

# Renasant Virtual Intensive Treatment Program Evaluation

Authored by:

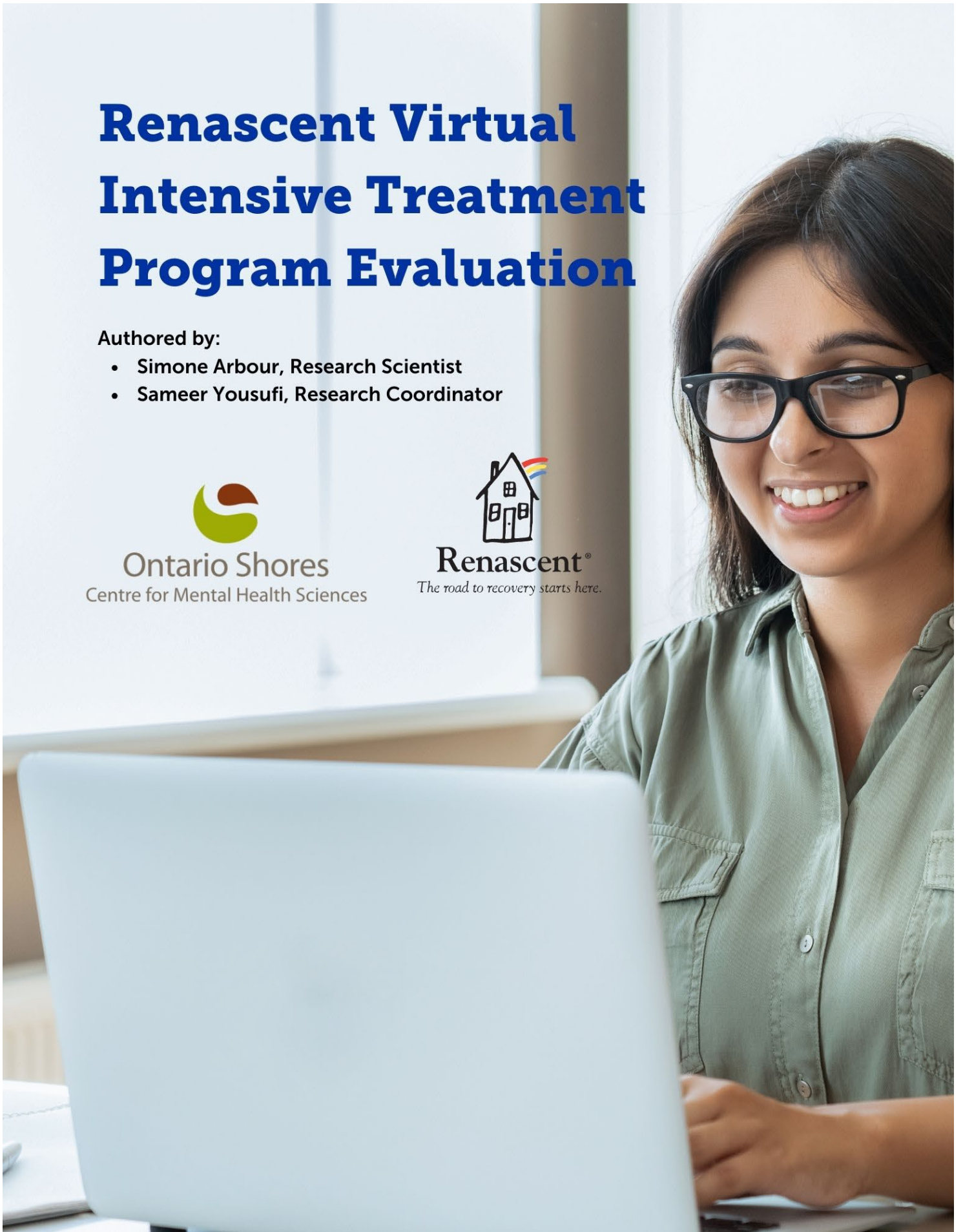
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Ontario Shores  
Centre for Mental Health Sciences



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# Executive Summary

The goals of the evaluation for the Virtual Intensive Treatment Program (VITP) are two-fold:

1. **Goal 1 – August - September 2021: To ascertain the extent to which the VITP maps onto established evidence-based best practices;**
2. **Goal 2 – January 2022 – December 2023: Examine the impact of the VITP on various outcomes for clients; upon discharge and at six-month follow-up.**

Information obtained from the fidelity assessment was used to assist in the expansion of the program and help to ensure program fidelity and quality of evidence-based programming. The current report presents the first phase of the evaluation – examining the VITP against the established best practices.

Results from the fidelity assessment revealed that overall, Renascent was well-aligned with the established best practices for a VITP. Renascent to varying degrees met all standards of best-practices for delivery of virtual addiction outpatient treatment programming. Among the opportunities of program best practices developed by Renascent to adhere more closely to fidelity criteria included family engagement, structure within continuing care, case management, pre-treatment resources, and training opportunities for staff.

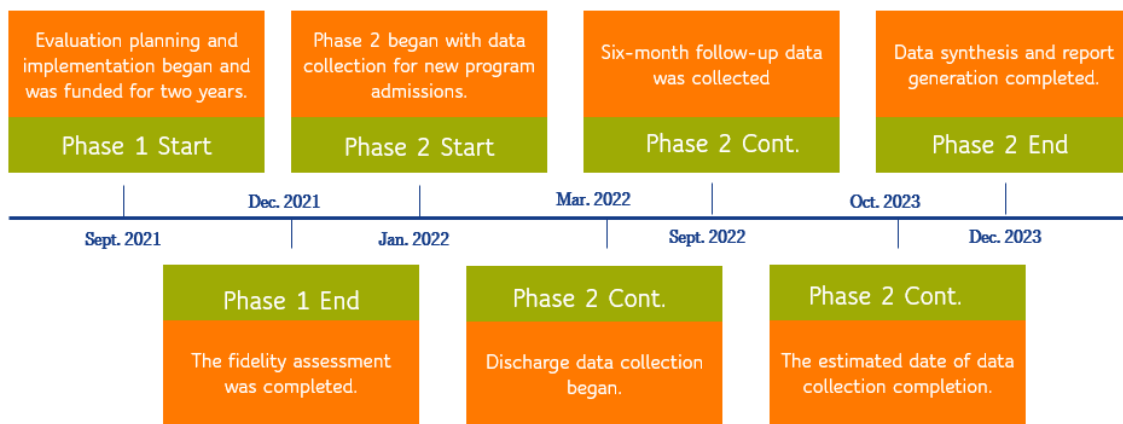
Since April 2021, VITP has served nearly 1,000 people diverting many of these individuals from long waitlists for live-in treatment programs. Clients participating in the VITP were residents throughout Ontario from all LHINs, and the VITP was accessible to many individuals residing in remote areas in need of intensive treatment services which were not available locally. This virtual channel is flexible and has demonstrated potential in providing opportunities for integration with other health service providers, shelters and recovery/sober living homes and potential for co-production of tailored programming in high-need marginalized communities.

Client self-reported questionnaires were used at admission, discharge, and 6-months follow-up to evaluate the VITP on the basis of quality and impact. Data collection and analysis was managed by Ontario Shores. Processes and findings that measure VITP individual client impact are detailed in the second phase of this evaluation.

