HÔTEL-DIEU GRACE

ESTD HEALTHCARE 1888

HDGH

ESTD 1888

REHABILITATIVE CARE

MENTAL HEALTH & ADDICTIONS

COMPLEX MEDICAL & PALLIATIVE CARE

CHILDREN & YOUTH MENTAL HEALTH

Agenda

- Overview of Addictions, Acquired Brain Injury and Substance use

- Review of Erie St. Clair LHIN 2016 Addiction Strategic Plan

- Current Community Initiatives & Funding Considerations

- Discuss next steps for Addictions in Windsor-Essex

Addictions - Overview

Organization	Definition
CAMH	Acknowledges that addiction can often be described in multiple ways, and is usually referred to as any behavior that is out of control in some way – the problematic use of a substance or behavior.
WHO	**Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs**. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

A simple way they use to describe addiction is the presence of the 4 Cs:

- **C**raving
- Loss of **C**ontrol of amount or frequency of use
- **C**ompulsion to use
- Use despite **C**onsequences

PROFILE:

Ontario

Canadian Substance Use Costs and Harms

More information can be found at **www.csuch.ca**

In 2014, substance use cost Ontario

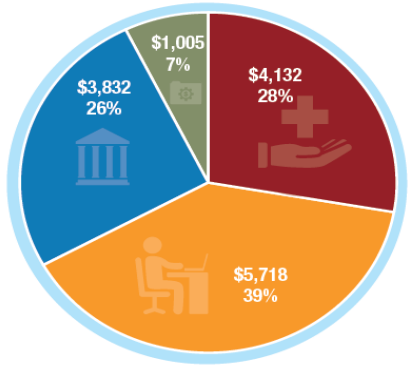
$14.7 BILLION,

which amounts to $1,074 per person, regardless of age

Compared to $38.4 billion or $1,081 per person in Canada

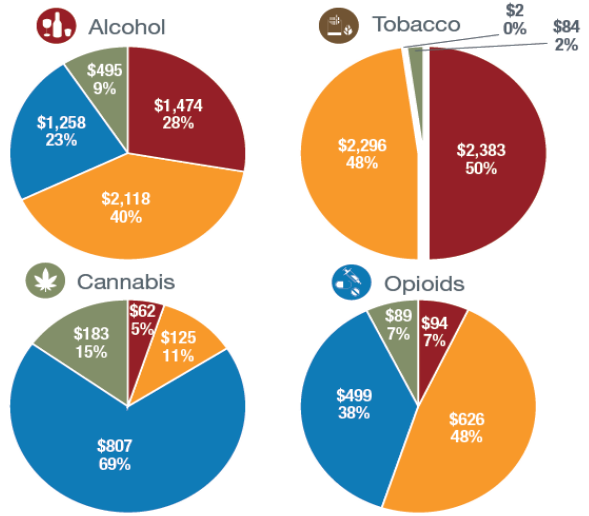
Costs of substance use by cost category in 2014 (in millions)

Overall:

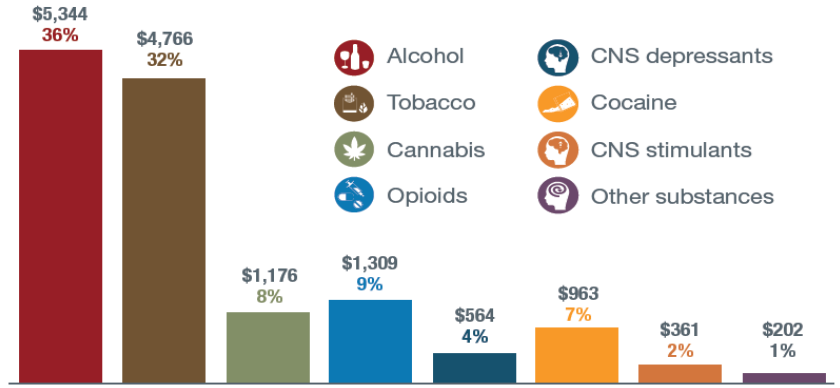


Healthcare
Criminal Justice
Lost Productivity
Other Direct

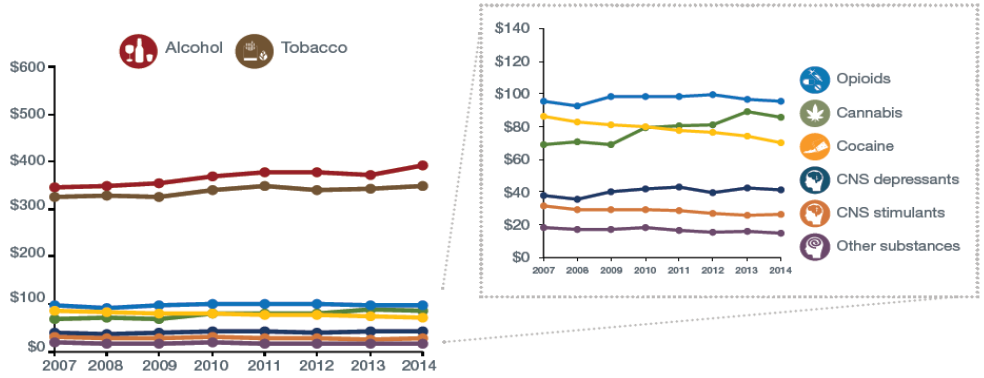
Top 4 substances:



Overall costs by substance in 2014 (in millions)



Per person costs by substance over time



Canadian Centre on Substance Use and Addiction

University of Victoria | Canadian Institute for Substance Use Research

Suggested citation: Canadian Substance Use Costs and Harms Scientific Working Group. (2018). *Canadian substance use costs and harms in the provinces and territories (2007-2014)*. Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

ADDICTION MODELS

Physiological

- Three stages: preoccupation/anticipation, binge/intoxication, and withdrawal/negative affect > intensity > addiction.
- Different substances > distinct patterns of addiction, can be dependent on dose and length of use.
- Progression of substance addiction involves alterations in normal brain circuitry that result in long-lasting drug-induced neuroplastic changes
- Progress with understanding addiction as a disease with biological underpinnings, more research needed to understand the mosaic of actions that different substances promote in various brain systems
- Development of therapeutics that can better serve a significant clinical population that struggles with addiction.

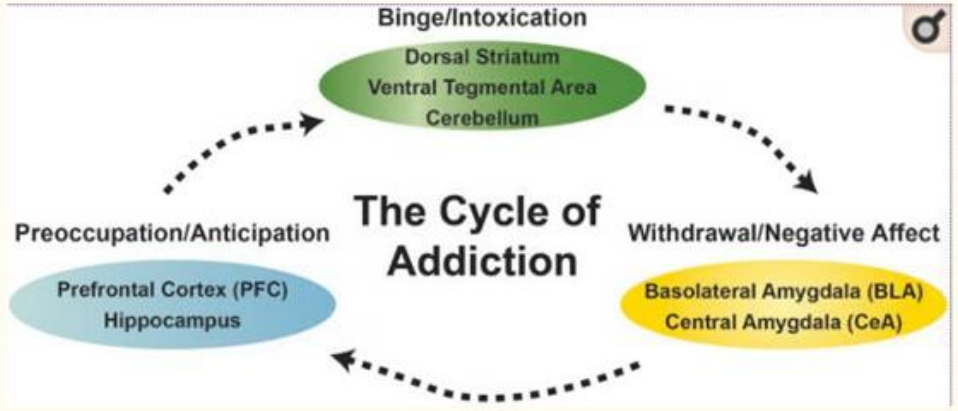


Figure 1

Diagram of the behavioral states and select brain areas discussed in this research topic associated with the cycle of addiction.

ADDICTION MODELS

Biopsychosocial

- Genetic/ biological, psychological, and sociocultural factors contribute to substance consumption and should be taken into account for its prevention and treatment
- Most effective treatments in addictions are psychological, not pharmacological

Components' model of addiction within a biopsychosocial framework

- Multifaceted behavior influenced by contextual factors that cannot be encompassed by any single theoretical perspective. These factors include variations in behavioral involvement and motivation across different demographic groups, structural characteristics of activities/substances and the developmental or temporal nature of addictive behavior.
- Research and clinical interventions are best served by a biopsychosocial approach that incorporates the best strands of contemporary psychology, biology and sociology.

ADDICTION – RISK FACTORS

- Genetic
- How certain substances interact with the brain
- Environment
- Mental Health Issues
- Coping with thoughts and feelings
- Stress

YOUTH – RISK FACTORS

- Alcohol or other drug problems among family members
- Poor school performance
- Poverty, family conflicts, chaos or stress
- Having friends who drink or use drugs
- Not fitting in socially or being excluded because of factors such as race, ethnicity, gender, or sexual orientation
- Emotional, physical or sexual abuse
- Experiencing discrimination or oppression.

Protective Factors: Positive adult role model, good parental or other caregiver supervision, having a strong attachment to family, school and community, having goals and dreams being involved in meaningful, well-supervised activities (e.g., sports, volunteer work).

- Examples of specialized addiction services not available in the Erie St. Clair region include those for:
- Males 16 and older prescribed methadone and requesting residential treatment
- Youth under the age of 16 seeking residential treatment (harm reduction or complete abstinence)
- Most individuals with complex neurobehavioural conditions such as fetal alcohol syndrome, acquired brain injury (ABI) and addictions, dual diagnosis and addictions, and/or borderline personality disorders
- High-risk, unstable polysubstance users who require medically supervised withdrawal management

ConnexOntario

1.866.531.2600

www.ConnexOntario.ca

Access to Addiction, Mental Health and Problem Gambling Services

Accès aux services de santé mentale et de traitement des dépendances et du jeu problématique

Ontario

ABI – SPECIALIZED AND RESTRICTED

Programs in the ConnexOntario Database by Municipality

Guelph

Stonehenge Therapeutic Community Inc. — **ConnexOntario #: 10223**

Addiction Support Coordination

Functional Centre	Age Range	Gender	Capacity F	Capacity M	Capacity U
Case Management - Substance Abuse	18-99	Undifferentiated	0	0	90

The Addiction Support Coordination (ASC) program provides a range of services to members of specialized populations who also have addiction issues and to any service providers involved in their care.
These specialized populations include: those living with acquired brain injury; developmental delay/dual diagnosis (concurrent developmental delay and mental health issue); complex concurrent disorders; older adults/geriatric clients. Services range from education and consultation for other service providers to direct support coordination work with clients. Support Coordinators are based in Cambridge, Guelph and Kitchener-Waterloo.

