Auditor General
MANITOBA

Report to the Legislative Assembly

Addictions Treatment Services in Manitoba

Independent Audit Report

Website Version

July 2023

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July 2023

Honourable Myrna Driedger
Speaker of the Legislative Assembly
Room 244, Legislative Building
450 Broadway
Winnipeg, Manitoba R3C 0V8

Dear Madam Speaker:

It is an honour to submit my report, titled *Addictions Treatment Services in Manitoba*, to be laid before Members of the Legislative Assembly in accordance with the provisions of Section 28 of *The Auditor General Act*.

Respectfully submitted,

Original Signed By:
Tyson Shtykalo

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Table of contents

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Auditor General's comments

Substance use and addictions can have a devastating impact on individuals directly affected, as well as those around them.

In this audit, we looked at whether Manitobans had access to appropriate addictions treatment services when they needed them. Unfortunately, we found they often did not. Capacity does not meet the demand for addiction treatment in Manitoba and as a result, people continue to experience long waits. These issues are amplified in rural areas and in the North.

I am concerned that a fulsome, system-wide picture of addictions treatment services in Manitoba does not exist. This is because the delivery of addictions treatment is decentralized, records are still largely paper-based, and data collection is siloed. This is further challenged by poor data quality. We found it was extremely difficult to track a person through the addictions treatment system.

Recovery may be a life-long journey for some individuals. Addiction treatment must be part of an on-going continuum of care that supports recovery. This audit found that the continuum of care in Manitoba is lacking coordination. Different service providers, both in the public system, as well as not-for-profits and private providers, must work together and coordinate to provide treatment and care to individuals with addictions, regardless of how the health-care system is structured.

This report includes 15 recommendations. I encourage the Departments of Health and Mental Health and Community Wellness to work with all service delivery organizations to act on these recommendations to resolve the risks identified by this audit.

I would like to thank the many provincial government officials and staff and the many other stakeholders we met with during our audit for their cooperation and assistance. I would also like to thank my audit team for their efforts.

Original Signed By:
Tyson Shtykalo

Tyson Shtykalo, CPA, CA
Auditor General

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Why we did this audit

- Addictions have devastating impacts on individuals directly affected, as well as those around them.
- There were 400 confirmed substance-related fatalities in Manitoba in 2021 compared to 335 and 151 in the previous 2 years.
- We wanted to see whether Manitobans had access to appropriate addictions treatment services when they needed them.

Conclusion

Our audit found that when Manitobans needed them, addictions treatment services were often not available in a timely manner.

Our report includes
15 RECOMMENDATIONS.

What we found

TIMELINESS OF ACCESS

Addictions treatment services were not available in a timely manner.

- Targets for wait times were not set.
- There were long wait times to access treatment.
- Data collection was siloed and further challenged by poor data quality.

BARRIERS TO ACCESS

Focused effort is needed to mitigate barriers to addictions treatment services.

- Information on addictions services was available through MBAddictionHelp.ca, but it was not up to date.
- Coordinated action is needed to address barriers and access treatment services.
- Services were lacking in rural Manitoba and in the North. Outside of Winnipeg, options for detox were limited and there was no medical detox.

CONTINUUM OF CARE

Addictions treatment services need to address full continuum of care.

- Capacity was not keeping up with demand for opioid agonist treatment.
- The availability of detox was inadequate, with wait lists in Winnipeg and only 12 detox beds (and no medical detox) outside Winnipeg.
- There was not enough pre-treatment and interim care for people waiting for in-house treatment.
- Aftercare was lacking, and supportive housing was limited for those without stable or suitable housing.

ACCREDITATION AND STANDARDS	**Addictions treatment services were accredited, but there were no provincial standards in place.** • All government service delivery organizations were accredited as required by *The Health System Governance and Accountability Act*. • Provincial standards for addictions treatment services were drafted but not finalized and implemented.
ACHIEVING DESIRED RESULTS	**Addictions treatment services did not achieve desired results.** • Capacity did not meet demand for addictions treatment services. • Treatment services were evidence-based, but need to evolve to take into account the more toxic substances now readily available, and the need for longer detox and treatment options. • Performance measures for addictions treatment services were lacking.

Response from officials

We requested a response to our report from the Department of Mental Health and Community Wellness. The overall response is included below, and specific responses to each recommendation are included in the SUMMARY OF RECOMMENDATIONS WITH DEPARTMENTAL RESPONSES section starting on page 39.

Response from the Department of Mental Health and Community Wellness

The Department of Mental Health and Community Wellness (MHCW) would like to acknowledge the work of the Office of the Auditor General (OAG) on its audit of addictions treatment services provided by government service delivery organizations including the Winnipeg Regional Health Authority, Prairie Mountain Health/Santé Prairie Mountain, Northern Health Region and the provincial health authority (Shared Health). The audit focused on addictions treatment services provided in the public system, as noted in the scope and approach. It did not include detailed examination of services delivered by publicly funded community agencies, private providers, the federal government or First Nations communities. This is important when considering the findings in the context of the provincial addiction system.

The information provided in the report will help strengthen the addictions treatment system, and ensure recovery is possible for all Manitobans. Ensuring individuals have access to appropriate addictions support and treatment services when they need them is a priority for government.

MHCW was created in January 2021 to respond to rising rates of mental health and addictions issues as a result of the pandemic and to have a dedicated ministry focused on improving access to services. In 2022, MHCW launched a five-year strategic plan - A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba - focused on improving wellness, mental health, substance use and addictions services and programs throughout the province. The Government of Manitoba committed $17 million for the first year of implementation of the roadmap.

The audit covered the period between July 1, 2017 to June 30, 2022; with detailed review of the twelve months ending June 30, 2022. The MHCW roadmap was released during the audit period, on February 17, 2022. The Government of Manitoba has already made significant progress in addressing many of the audit findings and recommendations as part of implementation of the Roadmap.

Since the conclusion of the audit period (June 2022), MHCW has made historical investments and structural changes to address system barriers and improve timeliness of access to services. These changes include: development and introduction of quality standards for addictions services; introduction of

a bill to license addictions treatment facilities to ensure quality and constancy of care; development of a performance management and accountability framework; a mental health and addictions system navigation portal; significant progress against VIRGO report recommendations and numerous other strategic policy initiatives and advancements to enhance the system.

In addition to major structural changes, MHCW has made investments to increase access to services across a continuum of recovery-oriented services and supports including Rapid Access to Addictions Medicine (RAAM) clinics, various levels of withdrawal management services, opiate agonist treatment, short-term and long-term addictions treatment, supportive recovery housing, outreach and intensive day programs. These investments in core services have helped to improve wait times. It should be noted that while wait times may continue to exist, in some cases people can receive immediate access to services, and should not hesitate to seek help when they need it.

Since June 2022, the government has invested in areas across the continuum of care, including:

- Opened 40 Supportive Recovery Housing units at Riverwood House in Winnipeg for individuals recovering from addictions, as part of the final step towards the completion of 100 additional supportive recovery housing units throughout Manitoba (Winnipeg, Brandon, Thompson).
- Expanded opiate agonist treatment (OAT) in the Interlake region Rapid Access to Addictions Medicine (RAAM) clinic to ensure that a minimum of 100 additional OAT patients receive community-based care.
- Increased access to mobile outreach services for individuals who are homeless and have mental illness and/or addiction.
- Expanded services and increased capacity (including increasing hours and adding additional staff) at RAAM clinics across the province.
- Investing in a new Indigenous-led RAAM clinic at the Aboriginal Health and Wellness Centre in Winnipeg.
- Committed $12 million to add 1000 new publicly funded treatment spaces across the province including: mobile withdrawal management services (medical, non-medical, and mobile), bed-based treatment, and supportive recovery housing.

We thank the Auditor General for this important report and believe we have made significant progress on each of the recommendations since the conclusion of the audit period (June 2022). MHCW has prepared a detailed response to each of the 15 recommendations, noting the steps that have been taken to date, along with the planned actions to address all of the recommendations in this audit report. We look forward to continuing to ensure Manitobans are aware of the significant improvements that have been made in the addictions system over the years and to help make recovery a possibility for everyone.

Background

International and Canadian organizations define addictions in various ways. While there is not a single definition, addictions are not just a relationship to a substance, but also a complex interaction between biological, psychological, and social factors.

Addictions have devastating impacts on individuals directly affected, as well as those around them. Effects on family members and others close to a person experiencing substance use and addictions may include emotional and economic burdens, relationship distress, and family instability.

There are also direct impacts and costs to society. The Mental Health Commission of Canada estimated total direct costs (health care, certain social services, and income support for all mental illnesses including addictions) to the Canadian economy were $80 billion per year, and projected to increase to $291 billion by 2041.

Manitobans experiencing addictions issues are more likely than the general population to be accused of, or the victim of, a crime. They are more likely to visit an emergency department and much more likely to die prematurely (before age 75).

The impacts of addictions in Manitoba are significant:

- Based on information published by the Government of Manitoba, Emergency Medical Service in Winnipeg responded to 8,155 substance-related incidents in 2022.
- Drug poisonings or fatalities linked to illicit substance use have been increasing, 400 confirmed substance-related fatalities were recorded in 2021 compared to 335 and 151 in the previous years. Data for confirmed substance-related fatalities in 2022 was not available at the time of reporting.

Research shows that the decrease in availability and capacity of substance use treatment and harm reduction services in the early phase of the pandemic, among other factors, led to many clients returning to, or engaging in, higher-risk substance use, and growing wait times for service.