The program evaluation suggested client's had high satisfaction rates based on quality indicators. Additionally, clients showed positive outcomes in terms of significant substance use reduction, significant improvements in subjective wellbeing, and a significant decrease in the harms associated with substance use.

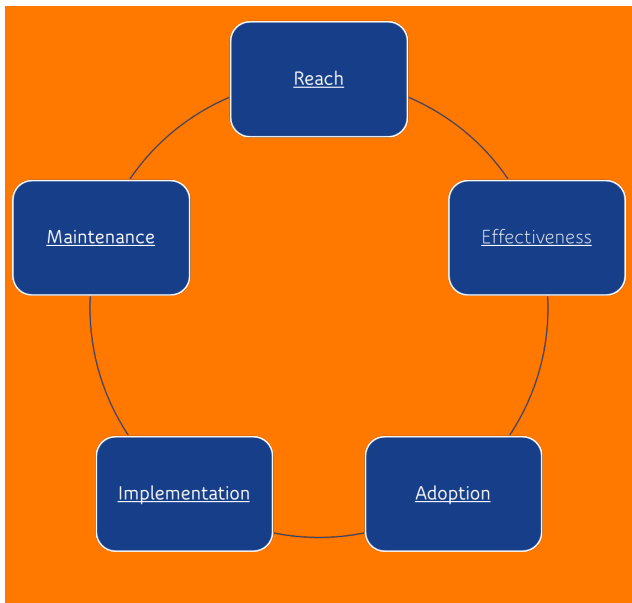
## Evaluation Purpose

Ontario Shores Centre for Mental Health Sciences has partnered with Renascent Treatment Centre to evaluate its VITP. Dr. Simone Arbour and Sameer Yousufi of the Research and Academics team worked with Renascent staff from September 2021 to December 2023 to complete this project.



The first objective sought to determine the alignment between the Virtual Intensive Treatment Program (VITP) and established evidence-based best practices. This phase aims to evaluate the efficacy and fidelity of the VITP in accordance with established standards. The second objective focused on assessing the impact of the VITP on client outcomes both at discharge and during a six-month follow-up period. This involved examining how the utilization of the VITP influences various aspects of client well-being and progress over time, providing valuable insights into the platform's effectiveness in real patient settings.

**The RE-AIM framework** was used to assist in guiding the program objectives. This framework is a comprehensive evaluation framework used to assess the reach, effectiveness, adoption, implementation, and maintenance of health promotion or intervention programs.



#### Objective 1: Implementation/Adoption

- Adherence to fidelity model – SAMHSA criteria IOP best practices
- Organizational response to recommendations
- Quality indicators (interviews with clients, client satisfaction, Virtual Client Experience Survey)

#### Objective 2: Reach & Effectiveness

- Client Profile
- Impact of VITP on individuals (e.g. substance use, subjective wellbeing, clients' employment, clients' engagement)

### Phase 1: Adoption/Implementation

This information will be used to assist in the expansion of the program and help to ensure program fidelity and quality of evidence-based programming. The current section represents the first phase of the evaluation – examining the VITP against the established best practices

Fidelity assessment criteria used in the evaluation: **Substance Abuse: Clinical Issues in Intensive Outpatient Treatment, Treatment Improvement Protocol (TIP) Series, No. 47** Center for Substance Abuse Treatment. Rockville (MD): [Substance Abuse and Mental Health Services Administration \(US\)](#); 2006. (See Table 1)

## Intensive Outpatient Treatment Best Practices

Table 1. Key Principles

1. Make treatment readily available
2. Ease Entry
3. Build on existing motivation
4. Enhance therapeutic alliance
5. Make retention a priority
6. Assess and address individual treatment needs
7. Provide ongoing care
8. Monitor abstinence
9. Use mutual-help and other community-based supports
10. Use medications if indicated
11. Educate about substance abuse, recovery, and relapse
12. Engage families, employers, and significant others
13. Incorporate evidence-based approaches
14. Improve program administration

### Intended Use

This process evaluation will leverage staff and client experience to identify program strengths and opportunities for growth. Furthermore, it will aid in expansion and promotion of the program. Ensuring the VITP aligns with best practices only strengthens its impact and greater client experience. Phase one was conducted beginning of September 2021, and phase two was conducted in January 2022.

## Evaluation Approach

### Phase 1 Methodology

To ascertain the extent to which the VITP meets fidelity criteria, data collection included a document review and a series of interviews. This information informed evaluators which program components adhered to which of the fidelity criteria. The findings are summarized below.

## Document Review

The Renascent team provided the Ontario Shores evaluation team with all documentation provided to service users from point-of-contact, to admission, to completion of the program, as well as staff documents.

Documentation provided includes:

- Virtual Care Survey Data
- Program Outline
- Admissions Process Letter
- Client Profile
- Treatment Model
- Six-Week Treatment Schedule
- Third Party Resources
- Access Links
- Treatment Plan
- Admission Summary
- Relapse Prevention
- Overdose Prevention
- Seven Day Assessment
- 14 Day Assessment
- 28 Day Assessment
- 35 Day Assessment

## Staff and Alumni Interviews

Staff interviews were conducted with six members of the team (n=6). Alumni Interviews were conducted with four clients (n=2 male; n=2 female) who had completed the program anywhere from four months prior to one year prior to the interview. Three clients voluntarily entered the program, while one was mandated to do so. All interviews were conducted in September and October 2021. (Please see appendix for interview guide.)

# Phase 1 Findings

The program and document review, as well as the information captured from the interviews, revealed that overall Renascent was well-aligned with the established fidelity criteria (see Appendix for details). Renascent to varying degrees met all standards of best-practices for delivery of virtual addiction outpatient treatment programming.

Identifying the programs strengths and opportunities for improvement will allow Renascent to further expand and evolve the great delivery of care provided to clients.

## Program Strengths and Opportunities

Based on the program and document review, as well as the information captured from the interviews, the following strengths and opportunities were noted.

### Strengths

Speaking to the clients who completed the program, it was clear that the VITP not only met their needs but provided a number of opportunities to customize treatment components. For example, two of the clients had indicated they received the opportunity to extend their treatment up to two additional weeks. In addition, it was clear that clients appreciated the following:

- Access to several different counsellors each with their own strengths was valued. Clients indicated some staff have a spirituality background, while others brought “tough love.” Each perspective was seen as an asset.
- The fact that all counsellors have their own lived experience is seen as a strength of the program. It is clear, staff appropriately use disclosure and their own lived experience when warranted and this seemed to erode stigma. Clients shared no sense of any power imbalance or shame as a result of sharing and participating in treatment. The lived experience of the counsellors was mentioned by all interviewees as the best thing about the program.
- Rolling admission provided clients with the opportunity to learn from those who were further along in treatment. However, once they had progressed, clients were afforded the opportunity to provide support to those who just entered the program.
- Access to treatment was timely. The first contact occurred within the day of initial inquiry. No client contacted for the evaluation waited more that 6-8 weeks to enter treatment.

