

Addiction Services Annual Report

2011-2012

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Service Overview

In January, 2011 a merger between the Department of Health Promotion and Protection (HPP) and the Department of Health formed the Department of Health and Wellness (DHW). In June 2011, Addiction Services Responsibility Centre merged with the Mental Health, Children's Services, and Addiction Treatment Branch to become Mental Health, Children's Services and Addictions Branch (MHCSA). MHCSA collaborates with a number of other branches in DHW (e.g., Primary Care, Public Health, BIAP, etc.) and departments (e.g., Education, Justice, Community Services, Service Nova Scotia Municipal Relations, Communities Culture and Heritage).

MHCSA has four key roles related specifically to addiction services:

- » provide evidence-informed policy and best practice program advice aimed at preventing and reducing harms from gambling and the use of alcohol and other substances
- » undertake research, surveillance, and data collection to support strategic planning and decision making
- » support the provision of quality services across Nova Scotia through professional capacity building opportunities, system standard development, and the application of a quality management framework, system planning
- » build and maintain collaborative relationships across government, the addiction services system level, and community to improve the health of Nova Scotians in relation to substance use and gambling.

As per Article 60 of the Health Authorities Act, Addiction Services in the DHAs/ IWK have the following key roles: Govern, plan, manage, monitor, evaluate and deliver health services, maintain and improve health of residents, determine priorities and allocate resources, implement health-services business plan recommend health services, identify service delivery responsibilities, participate in provincial policies, plans and indicatives, and provide information to the public.

DEPARTMENT OF HEALTH AND WELLNESS

Vision –Where are we going?

- » an innovative and sustainable health system for generations of healthy Nova Scotians

Mission–What do we do?

- » providing leadership to the health system for the delivery of care and treatment, prevention of illness and injury, and promotion of health and healthy living

“Addressing alcohol harms is not only about providing needed supports to individuals who may have dependence issues - it is also a public health concern. Whether you are a parent worried about their underage daughter binge drinking on weekends or someone waiting in the ER for a hospital bed being used by someone who was drinking and driving. You might just be a tax payer who sees their hard-earned tax dollars being spent trying to fix alcohol-fed problems. Whatever the case, we are all impacted and we all have a responsibility to get involved in finding solutions to how we drink alcohol in this province.”

- Dr. Robert Strang, Nova Scotia's Chief Public Health Officer

Foundation of Quality Service

At both the district and provincial level, Addiction Services has sought to develop a focus on quality as an overarching framework and conceptual foundation for ensuring service excellence and providing continuous system improvement. The Provincial Standards for Addiction Services and the Accreditation Canada Standards for Substance Abuse and Problem Gambling are instruments of quality management. At the district level, Addiction Services programs utilize quality teams to guide their accreditation processes and other quality activities. At the provincial level, quality is a high-priority focus and one requiring informed direction.

Addiction Services endorses the Accreditation Canada Quality Framework consisting of eight quality dimensions – Population Focus, Accessibility, Safety, Work-life, Client-Centered Services, Continuity of Services, Efficiency, and Effectiveness. These represent essential and primary principles in our work.

Addiction Services develops service standards, best practices, and ongoing quality improvement activities as a means to achieve the intent of each of these quality dimensions:

- » **Population Focus:** Working with communities to anticipate and meet needs
- » **Accessibility:** Providing timely and equitable services
- » **Safety:** Keeping people safe
- » **Work-life:** Supporting wellness in the work environment
- » **Client-Centered Services:** Putting clients and families first
- » **Continuity of Services:** Providing coordinated and seamless services
- » **Effectiveness:** Doing the right thing to achieve the best possible results
- » **Efficiency:** Making the best use of resources

Prevention, Health Promotion, and Population Health

While there is limited capacity to provide statistical data for health promotion and prevention work, a wide range of initiatives are taking place at the district level to strengthen skills and capacities of communities, and to improve social, political, environmental, and economic conditions. Each aims to achieve positive impacts and outcomes relative to the prevalence, severity, and burden of alcohol, substance use, and gambling.

Several towns across the province are exploring the role municipal governments can play in reducing alcohol harms. The project, known as MAP (Municipal Alcohol Project) saw the mayors of Wolfville, Antigonish, and Bridgewater, supported by Addictions Services staff, interview community stakeholders (ER physicians, police, school principals, etc.,) about how they see alcohol impacting the community. The stories were published in reports called “In our own words: What alcohol use looks like in our towns”. The goal of MAP is to engage municipalities and community members in identifying local approaches to reducing alcohol harms. The new mental health and addictions strategy, Together We can, supports the continuation of MAP and several more Nova Scotia communities will be funded by the Department to undertake similar work.

Prevention and Treatment Programs

Services and supports offered by Addiction Services are guided by Service Standards and Best Practices (2005). Programs fall into one of three categories: Community Based, Withdrawal Management, or Structured Treatment. Programs include enhanced services for rural women and youth, nicotine treatment services, problem gambling services, driving while impaired and alcohol ignition interlock programs, inpatient and day withdrawal management, addiction education and opioid replacement therapy, and structured treatment. Program definitions are listed below.

- » **Addiction Education Program (AEP):** This service assists individuals at risk for developing and/or maintaining harmful involvement with addictive substances and/or behaviours by providing specialized biopsychosocial addiction information, education, and support for recovery that is delivered in a residential or day-patient setting.
- » **Adolescent Services:** A comprehensive range of age-appropriate programs and services addressing the unique substance-use and gambling-related needs of adolescents (13–18 years of age). Programs recognize the distinctness of adolescents in terms of psychological, physical, and social development. Services include community- and school-based health promotion, prevention and early intervention, and treatment, along with provincial day and “24/7” programs.
- » **Community Based Services (CBS):** Community-based services, including outreach, early intervention, and treatment, are delivered to individuals, families, concerned significant others, and groups in their own communities. Services are determined by client needs and assessment.
- » **Driving While Impaired (DWI):** The program is provided to all persons with impaired driving offences. Drivers requesting reinstatement must complete this program. It is provided in partnership with the Registry of Motor Vehicles (RMV) and Service Nova Scotia and Municipal Relations (SNSMR). The program components include education, assessment, and treatment.
- » **Alcohol Ignition Interlock Program (AIIP):** AIIP is designed for individuals who are convicted of alcohol-related driving offences. This program is voluntary for most first-time offenders and mandatory for repeat offenders and anyone convicted of impaired driving causing bodily harm and/or death. Addiction Services oversees the program in partnership with the RMV and SNSMR. The program components include bi-monthly monitoring sessions, ongoing assessment, counselling, and/or referral when deemed appropriate, and a six-month follow-up session following completion of the program.
- » **Opioid Replacement Therapy (ORT):** ORT involves the replacement or substitution of a long-acting opioid drug (typically in an oral formulation) for the opioid(s) that an individual is administering intravenously.
- » **Nicotine Services:** This program provides evidence-based educational programs and supportive treatment interventions to help individuals reduce or stop using tobacco. Nicotine treatment is offered to individuals and groups based on client needs, strengths, and readiness to change.

- » **Problem Gambling Services:** This program provides public awareness, health promotion, prevention, early intervention, and treatment for problem gamblers and their families.
- » **Structured Treatment Programs (STP):** This intensive and time-limited group treatment service is available to clients who have successfully completed a withdrawal management process. It provides biopsychosocial assessment, education, counselling, and treatment. It is offered in both residential and non-residential settings.
- » **Withdrawal Management – Day (Day Detox):** Day Detox is designed to meet the needs of individuals who require intensive treatment but not full inpatient admission. It allows clients to function in their own environment while medically managing their withdrawal.
- » **Withdrawal Management – Inpatient (Detox):** Inpatient Detox aims to optimize the health of individuals who are harmfully involved with alcohol, drugs, and/or gambling through the provision of a comprehensive range of integrated biopsychosocial treatment services. These services include assessment, medically-managed detoxification, treatment planning, therapeutic and vocational counselling and support, education, and referrals.
- » **Withdrawal Management Opioid Stabilization** - An inpatient program designed specifically for clients admitted onto an inpatient unit for the primary purpose of preparing clients for admission to ORT.
- » **Women Treatment Services:** These services are designed to address women specific experiences, issues, and realities to encourage women to choose and direct their own lifestyle changes and to participate in the development of services based on their actual needs, rather than their needs as perceived by others. It provides biopsychosocial assessment, education, counselling, and treatment.
- » **Adolescent Services** – Age appropriate programs and services designed to target and meet the unique substance-use and gambling-related needs of those aged 13-19. Programs are intended to recognize the distinctness of adolescents in terms of psychological, physical and social development. Services include specialized community and school-based health promotion, prevention, early intervention and treatment as well as specialized provincial programs.

The following outlines some accomplishments the DHW have completed in fiscal year 2011–2012. This is followed by a brief overview of highlights each district felt they accomplished. The final section examines the provincial data as it relates to various aspects and standards of addiction services.

DHW 2011-2012 HIGHLIGHTS

ADOLESCENT WITHDRAWAL MANAGEMENT PROVINCIAL WORKING GROUP

Across Canada, there is no agreement concerning the approach regarding what best serves the needs of adolescents who require withdrawal management. Provinces and territories differ widely in their approach to adolescent withdrawal management programs, reflecting different needs, ideologies, and resources. It is not surprising that there are no youth-oriented withdrawal management services in Nova Scotia that fully meet the needs of this population. To address the current gap in adolescent withdrawal management, key provincial stakeholders and subject matter experts came together to form a working group. The group reviewed best practices and approaches for adolescent withdrawal management in Canada and internationally and discussed recommendations for appropriate adolescent specific withdrawal services in Nova Scotia. A provincial scan was generated that captures how each area is currently addressing withdrawal management for the adolescent population. This work will continue and is expected to contribute to the overall vision of DHW of an innovative and sustainable health system for generations of healthy Nova Scotians.

CONCURRENT DISORDERS

An extensive, multi-year plan has been developed in relation to working with clients experiencing a concurrent disorder. This includes not only the work that has been completed during 2011–2012, but also future projects that will move this work forward. System level standards have been developed incorporating feedback from an extensive consultation process. This included expert reviews and stakeholder feedback from clients and loved ones. Through this process, a template for monitoring adherence was developed and a tool for determining what DHAs will need to implement these standards was developed.

“When I heard that [the development of concurrent disorders standards] is taking place, I thought Thank God. Someone taking these two schools of thought together, these kids will have a chance”- Client

In January, DHW hosted a two day event for over 100 Addiction Services and Mental Health staff from around Nova Scotia to focus on concurrent disorders. Future direction for the concurrent disorder work includes the implementation of the System Level Standards, the development of staff competencies, and concurrent disorder specific staff training.

PROBLEM GAMBLING HELP LINE (PGHL)

The PGHL was introduced in December 1996 with a mandate to address the needs of Nova Scotians negatively affected by gambling. In keeping with its intended purpose and objectives, the PGHL provides professional telephone counselling services, advice, and information to gamblers at any level of risk, their families, friends, and employers throughout Nova Scotia. These services include assessment and referral, counselling, information, and written materials. Other groups that frequently utilize the PGHL services include professional health and social service providers, educators, students, the hospitality industry, and general interest groups. Members of the general population also contact the line for information.