Contact
Phone 519-404-2307
Email mcruickshank@stonehengetc.com

ABI – SPECIALIZED AND RESTRICTED

Programs in the ConnexOntario Database by Municipality

Rama

Rama First Nation Addictions Program — **ConnexOntario #: 12139**

Community Treatment - Outpatient Program

Functional Centre	Age Range	Gender
Addictions Treatment - Substance Abuse	0-99	Undifferentiated

Community and Family Services believe that holistic healing and wellness rooted in a strong cultural foundation will empower families and community to achieve balanced and healthy lifestyles. We strive to provide a safe, nurturing environment by offering programs and services that meet the needs of the people.

Contact
Phone 705-325-3611 Ext. 1423
Toll Free 866-854-2121

ABI – ADDRESSED

Programs in the ConnexOntario Database by Municipality

Windsor

University of Windsor — **ConnexOntario #: 50963**

Student Health Services

Functional Centre	Age Range	Gender
Health Centre (Post Secondary)	17-99	Undifferentiated

We are your family physician's office while on campus. The clinic at Student Health Services is a medical practice. The clinic can take care of all your healthcare needs providing confidential, student-centred health care, including comprehensive medical care, counselling, and referrals. Psychiatrist by referral.

Contact
Phone 519-973-7002

Special Provision	Restricted	Specalized	Addressed	Note
Acquired Brain Injury	N	N	Y	

ABI – ADDRESSED

University of Windsor **ConnexOntario #: 50963**

Counselling Services

Functional Centre	Age Range	Gender
Counselling and Community Treatment (Post Secondary)	0-99	Undifferentiated

The Student Counselling Centre at the University of Windsor provides free, confidential counselling and crisis appointments to registered students as well as consultation and referral services for University of Windsor faculty and staff. Services are provided by Psychologists, masters level clinicians, and PhD-level graduate students. In addition to Centre there are embedded therapists in the following faculties: Engineering, Law, Graduate Studies, Business, and Nursing.

Contact
Phone 519-253-3000 Ext. 4616
Email scc@uwindsor.ca

Special Provision	Restricted	Specalized	Addressed	Note
Acquired Brain Injury	N	N	Y	

ABI – ADDRESSED

Programs in the ConnexOntario Database by Municipality

Victorian Order of Nurses-Windsor — **ConnexOntario #: 60022**

Chronic Pain Management & Assessment and Referral Program

Functional Centre	Age Range	Gender
Addictions Treatment - Substance Abuse	12-99	Undifferentiated

This program provides assistance with voluntary withdrawal from alcohol and other drugs, including opioids. It provides harm reduction services, including opioid replacement treatment and linkages to other community-based programs.

Contact
Phone 519-945-2931
Toll Free 855-419-5200 Ext. 4
Email CPMARP@von.ca

Special Provision	Restricted	Specalized	Addressed	Note
Acquired Brain Injury	N	N	Y	Chronic pain management must be the primary diagnosis.

ABI – ADDRESSED

- Chatham – Methadone Maintenance Therapy
- Sarnia – Methadone Maintenance Therapy and RAAM Clinic

The Substance Abuse and Brain Injury (SUBI) project was initiated to study the problem of Substance Abuse and Brain Injury. This website provides information for Healthcare Providers, persons with an Acquired Brain Injury (ABI), and the General Public.

For Survivors, Friends and Family

Check out these links to other resources on the Web.

DID YOU KNOW THAT ...

- 25 to 30% of persons sustaining an ABI are intoxicated at the time of injury?
- Using substances greatly increases the chances of a second injury?

For Providers

Have you seen our Catalog of clinical documents? Check out these links to other resources on the Web.

DID YOU KNOW THAT ...

- More than half of adults and adolescents admitted to ABI rehabilitation programs have a history of substance use?

The SUBI Project

Click on the Information menu item above to learn more about the SUBI project. We'd like to hear from you with any comments, critiques or suggestions you might have ... We're at admin@subi.ca

DID YOU KNOW THAT ...

- Use seems to increase during the post-acute period of a brain injury?
- 20% of people who do not have a substance use problem before the injury become vulnerable to substance use after an injury?

SUBI
SUBSTANCE USE / BRAIN INJURY BRIDGING PROJECT

Client Workbook

- Designed by a partnership of people at Community Head Injury Resource Services of Toronto (CHIRS) and the Centre for Addiction and Mental Health (CAMH)

- Created for people who are living with the effects of a brain injury and are also having some problems due to drug or alcohol use

SUBI
SUBSTANCE USE / BRAIN INJURY BRIDGING PROJECT

Client Workbook

- Strongly recommend that clients review it with a counsellor who is familiar with addictions and/or is helping people after brain injury.

- ABI counsellors using this workbook are encouraged to seek consultation from professionals with experience in the treatment of substance abuse.

- Counsellors in addictions and substance abuse are encouraged to seek consultation from professionals with experience in the management of the effects of ABI.

SUBI

SUBSTANCE USE / BRAIN INJURY BRIDGING PROJECT

Client Workbook

For three groups of people:

- People living with the effects of brain injury who are having some problems due to drug or alcohol use
- Counsellors in substance use
- Counsellors in acquired brain injury (ABI)
- To aid in structuring individual counseling sessions with a client or as handouts for use in group settings.

Substance Use Counselors - Resources

Accommodating the Symptoms of TBI: The Ohio Valley Center for Brain Injury Prevention and Rehabilitation offers a number of on-demand modules regarding Traumatic Brain Injury. These modules are free, or can be purchased for continuing education credits. In their module, Accommodating the Symptoms of TBI, you will learn to recognize the common symptoms of TBI and how to incorporate compensatory strategies into your treatment practices. These simple, yet effective accommodations will help you increase the odds of treatment success.

Substance Use Counselors - Resources

Brock University

- Brain Basics E-Learning – free
- Training Certificate Programs
- http://obia.ca/brock-university-certificate-courses/

Substance Use Counselors - Working with Persons Who Have Limitations in Cognitive Abilities

- Determine a person's unique communication and learning styles.
- Assist the individual to compensate for a unique learning style.
- Provide direct feedback regarding inappropriate behaviors.
- Be cautious when making inferences about motivation based on observed behaviors.

https://osuwmcdigital.osu.edu/sitetool/sites/ohiovalleypublic/documents/Suggestions.pdf

Agenda

- Overview of Addictions, Acquired Brain Injury and Substance use 
- Review of Erie St. Clair LHIN 2016 Addiction Strategic Plan
- Current Community Initiatives & Funding Considerations
- Discuss next steps for Addictions Windsor-Essex

Erie St. Clair **LHIN**

Addiction Strategic Plan

March 2016

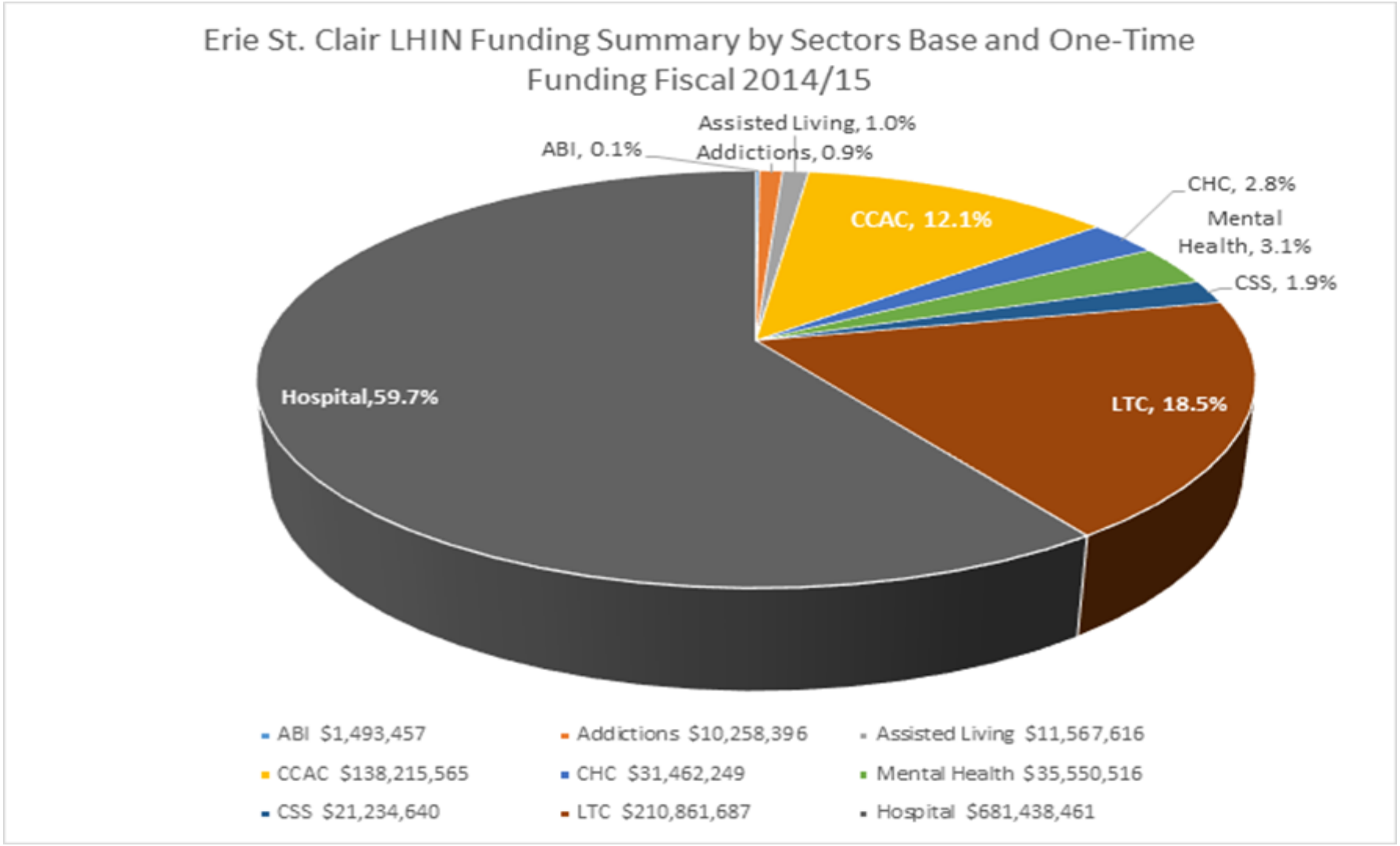
Ontario
Local Health Integration Network

ERIE ST. CLAIR LHIN

- In 2014, the MOHLTC identified the “combined” prevalence of mental health and addiction disorders in Ontario as 16 per cent

- At the same time, the ESC region prevalence rate was 18.2 per cent, which translates to 118,667 people

Area	Population, 2011 Census (A)	Addiction Prevalence rate: 13% of A = (B)	Predicted Population in Need of Treatment (B x 20% = C)
Windsor/Essex	388,785	50,542	10,108
Chatham-Kent	104,080	13,530	2,706
Sarnia/Lambton	126,190	16,405	3,280
Total Erie St. Clair	**619,055**	**80,477**	**16,094**



