
# Standing Strong Together, Mashkowigaabowidaa:

A Toolkit for a Northwestern Ontario RAAM Approach

*"Mashkowigaabowidaa" translates into "Standing Strong Together" from the Southern Treaty Three, Lac La Croix dialect, which may be different for other First Nations in the region.*

Northwestern Ontario Regional RAAM Advisory Committee | MARCH 2022


# Message from the Co-Leads

Rapid Access Addiction Medicine clinics provide broad spectrum addiction care and have demonstrated their success across Canada. RAAM clinics are designed to close a significant gap in service between acute and primary care services, and the community addiction and mental health service system. RAAM models have been shown to improve access to addiction care, divert clients away from Emergency Departments, and serve as a referral source for primary care providers with clients that may be struggling with opiate dependency, poly-substance use, and complex mental health and medical issues.

While this works effectively in many centres, the approach cannot be applied with a one-size-fits-all lens. In Northwestern Ontario particularly, which is characterized by a vast geographical area scattered with small, rural, and remote communities, applying the urban model is challenging when services are fragmented and resources are limited. Many small communities in this region simply lack robust bricks-and-mortar hospitals or treatment centres. Primary care—specifically in many small northern communities—is often delivered through nursing stations. Clients must travel to larger centres for treatment. In many cases, creating new physical infrastructure is not feasible in the short term—yet the urgency to find solutions is ever-increasing.

We've recognized these limitations. In collaboration, we have collectively put forward an innovative RAAM approach to identify the resources, safe spaces, and options for delivery of care—one that can be adapted to be relevant for northern areas and increase the capacity of communities to respond.

We have considered the needs of communities and the capacities that exist. Existing infrastructure can be adapted for addiction care. Withdrawal management beds can be housed within a non-typical partnering space. Collectively re-thinking the use of existing resources and applying best practices to allow communities to adapt in a coordinated effort to unique scenarios is required to address the pressing needs of the current opioid crisis in the northwest.

*Standing Strong Together, Mashkowigaabowidaa: Toolkit for a Northwestern Ontario RAAM Approach* summarizes the learnings of our collective impact. We hope this toolkit will be a valuable resource for other communities and organizations embarking on similar journeys. We are grateful to all who have shared their perspectives and wisdom in building a more inclusive pathway to care in the northwest.

Sincerely,

Nancy Black, Vice President Addictions and Mental Health, St Joseph's Care Group
Juanita Lawson, CEO, NorWest Community Health Centres
Co-Leads, RAAM-Reach Partnership


# Acknowledgements

This toolkit for the Northwestern Ontario RAAM approach is the result of an initiative of the Public Health Agency of Canada, supported through a partnership with NorWest Community Health Centres and St. Joseph's Care Group, which are located in Thunder Bay, Ontario.

## Land Acknowledgement

We acknowledge and appreciate that we are situated across Northwestern Ontario on lands that are the traditional territories of many nations. We are grateful that we were able to meet and operate on land that has been inhabited by Indigenous peoples from the beginning and that is now home to many diverse Métis and First Nations peoples. We recognize and deeply appreciate the historic connection to this place. We value the contributions that Indigenous peoples have made, and continue to make, in shaping and strengthening this region—and in our province and country as a whole. We recognize the historic contributions to the region's communities and the responsibility and commitment necessary to advance Truth and Reconciliation.

## Partnership Acknowledgements

This toolkit is the result of a collective commitment to improving service delivery across Northwestern Ontario. The Regional Rapid Access Addiction Medicine (RAAM) Advisory Committee and Sub-committees have met regularly to discuss, consult, identify barriers, strengths, needs, and strategies—and as a result, have brought forward the key ingredients necessary to formulate a RAAM approach tailored to the needs of Northwestern Ontario. *Standing Strong Together, Mashkowigaabowidaa: Toolkit for a Northwestern Ontario RAAM Approach* is the culmination of a strong collaborative effort.

We express our gratitude and acknowledge the Advisory Committee and Working Group members for their expertise, guidance, and support. Each of these groups and individuals are acknowledged in Appendix A. Miigwetch to each of the individuals and organizations who participated in this process for their valuable contributions.

## Collaborating Organizations

- Centre for Addiction and Mental Health (CAMH)
- Dilico Anishinabek Family Care (Dilico)
- Dryden Regional Health Centre (DRHC)
- Fort Frances Tribal Area Health Services (FFTAHS)
- Lake of the Woods District Hospital (LWDH)
- Marathon Family Health Team (MFHT)
- Nipigon District Family Health Team (NDFHT)
- NorWest Community Health Centres (NWCHC)
- Ontario Health North (OHN)
- People Advocating for Change Inc. (PACE)
- Riverside Health Care (RHC)
- St Joseph's Care Group (SJCG)

A Rapid Access Addiction Medicine (RAAM) clinic is a low-barrier, walk-in clinic where direct supports are provided for substance use disorders, without the need for an appointment or formal referral. RAAM clinics provide time-limited medical addiction care including pharmacotherapy, brief counselling, and referrals to community services.

RAAM clinics provide broad spectrum addiction care and have demonstrated their success across Canada. RAAM clinics are designed to close a significant gap in service between acute and primary care services, and the community addiction and mental health service system.

## How to use this toolkit:

Introduction

The orange icons can be used to navigate between sections. For example, click the demo icon to the left to proceed to the Introduction.

Supplementary resources are embedded throughout this document. Pointers indicate when embedded documents or external links are available.


# Introduction

The *Standing Strong Together, Mashkowigaabowidaa: Toolkit for a Northwestern Ontario RAAM Approach* is an in-depth resource to support organizations in understanding and applying a responsive, high-quality, collaborative approach to support or enhance Rapid Access Addiction Medicine (RAAM) services.

RAAM clinics provide timely access to specialized supports for clients who are living with addiction to opiates and other substances, and who require medical services combined with mental health and addiction supports. Services are initiated at the RAAM to stabilize clients' conditions and to facilitate access to a range of additional services that cross the continuum of care.

This resource was developed based on the needs of the Northwestern Ontario region. Partners saw the need to collaborate to address inequities across multiple sectors, with a focus on the health system in northwestern Ontario—specifically in strengthening community pathways to care for people who use substances through a robust foundation of policies and practice guidelines. Regional partners worked collectively to create innovative solutions for care using limited resources. As a result, learnings have fostered the capacity of partners and people with lived experience to support the design of services that address previously unmet needs. Pathways created through this project have focused on serving the unique needs of small, rural, and remote communities as well as Indigenous peoples living in Northwestern Ontario. Thus the learnings are relevant for practitioners and partners in any community interested in establishing a RAAM Clinic—but will be most salient for similar northern areas that serve a vast geographical region with dispersed populations and limited resources.

In collaboration with new and existing partners, the RAAM Advisory Committee has put forward a 'Hub and Spoke' model of care to strengthen addiction care in the Northwest region, which is discussed in this document.

*Standing Strong Together, Mashkowigaabowidaa: Toolkit for a Northwestern Ontario RAAM Approach* was created to help those who provide services to individuals who use substances to adopt the RAAM approach to care in unique workplaces and contexts, while providing best practices. It gives practical tools for all levels of service provision to expedite service planning and early response.

**The toolkit is presented in four chapters:**

1. Context for Northwestern Ontario's RAAM Model
2. Supportive Foundation: Partnerships & Engagement
3. Supportive Environments: Safety
4. Essential Elements of a Northwestern RAAM

# 1. Context for Northwestern Ontario's RAAM Model

The vision for the Northwestern Ontario RAAM is to promote a holistic, client-centered service that is founded on strong evidence and sound practices, which are embedded in cultural safety and delivered through an equity lens.


## Achieving the Vision for the Northwest

This toolkit blends the Northwestern Ontario context: drawing on best practices, evidence, and the expertise of people with lived experience, counsellors, medical providers, and administrative professionals. It is framed on a foundation of collaborative partnership and client safety. In achieving this vision, the northwest RAAM partners considered the geographical and cultural contexts of the region, combined with the unique factors associated with a northern area—along with the application of an evidence-informed approach.

### Leveraging an Existing Collaboration

The RAAM approach for the Northwest builds on an existing model and partnership that was established in Thunder Bay. Launched in March 2018, Thunder Bay's RAAM Clinic commenced operation to provide comprehensive and coordinated specialized services for individuals seeking treatment for any substance use issue. The Thunder Bay RAAM Clinic has been a coordinated approach to tackle Thunder Bay's elevated rates of opioid and alcohol use, and to support overdose prevention as a community-wide effort. The RAAM provides specialized supports for individuals living with addiction to opiates and other substances; through RAAM, clients access medical services combined with mental health, addiction, and cultural supports. A range of partners facilitate services that cross the continuum of care.

The Thunder Bay RAAM Clinic is a collaboration of seven community partners providing (or advising on) addictions medicine and client supports for individuals with substance use issues in Thunder Bay: Dilico Anishinabek Family Care, NorWest Community Health Centres, People Advocating for Change through Empowerment, St Joseph's Care Group, Thunder Bay Counselling, Thunder Bay Regional Health Sciences Centre, and Thunder Bay Drug Strategy. The implementation of the Thunder Bay RAAM Clinic—as a multi-organization solution across the continuum of care—has been an excellent example of effective community partnerships and a collaborative practice model that focuses on providing low-barrier, timely, addiction and mental health services within the community.

The Thunder Bay RAAM partnership has been successful in implementing a service model that is intended to be accessible, barrier-free, and relevant for people living with addictions. It provides timely access to specialized supports; partners facilitate access to services that cross the continuum of care. Yet, beyond Thunder Bay, in small rural and remote communities across the Northwest, the demand for services, paired with a regional opioid crisis, continues to grow.

As such, partners came together to leverage this collaboration—to reach further into the region using a structured, proven response and bridging gaps through a unique approach to care. Notably, it has been the adaptation and innovative reframing of existing infrastructure,

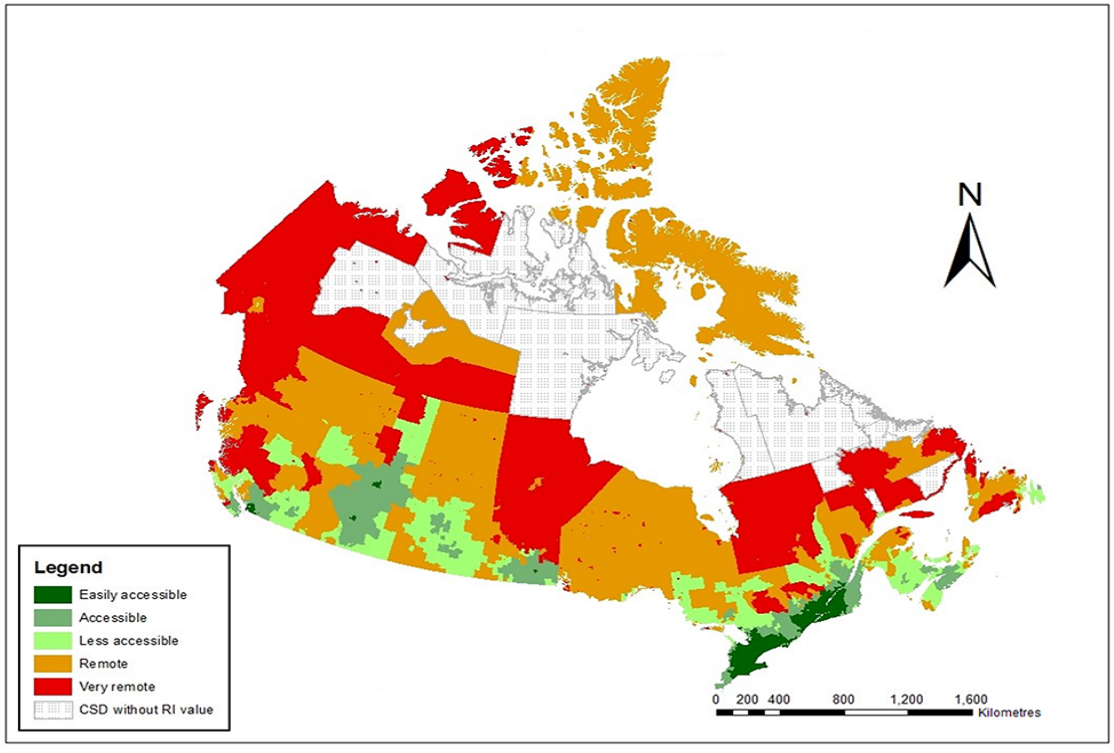
including leveraging virtual care options and mobile clinics that have helped to connect vast geographical areas and fragmented service systems where resources can be extremely limited.

### Geographical Context

Northwestern Ontario spans over 526,000 square kilometres, serving just over 230,000 people. Geographical distance creates challenges for clients needing to navigate health and social services and is especially difficult for clients needing multiple layers of service. Furthermore, many communities in Northwestern Ontario have limited (or no) access to health, mental health, and addictions services—meaning that travel to larger centres is often required.

As shown in the map below [extracted from Statistics Canada's report: Developing Meaningful Categories for Distinguishing Levels of Remoteness in Canada[1]], much of the area served by partners in Northwestern Ontario is considered remote, along with communities considered to be 'very remote' which are dispersed across the region.

**Manual classification of remoteness index based on natural breaks, population and the number of census subdivisions in each category**




**Note:** CSD = census subdivision, RI = remoteness index.
**Source:** Map 1 was developed by the authors using the data table from the remoteness index of Canadian census subdivisions (Alasia et al. 2017) and the Statistics Canada census subdivision boundary file (lcsd000b16a_e.shp).

[1] Statistics Canada: https://www150.statcan.gc.ca/n1/en/pub/11-633-x/11-633-x2020002-eng.pdf?st=G0m_vZij

## Serving the Population Health Needs of the Region

Although the need for addiction care is growing at an exponential rate, addiction services are one of the most difficult to access across Northwestern Ontario, due to a range of complicating factors including: limited services in small, rural, and remote areas; configuration of facilities; population distribution; lack of infrastructure for virtual care; the time-sensitive nature of addictions care and acute needs; and, barriers related to the social determinants of health.

