

# CONSUMPTION AND TREATMENT SERVICES: APPLICATION GUIDE

Ministry of Health and Long-Term Care

OCTOBER 2018

The federal government (Health Canada) remains responsible for granting exemptions to Section 56.1 of the *Controlled Drugs and Substances Act* (CDSA) to operate Supervised Consumption Services (SCS). Ontario is augmenting Health Canada's SCS program to include requirements for treatment and support services (herein referred to as Consumption and Treatment Services [CTS]). In order to receive provincial funding for CTS, applicants must demonstrate their proposed service meets federal requirements, as well as additional requirements under Ontario's CTS program. The *Consumption and Treatment Services: Application Guide* provides guidance on the provincial CTS program requirements and the application process.

For information on [Health Canada's SCS program please visit their website](#).

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# OVERVIEW OF CONSUMPTION AND TREATMENT SERVICES

In October 2018, Ontario's Deputy Premier and Minister of Health and Long-Term Care announced a new program to help people who are struggling with addiction receive health care and other supports. Consumption and Treatment Services (CTS) will provide integrated, wrap-around services that connect clients who use drugs to primary care, treatment, and other health and social services. The new program will also include requirements to address community concerns, and ensure ongoing community engagement and liaison where CTS are established.

Consumption and Treatment Services will be located in communities in need based on ministry-defined criteria<sup>1</sup>. They will be established in Community Health Centres, Aboriginal Health Access Centres or similar incorporated<sup>2</sup> health care or community-based organizations that offer integrated, wrap-around services.

Mandatory services include:

- Supervised consumption (injection, intranasal, oral) and overdose prevention services
- Onsite or defined pathways<sup>3</sup> to addictions treatment services
- Onsite or defined pathways to wrap-around services including: primary care, mental health, housing and/or other social supports
- Harm reduction services:
  - Education
  - Distribution and disposal of harm reduction supplies
  - Provision of naloxone and oxygen

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<sup>1</sup> Includes opioid-related morbidity, mortality, and proxy measures for drug use.

<sup>2</sup> Refers to a legal entity capable of entering into contracts.

<sup>3</sup> Defined pathways are mechanisms to ensure clients access the intended service(s), which can be measured. They may vary by site and/or community. The services should be within proximity to the CTS (walking or transit distance).

- Removal of inappropriately discarded harm reduction supplies (e.g. potentially contaminated needles and other drug use equipment) surrounding the CTS area

Based on the findings from the Minister's review of these services:

- CTS will not be concentrated in one area or neighbourhood, and proximity to child care centres, parks and/or schools (including post-secondary institutions) will be considered
- CTS operators will be required to support ongoing community engagement and liaison initiatives to address local community and neighbourhood concerns on an ongoing basis

## APPLICATION REQUIREMENTS

All proposals for a Consumption and Treatment Service (CTS) that are received by the ministry will be reviewed to ensure that:

- Provincial program criteria are met; and
- Proposed costs are valid, reasonable, and within program funding levels based on proposed hours and service capacity.

Applicants which meet the provincial program criteria, and receive an exemption from Health Canada to establish a supervised consumption service (SCS), may be considered by the ministry for provincial CTS funding.

## PROGRAM CRITERIA

CTS will be assessed based on the following program criteria:

|   |  |
|---|--|
| 1 | Local conditions   |
| 2 | Capacity (to provide treatment and consumption services)   |
| 3 | Proximity (to similar services, and to child care centres, parks and schools, including post-secondary institutions) |
| 4 | Community support and ongoing community engagement   |
| 5 | Accessibility  |

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## 1. LOCAL CONDITIONS

The ministry will identify communities demonstrating need for CTS based on the following:

- Mortality data:
  - Number of opioid-related deaths (i.e. cases)
  - Rate of opioid-related deaths
- Morbidity data:
  - Rate of opioid-related emergency department visits
  - Rate of opioid-related hospitalizations
- Proxy measures for drug use:
  - Needle distribution
  - Naloxone distribution and oxygen

CTS site selection will also need to consider the local context. Applicants should include, if applicable:

- ☐ Any local or neighborhood data to support the choice of the proposed CTS site
- ☐ A description of how the proposed service delivery model is best suited to local conditions

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## 2. CAPACITY TO PROVIDE CONSUMPTION AND TREATMENT SERVICES

Eligible applicants include Community Health Centres (CHC), Aboriginal Health Access Centres or similar incorporated health care or community based organizations that can offer the full range of mandatory services. Preference will be given to organizations that currently offer, or have the capacity to offer in partnership, onsite access to services.

