

Addiction Programs

Follow-up on VFM Section 3.01, 2008 Annual Report

Background

The Ministry of Health and Long-Term Care (Ministry), through the 14 Local Health Integration Networks (LHINs), funds community agencies and hospitals to provide services to help Ontarians deal with alcohol, drug, and gambling addictions. These services include assessment and referral, day and evening programs, detoxification, residential programs, recovery homes, and substance abuse treatments. More than 150 community-based addiction service providers deliver these services across the province. For the fiscal year ended March 31, 2010, the Ministry provided \$149.8 million (\$128.8 million in 2007/08) in addiction transfer payments, comprising \$121.6 million (\$101.1 million in 2007/08) to combat substance abuse and \$28.2 million (\$27.7 million in 2007/08) for problem-gambling funding to treat an estimated total caseload of 117,000 (114,000 in 2007/08) people.

In our 2008 Annual Report, we found that there was still significant work to be done to ensure that people with addictions were being identified and were receiving the services they needed in a cost-effective manner. At the time of our 2008 audit, the LHINs were relatively new to the field of addiction treatment services and most of them were challenged in effectively assuming the Ministry's

responsibilities for overseeing local service providers. Our findings at the time included:

- More than 90% of the population that the Ministry estimated as needing addiction treatment had not been identified as needing treatment or had not actively sought treatment, or the treatment services were not available.
- The majority of the addiction service providers did not, as required, report wait times for some or all of their services. For those that did, there were significant wait times and large variances between service providers. For example, youths seeking help for substance abuse could wait for as little as one day or as long as 210 days, with an average wait time of 26 days, to receive an initial assessment.
- Although one ministry objective was to provide addiction treatment as close as possible to the client's home, over the years from 2004/05 to 2007/08, about 200 youths seeking help for addictions were sent out of country for treatment at an average cost of about \$40,000 each.
- Addiction funding was based on historical levels rather than assessed needs. Ministry analysis showed that addiction-related per capita funding across the 14 LHINs ranged from about \$3 to more than \$40. This could result in clients with similar addiction needs receiving significantly different levels of service, depending on where they lived in Ontario.

- Most of the service providers we visited advised us that, despite increased demand, they were forced to reduce staff numbers and substance-abuse services because funding had not kept pace with inflationary increases.
- We noted wide variations in caseloads and costs among service providers for similar addiction treatments. For example, problem-gambling guidelines for service providers suggested a caseload of 50 to 60 clients per year for the first counsellor and 100 to 120 clients per year for each additional counsellor. However, almost half of the service providers served fewer than 50 clients per year per counsellor, while one service provider served only three clients per counsellor at a cost of \$26,000 per client for the year.

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

Status of Recommendations

According to information we received from the Ministry of Health and Long-Term Care, some progress has been made in addressing most of our recommendations, with substantial progress having been made on a number of them. The Ministry acknowledges that it will take additional time to address fully several others. The status of action taken on each recommendation at the time of our follow-up was as follows.

MEETING THE NEEDS

The Need for Treatment and the Treatment Gap

Recommendation 1

To effectively meet the needs of people with addictions and to reduce the societal costs of addictions, the Min-

istry of Health and Long-Term Care should work with the Local Health Integration Networks to:

- *better identify the population needing treatment for addictions; and*
- *develop approaches that will encourage individuals with addictions to seek the necessary treatment services.*

Status

The Ministry informed us that the LHINs were identifying their populations in need and working with their local health-service providers to develop approaches to encourage people with addictions to seek appropriate treatment services. To ensure resources are appropriately deployed based on need, the LHINs are exploring the expanded use of their multi-sectoral service accountability agreements with addiction treatment organizations to further refine performance measures.

The Ministry also indicated that it had taken the following actions:

- The 2008 provincial budget committed \$16 million over three years to fund 1,000 housing units under a Supportive Housing for People with Problematic Substance Use transfer-payment program. According to the Ministry, this program is designed to provide rent supplements and support services such as helping people acquire the skills to retain their housing. This initiative is designed to reduce the need for repeat visits to emergency departments and receipt of addiction withdrawal management services.
- Since 2006, the Ministry has provided a total of about \$817,000 in funding to support ConnexOntario's "warm-line" services that allow callers with problem-gambling issues to be connected with providers across Ontario via immediate appointment booking. This funding was also used to promote other services such as the "Check Your Gambling" questionnaire and web chat.
- In the 2009/10 fiscal year, the Ministry provided \$1.7 million to the Centre for Addiction

and Mental Health to operate its Problem Gambling Project. This project has enhanced the web services available to both service providers and the public to promote knowledge-sharing and best practices.

Wait Times for and Availability of Addiction Treatment Programs

Recommendation 2

To more effectively and consistently meet the needs of people seeking addiction treatment in a timely manner, the Local Health Integration Networks (LHINs) should work with their local health-service providers, as well as neighbouring LHINs, and consult with the Ministry of Health and Long-Term Care, as appropriate, to identify unreasonably long treatment gaps and reduce them by implementing strategies to increase more immediate treatment-service availability.

