiveness of services provided by Village of Hope Inc. in the areas of addiction services.
- 3) All correspondence and communication, however stored in whatever medium, between the Regional Development Corporation and the Department of Justice and Public Safety for the purposes of assessing past performance, compatibility with demand, and clinical effectiveness of Village of Hope Inc. with regards to services for those coming to the addiction program through the judicial system.
- 4) All documentation, evaluations, questionnaires, and internal communication arising from any effort made by the Regional Development Corporation to evaluate the clinical competence, past performance, and compatibility with demand of the addiction services offered by Village of Hope Inc. in connection with the decision to issue the grant.
- 5) All documentation accompanying the grant which contains Key Performance Indicators, service guarantees, or other performance criteria demanded of Village of Hope Inc. as a condition for receiving the grant, or any undertakings offered to the Regional Development Corporation by Village of Hope Inc. as a condition of receiving the grant.

6) All documentation submitted by Village of Hope Inc. through the process of obtaining the grant establishing the credentials of the therapeutic team, establishing clinical purpose for program guidelines and treatment practices, describing clinical practice, and/or demonstrating proof of concept through measurable performance indicators regarding successful program completion or other studies of participant success.

7) All correspondence to or from RDC from any member of the Legislative Assembly, including but not limited to any member of the Executive Council or their ministerial staff or their constituency office staff regarding this grant and the application therefor.

In addition to the documentation requested, I would invite responses from the Regional Development Corporation in regards to the following questions:

1) In making the determination toward the grant, did RDC undertake any efforts to evaluate the past performance of Village of Hope Inc. and its addiction programs with regards to participant success, attrition rates, or other key performance indicators?

2) In making that determination to award the grant, did RDC undertake any evaluation as to the need, regionally and/or provincially, for addiction services and the demographic makeup of those in need? Was there any consultation with either the Departments of Health or Justice and Public Safety with regards to the likely demographic makeup of those likely to be in need of addiction services in the future?

3) Prior to awarding the grant, did RDC undertake any review of the availability of addiction services to groups likely to be excluded by program guidelines issued by Village of Hope Inc., such as non-Christians, LGBTQ+ individuals, individuals with mental health diagnoses requiring medication, or other groups who may not succeed in programs with criteria such as monitoring of reading material, mandatory church attendance, or separation from family members?

4) Did RDC establish any measurable indicators, reporting requirements, or service guarantees to be met by Village of Hope Inc. as a condition of receiving the grant? Would the answer to this question be consistent with past practices of RDC when awarding grants to nonprofit organizations in the social services sector?

5) Has RDC in the past five years provided any other funding for the dominant purpose of addiction services? If so, please list any and all.

The RDC did respond to the request by the established extended deadline with approximately 100 pages of documentary evidence. They also provided their opinion on the record that “Village of Hope is not an addiction treatment centre; funding support was for a community capital project that included a multipurpose building and transition housing” and that “Village of Hope does not provide addiction services”. This assertion was provided as justification for why, by their own admission, RDC did not conduct any due diligence with regards to the efficacy of addiction services provided by Village of Hope

Inc. although they did solicit feedback from the Departments of Health, Social Development, Public Safety, and Education and Early Childhood Development. RDC also provided as justification for the decision that they had assessed the proposal for the benefit that the community centre would bring to the surrounding region, noting that it would be available for community bookings for events such as music classes and a maple syrup festival.

For reasons that will be detailed in the analysis section of this report, I did provide RDC with an opportunity to provide comment on an apparent inconsistency between its assertion that Village of Hope Inc. did not have the treatment of addictions as a dominant purpose and the fact that the project description submitted by Village of Hope Inc. makes numerous references to the provision of addiction services in a Godly manner and does not state any other purpose. In particular, I asked RDC to clarify that if they saw the project as “transition housing”, what they believe that transition was from.

I also wish to note that, in reviewing salient events, I have redacted the names of RDC Officials and Department of Health Officials who worked on the file. It may be worth explaining this choice. While Legislative Officers are charged with ensuring oversight and accountability, accountability should flow to the source of the decision, not those charged with executing decisions alone. In this case, for reasons I will explain, it is clear that the process flowed from political direction to put faith-based addiction services through RDC. If an Official acts, but is not exercising independent statutory judgement, then there is no reason to use their name. If Officials exercise independent statutory judgement, then I would consider doing so. The point of oversight is to provide elected members and the public with information to inform their understanding of an issue, not to randomly embarrass public servants who carry out decisions.

About Village of Hope

In their successful 2022 application, the Village of Hope Inc. describes themselves as “committed to providing an organized opportunity for men, women, and their families to overcome chemical addiction through a living relationship with the Lord Jesus Christ. Our purpose is to give hope to drug and alcohol dependence, supporting them within a godly atmosphere of loving confrontation, strong work ethic, family values, and biblical regeneration”. Having reviewed their intake materials and visited the site to meet with the leadership of Village of Hope Inc., it is clear that this description is completely accurate. There is also evidence, both generated by Village of Hope Inc. and reported to us by partners and government officials, that Village of Hope Inc. has had success in this mission. There are certainly a number of individuals who have reported successfully ending chemical addiction and living better lives following their time in the residential program at Village of Hope. It should also be said that in our meeting with the leadership of Village of Hope Inc., there was evidence that this faith-based program also holds itself accountable through data. The organization has conducted a study of its graduates’ success five years after the program, and also uses both anecdotal feedback and results-based indicators to regularly review its approach. The campus here in New Brunswick is affiliated with other projects in Estonia, Cuba, and emerging projects in Finland and Saskatchewan.

It should be said at the outset that this is not a review of the effectiveness of Village of Hope Inc. On the surface, the program is clearly professionally run by people sincerely dedicated to the mission. Its relative merits compared to other programs for substance addiction would require a deeper investigation into those issues. This is a report on how government, in particular the RDC, approached the decision in the context of the larger issue of addictions treatment resources within the Government of New Brunswick. While this report will express concerns regarding the government's decision-making process and overall strategy, any negative findings there should not be taken as aspersions upon the Village of Hope. Government programs may be wise or foolish, but those faults do not project on to those who would good faith seek resources through those programs. The role of Village of Hope Inc. and its leadership is to see government resources when those will help them fulfil their mission and their own corporate well-being. It is government's role to see that these expenditures are properly vetted and aligned with an overall strategy.