- ☐ The applicant must either be the proprietor of the site or submit a letter of permission from the proprietor with the application.

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### 2.1 INTEGRATED, WRAP-AROUND, MANDATORY SERVICES

The applicant must demonstrate an ability to provide the following services:

- ☐ Supervised consumption (injection, intranasal, oral<sup>4</sup>) and overdose prevention services
- ☐ Onsite or defined pathways to:
  - Addictions treatment services
  - Mental health services
  - Primary care services
  - Social services (e.g. housing, food, employment, other)
- ☐ Harm reduction services:
  - Education (on harm reduction , safe drug use practices, safe disposal of equipment)
  - First aid/wound care
  - Distribution and disposal of harm reduction supplies
  - Provision of naloxone and oxygen
- ☐ Removal of inappropriately discarded harm reduction supplies (e.g. potentially contaminated needles and other drug use equipment) surrounding the CTS area using appropriate equipment (i.e. needle-resistant safety gloves)

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<sup>4</sup> The CTS program does not include supervised inhalation services.



- ☐ Public education

The applicant should include:

- The types of services (e.g. what types of addictions treatment services will be offered) and how each will be delivered;
- Which services will be offered onsite, or define the pathways to the services; and
- Wait times for services.

Applicants may provide additional optional services based on capacity and local conditions. These should be described in the application. Please note optional services may require approval from Health Canada and/or the ministry based on the type of service.

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## **2.2 SERVICE DELIVERY MODEL**

Preference will be given to sites that offer consistent hours of operation, seven (7) days per week. Proposed hours should be based on local context and consultation with community stakeholders, local community groups, and persons with lived experience.

- ☐ Applicants will identify the hours of operation
- ☐ Applicants will identify the site's capacity (e.g. number of consumption booths)

Applicants should also submit a proposed staffing model to demonstrate how the CTS meets operational and program requirements:

- ☐ A designated health professional must be present at all times
- ☐ The staffing model must include peers / persons with lived experience
- ☐ The applicant has the capacity within the proposed staffing model to:
  - Provide immediate overdose response
  - Prevent and manage security incidents

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## 2.3 SITE REQUIREMENTS

Applicants must meet minimum site requirements:

- ☐ Provide a floor plan indicating where:
  - Service intake, consumption, and post-consumption care (i.e. aftercare room) will be located
  - Other mandatory services will occur
  - Hand hygiene sink and foot wash station will be located
  - Accessible washrooms will be located
- ☐ Verify the facility meets municipal bylaws and provincial regulations for accessibility
- ☐ Verify the site meets ministry design standards for a consumption service (see Appendix A)
- ☐ Verify physical safety and security measures are in place to ensure client, staff and community safety including:
  - Provincial and municipal safety requirements
  - Fire safety plan
  - Security plan
  - Paramedics and other first responders have access to the consumption and post-consumption (i.e. aftercare) rooms.
  - Occupational health and safety requirements
  - Infection prevention and control requirements

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### 3. PROXIMITY

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#### 3.1 PROXIMITY TO SIMILAR SERVICES

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The ministry will assess each applicant's proximity to other Consumption and Treatment Services or similar services:

- ☐ Applicants should outline the site's distance, in metres or kilometres, from their site to other local CTS (or similar services). CTS should be located at least 600m (i.e. two large city blocks) from each other.
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#### 3.2 PROXIMITY TO PARKS, SCHOOLS AND CHILD CARE CENTRES

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The ministry will also assess the applicant's proximity to licensed child care centers, parks, and schools (including post-secondary institutions):

- ☐ Applicants should outline the site's distance, in metres or kilometres, to the closest licensed child care centre, park and schools
  - If the proposed site is within close proximity (e.g. 100m - 200m) to any of these, the applicant must specify how community concerns will be addressed through community consultation, and through ongoing community engagement.
- ☐ Applicants will require evidence of support by local stakeholders, including residents.

