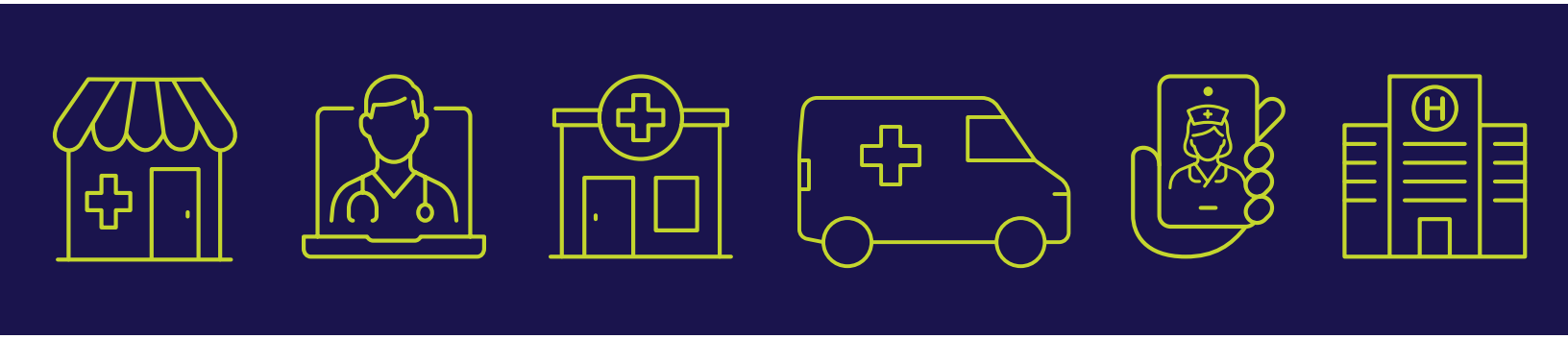
META:PHI
MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION
PARTNERS IN HEALTH INTEGRATION



ANNUAL RAAM CLINIC SURVEY REPORT: 2025

Prepared by META:PHI

3 November 2025

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BACKGROUND

A rapid access addiction medicine (RAAM) clinic is a low-barrier, drop-in clinic that provides substance use–related care to people without requiring an appointment or referral. There are four core principles that define RAAM clinic 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 needs and priorities at a given moment.

RAAM clinics are part of a broader **public health strategy** for substance use, existing alongside other treatment settings as well as harm reduction– and recovery-oriented services and supports. The principles of a public health approach to substance use, as outlined in the **Canadian Public Health Association Framework**, should inform the design and provision of all substance use supports and services, including RAAM clinic services; individuals should be supported to make their own choices about their health and substance use, empowered to seek out services that are appropriate to their needs, and able to access services that are free from stigma and discrimination.

In 2020, the provincial META:PHI Network was tasked by the Ministry of Health to become the clinical practice hub for all publicly funded RAAM clinics in Ontario. META:PHI has undertaken this year's survey of RAAM clinics with the goals of (1) ensuring that the provincial directory of publicly funded RAAM clinics is complete and accurate; (2) continuing to develop our understanding of how RAAM clinic care is delivered across the province; and (3) identifying ways to support RAAM clinics.

METHODOLOGY

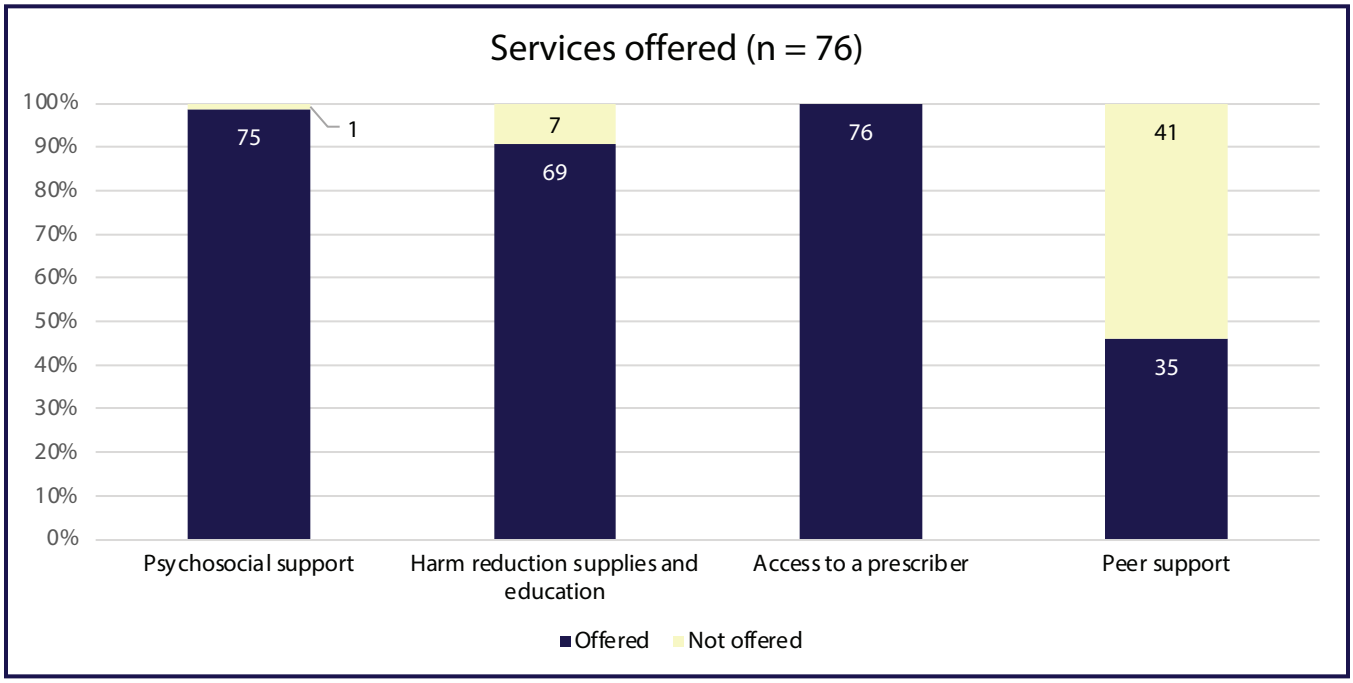
In spring 2025, in collaboration with our provincial advisory committee, META:PHI reviewed and made minor updates to the reference document RAAM Clinic Quality Targets (**see Appendix A**), which captures a vision of ideal RAAM clinic care and provides indicators that measure care quality. This updated document was used to inform the creation of the 2025 survey (**see Appendix B**) for collecting information relating to these targets, including hours of service, staffing, services provided, service use, clinic operations, and integration with other services. The survey was reviewed by our provincial advisory committee and our partners at the Ontario Ministry of Health, the Ontario Health Regional Directors of Mental Health and Addiction, and the Ontario Health Mental Health and Addictions Centre of Excellence. It was then circulated to the publicly funded Ontario RAAM clinic leads in May 2025.

The 2024 survey received 81 responses out of 83 known clinics, for a response rate of 97.6%. At the time of the 2025 survey dissemination, we were aware of four clinics that had opened in the past year; through the survey collection process, we learned that three clinics had suspended operations in the past year and an additional seven new clinics had opened, bringing the total of known operational unique clinics to 91 (i.e., sites with a unique physical address or online portal that are currently open to service users). A total of 76 clinics provided responses to the 2025 survey, giving a response rate of 83.5%; 15 clinics that provided a response to the 2024 survey did not submit a response this year. There are 63 sites that responded to both the 2024 survey and the 2025 survey. The difference between the 2024 and 2025 respondent cohorts makes it difficult to draw comparisons between the full datasets; however, comparisons between 2024 and 2025 have been made for this group of 63 clinics wherever possible. Not all responses contained answers to all questions.

FINDINGS

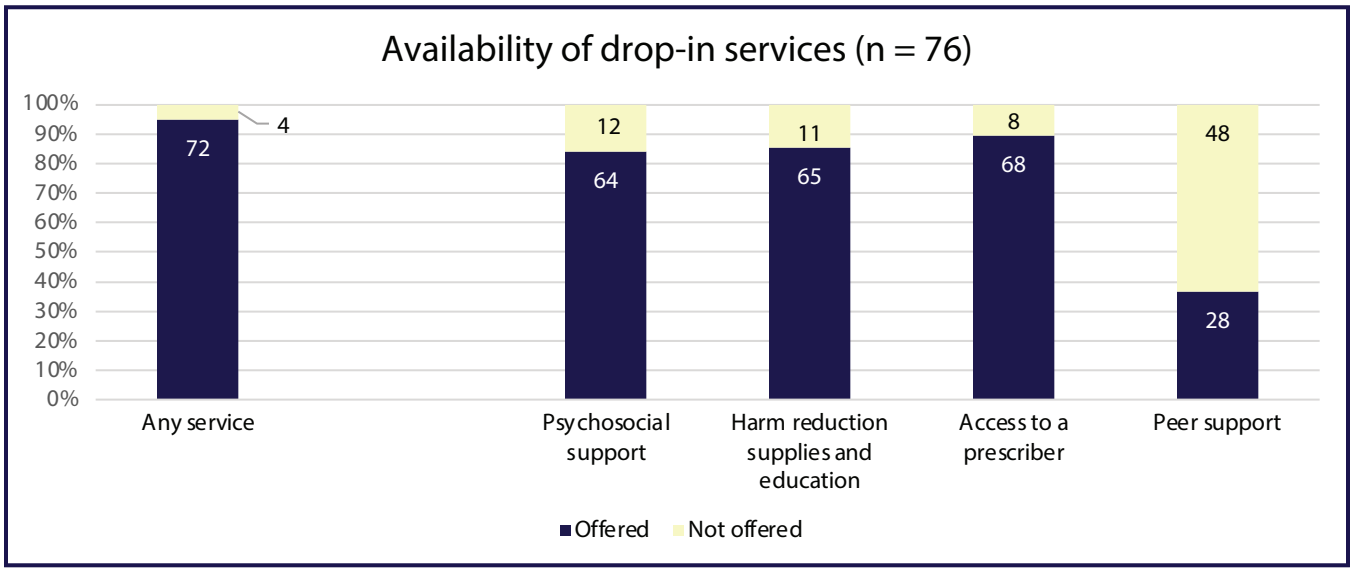
Availability of Services

Core RAAM clinic services (**Target 2**) include psychosocial support (i.e., care delivered by a professional that supports an individual's psychological/emotional health), harm reduction supplies and education (i.e., information and tools that reduce an individual's risk of harm from a particular activity), access to a prescriber (i.e., access to a health care professional able to prescribe medications), and peer support (i.e., support provided by a person with lived/living experience of substance use in a relationship of equality):



Hours of Service

Of the 76 responding clinics, 72 (94.7%) reported offering at least some services on a drop-in basis (**Targets 1 & 2**):



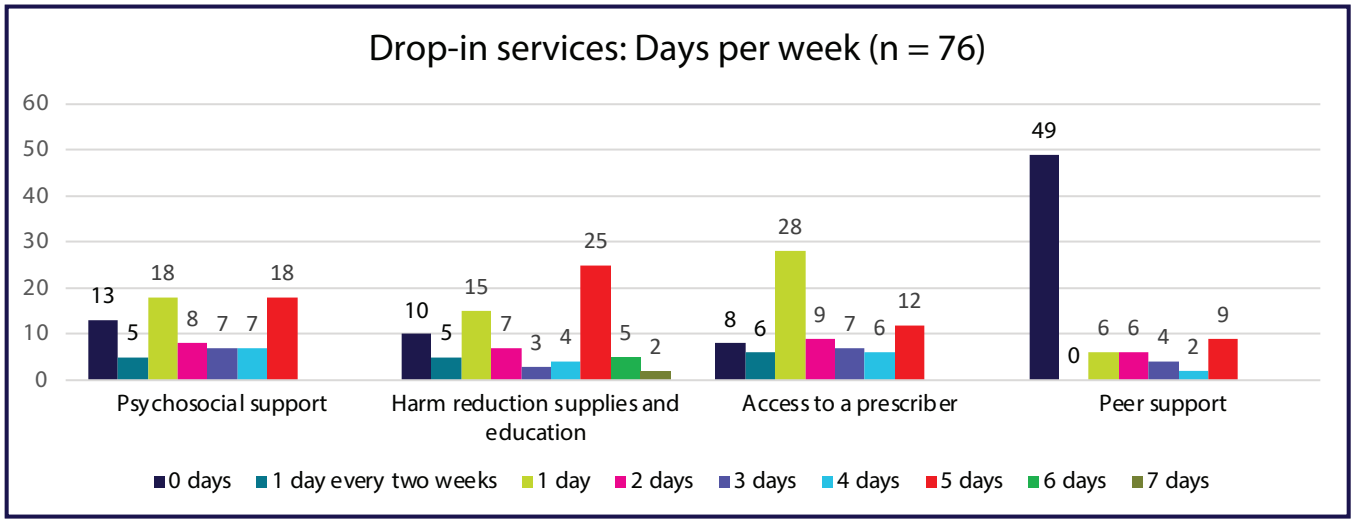
Clinics offer more weekly[1] hours by pre-booked appointment than by drop-in on average for all services; the mean[2] of the hours reported for each service is lower for drop-in hours than it is for appointment-based hours:

	Mean drop-in hours	Mean appointment-based hours
Psychosocial support	16.6 (n = 63)	29.0 (n = 66)
Harm reduction supplies and education	24.0 (n = 66)	29.9 (n = 49)
Access to a prescriber	10.9 (n = 68)	19.1 (n = 62)
Peer support	19.4 (n = 28)	28.8 (n = 32)

[1] A small number of clinics offer hours every other week rather than weekly. For these clinics, half the number of bi-weekly hours was used as the number of weekly hours.

[2] Clinics offering no hours were excluded from the calculation of the mean.

The sites vary considerably with respect to the number of days per week and the number of hours per week drop-in access is available for each type of service:



Drop-in access for each type of service (psychosocial support, harm reduction, access to a prescriber, peer support) is offered for ten or fewer hours per week on a drop-in basis for more than half of responding clinics. Limited drop-in hours present a significant barrier to RAAM clinic access, making it more difficult for people to get service when they need it (**Target 1**). As discussed below, limited hours appear in many cases to be the result of limited staffing resources.

While almost all the responding clinics offer at least some services on a drop-in basis (72/76, 94.7%), only 21 (27.6%) offer drop-in hours during which all four core RAAM clinic services are available. For these 21 clinics, the mean number of hours per week during which all four services are available is 10.6.

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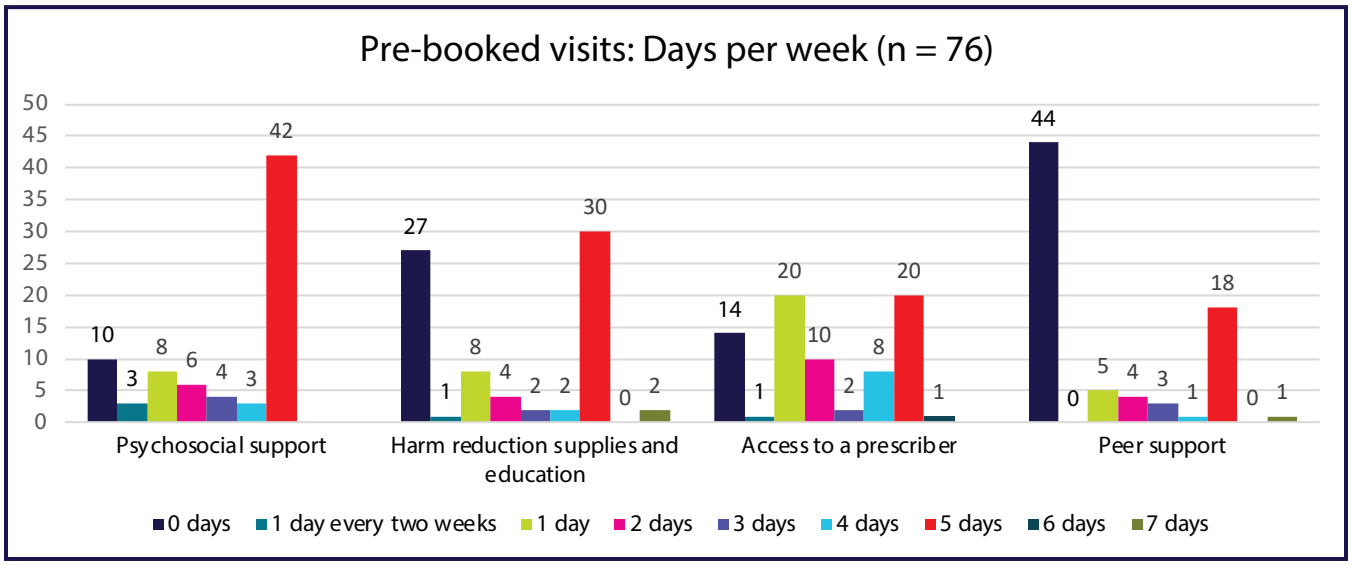
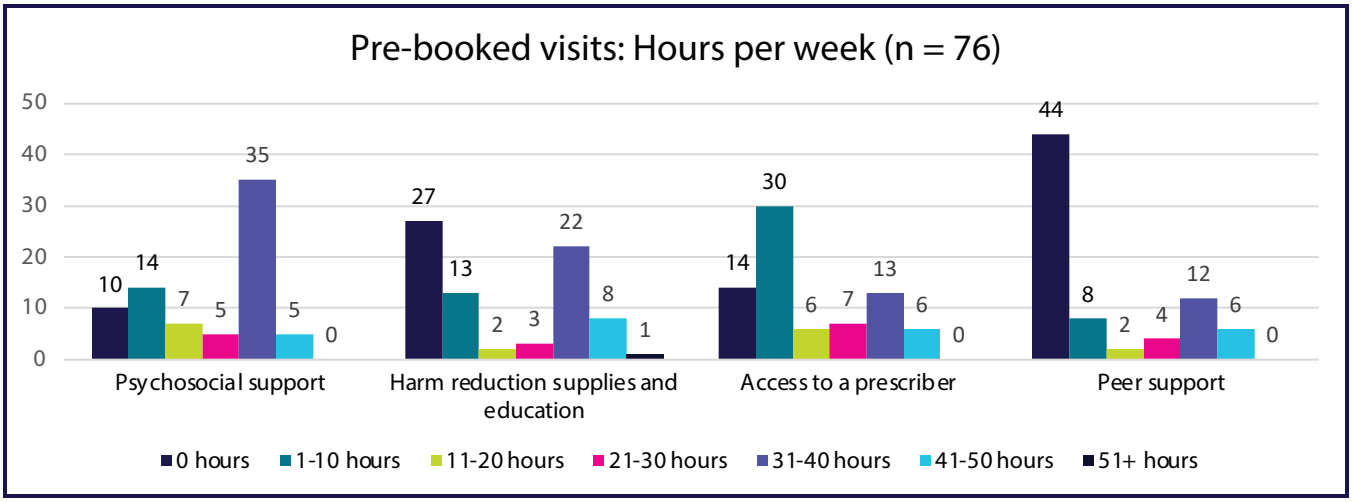
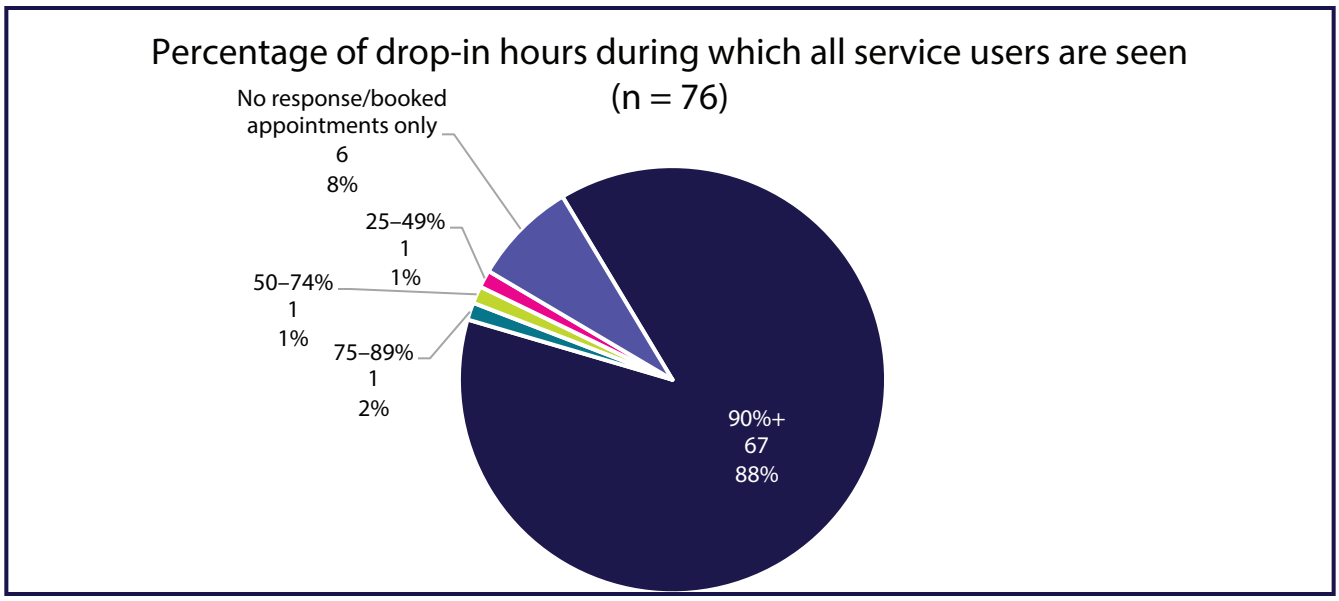
Most clinics (67/76, 88.2%) offer at least some services by appointment. As with drop-in services, the clinics vary widely with respect to the number of days and hours per week that appointments are offered:





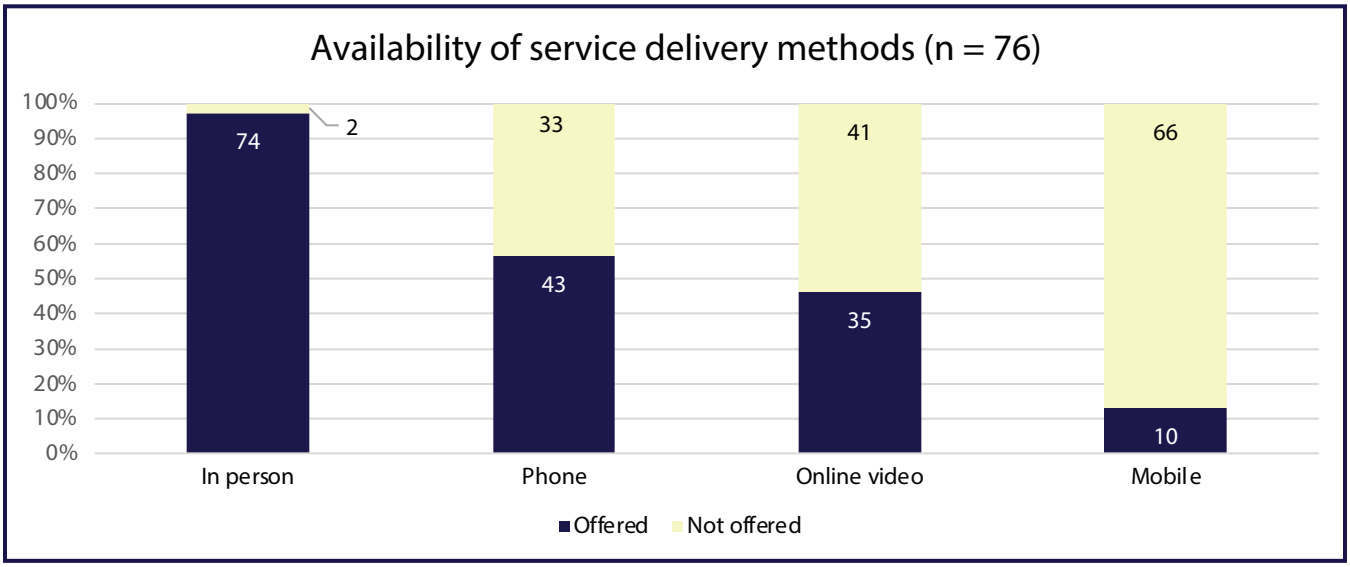
Respondents were asked how frequently all service users presenting to the clinic during drop-in hours are seen (**Target 1**):



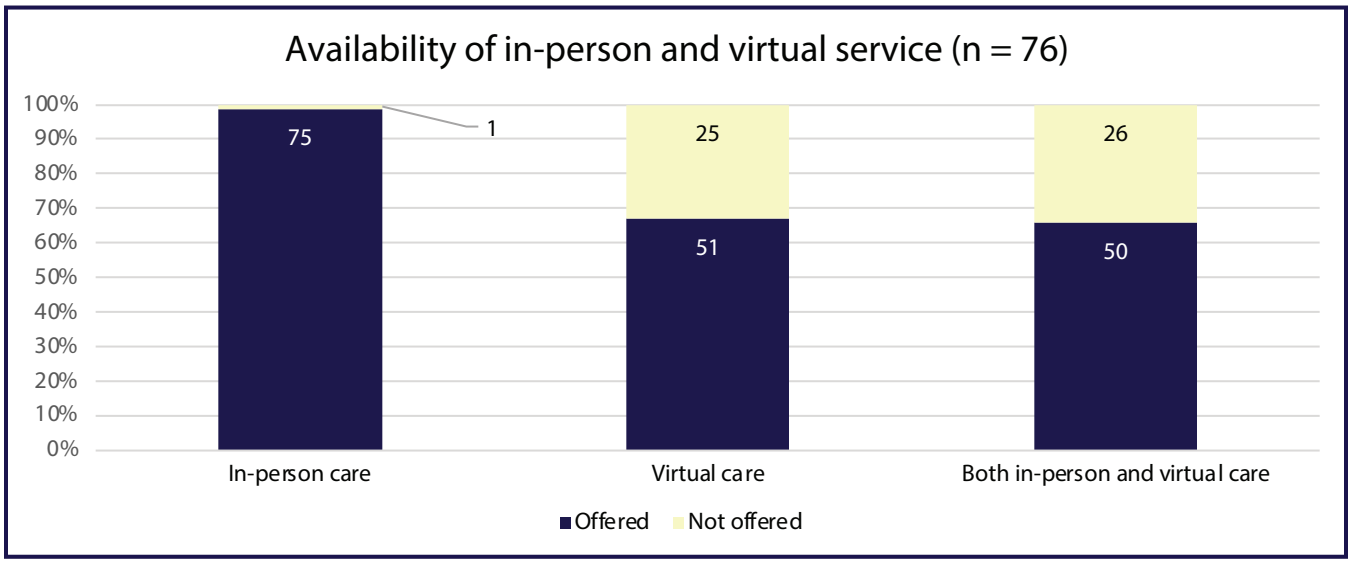
The majority of clinics (67/76, 88.2%) reported that the clinic sees all drop-in attendees at least 90% of the time. Only three clinics (3.9%) reported seeing all drop-in attendees less than 90% of the time, indicating that it is very rare for a service user to attend the RAAM clinic and not be seen.

