Development of a Needs-Based Planning for Mental Health and Substance Use Health Services and Supports Across Canada

Final Project Evaluation Project

Suggested Citation: Rush, B.R., & Saini, B. (2023). Development of a Needs-Based Planning for Mental Health and Substance Use Health Services and Supports Across Canada: Final Project Evaluation Project. Available at needsbasedplanning.ca

Project Evaluation Report

Table of Contents

Acknowledgements 4
Executive Summary 5
Project Goals and Objectives 5
Evaluation Approach 5
Results 5
Conclusion 5
Background 6
Rationale 6
What is Need-Based Planning? 7
What promise does it hold? 7
The Research 8
Benefits of the model 8
Challenges of the model 8
Target Population 8
Evaluation Scope and Methods 9
Baseline Evaluation 10
Follow-up Evaluation 10
Data storage and analysis 10
Baseline Evaluation 12
National Advisory Committee 12
Pilot Sites 27
Follow-up Evaluation 39
National Advisory Committee 39
Pilot Sites 49
Appendices 57
Appendix A: Logic Model 57
Appendix B: Theory of Change 58

Appendix C: Information Letter and Informed Consent 59
Appendix D - Data Collection Tools 66
Appendix D1 – Baseline web-based survey/interview for project Advisory Committee (Expert Research Group) 67
Appendix D2 – Follow up web-based survey/interview for NBP Advisory Committee..... 75
Appendix D3 – Baseline web-based survey/interview for NBP pilot site stakeholders 84
Appendix D4 – Follow-up web-based survey/interview for NBP pilot site stakeholders..... 90
References 97

Acknowledgements

Production of this document was made possible by financial contributions from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

This report would not have been possible without the participation and dedication of the National Needs-Based Planning (NBP) Project's advisory committee and pilot site representatives. Thank you for sharing your insights and experiences with the research team. We would also like to thank the evaluation working group and the NBP project team for their contribution. Special thanks to Roshni Panda, previous NBP Project Coordinator for the analysis of baseline evaluation data.

Executive Summary

Project Goals and Objectives

The overall goal of the NBP project was to develop a model that key decision-makers in health planning jurisdictions across Canada can use to estimate the resources required to address the needs for services and supports relating to mental health and substance use health problems in their populations. The specific objectives of the project are: 1) to develop planning models that estimate the required capacity of adult mental health and substance use health services and supports based on objective measures of population need and evidence-informed services, and 2) to provide decision-makers with a manual and statistical tool to support application of the capacity estimation model for mental health and substance use health services.

Evaluation Approach

The project evaluation was based on developmental evaluation approach; data were collected on an ongoing basis during the project life cycle through online surveys with project stakeholders. This included advisory committee members, research experts and representatives of the pilot sites.

Results

At the outset of the project, there was strong interest in participation among the National Advisory Committee and pilot site representatives and reported willingness to use the findings from this project for service planning in participants' jurisdictions. The respondents believed that it will address a major gap in planning resources and significantly increase decision making capacity. There was a consensus regarding the lack of current evidence-based tools to guide resource allocation and gaps in current systems-level planning approaches and they believed that the model will address an important gap in the planning of services. There was a strong agreement that it will make a positive contribution towards the planning processes underway across different Canadian jurisdictions and that the findings from this project will be applicable to future planning efforts.

At follow-up, members of the National Advisory Committee reported having enjoyed being part of the committee and found the meetings useful and informative. Networking and learning about health systems across the country was deemed invaluable. Participants agreed that the NBP model has the potential to contribute to understanding service needs and gaps. With respect to the follow up of pilot site representatives, participants were pleased overall with participating as a pilot and were generally enthusiastic about playing a key role in the model's development. Sites were eager to use the gap analysis and apply it for program planning and service delivery in their regions.

Conclusion

Overall, there was a very high level of support among the project stakeholders regarding the process of engagement in the project, the evidence-base and usefulness of the model and the

prospects for its application to mental health and substance use health treatment system planning.

Background

Rationale

Mental health and substance use health services and supports have traditionally been funded without a comprehensive planning model to help allocate resources equitably and according to population needs[i]. There is ample evidence in the Canadian context that this has contributed to a significant "treatment gap", such that the current capacity of mental health and substance use health services falls far short of meeting the needs of the population[ii]. Further, the planning and funding of mental health and substance use health services remains quite siloed and hindered by the lack of a planning and resource allocation model that includes both these service delivery sectors. To support the allocation of resources, as well as future population-based performance indicators, work was needed at the national level on practical, evidence-based tools for mental health and substance use health system planning.

A project aimed at improving the planning and allocation of resources for substance use health and concurrent disorders services was implemented between with Health Canada support from the Drug Treatment Funding Program (2010-14) and the Substance Use and Addictions Program (2016-18); the project being led by Drs. Jürgen Rehm and Brian Rush at the Centre for Addiction and Mental Health, with Co-Investigators Drs. Joel Tremblay and Daniel Vigo. Feedback during pilot work across Canadian jurisdictions as well as the project's summary evaluation report confirmed the high interest among the members of the National Advisory Committee, as well as important policy makers and planners in several Canadian jurisdictions, in expanding the work to better represent mental health services and develop a fully integrated, national mental health and substance use health Needs-Based Planning model.

Importantly, during roughly the same time, a highly complementary project was funded by the BC Ministry of Health for the development of a comprehensive planning model for that province. While the goals of the two projects were very similar, different although complementary methodologies were utilized, and a collaborative process ensued between the investigators on the CAMH-led project and Dr. Daniel Vigo and his team at the University of British Columbia, supporting the respective projects through consultation and sharing of information.

This project was a continuation of this collaboration and aimed at ***the development of a national mental health and substance use health planning model that would support the development of more integrated, accessible, and effective services for all Canadians.*** The aim was to draw upon the strengths of each project through methodological and data source triangulation, as well as scale-up of the work to a national mental health and substance use health planning model.

The **overall goal** of the Needs-Based Planning project (2019-2023) was to develop a quantitative model that key decision-makers in health planning jurisdictions across Canada can use to estimate the resources required to address the needs for services and supports relating to mental health and substance use health problems in their population.

What is Need-Based Planning?

Needs-Based Planning (NBP) uses a systematic quantitative approach to planning mental health and substance use health treatment and support systems. NBP estimates the required capacity of services and supports, based on needs of the whole population, and all levels of severity and complexity of those needs. A critical ingredient for NBP is an agreed upon set of "core" mental health and substance use health services and supports that should be available and accessible to all those in need (See National Core Services Framework). The evidence-based foundation of NBP is rooted in systematic design and planning and includes these key principles[iii]:

- a broad systems approach to address the full spectrum of issues
- accessibility and effectiveness through collaboration across stakeholders
- a range of system supports.

This evidence-based approach advances local planning and creates a more equitable balance of resources. It provides direction to decision-makers on their investment decisions and, when fully implemented, can reduce costs and improve access to services and client and family outcomes. It is the optimal way to use resources wisely, and to fit services to the dynamic, evolving needs of a population.

What promise does it hold?

Immediate

- increased understanding of population needs and the advantage of NBP over alternative existing approaches;
- increased use of evidence-informed practices for planning and delivering services and supports; and
- improved decisions for optimal resource allocation for mental health and substance use health services and systems.

Medium to Longer term

- strengthened, evidence-informed treatment, support services and systems;
- increased access to services and coverage of population needs; and
- improved client, family and population health outcomes.

The Research

Canada has played a significant role in developing NBP models, first for substance use health, and now also including a broader focus on mental health. The Canadian work has included model development and implementation for both adult[iv] and youth[v] substance use services, as well as work based in British Columbia for (adult) mental health and substance use health services. This work has built upon, and benefited significantly, from close communication with colleagues in the United Kingdom, Australia and elsewhere. Although there are differences in scope and methodology across countries, all NBP models have the same essential purpose, namely to bring a population health perspective to a quantitative, evidence-based approach to planning and resource allocation. To date the adult and youth substance use health NBP models have been the most widely implemented in Canada.

Benefits of the model

The model is an overarching tool to assist in decision making and planning, prediction of resources that leads to an increase in appetite for increasing treatment resources in underfunded jurisdictions and parts of the treatment and support continuum. Aligning the tool with a National Core Services Framework also encourages its use nationally.

The model is an aspirational goal. It leads to appreciation of unmet needs and highlights different elements across the continuum of care. Hence, it is not just the finished product but the process of implementing the model is also very helpful as it brings to light evidence- based practices and difference in opinions among planners and service providers. While the resulting gap analysis provides a quantitative “outcome”, the real value is that it provides funders with a powerful planning and prioritization tool that allows funding decisions to be made based on the evidence. The model yields examples of inequitable resource distribution, provides a common language, raises questions and issues for discussion regarding an evidence-based system and services.

Challenges of the model

Not everyone is represented in the population health data underpinning the model, for example, people who are homeless or institutionalized at the time of the key surveys, and a large percentage of Indigenous people. Other information must be incorporated to adjust for these data gaps.

There is no one simple formula for treatment system planning, but rather a collection of tools that can be used together to inform treatment gaps and resource allocation. A needs-based planning model is one tool that should be complemented with other information and methods, local wait list data and local utilization data for equity seeking populations, for example.

Target Population

The primary target audience or “end-users” includes program managers, systems planners, and key decision-makers within provincial/territorial and regional health planning jurisdictions across Canada. The Needs-Based Planning model is intended to inform resource allocation

within the mental health and substance use health treatment system(s), including services for people with concurrent disorders. Therefore, those with responsibilities for system planning and other key decision-makers regarding priorities and resource allocation must have a thorough understanding of the model as they will be the ones to implement the Needs-Based Planning model as appropriate within their planning region

Evaluation Scope and Methods

The project evaluation was based on an **internal, developmental evaluation approach**. As an internal evaluation, it drew upon the experience within the project team and National Advisory Committee to conduct evaluations of projects of similar scope and complexity. The internal evaluation approach has the advantage of addressing questions of high relevance and with deep interpretation of results due to the familiarity of the project team and Advisory Committee with the Needs-Based Planning model(s) and implementation challenges. The flip side, however, holds the potential for bias with the team perhaps being too invested in obtaining positive results and, therefore, adding subjective bias to the questions asked and the results. The involvement of Project Advisory Committee in assisting with developing and prioritizing the evaluation questions, and interpreting the results, mitigated against this potential bias.

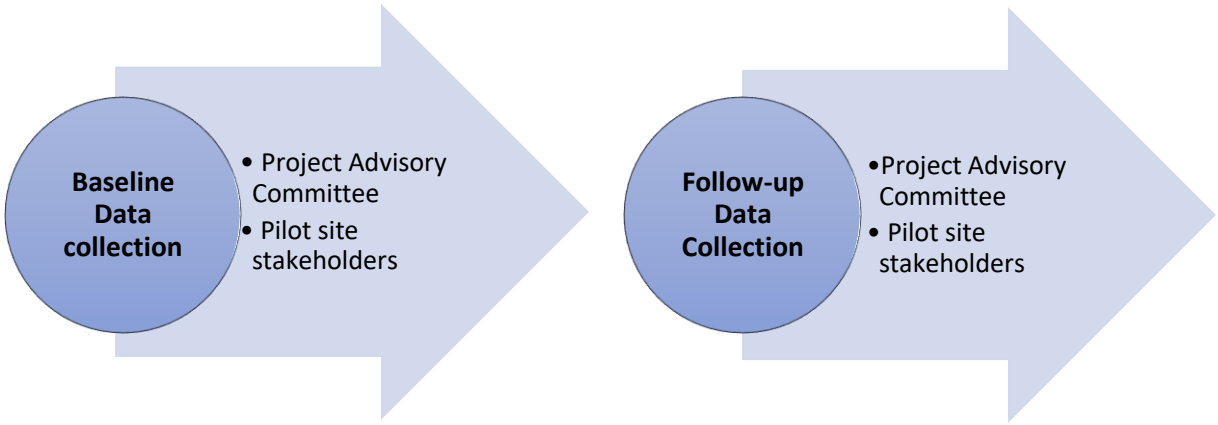
As a project based on a developmental evaluation approach, data were collected on an ongoing basis during the project life cycle through a variety of methods, including interviews and online surveys with project stakeholders. This included advisory committee members, research experts and representatives of the pilot sites. Regular feedback from the evaluation was incorporated into the project processes (e.g., adjusting pilot site methods), the details of the model (e.g., help-seeking parameters), and its implementation (e.g., sustainability and support requirements). The main purpose of collecting stakeholder feedback was to determine how relevant and feasible implementation of the Needs-Based Planning model would be across Canadian jurisdictions, and to gain insight on strengths, weaknesses, challenges, and opportunities of using the model. A clear intention was also to gather lessons learned that might be of benefit to this project as it unfolds, as well as identifying any unexpected positive (or negative) outcomes that may have arisen throughout the project.

See Appendix A for logic model and Appendix B for Theory of Change

The focus was on assessing the experience of stakeholders concerning either their actual use of the model and tools, or their intended use. The project evaluation relied on on-line survey data collected in two steps:

Step 1: Baseline data collection

Step 2: Follow up data collection



A brief description of each of survey component of the evaluation follows:

Baseline Evaluation

At baseline, the aim was to assess the use, intended use and perception of utility of the Needs-Based Planning model. The data were collected through a web-based survey using an online platform called RedCap. An opportunity was also provided for one-on-one interviews. To enhance response rates, email reminders were sent. The survey was completed by the project's National Advisory Committee and pilot site stakeholders. The survey was comprised of Likert-scale items and open-ended questions. A total of 19 responses were received from the advisory committee members and 38 from pilot site stakeholders.

Follow-up Evaluation

At follow-up with members of the National Advisory Committee, the aim was to explore how they felt about their participation in the project and their thoughts on the population-based needs-estimates and model(s). As with baseline data collection, the follow-up data were also collected using RedCap web-based survey. An opportunity was again provided for one-on-one interviews. To enhance response rates, email reminders were sent. The survey was comprised of Likert-scale items and open-ended questions. A total of 11 responses were received.

At follow-up with pilot site representatives the goal was to examine their experiences of being a pilot as well as their thoughts about the model and how they view its usefulness and plans to implement it within their jurisdiction. The data were collected using RedCap. The survey was comprised of drop-down and open-ended questions. An opportunity was also provided for one-on-one interviews. To enhance response rates, email reminders were sent. A total of 8 responses were received.

Data storage and analysis

All data, from both rating scales and the open-ended questions, were compiled in one password-protected master Excel file, organized first in two broad groupings: (1) Advisory Committee/Expert Research Group, and (2) Pilot Site Representatives. Within that broad structure, information was kept separate for both baseline and follow-up data collection. Basic frequencies, percentages were calculated for the Likert-type questions.

For the open-ended items normative qualitative analytic procedures were followed to identify key themes. Supporting anonymized quotations are provided that echo the identified themes most strongly.

Steps that were followed in the qualitative analyses were:

- **Preparation and organization of the data**: As a first step, information from the survey was downloaded from the institutional RedCap server. Study data were collected and managed using REDCap electronic data capture tools hosted at CAMH. REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources. This data was then transferred to a Word document to facilitate printing and note taking.
- **Review and exploration of the data**: This step was done independently by two staff members and required them to read the data, ideally more than once, to get a sense of what it contains. Two staff members were entrusted with work to facilitate reliability of coding, and trustworthiness of the subsequent coding and emergent themes. Staff members kept notes about their thoughts, ideas, or any questions that came to mind, and communicated these with each other through this initial process.
- **Creation of initial codes**: Using highlighters, notes in the margins, sticky pads, concept maps, and comments anything else that helps them connect with their data. A set of initial codes were created and compared across the two analysts. Coding of the transcripts proceeded, with iterative updates to the coding scheme, again with close communication between the analysts. Initial themes were identified by combining codes.
- **Reviewing those codes and combining into themes**: Coding continued with iterative updates with efforts to combine into wider themes. Themes were compared regularly between analysts and decisions were made where differences had arisen in coding or theme attribution to a particular part of the transcript. Recurrent themes may be ideas, opinions, attitudes or beliefs, for example. This analysis proceeded until saturation, and no new themes emerged.
- **Present themes in a cohesive manner**: The key themes are summarized and presented in this report.

Cut-offs

"Many participants" = 14-18 people
"*Some participants*" = 9-13 people
"*Few participants*" = 3-8 people

Baseline Evaluation

National Advisory Committee

1. **What were the motivations or expectations behind agreeing to participate on the National Advisory Committee?**

1a) **for your jurisdiction or organization**?

Regarding the motivation or expectation behind agreeing to participate on the National Advisory Committee for their jurisdiction or organization, the biggest motivation for most participants was having an **opportunity to learn, support, and contribute** to the development of the NBP project and its national implementation. Members also felt strongly about how their individual planning jurisdictions will map onto the needs projected by the national model and showed a keen interest in **learning from the pilot sites** involved in the project.

The most common motivation was to **identify gaps** in current services and ensure that they were planning mental health and substance use health services in their provinces/jurisdiction in an **evidence-based** manner. They also found it to be a great opportunity to build an **effective continuum of care** and **align service delivery standards** across the country as much as possible allowing for comparisons, benchmarking and evaluating outcomes.

Selected comments are included below:

> *"Development of a robust planning model, based on needs, and that can be shared across jurisdictions."*
> *"Support & learn about a national initiative designed to address value-based healthcare and evidence informed planning decisions."*
> *"To help us be able to better plan for addiction and mental needs of the population, to help us identify gaps in current services, to help build an effective continuum of care, and to incorporate an evidence-based approach to planning in our routine business from year to year"*

1b) **For you personally**?

All the survey respondents were unequivocally excited to be a part of the National Advisory Committee and wanted to contribute to this *"landmark project that has the potential to transform the allocation of MHSU resources in Canada".* For their personal motivations, most of them found the project *"fun and interesting"* and were eager to work collaboratively with others in similar roles. Some respondents also mentioned their intentions to learn about the methodology behind building the model and gain a deeper understanding of the provincial contexts in mental health and substance use health services used for planning, funding, operations, and accountability.