Engaging and collaborating with Indigenous partners, including those who are First Nations, Inuit and Métis, is key to community safety and well-being across Canada's northern regions. Ontario is home to the largest Indigenous population in Canada: Indigenous peoples constitute approximately 3% of Ontario's total population, and approximately 17% of northern Ontario's total population.[2] In Ontario, 85% of Indigenous peoples live in urban and rural areas.

The Northwest is home to a high percentage of people who identify as Indigenous, according to Statistics Canada data (2016): 24.8% as compared to Ontario overall at 2.8%, as shown in the table below[3]. Thunder Bay is the Census Metropolitan Area with the largest proportion of Indigenous people in Canada.

| Indicator | Kenora District | Rainy River District | Thunder Bay District | Thunder Bay (City) | Northern | Northwest | Ontario |
|---|---|---|---|---|---|---|---|
| Population reporting Indigenous Identity (#) | 11,940 | 5,395 | 5,195 | 16,250 | 16,770 | 55,545 | 374,395 |
| % of Population With Indigenous Identity | 29.0% | 27.3% | 29.7% | 13.0% | 82.6% | 24.8% | 2.8% |

The vast geography and low population density in Northwestern Ontario create challenges in the equitable delivery of health services, particularly for those living in small, rural, and remote communities where volumes may not exist to support local delivery of complex, high-cost services; thus services and resources can be limited or fragmented.

According to the 2016-2019 Integrated Health Service Plan by the North West Local Health Integration Network (LHIN), the health status of residents in Northwestern Ontario is poorer than Ontario residents overall, and the life expectancy for residents in this area is lower than

[2] Organisation for Economic Co-operation and Development (2020) https://www.oecd.org/canada/
[3] Statistics Canada: Canada Census Profile (2016)


the provincial average.[4] According to the North West LHIN's Annual Report (2016-17)[5], based on Community Health Survey data, and in comparison to the rest of Ontario, this region has a high proportion of people who:

- Are heavy drinkers
- Are obese (age 18 and over)
- Are smokers
- Have high blood pressure

The above-noted 2016-2019 Integrated Health Service Plan shows that people living in this region (in comparison to the rest of the province) have higher rates of:

- Mortality for all causes;
- Colon and rectum cancer;
- Lung and bronchus cancer;
- Hospitalization for accidental injuries and chronic conditions;
- Hospitalization for Diabetes;
- Hospitalization for Chronic Obstructive Pulmonary Disease (COPD); and,
- Hospitalization for congestive heart failure.

The same annual report notes that across Canada (and similarly across the Northwest region), the health status of Indigenous peoples is poorer than non-Indigenous people on most measurable health indicators. The North West LHIN's data shows that Indigenous adults are more than twice as likely to die of preventable causes, and in terms of overall life expectancy, to live, on average, five to seven years less than the non-Indigenous population in Canada.

As a result of the historical and ongoing colonization of Indigenous peoples as well as trauma resulting from residential schools, substance use disorders and homelessness also disproportionately affect Indigenous individuals. Multiple studies have identified that trauma and intergenerational trauma—including land dispossession, residential school attendance, racism, and social exclusion—result in neurobiological changes that increase the probability of substance use.

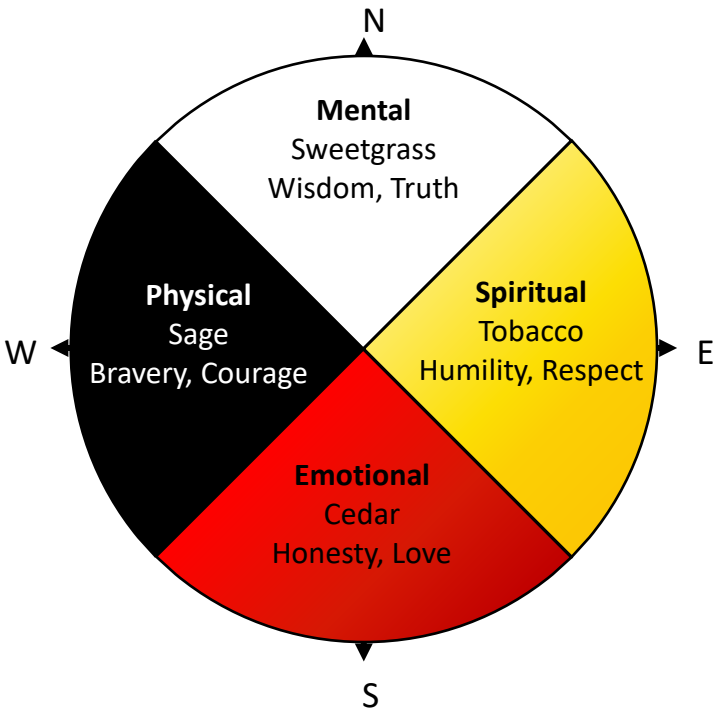
Substance use rates are markedly high in this region—drastically impacting individuals' health and service delivery. Ontario Drug Policy Research Network's study of opioid use across all Ontarians (2012 to 2017) shows the percentage of residents dispensed an opioid to treat addiction was higher in Ontario's northern areas, with the highest in the Thunder Bay District Health Unit ("TBDHU", 2% of residents).[6] Rates continue to climb; in 2020, the yearly rate of Opioid Agonist Therapy (Overall & New Users) in TBDHU was 25.77 per 100,000 (vs. 4.46 per

[4] North West LHIN -- IHSP IV Integrated Health Service Plan (2016-2019)
[5] North West LHIN Annual Report (2016-17)
[6] Ontario Drug Policy Research Network (2017)

100,000 for ON (Ontario Prescription Opioid Tool).[7] In 2020, 48.3% of accidental opioid-related deaths in the TBDHU were Indigenous individuals vs. 7.1% in Ontario.[8]

### The Medicine Wheel Teachings

Susan Manitowabi's work, *Historical and Contemporary Realities: Movement Towards Reconciliation*, discusses Medicine Wheel teachings as well as ways in which the guiding values and principles for reaching mino bimaadiziwin, the good life, are offered. Though the teachings and colours may vary depending on location, the foundational concept of the Medicine Wheel is balance—in all four aspects (spiritual, emotional, physical and mental) of our being. "Finding balance among the four quadrants of the Medicine Wheel is essential for a helper; before they are able to help others, they should first find balance within themselves, and the Medicine Wheel can be used as a self-assessment to help with that."[9]




In supporting the population health needs of this region, the Medicine Wheel concepts and teachings are an important reflection of the holistic approach to health and healing that must be applied to health care and operations such as those implemented by the regional RAAM.

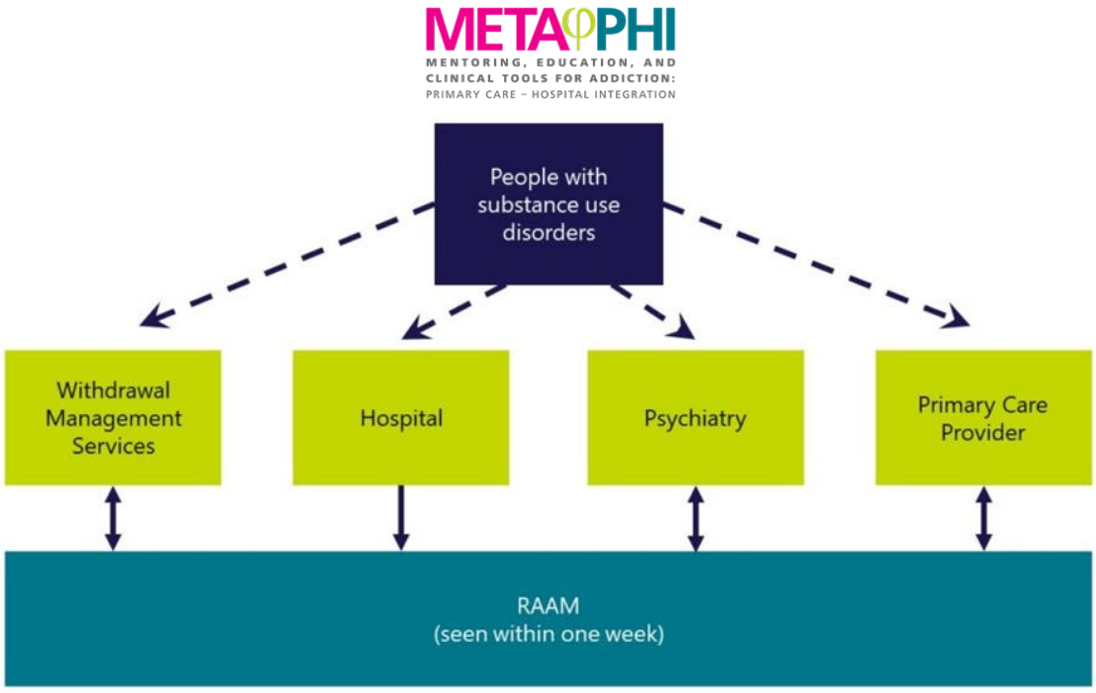
[7] Ontario Opioid Prescription Tool: Ontario Prescription Opioid Tool - ODPRN
[8] Coroner's Opioid Investigative Aid, Office of the Chief Coroner for Ontario (Extracted 15Sep2021)
[9] Medicine Wheel Teachings. Historical and Contemporary Realities: Movement towards Reconciliation

## An Evidence-informed Approach

RAAM clinics have been shown to improve access to addiction care, divert clients away from Emergency Departments, and serve as a referral source for primary care providers with clients who may be struggling with opiate dependency, poly-substance use, and complex mental health and medical issues. RAAM clinics are supported by evidence demonstrating a cost savings to the health care system and allied service sectors as well as streamlining access to community resources.[10]

### META-PHI Pathways to Care

The RAAM approach was first adopted by Mentoring, Education, and Clinical Tools for Addiction: Partners in Health Integration (META:PHI) and implemented in 2015 at seven sites; by 2019, the model had demonstrated successful outcomes and expanded across the province to 46 clinics in 35 communities including Sudbury, Ottawa, London and Guelph.[11]




META-PHI is an Ontario-wide initiative to support health care providers in treating people struggling with substance use disorders. The model's success lies in its provision of timely access to medical treatment for people most in need and immediate access to a range of therapeutic interventions and navigational supports based on assessed level of need.

[10] Evidence Exchange Network (2017)
[11] META:PHI Expands Access to Care for Patients with Substance Use Disorders (hqontario.ca)

Throughout this toolkit, META:PHI documents and resources are referenced and offered as best practices. These resources have been instrumental in supporting the foundation for the Northwest approach. Partners wish to acknowledge META:PHI's important contribution to advancing the body of knowledge for Rapid Access Addiction Medicine and to supporting collaborative practices across Ontario.

Thunder Bay's approach has been centred on the foundation created by META-PHI and addressed a critical need—in  that Thunder Bay has minimal access to full spectrum addiction care. As such, a collaborative approach was required to divert unnecessary hospital admissions and reduce unnecessary or repeat Emergency Department visits. The Thunder Bay RAAM has addressed pressing needs and supports successful transitions: in Q1 of 2019/20, close to 100 new clients were referred, accounting for 1000+ client encounters in the same period.

A comprehensive literature review was completed by Lakehead University (Thunder Bay, Ontario) to understand RAAM research and best practices. In this report, Lakehead University reviewed and amalgamated META:PHI and current practices to set the stage for integration into Northwestern Ontario Clinics.

The Literature Review of RAAM research and best practices is available here:

PDF

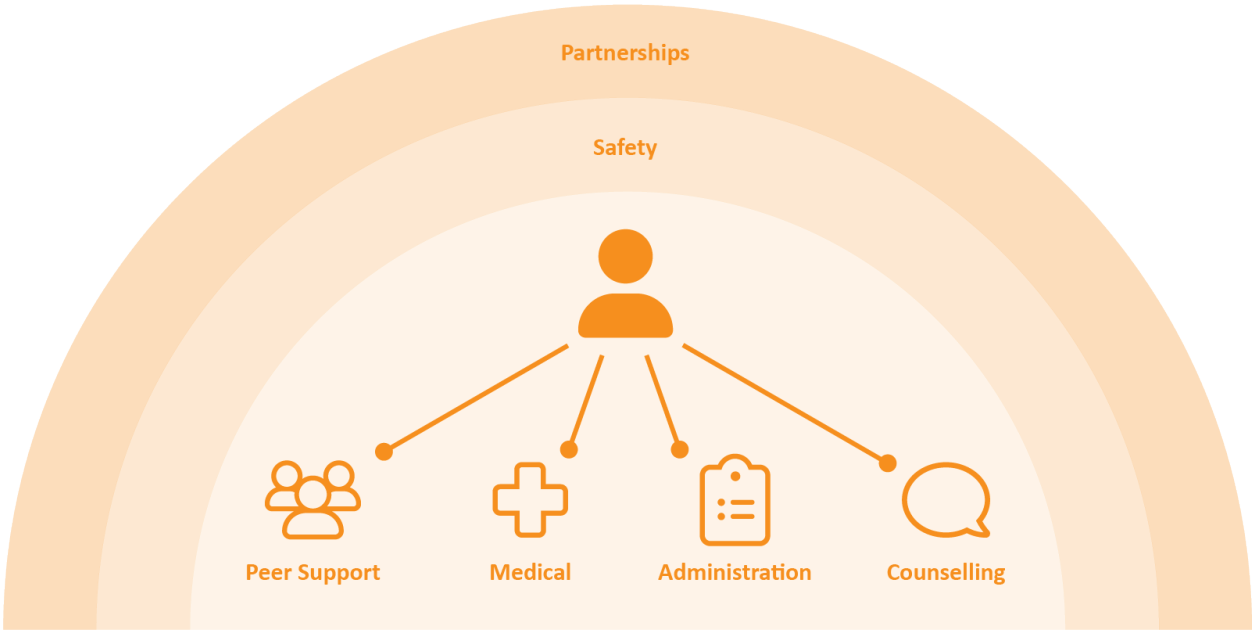
Best Practices for Rapid Access to Addiction Medicine Clinics

The result of the META:PHI care pathway is a fully integrated system in which clients receive evidence-based care at every step. The model established in this region is framed on concepts developed by META:PHI, which supports the guiding philosophy and infrastructure to RAAM clinics. This is achieved through META:PHI principles which include:

- Providing opportunities for clinician education, training, mentorship, and networking;
- Running an online community of practice for addiction questions and discussions;
- Facilitating the creation of integrated care pathways for addiction between emergency departments, withdrawal management services, rapid access addiction medicine clinics, and primary care; and,
- Creating and implementing provincial standards for addiction treatment.

