NE LHIN Addiction Services Review:

Executive Summary

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Introduction and Background

In concert with changing population trends, shifting models of care and iterative government strategies and policy initiatives, there remains a high interest and investment in substance use treatment in Canada, including treatment for concurrent disorders and closer relationship with mental health and primary care services generally. Certainly continued investment in substance use treatment systems is warranted in Canada, as it is globally, by the high economic burden of problems related to substance use on society. This burden, coupled with strong research evidence that treatment is effective, and that it returns an economic benefit, makes investment in substance use treatment systems a wise use of public funds.

Ontario's Comprehensive Mental Health and Addictions Strategy "Open Minds, Healthy Minds" reinforces the need for this investment and calls for a multi-sectoral and multi-Ministry response. The NE LHIN has identified mental health and substance use as a priority in its *2013-2016 Integrated Health Service Plan*, in particular access to treatment services. A second closely related priority is that the NE LHIN address the community needs in relation to the cultural diversity of the region including the needs of the significant proportion of Francophone people and the FNIM population.

In setting its priorities the NE LHIN considered local evidence that regional/local addictions services are struggling to operate with the resources and funding currently available to them, and that service demands continue to grow. In response to this pressure on the addiction system, the LHIN commissioned the present environmental scan and literature review of best practice for addiction service delivery.

The overall goal of the project has been to determine strengths and challenges within the current network of services in the NE LHIN as a whole, and within each of the five sub-regions, and to identify in what ways these networks of services can be enhanced.

The region's five sub-regions include

1. Algoma
2. Cochrane
3. James Bay & Hudson Bay Coasts
4. Nipissing/Temiskaming.
5. Sudbury/Manitoulin/Parry Sound

Within the large geographic region of the NE LHIN these five sub-regions are used for purposes of system planning, quality improvement and performance measurement. Importantly, there are further geographical divisions within each of these sub-regions as well as important relationships *between* them reflecting, for example, migration of people for various reasons such as employment, education and natural disasters such as the flooding in the Coast area. There is also movement across the region for accessing health care services, including tertiary mental health care and residential addiction treatment, which adds to the complexity of health service planning, including environmental scans such as this one.

By way of introduction to this regional-level synthesis, it is important to first highlight that many of the strengths and challenges identified regarding the regions addiction services mirror the situation at the provincial level. Examples include significant funding challenges in the face of increasing need and complexity, barriers to accessing services,

specific gaps in service delivery in relation to evidence-based practice, and challenges with respect to data quality for performance measurement and quality improvement. Undoubtedly these challenges are also shared by partner mental health service providers, again at the regional and provincial level. Several provincial-level initiatives are currently underway that are associated with the implementation of the Ontario Mental Health and Addiction Strategy and, therefore, it is a very opportune time to finalize this report and develop a communication strategy that includes provincial-level stakeholders and the key messages for them.

The strengths of this environment scan need to be highlighted as this is the "deepest dive" into a region's addiction services that has been undertaken for some time in Ontario, perhaps ever undertaken. Inputs to the process included:

- Feedback from 100 planners, clinicians, and managers representing over 40 direct service providers;
- On-site visits and interviews with the majority of these participants/programs supplemented by an on-line survey of additional stakeholders;
- Significant engagement with important non-LHIN funded services including many FNIM service providers and traditional healers as well as physicians engaged in the provision of addiction medicine, primarily methadone;
- Consultation with out-of-region experts, in particular consultation related to withdrawal management, nursing and medication assisted treatment (i.e., methadone and Suboxone);
- A wide range of secondary data that were accessed and/or developed for the project including the most comprehensive set of regional data compiled to date on health service utilization associated with substance use;
- An intensive qualitative analysis of themes developed and contrasted to a Best Practice Template that was based on the existing literature on best practices for substance use treatment services and systems.

Seven Key Principles

These seven key principles formed the basis of a Best Practice Template. The analysis approach was to summarize: "*what the research says*" and contrast that with "*what participants told us*" to yield strengths and challenges in the system. Implications and recommendations at the regional level are based on an integrated analysis of the quantitative and qualitative data.