Speaking to counsellors who deliver the program, it was also apparent that the counsellors contained much of the knowledge, skills and temperament to effectively deliver the VITP. In particular counsellors conveyed the following:

- Counsellors are able to assess level of motivation and work with the client. Whether the client voluntary attends treatment or is mandated, counsellors are able to work with clients to develop treatment goals and provide support.

- Counsellors also phone clients when they are absent to ensure they feel welcome to come back, maximizing retention.
- Counsellors are dynamic and able to deal with relapse as a therapeutic opportunity. The virtual nature of the program presents an interesting balance – staff are not able to directly assess substance use given clients are in their own homes. However, if relapse does in fact happen, clients often feel comfortable to share the experience and learn from it, to prevent the occurrence in the future. It is clear that the goals of the program are abstinence, but the VITP has necessitated the evolution of the program such that relapse can be seen (within reason) as a component of recovery.

### Opportunities

Data from the interviews and document/program review revealed some opportunities to strengthen the VITP.

#### Family Engagement

- None of the clients we interviewed had families participate in the family programming. It may be of value to systematically examine the uptake for this programming. What are the barriers preventing family members from participating (e.g. are there more convenient times, could there be joint sessions that both the client and their families attend, do families understand how to support their loved one, etc.)?

#### Alumni Program

- Alumni program could benefit from more promotion and uptake. It may be of value to articulate the difference between the alumni group and the continuing care group – that the alumni group is more like peer support and the 26-week continuing care is a more structured, therapeutic group. Discourage the use of independent unsanctioned groups (such as the group started using WhatsApp) by enhancing the alumni group.

#### Case Management

- Case management was somewhat lacking. It may be the case that the clients seeking out the level of care provided by the VITP do not require extensive case management. This was the case with the four clients with which we spoke. However, staff did articulate the need for more case management. If this is considered, an increase in case management will necessitate the need to partner with community agencies. For example, a partnership with the local Canadian Mental Health Association could facilitate referrals for mental health services. In



addition, Renascent could enter into a partnership with Ontario Shores to have clients access Ontario Shores' vocational services.

- With the final funding approval for the program received from the Province in November 2021, Renascent has now proceeded with recruiting for case manager positions, as planned for the program, which should address the needs identified.

#### Pre-treatment Resources

- Though this was not the experience of clients we interviewed, current data shows clients are waiting up to three months to enter treatment. The pre-treatment group is an asset. Could there also be the integration of self-guided apps or other supports beyond 12-Step? In the second phase of the evaluation, we can ask clients which third party supports they found most helpful and perhaps update admission resources to include these resources.
- Renascent is also a Regional Lead for the new Breaking Free Province Substance Use Disorder Self-Help App, and is now offering this tool to clients, which may provide additional support.

#### Potential Training Opportunities for Staff

- The pandemic forced services to shift to the online platform. With this new platform comes new best practices for offering virtual services. It would likely be of value for staff to receive education on the do's and don'ts when conducting virtual groups and sessions. CAMH has created video modules that can assist (see link below).
- <https://www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals/virtual-care>
- In addition, evidence-based treatment also includes being trauma informed. It would be of value for staff to receive such training.
- Lastly, in order to further build on clients' motivation, it is recommended that staff receive motivational interviewing training.

#### Using Co-production

- Lived experience and peer support, though not called that necessarily in addiction treatments, are prevalent and Renascent views lived experience not only as an asset, but a job requirement. This is to be commended. There may be further opportunities to embed lived experience of the clients themselves into the co-production of program components. For example, clients could be asked to assist in restructuring the aftercare groups. The aftercare was seen as "hit and miss" in terms of its structure and utility. By bringing together clients and staff to

co-design the components and structure of the aftercare, it will more likely meet clients needs and expectations.

- In addition, clients voiced that the time of day in which treatment was offered did not feel very helpful. Some clients expressed evening sessions or some that are placed earlier during the day.
- Regular engagement and feedback from clients can greatly assist in quality improvement and is recognized by accrediting bodies as a service essential. Clients have valuable insight and suggestions for program improvements. For example, one of the participants suggested perhaps giving clients a journal or diary where they can take notes during the program and have them all together. It was also suggested having a program binder would be helpful.
- The next phase of the evaluation will deliberately assess client feedback and will provide such insights and opportunities for co-production.

## Program Improvements Based on Fidelity Assessment

Based on the recommendations made by Ontario Shores, Renascent has addressed the opportunities for improvement and implemented the following modalities:

### Case Management

- The VITP program utilized a consultative model where direct client contact was conducted by the counselling team who provided information, expertise, and connection to community agencies and medical providers.
- This model was selected to mitigate the wait times associated with direct client care models of case management.

### Pre-treatment Resources

- Renascent made virtual pre-treatment groups available for a period of time for all clients waiting to access services. This is made available based on resources as it was not a funded service.
- Renascent explored funding opportunities and creative means such as digital based tools.

## Alumni Program

- The Alumni Program is currently undergoing revision and growth with the addition of biweekly second stage recovery group sessions and drop-in support sessions. As a component of this project, the Alumni Manager will be conducting a group session in each Renascent program which focuses on the peer level of support systems and how the Alumni program and community can be beneficial as a component of post-treatment recovery plans and routines.
- Alumni of the program are able to access weekly support groups on a virtual basis, which supplements and expanded the continuing care support and experience.

## Potential Training Opportunities for Staff

- Additional resources were included in the individualized continuing education plan for VITP counsellors.
- Renascent regularly provides trauma training workshops for all staff.

## Using Co-production

- Renascent tested an evening stream in addition to the afternoon stream, giving clients two options for participating in the programming to accommodate most schedules. There were many clients who were interested and attended in the evening.
- A pilot cohort version of the program was co-designed with an Indigenous friendship centre which allowed these clients to complete VITP programming together as a treatment community at a time that does not conflict with the partner agency's own programming. One cohort had been run with positive feedback from the community.
- Renascent has developed a program workbook which includes a standard set of exercises, tools, and resources for clients.

## Family Engagement

- The family team attempted to address barriers to participation through a variety of approaches such as timing of sessions, virtual delivery, and flexibility in scheduling.
- Concurrent sessions with both clients and their family had been established as a future goal for the Renascent Family Program.

# Phase 2: Reach and Effectiveness

The second phase of the evaluation aims to assess the program's reach and effectiveness. In addition to accessing published evaluation methods, the current evaluation was also guided by the goals of the VITP. These goals include:

- 1) **Provide timely access to Intensive Substance Use Disorder Treatment (addressing long wait times).**
- 2) **Support individuals with goals of reducing problematic substance use and associated harms.**
- 3) **Support individuals to develop support and recovery pathways.**
- 4) **Ascertain the impact of the VITP.**

## Program Reach

Since April 2021, VITP has served 966 people diverting many of these individuals from long waitlists for live-in treatment programs. Approximately 80% of clients completed the VITP; 50% of which continued into the 6-month Virtual Continuing Care (VCC) aftercare program.

Clients participating in the VITP were residents throughout Ontario from all LHINs and the VITP was accessible to many individuals residing in remote areas in need of intensive treatment services which were not available locally.

This virtual channel is flexible and through a small pilot program with the M'Wikwedong Indigenous Friendship Centre, demonstrated potential in providing opportunities for integration with other health service providers, shelters and recovery/sober living homes, and potential for co-production of tailored programming in high-need marginalized communities.

