

A Proposed Model of Governance  
for the Substance Abuse Community  
of Ottawa-Carleton

July 29th, 1996

**Final Report of the Governance Work Group prepared for consideration by the Ottawa-Carleton Regional District Health Council and the Ontario Substance Abuse Bureau.**

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## Introduction

In November 1995, the Substance Abuse Steering Committee of the Ottawa-Carleton Regional District Health Council (OCDHHC) and the Addictions Services Planning Committee (ASPC) of the Regional Municipality of Ottawa-Carleton, recommended that a joint working group be established to develop governance scenarios to oversee publicly funded substance use/abuse programs and initiatives in Ottawa-Carleton. The working group (the Governance Work Group) was charged with developing models, obtaining public input, and recommending to the OCDHHC a model of governance that reflected a best match of philosophy and will of the community.

Equal representation was chosen from each of the following four groups whose members represented the community and not any individual agency or group; Substance Abuse Steering Committee, Addictions Services Planning Committee (residential and non-residential treatment), funders and survivors of substance abuse. The membership list of the Governance Work Group can be found in Appendix A.

Funders of the substance abuse programs of Ottawa-Carleton established parameters to be used as a guideline by the Governance Work Group. These include:

- To strive for equity of access within the substance abuse network;
- To plan for a better service for people by determining local needs, incorporating local planning and through streamlining service delivery;
- To provide effective management and service in the system;
- To advance the realignment of the current funding envelope with one funder; and
- To develop a governance body that will assume responsibility for maximizing the effectiveness and efficiency of the system.

The Governance Work Group has achieved its mandate through the release of the consultation document, Governance Emerging: Building a Model of Governance for the Substance Abuse Community of Ottawa-Carleton and the subsequent consultation. The final model is presented in this report.

## Background

The restructuring of the organization and delivery of substance abuse services across the Ottawa-Carleton Region was first discussed in 1991 in the joint report of the OCDHHC and the Ministry of Community and Social Services (MCSS) entitled: Alcohol, Tobacco and Other Drugs in Ottawa-Carleton, A Plan for Health Promotion and Recovery for the 90's. The Substance Abuse Steering Committee of Council, adopted this report as the blueprint for further development of substance abuse services.

In the spring of 1994, the Residential Services Planning Committee (RSPC) was established in Ottawa-Carleton with representation from providers of residential addiction services, planners and funders. This committee sought to address issues relating to roles, relationships and resources within the residential addictions services sector. In its final report, a number of recommendations and options were outlined in a plan to implement a redesign of residential services within the current funding envelope.

In September 1995, representatives of agencies that fund substance abuse programs<sup>1</sup> met in Ottawa to address issues of accountability, authority, leadership and decision-making in the development of a system for the substance abuse community of Ottawa-Carleton. The key areas that were identified from this meeting as requiring further attention include:

- exploring governance options for the substance abuse system by investigating a single governance body to oversee substance use/abuse, prevention and treatment services;
- creating a system that is sensitive to local conditions, and that reflects the will, expression and influence of this community by developing linkages and expanding scope of collaboration; and
- modifying the existing structure(s) to implement a best practice approach by developing the means to ensure performance outcomes.

Redesign involves change in the roles, relationships and resources of service agencies and other community initiatives along with the funding framework. The case for change indicates a need for the following:

- increased emphasis on prevention and health promotion;
- increased coordination and collaboration within the system;
- better access and aftercare for consumers;
- mechanisms to ensure that services are both effective and accountable;
- resource re-allocation to groups previously under-served; and
- restructured case management and support services to address gaps.

The substance abuse community of Ottawa-Carleton has connections that reach beyond the publicly funded components in the region of Eastern Ontario. It is recognized that the range and diversity of community agencies/organizations that provide substance abuse services, supports, prevention and planning is significant and requires further coordination.

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<sup>1</sup>Ministry of Health - Substance Abuse Bureau, Ministry of Community and Social Services, Regional Municipality of Ottawa-Carleton, Ministry of Municipal Affairs and Housing, Corrections Canada, and United Way of Ottawa-Carleton.

