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## MINISTRY OF HEALTH AND LONG-TERM CARE

### 4.10—Ontario Substance Abuse Bureau

(Follow-up to VFM Section 3.10, 1999 Annual Report)

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#### BACKGROUND

The Ontario Substance Abuse Bureau (the Bureau), which is part of the Ministry of Health and Long-Term Care's Community and Health Promotion Branch, is responsible for funding addiction treatment services in Ontario. The Bureau's mandate is to reduce or eliminate substance abuse and other addictive behaviours.

The Bureau funds a range of treatment programs for people with substance-abuse problems. During the 1998/99 fiscal year, the Bureau provided transfer payments totalling approximately \$94.5 million to 158 drug and alcohol addiction treatment agencies and approximately \$3.5 million for problem-gambling initiatives.

In our 1999 audit, we found that the Ministry did not have adequate processes in place to ensure that bureau-funded addiction treatment agencies were providing quality treatment services in an economic and efficient manner. The delivery of addiction treatment services in Ontario has been the subject of a number of studies, yet action on recommendations has been slow. We found in particular that:

- the Ministry had not monitored whether its initiatives were increasing capacity to treat substance abuse; and
- the Ministry was not adequately ensuring that services were provided economically and efficiently.

In addition, the Ministry did not have an appropriate transfer-payment accountability framework in place to hold agencies accountable for the services provided and the prudent management of the funds they receive.

The Ministry also did not have adequate procedures in place to measure and report on its effectiveness in preventing, reducing, or eliminating substance abuse, problem gambling, and other addictive behaviours. Our major concerns were that the Ministry:

- had not developed performance expectations or benchmarks for treatment agencies;
- was not adequately monitoring the performance of treatment agencies regarding costs and outcomes;
- was not sufficiently reviewing the accessibility of treatment services and was not monitoring waiting times to ensure that all clients were receiving treatment that met their needs on a timely basis; and
- did not have program standards relating to quality of service.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take corrective action.

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## CURRENT STATUS OF RECOMMENDATIONS

Based on the information provided by the Ministry, some action has been taken on all of the recommendations made in our 1999 report. The current status of each of our recommendations is outlined below.

### ***ECONOMY AND EFFICIENCY***

#### **Restructuring Addiction Treatment Services**

##### **Recommendation**

*To ensure that the treatment services funded by the Ministry are cost effective and meet the needs of their clients, the Ministry should:*

- *act on those recommendations that it has acknowledged will improve service delivery; and*
- *develop a timetable for restructuring treatment services.*

##### **Current Status**

The Ministry advised us that the Bureau led the process of implementing the recommendations of the integrated service plans of the 16 district health council areas through the establishment of local implementation committees. The committees provided advice to the Ministry regarding projects to be funded that addressed the recommendations. Approximately 30 such projects were funded in the 2000/01 fiscal year.

The Ministry indicated that seven mergers of service providers were proceeding in the 2001/02 fiscal year. In addition, two small programs were integrated with another agency.

With regard to the recommended timetable, the Ministry indicated to us that the restructuring of treatment services is an ongoing process. As additional restructuring opportunities arise, the Ministry intends to work with the treatment agencies to merge organizations and services.

#### **Treatment Efficiency**

##### **Recommendation**

*To help ensure that its initiatives to increase treatment efficiency are successful, the Ministry should assess the impact of these initiatives on service capacity and take corrective action where necessary.*

##### **Current Status**

The Ministry indicated that staff responsible for the Drug and Alcohol Registry of Treatment (DART) and the Alcohol Treatment Information System (DATIS) are continuing to meet to develop common reporting on capacity, utilization, and lengths of stay in addiction services.

The provincial report from DATIS scheduled for 2000 was still being completed. Admission and discharge criteria training were completed and recommendations for next steps and monitoring were being developed. Training for front-line staff on the common assessment tools was completed, and agencies were implementing the common assessment tool protocol.

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## Funding

### Recommendation

*To help ensure that services are provided economically and efficiently, the Ministry should:*

- *assess whether the current distribution of funds is commensurate with the value of the services provided;*
- *compare the costs to provide services among similar treatment agencies; and*
- *develop a plan to redress any funding inequities.*

### Current Status

The Ministry indicated that the new DATIS software will collect information for monitoring admissions to various types of agencies including residential services. In November 2000, the Minister announced an increase of \$2.2 million for ministry-funded addiction agencies across the province to assist with operational pressures. An additional \$3 million to implement addiction-treatment system and service enhancements across the province had been allocated on a regional basis, taking previous funding inequities and service gaps into account.