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#### **4. COMMUNITY SUPPORT AND ONGOING ENGAGEMENT**

Community consultation is a requirement of the federal CDSA exemption application and does not have to be carried out separately for the Ontario program application, provided the consultation meets provincial requirements.

The consultation should allow the ministry to understand the efforts that have been taken to engage with stakeholders to inform them of the potential CTS, and to learn about potential impacts to people who use drugs and the local community, and how those can be mitigated.

The application must include a description of consultation activities that were undertaken for the proposed CTS site. Results from the consultations, including all feedback and comments that were received, should be provided in a summary report. Examples of consultation tools include, but are not limited to:

- Door-to-door or other canvassing (e.g. flyers)
- General email account (to receive feedback and respond to inquiries)
- Information meetings / open houses
- Presenting at community associations or other meetings
- Survey
- Website, including opportunities for individuals to submit feedback

At a minimum, the following stakeholders should be consulted on the CTS:

- Health and social service stakeholders (i.e. addictions treatment, mental health, housing)
- Local businesses and/or business associations;
- Local citizens and/or community groups;
- Local municipality;
- Police and other emergency services;
- Public health (local board of health); and
- Persons with lived experience.

Applicants may include additional stakeholders in their consultation process.

As part of their application, applicants:

- ☐ Must submit a **consultation report** that provides:
  - Who was consulted;
  - A summary of feedback from each stakeholder group;
  - Concerns raised by stakeholder groups, if any; and,
  - How concerns will be addressed.
- ☐ Must obtain and submit local municipal council support (i.e. council resolution) endorsing the CTS
- ☐ Should submit other evidence of support for the CTS. This can include, but is not limited to:
  - Letters of support from partnering organizations, local businesses and/or other stakeholders
  - Board of health resolution
- ☐ Applicants must also submit a **community engagement and liaison plan** which outlines how the community will be engaged on an ongoing basis. The plan may include:
  - Follow-up(s) after initial consultations
  - Public education about CTS
  - Engagement mechanisms to identify and address community concerns on an ongoing basis

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## 5. ACCESSIBILITY

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### 5.1 FULLY ACCESSIBLE

- ❑ Applicants must verify the CTS is compliant with the *Accessibility for Ontarians with Disabilities Act*.
- ❑ Applicants must also demonstrate how the services offered are culturally, demographically, and gender appropriate.
- ❑ Applicants must also demonstrate how the CTS is:
  - Strategically located (i.e. walking distance from where open drug use is known to occur);
  - Easily accessible by public transit.

# PROGRAM FUNDING

## OPERATIONAL BUDGET REQUESTS

Applicants must submit a budget which provides a breakdown of all the operational costs, including a brief description and rationale for the quantity and cost for each item requested (e.g. how the item would be used, by whom, and an explanation in the rare case where existing staffing or equipment cannot be leveraged).<sup>5</sup>

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### ELIGIBLE COSTS

Only Full-Time Equivalent employees (FTEs) and supplies directly associated with the consumption service, post consumption space, referrals, and/or addressing community concerns will be eligible for funding. The program funding will not cover direct costs of wrap-around services.

Operational cost items can include:

- Salaries and benefits;
- Supplies and services; and
- Program, administrative, phone and IT expenses.
  - The program will fund up to a maximum of 10% of total operating budget for administrative and IT expenses<sup>6</sup>.

Operating costs will be assessed against comparative provincial services of similar size and scale.

Once the Minister has approved final operational costs, an official funding letter will be issued.

Funding must not be used for physician funding to deliver clinical services.

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<sup>5</sup> A budget template can be provided by the ministry upon request.

<sup>6</sup> Admissible administrative expenses include: audit, accounting and payroll cost. Costs associated with job postings and staffing recruitment for CTS, travel, and conferences are not covered. IT equipment is considered an operational expense; however, furniture expenses are considered a capital expenditure.