Service Delivery

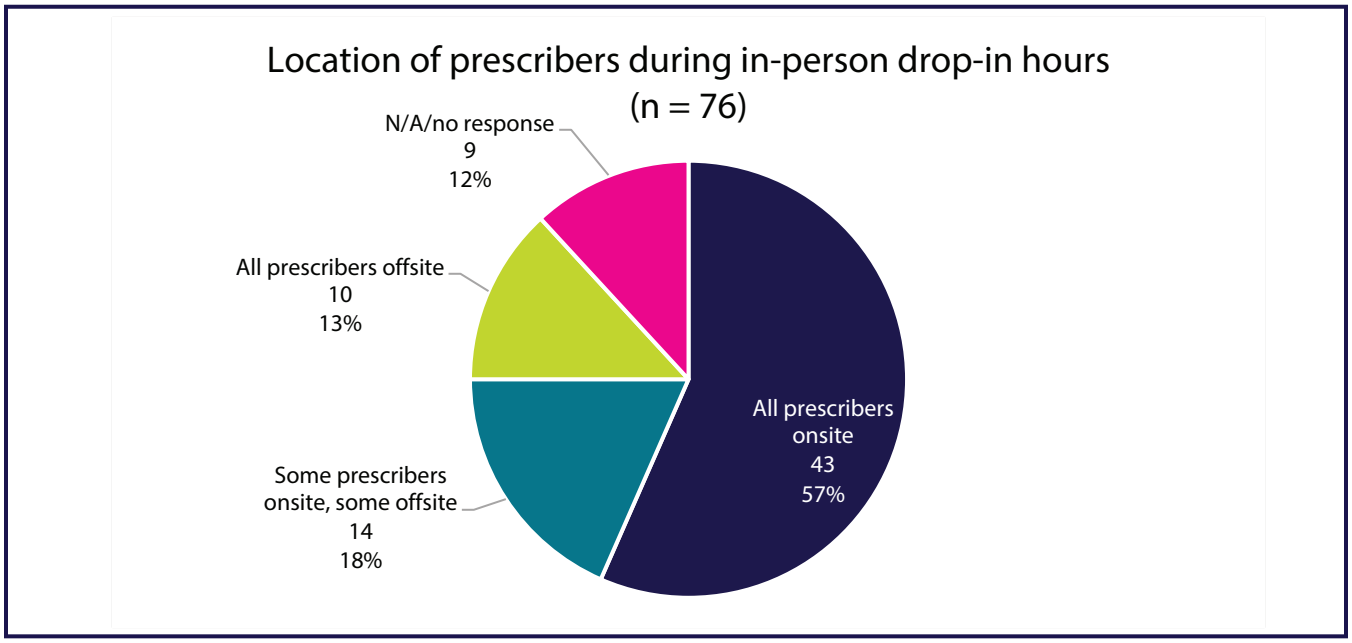
Sites were asked about available methods of service delivery (**Target 3**): clinic-based (service users come in person to the RAAM clinic), online video (service users see a health care provider by online video from any location), phone (service users speak to a health care provider by phone from any location), and mobile (RAAM clinicians come to service users at locations in the community). The most widely available service delivery method is in-clinic service, followed by phone service, video service, and mobile service:



Goals for Target 3 include the availability of at least one method of in-person service delivery (clinic-based service, mobile service) and at least one method of virtual service delivery (phone service, video service). Almost all clinics[3] offer clinic-based and/or mobile service, and 51 clinics offer phone and/or video service; 50 clinics offer at least one method of in-person service and at least one method of virtual service:



Respondents were asked whether prescribers were onsite during clinic-based drop-in hours or whether they were delivering care offsite through online video; most sites report having at least some prescribers onsite during drop-in hours:

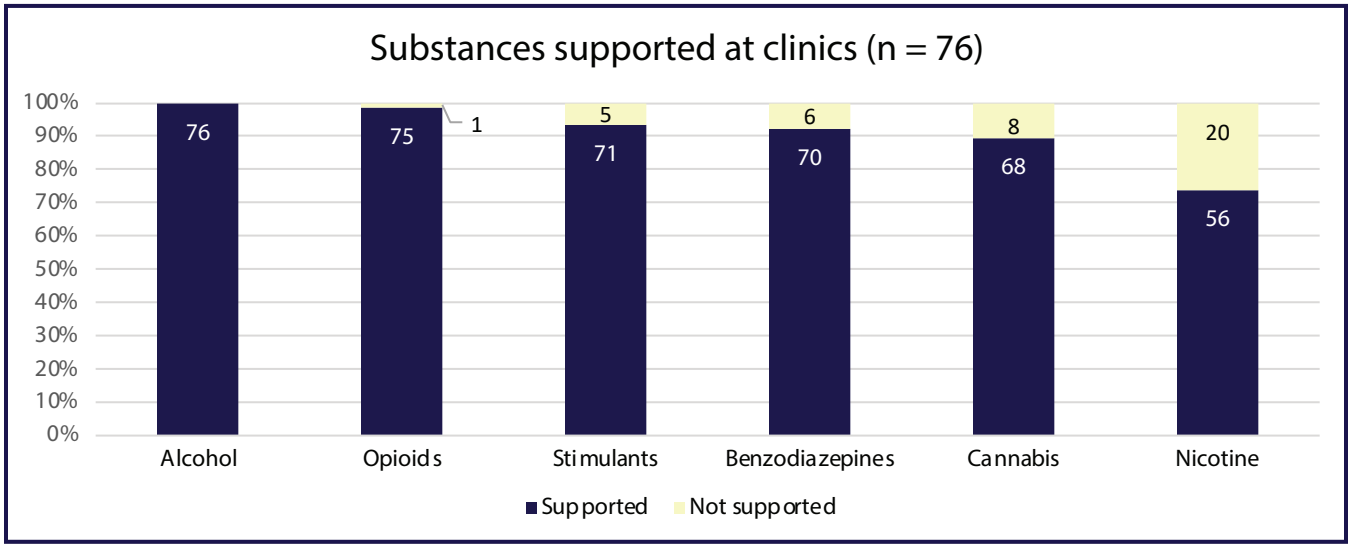


[3] The only clinic that does not offer in-person care delivery is a site that provides care entirely through the Digital Front Door within an organization that does offer in-person RAAM clinic service.

Services Provided

SUBSTANCES FOR WHICH SUPPORT IS OFFERED

Most of the responding clinics report providing support for all or most substances (**Target 4**):

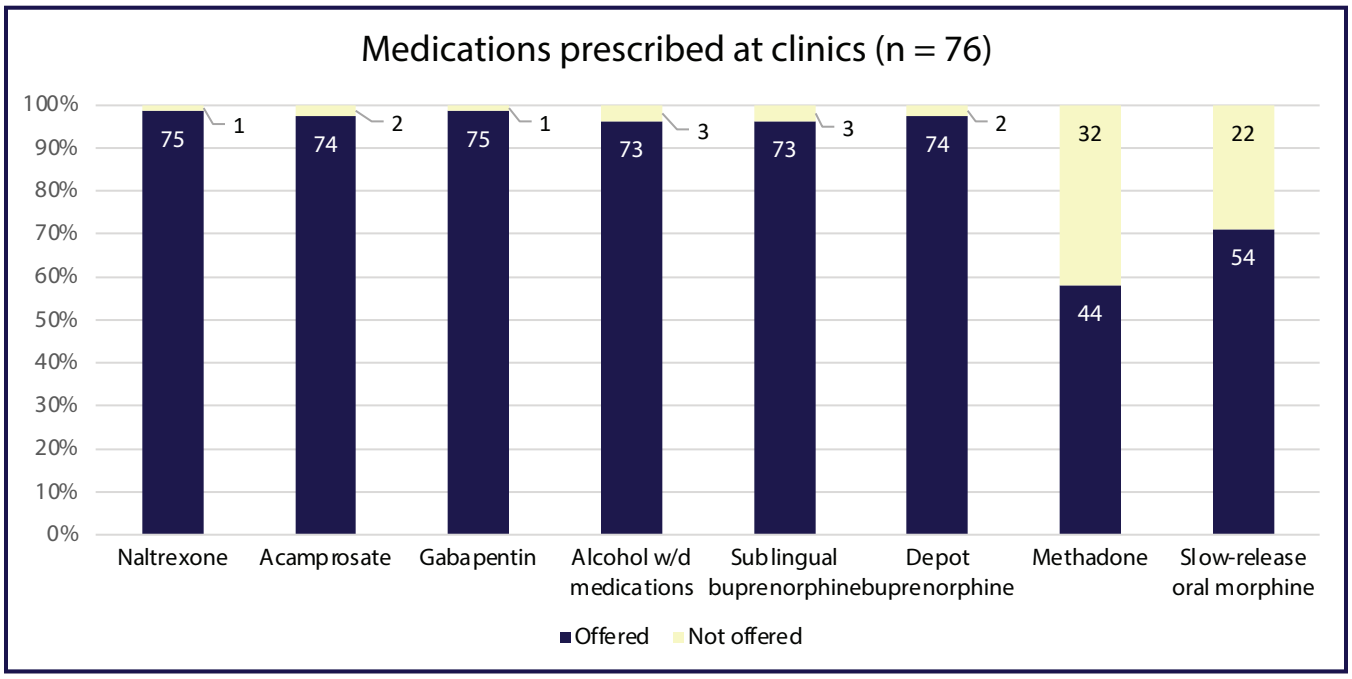


These responses are quite similar to the responses received in 2024; the biggest difference is an increase in the number and proportion of sites offering support for nicotine in 2025 (56/76, 73.7%) compared to 2024 (48/81, 59.3%). A comparison of the 63 sites that responded both in 2024 and 2025 shows that 19 sites report now offering support for substances they did not support in 2024, including nicotine (15), cannabis (6), benzodiazepines (5), opioids (2), and stimulants (1). Twelve sites report not supporting substances for which they reported providing support in 2024.

19 sites report now offering support for substances they did not support in 2024.

MEDICATIONS OFFERED

Prescribing evidence-based medications to support a service user's substance use goals is an important part of RAAM clinic care. RAAM clinic prescribers should provide a full range of medications so that service users can be offered the most appropriate agents based on their needs, preferences, and goals (**Target 4**):

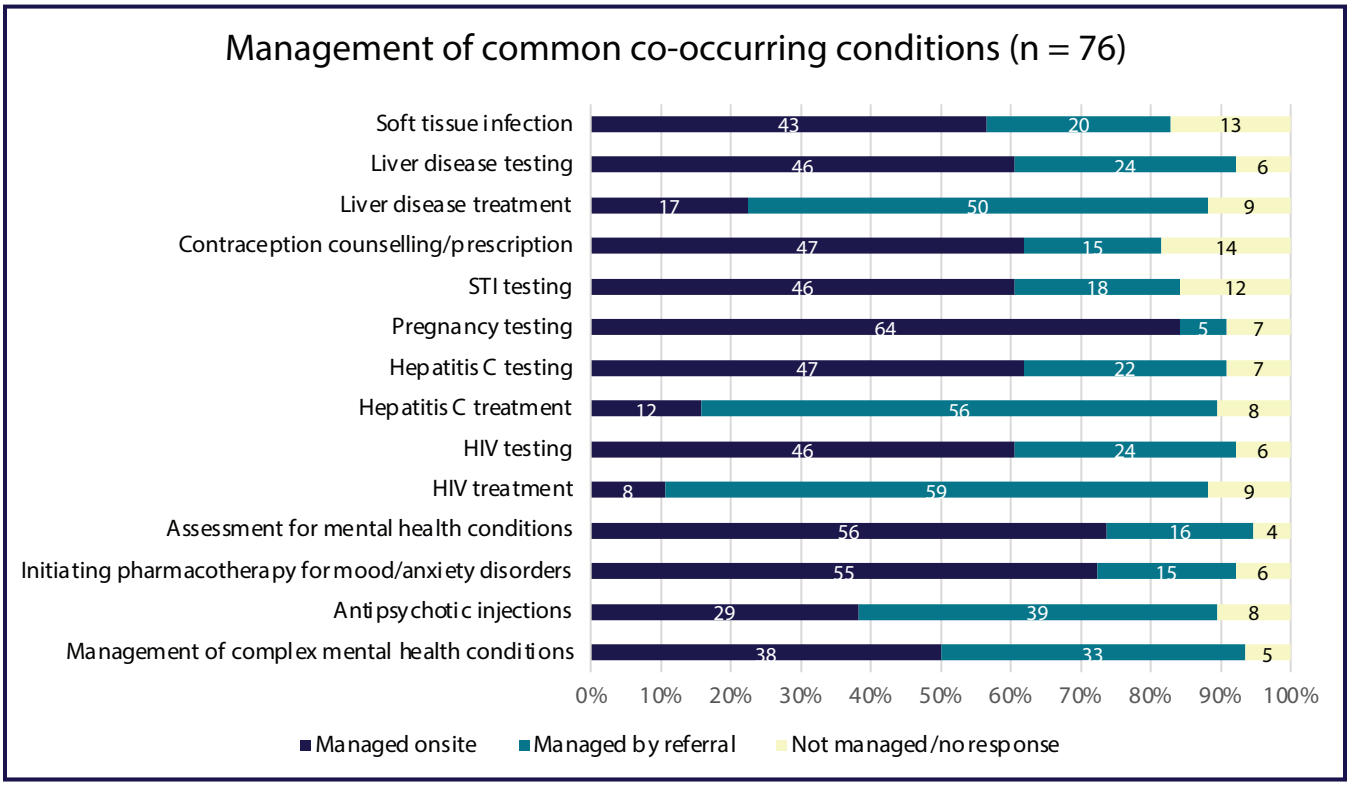


Of the 63 sites that responded both this year and last year, 14 clinics report now offering medications that they did not offer in 2024, including gabapentin (7), slow-release oral morphine (6), acamprosate (4), methadone (3), depot buprenorphine (1), and sublingual buprenorphine (1). Nine clinics report not prescribing medications that they offered in 2025.

14 clinics report now offering medications that they did not offer in 2024.

MANAGEMENT OF CO-OCCURRING CONDITIONS

It is important for people who use substances to have access to testing and treatment for commonly co-occurring conditions, including soft tissue infections, hepatitis C, and mood and anxiety disorders. RAAM clinics are encouraged to ensure that there is a care pathway for service users to have these health needs managed, either onsite at the RAAM clinic or through referral to another service, as lack of treatment for these issues can lead to long-term health consequences (**Targets 5 & 8**). Respondents were asked about their clinics' care pathway for identifying and managing several commonly co-occurring conditions:



Over 80% of responding clinics (62/76, 81.6%) indicated having a care path, either onsite or through referral, for all of the health needs listed above. Ensuring a clear care pathway for managing these common co-occurring conditions is particularly important for people visiting the RAAM clinic who are not attached to a primary care provider, as these individuals may not have other opportunities to address these needs. Although onsite management of these health needs would be ideal, many RAAM clinics do not have the capacity to manage all of them due to a lack of staff or other resources; in these cases, it is crucial to develop clear referral pathways to local partners, such as sexual health clinics and psychiatric services, so that service users can have access to care for their other health needs.

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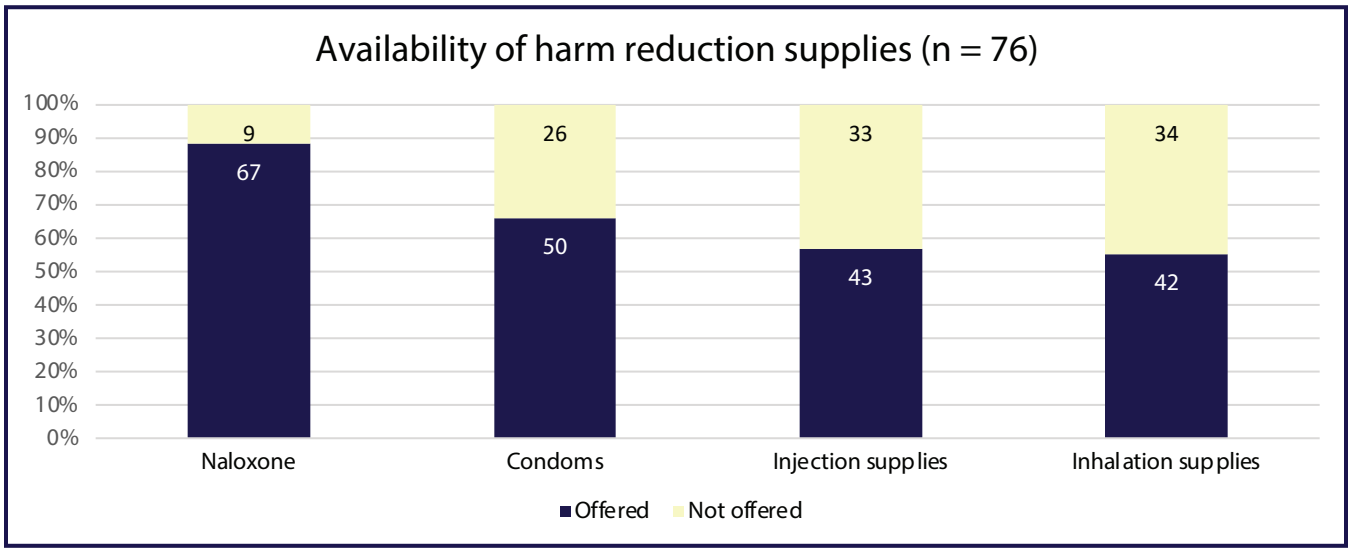
OTHER SERVICES

Respondents were asked about other services provided by the RAAM clinic, including harm reduction supplies, other clinical services, administrative support, waiting room supports and accommodations, and cultural supports.

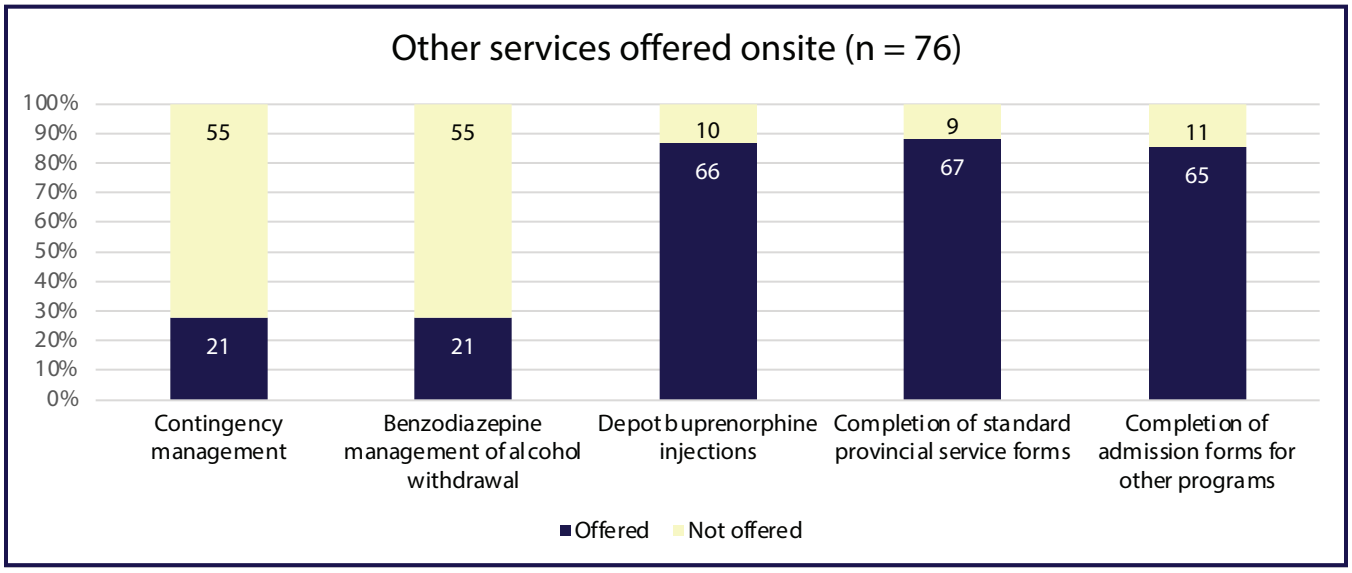
Providing sterile drug use equipment is known to reduce the sharing of this equipment, which in turn reduces the transmission of communicable diseases, and RAAM clinics are well positioned to provide these life-saving supplies to people who need them:



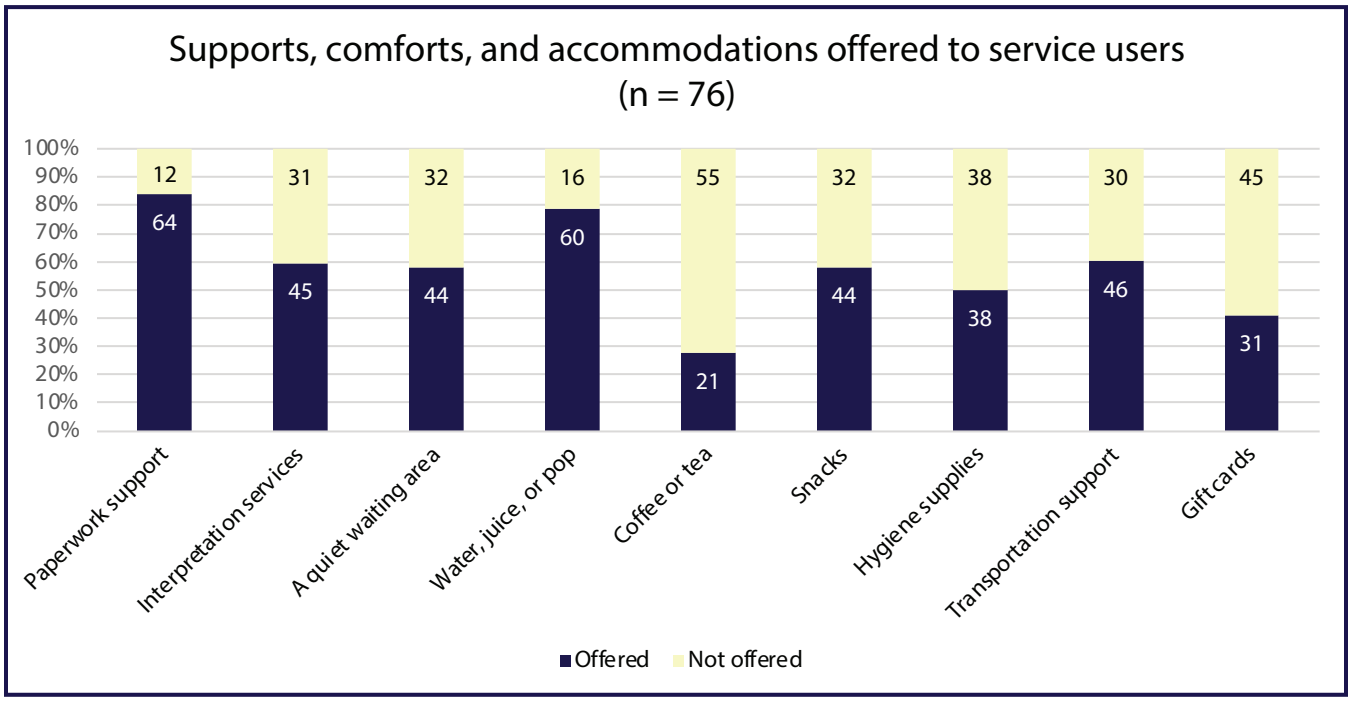
Of the 63 sites that responded both this year and last year, seven now offer additional harm reduction supplies, and ten sites now report offering fewer supplies than they offered in 2024; among these 63 sites, there is an overall decrease in the number of sites offering naloxone, condoms, and injection supplies, and the number of sites offering inhalation supplies remains the same. Harm reduction, including access to supplies that facilitate safer drug use, is a crucial part of the spectrum of care for people who use substances (**Targets 2 & 4**).