The composition and characteristics of the 966 clients served since April 2021, included:

- 71% of clients disclosed their ethnicity as White; 8.2% Black; 4.3% Indigenous; 3.47% Asian.
- 42% of clients disclosed gender as female, 56% male, 2% non-binary / trans / preferred not to say.
- 80% of clients were aged 24-54; Programming is available to ages 16-65+

- 31% reported they were unemployed; 49.5% Employed full or part-time; 18.5% were students, disabled, retired or not in labour force.
- 18.5% of clients reported they were on government financial supports (ODSP/OW); 19% on insurance (disability, EI, other); 45.5% were receiving income from employment; and 17% were retired or receiving financial support from family.
- 16% of clients reported they were engaged in a legal process or with a criminal record; 84% reported no legal issues.
- 10.4% of clients reported they used opioids/opiates 12 months prior to admission; 69.5% alcohol; 40% cannabis; 31.8% stimulants; 41.7% nicotine. Clients were allowed to report multiple substances used.
- 7.6% clients reported they are currently prescribed OSTs.
- 18% of clients reported they were hospitalized overnight 1 to 5 times 12 months prior to commencing the VITP program.

### **Phase 2 Effectiveness Methodology:**

To ascertain the reach and effectiveness of the VITP, data collection included self-reported questionnaire packages (via Survey Monkey) to complete at each data collection point (admission, discharge, 6 months follow-up). Data collection and analysis was managed by Ontario Shores.

Evaluation processes and findings are summarized next.

### **Evaluation Materials:**

#### ***Client Characteristics***

Demographics were measured at admission using questions about the client's race, age, gender identity, education, and marital status.

Employment status was assessed at admission and 6-month follow-up through direct questions regarding current employment status (full-time, part-time, retired, unemployed, student, disability-not working). Additionally, clients were asked if their employment status had been affected by substance use, specifically at admission.

#### ***Service Utilization***

Participants were asked if they had any visits to the ER, and if so, how many visits they had experienced. Overdose status was assessed by asking clients if they had experienced a negative drug experience or overdose requiring medical intervention or naloxone use in the past 6 months. These questions were asked at admission and 6-

month follow-up. Clients were also asked if they had utilized addiction medicine services in the past 6 months at the time of admission.

### ***Well-being***

Subjective well-being was measured using the Behaviour and Symptom Identification Scale (BASIS-24). The BASIS-24 assesses self-reported difficulty in symptoms and functioning in five major areas: Depression/Functioning, Relationships, Self-Harm, Emotional Lability, Psychosis, and Substance Abuse. Clients indicate the degree of difficulty they have with a variety of life areas by rating the 24 items on a scale ranging from 0 (no difficulty) to 4 (extreme difficulty). Higher scores on the BASIS-24 indicate a greater perception of difficulty with the various life areas and therefore a lower level of subjective well-being.

### ***Self-esteem***

Self-esteem was measured using the 10-item Rosenberg Self-Esteem Scale, the most widely used measure of the construct. Participants responded to a series of statements, with scores ranging from 1 (strongly agree) to 4 (strongly disagree). A score summed between 15-25 is considered in the normal range, while scores less than 15 indicate low self-esteem.

### ***Substance Use***

Substance use was assessed using four questions for each potential substance used, including alcohol, cocaine, methamphetamine, stimulants, cannabis, benzodiazepines, heroin, fentanyl, opioids, hallucinogens, and psychedelics. Questions included whether the client had used the substance in the past 30 days, frequency of use (in days) in the past 30 days, average use per day in the past 30 days, and how many days since last used. These sets of questions for all substances mentioned were included in all three questionnaires.

### ***Program Satisfaction and the Virtual Experience***

Client satisfaction was measured at program discharge, where participants rated their overall level of satisfaction with the program on a scale from 1 to 5, with 1 indicating "Very satisfied" and 5 indicating "Very dissatisfied. Clients were also asked whether they felt safe and comfortable with the virtual experience.

### ***Aftercare Attendance***

Aftercare attendance beyond the VITP was assessed at discharge, with options such as "Renascent Continuing Care Program," "12-step meetings/support," "Other mutual-aid/self-help support groups," "Individual counseling," "Addiction medicine clinics/care

(example: RAAM Clinics)," "Online supports," and "Other supports" available for selection.

### Procedures:

Data collection was overseen by researchers at Ontario Shores, ensuring the voluntary participation of clients throughout the process. Initially, clients were informed about the voluntary surveys, beginning with the admission questionnaire package (via SurveyMonkey) during their first week at the VITP. A week prior to their scheduled admission questionnaire, clients received email reminders containing a scheduled Zoom meeting link. A Zoom session with the research coordinator was scheduled to explain data use and set questionnaire completion times, with the coordinator available for questions. For clients unable to attend the Zoom session, the SurveyMonkey link was emailed to them the following day. Similar procedures were implemented for surveys conducted at discharge and during the 6-month follow-up period, with Zoom sessions organized accordingly, being scheduled for the last week of their VITP session for discharge, and scheduled for 6-months after discharge for their 6-month follow-up. During these Zoom meetings, clients were separated into breakout rooms based on their survey type (admission, discharge, or 6-month follow-up) to maintain clarity and prevent confusion. Clients who completed all 3 surveys were sent a gift card of their choice by Renascent, incentivizing participation.

To examine impact of the VITP, a paired sample t-test was conducted to compare substance use and well-being (as assessed by the subscales of the BASIS-32) at follow-up with levels at admission. Also changes in service utilization, including hospital and emergency room visits, was calculated.

### Participation Rates:

- Admission: 208 clients completed the admission questionnaire of 644 who were eligible representing a 32% response rate.
- Discharge: 126 clients completed the discharge questionnaire of 515 who were eligible representing a 24.5% response rate.
- 6m follow-up: 81 clients completed the 6-month follow up questionnaire of 335 who were eligible representing a 24.2% response rate.

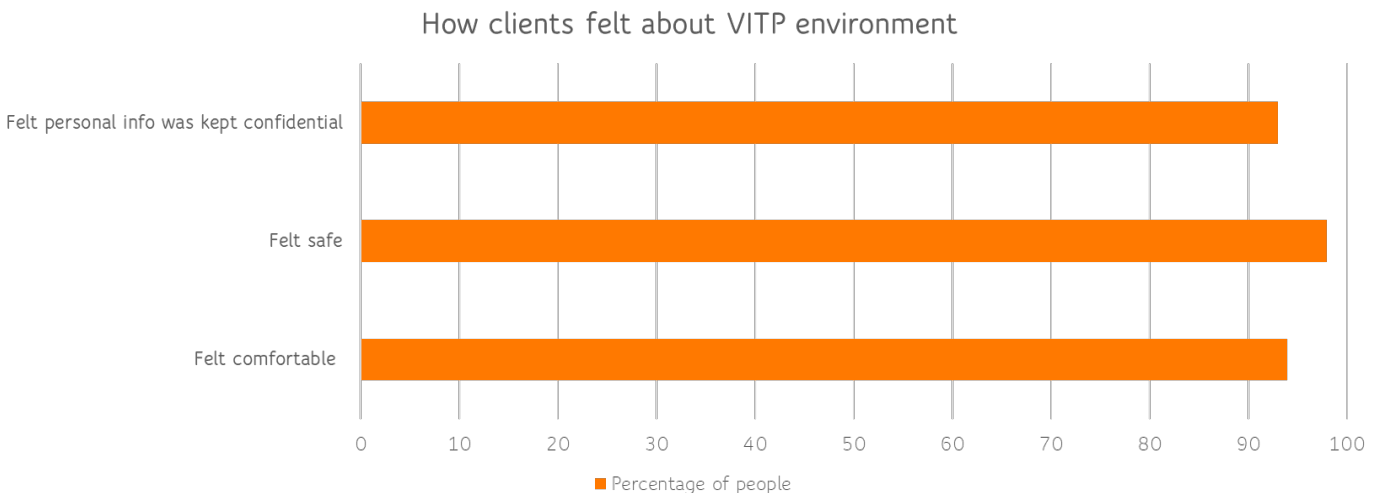
# Phase 2 Findings

## 1) Program Effectiveness

### Quality Indicators and the Virtual Environment

The Majority of the survey participants at discharge reported:

