



Report: PHE-IDS-18-13

Region of Waterloo

Public Health and Emergency Services

Infectious Diseases, Dental and Sexual Health

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: December 11, 2018 **File Code:** P25-30

Subject: Update Regarding Consumption and Treatment Services (CTS)

Recommendation:

For Information

Summary:

Consumption and Treatment Services are an important measure within the Waterloo Region Opioid Response Plan to address the opioid crisis impacting Waterloo Region. Since June 2017, Public Health has worked with community partners to explore the need for consumption and treatment services in Waterloo Region, where sites could be located in relation to the areas of greatest need, and what model is needed to support the community's vision.

In October, the new provincial government shared revised criteria that would need to be met in order for Consumption and Treatment Services to be funded. There are several new requirements compared to the previous Supervised Consumption Services program, including:

- Onsite or defined pathways to treatment and other social services;
- Operations that are available seven days a week;
- A minimum of 600m distance between CTS sites;
- Requirement of local municipal council support as well as submissions of other letters of support, including the Board of Health resolution;
- Requirement that the area surrounding CTS sites is monitored for improper needle disposal; and
- An established and ongoing process to hear and address community concerns.

The Ministry of Health and Long-Term Care have also indicated that there will be a cap
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of 21 sites for the province. Existing sites in the province have been directed to reapply under the new criteria by the end of the year and communities without sites have been further advised by the Minister of Health that, “while there is no deadline for submitting an application, the ministry is working to establish all [consumption and treatment services] by April 2019”, and further, that “organizations that plan to submit an application are encouraged to submit well in advance of that timeframe”.

Since August, Public Health has been working closely with partners, to develop the specific details of Consumption and Treatment Services for the five candidate locations. Based on the new provincial criteria, work has been underway with Region of Waterloo facilities and operating partners to more fully develop floor plans and related operational and capital costs. This will provide a more detailed analysis of the suitability of each of the candidate locations as an operating Consumption and Treatment Services site.

This work is near completion and will provide the foundation for a January report to Community Services Committee. The remaining work required locally to support an application for funding for sites will include endorsement from Community Services Committee to proceed to public consultations, followed by Board of Health (Regional Council) and City Council endorsements on site location(s).

While the province was reviewing the program now called Consumption and Treatment Services, Community Service Committee directed Public Health Staff for continue work to develop a “Made in Waterloo Region” model. This work has been completed and has resulted in the development of a conceptual model that includes services and operational components in support of a practical vision to address opioid and substance use related issues in Waterloo Region (refer to Attachment 6). The results of the visioning session are being used to guide the ongoing planning for Consumption and Treatment Services in Waterloo Region.

Community Services Committee as the Board of Health have guided all aspects of this work to date through a phased review and decision-making process. Public Health will be returning to Community Services Committee in January 2019 with recommendations regarding next steps in the process.

Report:

Consumption and Treatment Services are an important measure within the Waterloo Region Opioid Response Plan to address the opioid crisis impacting Waterloo Region. The Waterloo Region Opioid Response Plan was approved by Community Services Committee in June 2018.

The Opioid Response Plan, directed by the Special Committee on Opioid Response, builds on existing work of community partners and details the community’s comprehensive and integrated response to opioid issues according to the four pillars of the Waterloo Region Integrated Drugs Strategy (WRIDS): Prevention, Harm Reduction,

Recovery and Rehabilitation, Enforcement and Justice, with an underlying principle of Integration. Three strategies from the plan have been prioritized for initiation through stakeholder consultation and the Special Committee on opioid response. One of these strategies is Appropriate, Connected, Caring, Engaged, Sufficient, and Supportive (ACCESS to) Care for People Who Use Substances, which includes person-centred care that addresses system gaps. Consumption and Treatment Services is one activity within the ACCESS to Care strategy that fits within the Harm Reduction and Recovery and Rehabilitation pillars of the WRIDS.

