INTRODUCTION TO THE RAAM CLINIC MODEL: FAQ

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INTRODUCTION

While the RAAM clinic model is intended to be flexible and adaptable to different contexts and resources, the following FAQs address the universal expectations of the RAAM clinic model of care.

WHAT IS A RAAM CLINIC?

A rapid access addiction medicine (RAAM) clinic is a low-barrier, drop-in clinic that provides substance use–related care without requiring an appointment or referral. Low-barrier, rapid access to evidence-based addiction care improves treatment engagement and retention, and therefore treatment should be as accessible as possible.

RAAM clinics thus fill a void in Ontario's addiction treatment system, which historically made accessing care challenging; long and complicated intake procedures, lengthy waiting lists, costly rehabilitation programs, and a focus on abstinence prevented many people looking to address problematic substance use from accessing the services they needed.

RAAM clinics offer both medication and psychosocial interventions from the first visit, ensuring a holistic approach to addressing substance use. The goal of the RAAM clinic is to meet clients where they are at and work with them to create a care plan that fits with their goals.

As the RAAM clinic model has expanded across the province, clinics have worked to meet the needs of the communities that they serve, often with very limited resources. RAAM clinics across Ontario have access to different human resources and serve communities with unique needs, and there is no one-size-fits-all approach. What is most important is that clinic team members understand the processes and work together to ensure that all the functions are fulfilled.

WHAT ARE THE PRINCIPLES OF RAAM CLINIC CARE?

RAAM clinics are unified by adherence to four core principles of care:

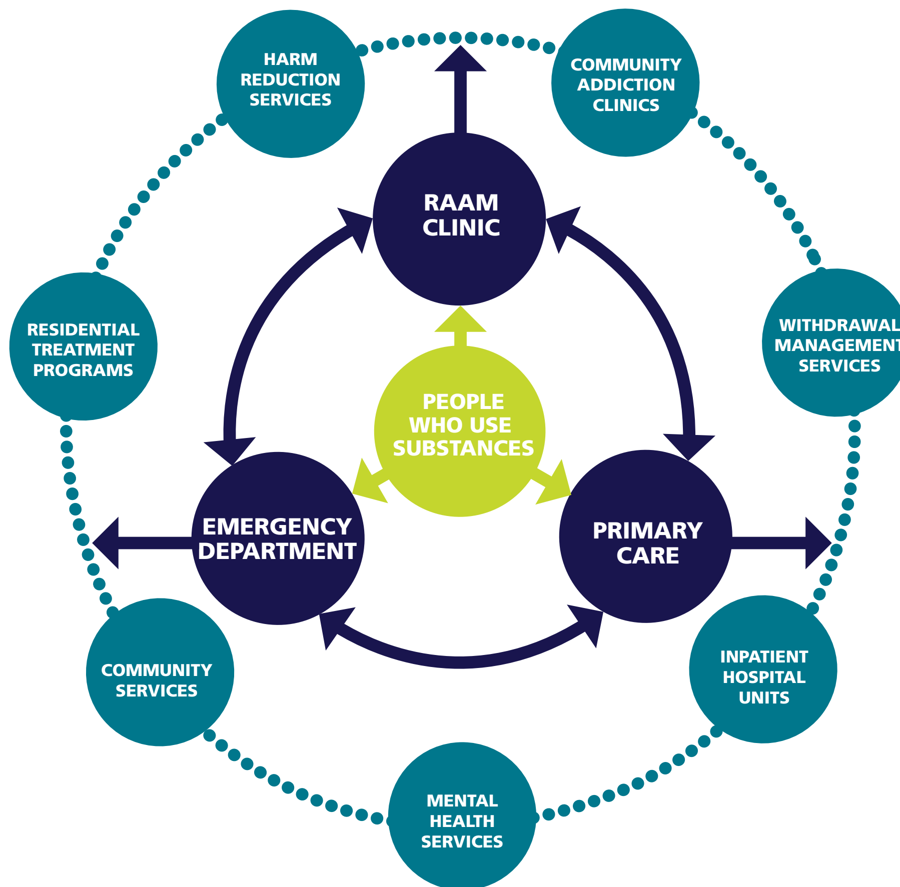
1. **Low-barrier:** RAAM clinics offer low-barrier, drop-in, accessible care without the need for a referral or pre-booked appointment.
2. **Comprehensive:** RAAM clinics provide access to appropriate psychosocial and medication-assisted treatment for any substance use concern from the first visit.
3. **Integrated:** RAAM clinics are part of an integrated care pathway that facilitates connections and promotes smooth transitions among primary care, withdrawal management, hospitals, mental health services, social services, cultural services, and other community substance use health services.
4. **People-centred:** There is no single approach to developing care plans for people who use substances; the RAAM clinic model supports individuals in setting their own goals and co-developing a plan based on their current needs and priorities.