Harm reduction, including access to supplies that facilitate safer drug use, is a crucial part of the spectrum of care for people who use substances (**Targets 2 & 4**).

Sites were asked about the availability of contingency management programs, onsite administration of benzodiazepines for management of alcohol withdrawal, onsite depot buprenorphine injections, support for completion of standard provincial forms, and support for completion of admission forms for other programs:



Responding clinics report offering a range of supports, comforts, and accommodations to service users:



Additional supports that sites report providing are clothing (2), fidget spinners (1), stress balls (1), and emergency food bags (1).

Twenty-four sites (31.6%) report providing cultural supports to service users (Target 6). These include partnerships with cultural organizations and programs (13), Indigenous team members that can provide culturally relevant care (6), connections to Elders (4), sage and other Indigenous medicines (3), an Indigenous healing room (1), and chaplaincy services (1).

Service Use

Approximately[4] 19135 unique service users were reported to have been seen at 63 RAAM clinics[5] between 1 April 2024 and 31 March 2025. Information about the primary substance of concern[6] is available for 12067 of these individuals (**Target 11**):

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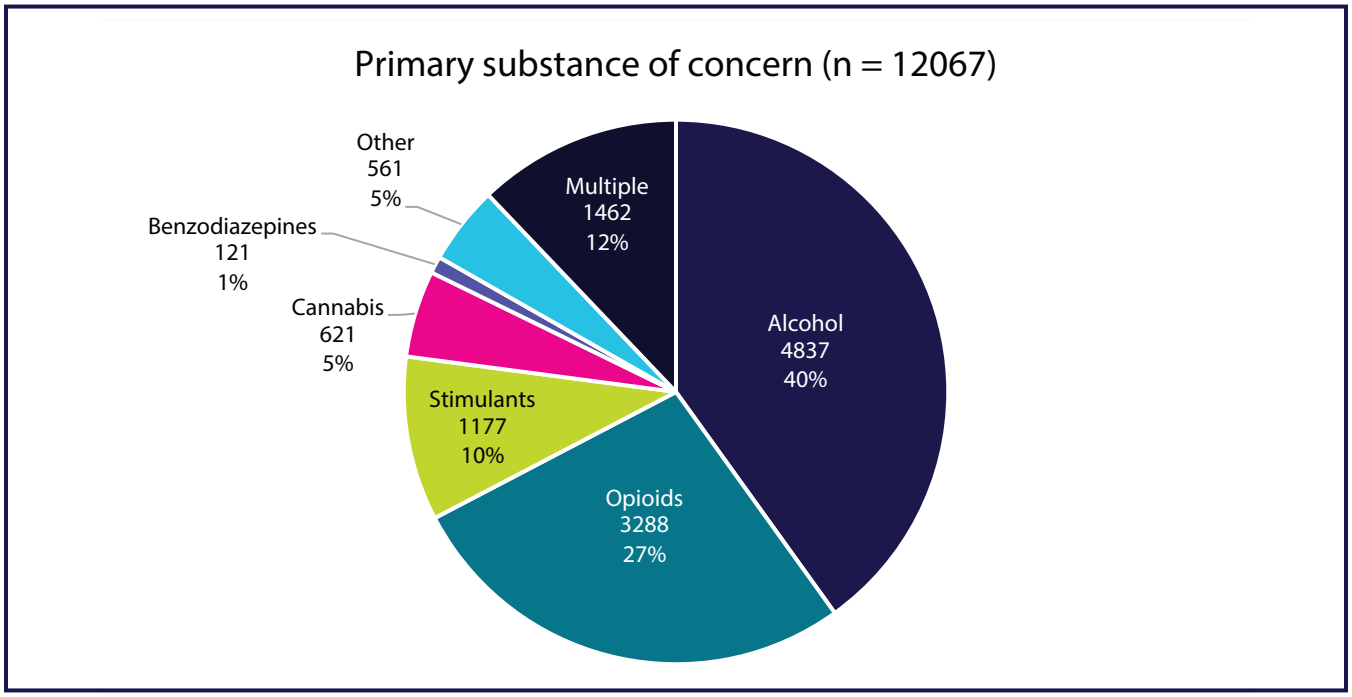


[4] Some sites provided an approximate number rather than an exact number.

[5] Thirteen clinics did not provide any data on number of service users.

[6] This information is difficult for many clinics to obtain. EMRs and other databases collapse substance categories in different ways; for example, some clinics only differentiate between alcohol and opioids, with all other substances in a single "other" category. As well, not all databases distinguish between substance *use* and substance of *concern*; for example, someone seeking support for alcohol who also uses cannabis may have been classified as having multiple substances of concern.

The most common primary substance of concern was alcohol, followed by opioids, stimulants, cannabis, and benzodiazepines.

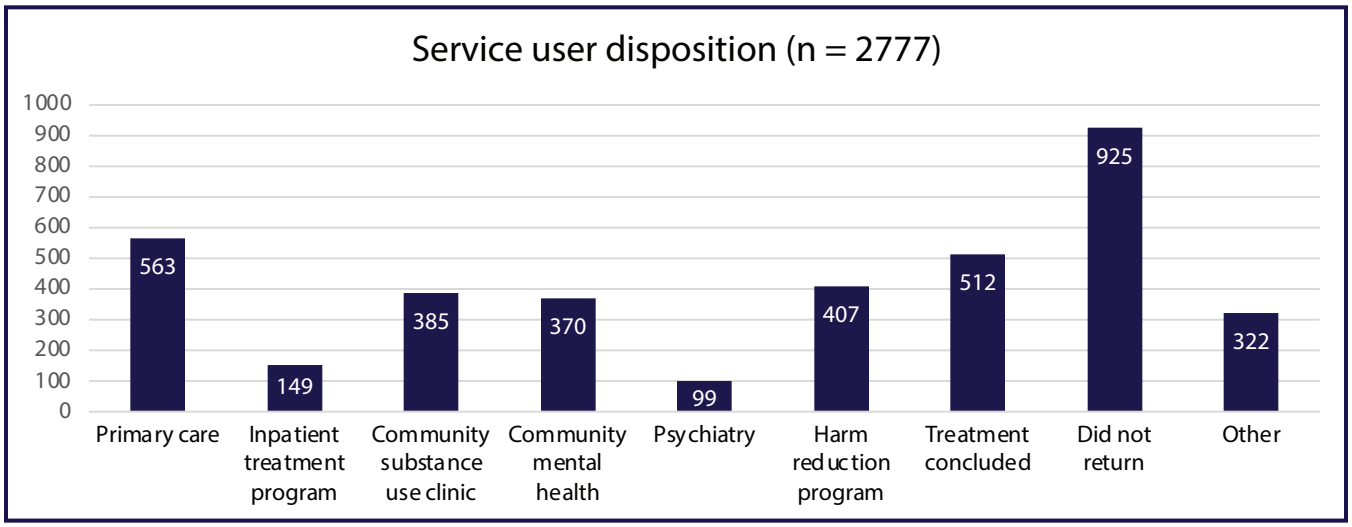
Of the 19135 unique individuals reported to have been seen between 1 April 2024 and 31 March 2025, information about referral sources was available for 10275 (**Target 11**):

The most common primary substance of concern was alcohol.

Referral sources (n = 10275)	
Self-referred	3158 (30.7%)
Emergency department	1694 (16.5%)
Hospital unit	1685 (16.4%)
Primary care provider	1063 (10.3%)
Withdrawal management service	698 (6.8%)
Shelter	396 (3.9%)
Corrections	363 (3.5%)
Community, social, or cultural service	351 (3.4%)
Inpatient treatment program	322 (3.1%)
Community substance use clinic	230 (2.2%)
Other	170 (1.7%)
Day/evening treatment program	145 (1.4%)
TOTAL	**10275**

As in 2024, the largest percentage of RAAM clinic service users were self-referred. Clear communication and strong relationships between the RAAM clinics and these settings will help create care pathways for service users.

Most clinics did not provide data on discharged service users (i.e., individuals no longer receiving service at the clinic); the 35 responding clinics reported that approximately 4472 service users were discharged between 1 April 2024 and 31 March 2025, with information about specific disposition available for 2777 (**Target 11**).[7] Note that some individuals may have been discharged to more than one setting (e.g., both primary care and inpatient treatment):



The most common reported disposition of these 2777 service users was not returning to the clinic when expected. Of the 1852 service users with known dispositions, the largest group was discharged to primary care, followed by the conclusion of treatment. Some service users were discharged to substance use–specific settings, such as harm reduction programs, community substance use clinics, or inpatient treatment programs, or general mental health settings, such as community mental health programs or psychiatry.

As fewer than half the clinics reported on service user disposition and a disposition setting was only given for 62.1% of individuals reported to be discharged, it is difficult to determine a typical pattern of flow between RAAM clinics and other services. This presents an opportunity to improve data collection in RAAM clinics so that patterns of clinic use can be better understood.

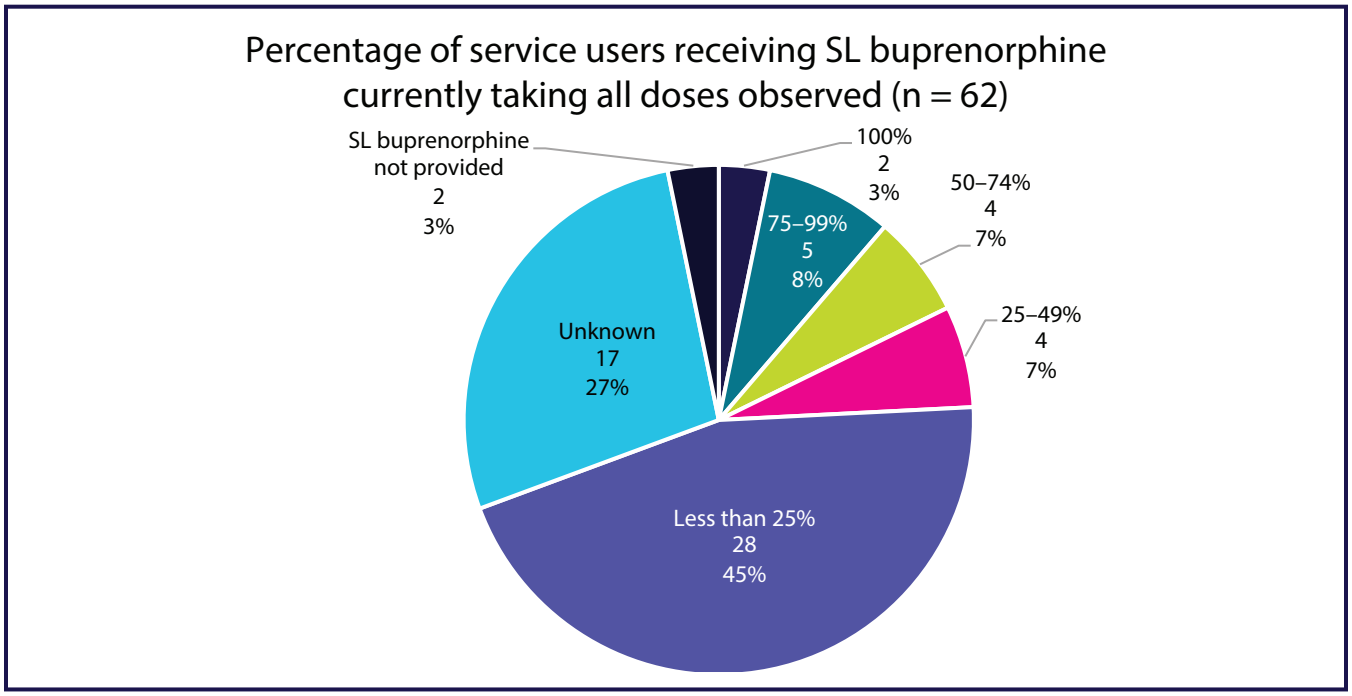
Three clinics report having a maximum number of service users; of these, two report currently being at that maximum.

[7] Eight clinics that did not provide an exact number of discharged service users gave the proportions of service users that have been discharged to these settings. For these sites, an average of 28% of discharged service users were discharged to primary care, 5% to inpatient treatment, 6% to another substance use clinic, 8% to community mental health, 5% to psychiatry, 1% to a harm reduction program, 15% concluded their treatment, 24% did not return to the clinic, and 14% were discharged elsewhere.

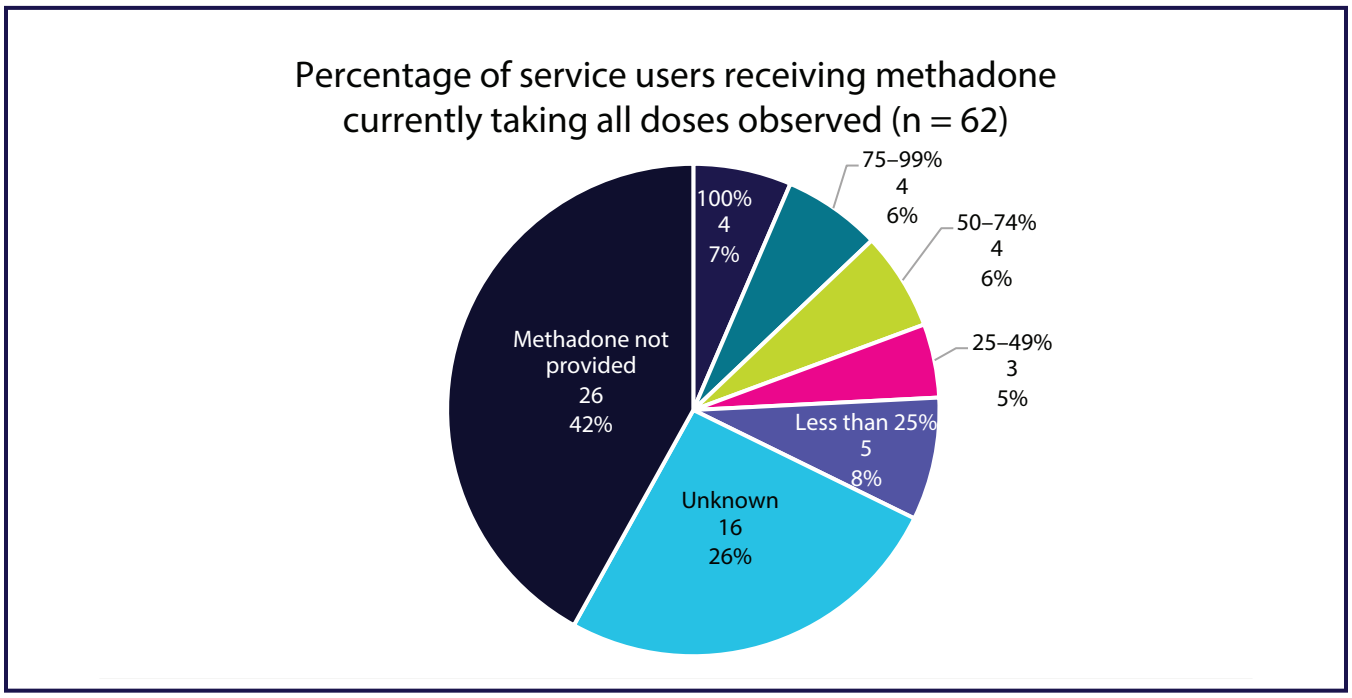
Care Management

The ways that service user care is managed can greatly impact a person's experience of treatment. We asked respondents about the proportion of service users currently receiving OAT under daily observation and about how the clinic manages service users who do not show up for an expected follow-up visit.

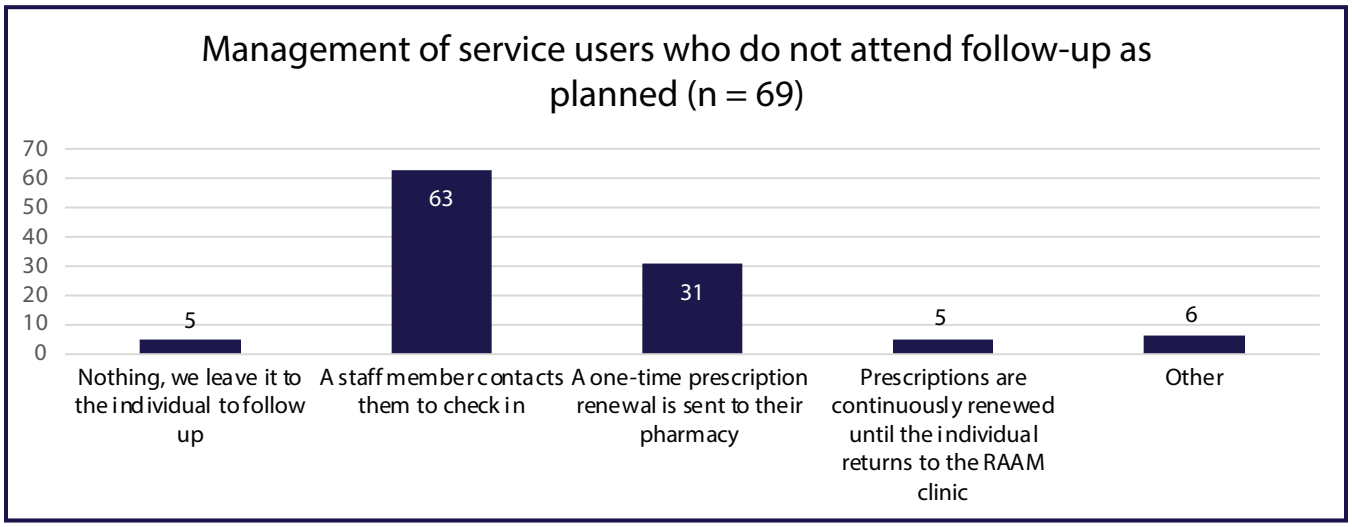
The requirement for daily observed dosing of OAT medications has been found to be a significant barrier to care. It is generally expected that people starting methadone or slow-release oral morphine will have a period of daily observed dosing, usually at least four to eight weeks; some prescribers continue daily observed dosing indefinitely. Sites were asked about the proportion of service users receiving SL buprenorphine or methadone currently taking all doses under observation:



The responses for methadone were quite different, partly because the largest percentage of responding clinics (26/62, 41.9%) indicated that the RAAM clinic did not provide methadone:



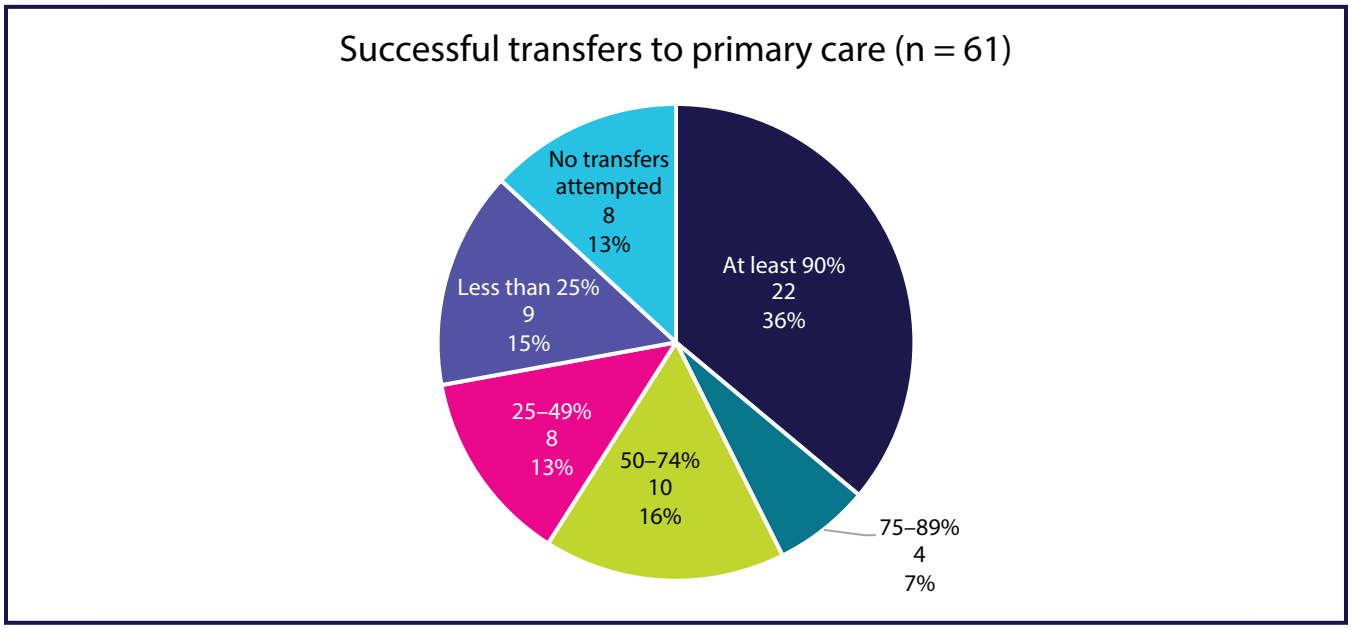
Respondents were asked about their management of service users who do not attend the RAAM clinic for follow-up as planned, as missed visits can have implications for continuity of care and ongoing access to medication (**Target 9**):



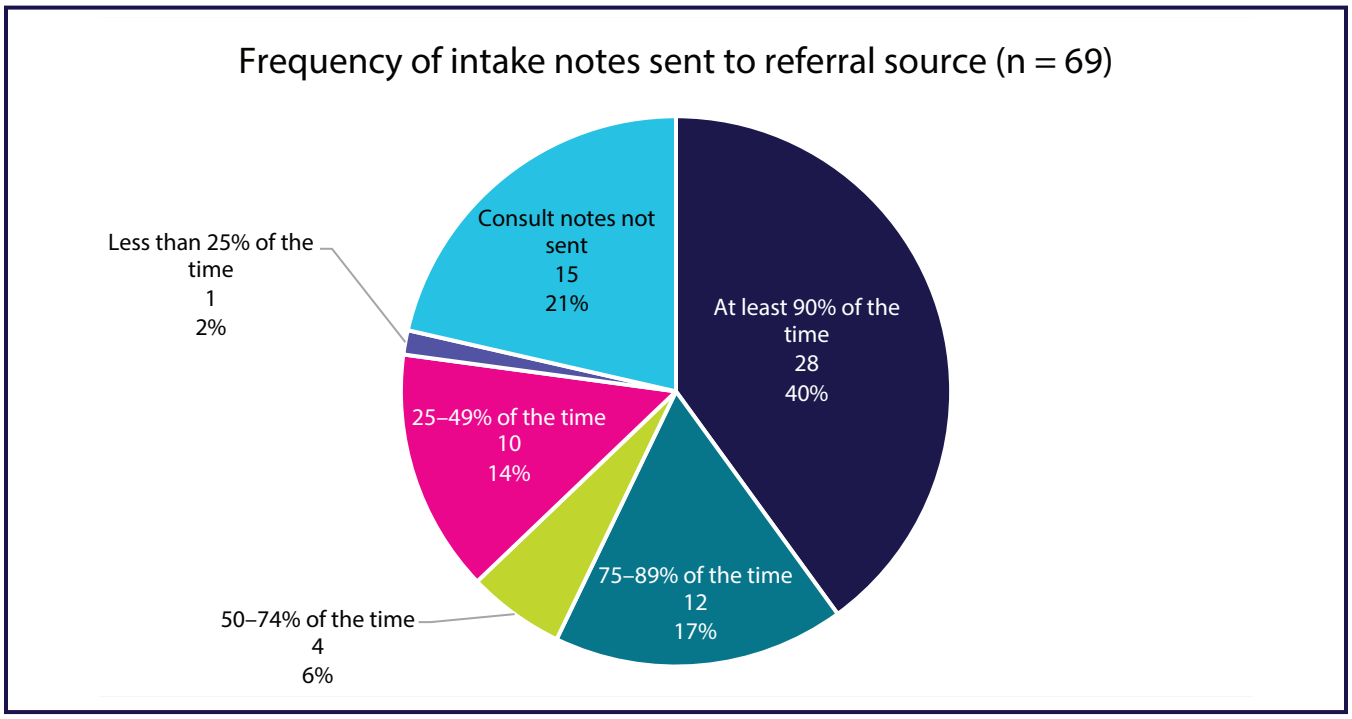
Some respondents commented that the approach to service users who miss appointments was typically individualized and that prescription renewals depend on what the medication is and how long it has been since the service user was seen (e.g., "Prescriptions are renewed for a period of time, but continued rx renewal may be used as incentive for client to re-engage"). The other strategies respondents mentioned included sending automated text messages, encouraging service users to drop in whenever they can, and engaging in local outreach.