Local statistics on opioid overdose continue to highlight the severity of the issue. According to preliminary data from the Coroner which is available until June 2018, the rate of death due to opioids in our community has decreased in comparison to 2017. However, the rate of opioid related emergency department visits and the rate of Paramedic Services opioid overdose related calls continue to trend upwards. Paramedic Services naloxone administrations in 2018 are lower compared to 2017, likely due to the increased availability of naloxone in the community and the increased use of oxygen by Paramedic Services as a strategy to reduce the effects of overdose. For more information on local opioid related statistics, refer to PHE-IDS-18-12.

Process to establish supervised consumption services in Waterloo Region

On June 6, 2017, Community Services Committee approved the recommendation to work with community partners to enhance harm reduction services in Waterloo Region which included exploring the feasibility of supervised consumption services. The recommendation was made in response to the rising number of overdose deaths in Waterloo Region (refer to Report PHE-IDS-17-04). Public Health has provided subsequent reports since that time to support the phased decision-making process to investigate supervised consumption services as one component of a broader response to support people struggling with addiction and at risk for overdose in Waterloo Region:

- In October 2017, Community Services Committee endorsed the methodology and implementation of the Supervised Injection Services Feasibility Study (PHE-IDS-17-09)
- In February 2018, Community Services Committee received the Supervised Injection Services Feasibility Study Phase 1 report for information, and endorsed scheduling special council meetings for public input on recommendations from Phase 1, and arrangement of Supervised Injection Services tours for Regional Councillors (PHE-IDS-18-04)
- In April 2018, Community Services Committee provided endorsement to move forward with Phase 2a of the Supervised Consumption Services Feasibility Study including identification of candidate locations (PHE-IDS-18-06)
- In June 2018, Community Services Committee endorsed 150 Main St. Cambridge, 149 Ainslie St. N Cambridge, and 115 Water St. N Kitchener as candidate locations and further endorsed moving forward with Phase 2b of the

Supervised Consumption Services Feasibility Study. Community Services Committee further directed staff to provide community members the opportunity to suggest additional candidate location options for consideration (PHE-IDS-18-07)

The most recent report to Community Services Committee on August 14th, 2018 (PHE-IDS-18-09) shared findings of an extensive community engagement process to identify additional candidate locations for supervised consumption services in Kitchener and Cambridge. Through the online survey platform, “Engage Waterloo Region”, or by email or phone, residents of Waterloo Region suggested 310 locations. After every unique location was evaluated using the provincial criteria for funding and the federal criteria for exemption under Section 56 of the Controlled Drugs and Substances Act, one location was added as a candidate site. An additional site was endorsed during committee proceedings bringing the list of candidate sites to five, two in Cambridge and three in Kitchener:

- 115 Water Street North, Kitchener
- 150 Duke Street West, Kitchener
- 105 Victoria Street North, Kitchener
- 150 Main Street, Cambridge
- 149 Ainslie Street North, Cambridge

Further, Community Services Committee directed Public Health to pause public consultation until more information was received from the provincial government regarding the status of the provincial Supervised Consumption Services program. Regional Council further directed staff to continue work to explore what a “Made in Waterloo Region” Supervised Consumption Services model would include and how it would operate.

Updates to the provincial program have since been released and work to explore a “Made in Waterloo Region” model has been undertaken. This report provides an update on this work and outlines next steps for Waterloo Region in pursuit of establishing a health care model that includes consumption and treatment services.

Government of Ontario Consumption and Treatment Services (CTS) program

On October 31st, 2018, the new provincial application form for Consumption and Treatment Services (previously call Supervised Consumption Services) funding was posted on the Province of Ontario website (refer to Attachment 2 for all requirements related to Consumption and Treatment Services). There are several new requirements compared to the previous Supervised Consumption Services program, including:

- Onsite or defined pathways to treatment and other social services,
- Operations that are available seven days a week;
- A minimum of 600m distance between Consumption and Treatment Services sites;

- Requirement of local municipal council support as well as submissions of other letters of support, including the Board of Health resolution;
- Requirement that the area surrounding Consumption and Treatment Services sites is monitored for improper needle disposal; and
- An established and ongoing process to hear and address community concerns.