The PGHL operates 24 hours a day, seven days a week. It is a confidential, dedicated, and toll-free telephone service staffed by accredited clinical staff including social workers and psychologists. In 2008, the PGHL services expanded to include e-mail as a form of correspondence for callers seeking information. In 2011–2012, 948 calls (1-888-347-8888) were made to the PGHL.



Brigadoon Village Participants, 2012

The Health Promotion March Break Camp at Brigadoon Village provided the opportunity for 35 youth from across the province to meet and take part in a number of different health promotion sessions focussing on a number of areas of health including substance use, physical activity, healthy eating, and many others. It was a wonderful way to build positive relationships and network with a group of youth who care about health promotion.

“This camp was an amazing experience! I was able to be myself and express the importance of certain health issues to other youth my age, as well as learn from other youth.”

- 16 year old female camp participant

NATIONAL TREATMENT INDICATORS (NTI)

- » Fiscal year 2011–2012 was Nova Scotia’s first year to contribute provincial data to the NTI report.
- » The report was prepared by the Canadian Centre on Substance Abuse.
- » The goal of the NTI project is to provide a comprehensive national picture of treatment for substance use and gambling in Canada.

View the report at <http://www.nts-snt.ca>

Unwasted is a website resource for youth to find information on alcohol, other drugs, and gambling. It provides them with information on where to access services across the province. <http://unwasted.ca/>

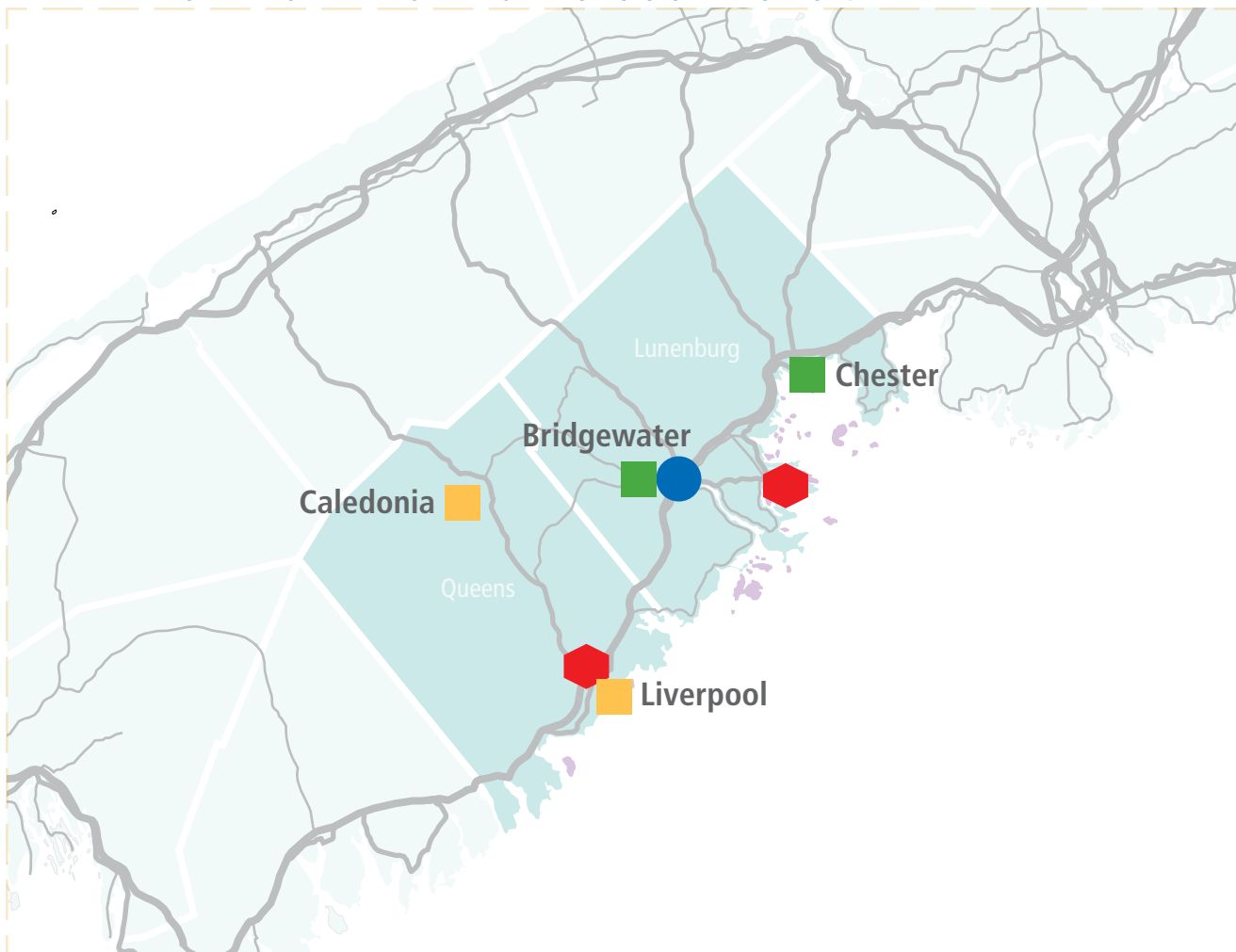
DRIVING WHILE IMPAIRED (DWI) WORKSHOP

In March the Provincial DWI Committee, in collaboration with DHW Addictions, conducted a workshop with 27 participants. The focus was to inform the development of a DWI Preferred Practices document. The event looked at provincial standards, and reviewed available outcome monitoring and client satisfaction data for DWI and AIIP, followed by an overview of the DWI client profile. A presentation was provided by the RMV to review changes in the legal/regulatory aspects of the program. Group work gave participants the opportunity to discuss guiding principles for the provincial working group, and further explore goals of DWI/AIIP and the role of both Addiction Services and the RMV. This included revisiting procedures, examining strengths, and identifying areas for improvement. The second day focused on processes related to assessment and risk rating. Participants demonstrated a spirit of collegiality and collaboration, which resulted in a highly interactive and productive knowledge exchange event, where participants were able to reflect on DWI work to date, share expertise, share lessons learned, and provide direction to the future of DWI/AIIP.

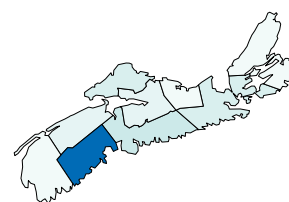
“Helped to better understand expectations surrounding DWI and learn what other districts are doing”, “I believe it is important to keep up to date, these events are important”, and “I like that we are moving towards more consistency throughout the province.”

- Workshop Participants

DHA 2011-2012 HIGHLIGHTS-SOUTH SHORE



- Addictions Facility
- Mental Health Clinic
- Mental Health Inpatient Unit
- ⬡ Mental Health / Addictions Facility
- Arterial
- Collector
- Highway
- Nova Scotia
- District Health Authority

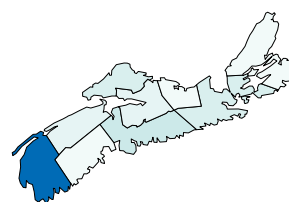
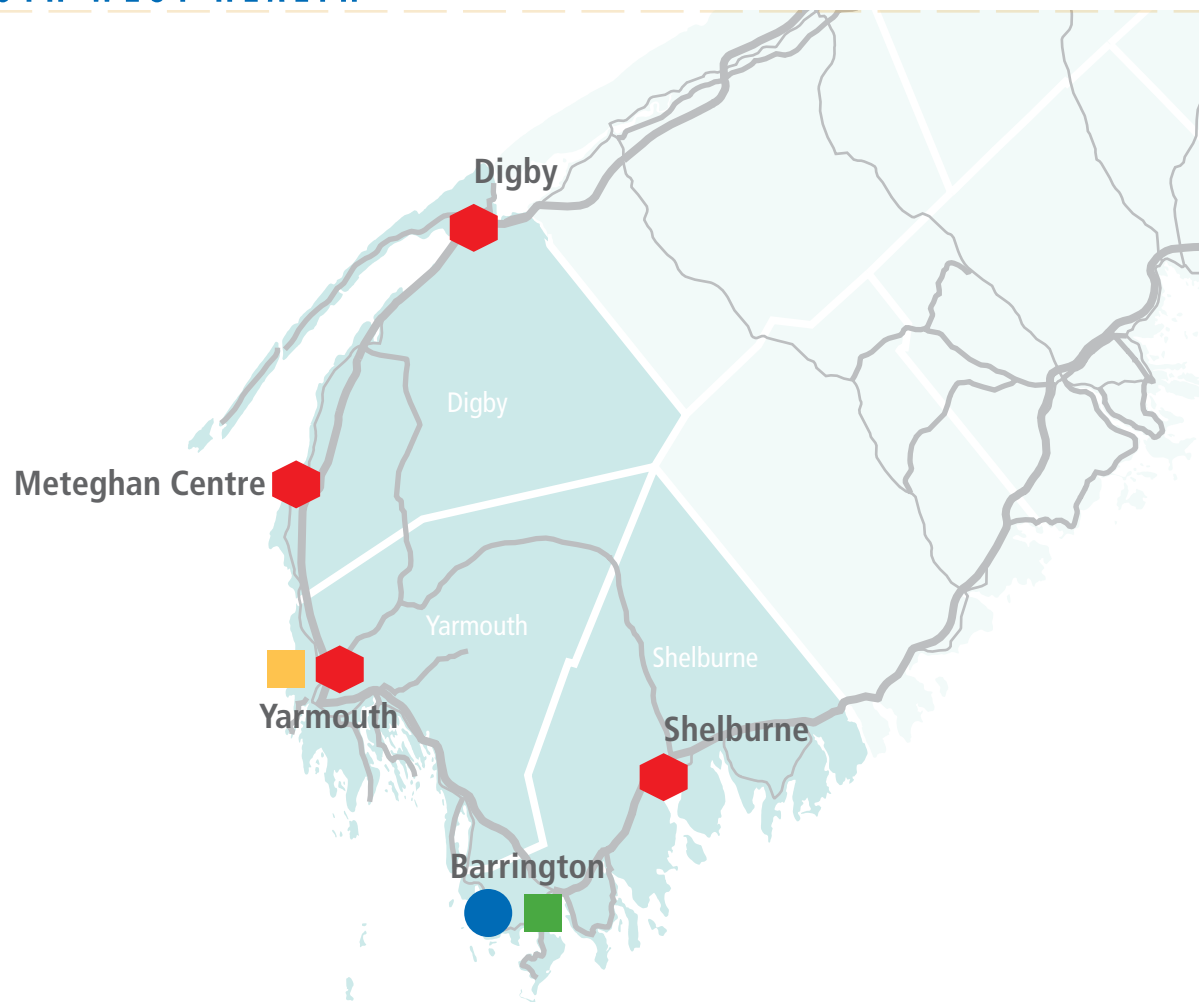


Considerable advances have been made towards the treatment of concurrent disorders clients in South Shore Health. A task group is implementing a number of initiatives aimed at improving accessibility for this population. In collaboration with Mental Health, we are developing a common referral form and a single-entry integrated intake process. We also have several initiatives related to health promotion and prevention underway. We will begin an incremental process of “rebranding” Mental Health Services and Addiction Services, reflecting the intention to achieve greater service integration and better continuity of care for clients and communities. The name to be adopted will be Addiction and Mental Health Services.

