

Evaluation of the YG Substance Abuse Program

Findings Synthesis

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Evaluation of the YG Substance Abuse Program

Introduction

The substance abuse treatment program delivered by the Yukon Government for its employees was introduced in 2007/08 as a pilot program and was extended for three additional fiscal years with a requirement for a program review in 2010/11. This report presents the findings of a supplemental review of the Substance Abuse Program and is focused on the question of whether the SAP program is achieving its intended outcomes in an effective and efficient manner.

Intended Outcomes

The intended short-term (ST) outcomes of the Substance Abuse Program are:

- Employees successfully complete treatment and relapse-free during the monitoring period; and,
- Employees successfully return to work.

The intended long-term (LT) outcomes of the Substance Abuse Program are:

- Yukon Government offers healthy and safe workplaces; and,
- the Public Service Commission meets requirements for managing employees with disabilities while reducing risk of litigation.

The Substance Abuse Program was evaluated using multiple lines of evidence to assess whether it is achieving its intended outcomes in an effective and efficient manner. The lines of evidence included:

- an administrative file review (including a review of the January 2011 Report to Management Board entitled *Government of Yukon Employee Addictions Program Review*);
- development of a logic model for the program;
- 10 key informant interviews; and,
- research to identify program delivery alternatives.

This report presents a synthesis of the findings from the lines of evidence and presents recommendations for further examination and recommendations for program improvement. The table below outlines the structure of the findings synthesis which follows:

	ST Outcomes	LT Outcomes
Effectiveness	Finding A	Finding B
Efficiency	Finding C	

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Program Genesis and Description

As noted in the *Government of Yukon Employee Addictions Program Review* report, the Substance Abuse Program was introduced in response to both a growing awareness of the prevalence of addictions among Yukon Government employees and “evolving case law deeming addictions to be medical conditions invoking the duty to accommodate provisions within human rights legislation.” (page 6).

Addictions treatment for employees was being provided prior to 2007/08 by some YG departments on an *ad hoc* basis. The introduction of the Substance Abuse Program brought a fundamental shift in approach to dealing with employees with addictions issues. Prior to the introduction of the program, employee addictions issues were largely considered to be labour relations matters. Employee behavior and performance issues would be noted and a schedule of progressive discipline implemented.

As was noted by several key informants, of all the venues where an individual has interactions with other people (e.g., home, family, recreation, volunteer, community), the workplace is the last venue where the negative consequences of a substance addiction will surface. Not only does the workplace contribute significantly to an individual's sense of self, it also provides the monetary means required to feed the addiction. In consequence, addressing addictions issues in the workplace is, from the get-go, a high-stakes game.

The introduction of the Substance Abuse Program shifted the approach to dealing with workplace addictions in the Yukon Government from one of high-stakes progressive discipline to one of “employee wellness”. So long as the employee admits they may have a substance addiction, the employer will contribute significant (and seemingly unlimited) resources to helping the employee overcome their addiction.

By design, the YG Substance Abuse Program is very comprehensive. The program provides employees with:

1. a medical diagnosis of the addiction (assessment);
2. a prescription for treatment of the addiction (including attendance in a residential treatment program); and,
3. long-term follow-up to ensure the treatment is effective (medical monitoring).

Addictions relapses by an employee can be addressed with additional assessments and treatments. Medical monitoring is a requirement for all program participants for at least one year. Employees who are deemed to be in safety-sensitive positions receive monitoring services for two years. “Safety Sensitive” is defined in the *Guidelines for Dealing With Substance Abuse and Addictions in the Workplace* as a “position in which an employee enters into situations or has control of processes or equipment that pose a significant hazard to themselves, their co-workers and/or the general public”.