The revised provincial program is well aligned with the model envisioned and shared in previous reports to Community Services Committee (see PHE-IDS-18-07) and was further confirmed through a recent stakeholder engagement visioning exercise.

The Ministry of Health and Long-Term Care have also indicated that there will be a cap of 21 sites for the province. Currently in Ontario, there are 21 organizations with existing operations or operations on hold. Upon release of the new revised funding application, all 21 sites were advised of the application and directed to submit an application by December 31, 2018. Under the new requirements, it is possible that some existing Supervised Consumption Sites (fixed sites) and Overdose Prevention Sites (temporary sites) may no longer be eligible to receive funding. Although there is a limit of 21 sites provincially, the Ministry of Health and Long-Term Care has further indicated that any organization that wishes to apply to become a Consumption and Treatment Service, and meets the criteria/requirements, should do so.

Current Overdose Prevention and Supervised Consumption Services sites that are approved as Consumption and Treatment Services are expected to transition in January 2019 with all approved Consumption and Treatment Services expected to be operational by April 2019. Attachment 1 outlines all existing Supervised Consumption Services and Overdose Prevention Site operations in Ontario. Recent information shared by the Ministry of Health and Long-Term Care has further indicated that communities who intend to submit an application for funding should aim to do so “well in advance of April 2019” (refer to Attachment 3 for full correspondence).

Since August, Public Health has been working closely with partners, to develop the specific details of Consumption and Treatment Services for the five candidate locations. Based on the new provincial criteria, work has been underway with Region of Waterloo facilities and operating partners to more fully develop floor plans and related operational and capital costs. This will provide a more detailed analysis of the suitability of each of the candidate locations as an operating Consumption and Treatment Services site.

This work is near completion and will provide the foundation for a January report to Community Services Committee. The remaining work required locally to support an application for funding for sites will include endorsement from Community Services Committee to proceed to public consultations, followed by Board of Health (Regional Council) and City Council endorsements on site location(s).

Made in Waterloo Region Model

Over the last few months Public Health and their partners continued to explore what a “Made in Waterloo Region” Supervised Consumption Services model would include and how it would operate. To support this work, Public Health enlisted the services of ICA Associates to facilitate a visioning session with community leaders, key service providers and community members to think about how these important services could be provided in a way that is innovative, supports the needs of people who use substances, and builds on ideas and addresses potential challenges raised to date.

A two-part session was planned and held on Wednesday October 24th, 2018 and Monday November 5th, 2018. The sessions aimed to bring together various sectors, including those that had been engaged in previous consultation processes, in addition to sectors that had been less engaged to date. The list of invitees was informed by the recognition that substance use and overdose is occurring in a number of locations in our community and that involvement of additional sectors may lead to creative solutions that are unique to Waterloo Region. Specifically, the following sectors were represented:

- people who use or have used substances
- family members of people who have struggled with addiction or have died from an opioid overdose
- staff of agencies who provide harm reduction services
- staff and faculty from libraries, universities and colleges (e.g. Idea Exchange, Kitchener Public Library, University of Waterloo School of Public Health)
- Business Improvement Areas
- the technology sector (e.g. Communitech)
- community interest groups (e.g. For a Better Cambridge, Cambridge Harm Reduction Alliance)
- Neighbourhood Associations (e.g. Olde Berlin Neighbourhood, Allison Neighbourhood)
- staff from Region of Waterloo including Public Health, Paramedic Services, Planning, and Crime Prevention Council
- Waterloo Region Police Service
- hospitals and primary care clinics (e.g. Cambridge Memorial Hospital, Grand River Hospital)
- local municipalities (e.g. City of Cambridge)
- agencies who provide mental health, treatment and addiction services (e.g. Grand River Hospital Withdrawal Management, House of Friendship)

Attachment 4 provides the list of agencies, organizations and sectors who attended one or both of the visioning sessions.