## Integrated, Client-centred Approach

The vision for the Northwestern Ontario RAAM has been achieved through a strong, collaborative foundation of integrated elements. Partnerships and Safety are foundational elements working together to create a supportive environment for the client-centred RAAM approach. From there, four essential elements—peer support, medical, administration, and counselling—are operational keys to success. Each of these aspects will be discussed in further detail in the next sections of this toolkit.




Along with the traditional walk-in model, the Thunder Bay RAAM Clinic piloted the delivery of virtual care using the *Digital Front Door* model, which replicates the experience of an in-person visit.

*Click icon for hyperlink*

## 2. Supportive Foundation: Partnerships & Engagement

In order to create a supportive foundation that is conducive to building the required elements for an effective RAAM approach, meaningful collaboration—across a range of partners that reflect the communities being served—is crucial.

## Collaborative partnerships are the foundation for a RAAM approach.

Collaborative partnerships across Northwestern Ontario have helped to improve access and quality in our regional healthcare systems. Building relationships with partners that are representative of the needs of the region and the people living in those spaces is crucial to success.

The Northwestern Ontario RAAM has been founded on a partnership approach. A range of partners representing multiple perspectives must be included early in any planning process to ensure that local plans incorporate the strengths, perspectives, contributions, and needs of the communities that will be served. By respecting diverse priorities and perspectives, partners can build trust and effective relationships among one another; it is these relationships that are necessary, especially in regions with limited resources, to effectively leverage existing strengths, resources, and capacities. This section will elaborate on three elements of collaboration which were key to the process undertaken for the Northwestern Ontario RAAM—and which can also be applied to similar situations elsewhere:


### 1) Geographical Reach

#### Regional Consultation and Engagement

As noted, the regional RAAM partnership was established based on an innovative approach that was initiated in Thunder Bay and then expanded across Northwestern Ontario. The goal of the Northwest RAAM collaborators was to improve the delivery of RAAM services by integrating multi-service providers to deliver these services at coordinated locations. The regional approach has been guided by this prevailing question:

> *How do we best respond to multi-service, multi-sector clients, and the need to provide low-barrier, client-centered, walk-in service, close to home?*

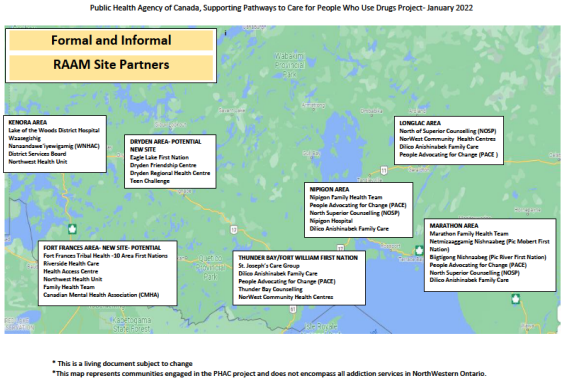
The Regional RAAM Advisory Committee and Sub-committees [refer to Appendix A for detailed list of members and working groups] in Northwestern Ontario met regularly to discuss, consult, identify barriers, strengths, needs, and strategies. It is important to note that many of these discussions took place during the COVID-19 pandemic; as such, partners quickly adapted to working and communicating in a virtual environment. Google Jamboards helped to keep track of ideas during these virtual engagement sessions with regional partners.

The word clouds below summarize the results of engagement; first, the challenges involved in working through a collaborative model—and then, the solutions that were raised to collectively overcome these challenges, by identifying benefits and opportunities:


## Defining & Formalizing Clear Agreements Among Regional Partners

As shown, the regional RAAM partnership has evolved from an innovative approach that was initiated in Thunder Bay in 2018—and then expanded using similar approaches across the northwest region. The map below [click to enlarge] shows all current formal and informal RAAM site partners who have participated in the current collaborative; this map is intended as a living document and the version below is current as of January 2022.

RAAM Site Partners in Northwestern Ontario are shown here:




The Thunder Bay RAAM Clinic was framed on a local agreement between seven agencies—representing service providers across a continuum of care, including acute care and community services. The accessibility to service at different locations in Thunder Bay has accommodated client-centred service delivery, providing access to community-based care or to more intensive residential support services based on the clients' assessed level of need. Each partner agency serves a unique function along this continuum.

As such, clearly defined Memorandums of Understanding have been essential to navigating roles within these partnerships. Delineating roles, responsibilities, and expectations through Memorandums of Understanding with Lead Agencies and Service Delivery Agencies are essential to formalizing collaborative work. In this region, agreements to execute the best comprehensive collaborative model of care have been founded on formal partnerships with organizations that include representation at all levels including frontline, management, and senior leadership, along with external funders. It is the formal agreements and informal flexing that have been the foundation for success in this area. Sample templates are provided in this toolkit for adaptation at other sites.

Templates for Memorandums of Understanding are available here:

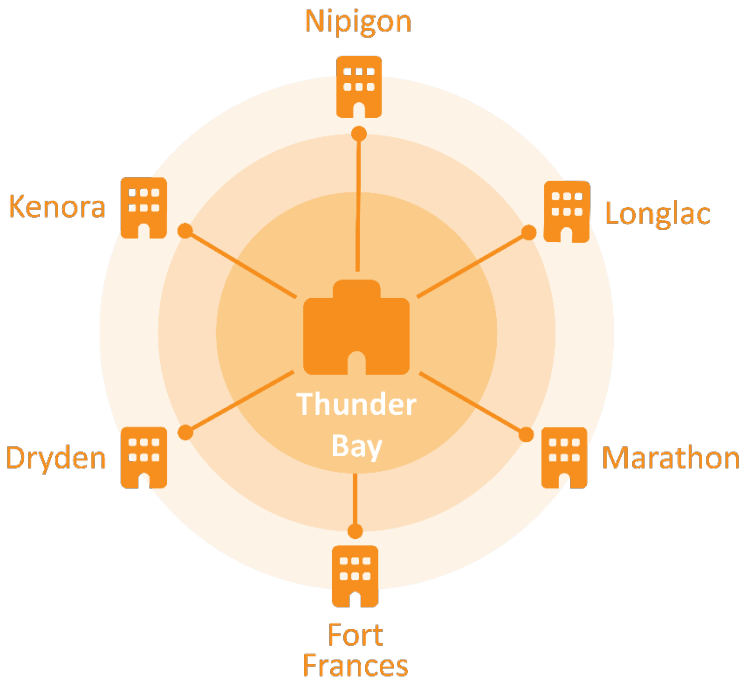
MOU Example 1

MOU Example 2

### The Hub and Spoke Model To Mobilize Partnerships

An important consideration for the regional RAAM approach has been to provide care close to home. Partners have recognized and emphasized that close-to-home care is always the most appropriate and least-costly way to deliver optimal services for clients. When applied across Northwestern Ontario then, this care is most likely to occur in a range of small, rural, and remote communities.

These factors have driven the need for an innovative, collaborative solution for the north—one best-suited to community needs, geographic distances—taking into account the often limited or fragmented services available in smaller centres. Working as a multi-site collective, several (local) RAAM Clinics have the capacity to serve many clients across a vast geographical reach, through a 'hub and spoke' approach. The approach is based on a guiding principle to provide the best care to those who need it most. The diagram below depicts this model with Thunder Bay as a hub, supported by multiple RAAM sites across communities in the northwest region:



The hub and spoke model optimizes service delivery assets through a network consisting of an anchor establishment (hub) which offers a full array of services, complemented by secondary establishments (spokes) which offer more limited service arrays but is supported by the hub. Hub and spoke networks afford many benefits and can greatly support healthcare practitioners and organization in serving clients more efficiently across a continuum of care.

In creating a hub and spoke approach, regional partners discussed the impacts of serving a vast geographic region.

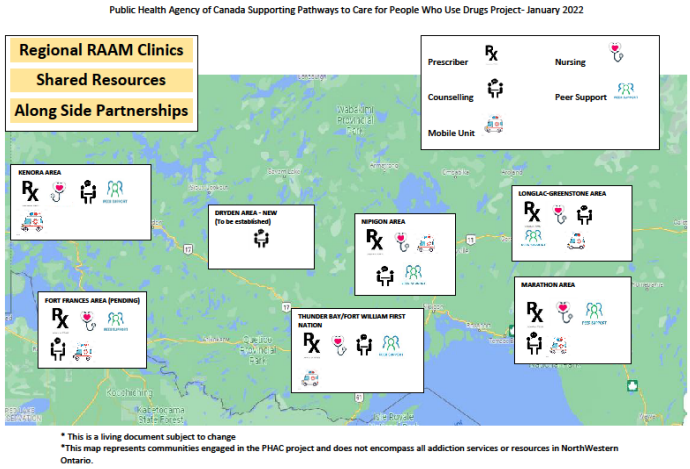
The benefits were clear: the model has the capacity to reach more clients, connect with transient clients, and share best practices across many communities.

These were paired with equally clear challenges: the sheer distance between sites, the costs and barriers associated with transportation, and access to technology and internet connectivity.

Through partnership, many issues originally perceived as barriers become opportunities, and collectively, innovative solutions to regional challenges emerged:

To further illustrate how the hub and spoke model distributes a continuum of RAAM services across the region, the following map [click to enlarge] shows the current RAAM partnerships, RAAM clinics, and shared resources, as of January 2022:

A map of RAAM clinics and partners across the Northwest is available here:




Each partnering Northwest RAAM organization supports, and has access to, a wide network of resources, ranging from primary and acute care to addictions and mental health supports, as well as access to health and social services. Two documents have been compiled that reflect the Northwest RAAM continuum of care; these contain links to partner websites and other community resources:

Two repositories containing links to community resources across the northwest are available here:

Community Resources

Mental Health and Addictions Resources

Mobile outreach is another alternative. It is a way for RAAM clinics to fill a void in the addiction treatment system by providing clients with immediate access to evidence-based addiction care. The outreach model supports clients with counseling, peer support and case management. To support the clients' recovery, mobile outreach teams work with primary care clinics and community partners to build community capacity for addiction treatment. Supporting the community's primary care providers and other healthcare clinicians with case-by-case consultations and education regarding best practices in addiction medicine improves client outcomes.

A video is available here, which demonstrates the mobile RAAM approach at work in Kenora, Ontario:


## 2) Collaboration

### Integrated Service Delivery between Multi-service, Multi-sectoral Service Providers

Collaboration has enhanced the capacity to be responsive, trauma-informed, and fiscally-responsible. Collectively, the RAAM partnership has developed agreements at various levels to support an integrated care model; memorandums of understanding; shared staffing model; and, an informed consent for sharing information between front line caregivers, organizational partners, and the broader system. Fostering cross-sector collaboration at all levels supports empowerment among partners and a shared investment in mobilizing a community response. The result is improved efficiencies for clients. Systems-navigation becomes easier for clients because care pathways to all organizations are activated—supporting empowerment and choice for the individuals who are engaged in services.

Successfully engaging across multi-service and multi-sectoral partners has been achieved by:

- Involving people with lived experience at all levels of operation;
- Ensuring that decisions are made within a Northwestern Ontario cultural context and are reflective of the populations being served;
- Engaging Indigenous communities and organizations in shared decision-making and service provision; and,
- Adopting a clear communications plan and supporting it at all levels of decision-making. Inherent in the plan is a practice where no information is passed between agencies without all partners knowing.

Establishing clear lines of communication is an essential aspect to collaborative work with partnering organizations, in addition to the following:

- Involving senior leaders across organizations to guide community implementation and impact.
- Engaging managers from partnering agencies to meet regularly and prioritize actions to ensure timely response.
- Ensuring pre- and post-clinic team rounds are conducted so that all team members have a voice in collective care and to establish a holistic understanding of clients' needs, roles, expectations. This practice not only improves teamwork and communication, but also supports the team's adaptability and resilience, while building skills and capacity.

Empowerment and choice are a priority for all RAAM clients. From the outset, when a client first enters a RAAM Clinic, they are provided with choice: in the services they receive, whether

these are medical or non-medical, what organization they feel most comfortable with, and how their care will be respected and triaged in the community.

As a collaborative, the Northwest RAAM ensures that operations are, and continue to be, reflective of the populations being served—so that service delivery and options for clients are respectful of cultural and historical contexts as well as gender and sexual diversities. These principles are discussed in more detail in Chapter 4.

## 3) Principles for Meaningful Engagement

Supportive environments in which all voices are heard are crucial to developing relationships that will have the capacity to respond to potentially challenging issues and to collaboratively achieving strong outcomes.

### Engagement with Partner Agencies

Collaboration is not achieved through a one-size-fits-all approach. Each partner agency offers a unique perspective and may have specific governance structures, engagement processes, or protocols that must be respected. The following key principles, adapted from Ontario's *Community Safety and Well-being Planning Framework*[12] can be considered when engaging with partners:


[12] Ministry of Community Safety and Correctional Services, Community safety and well-being planning framework: Booklet 3 (2021)

The Northwest RAAM operates from a client-centred approach. As such, representing the individuals and communities being served has been, and continues to be, critical to its success. Meaningfully supporting a diversity of voices has been crucial to developing the model for the northwest. Bringing together people at all levels—from front-line to community leaders—to support this work is essential.

Supporting the needs of Indigenous communities is a critical element to RAAM development and implementation across the Northwest. By fostering partnerships that are representative of the communities in the region, the Northwest RAAM has been able to collectively develop and refine solutions that achieve project success while also addressing regional population health needs and social determinants of health. Through engagement sessions across the region, three factors were identified that must be integrated into RAAM models for northern areas:

1. **Embed Trauma-Informed Practices:** By recognizing that addiction can be a symptom of trauma, all practices support client safety and choice, through a trauma-informed lens.
2. **Provide Education and Training for All:** Both clients and staff are involved in community health.
3. **Blend Medicine and Healing:** To support health and well-being, there must be a recognition that both medicine and healing are critical aspects to an individual's care.