## Proposed Principles for Governing Body

The Governance Work Group agreed on the importance of developing shared principles to guide the process of developing governance scenarios for the substance abuse network. These Principles are put forward as a foundation upon which governance would be implemented.

### ♦ *Client Focus*

The central focus of this initiative is the promotion of high quality services that are designed to meet the needs of children and adults with substance abuse issues, as well as a focus on health promotion for the broader population. The opportunity for input and participation of recipients of service will be incorporated in the process of the redesign.

### ♦ *Quality of Service*

The commitment to quality of service will be reflected in an emphasis on ensuring the most effective and efficient use of the available resources, a clearly defined needs based system with standards and ensuring a process of accountability for service delivery and evaluation.

### ♦ *Value of Continuum of Services*

The system must reflect a range of services and resources that address health promotion, prevention, identification, harm reduction, treatment and aftercare. The process of the creation of a governance system will recognize the strengths that exist within the current network of services and the planning process.

### ♦ *Value of Diversity of Services*

The uniqueness of each partner is recognized and valued and the diversity of services is recognized as a strength in the continuum of care and a benefit to the recipients of service. The voluntary efforts of Boards of Directors are acknowledged as a key means of community input and participation.

### ♦ *Accessibility*

A commitment to equality of access of service through addressing the identified imbalances in the proportionate allocation of services according to age, gender, language and special needs, and through identifying barriers to access.

### ♦ *Human Resources*

Participants are committed to ensuring the least disruption possible to existing human resources throughout the service network as change is incorporated.

### ♦ *Linkages*

A successful governance model will be based on the forging of partnerships with all stakeholders, promoting shared ownership, trust and inter-relationships between the various organizations, systems and the Ministries involved in the funding and the delivery of services. Nurturing of a collaborative approach includes community involvement and consultation.

♦ *Simplified Funding within Existing Envelope*

The creation of a single funding envelope to finance substance abuse services within Ottawa-Carleton is a key consideration. Direct funding (outside of a per diem structure) to agencies through a governance body would be most efficient.

## **Governance Function**

Governing activities would include the following:

♦ **Planning:**

- establish overall mission, vision, principles, goals and objectives for system;
- develop policies based on the above;
- provide leadership and give direction to the system in accordance with established policies;
- develop guidelines for the planning process;
- ensure local planning process; and
- make decisions (change/maintenance) contingent on planning process and review outcomes.

♦ **Coordination:**

- direct the development and implementation of a management information system;
- develop and implement a financial management system;
- initiate and maintain a communication plan; and
- ensure the system works for people by facilitating a coordinated system.

♦ **Development:**

- develop and implement an advocacy role by meeting regularly with the substance abuse community, funders, special interest groups outside of substance abuse community and the community at large, to identify changes and adjustments in the local and provincial substance abuse system;
- initiate and maintain a system for program standards;
- initiate the accreditation process;
- develop and implement a work force adjustment strategy; and
- initiate and maintain a system for professional development.

♦ **Evaluation/Accountability**

- initiate and maintain a system for quality assurance;
- promote a system of program evaluation;
- advance a system of monitoring;
- develop program outcome measurements; and
- initiate and maintain a system for client outcome measurements.

## **Model of Governance**

The Governance Work Group examined various models of governance from loose association arrangements to more structured organizations. Upon completion of this review, members agreed that governance for the substance abuse system of this community was best reflected by a governance body that would establish policy and monitor results while preserving separate management of the services.

Although this model was prepared with a significant amount of discussion and consultation, the Work Group is aware that this new endeavour has many unknowns. As a result, it is envisioned by the Work Group that a major review/evaluation should occur two years after the inception of the work of the governance body and at that time, appropriate changes could be made.

The Governance Work Group of the Substance Abuse Redesign of Ottawa-Carleton recommends a system of governance for publicly funded substance abuse programs in this community that will:

- respond to local needs;
- include a continuum of services from health promotion/prevention to treatment and aftercare;
- increase coordination and collaboration;
- ensure that services are both effective and accountable; and
- allocate/re-allocate resources to achieve the above within a given funding envelope.