HOW DO RAAM CLINICS FIT INTO THE HEALTH CARE SYSTEM?

RAAM clinics strive to be fully integrated into the broader health care system and to form bi-directional connections with the spectrum of care settings that serve individuals who use substances. RAAM clinic services are covered by OHIP and are open to anyone who wants help addressing their substance use. The RAAM clinic model of care operates as follows:

- Clients presenting to any health care setting (e.g., withdrawal management services, hospital, psychiatry, primary care) with a condition related to substance use are informed about local RAAM clinic services and advised to attend. New clients can attend the RAAM clinic without a booked appointment or formal referral note during virtual/in-person drop-in hours.
- At the RAAM clinic, counselling and appropriate addiction medications are available from the first visit, and the client can expect to be connected to relevant community programs and supports.
- Once clients are stabilized, they are referred to primary care for long-term follow-up. The RAAM clinic provides ongoing support by being available to primary care providers for re-assessments, consultations, and advice about management.
- Clients are welcome to return to the RAAM clinic if further support is desired.

There is no limit to the duration of clients' engagement with the clinic; treatment lasts until the client is stable and ready to be transferred back to primary care for long-term management. However, each clinic must gauge its own capacity and may need to consider transitioning clients to community addictions clinics for longer-term care to ensure space for new clients in need of stabilization.



WHO WORKS AT A RAAM CLINIC?

All staffing complements (see **RAAM Clinic Human Resources** for sample job descriptions) should be robust enough to meet the needs of the community and to allow for administrative and clinical staff to take vacation, have sick days, and manage other responsibilities without creating difficulties for clinic operations.

Clinical services at RAAM clinics can be provided by several different types of prescribers, including family physicians, nurse practitioners, psychiatrists, or internists. The role of the prescriber is to share with the client a range of care options, including medications, harm reduction education and supplies, counselling supports, and referrals to psychosocial treatments, and to help clients decide what would work best for them.

Case managers, counsellors, peer support workers, and/or nurses all have critical roles in making an individual feel welcome and providing intake, counselling, case management, and community referrals. Who is responsible for these different elements will come down to each clinic's staffing contingent.

WHERE DO RAAM CLINIC CLIENTS COME FROM?

Clients are directed to RAAM clinics from a variety of settings, including emergency departments, hospital inpatient units, withdrawal management centres, primary care, specialized clinics (such as hepatitis C services and sexual assault/domestic violence), etc. RAAM clinicians should work with care providers in these settings to share information about the RAAM clinic and to support education and implementation of evidence-based interventions for addiction (e.g., prescribing naltrexone for alcohol use in primary care and buprenorphine/naloxone treatment of opioid withdrawal in the emergency department).

Many clients may also attend RAAM clinics based on word of mouth from friends or family. Outreach initiatives (e.g., flyers in community services, mail-outs to local primary care providers, communication with local emergency departments, social media posts) may help increase awareness of the RAAM clinic and encourage appropriate referrals.

WHAT SERVICES DOES A RAAM CLINIC PROVIDE?

Clinical scope of RAAM clinic:[1]

WITHIN RAAM CLINIC SCOPE	OUTSIDE RAAM CLINIC SCOPE
• Diagnose substance use disorders • Assess concurrent mental health disorders • Initiate substance use pharmacotherapy when indicated • Provide harm reduction supplies and guidance (naloxone, inhalation and injection kits, condoms, etc.) • Manage mild to moderate acute alcohol withdrawal when possible and safe • Provide brief counselling • Provide trauma-informed and culturally safe care • Provide management or referral for concurrent health needs • Initiate pharmacotherapy for mood and anxiety disorders when indicated • Make links to appropriate community services and supports • Link clients back to primary care when stable • Connect clients to primary care providers if unattached • Educate and support clinician colleagues (e.g., emergency department and hospital staff, primary care providers) about management of substance use–related presentations • Provide advice and support to primary care providers who have referred clients	• Manage severe withdrawal • Manage acute/severe psychiatric illness • Manage chronic pain symptoms in individuals where substance use is not a concern • Provide general primary care • Provide long-term psychotherapy

[1] Chart adapted from Health Sciences North.