"Personally, I think the opportunity for networking and building relationships with research experts and government representatives in mental health and addictions across the country is an absolute prime reason for my involvement."

"To be connected to others in similar roles from across the country"

"The collaborative approach and cutting-edge methodology is personally extremely fascinating and there seems to be much agreement among participants which is great."

2. **For question 2, respondents were asked to rate how much they agree or disagree with five comments pertaining to their knowledge and understanding of their roles and utility of the project.** The rating options ranged from "strongly agree" to "strongly disagree". Respondents also had the option to choose "not specific to my role" if a certain question was not relevant to their position.

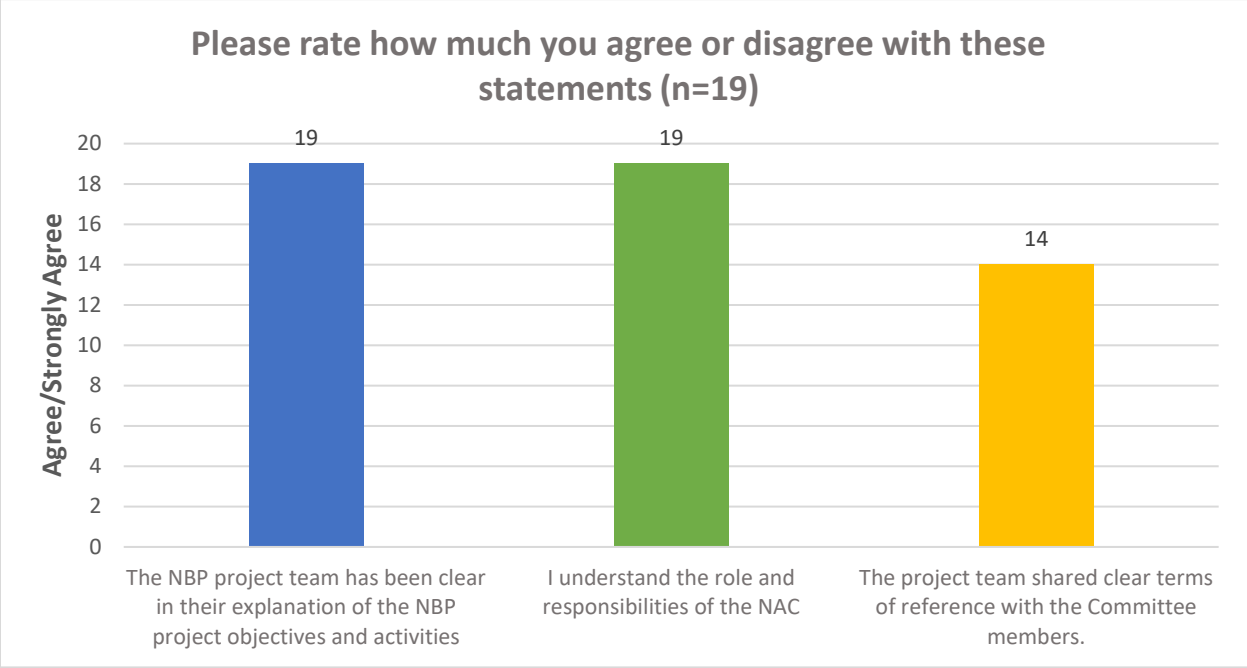
Results can be seen in Figure 1a, 1b, and 1c below.

The statements that were asked were:

1. The NBP project team has been clear in their explanation of the NBP project objectives and activities
2. I understand the role and responsibilities of the National Advisory Committee
3. The project team shared clear terms of reference with the Committee members
4. The Committee will be able to make a significant contribution to the development of the national NBP model and related materials
5. The project will address a major gap in resources for planning by significantly increasing decision-making capacity
6. The national NBP model and related materials will be relevant to the needs of system planners and managers -In Canada generally and in the jurisdiction or organization in which I work
7. The national NBP model and related materials will be used by system planners and managers in Canada generally and in the jurisdiction or organization in which I work

All the respondents agreed that the project team has been clear in their explanation of the project objectives and activities. All of them also agreed that they understand the goals, role, and responsibilities of the National Advisory Committee. However, a small number (n=3) were not sure if the project team shared a clear set of terms of reference with the committee members.

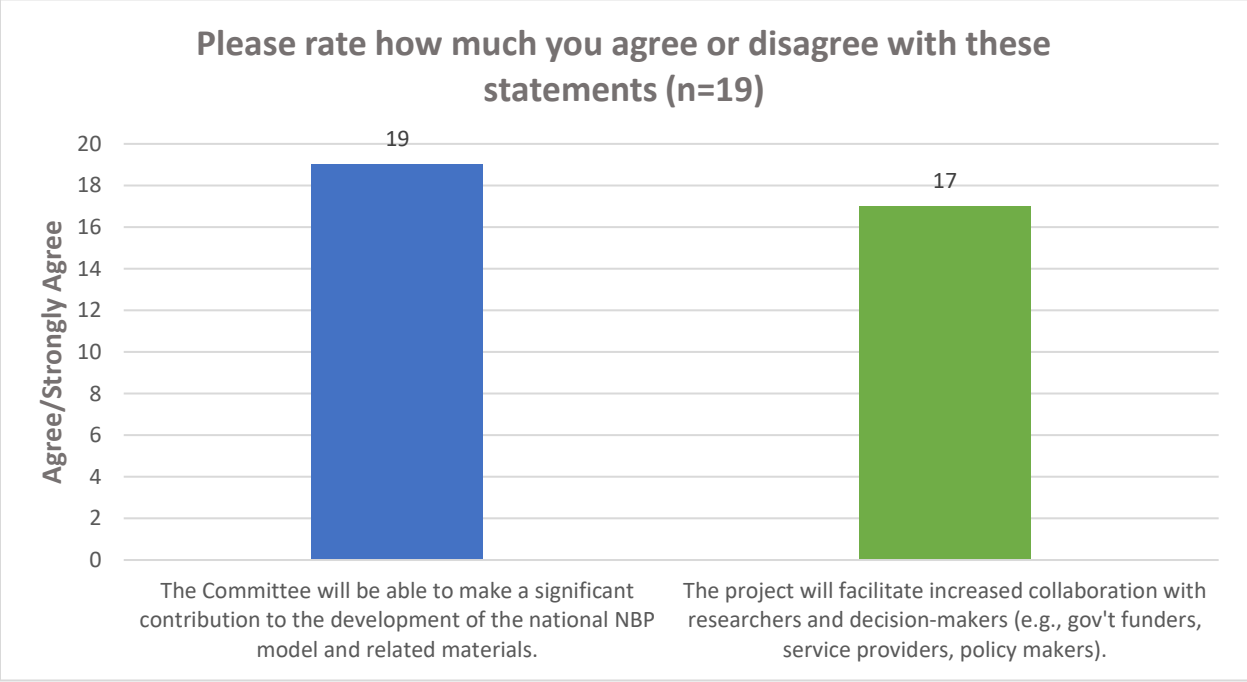
FIGURE 1A: RATE HOW MUCH YOU AGREE OR DISAGREE WITH COMMENTS PERTAINING TO YOUR KNOWLEDGE AND UNDERSTANDING OF YOUR ROLES AND UTILITY OF THE PROJECT



Everyone believed that the committee has been and will be able to make a contribution to the development of the national NBP model and related materials. All the respondents, except one strongly agreed that the project will facilitate increased collaboration with researchers and decision-makers (e.g., gov't funders, service providers, policy makers).

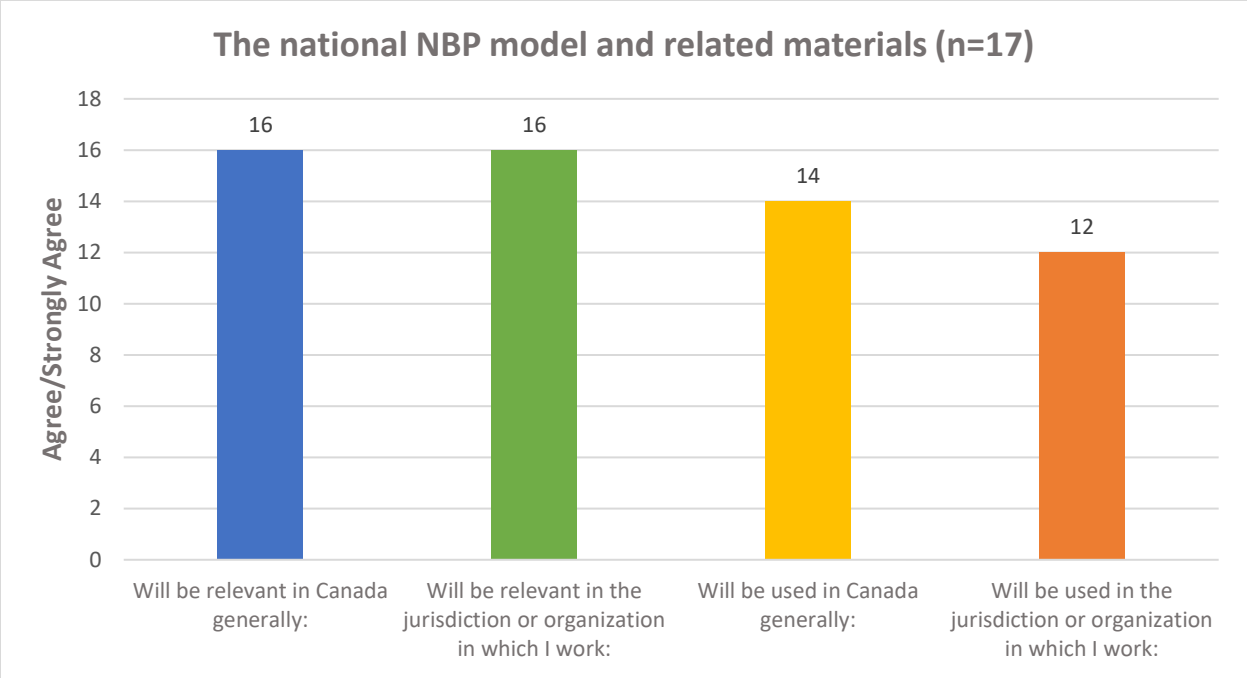
All respondents believed that the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions and that the findings from this project will be applicable to future planning efforts. There was a strong agreement that the project and resulting model will address a major gap in planning resources and that it will significantly increase decision making capacity. All the committee members who responded believed that the committee would be able to make a significant contribution to the development of the national NBP model and related materials. A majority of respondents believed that the project will facilitate increased collaboration among researchers and decision makers.

FIGURE 1B: RATE HOW MUCH YOU AGREE OR DISAGREE WITH COMMENTS PERTAINING TO YOUR KNOWLEDGE AND UNDERSTANDING OF YOUR ROLES AND UTILITY OF THE PROJECT



There was a strong agreement that the project and resulting model will address a major gap in planning resources and that it will significantly increase decision making capacity. There were positive ratings (responses within the range of 'agree' to 'strongly agree') regarding the relevance of the NBP model and related material(s) to the needs of system planners and managers and its usefulness in future planning activities.

FIGURE 1C: RATE HOW MUCH YOU AGREE OR DISAGREE WITH COMMENTS PERTAINING TO YOUR KNOWLEDGE AND UNDERSTANDING OF YOUR ROLES AND UTILITY OF THE PROJECT



3. **For the next set of questions, respondents were asked to think about their own personal situation and work responsibilities and give a rating from "high" to "very low" to each of the following items mentioned below**. They also had the option to choose "can't really say" or "not specific to my role" as their answers. Results can be seen in Figures 2a and 2b below.

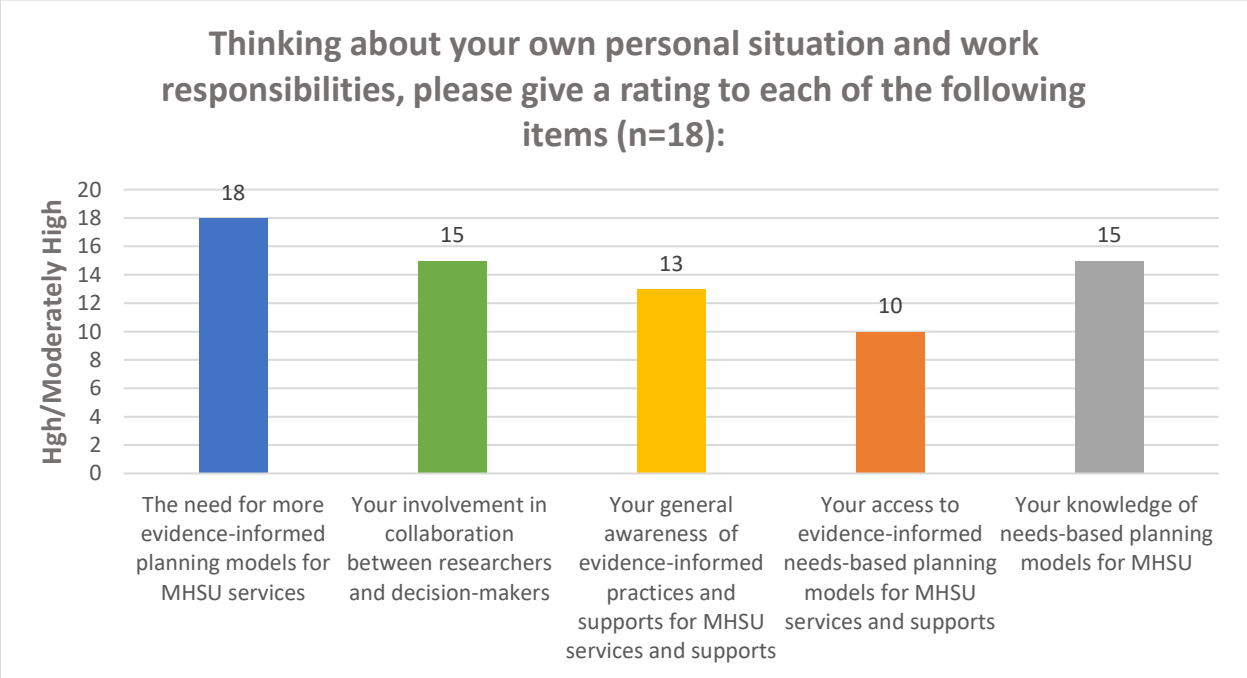
The statements were:

1. The need for more evidence-informed planning models for mental health and addiction services.
2. Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports
3. Your access to evidence-informed needs-based planning models for mental health/addiction services and supports
4. Your knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches

5. Your skills in applying needs-based planning models for mental health/addiction services and supports
6. Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports
7. Your intended future use of a needs-based planning model for mental health/addiction services and supports
8. Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement

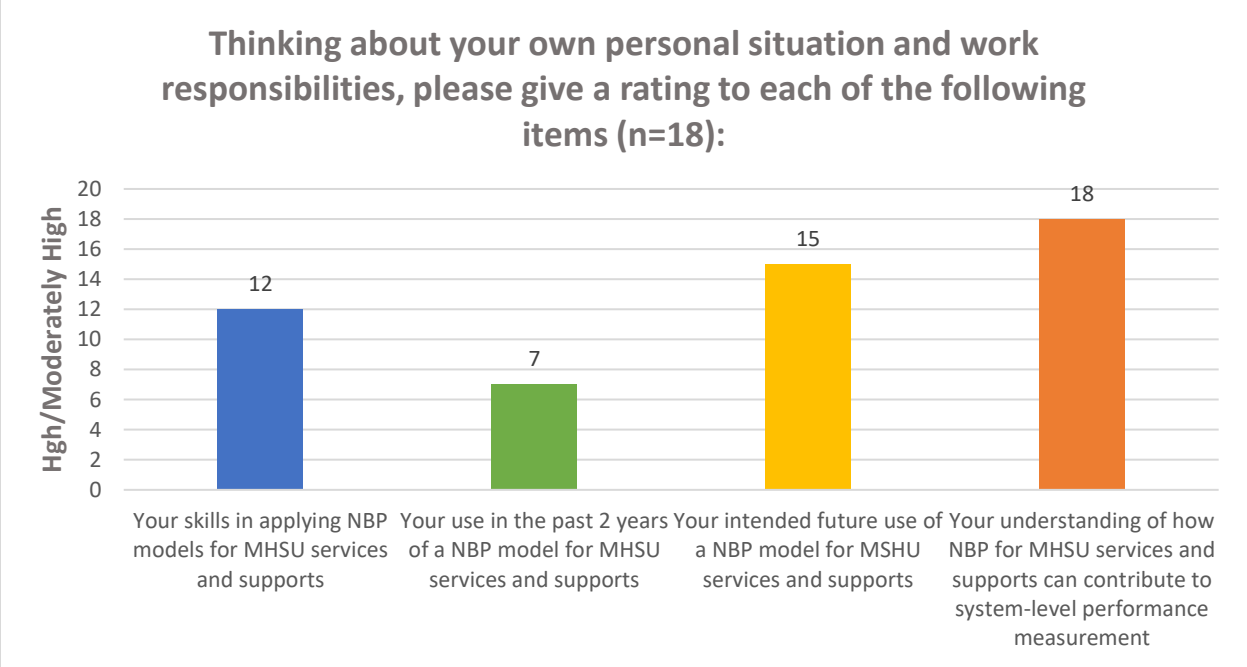
All the respondents (100%) said that there is a need for more evidence-informed planning models for mental health and substance use health services. The majority of respondents (88%) mentioned that their involvement in collaboration between researchers and decision makers is currently? high. When asked about the level of their general awareness of evidence informed practises and supports for mental health and substance use health (MHSUH) services, 72% of the respondents answered "high or moderately high". A similar number of respondents, 78% answered "high or moderately high": when asked about their knowledge about needs-based planning models in MHSUH. However, only half the number of respondents (56%) said "high or moderately high" to their access to evidence informed needs-based planning models for MHSU services and supports

FIGURE 2A: THINKING ABOUT YOUR OWN PERSONAL SITUATION AND WORK RESPONSIBILITIES, PLEASE GIVE A RATING TO THE STATEMENTS



All the respondents voiced their intention to use the NBP model in the future for MHSUH services and supports. 94% of the National Advisory Committee members also showed a high understanding of how NBP for MHSUH services and supports can contribute to system level performance measurement. However, only 55% of the members surveyed claimed their use in the past two years of a NBP model for mental health and substance use health services and supports. 69% of the respondents remarked that skills are "high" in applying NBP models for MHSUH services and supports.