Addictions have been a frequent topic of discussion in the Manitoba Legislature. Over the past 20 years, there have been various studies and reports, at least in part addressing these issues including:

- *Co-occurring Mental Health and Substance Use Disorders Initiative (2002)*
- *Breaking the Chains of Addiction: Manitoba's Five Point Strategic Plan (2008)*
- *Rising to the Challenge, Manitoba's provincial mental health strategy (2011)*
- *A report from the Provincial Medical Leadership Council Working Group on Mental Health (2013)*
- *Healthy Environments, Healthy People (2015)*
- *The Liberal Caucus report on Brain Health (2016)*
- *Provincial Clinical and Preventive Services Planning for Manitoba (2017)*
- *Wait Times Reduction Task Force: Final Report (2017)*

- *Manitoba Centre for Health Policy: Mental Illness Among Adult Manitobans (2018)*
- *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans (2018)*
- *Recommendations to reduce the use and effects of illicit drugs within Manitoba's communities (2019)*
- *A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba (2022)*

In 2017 the Government of Manitoba released the report: *Provincial Clinical and Preventive Services Planning for Manitoba*. This report provided a tool for the government to implement an evidence-based clinical and preventive services plan to improve quality and to measure outcomes of the care provided by collaborative teams, characterized by role optimization and providing safe care as close to home as possible.

Following the release of this report, the Government of Manitoba commissioned a focused provincial Strategic Plan to look at ways to improve access and coordination of services for individuals with substance use and addiction and mental health problems and illnesses. The result, commonly referred to as the VIRGO Report, *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*, was released in May 2018. It focused on access to and coordination of, mental health and addiction services. It also acknowledged many challenges related to access and coordination of these services. The report proposed significant changes to the mental health and addictions system in Manitoba.

Based on the recommendations of the VIRGO report, the Government of Manitoba has been making changes to the existing system. In early 2021, a new, stand-alone Department of Mental Health and Community Wellness was created. This Department provides provincial leadership and oversight for mental health, addictions and recovery services and programming, and wellness and health promotion programs and services to improve health outcomes of Manitobans.

On February 17, 2022 the Department of Mental Health and Community Wellness published *A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba*. This roadmap sets out Manitoba's long-term vision for the wellness, mental health, substance use and addictions system, with the goal of creating an integrated, responsive, and accessible system. This plan identifies strategic priorities, and various initiatives to be undertaken in the coming years.

Roles and responsibilities

Since its creation in 2021, the Department of Mental Health and Community Wellness has been responsible for policy, programs, and funding for addictions treatment services. Both the Department of Health and the Department of Mental Health and Community Wellness have responsibilities for oversight of service delivery.

Substance use and addiction services in Manitoba range from withdrawal management and stabilization services to community-based and in-house treatment services, and supportive recovery housing. These services are provided by several different organizations. This includes Shared Health and regional health

authorities (including former Addictions Foundation of Manitoba (AFM) services since April 2022), non-profit organizations that receive government funding, and private service providers. Services may also be provided by primary care providers (such as family physicians or walk-in clinics).

The former AFM had a legislated mandate to provide addictions treatment, public education, and prevention services to Manitobans. *The Addiction Foundations of Manitoba Act* was repealed. On April 1, 2022, its services were transferred to the regional health authorities and Shared Health.

Thousands of people access publicly provided addictions treatment services each year. The primary presenting substance for Manitobans who were seeking substance use and addictions treatment was alcohol. However, methamphetamine and opioid use are increasing, and more people are poly-substance users than they were in the past.

Addictions treatment services

Despite recovery often being the ultimate goal of treatment, it is important to recognize that recovery is a unique journey for every person. To be effective, treatment services have to work with patients over the long term—often for years and sometimes over the course of a patient's entire life—maintaining contact, offering crisis interventions and support when needed, and at different levels of intensity.

Currently in Manitoba, addictions treatment services include withdrawal management and stabilization services, community-based (individual or group counselling) and in-house treatment (also known as residential, or bed-based treatment).

Rapid Access to Addictions Medicine clinics

There are 6 Rapid Access to Addictions Medicine (RAAM) clinics. These clinics provide drop-in services without an appointment for people looking to get help with any kind of addictions (for example alcohol, opioids, etc.). RAAM clinics were introduced in Manitoba in 2018, and are intended to be a low barrier access point for people seeking addictions treatment.

Over 10,000 people visited RAAM clinics (including initial and follow-up visits) in the 12 months ended June 30th, 2022.

Withdrawal management

Withdrawal management services, sometimes referred to as detox, offer support and care for the safe management of withdrawal symptoms and medical complications when someone who has a substance use disorder is ceasing to use the substance. Withdrawal management services can be medically supervised (including with pharmacological support provided in hospital) in medically staffed residential settings, in doctors' offices, or through mobile services (for example home visits), with varying levels of psychosocial supports. Non-pharmacological or psychosocial withdrawal management can also be offered in community-based settings.

Medical withdrawal management services are only available in Winnipeg, while non-medical withdrawal management is also available in Brandon and Thompson.

Opioid agonist treatment

Opioid agonist treatment (OAT) supports individuals to reduce their use of opioids and improve their physical and mental health and overall quality of life. This involves prescriptions of drugs such as suboxone which attaches to opioid receptors and prevents withdrawal symptoms without producing a high.

The Manitoba Opioid Support Treatment program (MOST), is provided in Winnipeg and in Brandon. Through this program, people with an opioid use disorder receive OAT, as well as active case management through a team of nurses and physicians. From July 2021 to June 2022, 118 patients were admitted in the program. There are other options for receiving OAT, for example through primary care providers.

Community-based treatment

Community-based treatment programs include individual and group counselling, during the day or the evening. These work best for those who have supports in their lives to help them deal with their substance use and addictions. They may also be a better option for those with childcare responsibilities or employment expectations.

There were 12,486 admissions to community-based treatment programs delivered by the former AFM from July 2021 to June 2022.

In-house treatment programs

In-house (also known as residential or bed-based) treatment programs provide clients with assistance and opportunities to address their substance use and addictions in a safe, highly structured environment. In Manitoba short-term in-house treatment (21-28 days) is offered by the former AFM at 5 facilities (Brandon, Ste. Rose du Lac, Thompson, Winnipeg Men's Program, Winnipeg Women's Program), and a facility in The Pas operated by the Northern Health Region.

From July 2021 to June 2022, 1,620 people attended in-house treatment programs at former AFM facilities. There are a number of other service providers, some who receive provincial funding, who also offer in-house treatment programs, for example Native Addictions Council of Manitoba, Tamarack, and Behavioural Health Foundation.

Audit objective

Our objective was to determine whether Manitobans had access to appropriate addictions treatment services when they needed them.

Scope and approach

The audit examined addictions treatment services provided by government service delivery organizations including:

- Rapid Access to Addictions Medicine (RAAM) clinics
- Manitoba Opioid Support Treatment (MOST) program
- Community-based treatment programs
- In-house treatment programs

We also assessed coordination with agencies and non-profits that received funding from the government, in particular related to withdrawal management and continuum of care.

While data was considered for all regions, our audit work focused on the following service delivery organizations where the majority of addictions treatment services are delivered:

- Northern Regional Health Authority (Northern Health Region).
- Prairie Mountain Health.
- Winnipeg Regional Health Authority.
- Shared Health.

We did not look at publicly provided services in Interlake-Eastern Regional Health Authority and Southern Health-Santé Sud because they did not provide in-house treatment or detox services in these regions.

We did not examine addictions treatment services provided for youth, or for process addictions (such as gambling). We also did not examine non-government funded services provided by non-profits or private sector providers.

We did not assess services offered in hospital or primary care, except to the extent they facilitated access to, and coordination with the addictions treatment services noted above.

We interviewed staff, observed facilities and processes at site visits, obtained and analyzed data, and reviewed policies, guidelines, procedures as well as standards and good practices from other jurisdictions.

We chose a judgmental sample of 10 files from each of the regions and services listed above. We also looked at extended samples, for example for transfers from RAAM clinics, to support our findings.

Period covered by the audit

The audit covered the period between July 1, 2017 to June 30, 2022; with detailed review of the processes and results for the twelve months ending June 30, 2022. This is the period to which the audit conclusion applies.

Date of the audit report

We obtained sufficient and appropriate audit evidence on which to base our conclusion on June 14, 2023, in Winnipeg, Manitoba.

Criteria

To determine whether Manitobans had access to appropriate addiction treatment services when they needed them, we used the following criteria:

Audit criteria	Sources
Addictions treatment services are available in a timely manner to Manitoban's seeking treatment.	• VIRGO report • Provincial Clinical and Preventive Services Planning for Manitoba • Accreditation Canada (Qmentum) standards – Substance Abuse and Problem Gambling
Barriers to accessing addictions treatment services are identified, and mitigated.	• VIRGO report • Accreditation Canada (Qmentum) standards – Substance Abuse and Problem Gambling
Addictions treatment services are suitable for the type and severity of issues presented.	• VIRGO report • Accreditation Canada (Qmentum) standards – Substance Abuse and Problem Gambling
Addictions treatment services meet acceptable quality standards.	• VIRGO report • *The Health System Governance and Accountability Act*
Addictions treatment services achieve desired results.	• VIRGO report • Provincial Clinical and Preventive Services Planning for Manitoba • Accreditation Canada (Qmentum) standards – Substance Abuse and Problem Gambling

Manitobans often did not have access to appropriate addiction treatment services when they needed them

We visited several treatment facilities and had the opportunity to speak with numerous government officials and staff from service delivery organizations throughout the province. We were told that addiction cannot be cured like a physical disease. Rather, addictions treatment is part of a longer-term continuum and supports people on their individual recovery journey. Pathways through the continuum are not always linear. Some individuals might use all components of the continuum whereas others might not. Individuals might also revisit different components as needed. In some cases, the ultimate goal may not be abstinence, but to reduce their substance use, and the related harms. Relapses are to be expected and are part of the recovery journey.

We found that roles and responsibilities were not clearly identified for the many stakeholders and service providers of addiction treatment services. This was due, in part, to an ever-changing health care system where new functions were created, others dissolved and responsibilities transferred to other organizations. This made it difficult to determine which organization was responsible for tracking and analyzing data related to addiction treatment services and how this information was shared between the various providers.