## **Framework**

A framework for governance has been established by the Governance Work Group which incorporates the values and principles, and many of the ideas and concepts of the community. The essential ingredients are as follows:

### **Functional Relationship of Governance Body**

The Functional Relationship of the governance body refers to the association that the governance body would have with the funders and the addictions community, and how this body would be connected to the larger community.

The Governance Work Group recommends that:

The governance body have the authority to ensure that the substance abuse system is planned and operated according to the needs of the people of Ottawa-Carleton and that this body have:

- fiscal responsibility in partnership with Ontario Substance Abuse Bureau (Ministry of Health) for public funds;
- a planning role in the community in partnership with the OCRDHC;
- evaluation responsibilities in consultation with Addiction Research Foundation; and
- a co-ordination and development role in partnership with agency boards.

### **Sponsorship Arrangement**

Members of the Governance Work Group agreed strongly that the governance body would need sponsorship from an existing body within the region, particularly one that has some knowledge and expertise in the area of substance abuse. Two options have been identified and are presented below in order of priority.

#### Option #1

Although a sponsorship arrangement was supported by the Work Group, it is imperative that the governance body have decision-making autonomy subject to approval by the funding body of substance abuse services, which in this situation, is the Ministry of Health. Specifics of this arrangement would need to be identified in a contractual agreement with the sponsoring agency, developed during the implementation phase of the governance body.

The Regional Municipality of Ottawa-Carleton Health Department has had experience with this type of sponsoring relationship. It is also a regional body, and an agency with a large resource base from which assistance for the work of a governance body may be drawn. Strong linkages with other RMOC departments, such as social services and police services also exist.

**Therefore, it is recommended that:**

**The Regional Municipality of Ottawa-Carleton, Health Department be given the mandate by the Ministry of Health to sponsor the governance body providing an organizational arrangement can be reached that respects the autonomy of the governance body.**

#### Option #2

The Ottawa-Carleton Regional District Health Council is a planning and advisory body of the Ministry of Health. To date, Councils have not had the mandate or experience as a sponsoring organization with fiscal responsibility.

**Should the Regional Municipality of Ottawa-Carleton, Health Department not be an appropriate option, it is recommended that:**

**The Ottawa-Carleton Regional District Health Council be given the mandate to sponsor the governance body providing an organizational arrangement can be reached that respects the autonomy of the governance body.**



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### **Roles of Governing Body and Agency Boards**

The roles of governing body and agency boards refers to the way in which the governance body and the agency boards will work together.

**It is recommended that:**

**The governance body form a partnership with agency boards of directors by sharing authority and that responsibilities between the governance body and the agency boards be divided as follows:**

#### Governance Body

- Responsible and reporting to the people of Ottawa-Carleton
- Establish system policies in collaboration with consumers, agency Boards of Directors and the community
- Authority to implement system change
- Fiscal responsibility in partnership with the Ministry of Health Ontario Substance Abuse Bureau
- °Management of systems planning (in partnership with DHC) coordination, development, evaluation and accountability.

#### Responsibility Areas:

##### *Long Term Strategic Planning:*

- develop vision
- determine needs
- identify gaps and solutions.
- determine service mix for community and establish systems capacity.

##### *Coordination:*

- develop policy on coordination
- ensure management information system
- develop mechanism to use information for system planning

##### *Financial Management:*

- management of systems public funding
- ensures that operational dollars are allocated/reallocated as per community needs in consideration of provincial guidelines

##### *Accountability:*

- accountable and reporting to the Ontario Substance Abuse Bureau
- set policy and standards for collection and review of program and client outcomes

##### *Development:*

- adopt/establish pertinent system wide standards
- develop system wide policies and procedures to address standards
- identify system wide training and retraining requirements.