What can be said that is relevant to this funding decision is that, as the Village of Hope would freely state, their programs are not for everyone. As their own intake materials make it clear, in their program there are expectations that participants will submit to control by the program leadership of their personal reading material, and that this will be evaluated at least in part for its consistency with the Christian teachings in the curriculum. There are regulations regarding contact with members of the opposite sex. There is an expectation that the program will contain significant focus on biblical teachings. None of this is necessarily ineffective or negative. Indeed, many addiction programs contain at least the acknowledgement of powers or truths higher than ourselves as part of the recovery journey. That some might find this methodology most effective within the context of a Christian worldview is natural, and both choice and freedom of conscience and religion, is a good thing.

In reviewing this decision to provide over \$1 million of funding to Village of Hope Inc., we became aware of a number of other areas where Village of Hope Inc. is integrated with government decisions in ways that are not always explicitly part of an addiction strategy or vetted as such. For example, upon intake to the residential program at the Village of Hope, participants are aided in -- and required to make -- an application for social assistance. This money is then paid to Village of Hope Inc. for the room and board component of the program, and this also opens up doors for funding of participants' health, training, and other needs. This arrangement is apparently well-known to Social Development and encouraged. It is common for the Department of Justice and Public Safety and the Department of Health to make referrals and to recommend the Village of Hope to clients. This sometimes will happen in a context when potential participants are considering addiction treatment while they are also dealing with the judicial system and the potential for criminal sanctions. As part of the 2022 application in which Village of Hope Inc. received a first tranche of over \$300,000 in funding, the Department of Public Safety reported "using the services of Village of Hope for clients who are leaving institutions and have no place to go but want to get help for their addictions on the male institution side".

The Village of Hope program is a residential program. Participants are housed at the Village of Hope campus outside of Tracy, New Brunswick. The program requires voluntary submission to rules regarding when participants may come and go, how much money they may have, when they can see their families and others, and other restrictions. There are also work requirements, with participants rising most

mornings at 6 AM and, after meals and reflection, attending job sites. The campus includes a maple syrup production facility and a refinery for wood products. This work is unpaid, and mandatory. The products of this labour are sold, and the proceeds go to the Village of Hope Inc. program to help defray its costs and make the program affordable for more participants. When we attended, men were working on the industrial projects and women were at work preparing meals in the kitchen. We were also informed that at times participants will be contracted to work for private employers in the region, again with the salary paid directly to the Village of Hope Inc. and not the worker. It should be said that these work requirements are part of the curriculum and that the leadership reports that there is an outcome-based purpose to these work requirements. It should also be said that we have made no investigation which would allow us to make any firm comment on the pedagogical benefit of those programs, nor did we see any sign that Village of Hope has inordinately high administrative costs or salaries for a program of its size and complexity.

The funding for Village of Hope Inc. provided by RDC is for the construction of a community hall and the expansion of second-stage housing which will allow Village of Hope Inc. to provide for more participation by women in the program. The Village of Hope describes the multipurpose building as follows: “The multipurpose building will serve as the main hub of our community. It will be our main meeting place and dining hall with commercial kitchen. There will be an auditorium and classrooms for teaching, training and development, including day seminars and conferences. There will also be a children’s center to accommodate family recovery programs. Additionally, this building will be used to host our own gala events and maple syrup festivals each year drawing many people to the local area as a means of promotion and fund-raising for the Village of Hope.” The housing in this phase will allow for additional capacity in the recovery program at Village of Hope. That recovery time occurs after completion of the addiction program. We have been advised by Village of Hope that completion of the 10-month addiction program is a mandatory prerequisite of entry into the recovery housing (with occasional consideration given to those who completed a different addictions program) and that the two are integrated parts of the same journey of recovery from addiction.

In this, our office’s first systemic investigation within the vulnerable adults section of our mandate, we had two objectives. First, to determine if the decision by RDC to provide funding to Village of Hope Inc. followed good governance principles of due diligence and wise stewardship of resources. Second, we sought to understand what this particular decision could tell us about the quality of the Government of New Brunswick’s treatment of, and strategy for dealing with, the increasingly urgent and heartbreaking issue of substance use addiction among New Brunswickers.

The Issue of Addictions

There can be little doubt that New Brunswick’s capacity for treating addictions is not currently aligned with the demonstrated treatment needs. In our investigation, there was ample evidence that the Department of Health and the Department of Public Safety have reported in a number of contexts that they do not have resources to quickly match those seeking addiction treatment with the necessary treatment. This matches anecdotal reports from those on the front lines working with individuals suffering from addictions that the wait time for programs can be months or even years. There is broad

agreement from people working in the sector, affirmed by those leading the Village of Hope project, that these wait times can cause individuals to turn away from seeking treatment altogether. The decision to seek help often comes after a difficult or urgent negative event in a person's life. When the wait list does not offer any foreseeable path to help, this both robs the applicant of hope and provides them with reasons not to be accountable for seeking help then or in the future.

The Department of Health, in its recent Request for Proposals for a new addiction treatment centre, described the problem as follows:

“The demand for services far outpaces the available resources. In 2022-2023, the province’s rehabilitation facilities provided treatment to 228 individuals. At any given point, there are approximately 140 to 160 individuals on the waiting lists for these programs with an average wait time of about six to eight months. The Department of Health receives questions and requests regularly from clients, health care partners and the media related to bed-based addiction treatments. They are often received in the form of requests for out-of-province treatment. Overall, these consequences incur significant costs to the health care, justice, and social services systems.”

Even this estimate of the waiting list is broadly believed to be low. It does not include those who would want rehabilitation services if they were available, but who do not seek them for the very reason that the waitlist is already eight months long. Those willing to wait in a long line are not often as large in numbers as those who would want the service absent the long line. It is worth noting that front-line workers in the Moncton region report that safe injection services are drawing nearly 300 individuals in that city alone. Local mayors in numerous municipalities report that they are struggling with the impact of people struggling with addiction, mental illness, homelessness, or a combination of these.

These shortfalls in capacity, and the impact upon people, and the strain on social services, were not new when the Department of Health wrote that description into its latest document. These warnings and reports have been clear for a number of years, reported by healthcare workers, lawyers and judges, and front-line caregivers in the public and nonprofit sectors. There have also been numerous reports, including this office's own reports on the public health system and the challenging situation in many First Nations communities, that confirm the urgency of the issue.