Service Integration

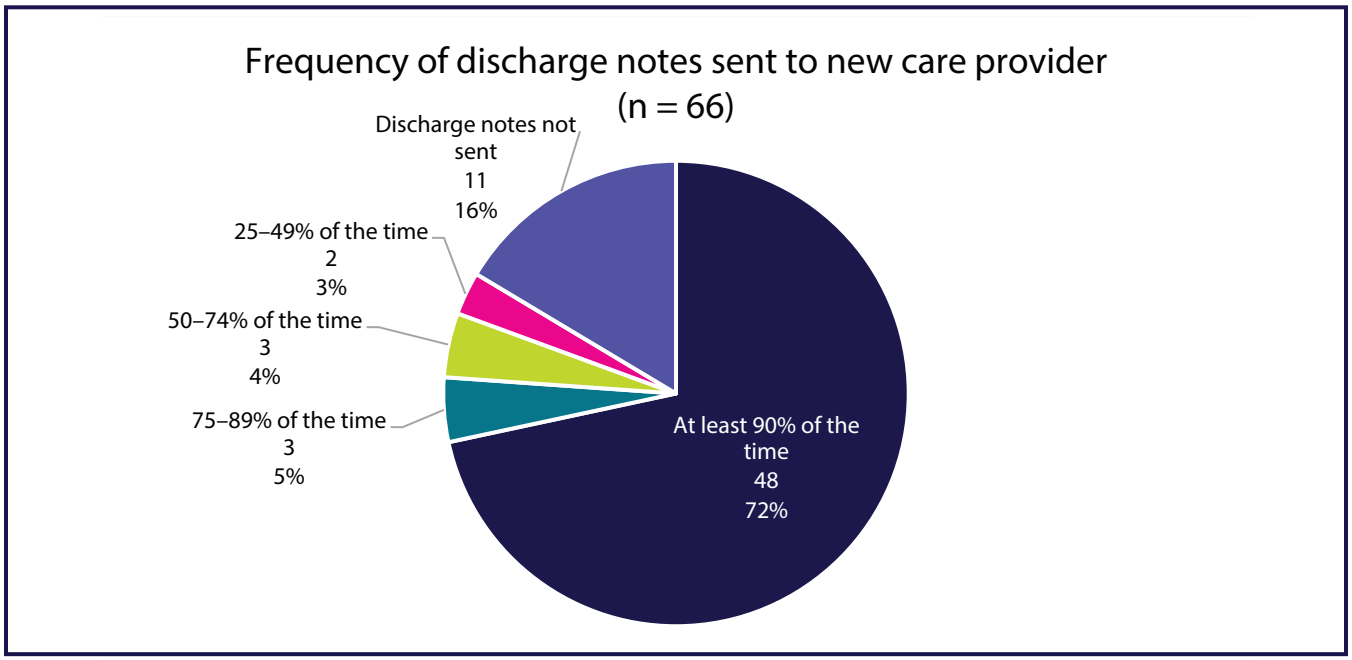
Service integration facilitates appropriate connections between the RAAM clinic and other health, community, social, and cultural services, allowing service users to move between them as appropriate (**Target 10**). One of the most important connections that RAAM clinics can form is with primary care so that stable service users can be transferred there when appropriate for long-term management. Respondents were asked what percentage of attempted transfers of service users from the RAAM clinic to primary care were successfully completed:



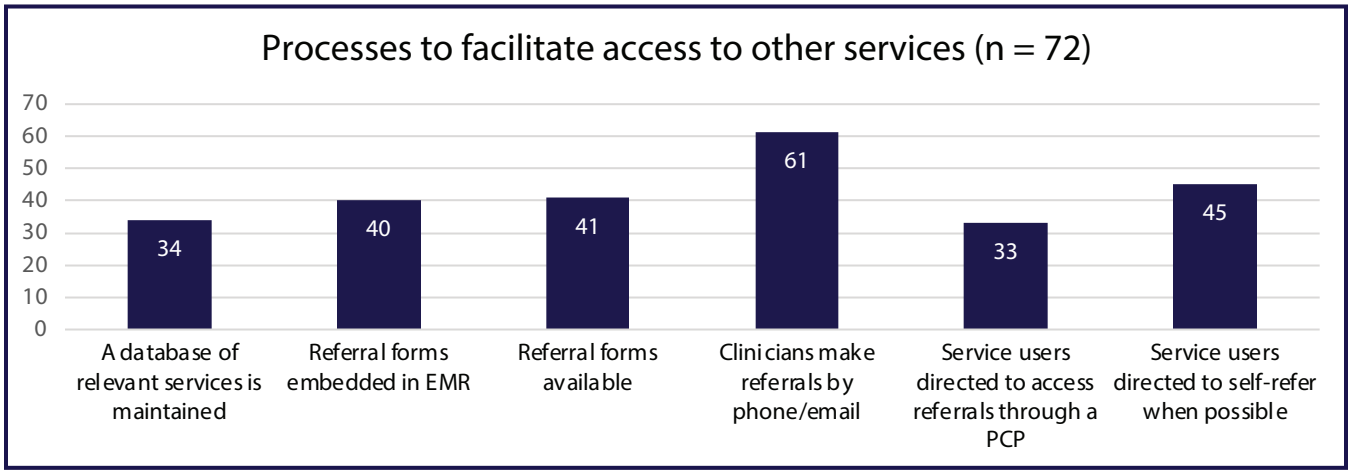
Sending an intake or consultation note from the RAAM clinic to the referral source can open a communication channel to exchange information about shared clients:

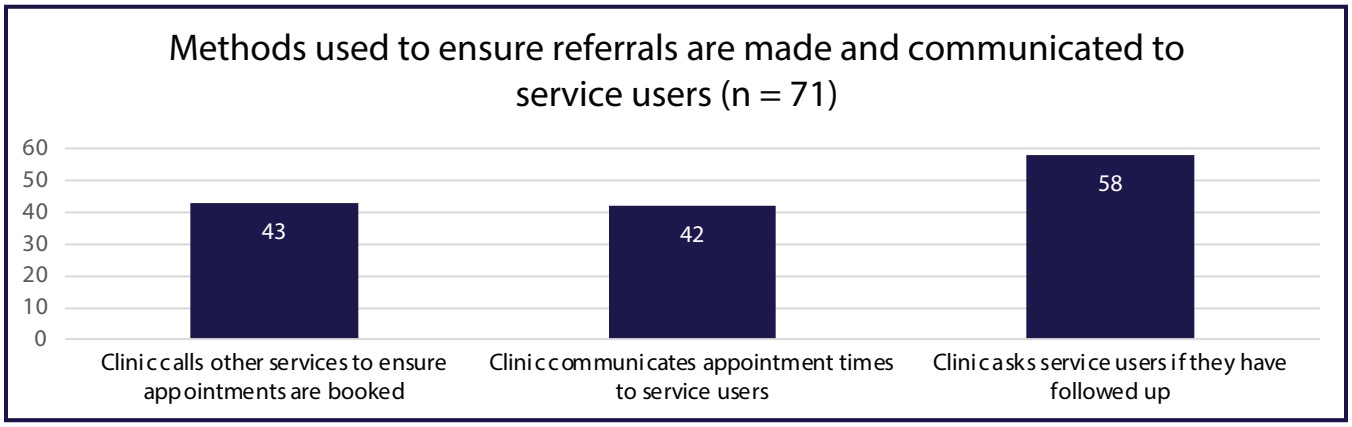


Discharge notes appear to be sent more regularly than intake/consult notes are:



RAAM clinics employ a number of processes to facilitate access to other services and ensure referrals are made and communicated to service users:



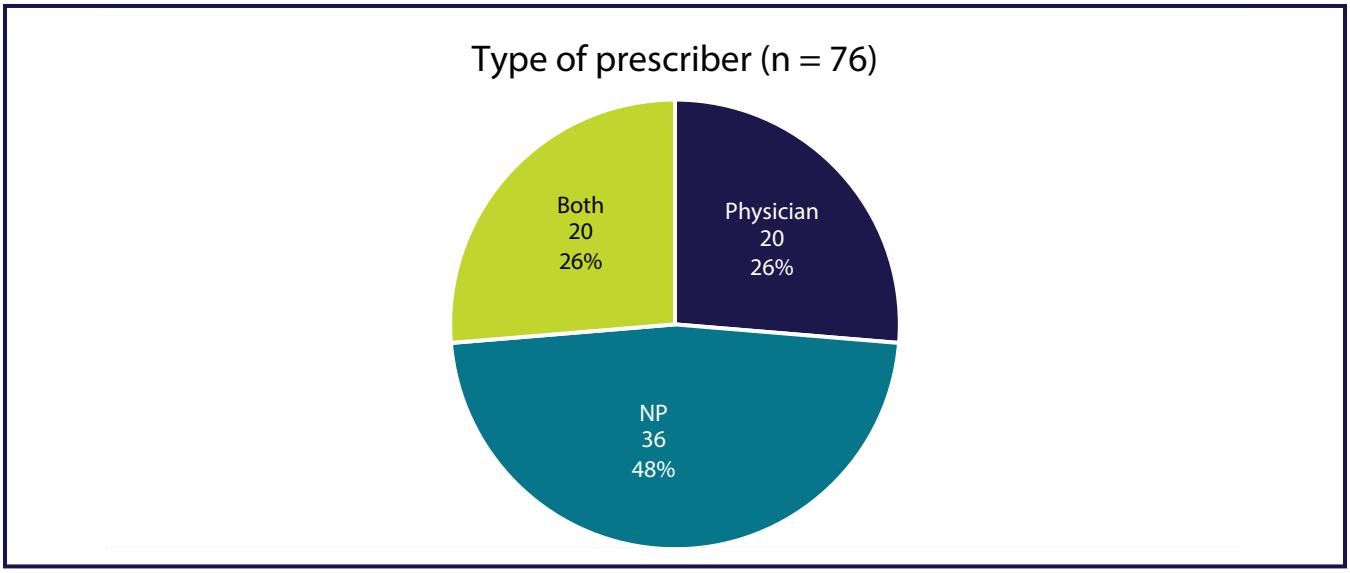


It is important for RAAM clinics to develop clear, convenient processes for collaborating with other services so that the system as a whole becomes more integrated and easier for people to navigate.

Staffing

Sufficient staffing is essential to the functioning of a RAAM clinic; while the ideal staffing complement for a particular RAAM clinic depends on the size and the needs of the population it serves, it is important that all clinics have the staff they need in order to have drop-in hours and fill the four core functions of RAAM clinic service (psychosocial support, harm reduction supplies and education, access to a prescriber, and peer support).

Over a quarter of RAAM clinics have both physician and nurse practitioner prescribers. Thirty-six clinics have only nurse practitioners, and 20 have only physicians:

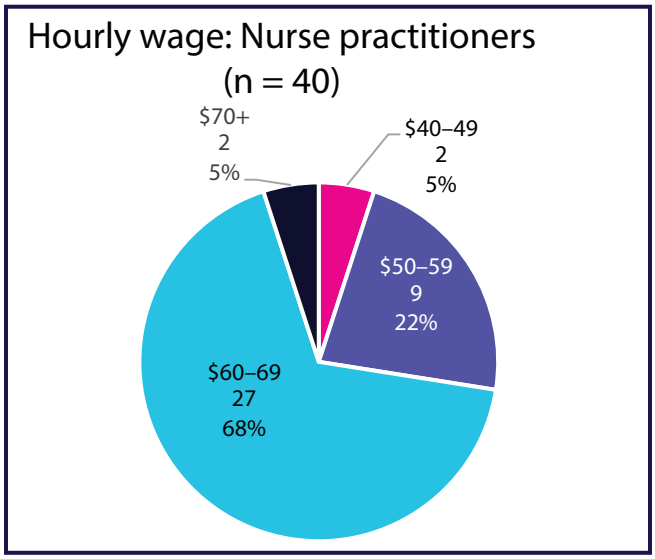


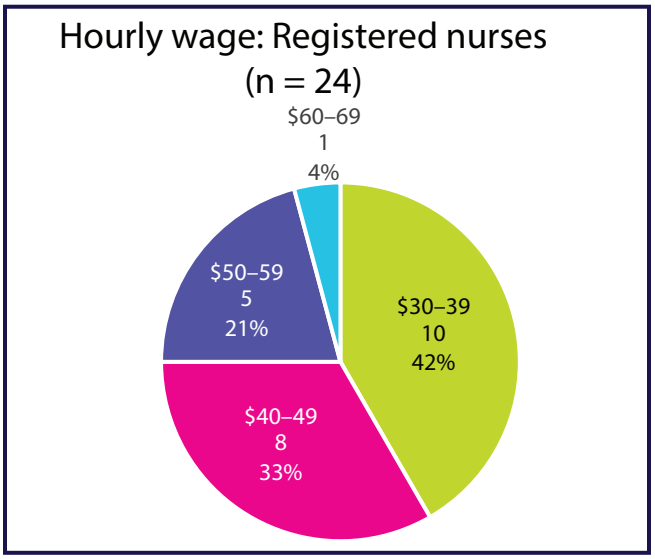
Respondents were asked how many team members were on the RAAM clinic staff. There is a great deal of variation in RAAM clinic team compositions across the province. The most commonly lacking team members are registered nurses, registered practical nurses, and peer support workers:

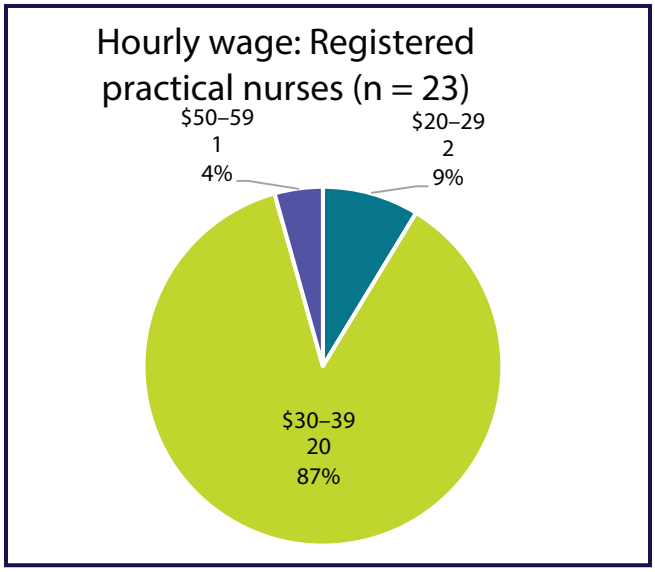
The most commonly lacking team members are registered nurses, registered practical nurses, and peer support workers.

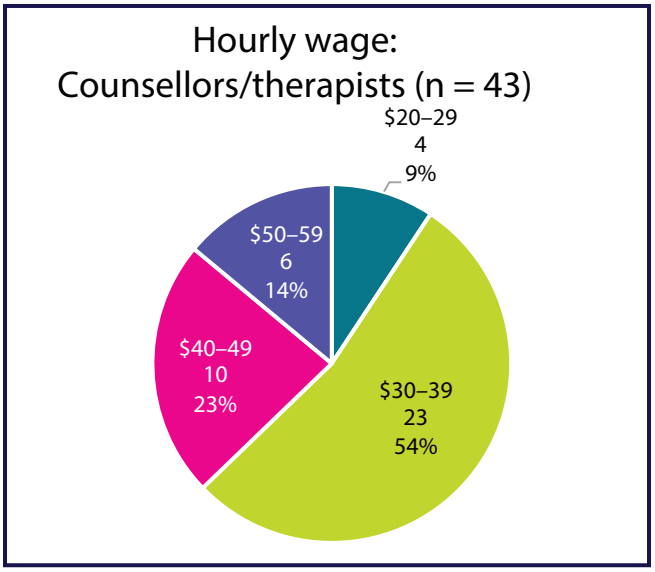
Team members (n = 76)						
	0	**1**	**2**	**3**	**4**	**5+**
Nurse practitioner	20	45	7	3		1
Physician	36	25	5	3	1	6
Registered nurse	48	20	3	2	1	2
Registered practical nurse	46	26	4			
Counsellor/therapist	22	42	7	3	1	1
Case manager/addictions worker	35	35	4	2		
Peer support worker	43	32				1
Receptionist	32	37	5	1		1
Manager	18	48	5	5		

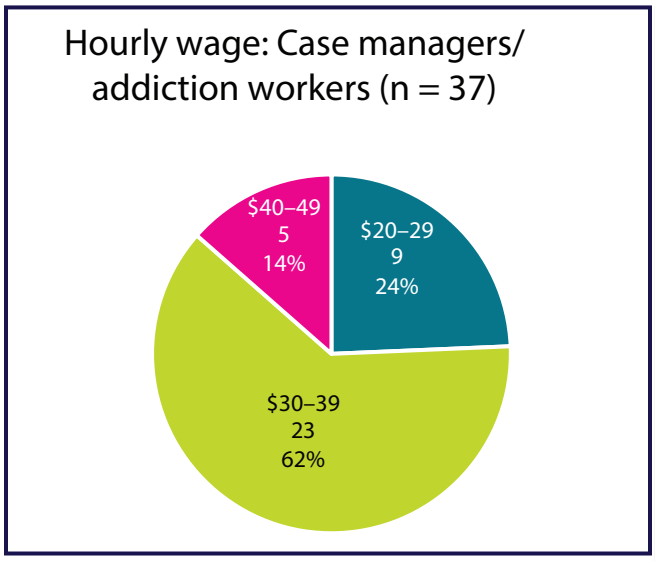
Respondents were asked to provide the hourly wage range for the types of team members on their clinic staff. These ranges for various types of service providers varied among the clinics, in some cases quite drastically:

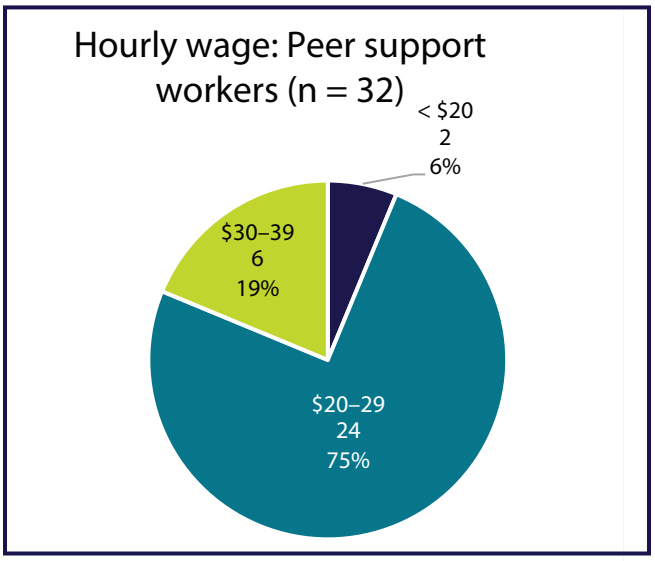


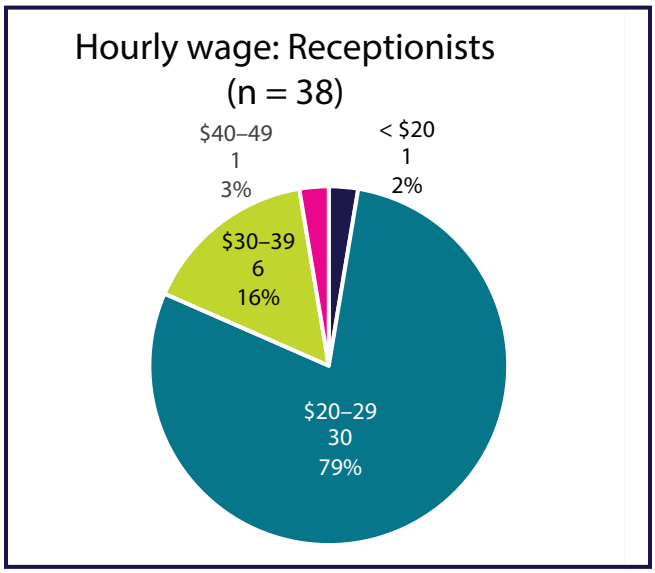


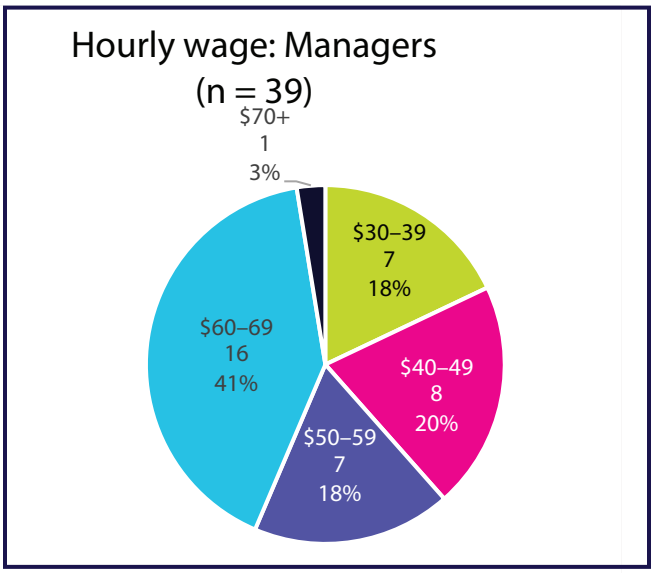





Hourly wage: Case managers/ addiction workers (n = 37)
$40–49
5
14%
$20–29
9
24%
$30–39
23
62%


Hourly wage: Peer support workers (n = 32)
< $20
2
6%
$30–39
6
19%
$20–29
24
75%


Hourly wage: Receptionists (n = 38)
$40–49
1
3%
< $20
1
2%
$30–39
6
16%
$20–29
30
79%


Hourly wage: Managers (n = 39)
$70+
1
3%
$30–39
7
18%
$60–69
16
41%
$40–49
8
20%
$50–59
7
18%

Respondents were asked how many additional team members they would ideally like to add to their staff. The most commonly desired additional team members are peer support workers, nurse practitioners, and counsellors/therapists:

The most commonly desired additional team members are peer support workers, nurse practitioners, and counsellors/therapists.

Desired additional team members (n = 76*)						
	0	**1**	**2**	**3**	**4**	**5**
Nurse practitioner	33	28	12	1	2	
Physician	58	14	3	1		
Registered nurse	47	18	9			2
Registered practical nurse	56	17	3			
Counsellor/therapist	36	30	6	1	2	1
Case manager/addictions worker	37	26	12			1
Peer support worker	29	34	9	3	1	
Receptionist	45	26	2	3		
Manager	68	8				

*Eleven clinics did not enter in any additional desired team members; it is not clear whether these were non-responses or an indication that no additional team members are needed.