Over the course of the two sessions, attendees discussed the following issues:

1. Identify and describe a practical vision for Consumption and Treatment Services in Waterloo
2. Identify and prioritize the types of services, supports, and partnerships they felt are required in order to make the practical vision a reality
3. Develop a model for Consumption and Treatment Services

Practical Vision

Attendees identified a number of changes they hoped to see as a result of establishing Consumption and Treatment Services sites in Waterloo Region. These elements were combined into the following five key themes (see Attachment 5 for full description of the practical vision elements):

- Safe and Inclusive Community for Everyone
- Safe Places to Live and Sleep
- Accessible and Appropriate Services
- Reduce Overdose and Overdose Deaths
- Problematic Substance Use is Seen as a Health Issue

Services, Supports, and Partnerships

Many services, supports and partnership were identified as being needed as part of the site operations to help realize the practical vision and the following ideas were prioritized:

- Having onsite or defined and accessible referral pathways to addiction and trauma counselling;
- Having needle recovery teams in place to ensure neighbourhoods surrounding a CTS site are safe for community members;
- Having onsite access or nearby access to primary care that can provide health care to complexly marginalized populations;
- Having a site that is well-designed and inviting for clients where they can feel a sense of belonging;
- Having access to housing supports including day-time rest spaces and onsite access or referral to supportive housing beds;
- Having consumption services;
- Providing services 7 days a week to increase accessibility for clients;
- Staffing the site with trained personnel to assist with overdoses; and
- Establishing a Community Advisory Group to allow community members and services providers to guide how the site operates.

Developing a model

In groups, attendees created example models of Consumption and Treatment Service sites that would incorporate the prioritized services, supports and partnerships, and further describe how the site would function. Various models were created and through facilitated discussion, the following common elements across the different models were identified:

- Welcoming design - the philosophy of Consumption and Treatment Services should be friendly, inclusive, and non-judgemental to help clients and potential clients feel welcome. To achieve this, people with lived experience should be engaged and involved in the approach, design, and ongoing operations of a site.
- Safety for clients and community - all community members, including those accessing and not accessing Consumption and Treatment Services as well as service providers, feel safe in their community. The site would contribute to this vision by being a safe place for people to use substances leading to a reduction in public drug use and incidents of “unsupervised” consumption sites, for example, use in public washrooms. Processes would be in place to ensure community member’s concerns are heard and addressed in a timely manner such as improper needle disposal, or other safety concerns.
- Community support – public support that is informed by transparent operations and ongoing public education was identified as being significant to the success of Consumption and Treatment Services. The site operations should aim to forge new and sustained relationships between site staff, clients, community members, partners, and other stakeholders. This would lead to a reduction in stigma related to addiction and support of the site in the community.
- Client-centred - Consumption and Treatment Services should utilize a client-centered approach which focuses on the needs of the person as opposed to the needs of a service, treats a person with dignity and respect, and involves the person in decisions about their health.
- Access to services – the site should include all of the mandatory components for Consumption and Treatment Services and support access to other services that are needed through referral.

A conceptual model (refer to Attachment 6) was created summarizing all components of the “Made in Waterloo Region” model for Consumption and Treatment Services.

The results of the vision session are being used to guide the ongoing planning for Consumption and Treatment Services in Waterloo Region. Region of Waterloo Public Health will also connect with the agencies that expressed interest in being involved with Consumption and Treatment Services in varying capacities moving forward. See Attachment 7 (link only) for a full summary report of the visioning sessions.

Next steps

Community Services Committee as the Board of Health has guided all aspects of this work by using a phased decision making approach. Public Health will be returning to Community Services Committee in January 2019 with recommendations regarding next steps in the process. Table 2 summarizes the decision making history and upcoming decisions to be made by Community Services Committee in 2019.

