



Addictions &  
Mental Health  
Ontario

# Residential Treatment of Adult Substance Use Disorders

Position Paper

June 3<sup>rd</sup>, 2019

# Table of Contents

<b>FOREWORD .....</b>	<b>3</b>
<b>SUMMARY OF RECOMMENDATIONS.....</b>	<b>4</b>
<b>INTRODUCTION.....</b>	<b>5</b>
Historical trends and increasing impact of substance use disorders in Ontario .....	5
Evolution of Treatment of Substance Use Disorders in Ontario .....	5
Purpose of this document.....	7
<b>VALUE OF RESIDENTIAL TREATMENT OF ADULT SUBSTANCE USE DISORDERS IN ONTARIO.....</b>	<b>7</b>
<b>MOVING TOWARDS A FUTURE STATE VISION .....</b>	<b>8</b>
Client-Centred Care.....	9
Identification, Information & Referral .....	10
Screening & Assessment.....	11
Pre-Treatment Care & Supports .....	12
Treatment .....	13
Post-Treatment Care & Supports.....	16
<b>SYSTEM CAPACITY &amp; INTEGRATION.....</b>	<b>17</b>
<b>IMPLEMENTATION .....</b>	<b>20</b>
<b>CONCLUSION .....</b>	<b>20</b>
<b>REFERENCES.....</b>	<b>21</b>

## Foreword

Substance use disorders continue to be a growing problem in Ontario, having a destructive impact on individuals, their families and communities. Despite the best efforts and commitment of those working within the system, many Ontarians are falling through the cracks and ending up in emergency departments or worse. As the population grows and the complexity of need increases, we know too many Ontarians are not getting the addictions and mental health care they need. Addictions and Mental Health Ontario (AMHO) and Ontario’s public residential treatment providers know we must stand with them and lead positive change in the system to better meet their needs.

This paper serves to give a collective voice to those people, whose voice needs to be heard, now more than ever:

- From those Ontarians who have been challenged with addiction – the ones who have been unsuccessful or unable to get the help they needed – and also the more fortunate ones who have managed to achieve more tangible recovery goals, in part through the residential treatment system;
- From the dedicated service providers who have helped their clients to begin and continue on their journey to recovery; and
- From our invaluable partners who have supported and advocated for residential treatment as an essential part of the addictions and mental health continuum of care.

We hope this document will explain why residential treatment is an essential service in Ontario, and how each of us has a vital role to play in working together as an integrated and coordinated healthcare system to make sure services are provided to those who need them the most. This document aligns with AMHO’s 2019 Pre-Budget Submission entitled “Together We Can” and paves a clear path for investment in the addictions and mental health sector. Now is the time for decisive action and shared commitment to improving our provincial system in a meaningful way. The AMHO and Ontario’s public residential treatment providers are confident that the recommendations will help inform emerging best practice. We welcome the commitment from the Government of Ontario to invest \$3.8 Billion over the next 10 years on addiction and mental health services and look forward to a collaborative partnership to make sure that investment has the biggest possible impact for the people of Ontario.

We thank the many individuals and organizations who have provided meaningful input and evidence in support of the recommendations in this paper. The paper and its recommendations were fully endorsed by AMHO’s Residential Treatment Community of Practice on May 29th, 2019.

For those we serve, for those who have shared their stories and for those who turn to us for understanding, acceptance and support, this is for you.

**Adrienne Spafford**  
CEO, Addictions & Mental Health Ontario

**Regan Anderson**  
Chair, Residential Treatment Community of Practice

## Summary of Recommendations

- 1. Provincial Resource:** The Ministry of Health and Long-Term Care (MOHLTC) should recognize residential treatment as a specialty provincial service that is an integrated part of the addictions and mental health care continuum but is planned, funded and managed at a provincial level. Maintaining provincial access to services allows for the most efficient use of this specialized system, enabling clients to receive treatment from the provider best suited to support their needs and goals, considering service capacity, geography, and the availability of specialty programs.
- 2. Standards:** With support from AMHO, Residential Treatment Providers have endorsed and should implement the 2017 Ontario Provincial Standards for Adult Residential Addictions Services, including:
  - Delivery of evidence-based high-quality services and programs;
  - Elimination of medication-based exclusion criteria (including opioid substitution/replacement therapy);
  - A multidisciplinary staffing model that is able to address co-morbidities and meet client's complex needs, including concurrent disorders and specialized populations, with a primary addictions focus;
  - Family or caregiver supports where appropriate to maximize the effectiveness of residential treatment and client outcomes;
  - Smooth transitions in care (both pre-treatment and after care) through well-defined care pathways and enhanced communication, coordination, and comprehensive service offerings; and,
  - Sharing information about residential treatment models, population-sensitive clinical treatments and interventions, and sub-specialties so it is broadly available and easily accessible to all clients and referring partners.
- 3. Assessment:** The MOHLTC should endorse and support the effective implementation of a standardized, evidence-based, addictions-specific assessment tool for substance use disorders through a change management approach that includes: enhanced training and education; clinical supervision; performance management; and allowance for flexibility and clinical judgement where required and appropriate.
- 4. Accreditation:** The MOHLTC should mandate accreditation as a signal of quality and consistency in service delivery for both public and privately funded residential treatment providers.
- 5. Outcome Measurement and Administrative Standards:** The MOHLTC should endorse and implement a common set of measures and outcomes as well as and residential treatment administrative standards for publicly funded providers that clearly define functional centres and reporting requirements. This will require enhancements to the provincial substance use disorders clinical information and reporting system to support information sharing, performance management, and quality improvement.
- 6. Integration:** With the support of MOHLTC and AMHO, Residential Treatment Providers should pursue the full spectrum of integration activities amongst partners to enable enhanced collaboration and partnership across the addictions, mental health, and broader health care continuum while reflecting and addressing social determinants of health.
- 7. Funding:** The MOHLTC should increase investment and establish a consistent funding model for residential treatment across the province to support high quality and client-centred care to ensure the capacity of the residential system meets the growing demand for this intensive and specialized service.