In late 2024, just before the dissolution of the Legislative Assembly, the Department of Health issued a Request for Proposals for a 50-bed residential Centre for the treatment of those suffering from addictions. Having reviewed this document it is clear that, as urgently as this project is needed, it is also intended to be accompanied by significant due diligence. There is a requirement that applicants must demonstrate at length their ability to conform to the Therapeutic Community Model of addictions treatment, and clinical requirements alone take up three pages. There are requirements beyond that on everything from the ability to conform to privacy and language legislation to the ability to supply quality

ancillary services. The description takes 33 pages. The documentation required to demonstrate compliance with those requirements will be exponentially more.

As urgent as the addiction crisis and the lack of resources are, this due diligence is entirely appropriate. The Department of Health is taking appropriate steps in the Request for Proposals to ensure that any organization seeking public funds to provide this vital service must be able to do so with quality and care. After all, people in residential treatment programs are highly vulnerable. They are living under the supervision and rules of other people at a time in their life when they are desperately in need of help and may have limited choices or freedom to refuse. Care and oversight are absolutely vital. The Department of Health is taking a responsible approach to due diligence and, in so doing, setting down a standard for the seriousness with which government decision-makers should approach decisions about funding addictions treatment.

It would stand to reason that the issue of addictions treatment is sufficiently complex and important that all decisions should be part of a common strategy, and equal standards of care and due diligence should apply to any decision in any expenditure of public funds for addiction services. It is likely good public policy for government to pursue a diversity of programs and approaches. While there will always be common principles, the journey from addiction to health is a highly individual one. What may work for one person may not work for another. One's personal characteristics and the culture of one's community will greatly influence what kinds of programs work. Not only is choice good in the sense of finding the best program for an individual, it is also true that a lack of choice can be disastrous. If a vulnerable person suffering from addiction is pushed into the wrong program for their personal circumstances, simply because there are no other available options and the consequences for having no treatment are disastrous, this can actually do more harm than good.

There does not appear to be a reason to exclude faith-based programming from that mix of services. If the same evidentiary standards of success are applied to a faith-based program, and those standards are met, the potential public benefit is there. Just as programs tailored to First Nations communities can be best for members of that community, programs where the faith aspect is more explicit can be beneficial to those who draw strength from their faith. Equally so, no one type of program should jump the queue simply because it aligns with the personal preferences of decision-makers. There may be numerous government departments. There is only one budget. Dollars spent in one area are unavailable to the overall budget.

For this reason, the Advocate had a *prima facie* concern that different programs in different departments had different processes for approval. The consistency and integration of the strategy pertaining to a crisis issue affecting vulnerable people would generally see one department charged with that responsibility, and that department being the locus in government for people with the training and expertise in making those decisions and applying due diligence. It is for that reason that an investigation was opened into whether or not the province was well served by having this decision made not by the Department of Health, but by the Regional Development Corporation which is not usually a provider of social services or a decision-maker in that context.

What Is the Regional Development Corporation?

The Regional Development Corporation, or RDC, is not a high profile or well understood Department in the way that Departments of Health or Education might be. Its mandate is broad and general by design, and more open to decision-making through the political and elected wing of government than more technical departments. In fact, the governing legislation of RDC allows for projects to be funded simply upon the direction of Cabinet, as can be seen in Section 5 of the *Regional Development Corporation Act*:

Objects and purposes of Corporation

5 *The objects and purposes of the Corporation are*

(a) to administer and manage development agreements between the Government of the Province and the Government of Canada as assigned by the Lieutenant-Governor in Council,

(b) to assist in the establishment and development of enterprises and institutions operated by corporations, trusts, partnerships, societies and individuals,

(c) to assist in the establishment and development of facilities relating to tourism and recreation,

(d) to assist local governments and regional service commissions in planning and developing works or projects of benefit to the general public, and.....

(g) to carry out any duties assigned by the Lieutenant-Governor in Council. [emphasis added]

As can be seen, the mandate of RDC is largely infrastructure-based and aimed at providing projects that may help the economic, social, and cultural lives of communities that do not easily fit within public services. In this context, it is not necessarily a bad thing that elected officials have a greater influence over the direction of those funds. When overseeing public services where the best providers have technical and professional skills -- like running hospitals, ensuring child protection services, or teaching children -- the elected member provides direction on the appropriate goals and resources but empowers those with professional expertise to deliver. On decisions like which service club in a community can best use a larger building, or what improvements might make a community more attractive to tourists, those elected at the local level may in fact be one of the best sources for judgement of the community's needs. Political decision-making is not a dirty word -- we elect people for a reason and the process rewards those who are good at being in touch with the community and its needs -- as long as it does not arrogate itself to politicize tasks that require specialized professional judgement.

This mandate for community infrastructure can be seen in the Community Development Fund (CDF) which is operated by RDC and is one of the largest sources of funds available to it. The Guidelines to this fund provide the following direction:

Purpose

The Community Development Fund recognizes the important contribution communities make to New Brunswick's economy and quality of life. The Community Development Fund aims to grow and sustain vibrant communities.

Objectives

Grow and sustain vibrant communities by supporting:

- *Priority regional / community capital projects;*
- *Initiatives that increase capacity and/or support regional collaboration;*
- *Self-sustaining tourism, cultural and/or recreation facilities; and*
- *Hosting regional, national or international cultural, sporting or economic events.*

It is also of note that the Guidelines contain the following exclusionary directive:

The following expenditures are not eligible for funding under this fund:

- *Activities that primarily serve the membership or purposes of religious or political organizations.*

The mandate of RDC is certainly a legitimate objective of government. It is clear that it does not speak to the provision of quality social services, particularly those as highly specialized as addiction services. Its involvement in a decision around the expansion of treatment capacity, particularly at a time when the lack of that capacity was an identified strain on government and the lead department was managing the mix of services, is unusual. It is also unusual that, at a time when warnings about a lack of capacity and growing wait lists had been on the record for years, the expansion of capacity at a private, religious treatment facility suddenly benefited from the full attention of Cabinet and an expedited process not available to similar projects affecting First Nations communities or the general public.

Therefore, this office sought and received documentation to establish the timeline of how the expansion of capacity at this facility was dealt with and how it contrasts with the normal approval process.

Timeline of the Approval Process

In reviewing the documentation provided by RDC, we were able to establish the following key dates and events in the approval of funding to Village of Hope to expand its capacity to serve individuals seeking addiction services:

- On **March 1, 2024**, the Executive Director of Village of Hope Inc., wrote to the then-Premier Blaine Higgs thanking him for a meeting and making a case for a contribution from the Government of New Brunswick in the amount of \$1.32 million for a multipurpose building, more dormitories, and staff housing. In this request, the Executive Director notes that the building will be used “daily for regeneration recovery classes and dining,” and also mentions the capacity to host events such as “Maple Syrup festivals, galas, banquets, and conferences, some of which will also provide a source of income for our operations.” In the second paragraph of this letter, the Executive Director makes clear the dominant reason for support:

“Treatment for mental illness and a substance use disorder is an action item under the provincial health plan – Stabilizing Healthcare: An Urgent Call to Action, which has five

action areas: access to primary health care, access to surgery, create a connected system, access to addiction and mental health services, and support seniors to age in place.”