Principle 1: Broad Systems Approach

A broad systems approach is needed in order to address the range of substance use and related problems in the community, including severe substance use problems, and to achieve a population-level impact.

Principle 2: Collaboration across Multiple Stakeholders

Accessibility and effectiveness of services for people with substance use problems are improved through collaboration across multiple stakeholders.

Principle 3: Wide Range of Systems Supports

A wide range of systems supports are needed to support and facilitate the effective delivery of services. The report considered funding, planning and policy, performance measurement and knowledge exchange.

Principle 4: Unique Strengths and Needs of FNIM Peoples

FNIM peoples have unique strengths and needs with respect to substance use and related problems, and benefit from services and support that blend principles and practices of non-indigenous people with those based on traditional healing.

Principle 5: Age, Development, Equity and Diversity Issues

Age/developmental considerations and a range of equity and diversity issues are critical for effective treatment system design

Principle 6: The Continuum of Care

Since a significant number of people with substance use problems are in contact with helping agencies and professionals who do not identify their problems, proactive systematic screening is necessary to improve detection and access to required services. This screening should be followed by assessment of strengths and challenges and development of an individualized treatment and support plan, starting with placement matching along the continuum of care.

There are several elements to this key principle. In this report we emphasized screening, assessment and placement matching; withdrawal management services; residential and community treatment services and access, outreach and transitions.

Principle 7: Mix of Evidence-Informed Psychosocial and Clinical Interventions

Once an individual is placed in the initial level of care, the individualized treatment plan must include the right mix and duration of evidence-informed psychosocial and clinical interventions.

There are several elements to this key principle. In this report we emphasized: four special topic areas with respect to evidence-based interventions: Screening, Brief Intervention and Referral to Treatment (SBIRT); medication-assisted treatment for opiate/opioid addiction; housing and Internet and mobile-based services.

Highlights of the *Quantitative* Data Gathered

Key facts related to demographics of the population and other contextual factors:

- The LHIN is home to 565,000 people and covers a vast geography with a diverse mix of urban/rural/remote communities (e.g., 19% of the population lives in urban areas compared to 69% for the rest of Ontario). There are many very remote communities that experience significant difficulties accessing services of all kinds and other challenges related to isolation.
- The regional population as a whole is declining and aging at a faster rate than the rest of Ontario.
- There is significant diversity in the population mix, overall being about 11% FNIM and 22% Francophone, with both population groups showing significant sub-regional variation.
- Unemployment is high and with significant sub-regional variation.
- Health status of the population is poorer than reported by the rest of the province and substantially lower in First Nations communities.
- There are significant challenges with recruitment and retention of qualified staff in part due to the rural/remote nature of the region and the population mix.
- There are significant transportation challenges such as lack of bus service to many communities or no/limited public transit within communities. Weather conditions in the winter impact travel in all parts of the region.
- There are significant migration patterns with the region, for example, for work, school, justice-related reasons such as court appearances or detention and in response to natural disasters.
- There is a significant shortage of affordable housing/rental options in many communities.
- Economic disparities, transportation and other challenges related to the social determinants of health are extremely high among the region's First Nations communities compared to non-First Nations communities.

Key facts concerning utilization of other health services related to substance use:

- Utilization of all types of health services related to substance use, including physicians billing through OHIP, mental health and non-mental health hospital bed discharges, use of emergency departments and publically funded prescriptions for methadone or Suboxone are between 1.5 and 2.5 times higher than provincial rates. This number will be an underestimate due to the well-established lack of recording of substance use involvement in health care episodes.
- While there is significant variation in health service utilization across the sub-regions, all areas of the region are substantially higher than the provincial average.
- Over 4800 adults residing in the NE LHIN region (approximately 1% of the adult population) received a prescription for an opioid substitution medication through ODSP in the last year data were available (2012). This amounted to over 500,000 service encounters (i.e. prescriptions being filled) in the one year study period.
- While it was not possible to cost all health service encounters due to lack of available data, the OHIP billing alone is conservatively estimated at $24.2 million and emergency department use is conservatively estimated at $2.2 million annually.