FIGURE2B: THINKING ABOUT YOUR OWN PERSONAL SITUATION AND WORK RESPONSIBILITIES, PLEASE GIVE A RATING TO THE STATEMENTS



4. **For this question, respondents were asked to explain their ratings in question 3(a) above, for example: Extent to which this project explores an under-researched issue or problem. Your familiarity with similar planning models, and experience working with them in terms of quality and utility compared to this NBP model.**

Many of the respondents believed that the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions and that the findings from this project will be applicable to future planning efforts. They shared their common experiences from the past when funding decisions and resource allocations were done based on *"off-the cuff", "name that tune", "whoever screamed the loudest", "one off"* approaches. However, lack of indigenous input into the current model design is an acknowledged limitation of the project and was mentioned by a few of the respondents.

Regarding knowledge about similar planning systems, few of the members had previous history or background on similar projects but found the NBP model "*unprecedented*" and efficient in

improving service delivery. They believed that the common definitions in the core services framework will add clarity to the system, making a common language and understanding which would be helpful for planning, research, the development of clinical standards, the "*development of outcome and fidelity monitoring"* which in the end, will narrow down the critical data gaps in mental health and substance use health planning in Canada and lead to an integrated MHSUH modeling and planning.

There were also some concerns regarding the barriers in implementing the NBP project including:

1. Provinces or territories may not incorporate the work into their system planning thus not allowing pan Canadian comparisons and evaluation of services.
2. There was a concern that it will take a lot of work from provinces to push system planners and key stakeholders to implement any change. However, they were hopeful that getting the model out is the first step and bringing on more supports in the form of system planners will be the next step.
3. Political changes in the system might affect attitudes of system planners towards this project.

5. **For the next question, the respondents were asked to provide any further comments, questions or concerns about selected aspects of the NBP project plan.**

These included:

- Deriving and using estimates of population-based (adult) substance use/addiction needs for planning and resource allocation
- Deriving and using estimates of population-based (adult) mental health-related needs for planning and resource allocation
- Planned literature reviews - needs-based planning models and approaches (national/international); help-seeking; co-morbidity
- Planned scan for provincial-territorial strategic plans re: mental health and substance use/addiction to examine issues related to mental health and substance use/addiction
- Criteria for and selection of pilot jurisdictions
- Involvement of national and provincial partners and representatives
- Involvement of Expert Research Collaborators
- Encouraging collaboration between researchers and the decision-makers involved

Deriving and using estimates of population-based (adult) substance use and addiction needs for planning and resource allocation.

In terms of comments for the above question, most of the participants believed that having a national estimate is "*just the start*" and there is still a need for a tool/model to derive estimates at a provincial and local level for implementation. They also recognize the importance of

mapping services to the NBP service definition/tiers in each jurisdiction; however, some members share concerns such as ongoing issues around political will and budget pressure, data quality as well as validating processes and data.

> *"Data quality is always a concern - but the more we use it to make important decisions, the better the data will be - as there will be incentive to collect good quality data."*

Deriving and using estimates of population-based (adult) mental health-related needs for planning and resource allocation.

Some concerns were raised about the data collection and standardization process as the data are spread out. They added their concerns that data collection might take longer. Also, there is a concern regarding pilot site's ability to accurately assess the capacity of the MHSUH workforce and if so, how generalizable will these assessments be. There also some concerns on the capacity of the project to assess needs and capacity across the publicly as well as privately funded MHSUH sectors, especially as 50% (approx.) of the system was estimated to be in the privately financed side. Suggestions were made to conduct interviews with the private sectors such as the - insurance industry, private addictions treatment, EAP providers, conference boards etc.

> *"Think the data is spread out and more challenging to collect - but it is doable over a three-year project timeline..."*

> *"The key pieces that I am most concerned about for MHSU are:*
> *a. whether the pilots will be able to accurately assess the capacity of the MHSU workforce and whether such assessments will be generalizable in any way and*
> *b. the capacity of the project to assess needs and capacity across the publicly and privately funded MHSU sectors, especially as 50% (approx.) of the system is in the privately financed side."*

Planned literature reviews - needs-based planning models and approaches (national/international); help-seeking; co-morbidity.

All respondents believed that the planned literature reviews are definitely needed at the national level. They also agreed that similar reviews done internationally will also be extremely helpful in learning from other countries about similar needs, planning models, and populations.

> *"Needs to be done...we can learn lots from global similarities in population needs, models, planning, implementation and evaluations...just need to engage in sharing..."*

> *"The help seeking work will be very important as there is a big difference between 50% targets and 100% targets."*

Planned scan for provincial-territorial strategic plans re: mental health and substance use /addiction to examine issues related to mental health and substance use/addiction.

All the respondents agreed unanimously that such a scan will be helpful if it can be shared across jurisdictions. They mention that the benefits of such a work will extend beyond the core project and will help in integrating the model better in a given jurisdiction. The planned scan for provincial-territorial strategic plans will inform the jurisdictions about progress made and challenges faced by planners and will be a helpful summary to learn from.

> *"These types of initiatives create a step forward in starting to create potential national framework for Addiction and Mental Health services.*
>
> *"Good idea...fully support this...might be able to find the 'hidden gems' that some jurisdictions have developed but no one has really seen."*

Criteria for and selection of pilot jurisdictions.

Only few members responded to this question. Out of the limited number of responses received, one person was unsure about the criteria chosen. Another member mentioned that the selection was fair and that it is super important to select jurisdictions who are actively engaged in system planning.

> "*I agree that it's important to select jurisdictions who are actively engaged in system planning."*
>
> All respondents believed that the project has good representation from provincial and territorial jurisdictions as well as national stakeholders.
>
> *"…I trust that the committee is making the best decision on a pilot site as per the guideline and as per our discussion at the in-person meetings in March 2020."*

Involvement of national and provincial partners and representatives.

All respondents believed that the project has good representation from provincial and territorial jurisdictions as well as national stakeholders. They mentioned that the membership of the advisory committee has been "*thoughtful*" and they cannot think of anybody "*missing from the table*". "*Great participation and engagement from everyone"* is also a sentiment that was echoed by multiple respondents.

> *"This group is a good representation of experts bringing a different perspective from both province and national (mix of clinical, policy, researcher, on the ground knowledge of services, data and person with lived experience)."*
>
> *"The membership of the advisory committee has been thoughtfully composed. Happy to see how much engagement there is among national and provincial/territorial participants."*

"It is great to see such robust pan-Canadian participation."

Involvement of Expert Research Collaborators.

Most of respondents found that a key strength of the model was that it was *"informed by evidence and input of expert researchers"* and believed it is extremely important to engage researchers and clinicians/ service providers in closer collaboration and share the knowledge with them. Members agreed that there is a need to continue the collaborative work between the planners and expert research collaborators so that these groups can inform each other on different aspects of the mental health and substance use health system.

Two suggestions made for consideration in the future were:

1. One member suggested to use an advanced modelling software (*Anylogic)*
2. Another respondent suggested to engage Indigenous research collaborators in anticipation for future work.

"I believe we need to continue to bring the researchers and clinicians/service providers in closer collaboration and for them to share their knowledge with each other. While both do important work, the work that they do that can inform each other will strengthen both aspects (research and service delivery) of the AD/MH system."

"It's of great importance that the model is informed by evidence and input of expert researchers. This is a key strength."

"On a personal level, the proximity to/collaboration with researchers helps to further understand how administrative data captured as part of service delivery could be relevant to/used by researchers and to reflect on how the quality of data could be improved to further this."

Encouraging collaboration between researchers and the decision-makers involved.

All respondents believe it would be critical to involve decision makers to increase their knowledge and awareness toward the issues which will eventually lead to better implementation of the services. Members thought that increasing collaboration between decision makers and researchers is critical for *"more/better/aligned/effective services".* A few members noted that front line workers who would be implementing the changes should also be included at these discussion tables. All the members expressed their satisfaction and appreciation for the cross-sectoral engagement in the model development and implementation process.

"I don't think it is an "us versus them" situation at the table and feels very collaborative. I think it is thanks to the fantastic leadership with the committee."

"Absolutely necessary, as long as the front line doesn't get left behind in these discussions"

"I truly appreciate the expert facilitation at the committee meetings and the genuine interest to hear from all participants and how this is elicited. On a personal level, the proximity to/collaboration with researchers helps to further understand how administrative data captured as part of service delivery could be relevant to/used by researchers and to reflect on how the quality of data could be improved to further this."

13. **T**o gather the overall impressions, respondents were asked **- Overall, do you think that the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions for mental health and substance use/addiction services and supports? Please explain why or why not, and what might be some of the facilitators and challenges to subsequent use of the national NBP model.**

Most respondents were 100% positive toward the above question and they believed the project would provide foundation for comparison and benchmarking across the country as well as improving standardization across jurisdiction in how services are defined and measured. They believed the ultimate goal of this project would be providing a coherent national picture and framework for measurement of health system capacity and utilization. Interestingly, COVID and its after effects were seen as both a challenge and a possible facilitator to subsequent use of the national NBP model.

Challenges and facilitators identified by the respondents are listed below:

Challenges:

- *Status quo, stigma, resources*
- *Political decisions effect on budget and resources because of COVID response.*
- *Decisions in selecting some of them holds back from implementing the model.*
- *Gaps in data re: the MHSU workforce and in data re the privately financed side of the MHSU systems will undermine the coherence of the model.*
- *Changes in needs and in delivery brought on by COVID-19 is another key challenge, although with rapid changes underway there may be more receptivity to a planning tool.*
- *Lack of quality data on community-based treatment services (where most substance use treatment is provided). Difficult to envision a rationalized planning process in the absence of these data.*
- *The seemingly rapid evolution of mental health and addiction service delivery and what this could mean to the description of and completeness of the core services framework.*
- *Conveying the work that will still need to be completed at a provincial level to implement services as per the national NBP model even after the national framework is completed.*

Facilitators:

- *A well thought out plan by the NBP group.*

- *The strong representation in the project from researchers and policy people from across the country, the strong attention to implementation/sustainability, the credibility of the research team.*
- *Motivation and approach of NPB team, right selection of key national group, general recognition of the need for improved AD/MH system by the government, current national dialogue on stigma, and mental health issues,*
- *Agreement on definitions and core services without overly debating.*
- *Political will and providing adequate resources on an ongoing basis; not stalling on the utilization of this model.*
- *Increasing public attention to issues of substance use and, among other things, access to services.*
- *Spending some time to develop a strong communication strategy that will keep this work and its results in front of our Political Leaders, Ministers, and Policy Makers.*
- *The approach to defining core services at the base of a hierarchy of progressively more specific categories of a common nature is an effective approach to mitigate potential instability due to new types of services that become available. It is an approach that contributes sustainability to the model.*
- *COVID as a possible facilitator if we can ride the tails of change.*

14. Another question asked, **Overall, do you think that the NBP project will make a positive contribution towards the planning processes underway within your own jurisdiction and/or organization for mental health and substance use/addiction services and supports? Please explain why or why not, and what might be some of the facilitators and challenges to subsequent use of the national NBP model.**

Most respondents were certain of the positive contribution towards the planning processes underway within their own jurisdiction and again emphasized on the importance of having a widespread provincial focus. However, they recognized some barriers and challenges as well as some facilitators in this process and those are mentioned below:

Barriers:

- The resistance to change on behalf of key stakeholders involved in the delivery of care in some provinces.
- A key component, and major challenge, will be to provide estimates of population need at the most detailed geographic area possible. More closely the data can be linked to the site the more influence it will have in shaping decisions (provincial data can be explained away as not representative if it does not resonate with system planners).

- Data collection and accuracy might pose some challenges. Thus, making sure that results of the NBP project are easily understood, are practical, and applicable for pan-Canadian landscape will ensure that NBP model becomes part of routine work in the long term.
- Pan Canadian adoption of model.
- Expansion of the model to include Indigenous culture and treatment would make the model more relevant to jurisdictions in the North.
- Time was identified as a barrier. Newly formed Ontario Health and within it the MHA Centre of Excellence - which is mandated to build a cohesive Provincial MHA system. The program is very new and does not have the internal capacity as of yet to apply needs-based planning. Given more time, the Centre of Excellence will identify Needs-based planning as one of its core features.
- There are many unknowns because of changing political landscape. Many people still utilize a moral lens when looking at 'addictions' so they may be more likely to support a party that doesn't understand the needs of this vulnerable population
- Lack of coordination across health authorities (at a provincial level), which may complicate the implementation (need to bring multiple health authorities on board).
- Lack of comprehensive data on community-based substance use health treatment (available data vary across health authorities and are not compiled provincially). Good data are available for parts of the sector (e.g., opioid agonist treatment and other addiction medicine initiatives), but community services are not well captured.

Facilitators:

- Personnel who can act as change management facilitator in the process of implementing the model.
- Current government will and some budgeting has been allocated to system enhancements in certain provinces (New Brunswick). NB is currently involved in large scale system planning and renewal. There is operational readiness in the AD/MH system and strong collaborative relationships with all key stakeholders. Overall good understanding of NBP at the Department of Health.
- The existence of a dedicated Ministry of Mental Health and Addictions, which could translate into great political support for the project
- The nature of the model being evidence-based is key in terms of accountability for funding/planning of services, including to the public.

15. **A** final question asked respondents to: **Provide any other input that reflected their opinions on the need for this work, the project plan going forward, and/or the prospects of**

making a significant improvement to planning or measuring the performance of integrated mental health and substance services in Canada.

Members spoke in support of the **well-organised, evidence-based methodology** that will eventually lead to system improvements. They also endorsed that this model would meet the needs of individuals, families, and communities and believed that this project is needed to understand the size of the issue, especially in the top tier levels. They need this estimation for implementation in order to get into a more viable and rigorous system approach. Another responder mentioned that planning should be based on a Stepped Care Model and use a Needs Based Planning Model to help each specific area/zone/jurisdiction to build its system/continuum to meet the needs of individuals, families, communities and its population. One member believed that benchmarking and comparisons will be basis for systems to make improvements, measure outcomes and meeting the needs of the population. Maintaining a consistent approach is one of the main concerns to implementation as it takes a long time for provincials and territories to make a decision and then more time to implement.

> "I *would like to see broad national parameters of what an effective, client/recovery focused, easily navigated and evidence informed AD/MH system should look like."*
>
> "*Benchmarking and comparisons will be basis for systems to make improvements, measure outcomes and meeting the needs of the population. I worry about a consistent approach to implementation."*

Summary of themes: National Advisory Committee

Positive feedback:

1. The evidence-based method of needs-based planning will address a major gap in planning resources and will lead to better resource and funding allocation decisions.
2. The project will facilitate increased collaboration between researchers and decision makers. Good representation from provincial and territorial jurisdictions
3. Pilot work involving the national NBP model in MH and SU will be a good learning opportunity and provinces and territories could learn from each other's experiences
4. The national NBP model and related materials will be relevant to the needs of system planners and managers in all the planning jurisdictions within Canada

Suggestions for consideration:

1. Use of modelling software.
2. Including Indigenous research collaborators in future planning tables.
3. Hiring a change management facilitator/ implementation specialist who can oversee the roll out of the model

Pilot Sites

1. **Could you briefly describe the role of your jurisdiction or organization as a pilot site for the national NBP project?**

Among respondents, there were a combination of **planners and decision makers** as well as **system providers** for mental health and substance use health services. There was also good mix of community and hospital based mental health and substance use health service providers among the respondents A majority of the participants were affiliated with the department of health in their respective jurisdiction or held managerial/advisory roles for the provincial government, and they were responsible for the planning, funding, and monitoring of provincial or regional services throughout their province. Many participants also identified themselves as engaged in providing services for both mental health and substance use health.

2. **What is your own personal role in the work?**

When asked about their own personal role in the work, most of the participants answered broadly saying that they provided administrative and leadership support to the project. Their range of involvement was varied and included areas such as: engagement with external partners; leading teams of internal data analysts who will be involved in the data mining process; being a sponsor to the project in terms of providing technical support, advocating for the project uptake; helping in project implementation by working with collaborating partners; and supporting organizational lead and assisting with gathering contextual data. Some of the participants were managers responsible for multiple programs addressing MHSUH needs via services that include psychosocial rehabilitation, community & residential services, employment services, mental health promotion clinics, residential transitional programs, work shop based vocational program, recreational community support Services, proctor services, and Rapid Access Addiction Medicine (RAAM) Clinic. Amongst the participants there was also some independent providers who support the system in its data related needs.

> *"I am the business owner of the Client Service Delivery System (CSDS) which provides data related to mental health and substance use."*
>
> *"I am a Manager in Mental Health. I believe I would be able to provide feedback and input in planning for mental health and addiction services and supports."*
>
> *"I will be involved in engagement with the external partners, and internal stakeholders of staff my programs work within."*
>
> *"…facilitate the process between the zone and the team".*
>
> *"Represent the Office of Addictions and Mental Health, liaise with government departments to support the provision of data. Link results of effort with broader provincial initiatives intended to support system development".*

3. What were the important motivations and expectations behind agreeing to participate as a pilot site for your jurisdiction/organization?