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## **CAPITAL BUDGET REQUESTS**

Applicants with one-time funding requests for capital infrastructure, renovations, and retrofits of facilities to plan, establish and operate CTS must indicate the need for capital funding in their application.

The ministry will work with applicants to determine capital funding requirements immediately following a notification of the Minister's approval of a site. The ministry will provide an overview of the capital funding process, the application form, and the ministry's funding guide.

Applicants are encouraged to contact the Ministry's Addiction and Substances Policy and Programs Unit (see Submitting an Application/Requesting Information Section) early on in the planning process to discuss capital funding requests.

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## **TRANSFER PAYMENT AGREEMENT(S)**

All applicants approved for provincial funding must agree to and sign a transfer payment agreement with the MOHLTC prior to receiving any funds.

Agreements will outline the roles and responsibility of each party and the accountability and reporting requirements which the CTS provider must adhere to, including financial reporting and reporting on program indicators and outcomes.

All providers will be required to provide quarterly financial reports and annual audited financial statements to the MOHLTC. All providers will also be required to submit monthly and annual program reports (see Monitoring, Reporting and Evaluation Section).



# ACCOUNTABILITY

## REPORTING AND EVALUATION

As part of the monitoring and reporting requirements, CTS will be required to report on the following indicators on a monthly basis:

- **Site data:**

- # of visits and # of unique clients (i.e. individuals)

- **Provision of wrap-around services and treatment uptake:**

### Access/Uptake

- # of clients initiating onsite addictions treatment services<sup>7</sup>:
  - Opioid agonist treatment (e.g. methadone, suboxone)
  - Other (e.g. detox, residential or community treatment)
- # of clients accessing onsite mental health services
- # of clients accessing onsite primary care services
- # of visits where clients received counselling services in CTS
- # of times first aid or basic care (i.e. abscess, foot, wound) was provided
- # of clients accessing onsite social services:
  - Housing
  - Other

### Referral

- # of clients referred to addictions treatment services
- # of clients referred to mental health services
- # of clients referred to social services:
  - Housing
  - Other

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<sup>7</sup> Additional data on initiation to Rapid Access Addiction Medicine Clinics (RAAMs) through CTS will be collected through RAAM quarterly reporting and provided to the ministry by the Local Health Integration Networks.

- **Safety and security:**
  - # of times security staff assisted with an incident in the CTS
  - # of times security staff addressed a security event in the immediate perimeter of the CTS
  - # of times police were called to the CTS
- **Visits:**
  - Visits by time of day (morning, afternoon, evening, overnight)
  - Visits by mode of consumption (injection, intranasal, oral)
  - Where injection was peer-assisted (if applicable)
  - Non-identifiable client demographics (male/female/other clients, clients under 25 years, clients 25 to 64 years, clients 65 and over)
  - Drugs consumed by clients (as reported at intake)
- **Overdose events:**
  - # of overdoses
  - # of overdoses treated solely with oxygen/rescue breathing and stimulation
  - # of overdoses treated with naloxone
  - # of doses of naloxone administered (for overdoses treated with naloxone)
  - # of deaths occurring in the CTS
- **Emergency service calls:**
  - # of 911 calls related to an overdose:
    - # of clients transported to an emergency department related to an overdose
  - # of 911 calls for other reasons (by reason)
    - # of clients transported to an emergency department for other reasons (by reason)
- **Provision of basic care and education:**
  - # of visits where client received harm reduction education or information
  - # of visits where needle exchange/syringe services were provided for non-CTS use

- Frequency of needle pick-ups in the surrounding area of the CTS
- # of needles removed (i.e. picked up) in the surrounding area of the CTS
- **Community engagement and liaison:**
  - Description of community engagement and liaison efforts, including issues raised and how they have been mitigated
- **Other:**
  - Drug checking usage data, if applicable
  - Additional comments (at discretion of CTS provider)

To ensure that the CTS programs are efficacious and are achieving provincial objectives, each CTS provider will need to complete an annual report, subject to the criteria provided by the ministry. The ministry will also complete an evaluation of all provincially funded CTS operations.