- **Program satisfaction (98.4%)**
- **Recommend to others (98.4%)**
- **Received excellent service (98.4%)**
- **Program met needs (96%)**
- **Program helped them deal with their problems more effectively (97.5%)**
- **Program was easy to access (96%)**
- **Virtual Care was just as effective as in-person (73%)**
- **Able to get virtual appointment sooner than in-person (66%)**

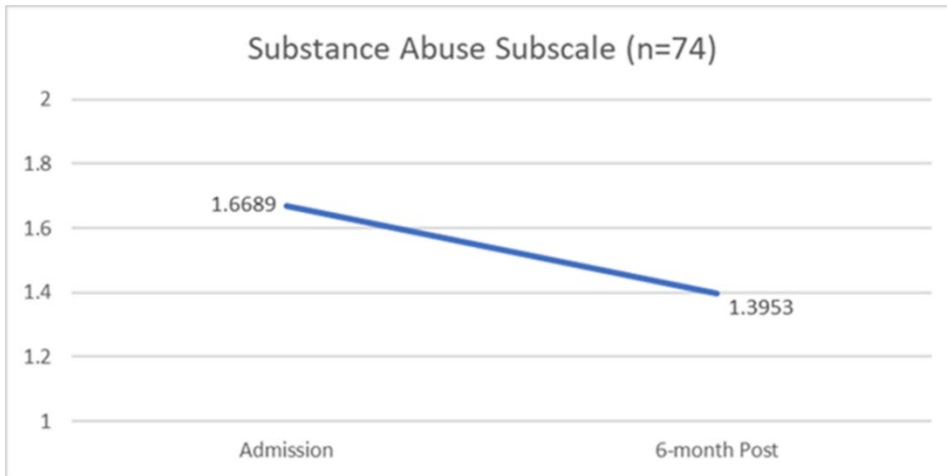


### Effectiveness Indicators

#### **Substance use:**

- Approximately 83% (n=53) of participants decreased or eliminated substance use at discharge, and 52% (n=27) decreased or eliminated substance use at 6-month follow-up
- There was a significant ( $p < 0.05$ ) decrease in difficulties related to substance abuse (BASIS-24 scale)

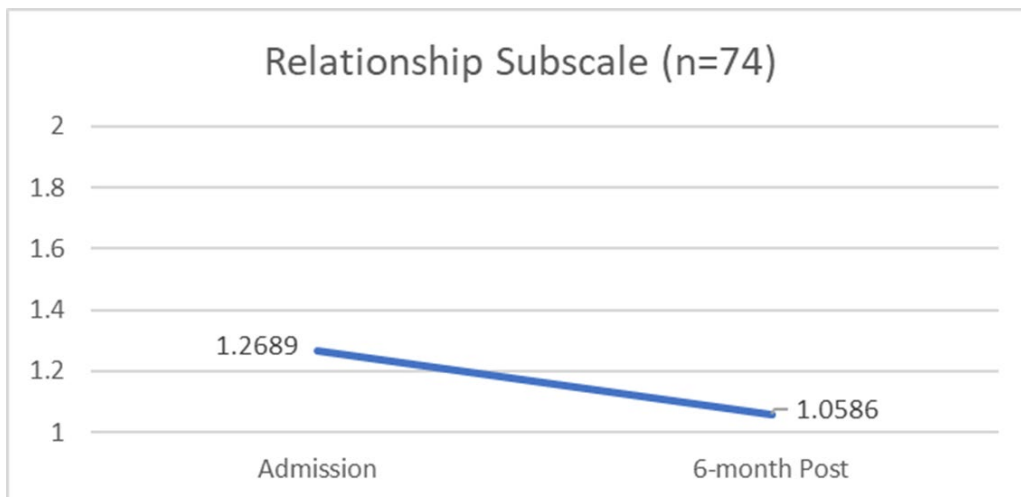




Scores on BASIS-24: 0=no difficulty; 1=a little difficulty; 2=moderate difficulty; 3=quite a bit of difficulty; 4=extreme difficulty

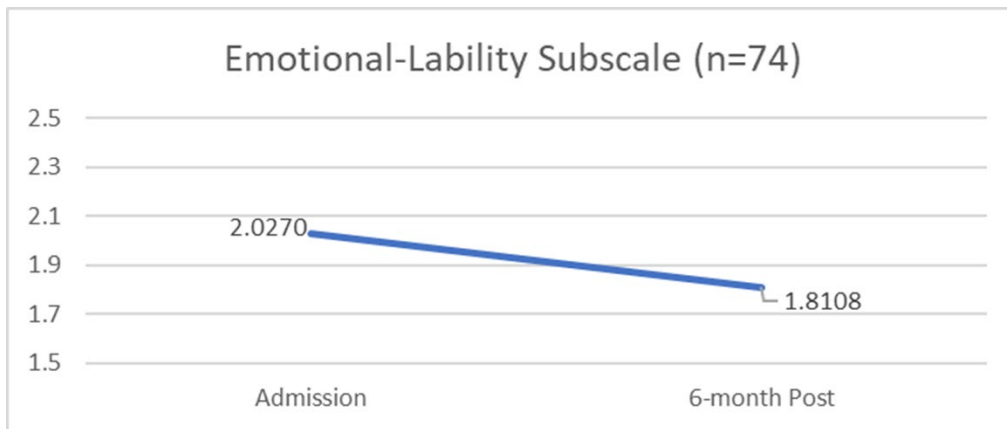
### Subjective Wellbeing:

- At 6 months post discharge of the VITP program, paired analysis of clients (n=74) shows a significant decrease in difficulties related to relationships.
  - Indicates improvement in relationships. e.g., getting along with people, feeling close to someone