Health Promotion staff have developed a draft position statement on alcohol. The position statement outlines current evidence-informed policy options that would reduce the heavy consumption of alcohol and shift levels of harmful alcohol consumption to a more moderate level, and reduce or prevent alcohol consumption among Nova Scotia’s children and youth.

South Shore Health has implemented a new management structure for Addiction and Mental Health Services. All outpatient staff, from both programs, now report to the Manager, CBS, and Addiction and Mental Health Services. The Director for these programs is also responsible for all community programs in South Shore Health, including Addiction and Mental Health Services.

Cross training opportunities with the inpatient Mental Health Unit have begun for staff of the Withdrawal Management Unit. This will allow staff to expand their practice and also become more familiar and more comfortable with clients who present with concurrent disorders.

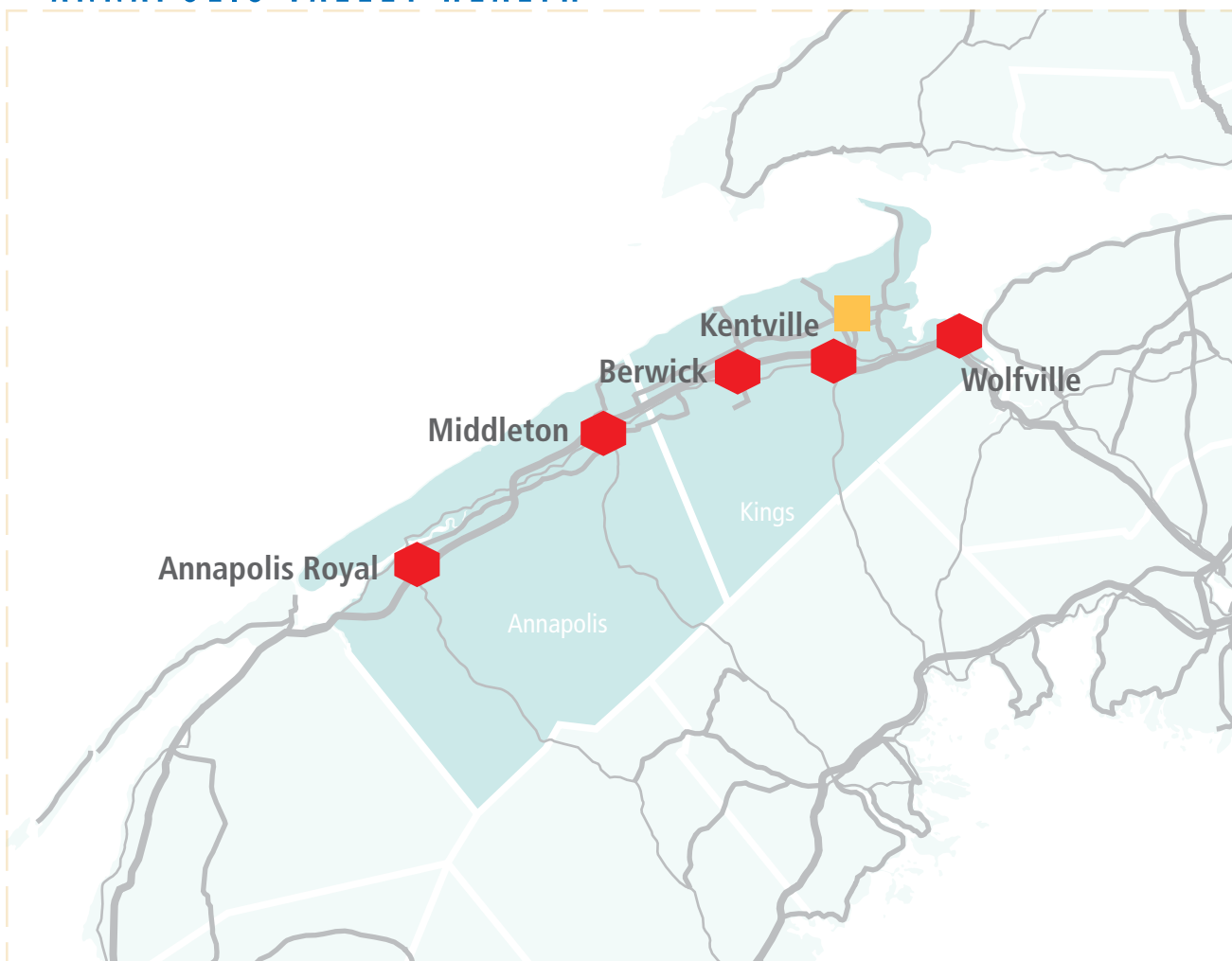


South West Health has implemented a new model of care initiative on the Detox unit. This model is aimed at enhancing the service provided to ensure better outcomes for the clients. The model includes safe withdrawal management as well as a programming component. The unit is now staffed fulltime with Registered Nurses and Licensed Practical Nurses. Other professionals are involved in the programming. Another important and noteworthy modification is that the unit is now referred to as the Detox and Recovery unit.

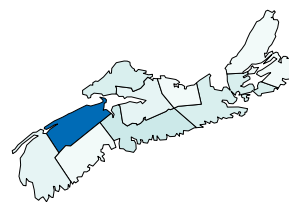
In addressing concurrent disorders, Addiction Services has created a Concurrent Disorder Specialist position. Also, we have implemented the Global Appraisal of Individual Needs (GAIN) Short Screener for use on the Detox unit. This screening tool allows us to determine which clients require a consult with a Mental Health psychiatrist. The psychiatrists, as part of this initiative, are now doing week-day rounds on the Detox unit, which allows clients to be connected to Mental Health services in a timelier manner.

Furthermore, we now have a dedicated Adult Health Promotion and Prevention position for MHAS. This position and the Adolescent Health Promotion and Prevention position are shared with MHAS.

ANNAPOLIS VALLEY HEALTH



- Addictions Facility
- Mental Health Clinic
- Mental Health Inpatient Unit
- ⬡ Mental Health / Addictions Facility
- Arterial
- Collector
- Highway
- Nova Scotia
- District Health Authority

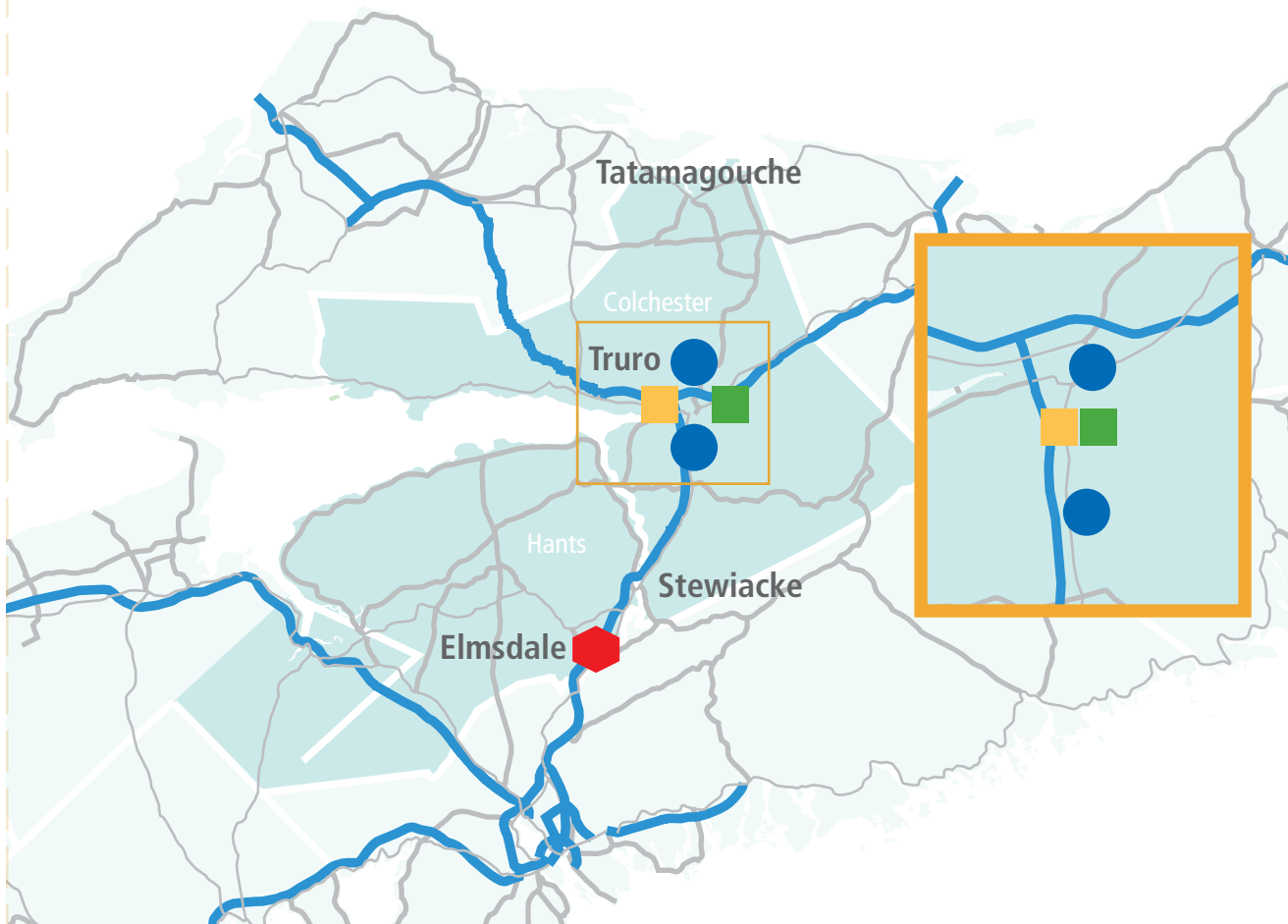


During 2011–2012, Annapolis Valley Health Addictions Services has had many accomplishments. In May, the Using Our Influence women's forum brought together 140 participants to positively influence the lives of women and girls affected by substance abuse, gambling, violence, and abuse. The Using Our Influence partnership developed materials for two short videos (launched on International Women's Day) that can be used to reduce stigma and initiate discussion.

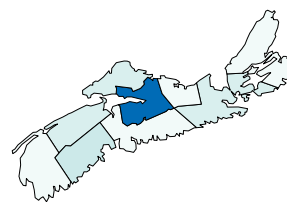
There has been considerable collaboration between Mental Health and Addiction Services, as we move toward implementing the Choice and Partnership Approach (CAPA) in 2012–2013. A two-day quality event with Mental Health and Addiction Services staff was held in September, a psychiatrist has begun working with Addiction Services, and many new interdisciplinary committees have been formed to review concurrent disorders, programs, services, and quality.