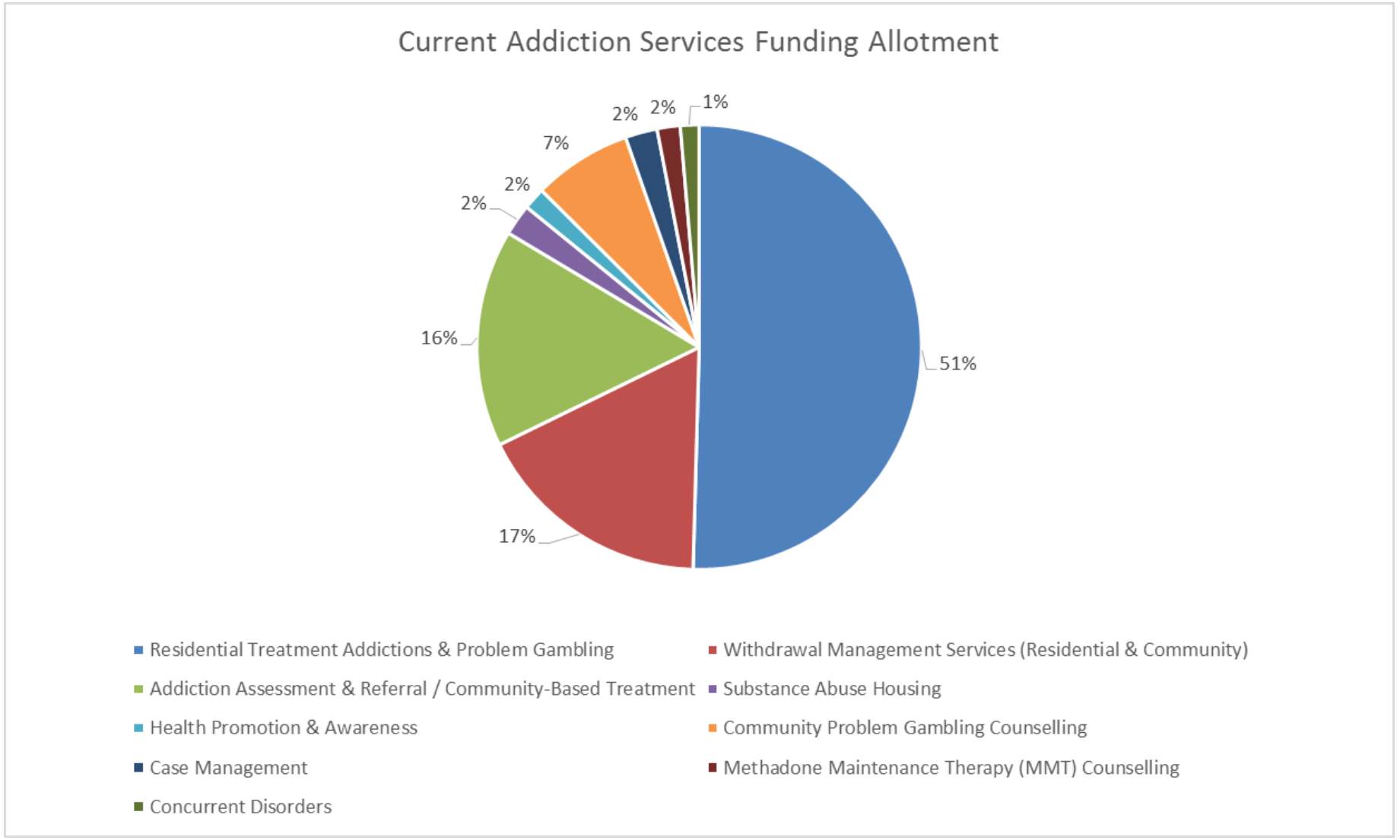
Mental Health: 3.1% - $35,550,516
Addictions: 0.9% - $10,258,396
ABI: $1,493,457

OVERVIEW OF ADDICTION FUNDING – Erie St. Clair LHIN

Region	Population (2016)	Addiction Funding (2016)	Provincially Accessed
Sarnia Lambton	126,638	1,826,827	None
Chatham Kent	102,042	2,413,211	1,569,852 (Westover)
Windsor/Essex	398,953	6,205,032	925,379 (H of S) 1,596,067 (Brentwood) 1,460,499 (CPGDD)
Total	627,633	10,465,070	5,551,797

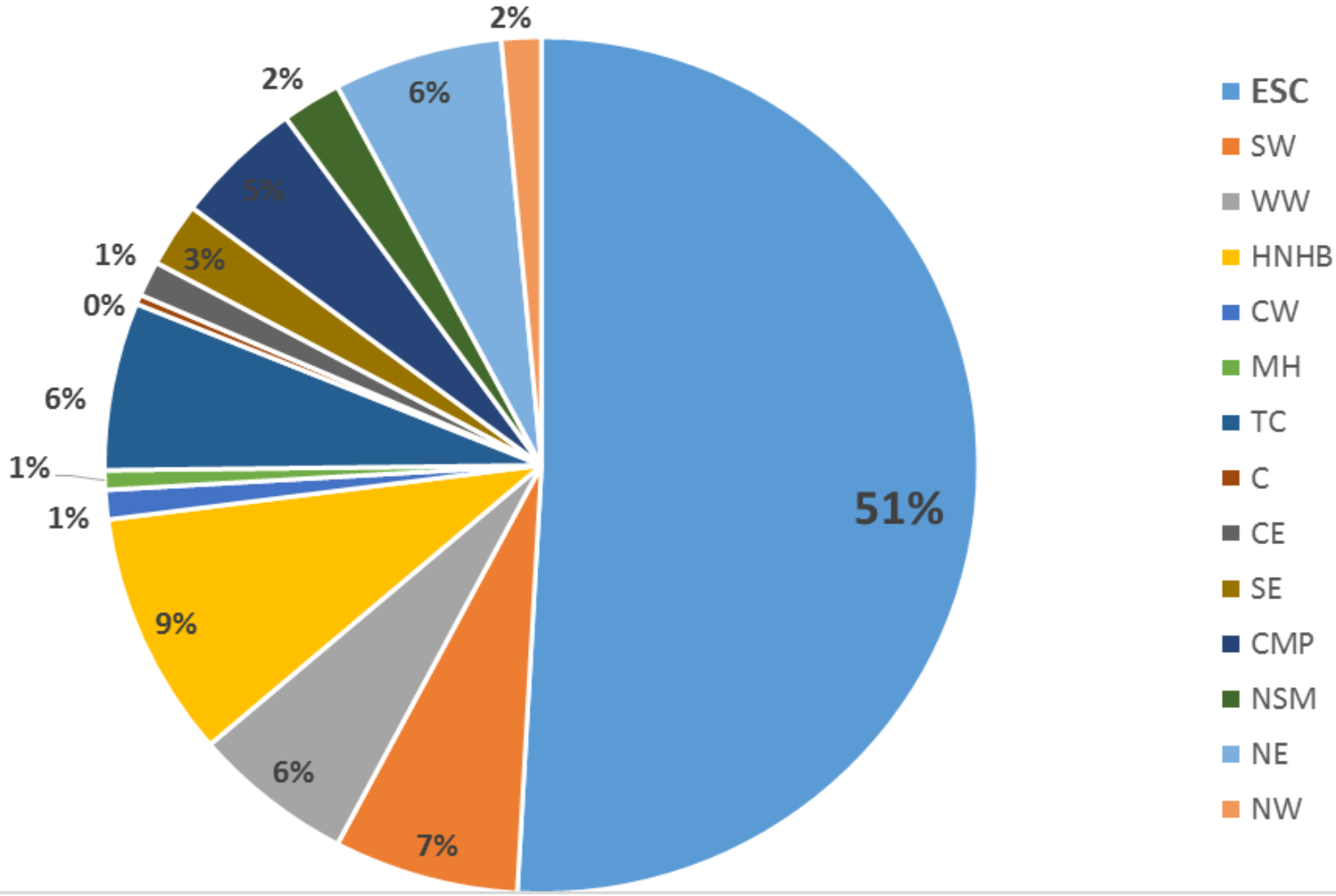
Overview of Local Addiction Services

Service	Brief Description
HDGH - Residential Withdrawal Management Services	20 beds, monitoring of their withdrawal symptoms and/or a structured, safe environment. Recovery based approach. Average LOS is 3-5 days.
HDGH - Community Withdrawal Management Services	Chemical dependency counsellors that support those who prefer to undergo withdrawal at home or in another safe, supportive environment. Pre-withdrawal planning, active withdrawal monitoring, stabilization and aftercare supports, including streamlined access to ongoing treatment and recovery services when appropriate.
HDGH - Windsor Addiction Assessment and Referral Services	Community based agency servicing Windsor and Essex County for individuals age 16 and older who are concerned or experiencing problems and/or negative consequences related to substance use. Two functions; 1) Addiction assessment 2) Outpatient treatment.
HDGH - Concurrent Disorders	A comprehensive treatment program for individuals with both mental health and substance use needs.
Windsor Essex Community Health Centers	Serving vulnerable complex, those in pre-contemplation. Harm reduction Approach. Steps Program
Erie St. Clair Clinic	3 locations, RAAM, case management,
Victorian Order of Nurses	Chronic pain case manager
Team Care Center (WFHT)	Primary care oriented addiction counselling – serving independent practice family docs



Residential Treatment - 51%
Withdrawal Management (Residential/Community) – 17%
Addiction Assessment and Referral – 16%

Percent of ESC LHIN Addiction Treatment Referrals by Location FY 2014/15



"Persons coming out of Detox should be given immediate options – abstinence/ methadone / suboxone / residential / community counselling" *–Physician*

"Programs need to go from Detox to treatment with NO lag time"- *Person with Lived Experience*

"Need more options with shorter wait times and answers. We were desperate. When an addict says they are willing to get help, being told two months wait is unacceptable" – *Mother*

"There must be some connection between services....provide bridge support, case management, or system navigation" – *Service provider*