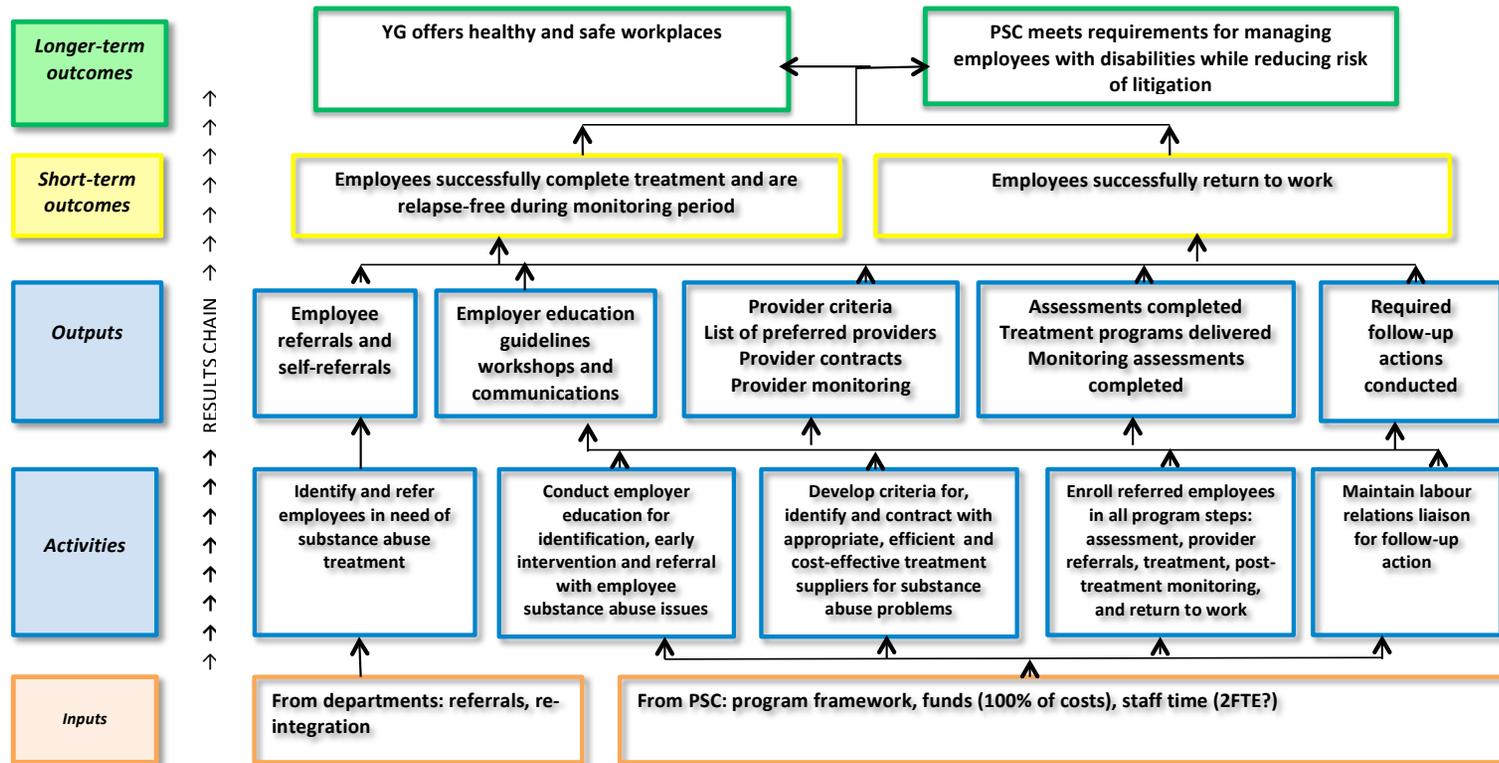
The Employee Recovery and Relapse

Monitoring Agreements are based on a medical prescription for recovery and relapse prevention. Generally, the monitoring agreements include the following requirements:

- complete abstinence from alcohol and mind/mood altering drugs;
- participation at scheduled monitoring sessions;
- random alcohol and drug testing;
- recovery activities (i.e., Alcoholics Anonymous, Narcotics Anonymous support groups, 12-step activities, self-care practices);
- medical follow-up and outpatient counseling; and,
- cancellation protocol.

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Yukon PSC Substance Abuse program – Logic Model¹ (15.02.12)



¹ More detailed outcomes are identified in the Government of Yukon Employee Addictions Program Review January 2011, p. 29

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Short-term Outcome Achievement

Effectiveness: the extent to which a program is achieving expected outcomes.

(Source: Treasury Board of Canada Secretariat. *Policy on Evaluation.*)

The comprehensive assessment-treatment-monitoring approach embodied in the YG employee Substance Abuse Program derives from the approach developed in industries with “high-value” employees working in “high-risk” job situations, notably airline pilots and medical professionals. High-value refers to the large amount of resources required to train individuals in certain occupations and high-risk refers to the potential for loss (injury or harm to passengers and patients).

The YG program is also comprehensive in that co-morbidity is addressed in the assessment phase. Addictions issues often surface as an accompaniment to other medical issues such as mental health and physical disabilities. Use of highly-qualified assessment practitioners is of significant benefit in ensuring that program participants are started on a treatment path that fully addresses their medical and psychological circumstances.

The shift in approach from one of progressive discipline to one of employee wellness is also evidenced by the location from which the program is delivered in the overall Yukon Government organization. The Substance Abuse Program is delivered by staff within the disability management branch of the Public Service Commission who work to support employee wellness, accommodate employees with disabilities and maintain a safe and healthy workplace.

Substance Abuse Program participants also benefit from the speed at which the assessment, treatment and monitoring program elements are delivered. Key informants stated that it was not uncommon for an employee to be on their way to Vancouver for a medical assessment within a week or two of coming forward to indicate they may have a substance abuse problem.