A continuum of care is the range of services that should be available to individuals experiencing or at risk for experiencing harms from substance use. Information should flow between the various service providers that provide treatment and care to individuals with addictions. Helping Manitobans connect with the services they need when they need them is a crucial step in the larger continuum of care that supports people on their path to recovery. A client centered approach to addiction treatment services needs to remain as the priority, regardless of the reorganization of the healthcare system.

We concluded that Manitobans often did not have access to appropriate addiction treatment services when they needed them. We based our conclusion on the following findings:

- Addictions treatment services not available in a timely manner. **(SECTION 1)**
- Focused effort needed to mitigate barriers to addictions treatment services. **(SECTION 2)**
- Addictions treatments services need to address the full continuum of care. **(SECTION 3)**
- Addictions treatment services are accredited, but no standards in place. **(SECTION 4)**
- Addictions treatment services do not achieve desired results. **(SECTION 5)**

Findings and recommendations which were more technical in nature have been provided directly to the responsible parties in management letters.

1 Addictions treatment services not available in a timely manner

Our audit found that when Manitobans needed them, addictions treatment services were often not available in a timely manner. We found that there were long wait times to access addictions treatment services provided within the public system, targets for wait times were not set, and better data was needed.

1.1 Targets not set for wait times

Wait times is a commonly used term for the length of time it takes to receive care. Where there is demand for addiction treatment services, it is important to establish targets for how quickly a person should be able to access these services. Results can be used to see where the targets are being met and where improvement is needed. Without this information, individuals seeking addictions treatment do not know how quickly they can expect to access treatment. At the same time, the responsible department and service providers cannot determine where to make adjustments to improve timely access.

We benchmarked other jurisdictions in Canada to determine whether there was public reporting of wait times. Only the Government of Nova Scotia publicly reported performance against wait time targets.

Overall, we found there are no set targets for wait times for any of the addictions treatment services within the public system.

Recommendation 1

We recommend that the Department of Mental Health and Community Wellness set targets for wait times for addictions treatment services.

1.2 Long wait times to access addictions treatment services

Despite the absence of targets for wait times, we expected that when people sought treatment, they would progress to appropriate services in a timely manner. Further, we expected that the different providers would coordinate to improve access to services people need. We found that there were long wait times to access addictions treatment services and better coordination was needed.

Not getting timely access to these services impacts the health of those seeking treatment, and can even be a question of life and death. These waits also have societal costs, such as increased use of emergency services. There is also a profound impact on the families and friends of those seeking treatment.

Private treatment services can be cost prohibitive, and may not be the best option for many people. Given this, timely access to publicly provided addictions treatment services is critical.

WITHDRAWAL MANAGEMENT SERVICES

Non-medical withdrawal management services, or detox, provided by Klinic, Main Street Project, and by Withdrawal Support Services in Brandon all had wait lists to access this service during our audit period.

In Brandon, there were significant waits for the 6 non-medical detox beds. For example, in June 2022, there were 26 referrals but only 7 people attended detox in that month.

In Thompson, **non-medical detox** beds were not operating from March through November 2022 due to staffing shortages. Therefore, there was no access to any detox beds in the North during this period. We were told that when the facility reopened in December 2022 all beds were full.

Medical detox uses medications and medical supervision to help people safely withdraw from alcohol or other drugs in a hospital setting.

The Addictions Unit at the Health Sciences Centre in Winnipeg is the only medical detox in Manitoba. It has 11 beds which are only accessible through referrals from a health care professional.

Non-medical detox provides a supportive and supervised environment for people to withdraw from alcohol or other drugs in a community setting. While different levels of support are provided they are not under the care of a physician.

QUALITY CONCERNS WITH WAIT TIME DATA FOR IN-HOUSE AND COMMUNITY-BASED TREATMENT SERVICES

Overall, it was a significant challenge to obtain wait time data and its reliability was in question. We found that wait time data was manually compiled and calculated differently by different facilities and regions. Additionally, the data was not complete as not all service areas submitted information, such as community-based treatment services (individual counselling areas). Information was not calculated in real time and we had concerns about its accuracy due to the inconsistent calculation approach by different regions and facilities. Given how this data was collected, we were unable to perform the necessary tests to fully validate the information.

Despite this, we felt it was important to report on the results from the data we were able to obtain.

IN-HOUSE TREATMENT

There are a number of in-house addictions treatment programs in the public system provided by government service delivery organizations. Wait times for these facilities were reported in the 2018 VIRGO report as at 2016/17. Based on the information we obtained, we calculated the wait times to access these same facilities in the 12 months ended June 30, 2022 **(SEE TABLE 1)**. We found that the amount of time to access these facilities had increased in most cases.

Table 1: Wait times to access in-house treatment				
In-house treatment programs	VIRGO report – 2016/17 (average wait times in days)		12 months ending June 2022 (average wait times in days)*	
	Male	Female	Male	Female
Winnipeg Men's (River Point Centre)	38	–	53	–
Winnipeg Women's	–	204	–	139
Brandon residential (Parkwood)	88	88	80	82
Northern residential (Eaglewood)	71	71	152	152
Ste. Rose du Lac (Willard Monson House)	71	81	92	85

** Unaudited-data provided by former AFM*

COMMUNITY-BASED TREATMENT

We looked at community-based services that were provided within the public system. These included individual and group counseling through various different programs. We asked for wait time data for community-based treatment programs, and were told that not all programs track and submit wait time data. As such, we were not able to obtain a complete picture of wait times for these services in Manitoba.

Based on the information we obtained, we found that access to these services was not immediately available to people who needed them. There were wait lists to get into the non-residential treatment program for both men and women in Winnipeg.

Based on our file review and interviews, there was only a minimal wait, if any, to access individual counselling in Prairie Mountain Health and the Northern Health Region.

MANITOBA OPIOID SUPPORT AND TREATMENT PROGRAM

The Manitoba Opioid Support Treatment program (MOST) supports individuals who are dependent on opioids. It is provided in Winnipeg and Brandon. Through this program, people with an opioid use disorder receive opioid agonist treatment (OAT), as well as active case management through a team of nurses and physicians.

The Winnipeg MOST program had a wait time to get in. We found for the 114 people admitted during the 12 months ended June 30, 2022, that the average wait time was 62.9 days for men and 31.5 days for women. The Brandon MOST program had no wait times for men or women; however, we noted that there were only 4 new patients admitted during this same time period.

Based on our file review, we found that these wait times did not impact access to OAT. This was because, all people admitted to the MOST program were already receiving this treatment—typically through RAAM clinics (SEE SECTION 3.1).

RAPID ACCESS TO ADDICTIONS MEDICINE CLINICS

RAAM clinics are based on a low barrier walk-in service delivery model, therefore, there are no wait times. However, particularly in Winnipeg, when a person goes to a RAAM clinic, there is insufficient capacity to see everyone.

We observed a RAAM clinic in May 2022, and saw this in practice. There were 12 people lined up before the clinic opened. The clinic had several scheduled follow-up appointments, and as a result, could only see 3 of the 12 individuals that day. Staff met with the other 9 patients to inform them they could not be seen, and to redirect them to other services if possible.

An important indicator for access to RAAM services is the number of patients who come to a RAAM clinic during walk-in hours, but are not provided service.

Table 2: Access to RAAM clinics – 12 months ended June 30, 2022*

Rapid Access to Addiction Medicine Clinic (location)	Initial assessments in each RAAM clinic	People who went to a RAAM clinic but did not receive service
Eaglewood Treatment Centre (Thompson)	70	0
Crisis Response Centre (Winnipeg)	423	853
River Point Centre (Winnipeg)	370	276
7th Street Access Centre (Brandon)	112	2
159-5th Street (Portage la Prairie)	169	1
Selkirk Community Health Office (Selkirk)	198	86
TOTAL	**1,342**	**1,218**

** Unaudited-data provided by Shared Health*

As outlined in TABLE 2, RAAM clinics in Thompson, Brandon, and Portage la Prairie had the capacity to see almost everyone who presented for services. However, 1,218 people (almost all in Winnipeg) were not able to access RAAM services. This shows that people are not able to access the treatment they need when they need it.

WAIT LIST MANAGEMENT TO ACCESS IN-HOUSE TREATMENT

Waitlist management is a practice that helps ensure clients can access services in a timely manner. For example, letting someone on the waitlist know when there is a cancellation or no-show to an appointment. Waitlist management takes into consideration the unique needs and circumstances of an individual seeking treatment. Inadequate wait list management can result in people waiting longer to access in-house treatment.

We found there were inconsistencies with how waitlists were managed for in-house treatment. Some facilities assigned bed dates immediately, while others assigned them just a couple weeks before treatment. All facilities had short notice lists, but these were managed differently by different facilities. However, we found that pregnant women and those coming from detox or hospital were prioritized.

Recommendation 2

We recommend that Shared Health, working with the service delivery organizations, develop and roll out a consistent process for wait list management (for all service lines).

BETTER COORDINATION NEEDED TO EXPEDITE ACCESS TO SERVICES

Effective treatment is supported by collaboration and coordination across the spectrum of addictions treatment services. Coordination between service providers helps to support clients to access services in a timely manner.

Given the long waits to access in-house treatment, we expected facilities within the public system, government-funded service providers, and others to work together to ensure people who need treatment get in as quickly as possible. We did not see evidence of coordination to expedite access to in-house treatment.

We noted that staff working in addiction treatment services provided information to clients about other available services and assisted with filling out applications. However, we found that this did not expedite access to these services.

Better coordination and collaboration are needed to ensure timely access and support a continuum of care. A good practice we saw was Knowledge Exchange Days organized by RAAM. It was a series

of weekly virtual events that promoted coordination and collaboration among the addiction medicine community. Held during November and December 2022, there were presentations and panels exploring challenges, successes and opportunities for addiction medicine in Manitoba. We are of the view that similar opportunities for all addictions and mental health workers would help to strengthen these important working relationships and enhance coordination to access services across the province.