### Principles for Engagement with People With Lived Experience

One of the strengths of the Thunder Bay RAAM Clinic and the regional RAAM collaborative has been that community partners have the capacity to leverage strong existing networks. Each partner has a mandate to serve a range of needs and populations, with a focus on supporting marginalized populations and access for underserved individuals. Many bring specific expertise in engaging with people with lived experience. As a result, supporting peer networks together to inform the design, delivery, and implementation of relevant interventions is a collective strength that reduces barriers to accessing services. Partners collectively strive to meet local needs—and recognize the need to integrate ongoing process improvements into project plans resulting from partner, community, and client feedback.

Often, marginalized individuals encounter harm within helping systems. Engaging people with lived experience of substance use and addiction in all aspects of service design and delivery is essential for ensuring there is equitable power and truly informed decision-making.

In creating an evidence-informed RAAM approach, a number of resources are available to support meaningful and equitable involvement of people with lived experience (PWLE). Best practices and a range of supporting resources have been compiled by a number of groups across Canada that can be used to determine equitable ways to engage PWLE in planning for a RAAM clinic, including aspects such as: determining policies, allocating resources, providing ongoing feedback, and, involving people with lived experience in quality improvement processes.

## Resources

Links to some resources are provided below:

| | |
|---|---|
| Centre for Addiction and Mental Health (CAMH): Fostering Meaningful Engagement of Persons with Lived Experience at the System-level includes a review of best-practice frameworks that can be considered when developing service-user engagement strategies. | *Click icon* |
| Employing Peers: Policy Considerations for Ontario Opioid Harm Reduction Programs, Grishma Dabas, MA & Deborah Scharf, PhD CPsych, Department of Psychology, Lakehead University | *Click icon:* Peer Policies Review |
| Canadian Association of People Who Use Drugs, "See Us, Hear Us, Respect Us: Respecting the Expertise of People Who Use Drugs" has information about best practices for hiring and retention of people who use substances. | *Click icon:* |
| The Provincial System Support Program Equity & Engagement Team created a guide to equitable hiring for the Ontario Structured Psychotherapy (OSP) Program that provides guidelines for Diversity, Equity and Inclusion in Hiring and Onboarding that is useful for other mental health and addictions care contexts. | *Click icon:* A Practical Guide to Equity, Diversity, and Inclusion in Hiring & Onboarding |

Toronto's InSight Committee uses the following questions to guide its work with service users.[13] Their work is also informed by ethical research principles compiled through the Assembly of First Nations 2009 document, *Ethics in First Nations Research*.

Five questions to ask about engagement with service users:

1. Were service users included at the planning stage?
2. Who does preliminary research to set up ground rules and context?
3. Who manages the budget and decides how funds are allotted?
4. When service users are engaged, do they shape day-to-day decisions and outcomes?
5. Are measures in place to assess and ensure accountability?

[13] Devaney, J., Costa, L., and Raju, P. More than Paint Colours: Dialogue about Power and Process in Patient Engagement. (Toronto: The Empowerment Council, 2017).


Similarly, the Northwest RAAM adopts the following considerations for meaningful involvement of service users and PWLE in the design, delivery, and implementation of RAAM services:

**Best Practices For Meaningful Engagement**

- Clearly communicate the goals of the initiative or meeting. Outline responsibilities.
- Establish roles for PWLE that support equity in decision-making to avoid tokenism.
- Provide equitable financial compensation for contributions and expertise of PWLE.
- Create safe and inclusive spaces for all voices to be heard.
- Encourage all perspectives; be welcoming of critical reflections.
- Provide honest responses about what can and cannot be changed, and why
- Engage with diverse advisors who are reflective of the communities being served.
- Consider how health determinants—such as sex, gender, age, race, ethnicity, socioeconomic status, ability, sexual orientation, migration status, and geography—may contribute to differences in accessing services

RAAMs can emphasize opportunities for choice and connection within the parameters of services provided. Supporting choice, collaboration, and connection involves evaluating services and operations on an ongoing basis. Establishing mechanisms, such as advisory committees and focus groups, allow for diverse voices to be heard, resulting in true partnering and leveling of power imbalances between staff and clients. These mechanisms ensure there are meaningful opportunities for clients and people with lived experience to reflect on service delivery, advise on service design, and to give voice to service users' rights and grievances—ultimately resulting in informed decision-making and optimal client experiences.

At an organizational level, bringing equity, diversity, and inclusion into hiring practices—by supporting a diverse workforce with similar sociodemographic characteristics to the population served –are key components to providing equitable and culturally-safe care.[14] Stigma within workplaces can be addressed by supporting a greater diversity of backgrounds. As such, hiring practices must seek to actively reduce barriers to employment for Indigenous peoples, African, Caribbean, and Black Canadians, people with lived experience of mental health and substance use challenges, people with disabilities, and 2SLGBTQ+ people. Equitable hiring, pay, and advancement practices are required. It is critical that all team members possess a solid understanding of client-centered care and anti-oppressive practice—and that training supports this on an ongoing basis.

[14] Hattum T & Blackman A. Advancing the Diversity of the Public Health Workplace: Why Diversity, Inclusion and Competencies Matter. National Council for Behavioral Health (2019) https://aahd.us/wp-content/uploads/2019/10/NCBH-DiversityPHWorkforce_10232019slides.pdf

## 3. Supportive Environment: Safety

RAAM Clinics encourage opportunities for working collaboratively with people of all ages, genders, and cultures. While collaborative partnerships create a supportive foundation, safe and equitable spaces create the supportive environment from which to build strong and trusting relationships and to foster engagement and healing for all individuals.

## Safety is of critical importance to the functioning of RAAM Clinics.

Client-centred care is a principle for the Northwest. However, in terms of safety, this isn't just about finding the best techniques to help each individual. Equally important to a client-centred model is fostering safety within organizations and at systems-levels. As such, safety is also about keeping the systems in which the RAAM Clinics operate safe.

RAAM Clinics call for greater sensitivity and deeper understanding of the impact of trauma and the impact of addiction and addiction care: a system that appreciates all levels of impact and responds to all levels of impact.

Physical, emotional, spiritual, and cultural safety are important aspects to RAAM Clinics and trauma-informed practice. These aspects of safety are necessary for building strong and trusting relationships and for supporting service engagement and healing. Developing safety within RAAM services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all levels of staff and leadership. Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

This section will illustrate five aspects of safety—and specifically how these aspects impact service delivery, clients' experiences, and supports required from practitioners in RAAM Clinics:

## 1) Trauma-Informed Environment

The provision of trauma-informed care is a recognition of the impact of trauma on individuals' lives, and this care is guided by actively encouraging the participation and involvement of people with lived experience in the design, implementation, and evaluation of services.

Engagement and input from clients, peers, and family members makes it possible to gather critical feedback that increases choices for clients. Integration of peer support can be instrumental in creating safety and choices for clients. These are keys to the service delivery approach and supportive for building trust, establishing safety, and empowerment.

View the RAAM Clinic Guide for thriving in trauma-exposed environments:

A guide for thriving in trauma-exposed environments

### Historical Awareness and an Anti-oppressive Approach

By offering gender-responsive services, leveraging healing through traditional cultural connections, and recognizing and addressing historical trauma, RAAM models have an opportunity to actively move away from traumatizing practices that are framed on stigma, cultural stereotypes, and biases based on race, ethnicity, sexual orientation, age and geography.

In supporting a trauma-informed and anti-oppressive approach, RAAM providers play an instrumental role in understanding that trauma may be linked to colonization, historical events, war, targeted violence, and/or experiencing racism, homophobia, ableism, and other forms of oppression. As such, RAAM services that are trauma-informed must be culturally safe, anti-racist, anti-oppressive and must support various forms of healing. All RAAM providers must play an active role in supporting trauma-informed practice and providing care from a trauma-informed lens.

The Smithsonian has compiled a number of resources through its *Talking about Race* series; these offer opportunities to reflect on individual, interpersonal, institutional, and structural racism: Being Antiracist | National Museum of African American History and Culture

## 2) Cultural Safety

Culturally-safe care improves health outcomes, increases respect and mutual understanding with clients, and increases participation from the local community.[15] Anishnawbe Health Toronto's work shows that a harmonized western and traditional care model is the most efficacious—with 78% of participating clients remaining in treatment after one year, compared to an overall provincial average of 50%.[16]

The terms cultural safety and cultural competency are often used interchangeably; however, there are important differences. Whereas cultural competency focuses on the ability of providers to adapt their approach to suit clients with different backgrounds, cultural safety goes a step further to incorporate understanding of power differentials present in society and the healthcare system and institutional discrimination.[17]

By providing a culturally-safe health care environment, practitioners create spaces in which clients from all backgrounds can feel safe, respected, and empowered. Cultural safety places emphasis on the process of reflection; providers reflect on their positions in society, their beliefs and biases, the power differentials inherent in the provider-client relationship, and how these factors impact therapeutic relationships with clients.[18] Providers must also examine how they can use their relative power and influence to advocate for change on behalf of marginalized clients.

**The following recommendations from the Health Policy Institute[19] support healthcare organizations in the delivery of culturally-safe care:**

- Access to interpretation services
- Culturally diverse staff that reflect the composition of the client population
- Access to cultural safety training
- Coordination with traditional healers and intercultural centres
- Utilization of community health worker services
- Incorporation of culture-specific attitudes and values into health promotion tools
- Inclusion of family and community members in health care decision-making if desired by the client
- Locating clinics in geographic areas that are easily accessible to vulnerable populations
- Expanding hours of operation
- Ensuring resources are offered at an acceptable literacy level for clients

[15] Health Research & Educational Trust (2013)
[16] Wynne et al., Anishnawbe Health Toronto (2018)
[17] Mathias et al. (2018)
[18] Lindsay, S., Anishnawbe Health Toronto (2019)
[19] Health Policy Institute (n.d.)

In order to support culturally-safe care through RAAM Clinics, all partners, practitioners, and front-line workers must reflect on these aspects in the provision of optimal care. Organizations can support cultural-safety and cultural competency through training. Moreover, the provision of cultural competency training for all health care professionals is a call to action by the Truth and Reconciliation Commission of Canada—and is thus an essential commitment to be undertaken by all Canadian organizations.[20]

Critically, cultural safety is defined by the client, not the provider or the provider's institution; thus, cultural safety cannot be established without the input and guidance of the people that organizations intend to serve. Clients must be consulted regarding their needs, perceived barriers, and acceptability of the services offered—and practices to support consult on an ongoing basis must be considered in planning, design, and implementation of services.[21]

### Resources to Support Cultural-Safety in Healthcare

| | |
|---|---|
| **Indigenous Cultural Safety Training – Online**<br>**Indigenous Primary Healthcare Council's Foundations of Indigenous Cultural Safety** is an online training for individuals working in the health care system. This training takes approximately three hours to complete. The course is designed to promote a combination of cultural competency education and training in cultural safety so that participants understand historical and cultural knowledge as it applies to health settings. The information and curriculum are accompanied by tools, resources, assessments, and checklists; it supports organizations in being better equipped to respond and provide safer and more equitable care for Indigenous clients. | *Click icon* |
| **Project ECHO**<br>**Ontario First Nations, Inuit, and Métis Wellness ECHO**:<br>Project Extension for Community Healthcare Outcomes (ECHO), Ontario First Nations, Inuit and Métis Wellness program promotes an integrated approach to health and wellness that values medical and Indigenous ways of knowing. ECHO provides an online community of practice that addresses mental and physical wellness from the perspective of wholism and supports Ontario care providers in their support of First Nations, Inuit, and Métis clients. | *Click icon:* |

[20] Truth and Reconciliation Commission of Canada: Calls to Action (2015)
[21] Curtis et al. (2019)

## 3) Welcoming Environment

A welcoming environment is an element that supports a client-centred model of care. A client's first visit to the RAAM Clinic often informs their continuum of care; as such, a strong focus should be placed on establishing a safe and supportive environment.

It is essential that RAAM values and a code of conduct are developed to inform all interactions between staff and clients. Further, training must be provided for staff, so that important interactions, such as greetings during client intake and registration, reinforce the RAAM clinic as a safe environment.

### Strategies & Considerations For Creating Safe And Welcoming Client Intake Process

The following strategies, adapted from META:PHI (*Strategies for brief counselling and support for patients with SUD in a RAAM clinic)* can be integrated into policies and practices to create supportive intake and registration processes that foster positive interactions and reflect safety between clients and staff.[22]

META:PHI reinforces in the above-noted resource that creating positive interactions and therapeutic rapport with clients has a significant positive influence not only on the outcomes of the initial visit but on the success of future visits and motivation for follow-up care.

- Understand that many clients may experience feelings of shame and guilt regarding substance use disorders; recognize how these feeling may impact their self-esteem, self-confidence, anxiety, or stress.
- Establish and implement practices that maintain clients' confidentiality. If clients register at a desk that also handles registration for other clinics, cue registration staff on ways to respect confidentiality. Instruct staff to be mindful when they ask clients why they are there, which clinic they are going to, or which doctor they are seeing.
- Establish a clear procedure for clients presenting without a health card.
- Ensure that front desk staff are trained in supporting and directing clients appropriately when there are concerns about wait times or if medical issues arise in the waiting area.
- Establish a clear, consistent procedure for clients who arrive outside of RAAM hours.

[22] META:PHI, Women's College Hospital (2019) Strategies for brief counselling and support for patients with a SUD in a RAAM Clinic


### Considerations for Establishing Welcoming Waiting Areas

The physical design of the RAAM Clinic waiting area can foster a safe and supportive environment for clients. This space often offers RAAM staff with the first opportunity to directly interact with clients—and also to make information and resources accessible.