Entry into an addictions treatment program can be equally rapid with employees being sent directly from assessment to treatment. Further, a variety of treatment facility options are available to program participants which means that an individual can be sent for treatment at the facility thought to be well matched to their personal circumstances (e.g., white collar, blue collar, medical professional, ethnic identity).

Monitoring services are available for Whitehorse-based employees immediately upon their return to the Yukon. Medical monitoring services are harder to come by in the communities as the Whitehorse-based medical monitor does not travel outside of Whitehorse to

SAP Delivery Agents
PSC Disability Case Managers (Internal to YG)
<ul style="list-style-type: none">• Joan Stanton• Susan Rubinoff
Addictions Assessment (External to YG)
<ul style="list-style-type: none">• HealthQuest (Dr. Ray Baker and Dr. Paul Farnan)• Dr. Donald Hedges
Addictions Treatment (External to YG)
<ul style="list-style-type: none">• Alcohol and Drug Services (Yukon)• Alberta Alcohol & Drug Abuse Commission (Alberta)• Sage Treatment Centre (B.C.)• Cedars Treatment Centre (B.C.)• Edgewood (B.C.)• Homewood (Ontario)• Last Door (B.C.)• Pacifica (B.C.)• Round Lake First Nation Treatment Centre (B.C.)
Addictions Monitoring (External to YG)
<ul style="list-style-type: none">• Myrielle Cooper

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perform monitoring services. Some aspects of monitoring are undertaken by community health nurses such as blood and urine testing for substances. Less support (e.g., Alcoholic Anonymous meetings) is available to employees in rural Yukon.¹

As the Substance Abuse Program is delivered under the rubric of the duty to accommodate employees with disabilities, employees' return to work is a key feature of the program. Insight from the key informant interviews indicates that efforts are always made to return the employee to the workplace as soon as practicable; there were no examples of where an employee who had completed treatment was not returned to work.

The ease or re-integration in the workplace was noted to be a function of "whether the employee had burned any bridges before seeking treatment". This view was countered by the observation that for co-workers who had been carrying an unfair share of the workload, being able to un-shoulder some of the load onto the returning employee was cause for celebration.

In summary, the program is comprehensive by design to the level of current best-practices. Since scale considerations preclude the delivery of certain aspects of the program in the Yukon (e.g., open-intake treatment programs), participants have been able to take advantage of customized treatment options.

Data from the *Government of Yukon Employee Addictions Program Review* indicate that between program initiation in 2007/08 and January 2011, a total 35 employees had entered the Substance Abuse Program and assessed as having an addiction (three additional employees were assessed and diagnosed as not having an addiction). Out of those 35 employees, 25 returned to work and 10 left their employment with the Yukon Government for various reasons. From program inception to date, 75% of Substance Abuse Program participants have been occupants of safety-sensitive positions and 25% have occupied non-safety sensitive positions.

Finding A:

The YG Substance Abuse Program is effectively achieving it's short-term outcomes of successful addictions assessment / treatment and return to work.

Long-term Outcome Achievement

The long-term outcomes of the YG Substance Abuse Program are broader in concept and, as a consequence more difficult to evaluate.

From the perspective of the employer, the program is contributing to safe and healthy workplaces in the sense that employees who exhibit wellness are also productive employees. Also, fewer addictions in the workplace typically means less conflict in the workplace. And obviously, public and workplace safety is improved if fewer workers are impaired on-the-job, especially workers in frontline positions.

¹ The program data does not provide an indication how many substance abuse program participants reside in rural Yukon.

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From the perspective of human resource staff, the program helps them contribute to the provision of healthy and safe workplaces simply through knowing that a comprehensive and centrally-funded program is available to YG employees. Human resource staff know how to start employees on the path to recovery when it is required, a “universal response” is available.

As described by a key informant, employees who participate in the program are given a chance to redeem themselves. Participants are given a way to take action on their disability, the program gives them a ‘fresh start’. The employers expectation that the employee will return to work contributes to the success of participant in the treatment and monitoring phases of the program. The Substance Abuse Program is seen to engender long-term loyalty to the employer by successful participants.

Medically diagnosed substance addictions are considered to be medical disabilities. A diagnosis of a substance addiction by a specialized medical practitioner, such as HealthQuest, unquestionably confirms the existence of the disability. There is no grey area about the “degree of addiction”, or whether the addiction disability existed prior to employment with YG. Sunlife, the Yukon Government’s health insurance provider, seemingly does not quibble about medical diagnoses of addiction. The question of whether the employer has a duty to accommodate employees diagnosed with an addiction is a non-starter – all involved with the Substance Abuse Program agree that the employer has a duty to accommodate the employee.

Responses from key informant interviews suggest that no employees have been turned away at the point of program entry. All employees who “stick up their hands” and say “I think I have a problem and I need some help” are assisted by the employer on a complete path of recovery. Thus, the program is clearly enabling the employer to effectively manage employees with addictions disabilities .