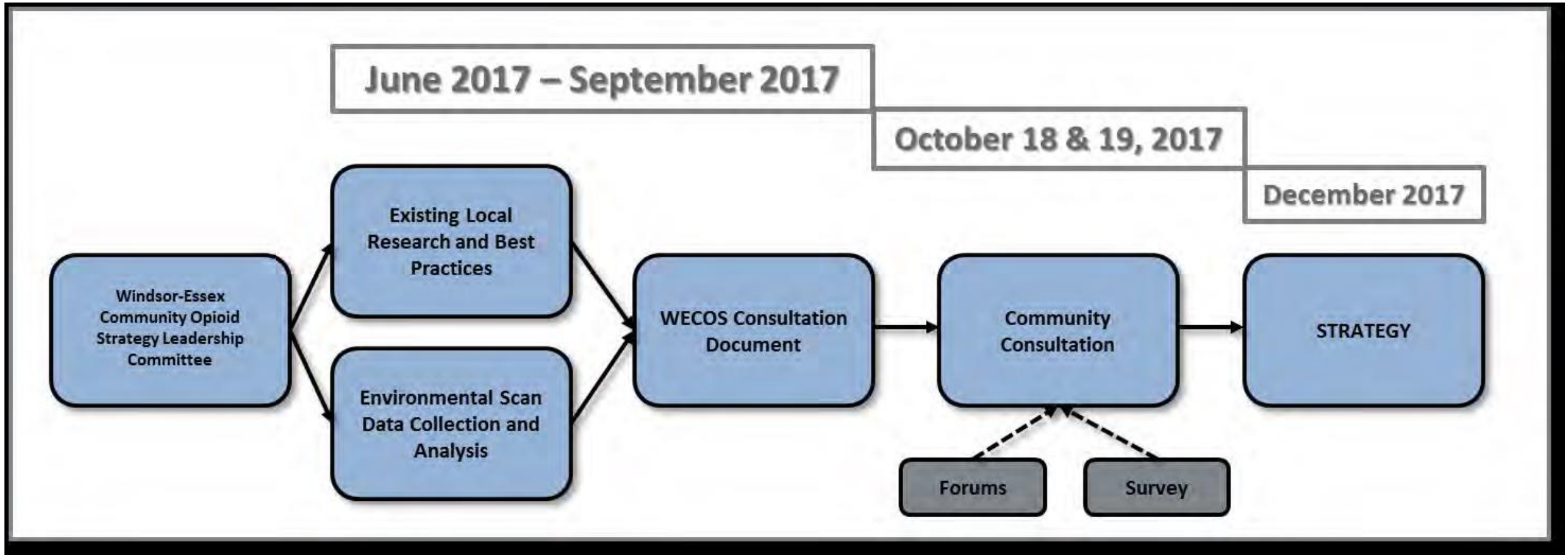
"There must be some connection between services....provide bridge support, case management, or system navigation" – *Service provider*

"Treatment should include reintroduction back into society and supports long after. There is no one answer for everyone, there are different pathways for each individual" **Windsor/Essex Community engagement response.**

Agenda

- Overview of Addictions 
- Review of Erie St. Clair LHIN 2016 Addiction Strategic Plan 
- Current Community Initiatives & Funding Considerations
- Discuss next steps for Addictions Windsor-Essex


8 Key Recommendations
8 Peer Representatives
4 Pillar Working Groups
Windsor-Essex Community Opioid & Substance Strategy 2018
28 Partner Organizations
15 Projects



WINDSOR-ESSEX COMMUNITY OPIOID & SUBSTANCE STRATEGY

AN ACTION PLAN FOR OUR COMMUNITY

ACTION PLAN RECOMMENDATIONS
Support peer engagement and meaningful involvement of people with lived experience as a critical feature for building local capacity.
Support healthcare providers to play a key role, through appropriate prescribing practices, patient education about opioids and overdose prevention, and other pain management options.
Provide early education and prevention about opioids and substance use.
Develop a local overdose monitoring and response system.
Increase access to a variety of harm reduction options, such as non-abstinence based programs that accept clients using opioid substitution therapies, safer drug use equipment, and mobile outreach activities, for people who use opioids and those affected by people who use opioids.
Address stigma associated with problematic substance use through the development of supportive policies and education of healthcare professionals, community organizations and the public.
Work with provincial partners to advocate for increased funding to expand the capacity of the local substance use treatment system.
Redefine the role for enforcement agencies and other first responders to build “public safety-public health partnerships for a safer and healthier community.

PREVENTION & EDUCATION: Projects

- Youth Engagement for Substance Use Prevention
- Label Me Person: Anti-Stigma Campaign
- Guide for Communications and Media
- Healthcare Provider Education Program

PREVENTION & EDUCATION

NEXT STEPS:

- Youth-led message development for substance use prevention.
- Recruitment of peers to support anti-stigma campaign.
- Survey of healthcare providers to determine gaps in education related to prescribing practices.

HARM REDUCTION: Projects

- Community Engagement for Supervised Injection Services
- Needle Syringe Program (NSP) Expansion
- Needle Drop Boxes: Locations, Signage, and Education
- Naloxone Program Promotion and Expansion

HARM REDUCTION

MEASURABLE OUTPUTS:

- **4** additional NSP sites established
- **7** additional bins were installed by the City of Windsor for a total of **11** bins.
- **15 new community agencies** trained and now provide FREE naloxone kits to clients
- **3,679** Naloxone kits or refills distributed in Windsor and Essex County through the Ontario Naloxone Program and the Pharmacy Program in 2018

TREATMENT & RECOVERY: Projects

Pathways: System Navigation for Treatment And Recovery Services

Increased Access And Coordination of Treatment and Recovery Services

TREATMENT & RECOVERY: Resources


TREATMENT ROADMAP TO RECOVERY

Addiction is a health issue and there are many pathways to recovery.

Where do I start?
ConnexOntario.ca 1-800-531-2600
is funded by the Government of Ontario. It is a free and confidential service for people with gambling, drugs or alcohol disorders, or mental illness. Information and Referral Specialists answer all calls, emails, or web chat requests 24/7.

What happens after treatment?
Recovery is a process of change and growth. A person wants to improve their health and live a meaningful life. Exercise, medication, support of friends and family, and 12-step groups are some of the supports that are helpful in preventing relapse.

When is it time to seek help?
The decision to seek treatment is a personal choice. People often look for help when the negative effects of substance use become stronger than the positive effects they experience.

What treatment options are available?
Withdrawal Management Centres
Community-Based (Outpatient)
Hospital-based (Inpatient)
Residential (Live-in)
Mutual Support Groups (12 step)
Medication-Assisted Treatment
Aftercare programs

01 02 03 04

Who else can I talk to? Speak to someone you can trust. Your doctor or a trusted friend may also be a good place to start a conversation about treatment options.

TREATMENT OPTIONS

Withdrawal management: These are services where people who are physically dependent on alcohol or other drugs are helped to withdraw safely from them. They can be in different settings, including in the community, hospitals, residential centres, and non-residential centres.

Community-based (Outpatient): Delivered in a variety of places in the community, such as an addiction or healthcare provider's office. Most often used by people whose alcohol or other drug use does not put them or others at serious risk, and who have safe, stable homes.

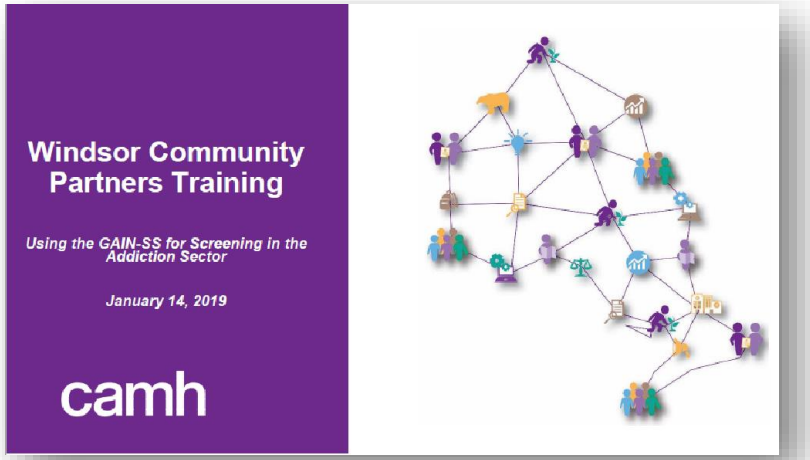
Hospital-based (Inpatient): Care provided at a hospital, 24 hours a day, 7 days a week, involving intensive structured treatment activities. Most often used by people with alcohol or other drug problems and also medical or mental health problems who need more intensive and comprehensive supports including greater medical care and supervision.

Residential (Live-in): Care provided in a live-in treatment centre, 24 hours a day, 7 days a week, involving intensive, structured treatment activities. Most often used by people whose alcohol or other drug problems are long-standing and complex.

Medication-Assisted Treatment: For individuals with a physical dependency on certain substances, primarily alcohol and opioids, medication is provided in a specialized outpatient setting in combination with counseling and other treatment services.

Mutual Support Groups: The most widely available mutual support groups are 12-Step groups, such as Alcoholics Anonymous and Narcotics Anonymous. They are a no-cost treatment or can be a form of continuing care and community support following treatment.

Treatment Roadmap to Recovery



GAINs-Short Screener tool training

ENFORCEMENT & JUSTICE: Projects

Strengthening Community Safety Through Partnership

Enforcement Agencies as "Community Resources"

Order In The Courts: Increasing Diversion Programming

ENFORCEMENT & JUSTICE

MEASURABLE OUTPUTS:

- **4** Community Resource Officers participating in formalized partnership with **4** community groups
- **1000** *Good Samaritan Drug Overdose Act* posters

ADDICTIONS – Funding Considerations

- Estimated economic burden of mental illness in Canada: $51 billion per year
- FY 2013-2014, total provincial funding for community MH&A sectors combined: was $1 billion (2% per cent of Ontario's overall health care expenditures)
- Two-thirds of the $1 billion ($634.1 million) went to mental health treatment.
- Spending for addiction care was $129.6 million or 13 per cent
- Problem gambling care was $11.7 million or 1.2 per cent

Projected Health Care Expenditures

- **Population Growth**: More population, more health care services. Ontario experienced rapid population growth in 2017 and 2018.

- **Population Aging:** Avg annual public health care expenditure for a 50-year-old in Ontario is $3,100. It is $6,400 for a 65-year-old, and over $22,000 for an 85-year-old. Ontario's aging population will put increasing pressure on health care spending, as the large baby boom cohort begins to require significantly more health care services

- **Higher prices for health care services**: Since health care delivery is more labour intensive than other sectors of the economy, health care prices typically rise at a faster pace than overall consumer prices. The FAO expects that health inflation will average 2.3 per cent from 2019 to 2022.

ADDICTIONS – Funding Considerations

- Ontario has committed to spending $1.9 billion over 10 years on mental health and addictions services, matching the federal government's 2017 budget commitment.

- 174 million MH&A funding announced in for 19/20

- 2 million recently announced for ESCLHIN.