The letter also concludes with the following paragraph:

“We appreciate so much the partnership and hope we can continue to work together to be able to continue to grow and expand what we can offer to men, women and their families trapped in the cycle of addiction”.

This letter is the earliest documented entry in documentation submitted by RDC to support the decision to award \$1.32 million to Village of Hope Inc.

- The next documented communication is an email on **March 27, 2024**, from a Project Executive with RDC to the Executive Director of Village of Hope Inc. In this email, the RDC Project Executive advises that “I have been given the green light to move forward with Phase II/Phase III of the original project. I have attached the application form here for you to complete but I am thinking we should chat about how we can look at this strategically.” RDC has noted in their response to a draft of the Advocate’s report that it is not atypical for larger grants over \$500,000 to be brought to Executive Council for approval. This certainly speaks to the fact that RDC officials did follow their own procedure. Whether or not these officials should have been placed in the position of applying RDC rules to a specialized file like addiction treatment is very much the question under examination here.
- On **March 28, 2024**, **The Executive Director of Village of Hope Inc.** replied to an RDC Project Executive and there was an agreement to meet virtually on April 5, 2024.
- On **April 3, 2024**, a Director of Development with RDC wrote to a Vice President of Development at RDC advising “We do not have a request in from them [Village of Hope Inc.] yet nor any further details on the next 2 phases. Friday’s meeting will be to have a better understanding of what was able to be completed in phase 1 [...] and what is expected in phases 2 and 3. This will show us what options we have if any”.
- On **April 16, 2024**, Village of Hope Inc. formally submitted an application to RDC requesting funding. The project was described by an attached brochure describing the multipurpose building to be constructed. On the first page of that brochure the mission of the Village of Hope Inc. is described as follows:

“The Village of Hope is committed to providing an organized opportunity for men, women, and their families to overcome chemical addiction through a relationship with God. Supporting them with a Godly atmosphere, loving confrontation, strong work ethic, family values, and biblical regeneration.”

- On **May 7, 2024**, The Executive Director of Village of Hope Inc. writes again to the RDC Project Executive to provide “the info in the document”. As no precipitating email is provided to explain the reference, one presumes that conversation happened off-line. In that email, The Executive Director of Village of Hope Inc. states in the first line that “Village of Hope began operation in 2012 to help people heal and recover from substance abuse issues”. In the same paragraph he notes that the group is “responding to the escalating problem of substance misuse and addiction”. In this document the multipurpose hall is described as hosting “daily classes and meditations, weekly gatherings and events”.
- On **May 27, 2024**, an RDC staff member writes to representatives of the Departments of Social Development, Health, and EECDC providing an attached draft Memorandum to Executive Council (MEC) seeking their comments as stakeholders and provides the reasoning that “because the mandate of this organization centres around the delivery of programs to support people with substance abuse problems any comments that you can provide that speak to how this organization is linked to your programs would be very helpful”.
- On **June 4, 2024**, a Director of Policy from the Department of Health provides a response, forwarding unedited comments from the Assistant Deputy Minister of Community Care and Women’s Equality of the same department. She provides the following counsel:

“The only concern that needs to be taken into consideration is that New Brunswick doesn’t have a process to license “private rehab centres” and I would highly caution any announcement to make reference to the service or centre as a rehab (centre, recovery, transitional housing and housing are all good). This organization does provide great support to NB’ers, and as mentioned in the MEC, it is more along the lines of supportive or recovery housing as well as recovery once released from correctional facilities.”

- It should be noted that the disclosure from RDC mentioned further responses, although these were only provided as summaries prepared by the Department on **October 1, 2024**, after the Advocate had already advised RDC of the investigation. The summaries noted that:
 - The Department of Justice and Public Safety noted that it relies upon the services of Village of Hope Inc. to assist with reintegration of its clients back into the community and plans to continue to use the services to help with “recovery and reintegration” and that current discussions are underway to see how to best move forward.
 - The Department of Social Development noted that “The work of the Village of Hope compliments (*sic*) the work done by SD to support common clients in individualized social assistance case plans to assist them in working toward their preferred future”.

- EECD noted simply that it supported the proposed use of the childcare facility for children of those in the program and did not make further comment on the core operations of Village of Hope.
- On **June 4 and 5, 2024**, the draft MEC clearly underwent revisions prompted by the comments of the Department of Health, because there was a renewed focus on community use of the facility. As the written version of the Department of Health’s caution arrived, there had clearly been a renewed focus of RDC staff upon community use because The Executive Director of the Village of Hope wrote to the RDC Project Executive offering unprompted some possible community uses of the facility just 20 minutes after the written caution around funding private rehabilitation centres arrived. The urgency of this area of inquiry appears to have continued through June 4, with the RDC Project Executive providing feedback to the RDC Vice President of Development at 9:54 PM on June 4, 2024 advising him that they now had a list of “uses for the community multipurpose area that will be used at the Village of Hope”. On June 5, 2024, the Vice President of Development asked an RDC staff member to “build these into the MEC” and to provide him with an updated version. He also asked, “how many clients JPS refers to the Village of Hope each year” and if they got “anything from SD”, but these responses were only provided to the Advocate as a *post hoc* summary prepared by RDC on October 1, 2024, after being advised of the investigation.
- On **June 10, 2024**, RDC Director of Development wrote to the Vice President of Development advising that “[The Project Executive] contacted the Village of Tracy and they are supportive of the Village of Hope project and are very open to working closer with them for future community benefits”. It is not clear from the written record what prompted that email.
- On **July 5, 2024**, a letter was sent to The Executive Director of Village of Hope Inc. confirming that the project would be funded for precisely the amount requested.
- It may be worth noting in contemplating the previous timelines that Cabinet generally meets on Thursday mornings, which in this case would make **June 6, 2024**, a plausible date for a Cabinet meeting.

Analysis of Timelines

It is hard to avoid the conclusion that the timelines for the approval of the Village of Hope Inc. grant were somewhat out of order with what one would assume are the normal processes for approving such a project. Generally, one receives an application, then does due diligence on that application, then considers the application and either approves or rejects it.

