

RAAM Clinic Toolkit

INTRODUCTION

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LAND ACKNOWLEDGMENT

Toronto, the home base of the META:PHI program, exists on the ancestral homelands of the Huron-Wendat, the Anishinaabeg, the Mississaugas of the Credit, the Haudenosaunee, and the Attawandaron (Neutral). It is covered by Treaty 13 and is part of the Dish With One Spoon Wampum Belt Covenant. META:PHI acknowledges that the lands across Ontario on which RAAM clinics operate include the traditional territories of many nations.

META:PHI further recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. META:PHI respects that Indigenous people have rich cultural and traditional practices that have been shown to improve health outcomes.

We invite the readers of this Toolkit to reflect on the territories on which they live and work as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

PURPOSE

The META:PHI RAAM Clinic Toolkit was created to support RAAM clinic leads (managers, directors, medical directors, etc.) in the implementation and operationalization of the RAAM clinic model in their communities.

SCOPE

In recognition that there is no one-size-fits-all approach to how RAAM clinic services are offered, this Toolkit is intended to provide helpful resources rather than prescriptive directions on what RAAM clinics “must” look like. The contents of this Toolkit are not meant to supersede or take the place of any requirements outlined in RAAM clinic funding agreements or any institutional policies.

RATIONALE

Substance use–related harms continue to challenge Ontario, with considerable human, health care, and societal costs. In 2020, alcohol-related harms accounted for nearly 260,000 emergency department visits in Ontario, opioids for nearly 30,000 visits, and cocaine for nearly 11,000.¹

The role of RAAM clinics is to mitigate some of these harms through the provision of accessible, person-centred, evidence-based care. RAAM clinics are intended to be part of a care pathway for substance use, with connections to other health and community services that allow clients to move between settings as appropriate. The aim of this Toolkit is to assist RAAM clinics in navigating their place in the broader health care system; managing operational, clinical, and human resource decisions; understanding data collection expectations; and running effective, supportive programs.

As you review the contents of this Toolkit, we invite you to consider the special regional considerations relevant to you and your team, and to take from this resource the pieces that are most helpful to your clinic’s specific social and geographic context.

OVERVIEW OF TOOLKIT CONTENTS

The RAAM Clinic Toolkit contains 13 sections:

1. Introduction to the Toolkit
2. Introduction to META:PH
3. Introduction to the RAAM clinic model: FAQ
4. Starting a RAAM clinic
5. RAAM clinic human resources
6. Clinic supplies
7. RAAM clinic quality targets
8. Data collection and reporting
9. Resources specific to first clinical visit
10. General clinical resources
11. Transition planning
12. Clinical and administrative policies
13. Educational and mentorship resources

Each section contains both original materials and materials adapted from META:PH’s organizational partners in this initiative, including Addiction Services of Central Ontario; Brant, Haldimand, Norfolk RAAM Clinics; Health Sciences North, [Northwestern Ontario Regional RAAM Steering Committee](#), and Women’s College Hospital.

¹ <https://csuch.ca/explore-the-data/>

ACKNOWLEDGMENTS

META:PHI would like to thank the many individuals who lent their time and expertise to the development of the RAAM Clinic Toolkit.

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