Respondents were invited to comment on their staffing needs. The comments reveal a number of staffing challenges faced by the clinics, including insufficient funding for staffing needs, insufficient staff time for the demands of the RAAM clinic, and difficulty recruiting and retaining staff:

- "We have a trauma therapist on the team and this resource adds huge value to the MDT. Natural turnover of staff adds pressures to the team when filling vacancies, would be good to have additional staff to accommodate these gaps and increase overall capacity. We have 1 peer support worker covering all [five] sites."
- "Please note that we are only funded for an NP and an RN for RAAM (20 hrs/week). We are located in one of Ontario's hardest hit areas for the opioid crisis and the volume has increased substantially. In an effort to be trauma informed and meet the community's needs, we are using other primary care funds to supplement the RAAM service to exist within primary care every day during the business week, 7hrs/day. At times, we also use fee for service providers - which is difficult to balance."
- "We staff our RAAM program with staff already employed by the [host organization]."

- "Only our RPN is a funded position (and not fully funded); all other positions, the NPs, the administrative assistant, the counselor, and the administrative lead all provide time "in kind" and are funded through a variety of other funding sources. In most cases we have only one person filling a role, there is no flexibility to be able to offer services when that person is unable to fill their role on a particular day. We are unable to allocate any more "in kind" time to fulfill additional roles and provide services that fully align with META:PHI best practices."
- "Staffing remains a challenge. Even with additional funding it is difficult to recruit and retain positions in the northeast, in particular nursing staff and nurse practitioners. The current OHIP billing model– only approach also does not sufficiently compensate physicians for working in a RAAM clinic with a focus on quality over quantity and a high no-show rate."
- "It would be helpful to have a GP or NP to create opportunities to address more medical needs of the client. Allow further opportunities for testing and medical care given many that attend do not have a family physician to assess/review current state of medications prescribed or medical needs."
- "It is tough to find providers in the north."
- "Would like to have more providers on staff to offer more days of services with prescribers."
- "Many of the staff are in-kind contributions from each partner organization… [one partner organization] receives funding for 0.7 FTE for our Addictions Program Care Coordinator and [another partner organization] receives 0.5 FTE (I think) for peer support. [Another partner organization] provides counselling support completely in-kind. Physician services are in-kind, which is why we have limited availability (three physicians from [the family health team] share the responsibility and offer a total of one appointment per clinic). All administrative/"lead" support is also provided in-kind by all three organizations. So, technically, the RAAM has an equivalent of 1.5 FTE funding, which is not sufficient or sustainable."

"Only our RPN is a funded position (and not fully funded); all other positions, the NPs, the administrative assistant, the counselor, and the administrative lead all provide time "in kind" and are funded through a variety of other funding sources. We are unable to allocate any more "in kind" time to fulfill additional roles and provide services that fully align with META:PHI best practices."

"We do not have nursing coverage to help with gaps or higher volumes of walk-ins."

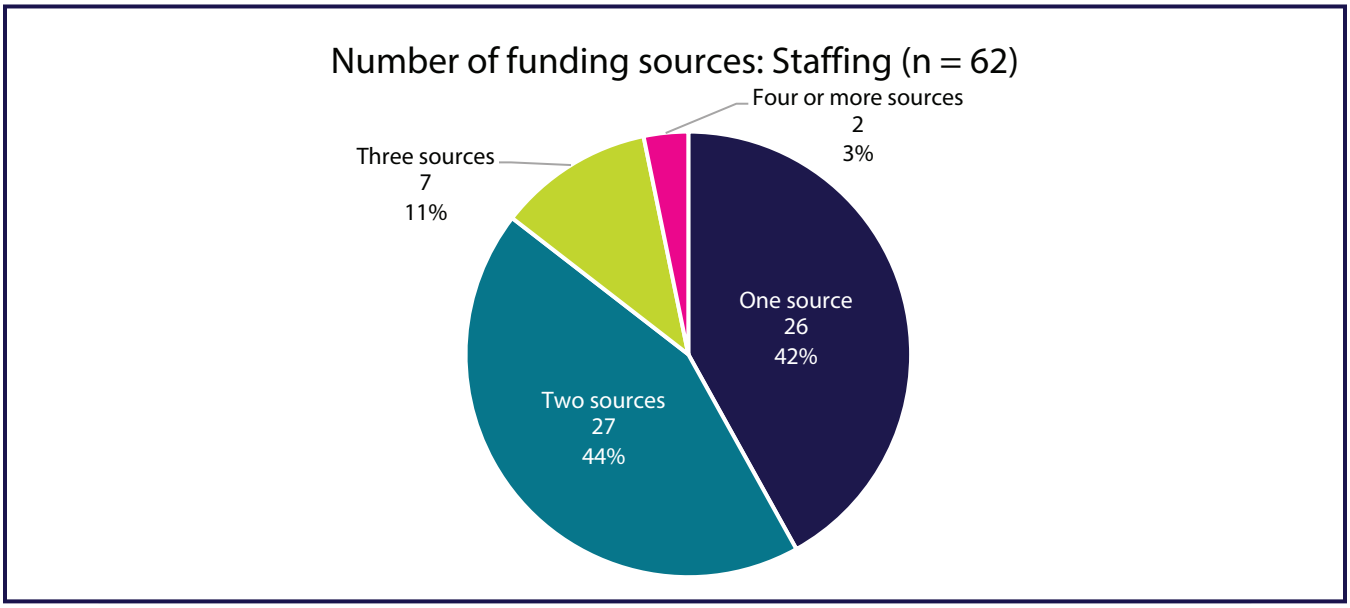
- "Due to the loss of OATC clinics our clinic has now begun absorbing those clients. On average 15 people are seen daily. We do not have nursing coverage to help with gaps or higher volumes of walk-ins."
- "We will be gaining a 1.0 FTE outreach worker this year and are still actively recruiting for an RN."
- "[We specifically need a psychiatrist.] We have many clients with complex mental health needs and our pathway to psychiatry services still results in a long wait and barriers for clients."
- "We are working with partners to determine needs to support harm reduction activities."
- "We are limited by availability and consistency of funding as well as physical space."
- "We need a counselor and a case manager to help manage our current caseload more effectively."
- "It's very hard to find NPs interested in this work."
- "Very difficult to find NPs."
- "We have an NP doing primary care at a clinic attached to our pharmacy 8 hours per week."
- "We have been unable to hire an NP for three years related to wage parity with hospital."
- "Challenges hiring in-person prescribers."
- "We need lab technicians - minimum of two."
- "We have seen the complexity of patients increase over the last three years. This combined with a saturation of other hospital and community MH&A services has led to a requirement for more clinical care (e.g., antipsychotic IM, wound care). Our community would benefit greatly from an infusion of funding for our RAAM to meet these needs."
- "Many of our staff have multiple roles within the organization. So the only dedicated role (full-time role) is one nurse practitioner. So expanding to have dedicated staff to be able to meet the demands of the clinic would be next steps."

"We have been unable to hire an NP for three years related to wage parity with hospital."

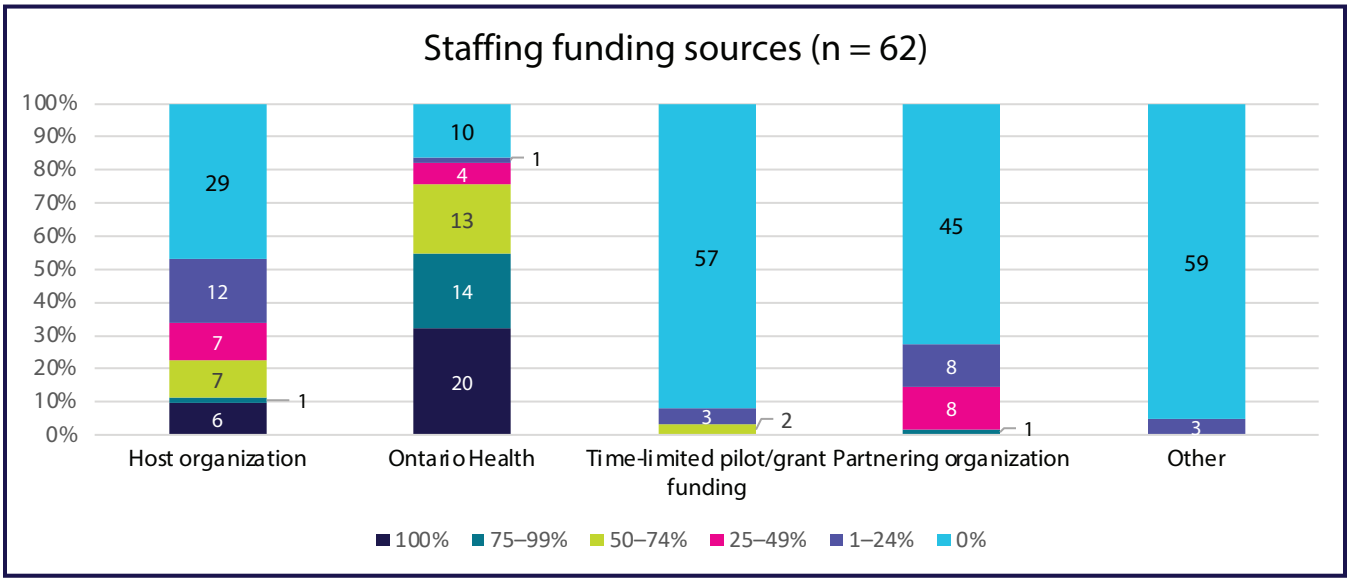
These comments underscore the fact that a RAAM clinic's ability to meet the needs of service users is dependent on staff having the time and support to meet those needs. Many of the staffing challenges highlighted here have an impact on the number of weekly hours and range of services that the clinics are able to offer.

Clinic Funding

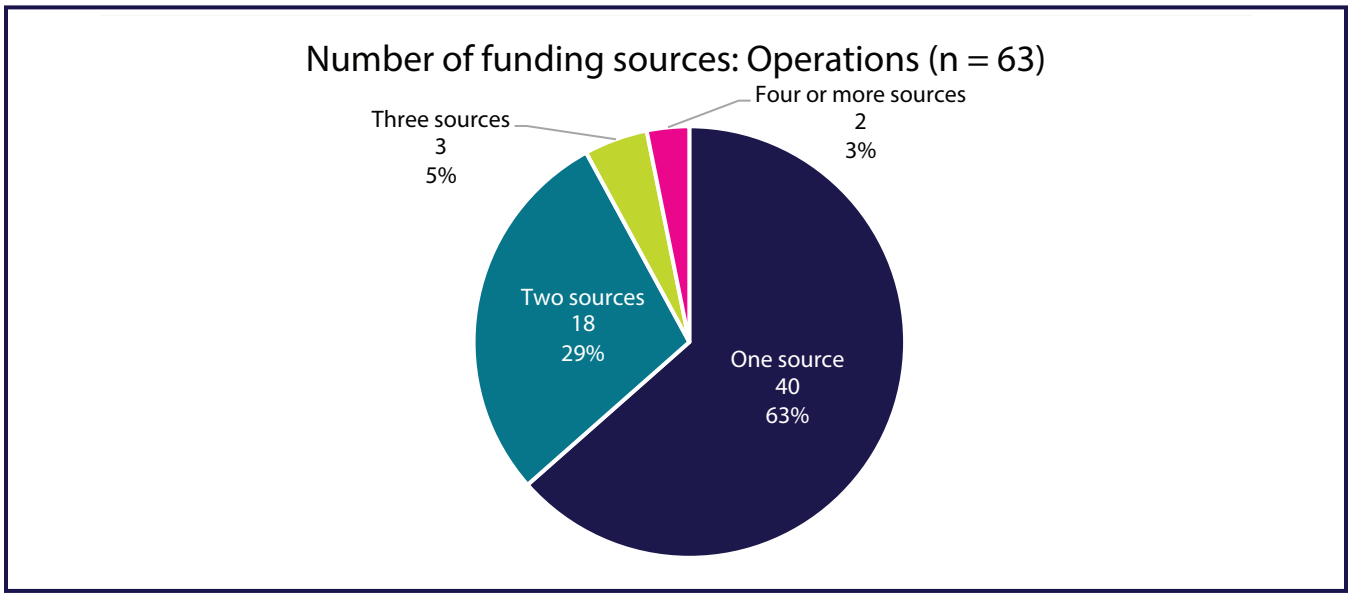
There appears to be little consistency across the province with respect to how RAAM clinics are funded. Questions about funding were broken out into funding for staffing (excluding physician OHIP billing) and funding for operational costs. Of the 62 sites that responded, most report having multiple sources of staffing funding:



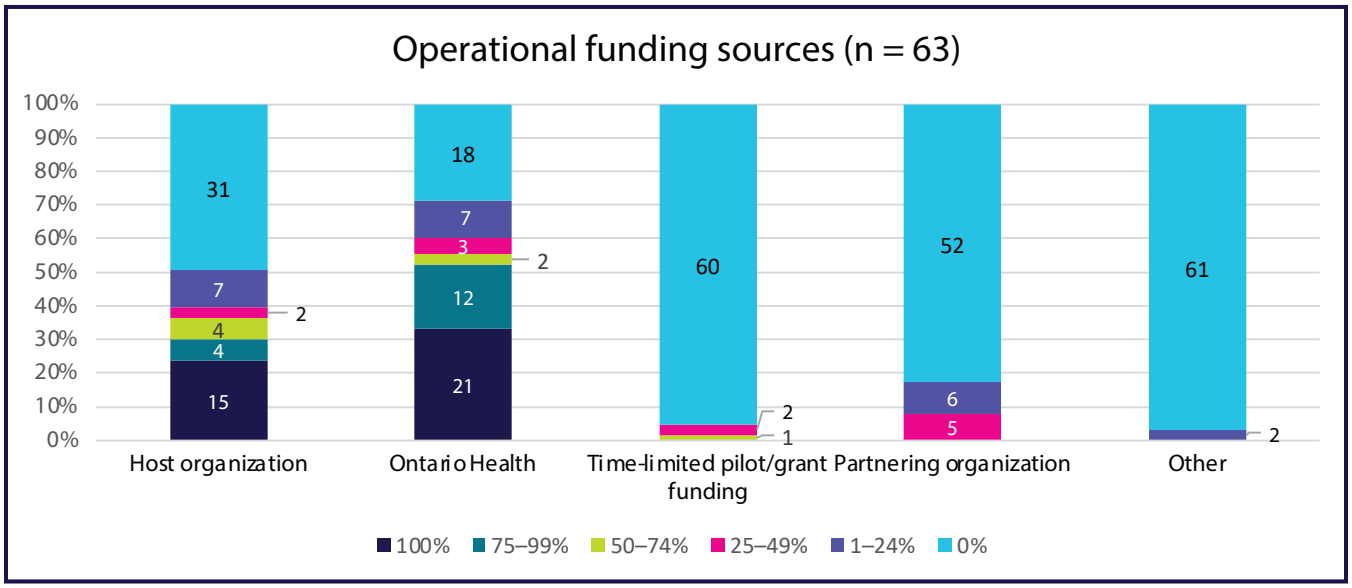
The largest sources of staffing funding are Ontario Health and clinics' host organizations; smaller numbers of sites report receiving some staffing funding from a partnering organization, time-limited pilot or grant funding, or other sources:



Of the 63 sites that responded, most report having a single funding source for operational costs:



As with staffing funding, most operational funding comes from Ontario Health and the clinics' host organizations; a smaller number of sites receive some operational funds from partnering organizations, time-limited pilots or grants, or other sources:



Ten sites report receiving no RAAM clinic funding from Ontario Health.

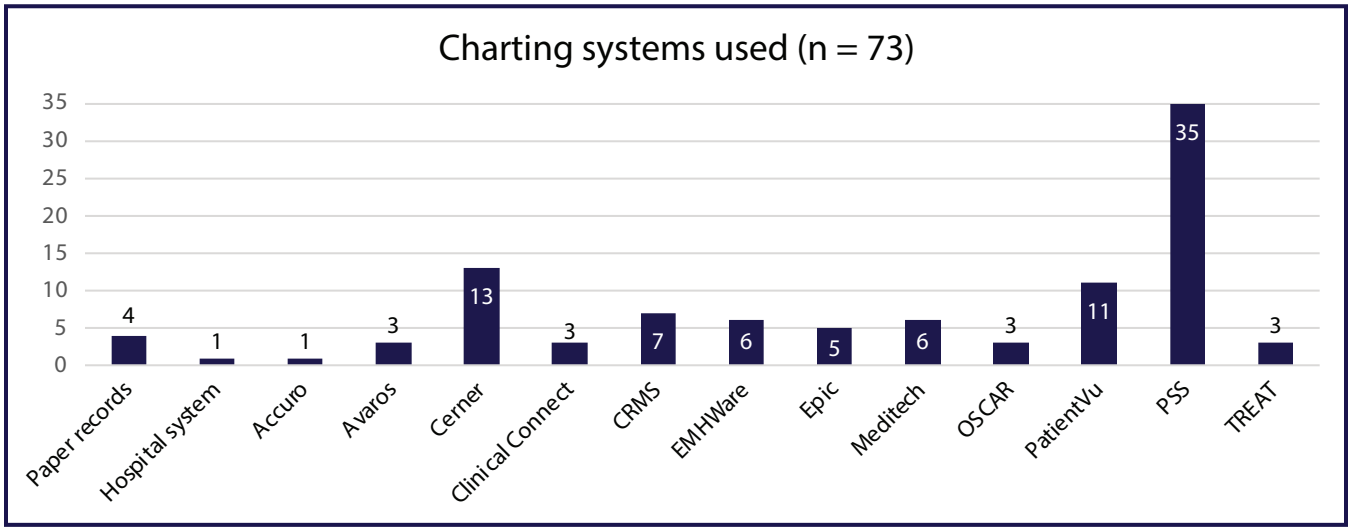
Clinic Operations

Respondents provided information about their pharmacy relationships, charting systems used, and involvement of service users in quality improvement and service planning.

Clinics were asked whether they have a relationship with a particular pharmacy that prescribes OAT. Of the 74 responding clinics, 49 (66.2%) indicated that they did have such a relationship. Eight clinics (10.8%) require service users to visit a particular pharmacy, and the rest allow service users to choose their own pharmacy:

Relationship with OAT pharmacy (n = 74)	
Clinic has no relationship with OAT pharmacy	25/74 (33.8%)
Clinic has relationship with OAT pharmacy, service users not required to go there	22/74 (29.7%)
Clinic co-located with OAT pharmacy, service users not required to go there	14/74 (18.9%)
Clinic has relationship with OAT pharmacy, service users required to go there	7/74 (9.5%)
Clinic in OAT pharmacy, service users not required to go there	5/74 (6.8%)
Clinic in OAT pharmacy, service users required to go there	1/74 (1.4%)

While most clinics (57/73, 78.1%) report using a single charting system, 14 clinics (19.2%) use two different systems, and two clinics (2.6%) use three systems. The most commonly used charting system is PS Suites, followed by Cerner and PatientVu. Smaller numbers of clinics reporting using eleven other charting systems, including paper records:



Respondents were asked to provide comments about the charting systems they use:

- "We would love to coordinate with others re: how to optimally collect RAAM within our EMR to support data collection and quality improvement."
- "I am looking for ways to improve our ability to capture statistics and relevant data."
- "PSS is not user-friendly for stats and some of our service providers do not use the same PSS. We will be transitioning to EMHWare in the fall."
- "PSS is not used by all providers providing services to our clinic, making it hard to track information/ upload notes and giving additional administrative work to our navigators."
- "Currently developing tracking systems that will provide data required for reporting."
- "Our social worker & recovery support worker use a different EMR than the NP & physician - makes it hard to collect data."
- "[Our clinic] should have the same system(s) as the rest of the Region - perhaps ONE system for NWO RAAMs."
- "[Our host organization] uses OSCAR. Other RAAM team members all use OnlyOffice as a "Shared Drive" as those who are not employed by [the host organization] do not have access to the EMR.
- "[Our host organization] is implementing Cerner in the next 2 fiscal years."
- "Data collection is challenging, a lot of lag work needed to collect appropriate numbers."
- "Scripts are sent via fax as Meditech does not have capability to send direct to pharmacies."

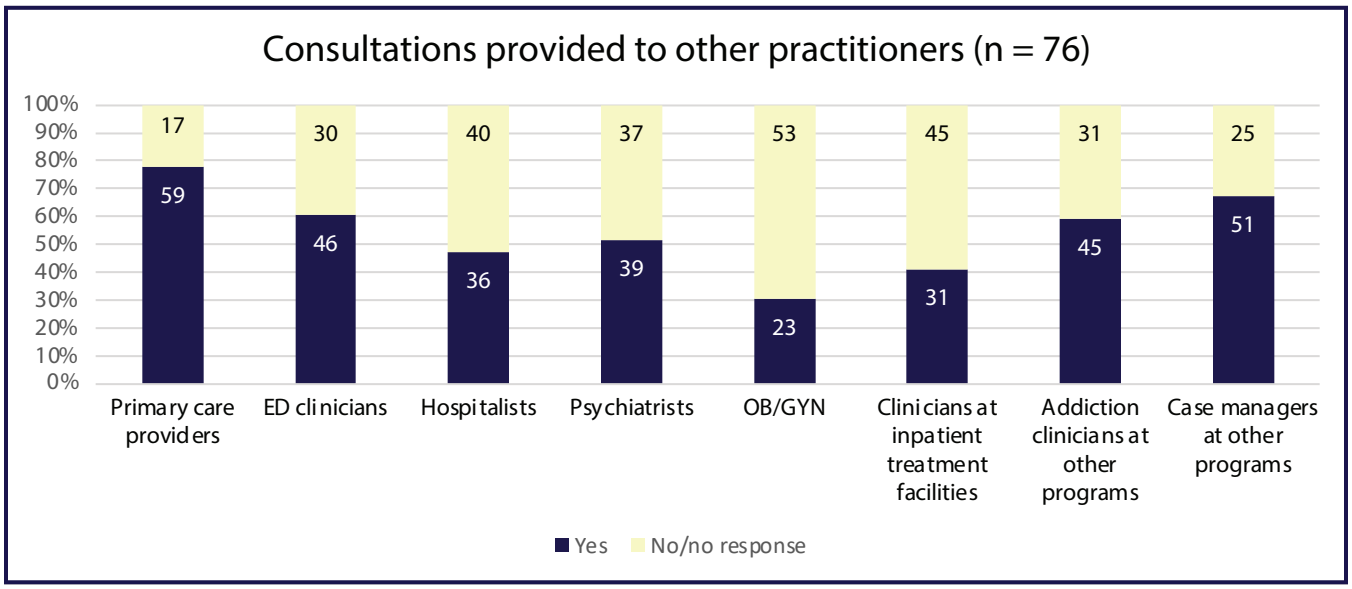
"Our social worker & recovery support worker use a different EMR than the NP & physician - makes it hard to collect data."

"Data collection is challenging, a lot of lag work needed to collect appropriate numbers."