WHAT DOES A TYPICAL RAAM CLINIC VISIT LOOK LIKE?

A visit to a RAAM clinic can take anywhere from 30 minutes to two hours depending on wait times, the number of team members involved, and the client's needs.

During their first visit to the RAAM clinic, clients may meet a peer worker, counsellor, case manager, nurse, nurse practitioner, and/or physician (see **RAAM Clinic Human Resources** for sample job descriptions). They will be asked about their history of substance use, what brought them to the clinic, and the necessary medical and social history (see **Resources Specific to First Clinical Visit** for a sample **intake form**) in order to formulate a plan and support their goals. Some clinics have clients complete a separate form as well (see **Resources Specific to First Clinical Visit** for a sample **client form**); if so, assistance should be available for anyone who needs it. Note that not all of these components need to be covered in the first visit if the client is uncomfortable; the most important objective for the first visit is treatment engagement.

If indicated, medication should be available to clients from the first visit. RAAM clinics should be able to provide access to all medications for alcohol and opioid use as appropriate (see **RAAM Clinic Quality Targets**, Quality Target 4), including the following:

- Naltrexone
- Acamprosate
- Gabapentin
- Buprenorphine sublingual tablets
- Buprenorphine extended-release injection
- Methadone
- Slow-release oral morphine

Additional medications that may be helpful include pregabalin and disulfiram for alcohol use, nabiximols for cannabis use, and lisdexamfetamine and antipsychotics for stimulant use.

RAAM clinics should also provide treatment and/or referrals for concurrent health needs as would be beneficial (see **RAAM Clinic Quality Targets**, Quality Target 8).

As visits progress, the care team can continue to provide strategies and support around substance use goals, guidance about treatment options and community resources (including referrals as appropriate), and, if indicated, medication adjustments. Not all care team members must be involved at every visit; some visits may involve just the prescriber, or just the peer support worker, or just the social worker, etc., depending on the client's needs.

WHAT ROLE DO RAAM CLINICS HAVE IN MANAGING CONCURRENT HEALTH NEEDS?

There are a number of health conditions that frequently co-occur in individuals with substance use–related concerns. RAAM clinics should have a role in the identification of these conditions and in developing a clear pathway for their management, including referral to internal or external programs.

RAAM clinics are expected to provide clients with support, either through onsite management or referral (see **RAAM Clinic Quality Targets**, Quality Target 8), for the following concurrent physical health needs:

- Soft tissue infections
- Alcohol-related liver disease
- Contraception
- Pregnancy care
- Hepatitis C
- HIV

Additionally, first-line medications for mood and anxiety disorders (e.g., SSRIs, SNRIs, etc.) should be initiated at the RAAM clinic when appropriate, and support or referral should be provided for managing complex mental health conditions such as post-traumatic stress disorder, psychosis, or bipolar disorder.

A treatment plan for these co-occurring mental and physical conditions should be developed as early as possible. Referrals may involve writing referral notes or filling out referral forms, assisting clients with applications, or connecting directly with a service by phone. Referrals that do not require clinical expertise can be facilitated by any team member, including administrative staff; clinicians should assist with the medical components of referrals as needed.

WHAT HAPPENS ONCE CLIENTS ARE STABILIZED?

Once clients are no longer in need of acute management, their care is ideally transferred back to their primary care provider (see **Transition Planning** for guidance on transferring care); clients who do not have a primary care provider are ideally connected to one through the RAAM clinic. The primary care provider takes over prescribing addiction medications and general management, with the RAAM clinician's ongoing support through phone calls, e-mails, and reassessments as required. Some clinics may face difficulties connecting clients to primary care, mainly because of the limited availability of such services in their community. It is thus important for clinics to forge partnerships within the community and consider different referral options, including nurse practitioner–led clinics, community health centres, and virtual primary care clinics. In cases where clients have more complex needs, referrals to Assertive Community Treatment (ACT) teams or shelter health clinics may be suitable. In some cases, referral to specialized community addiction clinics for ongoing management may be required. RAAM clinics should take proactive steps to initiate connections to primary care during the first few visits and assist clients in getting onto waitlists for primary care services.