In October, the Opioid Replacement Therapy was implemented. This program is based on a team-based, shared-care model. Potential clients complete an initial assessment and are subsequently registered in the stabilization phase and attend weekly clinics. Once clients become stabilized, they move on to the maintenance phase, which involves Mental Health and Addiction Services provision of ongoing psychosocial support, case management, and urine screening services. Community outreach workers are present at physician practices to provide support, facilitate a seamless provision of care between primary care providers and Mental Health and Addiction Services, and ensure a high degree of provider coordination. During the fiscal year 2011–2012, the Screening, Brief Intervention, Consultation, and Referral pilot project was successfully continued. The project, which is also based on a shared-care model (involving Addiction Services clinicians aligning with specific primary sites to provide coverage on-site), has been recognized by Accreditation Canada as a leading practice.

COLCHESTER EAST HANTS HEALTH AUTHORITY

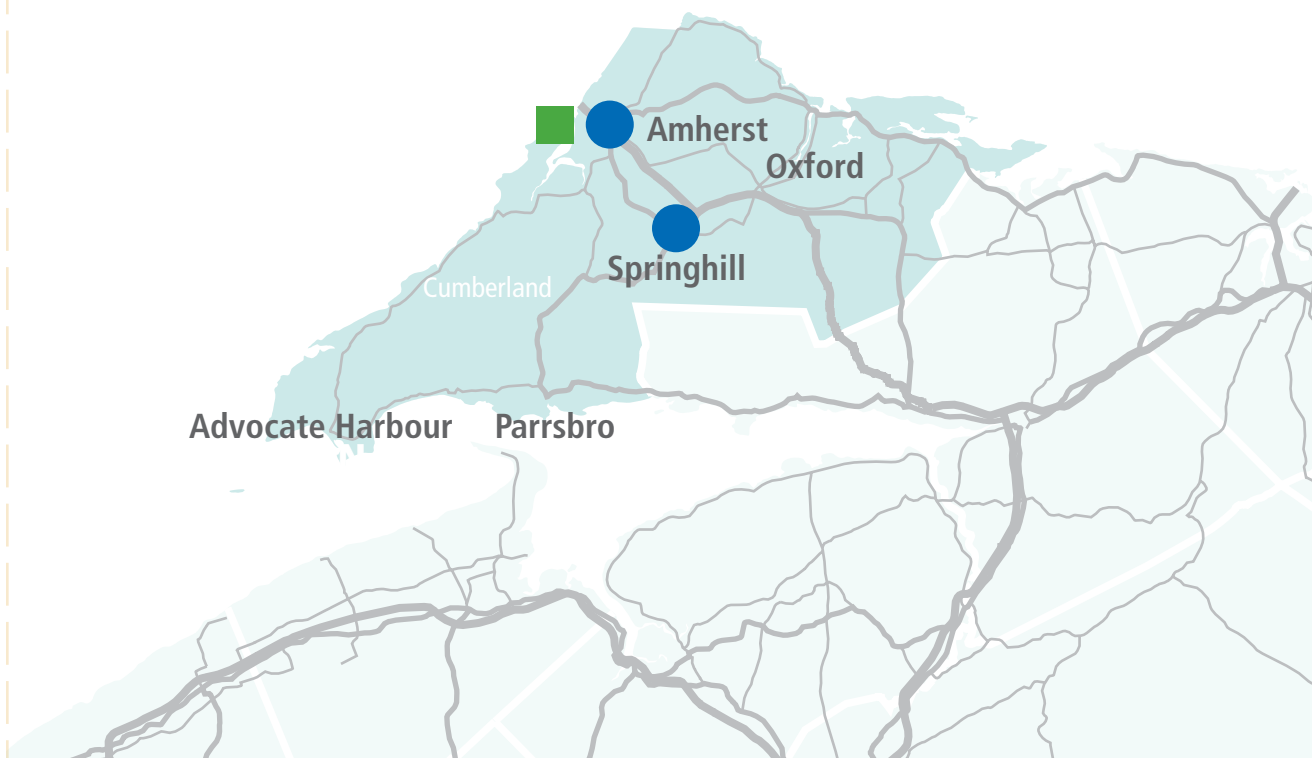


- Addictions Facility
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- Mental Health Inpatient Unit
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- Arterial
- Collector
- Highway
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- District Health Authority

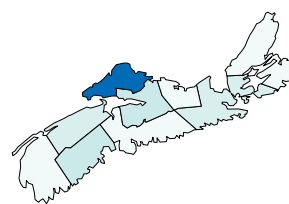


During fiscal year 2011–2012, DHA 4 received funding for promotional advertising for the purpose of assisting and supporting problem gamblers. The district was also successful in a campaign to add extra group session titles including “social media and television” to the ASsist electronic provincial database in an effort to track the impact that online advertising can have for our clients. Our goal was to ensure that ASsist remains current in its context and data collection terms. It will help to determine from where referrals are being generated and to have the capacity to report on items, such as whether or not funds for promotional advertising are being spent on outreach and in an effective manner.

The Opiate Treatment Program, based out of DHA 4, has had a team in place since October 2009. The doors to the clinic on Willow Street opened in February 2010. The clinic promotes and encourages client involvement from all perspectives including receiving regular dosing for methadone, regular screening and assessment, as well as ongoing therapeutic/support and educational programming. The Willow Street clinic is experiencing high retention rates and client enrollment is very diverse; First Nation makes up about a quarter of the clientele and a number of women are engaged in the program. Staff is working hard at retaining the clients and working with those who are experiencing both one or poly-addiction issues. The clinic has recently expanded to provide satellite services to clients who have been initially stabilized but are living in the Pictou County Health Authority area with a satellite assessment clinic located in New Glasgow. Expansion of the satellite services to the Cumberland Health Authority based out of Amherst is planned.



- Addictions Facility
- Mental Health Clinic
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- Highway
- Nova Scotia
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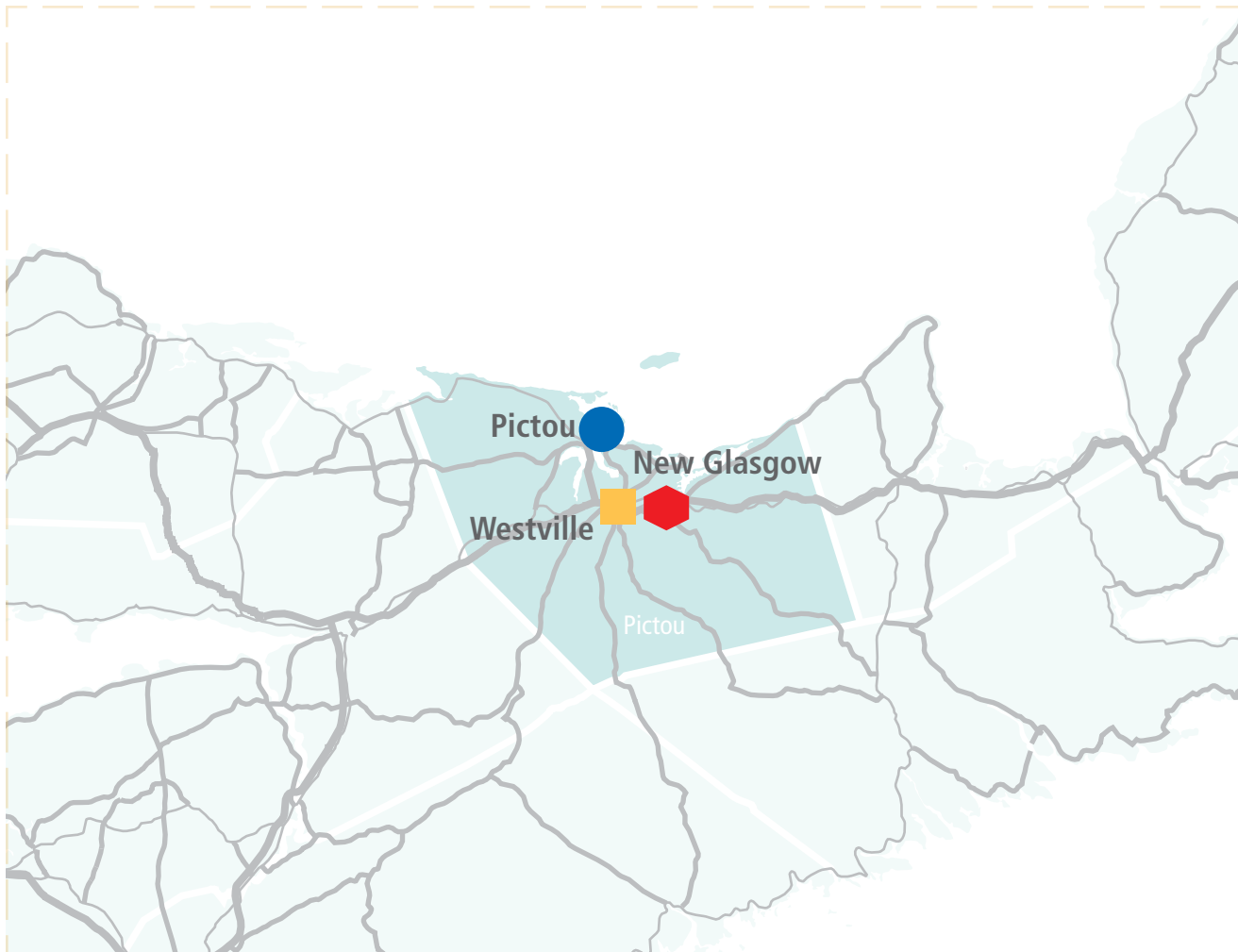


Following the 2011 Accreditation Canada On-site Survey, a standard indicating "clients indicate that they have received written and verbal communication about their role in promoting safety" was flagged as non-compliant. A number of initiatives were developed by the DHA 5 Quality Improvement Team to better deal with this deficiency. The results were met with and adopted by front-line staff with positive and encouraging results. A key priority is to ensure that clients and family are engaged in promoting safety while presenting/receiving our services. Our goal was to make clients feel empowered to ask questions and become informed about their safety by being invited to play a role in their safety while attending the Inpatient Detoxification Unit. The following changes have been incorporated into our programming:

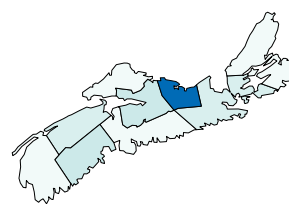
- information and safety booklets are readily available and reviewed with the client by staff
- visuals and signage promoting safety and encouraging client engagement are strategically placed throughout the service facilities
- direct communication by staff at program registration, admission, and/or throughout ongoing programming regarding client's responsibility in their own safety
- verbal and written invitations are available to clients to approach staff with safety, health, and medication concerns or questions
- group safety information sessions are offered on the Inpatient Unit, as appropriate

As a result of these changes, clients are more informed and feel less restricted and more comfortable knowing they are free to ask questions about their health and ongoing safety, while present or following discharge.