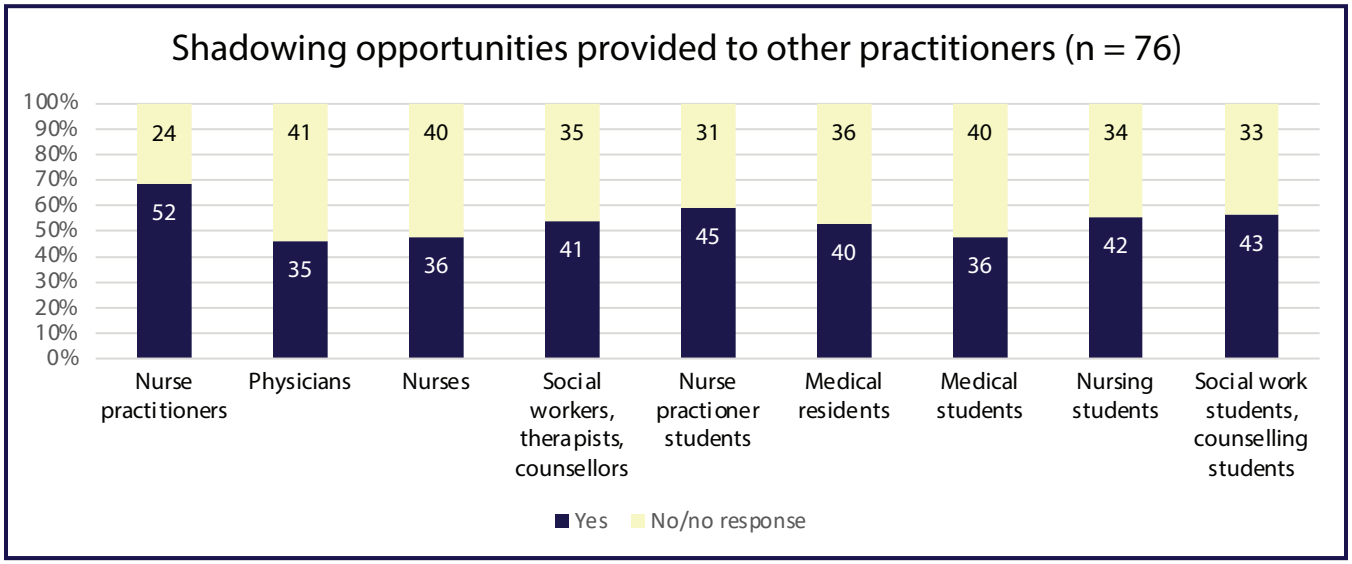
Sixty-one RAAM clinics (80.3%) report engaging in quality improvement. Sites report involving service users in quality improvement and program development by collecting feedback (55/76, 72.4%), having service user representatives on program development/quality improvement committees (23/76, 30.3%), and working with a patient advisory board (12/76, 15.8%). Other methods used to involve service users in quality improvement and program development include the OPOC survey, involvement of the Patient Relations Board or Quality Assurance Auditor, a local regional committee, and a substance use–specific patient advisory group.

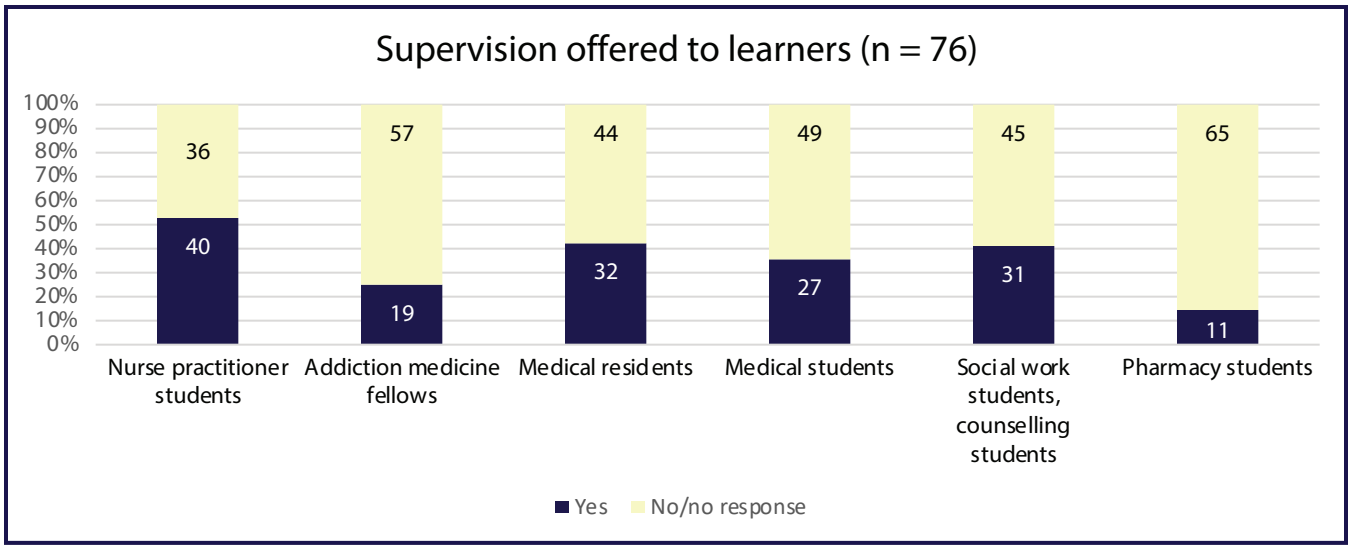
Consultations and Training

Providing consultations (**Target 13**) and educational opportunities (**Target 14**) to service providers in other care settings is an important way to build connections with other services and develop capacity for substance use care in other sectors. Most clinics indicated that they provide consultations to various other practitioners:



Thirty-five sites (46.1%) report offering at least one community education session in the past year, and many sites also offer shadowing opportunities to health care providers and supervision to learners:





Twenty-nine sites (38.2%) report at least some staff receiving training in culturally safe care in the past year (**Target 6**), and 36 (47.4%) report at least some staff receiving training in trauma-informed care in the past year (**Target 7**). Specific courses taken include San'yas Indigenous Cultural Safety Training Cross Cultural Competency Training, Foundations of Indigenous Cultural Safety, Rainbow Health Ontario, The Brave Canoe, and Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES).

Fifty-four sites (71.0%) provided details about how the clinic team is supported to address grief and loss, potential burn-out, compassion fatigue, vicarious trauma, and self-care (**Target 7**). Responses included access to Employee Assistance Programs (31), individual supervision (22), debriefs after salient incidents (12), specific training (11), access to organizational resources and support (7), mutual support among staff (6), access to cultural/spiritual support (5), regular team meetings (5), team-building activities such as morale days, retreats, and team celebrations (5), and personal time off (5).

What Are Some Challenges That the RAAM Clinic Has Faced?

Respondents were asked to describe the challenges that the RAAM clinic has faced in the past year. As in 2024, the responses fell into three main categories: challenges related to clinic resources, challenges related to meeting service user needs, and other challenges.

RESOURCE CHALLENGES

As in 2024, the most frequently mentioned resource challenge (42/56, 75.0%) was staffing. The issues of frequent staff turnover and difficulty with staff recruitment recurred in the responses, and these issues were sometimes linked to difficulties with meeting the need for service and with offering drop-in hours:

- "Drop-in hours had to be paused due to staffing challenges."
- "Understaffing in host organization, both related to physician shortages and administrative shortages due to sick leaves, which has increased workload for NP's that provide RAAM services. This prevents offering drop-in hours."

- "Understaffing has reduced our ability to grow to meet demand, lack of human health resources in our community has led to inability to fill vacant positions."
- "Understaffing, having a hard time securing prescribers. Only one prescriber providing services once a week."
- "Human health resources have been an ongoing issue. The peer support position has been only intermittently staffed for the past three years, and the RN position has been vacant for three years. Attracting qualified candidates has been a huge challenge, especially with wage parity issues between our centre and the local hospital."

A few clinics linked their staffing challenges to limited funding:

- "Understaffing—RAAM clinic not fully funded."
- "Inability to backfill during maternity leaves due to lack of funding."

> "The peer support position has been only intermittently staffed for the past three years, and the RN position has been vacant for three years. Attracting qualified candidates has been a huge challenge, especially with wage parity issues between our centre and the local hospital."

An additional resource challenge is clinic space:

- "Limited physical space (no space in hospital)—unable to offer drop-in due to space constraints."
- "Challenge with limited physical space allocated to RAAM clinic."

CHALLENGES MEETING SERVICE USER NEEDS

The most frequently cited challenge was increased service user numbers and complexity:

- "Increased referral numbers, complex presenting issues at intake with limited resources."
- "Increased needs of patients who have mental health needs and a lack of psychiatrist supports."
- "Demand for service exceeding human health resources."

Responses also mentioned a lack of other places to send people:

- "Lack of access of patients to primary care that will continue supporting addictions medication prescribing for patients who are ready to be discharged from RAAM."
- "There are currently no primary care providers taking clients and no other addiction services in the community."

- "It's challenging to turn people away when there is nowhere for them to go."
- "We struggle to discharge clients as they often either don't have primary care, or their primary care is not willing to take on their addiction-related prescriptions. Long waitlists for mental health service and residential addiction treatment services also complicate discharges. We experience many inappropriate referrals from community services who either don't know what our scope is, or don't know where else to refer their clients, especially when it comes to mental health and chronic pain."
- "We would like to open a location in the neighbouring town but have been unable to due to partner staffing issues, and concerns about a lack of discharge pathways as there are currently no primary care providers taking clients and no other addiction services in the community."

"It's challenging to turn people away when there is nowhere for them to go."

"There are currently no primary care providers taking clients and no other addiction services in the community."

A few clinics referred to the challenge of people being unable to afford medications:

- "Lack of financial assistance/coverage for those clients who cannot obtain necessary medications."
- "Challenge: Some clients cannot initiate medication treatment due to lack of coverage/cost of medication (no plans, no benefits)."

OTHER CHALLENGES

Other challenges mentioned by respondents include security incidents, difficulties with EMRs and tracking software, and lack of awareness of RAAM clinic services:

- "Safety and security—safety in the building set-up is a major challenge."
- "Our new EMR has led to inefficiencies in our delivery."
- "Lack of tools to more easily and anonymously track related data of service users."
- "Lack of promotion about our RAAM services."

What do you Think That Service Users Would Identify as Barriers to Care?

Respondents were asked what they thought service users would identify as barriers to RAAM clinic care. The most common response was limited clinic hours; of the 56 responses, 45 (83.3%) mentioned this barrier to care. Some specified that prescribers were available for limited hours, and others mentioned that a lack of drop-in hours was a barrier for service users:

- "We are only funded for 20 hours per week of RAAM."
- "No hours outside of normal business hours."
- "We only have prescriber access for a total of six hours per week, limiting accessibility for clients."
- "Limited hours and days."
- "Limited clinic hours with prescriber present."
- "Not being able to offer 'true drop-in' hours is a barrier. We try and accommodate with a booked appointment within 24–48 hours of service user making contact."

> "We are only funded for 20 hours per week of RAAM."

> "We only have prescriber access for a total of six hours per week, limiting accessibility for clients."

Other barriers that were mentioned include long wait times (which were in some cases linked to limited hours), issues with the space or clinic location, a lack of virtual access, and medication costs for people who lack coverage:

- "Lack of transportation to appointments due to no public transportation being available in our area."
- "Longer wait times to be assessed by physician."
- "Some clinics are very busy and I would say service users would appreciate more walk-in clinic hours."
- "Busy clinic space, high stimulation waiting room."
- "Cost of prescribed medication."

Meaningful Interactions

Respondents were asked to describe a meaningful interaction that illustrates the work of their clinic. All responses are shown here in order to demonstrate the impact that the clinics are having on the people that they serve. Responses fell into two categories: service user stories and staff and community relationships.

SERVICE USER STORIES

- "Recent patient comment on how grateful she was for the RAAM team in helping her achieve sustained abstinence from alcohol. She stated she would be making a donation to the hospital foundation in honor of the RAAM team."
- "Client expressed that she would have come to RAAM clinic if she knew that it existed. She wishes that more people in the community knows about it to access RAAM services. She was able to reach and maintain her goal with her alcohol use. She expressed that it was nice to have close follow-up during the time she required the support in a short period of time."
- "Letters from clients and from patient experience."
- "The NP and RSW had developed quite a good relationship with one of our longer-term service users (who was always a patient of our FHT) and supported them for a couple years on and off to deal with their addiction to opioids. We became a very strong support system for them through involvement with our RAAM clinic, and transitioned our care of this person when they developed an aggressive form of cancer. This led to new challenges with having to prescribe opioids to treat their cancer-related pain and supporting them through this health journey. This is the client that jumps out as most meaningful this past program year."
- "Patient recovery stories. When patients are discharged and need help in the future, they are comfortable returning for services."
- "Recently, an individual presented to a Walk-In Clinic for assistance due to experiencing homelessness and acute symptoms of a mental health issue being exacerbated by active substance use. Client agreed to explore services offered by the RAAM Program as well as other services offered by the clinic. After approximately six weeks, client was able to reduce his use of substances to the point of being able to find housing and gainful employment."
- "Received amazing feedback from a client highlighting consistent check-in supports and how that has been really beneficial. One call he received from the RAAM clinician he was contemplating drinking a beer sitting in front of him and after the supportive call he dumped the beer down the drain. It has been amazing to see client successes, completing the program, transitioning back to primary care or attending residential treatment."

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- "The RAAM clinic in [our community] has provided services to a client with a history of opiate use and extensive trauma for quite some time. This client continues to be abstinent and continues to follow up with our clinic despite reaching stability and discontinuing medications."
- "The RAAM clinic in [our community] services two clients who have achieved abstinence from fentanyl for six months and continue treatment and remain engaged in services."
- "There is a client we have been working with for over a year, who is extraordinarily high-risk and vulnerable, experiences high levels of victimization, and is extremely volatile. She has moments of clarity where she wants to stop using and get better but has been unable to maintain these moments for long enough to follow through. Multiple plans of care have fallen through and she has burned most of her bridges in the city, including at two of the lowest barrier residential services. Last week a new plan emerged and with our new system navigator (in her first few days of work with us), we were able to support her to successfully make a flight to [a different city] to attend live-in treatment for the first time. It is still early days but this is the furthest along the journey she has ever gotten."
- "Recently, there was a patient that was seen in the ED with fentanyl use. He has been using for several years and frequents emergency departments for withdrawal symptoms and is often lost to follow-up for RAAM. A practitioner from RAAM went to the emergency department when consulted to introduce herself to the patient and explain the importance of attending RAAM and discussed the treatment options. He provided the practitioner with his fentanyl that he still had and was provided a follow-up appointment for two days later. He showed up to RAAM and we were able to start him on [SL buprenorphine] and ultimately [depot buprenorphine] and has now been abstinent for almost one month."

"There is a client we have been working with for over a year, who is extraordinarily high-risk and vulnerable, experiences high levels of victimization, and is extremely volatile. She has moments of clarity where she wants to stop using and get better but has been unable to maintain these moments for long enough to follow through. Last week a new plan emerged and with our new system navigator (in her first few days of work with us), we were able to support her to successfully make a flight to [a different city] to attend live-in treatment for the first time. It is still early days but this is the furthest along the journey she has ever gotten."

- "Recently, I've been having many meaningful interactions with peers. As a non-clinical team member who supports others through my lived experience, I sometimes find myself questioning the impact that I have. However, that doubt quickly fades when peers share how much it means to speak to someone who's been through similar experiences. They often tell me it helps them feel less alone and more connected not just to the clinic, but to the wider community as well. One peer in particular has often expressed that they wouldn't have gotten as far in their recovery without my support. They once said, "You just get it. I don't have to explain anything to you because you've been in my shoes." That moment, and others like it, have solidified for me just how vital peer support is in clinical settings. In my opinion, it's essential that those accessing services have the option to speak to somebody who truly understands and relates to what they're going through, so that connections like this can continue to happen."
- "It is rewarding that we see some RAAM went to treatment. Improved clients' quality of life."
- "Participant has regained job, license and children since working with RAAM."

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- "One notable memory is when a client brought approximately four people from their apartment floor. They told the first contact person about how much [depot buprenorphine] has changed their life, they wanted their neighbours to receive the same kind of treatment. We believe there is no better feedback than when clients tell other clients about our services."
- "Engaging in a younger patient population."
- "We had a ~40 yr male on high-dose methadone, [slow-release oral morphine], and hydromorphone who we managed to convert to [depot buprenorphine] with an 1800 mg [slow-release oral morphine] bridge for ten days. He had been very withdrawn but once he was off the high doses of full agonist opioids he changed completely and became very chatty and interactive for the rest of his stay at a four-week intermediate bedded facility. He went back to the city he came from and six weeks later his wife came down to go through the same process. She said she had been with him 20 years and never had seen him sober. Two other family members followed once she was done."
- "Client surveys have been very rewarding - clients have been generous with their feedback and support of staff."

- "A client initially presented to RAAM seeking support to stop using OxyContin. [SL buprenorphine] was initiated at 16 mg, briefly increased to 18 mg, and has since been gradually tapered to 10 mg. The client has remained abstinent since November 2023. In addition to clinical care, we supported the client through financial hardship by applying for compassionate [SL buprenorphine] supply through [the pharmaceutical company] and made an internal referral for vocational supports. This case highlights the meaningful work we do at RAAM—addressing both medical and social needs to support long-term recovery and stability."
- "Predominantly AUD patients - very satisfying to see the effects of anti-craving medications in terms of helping patients reach their goals. Also recently had young female patient complete inpatient rehab and the dramatic positive change in her appearance, demeanour, attitude, self-compassion; this was facilitated by our committed case worker."

STAFF AND COMMUNITY RELATIONSHIPS

- "Great collaborative work with Crisis 24/7, 988 colleagues as well as our Outreach team as we are all co-located in the same building making it easier to introduce service users to our service."
- "Many patients that I feel like can have access to comprehensive treatment with different people involved. I have had patients come here for many reasons, though knowing that there are reliable people who are available to help manage their care is therapeutic for the patients on its own."
- "Wonderful staff - primary care services that have RAAM embedded in it."
- "As a primary care provider, I can weave my patient's PC needs during RAAM time when time allows. I do not need to send them away to another provider to get their issue addressed."

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- "We have had some great success with service coordination for clients who travel between [different communities]. This kind of travel is common as there are many services (addiction treatment, certain medical procedures, specialist visits) that aren't available locally. Because the prescriber for [one community] also works with the [other community's] RAAM team, and the same person manages both clinics and connects regularly with the staff at both locations, the two programs are able to work together to provide a seamless transition for clients when they travel."
- "Ability for our team to provide a flexible service, having our virtual clients also access in-person RAAM services provides them both in person and virtual support throughout the week. "
- "Attending the virtual Annual META:PHI Conference."

What Resources From META:PHI Would be Helpful?

Thirty-four responding clinics indicated supports from META:PHI that they would find helpful, which fell into four categories:

- **Administrative materials:** Service user survey templates, consult note templates, service user–facing materials, EMS data-tracking support
- **Education:** Contingency management, counselling, perioperative pain management in people taking buprenorphine, managing vicarious trauma, innovative and evidence-based substance use support
- **Community support:** Education for primary care providers and emergency department clinicians, networking opportunities
- **Advocacy and resources:** Advocacy for wage parity, support for e-consults

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What is Working Well for the RAAM Clinic?

The most prominent theme is the importance of the clinical team in delivering care. Many responses highlighted the strengths of particular team members and reflected on how well the team works together:

- "We have a dedicated caring workforce who are passionate about the support they offer."
- "We have an NP able to support drop-in times, which is more flexible than MD time. We have a Peer Support Worker who is really connecting with patients, and Addiction Service works who provide great psychosocial support. Our team is fantastic at meeting our clients where they're at, whether that's harm reduction or abstinence. Our Medical Secretary is welcoming and so easygoing with all the diverse people that walk through our doors. We have a great team!"
- "We have a great team that works together really well. One of our strengths is that we are able to meet twice a day most days – before clinic and after – to discuss patients we're seeing, get the opinions of other members of the interdisciplinary team, and coordinate care. We have a large team relative to the other teams in our region and so we're able to take on clients that other teams can't."
- "The team is tiny but mighty. The system navigator knows just about everyone, and knows how to locate and connect with clients. She is often having multiple conversations to build trust and rapport before the clients even come through the doors. The team works to fill the gaps as best they can, and there is support for the partner organizations to think creatively to solve problems - i.e. lending primary care RN support for [depot buprenorphine] injections, permitting the counsellor to see RAAM clients on her non-RAAM days and at the counselling office in the neighbouring town for clients who have no transportation. The prescriber is very flexible and available to check-in with clients, do advocacy, renew prescriptions, etc, during times that fall outside of her RAAM schedule."
- "The truly multidisciplinary team works together to provide the combination of client-centered services needed to assist individuals in reaching their highest level of functioning."

"The team is tiny but mighty."

"The truly multidisciplinary team works together to provide the combination of client-centered services needed to assist individuals in reaching their highest level of functioning."

Some responses highlighted the relationships they have developed within their communities:

- "Partnerships were developed with the detox centre to offer services."
- "We have had success in making the community aware of the RAAM clinics arrival to the community. We have made positive connections with community agencies."
- "We are engaging with community partners and offering in-kind staffing resources for weekly outreach work at Community Resource Center (soon to be HART Hub) & Community Wellness Bus at times."
- "We've increased our ability to connect with other organizations this year through dedicated outreach. This has allowed us to learn from their processes and create partnerships to facilitate better transitions in care for patients."

Another theme was the ability of the RAAM clinic team to offer low-barrier, judgment-free support to service users:

- "We strive to be non-judgmental and truly meet the client where they're at."
- "Low-barrier access to groups."
- "The….continuum of available substance use and mental health programs being under the same roof greatly reduces the number of hoops clients must jump through to access services."
- "Since starting the clinic I have had many positive interactions with clients. I have enjoyed hearing the atmosphere is welcoming, positive, and judgment-free."
- "Everyone on the team stands behind the idea of 'no wrong door', so even if RAAM isn't the right place for someone, we will meet with them and figure out what the right place is, and support them to access it."

"Everyone on the team stands behind the idea of 'no wrong door."

RECOMMENDATIONS

Recommendations for Government

1. **Funding to ensure adequate access to services at all RAAM clinics:** All RAAM clinics should be provided with funding that allows them to offer drop-in services that meet the following criteria:
   - All core services are available (access to a prescriber, psychosocial support, harm reduction supplies and education, peer support).
   - There is a minimum of nine hours of drop-in service per week over three days per week (i.e., a schedule that allows people to be seen within three days of referral or decision to attend).
   - A minimum of 90% of drop-in service users are seen at each clinic.
   - Service can be offered virtually or in person.
2. **Funding for needs assessments:** Funding should be allocated for a provincial needs assessment that looks at individual RAAM clinics in the context of local community care pathways (including primary care, withdrawal management, emergency departments, and community addiction care). The results of this needs assessment should be used to determine the funding needs of individual RAAM clinics and inform funding agreements between Ontario Health and RAAM clinics.
3. **Funding to improve staff recruitment and retention:** All RAAM clinics should be provided with funding that allows them to provide staff with salaries that are competitive with those provided in other sectors and institutions; for example, nurse practitioners working in community RAAM clinics should receive salaries that are on par with those in hospital settings. Funding should support clinics to recruit and retain appropriate staff to provide all core services (access to a prescriber, psychosocial support, harm reduction supplies and education, and peer support).
4. **Support for improved site-level data tracking and collection:** All RAAM clinics should be provided with support for appropriate data collection, including (a) ensuring each site has access to an EMR that allows them to track data that is relevant to their needs; (b) ensuring each site has access to Connecting Ontario or Clinical Connect; (c) streamlining data collection and reporting requirements across the province in order to ensure that it is not overly onerous for clinics; and (d) assisting clinics with data collection strategies. We strongly recommend that sites be supported to move to a single EMR rather than multiple systems wherever possible.
5. **Support for improved provincial data tracking:** Tracking codes (e.g., OHIP codes, site codes) that are specific to RAAM clinics should be developed to facilitate province-level tracking of RAAM clinic service use and impacts on use of other health care services.

6. **Directive for RAAM clinics to distribute harm reduction supplies:** The availability of harm reduction supplies through RAAM clinics is increasingly important given their decreased availability across the system. The RAAM clinic setting offers an opportunity to provide these supplies alongside counselling and education as well as paths to treatment. A clear directive should be issued to all RAAM clinics that the distribution of harm reduction supplies is within their mandate.

7. **Funding for initiatives that address specific community needs:** Many RAAM clinics serve populations that have specific needs, such as youth, people who use stimulants, First Nations individuals, etc. The Ontario Health regional Mental Health and Addiction leads should make funds available for initiatives proposed by RAAM clinics within their region to meet these specific community needs.

Recommendations for META:PHI

PROGRESS ON 2024 RECOMMENDATIONS

1. **Recommendation: Support for OAT**
   META:PHI should continue to support RAAM clinicians' prescribing of methadone and slow-release oral morphine, with the goal of both medications being as widely available as buprenorphine in RAAM clinics, by offering ongoing education through webinars, Dialogue calls, and resource development (such as the META:PHI methadone guideline currently in preparation).

   Status Update:
   - META:PHI published the evidence-informed guidance document ***Methadone as Opioid Agonist Therapy: Guidance for Prescribers*** and a quick-reference guide for prescribers, as well as a plain-language summary and a handout about methadone therapy intended for people considering methadone. All materials are available at no cost on the META:PHI website.
   - META:PHI's methadone guidelines were presented at the annual META:PHI conference and at the annual conference of the Canadian Society of Addiction Medicine (CSAM) and was disseminated through the META:PHI Google Group, the META:PHI Nurse Practitioner Community of Practice, and the Addiction Medicine Section of the Ontario Medical Association.
   - META:PHI held two webinars and two Dialogue calls (interactive monthly discussions for addiction clinicians) on methadone prescribing.