Addictions Mental Health Ontario

Wait Times in Community

- The provincial average wait times for community substance use treatment is 20 days, residential treatment is 2.5 months (9 weeks), and in case management and counselling, almost a month and a half (5.5 weeks) (Connex Ontario).
- In addiction for example, that means that people are at the point of readiness for support and services, going through detox, and then being put on a wait list for community or residential treatment. Without quick access to treatment, relapse is highly likely. Outcomes in this interim period can be very serious and at times, fatal.
- It is very important that the right people get matched with the right services so that the use of scarce resources is as efficient as possible and so that a person's recovery is supported in the best way possible. AMHO supports the use of common assessment tools and best practice guidelines and would welcome a "levels of care" type of approach in addictions and mental health.

Staged Screening & Assessment: Goals & Value

The SS&A process aims to improve screening and assessment for Clients accessing substance use services in Ontario by introducing a 2-stage screening approach and an in-depth 1st stage assessment, with particular focus on concurrent disorders.

Improve individual treatment plans developed for Clients

Improve match between Client needs and strengths, and services provided

Increase treatment system efficiency and effectiveness

Why Screen for Mental Health and Addictions?

- ✓ Screening recognized as **best practice**
- ✓ Important part of **early identification and intervention**
- ✓ Early intervention makes **positive difference in quality of life** of those identified and on level of service use over time.
- ✓ Universal & consistent screening is a key step toward achieving **integrated service** for those with addiction and mental health issues
- ✓ Increases **referral to appropriate services** and use of appropriate level of intervention

Screening vs. Assessment

It's a screener if....

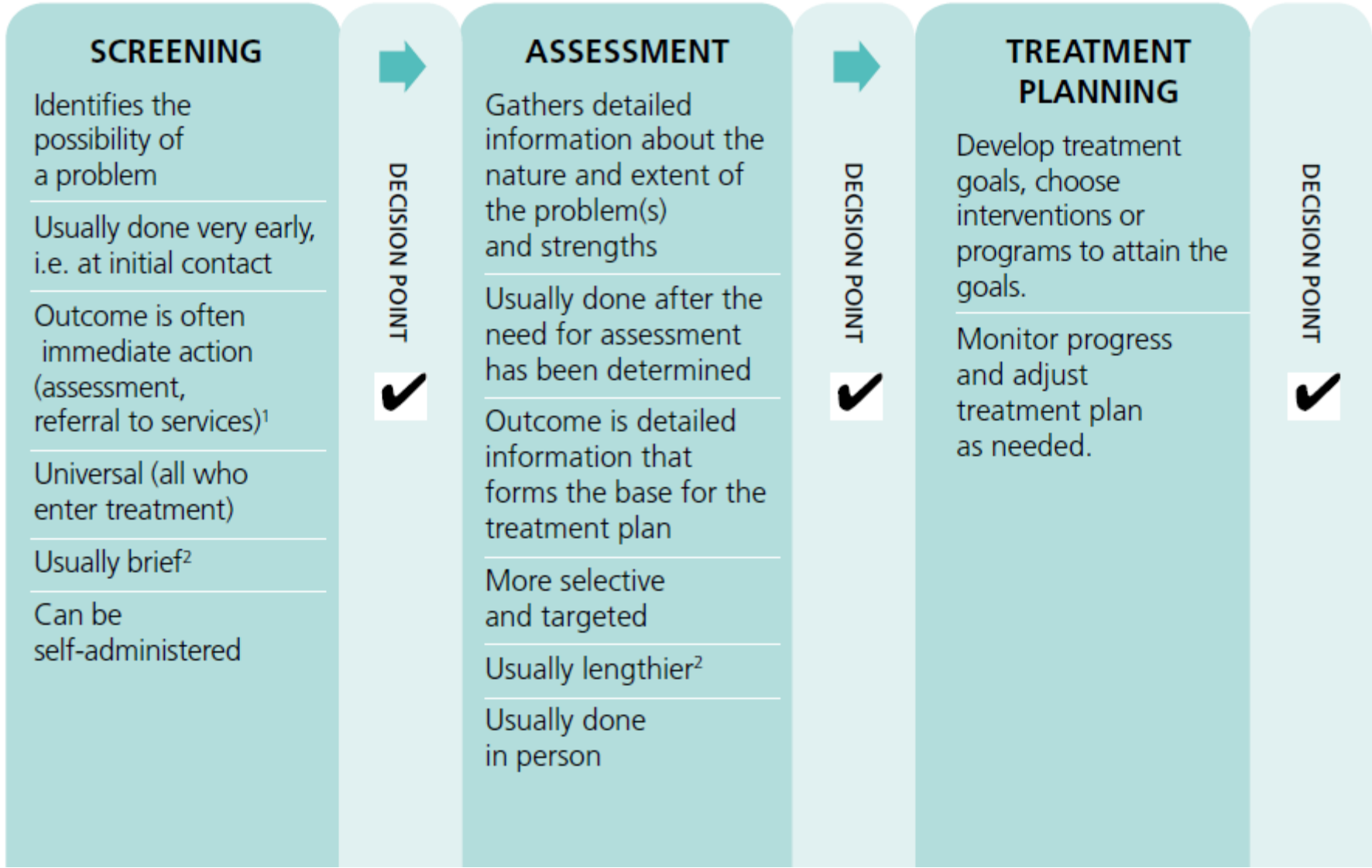
- Is brief and easy to administer/score
- Does not collect diagnostic information but:
  - Identifies individuals in need of further assistance (e.g. assessment and/or intervention) – identifies a problem
  - Provides a general sense of severity

It's an assessment if...

- Involves a more rigorous scoring process
- Must be interpreted by a trained/licensed professional
- Asks comprehensive questions that provide diagnostic information
- Can be used to create a detailed treatment plan

Screening = Inch deep and a mile wide
Assessment = A mile deep and an inch wide

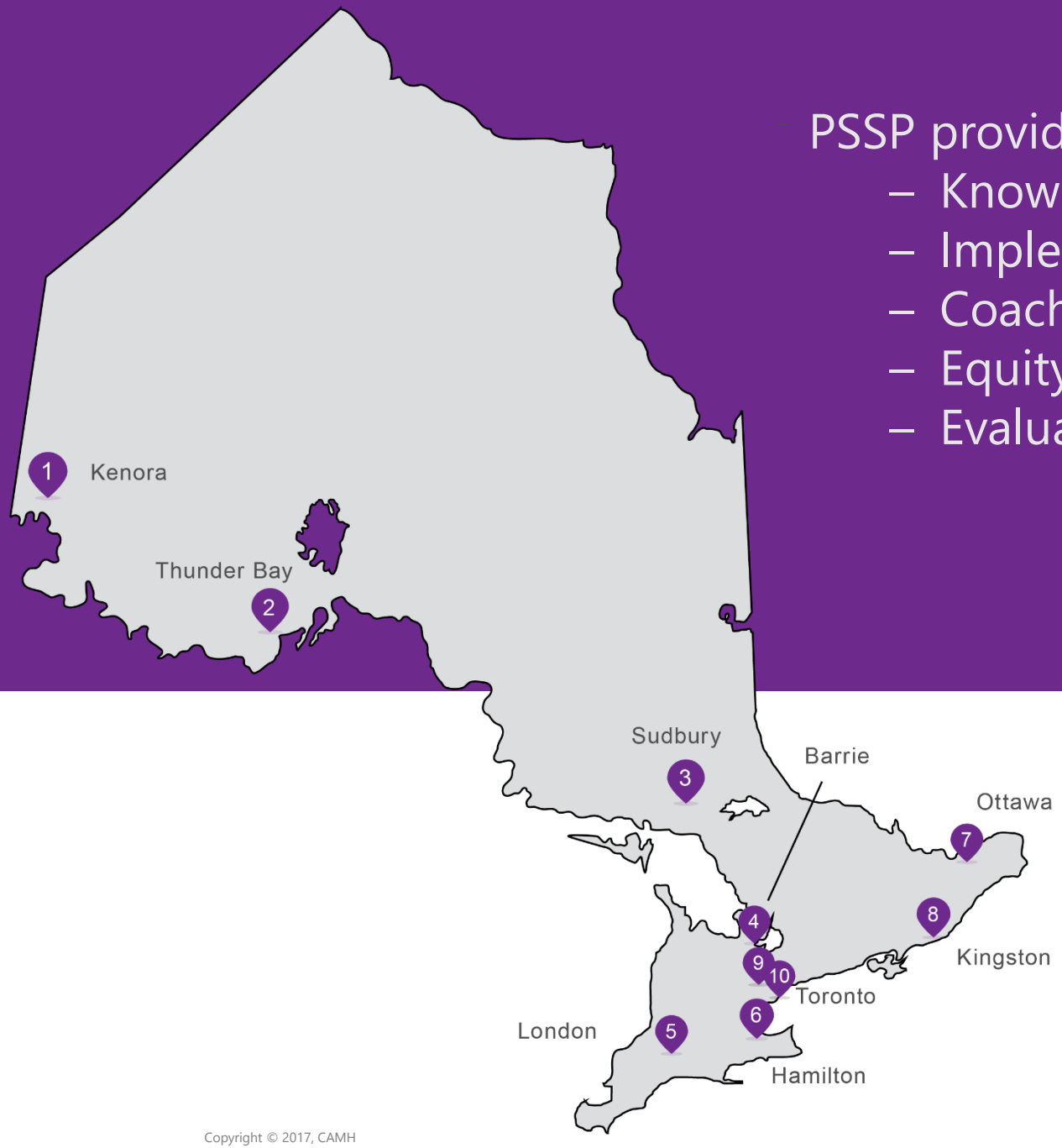
Clinical Decision-Making Process



Top 15 Standardized Tools Used in ONT…

ASSESSMENT TOOL	# OF PROGRAMS
OCAN Full	919
GAIN SS	760
GAIN Q3 MI ONT	689
OCAN Core	546
ADAT Assessment Tools Used	245
MMS - Modified Mini Screen	211
interRAI	41
RAI-MH	30
OAKS	26
LOCUS - Level of Care Utilization System	18
MOCHA	18
PHQ-9	11
SOGS - South Oaks Gambling Screen	11
RISK	10

As of March 2019



- PSSP provides capacity and expertise in:
  - Knowledge exchange
  - Implementation
  - Coaching
  - Equity and engagement
  - Evaluation and data

PSSP's provincial office is in Toronto with nine regional offices located throughout Ontario.