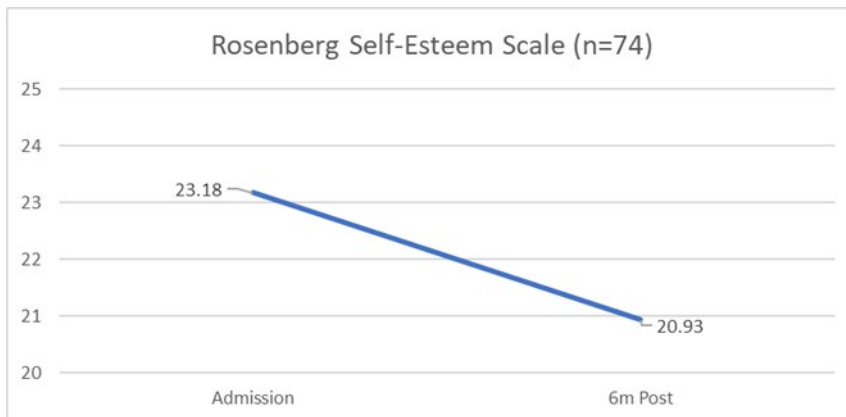
Scores on BASIS-24: 0=no difficulty; 1=a little difficulty; 2=moderate difficulty; 3=quite a bit of difficulty; 4=extreme difficulty

- At 6 months post discharge of the VITP program, paired analysis of clients (n=74) shows a significant decrease in difficulties related to emotional-lability.
  - Indicates improvement in emotional regulation. E.g., fewer mood swings

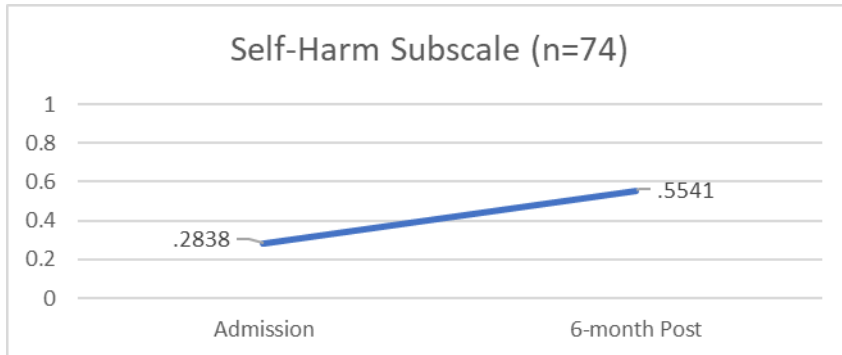


Scores on BASIS-24: 0=no difficulty; 1=a little difficulty; 2=moderate difficulty; 3=quite a bit of difficulty; 4=extreme difficulty

- At 6m post discharge of the VITP program, clients (n=74) reported a significant decrease in self-esteem. Although there was a decrease in self-esteem, both average admission and self-esteem fall within the normal range.



- At 6m post discharge of the VITP program, paired analysis of clients (n=74) shows a significant increase in difficulties related to thoughts of self-harm.
  - e.g., thoughts about ending your life

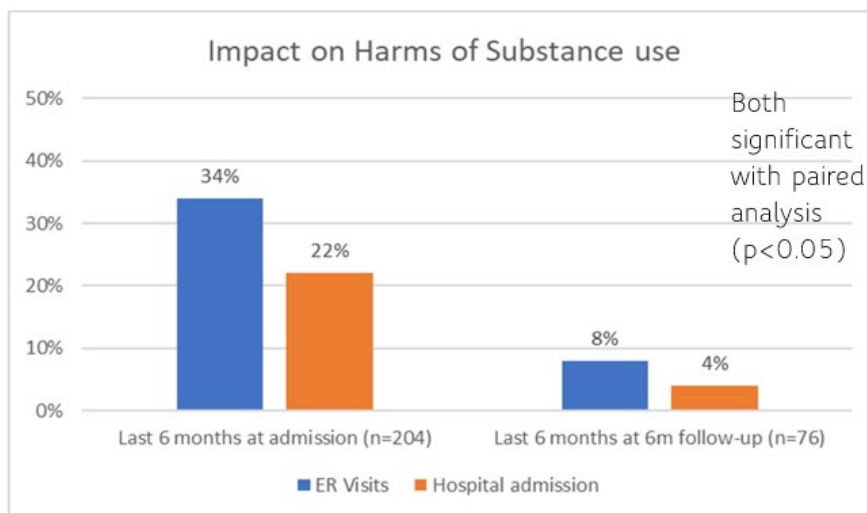


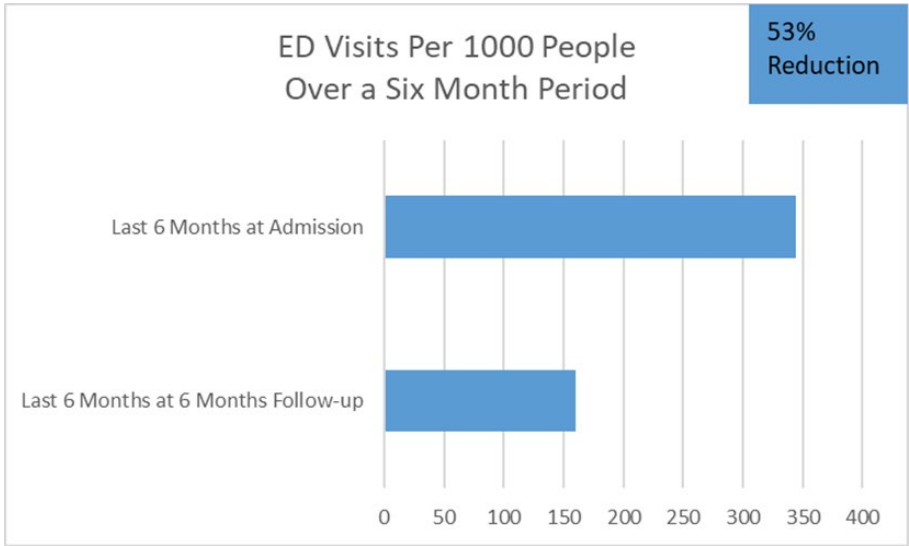
*\*Note: Although self-esteem decreased and self-harm ideation have increased, the literature on substance use suggests this relationship is normal with improvements in substance use as lingering co-morbidities, guilt related to changes in identity, and a lack of self-compassion can be associated to feelings of lower self-worth (Chen, 2019). Specific VITP program components address these challenging early recovery issues and are an area of focus.*

### Harms of Substance use:

- Compared to admission, ER visits and overnight hospital stays due to substance use reduced significantly.