2. **Recommendation: Support for moving towards RAAM Clinic Quality Targets**
   META:PHI should promote our RAAM Clinic Toolkit to clinic administrators, staff, and clinicians to support a universal shared understanding of the RAAM Clinic Quality Targets and how they can inform RAAM clinic set-up and operations.

Status Update:

- META:PHI presented the **RAAM Clinic Toolkit** at the annual **CSAM** conference and disseminated it through the META:PHI Google Group. The Toolkit is available for no cost on the META:PHI website.
- META:PHI launched a RAAM clinic administrator Google Group, which will facilitate promotion of the **RAAM Clinic Toolkit** and discussions among administrators about implementing best practices.
- META:PHI continued its quarterly RAAM clinic administrator Town Halls, which provide an opportunity for discussions around best practices and common issues faced in RAAM clinics.

3. **Recommendation: Connection with relevant services**
   META:PHI should facilitate relationships between RAAM clinics and primary care networks, public health units, and other provincial service networks.

Status Update:

- META:PHI has featured presentations from multiple relevant services at its quarterly RAAM clinic administrator Town Halls, including **CATIE**, the **Ontario Network of Sexual Assault/Domestic Violence Treatment Centres**, and the Ontario Mental Health and Addictions Centre of Excellence.
- META:PHI has worked closely with the Ontario Mental Health and Addictions Centre of Excellence to support the implementation of an integrated care pathway (ICP) between emergency departments, RAAM clinics, and other community services. META:PHI's **ED Toolkit for Opioid Use Disorder** and **ED Toolkit for Alcohol-Related Presentations** are serving as clinical guides for ICP-involved emergency departments, and we have worked with the Centre of Excellence to develop order sets and other educational and clinical materials. META:PHI has also submitted proposals to the Centre of Excellence outlining a training program for emergency department nurses and a plan to ensure that ICP-involved RAAM clinics are able to provide optimal care for service users discharged from the emergency department.
- META:PHI circulated a bulletin with recommendations for RAAM clinics to connect to local public health units, harm reduction supply distribution locations, and community health centres following the closure of several supervised consumption sites.
- META:PHI has worked to ensure that our provincial advisory committee has representatives from multiple sectors, including withdrawal management, primary care, the emergency department, community addiction care, and psychiatry, to promote connections between these settings and RAAM clinics.
- META:PHI has started a partnership with the **SCOPE** program to determine ways to promote connections between RAAM clinics and primary care services.

4. **Recommendation: Connections with RAAM clinics**
   META:PHI should continue to facilitate connections among the province's RAAM clinics to encourage information-sharing and the development of community. We will continue to hold quarterly Town Hall meetings for RAAM clinic representatives and create additional opportunities to promote relationship-building and resource sharing among them, including additional meetings at which RAAM clinic representatives are invited to present on the services that they offer.

   Status Update:
   - META:PHI continues to hold quarterly RAAM clinic administrator Town Halls, usually featuring a guest presentation from a RAAM clinic representative about the services that a particular clinic offers.
   - META:PHI continues to hold monthly Dialogue calls and meetings for addiction nurse practitioners to promote discussion among colleagues working in the RAAM clinic setting.
   - In addition to our main META:PHI Google Group and Nurse Practitioner Community of Practice, META:PHI launched a RAAM clinic administrator Google Group, which will further facilitate community-building and discussion among RAAM clinic representatives.

2025 RECOMMENDATIONS

1. **Connections with RAAM clinics:** META:PHI should continue to facilitate connections among the province's RAAM clinics to encourage information-sharing and the development of community. We will continue to hold quarterly Town Hall meetings for RAAM clinic leadership and create additional opportunities to promote relationship-building and resource sharing among them.
2. **Training support for RAAM clinic interventions:** In addition to continuing to focus on developing capacity within RAAM clinics to prescribe methadone, META:PHI should provide training support for other crucial RAAM clinic interventions, including alcohol withdrawal management and distribution of harm reductions supplies. We will develop a "basics" educational program, including webinars and an update of our reference document ***Clinical Best Practices in Addiction Medicine: A Guide for RAAM Clinicians***, in order to support providers who are new to RAAM clinic practice.
3. **Connections with primary care sector:** In support of the implementation of Ontario's **Primary Care Action Plan**, META:PHI should work to strengthen its relationship with the primary care sector to increase awareness of RAAM clinics and META:PHI materials and facilitate the creation of bi-directional referral pathways between RAAM clinics and primary care clinics. This will include building our relationship with the **SCOPE** program, promoting META:PHI and RAAM clinics at primary care conferences, and working with partners to understand the needs of primary care providers in different care settings. We have also submitted proposals to government to pilot collaborative care models.

4. **Primary care education:** META:PHI should develop and disseminate education programs and resources targeted to the needs of primary care providers, including management of alcohol and opioid use disorders. We are pursuing this through the development of a toolkit for primary care providers, partnerships with the Ontario College of Family Physicians, presentations at the Nurse Practitioner Association of Ontario annual conference, and our ongoing relationship with the **SCOPE** program.

5. **Advocacy:** META:PHI should continue to engage in advocacy work that will improve the care that is offered in RAAM clinics and other parts of the integrated care pathway. We are currently working on multiple initiatives, including a provincial addictions consult service (similar to British Columbia's **Addiction Medicine Clinician Support** and **Rapid Access to Consultative Expertise** lines), nurse prescribing of SL buprenorphine, and provincial access to virtual RAAM clinic care.

NEXT STEPS

- META:PHI and the Ministry of Health will review the recommendations in this report together and discuss ways to carry them out.
- META:PHI will disseminate this report (and relevant regional reports) to the following partners:
  - The Ontario Ministry of Health
  - The Mental Health and Addiction Leads at Ontario Health to inform service and funding planning
  - The Ontario Health Mental Health and Addictions Centre of Excellence to discuss relevant recommendations
  - RAAM clinic teams to recognize successes and highlight opportunities
- META:PHI will begin planning for the 2026 survey, which we will distribute to publicly funded RAAM clinic sites in spring 2026.

APPENDIX A

RAAM CLINIC QUALITY TARGETS

INTRODUCTION

A rapid access addiction medicine (RAAM) clinic is a low-barrier, drop-in clinic that provides substance use–related care to people without requiring an appointment or referral. The underlying concept of the RAAM model of care is that low-barrier, rapid access to evidence-based addiction care improves treatment engagement and retention, and therefore treatment should be as accessible as possible. This translates into four core principles that define RAAM clinic care.

CORE PRINCIPLES OF RAAM CLINIC 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 needs and priorities at a given moment.

RAAM clinics are part of a broader **public health strategy** for substance use, existing alongside other treatment settings as well as harm reduction– and recovery-oriented services and supports. The principles of a public health approach to substance use, as outlined in the **Canadian Public Health Association Framework**, should inform the design and provision of all substance use supports and services, including RAAM clinic services; individuals should be supported to make their own choices about their health and substance use, empowered to seek out services that are appropriate to their needs, and able to access services that are free from stigma and discrimination.

As the RAAM clinic care model has expanded across the province, clinics have worked to meet the needs of the communities that they serve, often with very limited resources. These quality targets are designed to identify and promote the key components of high-quality RAAM clinic care delivery. The intention of this document is to create a shared understanding of what constitutes a RAAM clinic for sites already operating in this capacity and for those seeking to become one. The choice of quality *targets*, as opposed to quality *standards*, reflects the recognition that the RAAM clinic model is relatively new and that clinics are in various stages of development. Furthermore, RAAM clinics often operate without the resources to meet all targets due to a lack of funding or appropriate health care personnel. These targets are therefore aspirational; clinics are encouraged to work towards these goals over time.

META:PHI is committed to ongoing review of this document in consultation with our partners to ensure that it reflects a vision of RAAM clinic care that meets the needs of the communities we serve.

The targets connect to five overarching goals of health care adapted from the **Canadian Quality & Patient Safety Framework for Health Services** (Healthcare Excellence Canada):

CANADIAN QUALITY & PATIENT SAFETY FRAMEWORK FOR HEALTH SERVICES

People-Centred Care: People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to achieve the best outcomes.

Safe Care: Health services are safe and free from preventable harm.

Accessible Care: People have timely and equitable access to quality health services.

Appropriate Care: Care is evidence-informed and centred on service users' needs.

Integrated Care: Health services are continuous and well-coordinated, promoting smooth transitions.

A description is provided for each target as well as indicators to measure their achievement.

TARGETS

1. Access to service is timely.
2. An appropriate range of services is available.
3. Flexible care delivery options are available.
4. Care addresses the spectrum of substance use.
5. Care is personalized to the service user.
6. Care is culturally safe.
7. Care is trauma informed.
8. Treatment or referral for concurrent health needs is provided.
9. The clinic actively supports continuity of care.
10. The clinic has processes for facilitating collaborative care with local services, including bi-directional referral pathways.
11. The clinic keeps data regarding visits and discharge to inform understanding of clinic flow.
12. The clinic collects data on service user experience to inform quality improvement processes.
13. Clinicians provide consultations and support to clinicians at other services.
14. Clinicians provide education to local service providers and agencies in order to build capacity.

TARGET 1: Access to Service is Timely

The clinic's hours are appropriate to meet the community's needs. Service users can be seen at the clinic within no more than three days of deciding to seek care or discharge from another care setting. Referrals and pre-booked appointments are not required, and the clinic does not have a waiting list. Individuals receive care, including medication initiation or continuation if appropriate, at their first clinic visit. Clinics offer some hours that do not fall within the typical "work week" (i.e., Monday to Friday, 9:00 to 5:00) in order to facilitate access for individuals who might have difficulty attending during those hours.

Target Indicators	Goals
Clinic has drop-in (virtual and/or in-person) hours	Binary indicator: Y/N
Clinic drop-in schedule allows service users to be seen within three days of deciding to seek care/discharge from another setting	Binary indicator: Y/N
Percentage of drop-in clinic sessions at which everyone who shows up receives care	90%
Clinic has hours outside of M–F 9–5	Binary indicator: Y/N

TARGET 2: An Appropriate Range of Services is Available

RAAM clinic teams are made up of different types of service providers, including prescribers (nurse practitioners and/or physicians), nurses, peers, and counsellors, depending on local resources and funding. While there is no standard team composition, the clinic is able to provide pharmacotherapy, psychosocial support, peer support, connection to community services, and harm reduction supports.

Target Indicators	Goals
Pharmacotherapy is provided	Binary indicator: Y/N
Psychosocial support is provided	Binary indicator: Y/N
Harm reduction support is provided	Binary indicator: Y/N
Peer support is provided	Binary indicator: Y/N
Pharmacotherapy is provided during drop-in hours	Binary indicator: Y/N
Psychosocial support is provided during drop-in hours	Binary indicator: Y/N
Harm reduction support is provided during drop-in hours	Binary indicator: Y/N
Peer support is provided during drop-in hours	Binary indicator: Y/N

TARGET 3: Flexible Care Delivery Options are Available

Clinic services are delivered in a way that respects and meets the diverse needs and preferences of service users. Care is accessible to service users who have mobility or transportation challenges, difficulty accessing technology, or face other barriers to service.

Target Indicators	Goals
Availability of in-person, telephone, virtual, and mobile appointments	At least two types of delivery methods represented
Service user reports of satisfaction with options for care delivery	At least 90% satisfaction rate among surveyed service users

TARGET 4: Care Addresses the Spectrum of Substance Use

RAAM clinicians provide care that addresses a wide range of substance-related concerns, including system navigation, education, harm reduction (including access to supplies), psychosocial support, and pharmacotherapy for different substances. All RAAM clinics provide evidence-informed support for concerns related to alcohol and opioids, including pharmacotherapy with appropriate medications. RAAM clinicians develop capacity to support people using other substances including stimulants, benzodiazepines, and cannabis. Wherever possible and appropriate, RAAM clinicians provide support for acute alcohol withdrawal.

Target Indicators	Goals
RAAM clinicians provide support (including system navigation, education, counselling, harm reduction, and/or appropriate pharmacotherapy) to individuals with any substance use concern	Binary indicator: Y/N
RAAM clinicians prescribe the following medications for alcohol use disorders when appropriate:	
• Naltrexone	Binary indicator: Y/N
• Acamprosate	Binary indicator: Y/N
• Gabapentin	Binary indicator: Y/N
RAAM clinicians prescribe the following medications for opioid use disorders when appropriate:	
• Buprenorphine SL tablets	Binary indicator: Y/N
• Buprenorphine extended-release injection	Binary indicator: Y/N
• Methadone	Binary indicator: Y/N
• Slow-release oral morphine	Binary indicator: Y/N

Target Indicators (cont.)	Goals
Clinic supports and/or refers for management of alcohol withdrawal	Binary indicator: Y/N
Clinic provides the following harm reduction supports to service users when appropriate:	
• Education	Binary indicator: Y/N
• Take-home naloxone	Binary indicator: Y/N
• Safer injection supplies	Binary indicator: Y/N
• Safer inhalation supplies	Binary indicator: Y/N
• Condoms	Binary indicator: Y/N

TARGET 5: Care is Personalized to the Service User

The care provided by the RAAM clinic is people-centred, informed by current best practices, and tailored to each individual's goals, preferences, and circumstances. Clinicians engage in collaborative treatment planning and goal-setting that reflects service users' priorities with regard to substance use and other issues of concern, such as housing, mental health, and other social needs. Clinicians provide service users with necessary information about the evidence, benefits, and risks of different treatment options to support shared decision-making. Clinics support a continuum of goals related to use of particular substances, which are reviewed and revised as appropriate through the course of care. Medical, mental health, and social issues should be assessed in collaboration with the service user and their circle of care where possible so that concurrent health needs can be incorporated into the care plan.

Target Indicators	Goals
Service user goals are consistently identified and affirmed at intake and reassessed at regular intervals	Binary indicator: Y/N
Service user reports of satisfaction with their level of involvement in the among development of their care plan	At least 90% satisfaction rate surveyed service users
Testing for relevant medical issues is part of RAAM clinic processes, including the following:	
• Alcohol-related liver disease	Binary indicator: Y/N
• HIV	Binary indicator: Y/N
• Hepatitis C	Binary indicator: Y/N
• Pregnancy	Binary indicator: Y/N
Assessment for relevant mental health conditions is part of RAAM clinic processes	Binary indicator: Y/N

TARGET 6: Care is Culturally Safe

Individuals holding particular social and/or cultural identities often face barriers when trying to access care, especially when those identities intersect. Care that is culturally safe involves respecting an individual's cultural identity while acknowledging and understanding systemic oppression that they and their communities may have faced and may continue to face. In practice, this includes ongoing self-reflexivity and learning to recognize and address a multitude of power dynamics between service users and service providers. A commitment to people-centred care involves offering service users opportunities to share aspects of their cultural identity, their story, ways of being, community, and means of connection. Culturally safe care requires service providers to value the importance of cultural practices as elements of care; this may be particularly relevant for service users who are Indigenous, Black, racialized, and/or members of the 2SLGBTQ+ community, in addition to other equity-deserving groups. The ultimate goal of providing culturally safe care is to take steps to address the health disparities that these groups continue to experience.

Target Indicators	Goals
Opportunities for learning about culturally safe care for Indigenous, haveBlack, racialized, and 2SLGBTQ+ individuals are provided to all clinic team members	At least 80% of team members participated in formal training on culturally safe health care *see Appendix for some suggested courses*
Service user reports of satisfaction with respect to culturally safe care	At least 90% satisfaction rate among surveyed service users
Clinic supports connections with Elders or other Indigenous-focused resources such as Friendship Centres	Binary indicator: Y/N
Team members provide culturally relevant supports to service users with and through community services	Binary indicator: Y/N
A process is in place for referrals to culturally specific care	Binary indicator: Y/N
Service user partners are engaged in discussions about culturally safe care	Binary indicator: Y/N
Partnerships exist with local cultural leaders to inform care provision	Binary indicator: Y/N

TARGET 7: Care is Trauma Informed

Clinic teams are aware of the pervasiveness of trauma among people who experience challenges with substance use and provide trauma-informed care through attention to its principles: trauma awareness; safety and trustworthiness; choice, collaboration, and connection; and strengths-based and skill-building. Clinics' physical environments and intake processes are designed to promote safety, emphasize service user choice and agency, and avoid retraumatization. Clinic team members are also supported to address potential burn-out, vicarious trauma, and compassion fatigue.

Target Indicators	Goals
Opportunities for learning about the principles and practice of trauma-informed care are provided to all clinic team members	At least 80% of team members have received training on trauma-informed care *see Appendix for some suggested courses*
Service user reports of satisfaction in dimensions of trauma-informed care	At least 90% satisfaction rate among surveyed service users
There is a course of action for addressing potential care provider burn-out, vicarious trauma, and compassion fatigue	Binary indicator: Y/N

TARGET 8: Treatment or Referral for Concurrent Health Needs is Provided

RAAM clinicians provide service users with support for concurrent mental and physical health needs and referral for more complex conditions. A treatment plan for co-occurring mental and physical conditions is developed in collaboration as early as possible.

Target Indicators	Goals
Support for concurrent physical health needs is part of RAAM clinic processes, either on site or through referral, including the following conditions:	
• Soft tissue infections	Binary indicator: Y/N
• Alcohol-related liver disease	Binary indicator: Y/N
• Contraception	Binary indicator: Y/N
• Pregnancy care	Binary indicator: Y/N
• Hepatitis C	Binary indicator: Y/N
• HIV	Binary indicator: Y/N

Target Indicators (cont.)	Goals
First-line medications for mood and anxiety disorders (e.g., SSRIs, SNRIs, etc.) are initiated at the RAAM clinic when appropriate	Binary indicator: Y/N
Support and/or referral is provided for managing complex mental health conditions such as post-traumatic stress disorder, psychosis, or bipolar disorder	Binary indicator: Y/N

TARGET 9: The Clinic Actively Supports Continuity of Care

RAAM clinics have mechanisms in place that reduce barriers to initiating and continuing care, such as drop-in as well as booked appointments. Clinics support continuity of care by following a process for following up on missed appointments (including options that reflect service user preference and access to technology, e.g., email, phone call, text, communication with a designated contact person) and by communicating with other providers in the circle of care.

Target Indicators	Goals
Clinic follows a process for arranging and communicating follow-up plans to service users	Binary indicator: Y/N
Clinic follows processes for follow-up with service users who missed appointments that reflect service user preference and access to technology	Binary indicator: Y/N
Clinic follows a process for communicating with other providers in the circle of care where applicable to ensure that care is continued	Binary indicator: Y/N

Target 10: The Clinic has Processes for Facilitating Collaborative Care with Local Services, Including Bi-directional Referral Pathways

A well-connected RAAM clinic exists within an integrated care pathway that facilitates appropriate connections to complementary health, community, cultural, and social services as available. Clinics create processes that facilitate smooth and timely transitions and collaborative care between these services. This may involve maintaining databases of services (including relevant program information/criteria, such as gender, age, acceptability of smoking, etc.), referral templates, discharge note templates, shared EMRs, dedicated system navigators, and/or other mechanisms that allow for streamlined shared care while being transparent in its processes to the service user.

Target Indicators	Goals
Database of relevant local health, community, cultural, and social services is kept and maintained so that appropriate referrals can be made	Binary indicator: Y/N
Referral forms to specialists/community organizations are available within the RAAM clinic's collection of resources and referral processes are communicated to clients	Binary indicator: Y/N
Consultation/intake notes are shared with the referral source, including the ED	Consultation notes are sent to the referring provider for at least 90% of service users referred
Progress updates and discharge letters are consistently sent to providers in service users' circles of care	Progress notes are sent to providers in the circle of care when there is a change in the care plan for 80% of service users; discharge summaries are sent to providers for 80% of discharged service users
Clinic follows a process for connecting service users without a primary care provider to primary care resources	Binary indicator: Y/N
Support is available for service users for completion of standard provincial service forms, e.g., Ontario Works, Special Diet, Transportation	Binary indicator: Y/N

TARGET 11: The Clinic Keeps Data Regarding Visits and Discharge to Inform Understanding of Clinic Flow

Both clinic–level and service user–level data is kept in order to create an understanding of clinic flow. Clinics keep track of visits and service user dispensation, and this data is used to identify areas for improvement in service delivery.

Target Indicators	Goals
Data are kept on number of visits	Binary indicator: Y/N
Data are kept on service user discharge, e.g., to primary care, WMS, OAT clinic, etc.	Binary indicator: Y/N
Clinic team uses data to reflect on ways to identify areas for improvement in service delivery	Binary indicator: Y/N

TARGET 12: The Clinic Collects Data on Service User Experience to Inform Quality Improvement Processes

Service user experience is measured as part of the clinic's quality improvement process. Clinics solicit regular feedback from service users and use this feedback to identify gaps in care, process, and communication. Clinics are encouraged to use an evidence-based survey to collect data from service users.

Target Indicators	Goals
Clinic provides service users with the opportunity to share feedback	Binary indicator: Y/N
Clinic includes service users in program planning	Binary indicator: Y/N
Clinic has a process for addressing feedback from service users	Binary indicator: Y/N

TARGET 13: Clinicians Provide Consultations and Support to Clinicians at Other Services

RAAM clinicians provide support to colleagues regarding substance-related issues when requested, including consultation by telephone/e-Consult as appropriate or shared care to assist with care in settings outside the RAAM clinic.

Target Indicators	Goals
Consultations are available	Binary indicator: Y/N
Availability of and process for consultations is communicated to relevant local partners, e.g., primary care providers, emergency departments	Binary indicator: Y/N

TARGET 14: Clinicians Provide Education to Local Service Providers and Agencies in Order to Build Capacity

RAAM clinicians contribute to activities that decrease stigma and increase capacity in other health services by supporting educational activities (e.g., lunch–and–learns, hospital rounds) and mentorship on topics related to management of substance use.

Target Indicators	Goals
Number of educational sessions delivered to community partners	At least 2 per RAAM clinic per year
Shadowing and mentorship opportunities are available for local care providers and/or learners seeking education and increased knowledge	Binary indicator: Y/N
Availability of and process for shadowing and mentorship is communicated to relevant local partners, e.g., primary care providers, emergency departments	Binary indicator: Y/N

SUMMARY

Targets	People-Centred	Safe	Accessible	Appropriate	Integrated
1. Access to service is timely.			●	●	●
2. An appropriate range of services is available.		●		●	●
3. Flexible care delivery options are available.		●	●	●	
4. Care addresses the spectrum of substance use.		●		●	
5. Care is personalized to the service user.	●	●	●	●	
6. Care is culturally safe.		●		●	
7. Care is trauma informed.		●		●	
8. Treatment or referral for concurrent health needs is provided.	●	●	●		●
9. The clinic actively supports continuity of care.			●		●
10. The clinic has processes for facilitating collaborative care with local services, including bi-directional referral pathways.		●	●		●
11. The clinic keeps data regarding visits and discharge to inform understanding of clinic flow.			●	●	●
12. The clinic collects data on service user experience to inform quality improvement processes.	●			●	●
13. Clinicians provide consultations and support to clinicians at other services.			●		●
14. Clinicians provide education to local service providers and agencies in order to build capacity.				●	●

Education and Training Resources

General Resources

Equipping for Equity Online Modules (University of British Columbia)

Equity, Anti-Racism, and Anti-Oppression Framework (Addictions and Mental Health Ontario)

Equity, Diversity, and Inclusion in Health Care (University of Toronto)

Equity, Inclusion, Diversity and Anti-Racism Framework (Ontario Health)

Anti-racism Resources

Call It Out: Racism, Racial Discrimination and Human Rights (Ontario Human Rights Commission)

CARED (Calgary Anti-Racism Education)

Against Anti-Black Racism

Confronting Anti-Black Racism e-Learning Course (University of Waterloo)

Introduction to Anti-Black Racism eLearning Module (Toronto Academic Health Science Network)

A Black Health Plan for Ontario (Ontario Health)

Indigenous Cultural Safety Resources

Anishinaabe Mino'Ayaawin — People in Good Health (Indigenous Primary Health Care Council)

Anti-Racism Indigenous Cultural Safety Training Program (San'yas)

Indigenous Relationship and Cultural Awareness Courses (Ontario Health)

2SLGBTQ+ Resources

2SLGBTQ+ Health Courses (Rainbow Health Ontario)

Practical Tips to Make Your Electronic Health Records More Inclusive of 2SLGBTQ People

(Rainbow Health Ontario)

Working Together to Foster Authentic, Inclusive Spaces (The 519)

Trauma-Informed Care Resources

Trauma-Informed Practice and the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers (Centre of Excellence for Women's Health)

Trauma- and Violence-Informed Care Workshop (EQUIP Health Care)

Trauma-Informed Practice (Centre for Addiction and Mental Health)

Trauma-Informed Care e-Learning Series (Alberta Health Services)

APPENDIX B

2025 META:PHI RAAM CLINIC SURVEY

INSTRUCTIONS

You can use this form as you gather information for the 2025 META:PHI RAAM Clinic Survey. **Please complete one survey per clinic (e.g., if you manage four different clinic locations, please fill out four surveys)**. Terms that have been highlighted have been defined in the glossary at the end of the document. **Once you have all your answers ready, please click here to complete the online form**. Please contact sarah.clarke@wchospital.ca with any questions.