## Introduction

### Historical trends and the increasing impact of substance use disorders in Ontario

In 2012, approximately 22% of Canadians (about 6 million people) met the criteria for a substance use disorder during their lifetime.<sup>1</sup> Substance use disorders are increasing, and having a detrimental impact on people, families, and communities across Ontario. By 2041, the annual number of people living with a substance use disorder is expected to increase by 10%.<sup>2</sup>

The effects of substance use disorders are immense and far-reaching. The destructive impact it has on individuals, their families and communities can be felt not only in the significant loss of health or life of the individual,<sup>3</sup> but the surrounding emotional, social and economic impacts that it causes to the community. In 2014, substance use disorders cost Ontario \$15 billion, which includes \$4 billion in healthcare costs, \$6 billion in lost productivity costs, \$4 billion in criminal justice costs, and \$1 billion in other direct costs; and these costs have steadily increased every year.<sup>4</sup> To put the size of the problem into context, across Canada in 2015-16, there were more hospitalizations entirely related to alcohol than there were for heart attacks.<sup>5</sup>

As further detailed below, treatment of substance use disorders has evolved in Ontario to meet the compounding effects of substance use disorders and considering broader influences and trends in the healthcare system.

### Evolution of Treatment of Substance Use Disorders in Ontario

In response to the growth of substance use disorders and other external factors, the following trends have impacted how addiction services have evolved over time.<sup>6</sup>

- A focus on regional planning and accountability, rather than central, for health care systems, including residential treatment of substance use disorders, has influenced models for funding and services;
- Changing patterns of substance use in many regions (e.g. the use of prescription and non-prescription opioids, inhalants and methamphetamines) have impacted demands for services in different areas;
- Increasing complexity of clients with substance use disorder challenges that may involve concurrent, persistent and severe mental health disorders and/or physical health problems requires more specialized medical supports;
- Decreasing social supports among people seeking help (e.g. limited appropriate supportive housing, employment supports) have created barriers and negatively impacted client outcomes;
- Increasing prominence of harm reduction approaches has improved access to services for clients where abstinence is not a goal;
- The establishment of specialized services to meet the needs of unique populations (e.g. women);
- Increasing role and capacity for community and outpatient services for the treatment of substance use disorders has been beneficial for clients with less severe and complex needs, creating capacity for residential treatment services to serve clients with higher severity and complexity; and
- An increasing body of evidence on the appropriateness, effectiveness, and quality of different treatment modalities and approaches has reinforced the value of a tiered service model with programs sensitive to diverse populations with unique client needs and circumstances.

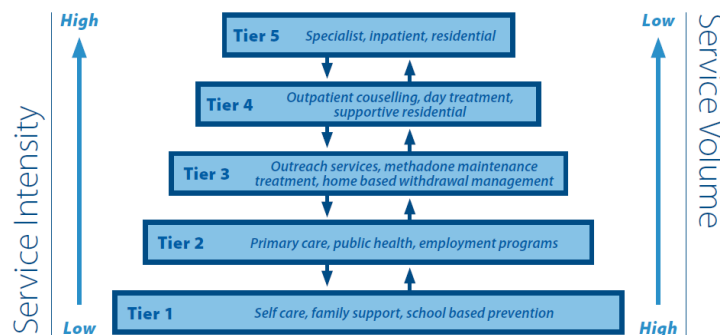
Addiction services have evolved and developed over time in the context of these trends. This has been in isolation of a comprehensive provincial strategy and central direction, resulting in siloed planning, and pockets of quality improvement initiatives and excellence that have not been scaled and shared across the province.

## Residential Treatment as Part of a Tiered Continuum

This paper focuses entirely on adult residential treatment, which is an essential part of a tiered continuum of addictions and mental health care. It is a highly intensive and specialized acute service intended for a relatively small and specific segment of the population with chronic and highly complex substance use and associated problems. Since substance use disorder is a chronic disease that requires longitudinal care and support over a person's life, there may be different periods where an individual needs to access more or less intensive supports, depending on the manifestation of their challenges at a particular point in time.

The model below outlines this broader tiered continuum of service and includes tiers of service in which a client may access services. This model has informed system planning across Canada and internationally. Residential treatment, the focus of this paper, is situated in Tier 5, which has the highest level of service intensity, and the lowest anticipated service volume. People with the greatest challenges in improving their situation in the community are most likely to benefit from residential treatment.<sup>6-8</sup>

Figure 1: A Tiered Model for Addictions Continuum of Services; adapted from Smith, P. (n.d.). B.C. Tiered Model Adapted from the National Treatment Strategy.<sup>8</sup>



It is important to distinguish Tier 5 residential treatment from Tier 4 supportive residential programs, as these are two different levels of residential substance use disorder services and supports, as defined below.<sup>9</sup>

- Tier 5 Residential Treatment:** Adult residential addiction treatment facilities provide intensive time-limited treatment in a structured, substance-free, in-house environment. These clients accessing these services are most likely to be those with more complex and/or chronic substance use challenges. Residential treatment provides intensive daily treatment programming that supports participants to examine and work on issues related to their substance use. Treatment may include counselling, psycho-social education, and life-skills training. Some programs may be targeted at a particular gender and/or specialized population and some also provide medical, nursing or psychiatric support.
- Tier 4 Supportive Residential Programs:** Supportive residential programs provide safe, substance-free accommodation but do not provide intensive treatment programs for clients. Clients who need a stable, safe, supportive environment, away from their usual living situation, to deal with their substance use are most likely to benefit from these programs. Clients who are participating in these programs may also be accessing more intensive treatment services through other community providers.