- There are many other high system-level costs that are not represented here – Ontario Works, police, probation, incarceration, and family and children's services.

Key facts concerning those seeking specialized treatment in the region and the services they received:

- Over $22.5 million is invested annually by the LHIN in addiction services, including some combined funding for mental health services in integrated programs. It is important to note that some funding for addiction services comes from other sources, for example, Health Canada for FNIM treatment centres and other services.
- Problem substances reported by clients include alcohol, cannabis, cocaine, and prescriptions opioids. Clients typically report multiple problem substances.
- FNIM people represent 11 % of the population yet comprise 30-35 % of the treatment population.
- With respect to withdrawal management, the vast majority of cases are in residential versus community withdrawal management.
- Based on a national needs based planning model, there is a need for more community day/evening treatment programs compared to residential. The ratio in the North East is current 2.4 to 1. A ratio closer to 4 to 1 is suggested by a national needs-based planning model.
- A significant portion of the treatment population accessing services in the region come from outside the region – about 15% overall but much higher for residential services – about 40%.

Main implications of these *quantitative* data for treatment system enhancement

- The data suggest a community need for substance use services significantly higher than the provincial average. Therefore, using a strictly population-based formula for funding at the provincial level would significantly disadvantage the NE LHIN.
- The data suggest an imbalance in residential versus community and day/evening treatment options suggesting that new investments go to the latter to better balance the continuum of care. Residential treatment must be used only when indicated by careful assessment, agreed upon admission criteria across the system and in a stepped care model. In the qualitative data (see below) slippage was noted in these criteria.
- The vast geography of the region impacts access to services as well the cost of service delivery. Related to this is the need for strong outreach services within the treatment system, including consideration of the aging population, as well as transportation challenges.
- While alcohol remains the most significant substance of concern, needs related to prescription opioids must also be considered in the same treatment system planning. The main implication for immediate planning is to include leaders in addiction medicine in the process.
- FNIM people are significantly over-represented in the treatment population – one implication is that leaders and healers among this community also need to be more engaged in regional and local planning. There is also a high need for culturally appropriate services and cultural safety training.

- A high degree of collaboration among service providers, including but not limited to primary care is needed to deal with case complexity such as evidenced by mental health, addiction and violence/trauma.

Recommendations

These are among the key recommendations found with the full length NELHIN Addiction Services Review. For more detailed analysis and information, including strengths, challenges and implications, please see the full review.

Planning

1. Strengthen regional-level planning to support local planning.
2. Ensure representation from FNIM and also addiction medicine providers at regional and local planning tables.
3. The LHIN should continue to bring hospital and community providers together to build a common vision that focuses on client needs.

Hospital/Community

1. Focus on collaborative care for the percentage of clients that require medical intervention, but support people primarily in their community.
2. Ensure that the transitions between hospital and community care are seamless.

Residential Treatment

1. It is important that people are carefully matched to this more resource-intensive level of care, as outpatient/day treatment has stronger evidence of cost-effective outcomes. Ensure criteria for accessing residential service is followed and that “slippage” doesn’t occur.
2. Stronger transitional care plans are needed for clients returning to their community.
3. Several issues point to the need for a concerted and focused review of the region’s residential treatment programs including: low retention/completion rates; program content; seasonal closures; occupancy rates; and little data on outcomes.

Withdrawal Management

1. There is a critical need to enhance in-house medical supports, including nurse-practitioners, to increase safety, improve risk management and reduce the need for emergency services.
2. Address the geographic gaps in the region for withdrawal management services, including in Moosonee/Moose Factory.
3. Pursue more community withdrawal management opportunities, including the Parry Sound area.

Addiction Medicine

1. Ensure that people accessing opioid medication assisted treatment have appropriate access to counselling services.
2. Ensure representation of addiction medicine in local and regional planning.

Community Treatment

1. Invest in outreach, day/evening treatment programs, and transportation.
2. Enhance connectivity and support for clients transitioning back to community from withdrawal management or residential treatment.
3. Improve screening and assessment processes to ensure people are referred to the treatment program that best meets their needs (community vs residential).