In this case, it appears that following the May 1, 2024, meeting with the then-Premier the project was approved by Cabinet. RDC was then tasked with getting an application. RDC then proceeded to ask departments for feedback after the decision was clearly already approved. And then RDC even provided additional help in June to ameliorate two of the awkward features of the application, specifically the fact

that the Department of Health advised that private rehabilitation facilities simply do not exist officially in New Brunswick and that the original proposal, as submitted, made no reference to use of the community beyond the Village of Hope itself using the town hall. It is likely that many groups who apply for assistance from government programs may be surprised at the degree of assistance provided at the tail end of this process, with RDC staff actively dragging the proposal into compliance with the program.

It is impossible to arrive at any other conclusion. There is no paper trail prior to the letter thanking the then-Premier for a meeting, and then after a few weeks there is a flurry of bureaucratic activity in RDC around making sure that an application form is sent to the recipient. There does not appear to be any independent vetting of the amount asked for, or any review of the fiscal capacity of Village of Hope to fund the project itself (despite publicly available Charitable Return documents showing considerable funds on hand). The funding amount simply remains the same throughout the process. The request for input from line departments is quite truncated, and it is difficult to imagine that these departments did not already know their political superiors had approved the grant regardless of feedback (telling Cabinet to not do what it has already decided to do has obvious real and perceived career considerations for public servants, and for that reason feedback is generally sought before the decision is clear).

I draw this conclusion from a number of factors, including the fact that the summary of feedback which appears for the first time in October 2024 incorrectly delineates the participation of the Department of Justice and Public Safety. While a few individuals have been placed with the Village of Hope upon leaving correctional facilities by Corrections Canada, it is not accurate to state that the Department itself extensively reintegrates clients, nor were there further discussions underway.

The fact is that these consultations only occurred after a draft MEC was already being prepared, and the record-keeping of those decisions is incredibly sparse. When compared with the due diligence done by the Department of Health for a 50 bed addictions treatment centre in its request for proposals, let alone the ultimate oversight such a facility would attract, the attention to detail here would be laughable if it were carried out by a social department.

Of course, this was not carried out by a social department, and one is tempted to be forgiving of the haphazard process, given that the Act does permit RDC to proceed on the instructions of Cabinet alone. The worrisome part is that RDC has continued to make representations throughout this investigation claiming that “the predominant purpose of the Village of Hope Inc. is to provide safe and supportive transition housing for individuals that have completed their addiction recovery program but have no safe place to return to”. This is what is offered to explain the complete lack of any effective due diligence regarding the proposal.

Respectfully, this submission is preposterous.

First, the distinction did not even appear until there was already a draft MEC prepared. Until the June 4, 2024, email from the Department of Health this was not even a distinction RDC was making. In the 2022 proposal which led to another significant amount of funding being given to Village of Hope, RDC staff explicitly note that the second stage housing only exists “to continue to grow and assist people with their

drug and alcohol regeneration facility”. That proposal further notes that “Village of Hope is affiliated with the International Substance Abuse and Addiction Coalition responding to the escalating problem of substance misuse and addiction”. In fact, there is no distinction drawn between treatment of addictions and recovery housing until the intervention from the Department of Health which, again, only occurred well after this decision was made and a draft MEC was being prepared.

While RDC certainly took pains to reflect how it described the project after that June 4th intervention -- amending the press release and scrambling to list other community factors that were not in the original proposal -- it should be noted that the project itself did not change just because RDC changed what it called the project. That has made this investigation somewhat concerning. While there would be no fault in the Department proceeding on instructions from Cabinet, it is worrisome when a department digs in so deeply that it denies reality in its statements. After all, RDC was so aware of the function of Village of Hope Inc. as an addiction treatment centre that the Minister of Mental Health and Addictions is quoted in the press release saying, “our government is committed to helping those with addictions and mental health issues by providing funding to projects like Village of Hope.” It is hard to disagree with the Minister in her description of the dominant purpose of the grant.

Beyond these obvious internal differences between the representation and the obvious truth, it should be noted that Village of Hope Inc. has confirmed that any distinction between the addiction treatment and the recovery housing is a distinction without a difference. In our site visit we specifically asked the leadership of Village of Hope Inc. as to the pathways into recovery housing. It was made clear that the recovery housing is a next stage facility available only to those who have completed the initial addictions programming. The only exception contemplated is if there is a referral from another location of an individual who has completed the addiction programming, and this is a rare circumstance. RDC is making a distinction that even Village of Hope Inc. does not make and did not make during its successful 2022 and 2024 applications.

Essentially, what I have reviewed is a project that was (a) referred to as a program for addictions treatment nearly 20 times by its proponent in the materials submitted, (b) sold to the public by the then-Minister as an addictions treatment program, and (c) treated by the same department in 2022 as a program for addictions treatment. Yet RDC now wants me to find that it is not an addictions treatment program at all because at the 11th hour of a second application they received communications advice not to call it that.

That is not how this office works. Changing a talking point does not change reality. Officials should not fall into the habit of confusing the two.

We recognize the communications problem caused by the Department of Health’s caution on June 4, 2024. It would be more encouraging if RDC had acknowledged that changing the communication did not change the substance of the proposal. This was essentially the funding of an addiction treatment program and a building whose dominant purpose is clearly tied to offerings within that program. There is no sensible argument otherwise. As late as May 7, 2024, The Executive Director of Village of Hope Inc. is telling RDC that “(w)hat we are building is to help people in addictions for decades, over generations. We

have plenty of room to expand and grow as the need grows.” The communications imperative for RDC changed on June 4, 2024, but the proposal did not. It is hoped that public servants recognize this important distinction when it arises.

RDC went to great lengths to grant this program eligibility, even proactively contacting the Village of Tracy on June 10, 2024, to flesh out the community offerings. Prior to the June 2024 flurry of activity to excessively emphasize the community use aspect of the proposal, there was no significant reference to community use beyond inviting the community to participate in sessions that further the Village of Hope Inc. mandate. Regarding the clear direction in the RDC program that it is not designed for religious organizations, there is no explanation for why Village of Hope Inc. was granted exemption from this criterion even though in its proposal the organization makes it clear that its approach must be founded in a “Godly” methodology. All of the sanitized summaries in the world cannot hide the fact that RDC knew at all operative times that it was funding expansion of the capacity of a program designed both for addiction treatment and for providing addictions treatment in a religious manner.