## Purpose of this document

This document seeks to articulate a policy and investment vision for adult residential treatment in Ontario, a part of the continuum, which very much needs more capacity as well as leadership, service standardization and evidence-based allocation. It is based on best practice research, engagement with the residential treatment sector in Ontario including those with lived experience as well as engagement with other jurisdictions within Canada and abroad<sup>i</sup>. It also includes an analysis of relevant qualitative and quantitative data from Ontario. This paper provides a collective and unified voice for residential treatment service providers, clients and families, and partners on current challenges and recommendations for improving residential treatment in the future at a system level. The ultimate goal is to obtain confidence and buy-in from stakeholders on the essential value of residential treatment, highlight current issues which must be addressed, and a shared commitment going forward to action the recommendations proposed for the betterment of the residential treatment system and the people it serves in Ontario.

## Value of Residential Treatment of Adult Substance Use Disorders in Ontario

Residential treatment is cost-effective when compared to the costs of other public services that may be involved in supporting and treating individuals who do not receive timely and appropriate specialized treatment for their substance use disorders. These other services include:<sup>10,11,12</sup>

- Emergency department visits, costing an average of \$388.01 per visit
- Hospital inpatient services, costing between \$696-\$2195 per day
- Shelter beds, costing between \$75-\$105 per day
- Criminal incarceration, costing an average of \$213 per day

These do not include the broader social and individual costs related to quality of life, economic productivity and the damaging effects on impacted family members and communities.<sup>4</sup>

As a more intensive and specialized treatment modality, it is generally more costly than less intensive forms of care within the addictions and mental health continuum of care.<sup>13</sup> However, residential treatment has the greatest positive impact on individuals who cannot be treated successfully in other addictions and mental health care settings; and after appropriately informed, addiction-specific clinical assessment and program matching, residential treatment may be the best chance these individuals have to move forward on their recovery journey.

“This place saved my life.”

- Client of Residential Treatment

“Amazing program, amazing staff.”

- Client of Residential Treatment

“I stabilized my physical, mental and spiritual health – and started the process to recover ... and regain my life functions.”

- Client of Residential Treatment

“For me the counselling services were the defining point for my well being and to change my life around.”

- Client of Residential Treatment

“This helped me rebuild connections with my community, I’m clean, and I have a plan.”

- Client of Residential Treatment

<sup>i</sup> Interviews were conducted with relevant groups in British Columbia, Alberta and Australia

## Moving Towards a Future State Vision

The following represents a future vision for Ontario’s adult residential treatment; it reflects what providers, clients, and partners want the system to be known and recognized for in the future.

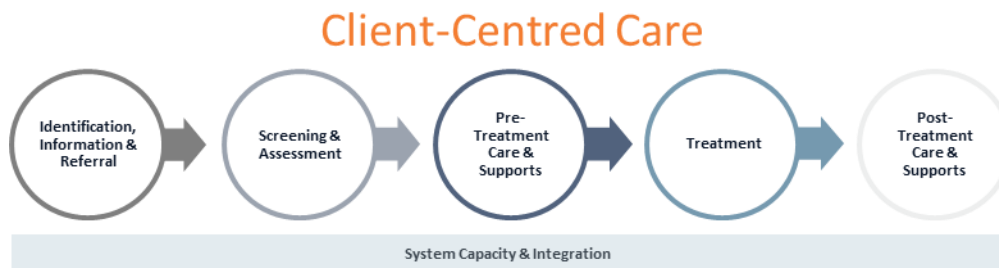
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**Residential treatment services are an essential and integrated part of the addictions and mental health continuum of care in Ontario. The system is data-driven, outcomes-focused, and collaborative in the delivery of high quality and client-centred care to individuals with highly acute, chronic, and complex concurrent needs.**

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Achieving this vision will require effort and focus on a number of key areas, related to elements of the client journey, key enablers, and supports. Based on the fundamental principle that every step should be client-centred and based on the client’s unique circumstances and goals, current state findings, as well as recommendations in the subsequent sections, have been framed according to the following framework.

*Figure 2 Framework for Residential Treatment*



In this framework, the client is at the centre of their care for every step of their recovery journey. System collaboration and integration, capacity, and funding are critical enablers to achieving successful client outcomes.