PICTOU COUNTY HEALTH AUTHORITY



- Addictions Facility
- Mental Health Clinic
- Mental Health Inpatient Unit
- Mental Health / Addictions Facility
- Arterial
- Collector
- Highway
- Nova Scotia
- District Health Authority

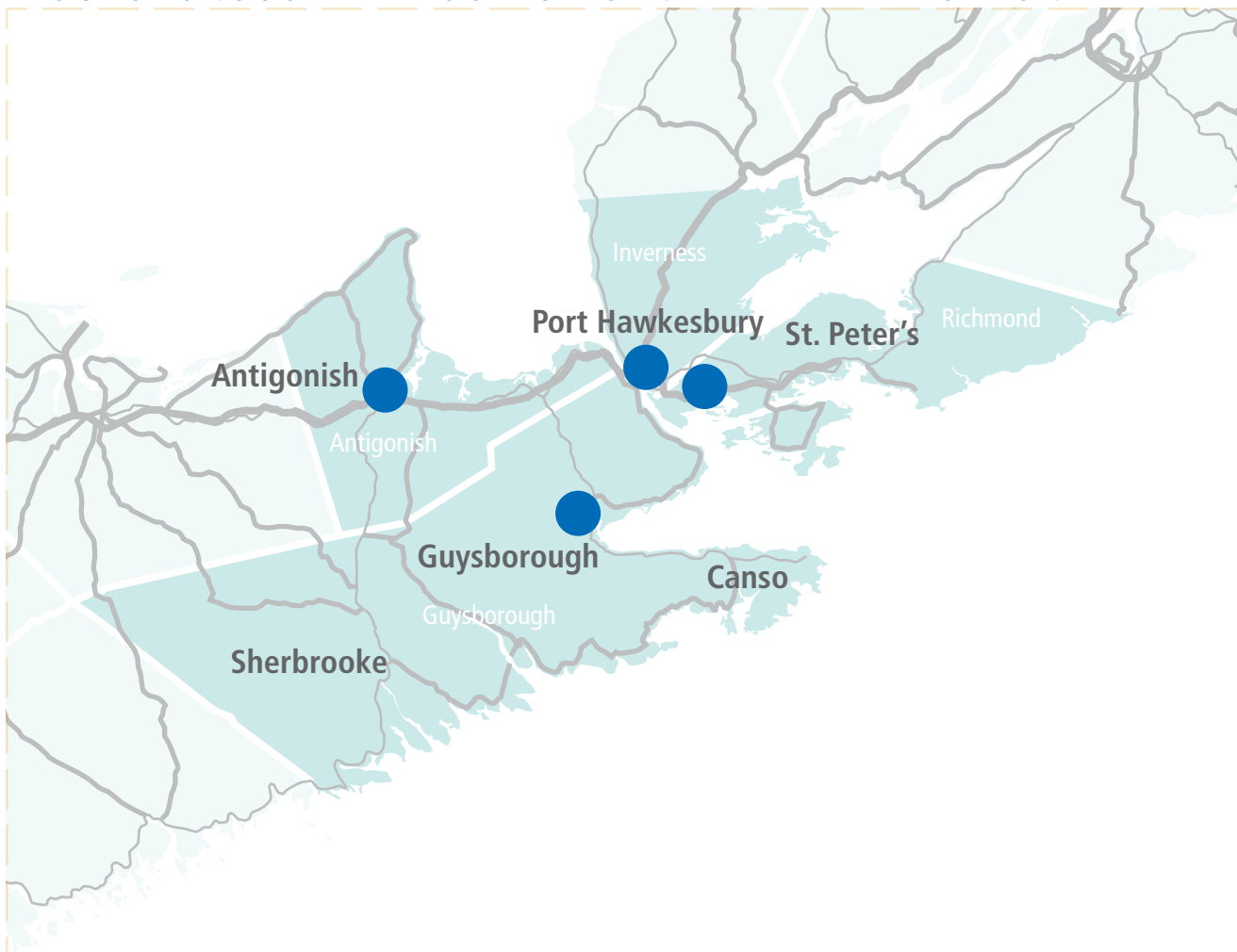


The Quality and Research Utilization team began to address a gap with funding from Health Canada's Tobacco Control Strategy in a project entitled The Youth Smoking Cessation Project: A School-Based and Residential Youth Care Facility Approach. The purpose was to offer an evidence-based, interactive, and engaging program that offers coping skills for smoking cessation, identifies relapse triggers, offers solution focused strategies, and promotes the use of supports. By providing a number of strategies based on current best-evidence, we hoped to empower adolescents to choose approaches that best target motivations for smoking and barriers to stopping. This project was a collaborative effort between Addiction Services in DHAs 4, 5, and 6, Home Bridge Youth Society, and the Chignecto Central Regional School Board.

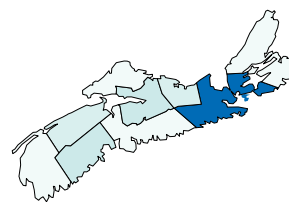
The Quality and Research Utilization team is also coordinating at the local level a national youth concurrent disorder screening project, in collaboration with the Center for Addiction and Mental Health and funded by Health Canada. The project's objectives include building collaboration among youth service providers across sectors by developing/enhancing networks of community based youth services, using a common screening tool with youth who are seeking services, and enhancing consistent and earlier identification and treatment planning for youth with substance use and mental health concerns.

A third project is a three-year multi-site clinical trial exploring ways to help concerned significant others of people who gamble problematically. The project is in the recruitment phase and several clients have completed rounds of treatment, including pre- and post-assessment, in both the "Treatment as Usual" and the "Experimental" interventions. This project is being conducted in Pictou County, Cumberland County, Colchester/East Hants Counties, and Capital.

GUYSBOROUGH ANTIGONISH STRAIT HEALTH AUTHORITY



- Addictions Facility
- Mental Health Clinic
- Mental Health Inpatient Unit
- Mental Health / Addictions Facility
- Arterial
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- Highway
- Nova Scotia
- District Health Authority

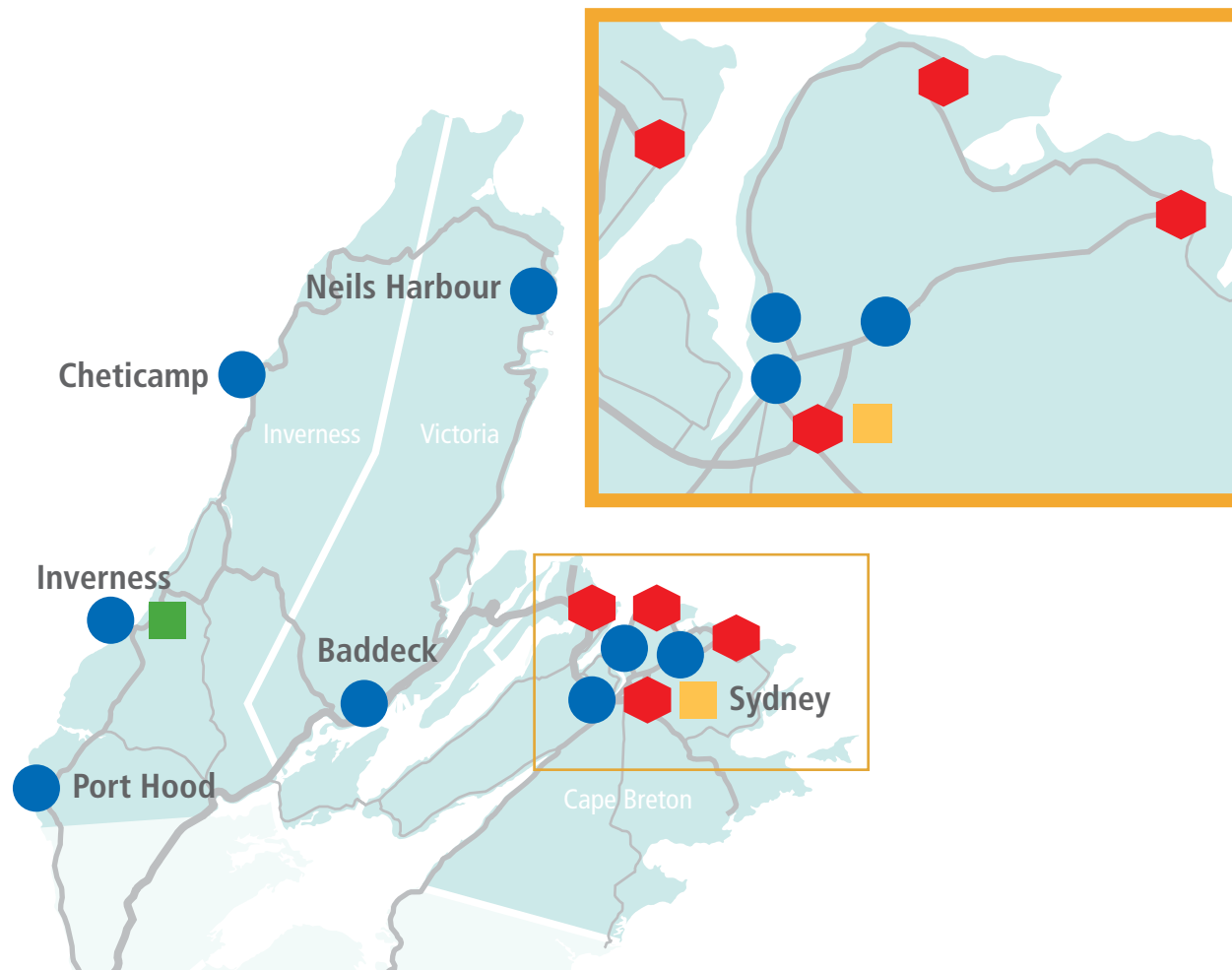


The Guysborough Antigonish Strait Health Authority (GASHA) has been collaborating with the school boards to deliver school-based prevention, education, and treatment services to youth. The Addiction Services Adolescent Team offers health promotion and treatment programs that include Get Your Game On! (an interactive gambling awareness exhibition, Free2BU (for females) and Activ8 (for males) (an 8-week program exploring topics important to youth such as substance use, Getting Started (a two-day educational program for youth at-risk of becoming harmfully involved, and Connections (a three-day interactive program for youth who are harmfully involved).

GASHA Addiction Services also offers Strengthening Families for the Future, a prevention program for families with children aged 7-11 years who may be at risk for substance use problems, depression, violence, delinquency, and school failure.

The Adolescent team recently launched a new website, www.beincontrol.ca. The website aims to empower youth by providing information about high-risk behaviours, drug use, and refusal skills. We are also on Facebook, at www.facebook.com/incontrol.gasha. The Drug Treatment Funding Project funded through Health Canada has enabled GASHA to engage in collaborative family therapy training sessions and adolescent knowledge exchange events, each providing for opportunities to network, look at promising research, and share best practices.