GAIN Q3 MI ONT Provincial Implementation Status…

As of May 24, 2019

- Agencies implementing: **168**
- Clinicians trained: **1756** (164 pursuing)
- Certified site interviewers: **1218**
- Discontinued: **374 (21%)**
- Active Trainers: **124**
- CCIM onboarding agencies to IAR: **79 completed**

GAIN Q3 MI ONT REPORTS INCLUDE…

- ✓ Individual Clinical Profile (Q3ICP)
- ✓ Personalized Feedback Report (Q3PFR)
- ✓ Diagnostic Impressions Report
- ✓ Recommendation & Referral Summary (Q3RRS)

  → This is the only report used for referrals

Q3 RRS

Recommendation & Referral Summary

GAIN-Q3 Recommendation and Referral Summary (Q3RRS)

Name: Matthew Thomas | **Staff:** Lisa Gudino
Date of Birth: 3/22/1999 | **Screening Date:** 8/21/2015

Presenting Information

Matthew is a 16-year-old White, (best described as East European) male. Matthew reported standing about 75 inches tall and weighing approximately 165 pounds without shoes. According to these statistics, Matthew's Body Mass Index is 20.6, a score that suggests he is of average weight. He is in the legal custody of "Mom and Dad" (parents who are separated but share custody). He has completed school through grade 10 and has some secondary or high school. He describes his sexual orientation as bisexual. His current marital status is never married and not living as married.

He was referred by "My Dad - Phil Thomas" (family/friends; "Dad"). Matthew stated that his main reason for coming to Sandra Test Agency was "Dad found my hitter rod and bong in our drop ceiling" (Pressure from family).

Prompt: Expand on reason referred; Enter custody arrangements, living situation, current address, parents' marital status, addresses of relevant parents or guardians.

Evaluation Procedure

As part of Matthew's evaluation, the Global Appraisal of Individual Needs (GAIN) was orally administered by staff with pen and paper in English using the English GAIN. The staff member administering the assessment reported that there were no indications of learning disabilities and observed that Matthew appeared depressed or withdrawn, cooperative. The interview was conducted in a treatment unit. The staff member reported that Matthew's attention was divided or that there were frequent interruptions in the environment; that other people were present or within earshot during the administration. The interview, conducted by Sandra McGuinness, started on 8/21/2015 and took 105 minutes on task (not including time for 1 break). Additional sources of information consulted during Matthew's evaluation include [MISSING DATA].

Prompt: Enter other sources of information (if consulted) used as part of the evaluation (urine test results, Family History Questionnaire, probation, etc.).

Note: The target completion dates that appear in the Q3RRS are intended as suggested time frames for the completion of treatment planning recommendations. These target dates are customizable and can be a useful tool to help clinicians prioritize treatment planning. These dates are not binding upon the clinician in the development of a treatment plan.

Reasons and Readiness to Change

Matthew reported that he wants to make changes in his behavior at school or training because:

- He will do better in school or training.
- He won't get into trouble.
- He won't get expelled.
- Other people will stop bothering him about his school or training problems.

Matthew reported that his main or most important reason for wanting to make changes right now in his behavior at school or training is "Want my dad to get off my case. ".He reported being 60% ready right now to make changes in his behavior at school or training.

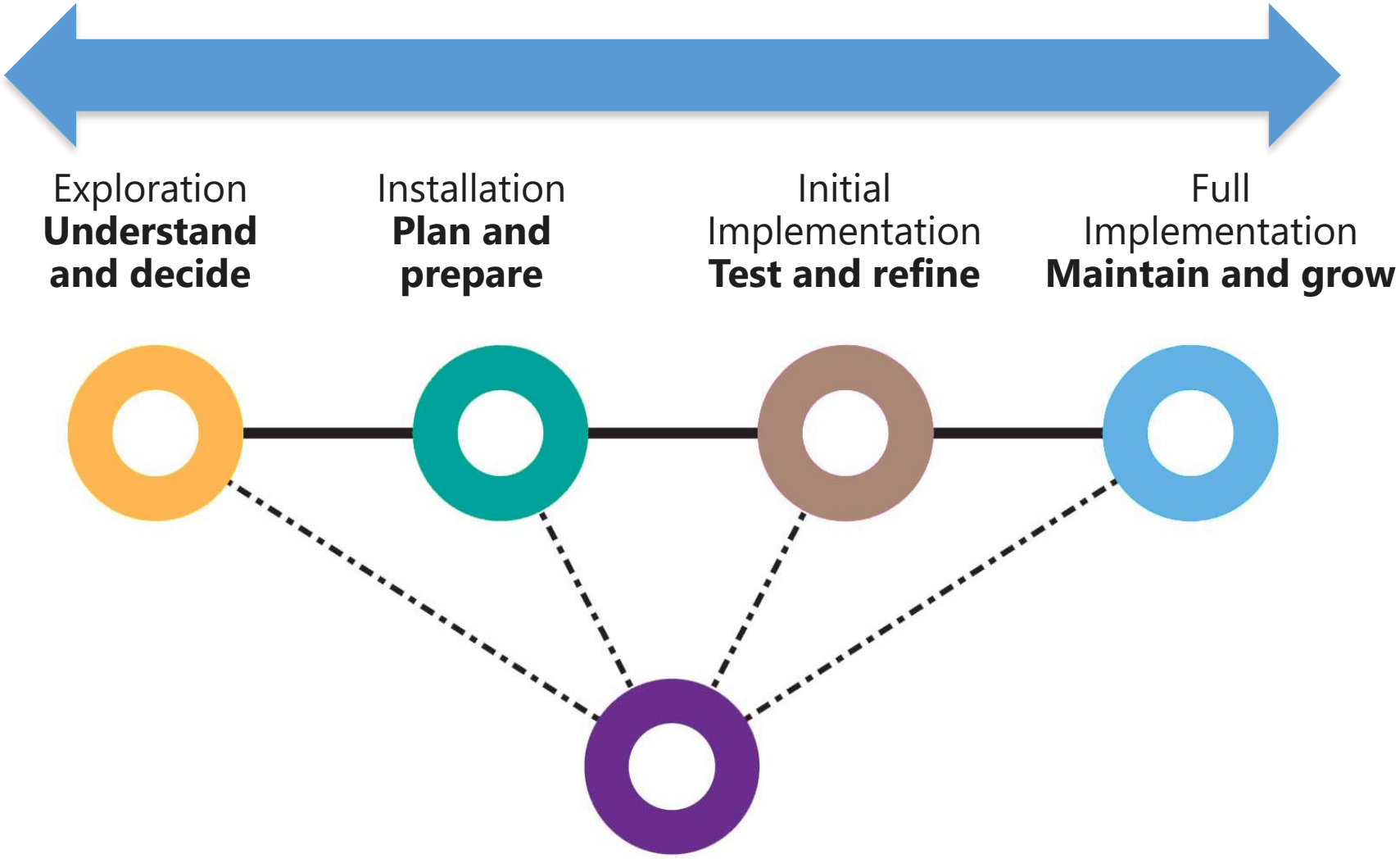
Intervention Placement and Planning Recommendations

Prompt: Review, delete, or edit according to specific needs and clinical indications.

Matthew reported having severe school problems within the past 90 days, but is not currently enrolled in services or interventions to address these problems. Based on this information, the evaluator recommends the following:

Target Date	Recommendation
8/23/2015	Obtain a signed release of information form and request school records to identify the nature of the problems; the services provided; the need for additional educational services; and Matthew's outcomes with services.
8/28/2015	Discuss with Matthew the reasons given for wanting to reduce or eliminate school-related problems and the impact they might have on improving Matthew's school situation.
8/28/2015	Use motivational interviewing to discuss changing behaviour at school or training.
8/28/2015	Refer to educational or vocational services to discuss the need for educational services, barriers to accessing them, and any accommodations needed to access educational services.
8/28/2015	Refer Matthew for a more detailed educational needs evaluation to better assess the nature of school-related problems.
8/28/2015	Discuss prior school problems with Matthew to review the problem and explore potential solutions.

Implementation Stages



WHY TRAIN WINDSOR COMMUNITY PARTNERS ON THE GAIN-SS?

- Increase local knowledge around standardized addiction screening and assessment
- Promote consistency and clinically appropriate referrals
- Create a more seamless and streamlined experience for individuals with addiction(s)
- In the future, decrease wait times associated with the staged screening and assessment process

To be filled out by the interviewer

Client Name: a._____ b.__ c._____
(First name) (M.I.) (Last name)

Date: |__|__| / |__|__| / 20 |__|__| (MM/DD/YYYY)

GAIN Short Screener (GAIN-SS)
Version [GVER]: GAIN-SS ver. 3.0.1 CAMH

The following questions are about common psychological, behavioural, and personal problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

IDScr 1. **When was the last time** that you had **significant** problems with…

a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or committing suicide?	4	3	2	1	0
f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0

EDScr 2. **When was the last time** that you did the following things **two or more times**?

a. Lied or conned to get things you wanted or to avoid having to do something	4	3	2	1	0
b. Had a hard time paying attention at school, work, or home.	4	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home.	4	3	2	1	0
d. Had a hard time waiting for your turn.	4	3	2	1	0
e. Were a bully or threatened other people.	4	3	2	1	0
f. Started physical fights with other people	4	3	2	1	0
g. Tried to win back your gambling losses by going back another day.	4	3	2	1	0

SDScr 3. **When was the last time** that…

a. you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0

(Continued) After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

CVScr 4. **When was the last time** that you…

a. had a disagreement in which you pushed, grabbed, or shoved someone?	4	3	2	1	0
b. took something from a store without paying for it?	4	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?	4	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	4	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	4	3	2	1	0

Additional questions (CAMH modified)

After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

AQ5. **When was the last time** you had **significant** problems with… **(not related to alcohol/drug use)**

a. missing meals or throwing up much of what you did eat to control your weight?	4	3	2	1	0
b. eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?	4	3	2	1	0
c. being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?	4	3	2	1	0
d. thinking or feeling that people are watching you, following you, or out to get you?	4	3	2	1	0
e. videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people of work, school, home or social events?	4	3	2	1	0
f. gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events?	4	3	2	1	0

5. Do you have other **significant** psychological, behavioural, or personal problems that you want treatment for or help with? (If yes, please describe below) Yes 1 No 0

v1. _____

_____

6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other

v1. _____

7. How old are you today? |__|__| Age

7a. How many minutes did it take you to complete this survey? |__|__|__| Minutes

Staff Use Only

8. Site ID: _____ Site name v. _____
9. Staff ID: _____ Staff initials v. _____
10. Client ID: _____ Comment v. _____
11. Mode: 1 - Administered by staff 2 - Administered by other 3 - Self-administered
13. Referral: MH ____ SA ____ ANG ____ Other ____ 14. Referral codes: _____
15. Referral comments: v1. _____

Scoring

Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				
Supplemental questions	AQ5a-f				

Global Appraisal of Individual Needs – Short Screener (CAMH Modified)

- 5-10 minute screener
- Used in general populations to identify clients with mental health and addiction (ages 12 and up)
- Easy to use by staff with minimal training or direct supervision
- Provides a measure of change (recovery monitoring)
- Designed for self – or staff – administration
- Can be administered with pen/paper or via EMR
- Available in English and in French