Whether the financial approach taken here would meet the standards of my colleague the Auditor General is not something I will speculate upon. However, my interest as an Advocate for vulnerable adults is whether or not the extension of RDC’s highly politicized process into the social realm was wise and whether or not it adequately protects the interests of vulnerable adults. On this ground I have significant concerns.

Using RDC to Fund Social Programming

In this investigation, there are three problems with the approach RDC has taken on this file. First, the process lacked any due diligence or integration with the Province’s overall addiction strategy. This alone would make the grant suspect. However, the problems go beyond that.

It is also true that the offerings of Village of Hope Inc. are not for everyone. This was freely acknowledged by the leadership of Village of Hope Inc. during our meeting. This is not necessarily a bad thing. Faith-based programs have a long and honourable tradition in the addiction recovery space. In fact, Alcoholics Anonymous and other programs we now view as secular found at least part of their curricular foundation in acknowledgement of a higher power. While nuances and regulation are important, there is no inherent reason to exclude faith-based programs from the mix of programming in any social endeavour where offerings are decentralized into the nonprofit sector.

However, it is equally important to note that Village of Hope Inc. provides services that are not for everyone and may well be significantly ill-suited for some if the program is not subject to informed consent. The level of intrusion into personal choices, the regulation of outside contact, the extensive immersion into a particular theological and liturgical view, the unpaid work requirement – these are all deviations from other programs and can be devastating to vulnerable people if there is not an element of choice. Indeed, the Advocate has also heard from government officials who have noted that the success stories are mixed with other cases where improper vetting of participants led to some

participants requiring additional assistance due to trauma arising from bad experiences and early departure from the Village of Hope program.

With the right mix of services and proper availability of a mix of programs, faith-based programs can work. If faith-based services are given special status and an abbreviated approval process, then they can become a disproportionate part of the mix of services. When this happens in the context of long wait lists for accredited addiction treatment, people can be forced into programs like that of Village of Hope Inc. with something less than true consent. There is broad agreement among those who work in the addictions field, including from Village of Hope Inc. Leadership itself, that entry into these programs often comes in a moment of crisis – one where an individual may be facing penal sentencing, job loss, or family breakdown. There is truth in the Jelly Roll lyric that “nobody walks (into treatment) on a winning streak”. If government is accelerating unlicensed, faith-based programs while simultaneously failing to manage the existing wait lists across the spectrum, some vulnerable New Brunswickers may wind up having to make a choice between nothing and an unregulated, faith-based program. Choice is only as free as our options, and a failure to contemplate the full spectrum of services would be a recipe for disaster.

RDC asks me, in their response to a draft of this report, to consider that they did reach out to other departments in drafting the MEC, and to accept that the summary they have provided instead of the actual correspondence is an accurate summary. On the second point, I am prepared to extend a presumption of truthfulness. However, it is clear that RDC’s actions fell far short of any reasonable standard for due diligence. Even a cursory glance would uncover glaring deficiencies:

- RDC did not even review Village of Hope Inc.’s own due diligence report, let alone invite commentary from experts.
- RDC only confirmed that departments have “used” the Village of Hope Inc. programs but did not ask for any quantitative feedback of experiences. It should have been apparent that occasional use alone is not the same as knowing how broadly effective a program is, or what the measurable outcomes have been.
- RDC did not ask for relative weighting of whether this was the best way to invest in addiction treatment, only if it was better than no expenditure at all. This is the very definition of a program jumping the queue, as it placed Village of Hope Inc. on a playing field much less regulated and monitored than the process applied to other treatment programs.
- RDC did not noticeably consider the impact of asking departments for feedback after there was already political direction that the project would proceed. There is a reason that the advice usually comes before the decision, and that is because public servants understandably will be less forthcoming if they already know that their political masters have decided the outcome. One rarely gets fulsome advice from subordinates by tipping off the desired answer.
- RDC’s questions to departments were clearly minimal and last minute – indeed, a draft MEC was already completed when RDC officials began following up on responses it had not received. Indeed, RDC was not even aware of the distinction between regulated and unregulated programs until after the draft MEC was ready, and the 11th hour discovery set off a last-minute

scramble to drag the request into compliance but did not appear to trigger any ensuing policy discussions.

- RDC was aware through the 2022 application, and the departmental responses at that time, that departments were using Village of Hope Inc., and were supportive of the project, because of a lack of capacity elsewhere. There is no sign that this important revelation shaped any of their policy considerations in 2024, even though they now had been made aware that they were expanding the capacity of an unregulated program within the context of an extreme shortage elsewhere.

In short, RDC officials did not know what they did not know, and missed clear red flags that there were policy considerations that they were not considering. On one level, it is hard to fault officials for responding to what was clearly political direction to deal with faith-based, unregulated services through RDC, especially when this placed them outside their usual area of expertise. One would not, for example, expect the Department of Social Development to review fishing quotas, although if they were placed in that position, one would expect more caution from officials, not less. However, it is also true that once tasked with getting the application to Cabinet quickly, RDC officials showed a distinct lack of curiosity even when the answers would have invited follow-up questions even on a cursory examination. The fact that a draft MEC was prepared before departmental responses were complete speaks volumes, as do the *post hoc* efforts to reverse-engineer community uses for the building, after the matter was already clearly going to Cabinet.

RDC also noted, in response to a draft of this report, that the 2022 application was for an earlier phase of the project and also forms part of the due diligence record. I do note that the information available to RDC did include that process. I also note that the information gathered through that process makes it even more glaring that RDC did not meaningfully consider the policy implications or amend its inquiry in 2024, which is what a line department with specialization in the area almost surely would have done.

The problem here is that this was not part of an organized process where the Province was involved in designing a wise mix of service providers and ensuring coordination. Here it appears that the nature of the program was a reason why it was assigned to its own process which allowed for jumping the queue, and Village of Hope Inc. jumped the queue in a way that exempted it from any of the oversight and planning that should accompany such a choice. (I should note here that “jumping the queue” refers to the process that regulated addiction programs would normally undergo, and not necessarily RDC’s own processes which are designed to allow non-technical projects with political support to be accelerated in a variety of ways.)