Recommendation 3

We recommend Shared Health coordinate learning and conferencing opportunities for all service delivery organizations' employees providing addictions treatment, as well as government funded non-profit service providers.

1.3 Better data needed

A fulsome, system-wide picture of addictions treatment services in Manitoba does not exist. This is due in part to the decentralized delivery of addictions treatment services and siloed data collection. It is further challenged by poor data quality.

Since being created in 2021, the Department of Mental Health and Community Wellness has focused more on system wide data, but this is still a work in progress.

INFORMATION SYSTEMS SILOED

We expected that data would be regularly collected and analyzed to assess the efficiency and effectiveness of addictions treatment services in Manitoba. We found this was not done.

The VIRGO report identified the myriad of information systems used, including paper records, as an issue in 2018. We found there continues to be a number of information systems maintained by different entities. A significant portion of information is paper-based. When taken together, we found it was extremely difficult to track a person through the addictions treatment system.

All RAAM clinics use an electronic record management system. However, we noted that each health region is on its own version of this system. This means that a RAAM practitioner in one region cannot access patient records from visits to RAAM clinics in other regions.

Client files for in-house and community-based treatment were maintained in a paper-based filing system. An electronic record system would allow data to be collected and reported on. Using a paper-based system is a barrier to:

- Coordination with other services providers.
- Identifying gaps, and ensuring a continuum of care.
- Making sure people don't fall through the cracks.
- Measuring performance.

We found that the division of data ownership and analytical functions between Shared Health and the Department of Mental Health and Community Wellness were not clear. The absence of clear responsibilities around data is a further obstacle to improving addiction treatment services in Manitoba.

Recommendation 4

We recommend that the Department of Mental Health and Community Wellness work with the Department of Health to adopt an electronic records management system for publicly provided addictions treatment services, and consider expanding access to other addictions treatment service providers where appropriate.

Recommendation 5

We recommend that the Department of Mental Health and Community Wellness develop and implement a central data collection process for all government funded addictions treatment services. This process must define:

a. Clear roles and responsibilities, from inputting and collecting to reporting data.
b. The data set that should be collected.
c. Regular reporting cadence.

2 Focused effort needed to mitigate barriers to addictions treatment services

To be effective, addictions treatment must be available, accessible, and appropriate. There continue to be many barriers to accessing addictions treatment services. Our audit found that while barriers have been identified, and actions have been taken to address some of these obstacles, more work is needed. While information on addictions treatment services is publicly available, coordinated action is needed to reduce barriers to accessing addictions treatment services. We also found that services are lacking in rural Manitoba and in the North.

2.1 Information on addictions treatment services is publicly available

We found that information on addictions treatment services is available in a number of places. There is a toll-free telephone hotline that is available weekdays (between 8:30 a.m. and 4:30 p.m.). The MBAddictionHelp.ca website provides information on various addictions services in Manitoba. It has links to various services and numbers for crisis lines.

While having a centralized source of information on addictions treatment services is important, we found that the information on the website was not up to date.

Recommendation 6

We recommend that the Department of Mental Health and Community Wellness, in collaboration with Shared Health, determine gaps in the information on addictions treatment services that is available online, and implement a process to ensure that information is up to date.

2.2 Coordinated action needed to mitigate barriers

Barriers to accessing treatment include:

- Stigma
- Childcare
- Lack of stable housing, phone or internet access
- Transportation
- Cost of OAT

The Government of Manitoba has identified numerous **barriers** to addictions treatment services, including in the 2018 VIRGO report. We found many of these barriers continue to exist.

While actions have been taken to address some of these barriers, most of these were at a facility level. We found there was no coordinated action to address the barriers to addiction treatment services.

During our audit work, we heard of some unique approaches, such as inviting mothers to bring children to individual counselling appointments.

We noted that transportation barriers are mitigated to some degree by giving clients taxi slips and bus tickets. Many First Nations provide medical transport (Medi Van) to and from in-house treatment programs. Despite this, we found that transportation remains a significant issue in rural areas.

Language is another barrier that is mitigated to some degree. In some health regions there is access to interpreters, and we were told they are used from time to time. However, we noted that language may be a barrier for people to get in the door—all group sessions and residential programs are in provided in English.

AGING FACILITIES NOT CONDUCIVE TO RECOVERY

Good practice:

The Eaglewood Addictions Centre in Thompson is a relatively new facility that was built specifically for its purpose. This facility has in-house treatment services, community-based counsellors, a non-medical detox, and the RAAM clinic; all under one roof. This is an ideal situation as people can access these different services without leaving the building.

The physical environment has a significant role to play in a person's recovery journey. It can also be a barrier to accessing addiction treatment services.

As part of our audit work, we visited all 6 of the in-house treatment facilities provided within the public system. We found there were significant differences in the design and condition of these facilities.

Two facilities in particular stood out. The Women's in-house treatment facility in Winnipeg, and Rosaire House in the Pas. We found these facilities:

- Had inadequate space that led to overcrowding.
- Had outdated infrastructure and equipment.
- Lacked green space.

Unsuitable facilities can impact the outcome of treatment, as well as potentially resulting in people leaving treatment early or even impacting a facilities ability to continue providing treatment.

Recommendation 7

We recommend that the Department of Mental Health and Community Wellness, in collaboration with the service delivery organizations, identifies gaps in its asset management related to addictions treatment services, including where buildings are not meeting client needs and contributing to positive treatment outcomes. Where gaps are identified, develop plans to address them in its capital planning.

2.3 Services lacking in rural Manitoba and the North

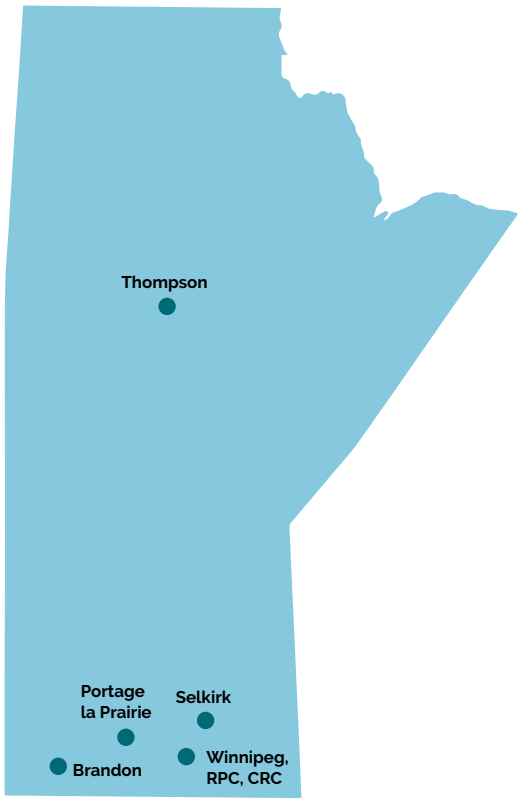
Addictions treatment services need to be accessible to people seeking treatment. Given the large geographic area of the province and the fact that Manitobans live in places other than Winnipeg, location can be a barrier to accessing treatment.

The walk-in addiction treatment services offered by RAAM clinics were found in all health regions **(SEE FIGURE 1)**. However, these clinics had limited operating hours. In addition, these services were difficult to access from rural, remote communities, because of travel distances, and inability for clients to make appointments.

For rural Manitobans, some treatment options are severely limited. Only 14% (12 of 86) of the detox beds in Manitoba were located outside of Winnipeg **(SEE TABLE 3)**. Six beds were found in Brandon and the rest were in Thompson. We note that due to staffing issues the 6 beds in Thompson were not operational between March through November 2022.

Supportive recovery housing options are also lacking outside of Winnipeg. Only 10% (18 of 185) of the supportive recovery beds that received provincial funding were located outside of Winnipeg **(SEE APPENDIX 2)**.

Figure 1: RAAM clinic locations in Manitoba



Recommendation 8

We recommend that the Department of Mental Health and Community Wellness, working with the government service delivery organizations, take coordinated action to address barriers to access to addictions treatment services. This should include:

a. Identifying significant barriers.
b. Prioritizing which are the most significant barriers.
c. Developing and implementing mitigations strategies.
d. Measuring the impact of actions or interventions, and adjusting if necessary.

Also see RECOMMENDATION 13 in SECTION 5.

3 Addictions treatment services need to address full continuum of care

We found that while there are different addictions treatment services that address the different stages in the continuum of care (SEE FIGURE 2), people did not move through the continuum as we expected. This was due to long wait times, inadequate resources, and lack of coordination.

We found that there is a lack of capacity and coordination in providing opioid agonist treatment; the availability of detox is inadequate, pre-treatment, interim care, aftercare and supportive recovery housing are lacking.

Figure 2: Continuum of care in Manitoba

3.1 Lack of capacity and coordination in providing opioid agonist treatment

Opioid Agonist Treatment (OAT) is an effective pharmacological treatment for addiction to opioid drugs such as heroin, fentanyl and oxycodone. This treatment supports individuals to stop their use of opioids by preventing withdrawal symptoms and reducing cravings. This involves prescriptions of drugs such as methadone, or a newer generation of medications, such as suboxone.

Since opening in 2018, Rapid Access to Addictions Medicine (RAAM) clinics have addressed an increasing demand for OAT. In 2018/19, 81 people received OAT at RAAM clinics. This increased to 944 in 2021/22.

RAAM clinics are meant to be a low-barrier access point for addiction treatment services where no appointment is necessary. We found that access to RAAM services was limited due to RAAM staff providing longer term OAT care for some patients until referral sources are located. We were told this is due to a shortage of OAT services in the community as well as an inability to transfer patients to The Manitoba Opioid Support Treatment program (MOST).