#### Agency Boards

- Management of individual substance abuse service for the community in partnership with Governance Body
- Responsible for implementation of system policies defined in partnership with Governance Body
- Responsible for the development of agency policy
- Authority to implement agency decisions and manage agency change

#### Responsibility Areas:

##### *Operational Planning*

- develop and implement operational plans for agency
- participation in developing vision
- participation in determining needs
- participation in identifying gaps and solutions
- participation in determining service mix for community
- implement systems policy that has been established by Governance Body

##### *Coordination:*

- participation in developing policy on coordination
- enacts coordination components
- participation in developing mechanism to use information for planning
- initiate inter agency coordination
- initiate intra agency coordination

##### *Financial Management:*

- management of agency funding and financial reporting system
- management of non-government funds (donations and fund raising)

##### *Accountability:*

- management of individual agency
- collect and provide to Gov. Body required client and program information
- collecting and reviewing program and client outcomes
- staffing and program delivery based on standards established by Gov Body
- ensuring that agency participates in system monitoring and evaluation process

##### *Development:*

- participation in establishing system wide standards
- implement policies and procedures to address standards
- participation in identifying system wide training and retraining requirements
- ensure opportunities for training and retraining

## Membership

### *Size*

It is important that the governance body be able to accommodate representatives from relevant sectors.

The Governance Work Group recommends that:

The governance body consist of 17 members, including chairs from the sub-committees.

### *Term*

The Governance Work Group recommends that:

Members would be eligible for three terms of 2 years duration. The terms of the initial board would be staggered to avoid a large turnover of members at one time.

### *Range of Skills*

Range of skills of members refers to the range of inter-related skills that would be sought when selecting persons to serve on the governance body. The Governance Work Group recommends that:

The composition include one-third service providers, one-third community members and one-third survivors of substance abuse and that membership of the governance body reflect:

- gender equality;
- age (youth-age 18-24 years- and senior inclusion);
- ethno-cultural background; and
- 20% francophone representation;

and that persons with the following areas of expertise be represented on the governance body:

- ♦ legal
- ♦ financial
- ♦ business
- ♦ information systems
- ♦ planning
- ♦ public relations
- ♦ survivors of substance abuse\*
- ♦ family members\*
- ♦ general public\*
- ♦ substance abuse services (board members or staff representing agencies in the continuum of services)

\*members of the community who have a special interest in substance abuse (includes survivors of substance abuse and family members).

In addition, it is recommended that:

Representation of substance abuse services serve as full voting members on the governance body and its sub-committees. However, all members shall act in his/her capacity as a member in the best interests of the region as a whole.

In any event, regardless of areas of expertise, membership is to be distributed such that no individual sector/body/agency dominates the governing body.

#### **Staff Support**

In light of the anticipated amount and nature of work expected of the governance body the Governance Work Group recommends that:

*A systems coordinator* be employed to facilitate the work. It was strongly agreed that funding for this position would not come from existing treatment dollars.

#### **Conclusions**

The model of governance for the substance abuse community of Ottawa-Carleton, as presented in this report, is the result of an extensive amount of work by committee members, staff and representatives of substance abuse service providers whose input into the process was invaluable.

Following the acceptance of a model of governance and the framework for the governance body, it is expected that an implementation committee would need to be established to address the details associated with the establishment of such a assembly.

## Appendix A - Governance Work Group Membership List

Karen Bays-Wood	Substance Abuse Steering Committee (DHC)
Sherryl Smith	Substance Abuse Steering Committee (DHC)
Virginia Carver	Substance Abuse Steering Committee (DHC)
Jackie Huston	Substance Abuse Steering Committee (DHC)
Lorraine Cantile	Community Representative
Anne Dupuis (Chair)	Community Representative
Tim Easter	Community Representative
David Pritchard	Community Representative
Bernie Boyle	Addiction Services Planning Committee - residential
Susan MacMurray	Addiction Services Planning Committee - community
Philip Moorman	Addiction Services Planning Committee - community
JoAnne Morissette	Addiction Services Planning Committee - residential
Jean Gagné	Addiction Services Planning Committee - residential
David Gluzman	Funder (MCSS)
Luc Legault	Funder (RMOC)
Bill Clement	Funder (MMA&H)
Suzanne O'Byrne	Funder (United Way of Ottawa-Carleton)
Barbara Sims-Tidy	Funder (Ontario Substance Abuse Bureau-Ministry of Health)
Louise Rosborough	District Health Council
Larry Arpaia	Secretary/Project Manager