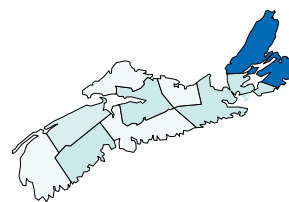
CAPE BRETON DISTRICT HEALTH AUTHORITY



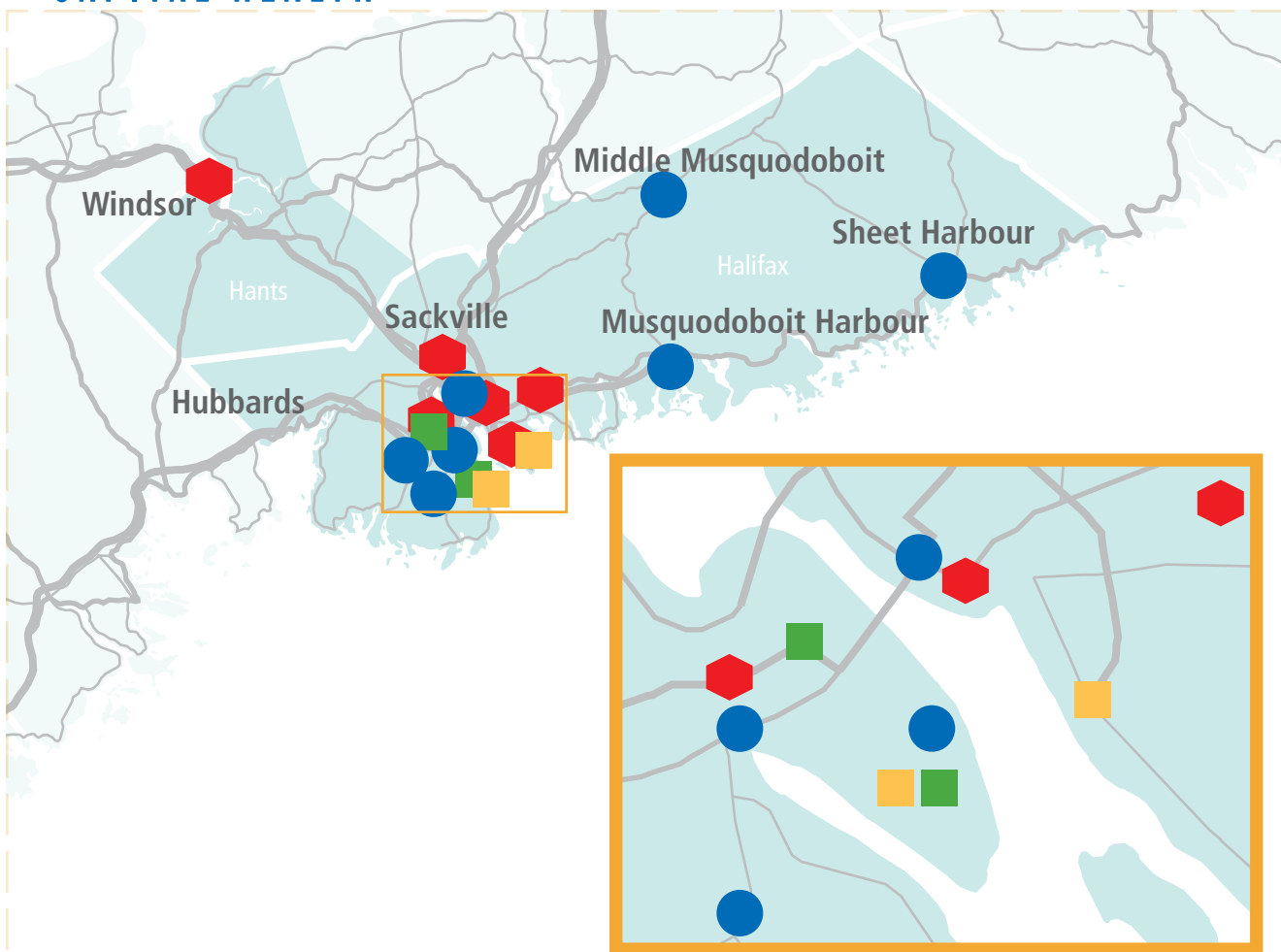
There have been a number of significant changes to Cape Breton District Health Authority over the last two years. Some highlights include a move to central intake, the establishment of a multidisciplinary team approach to care and increased collaboration both within Addiction Services and between departments and community agencies, and a youth website (www.caperbase.com). Our most exciting change has been our move towards structural integration of MH&AS. This has involved:

- co-location of MHAS across Cape Breton
- expansion of the Concurrent Disorders committee now responsible to ensure compliance with the new provincial standards
- an integrated Quality Management committee
- weekly management meetings that are run jointly
- adolescent addictions staff working as members of the Intensive Community-Based Treatment team within Child and Adolescent mental Health Services
- changes to inpatient services organizational structure, with one manager for three mental health units and one Withdrawal Management unit
- access to regular psychiatric consultation in relation to clients of the Opiate Recovery Program
- review and eventual adoption of best practices relating to mental health prevention/promotion by our HPP Addictions team
- development of a rural strategy for MHAS

We are delighted to report that CBS staff is now registering clients in Meditech. Although this means double entering information (Meditech and ASist), all dictated reports are being entered into the electronic medical record (EMR). Now, anyone with access to the EMR who is involved in the circle of care for a client will be able to access clinical reports, whether the client is seen by an addictions or mental health staff or staff in the emergency department. This will facilitate integrated treatment for clients with concurrent disorders and co-morbid medical conditions, which will improve the quality of decision-making carried out in emergency rooms and by primary care physicians in family practices with access to the EMR.

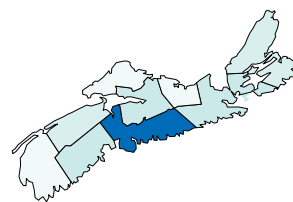


CAPITAL HEALTH



Addiction Prevention &
Treatment Services
CAPITAL HEALTH

- Addictions Facility
- Mental Health Clinic
- Mental Health Inpatient Unit
- ⬠ Mental Health / Addictions Facility
- Arterial
- Collector
- Highway
- Nova Scotia
- District Health Authority



During the fiscal year 2011–2012, Addiction Prevention and Treatment Services (APTS) have begun to transform services to a new clinical model founded on evidence-based best practices. In CBS, this has required clinical staff training for the delivery of new best-practice interventions. The new treatment model will involve clients attending six individual counselling sessions based on the Brief Intervention model, followed by 12 weeks of group therapy based on the Structured Relapse Prevention model. After this initial involvement, clients will be encouraged to join an ongoing recovery group with CBS.

The APTS Withdrawal Management Inpatient and Day Programs are also undergoing major transformations. Redirecting resources made available by the discontinuation of the Compass Structured Residential Treatment Program, which served approximately 80 clients a year, APTS is enhancing its Withdrawal Management programs (inpatient and day) and its methadone treatment services. The current inpatient program will go from a 3-7 day medical detoxification model to a 14–21 day detoxification and treatment program that will include both psychoeducational and psychotherapeutic components. The day program schedule will include a more substantial psychotherapeutic component as well.

APTS continues to work closely with Capital Health's Mental Health Program to implement the recommendations of our recent report, *A Collaborative Framework: Caring for Individuals Living with Concurrent Disorders*.

In the community, APTS has focused on capacity building, offering regular sessions of Addictions 101, customized training, and two-day Beyond the Label Workshops. These sessions have provided crucial training for hundreds of Departments of Justice and Community Services staff, homeless shelter staff, service providers, health professionals, and community workers.

PROVINCIAL DATA

The data for this report is taken from ASsist, a provincial Addiction Service's statistical information database system that is captured within each district. Unless otherwise specified, the information throughout this report represents unique numbers which is when the client is only counted once, to give an accurate representation of how many clients are accessing Addiction Services.

Clients who attended Addiction Services were most commonly unmarried, male, had a grade 11 or less education and employed full time. For the fiscal year 2011–2012, 12,352 unique active clients accessed services and there were 14,343 registrations. Of those who were active clients, 11,189 were 19 years of age and older and 1,163 were 18 years of age and younger. To maintain anonymity and confidentiality, those who self-identified as transgender have been removed from any gender breakdown data as fewer than 10 people in a sample cannot be reported.

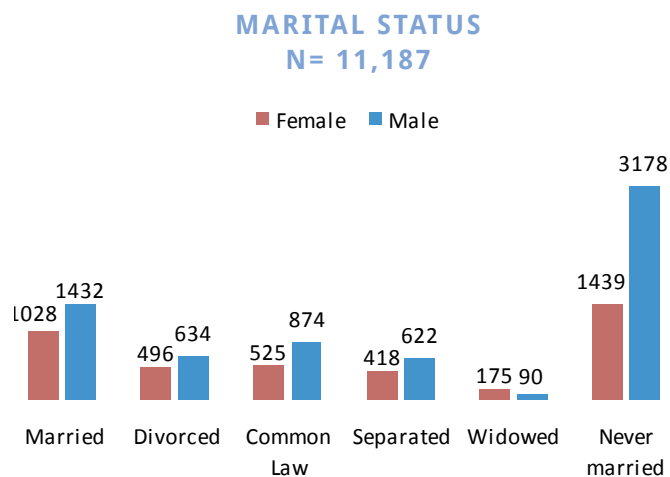
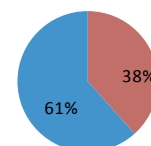


Fig. 1

ACTIVE CLIENTS 18 YEARS OF AGE AND YOUNGER BY GENDER N= 1,159

Female Male



ACTIVE CLIENTS 19 YEARS OF AGE AND OLDER BY GENDER N= 11,187

Female Male

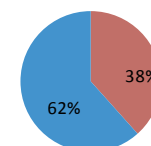


Fig. 2

Figure 2 shows the gender breakdown of the unique registered clients by age. As in previous years, there are more men actively registered in Addiction Services. The gender breakdown is very similar for both age categories, with the median age of female clients being 44 and 16 years, respectively, and 40 and 17 years of age, respectively, for males.

Figure 1 examines the marital status and gender breakdown of clients who were actively registered (receiving treatment). Both men and women 19 years of age and older were most commonly never married (males 28%; females 13%), which was consistent with 2010–2011 data. The next most common marital status was those married (males 13%; females 9%). Clients 18 years of age and younger were most commonly single or never married (males 57%; females 34%).