SURVEY QUESTIONS

Your Information

1. Please fill in your information below:

- ☐ Name: _____
- ☐ Position (RAAM administrative lead, RAAM clinical lead, other): _____
- ☐ Email address: _____

Public Directory Information

2. Please fill in the information about your RAAM clinic exactly as you would like it to appear on META:PHI's online directory of RAAM clinics.

- ☐ RAAM clinic name: _____
- ☐ RAAM clinic address (please include agency name, suite number, etc.): _____

_____

- ☐ RAAM clinic phone number: _____
- ☐ RAAM clinic fax number: _____
- ☐ RAAM clinic website (if applicable): _____
- ☐ Link to RAAM clinic Digital Front Door/other online portal (if applicable): _____

RAAM Clinic Leads

3. RAAM clinic administrative lead (i.e., person providing administrative oversight)

- ☐ Name: _____
- ☐ Position: _____
- ☐ Email address: _____

4. RAAM clinic clinical lead (i.e., person providing clinical oversight)

   ☐ Name: _____

   ☐ Position: _____

   ☐ Email address: _____

Service Delivery

5. Which methods of service delivery does the RAAM clinic offer? Select all that apply.

   ☐ In person at RAAM clinic where both the service user and the health care provider are on site
   ☐ In person at RAAM clinic where the service user is on site and the health care provider is off site, delivering care by online video
   ☐ Online video (service users see a health care provider by online video from any location)
   ☐ Phone (service users speak to a health care provider by phone from any location)
   ☐ Mobile (RAAM clinicians come to service users at locations in the community)

Service Delivery Hours

6. During what hours can people receive psychosocial support/counselling, harm reduction supplies and education, access to a prescriber, and peer support **without an appointment** (i.e., on a drop-in basis) **in person at the RAAM clinic**? For each type of service, please enter the days and hours during which the service is available without requiring an appointment (e.g., Peer support: Tuesdays and Thursdays 9:00-4:00, Fridays 9:00-12:00); if the service is not available, please leave the question blank. Please only include hours when services are available **at the RAAM clinic** (i.e., do not include hours when RAAM clinic team members are in other settings such as the emergency department).

   - Psychosocial support/counselling:
   - Harm reduction supplies and education:
   - Access to a prescriber:
   - Peer support:

7. During the **in-person drop-in hours** when service users can access a prescriber, are the prescribers onsite or seeing people through online video?

   ☐ All prescribers are onsite
   ☐ All prescribers are seeing people through online video
   ☐ Some prescribers are onsite, some are seeing people through online video
   ☐ N/A, no access to a prescriber during in-person drop-in hours

8. During what hours can people receive psychosocial support/counselling, harm reduction education, access to a prescriber, and peer support **without an appointment** (i.e., on a drop-in basis) **through online video**? For each type of service, please enter the days and hours during which the service is available without requiring an appointment (e.g., Peer support: Tuesdays and Thursdays 9:00-4:00, Fridays 9:00-12:00); if the service is not available, please leave the question blank.

    - Psychosocial support/counselling:
    - Harm reduction supplies and education:
    - Access to a prescriber:
    - Peer support:

9. During what hours can people receive psychosocial support/counselling, harm reduction supplies and education, access to a prescriber, and peer support **without an appointment** (i.e., on a drop-in basis) **in a mobile location**? For each type of service, please enter the days and hours during which the service is available without requiring an appointment (e.g., Peer support: Tuesdays and Thursdays 9:00-4:00, Fridays 9:00-12:00); if the service is not available, please leave the question blank.

    - Psychosocial support/counselling:
    - Harm reduction supplies and education:
    - Access to a prescriber:
    - Peer support:

10. During what hours can people receive psychosocial support/counselling, harm reduction supplies and education, access to a prescriber, and peer support **by appointment** (either in person at the RAAM clinic, by online video, by phone, or at a mobile location)? For each type of service, please enter the days and hours during which the service is available by appointment (e.g., Peer support: Tuesdays and Thursdays 9:00-4:00, Fridays 9:00-12:00); if the service is not available, please leave the question blank.

    - Psychosocial support/counselling:
    - Harm reduction supplies and education:
    - Access to a prescriber:
    - Peer support:

RAAM Clinic Hours Structure and Flow

11. How are RAAM clinic hours structured?

    ☐ Drop-ins and booked appointments occur at different times
    ☐ Booked appointments and drop-ins are available during the same hours (“fit-in hours”)
    ☐ Entirely drop-in hours (no booked appointments available)
    ☐ Entirely booked appointments (no drop-in hours)

12. At what percentage of drop-in clinics are **all** people who attend seen by a clinic team member?

- ☐ N/A, we do not offer drop-in clinics
- ☐ We see everyone who attends at least 90% of the time
- ☐ We see everyone who attends 75–89% of the time
- ☐ We see everyone who attends 50–74% of the time
- ☐ We see everyone who attends 25–49% of the time
- ☐ We see everyone who attends less than 25% of the time

Services Provided

13. Which substances can people receive support for at the RAAM clinic? Check all that apply.

- ☐ Alcohol
- ☐ Opioids
- ☐ Benzodiazepines
- ☐ Stimulants (cocaine, crack, methamphetamines)
- ☐ Cannabis
- ☐ Nicotine
- ☐ Other:

14. Which of the following substance use–related medications are prescribed at the RAAM clinic? Check all t hat apply.

- ☐ Naltrexone
- ☐ Acamprosate
- ☐ Gabapentin
- ☐ Sublingual buprenorphine (Suboxone)
- ☐ Depot buprenorphine (Sublocade)
- ☐ Methadone
- ☐ Slow-release oral morphine (Kadian)
- ☐ Medications for alcohol withdrawal management (i.e., diazepam, lorazepam, gabapentin)

15. Does the RAAM clinic offer a contingency management program?

- ☐ Yes
- ☐ No

16. Are benzodiazepines dispensed onsite for service users in acute alcohol withdrawal?

- ☐ Yes
- ☐ No

17. Are depot buprenorphine (Sublocade) injections provided onsite?

- ☐ Yes
- ☐ No

18. Please indicate whether the following services are provided onsite and/or by referral. Leave cell blank if neither type of support is provided.

	Onsite	By Referral
Soft tissue infection treatment	☐	☐
Liver disease testing	☐	☐
Liver disease treatment	☐	☐
Contraception counselling/prescription	☐	☐
STI testing	☐	☐
Pregnancy testing	☐	☐
Hepatitis C testing	☐	☐
Hepatitis C treatment	☐	☐
HIV testing	☐	☐
HIV treatment	☐	☐
Assessment for mental health conditions	☐	☐
Initiating pharmacotherapy for mood and anxiety disorders	☐	☐
Antipsychotic injections	☐	☐
Management of complex mental health conditions (e.g., post-traumatic stress disorder, psychosis, bipolar disorder)	☐	☐

19. What harm reduction supplies does the RAAM clinic make available to service users? Select all that apply.

- ☐ Naloxone
- ☐ Injection supplies
- ☐ Inhalation supplies
- ☐ Condoms

20. Does the RAAM clinic team assist with completion of standard provincial service forms (e.g., Ontario Works, Ontario Disability Support Program, Special Diet, Transportation)?

- ☐ Yes
- ☐ No

Staffing

21. Please select how many of each type of team member the RAAM clinic has on staff.

	0	1	2	3	4	5+
Nurse practitioner	☐	☐	☐	☐	☐	☐
Physician	☐	☐	☐	☐	☐	☐
Registered nurse	☐	☐	☐	☐	☐	☐
Registered practical nurse	☐	☐	☐	☐	☐	☐
Counsellor, psychotherapist, therapist, social worker, clinical psychologist	☐	☐	☐	☐	☐	☐
Case manager, addiction worker, addictions navigator, social services worker	☐	☐	☐	☐	☐	☐
Peer support worker, peer specialist	☐	☐	☐	☐	☐	☐
Administrative assistant, secretary, medical secretary, receptionist	☐	☐	☐	☐	☐	☐
Clinic director, clinic manager, executive director, program director, program manager	☐	☐	☐	☐	☐	☐

22. Please select what proportion of weekly drop-in clinics at least one of each type of staff member is available for (e.g., if there is at least one nurse practitioner at every drop-in clinic, select 100%). If there are no staff members of that type, select N/A. If the clinic has no drop-in hours, leave the question blank.

	N/A	0%	1– 24%	25–49%	50–74%	75–99%	100%
Nurse practitioner	☐	☐	☐	☐	☐	☐	☐
Physician	☐	☐	☐	☐	☐	☐	☐
Registered nurse	☐	☐	☐	☐	☐	☐	☐
Registered practical nurse	☐	☐	☐	☐	☐	☐	☐
Counsellor, psychotherapist, therapist, social worker, clinical psychologist	☐	☐	☐	☐	☐	☐	☐
Case manager, addiction worker, addictions navigator, social services worker	☐	☐	☐	☐	☐	☐	☐
Peer support worker, peer specialist	☐	☐	☐	☐	☐	☐	☐
Administrative assistant, secretary, medical secretary, receptionist	☐	☐	☐	☐	☐	☐	☐
Clinic director, clinic manager, executive director, program director, program manager	☐	☐	☐	☐	☐	☐	☐

23. Please select the hourly pay range for each type of team member the RAAM clinic has on staff.

	N/A	Under $20/hr	$20–29/hr	$30–39/hr	$40–49/hr	$50–59/hr	$60–69/hr	$70/hr or more
Nurse practitioner	☐	☐	☐	☐	☐	☐	☐	☐
Registered nurse	☐	☐	☐	☐	☐	☐	☐	☐
Registered practical nurse	☐	☐	☐	☐	☐	☐	☐	☐
Counsellor, psychotherapist, therapist, social worker, clinical psychologist	☐	☐	☐	☐	☐	☐	☐	☐
Case manager, addiction worker, addictions navigator, social services worker	☐	☐	☐	☐	☐	☐	☐	☐
Peer support worker, peer specialist	☐	☐	☐	☐	☐	☐	☐	☐
Administrative assistant, secretary, medical secretary, receptionist	☐	☐	☐	☐	☐	☐	☐	☐
Clinic director, clinic manager, executive director, program director, program manager	☐	☐	☐	☐	☐	☐	☐	☐

24. In addition to current staff, please indicate **how many more** of each type of team member you would **ideally** have on your team.

	0	1	2	3	4	5
Nurse practitioner	☐	☐	☐	☐	☐	☐
Physician	☐	☐	☐	☐	☐	☐
Registered nurse	☐	☐	☐	☐	☐	☐
Registered practical nurse	☐	☐	☐	☐	☐	☐
Counsellor, psychotherapist, therapist, social worker, clinical psychologist	☐	☐	☐	☐	☐	☐
Case manager, addiction worker, addictions navigator, social services worker	☐	☐	☐	☐	☐	☐
Peer support worker, peer specialist	☐	☐	☐	☐	☐	☐
Administrative assistant, secretary, medical secretary, receptionist	☐	☐	☐	☐	☐	☐
Clinic director, clinic manager, executive director, program director, program manager	☐	☐	☐	☐	☐	☐

25. Do you have any comments on your additional staffing needs?

26. What percentage of the RAAM clinic staffing costs (excluding physician OHIP billings) is covered by the following funding sources?

	0%	1–24%	25–49%	50–74%	75–99%	100%
Host organization operational budget	☐	☐	☐	☐	☐	☐
Ontario Health/Ontario Health region	☐	☐	☐	☐	☐	☐
Time-limited grant/pilot funding	☐	☐	☐	☐	☐	☐
Partnering organizations	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

27. What percentage of the RAAM clinic operating costs (excluding staff) is covered by the followin funding sources?

	0%	1–24%	25–49%	50–74%	75–99%	100%
Host organization operational budget	☐	☐	☐	☐	☐	☐
Ontario Health/Ontario Health region	☐	☐	☐	☐	☐	☐
Time-limited grant/pilot funding	☐	☐	☐	☐	☐	☐
Partnering organizations	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

Service User Flow

28. How many unique service users were seen between 1 April 2024 and 31 March 2025?

29. Of the service users seen between 1 April 2024 and 31 March 2025, how many had each of the following substances as the primary reason for their visit?

- Alcohol:
- Opioids:
- Stimulants:
- Cannabis:
- Benzodiazepines:
- Multiple substances:
- Other (please specify the substances):

30. Does the RAAM clinic have a maximum number of service users?

- ☐ Yes
- ☐ No

31. If the RAAM clinic has a maximum number of service users, is it currently at that maximum?

- ☐ Yes
- ☐ No
- ☐ N/A

32. What percentage of service users receiving sublingual buprenorphine (Suboxone) currently take all of their doses under observation at a pharmacy?

- ☐ 100%
- ☐ 75–99%
- ☐ 50–74%
- ☐ 25–49%
- ☐ Less than 25%
- ☐ N/A, the RAAM clinic does not provide sublingual buprenorphine
- ☐ Unknown

33. What percentage of service users receiving methadone currently take all of their doses under observation at a pharmacy?

- ☐ 100%
- ☐ 75–99%
- ☐ 50–74%
- ☐ 25–49%
- ☐ Less than 25%
- ☐ N/A, the RAAM clinic does not provide methadone
- ☐ Unknown

34. What happens when a service user does not return to the clinic when expected for a planned follow-up visit? Select all that apply.

- ☐ Nothing, we leave it to the individual to follow up
- ☐ A staff member contacts them to check in
- ☐ A one-time prescription renewal is sent to their pharmacy
- ☐ Prescriptions are continuously renewed until the individual returns to the RAAM clinic
- ☐ Other:

35. Does the RAAM clinic have a system for tracking referral sources?

- ☐ Yes
- ☐ No

36. Approximately what percentage of service users seen between 1 April 2024 and 31 March 2025 were referred from the following sources?

- Primary care:
- Emergency department:
- Another substance use clinic (e.g., community OAT clinic or another RAAM clinic):
- Hospital unit (e.g., general internal medicine, psychiatry):
- Withdrawal management services:
- Shelter:
- Intensive day/evening addiction treatment program:
- Inpatient addiction treatment program:
- Other community, social, or cultural services:
- Corrections:
- Self-referred/word of mouth:
- Other:

37. How many service users were discharged from RAAM clinic care between 1 April 2024 and 31 March 2025?

38. Does the RAAM clinic track where service users are discharged to?

☐ Yes
☐ No

39. Of service users that were discharged from RAAM clinic care between 1 April 2024 and 31 March 2025, approximately what percentage had their addiction care transferred to the following settings? (Total percentage may be more than 100% if some service users have their addiction care transferred to multiple settings.)

- Primary care:
- Inpatient addiction treatment program:
- Other substance use clinic (e.g., community OAT clinic, another RAAM clinic)
- Community mental health program:
- Psychiatry:
- Harm reduction program (e.g., safer opioid supply prescriber, managed alcohol program):
- Treatment concluded (i.e., substance use care not formally transferred elsewhere):
- Lost to follow-up (i.e., expected to return to the RAAM clinic but did not):
- Other:

40. What percentage of attempts to transfer a service user's substance use care to primary care have been successfully completed?

☐ At least 90% of attempts to transfer to primary care have been successfully completed
☐ 75–89% of attempts to transfer to primary care have been successfully completed
☐ 50–74% of attempts to transfer to primary care have been successfully completed
☐ 25–49% of attempts to transfer to primary care have been successfully completed
☐ Less than 25% of attempts to transfer to primary care have been successfully completed
☐ N/A, we have never attempted to transfer a service user's substance use care to primary care

Care Integration

41. How frequently are consultation/intake notes shared with a service user's referral source when applicable?

- ☐ Notes are sent to the referral source at least 90% of the time
- ☐ Notes are sent to the referral source 75–89% of the time
- ☐ Notes are sent to the referral source 50–74% of the time
- ☐ Notes are sent to the referral source 25–49% of the time
- ☐ Notes are sent to the referral source less than 25% of the time
- ☐ We do not send notes to the referral source

42. When a service user is discharged to another care provider, how frequently are discharge letters sent to the new care provider?

- ☐ Discharge letters are sent to the new care provider at least 90% of the time
- ☐ Discharge letters are sent to the new care provider 75–89% of the time
- ☐ Discharge letters are sent to the new care provider 50–74% of the time
- ☐ Discharge letters are sent to the new care provider 25–49% of the time
- ☐ Discharge letters are sent to the new care provider less than 25% of the time
- ☐ We do not send discharge letters

43. When service users need additional services, what processes are used to facilitate access to these services? Select all that apply.

- ☐ A database of relevant services is maintained and the RAAM clinic facilitates referral to these services
- ☐ Referral forms are embedded in the EMR
- ☐ Referral forms are available in the RAAM clinic's collection of forms
- ☐ Clinicians call or email other service providers directly to make referrals
- ☐ Service users are directed to access referrals through their primary care provider or walk-in clinic
- ☐ Service users are directed to self-refer wherever possible

44. How does the RAAM clinic follow up on referrals to ensure that appointments are booked and communicated to the service user? Select all that apply.

- ☐ RAAM clinic calls other services to ensure that appointments are booked
- ☐ RAAM clinic communicates appointment times to the service user
- ☐ RAAM clinic asks service users if they have followed up with the other service
- ☐ Other:

45. Does the RAAM clinic assist service users with completing admissions forms for other programs as required?

- ☐ Yes
- ☐ No

46. Does the RAAM clinic have a relationship with a particular pharmacy for dispensing OAT?

- ☐ The RAAM clinic is in a pharmacy that dispenses OAT, and service users are required to go there
- ☐ The RAAM clinic is in a pharmacy that dispenses OAT, but service users are not required to go there
- ☐ The RAAM clinic is co-located with a pharmacy that dispenses OAT (e.g., both are located in a hospital), and service users are required to go there
- ☐ The RAAM clinic is co-located with a pharmacy that dispenses OAT (e.g., both are located in a hospital), but service users are not required to go there
- ☐ The RAAM clinic has a relationship with a particular pharmacy that dispenses OAT, and service users are required to go there
- ☐ The RAAM clinic has a relationship with a particular pharmacy that dispenses OAT, but service users are not required to go there
- ☐ The RAAM clinic does not have a relationship with a particular pharmacy that dispenses OAT

Clinic Administration and Service Planning

47. What medical record system(s) does the RAAM clinic use? Please check all that apply:

- ☐ Paper records
- ☐ Accuro
- ☐ Avaros
- ☐ Cerner
- ☐ Clinical Connect
- ☐ CRMS
- ☐ Epic
- ☐ Meditech
- ☐ Millennium
- ☐ OSCAR
- ☐ PatientVu
- ☐ PSS
- ☐ Other:

48. Do you have any comments on the medical record system(s) that the RAAM clinic uses?

49. Does the RAAM clinic engage in quality improvement?

- ☐ Yes
- ☐ No

50. How are service users involved in RAAM clinic quality improvement and program development?

- ☐ Feedback collected from service users
- ☐ Patient advisory board
- ☐ Service user representatives on program development/quality improvement committees
- ☐ Other:

Service User Experience

51. Which of the following supports, comforts, and accommodations are available to service users? Check all that apply.

- ☐ Support with completing paperwork
- ☐ Interpretation services
- ☐ A quiet waiting area for people who are unwell/in distress
- ☐ Water, juice, or pop
- ☐ Coffee or tea
- ☐ Snacks
- ☐ Hygiene supplies
- ☐ Transportation support (e.g., public transit tickets/cards, taxi chits)
- ☐ Gift cards for groceries/food
- ☐ Other:

52. Please describe any cultural supports (e.g., access to an Indigenous elder, medicine bundles) that are offered to service users.

53. Please describe any processes used for collecting feedback from service users, including any specific surveys/tools that are used (e.g., the Ontario Perception of Care (OPOC) survey).

Community Support

54. Do RAAM clinicians provide consultations to other practitioners? Select all that apply.

- ☐ Primary care providers
- ☐ Emergency department clinicians
- ☐ Hospitalists
- ☐ Psychiatrists
- ☐ OB/GYN
- ☐ Clinicians at inpatient treatment facilities
- ☐ Addiction clinicians at other programs
- ☐ Case managers at other programs
- ☐ Other:

55. Does the RAAM clinic offer shadowing opportunities to other practitioners? Select all that apply.

- ☐ Nurse practitioners
- ☐ Physicians
- ☐ Nurses
- ☐ Social workers, therapists, counsellors
- ☐ Nurse practitioner students
- ☐ Medical residents
- ☐ Medical students
- ☐ Nursing students
- ☐ Social work students, counselling students
- ☐ Other:

56. Do RAAM clinicians offer supervision to learners? Select all that apply.

- ☐ Nurse practitioner students
- ☐ Addiction medicine fellows
- ☐ Medical residents
- ☐ Medical students
- ☐ Nursing students
- ☐ Social work students, counselling students
- ☐ Pharmacy students
- ☐ Other:

57. How many educational sessions have been delivered by RAAM clinic team members in the past year (e.g., hospital rounds, nursing unit education, community medical groups, community non-medical groups, etc.)?

Training and Support

58. Have the RAAM clinic team members been offered any training on trauma-informed care in the past year? Please name the training course(s) offered by the RAAM clinic (provide a link if applicable) and state what percentage of team members participated in the training.

59. Have the RAAM clinic team members been offered any training on culturally safe care in the past year? Please name the training course(s) offered by the RAAM clinic (provide a link if applicable) and state what percentage of team members participated in the training.

60. How is the RAAM clinic team supported to address grief and loss, potential burn-out, compassion fatigue, vicarious trauma, and self-care? If the team is not supported to address this, what would help to get supports in place?

General

61. What are some challenges that the RAAM clinic has faced in the past year (e.g., workplace security/safety, long wait times, understaffing, intake processes)?

62. What do you think that service users would identify as barriers to care (e.g., limited hours, intake processes, limits of services offered)?

63. Are there any tools, education, or other resources that META:PHI could provide that would be helpful to the RAAM clinic team (e.g., materials for service users on a particular topic, education to clinicians on a specific topic, sample surveys for service users, consult note templates, etc.)?

64. Please describe a recent meaningful, challenging, or rewarding service user interaction that illustrates something about the RAAM clinic's work that you'd like to highlight.

65. What is working well for the RAAM clinic?

GLOSSARY

Consultation: Providing direct clinical input on a case being managed by another health care provider

Discharged: Service user is no longer receiving care from the RAAM clinic

Drop-in: Times during which Individual may attend the RAAM clinic and receive service without a pre-booked appointment

Educational session: Structured learning activity (e.g., grand rounds, lunch and learns, presentations) with particular clinical learning objectives

Follow-up visit: Any subsequent visit after a service user's initial visit

Harm reduction supplies and education: Information and tools that reduce an individual's risk of harm from a particular activity

Health care provider: Individual who provides clinical service to RAAM clinic service users

Peer support: Support provided by a person with lived/living experience of substance use in a relationship of equality

Pharmacotherapy: Prescribed medications

Prescriber: Health care professional able to prescribe medications (a physician or nurse practitioner)

Psychosocial support/counselling: Care delivered by a professional that supports an individual's psychological/emotional health

Quality improvement: A formal process to continuously identify and address issues in the delivery of care

Receive support: Counselling, goal-setting, education, access to a prescriber, and/or harm reduction supplies or education

Seen by a clinic team member: Speak to at least one member of the care team (counsellor, nurse, nurse practitioner, peer support worker, physician) and receive counselling, goal-setting support, education, access to a prescriber, and/or harm reduction supplies or education

Service user: Individual who attends the RAAM clinic to receive services (i.e., patient or client)

Shadowing: Learning through the observation of another health care provider's practice

Standard provincial service forms: Forms administered by provincial ministries for residents to access particular services (often requiring supporting documentation/endorsement from a health care professional)

Substance use–related medications: Medications intended to reduce or eliminate the use of a particular substance

Transfer: A service user's care is formally passed from one service setting to another

Unique service user: An individual seen at the RAAM clinic at least once

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