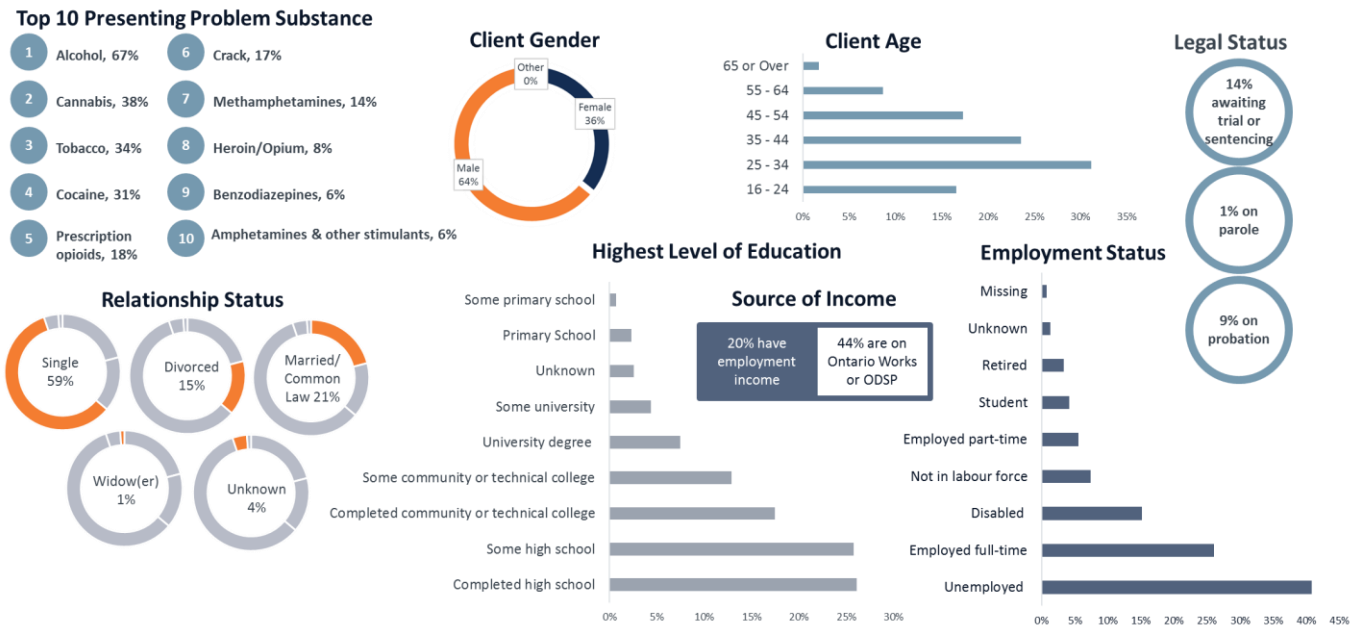




## Client-Centred Care

People with substance use disorders who access residential treatment services are a diverse group, with variable needs. As shown below, many clients are from socially marginalized groups, with significant variability in socio-economic characteristics. For complex disorders such as substance use disorders, there is no 'one size fits all' solution and a range of treatment options and a multi-dimensional approach is needed to meet the diverse needs and preferences of this group. As AMHO and its member organizations seek to address challenges in the current system, it will be critical to advance models of care that put clients at the centre, treat them as an active partner in their own recovery, and aim to meet their unique needs and preferences.

Figure 3: Residential Treatment Client Characteristics<sup>ii</sup>



<sup>ii</sup> Data extracted from the Drug and Alcohol Treatment Information System (DATIS) Central Database, fiscal year 2017/18 open admissions (refers to admissions which are either new, or carryover).



## Identification, Information & Referral

The client journey can start anywhere along the continuum of care. Clients may be identified and referred to addictions and mental health services by a wide range of individuals and organizations, including self-referral. Clients need to be provided with accurate and comprehensive information to guide their decision-making, along with the appropriate referrals to the right services that are best suited for their unique needs and circumstances.

### Current State Findings

Clients and referring partners strongly value the diversity of programs and models of care available across the province, however, it is challenging for clients and referring partners to navigate the options and understand the models, principles, and sub-specialties of each residential treatment provider. This is compounded when referrals are made to organizations outside of a client’s local region where referring organizations may not have relationships with a residential treatment provider.

Figure 4: Top 10 Referral Sources for Residential Treatment<sup>iii</sup>

Referral Source	Percent of Clients
Self	37%
Community Treatment Agency	19%
Family/Friends	8%
Residential Withdrawal Management Service Agency Level 1-3	6%
Community Mental Health Agency - Adult Program	4%
Community WMS Agency Level 1, 2, 3	4%
Social Service Agency - Adult Program	4%
Community Day/Evening Treatment Services Agency	2%
Other Legal System - Excluding Police	2%
Residential Treatment Services Agency	2%

### Future State Recommendations

In order for clients and referring partners to be aware of and be able to navigate through the diverse range of programs and models of care available, information about residential treatment models, population-sensitive clinical treatments and interventions, and sub-specialties should be broadly available and easily accessible to all clients and referring partners.

**In British Columbia, Adult Residential Substance Use Services must follow an Informed Decision Making Standard.**

Community-based and residential substance use programs and services are jointly responsible for sharing up-to-date program information. Health authorities should also ensure that information on their websites is clear and up-to-date. Treatment matching is facilitated when there are strong communication links and relationships between all services along the substance use continuum. Regular networking meetings between health authority staff, community and residential service providers, and referral agents can help to develop such relationships.

Program information should include, as appropriate, whether programs have experience with specific populations (e.g. gender). This is particularly important for lesbian, gay, bisexual, two-spirit, transgender, and questioning [LGB2STQ] individuals who will need to know whether it is safe to disclose their sexuality or gender identity.<sup>8</sup>

“Don’t make clients run around to different offices and calling several numbers, I need a simple way in.”

- Client of Residential Treatment

<sup>iii</sup> Data extracted from the Drug and Alcohol Treatment Information System (DATIS) Central Database, fiscal year 2017/18 open admissions (refers to admissions which are either new, or carryover).