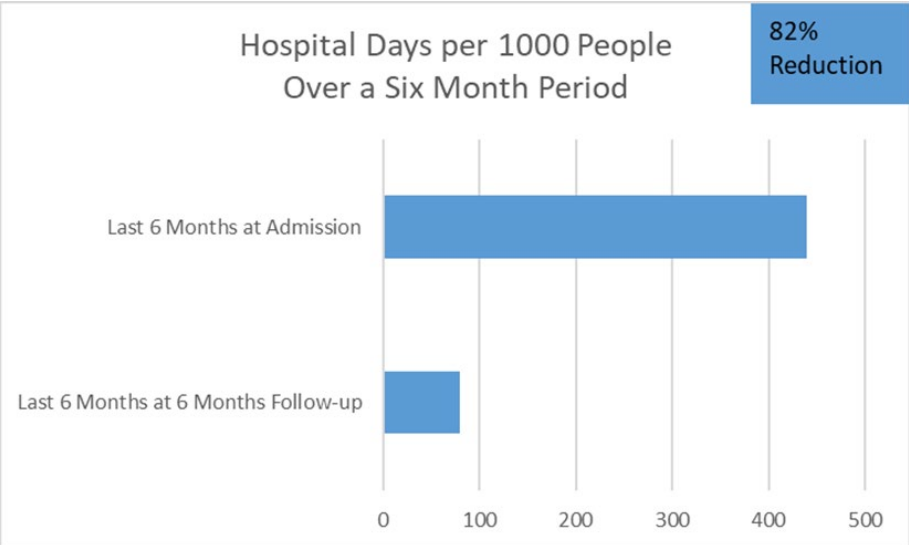
In the last 6 months at admission (n=204)	In the last 6 months at 6M follow-up (n=76)
<ul style="list-style-type: none"> <li>• 34% (n=70) visited the ER due to substance use with an average of 1 visits</li> <li>• 22% (n=44) admitted overnight to hospital due to substance use and/or mental health with an average length of stay of 2 days</li> </ul>	<ul style="list-style-type: none"> <li>• 8% (n=6) visited the ER due to substance use with an average of 2 visits</li> <li>• 4% (n=3) admitted overnight to hospital due to substance use and/or mental health with an average length of stay of 2 days</li> </ul>





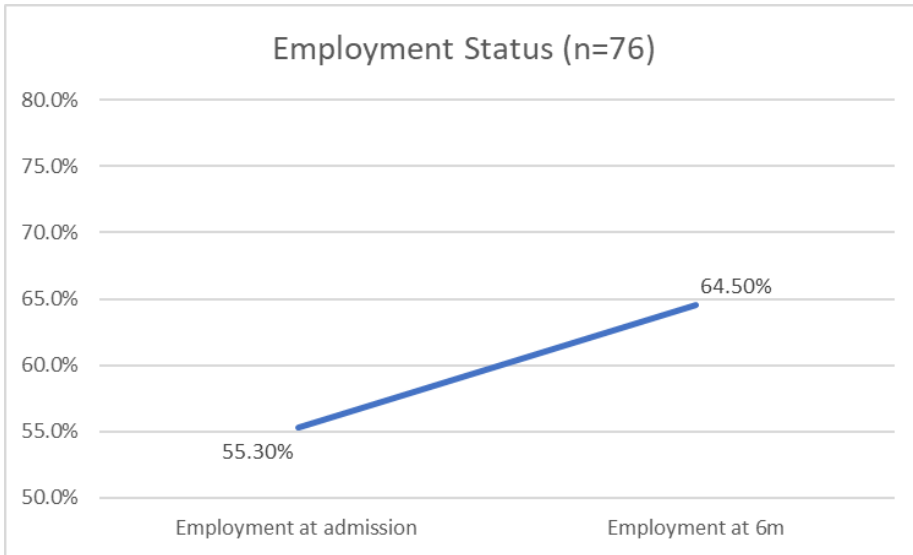
*Note:* Shown per 1,000 people over 6- Month Period.

\* Emergency Department Visits, Hospital Days Due to Substance Use



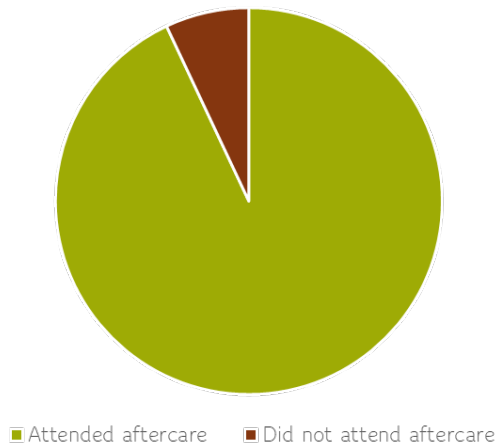
### Employment & Engagement:

- The proportion of clients employed (either full-time, part-time, or in school) increased from 55.3% at admission to 64.5% at 6m post discharge.



- 93% (n=71) of clients participated in a substance use aftercare.
  - (i.e, Renascent Continuing Care Program, 12-step meetings/support, other mutual-aid/self-help support groups, Individual counselling, addiction medicine clinics/care, online supports, and other supports)

Aftercare Participants



# Conclusions: Program Goals and Impact

- 1) Provide timely access to Intensive Substance Use Disorder Treatment (address long wait-times).
  - Wait-time data demonstrates ease of entry. A large number of individuals served through the program (nearly 1,000).
  - In addition, based on the higher rates of employment of VITP clients compared to the inpatient population, it would appear the VITP afforded clients to continue working while receiving treatment.
  
- 2) Support individuals with goals of reducing problematic substance use, and associated harms of substance use.
  - Clients in the VITP significantly reduced difficulties related to substance use as measured by the BASIS-24.
  - Participants also saw a significant decrease in self-reported substance use and associated harms including hospital/emergency department visits at 6-months post treatment.
  
- 3) Support individuals in developing recovery and support pathways.
  - The majority of VITP participants reported they engaged in aftercare supports 6-months post treatment.
  - VITP clients reported significant improvements in relationships as measured by the BASIS-24 at 6-months post treatment.
  
- 4) Evaluate new Virtual Method of delivering an Intensive Outpatient Program for Substance Use Disorders.
  - The VITP demonstrated adherence to IOP best practices and that they could be upheld and implemented in the virtual environment.
  - The program demonstrated extensive reach across the province in individuals accessing the program.
  - The program demonstrated considerably high rates of participant satisfaction with the program including feeling safe and comfortable in the virtual environment.
  - The VITP saw high rates of program completion and engaging in recovery pathways including aftercare attendance.

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# Appendix

## VITP Fidelity Questions for Alumni

### **Ease of Entry**

- What was the length of time you waited from first contact to admission?
- Walk me through an admission.

### **Enhance Therapeutic Alliance**

- Did you feel the staff helped you set goals?

### **Providing Ongoing Care**

- Were you provided with any ongoing care after you completed the program?

### **Use Mutual-Help and Other Community Based Supports**

- Did you engage in mutual-help programs such as 12-step?

### **Educate About Substance Use Disorders, Recovery, and Relapse**

- Was your family provided with information about Recovery Skills and Relapse Prevention?
- Was education offered using different modalities and opportunities for check-ins and comprehension?

### **Engage Families, Employers, and Significant Others**

- Did the program engage your family, employer, and significant other? In what ways did it engage families, employers, and significant others?

### **Incorporate Evidence-Based Approaches**

- Did you receive any of the following?
  - Cognitive-behavioral therapy
  - Motivational enhancement therapy
  - Individual counselling
  - Relapse prevention
  - Contingency management incentives
  - 12-Step facilitation
  - Case management
  - Group therapy

**What did you find most helpful about the program?**

**What would you change about the program?**



## **What was the hardest part about the program?**

### **VITP Fidelity Questions for Staff**

#### **Make Treatment Readily Available**

- Who comes to Renascent typically?
- Is it funded?
- How are mental Health and psychiatric conditions dealt with?

#### **Ease of Entry**

- What is the current length of time from first contact to admission?
- What is the current waitlist?
- Walk me through an admission.