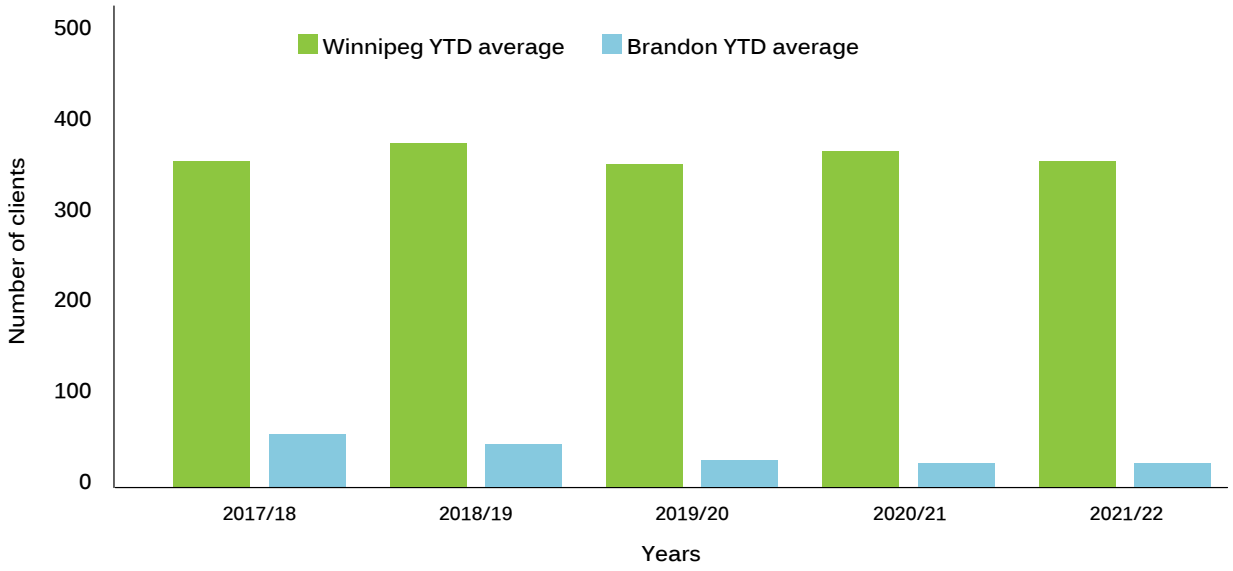
RAAM clinics are not intended to see patients on a long-term basis. Further, due to the large number of patients receiving ongoing OAT through RAAM clinics, RAAM clinics are limited in the number of new patients that can be seen and as a result, not fulfilling their intended purpose as a rapid access clinic.

The MOST program, is provided in Winnipeg and in Brandon. Through this program, people with an opioid use disorder receive opioid agonist treatment (OAT). The MOST program is designed to be longer term, and some patients may stay on indefinitely. The MOST program is unique as it has historically provided case management and counselling.

MOST CAPACITY UNCHANGED

FIGURE 3 shows that the MOST program has been largely stagnant over the last 5 years. On average, it sees 350 clients in Winnipeg and 40 in Brandon annually.

Figure 3: MOST capacity annual average



We expected that RAAM staff would work with MOST to create a pathway for patients receiving OAT to move out of RAAM. We found that few patients followed this pathway due to a lack of capacity at MOST, and inadequate coordination between RAAM and MOST. We were told that one of the reasons for the lack of movement between the programs was that the MOST program is more structured than RAAM. Only about one-third of the patients receiving OAT through RAAM could be a fit for MOST.

LACK OF COUNSELLING

Best practice stresses that pharmacological approaches to addressing opioid use disorders should be combined with counselling. This is because OAT addresses the physical symptoms of an opioid use disorder, but does not address the underlying causes.

The MOST program has historically provided counselling. We found that counselling is no longer a significant part of MOST. Staff confirmed, that there is one part-time counsellor in Winnipeg who provides trauma-counselling for about 10-20 people, or about 6% of MOST patients.

While RAAM can provide some counselling, this is typically short term given the nature of RAAM clinics.

Recommendation 9

We recommend that Shared Health:

a. Conduct a program review of the MOST program to determine whether it is fulfilling its intended purpose in the most efficient manner.
b. Set targets, and monitor, for moving OAT patients out of RAAM.
c. Enhance the coordination between RAAM clinics and other OAT providers to ensure movement out of RAAM.
d. Offer and encourage counselling for all OAT patients.

3.2 Availability of detox inadequate

People who attend publicly provided in-house addiction treatment are typically required to refrain from using substances for 72 hours prior to starting treatment. Often detox is the first step in the recovery continuum. In many cases individuals who attend detox are preparing for entry to an in-house program.

The majority of detox provided in Manitoba was located in Winnipeg. As shown in **TABLE 3**, 86% (74 of 86) of provincially funded detox beds are in Winnipeg. We note there has been an increase in the overall number of detox beds since 2016/17. However, we also note there are only 6 detox beds to serve all of northern Manitoba. While there is an in-house treatment facility in the Pas, there are no detox beds. The closest location would be Thompson, which is a 4-hour drive.

If people cannot access detox when they need it to enter in-house treatment, this can make the wait for addiction treatment services even longer—or discourage them from attending at all.

Table 3: Withdrawal management services		
Withdrawal Management Service Providers in Manitoba (location)	Number of beds VIRGO report –2016/17	Number of beds June 30, 2022
Main Street Project – Women (Winnipeg)	22	26
Main Street Project – Men (Winnipeg)	25	21
Klinic – Mobile Withdrawal Management Services (Winnipeg)	0	16
Health Sciences Centre – Addiction Unit (Winnipeg)	11	11
Withdrawal Support Services (Brandon)	0	6
Eaglewood (Thompson)*	6	6*
TOTAL	**64**	**86**

** Eaglewood was not operating from March through November 2022 due to staffing issues*

When people arrive to in-house treatment without properly detoxing, it can impact their ability to engage in treatment, as well as the recovery journey of other patients. A person who is going through withdrawal is not in a position to make the most of addiction treatment. Untreated withdrawal symptoms also pose the risk of driving people out of treatment. They may also disrupt the group, negatively impacting others' recovery journey.

Where there is no detox available, the facilities options are to turn clients away, redirect them to the local hospital emergency department, or attempt to accommodate them on site.

Eaglewood in Thompson has a detox attached to the in-house treatment facility. Although the detox was closed when we visited the site, information from our file review as well as interviews with staff, confirmed that the detox was utilized by both the attached RAAM clinic as well as the in-house treatment facility. We noted that this allowed for bed-to-bed transfers to treatment, stabilizing people on OAT, and provided a preferable option when someone would show up for treatment with withdrawal symptoms.

Recommendation 10

We recommend that Shared Health, in collaboration with service delivery organizations:

a. Identify opportunities where it would be possible to co-locate withdrawal management with in-house treatment.
b. Where this is not possible, adopt flexibility in programming to accommodate people who may present to treatment intoxicated or in withdrawal.

Also see RECOMMENDATION 14 in SECTION 5.

3.3 Pre-treatment and interim care are lacking

Withdrawal management on its own is not enough to address addiction. For opioid addictions, withdrawal management without subsequent treatment is strongly advised against and can put an individual at risk of serious harm, including death, if substance use resumes. It is important that there is continuing care available when people are waiting for in-house treatment.

The goal of **pre-treatment care** is to prepare the client for in-house treatment. It can be provided as an educational session for clients while awaiting an in-house treatment program, or in the form of individual counselling through community-based counselling.

For **external referrals** in the Prairie Mountain and Northern Health Regions, we found that no intake assessment was done until the client arrived at in-house treatment. We noted that the facility relied on the referral form faxed by the referring agency, but we found that information was not always reliable.

We found that there were limited **pre-treatment care** options available for individuals seeking substance abuse treatment. In Winnipeg, there were pre-treatment sessions that shut down during the pandemic and restarted in 2021. These optional sessions are designed to prepare people for in-house treatment. Attendance is not tracked.

In Prairie Mountain Health and the Northern Health Region there is no pre-treatment care available. We found that to compensate for the absence of pre-treatment care, community-based counsellors were assigned to clients looking for treatment. This way clients are connected and stay connected with a counsellor while awaiting in-house treatment.

For **external referrals**, the in-house facilities expected clients work with their referring agency until they arrive for treatment. Therefore, there were no pre-treatment options available to them.

In community-based treatment file reviews, we saw that in all regions, facilities followed up with clients who either missed, cancelled, or rescheduled their appointments.

For in-house treatment, we found that the interim follow-up was not as frequent as community-based treatment. If a client was referred by an external agency the expectation was that they are working with their referring agency until they arrive for in-house treatment, therefore when a client was a no-show for in-house treatment the facility might, but did not always, follow up with the referring agency.

3.4 Aftercare and supportive recovery housing are lacking

People require varying levels of support to continue their recovery journey. Aftercare is part of recovery management. It is an evolving approach to the long-term treatment of substance use disorders that goes beyond a single treatment episode, or a short-term aftercare program. This can often be achieved by continuing with individual counselling after finishing in-house treatment.

Supportive recovery housing is a transitional support for people who have completed more intensive addictions treatment. It provides safe, substance-free accommodation and a level of support to assist in longer-term recovery and reintegrate into the community.

AFTERCARE

During our audit period we found that aftercare was not sufficiently available in Manitoba. Where there were aftercare programs, we found they were either shut down due to COVID-19 or moved to virtual offerings. We note that these programs have resumed; however, we were told that the uptake was not the same as it was before pandemic.

In our file reviews, corroborated by interviews, we found:

- In the Prairie Mountain Health and the Northern Health Region, there were no dedicated aftercare programs. However, if a client had started with community-based counselling, after completion of the in-house program they were transferred back to their community-based counsellor.
- In Winnipeg there were dedicated aftercare programs. However, in our file review we found that the client files often did not contain any information on whether aftercare was offered, and if so, whether it was accepted or not.
- In cases where clients were referred by an external agency, we could not determine whether aftercare was offered. However, we noted that clients were encouraged to reconnect with their referring agency.

During our interviews with both community-based and in-house counsellors we heard unanimously that there is not enough aftercare.