## Screening & Assessment

Screening is a brief process that determines whether an individual has a substance use issue and/or related mental health problem that requires further exploration and intervention. Screening should be performed by a service provider trained in substance use screening and assessment practices.<sup>8,9</sup>

If the screening indicates that a person would benefit from substance use services, then a more comprehensive assessment is conducted that explores the individual’s bio-psycho-social-spiritual needs, strengths and preferences. The assessment is one tool to help identify the most appropriate service for an individual and inform the development of a treatment plan. This treatment plan will also need to consider client preference and clinical judgment to determine the most appropriate path and environment for an individual.<sup>8,9</sup>

### Current State Findings

In recent years, the endorsement of a common assessment tool for substance use disorders has been recognized as valuable to ensure that a client is matched to the right intensity and modality of treatment. However, due to a broad number of implementation challenges, different assessment tools are used by different organizations inconsistently, and many providers often defer to their judgement or individual approaches to guide referral decisions and treatment plans. There are also challenges to complete the assessment for certain client populations (e.g. clients with dual diagnosis and acquired brain injury). Inconsistent and poor-quality assessments and lack of awareness and trust in the service provider community results in clients being admitted to residential treatment who may not be suitable candidates for that level of care and could be more appropriately and effectively treated in a different setting.

### Future State Recommendations

Endorse and support the effective implementation of a standardized, evidence-based, addictions-specific assessment tool for substance use disorders through a change management approach that includes: enhanced training and education; clinical supervision; performance management; and allowance for flexibility and clinical judgement where required and appropriate.

Effective treatment begins with an assessment of the client’s needs, strengths and preferences in order to determine which substance use service is likely to benefit the client most. Assessments also help to ensure that scarce specialized resources are used efficiently and for those with the greatest need and most complex issues.

“There is limited capacity in the system, we need to make sure residential treatment is available for those who need it most.”

- Residential Treatment Provider

**Jurisdictional Scan:** There is some momentum in Canada toward province/territory-wide implementation of validated, standardized assessments. In 4 jurisdictions (Alberta, B.C., Yukon, Nunavut), the Health of the Nation Outcome Scales (HoNOS) has been implemented or is being rolled out for community mental health services. In Alberta and B.C., the HoNOS is also used for community addiction services clients. In Newfoundland and Labrador, there is some use of the interRAI CMH assessment. In Ontario, the OCAN assessment has been implemented by most Ontario community mental health agencies, and the GAIN Q3 NI ONT has been mandated for agencies funded to provide addiction services.<sup>14</sup>



## Pre-Treatment Care & Supports

Pre-treatment care and supports focus on assisting clients in stabilizing to attend a residential addiction treatment program. Examples of pre-treatment care and supports include a substance-free environment with 24-hour on-site support, peer support groups, individual weekly counselling, case management, experiential learning group programs, etc.

### Current State Findings

Providers that offer pre-treatment supports have seen significant improvements in outcomes for clients; however, the existence of these supports is limited and is not funded within the residential treatment functional centre.

*“I didn’t have a safe place to stay while on the waitlist, I had to live in a shelter.”*  
– Client of Residential Treatment

Gaps between withdrawal management and residential treatment services can be difficult due to mismatched capacity and lack of transitional supports. Many referring partners try to match withdrawal management and residential treatment referrals so that clients flow directly from one to the other; however, this often means getting bounced from wait-lists for individual services and waiting for available capacity to align at the same time.<sup>15</sup> Where they exist, Rapid Access Addiction Medicine (RAAM) Clinics are improving transitions between providers; however, there are still gaps for those that need broader supports or more intensive treatment, such as transitional residential support to reduce/cease use before admission into a residential program.

### Future State Recommendations

Pre-treatment service options and transitional support should be considered within the scope of residential treatment and resourced appropriately to ensure there are no gaps in support and clients are in the best position to benefit from residential treatment once they enter into treatment.

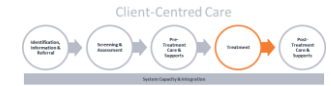
Improve transitions in care, such as between withdrawal management and residential treatment services, through better defined care pathways and enhanced communication, coordination, and comprehensive service offerings.

*“It’s horrible when you lose someone who is asking for help and ready for treatment but you don’t have the capacity and they have no other supports, it’s often a short window of opportunity.”*  
– Residential Treatment Provider

**In British Columbia:** If the individual seeking treatment does not need a place in a residential program, or is waiting for a place, a referral is made to appropriate supports in the community. The range and availability of community-based substance use support, and other health and social supports in B.C. varies from town to town and region to region. Pre-treatment supports include drop-in groups or centres, peer-support groups, generic community counselling, and online resources (such as the *HeretoHelp* website, a project of the BC Partners for Mental Health and Addictions Information), as well as more structured or intensive community services. British Columbia’s standards require transition planning and support to be included in residential treatment.<sup>8,16</sup>

**In Quebec:** Publicly funded residential treatment programs are affiliated with a withdrawal management centre to help facilitate access and flow along a defined care pathway.

**In Australia:** Residential treatment providers are required to have pathways from withdrawal management in order to receive direct funding from the government.



## Treatment

Adult residential addiction treatment facilities provide intensive time-limited treatment in a structured, substance-free, in-house environment. Residential treatment programs provide daily programming that supports participants to examine and work on issues related to their substance use. Treatment may include counselling, psycho-social education, and life-skills training. Some programs may be targeted at a particular gender and/or specialized population and some also provide medical, nursing or psychiatric support.

### Current State Findings

A recovery model of care that respects and considers the whole person has proliferated and clients report high levels of satisfaction with residential treatment services. Staff are deeply passionate and committed to their work, and focus on helping the whole person, often providing support for broader issues related to legal, custody, or medical issues. There is a wide range of different program models to meet different client needs, particularly gender-specific treatment options and trauma-informed care as well a range of program lengths (from 1 – 26 weeks) to meet different intensities of need.

However, while the diversity of program models is a strength of the system, there are many instances when the lack of standardization is causing access and quality challenges. Areas of variability that are cause for concern include:

- Level of support to those with concurrent disorders
- Level of medication support available;
- Access to medical/primary care; and
- Availability and provision of evidence-based psychosocial and clinical interventions.