Data and Performance Management

1. Pursue regional and provincial initiatives that could improve data collection and quality improvement measures.

FNIM

1. Ensure FNIM health leaders are engaged at local and regional planning levels.
2. Support cultural training initiatives throughout the region.
3. Continue to invest in outreach workers and transitional support workers.

Francophone

1. Support providers in pursuing FLS designation.
2. Explore ways to recruit and retain bilingual professionals, including the use of OTN.
3. Improve tracking of Francophone status including primary linguistic affiliation.

Provincial

1. Ensure both LHIN-funded and non-LHIN funded services are involved in planning and implementing provincial initiatives.
2. Increase attention to the needs and provision of services to FNIM people and their communities.
3. A provincial review of residential services is needed.
4. The province should examine funding medical supports in withdrawal management to improve safety and risk management and reduce emergency department visits.
5. New transportation models are needed.
6. Better linkage between methadone providers and mainstream addiction services.
7. Data and information management needs to be examined – multiple systems that cannot connect to each other.

Considerations for Moving Forward

1. *Prepare a communication plan*: A communication plan should be prepared that briefly describes the purpose of the project, the key messages going forward and the structure of the ensuing planning process.

2. *Structure the regional planning process:* Create an Integrated Regional Mental Health and Addictions Planning Committee to oversee two parallel but highly integrated planning processes:
    - one process focused on addiction issues and assessing the information, implications and recommendations for addiction treatment system enhancement put forth in this report; and

- the other focused on the information, implications and recommendations emanating from the two more mental health-oriented reviews undertaken and reported on in 2015 – one concerning community mental health services in the Sudbury-Manitoulin-Parry Sound sub-region (commissioned by the NE LHIN) and the other at a more regional-level commissioned by North Bay Regional Mental Health Services and Health Sciences North.

  While the ultimate aim is to have one resulting mental health and addictions plan for the North East Region, such an integrated, two-track process would ensure sufficient attention is given to the substance use and addiction issues reported herein.

3. *Ensure representation*: Comprise the planning group so as to reflect the continuum of care within the various sub-regions of the LHIN as well as its diverse population make-up, in particular Francophone and FNIM people. Consideration should be given to appointing a FNIM co-chair at least for the addiction-focused planning group given their significant over-representation in the treatment population and limited involvement to date in both regional and sub-regional planning processes. One or more representatives of mental health services as well as addiction medicine should also be represented. Further, while the number of people on the committee needs to be managed, careful consideration should be given to representation from other sectors such as justice, education and primary care, for example.

4. *Present the findings*: Invite the Lead Consultant for the present project (Dr. Brian Rush) to present the findings related to the region's addictions services to this integrated planning committee and other invited stakeholders as appropriate. Participants should be drawn from various stakeholder groups identified above for the planning committee as well as participants in the mental health services.

5. *Initiate hub-level planning*: Simultaneously to the above regional-level planning process, the LHIN outreach officers responsible for each of the five hub planning areas should focus attention in their respective jurisdictions utilizing the hub-level summaries (see Appendix 1 of the main technical report) as well as the main themes and quantitative data included in the regional-level analysis and conclusions. This hub-level process should aim towards engaging local service providers and stakeholders in discussing, prioritizing and fleshing out local action items for implementation. The evidence-informed set of treatment system planning principles can serve as a useful guide to this discussion and prioritization process as well as the specific gaps in service that have been identified. For example, the recommendation for a new withdrawal management service in Moosonee will no doubt be helpful in the functional planning and design of the new hospital in that community.

   This work at the hub-level will be facilitated by re-instatement of the local planning group for the Sudbury-Manitoulin-Parry Sound area, and creation of such a group in the Coast hub.

6. *Invest in process management:* The current project team would suggest the NE LHIN dedicate resources for process management related to the regional level plan, and to lend support as needed for local planning. Without this dedicated resource charged with moving the recommendations forward and helping to integrate the many findings and implications for addiction services identified in this report there is a risk of limited action in addressing many of the opportunities, needs and gaps identified here. We mention

this in part to echo the concerns expressed by many of the participants in the present environmental scan that there have been many previous reviews and studies that resulted in significant discussion but limited action and systematic change management.

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