The following logistical aspects and elements of physical design can be considered when establishing the waiting area and in supporting welcoming interactions with clients:

- Ensure clinic entrances and waiting areas respect clients' privacy and confidentiality. Consider separate entrances and service areas along with private waiting and discreet meeting spaces, if possible.
- Establish a practice for Reception staff or Peer Support Workers to greet each client individually when they enter.
- Support engagement by making peers available to talk with clients.
- Display client art or other features that visually support engagement and ownership.
- Provide basic needs and harm reduction supplies (e.g., snacks, drinks, hats, mitts, sunscreen, menstrual products, condoms, harm reduction kits, Naloxone) in easily accessible areas.
- Make the space welcoming for people with children, by providing toys, stickers, snacks, or books for children.
- Make community resources and information (e.g., pamphlets, cards, posters, "where to get food", bus schedules, etc.) in a visible and easily accessible area.
- Screen all resources posted in the Clinic to ensure they are reflective of the clients being served as well as the values of the RAAM. Resources should support all genders and cultures and be inclusive of 2SLGBTQ+ communities.
- Provide resources in visually accessible prints and formats; make resources available in locations that are physically-accessible for all clients.


## 4) Reducing Barriers

RAAM Clinics are intentionally low-barrier for the purpose of providing immediate access and care, without the need for appointments or medical referrals. RAAM Clinic staff share with clients all possible substance use management strategies including medications and psychosocial interventions to support a holistic approach.

The model is very flexible and can be adjusted to suit a variety of contexts. The following approaches help to reduce barriers and incentivize recovery for clients:

### Low-Barrier

Clients with substance use disorders often struggle with complex health and social challenges. RAAM clinics are open to anyone who is seeking support in addressing their substance use.

### Walk-in

RAAM Clinics are available without referrals or booked appointments. Clients are seen on a walk-in basis during specified hours. The walk-in model gives clients the flexibility to attend when they are able to, without the pressure of having to make and keep a scheduled appointment

### Client-centered

There is no single approach to substance use disorder treatment; different types of care work for different clients. The RAAM Clinic model is intended to give each client a voice in their own care, allowing each individual to set their own goals and co-develop a treatment plan with the clinician. The role of the clinician is to provide a range of options (including harm reduction advice, counselling, and referrals to psychosocial treatments) and help each client decide what would work best for them. When clients are stable, they are transferred to a primary care or addictions care provider for long-term management.

### Access to Transportation

Providing transportation (e.g., bus passes, taxi vouchers, rides from outreach teams) supports clients' access. Availability will vary by community—especially in small, rural locations where options (such as bus service) may be limited or lacking. Recognize personal and community barriers. When planning for options in rural or remote regions, consider the impacts (both on clients and budgets) of travelling across vast geographic areas.

### Access to Child Care

Childcare is a significant barrier for many clients. Consider a child-friendly environment that allows clients to attend their appointments privately along with the support of childcare.

### Levels of Intoxication

Consider the level of intoxication when clients present for care. Provide each client with options that best allow them to meet their personal goals. Optimal timing of the RAAM visit may need to be considered. For example, some clients may prefer to visit the RAAM at the time of day that is most conducive for personal success—both in attending RAAM and in making decisions that align with goals.

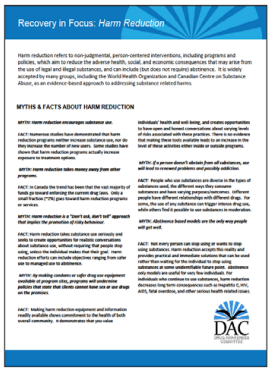
### Access to Food & Basic Needs

Consider offering snacks or small emergency food bags on-site. In addition, connect clients who may be facing food insecurity with other resources, such as community food hampers. These options support clients in being present while at the RAAM and address other determinants of health.

## 5) Harm Reduction

According to the Thunder Bay Drug Strategy, "harm reduction refers to non-judgmental, person-centered interventions, including programs and policies, which aim to reduce the adverse health, social, and economic consequences that may arise from the use of legal and illegal substances, and can include (but does not require) abstinence. It is widely accepted by many groups, including the World Health Organization and Canadian Centre on Substance Abuse, as an evidence-based approach to addressing substance related harms."[23]

The Thunder Bay Drug Strategy's Fact Sheet, Myths & Facts About Harm Reduction, is available here:


Recovery in Focus: *Harm Reduction*

Harm reduction refers to non-judgmental, person-centered interventions, including programs and policies, which aim to reduce the adverse health, social, and economic consequences that may arise from the use of legal and illegal substances, and can include (but does not require) abstinence. It is widely accepted by many groups, including the World Health Organization and Canadian Centre on Substance Abuse, as an evidence-based approach to addressing substance related harms.

MYTHS & FACTS ABOUT HARM REDUCTION

DAC

It is important to recognize that many clients will not return to a RAAM clinic after their first visit; every session with a client should be as impactful as possible. Providing each client with harm reduction education, supports, and tools for safer drug use increases the impact of the session—even if the clients does not return to the clinic.

A variety of resources and harm reduction tip sheets are available here:

PDF

Provide Harm Reduction Interventions and Advice


Harm Reduction Tips for Safer Substance Use in a Pandemic

Don't share your supplies

Sharing drug supplies increases the risk of spreading the virus. This includes sharing of cigarettes, joints, vapes, stems, pipes, straws, and injecting supplies (including ties, swabs, filters).

Wash your hands

- Use soap & water for at least 20 seconds or use alcohol-based hand sanitizer
- Wash after **every time** you are around other people, use public transportation, handle cash, and after getting your drugs.

Keep your space clean

- Wipe down all surfaces you use to prepare drugs, before and after use
- Use disinfectant whenever possible
- Wipe down drug packages when you get them

Prepare your drugs yourself

- **Wash your hands first**
- If you can't prepare your own drugs, stay with the person who is preparing them and **make sure they wash their hands**

Stock up on supplies and medications

- Get enough harm reduction supplies to last you 2 to 4 weeks.
- Ask your medical provider about emergency plans for avoiding disruptions to your prescription medications (including **Suboxone** and **Methadone**)

Prepare for a drug shortage

You may not be able to access your drug(s) of choice due to interruptions in the supply chain.
- Think about other medications that could help take the edge off
- Seek medical help to get through withdrawal

Plan & prepare for overdose

COVID-19 can affect breathing, which can put you at greater risk of overdose. Remember to practice overdose prevention by not using alone, having lots of Naloxone on hand, starting with small amounts, and not mixing substances.

Minimize Contact

If you are having sex or doing sex work, COVID-19 can be transmitted by close contact like coughing, kissing, or direct contact with bodily fluids. Try to minimize close contact and use condoms.


6 Tips for Safer Substance Use

Every 10 hours in Ontario, someone dies of an overdose.

Changes in the drug supply lately have caused an increase of extremely toxic drugs, leading to even more overdoses than before. Make sure you're keeping yourself and your friends safe by following the tips below.

1 Never use alone

2 Make sure you have Naloxone on hand

3 Use where help is easily available

4 Know the signs of an overdose

5 Start low, go slow

6 One substance at a time

[23] Thunder Bay Drug Strategy - Drug Awareness Committee. (n.d.). Recovery in focus – myths and facts about harm reduction.


For more harm reduction resources that were compiled by the Northern Addictions Task Team, a sub-group of the MHA Pandemic Response Committee of the OH North Pandemic Regional Steering Committee, visit the Evidence Exchange Network for Mental Health and Addictions website.

### Shkaabe Makwa Harm Reduction Webinar Series

Shkaabe Makwa collaborates with many programs across Centre for Addiction and Mental Health (CAMH) to develop and deliver training, implement system initiatives, coordinate knowledge exchange events and webinars, support Virtual Care services, provide resources for research projects, and lead Indigenous engagement for CAMH programs and initiatives.

Shkaabe Makwa plays a key role in connecting with First Nations, Inuit and Métis communities and service providers across Ontario with a focus on: building relationships and collaborative partnerships; providing training to support workforce development; advancing culturally relevant systems initiatives; and improving practice through research and knowledge exchange.

The Shkaabe Makwa webinar series, **Âciwina Mayitotakowin – "They Lessen Harm"**, is intended for Indigenous direct service providers, with a focus on health, education, and harm reduction. Topics include:

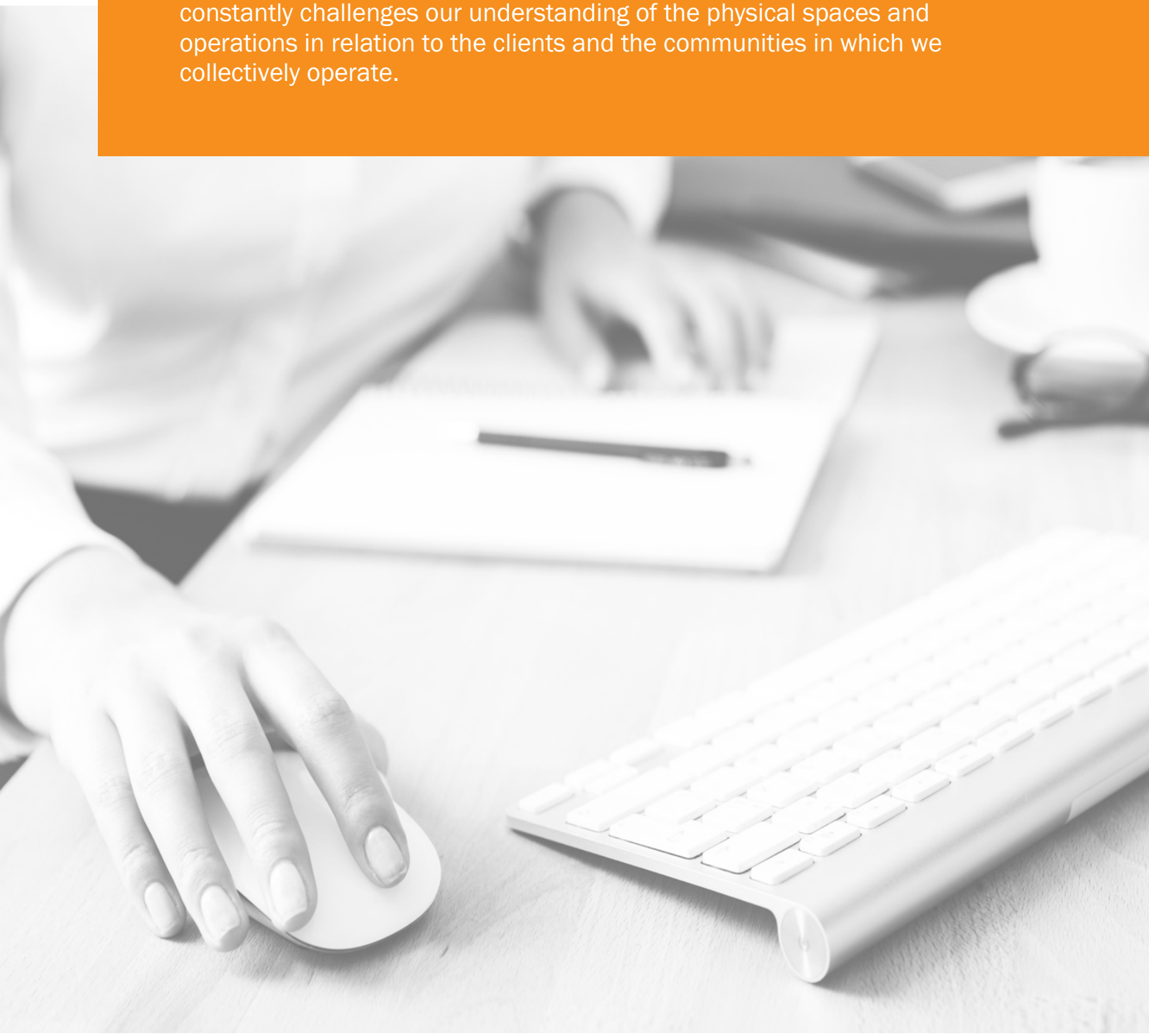
- Integrating Culture into Opioid-Related Harm Reduction Programs
- Opioid Management in the time of Fentanyl
- Indigenous Knowledge and Culture are an Important Foundation to Harm Reduction
- Land-Based Healing: A Harm Reduction Approach to Addressing Substance Misuse and Trauma
- Managed Alcohol Program: Meeting People Where They Are At
- Indigenizing Harm Reduction

Contact Shkaabe Makwa for program information and link to the full webinar series


Email
shkaabemakwa@camh.ca
Training and Webinars
https://www.camh.ca/en/driving-change/shkaabe-makwa/training

# 4. Essential Elements of a Northwestern RAAM

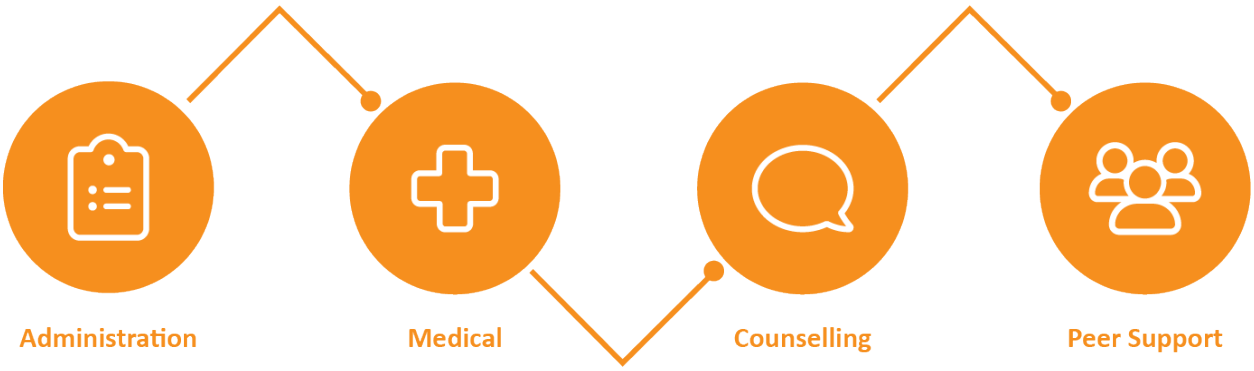
The RAAM model is one that is fluid: it adapts to emerging needs and constantly challenges our understanding of the physical spaces and operations in relation to the clients and the communities in which we collectively operate.




## The essential elements of a Northwestern RAAM have been defined through experience and collaboration and are framed on evidence-base practices—as such, the model can be effectively applied to other northern contexts.