The Substance Abuse Program is medically-based from start to finish - medical assessment, medical treatment and medical monitoring. As a result, the documentation generated by an individual’s participation in the program is more than sufficient to demonstrate to a wrongful dismissal proceeding or a human rights tribunal that accommodation for a disability was provided by the employer.² Thus, the program is effectively enabling the Public Service Commission to reduce its risk of employee litigation.

Finding B:

The YG Substance Abuse Program is effectively achieving it’s long-term outcomes of contributing to healthy / safe workplaces and meeting employer requirements for managing employees with disabilities while also reducing the risk of employee litigation.

As was pointed out by more than one key informant, however, the substance abuse program is unique among YG’s suite of disability management programs in that the program goes well beyond what is provided for employees with other types of disabilities. For example, an employee with a physical disability requiring physiotherapy would be expected to pay for treatments if not covered by the YG health insurance plan.

² It was noted, however, that the requirement for medical confidentiality effectively creates a “black box” around the addictions-related circumstances of a given employee, making it difficult for the employer to effectively monitor the recovery progress of an employee.

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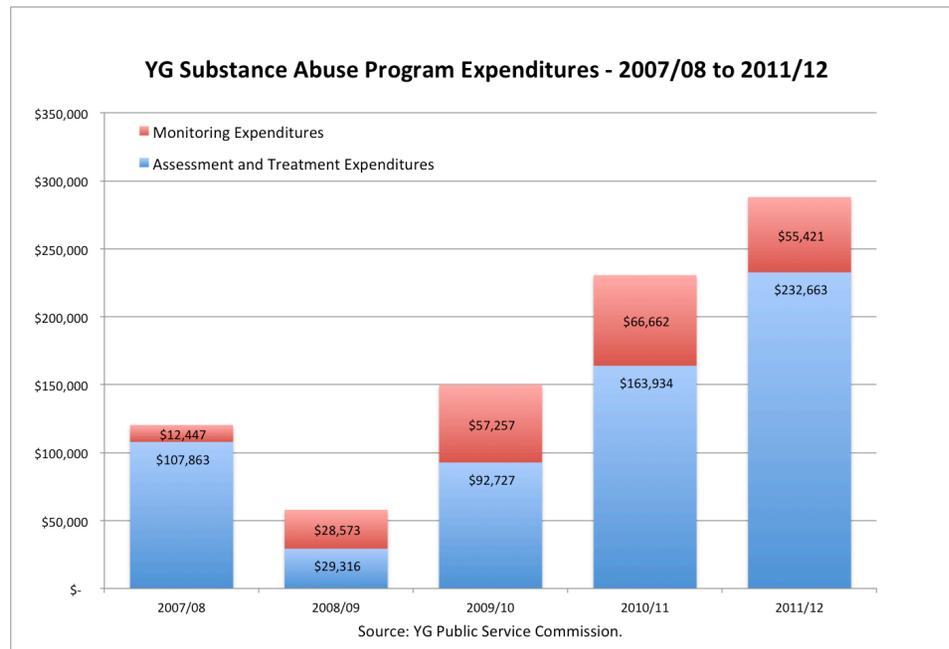
Thus, the question perhaps more germane to the discussion is whether YG is providing a level of service beyond what is required to meet the requirements of accommodation for employees with medically diagnosed addictions in a small jurisdiction like the Yukon. To try to answer this question, we'll look at the substance abuse program from an efficiency perspective in the next section of the paper.

Efficiency of the Substance Abuse Program

Efficiency: the extent to which resources are used such that a greater level of output is produced with the same level of input or, a lower level of input is used to produce the same level of output. The level of input and output could be increases or decreases in quantity, quality, or both.

(Source: Treasury Board of Canada Secretariat. *Policy on Evaluation*.)

The Treasury Board definition of efficiency implicitly assumes a certain scale of program. The Yukon Government's very broadly-based program delivery responsibilities and the Yukon's very small and sparse population means that improvements in program efficiencies typically cannot be achieved through "fine-tuning" the focus of program expenditures. Delivery of programs in a small jurisdiction like the Yukon which benefit relatively few participants tend to be below the efficient scale implied by the Treasury Board definition.



Substance Abuse Program File Activity – 2007/08 to 2011/12

Open Files	Closed Files	Total
24	25	49

Source: YG Public Service Commission.

Substance Abuse Program Expenditures – 2007/08 to 2011/12

	Assessment and Treatment Expenditures	Monitoring Expenditures	Total Expenditures
2007/08	\$107,863	\$12,447	\$120,310
2008/09	\$29,316	\$28,573	\$57,889
2009/10	\$92,727	\$57,257	\$149,984
2010/11	\$163,934	\$66,662	\$230,596
2011/12	\$232,663	\$55,421	\$288,083
Total	\$626,503.36	\$220,358.85	\$846,862

Source: YG Public Service Commission.