Comprised of Four Subscales

Internalizing Disorder Screener (IDScr)	Depression, Anxiety, Somatic disorder, Traumatic distress, Suicide
Externalizing Disorder Screener (EDScr)	Attention Deficit, Hyperactivity/Impulsivity, Conduct disorder, Other impulse control disorders
Substance Disorder Screener (SDScr)	Misuse, Dependence, Other substance induced health or psychiatric problems
Crime/Violence Disorder Screener (CVScr)	Interpersonal violence, Drug related crime, Property crime, Interpersonal crime

CAMH Modified Subscale (+6 additional questions)

CAMH Modified version add a fifth section, with seven additional questions to address:

- Problematic eating
- Traumatic distress
- Disordered thinking
- Gambling

GAIN SS TRAINING – Windsor-Essex

GAIN Short Screener Training Sessions (Dec. 2018 - April 2019)

	Date	Attendees
1	December 19, 2018	11
2	January 14, 2019	12
3	January 14, 2019	13
4	April 8, 2019	8
5	April 8, 2019	10
6	April 15, 2019	14
7	April 15, 2019	13
8	April 25, 2019	5
9	April 25, 2019	7
	TOTAL	**93**

GAIN SS TRAINING – Windsor-Essex

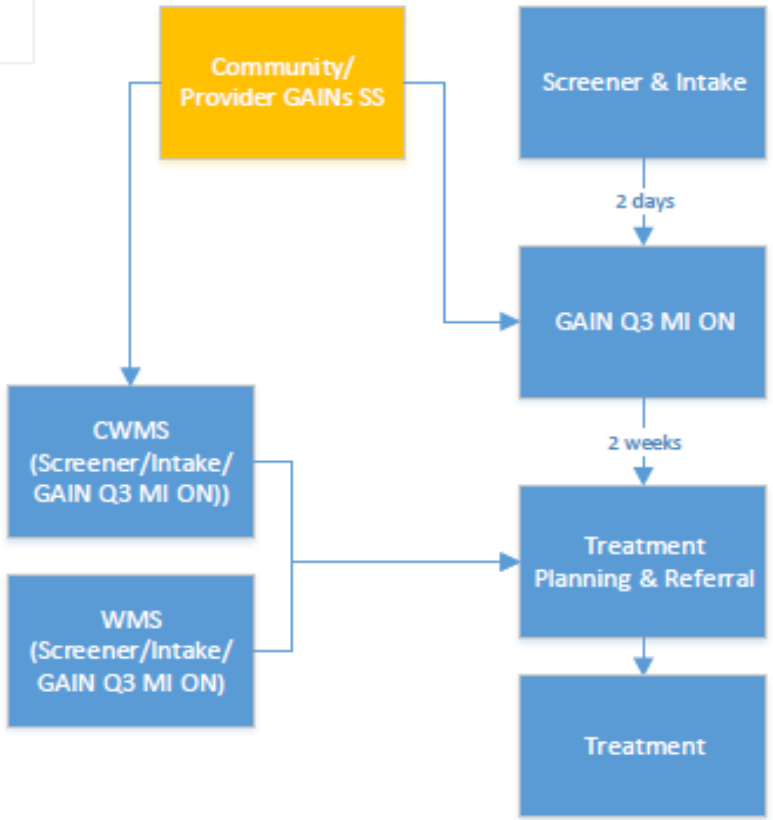
Canadian Mental Health Association - Windsor Branch	16
Downtown Mission	4
Employee Assistance Program	1
Erie St. Clair Clinic	1
Family Services Windsor Essex	1
House of Sophrosyne	12
Southwest Detention Center	1
Victorian Order of Nurses	1
Westover Treatment Center	2
Windsor Family Health Team	1
WE Trans	2
Brentwood	3
Chatham Kent Health Alliance	1

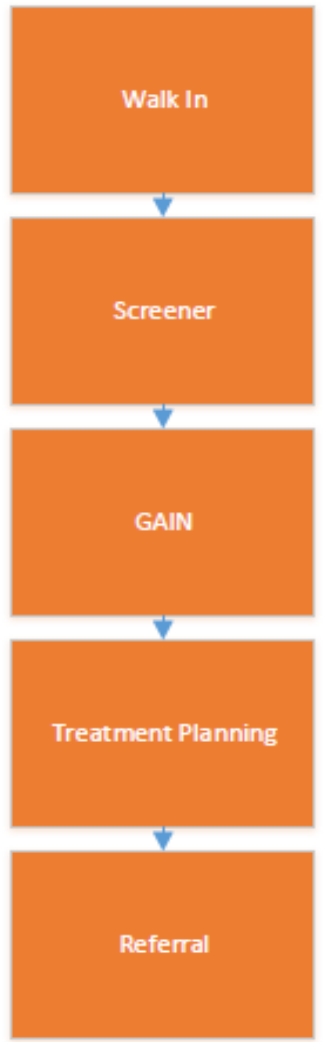
Windsor Essex County Health Unit	1
Windsor Regional Hospital, Social Work	1
Children's Aid Society	1
Hiatus House	1
Legal Assistance of Windsor	1
New Beginnings	5
Salvation Army	1
Southwest Ontario Aboriginal Health Access Center	7
University of Windsor, Student Services	1
Welcome Center Shelter for Women and Families	1
Essex-Windsor EMS	1
LaSalle Police Service	1
HDGH	25

Total of 26 different agencies/organizations!

GAIN-SS IN THE WINDSOR-ESSEX SYSTEM

Potential Benefits of Education





Agenda

-Overview of Addictions, Acquired Brain Injury and Substance use

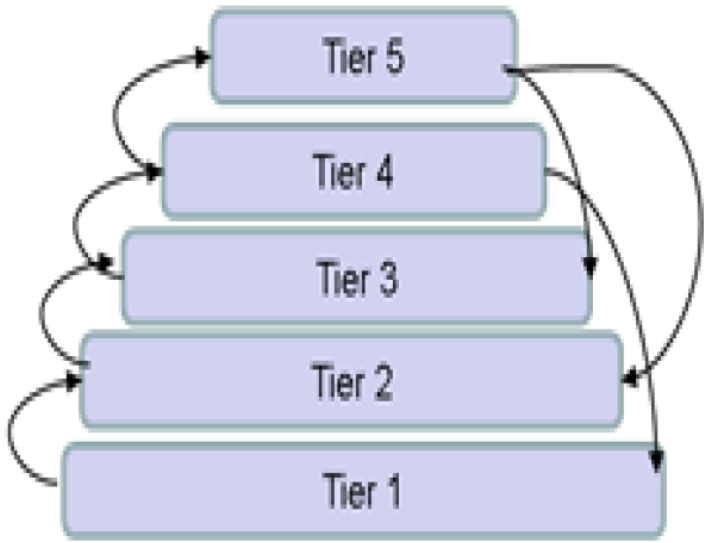
- Review of Erie St. Clair LHIN 2016 Addiction Strategic Plan

- Current Community Initiatives & Funding Considerations

- Discuss next steps for Addictions Windsor-Essex

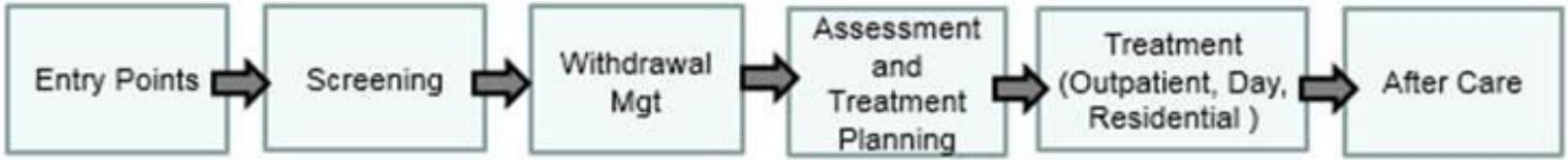

PRESENT
FUTURE
PAST

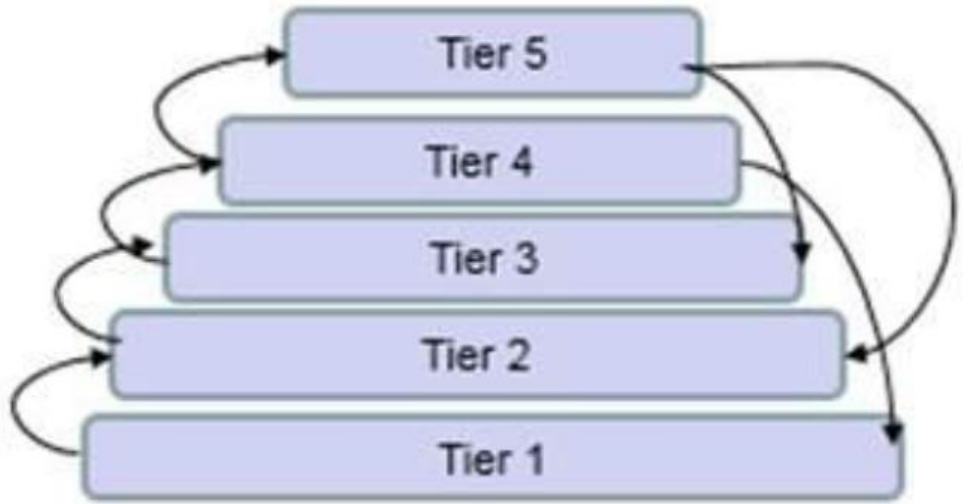
Figure 12: Tiered Model



Tier 1: After care and self help
Tier 2: Early identification, screening, and brief intervention
Tier 3: Services to engage people experiencing substance use problems who are at risk of secondary harms. Includes services such as assessment and treatment planning along with community WMS.
Tier 4: Specialized intensive needs. Includes outpatient community-based counselling, MMT and day treatment.
Tier 5: Highly acute, chronic and complex substance-use problems. Includes residential treatment and residential WMS.