#### **Build on Existing Motivation**

- How do clinicians employ motivational enhancement techniques to deal with resistance?
- What program components effectively apply to the various stages of change
  - Precontemplation
  - Contemplation
  - Action
  - Relapse
  - Maintenance

#### **Enhance Therapeutic Alliance**

- How do you enhance therapeutic alliance?
- How do you help your clients set goals?
- What is the most important thing for you when you work with a client?

#### **Make Retention a Priority**

- What strategies are used to minimize drop out rates?

#### **Assess and Address Individual Treatment Needs**

- What documents do you use to conduct a biopsychosocial assessment including?
  - Goals for treatment
  - Psychiatric needs
  - Medical needs
  - Legal needs
  - Housing needs

- Social needs
- Family issues
- Ability to focus on recovery

### **Providing Ongoing Care**

- What references to other agencies do you make?
- What ongoing care do you provide after the IOP?

### **Monitor Abstinence**

- Do you use urine drug screens, breathalyzer tests, or other laboratory tests to confirm self-reported abstinence?

### **Use Mutual-Help and Other Community Based Supports**

- Do clients participate in mutual-help programs such as 12-step?
- Do you assist clients in identifying the right 12-step program and frequency of attendance? How?

### **Use Medications if Indicated**

- Do you provide psychiatric evaluation and medication management?
- Do you introduce pharmacotherapies as warranted?

### **Educate About Substance Use Disorders, Recovery, and Relapse**

- Do you provide clients and families with information about SUDs, Recovery Skills, and Relapse Prevention?
- Do the recovery skills include:
  - Refusal training
  - Stress management
  - Assertiveness training
  - Relapse prevention
  - Relaxation training
- Is education offered using different modalities and opportunities for check-ins and comprehension?

### **Engage Families, Employers, and Significant Others**

- Does the program engage families, employers, and significant others?
- In what way does it engage families, employers, and significant others?

### **Incorporate Evidence-Based Approaches**

- Does the program include the following?
  - Cognitive-behavioral therapy
  - Motivational enhancement therapy
  - Individual counselling

- Relapse prevention
- Contingency management incentives
- 12-Step facilitation
- Case management
- Group therapy

## VITP Fidelity Criteria Findings

### Make treatment readily available

- Results reveal there are limited barriers to accessing treatment. The Ministry of Health now funds the program making cost a non-issue.
- Clients are provided with a package of resources while awaiting their start date of the program, which includes third party resources and information regarding preventing overdose while awaiting treatment.
- A physician referral is not needed to access the program – often system navigation can pose a barrier to accessing treatment. Self-referrals ease the process to access.
- Individuals with mental health conditions are referred to a third party. Referrals are made to CAMH, Pinewood, and Ontario Shores.

### Ease entry

- The current waitlist is approximately 2 to 3 months (50 people) from admission profile to start date
  - The COVID-19 pandemic has certainly led to an increase in substance use issues. The program appears to be relatively successful at keeping up with demand, however doubling its capacity will no doubt further enhance Renascent's ability to offer timely access to treatment.

### Build on existing motivation

- Treatment Program
  - Treatment is goal driven. Clients develop and discuss goals related to recovery, relationships, social needs, etc.
- VITP Admission Summary
  - Assesses motivation to change. Clinicians are well versed in determining where the client is, and how to meet them on the continuum of behaviour change. Clinicians are comfortable assisting clients at different stages of readiness.
- Renascent VITP Relapse Prevention Plan
  - Assesses and reminds individuals about what motivates them.
- Use of motivational interviewing – some staff are trained, some are not.

- Use solution focused approaches and more intensive levels of group facilitation when warranted.

**Components identified to enhance therapeutic alliance included:**

- Weekly therapeutic assessments
- Bolstering clients' autonomy
- Collaborative and educational sessions
- Recovery-oriented approaches
- Self-disclosure of clinicians and sessions run by counsellors with lived experience – this was mentioned by all participants as essential
- Interactive and personalized program – clients discussed extensions
- Good communication between clients and counsellors – counsellors “call out” clients when warranted
- Different perspectives provided due to rotation of counsellors

**Make retention a priority**

- Retention rate is currently 86%
- The pre-treatment group is seen as an asset; clients reported seeking out self-help resources on their own and that the move to virtual 12-Step groups made finding the right fit easier
- Coordinator identifies clients who have missed sessions and reaches out to them directly to get them reengaged
  - Sending a recommitment letter was deemed helpful
- Other helpful retention strategies included:
  - 8-day follow up phone call
  - A call the day before they come in
  - Sending out admission package
  - Amending the program to meet individual needs

**Assess and address individual treatment needs**

- VITP Individual Treatment Program
  - Identifies goals for treatment and ways to meet these goals.
  - Nature of the program itself affords individuals opportunity to receive treatment without lengthy inpatient stay. Clients may be able to continue working as well.
- Client profile
  - Asks about pre-existing conditions (anxiety screener, depression, psychosis, VAGUS-CD, and substance use disorder severity). Referrals would be required as in-house services for medical or psychiatric services is not currently available.

- Biopsychosocial assessments include:
  - Goals for treatment
  - Psychiatric needs
  - Medical needs
  - Legal needs
  - Housing needs
  - Social needs
  - Family issues
  - Ability to focus on recovery

### **Provide ongoing care**

- 26-week aftercare program
- Identification of, and encouragement in attending mutual self-help groups such as Alcoholics Anonymous, etc.
- Alumni program

### **Monitor abstinence**

- Given the virtual nature of the program, substance use monitoring such as urine drug screens, breathalyzer tests, or other laboratory tests to confirm self-reported abstinence are not possible.
- Weekly discussions/ check-ins that are scheduled into the 6-week plenary plan
- When relapse occurred during the VITP, it is seen as an opportunity to process it as a part of recovery. However, there is a fine balance between therapeutic value of processing a relapse of a client and having the experience pose as a trigger to other clients.

### **Use mutual-help and other community-based supports**

- Offer third party resources
- Alumni program
- Clients participate in a mutual-help program such as 12-step

### **Use medications if indicated**

- Clients are referred to community medical practitioners where indicated if they do not already have a medical practitioner. Medication interventions are not offered directly by Renascent for this program.

### **Educate about substance abuse, recovery, and relapse**

- A variety of psychoeducation sessions are offered throughout the six-week program
- Clients indicated the information received on substance use disorders to be especially helpful in learning “why I do the things I do”.

- Recovery Skills:
  - Refusal training
  - Stress management
  - Assertiveness training
  - Relapse prevention
  - Relaxation training
- Offer additional outside resources

**Engage families, employers, and significant others**

- Engages families and significant others
  - At admission clients complete a family consent form
  - Clients provide family contact information
  - Use a family model of education
  - Have a family member day once every 6 weeks
  - Presentations on how family members have been affected
- At present, Renascent clinicians do not actively engage employers

**Incorporate evidence-based approaches including:**

- Discuss CBT but do not directly apply it
- Motivational enhancement therapy – some clinicians may have motivational interviewing
- Acceptance and Commitment Therapy (ACT)
- Individual treatment plan and counselling as needed
- Relapse prevention
- Contingency management incentives
- Facilitation of peer support through engagement of community peer support groups (i.e. 12-Step groups)
- Case management – indicated as a gap in service delivery
- Group therapy
- After care program – indicated as lacking structure and consistency in delivery. Renascent is in the process of program development to increase structure and consistency of the program.