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In the Yukon Government context, delivery of any program necessarily involves compromises around efficiency. For example, many would agree that it does not make sense for the Yukon to hire medical specialists of every sort imaginable as there would be nothing for most of them to do for a good part of the year given our small population. While it may appear expensive to fly people to B.C. and Alberta for consultations with medical specialists, the overall cost for travel are still lower than the salary costs for resident specialists.

Over the 2007/08 to 2011/12 period, the average annual file load for the substance abuse program was approximately 10 files per year. With total program funding of \$846,862 over the 2007/08 to 2011/12 period and a total of 49 files, the average per file cost is \$17,283. Note that this figure represents all substance abuse program participants, whether or not they were diagnosed as having an addiction or whether they participated in an addictions treatment program.

On the basis of the transactional database information provided by the Health and Safety and Disability Management Branch, it appears that Substance Abuse Program payments are made through only two contractor accounts:

- Barbara Nimco and Associates (assessment and treatment); and
- Myrielle Cooper (monitoring).

While it is likely that expenditure detail (e.g., participant name, assessment cost, treatment facility name, treatment cost, etc.) is being provided on the invoices being received by the Health and Safety and Disability Management Branch, it appears that this information is not being captured by any form of a YG management reporting framework. It is possible to note, however, based on the 2011 *Government of Yukon Employee Addictions Program Review* report that payments must have been made to at least eight facilities, six in BC, one in Alberta, and one in Ontario.

As a next-best option, data contained in the *Government of Yukon Employee Addictions Program Review* is reproduced below.

Substance Abuse Program Expenditures by Component						
No. of participants (2007/08 to 2010/11)		Assessment (\$)	Treatment (\$)	Monitoring (\$)	Travel (\$)	Total (\$)
• 38 assessed	2007/08	12,784	104,910	12,447	*	130,140
• 35 assessed as having an addiction	2008/09	17,155	65,363	28,573	15,581	126,672
• 25 participated in addictions treatment	2009/10	35,486	101,924	53,053	*	190,463
• 30 treatment participations (5 individuals participated in treatment twice)	2010/11	19,619	99,198	39,695	*	158,512
		85,044	371,394	133,767	15,581	605,786
Source: <i>Government of Yukon Employee Addictions Program Review</i> (2011).						
Note: in years marked with an asterisk (*) travel costs are included in assessment and treatment costs.						

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On the basis of the expenditure data shown in the table above, average costs per treatment participant (n=25) are as follows:

- average cost per assessment: \$2,238
- average cost per treatment: \$14,856
- average cost per monitoring: \$5,351
- total average cost per treated program participant: \$23,068

Staff time within the Health and Safety and Disability Management Branch used to administer the Substance Abuse Program was estimated by a key informant to be equivalent to one full-time equivalent position. While difficult to quantify, human resource managers and supervisors in line departments also spend some amount of time assisting with the administration of the substance abuse program.

As noted earlier in this report, in the Yukon Government context, delivery of small-scale programs necessarily involves compromises around efficiency. Given the relatively small scale of the substance abuse program (approximately 10 participants per year), tinkering with the level of program inputs is not likely to have a material effect on program efficiency if the same level of program outcome quality is to be maintained. This observation, however, is predicated on a couple of assumptions. First, program intake levels will remain constant and second, the program is not providing a level of service beyond what is required to meet the requirements of accommodation for employees with medically diagnosed addictions in a small jurisdiction like the Yukon.

With regard to the constancy of program intake levels, the prevalence of substance addictions within the overall YG employee population is not known³. An observation consistently expressed by key informants, however, was that overall awareness among YG employees about the existence of the program is generally low. As awareness of the program continues to grow (perhaps as a simple consequence of more successful returns to work by employees diagnosed with addictions), intake levels will increase correspondingly. From one perspective, this could be seen as a good result as more employees are able to overcome their addictions issues.

At the same time however, the YG substance abuse program is “volume exposed”. Annual program expenditures are determined by the number of employees who come forward or are directed to the program. A mechanism to limit the number of employees who can enter the program is not in place. Because the assessment, treatment and monitoring elements of the program are administered or delivered by external contractors (Barbara Nimco and Associates and Myrielle Cooper), program expenditures are at risk of spiraling beyond the approved budgetary appropriation.