Table 2 – Phases and status of work, and next steps

Phase	Purpose	Status/timeline	Role of Community Services Committee in next steps
Phase 1: Feasibility Study	<ul style="list-style-type: none"> Are Supervised Consumption Services (Consumption and Treatment Services) needed? What does the community think are the benefits of Supervised Consumption Services and what are the concerns? 	Complete	N/A
Phase 2a: Identification of candidate sites and development of the “Made in Waterloo Region” model	<ul style="list-style-type: none"> Where might Supervised Consumption Services be located? What will the service model include? 	Complete	N/A
Phase 2b: Public Consultation on candidate sites	<ul style="list-style-type: none"> What concerns does the public (including residents and business owners in the surrounding community of each site location) have and how might they be mitigated? 	Upcoming; consultation plan to be re-tabled on January 8, 2019.	<ul style="list-style-type: none"> Provide direction on recommendation to begin public consultations

Phase	Purpose	Status/timeline	Role of Community Services Committee in next steps
Phase 3: Final site selection and application submission	<ul style="list-style-type: none"> What site(s) best meet(s) the needs for a Consumption and Treatment Services site from a community and client perspective? How will provincial requirements be met? 	Upcoming; results from public consultation will inform recommendation for site	<ul style="list-style-type: none"> Provide direction on recommendation for Consumption and Treatment Services site location With the approval of the relevant City Council(s), provide direction to submit application to the Government of Canada for exemption to the Controlled Drugs and Substances Act and to the Government of Ontario for funding

Ontario Public Health Standards:

Harm reduction planning, programming, and service provision relates to the following Ontario Public Health Standards (2018):

- Infectious and Communicable Diseases Prevention and Control (Requirements 7, 8, 9 and 10)
- Substance Use and Injury Prevention (Requirements 1 and 2)

Corporate Strategic Plan:

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

Financial Implications:

Provincially approved Consumption and Treatment Services are partially funded by the Ministry of Health and Long-Term Care. Capital and operating costs associated with the consumption component of the model are funded 100% by the province. The MOHLTC will not cover direct costs of wrap-around services (treatment component).

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1 – Existing Supervised Consumption Sites and Overdose Prevention Sites in Ontario

Attachment 2 – New Criteria to Operate Consumption and Treatment Services in Ontario

Attachment 3 – Correspondence from Chief Medical Officer of Health regarding Consumption and Treatment Services

Attachment 4 – List of agencies, organizations and sectors who attended one or both of the visioning sessions

Attachment 5 – Practical Vision for Consumption and Treatment Services in Waterloo Region

Attachment 6 – Conceptual Model of Consumption and Treatment Services

Attachment 7 – Consumption and Treatment Services - Made in Waterloo Region Visioning Session Summary Report [link only]

https://www.regionofwaterloo.ca/en/regional-government/resources/Reports-Plans--Data/Public-Health-and-Emergency-Services/CTS_WR_SummaryReport.pdf

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Approved By: **Dr. Hsiu-Li Wang**, Acting Medical Officer of Health
 Anne Schlorff, Acting Commissioner

Attachment 1 – Existing Supervised Consumption Sites and Overdose Prevention Sites in Ontario

Name	Type of Service	Location
1. Guelph Community Health Centre	Overdose Prevention Site	Guelph
2. Hamilton Community Health Centre	Overdose Prevention Site	Hamilton
3. Kingston Community Health Centre	Overdose Prevention Site	Kingston
4. London (186 King Street)	Overdose Prevention Site	London
5. London (Approved 446 York St, not yet open)	Supervised Consumption Services	London
6. London (Approved 241 Simcoe Street, not yet open)	Supervised Consumption Services	London
7. Positive Living Niagara	Overdose Prevention Site	Niagara
8. Sandy Hill Community Health Centre	Supervised Consumption Services	Ottawa
9. Somerset West Community Health Centre	Supervised Consumption Services	Ottawa
10. Inner City Health	Supervised Consumption Services	Ottawa
11. Ottawa Public Health	Supervised Consumption Services	Ottawa
12. NorWest Community Health Centre (on hold)	Overdose Prevention Site	Thunder Bay
13. Regent Park Community Health Centre	Supervised Consumption Services	Toronto
14. South Riverdale Community Health Centre	Supervised Consumption Services	Toronto
15. Queen West Community Health Centre	Supervised Consumption Services	Toronto
16. Sherbourne Site	Overdose Prevention Site	Toronto
17. Fred Victor	Supervised Consumption Services	Toronto
18. St. Stephen's Community House	Overdose Prevention Site	Toronto
19. Street Health	Overdose Prevention Site	Toronto
20. Toronto Public Health, The Works	Supervised Consumption Services	Toronto
21. Parkdale Community Health Centre	Overdose Prevention Site	Toronto