Regarding the motivation or expectation behind agreeing to participate as a pilot site, the biggest motivation for most participants was evaluating and **improving their existing local service delivery systems** by using the NBP tool so that clients have better access to the services they need. Some of the respondents also cited previous work done in their jurisdiction by Dr. Brian Rush and the positive changes that occurred because of that work being the reason that propelled them to be a part of this round of model implementation. The need to build a "common language", improved understanding of the "assets and disparities in the continuum of care", "evidence-based decision making", and "aligning funding and services" were also some other key motivators. One stakeholder also mentioned that they were curious to determine where their community falls in a continuum of service profiles in MHSUH. A few members mentioned that even though they were not a part of the initial decision-making process in their jurisdiction, they do recognize the value in participating as a pilot site and are eager to get involved systematically in identifying gaps and priorities using the NBP tool.

Motivations:

- Aligning services and funding
- Positive outcomes from the last NBP project in their jurisdiction
- Providing data to aid in decision making and connecting to larger system planning and context
- Improvement in the service delivery/access using the NBP tool as well as time management of services
- Evaluating the service needs as well as identifying the gaps/overlap and priorities
- Applying an evidence-informed approach to identifying needs and planning services to meet those needs
- Assets and disparities in the SDO for mental health and addictions services
- Building a common language, partnership, and population health-based vision within the MHA system from cradle to grave.
- Strong alignment with the work already underway

Expectations:

- Ability to identify key gaps and surpluses that will be used to transform the MHA system.
- Improving system delivery
- Ability to assist clients in developing services that better meet their needs

"Evaluation of service needs as well as identification of gaps/overlap."

"I expect that as a result of this work, we will be able to identify key gaps and surpluses that we will be able to use to transform our MH system."

"To better understand gaps in the current continuum of care, understand the needs of the population and use that information to plan develop and implement services accordingly. Provide evidence-based information to government and help in decision making".

"This exercise if viewed as critical at this point to provide a systematic way of identifying priorities and factual gaps within our system."

"I believe in the work being done NBP and it meshes beautifully with the work we were already doing".

4. **What were the important motivations and expectations behind agreeing to participate as a pilot site for you personally?**

When asked about what the important personal motivations were behind agreeing to participate as a pilot site, several stakeholders mentioned that the **gaps in the current system** that leaves some of the severely ill people without any supports is the most important driver behind their participation. They wanted to make a difference in the community and to provide more supports to address the systemic gaps and increase awareness among the planners. They believed that the outcome of this project would change system planning and identify gaps. They wanted to 'work collaboratively as a team for the betterment of all persons in need". One member also shared their personal experience of the challenges they faced because of a loved one suffering from substance use and mental health issues. They said it motivates them to seek solutions and to connect with something bigger than the norm.

"I have been keenly interested in NBP for a number of years and really want something more concrete to support my planning work. NBP adds science to the art!"

"Personally, to learn more about the process".

"I was happy to have the opportunity to work closely with Dr. Rush as he has worked extensively in this area. He understands so much about the system and the sector!"

5. **For the next set of questions, participants were asked to rate how much they agreed or disagreed with the following statements**:

- The NBP project team has been clear in their explanation of the NBP project objectives and activities.
- I understand the role and responsibilities of our jurisdiction/organization being a pilot site.
- The work of the pilot site will be able to make a significant contribution to the development of the national NBP model and related materials.

- The project will facilitate increased collaboration with researchers and decisions-makers e.g., gov't funders, service providers, policy makers.
- The project will address a major gap in planning resources by significantly increasing decision-making capacity.
- The national NBP model and related materials will be relevant to the needs of system planners and managers in your jurisdiction or organization.
- Beyond the pilot project itself, the national NBP model and related materials will be used by system planners and managers in your jurisdiction or organization

The results of this question are shown in Figure 5a, 5b, and 5c below. All of the respondents agreed that the project team had been clear in their explanation of the project objectives and activities. A large majority of the respondents (92%) agreed that they understood their roles and responsibilities as a pilot site and that the pilot site work would make significant contribution to the development of national NBP model and related materials. Similarly, a large majority of the respondents (84%) believed that the project would facilitate increased collaboration with researchers and decision-makers, and that it would address a major gap in planning resources. 94% of the respondents believed that the national NBP model and related materials would be relevant to the needs of system planners and managers in your jurisdiction. A large percentage (78%) of participants agreed that the national NBP model and related materials would be used by system planners and managers in their jurisdiction beyond the pilot project itself.

FIGURE 5A: PLEASE RATE HOW MUCH YOU AGREE OR DISAGREE WITH THE STATEMENTS

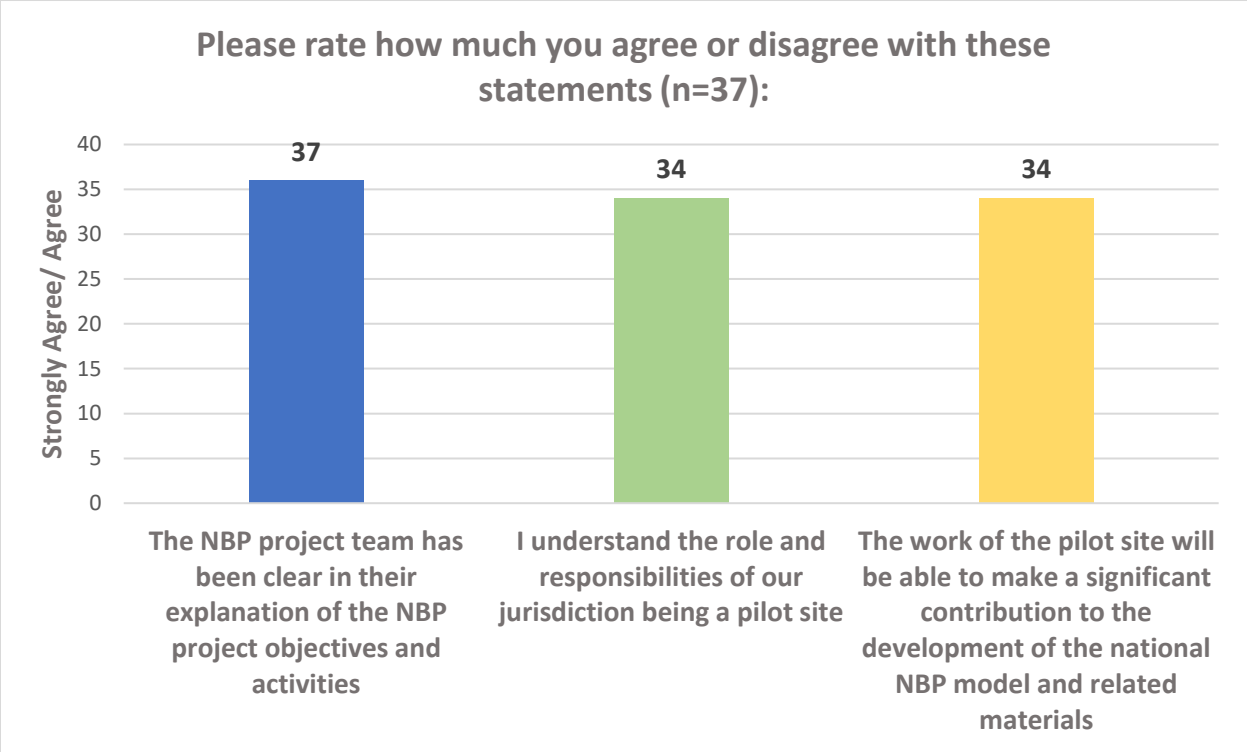


FIGURE 5B: PLEASE RATE HOW MUCH YOU AGREE OR DISAGREE WITH THE STATEMENTS

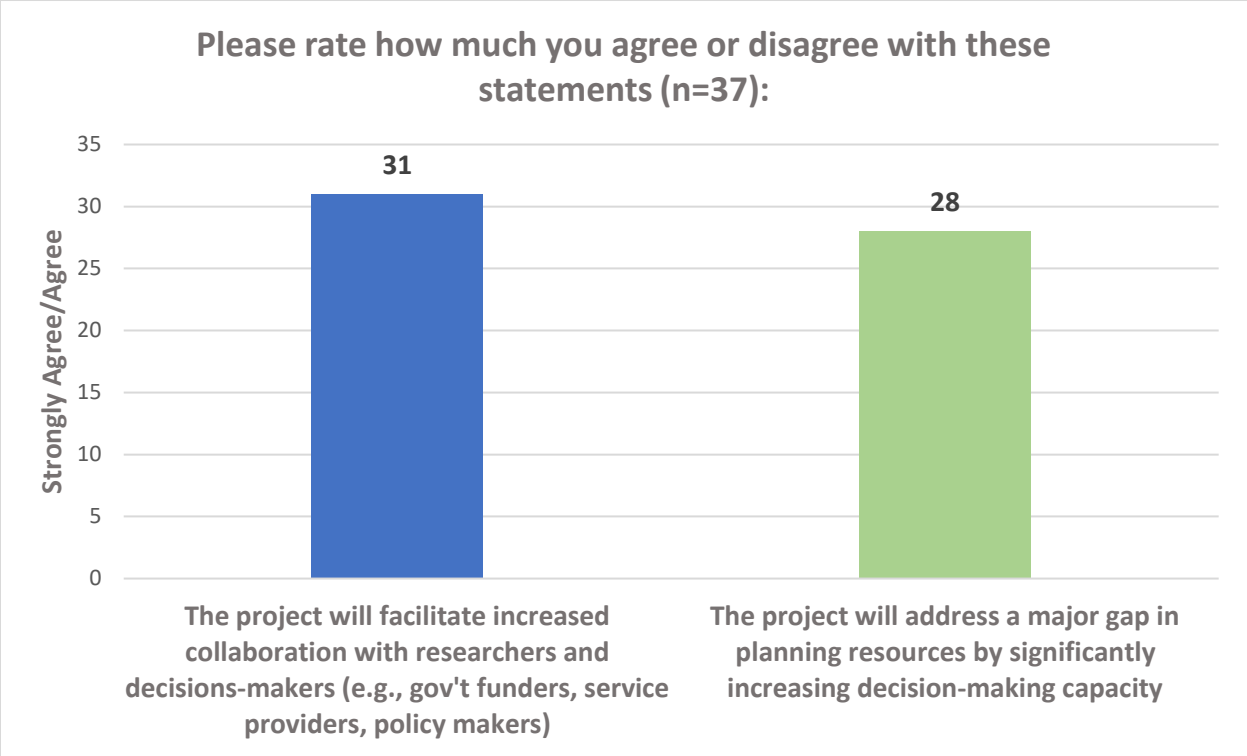
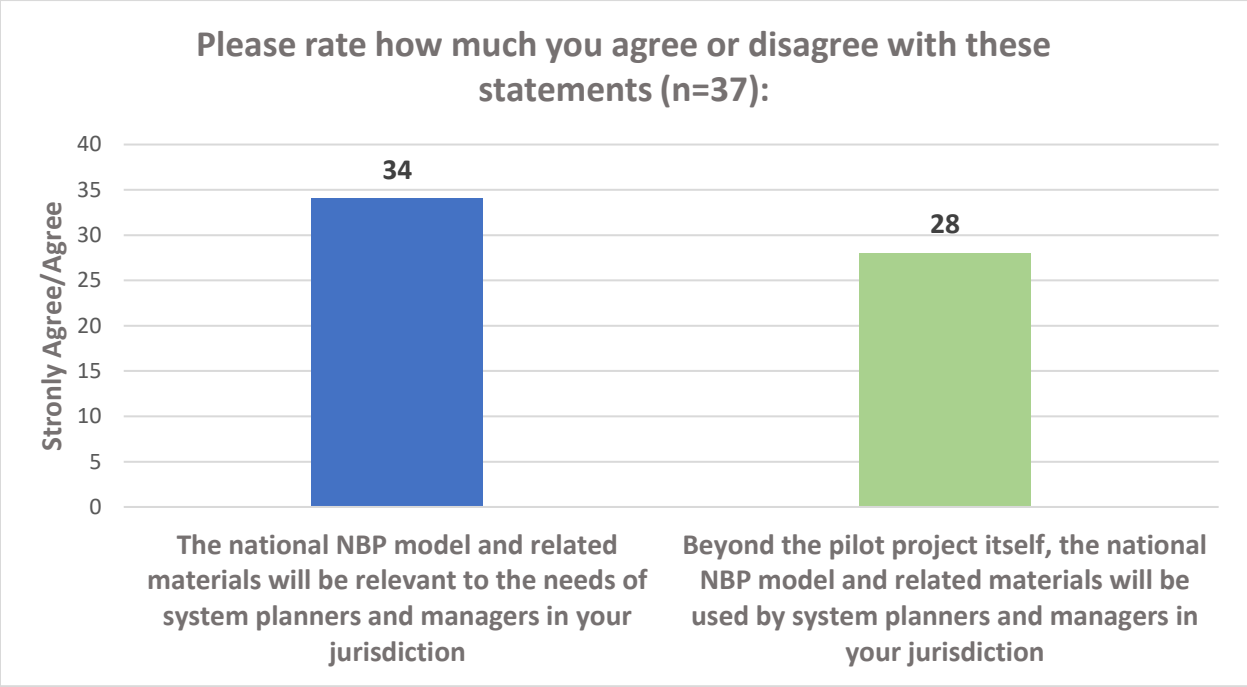


FIGURE 5C: PLEASE RATE HOW MUCH YOU AGREE OR DISAGREE WITH THE STATEMENTS



6. **Thinking about your own personal situation and work responsibilities, please give a rating to each of the following items:**

    - There is a need for more evidence-informed planning models for mental health and addiction services.
    - Your involvement in collaboration between researchers and decisions-makers (e.g., gov't funders, service providers, policy makers).
    - Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports.
    - Your access to evidence-informed needs-based planning models for mental health/addiction services and supports.
    - Your knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches.
    - Your skills in applying needs-based planning models for mental health/addiction services and supports.
    - Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports.
    - Your intended future use of a needs-based planning model for mental health/addiction services and supports.
    - Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement.

The results of this question are shown below in Figures 6a and 6b. A large majority (97%) of the respondents felt the need for more evidence-informed planning models for mental health and substance use health services. There was also consensus about the advantage of the NBP model over existing approaches and their general awareness of evidence informed practices and supports for planning mental health and substance use health services and supports. Similarly, a large percentage of respondents (92%) indicated their intended future use of NBP model for mental health and substance use health services.

FIGURE 6A: PLEASE RATE THE IMPORTANCE OF THE STATEMENTS BASED ON YOUR OWN PERSONAL SITUATION AND WORK RESPONSIBILITIES

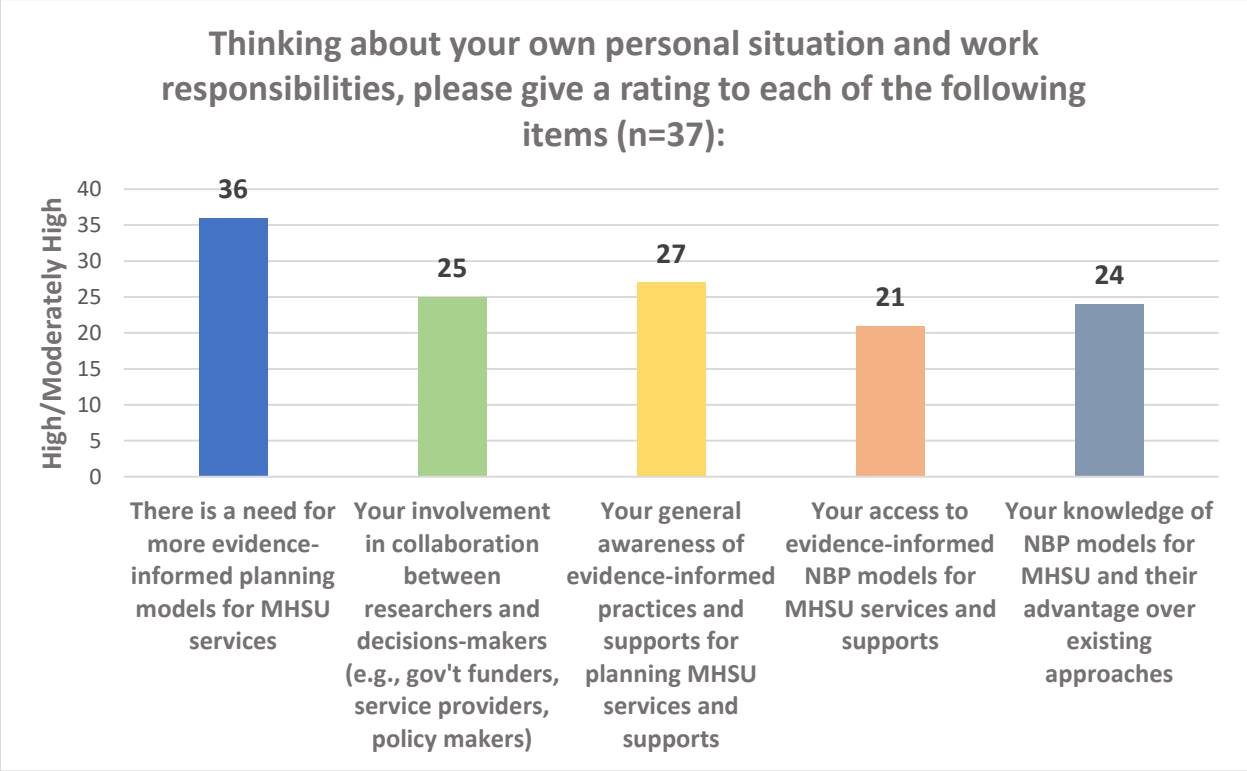
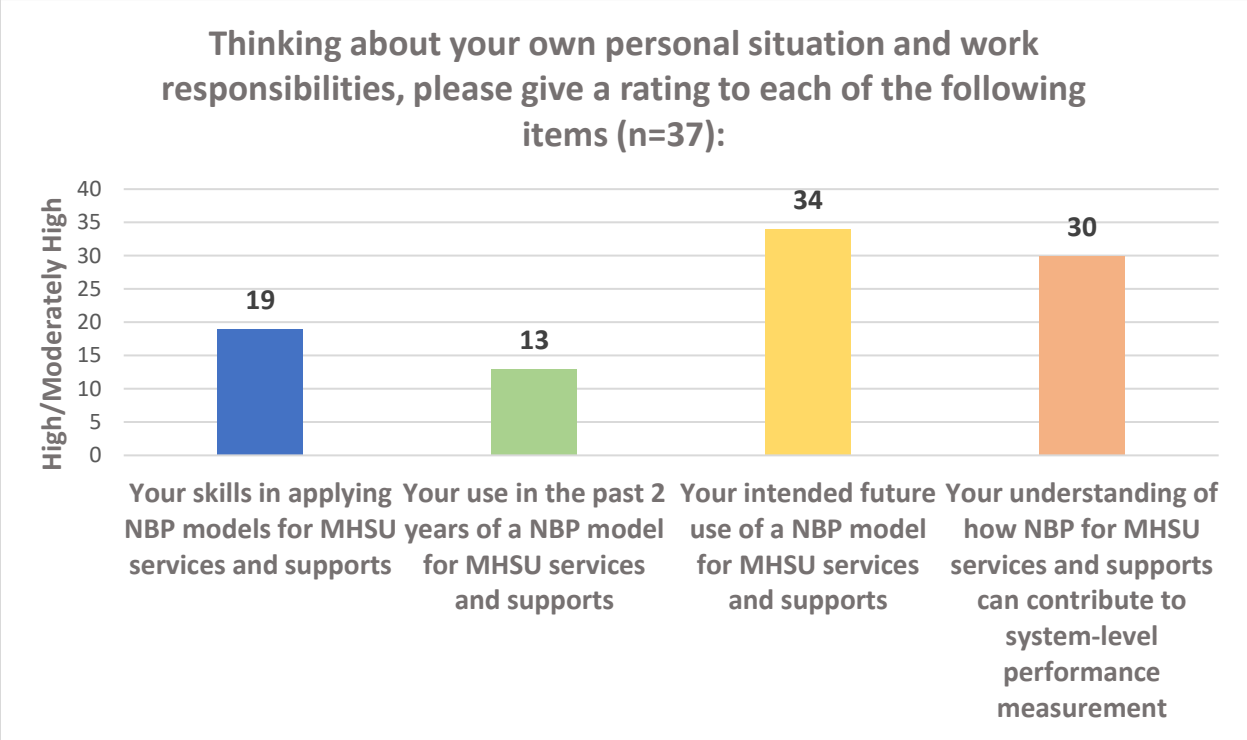