## COMPLIANCE

### Agency Accountability

#### Recommendation

*To better hold addiction treatment agencies accountable for the services provided and the prudent management of the funds they receive, the Ministry should ensure that all basic elements of a transfer-payment accountability framework are appropriately addressed.*

#### Current Status

According to the Ministry:

- The service agreements were being implemented. Collection of information for routine outcome monitoring is to be part of the new software being developed for DATIS.
- Discussions were to be held with the Centre for Addiction and Mental Health to determine the most efficient and effective method of implementing cost monitoring. The Ministry was monitoring the timeliness of agencies in submitting their reports to DART and DATIS.
- The Ministry was conducting documented site visits to agencies on an ongoing basis and reviewing annual audited financial statements and settlement forms from agencies.
- Monitoring of progress on recommendations resulting from program reviews was continuing. This had resulted in the termination of funding at one agency. Since 1999, five program reviews had been completed and an additional one was being planned.

The Ministry was revising its operating manual for transfer-payment agencies to more clearly articulate ministry expectations and best practices. The revisions were expected to be completed by fall 2001.

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## Financial Approvals and Reporting

### Recommendation

*To improve the usefulness of the financial approval and reporting process of addiction treatment agencies, the Ministry should:*

- *review and approve budgets on a timely basis;*
- *ensure that agencies submit budgets for approval that accurately reflect agency spending;*
- *monitor all other revenue sources related to bureau-funded programs; and*
- *recover any agency surpluses.*

### Current Status

According to the Ministry, approximately 95% of the agency operating plans for the 2000/01 fiscal year were approved before the end of the fiscal year. The remaining 5% were approved in the first quarter of the 2001/02 fiscal year.

The Ministry was monitoring agency compliance with its requests for operating plans, audited financial statements, and settlement forms. Approved budgets were being compared with actual spending through the settlement process.

The Ministry was following up on agencies with other sources of funding to ensure that ministry funds were being used appropriately and surplus funds were recovered. Recovery was being done on an annual basis.

## Personal-needs Allowance

### Recommendation

*To ensure that personal-needs allowance funds are properly allocated and utilized, the Ministry should:*

- *compare the funding allocated to all recovery homes to an accurate inventory of bureau-funded beds; and*
- *reconcile the funding to actual expenditures and recover any surpluses.*

### Current Status

In July 2000, government regulations were revised to permit certain residents in recovery homes to maintain their benefits, including their personal-needs allowances. Rather than including funding for personal-needs allowances in each recovery home's budget, the Ministry is now paying the allowance for those clients who are eligible based on invoices from recovery homes. The Ministry has indicated that it will monitor the situation and make adjustments as necessary.

## Problem Gambling

### Recommendation

*To ensure that funding for problem gambling is properly managed and used as intended, the Ministry should:*

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- *develop service agreements for and require the submission of project reports from agencies providing treatment for problem gambling; and*
  - *base funding for problem gambling services on the need for those services.*

### **Current Status**

According to the Ministry, service agreements were being implemented in all agencies. The Ministry also indicated that through agency operating plans and DATIS, it was monitoring the activities of agencies offering problem gambling treatment and public awareness services.

## **MEASURING AND REPORTING EFFECTIVENESS**

### **Performance Measurement**

#### **Recommendation**

*To help ensure that addiction treatment services are provided efficiently and effectively, the Ministry should use cost and outcome information to:*

- *develop and implement performance expectations and benchmarks for treatment agencies; and*
- *measure and report on the effectiveness of the Bureau and the addiction treatment system.*

#### **Current Status**

We were advised that the pilot outcome and cost reports, which were submitted to the Bureau in July 2000, have been reviewed by the Ministry and will be released to ministry field staff.

The information in these outcome and cost reports will assist the Ministry in establishing benchmarks for admission to and discharge from addiction treatment agencies. For example, one finding was that there were no significant differences between the outcomes of residential and non-residential services. The Ministry intends to use this finding to reinforce agency use of the admission and discharge criteria that have been developed. Another finding showed that more data was required to set benchmarks for particular types of clients in order to make comparisons across agencies.