Figure 13: Tiered Model from Continuum Perspective



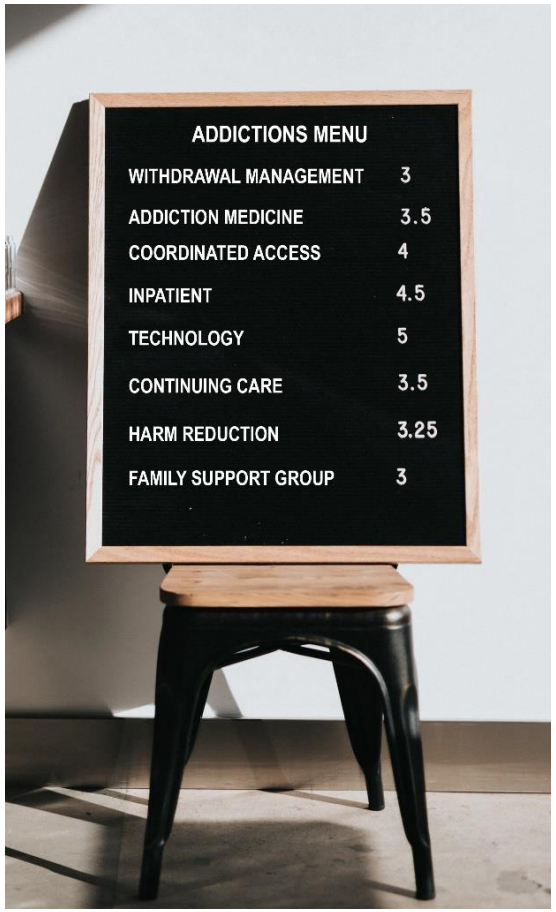


ADDICTIONS TREATMENT

Philosophies:

Abstinence

Harm Reduction



ADDICTION – Types of Treatment

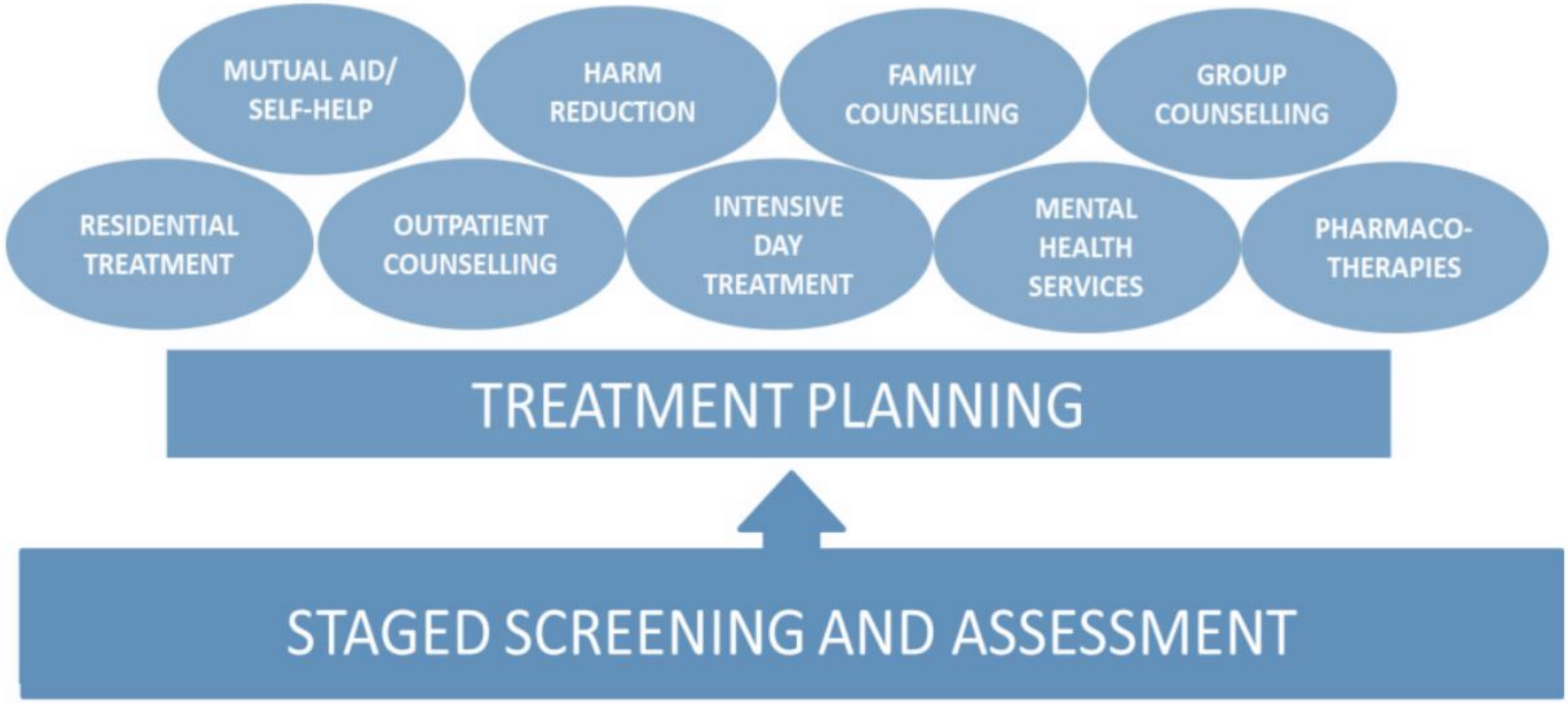
- Withdrawal Management Centers (Level 1-3, Home/Community)
- Addiction Medicine (Alcohol/Opioids)
- Outpatient (Community)
- Inpatient (Hospital)
- Residential* (Short term, Long term)
- Continuing Care

*provincially accessible

ADDICTION – Other Types of Services and Supports

- Case Management (with/without housing support)
- Centralized/Coordinated Access
- Family Support Groups
- Peer Support Groups (eg. 12 step, Smart Recovery)
- Harm Reduction Programs
- Employee Assistance Programs (EAP)
- Spiritual and Cultural Leaders
- Technology

ADDICTION TREATMENT MODALITIES

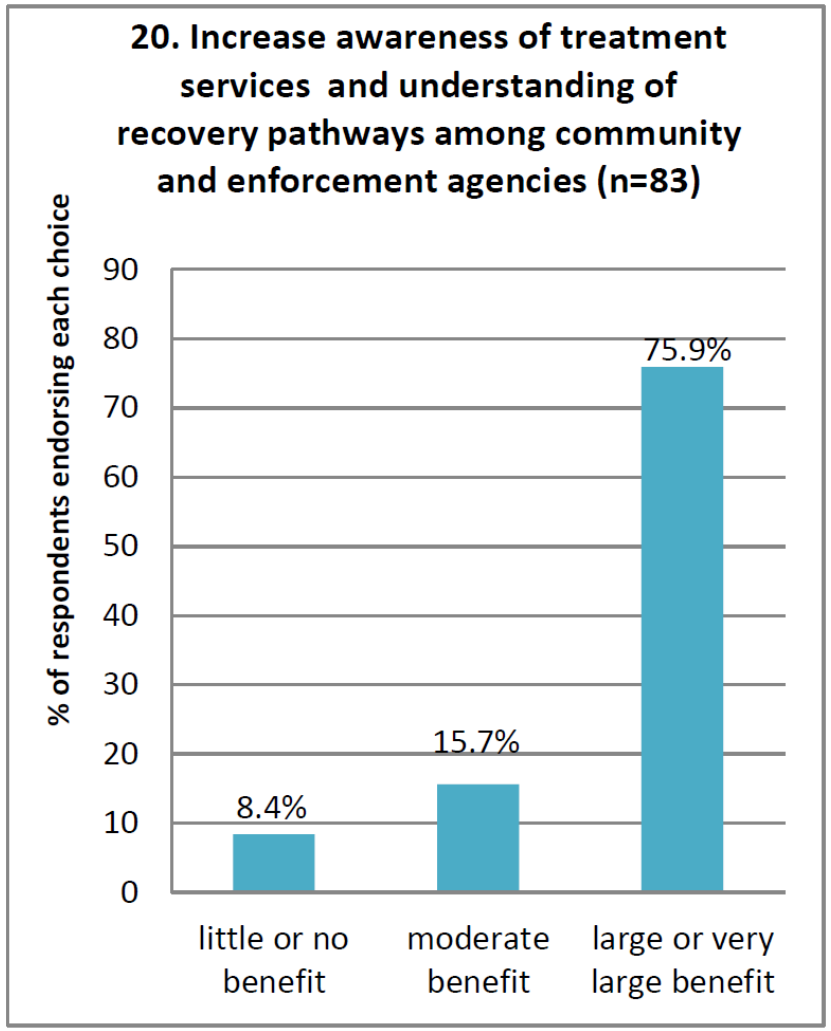


ADDICTIONS WINDSOR-ESSEX

- Publically funded
- Non-Profit
- Private

PROVIDER SURVEY - Treatment & Recovery

WINDSOR-ESSEX COMMUNITY OPIOID & SUBSTANCE STRATEGY



NEXT STEPS - Community

- Continue work of the WECOSS four pillar approach
- Safe Consumption Site application
- Unification of the community on needs related to addiction*
- Stigma – community effort

NEXT STEPS – HEALTHCARE PROVIDERS

- Clarify, refine, and optimize addiction care pathways
- Ensure that Mental Health and Addiction Services remain highly integrated, Concurrent Disorder treatment
- Develop shared understanding of where further investments are required

NEXT STEPS

Coordinated access model:

- Decrease patient/provider confusion, development of skill & capacity, integration of service delivery, good use of scarce resources

- Location/Travel considerations, hub spoke model

NEXT STEPS

- SS&A - Ongoing GAIN SS training, no wrong door, clear access points, match services to client needs – cost efficiency and least intrusive service required
- Determine which agencies/providers would ideally have staff trained in the GAIN Q3 MI. Further integration, decreased wait times, seamless transitions

NEXT STEPS

- Focus on special populations – Indigenous, ABI, Concurrent disorder, Eating disorder, Youth, Elderly, LGBQT

- Complex cases, determinants of health, linkages to housing supports early on to restore basic needs

NEXT STEPS - ABI

- The ABI (Acquired Brain Injury) and Addiction/Mental Health Collaborative is a group of service providers who meet monthly to hear about people who meet specified criteria and are believed to be at risk. There is a Collaborative for each of the three regions of the SE LHIN: HPE, KFLA and LLG. The Collaboratives were established to provide a mechanism for addressing the needs of people with moderate to severe ABI and a comorbidity of mental illness and/or addiction.

NEXT STEPS – ABI & Substance Use

- Further understand treatment modalities needed for minimal, moderate, severe ABI
- Targeted provider training, coordinated access
- Utilize existing resources, ie. SUBI toolkit
- ABI voice at Addictions Steering Committee
- SE LHIN: The ABI (Acquired Brain Injury) and Addiction/Mental Health Collaborative – addressing moderate to severe ABI
- Thoughts from the Group?


it takes a community
HDGH
EST² 1888

Agenda

- Overview of Addictions, Acquired Brain Injury and Substance use 
- Review of Erie St. Clair LHIN 2016 Addiction Strategic Plan 
- Current Community Initiatives & Funding Considerations 
- Discuss next steps for Addictions Windsor-Essex 


CHANGING LIVES TOGETHER
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WWW.HDGH.ORG

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