In the case of youths requiring addiction residential treatment, these strategies should be consistent with the objective of providing treatment as close as possible to the client's home.

Status

The Ministry informed us that it is working with the LHINs on a regular basis to discuss addiction treatment program issues, including wait times and availability. The Ministry noted that it will explore strategies and knowledge-exchange opportunities to improve wait times for addiction treatment services based on best practices and build on the successful strategies used in some agencies.

In October 2008, the Ministry established an advisory group on mental health and addictions to provide advice on:

- a new 10-year strategy for mental health and addictions, focusing on people with complex problematic substance use, problem-gambling issues, and serious mental illness, as well as people with less serious problems; and
- provincial priorities, actions, and expected results.

The Ministry released a strategy progress report in March 2009 as well as a strategy discussion paper in July 2009. Other affected ministries (i.e., Community and Social Services, Children and Youth Services, Training, Colleges and Universities, Education, and Municipal Affairs and Housing) and external organizations are also working to help identify priorities for action in order to further develop the strategy. The Ministry expects its 10-year Mental Health and Addictions Strategy to be released in December 2010.

In the 2009/10 fiscal year, the Ministry provided \$4.2 million to the Pine River Institute in the Central West LHIN to support an additional 29 beds for youth with concurrent addiction and mental-health disorders. Earlier, the Ministry provided funding for 20 new beds in the Champlain LHIN and 16 new beds in the Waterloo Wellington LHIN. All these beds are available to youth from across the province.

According to the Ministry, the additional beds have decreased requests for out-of-country treatment for youth with addictions. The Ministry reported a total of 12 youths in the 2009/10 fiscal year, compared to 21 youths in the 2008/09 fiscal year, who received ministry approval for out-of-country substance abuse in-patient treatment.

Addiction Funding

Recommendation 3

To ensure that substance-abuse and problem-gambling funding is based on appropriately established priorities and is equitable across the province, the Ministry of Health and Long-Term Care should work with the Local Health Integration Networks to:

- ensure that the allocation of funding between substance abuse and problem gambling recognizes the number and types of clients needing treatment;
- allocate addiction funding based on specific community client needs rather than on historical funding; and

- *implement strategies that will address funding inequities across different regions so that clients with similar addiction issues receive similar and appropriate levels of treatment services wherever they live in Ontario.*

Status

The Ministry informed us that it had met with addiction and mental-health agencies to emphasize the need for the collection of consistent and complete clinical diagnostic and financial data sets in order to develop a reliable funding methodology.

The Ministry further advised us that it is continuing to review various ways to improve funding approaches that will ensure a consistent response to the addiction treatment needs of people across the province. Specifically, the Ministry is reviewing funding options with the LHINs designed to:

- provide evidence-based allocation of funding for substance abuse and problem gambling; and
- develop strategies to address funding inequities across different regions so that clients with similar addiction issues receive appropriate treatment service levels wherever they live in Ontario.

Provincial Assessment Tools

Recommendation 4

To ensure that addiction clients are assessed consistently to determine the appropriate type and level of treatment, the Ministry of Health and Long-Term Care and the Local Health Integration Networks should:

- *encourage local health-service providers to obtain appropriate training on the application of substance-abuse assessment tools and criteria; and*
- *determine the appropriateness of the problem-gambling assessment tool currently in use and consider replacing or supplementing it with other more useful tools, if necessary, to address the concerns of the service providers.*

Status

The Ministry informed us that all addiction treatment providers must use its approved suite of eight substance use assessment tools. The Centre for Addiction and Mental Health offers training on these tools, and local providers are encouraged to take the training in order to use the tools and administer admission/discharge criteria appropriately.

As to problem-gambling assessment, the Ministry directed the Ontario Problem Gambling Research Centre (Centre) to examine whether there are any other assessment tools that should be used in clinical settings. The Centre funded three projects to examine alternatives to the widely used South Oaks Gambling Screen for screening/assessment use. After the studies, the Ministry decided to retain the South Oaks Gambling Screen as its problem-gambling-assessment tool.

MONITORING FOR COMPLIANCE

Accountability at the Ministry, LHIN, and Service-Provider Levels

Recommendation 5

To ensure that people with addictions are receiving the services being funded, the Local Health Integration Networks (LHINs) should continue to obtain knowledge of service providers' operations (through operating plans or other means) for the funded services and the related goals and outcomes.

In addition, the Ministry of Health and Long-Term Care (Ministry) and the LHINs should:

- *develop guidelines for conducting reviews of service-provider operations to determine whether funded services are being delivered cost-effectively;*
- *reassess service-provider data-reporting requirements so that the LHINs and the Ministry collect only the necessary information they need to oversee their providers; and*
- *establish processes to ensure that the needed information maintained in various information*

systems is complete and accurate to maximize the benefits offered by these systems.