Yet, RAAM models are by their nature fluid and constantly challenging the way we understand the RAAM Clinic in relationship to the clients and to the communities in which they operate.

The principles discussed so far—collaborative partnerships, engagement, and fostering safe environments—are aspects that support RAAM operations. This section discusses four essential operational elements that have been key to the successful design and implementation of the Northwestern RAAM to-date—with an acknowledgement that these aspects will evolve and change over time, just as the clinics, models, partners, and needs of service users will evolve. Best practices are noted throughout, and experiences from the Thunder Bay RAAM Clinic and its collaborators have been used to add detail and context to these elements.



## 1) Administration

RAAM Clinics are not administered through a singular technique or particular checklist. Administration requires constant attention, caring awareness, sensitivity—and often a culture-shift at an organization- and community-level. Ongoing internal and external assessment and quality improvement as well as engagement with community stakeholders will help to embed localized needs within the principles and guidelines for RAAM services.


### a. Policies and Procedures for Administration

Together, policies and procedures provide a roadmap for day-to-day operations for RAAM Clinics and collectives. They provide a framework for compliance with laws and regulations, support guidance for decision-making, and help to streamline internal processes.

The following resources provide some considerations that can guide the development of RAAM Clinic policies and procedures. Please note that this is not an exhaustive list of all policies and procedures that may be required; it is the intention that these samples will be used as a guide and will be adapted accordingly to suit each organization, context, or service.

Click to access administrative documents:

Administrative Documents

## b. Data Collection

### Creating Data Collection Systems

RAAMs are evidence-informed. Using local data to supplement other evidence is integral to informed decision-making and to the development of strategic approaches to client care in RAAM Clinics. Local data build the capacity of a RAAM to work with and report to partners and funders. Building the capacity to collect data early in the design and development the functioning of the RAAM supports longer-term needs, for example, in demonstrating collaborative successes or supporting expansions of programs or clinics.

Data will support the implementation of evidence-based practices, identify challenges and efficiencies, and improve program services and client care. Three clusters of data support different types of decision-making that are essential to service delivery:

- **Performance Indicators for the Clinic** are aspects that support overall RAAM operations (e.g., number of visits, wait-times, number/type of referrals, number/type of education sessions provided).
- **Performance Indicators for the Practitioner** are aspects related to care, by providers (nurses, prescribers, counsellors), such as substances of concern and unique visits.
- **Client Demographics** are aspects of the population being served (e.g. insurance coverages, socio economic status, cultural demographics).

Integrating this variety of data into the back-end of electronic systems streamlines the ability to pull information and reports effectively and efficiently on an ongoing basis.

List of indicators for three types of clinic data are available here:

Data Collection and Reporting

### OPOC-MHA

The Provincial System Support Program at the Centre for Addiction and Mental Health (CAMH) developed and validated the *Ontario Perception of Care Tool for Mental Health and Addictions* (OPOC-MHA). This evidence-based tool standardizes how substance use, mental health, and concurrent disorder services collect feedback regarding client perception of care—which can be used to make valuable service improvements.

The OPOC-MHA survey meets the need for a standardized perception of care tool for informing, monitoring, and evaluating quality improvements and provides a consistent way to gather client feedback in both community and hospital settings. This brings the client voice forward as a source of evidence to support the program, agency, and system quality improvement efforts.

The OPOC-MHA survey can be found here: http://www.opoc.ca/

### WHODAS 2.0

The World Health Organization Disability Assessment Schedule (WHODAS 2.0) is a generic assessment instrument developed by the World Health Organization (WHO) to provide a standardized method for measuring health and disability across cultures. It was developed from a comprehensive set of International Classification of Functioning, Disability and Health (ICF) items that are sufficiently reliable and sensitive to measure the difference made by a given intervention. This is achieved by assessing the same individual before and after the intervention. A series of systematic field studies was used to determine the schedule's cross-cultural applicability, reliability, and validity, as well as its utility in health services research. WHODAS 2.0 was found to be useful for assessing health and disability levels in the general population through surveys and for measuring the clinical effectiveness and productivity gains from interventions.

*WHODAS 2.0- 12 Item Version:* This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

The manual is available here: https://www.who.int/publications/i/item/measuring-health-and-disability-manual-for-who-disability-assessment-schedule-(-whodas-2.0)

### Measuring Client Satisfaction & Experiences

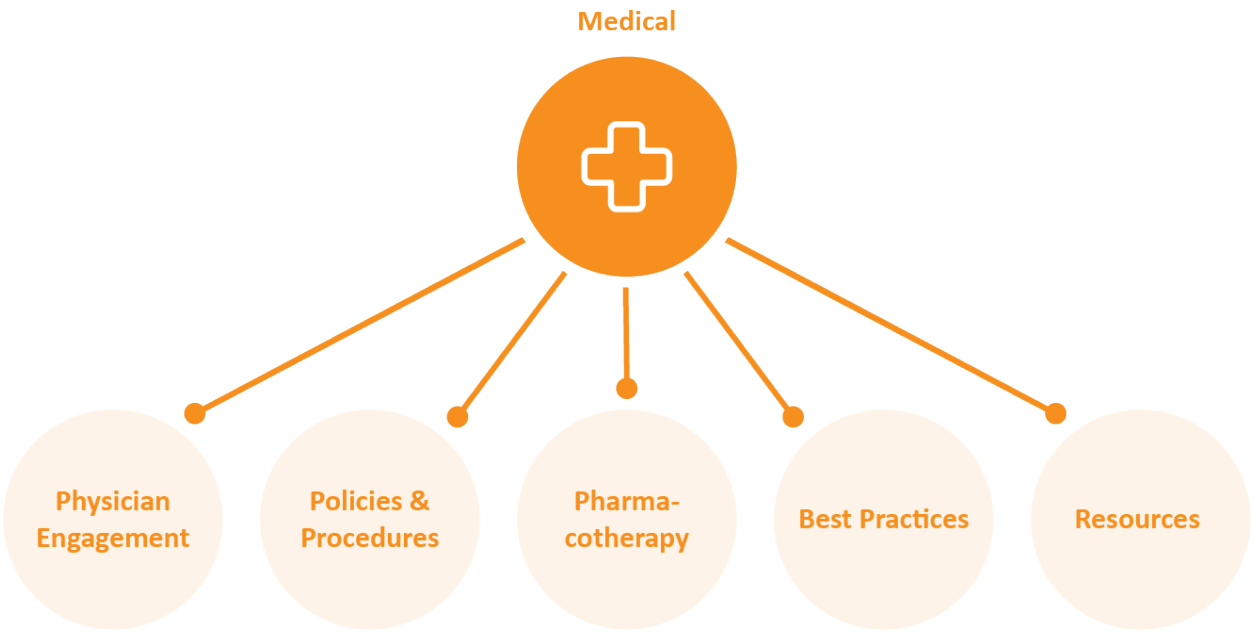
As discussed throughout this toolkit, gathering feedback from peers, families, and service users is essential to effective design, delivery, and implementation of RAAM services. RAAM operations must be equipped with appropriate and effective resources to support the measurement of clients' experiences on an ongoing basis; collecting data/feedback directly from clients (e.g., through surveys) and regularly analyzing these data will support an understanding of client needs and the capacity to improve the quality of clients' experiences.

Depending on the nature of the RAAM model and its partnership structure with collaborators, a number of data collection mechanisms may be required. Each partner may have specific requirements at the organizational level; as such, some types of data may need to be collected independently of other partners. However, it is important to also establish mechanisms that support collection or collation of data across the partners or regions—so that the collective as a whole can be assessed. Ongoing efforts to refresh and enhance the client experience is critical to the success of individual partners as well as to the RAAM partnership as a whole.

Examples of client satisfaction surveys:

RAAM/Opioid Prescribing Program Client Satisfaction Survey

## 2) Medical




### a. Physician Engagement

Addiction Medicine is still a relatively new specialty; thus, engaging physicians as collaborative members of the RAAM's supportive team and providing ongoing opportunities for learning and knowledge sharing among the team are essential. Offering a variety of education and mentorship opportunities can raise awareness of the benefit that Addiction Medicine has on clients' lives and on positive health outcomes.

Providing meaningful leadership opportunities for physicians in Addictions Medicine will foster engagement—which in turn enhances not only the quality of care that a RAAM clinic can provide, but also on the impact and capacity of the RAAM within the community.

In northern, rural, and remote areas where access to specialists and resources may be limited, the following considerations can be applied to build capacity among physicians and the RAAM team, and also to raise the profile of RAAM models of care:

1. **Support RAAM Champions:** Engaging a local or regional physician as a champion can facilitate support for the RAAM through direct clinical care, or through shadowing or mentoring experiences for other MDs entering this field.
2. **Initiate or Engage with a Community of Practice:** Initiating a community of practice (or engaging with an existing one) is a good way for clinicians to meet colleagues and support each other in this work. Share information regarding existing networks and communities of practice with local physicians.

3. **Host Lunch-and-Learn Events:** Knowledge-sharing sessions, such as lunch-and-learns, are opportunities for RAAMs to build capacity among participants and for physicians to educate and recruit other practitioners to addiction medicine. Hosting brief, topic-specific sessions supports skill- and knowledge-building for professionals who may have time constraints or scheduling limitations.
4. **Connect with Professional Groups:** Physician professional groups such as the College of Family Physicians of Canada (CFPC) has a Member Interest Groups (MIG) that links CFPC members across Canada who have similar practice interests to foster professional peer connections and to explore/address issues that affect family medicine. The CFPC Addiction Medicine group can be accessed here: https://www.cfpc.ca/en/member-services/member-interest-groups-section.
5. **Engage with META:PHI:** The META:PHI group (metaphi.com) has many resources that support physician-delivered care.
6. **Connect with Local Educational Institutions:** Consider fostering a formal relationship with a local or regional medical school. Building connections and opportunities for the RAAM to engage with learners builds awareness for addiction medicine—while also creating potential pathways for future physicians to aspire to practice in northern areas or RAAMs.
7. **Support Incentives:** By offering flexible funding models that support physician engagement within a collaborative team, RAAMs and partner organizations may be more likely to attract and retain health care providers in rural and northern areas.

These resources provide guides for RAAMs regarding remuneration models for physician services:


Family Physician Remuneration for Substance Use Disorders Care


How to support your RAAM clinic with Physician services

### b. Medical Policies and Procedures

Policies and procedures are essential for RAAM Clinics. Together, policies and procedures provide a roadmap for day-to-day operations and streamline internal processes—providing direction and consistency, outlining aspects necessary for compliance with laws and regulations, guidance for decision-making as well as practices for staff and client safety.

The following elements of medical policies and procedures are provided to guide RAAM Clinics in the creation of a unique set of medical policy and procedures. It is important to note that each organization or Clinic must review and adapt these documents to the local context and unique service.

Medical policies and procedures drafts are available here:

Clinical Policies, Procedures, Forms and Medical Directives

### c. Pharmacotherapy

Pharmacotherapy can be an overwhelming topic for clients. RAAM teams can be supportive by creating a rapport with clients and an environment where clients feel they can speak freely, ask questions, and seek information to help them make informed decisions.

When prescribing addiction medicine, it is important to educate clients about intended uses and the possible or expected side effects of medicines—to help clients determine whether a medication is working appropriately and to identify undesired side effects that may require intervention.

#### Educating Clients About Pharmacotherapy

The following tables summarize information that has been extracted from the 2019 META:PHI resource, *Strategies for brief counselling and support for patients with SUD in a RAAM clinic.*[24]

The roles of AUD medications, buprenorphine/naloxone, and methadone are summarized below, along with criteria for giving take-home naloxone. Further information is available from the above-noted META:PHI document.

**Role of AUD Medications**

- *Taking a medication for AUD helps with physical cravings for alcohol, making clients more able to focus on their counselling and recovery.*

| MEDICATION | What it does | Contraindications | Side Effects |
|---|---|---|---|
| Naltrexone | • Reduces euphoric effects of drinking<br>• Clients do not need to be abstinent before starting | • Taking opioids<br>• Liver failure (caution with dysfunction or disease) | • GI upset<br>• Elevated liver enzymes (reversible) |

[24] META:PHI, Women's College Hospital. (2019). Strategies for brief counselling and support for patients with a SUD in a RAAM clinic.


| | | | |
|---|---|---|---|
| Acamprosate | • Reduces post-acute withdrawal symptoms<br>• Clients should be abstinent for 3-4 days before starting | • Serious renal disease<br>• Pregnancy | • GI upset<br>• Nervousness |
| Disulfiram | • Causes toxic reaction to alcohol (effects can be severe and, in very rare cases, fatal)<br>• Clients must be abstinent for at least 2 days before starting<br>• Best outcomes when taken under supervision of partner, pharmacist, or sponsor | • Elderly<br>• Cardiac disease<br>• Liver dysfunction, disease or failure<br>• Psychosis<br>• Cognitive dysfunction<br>• Pregnancy | • Hepatitis<br>• Neuropathy<br>• Depression<br>• Psychosis |

### Role of Buprenorphine/Naloxone

- Buprenorphine/naloxone relieves opioid cravings for a full 24 hours without causing euphoria.
- Buprenorphine is a partial opioid agonist with a long duration of action and a ceiling effect.
- Binds very tightly to opioid receptors
- Displaces other opioids (displacement of fentanyl is lower and less complete)
- Doses beyond 24–32 mg do not have any additional effects.
- Much less likely to cause overdose than methadone or other potent opioids
- It is taken as a sublingual tablet (dissolves under the tongue).

### Role of Methadone

- Methadone is considered a second line option for OAT after Buprenorphine/Naloxone.
- Often required for those with high opioid tolerance which is commonly seen in people who use fentanyl
- Methadone is more likely to cause overdose if taken inappropriately, as compared to Buprenorphine/Naloxone.
- Training is recommended for methadone prescribing. Practitioners should contact their professional college prior to taking on prescribing.
- Not all pharmacies will dispense methadone.