SUPPORTIVE RECOVERY HOUSING

A significant number of clients who attend in-house addictions treatment services do not have stable housing. For example, based on data provided to us, 39% of women that accessed Winnipeg Women's in-house treatment indicated they did not have access to stable housing.

As at June 30, 2022, Manitoba only had a 185-bed capacity for supportive recovery housing **(SEE APPENDIX 2)**. We were told that few people were able to obtain supportive recovery housing. We note that there was no data available on how many people needed supportive recovery housing, how many applied and how many got in.

We conducted interviews with in-house and community-based counsellors and they all identified the need for supportive recovery housing for individuals seeking addiction treatment services. Counsellors were only able to help clients with filling out applications for supportive recovery housing, but there was no process to prioritize people who were coming out of in-house treatment. If a client without stable housing does not know where they will go after treatment, they cannot focus on their treatment, and their chances of continuing recovery are reduced.

Recommendation 11

We recommend that Shared Health, in collaboration with service delivery organizations:

a. Look at the best practices for community-based counselling, and adopt where they make sense.
b. Utilize community-based treatment (individual counselling) to prepare people for in-house treatment, and also as aftercare.
c. Identify and address the demand for community-based counsellors.
d. Develop and coordinate referral pathways to supportive recovery housing, and ongoing care.

4 Addictions treatment services accredited, but no provincial standards

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. Provincial standards are important because they ensure a level of consistency, and quality, in the standardized services. We found that addictions treatment services were accredited, however there were no provincial standards in place.

4.1 Addictions treatment services were accredited

The Health System Governance and Accountability Act sets out the requirement for health authorities to be accredited. It also outlines the obligation of health corporations and health-care organizations that receive funding from health authorities to participate in the authority's accreditation process as required by the authority in order for it to obtain accreditation.

Accreditation Canada is an independent, not-for profit organization that sets standards for quality and safety in health care and accredits health-care organizations in Canada and across the world. Its Qmentum accreditation program provides evidence-informed standards for health care and social services organizations.

The former AFM last obtained accreditation from Accreditation Canada. All AFM sites were accredited through to 2022. As of April 1st, 2022, AFM ceased to exist, and its services and assets were transferred to Shared Health and the regional health authorities.

We found that all of the Manitoba regional health authorities and Shared Health were accredited during our audit period.

4.2 No provincial standards for addictions treatment services

Manitoba did not have provincial standards for addictions treatment services. Our jurisdictional scan found that Ontario and British Columbia have standards for addiction treatment services.

During the period under audit, the Department of Mental Health and Community Wellness had developed draft provincial system standards for substance use and addiction services. At the time of writing, these standards were still in draft.

Recommendation 12

We recommend that the Department of Mental Health and Community Wellness finalize, and implement provincial standards for addiction treatment services.

5 Addictions treatment services did not achieve desired results

The Government of Manitoba provides vital addictions treatment services. To ensure that desired results are achieved, objectives must be established, communicated, and measured.

The 2018 VIRGO report looked at improving access and coordination of mental health and addiction services. Our audit found that 5 years later, many of the same issues remain. People often continue to wait for services, there is an inadequate continuum of care, and there is no system to measure whether the addictions treatment services provided have achieved the desired results.

We found that capacity does not meet demand for addictions treatment services; the current services are evidence-based, but need to evolve to address changing nature of addictions; and there is a lack of performance measures for addictions treatment services.

5.1 Capacity did not meet demand for addictions treatment services

Addictions treatment services should be informed by the need for these services. Data was provided to us by various entities—including RAAM clinics, the former AFM, the Department of Health and the Department of Mental Health and Community Wellness. We found that this information was not used to conduct a wholesome analysis of the addictions treatment system capacity and projected need.

Based on the data we were able to obtain, we found that the demand for addictions treatment services exceeded the current capacity. Issues we found included:

- Wait lists to access detox beds.
- Insufficient pre-treatment and aftercare.
- Limited supportive recovery housing **(SEE SECTIONS 1 AND 3)**.

We also found that there continue to be long waits for in-house treatment beds. Since the 2018 VIRGO report, the total number of in-house treatment beds that received some funding from government decreased by 55 (from 314 to 259), and the number of publicly provided in-house treatment beds decreased by 12 (from 138 to 126) **(SEE APPENDIX 1)**.

The Department of Mental Health and Community Wellness provided us information on their work related to needs-based planning. However, we note that this information was based on self-reported data from ten years ago, and may not reflect current circumstances.

Recommendation 13

We recommend that the Department of Mental Health and Community Wellness, together with Shared Health:

a. Collect data to determine demand for different services, including withdrawal management, in-house treatment, community-based services and supportive recovery housing.
b. Conduct an analysis, comparing the demand to the actual capacity.
c. Prioritize investments based on the results of this analysis.

5.2 Current services were evidence-based but need to evolve to address changing nature of addictions

Addictions treatment services in Manitoba are based on the population health model and the **biopsychosocial spiritual model**. We found that while current addictions treatment services are evidence-based, they have not kept pace with the changing nature of addictions.

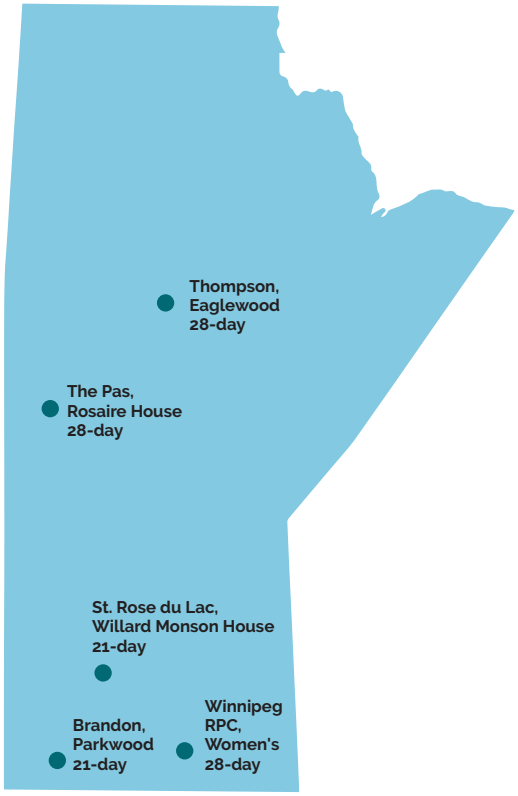
The former AFM identified trauma counselling as a gap in the services provided. Staff at some of the facilities have made efforts to innovate and improve the services provided. For example, to fill this identified gap, they brought in the RE/ACT pilot program. This is a 12-week abstinence- and group-based program, 5 days a week, with weekly individual trauma counselling.

Biopsychosocial spiritual model: it co-exists with the population health model; and includes the determinants of health as key elements of its principles. The BPSS model is inclusive and allows for recognition of individual situations and the unique combination of factors that affect addiction. BPSS facilitates treatment that reflects the client's needs and circumstances.

The needs of people dealing with addiction are evolving. More people are poly-substance users than they were in the past. There are new and more dangerous substances that are readily available and accessible. Some substances, such as meth, require a longer detox period. In-house treatment is not always suitable for, or desired, by all people seeking addictions treatment services.

All of the publicly provided in-house treatment programs are 21- or 28-day programs **(SEE FIGURE 4)**.

Figure 4: In-house treatment facilities in Manitoba and length of their program



Staff we interviewed told us there was a need for longer, in-house treatment options, and that in many cases the current programs did not allow counsellors to address all the clients' issues in the timeframe provided. We found that other jurisdictions offered longer in-house treatment. We note that there are international standards for the treatment of drug disorders that recommend long-term residential treatment should last at least three months and most likely longer, depending of the patient's needs.

The need for longer term programming has already been identified in the 2018 VIRGO report as well as by the former AFM. We note that a 9-week pilot program was planned at Parkwood in Brandon. However, it was put on hold due to staffing.

Recommendation 14

We recommend that Shared Health, in collaboration with service delivery organizations:

a. Enhance readiness development and harm reduction strategies for those individuals that don't meet the criteria for in-house treatment.
b. Explore and develop longer in-house treatment options.
c. Provide cross-training to staff in mental health and addictions.

5.3 Lack of performance measurement for addictions treatment services

We found that there were no targets for addictions treatment services in Manitoba, and therefore no reporting of performance against targets.

We requested information regarding measuring effectiveness of addictions treatment services from the Shared Health data analytics team and from the Provincial Information Management and Analytics in the Department of Health, and we were told there is no such analysis being done. We acknowledge that the Department of Mental Health and Community Wellness receives some performance information. At the time of our audit, this reporting was still in development and no targets had been set.

Recommendation 15

We recommend that the Department of Mental Health and Community Wellness, together with Shared Health, measure effectiveness of addictions treatment services, including by:

a. Setting clear overall targets.
b. Cascading program-specific targets to service providers.
c. Centrally collecting data to determine actual performance against these targets (including wait time targets in Recommendation 1).
d. Reporting this information to the public.

Also see **RECOMMENDATION 5** in **SECTION 1**.

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Additional information about the audit

This independent assurance report was prepared by the Office of the Auditor General of Manitoba on Addictions Treatment Services in Manitoba. Our responsibility was to provide objective information, advice and assurance to assist the Legislature in its scrutiny of the government's management of resources and programs, and to conclude on whether Addictions Treatment Services in Manitoba comply in all significant respects with the applicable criteria.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001—Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook —Assurance.

The Office applies Canadian Standard on Quality Control 1 and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of Manitoba, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

1. Confirmation of management's responsibility for the subject under audit.
2. Acknowledgement of the suitability of the criteria used in the audit.
3. Confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided.

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Summary of recommendations with departmental responses

RECOMMENDATION 1

We recommend that the Department of Mental Health and Community Wellness set targets for wait times for addictions treatment services.

Response of officials:

The Department of Mental Health and Community Wellness (MHCW) agrees with this recommendation. Setting wait time targets for addictions treatment services is of critical importance. Foundational work needed to establish targets for wait times has been completed.

