

SNAPSHOT

Live-in Treatment for Substance Use

BACKGROUND

Live-in addiction treatment¹ is a cost-effective treatment option for clients with complex medical needs in Ontario. There are 31 live-in treatment providers within AMHO membership, accounting for approximately \$37 million of the \$45.7 million currently invested in public live-in addiction treatment across the province. As a result of the work completed by the AMHO community of practice, the **provincial government announced more than \$32.7 million** in new annualized funding for the sector, bringing the total annual funding in the sector to more than \$78.4 million. For an overview of live-in treatment, including client profiles, and understanding of how it fits into the continuum of care, **please see this AMHO snapshot from 2019.**

THE REASON FOR CHANGE

Substance use challenges are increasing and having a detrimental impact on people, families, and communities across Ontario.

In 2014, substance use challenges 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 year². To help put these numbers in context, hospitalizations for alcohol-related illnesses outnumbering those for heart attack³. While the financial costs are staggering, the loss of human lives and the impact that has on families and communities is even more devastating. According to the Office of the Chief Coroner of Ontario there were 2,167 reported opioid related deaths from January to November 2020- a 59% increase over the same period in 2019.

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THE SECTOR

There are approximately

681

publicly funded
treatment beds in
Ontario

- These beds provide service for **8,051** people a year

64%

of clients accessing live-in treatment in 2019/ 2020 reported mental health concerns severe enough to require medication

- **19% reported** a mental health condition severe enough to require hospitalization in the past 12 months⁴
- **Nearly 25%** of those accessing treatment reported between 1-5 overnight hospitalizations in the previous 12 months and 4.25% of clients reported 6 or more overnight hospitalizations⁵

\$200

average funding per bed day for publicly funded live-in treatment

- 59% of providers fall below \$200 per bed day
- The range minimum was \$55 per bed day

\$388

In comparison emergency department visits cost an average of \$388.01 per visit

- Hospital inpatient services range from \$696-\$2,195 per day
- Incarceration costs an average of \$213 per day⁶⁷⁸⁹

CLIENT NEEDS AND NEW INVESTMENTS

Recent government funding allocated to live-in treatment will both increase the number of treatment spots and support critical quality investments so that service providers can better address increasingly complex client needs – including the prevalence of concurrent mental health conditions. Below is a breakdown of client needs identified by the sector and government action to address needs.

AMHO called for the following investments.



\$16.2 million

for investments to meet Quality Standards focused on:

- Additional medical professionals, including physicians, nurses and nurse practitioners.
- Timely access to psychotherapy and psychiatric consultations.
- Safe staffing ratios.
- Accreditation, program and outcome evaluation and quality improvement.



\$5.5 million

for supporting better transitions and pathways focused on:

- Supporting successful entry and access to live-in treatment.
- Supporting transitional care plan post treatment.
- Continuing care treatment/counselling.



\$4.2 million

for 30 new youth beds.

RECENT GOVERNMENT INVESTMENTS IN THE SECTOR INCLUDE

\$8M

in annualized funding for new withdrawal management and treatment beds

\$90M

over three years to expand access to addiction care

These investments include \$4.2M annually for 30 new youth treatment beds, and funding for six new youth wellness hub, two new mobile mental health clinics, three new Mobile Crisis Response Teams and additional community supports. A provincial news release indicated that investments will support 396 new addiction beds to provide care for approximately 7000 clients per year. Advocacy on improving the quality of existing beds and supporting transitions across the continuum of care will continue.

NEXT STEPS

AMHO is very pleased to see new annualized funding in the sector, and sees additional opportunity for investment and system transformation, including greater investments outlined below to support the sector to meet existing quality standards.



Wait times and wait list management

AMHO members identified a maximum appropriate wait time of 30 days to access live-in treatment, however, the reality is an average wait time of 100 days for publicly funded treatment for adults and up to 13 months for youth. Clients should have access to pre-treatment programs and supports while waiting for services.



Staffing Challenges

Live-in services are intended for medically complex clients 24/7 and 365 days a year. Current staffing models have not kept pace with the complexity of the clients that are served and staff have long endured low wages. For example, current challenges in the sector include a centre with only one staff person working overnight, insufficient resources to care for the complexity of meeting the needs of clients on for opioid agonist treatment, and limited access psychotherapy support. Organizations need to be able to recruit and retain staff that can provide a high level of specialized care in order to best service clients.



Access to psychiatric services

The majority of clients accessing live-in addiction treatment are struggling with concurrent mental health conditions including many which require stabilization while in program in order for the client to have success. Live-in addiction treatment should receive funding to ensure people with significant concurrent mental health disorders receive a psychiatric consultation. This is required as an integrated component of their treatment, set out in standards by Ontario Health.



Capital Investments

Unlike hospitals, or some community health centres, live-in treatment agencies do not receive any dedicated funding streams for capitals costs. One youth agency has been seeking capital investment to expand access to beds for a decade. A process should be developed to support smaller community organization in seeking capital funding.

Live-in treatment for substance use is one area of AMHO's advocacy, and AMHO will continue this type of analysis, engagement, and advocacy for other services on the continuum of care for mental health and addiction as we move forward to achieve the best addiction and mental health system, anywhere.

¹ AMHO will be using the term "live-in addiction treatment services" or "live-in" treatment throughout this snapshot. Historically, this has been called residential addiction treatment services. Due to the legacy of residential schools in Canada, AMHO is moving away from this language.

² Stockwell, T., Dorocicz, J. & MacDonald, S. Canadian Substance Use Costs and Harms in the Provinces and Territories: (2007–2014). (2018)

³ <https://www.cihi.ca/sites/default/files/document/report-alcohol-hospitalizations-en-web.pdf>

⁴ Drug and Alcohol Treatment Information System. 2021.

⁵ Ibid.

⁶ Ministry of Health and Long-Term Care. Emergency - Mental Health Services - Functional Centre 7131076. (2018).

⁷ Ontario Hospital Interprovincial per diem rates for inpatient services.

⁸ Statistics Canada. Uniform Crime Reporting Survey. (2014).

⁹ Ontario Long-Term Care Association. The role of long-term care. Retrieved from: <https://www.oltca.com/oltca/OLTCA/Public/LongTermCare/FactsFigures.aspx>

¹⁰ Drug and Alcohol Treatment Information System. 2021.