**Criteria for Giving Take-home Naloxone**

- ☑ Not on methadone or buprenorphine/naloxone, on these medications but started in the past two weeks, or on these medications but continuing to use substances
- ☑ On high-dose opioids for chronic pain
- ☑ Treated for overdose (or reports a past overdose)
- ☑ Injects, crushes, smokes, or snorts potent opioids (fentanyl, morphine, hydromorphone, oxycodone)
- ☑ Buys methadone or other opioids from the street
- ☑ Recently discharged from an abstinence-based treatment program, detox, hospital, or prison
- ☑ Uses opioids with benzodiazepines and/or alcohol

### d. Best Practices

*Staffing Best Practices:*

Clinical staff should include at least one physician or nurse practitioner who is able to prescribe buprenorphine and anti-craving medications as well as one counsellor, case manager, or nurse who can provide assessment and brief counselling interventions and time-limited case management. Clinical staff must be trained in administering of buprenorphine, methadone, and naloxone.

> *Rationale:* An inter-professional team approach meets a range of medical and psychosocial needs. Clinicians will provide medication-assisted treatment along with counselling, case management, and links to community services.

*Management of Alcohol Use Disorder Best Practice:*

In the management of alcohol use disorders, the RAAM physician or nurse practitioner will offer anti-craving medications such as naltrexone or acamprosate on the first visit when indicated. The physician will manage mild to moderate alcohol withdrawal on site with lorazepam or diazepam when it is safe to do so; clients in more severe alcohol withdrawal will be referred to the emergency department.

> *Rationale:* The current view in many psychosocial and primary care settings is that alcohol use disorder is entirely a psychological disorder despite strong evidence that anti-craving medications reduce alcohol use and decrease ED visits and hospitalizations. Mild to moderate withdrawal does not necessarily require an ED visit; in many cases it can be managed in the office with a follow up visit at the RAAM within a day or two.

*Management of Opioid Use Disorder Best Practice:*

On the initial visit, the RAAM physician or nurse practitioner will prescribe buprenorphine/naloxone if indicated and will provide information regarding take-home naloxone and overdose prevention strategies. Methadone may be an appropriate alternative to

buprenorphine/naloxone for some clients; however, as noted, methadone prescribing requires an appropriately-trained prescriber on-staff. If methadone is the required treatment and RAAM staff are unable to facilitate this, the Clinic may be able to work with local methadone providers to ensure that clients have this option.

> *Rationale:* The care provided will be flexible and client-centered. The frequency of follow-up visits and urine drug screens will be based on clinical need and will take into account the client's resources and work and family responsibilities. Clinical visits will address the client's use of opioids and other substances, necessary medication adjustments, and their daily mood and functioning.

Clinical Best Practices in Addiction Medicine, A Guide for RAAM Clinicians; Mentoring, Education and Clinical Tools for Addiction: Primary Care-Hospital Integration

Clinical Best Practices in Addiction Medicine

### e. Medical Resources

The META:PHI website has an abundance of resources and tools to assist RAAM care providers; key resources, available through META:PHI are listed in the table below.

**Provider Resources**

- Strategies for brief counselling and support for patients with SUD in a RAAM clinic
- Clinical best practices in addiction medicine: A guide for RAAM clinicians
- Buprenorphine/naloxone microdosing guide
- A guide to the use of depot buprenorphine
- Methadone treatment for clients who use fentanyl: Plain language summary
- Methadone treatment for people who use fentanyl: Recommendations
- Primary Care Management of Substance Use

**Point-of-Care Tools**

- Opioid manager
- Pre-Printed Orders for Opioid Withdrawal
- Pre-Printed Orders for Alcohol Withdrawal
- Clinical Opioid Withdrawal Scale (COWS)
- Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-r) Scale

**Listserv**

- The META:PHI Listserv is an active online community of about 1000 doctors, nurses, counsellors, and administrators in Ontario and across Canada. It is a discussion forum for addiction-related questions, cases, articles, and policies.

## 3) Counselling


Counselling is critical in early recovery. The goals of counselling are to:

- Provide encouragement and impart a sense of hope;
- Address feelings of guilt and shame that commonly accompany addiction;
- Educate clients about cognitive strategies for coping with cravings;
- Give practical guidance regarding relationships, housing, and finances; and,
- Encourage clients to make use of community resources as required, such as self-help groups or mental health services.

The RAAM counsellor is an integral member of the interdisciplinary team—working collaboratively with physicians, nurse practitioners, other counsellors, Peer Support Workers, and administrative staff to assess, develop treatment plans, initiate treatment, and transition clients to other services in the community. Providing clients with therapeutic support, non-judgmental care, rapid access, and systems-navigation have been noted as important and fundamental aspects of care. Having the skills, competencies, and compassion to alleviate the pressure that clients feel is of critical importance to success.

Because many clients are likely to have a history of trauma (personal and/or intergenerational), it is crucial that the counselling practice is delivered through a holistic approach, and is trauma-informed, solution-focused, and culturally0safe.


### a. Counselling Best Practices

The 2019 META:PHI resource, *Strategies for brief counselling and support for patients with SUD in a RAAM clinic*, offers best practices for counselling: https://www.metaphi.ca/wp-content/uploads/Guide_BriefCounsellingSupport.pdf

Clinical staff will provide counselling as necessary at each office visit. In the RAAM model, the counselling will be trauma-informed and based on principles of motivational enhancement and solution-focused therapy.

The RAAM clinic team may refer clients to long-term counselling as part of their treatment plan. The focus should be on developing a therapeutic rapport with clients. The strength of the therapeutic alliance has been found to be an important predictor of client engagement and retention in substance use disorder treatment, which has a significant positive influence on the outcomes of the visit and client motivation to come back for follow-up care.

As shown throughout, RAAM clinics are intended to be flexible, low-barrier options (either walk-in or virtual) that focus on client-centred care. As such, RAAM models are generally not conducive to structured psychotherapy; clients are not intended to stay for the long-term, and many may only visit once. Therefore, it is important for clients to have a clear understanding of what RAAM is, what it is not, and the role of the counsellor.

| What RAAM Is (and Isn't) | How a RAAM Counsellor Can Support Clients |
|---|---|
| ✓ **Brief Counselling**<br>✗ Not long-term psychotherapy | • Use SMART goals<br>• Identify and support within the Stages of Change |
| ✓ **Connect clients to community treatment**<br>✗ Not long-term treatment | • Be GAIN-Trained (Ontario)<br>• Aware of pathways to community resources |
| ✓ **Refers back to primary care when stable**<br>✗ Not long-term case management | • Work collaboratively, always<br>• Understand the link between mental health and substance use<br>• Understand pharmacological influence and impact on addiction care |
| ✓ **Ongoing support**<br>✗ Not Crisis Services (i.e., Crisis Response, after-hours support) | • Always offer harm reduction supplies and services<br>• Provide a welcoming environment |

### *Intake & Initial Assessment*

The following considerations may need to be taken into account, in establishing systems for client intake:

- Depending on the resources and structure of the RAAM Clinic, counsellors may be the first point of contact, either as a walk-in or virtual appointment.
- Intake forms will be required, which could include:
  - Referral or demographic form
  - Consent to service
  - Consent to obtain and release information along with limits to confidentiality. It is important to scan and upload these into the clients EMR or file.

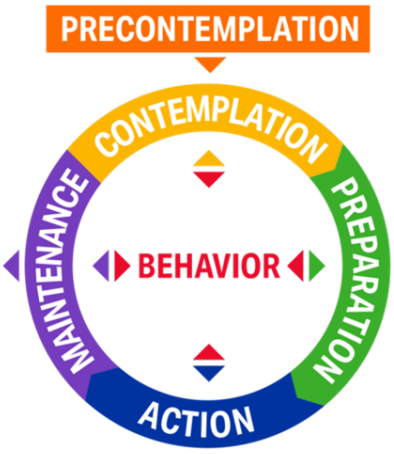
During the first visit to the RAAM clinic, clients receive a brief assessment. Through the assessment, clients discuss their history of substance use, what brought them to treatment, and their goals. In collaboration with the RAAM team and each client, counsellors develop a treatment plan that includes attainable goals based on the client's current situation. Treatment planning is based on assessment to provide the best possible options for the client.

The following forms may be used or adapted for intake and assessment:

| Intake & Consent | Initial Assessment | SMART Goals Worksheet |
|---|---|---|
| Rapid Access Addiction Medicine Clinic Referral Form | Initial Counselling Session | SMART Goals |

Using brief intervention and motivational interviewing techniques maximizes the utility of a single session. These techniques are also helpful in assessing clients' stages of change and working to enhance their motivation, and to create reasonable and realistic substance use goals. Identifying stages of change:

**PRE-CONTEMPLATION:** Build awareness for need to change
**CONTEMPLATION:** Increase pros & decrease cons for change
**PREPARATION**: Commit and plan
**ACTION:** Implement and revise plan
**MAINTENANCE:** Integrate change into lifestyle




### *Staged Screening and Assessment*

As noted, best practice is to utilize the referral pathways already established to community organizations.

The Global Appraisal of Individual Needs (GAIN Q3 MI ONT) is a comprehensive, validated assessment tool mandated by Ontario Health for use in addiction services. The GAIN Short Screener (GAIN-SS) and GAIN Q3 MI ONT are part of the Staged Screening and Assessment suite of tools. With the exception of crisis services, the assessment and development of a related treatment plan should precede all levels of addiction services to facilitate appropriate service matching (level and intensity) based on the client level of need. Some clients may need to stabilize, address social determinant of health needs, or prioritize pressing mental health concerns prior to administration of the GAIN Q3 MI ONT. As such, the GAIN Q3 MI ONT should not be administered to clients in crisis, acute intoxication, or acute withdrawal. Given that many clients attending a RAAM clinic are in crisis, administration of the GAIN Q3 MI ONT may not be appropriate for the majority of clients in this setting. If a RAAM Counsellor determines it is appropriate for a client to complete the assessment, the assessment may be used to facilitate treatment planning and/or referral to other services.

As part of the triaging process, the GAIN Short Screener (GAIN-SS) should be utilized to establish areas of client need. The GAIN-SS is a brief screening interview that quickly and accurately identifies clients who may have one or more behavioral health concerns, and may need immediate crisis services, a specialized assessment (e.g., problem gambling or eating disorders), or a comprehensive substance use assessment. The GAIN-SS can also help determine the client's tolerance for completing a clinical tool, and if they are ready to complete a full assessment. The Mini Modified Screener should be used when clients score a 4 or higher in the GAIN-SS domain of Internalizing Disorders.

### *META:PHI Best Practices for the Management of Concurrent Mental Health Disorders and Connection with Psychosocial Programs*

The RAAM clinic will provide counselling and medical treatment for anxiety, depression, PTSD, and drug-induced psychosis. The clinic will refer clients to psychiatry and to community agencies for more intensive, formal treatment when warranted.

> ***Rationale*:** Many clients use substances in part to cope with symptoms of an underlying psychiatric disorder. These clients are at high risk for relapse if their psychiatric disorder is not treated. Given the time-limited nature of RAAM clinic services, connection to longer-term community services is essential. Community referrals made early in RAAM treatment allow clinics to provide the client with immediate support while they are moved up the wait lists of community programs. The influence of concurrent mental health issues such as PTSD, anxiety, or depression often contribute to the onset and continuation of substance use.


RAAM teams may employ the following practices, which have been established through META:PHI, for clients with concurrent mental health disorders and connection with psychosocial programs:

- It is helpful to explain to clients how the brain influences substance use, how trauma influences substance use, and to reinforce that a substance use disorder is a chronic illness.
- Educating clients about substance use disorders and explaining that SUDs are not caused by weakness or moral failing offers a message of hope that recovery is possible.
- In addition, all counselling services should provide harm reduction interventions and advice including overdose prevention guidance and take-home naloxone kits. Clients should be educated about harm reduction supplies and be offered tips for coping with cravings.
- Clients should be informed that relapse is common in early recovery and that they should keep working at treatment even if they have a slip.
- Educating clients about pharmacotherapy and explaining the role of medications in assisting with physical cravings supports clients in focusing on counselling and recovery.
- The counsellor will provide brief psychotherapy and, if indicated, arrange pharmacotherapy with a prescriber.
- Clients with an alcohol use disorder may be prescribed naltrexone, acamprosate, or another anti-craving medication, and clients with an opioid use disorder may be prescribed buprenorphine/naloxone or methadone.
- It is important to identify if the client has coverage for addiction medicine early on, so the client and counsellor can work together to attempt to secure coverage for ongoing medication needs.
- Establishing a clear procedure for clients presenting without a health card and working together to attempt to secure coverage for ongoing medication needs, early in the initial process will reduce barriers to treatment.

It is helpful for the RAAM counsellor to have access to a dedicated Clinic cell phone that will be used for following-up with clients—for example, to schedule appointments, or to send reminders about upcoming or missed appointments. It is crucial to establish policies for Clinic cell phone use, and also to communicate clearly the guidelines, purpose of cell phone use, and time frames for use between the counsellor and the client.

Find a sample Text Messaging Agreement between the RAAM Clinic and Client here:


Text Messaging Agreement


*META: PHI Best Practices for Connection with Community Programs*

The RAAM clinic will refer clients to community agencies when appropriate. Beyond psychosocial treatment programs, clients will be referred to social service agencies as required for assistance in managing issues around housing, income support, Children's Aid, legal aid, etc.

> *Rationale:* The RAAM clinic is intended to be one component within a broad, integrated care pathway of resources in a community. To ensure the RAAM model is sustainable, clients are referred to community agencies as required—rather than offering all services 'in-house'. This way, clinics can focus on accessibility to new walk-in clients.

RAAM clinic services are intended to be offered on a short-term basis; clients should not be involved for longer than six months. The timeframe for clinical involvement may need to be individualized for each RAAM and extended to medium-term care, based on the availability of community resources. Being connected and aware of community resources is key to helping clients connect with the services available in the community.

It is important to inform clients that they are welcome back to the RAAM, if they require service after discharge. The client can follow up with the RAAM Clinic for as long as necessary to be stabilized on an optimal medication dose, to form connections to psychosocial supports, and to establish a lifestyle that helps them achieve their treatment goals.

A Discharge Note in the EMR/file must be completed upon discharge from counselling services and clinical providers.