As noted above, RDC made no significant effort to gauge the effectiveness of Village of Hope Inc. programs. While Village of Hope Inc. says it has a study showing a five-year success rate of those who complete the program (though it is unclear if this is only for those who complete it and exclusive of its attrition rate), it is notable that this study apparently was never asked for by RDC in any process which led to funding Village of Hope Inc. Nor did RDC turn its mind to the exclusionary nature of Village of Hope Inc. programming. There are a number of aspects of Village of Hope Inc. programming that require complete buy-in to its faith-based curriculum. Those participating must surrender control of their

reading material to Village of Hope leadership. There is a clear bias away from the use of prescription medications to treat related medical conditions. The commitment to biblical teachings and the curricular reliance upon faith-based material is significant. When we visited, work assignments were clearly gender segregated. None of this is necessarily a bad thing if the program is voluntary and proper oversight is applied. However, this program would not work for everyone. It would be immediately exclusionary to those who follow a faith other than Christianity or no faith at all, some of those in nontraditional family relationships, and members of the LGBTQIA2S+ community, for example.

Were there plenty of spots available for addiction treatment in New Brunswick, and this was simply one more option, it is unlikely this investigation would have proceeded. However, that is not the case. There is a significant wait time for addictions treatment. Anyone who is seeking, for example, to look at addictions treatment as an alternative to jail at sentencing would quickly find that there is a paucity of programs and might feel compelled to rely upon Village of Hope. As was made clear in our recent report on First Nations programming, there is a dearth of programming tailored to meet those unique cultural needs. The historical echoes of someone being required to leave a First Nations community to attend a religious-based program because that is all that is available should be obviously unacceptable. The government knew at all times throughout this 2024 process that there was a significant waitlist for addictions treatment. Yet this proposal clearly jumped the queue and was excluded from being fully vetted. Indeed, the 2022 grant for \$321,000 to Village of Hope Inc. for an earlier stage of the same project notes at least one government department stating that they lack treatment options for people with addictions.

Numerous things that are clearly relevant in the Department of Health's RFP were simply not part of the RDC process – clinical effectiveness, ability to provide ancillary services, availability to a cross-section of New Brunswickers all come to mind. RDC knew enough to include statements from government departments that there might be some departments who would send referrals to Village of Hope but was not terribly curious about whether these were wise or not. Even things which might have been financially relevant – like the studies Village of Hope Inc. cited in its own documentation or the fact that Village of Hope Inc.'s Registered Charity Information Returns to the CRA reflect surpluses of over \$2million since 2019 – were not pursued.

All of this has to be placed in the context dominant at the time, which was that the stated direction of government was to seek options for involuntary treatment of individuals suffering from addiction. Promoting a faith-based alternative and sending it through a politicized and less-than-evidence-based process, while other secular solutions were put into the more exacting and much slower process through the line departments, raises a number of questions.

As stated at the outset of this report, the fact that RDC has a more politicized process than most departments is not necessarily a bad thing. It may well be in keeping with its mandate, which requires a good knowledge of community- and tourism-based projects. When that process is turned toward social program operations the flaws quickly become apparent. The reason why the Advocate's office probed this process is because this was a new and concerning use of a politicized process to deal with social services. Were this extended to other operations, if group homes or special care homes or disability

services or home care suddenly saw a separate class of favoured applicants sped through RDC, approved before even getting an application, and even having RDC staff contact third parties to push the application into being, it would raise serious questions. While faith-based alternatives may well have their place within a mix of services, it was not contemplated when the *Regional Development Corporation Act* was passed that RDC would become a mechanism for government to provide separate, faster approvals for faith-based alternatives.

It is for that reason that the Advocate has chosen to look at this process. It will be my strong counsel that government clarify the power of Cabinet to push projects through RDC, by making it clear that social programs should not become part of RDC's mandate. While it was disappointing that RDC staff chose to maintain the clearly unsustainable insistence that transition housing could somehow be separate from addiction treatment at the Village of Hope, that they were placed in that position at all is a function of the misuse of Cabinet authority. This would always be a bad idea and was made worse by the prevailing intention to contemplate involuntary treatment and potential use of the notwithstanding clause. Rather than simply recommend a definition here for how social program expenditures can be excluded in the *Regional Development Corporation Act*, I am providing some flexibility to RDC (and ultimately the Legislative Assembly) to craft amendments. I appreciate RDC's due diligence did involve ensuring that other departments had no line item for this project and that RDC is, by definition, a catch-all for projects with some merit that don't fit elsewhere. If RDC were not given the power to make decisions with social program ramifications, presumably the money attached to those projects would be assigned to the line departments themselves. Or, for that matter, since most projects RDC has funded in this sphere come through Executive Council approval, Cabinet could simply authorize the spending by the line department. I leave it to Cabinet to determine the best alternate way to provide itself spending authority for these types of projects while still ensuring appropriate due diligence.

Here, the issue is that the grant clearly was designed to shift the capacity of addiction services toward faith-based services without any serious review of the impact of that capacity shift upon vulnerable people seeking treatment. Had this been something that merely maintained the status quo – say, fixing a roof after a weather event – those larger policy considerations would not be present. It would likely be best if line departments had the discretion to consider these applications within their budget, because RDC here clearly proceeded without an awareness of the limits of their own expertise. However, this requires some time and nuance, and I wish to grant some leeway in meeting the recommendation. The point is that social services should go through the department best suited and staffed to understand the technical and policy considerations of their decision.

Oversight of Village of Hope

In preparing this report, I took time to get to know Village of Hope Inc. and its operations. I should be clear that the Village of Hope itself did not behave inappropriately in its application to RDC. It is not the role of any applicant to any particular government program to consider the public impact of its proposal. The job of Village of Hope Inc. leadership was to do anything that might further the mission of Village of Hope Inc. There is no evidence that they did so with anything but good faith and adherence to the process as it was described to them. It is for that reason that I have not expressed an opinion upon

whether or not the grant should be revisited. There is no evidence of bad faith on the part of the recipient, and there is some reliance upon the commitment being honoured.

Nor is this a report into the effectiveness of Village of Hope Inc. This is a review of RDC's process for approving a grant to Village of Hope Inc. From our visit to the Village of Hope campus it can be said that the program has grown into an operation with a number of aspects to its offerings. The commitment of the Village of Hope team to their mission is clear.

If I were to be asked if Village of Hope Inc. is effective, there is not enough investigation into that question to provide a definitive answer here. It is also true, however, that no one in the Government of New Brunswick has done that investigation either, and that does raise questions.

It was apparent in our visit to the Village of Hope campus that it deals with highly vulnerable people who often arrive, by its leadership's own admission, at a time in their life when there are few other options but to deal with their addictions. This makes individuals using the program highly open to exploitation. It is not inherently critical of the program to make that observation. Many social services, from group homes to nursing homes, deal inherently with vulnerable people. Happily, most meet that charge quite well. There is, however, usually a robust system of oversight and standards designed to protect the vulnerable from exploitation and to alert government's oversight mechanisms early if something is going wrong. Generally, if government is encouraging the use of a program, it has some mechanism by which to judge if that program is safe and effective.