Attachment 2 – New Criteria to Operate Consumption and Treatment Services (CTS) in Ontario

1. Local conditions	<p>The ministry will identify communities demonstrating need for CTS based on the following:</p> <ul style="list-style-type: none"> • Mortality data: <ul style="list-style-type: none"> ○ Number of opioid-related deaths (i.e. cases) ○ Rate of opioid-related deaths • Morbidity data: <ul style="list-style-type: none"> ○ Rate of opioid-related emergency department visits ○ Rate of opioid-related hospitalizations • Proxy measures for drug use: <ul style="list-style-type: none"> ○ Needle distribution ○ Naloxone distribution and oxygen • Consider the local context. Include, if applicable: <ul style="list-style-type: none"> ○ Any local or neighborhood data to support the choice of the proposed CTS site <p>A description of how the proposed service delivery model is best suited to local conditions</p>
2. Capacity to provide consumption and treatment services	<p>Preference will be given to organizations that currently offer, or have the capacity to offer in partnership, onsite access to services.</p> <ul style="list-style-type: none"> • Must include integrated, wrap-around, mandatory services <ul style="list-style-type: none"> ○ Supervised consumption (injection, intranasal, oral) and overdose prevention services ○ Onsite or defined pathways to: <ul style="list-style-type: none"> ▪ Addictions treatment services ▪ Mental health services ▪ Primary care services ▪ Social services (e.g. housing, food, employment, other) ○ Harm reduction services: <ul style="list-style-type: none"> ▪ Education (on harm reduction , safe drug use practices, safe disposal of equipment) ▪ First aid/wound care ▪ Distribution and disposal of harm reduction supplies ▪ Provision of naloxone and oxygen ○ Removal of inappropriately discarded harm reduction supplies surrounding the CTS area ○ Public education • Service delivery model <ul style="list-style-type: none"> ○ Preference will be given to sites that offer consistent hours of operation, seven (7) days per week. Proposed hours should be based on local context and consultation with community stakeholders ○ Must identify number of booths ○ Staffing model to demonstrates how the CTS meets operational and program requirements, including:

	<ul style="list-style-type: none"> ▪ A designated health professional present at all times ▪ Peers / persons with lived experience • Site requirements <ul style="list-style-type: none"> ○ Provide a floor plan indicating where: <ul style="list-style-type: none"> ▪ Service intake, consumption, and post-consumption care (i.e. aftercare room) will be located ▪ Other mandatory services will occur ▪ Hand hygiene sink and foot wash station will be located ▪ Accessible washrooms will be located ○ Verify the facility meets municipal bylaws and provincial regulations for accessibility ○ Verify the site meets ministry design standards for a consumption service ○ Verify physical safety and security measures are in place to ensure client, staff and community safety including: <ul style="list-style-type: none"> ▪ Provincial and municipal safety requirements ▪ Fire safety plan ▪ Security plan ○ Paramedics and other first responders have access to the consumption and post-consumption (i.e. aftercare) rooms. ○ Occupational health and safety requirements ○ Infection prevention and control requirement
3. Proximity	<ul style="list-style-type: none"> • Proximity to similar services <ul style="list-style-type: none"> ○ CTS should be located at least 600m (i.e. two large city blocks) from each other. ○ Must outline the site's distance, in metres or kilometres, to the closest licensed child care centre, park and schools <ul style="list-style-type: none"> ▪ If the proposed site is within close proximity (e.g. 100m - 200m) to any of these, must specify how community concerns will be addressed through community consultation, and through ongoing community engagement. ▪ Evidence of support by local stakeholders, including residents
4. Community support and ongoing engagement	<ul style="list-style-type: none"> • At a minimum, must consult the following stakeholders: <ul style="list-style-type: none"> ○ Health and social service stakeholders (i.e. addictions treatment, mental health, housing) ○ Local businesses and/or business associations; ○ Local citizens and/or community groups; ○ Local municipality; ○ Police and other emergency services; ○ Public health (local board of health); and