## SAFETY AND SECURITY

CTS must have mechanisms (i.e. policies and procedures) around security, access, and removal of used harm reduction equipment. CTS will:

- Control CTS site access (only those intending to use the services will be allowed to enter the CTS);
- Discourage loitering outside the CTS;
- Ensure staff are trained on instances in which law enforcement should be contacted (i.e. substances left at a CTS);
- Ensure staff are trained on Infection Prevention and Control (IPAC) procedures including needle handling and disposal policy and/or procedures; and
- Comply with Health Canada rules related to possession, production, trafficking/sharing, and administering of substances within the CTS

## ENFORCEMENT

The Ministry of Health and Long-Term Care, or any authorized representative, will inspect the organization's operations and compliance with CTS program requirements, which may include, but is not limited to: safety and security provisions, and frequency of needle removal/pick-ups.

The ministry or any authorized representative may also audit or review CTS documentation and reports to ensure compliance with other program requirements (i.e. onsite or defined pathways to addictions treatment, and wrap-around services).

A progressive enforcement approach will be used for any inspection or review.

CTS may also be subject to inspections by the Ministry of Labour and Health Canada.

## SUBMITTING AN APPLICATION / REQUESTING INFORMATION

Completed Consumption and Treatment Service application forms and accompanying documents should be submitted to:

Addiction and Substances Policy and Programs Unit  
Health Improvement Policy and Programs Branch  
Population and Public Health Division  
Ministry of Health and Long-Term Care  
Email: [addictionandsubstances@ontario.ca](mailto:addictionandsubstances@ontario.ca)

Questions about the application process may be forwarded to:  
[addictionandsubstances@ontario.ca](mailto:addictionandsubstances@ontario.ca)

## APPENDIX A: CONSUMPTION AND TREATMENT SERVICE DESIGN STANDARDS

Below are room/space types and square foot sizing, based on international best practices for three to six consumption booths and potential operational models.

| Room Type                         | Description   | Size            | For Six Booths | For Three Booths  |
|-----------------------------------|---|-----------------|----------------|---|
| Consumption booth                 | Partitioned desk/table with chair   | 40sf per person | 240sf          | 120sf   |
| Assessment Room                   | Accommodates interviewer workstation/chair and client/chair (two chairs if needed)  | 100sf           | 100sf          | 100sf   |
| Observation area                  | Workstations for supervisor staff (workstation and chair)                           | 65sf            | 130sf          | 65sf  |
| Post-consumption (aftercare) area | Space for at least six client chairs and one small desk/chair for supervisory staff | 120sf           | 120sf          | 100sf<br>(three to four client chairs and a desk /chair for supervisor) |

CHCs are typically Class D occupancy buildings (under the Ontario Building Code) and built to the OBC standard of the year of construction.

The nature of the CTS self-administered “treatment” will likely define this group as individuals potentially needing more time and assistance for evacuation in the event of fire (due to potential degree of incapacitation). Therefore, this space will likely be considered a B2 occupancy under the Ontario Building Code and if so, will require additional physical renovations to upgrade fire separations, upgrades to the HVAC system, fire alarm systems and doors to these areas. The use of “cookers” may also prompt some other directions from the Ontario Fire Marshal’s office.

As a best practice the injection area should include:

- Counter space of  $\pm 3$  linear feet per client;
- The counter space should be, non-porous, hygienic and easily cleanable (stainless steel is typical for most CTS sites);
- Appropriate biohazard waste disposal should be available for each client;
- Fixed mirrors should be provided for each client;
- Appropriate lighting should be provided to promote safe injection practice;
- Finish surfaces (i.e. wall, floor) should be non-porous and easily cleanable;
- A staff monitoring area should be provided in the post-consumption room with an emergency communication system;
- Lockable supply cabinets should be provided in the room;
- A hand hygiene sink and foot wash station should be provided in the CTS facility;
- Security and access control should be considered as part of the model of care;
- CSA Class-C ventilation should be provided in the space. Consideration should be given to the unique ventilation needs dependent on the permitted uses of the site; specifically, enhanced ventilation should be considered if “cooking” is permitted.
- Other space(s) for clients to relax and/or access care while observation continues, and to provide wrap-around services.