The Ministry indicated that the new software being developed for DATIS will record baseline information for outcome monitoring. The software will also have the components required for cost monitoring. Due to its complexity, cost monitoring requires additional discussions before it can be implemented.

The Ministry was tracking the number of clients and admissions to agencies through the agencies' annual operating plans.

### **Treatment Availability—Accessibility**

#### **Recommendation**

*To ensure that all clients seeking treatment for addictions are adequately served, the Ministry should clearly define client populations with special needs and ensure that services are provided to meet those needs.*

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## Current Status

The Ministry indicated that District Health Councils' integrated plans submitted in January 2000 included information about populations with special needs in relation to their districts and identified strategies to address those needs. The Ministry expects that agencies will report on agreed-upon services, including those identified for specific populations.

Strategies were being implemented to provide services to populations that integrated service plans identified as not having been well served by the addiction treatment system in the past. The monitoring of progress in accessing treatment by these populations is to be done through agency operating plans and DATIS.

The Ministry indicated that it has developed a strategy for people who are dependent on heroin and other opioids and is developing a diversity-and-access strategy.

## Treatment Availability—Waiting Times

### Recommendation

*To ensure that the Drug and Alcohol Registry of Treatment (DART) contains the data needed by the Bureau to properly monitor waiting times and the availability of services, the Ministry should:*

- *ensure all treatment agencies submit treatment availability information and validations of treatment services to DART; and*
- *regularly review waiting times for all agencies to assess whether there are any regional inequities in available treatment services and as indicators of the need for agency reviews.*

### Current Status

The Ministry indicated that it was monitoring agency compliance with the reporting requirements for DART, DATIS, and waiting times. Waiting times are currently reported to DART, which enables DART to direct clients to agencies having shorter waiting lists. The Ministry advised us that waiting lists were growing across the province due to insufficient system capacity and/or resources.

## Monitoring Agencies—Program Standards

### Recommendation

*To help ensure that high-quality services are provided by addiction treatment agencies, the Ministry should:*

- *develop standards against which programs can be evaluated; and*
- *implement a regular program review function, focusing on those agencies where the risk of non-compliance is greatest.*

### Current Status

Umbrella and sector groups of the addiction treatment system were meeting to develop self-regulating standards for the field.

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The Ministry was conducting annual agency visits to identify programs at risk of non-compliance. In addition, formal program reviews were conducted in response to complaints about agencies or when ministry monitoring indicated the need for a review.

The first follow-up to a review occurs six months after an agency has been given the results of the review. Additional follow-ups are arranged as required. We were advised that agencies that have received the results of reviews and follow-ups have shown great improvement.

## Monitoring Agencies—Complaints

### Recommendation

*To ensure that complaints are dealt with appropriately, the Ministry should:*

- *develop adequate procedures to deal with the complaints it receives;*
- *require treatment agencies to inform the Bureau of any complaints they receive and how those complaints were resolved; and*
- *establish program standards for agency complaint procedures and client rights.*

### Current Status

The Ministry was following up on complaints received, and four additional program reviews had been initiated as a result of complaints.

The Ministry indicated that the documentation of complaints received at the Ministry was standardized. A mechanism was being developed to track the information centrally. A standardized form for agencies to report serious incidents and complaints was being implemented. Expectations of agencies for internal complaint processes and client rights was to be included in the operating manual, which was being revised.

## OTHER MATTER

### Prevention

#### Recommendation

*To help ensure that prevention activities are having the intended result of decreasing addictions to alcohol and drugs, the Ministry should:*

- *clarify the role of the Ontario Substance Abuse Bureau with respect to prevention; and*
- *assess the effectiveness of all of its current prevention efforts.*

#### Current Status

The Ministry has indicated that a provincially funded public-awareness program was developed by the Responsible Gambling Council (Ontario). Implementation in the 2001/02 fiscal year is dependent on agreement between the government and the Council on the content of the public awareness program.

The Bureau was collaborating with the Public Health Branch, the AIDS Bureau, and the Health Promotion Branch on issues related to prevention and harm reduction. The Ministry was promoting harm reduction in all of its treatment programs. A number of agencies had taken part in local training on harm reduction. In addition, agencies across the province were involved in local prevention and early intervention activities related to drug and alcohol use.

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