Table 1: Residential Treatment Program Features Identified  
(Source: ConnexOntario)

Program Features in Connex	
Length	1-26 Weeks
Psychosocial	21% of providers
Medical/Clinician Affiliated	10% of providers
Concurrent Capable	29% of providers

### Future State Recommendations

While some variation in models is necessary to meet diverse client needs, those variations need to be purposeful, based on evidence and contribute to positive client outcomes. They should enhance access to care, as opposed to acting as a barrier.

Endorse and implement residential treatment standards for treatment services. Significant advancements made by associations in Ontario to establish standards should be leveraged, including AMHO’s residential treatment standards<sup>9</sup> and HQO’s quality standards.<sup>17</sup>

**Provincial standards:** AMHO’s residential treatment standards were modeled after British Columbia’s acclaimed *Service Model and Provincial Standards for Adult Residential Substance Use Services* which was implemented by the Ministry of Health in 2011.<sup>8,18</sup> Alberta Health’s recent *Mental Health Services Protection Act* will put standards in place to ensure residential treatment facilities are licensed and health service providers are appropriately trained and regulated.<sup>19</sup>

“I have other issues that I need help with while managing my addiction, those issues don’t stop while I’m in here.”

- Client of Residential Treatment

## Current State Findings

Concurrent disorders continue to be a growing concern for residential treatment. In 2017/18, a large proportion of residential treatment clients were taking mental health medications at the time they were admitted to treatment and 19% reported having been hospitalized for mental health challenges in the past. Despite growing demand and increasing client complexity, there is limited capacity in the residential treatment system to support the treatment of severe and persistent concurrent mental health disorders. Treating this level of complexity requires a level of specialized clinical oversight and medical support to which residential providers do not have access.<sup>20</sup>

Figure 5 Mental Health Challenges (Source DATIS)

Residential Treatment Clients - Mental Health Challenges	
Medication for Mental Health past 12 mos.	52%
Medication for Mental Health Current	47%
Received Mental Health Treatment Lifetime	60%
Received Mental Health Treatment past 12 mos.	47%
Received Mental Health Treatment Current	37%
Hospitalization for Mental Health problems	19%

The number of un-regulated, privately funded residential treatment service facilities have risen with no regulation or standardization imposed by the government. This continues to be an area of growing concern, as the oversight mechanisms to ensure quality and safety are inadequate.

## Future State Recommendations

Concurrent disorders should not be a barrier to accessing residential addictions treatment. To achieve this, exclusion criteria for those with concurrent substance use and mental health disorders should be eliminated and the capacity to provide care for those with concurrent disorders needs to be enhanced in the system (e.g. medication management, medical supports).

**In British Columbia:** Provincial standards require that residential programs must make particular effort to ensure that individuals with mental health issues receive sequential or concurrent mental health supports.<sup>8</sup>

Mandate accreditation as a signal of quality and consistency in service delivery for both public and privately funded residential treatment providers.<sup>23</sup> Implementation of this recommendation will require supporting public organizations to have the administrative support and funding to pursue accreditation.

**Accredited residential treatment services in Canada:** Approximately two-thirds of an estimated 400 public, private and not-for-profit agencies that provide residential treatment of substance use disorders in Canada have a relationship with one of Canada's six accreditation bodies. The percentage of accredited residential treatment facilities varies widely across provinces and territories. For example, in PEI and Newfoundland and Labrador, there are 4 facilities in each province and all of them are accredited. By contrast, in some larger provinces, less than ¼ of all treatment agencies are accredited. In 2011, Quebec mandated accreditation as a legal requirement for all public and private residential treatment facilities. Today all institutions in the province providing these services must be accredited by a recognized body every four years.<sup>23</sup>

## Current State Findings

Limited collateral family support is offered as part of care, including care of children of clients, which poses a barrier to receiving and completing treatment successfully, especially for single/new parents (e.g. residential treatment beds where children could be incorporated where appropriate).

Lack of common outcomes for residential treatment, poor quality administrative data, and misaligned information and reporting systems have made system planning, performance management, and quality improvement challenging.

**Alberta Health** is defining common data requirements and identifiers to enable measurement of outcomes and definition of needs across geographic regions, ministries and organizations so that Albertans will not have to repeat their personal health information with every new service provider.<sup>19</sup>

## Future State Recommendations

Family or caregiver supports should be incorporated into services where appropriate to maximize the effectiveness of residential treatment and client outcomes.

**In British Columbia and Scotland:** Their standards of care require family and caregiver considerations and supports to be embedded into services.<sup>8,16,21</sup>

Endorse, implement and provincially fund a common set of treatment outcomes and administrative standards for publicly-funded providers that clearly define functional centres and reporting requirements.

Enhance the provincial substance use disorders clinical information and reporting system to support information sharing, performance management, and quality improvement.



## Post-Treatment Care & Supports

Since substance use disorders are a chronic disease, those leaving residential treatment still need care and support. Post-treatment care and supports improve relapse rates, reduce interactions with the justice system and reduce reliance on social programs. These programs and services may be delivered by residential treatment providers, other community addictions and mental health providers, or through other medical and social services.

### Current State Findings

Currently, practices are inconsistent around transition planning, availability of after-care programs and/or warm referrals to community providers in a client’s local community. The lack of, and inconsistency of, these supports reduces the likelihood of a client’s successful recovery and impedes their ability to build upon the progress made in a residential treatment setting.