From reviewing RDC's summary of its minimal, *post hoc* review of other departments and our visit to the campus, we drew an unsettling conclusion. The Government of New Brunswick appears (or at least purports) to know enough about Village of Hope Inc. to fund it and encourage its use, but not enough to know if it is safe or effective.

For example, Village of Hope Inc. relies substantially in its operations upon unpaid labour. This is consistent with its philosophy that work provides self-esteem and develops marketable skills. They were very open about the fact that participants work for free on projects such as its lumberyard and maple syrup refinery, and that the fruits of this labour are sold by Village of Hope Inc. to fund its operations. During our visit we learned of a process in which, even after completion of the program, recovery participants are given the opportunity to work at a nearby lumberyard with Village of Hope Inc. receiving the payment rather than the participant. The participant gets room and board, but Village of Hope Inc. receives the paycheck.

The summary of feedback from the Department of Social Development provided by RDC makes reference to select clients being facilitated in attending Village of Hope. The details of this were spelled out during our visit. Upon arrival, participants are assisted in completing the paperwork to receive social assistance from the Department of Social Development and to arrange for these payments to be made directly to Village of Hope Inc. This is again part of the arrangement for room and board. It was also made clear that Social Development is a participant in this arrangement even though it does not provide any oversight of the program. We were also told that the Department of Post-secondary Education,

Training and Labour is aware of the arrangement with the lumberyard and the other unpaid work activities. We are unclear how these would comply with laws around unpaid work by people with disabilities, and we did raise that with the leadership of Village of Hope Inc.

The larger point is that these activities are highly susceptible to exploitation of people with disabilities and addictions. That is not to say that exploitation is happening; it is to say that it is of a category with other inherently exploitable activities that usually attract some kind of government oversight. After all, if one arrives at Village of Hope for a ten-month residential program and applies for social assistance, one's options upon completion may be somewhat limited as far as finding work quickly. The offer to work to train for leadership and similar programs, or to work for free at a lumberyard, may not be provided in a context where people have a limitless range of options. Nor did we see any signs that these options are presented alongside other options which may exist outside of the Village of Hope community in the regular practice. Placing people in an economically and personally vulnerable position within a community where free labour is expected raises issues. Village of Hope Inc. freely admits that its proceeds go not only to fund its New Brunswick operations but to expand into upcoming projects; and its corporate Charitable Returns show surpluses ranging from \$281,000 to just over \$1 million in the last five years.

None of those facts mean that anything untoward is happening at Village of Hope. It simply means that like any other business that deals with vulnerable people, oversight matters in ensuring public confidence in the organization. Right now, it appears that several government departments have shown little interest in ensuring that public confidence is warranted.

At a time when any program with capacity is going to draw interest, given the scarcity of options, this oversight is quite important. The warning of the Department of Health in its June 4, 2024, email, that it does not regulate these facilities, appears to place government in an unusual situation where it at times relies upon the services and wants to know just enough to refer vulnerable people to them but not enough to be held accountable if something goes wrong. When reviewing the summary provided by RDC that claims that other government departments said that they supported the project, it was hard not to ask "Based upon what? Positive vibes?". Once the box was checked on the MEC, there was no serious inquiry made by RDC officials to understand the basis of the answers. Each department was cited as saying that they themselves would not fund the proposal but supported someone else doing so. These answers, combined with the more explicit warning from the Department of Health on June 4, 2024, that the communications strategy should be to avoid calling Village of Hope what it clearly was, should have tipped RDC officials off that there were deeper considerations here than just getting an MEC. Why, if this was such an effective way to deal with addictions, was RDC the only avenue available to fund it when departments comprising nearly 70% of the provincial budget, and with the responsibility to do so, would not fund it?

It is my suggestion that this must resolve one of two ways. Either the facility is a private addiction treatment facility and like any private enterprise, even those not dealing with vulnerable people in the run of its work, it can be regulated. Or if the organization is to exist in a sort of regulatory Wild West, then government should not be making or facilitating requests that it serve clients. Given the

preponderance of support for Village of Hope Inc. among so many, it would seem that the first avenue would be preferable absent any negative information to the contrary. But government needs to stop knowing just enough to evade responsibility.

Conclusion

This has not been a file in which the quality of government decision-making has covered itself in glory. However, the ways to fix this are fairly straightforward. Given the importance of addiction treatment to the population of New Brunswick and the clear evidence that our services are inadequate, there must be a plan to provide addiction treatment services for those who need it. It is difficult to see any reasonable business case for allowing individuals to continue with addictions if they are willing to get treatment. Indeed, there is agreement from politicians of all stripes that this should be a priority area, and many municipal leaders are joining that chorus. That there should be an integrated addictions plan, tied to the numbers of actual demand, and with business cases to be made both for funding that demand and underfunding that demand, prepared so that people can make a wise choice seems obvious. This has been obvious for a while without action, so that recommendation will be made.

It is also true that private solutions and faith-based initiatives such as Village of Hope Inc. can be part of this plan. However, they should be properly vetted and have adequate oversight if government is going to be a participant in facilitating the arrival of vulnerable people with a disability of addiction in a residential program. It is no aspersion upon the Village of Hope Inc. to suggest that vulnerability and oversight must go hand in hand.

Finally, it should be made clear in statute that whatever the merits or demerits of RDC's processes for community- or tourism-based activities, it has no place in the funding of social programs. There should be no blanket exclusion of faith-based programs, but they should not have their own queue.

Pursuant to Section 23 of the *Child, Youth and Senior Advocate Act* the Advocate recommends the following:

1. That a multiyear plan for the treatment of substance use addictions, with clear calculations of anticipated demand and the costs of both providing treatment and failing to meet the demand, be released within eight months by the Department of Health. The overall mix of services should match the demographics of the community needing treatment.
2. That the Department of Health set out a process for the certification and oversight of private addiction treatment sites within one year or, absent that, provide clear direction to government departments that such sites are unregulated and should not be used or facilitated through government programming.
3. That RDC work with the Office of the Attorney-General to bring forward amendments to its governing statute by the Spring 2025 sitting of the Legislative Assembly, clarifying its mandate regarding the funding of organizations whose dominant purpose is the provision of social

services otherwise regulated by another department, and in particular the role of Cabinet in directing RDC to provide that funding.

DATED this 5th day of December, 2024

Kelly A. Lamrock, K.C.
Advocate