The risk of spiraling program expenditures is compounded by the program design approved in 2007. First, the treatment facilities available to YG employees include a variety of private centers. While the use of private treatment centers enables rapid intake, it is more costly than treatment options delivered through the public insured health services system. For example, costs at one private treatment facility were found to be as much as \$22,000 per treatment cycle.⁴

³ Use of alcohol in YT is similar to that in Canada, but use of other drugs is higher. (Yukon Addictions Survey 2005 - Highlights Report, <http://www.hss.gov.yk.ca/pdf/yas2005.pdf>). About 17% of those who consume alcohol in Canada are considered hazardous drinkers. Canadian Addiction Survey 2005. <http://www.ccsa.ca/2005%20CCSA%20Documents/ccsa-004028-2005.pdf>

⁴ BC Sage Treatment Centre, Kamloops.

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The alternatives analysis research undertaken as part of this evaluation suggested that other jurisdictions provide treatment at such private centers only on an exceptions basis.⁵ For example, the Government of Nunavut has standing offer agreements with public sector facilities in the geographically closest cities to its regions and “the preference would be to go to one of those facilities for treatment. However, if the client does not want to use a treatment facility on that list, he/she must make a well-documented case for why a private facility should be approved. The final approval for treatment outside of the standing offer facilities rests with the Department of Health (Deputy Minister), who will foot the bill if such a facility is approved.”⁶

In contrast, YG employees who participate in the program share no responsibility for assessment, treatment or monitoring costs. Similarly, the home departments of employees who enter the substance abuse program bear no direct costs for assessment, treatment or monitoring. Indeed, as noted by one key informant, “I have no idea whether the program is cost-effective or not, we do not pay for it.”

The alternatives analysis research suggested that the Yukon approach of 100% coverage is unusual among employers. For example, in the City of Edmonton, “the responsibility for the costs associated with rehabilitation and treatment is shared between the City and the employee as both parties have an interest in the employee successfully addressing their substance abuse issue and returning to productive employment.”⁷ The City covers the costs of the first treatment cycle, but those of the second are shared, and the employee pays for any after that.

Finding C:

Programs delivered at a very small scale, such as the YG Substance Abuse Program, are often inherently inefficient as a minimum scale of program delivery infrastructure is required to effectively deliver the program. While this may to some extent be true of the YG Substance Abuse Program, the alternatives analysis suggests that employees are receiving a level of treatment service beyond the level of service that must reasonably be afforded by public sector employers. As there are no mechanisms in place to limit program intake, certain design features of the program should be corrected to reduce the risk of program expenditures from spiraling beyond the approved budgetary appropriations.

Recommendations to Improve the Effectiveness and Efficiency of the Substance Abuse Program

- R1. Adopt the program delivery approach used in Nunavut by developing a list of approved facilities and maximum treatment cost based on treatment in public facilities. If this means longer wait times, develop a process to transfer people out of safety sensitive positions to low risk jobs while they wait for treatment.
- R2. Develop and implement a comprehensive program reporting system, which maintains medical confidentiality, that involves all of the program delivery players: Health and Safety and Disability Management Branch, Barbara Nimco and Associates, Myrielle Cooper, Staff Relations Branch and the home department HR manager.

⁵ An excerpt from the alternative analysis undertaken for the evaluation may be found in Appendix I of this report.

⁶ Communication with Dianne Moebis, Department of Human Resources, Government of Nunavut.

⁷ City of Edmonton, Drug and Alcohol Operating Procedure, http://www.edmonton.ca/city_government/documents/A1128_Drug_and_Alcohol_Attachment1.pdf.

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- R3. Introduce a system of cost sharing by program participants and line departments so that price and cost signals can be transmitted among the various agencies involved in the program. Even if the cost sharing is nominal it will effectively link together departmental financial reporting systems and bring on-going scrutiny to program efficiency.
- R4. Adopt the City of Edmonton approach of requiring program participants who require more than one round of addictions treatment to pay for one half of the cost of the second round of treatment and the full cost of any subsequent addictions treatments.

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Appendix: Excerpt from Alternatives Analysis