Over the last year, MHCW has developed a performance and accountability framework that will enable MHCW to enhance accountability and set targets for services including wait times. Reporting wait times using standardized definitions (according to the new framework) is a requirement of the funding agreements with publicly funded agencies. It has also been added as a requirement in the planning guidance for annual operating plans for the provincial health authority (Shared Health) and service delivery organizations (formerly regional health authorities). This initiative will also involve the development of a dashboard to monitor service volumes and wait-times at the community, regional, and provincial levels. In the 2023/24 Annual Report, wait times for addictions services will be measured through the balanced scorecard.

This recommendation connects to Strategic Focus Area 1 of A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba: Equitable Access and Coordination.

RECOMMENDATION 2

We recommend that Shared Health, working with the service delivery organizations, develop and roll out a consistent process for wait list management (for all service lines).

Response of officials:

MHCW and Shared Health agree with this recommendation. Having a consistent process for wait list management is important.

System improvements being implemented to improve wait list management include:

- The development of a mental health and addictions services portal that will include a comprehensive inventory of services across the continuum of care as well as a self-assessment tool that links Manitobans to programs and services tailored to their unique needs. The portal will be publicly released in 2023 and will serve as a resource for Manitobans to find appropriate services, and be directed to others, should there be a wait list.
- Substance use and addictions standards have been developed and publicly funded agencies are being supported by the department to ensure compliance. Wait list management is a requirement in the standards and publicly funded service providers will be required to comply by March 31, 2024.

This recommendation connects to Strategic Focus Area 1 of A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba: Equitable Access and Coordination.

RECOMMENDATION 3

We recommend Shared Health coordinate learning and conferencing opportunities for all service delivery organizations' employees providing addictions treatment, as well as government funded non-profit service providers.

Response of officials:

MHCW and Shared Health agree with this recommendation. Coordinating shared learning opportunities is important for providing quality care.

Some planned initiatives that support coordinated learning and conferencing opportunities include:

- Shared Health is expanding the Extension for Community Healthcare Outcomes (ECHO) program for competency building and cross-training communities of practice in the system. ECHO is an internationally adopted model that aims to increase the knowledge and skills of community-based primary health care providers by linking expert interdisciplinary teams with primary care clinicians in local communities.
- Shared Health is coordinating ongoing Opioid Agonist Treatment (OAT) training sessions with a focus on OAT prescribers.
- MHCW will create a resource hub to assist agencies with adopting the substance use and addictions standards.
- Shared Health will implement a competency training development plan based on MHCW addictions standards and the Canadian Centre on Substance Use and Addiction (CCSUA) competencies.

This recommendation will connect to Strategic Focus Area 3 of the MHCW Roadmap: Quality and Innovation.

RECOMMENDATION 4

We recommend that the Department of Mental Health and Community Wellness work with the Department of Health to adopt an electronic records management system for publicly provided addictions treatment services, and consider expanding access to other addictions treatment service providers where appropriate.

Response of officials:

MHCW agrees with this recommendation. Implementing an electronic records management system for publicly funded addictions treatment services is a priority.

MHCW is working with its partners in the health system including Shared Health, to work towards a provincial substance use and addictions information technology system that includes a shared electronic client record. The first step towards this multi-year recommendation is to conduct a feasibility study to inventory the current information technology systems available and recommend a path forward. Shared Health has started a feasibility study that is expected to be complete in 2023.

This recommendation connects to Strategic Focus Area 3 of the MHCW Roadmap: Quality and Innovation.

RECOMMENDATION 5

We recommend that the Department of Mental Health and Community Wellness develop and implement a central data collection process for all government funded addictions treatment services. This process must define:

a. Clear roles and responsibilities, from inputting and collecting to reporting data.
b. The data set that should be collected.
c. Regular reporting cadence.

Response of officials:

MHCW agrees with this recommendation. Having a central data collection process is important to support the department's planning, funding and oversight function.

An accountability and performance management framework has been developed and will be operational in 2024. MHCW consulted various stakeholders to assess the current data and technology environment and to inform the development of the framework. The framework will:

- Standardize the reporting process for service delivery organizations and community agencies.
- Establish a reporting process that collects data in one centralized location at regular intervals.
- Group service delivery organizations and community agencies by standardized categories that align with Needs Based Planning and the stepped care model to enable performance measurement within the system.

This recommendation connects to Strategic Focus Area 4 of the MHCW Roadmap: Governance and Accountability.

RECOMMENDATION 6

We recommend that the Department of Mental Health and Community Wellness, in collaboration with Shared Health, determine gaps in the information on addictions treatment services that is available online, and implement a process to ensure that information is up to date.

Response of officials:

MHCW and Shared Health agree with this recommendation. Identifying and addressing gaps in online information on addictions services is a key component of improving system navigation and access.

MHCW has worked with multiple partners to develop a comprehensive inventory of mental health and addictions services available across each region and the province. In addition, a self-assessment tool has been designed that will help Manitobans navigate to the most appropriate mental health and addictions programs and services available that meet their needs. The mental health and addictions services portal that includes the inventory and self-assessment tool will be publicly released in 2023.

MHCW, Shared Health and the Winnipeg Regional Health Authority are also refreshing their public websites to serve as another means of providing information to Manitobans about government funded, mental health and addictions programs and services.

This recommendation is connected to Strategic Focus Area 1 of the MHCW Roadmap: Equitable Access and Coordination.

RECOMMENDATION 7

We recommend that the Department of Mental Health and Community Wellness, in collaboration with the service delivery organizations, identifies gaps in its asset management related to addictions treatment services, including where buildings are not meeting client needs and contributing to positive treatment outcomes. Where gaps are identified, develop plans to address them in its capital planning.

Response of officials:

MHCW and Shared Health agree with this recommendation. Capital investment in assets related to mental health and addictions services is important. MHCW is committed to making capital investments in priority projects to help bring care closer to home, expand local services, improve access and address building safety and security issues.

MHCW has a capital planning process (coordinated by Shared Health and Manitoba Health) that will be used to determine gaps and needs related to asset and capital planning for mental health and addictions services.

RECOMMENDATION 8

We recommend that the Department of Mental Health and Community Wellness, working with the government service delivery organizations, take coordinated action to address barriers to access to addictions treatment services. This should include:

a. Identifying significant barriers.
b. Prioritizing which are the most significant barriers.
c. Developing and implementing mitigations strategies.
d. Measuring the impact of actions or interventions, and adjusting if necessary.

Response of officials:

MHCW agrees with this recommendation. It is critical that all Manitobans have access to addictions services when they need them. MHCW has identified barriers to access based on the results and recommendations from various studies and reports including the VIRGO Report, the Clinical Preventive Services Plan, reports from the Manitoba Advocate for Children and Youth, and the MHCW Roadmap (A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba). MHCW is prioritizing investments as well as developing and implementing structural initiatives to improve access to addictions services.

MHCW is working to address these barriers through the development and implementation

of quality standards for publicly funded addictions service providers. The impact of implementation of the standards will be measured through the performance management framework.

Planned structural changes that will also help address barriers to access is the development of a mental health and addictions services portal. This will include resources and tools that will increase awareness of and access to mental health and addictions programs and services. See response to **RECOMMENDATION 6** for more information.

MHCW is committed to continuous improvement and working with its service delivery partners to gather data and information to assess how well mental health and addictions programs and services are working to make evidence-informed improvements. While barriers to access have been identified, expanding and adding new services while continuously improving existing programs and services is ongoing.

This recommendation connects to Strategic Focus Area 1 of the MHCW Roadmap: Equitable Access and Coordination.

RECOMMENDATION 9

We recommend that Shared Health:

a. Conduct a program review of the MOST program to determine whether it is fulfilling its intended purpose in the most efficient manner.
b. Set targets, and monitor, for moving OAT patients out of RAAM.
c. Enhance the coordination between RAAM clinics and other OAT providers to ensure movement out of RAAM.
d. Offer and encourage counselling for all OAT patients.

Response of officials:

MHCW and Shared Health agree with this recommendation. It is important to review programming for effectiveness, set program targets and ensure coordination between related programming.

Shared Health has started a review of the Manitoba Opioid Support and Treatment (MOST) program and is working on the following:

- Creating formal partnerships between MOST, RAAM, the First Nations Inuit Health Branch and primary care to ensure alignment of services, build capacity and improve pathways to primary care.

- Expanding access to trauma counselling.
- Creating addiction medicine Extension of Community Health Outcomes (ECHO) community of practice sessions aimed at building capacity to treat substance use disorders within primary care.

This recommendation connects to Strategic Focus Area 3 of the Roadmap: Quality and Innovation.

RECOMMENDATION 10

We recommend that Shared Health, in collaboration with service delivery organizations:

a. Identify opportunities where it would be possible to co-locate withdrawal management with in-house treatment.
b. Where this is not possible, adopt flexibility in programming to accommodate people who may present to treatment intoxicated or in withdrawal.

Response of officials:

MHCW and Shared Health agree with this recommendation. Co-locating services with flexible programming helps support individuals on their recovery journey.

MHCW is working with Shared Health and service delivery organizations to expand and add new services across the continuum of care. Co-location was a priority in the recently released expression of interest (EOI) to increase and support 1,000 new treatment spaces. Priority was also given to organizations that were able to expand access to services across the continuum of care.

Recent investments and developments in services and programs that offer flexible programming or co-located services include:

- Northern Health Region is exploring expanding co-location of services, similar to Thompson's Eaglewood facility, elsewhere in the region.
- Prairie Mountain Health is establishing a four-week program at Willard Monson House (WMH) that will incorporate additional flexibility for clients who are unable to fully engage in programming during the initial days in the program to allow flexibility in programming.
- New withdrawal management spaces in Prairie Mountain Health represent three levels of withdrawal management including community, medical and mobile, which helps to match an individual's stage of recovery with their current needs.