Find a Sample Discharge template here:


Discharge Note

Following discharge, the client's care is typically transferred back to their primary care provider; clients who do not have a primary care provider are connected to one through the RAAM clinic. Discharges to long-term addiction medicine clinics should also be discussed. Local methadone providers are key partners in service delivery and can support timely discharges until such time that a primary care provider can be found. The primary care provider then takes responsibility for prescribing addiction medications and general management, with ongoing support with the RAAM clinicians through phone calls, e-mails, and reassessments as required.

For more information, see the META:PHI Resource: Serving clients who use substances

### b. Counsellor Training

Training is essential for counsellors to acquire the skills they need to work effectively in a RAAM clinic. It is important that counsellors are oriented to the model of care, the RAAM team, and policies and procedures. The most important component is being able to shadow and observe an experienced counsellor.

*Recommended Training Topics & Links to Training Resources for Counsellors*

| | |
|---|---|
| META:PHI Online Learnings | http://www.metaphi.ca/provider-resources/online-learning/<br>https://www.metaphi.ca/?s=counselling<br>http://www.metaphi.ca/events/monthly-calls/ |
| META:PHI Strategies for brief counselling and supports for clients with a SUD in a RAAM clinic | https://www.metaphi.ca/wp-content/uploads/2021/10/RAAM_BriefCounsellingSupport.pdf |
| Applied Suicide Intervention Skills Training (ASIST) | https://www.livingworks.net/organizations |
| Motivational Interviewing | https://www.eventbrite.ca/o/dr-david-murphy-24725843762 |
| Solution Focused Therapy | https://solutionfocused.net/online-training/<br>https://www.camh.ca/en/professionals/treating-conditions-and-disorders/fundamentals-of-addiction#<br>CAMH – Fundamentals of Addiction: Setting goals and finding solutions |
| Single Session Therapy with Challenging Cases: Making the Most Difference in the Least Time | https://www.safeguards-training.net/ |

### c. Client Resources

Though there are many client resources readily available online, it is important to establish, when providing resources, that the client has the appropriate technology to access web- or app-based resources. If the client does not have access, it may be more convenient to have paper copies on hand for distribution. The following organizations and websites offer useful client resources:

META:PHI Client Resources
https://www.metaphi.ca/client-resources/

Alcoholics Anonymous Meeting Guide
https://www.aa.org/pages/en_US/meeting-guide

The Lifeguard App Enables users to interrupt an accidental overdose anonymously and efficiently by sending a prioritized alert to the proper paramedic services. The app also connects users with relevant support services, such as a Crisis Line and Suicide Prevention Line. https://lifeguarddh.com/

Get Help with Substance Use
https://www.canada.ca/en/health-canada/services/substance-use/get-help-problematic-substance-use.html

Breaking free is a free online support tool designed to help reduce or stop the use of substances.
https://www.ontariohealth.ca/breaking-free-online-recovery-support-program
https://www.breakingfreeonline.ca/
https://www.breakingfreeonline.ca/toolkit/en

## 4) Peer Support


"The path of recovery for a person with a health challenge or illness may include a variety of options such as bio-medical treatments, talk therapy, and/or admittance to a clinic, but accessing these therapeutic and support services can sometimes be challenging.

This challenge can require a level of initiative, determination and/or understanding of a complex system that some can find to be difficult. Peer support is an additional option that complements other forms of treatment. It can be a consolidating factor in that all aspects of a person's journey are considered."[25]

[25] Mental Health Commission of Canada Guidelines for Recovery-Oriented Practice

### a. Role of the Peer Support Worker

The role of the Peer Support Worker is integral to the RAAM Team. Peer support workers strive to empower individuals to achieve their hopes, dreams, and goals, and connect with them in their personal recovery journeys.

> "The Peer Support Worker will listen, provide emotional support and most importantly, inspire Hope."

This work can be an emotional and practical support between individuals who share a common experience. A Peer Support Worker has lived through similar experiences and is trained to support others. Peer supports are aware of community resources and can connect clients to services that will help them on their journey of wellness. Peer Support Canada offers the following values and principles of practice.[26]

**Peer Support Canada: Peer Support Core Values and Principles of Practice**

| | |
|---|---|
| **Mutuality** | We value the empathy that comes from shared experience. |
| **Dignity** | We honour and respect the intrinsic worth of all individuals. |
| **Self Determination** | We honour an individual's autonomy and inherent right to make their own choices as they determine their path to recovery. |
| **Personal Integrity** | We value interpersonal relationships that honour authenticity, trust, respect, and ethical behavior that upholds our Code of Conduct. |
| **Trust** | We are honest, reliable, and accountable for our actions. |
| **Health, Well-being and Recovery** | We value health, well-being, recovery, and the power of hope for ourselves and others. |
| **Social Inclusion** | We respect diversity and value social justice. |
| **Lifelong Learning** | We value personal growth through professional and personal development. |

[26] Peer Support Canada https://peersupportcanada.ca/


### *Role of Peer Support in RAAM Clinics*

Peer Support Workers are part of the multi-disciplinary RAAM team. They are integral to building rapport and relationships between clients and the RAAM Clinic. Their feedback and dialogue with other team members—for example, through team meetings at the beginning and end of RAAM clinics—is essential to an ongoing evaluation of services, and to discussions regarding plans, strategies, and next steps for clients.

Peers help clients feel safe, welcomed, and supported while they access RAAM services. Supporting opportunities for peers to build relationships with clients fosters trust and helps clients assess the supports they may require. Peer Support Workers may assist in the RAAM Clinic by:

- Reviewing consent forms and limits to confidentiality with the client.
- Informing clients of clinic practices to navigate with other agencies and to share relevant client information with service providers. Reviewing these consent and confidentiality forms with clients.
- Discussing the RAAM Clinic's response to safety concerns, specifically related to self-harm or harm to others.
- Formally assessing immediate needs (e.g., housing, food security, income).
- Problem-solving and offering supports for basic needs (i.e., clothing, personal hygiene).
- Distributing client surveys and collecting feedback.
- Helping the RAAM team understand and overcome barriers and solutions to Clinic operations such as client engagement, scheduling, and RAAM appointments.
- Providing clients with transportation options, when necessary.

### *Helpful Reminders Regarding the Role of Peer Support*

- Peer supporters provide valuable contributions—experience, skills, and aptitude—to the communities in which we work and live.
- Peer support can help individuals progress towards regaining stability and a greater sense of wellness.
- A peer supporter who has traveled a path of recovery can relate and offer empathy and validation, which offers hope—a key determinant to recovery.
- Peer support can address social isolation. Isolation can impede recovery and increase chances of relapse.
- Peer support helps to address stigma regarding addictions and mental health. Stigma is cited as a primary reason that people do not seek mental health treatment or encourage their loved ones to do so. Stigma can be dispelled when one person who is well says to another who is struggling, "I have it too" or "Someone I love has it too".


### *Designing Peer Support Services Into RAAM Clinic Flow*

A number of peer support strategies can put clients at ease and make them feel comfortable in accessing services. After establishing trust and a relationship between clients and peers, Peer Support Workers are instrumental in navigating clients through issues or concerns that arise while accessing RAAM services. Peer support can be integrated into the RAAM clinic design and operations in the following ways:

- Offer Peer Support Workers as the client's first point of contact.
  - Welcome clients when they enter the RAAM in a friendly, caring manner
  - Peers can introduce themselves and their role, and that they are there to help.
  - Allow the client to lead the interaction with peers available to assist as needed.
- Use the waiting room as an opportunity for Peers to connect and engage with clients.
  - Peer Support Workers may use this opportunity assess clients' basic needs.
  - Offer to assist as required in the completion of the intake forms.
- Help clients feel comfortable discussing their needs so they can be connected with appropriate supports and resources.
- Engage, without overwhelming the individual when greeting:
  - Ask clients how they are doing.
  - Offer clients a drink or snack while they wait.
  - Provide clients an opportunity to get to know the peer support work.
  - Offer an activity (i.e., puzzle, colouring pages, word searches, creating positive affirmations).
- Offer a cell phone number and remind clients of the guidelines to ensure boundaries are maintained between staff and client interactions.
- Initiate small gestures such as opening the door and walking clients to a provider's office.

### *Helpful Reminders for Family Peer Supports*

- As partners, parents, family or close supporters: family peer supporters travel a different journey. They model hopefulness through a healthy sense of acceptance and emotional readiness to progress forward.
- For family members there may be a tendency to 'keep the secret' within the family. This is neither helpful nor healthy.

### b. Competencies

The competency standards for Peer Support, developed through Peer Support Canada describe the peer supporter's abilities and skills that are developed through a combination of life and work experience, training and education, and include individual interpersonal effectiveness.[27]

The following competencies (Peer Support Canada) are those that have been identified as essential in meeting the requirements for certification as a Peer Supporter:

| A Certified Peer Supporter Demonstrates Skills And Abilities Within The Following Competencies: | |
|---|---|
| **HOPE** | **DEMEANOUR** |
| Hope means expressing confidence that others will be successful in their own personal journeys of recovery.<br><br>Utilizing healthy modeling, optimism and support, it is believed that even in difficult situations positive choices can be made. | Being sensitive to what another might be feeling.<br>Demonstrates a capacity for non-judgmental empathy, and responds from an equal, genuine, and sharing point of view.<br>Mindfully self discloses own experience in a manner that ensures the relationship remains peer focused. |
| **INTERPERSONAL RELATIONS** | **COMMUNICATION** |
| Interacting in a manner that honours the dignity of others and striving to build positive respectful relationships.<br><br>The goal is to generate a safe space and foster a congenial atmosphere that is both comfortable and genuine between the peer and client. | Actively listening, paraphrasing with empathy and a non-judgmental attitude.<br>Using communication styles and skills to improve understanding and adapts the style and tone of communication to suit the listener and the situation.<br>Communicate using recovery language that emphasizes the strengths of their peers. |
| **SELF-MANAGEMENT & RESILIENCY** | **FLEXIBILITY & ADAPTABILITY** |
| Understanding the importance of self-care and stress management and models the practices that work best for them to remain healthy while supporting others. | Being open to new ideas, able to tolerate ambiguity, and adjusts plans or behaviour to better suit a given situation.<br>Being willing to be open-minded and compromise when needed. |

[27] Peer Support Canada, Competency Standards

## A Certified Peer Supporter Demonstrates Skills And Abilities Within The Following Competencies:

### SELF AWARENESS & CONFIDENCE

Interacting in a manner that demonstrates a balance of self-confidence, suspends self-biases, with openness to the thoughts and opinions of others.

Self reflects and understands that personal thoughts and attitudes can influence their behaviour and actions.

### INITIATIVE & COMMITMENT

Demonstrating dependability and carrying tasks through to completion.

Demonstrating discretion, knowing when insight or assistance should be requested from others and more importantly is trustworthy when working independently.

### CRITICAL THINKING

An ability to reflect to better understand a situation and recognize that there is more than one way to look at an issue.

Considering the possible implications or outcomes of actions and, when asked, helping peers to explore the outcome or possible consequences of various options.

Demonstrating sound judgement in respecting the limits and boundaries of their role.

### TEAMWORK

Sharing knowledge, ideas and resources with team members in a cooperative and collaborative manner.

Striving to fulfill their role and responsibility within the team while respecting the roles and responsibilities of the other team members.

### CONTINUOUS LEARNING & DEVELOPMENT

Approaching life and work in a curious manner, identifying areas where personal growth may be helpful, and taking advantage of opportunities to learn and develop.

Recognizing the value of capacity- building and skill development.

Maintains a connection within the peer support community and practices mindfulness as a resource to stay grounded.

### c. Training

Training provides Peer Support Workers the skills to support clients who are struggling and to deal with situations that have escalated or require intervention. Peer Support Workers are trained in recognizing the need for acute care intervention as well as signs and symptoms of concurrent disorders, overdose, and response.

Orientating Peer Support Workers not only to agency-specific policies and procedures, but also to relevant community resources ensures they have an awareness of appropriate pathways and confidence to navigate clients' unique needs.

Some important training opportunities include:

- Mental Health First Aid Training
- ASIST (Applied Suicide Intervention Skills Training)
- Overdose prevention; Lifeguard App https://lifeguarddh.com/
- Naloxone administration- https://ohrn.org/naloxone/
- Heart2Heart-First Aid CPR – Peer Support Responder https://www.heart2heartcpr.com/peersupport/
- Sexual Orientation and Gender Training – Rainbow Health https://www.rainbowhealthontario.ca/education-training/
- Peer Support Canada – RAAM Peer Support Worker Certification Level 1

### d. Code of Conduct & Resources

Peer Support Canada offers the following Code of Conduct for certified Peer Supporters:[28]

- I will act ethically, according to the values and principles of peer support.
- I will treat all people with respect and dignity.
- I will respect human diversity and will foster non-discriminatory activities.
- I will honour the right, beliefs and personal values of individuals.
- I will behave with honesty and integrity in providing support to peers.
- I will respect the privacy of individuals and maintain confidentiality within the limitations of the program policies and the law (e.g., potential harm to self or others).
- I will not knowingly expose a peer to harm.
- I will not take advantage of the peer relationship for personal benefit, material or financial gain.
- I will respect the boundaries of peer support work and will not engage in romantic or sexual relationships with the peers that I support.
- I will not provide peer support in a manner that negatively affects the public confidence in peer support.

*Other Helpful Peer Support Resources*

Canadian Association of People Who Use Drugs

https://www.capud.ca/

Ontario Peer Development Initiative (OPDI)

https://www.opdi.org/training/opdi-core-training-essentials-program

Peer Support Canada

https://peersupportcanada.ca/

[28] Peer Support Canada: www.peersupportcanada.ca

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# Appendix A

## Contributions of Organizations & Individuals

### Partner Organizations

- Centre for Addiction and Mental Health (CAMH)
- Dilico Anishinabek Family Care (Dilico)
- Dryden Regional Health Centre (DRHC)
- Fort Frances Tribal Area Health Services (FFTAHS)
- Lake of the Woods District Hospital (LWDH)
- Marathon Family Health Team (MFHT)
- Nipigon District Family Health Team (NDFHT)
- NorWest Community Health Centres (NWCHC)
- Ontario Health North (OHN)
- People Advocating for Change Inc. (PACE)
- Riverside Health Care (RHC)
- St Joseph's Care Group (SJCG)

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