FIGURE 6B: PLEASE RATE THE IMPORTANCE OF THE STATEMENTS BASED ON YOUR OWN PERSONAL SITUATION AND WORK RESPONSIBILITIES



7. **Overall, do you think that the NBP project will make a positive contribution towards the planning processes underway within your jurisdiction or organization for mental health and substance use/addiction services and supports? Please explain why or why not, and what might be some of the facilitators and challenges to subsequent use of the national NBP model in your area.**

All the respondents agreed strongly that the NBP project and the associated tools will bring about a positive impact on the roll out of services and programs in their jurisdiction. All the responders unanimously agreed that the NBP tool will help them clarify whether their services match the needs of their local population. Some of the challenges that the participants could foresee were accessing the requested data as a part of the system mapping process. Some also mentioned that implementation of the model would require considerable funding, collaboration between different groups, and leadership support at the provincial level. One respondent indicated that they would like to use the NBP model towards evidence informed needs-based planning's client centred approach in the Child and Youth sector. Stigma towards mental health and substance health was also one of the potential challenges mentioned by the participants. Suggestions were made to develop a simple implementation manual that is easy

to understand and implement for facilitators who could continue to work on the NBP goals, even after the project has ended.

> *"Absolutely. Having a national model that will inform our individual region MHSU needs is essential to future practice."*
>
> *"I think the project will make a fantastic contribution if decision makers/founders are willing and able to implement and that funding is made available as needs are identified"*
>
> *"Yes, it will as it is my opinion that some of the decisions evolving out of NBP part 1 were solid."*

8. **Please provide any other input that reflects your opinions on the need for this work, the pilot site going forward, and/or the prospects of making a significant improvement to planning or measuring the performance of mental health and substance use/addiction service in your jurisdiction or organization.**

Participants found it important to keep the services that they provide up to date with the best practices. They agreed that there is a "*growing recognition of the importance of timely access to mental health and addictions services and the impact of unmet needs".* Others identified the relevance of the national core services framework that is being developed within the NBP project to be important in fostering a common dialogue in Canada. Participants pointed out that the core services framework along with the NBP tool will help in improved understanding of a systems approach in a way that could easily be understood by government, service providers, referral sources, families and substance use and mental health service users.

> *"We need to push forward fervently. Too many lives are being negatively affected and lost"*
>
> *"This will help with future buy in - so it is not just data based, but contextually considered."*
>
> *"I find important that we keep our services up to date with best practices."*
>
> *"The project helped discuss services without discussing or being challenged by the need to support or protect one's own agency or service within an Agency."*
>
> *"The needs-based assessment will facilitate ability to utilize not only evidence based cutting edge research modeling but also allow to draw on experiences from other jurisdictions."*
>
> *"Undergoing the process provides opportunity to strengthen approaches to identifying relevant data to incorporate into the model which ultimately will improve understanding of need along the tiers".*

Summary of themes: Pilot sites

1. Improving local service delivery systems seems to be the biggest motivators to pilot site planners and decision makers.
2. Participants also understand that it is important to keep the services up to date and to do that funding should align with the needs to serve the population best. All the responders unanimously agreed that the NBP tool will help them clarify whether their services match the needs of their local population.
3. Previous work done by the NBP team also makes participants hopeful that the new integrated national model will be helpful in planning their local services.

Follow-up Evaluation

National Advisory Committee

1. **For Q1, the advisory committee was asked to rate how much they agreed or disagreed with the following statements:**

- The Project Advisory Committee had an appropriate number of meetings, of an appropriate length.
- The opinions and input of individual committee members were satisfactorily encouraged and valued.
- Overall, the NBP project has met its intended goals.
- Overall, the NBP project has made a significant contribution to research and development of NBP models and related materials.
- Overall, the project has addressed a major gap in resources for planning by significantly increasing decision-making capacity.
- The NBP model and related materials are relevant to the needs of system planners and managers:
    - In Canada generally
    - In the jurisdiction or organization in which I work
- The NBP model and related materials will be used by system planners and managers:
    - In Canada generally
    - In the jurisdiction or organization in which I work

All respondents agreed that the project had an appropriate number of meetings of an appropriate length. There was also 100% agreement that the opinions and input of committee members was encouraged and valued, and that the project has facilitated collaboration between researchers and decision makers.

Figures 7a and b below show that all committee members felt that the project has met its intended goals; made a significant contribution to research and development of NBP models and related materials; and addressed a major gap in resources for planning by significantly increasing decision-making capacity. A large majority of respondents also agreed that the NBP model and related materials will be relevant and used in Canada, in general as well as in their jurisdiction.

FIGURE 7A: OVERALL RATING OF THE NBP PROJECT

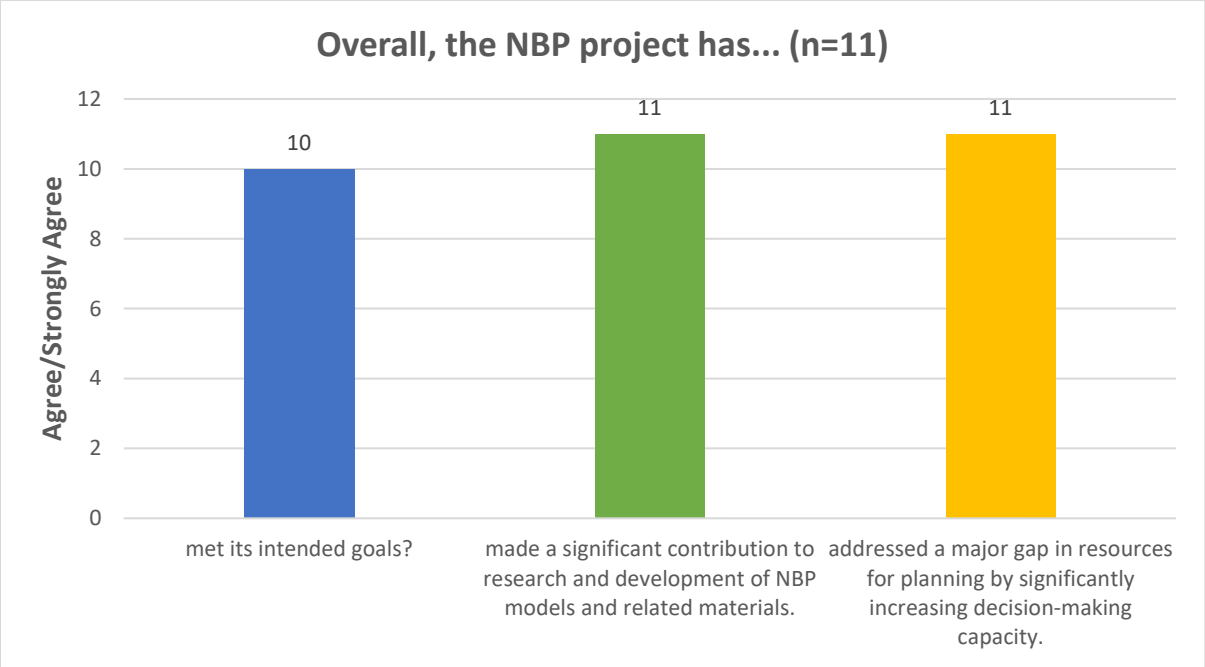
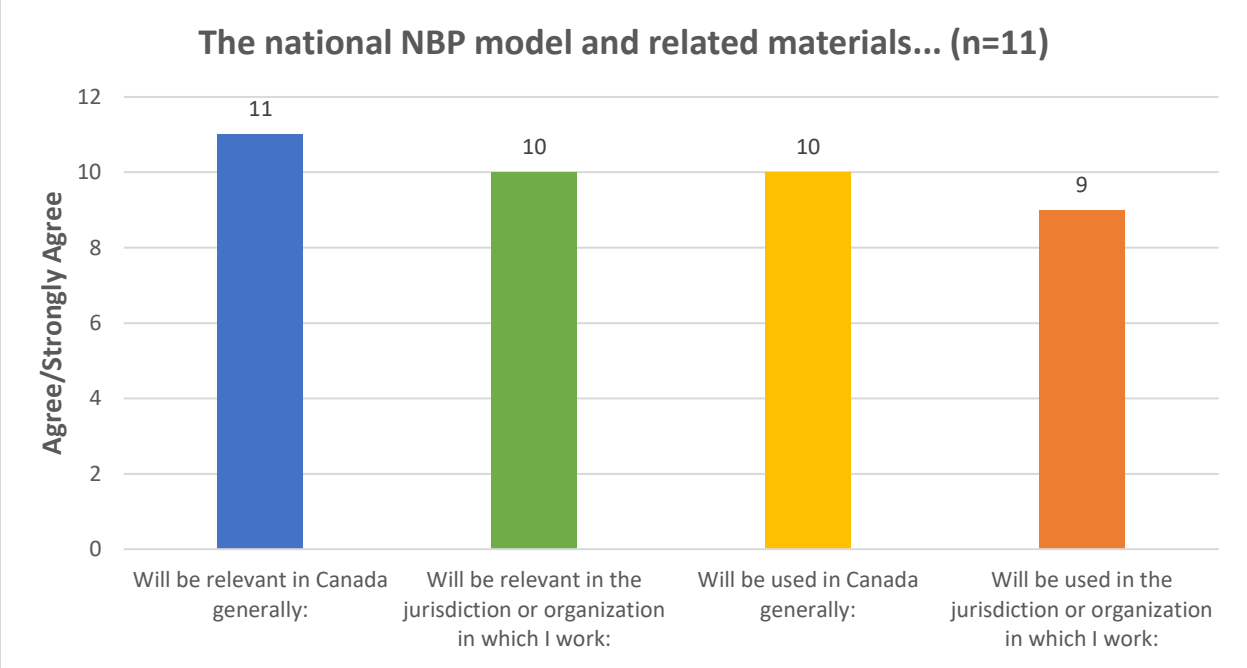


FIGURE 7B: OVERALL RATING OF THE NBP MODEL AND RELATED MATERIALS



2. **For Question 2, they were asked to rate each of the following items:**

- There is a need for more evidence-informed planning models for mental health and addiction services.

- Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports.
- Your access to evidence-informed needs-based planning models for mental health /addiction services and supports.
- Your knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches.
- Your skills in applying needs-based planning models for mental health/addiction services and supports.
- Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports.
- Your intended future use of this needs-based planning model for mental health/addiction services and supports.
- Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement.

In the next part of the question, they were asked to provide any further comments to explain their ratings.

There was a general agreement that there is a need for more evidence-informed planning models and general awareness of evidence-informed practices and supports for MHSUH services and support. A majority of respondents also agreed that their involvement with the project has improved their: access to evidence-informed needs-based planning models for mental health /addiction services and supports; knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches; their skills in applying needs-based planning models for mental health/addiction services and supports; their intended future use of this needs-based planning model for mental health/addiction services and supports; and their understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement. 60% respondents (n=6) had experience utilizing the NBP model in the past two years.

Selected comments are included below:

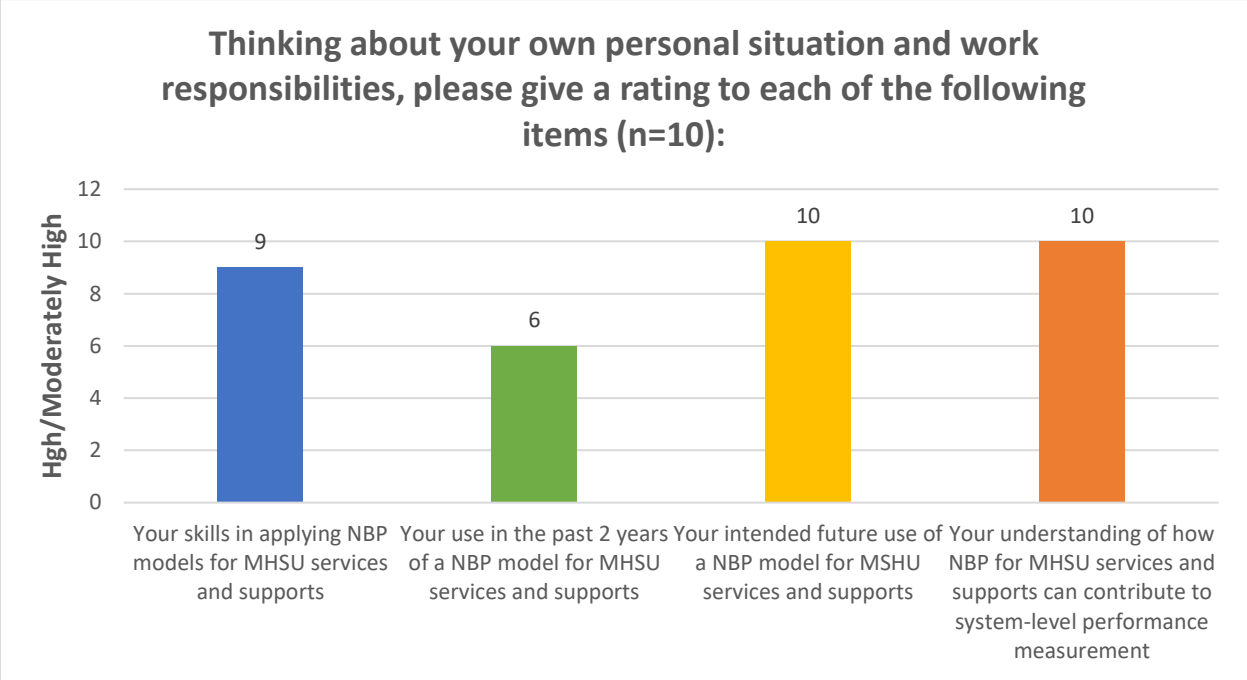
> *"I don't believe there are other solid system planning models… which initiate multiple barriers and complexities, the ability to plan out, get buy-in and funding for a real "systems" approach was a struggle. This model in my view, was very helpful in assisting folks to wrap their heads around what a "systems" planning/model looked like and how to actively engage in utilizing it. This provides the opportunity to streamline services, identify their primary purposes, link them strongly together and establish solid costing formulas. Not been done here in Canada, or this province [British Columbia], previously."*

> *"The previous substance use model developed by this team is a tool that Manitoba utilizes regularly to assess system gaps. Looking forward to the new integrated version and utilizing it as well."*

"I stepped into a role where the projected future needs had already been assessed and plans made accordingly - but without the transparency and consistency across jurisdictions that this project brings."

FIGURE 8: THINKING ABOUT YOUR PERSONAL SITUATION AND WORK RESPONSIBILITIES, PLEASE GIVE A RATING

FIGURE 9: THINKING ABOUT YOUR PERSONAL SITUATION AND WORK RESPONSIBILITIES, PLEASE GIVE A RATING



3. **For Question 3, they were asked to include any additional comments, questions, or concerns about the nature and/or implementation of the following aspects of the project plan.**

- Deriving and using estimates of population-based (adult) substance use and addiction needs for planning and resource allocation.
- Deriving and using estimates of population-based (adult) mental health-related needs for planning and resource allocation.
- Literature reviews - needs-based planning models and approaches (national/international); help-seeking; co-morbidity.
- Scan for provincial-territorial strategic plans re: mental health and substance use/addiction to examine issues related to mental health and substance use/addiction.
- Criteria for and selection of pilot jurisdictions.
- Involvement of national and provincial partners and representatives.
- Involvement of Expert Research Collaborators.
- Project reports and implementation manual.

Deriving and using estimates of population-based (adult) substance use and addiction needs for planning and resource allocation.