Status

In February 2009, the Ministry and the LHINs developed draft audit and review guidelines for hospitals that provide mental-health services. According to the Ministry, similar audit and review guidelines are currently under development for community agencies.

Since the fall of 2008, the LHINs have required health-service providers to use the formal Community Annual Planning Submission process to identify the programs and services to be delivered for the funding received. As well, the multi-sectoral service accountability agreements between LHINs and their health-service providers implemented in the 2009/10 fiscal year impose reporting requirements that could lead to financial penalties if the reporting requirements are not met.

To address data quality concerns, the Ministry advised us that it held three education sessions for the community mental-health and addiction sectors during the 2009/10 fiscal year. Future education sessions are planned for the 2010/11 fiscal year. In addition, the Ministry informed us that an advisory committee also reviews all account codes and their definitions for appropriateness and applicability to the sector.

Financial Approvals

Recommendation 6

The Local Health Integration Networks should ensure that:

- *service providers submit budgets before the start of a new fiscal year;*
- *budgets are thoroughly and consistently reviewed and follow-up concerns are documented; and*
- *service providers' budgets are approved on a more timely basis.*

Status

For its 2009/10 budget process, the Ministry required its LHINs to complete a Community Annual Planning Submission, a financial and statistical document used to assess service planning and delivery. Meanwhile, service providers reporting to LHINs were required to submit approved budgets by March 31, 2009, in order to finalize their accountability agreements. LHINs are responsible for reviewing the budgets of LHIN-managed agencies.

Financial Year-End Settlement

Recommendation 7

To ensure prompt and appropriate recovery of surplus funds from services providers, the Ministry of Health and Long-Term Care should:

- *review the settlement packages on a timely basis; and*
- *follow up on ineligible expenditures, such as amortization, for exclusion when determining the final settlement balance.*

In addition, the Local Health Integration Networks should require service providers to submit their settlement packages by the due date.

Status

The Ministry informed us that as of May 31, 2010, it had reviewed 96% of the backlog of settlements up to and including those in the 2006/07 fiscal year. This substantially meets its commitment made at the time of our 2007/08 audit to clear this older backlog by March 31, 2009. As well, the Ministry had completed 89% of the 2007/08 fiscal year settlements, and the remaining 11% was under review at the time of our follow-up.

All settlements with material balances are expected to be completed by August 31, 2010. In addition to working toward the elimination of the settlement backlog, the Ministry also informed us that it had completed 44% of the 2008/09 fiscal year settlement reviews.

Under the multi-sectoral service accountability agreements between the LHINs and their

health-service providers, the providers are to meet reporting requirements, such as the submission of settlement packages on a timely basis, and may incur penalties in the case of non-compliance. The Ministry further informed us that it corresponds with service providers regarding their settlement submissions during the review process. The final settlement letter explains all deviations from the original settlements and states whether there are any monies owing.

MEASURING AND REPORTING EFFECTIVENESS

Recommendation 8

To enable the Ministry of Health and Long-Term Care (Ministry) and Local Health Integration Networks (LHINs) to assess the effectiveness of addiction programs, the Ministry should work with the LHINs to:

- *establish acceptable targets for the indicators; and*
- *measure and report on variances between results achieved and established targets, and implement corrective action where needed.*

Status

The Ministry informed us that the multi-sectoral service accountability agreements between the LHINs and their health-service providers established a process for performance reporting and monitoring and allow for regular review of health-service providers. According to the Ministry, one substance abuse indicator was being developed to be included in the next ministry-LHIN accountability agreement.

Problem Gambling

Provincial Strategy and Revenue Accountability Recommendation 9

To ensure that local problem-gambling-prevention activities are in line with provincial strategic goals,

the Ministry of Health and Long-Term Care should ensure that communication occurs between the Local Health Integration Networks and other affected ministries to:

- *co-ordinate local prevention and awareness service-provider activities with the Ministry of Health Promotion's provincial activities; and*
- *assess the effectiveness of local prevention/awareness activities.*

Status

The Ministry informed us that the Ministry of Health Promotion is working with local problem-gambling organizations to ensure consistency of messages and activities. The Ministry also advised us that it will be directing research in the 2011/12 fiscal year to assess the effectiveness of local problem-gambling prevention/awareness activities.

Ontario Problem Gambling Helpline

Recommendation 10

To help more problem gamblers receive appropriate treatments, the Ministry of Health and Long-Term Care should work with ConnexOntario and the Ministry of Health Promotion to increase awareness of where problem-gambling treatment is available.

Status

As an enhancement to ConnexOntario's "Program Gambling Helpline," the Ministry informed us that it is funding an appointment-booking pilot project to facilitate client access to treatment services. ConnexOntario is also offering web chat as an alternative means for the public to access its "Problem Gambling" website. The site's chat function began in June 2009, and at the time of our follow-up the Ministry reported that 71 contacts had been made that resulted in ConnexOntario providing resources/treatment information.