Unfortunately, some clients may not have housing and may be socially isolated. These individuals may require transitional housing and other supports to continue their recovery. These supports are often not secured when a person is referred to residential treatment and there are inconsistent practices on transition planning once a client is in the program.

“I’m worried about having access to dry housing when I leave.”  
- Client of Residential Treatment

### Future State Recommendations

Endorse and implement residential treatment standards for transition planning and supports.<sup>6,8,19</sup> Improve communication and coordination between service providers to ensure a seamless transition between services. Clients should be able to move up or down between tiers of service seamlessly based on their needs and unique circumstances. This is widely recognized in British Columbia as an effective practice and standard of care.<sup>8</sup>

British Columbia’s standards require transition planning and support to be included in residential treatment.<sup>8,16</sup> Alberta is developing pathways to and from primary health care to support coordination within, and transition between, health and community settings (including schools).<sup>19</sup>

After-care and continuing treatment, including coordination of transitional stable housing support, should be incorporated into every program to maximize the effectiveness of residential treatment and client outcomes.<sup>8</sup>

Alberta Health is improving current use and future planning of housing to prevent homelessness due to addiction and mental health issues.<sup>19</sup>

British Columbia’s *Aftercare Treatment and Supports Standard* requires residential programs to connect participants who are homeless with services that can assist them in finding housing early on in the program.<sup>8</sup>





## System Capacity & Integration

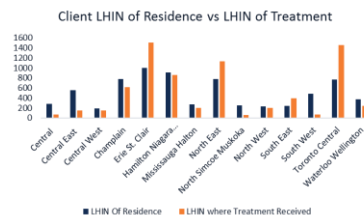
To provide high-quality and client-centred services, the residential treatment system needs to have sufficient capacity both in terms of the number of beds as well as capacity to provide the “right care” to clients with increasingly complex medical and mental health needs. As part of a care continuum, and in order to treat clients holistically, it is also important that residential treatment providers be connected to partners who provide broader addictions and mental health services along the continuum as well as broader medical and social services. This aligns strongly with the objectives laid out in The Government of Ontario’s Bill 74 which aims to create a client-centric and integrated public health care delivery system that effectively support clients along their care journey and improves transitions.

### Current State Findings

There are indicators that there is not enough residential treatment capacity in Ontario. The average provincial wait time is 50 days, although in some regions its much longer.<sup>22</sup> Further evidence is the growth in the number of private, unregulated residential treatment facilities which have grown to fill gaps in the publically funded system but do not have the accountability structures in place to ensure quality, evidence-based care. At the same time it is also critical that existing capacity be used by clients who are the most likely to benefit from this specialized treatment and would not be better served by lower intensity treatment modalities and/or other support services like housing.

Many clients travel across the province and receive treatment outside of their local area, yet capacity and resources are planned at a regional level. The chart below shows the misalignment between capacity and demand in many regions.

Figure 7 Client Residence vs Treatment Region (Source: DATIS)



### Future State Recommendations

Develop a provincial capacity plan for residential treatment and invest in filling gaps. The capacity for this specialized service needs to be considered within the continuum of addictions treatment and include the necessary transition supports and after-care that make residential treatment more effective at supporting clients reach their long-term recovery goals. There is also a need to endorse and implement residential treatment standards and support the implementation of an evidence-based, addiction-specific assessment tool to ensure that those with the most complex and acute needs are able to access specialized services.

Recognize residential treatment as a specialty provincial service that is an integrated part of the addictions continuum but is planned, funded and managed at a provincial level. Maintaining provincial access to services allows for the most efficient use of this specialized system capacity and enables clients to receive treatment from the provider best suited to support their needs and goals, considering service capacity, geography, and the availability of specialty programs.

Funding for residential treatment is not consistent or equitable, focusing on bed days rather than client outcomes or complexity. Funding levels do not support the provision of many beneficial treatment methods within programs.

Figure 6 Residential Treatment Per Diem Cost (Source: MOHLTC)

Indicator	Price Per Bed Day
Min	\$ 33
Average	\$ 150
Median	\$ 146
Max	\$ 380

The clinical resources needed to support more advanced mental health and medical care needs (e.g. nursing, psychiatry, and psychologists) are in other parts of the health system with limited connections to residential treatment programs. Some supporting frameworks and structures for collaboration already exist in the system (e.g. AMHO’s communities of practice) and many providers have recently undergone integrations to expand their services across the continuum of care; however, the residential treatment system in Ontario is still very fragmented, and consists of many small organizations which run and operate independently with limited connections to other parts of the addictions and mental health care continuum and broader health system overall.

“If we realize that we all have responsibility for a client’s well-being we will collaborate more and help meet their needs, it’s not YOUR client and then MY client, it’s OUR client ... we are all part of the circle of care.”

- Broader Addictions Partner

Significant data issues and gaps exist, making it a challenge to gather a clear picture of capacity or utilization to support planning and decision-making. There is inconsistent usage of functional centres for reporting to funders, as it is sometimes being used for programs that do not fit under the definition of residential treatment, further reducing the accuracy and reliability of the data.

Establish an equitable funding model for residential treatment across the province that integrates client complexity and supports high quality and client-centred care to support the delivery of care in alignment with evidence-based standards and best practice.

“Of course we can do better, we are providing the best service we can with the resources available, we need to be resourced appropriately to provide best in class care.”