While the usefulness and potential impact of the deriving and using estimates of population-based (adult) substance use health needs for planning and resource allocation were recognized, there were concerns regarding how often the model will be updated with new data and availability of dedicated staff within health authorities to support data collection. Suggestions for enhancement of the model included providing cost estimates to support decisions regarding funding allocation and prioritization of budget and including youth population in the model.

> "*I believe this was a good strategy to use for general population planning. It provided the opportunity to initiate the conversation regarding the model, examine shortcomings in the available data, provide a platform to discuss and explore how to standardize meaningful data collection across the provinces and territories [a big job!] and share important information and innovations across many sectors/ jurisdictions."*

Deriving and using estimates of population-based (adult) mental health and substance use health-related needs for planning and resource allocation.

Respondents expressed a strong interest and need for deriving and using estimates of population-based (adult) mental health and substance use health-related needs for planning and resource allocation.

> *"This is something we desperately need on a provincial scale. Many investments being made right now, and without a good sense of what is REALLY needed, we do this based on provider information".*

One respondent also commented that despite of how challenging this work was the project team followed a strong methodology to align the mental health component.

Planned literature reviews - needs-based planning models and approaches (national/international); help-seeking; co-morbidity.

Respondents noted that the project has done a great job in capturing the most recent evidence and is well connected to key national and provincial stakeholders which will ensure that this work continues to be updated.

Scan for provincial-territorial strategic plans re: mental health and substance use/addiction to examine issues related to mental health and substance use/addiction.

Several respondents suggested that a hub is set up that could serve as an "information warehouse" for sites that are implementing the NBP approach.

Criteria for and selection of pilot jurisdictions.

The respondents were in agreement that the selection of sites was deliberate to present the "full Canadian context", as the sites included a range of provinces across the country. Also, the work spanned from the entire province to rural areas and regional health authorities.

> "*I have been involved in the many different versions of NBP for many years and believe the criteria has been established through solid discussions and the choice of jurisdictions resulted in diversity and equality of sites - for example, folks had the opportunity to put their jurisdictions/sites forward and the resulting selections incorporated a "cross Canada" dispersement where operations of SU and MH services would differ".*

Involvement of national and provincial partners and representatives

There was a strong agreement among respondents of the diverse range of stakeholders on the committee and the value it adds to the project.

> *"My involvement was much more beneficial to me that just about any FTP committee or work group in which I participate."*
>
> *"Excellent coverage on this committee is an indication of the importance of the work and the reputation of the research team".*

Involvement of Expert Research Collaborators.

All respondents felt that the experts were involved in multiple aspects of the project, and that helped to bring "*both knowledge and trust*" to the project.

> *"Excellent involvement within the academic and research community. The knowledge generation and action has been wonderful and will only enhance as the project evolves Brian and Daniel + team have been a great source of support and true leaders in this area. The practicality of the research is what makes this model so interesting!"*

Encouraging collaboration between researchers and the decision-makers involved.

All respondents agreed that the project has encouraged collaboration among researchers and decision makers, which is the key to impact.

> *"I believe that as in the past NBP, this most recent one is a shining example of the collaboration that occurred, which resulted in many side conversations, networking and linkages being established. Highly valuable in this process and fingers crossed it continues when the different jurisdictions/entities adopt the planning process and activate it."*

Project reports and implementation manual.

Respondents felt that the project reports were much more user friendly than previous versions, reflecting that the team is open to making changes based on feedback and tailoring content to meet user needs. One of the respondents also involved in pilot site work commented that the flexibility of team in tailoring pilot site report to meet the unique context of their site was very helpful. Overall, all respondents felt that the project reports were timely and informative.

4. **For Question 4a, they were asked if the results of the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions for mental health and substance use/addiction services and supports**.

All respondents agreed that the results of the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions for mental health and substance use health services and supports. They believed that having a consistent approach to planning will allow the planners to make informed decisions as opposed to "*plugging the leaks*". It was noted that the project highlights the "bigger picture", which helps to identify issues across systems and promotes sharing of resources and using a common language.

> *"This project provides the evidence needed for objective and effective decision-making that will optimize the impact of public funds".*
>
> *"This entire exercise has gone beyond "food for thought" and has initiated "action"."*
>
> *"I believe the model will have a large impact nationally. The case for investment and planning for MHA has been obvious to many, but solid information to help make the decision has been lacking."*

5. **For Question 4b, they were asked if the results of the NBP project will make a positive contribution towards the planning processes underway within your own jurisdiction or organization for mental health and substance use/addiction services.**

All respondents agreed that the results of the NBP project will make a positive contribution towards the planning processes underway within their own jurisdiction or organization for mental health and substance use health services.

> *"We have a five-year addiction and mental health action plan that focuses on broadening and improving the continuum of care. The NBP results will be of immense help in planning for bed-based services, additional FTEs and even implementing new services to our jurisdiction, based on the Core Services framework. Also, the NBP model and core services framework align nicely with a Stepped Care 2.0 continuum, which is a corner stone of our Addiction and Mental Health Action Plan."*
>
> *"I feel that this is a launching off point for us to identify other information and data needs. It's a process and will continue to be refined over time."*

6. **For Question 5, they were asked to describe the most significant strengths, challenges, and opportunities that lie ahead with respect to using the NBP model and related materials.**

Strengths:

- National scope of the project
- Strong methodology and process to develop the model – "*deep thought and strategy behind the method and content"*

- Linkages and networking opportunities between participants involved directly or indirectly with the NBP process

Challenges:

- Understanding the definition of services and categorization can take some time
- Gathering reliable data
- Ensuring that the project work is aligned with other key national initiatives
- Some project assumption such as 100% help-seeking are not realistic and make application of findings challenging
- Need to consider public and privately financed service delivery – *"recommend focusing more on the capacity side of the equation as this is the weakest link in the model"*

Opportunities:

- Learn from other jurisdictions on how to implement the model and apply results
- Explore ways to utilize the model for unique population groups, e.g., children and youth, older adults, Indigenous population
- Ensuring sustainability of the project – "*Having a "group" of consultants or a method for different jurisdictions to reach out and request some support/guidance as they initiate this process…too often there is no one to answer some of the challenging questions once the "manual" has been written*."

7. **For Question 6a, they were asked to compare their expectations when they first became involved in the project, did the end results fall short, match, or exceed your expectations.**

All respondents commented that the project met and exceeded their expectations.

> *"The NBP team was such a pleasure to work with and the connections made all across Canada provided a sense of collaboration and working towards the same goal."*
>
> *"NBP should be a "go to" tool for system planners and administration to frame their planning and guide decisions."*

8. **For Question 6b, they were asked what were the lessons learned for others who may implement the NBP model in the future.**

- Flexibility – Every jurisdiction has a unique context and flexibility in the model allows for implementation in different contexts
- Data can be difficult to gather, and dedicated resources to support this work are needed
- System mapping is time-consuming but it allows the planners to look at the gaps in continuum of care

9. **For the final question, they were asked to provide any other input that reflects their opinions on the success of the project and the prospects of making a significant improvement**

to planning or measuring the performance of mental health and substance use/addiction services in Canada.

Most of the respondents indicated the need to continue working on the model and building a sustainability mechanism to ensure that the project learnings continue to be applied across the country.

Pilot Sites

1. **Describe your personal role in the work recently completed as a pilot site for the national NBP project?**

The respondents included health service providers, system planners, data experts and a representative from funding agency. Their role included gathering data from health service providers and partner organizations, answering questions on their behalf, and ensuring their engagement in the pilot work.

2a. **What were the important motivations and expectations behind agreeing to participate as a pilot site for your jurisdiction/organization?**

All respondents indicated that the primary motivation behind participating as a site for their jurisdiction was using evidence-based information for priority setting. A few jurisdictions also have system transformation work underway and appreciated the opportunity to participate in pilot work to align these efforts.

> *"To work with professional team with experience to ascertain credible and usable data to inform system planning."*
>
> *"To have better data to inform our service planning activities".*
>
> *"To gather data on the gaps in the MHA continuum of services".*

2b. What were the important motivations and expectations behind agreeing to participate as a pilot site for **you personally**?

A majority of the respondents indicated that they either had past experience working with the team during the implementation of substance use health NBP model, or they were aware of the past project and its findings. Their positive past experience/perception of usefulness of the model was a big motivation for their participation.

> *"I have been familiar with Dr. Rush and his impactful work over the decades in this sector and wanted an opportunity to work with him and his team."*
>
> *"I was previously involved in previous NBP project, and when I learned this opportunity was coming around again, I was super excited to be involved in this foundational work."*
>
> *"I needed current and evidence-based advice to guide meaningful program development - with confidence."*
>
> *"Learning opportunity, strong desire to learn how to apply a quantitative model to support planning work"*

3. **For the next set of questions, participants were asked to rate how much they agreed or disagreed with the following statements**:
    - The NBP project team has been clear in their explanation of the NBP project objectives and activities.

- I understood the role and responsibilities of our jurisdiction/organization being a pilot site.
- The opinions and input of pilot site stakeholders were satisfactorily encouraged and valued.
- Being a pilot site has made a significant contribution to the development of the national NBP model and related materials.
- Participating as a pilot site has addressed a major gap in planning resources in our jurisdiction or organization by significantly increasing decision-making capacity.
- Participating as a pilot site has been relevant to the needs of system planners and managers in our jurisdiction or organization.
- The NBP model and related materials will be used by system planners and managers in the jurisdiction or organization in which I work.

The responses to this question are shown in Fig 10 a, b, c below. All respondents agreed that the project team was clear in their explanation of the NBP project objectives and activities, and that they understood their role and responsibilities being a pilot site. All participants also agreed that their opinions and input was satisfactorily encouraged and valued. There was consensus regarding the significant contribution that their pilot work has made to the development of the national NBP model and related materials. All the respondents agreed that participating as a pilot site has been relevant to the needs of system planners and managers in their jurisdiction or organization. A majority of the respondents believed that the NBP model and related materials will be used by system planners and managers in the jurisdiction or organization in which they work.

FIGURE 10 A. RATE HOW MUCH YOU AGREE OR DISAGREE WITH THE STATEMENTS

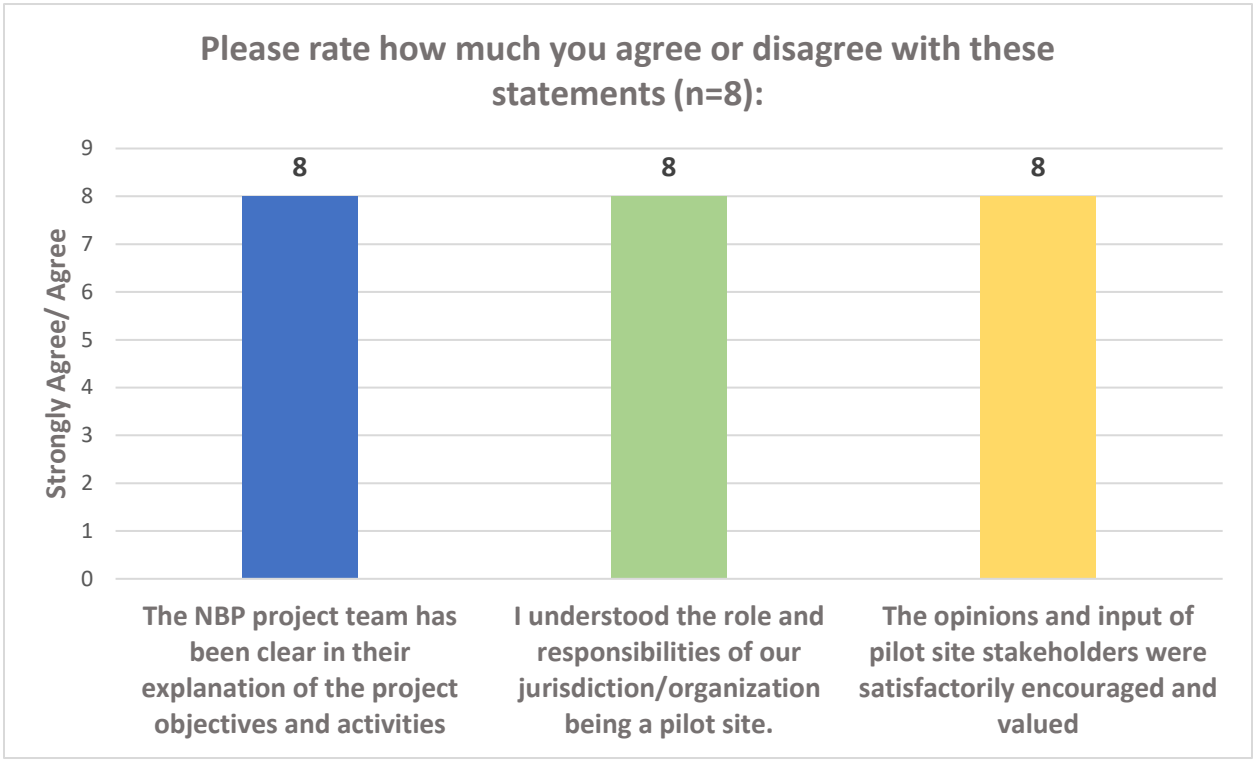


FIGURE 10 B. RATE HOW MUCH YOU AGREE OR DISAGREE WITH THE STATEMENTS

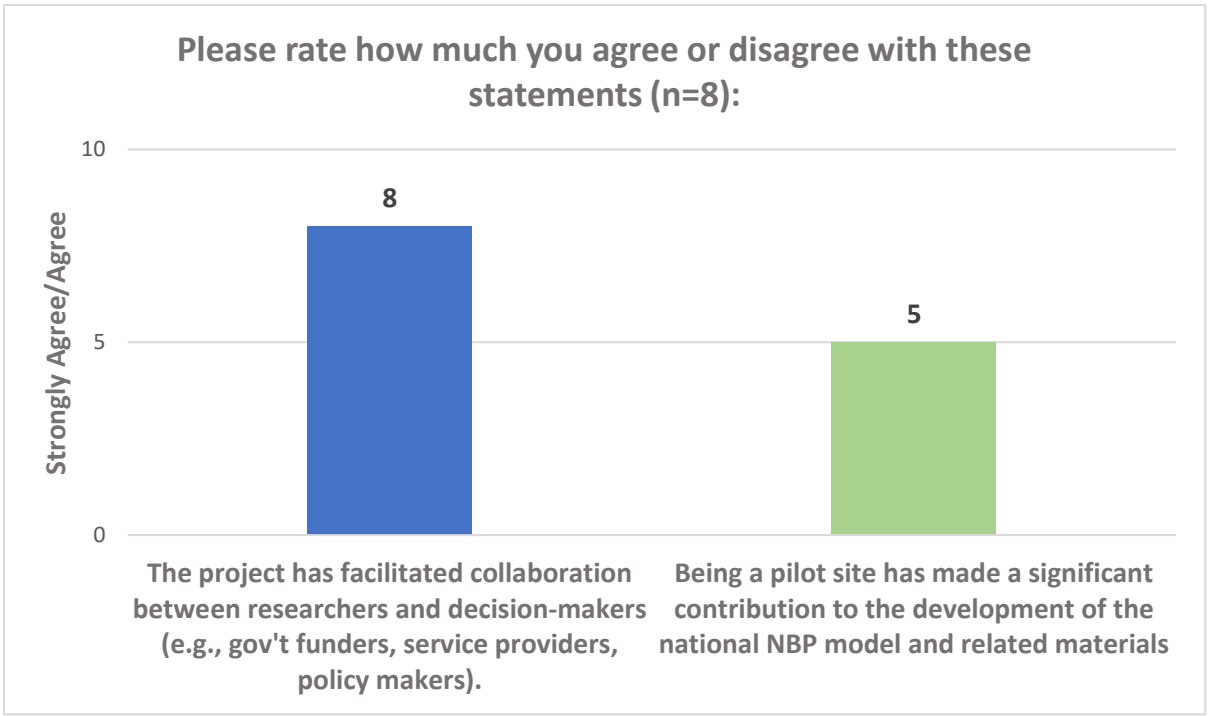
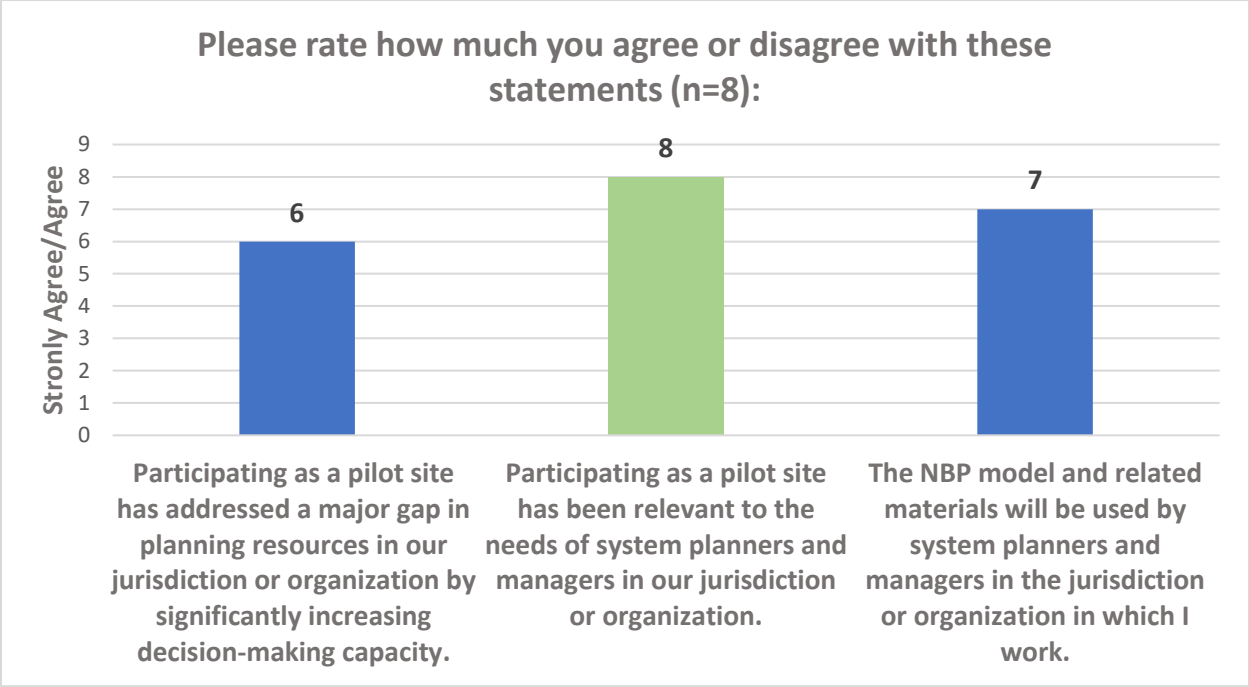


FIGURE 10 C. RATE HOW MUCH YOU AGREE OR DISAGREE WITH THESE STATEMENTS



4. a) Thinking about your own personal situation and work responsibilities, please give a rating to each of the following items:
    - There is a need for more evidence-informed planning models for mental health and addiction services.
    - Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports.
    - Your access to evidence-informed needs-based planning models for mental health /addiction services and supports.
    - Your knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches.
    - Your skills in applying needs-based planning models for mental health/addiction services and supports.
    - Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports.
    - Your intended future use of a needs-based planning model for mental health/addiction services and supports.
    - Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement.