**EDUCATION OF ACTIVE CLIENTS:
19 YEARS OF AGE AND OLDER
N=11,187**

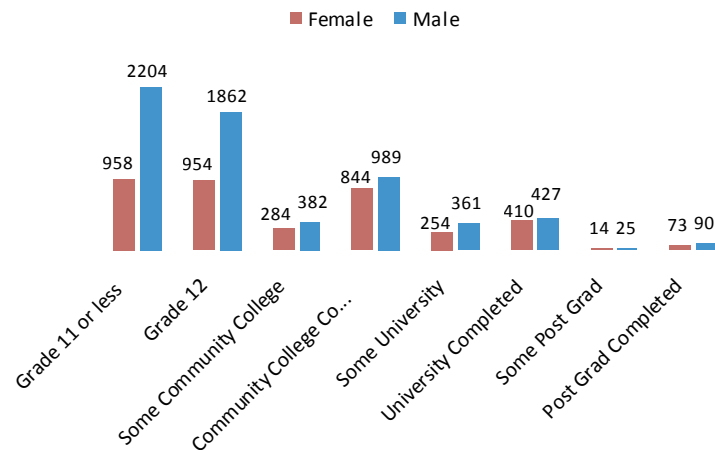


Fig. 3

As shown in Figure 3, consistent with the 2010–2011 annual report, the majority of actively registered client's education level was grade 11 or less education (male 20%, female 9%), followed by grade 12 (male 17%, female 9%). The majority of those 18 years and younger had an education level of grade 9 (10%) among females and grade 10 among males (16%).

**EMPLOYMENT OF ACTIVE CLIENTS:
19 YEARS OF AGE AND OLDER
N= 11,187**

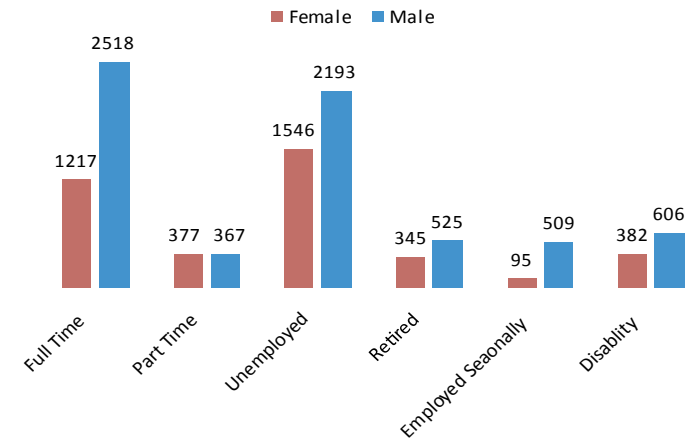


Fig. 4

Figure 4 outlines the employment status of clients. Men (23%) were most commonly employed full time and women (14%) were most commonly unemployed. However, although not working full time 4% of women and 8% of men had some type of work either part time or being employed seasonally. Thirty percent of females and 46% of males 18 years of age and younger were unemployed.

NUMBER OF ACTIVE CLIENT REGISTRATIONS BY GENDER 2007-2012

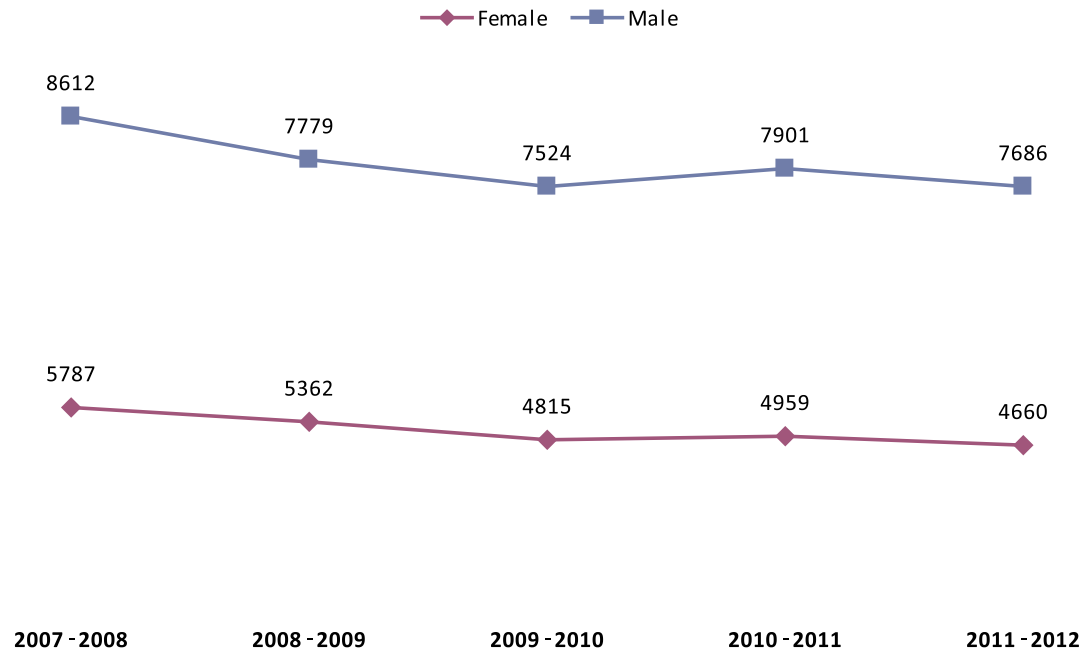


Fig. 5

The line graph in figure 5 shows unique active clients in Addiction Services over five points in time. There were 12,346 unique active clients who received treatment over the course of 2011–2012, four per cent fewer clients than the previous fiscal year. Of this group, 38% were female and 62% were male. The numbers in registrations have dropped 11% for women and 19% for men since 2007.

NUMBER OF UNIQUE REGISTRATIONS BY DISTRICT N= 12,352

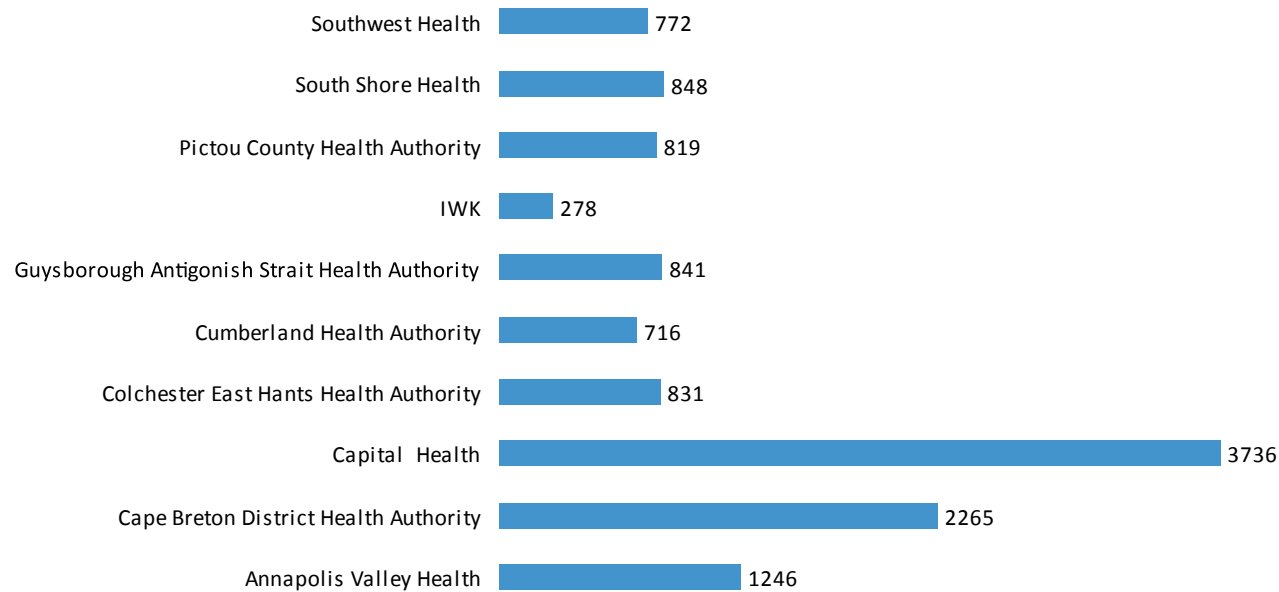


Fig. 6

Figure 6 displays the number of unique active registrations for each district across Nova Scotia. Following the same trend as previous years, Capital Health and Cape Breton account for nearly half (49%) of the client registrations. When examining the number of registrations, it is important to be mindful of the districts population size and recognize that larger populations could be more likely to have a greater number of registrations. For example, although Capital District Health Authority and Cape Breton show display the highest numbers, when examining population data from the 2006 Canadian Census, Cumberland Health Authority had the greatest number of registrations. Furthermore, the data also indicated that based on the Nova Scotian population less than 2% have registered in Addiction Services in fiscal year 2011–2012.

Examining this information can be useful to explore the programs clients registered for more than once. Providing data from a gender perspective also enables another level of examination and depth. Some districts do not have enhanced services so staff register client in CBS General, this may account for some higher numbers in this program.

The program Methadone Maintenance Therapy (MMT) is now labelled Opioid Replacement Therapy (ORT). This change was made during 2011–2012 to incorporate DHAs that use medication(s) other than methadone to help with Opioid issues. Opioid stabilization is currently a program that is used by Annapolis Valley Health. Thus, it cannot be compared across DHAs, although it is still very important to review.

Capital District Health Authority (CDHA) classifies clients who indicate gambling as their primary dependency in the CBS general program. For Figure 8, all primary dependency for gambling in CDHA have been removed and calculated as part of CBS Gambling.