- Adding 1,000 addiction treatment spaces to improve timely access to addictions treatment services across the province. Priority was given to organizations expanding access to multiple services across the continuum of care.

This recommendation is connected to Strategic Focus Area 1 of the MHCW Roadmap: Equitable Access and Coordination.

RECOMMENDATION 11

We recommend that Shared Health, in collaboration with service delivery organizations:

a. Look at the best practices for community-based counselling, and adopt where they make sense.
b. Utilize community-based treatment (individual counselling) to prepare people for in-house treatment, and also as aftercare.
c. Identify and address the demand for community-based counsellors.
d. Develop and coordinate referral pathways to supportive recovery housing, and ongoing care.

Response of officials:

MHCW and Shared Health agree with this recommendation. Community-based counselling and the development and coordination of referral pathways throughout the continuum of care is important.

Some of the ways that the Government of Manitoba is working towards achieving this recommendation include:

- Expanding counselling services at some of the Rapid Access to Addictions Medicine (RAAM) clinics.
- In the new substance use and addictions standards for withdrawal management, there is a requirement to develop strong relationships and formal partnerships as well as procedures and protocols to provide seamless referrals amongst service providers. For example, Prairie Mountain Health (PMH) is developing pathways and connections between agencies that provide withdrawal management services, addictions treatment and supportive recovery housing.
- Through the 1,000 treatment spaces commitment, multiple proposals were approved to expand intensive community day programming, which includes individual counselling.
- Shared Health will be working with service delivery organizations to develop best practices for community-based counselling.

This recommendation connects to Strategic Focus Area 1 of the MHCW Roadmap: Equitable Access and Coordination.

RECOMMENDATION 12

We recommend that the Department of Mental Health and Community Wellness finalize, and implement provincial standards for addiction treatment services.

Response of officials:

MHCW agrees with this recommendation. Implementing provincial addictions standards will help to ensure safety, quality of care and consumer protection for Manitobans seeking substance use and addictions services.

Addictions standards have been developed and are in the final stages of being implemented by publicly funded addictions service providers. Across the continuum of care, 14 standards were developed for withdrawal management services and 11 standards were developed for bed-based services. In 2023/24, all addictions service providers that receive government funding will be required to meet the standards to receive ongoing funding.

This recommendation connects to Strategic Focus Area 3 of the MHCW Roadmap: Quality and Innovation.

RECOMMENDATION 13

We recommend that the Department of Mental Health and Community Wellness, together with Shared Health:

a. Collect data to determine demand for different services, including withdrawal management, in-house treatment, community-based services and supportive recovery housing.
b. Conduct an analysis, comparing the demand to the actual capacity.
c. Prioritize investments based on the results of this analysis.

Response of officials:

MHCW agrees with this recommendation. Determining what types of services are required and where those services are offered must be based on evidence and population need.

MHCW will use Needs Based Planning to help inform decisions on policy, planning and funding MHCW will work closely with Shared Health, service delivery organizations and service providers to implement evidence-based improvements to meet the demand for addictions treatment services.

MHCW is committed to continuous improvement and will continue to work with Shared Health and its service delivery partners to gather data to ensure addictions programs and

services continue to meet the evolving needs of the population.

This recommendation connects to Strategic Focus Area 1 of the MHCW Roadmap: Equitable Access and Coordination.

RECOMMENDATION 14

We recommend that Shared Health, in collaboration with service delivery organizations:

a. Enhance readiness development and harm reduction strategies for those individuals that don't meet the criteria for in-house treatment.
b. Explore and develop longer in-house treatment options.
c. Provide cross-training to staff in mental health and addictions.

Response of officials:

MHCW and Shared Health agree with this recommendation. Harm reduction, extended in-house treatment and cross-training in mental health and addictions are important components of a recovery-oriented system of care.

MHCW is committed to this through maximizing investments in treatment and long-term recovery for individuals with substance use and addictions challenges.

MHCW is making system changes and investments to support a recovery-oriented system of care across the different stages of recovery. For individuals that don't meet the criteria for in-house treatment, there are a range of harm reduction and addictions treatment programs and initiatives including, recently expanded take-home Naloxone kit program, Rapid Access to Addictions Medicine (RAAM) clinic hours, medical and community-based withdrawal management services, mobile withdrawal management services, opiate agonist treatment (OAT), intensive day programming, pre-care programming and outreach.

The new substance use and addiction standards address withdrawal management and bed-based treatment services. For withdrawal management, there is a requirement to develop strong relationships and formal partnerships as well as procedures and protocols to provide seamless referrals to addictions service providers. This will help ensure that individuals going through withdrawal management have a smooth transition to primary treatment.

MHCW has committed to funding an additional 1,648 treatment spaces across the province by August 2023. These new treatment spaces will be added across the continuum of care and include longer stay bed-based treatment spaces.

Shared Health has a number of existing and planned mental health and addictions cross-training initiatives for staff across the system. See response to **RECOMMENDATION 3** for a listing of these initiatives.

This recommendation connects to Strategic Focus Area 3 of the MHCW Roadmap: Quality and Innovation.

RECOMMENDATION 15

We recommend that the Department of Mental Health and Community Wellness, together with Shared Health, measure effectiveness of addictions treatment services, including by:

a. Setting clear overall targets.
b. Cascading program-specific targets to service providers.
c. Centrally collecting data to determine actual performance against these targets (including wait time targets in **RECOMMENDATION 1**).
d. Reporting this information to the public.

Response of officials:

MHCW agrees with this recommendation. Measuring the effectiveness of addictions treatment services is important as it supports planning, decision-making and system oversight. Through the foundational work of the accountability and performance management framework, reporting process improvements will be made to the mental health and addictions system.

When fully implemented, the accountability and performance management framework will include a central data collection process, program specific targets, reporting templates and tools, and a system dashboard to improve accountability and performance management of the system. There will be an established evaluation and follow up process to address unmet service targets. Evaluating indicators will allow MHCW to accurately assess whether organizations are delivering services effectively and efficiently as per their funding agreements. Program-specific targets will be communicated to service providers through funding agreements and annual planning guidance for service delivery organizations. This initiative will also involve the development of a dashboard to provide a visual representation of Manitoba's mental health and addictions system performance for evaluation, service planning and communication purposes.

This recommendation connects to Strategic Focus Area 4 of the MHCW Roadmap: Governance and Accountability.

Website Version

APPENDIX 1: Provincially funded in-house treatment beds

Facility	VIRGO report – Number of beds 2016/17	Number of beds June 30, 2022*
Publicly provided (fully funded) in-house treatment beds		
Winnipeg Women's	24	31
River Point Centre	38	36
Parkwood (Brandon)	20	15
Willard Monson House (Ste. Rose du Lac)	22	22
Rosaire House (The Pas)	16	4
Eaglewood (Thompson)	18	18
Total	**138**	**126**
In-house treatment facilities that received some level of provincial funding		
Behavioural Health Foundation	110	99
Native Addictions Council	22	22
Tamarack	12	12
Salvation Army Anchorage	32	0
Total	**176**	**133**
Total provincially funded beds	**314**	**259**

* *Unaudited-data provided by the Department of Mental Health and Community Wellness*

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APPENDIX 2: Supportive recovery housing in Manitoba

Supportive Recovery Housing	Location	Number of beds June 30, 2022*
AFM River Point Apartments	Winnipeg	28
AFM – Community Pathways	Winnipeg	10
Behavioural Health Foundation – Transition Housing	Winnipeg	21
Esther House	Winnipeg	5
Addictions Recovery Inc.	Winnipeg	12
Main Street Project – Mainstay Residence	Winnipeg	26
Two Ten – Men's	Winnipeg	10
Two Ten – Women's	Winnipeg	10
Indigenous Women's Healing Centre	Winnipeg	15
Siloam Mission	Winnipeg	20
The Branch (Tamarack Recovery)	Winnipeg	10
Community Health and Housing Association	Brandon	9
Westman Youth for Christ	Brandon	9
Total supportive recovery beds (that receive provincial funding)		**185**

* *Unaudited-data provided by the Department of Mental Health and Community Wellness*

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APPENDIX 3: Glossary

1. **In-house treatment:** An intensive addictions treatment service (also sometimes referred to as residential or bed-based treatment) where clients are staying in a facility for overnight, in a safe, highly structured environment. Publicly provided in-house treatment all ranges between 21-28 days.
2. **Community-based treatment:** An addiction treatment offered during the day and/or evening, open to both men and women or on a gender-specific basis. It can be provided in the form of individual and group counselling.
3. **Individual counselling:** A process through which clients work one on one with a counsellor in a safe, caring and confidential environment.
4. **Group counselling:** A process through which counsellors work with a number of clients simultaneously in a safe, caring environment.
5. **Aftercare:** Recovery management (also known as continuing care), which is a long-term process of increasing patients' health and wellness, as well as supporting them in recovery from drug use disorders, by focusing on reducing the risk of relapse to substance use and comprehensively supporting social functioning, well-being, as well as social reintegration into the community and society.
6. **Non-Residential Treatment Program (NRTP):** A group treatment session held once a week for 10 weeks in Winnipeg and 14 weeks in Brandon, where individuals are not staying overnight in the treatment facility.
7. **Referring / external agency:** Any other healthcare or social service provider that would refer a client for addictions treatment services.
8. **External referral:** Any referral provided by an external agency, for example a non-profit agency or the federal government.
9. **In-house facility:** A facility that offers in-house treatment program. Publicly provided in-house treatment facilities are available through five former AFM facilities (Brandon, Ste. Rose du Lac, Thompson, Winnipeg Men's Program (RPC) and the Winnipeg Women's Program), and through the Northern Health Region at Rosaire House in The Pas.
10. **Opioid Agonist Treatment (OAT):** A medical intervention that supports individuals to reduce their use of opioids and improve their physical and mental health and overall quality of life. This involves prescriptions of drugs such as suboxone which attaches to opioid receptors and prevents withdrawal symptoms without producing a high.

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