The responses are shown in Figure 11 a, b and c below. All respondents agreed that there is a need for more evidence-informed planning models for mental health and substance use health A majority of the participants believed that their involvement in collaboration between researchers and decision makers and general awareness of evidence informed practices and supports was high. There were also high ratings from a majority of participants on their skills in applying the NBP model and understanding of how it can contribute to system level performance measurements. A majority of the respondents indicated their intention for future use of NBP model.

FIGURE 11A. THINKING ABOUT YOUR OWN PERSONAL SITUATION AND WORK RESPONSIBILITIES, GIVE A RATING

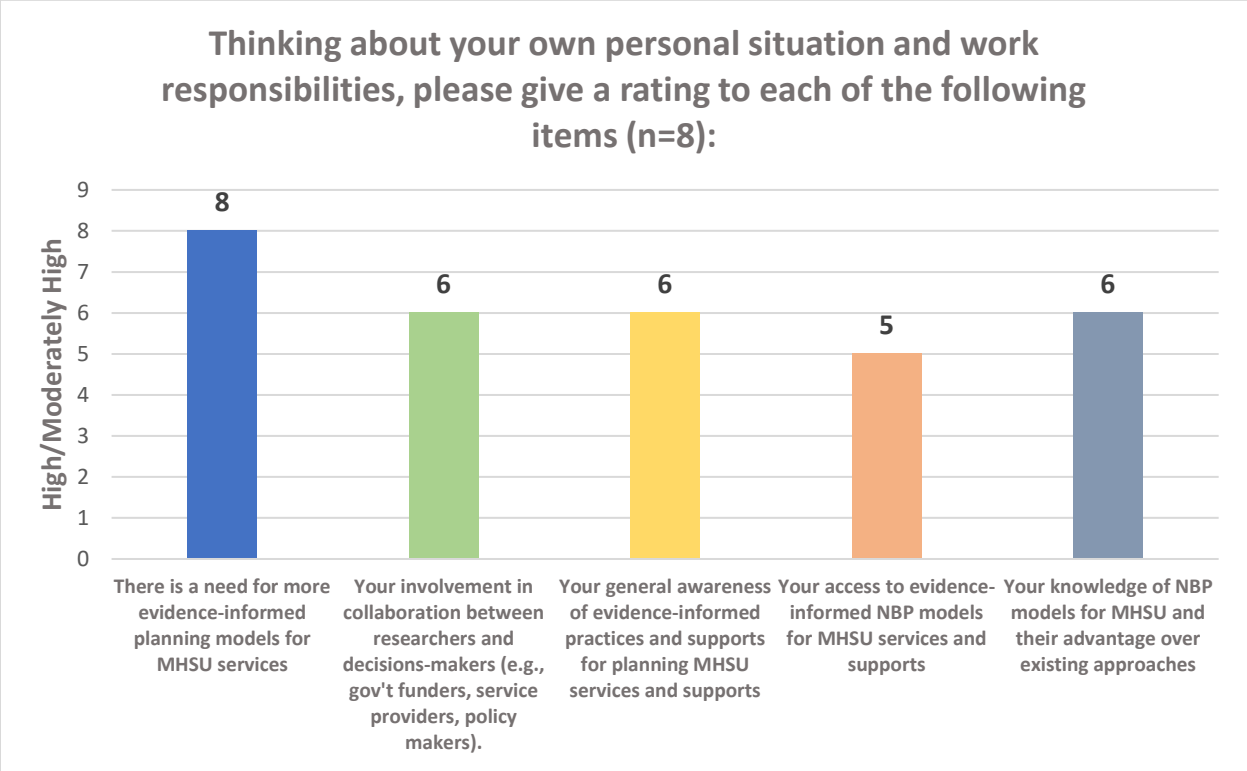
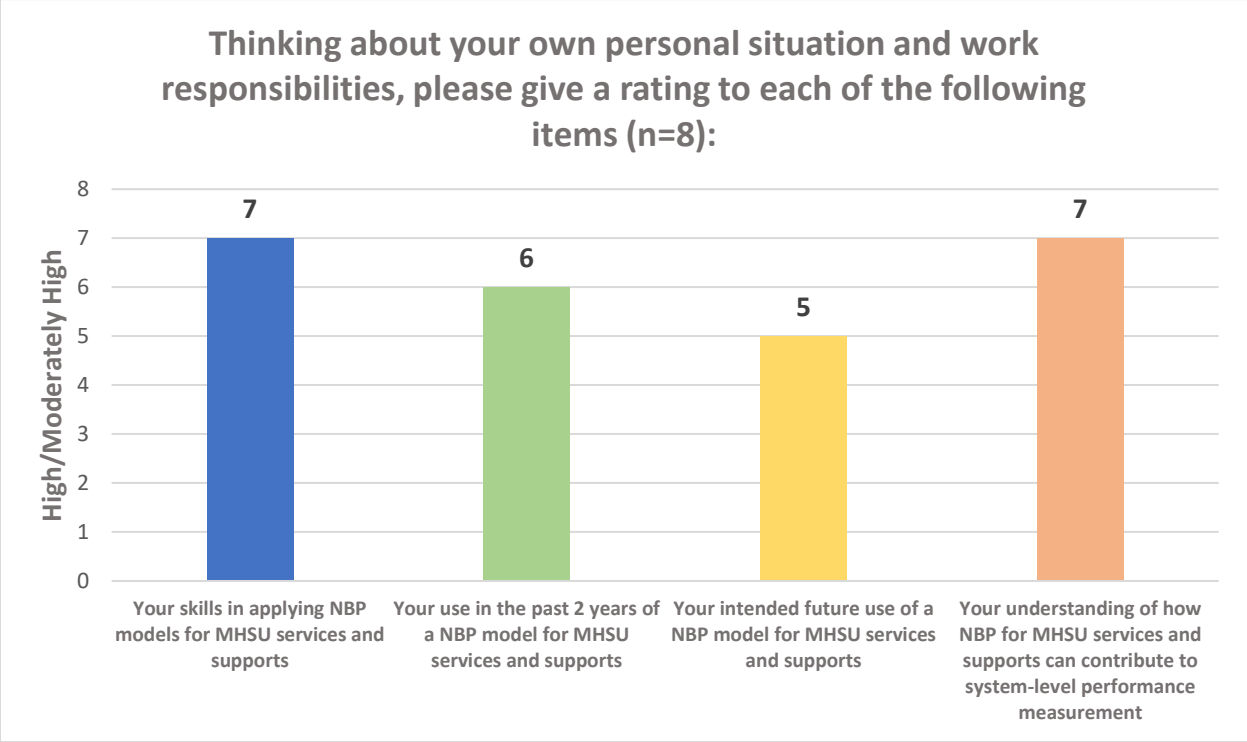


FIGURE 11 B. THINKING ABOUT YOUR OWN PERSONAL SITUATION AND WORK RESPONSIBILITIES, GIVE A RATING



5. **Overall, do you think that the results of the pilot application of the NBP project will make a positive contribution towards the planning processes underway within your jurisdiction or organization for mental health and substance use/addiction services and supports? Please explain why or why not, and the extent to which the results will help support facilitating factors and address challenges in its application.**

A majority of the respondents believed that the results of the pilot application of the NBP project will make a positive contribution towards the planning processes underway within their jurisdiction or organization for mental health and substance use health services and supports.

"We are using the data [from pilot work] in our working group to decide on change ideas for action, and our funder has indicated interest and reference to the data [from pilot work] for planning, and is advocating for spread of same."

"It has provided the foundation and framing of the building, and now it's up to the jurisdiction to finish the structure."

6. Based on the pilot experiences what would you describe as the most significant strengths, challenges, and opportunities that lie ahead with respect to using the NBP model and related materials in your jurisdiction or organization?

Strengths

- Commitment of health service providers and those directly involved in pilot work.
- Core service framework with common definitions across mental health and substance use health.
- Strong project team with expertise in this area.
- Well-laid out, collaborative approach with clear expectations of the work.
- Large number of early adopters.

Challenges

- Interpretation around 100% help seeking rates.
- Keeping this work "alive" and "refreshed" over time.
- Turnover of pilot site team members.
- Gaps in understanding of capacity make it difficult to get an accurate picture of the need and ways to address it.
- Not all provider data can be included, e.g., private providers.

7a**. Compared to your expectations when you first became involved in the project, did the end results fall short, match, or exceed your expectations? Please explain how so?**

All respondents indicated that the result matched or exceeded their expectations.

> *"I am excited and inspired by the possibilities, and hearing people refer to the report, as well as funders support, is promising."*

7b. **What are the lessons learned for others who may implement the NBP model in the future?**

- Importance of engagement and buy-in of health service providers and funders.
- Data regarding capacity and wait times is calculated differently between programs - *"we aren't always comparing apples to apples".*
- Importance of reviewing the data closely with the sources to ensure the findings resonate with key stakeholders, validation of data can be time consuming, but it is a critical step.
- Understand the limitations and assumptions of the model.

8. **Please provide any other input that reflects your opinions on the need for this work, the project plan going forward, and/or the prospects of making a significant improvement to planning or measuring the performance of integrated mental health and substance use services in your jurisdiction or organization.**

Selected responses are included below:

"I think there is a dire need to apply a needs-based planning model in any area where MHA services are publicly funded to be able to evaluate current allocation of resources, inform any needed reallocations, and inform any net new investments. This is a critical contribution to being accountable with the use of public dollars."

"Hopefully this model will evolve to include realistic estimates of help seeking for respective core services."

Summary and Conclusion

Overall, there was a very high level of support among multiple stakeholders regarding the process of engagement in the project, the evidence-base and utility of the resulting NBP model and the prospects for its application to the planning for mental health and substance use health services and supports. The pilot site stakeholders indicated that their participation as a pilot site has been highly relevant for mental health and substance use health treatment planning, despite the noted challenges with respect to data availability.

There was a strong consensus among advisory committee members and pilot site stakeholders regarding the lack of evidence-based tools to guide resource allocation and gaps in current systems-level planning approaches and they believed that the model will address an important gap in the planning of mental health and substance use health services. There was a strong agreement that it will make a positive contribution towards the planning processes underway across different Canadian jurisdictions and that the findings from this project will be applicable to future planning efforts.

The results of this evaluation point to a strong appetite nationally to sustain the momentum of Needs-Based Planning for mental health and substance use health.

Appendices

Appendix A: Logic Model

Appendix B: Theory of Change

Control	Increased stakeholder access to evidence-informed practices and supports for planning and delivering mental health/addiction services and supports
	↓
Direct influence	Increased awareness, knowledge, and skills of key decision-makers across Canada of needs-based planning models and their advantage over existing approaches
	↓
Direct influence	Enhanced community/provincial/territorial (P/T) commitments to effect system change using needs-based planning models
	↓
Contributing influence	The use of needs-based planning models for planning and evaluating mental health and substance use/addiction services and systems are sustained and spread within and across organizations, regions, and provinces/territories
	↓
Contributing influence	Improved decisions for resource allocation for mental health and substance use/addiction services and systems.
	↓
Contributing influence	System-level outcomes such as a more balanced continuum of services, improved continuity of care, increased penetration, and improved population health outcomes
Contributing Influence	Client-level outcomes such as reduced harms associated with substance use and improved outcomes related to health and quality of life.

**Shaded area represents assumptions under direct influence*

Assumptions:

-Model and the relevant evidence-based practices within the model will be disseminated through a well-linked and effective knowledge exchange vehicle (e.g. EENET, CCSA, MHCC) and reach intended audiences

-Substance use and mental health treatment planning bodies will continue to exist and be mandated to conduct formal system level needs assessments

-System planners and decision-makers will be interested in reviewing the material and using it in formal planning processes striking the right balance between top down and flexible

-The NBP planning model and relevant best practices within the model, are seen as flexible enough to be adapted to local and regional contexts

-The NBP model will be combined with other system planning tools and methods to reflect a comprehensive needs assessment approach

-Population survey data will continue to be available and updated costing resources can flow to core services-functional centres

- Required supplementary information will also be available (e.g., homeless count)

-Sufficient supports are, and will be available to support local application of the model and interpretation

-System-level decisions derived from needs-based planning are seen as relevant to the development of formal standards/policies/processes (e.g., processes and performance indicators to track transitions and continuity of care)

-Implementation and change management processes are of sufficient quality to implement the identified standards/policies/processes including sustainability

-Performance measurement systems are developed to track service/system enhancement in capacity and decisions made re: ongoing quality improvement

-System changes will lead to better access to a continuum of services, more engagement of clients in evidence-based practices, and improved transitions; this will result

Appendix C: Information Letter and Informed Consent

Title of Research Project:

Development of a Needs-Based Planning Model for Mental Health and Substance Use/Addiction Services and Supports across Canada

Introduction:

Before agreeing to join this evaluation interview, it is important that you read and understand this consent form. If you have any questions, please ask a research staff person. You should only sign this form after you are sure that you understand the information. Taking part in this interview is completely voluntary.

Project contacts:

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Emeritus Scientist

Institute for Mental Health Research and Policy

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Project Funding and Support:

Health Canada

Purpose of the Research:

The Needs-Based Planning project aims to develop a model that key decision-makers in health planning jurisdictions across Canada can use to estimate the resources required to address the needs for services and supports relating to mental health and substance use/addiction problems in their populations. We aim to build upon the work done on a substance use/addiction services planning model and previously supported through national DTFP and SUAP funding as well as a related project that covered both mental health and substance use/addiction services for the province of British Columbia. The focus of the present project is the development of a national Needs-Based Planning model that includes both mental health and substance use/addiction services, including services for people with concurrent disorders.

The project is supported by a National Advisory Committee and draw upon expertise from among Canada top mental health services researchers and several national and provincial collaborating organizations to ensure future implementation, evaluation, and sustainability. Application of the planning model will be pilot tested in several provincial and regional jurisdictions across Canada (represented on the Advisory Committee) based on a gap analysis of required versus current service utilization capacity and patterns. The model will be improved on an iterative basis during and following the pilot work. Feedback on the facilitators, challenges, overall value-add and future plans with respect

to the planning model will be obtained from stakeholders involved in pilot work. Evaluative feedback will also be obtained from all Advisory Committee members and Expert Research Group concerning the process of developing the model, advantages, and disadvantages over other evidence-based tools for treatment system planning, and facilitators and challenges with respect to future implementation and sustainability.

Project Objectives

The specific objectives of the project are:

- To develop a planning model that estimates the required capacity of adult mental health and substance use/addiction services and supports based objective measures of population needs and evidence-informed services.

- To provide decision-makers with a manual and statistical tool to support application of the capacity estimation model for mental health and substance use/addiction services.

Description of the Interview:

You are being asked to participate in the evaluation activities by either on-line survey or interview because you are a member of the Needs-based Planning Advisory Committee or Expert Research Group or a representative of one of the pilot sites. The primary methodology for this project evaluation is descriptive and qualitative in nature. The focus is on assessing the experience of stakeholders concerning participation in the project activities and their opinions about the relevance and future use of the NBP model. The project evaluation involves two stages of data collection using the same methodologies but slightly different questions:

Step 1: Baseline data collection

Step 2: Follow up data collection

If you consent to participate in the evaluation process:

a) You will be asked to do a total of two on-line surveys or interviews (baseline and follow-up). Participation in the on-line survey option will be approximately 20-30 minutes and 30-45 minutes if the phone interview is chosen. The data will be collected through a web-based survey, with the link contained in an email from the project's Research Coordinator, or by telephone survey with the same Coordinator. The survey and interview contain the same set of Likert-scale items (i.e., ratings) and open-ended questions. Permission will be requested to tape record your interview to facilitate record keeping and preparing a transcript for detail coding in the analysis. You may choose not to have your interview recorded, and you may choose to stop the recording at any time.

b) Near the conclusion of the project, you will be contacted for the second survey or interview of about the same duration. For members of the Advisory Committee and Expert Research Group, the aim is to explore how they feel about their participation in the project and their thoughts on the population-based needs estimates, the resulting model, and future facilitators, challenges and opportunities for application in Canada or their respective jurisdictions/organizations. At follow-up with pilot site representatives, the goal is to examine their experiences of being a pilot site representative as well as their thoughts about the model and how they view its usefulness and future plans to implement it within their jurisdiction. As above, permission will be requested to tape record your interview to facilitate record keeping and preparing a transcript for detail coding in the analysis. You may choose not to have your interview recorded, and you may choose to stop the recording at any time.

Possible Risks:

During the survey and/or Interviews, you can skip any question that you feel uncomfortable with, and you can stop the survey or interview at any time.