TOTAL AND UNIQUE NUMBER OF PROGRAM REGISTRATIONS: 18 YEARS OF AGE AND YOUNGER

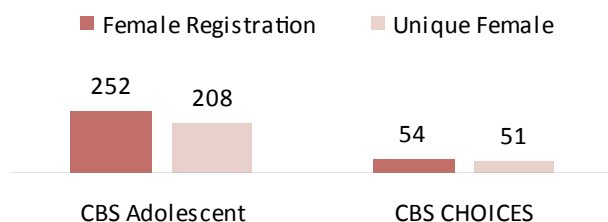


Fig. 7

TOTAL AND UNIQUE NUMBER OF PROGRAM REGISTRATIONS: 18 YEARS OF AGE AND YOUNGER

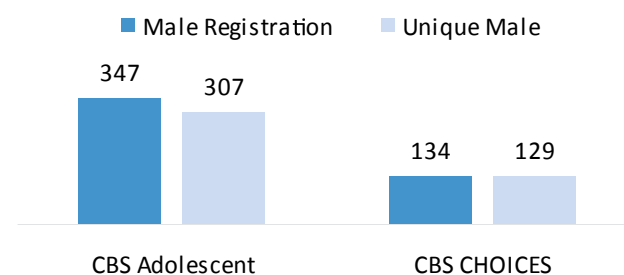
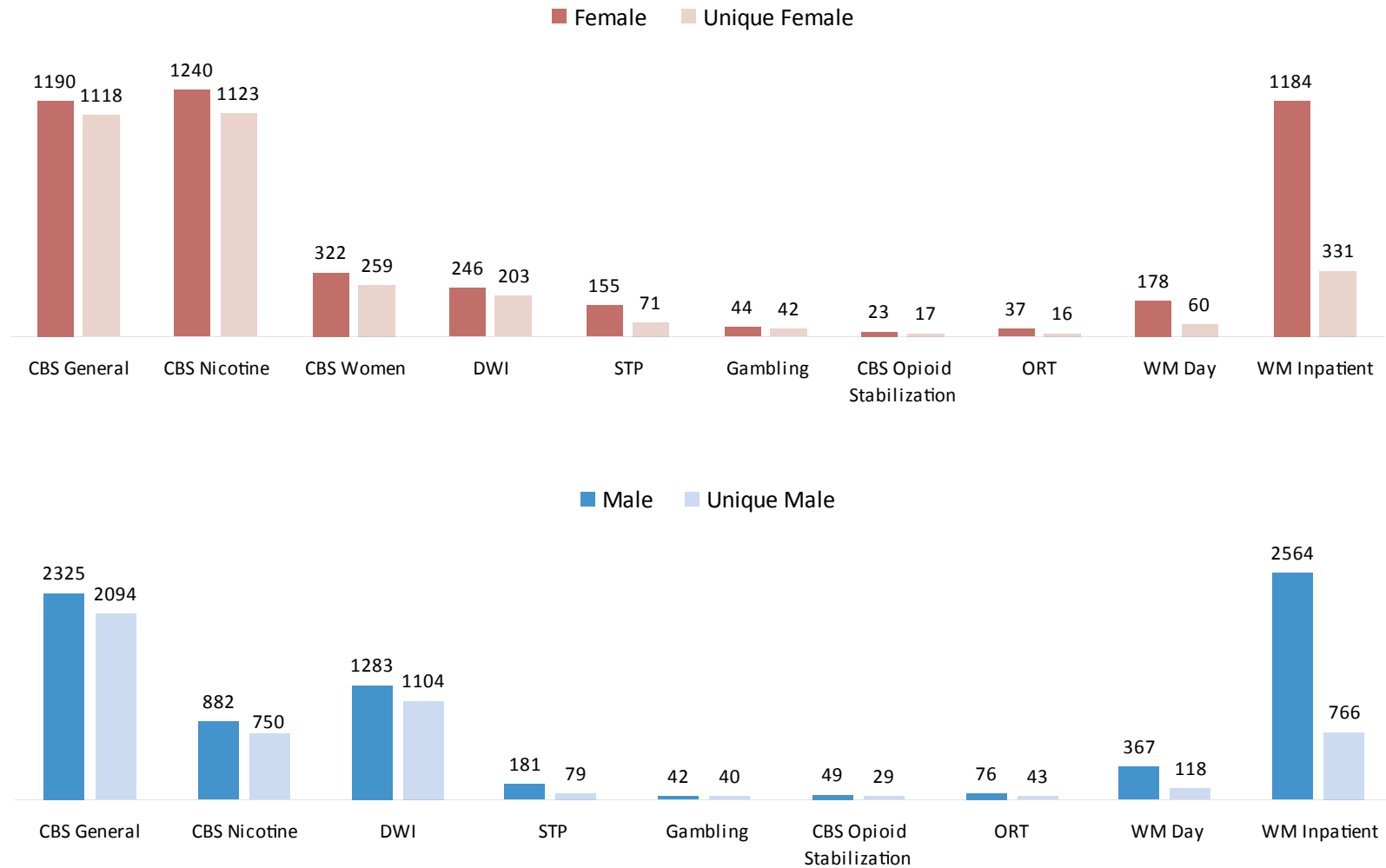


Fig. 8

Figure 7 and 8 examine both the unique and total number of times a client registers for a particular program in Addiction Service in 2011–2012. An intake is the process of information exchange, triage, and engagement initiated upon formal contact with the client.

Figure 7 looks at the programs youth (18 years of age and under) participated in. The unique number counted the client once, while the registration number counted the number of times the client was registered in that program throughout the fiscal year.

TOTAL AND UNIQUE NUMBER OF PROGRAM REGIS- TRATIONS: 19 YEARS OF AGE AND OLDER



ADOLESCENT'S PRIMARY DEPENDENCY N= 1,873

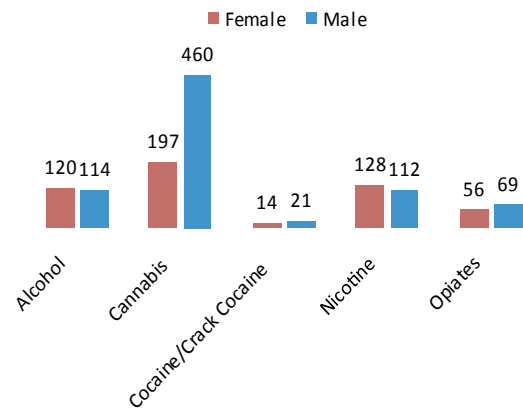


Fig. 9

A comprehensive array of developmentally appropriate programs and services are designed to target and meet the unique needs of adolescents (18 years of age and under) across the health-risk continuum. Services and supports are intended to recognize the distinct nature of adolescence in terms of psychological, physical, and social development. These services and supports include specialized community and school-based health promotion, prevention, early intervention, and treatment, as well as specialized provincial programs.

Primary dependency is captured by what a client reports as the most important issue they are seeking treatment for. The order in which these issues are captured result in the first issue being one's primary dependency in the data. Therefore, the data for some client may not be accurate given the order they indicated during their registration. Figure 9 examines the primary dependency issues of adolescents. The greatest dependency among male and female adolescents was cannabis followed by alcohol for males and nicotine for females.

The primary treatment issues for adults (19 years of age and older) summarized in figure 10 reveals a marked difference. Men and women again reported having a primary dependency in alcohol. However, the majority of men also had a dependency to opiates. Adult females reported a dependency to nicotine, similar to their younger counterparts.

ADULT'S PRIMARY DEPENDENCY N=11,187

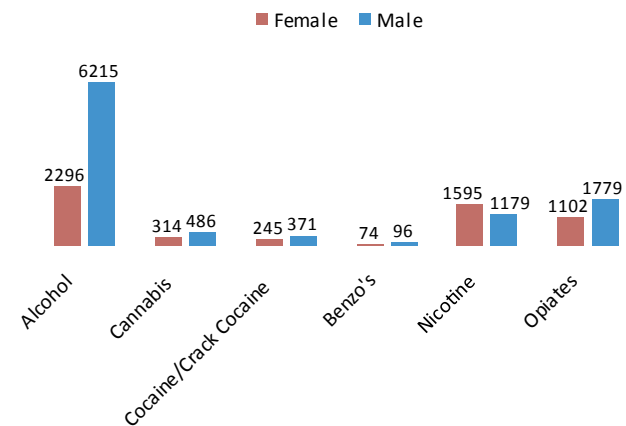


Fig. 10

WITHDRAWAL MANAGEMENT INPATIENT REASON FOR DISCHARGE

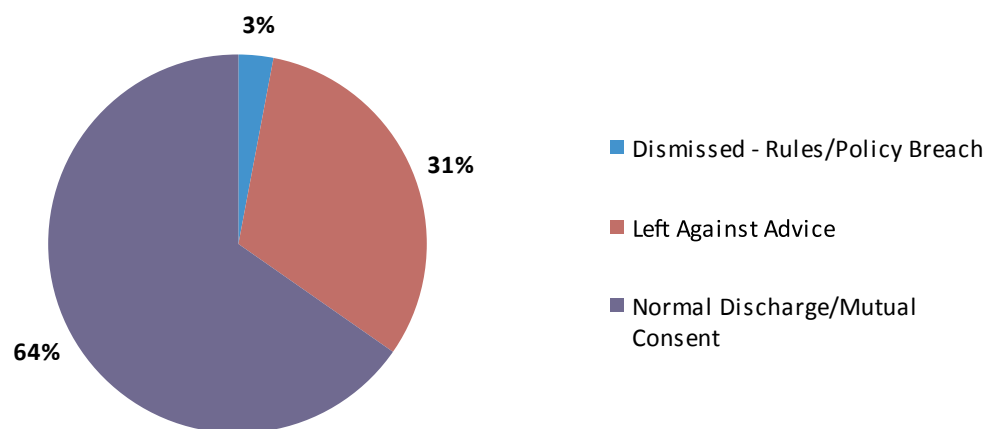


Fig. 11

Figure 11 shows the unique number of clients and the reason for their discharge from a program. For this document, the withdrawal management inpatient program was examined. Based on the number of registrations, withdrawal management inpatient had the greatest number of clients that were discharged or dismissed. The data are unique numbers to display an accurate picture of how many clients were discharged from this. Well over half (64%) of the clients in this program were discharged normally or through mutual consent.

A standard for discharging clients is that the information is documented in ASsist within one day of discharge from all inpatient, residential, and day programs, and that discharges/case closures are documented in ASsist within five business days of closure from a CBS program. Districts will evaluate this process ongoing to ensuring to meet Addiction Services System Standards.

COMMUNITY BASED SERVICES (CBS) GENERAL WAIT TIMES BY DISTRICT

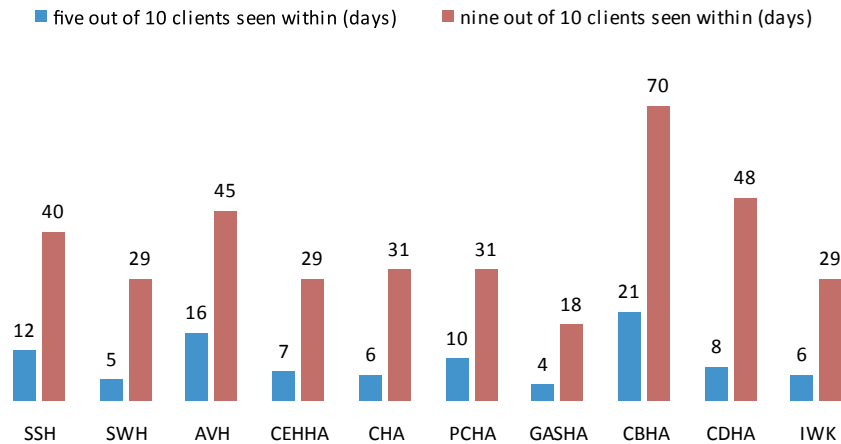


Fig. 12

Figure 12 examines the Community Based General Services wait times by district. In calculating this data, exclusion criteria include emergency priority patients and clients enrolled in DWI, AIIP, and nicotine programs. Furthermore, to ensure the wait times are as accurate as possible, clients who had declined the first available service were also removed from the data before calculations were computed. CBS incorporates the Gambling, General, Women, Adolescent, and CHOICES (IWK only) programs. These services are accessible by outreach, early intervention, and treatment services, and are delivered to individuals, families, concerned significant others, and groups in communities based on client needs and assessment.

The wait time standard is that clients, who upon completion of intake are identified as a general level of priority, should not wait longer than 15 business days (21 calendar days) to receive service(s). When this is calculated across the provincial districts, 67% complied with this standard. Overall, five out of 10 Nova Scotian clients had to wait eight days and nine out of 10 clients had to wait 40 days.

A comparison cannot be made to previous years of data as those who had declined the services first available were included and therefore would not provide accurate information on the change of wait times over the years. Future years will be able to compare with this baseline data.