	<ul style="list-style-type: none">○ Persons with lived experience.○ Consultation report should include who was consulted, a summary of feedback from each stakeholder group, concerns raised by stakeholder groups, and how concerns will be addressed.● Obtain and submit local municipal council support (i.e. council resolution) endorsing the CTS● Submit other evidence of support for the CTS. This can include:<ul style="list-style-type: none">○ Letters of support from partnering organizations, local businesses and/or other stakeholders○ Board of health resolution● Submit a community engagement and liaison plan which outlines how the community will be engaged on an ongoing basis.
5. Accessibility	<ul style="list-style-type: none">● Verify the CTS site is compliant with the Accessibility for Ontarians with Disabilities Act.● Demonstrate how the services offered are culturally, demographically, and gender appropriate.● Demonstrate how the CTS is:<ul style="list-style-type: none">○ Strategically located (i.e. walking distance from where open drug use is known to occur);○ Easily accessible by public transit

Attachment 3 - Correspondence from Chief Medical Officer of Health regarding Consumption and Treatment Services

**Ministry of Health
and Long-Term Care**


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December 3, 2018


Dear Colleague:

Thank you for your organization's interest in the Consumption and Treatment Service (CTS) program. I understand you and your partners are potentially working on an application, and I am pleased to provide some clarification on timelines.

In terms of the CTS application process, new organizations — those that are not currently a Supervised Consumption Service or Overdose Prevention Site — are able to submit a CTS application to the ministry on an ongoing basis. However, while there is no set deadline for submitting an application, the ministry is working to establish CTS by April 2019. Organizations that plan to submit an application are encouraged to submit well in advance of that timeframe.

As always, ministry staff are available to support you and your organization throughout the CTS application process. Please do not hesitate to reach out to ministry staff via email at addictionandsubstances@ontario.ca if you have any questions.