Yukon Government
I. Substance Abuse Policy
HR policies: no mention of substance abuse. http://www.psc.gov.yk.ca/pdf/gam_3_32.pdf http://www.psc.gov.yk.ca/pdf/gam_3_48.pdf
Benefits Guide: no mention of treatment benefits. <i>Yukon Employees Union, Benefit Guide For Yukon Employees Union.</i> http://www.psc.gov.yk.ca/employeeinfo/benefitplans_yeu.html
Yukon Government, Guidelines for Dealing with Substance Abuse and Addictions in the Workplace (no date).
II. Substance Abuse Treatment Program – type, components and location
Assessment by: Healthquest Inc, Richmond, BC, Drs. Dr. Ray Baker, Paul Farnan, Dr. Donald Hedges.
Treatment by (options used in the past): AADAC (Alberta Alcohol & Drug Abuse Commission), AB: Northern Addictions Centre Residential Treatment : 20-day intensive treatment program for men and women, part of Alberta health Services
BC Sage Treatment Centre, Kamloops BC: not-for-profit, private agency: 28 to 84 days, \$6,000 to \$22,000. Continuous intake: arrange for monitoring, individualized. No wait list for women. Maximum of 23 clients. B.C. Social Services pays \$40/day.
Cedars Treatment Centre, Vancouver Island, BC: 12-step based individualized program, no. of weeks not stated. Private, no prices listed. Medicare financing for BC residents.
Edgewood, Nanaimo, B.C. Private ; two 40-bed residential units used for inpatient care, + 42 extended care beds. \$500 admission fee + \$350 daily rate, Program averages 7-8 weeks. Wait lists fluctuate ⁸ .
Homewood, Guelph, Fergus Mount Forest, Orangeville, ON; In-patient recovery program for chemical and concurrent psychiatric disorders. This phase of the program involves approximately 28 days (extensions may be recommended based on clinical need) of group counseling, 12-step groups and psycho-educational groups waitlists fluctuate weekly, based on the number of referrals and discharges. Costs, patients Outside of Ontario: Most provinces and territories in Canada provide funding for ward accommodation for patients referred to Homewood Health Centre. The costs and deposit requirements for semi-private and private accommodation are the same as those for residents of Ontario. Your province reviews funding on a case-by-case basis. If they choose not to fund your stay, the cost per day is \$529 per day for a ward bed, \$772 for semi-private and \$821 for private accommodations. ⁹

⁸ http://www.edgewood.ca/index.php?page=39#dataList_anchorTo_747

⁹ <http://homewood.org/coming-to-homewood/being-a-patient/costs>

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Last Door, Vancouver BC. Long term residential treatment program for men . FHA agency contract .Usually have a waitlist. Fees are: The first two weeks of treatment are non-refundable, private bed rate is \$250 per day for treatment services, Some private clients are covered by work, Some private clients take medical loans, some private clients are self pay.¹⁰

Pacifica, Vancouver, BC: 4 weeks of highly structured education sessions and co-ed or gender-specific small-group therapy¹¹. Self-paying clients or clients who are being paid for by their employer, union or insurance company are charged \$160/day. Private clients or out of province clients are charged \$250/day. A private client is put to the top of any waiting lists.

Round Lake First Nation Treatment Centre, Okanagan Indian Reserve near Vernon BC. Funded through grants provided by First Nations & Inuit Health Branch (federal) and Interior Health Authority (provincial). Treatment cycles last 5 or 6 weeks; on a closed-intake system, no per diem charge for Status Indians and Recognized Inuit who are residents of Canada. Travel to and from the Centre is the responsibility of the client.

Alternative Providers in Yukon

Public treatment - Alcohol and Drug Services Yukon (ADS)

Detox: Whitehorse¹²

Outpatient: Haines Junction & Whitehorse¹³

Residential: Inpatient services provided by Yukon Department of Health and Social Services, Alcohol and Drug Services, Whitehorse.

Intakes are at specified times, for nine 28-day, inpatient, gender-specific treatment programs a year. Applications received 2 weeks prior.

Private treatment, Whitehorse (Outpatient)

Joanne Hutsul

Mark Kelly

III. Bearer of Program Costs

Assessment: Employer, 100%

Treatment: Employer, 100%

Travel: under Medical Travel Assistance policy for medically necessary travail, 100%

Salary: short-term sick leave long-term disability, special leave. Included days for mandatory monitoring for 1-5 years post-treatment, depending on job type.

Out-of-Province Hospitalization: If your physician refers you or your dependents for treatment outside of your home territory or province because specific treatment is not available in your home territory or province, you or your dependents will be covered for Extended Health Care. In addition, you or your dependents will be covered for public ward accommodation and auxiliary hospital services in a general hospital, and physicians' services in excess of the amount payable by the Yukon Health Care Insurance. Reimbursement is set at 80%, and is limited to \$50,000 per lifetime.¹⁴