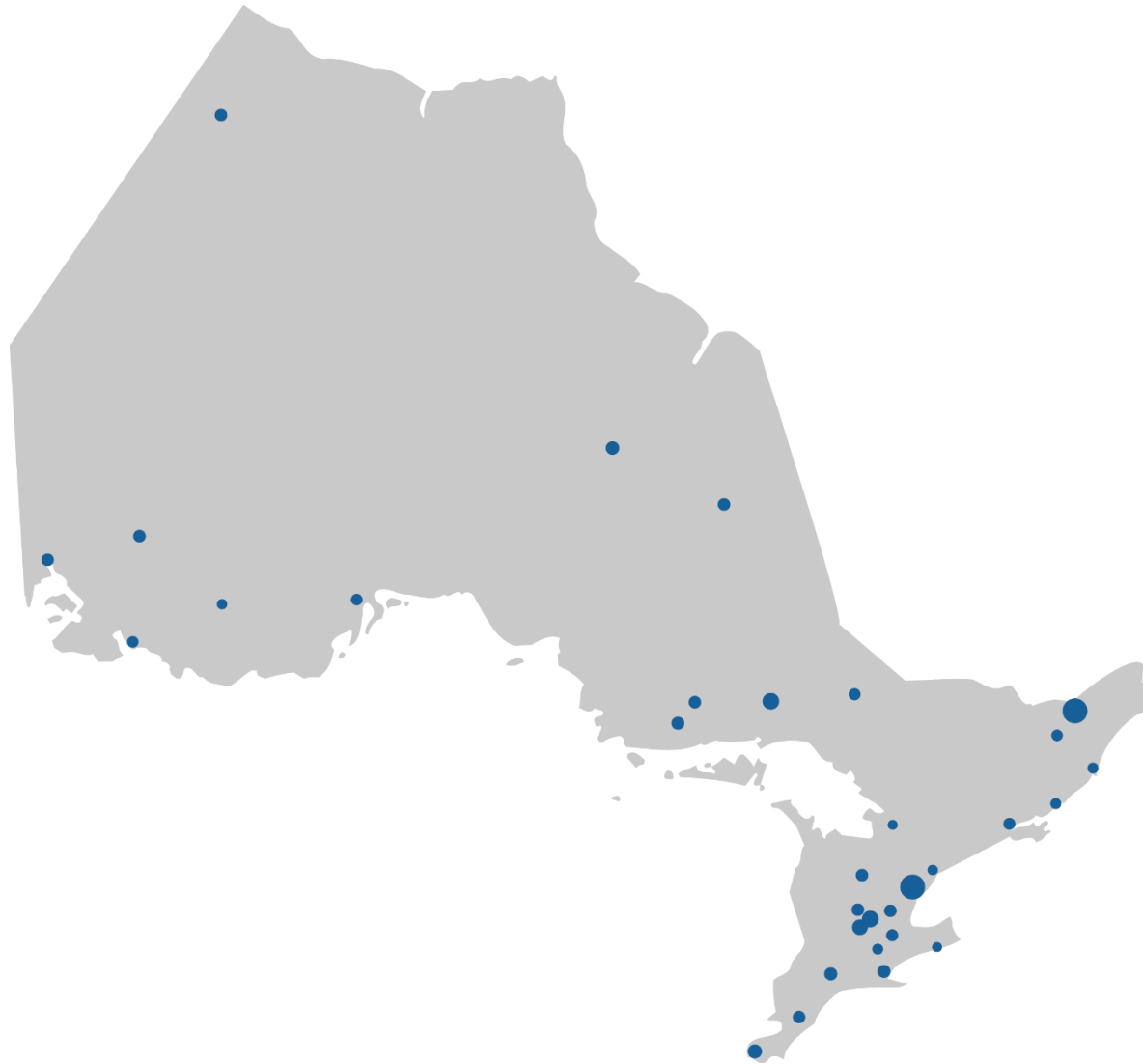
- Residential Treatment Provider

Support and facilitate the full spectrum of integration activities to enable enhanced collaboration and partnership across the addictions, mental health, and broader health care continuum while also reflecting and supporting social determinants of health.<sup>6,8,19</sup> Even if residential treatment programs are funded and managed as a specialized provincial resource, it will be critical that programs are locally connected and integrated to support transitions in care and the provision of integrated and client-centred services.

**Alberta Health** is planning to implement a community-based service hub model where services are jointly planned and delivered by multiple sectors through one location, either physically or virtually. Services include housing, physical and mental health services, primary health care, addiction services, justice, social services, school-based services etc.<sup>19</sup>

Endorse and implement administrative standards for publicly-funded providers that clearly define functional centres and reporting requirements. Clear definitions are needed as well as enhanced accountability to ensure consistency and quality of data to support improvement initiatives and planning.

Figure 6 Residential Treatment Provider Locations across Ontario (Source: Connex)



## Implementation

Implementing the future state recommendations will require the collaborative effort of AMHO, residential treatment providers, partners in the addictions and mental health sector and the broader health system as well as the Government of Ontario.

Residential treatment providers and AMHO can start and advance many of the recommendations through existing collaborative tables and the development of focused improvement initiatives. However, many of the recommendations related to accountability and capacity will require direction and investments by the Government of Ontario. These should be considered as part of the Government of Ontario's \$3.8 Billion investment over 10-years to create a more comprehensive and connected mental health and addictions system.

## Conclusion

Addiction is a chronic illness that will affect about one-fifth of the population in their lifetime. If people don't have access to the right supports and specialized treatment, the impacts on individuals, families and communities and the cost to society are devastating.<sup>1</sup> For many individuals, especially those with highly acute, chronic, and complex concurrent needs, residential treatment is the most effective and efficient treatment method to support them on their recovery journey. There is much to do to make sure that this essential component of the care continuum has the standards, capacity and connections to meet the needs of Ontarians. AMHO and Ontario's public residential treatment providers are ready to lead and champion the change to ensure that we have a system that works for the people who need it most.

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