Possible Benefits:

The feedback from participants in the surveys and interviews will indicate whether the model h been useful during the project activities and going forward. The documentation of your feedback on facilitators, challenges, and lessons learned will help with future applications of the model for planning and evaluating regional/provincial/territorial mental health and substance use/addiction services.

Protecting Your Information:

To protect your privacy, any information on your identity (such as your name) and how to reach you (such as your phone number) will be kept confidential. All of the computerized information will be kept on a secure server, and cannot be read by anyone outside of the project. All project information will be kept for 5 years after the end of the project and then destroyed. Any information that reveals your identity will not be released without your consent, unless required by law.

All of your survey or Interview information will be kept strictly confidential and any quotes drawn from your feedback that is used in support of key themes (to be derived in the qualitative data analysis) will not be attributed to you personally.

Survey/Interview Results:

Results will be summarized with basic statistics (e.g., average ratings on individual items) and an analysis of open-ended responses to identify key themes. The survey and interview results will be presented in report form, as well as project presentations, and will not include any information that can identify you

or any other evaluation participants. You will receive a summary of the report once the project is completed

Participating and Leaving the interview:

Participating in the evaluation surveys or interviews is completely voluntary. If you decide to participate, you can still skip any questions or stop the interviews at any time. You can also decide to withdraw from the survey or interview at any time.

Research Ethics Board and Quality Assurance Contact:

If you have any questions about your rights as a participant, you can contact the Office of Research Ethics at the University of Toronto (ethics.review@utoronto.ca or 416-946-3273). You can also contact Dr. Robert Levitan, Chair, Research Ethics Board, Centre for Addiction and Mental Health, to discuss your rights. **Dr. Levitan may be reached by telephone at 416-535-8501 ext. 34020.**

Project Contacts:

If you have any questions about these interviews, you can ask us now. You may also contact Dr. Jurgen Rehm (Principal Investigator), Brian Rush (Project Leader) using the contact information on page 1 of this form.

CONSENT TO PARTICIPATE

The evaluation on line surveys and interviews described above has been explained to me and research staff answered all of my questions to my satisfaction. I understand that I can choose not to participate in the surveys or interviews. Additionally, the potential risks and benefits have been explained to me. I understand that I still have all of my legal rights, and the researchers and involved agencies still have all of their legal and professional responsibilities. I know that I may ask any questions I have about the surveys or interviews now or in the future. I have been assured that information about me will be kept confidential and that no information will be shared that would reveal my identity without my permission unless required by law. I have been given enough time to read and understand the above information.

By signing this consent, I agree to participate in this evaluation on-line surveys and/or interviews. I will be given a signed copy of the entire consent form, including this signature page.

X_____ _____ _____

Signature of Participant Name (printed) Date & Time

X_____ _____ _____

Signature of Research Staff Name (printed) Date & Time

Explaining Interview

I give permission to the research team to contact me by telephone, email, or mail in order to:

a. Send the email invitation and link to the survey ____Yes ____No

b. Schedule interviews: ____Yes ____No

c. Invite me to participate in more interviews if required for the Needs-based Planning project:

____Yes ____No

Appendix D - Data Collection Tools

Appendix D1 – Baseline web-based survey/interview for project Advisory Committee (Expert Research Group)

1. What were the motivations or expectations behind agreeing to participate on the Advisory Committee (Expert Research Group)?

   (a) for your jurisdiction or organization?

   (b) for you personally?

2. Please rate how much you agree or disagree with these statements:

	Strongly Agree	**Agree**	**Unsure**	**Disagree**	**Strongly Disagree**	**NA not specific to my role**
The NBP project team has been clear in their explanation of the NBP project objectives and activities	☒	☐	☐	☐	☒	☐
I understand the role and responsibilities of the National Advisory Committee (replace with "Expert Research Group" for those members).	☐	☐	☐	☐	☐	☐
The project team shared clear terms of reference with the Committee	☐	☐	☐	☐	☐	☐

members.						
Additional comments:						
The Committee will be able to make a significant contribution to the development of the national NBP model and related materials.						
The project will address a major gap in resources for planning by significantly increasing decision-making capacity.	☐	☐	☐	☐	☐	☐
The national NBP model and related materials will be relevant to the needs of system planners and managers - In Canada generally: - In the jurisdiction or organization in which I work:	☐	☐	☐	☐	☐	☐
The national NBP model and related materials will be used by system planners and managers	☐	☐	☐	☐	☐	☐

- In Canada generally: - In the jurisdiction or organization in which I work:						
Additional Comments:						

3(a) Thinking about <u>your own personal situation and work responsibilities</u>, please give a rating to each of the following items:

	High	Moderately High	Low	Very Low	Can't really say	NA Not specific to my role
The need for more evidence-informed planning models for mental health and addiction services.	☐	☐	☐	☐	☐	☐
Your general awareness of evidence-informed practices and supports for	☐	☒	☐	☐	☐	☒

planning mental health/addiction services and supports						
Your access to evidence-informed needs-based planning models for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches	☐	☐	☐	☐	☐	☐
Your skills in applying needs-based planning models for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your intended future use of a needs-based planning model for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-	☐	☐	☐	☐	☐	☐

level performance measurement						

3b) Please provide any further comments to explain your ratings in question 3(a) above, for example:

Extent to which this project explores an under-researched issue or problem.

Your familiarity with similar planning models, and experience working with them in terms of quality and utility compared to this NBP model.

Other comments:

4. Do you have any comments, questions, or concerns about the following aspects of the NBP project plan?

3a) Deriving and using estimates of population-based (adult) **substance use**	Comments:

and addiction needs for planning and resource allocation.	

3b) Deriving and using estimates of population-based (adult) **mental health**-related needs for planning and resource allocation.	Comments:

3c) Planned literature reviews - needs-based planning models and approaches (national/international); help-seeking; co-morbidity.	Comments:

3d) Planned scan for provincial-territorial strategic plans re: mental health and substance use/addiction to examine issues related to mental health and substance use/addiction?	Comments:

3e) Criteria for and selection of pilot jurisdictions?	Comments:

3f) Involvement of national and provincial partners and representatives?	Comments:

3g) Involvement of Expert Research Collaborators>	Comments:

5a). Overall, do you think that the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions for mental health and substance use/addiction services and supports? Please explain why or why not, and what might be some of the facilitators and challenges to subsequent use of the national NBP model.

Comments:

Facilitators:

Challenges:

4b). Overall, do you think that the NBP project will make a positive contribution towards the planning processes underway within your own jurisdiction of organization for mental health and substance use/addiction services and supports? Please explain why or why not, and what might be some of the facilitators and challenges to subsequent use of the national NBP model.

Comments:

Facilitators:

Challenges:

6 Please provide any other input that reflects your opinions on the need for this work, the project plan going forward, and/or the prospects of making a significant improvement to planning or measuring the performance of integrated mental health and substance services in Canada.

Please provide your name and organization so, if agreeable to you, we might contact you for further clarification of your responses if needed.

Name: _____

Organization: _____

Contact email: _____

I am a member of the: Advisory Committee _____ Expert Research Group _____

Thank you for your support and contributions to the

National Needs-Based Planning Project

Appendix D2 – Follow up web-based survey/interview for NBP Advisory Committee

1. Please rate how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	NA Not specific to my role
The Project Advisory Committee (or Expert Research Group if a member) had an appropriate number of meetings, of an appropriate length?	☐	☐	☐	☐	☐	☒
The opinions and input of individual committee members were satisfactorily encouraged and valued?	☐	☐	☐	☐	☐	☐
Overall, the NBP project has met its intended goals?						
Overall, the NBP project has made a significant contribution to research and development of NBP models and related materials.						
Overall, the project has addressed a major gap in resources for planning by significantly increasing decision-making capacity.	☐	☐	☐	☐	☐	☐

Additional comments:						
	☐	☐	☐	☐	☐	☐
The NBP model and related materials are relevant to the needs of system planners and managers: - In Canada generally - In the jurisdiction or organization in which I work	☐	☐	☐	☐	☐	☐
The NBP model and related materials will be used by system planners and managers: - In Canada generally - In the jurisdiction or organization in which I work	☒	☐	☐	☐	☐	☐
Additional Comments:						

2 (a) Thinking about <u>your own personal situation and work responsibilities</u>, please give a rating to each of the following items:

	High	Moderately High	Low	Very Low	Can't really say	NA Not specific to my role
There is a need for more evidence-informed planning models for mental health and addiction services	☐	☐	☐	☐	☐	☐
Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your access to evidence-informed needs-based planning models for mental health /addiction services and supports	☒	☐	☐	☐	☐	☐

Your knowledge of needs-based planning models for mental health/addiction and their advantage over existing approaches	☐	☐	☐	☐	☐	☐
Your skills in applying needs-based planning models for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your intended future use of this needs-based planning model for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement	☐	☐	☐	☐	☐	☐

2(b) Please provide any further comments to explain your ratings in question 2(a) above, for example:

Your familiarity with similar planning models and experience working with them in terms of quality and utility compared to this NBP model.

Other comments:

3. Do you have any additional comments, questions, or concerns about the nature and/or implementation of the following aspects of the project plan?

3a) Deriving and using estimates of population-based (adult) **substance use and addiction** needs for planning and resource allocation.	Comments:

3b) Deriving and using estimates of population-based (adult) **mental health**-related needs for planning and resource allocation.	Comments:

3c) Literature reviews - needs-based planning models and approaches (national/international); help-seeking; co-	Comments:

morbidity.	

3d) Scan for provincial-territorial strategic plans re: mental health and substance use/addiction to examine issues related to mental health and substance use/addiction?	Comments:
3e) Criteria for and selection of pilot jurisdictions?	Comments:

3f) Involvement of national and provincial partners and representatives?	Comments:

3g) Involvement of Expert Research Collaborators)	Comments:

3h) Project reports and implementation manual?	Comments:

4a). Overall, do you think that the results of the NBP project will make a positive contribution towards the planning processes underway across different Canadian jurisdictions for mental health and substance use/addiction services and supports? Please explain why or why not, and the extent to which the results will help support facilitating factors and address challenges in its application.

Comments:

Supporting facilitating factors:

Addressing challenges:

4b). Overall, do you think that the results of the NBP project will make a positive contribution towards the planning processes underway within your own jurisdiction or organization for mental health and substance use/addiction services and supports? Please explain why or why not, and the extent to which the results will help support facilitating factors and address challenges in its application.

Comments:

Supporting facilitating factors:

Addressing challenges:

5. What would you describe as the most significant strengths, challenges, and opportunities that lie ahead with respect to using the NBP model and related materials?

Strengths:

Challenges:

Opportunities:

6 (a) Compared to your expectations when you first became involved in the project, did the end results fall short, match, or exceed your expectations? Please explain how so?

(b) What are the lessons learned for others who may implement the NBP model in the future?

7. Please provide any other input that reflects your opinions on the success of the project and the prospects of making a significant improvement to planning or measuring the performance of mental health and substance use/addiction services in Canada.

Please provide your name and organization so, if agreeable to you, we might contact you for further clarification of your responses if needed.

Name: _____

Organization: _____

Contact email: _____

I have been a member of the: Advisory Committee _____ Expert Research group _____

I have been a member of one or more of the following Workgroups:

Methodology _____

Core Services _____

Sustainability _____

Performance Measurement and Evaluation _____

Thank you for your support and contributions to the

National Needs-Based Planning Project

Appendix D3 – Baseline web-based survey/interview for NBP pilot site stakeholders

1 Could you briefly describe the role of your jurisdiction or organization as a pilot site for the national NBP project?

2. What is your own personal role in the work?

3. What were the important motivations and expectations behind agreeing to participate as a pilot site?

4. (a) for your jurisdiction/organization?

   (b) for you personally?

5. Please rate how much you agree or disagree with these statements:

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	NA not specific of my own role
The NBP project team has been clear in their explanation of the NBP project objectives and activities.	☐	☐	☐	☐	☐	☐
I understand the role and responsibilities of our jurisdiction/organization being a pilot site.	☐	☐	☐	☐	☐	☐

Additional comments:						
The work of the pilot site will be able to make a significant contribution to the development of the national NBP model and related materials.						
The project will address a major gap in planning resources by significantly increasing decision-making capacity.	☐	☐	☐	☐	☐	☐
The national NBP model and related materials will be relevant to the needs of system planners and managers in your jurisdiction or organization.	☐	☐	☐	☐	☐	☐
Beyond the pilot project itself, the national NBP model and related materials will be used by system planners and managers in your jurisdiction or organization.	☐	☐	☐	☐	☐	☐
Additional Comments:						

6 (a). Thinking about your own personal situation and work responsibilities, please give a rating to each of the following items:

	High	Moderately High	Low	Very Low	Can't really say	NA Not specific to my own role
There is a need for more evidence-informed planning models for mental health and addiction services	☐	☐	☐	☐	☐	☐
Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports	☐	☐	☐	☐	☐	☒
Your access to evidence-informed needs-based planning models for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your knowledge of needs-based planning models for mental	☐	☐	☐	☐	☐	☐

health/addiction and their advantage over existing approaches						
Your skills in applying needs-based planning models for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your intended future use of a needs-based planning model for mental health/addiction services and supports	☐	☐	☐	☐	☐	☐
Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement	☐	☐	☐	☐	☐	☐

6 b). Please provide any further comments to explain your ratings in question 6(a) above, for example:

Extent to which this project explores an under-researched issue or problem.

Your familiarity with similar planning models, and experience working with them in terms of quality and utility compared to this NBP model.

Other comments:

7. Overall, do you think that the NBP project will make a positive contribution towards the planning processes underway within your jurisdiction or organization for mental health and substance use/addiction services and supports? Please explain why or why not, and what might be some of the facilitators and challenges to subsequent use of the national NBP model in your area.

   Comments:

   Facilitators:

   Challenges:

8. Please provide any other input that reflects your opinions on the need for this work, the pilot site going forward, and/or the prospects of making a significant improvement to planning or measuring the performance of mental health and substance use/addiction service in your jurisdiction or organization.

Please provide your name and organization so, if agreeable to you, we might contact you for further clarification of your responses if needed.

Name: _____

Organization: _____

Contact email: _____

I am a member of the NBP: Advisory Committee ____Expert Research Group ____ Neither _____

Thank you for your support and contribution to the

National Needs-Based Planning Project

Appendix D4 – Follow-up web-based survey/interview for NBP pilot site stakeholders

1. Please briefly describe your personal role in the work recently completed as a pilot site for the national NBP project?

2 What were the motivations or expectations behind agreeing to participate as a pilot site?

(a) for your jurisdiction or organization?

(b) for you personally?

3 Please rate how much you agree or disagree with these statements:

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	NA to my specific role
The NBP project team has been clear in their explanation of the project objectives and activities.	☐	☐	☐	☒	☐	☐
I understood the role and responsibilities of our jurisdiction/organization being a pilot site.	☐	☐	☐	☐	☐	☐
The opinions and input of pilot site stakeholders were satisfactorily encouraged and valued.	☐	☐	☐	☐	☐	☐

Additional comments:						
Being a pilot site has made a significant contribution to the development of the national NBP model and related materials	☐	☐	☐	☐	☐	☐
Participating as a pilot site has addressed a major gap in planning resources in our jurisdiction or organization by significantly increasing decision-making capacity.	☐	☐	☐	☐	☐	☐
Participating as a pilot site has been relevant to the needs of system planners and managers in our jurisdiction or organization.	☐	☐	☐	☐	☐	☐
The NBP model and related materials will be used by system planners and managers in the jurisdiction or organization in which I work.						
Additional Comments:						

4 (a) Thinking about your own personal situation and work responsibilities, please give a rating to each of the following items:

	High	Moderately High	Low	Very Low	Can't really say	Not applicable to specific role
There is a need for more evidence-informed planning models for mental health and addiction services.	☐	☐	☐	☐	☐	☐
Your general awareness of evidence-informed practices and supports for planning mental health/addiction services and supports.	☐	☐	☐	☐	☐	☒
Your access to evidence-informed needs-based planning models for mental health /addiction services and supports.	☐	☐	☐	☐	☐	☐
Your knowledge of needs-based planning models for mental health/addiction and their advantage	☐	☐	☐	☐	☐	☐

over existing approaches.						
Your skills in applying needs-based planning models for mental health/addiction services and supports.	☐	☐	☐	☐	☐	☐
Your use in the past 2 years of a needs-based planning model for mental health/addiction services and supports.	☐	☐	☐	☐	☐	☐
Your intended future use of a needs-based planning model for mental health/addiction services and supports.	☐	☐	☐	☐	☐	☐
Your understanding of how needs-based planning for mental health/addiction services and supports can contribute to system-level performance measurement.	☐	☐	☐	☐	☐	☐

4 (b) Please provide any further comments to explain your ratings in question 4(a) above, for example:

Your familiarity with similar planning models and experience working with them in terms of quality and utility compared to this NBP model.

Other comments:

5. Overall, do you think that the results of the pilot application of the NBP project will make a positive contribution towards the planning processes underway within your jurisdiction or organization for mental health and substance use/addiction services and supports? Please explain why or why not, and the extent to which the results will help support facilitating factors and address challenges in its application.

Comments:

Supporting facilitating factors:

Addressing challenges:

6. Based on the pilot experiences what would you describe as the most significant strengths, challenges, and opportunities that lie ahead with respect to using the NBP model and related materials in your jurisdiction or organization?

Strengths:

Challenges:

Opportunities:

7 (a) Compared to your expectations when you first became involved in the project, did the end results fall short, match, or exceed your expectations? Please explain how so?

(b) What are the lessons learned for others who may implement the NBP model in the future?

8. Please provide any other input that reflects your opinions on the need for this work, the project plan going forward, and/or the prospects of making a significant improvement to planning or measuring the performance of integrated mental health and substance services in your jurisdiction or organization.

Please provide your name and organization so, if agreeable, we might contact you for further clarification of your responses if needed.

Name: _____

Organization: _____

Contact email: _____

I am a member of the: Advisory Committee _____ Expert Research Group _____

Thank you for your support and contribution to the

National Needs-Based Planning Project

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