Sincerely,

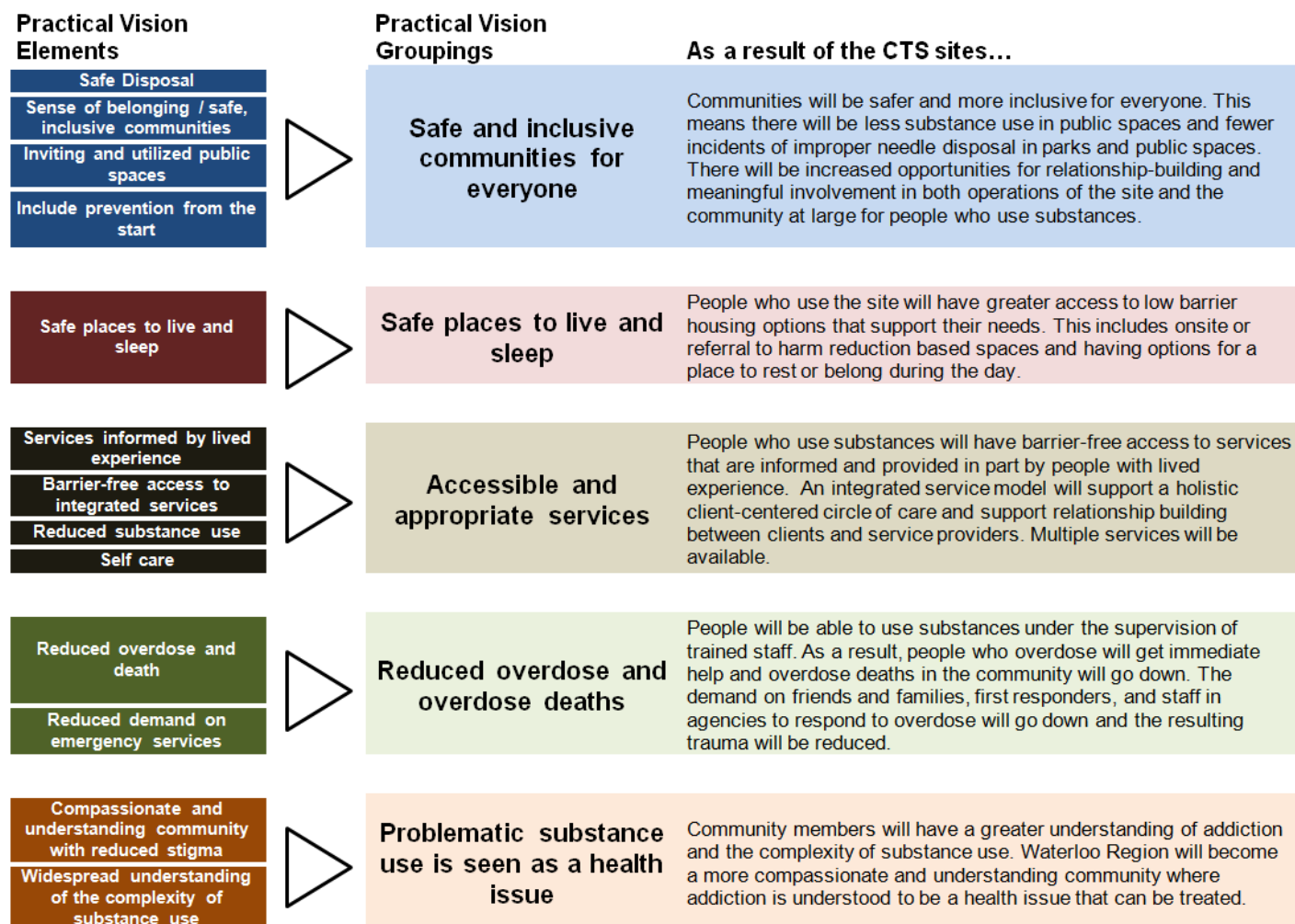


David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health -- Population and Public Health

Attachment 4 – List of agencies, organizations and sectors who attended one or both of the visioning sessions

Type of Organization	Organizations	Number of Attendees
Agencies who serve populations at risk of overdose	<ul style="list-style-type: none"> • ACCKWA • Emmanuel United Church • The Working Centre • YWCA Mary's Place • Ray of Hope • Stonehenge Therapeutic Community • Cambridge Self-Help Food Bank • OneROOF Youth Services • Simcoe House 	14
Work Group members	Existing Consumption and Treatment Services Work Group members	11
Academia, education, and libraries	<ul style="list-style-type: none"> • Idea Exchange – two locations • Kitchener Public Library • Conestoga McMaster School of Nursing • University of Waterloo School of Public Health and Health Systems • Waterloo Region District School Board 	10
Community interest groups	<ul style="list-style-type: none"> • For a Better Cambridge • Cambridge Harm Reduction Alliance 	3
Innovation/community leadership	<ul style="list-style-type: none"> • Kitchener Business Improvement Area (BIA) • Olde Berlin Neighbourhood Association • Crime Prevention Council • Waterloo Region Integrated Drugs Strategy • Communitech 	6
Region of Waterloo staff		4
Community Members	Residents of Waterloo Region who have been impacted by substance use and overdose	6
Hospitals and first responders	<ul style="list-style-type: none"> • Region of Waterloo Paramedic Services • Grand River Hospital Withdrawal Management • Cambridge Memorial Hospital 	3
Total		57

Attachment 5 – Practical Vision for Consumption and Treatment Services in Waterloo Region



Attachment 6 – Conceptual Model of Consumption and Treatment Services