¹⁰ <http://www.lastdoor.org/>

¹¹ <http://www.pacificatreatment.ca>

¹² http://www.hss.gov.yk.ca/ads_detox.php

¹³ http://www.hss.gov.yk.ca/ads_outpatient.php

¹⁴ http://www.psc.gov.yk.ca/pdf/yeu_benefit_guide_July_17_2007.pdf

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City of Edmonton
I. Substance Abuse Policy
<p>Drug and alcohol directive: http://www.edmonton.ca/city_government/documents/A1128_Drug_and_Alcohol_Dir.pdf Procedure: http://www.edmonton.ca/city_government/documents/A1128_Drug_and_Alcohol_Pro.pdf http://www.edmonton.ca/city_government/documents/A1128_Drug_and_Alcohol_Attachment1.pdf http://www.edmonton.ca/city_government/documents/CSU52_Major_Medical.pdf Duty to accommodate disability: http://www.edmonton.ca/city_government/documents/A1126_Framework_Agreement.pdf (*no mention of drug, alcohol or substance abuse found in document) The City sponsors major medical, dental and other employee benefit plans, which are funded through employee and/or employer contributions. Premium contributions, interest earnings, payments for benefit entitlements, and administrative costs are applied to each of the respective plans.</p>
II. Substance Abuse Treatment Program – type, components and location
<p>Procedures: The City is prepared to assist an employee that voluntarily discloses a dependency, starting with a referral to a substance abuse expert for an alcohol and drug assessment. Referral is through a DMC: Disability Management Consultant, professional employed within the Human Resources Branch with expertise in the areas of disability claims management and return to work that is assigned responsibility for managing disability related claims and maintaining the confidentiality of related medical information of city employees.</p>
III. Bearer of Program Costs
<p>Assessment: Coverage is not provided for assessments.</p> <p>Treatment: <u>Costs Associated With Rehabilitation/Treatment</u> The responsibility for the costs associated with rehabilitation and treatment is shared between the City and the employee as both parties have an interest in the employee successfully addressing their substance abuse issue and returning to productive employment. The City also recognizes that in many cases more than one meaningful attempt at rehabilitation will be required for a person to deal effectively with a substance abuse issue.</p> <p><u>First Rehabilitation Effort:</u> The employee's department will cover the costs of all medical evaluation, treatment planning, and residential treatment (includes detox) less a charge of \$15/day while in Residential treatment to cover the normal cost of food (board) the employee would expend. The employee will be required to sign an approval allowing the daily charge to be deducted from their normal pay.</p> <p><u>Second Rehabilitation Effort:</u> The employee's department will cover the costs of all medical evaluation, and treatment planning. Cost associated with residential treatment (includes detox), less the \$15/day that the employee is responsible for (see above), will be shared 50% - 50% basis as between the department and the employee. The employee will be required to sign an approval allowing their portion of costs to be deducted from their earnings following an agreed upon schedule.</p> <p><u>Subsequent Rehabilitation Efforts:</u> The employee is responsible for all costs associated with rehabilitation. If the employee has a limited ability to pay these costs, the department in its discretion, based on a reasonable prospect of repayment, may enter into an agreement with the employee to cover these costs and then recover.</p> <p>Monitoring: In all cases the employee's department will be responsible for the costs of any required monitoring to ensure the employee can safely return to work and any follow-up monitoring set out in a relapse prevention program.</p>

Evaluation of the YG Substance Abuse Program

Nunavut
I. Substance Abuse Policy
http://www.gov.nu.ca/hr/site/HR_Manual/1000_Occupational_Health_And_Safety/1006_Alcohol_and_Drugs/1006-%20%20Alcohol%20and%20Drugs.pdf <i>"The Government recognizes that dependency on alcohol or drugs is a medical problem that professionals can treat. When an alcohol or drug dependency affects an employee's job performance, the employee's decision to seek treatment will not be detrimental to job security."</i>
II. Substance Abuse Treatment Program – type, components and location
First and foremost there needs to be a referral for addictions treatment from either the employee's physician, psychiatric nurse or an addictions counselor. The GN has standing offer agreement with various facilities across Canada and the preference would be to go to one of those facilities for treatment. However, if the client does not want to use a treatment facility on the SOA list, he/she must make a well-documented case for why a private facility should be approved. The final approval for treatment outside of the SOA facilities rests with the Department of Health (Deputy Minister), who will foot the bill if such a facility is approved. ¹⁵ For all communities in the Baffin Region is Ottawa or the nearest centre where appropriate and necessary insured health or dental services can be obtained, whichever is closer. For all communities in the Kivalliq Region is Winnipeg, Iqaluit, Yellowknife or the nearest centre where appropriate and necessary insured health or dental services can be obtained, whichever is closer. For all communities in the Kitikmeot Region is Edmonton, Yellowknife or the nearest centre where appropriate and necessary insured health or dental services can be obtained, whichever is closer.
III. Bearer of Program Costs
First and foremost there needs to be a referral for addictions treatment from either the employee's physician, psychiatric nurse or an addictions counselor. The GN has standing offer agreement with various facilities across Canada and the preference would be to go to one of those facilities for treatment. However, if the client does not want to use a treatment facility on the SOA list, he/she must make a well-documented case for why a private facility should be approved. The final approval for treatment outside of the SOA facilities rests with the Department of Health (Deputy Minister), who will foot the bill if such a facility is approved. Treatment: Expenses related to treatment not covered by the Nunavut Health Care or the current applicable Government Health Insurance Plan is not reimbursed. Travel: Medical travel assistance is provided to employees who are required to attend alcohol or drug rehabilitation programs if the program is not available in the employee's community of residence. Normal procedures for medical travel assistance apply in these circumstances.

¹⁵ Pers. Comm. with Dianne Moebis, Labour Research Consultant, Department of Human Resources, Government of Nunavut.